



Australian Government



Support Plan Review and New Assessment

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Background

- Part of the role of Home Support Assessors (from the My Aged Care Regional Assessment Service) and Comprehensive Assessors (from Aged Care Assessment Teams) is to undertake support plan reviews and new assessments, where appropriate.
- Issues with support plan reviews and new assessments were considered as part of the Accelerated Design process undertaken by the department with assessors, providers and other My Aged Care stakeholders in November 2016.
- As a result:
 - It was agreed that the scope of review and new assessment would remain unchanged (see **Attachment A**).
 - Key principles and guidance were developed in conjunction with participants to assist assessors, providers, the My Aged Care contact centre and other stakeholders better understand the process and send appropriate requests for support plan reviews or new assessments.
- The aim is to ensure clients receive a smooth, consistent experience in a timely manner, and to avoid unnecessary assessment.

Key principles

1. Assessors are best-placed to make the decision as to whether a client requires a support plan review or new assessment. This decision is supported by the information provided by the client, the contact centre, service providers and health professionals.
2. When an existing client contacts My Aged Care, the contact centre will check the client record for existing approvals and recommended services prior to initiating contact with an assessment organisation.
3. The most appropriate way for a service provider to request a support plan review or new assessment for a client is through the provider portal. This will help ensure timely reviews by assessors.



4. System functionality will support assessors to view information relating to a request for a support plan review or new assessment. System functionality will also support assessors in instances where no further action is appropriate.
5. When conducting an assessment, assessors should be considering the immediate needs of the client, and not recommending services that aren't supported by the assessment.
6. Assessors should ensure they reach the point of effective referral prior to finalising the support plan. This will reduce the number of support plan reviews required in order to action rejected referrals.

Indicative timeframes for the completion of a support plan review

Accelerated Design participants discussed the need for a nationally consistent approach for actioning support plan review requests in order to better support client expectations and workforce management. Participants expressed that it would be a reasonable expectation that the majority of reviews are completed within 10 days. The department supports assessment organisations actioning requests in this timeframe, noting that some review requests may need to be actioned more urgently than others (as indicated by providers or by the contact centre). In addition, assessors must balance the completion of support plan reviews with new assessments, to ensure clients with the greatest need are prioritised.

Team leaders are encouraged to monitor their queue regularly to ensure the timely completion of all support plan reviews. The department will analyse support plan review data over the coming months in order to determine an appropriate completion benchmark.

Guidance

The following guidance may assist assessors to determine whether a client requires a review or new assessment. This information is intended as a guide only and does not reflect all scenarios leading to a support plan review or new assessment.

- A client may require a **support plan review** in the following instances:
 - Informal care arrangements have changed/ceased.
 - Client's needs have not changed, but a specialist health professional has indicated that there is need for additional service.
 - Services are required prior to a client moving to a new location (this is to be followed with a referral for new assessment by local assessment organisation).
- A client may require a **new assessment** in the following instances:
 - Client has multiple new needs.
 - Client has been hospitalised and there has been a resulting functional change.
 - Client requires Act-based services for the first time (refer for Comprehensive Assessment).
 - Client requires Act-based services in addition to their existing approvals (refer for Comprehensive Assessment).
 - Client requests an ACAT assessment (refer for Comprehensive Assessment).



