



Aged Care Assessment Supplementary Guidelines for Younger People

(For purposes of Aged Care Assessment Teams)

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Contents

1. Section One - Background	3
1.1