- In relation to timing, for RAS, a support plan review may be appropriate if it has been less than 12 months since the last assessment. A new assessment may be required if it has been more than 12 months since the last assessment.
- The contact centre and service providers should look to include the following information when requesting a support plan review or new assessment:
 - Why the request has been made (i.e. client's circumstance).
 - What the request is for (e.g. service type) and why it is needed (e.g. client's change in needs or goals).
 - If the request is urgent, why it is urgent.
 - Based on this information, their view on whether the client requires a support plan review or new assessment.
- Assessment organisations should ensure appropriate information is recorded on the client record about the reason and outcome for a support plan review or new assessment. This will act as a mechanism for providing feedback to providers about their request, and ensure the contact centre has the most up-to-date information in case the client contacts My Aged Care.
- Where Home Support Assessors request a Comprehensive Assessment, relevant information (e.g. the change in circumstance or increase in needs) should be provided as part of the referral.
- The assessment organisation should leave its contact information with the client following an assessment. This will assist in ensuring the client knows how to contact the assessment organisation, such as when they have a change in needs, goals or preferences. This will streamline and improve the client's journey.
- In reference to key principle 6, it is expected that assessors complete match and refer with an idea of current service availability. In instances where all referrals have been rejected for a client, an assessor should:
 1. See whether there are any other services available for the client, or whether the client wishes to be placed on a waitlist.
 2. If there are no services available or the client does not wish to be placed on a waitlist, an assessor should start a support plan review in order to determine whether there are other (different) services that may meet the client's needs, and make referrals for these services.
 3. If there are no suitable options, assessors should provide the client with a referral code for the original services and/or discuss non-funded service options. It would be appropriate for an assessor to schedule a future review so that they can touch-base with the client to see whether they have been able to access the service or any alternatives, or whether there is now availability for the service that is required.



Scope – Review and New Assessment

Review by an assessor

A review by an assessor relates to the effectiveness and appropriateness of the client's support plan. An assessor may set a review date of the support plan at the time of the assessment. A review may also be requested by a client or a service provider. It may be completed over-the-phone with the client.

A review by an assessor will look at the following aspects:

- The reason a review has been requested and its impact on the client's existing assessment information and support plan
- The appropriateness of the services in meeting the client's goals
- Any new goals for the client, and associated referral(s) for service
- The appropriateness of setting another review date or an end date for service delivery.

The outcome of a review by an assessor may be no change or an increase or decrease in services. Where the results of a review by an assessor affects the current delivery of services to the client, the assessor is to contact the service provider and discuss the results of the review and the recommendations as it relates to the delivery of the service.

Where changes to the support plan no longer reflect the outcomes on the assessment, a new assessment is to be undertaken.

New assessment

Where there is a significant change in a client's needs or circumstances which affect the objectives or scope of the existing support plan, a new assessment may be undertaken. A new assessment can be requested by a client, or following a review by a service provider or assessor. This new assessment will be pre-populated with the previous assessment information and is to be updated to reflect the changes in needs and circumstances.

Should the client's needs have become more complex, a referral can be made for comprehensive assessment.



Review by a service provider

A review by a service provider relates to the way in which they deliver services(s) to the client. It may be requested by a client or an assessor (as identified in the client's support plan), or initiated by the service provider. It is expected that a service provider will continue to undertake reviews in line with relevant programme guidelines. A review can be completed over-the-phone with the client.

Commonwealth Home Support Programme service providers have an on-going responsibility to monitor and review the services they provide their clients to ensure that the client's needs are being met. Where there is no recommended review date included in the support plan, it is expected that the service provider will undertake a review of services they are delivering, at least every 12 months.

Where the client requires a different service or where the review highlights needs or goals not identified on the client's support plan, the service provider must refer the client to the RAS for a review. A client completing a restorative care programme may also be referred to the RAS, for identification of any on-going services needed following the end of the programme.

A review by a service provider will look at the following aspects of service delivery:

- The frequency and/or intensity of services
- The service sub-type(s) delivered
- The appropriateness of setting another review date or an end date for service delivery
- Comments relating to the provision of services to the client.

The result of the review is recorded on the client record.

Where the service provider identifies that there is a change to the client's needs or goals, or that they may benefit from a different service, they can request a review by an assessor. This request can be facilitated from the provider portal which will provide details of the assessment organisation that originally assessed the client, for the service provider to contact over-the-phone. Service providers can also ring My Aged Care to request a review. Depending on the change to the client's needs or goals, the assessor may undertake a review or new assessment.

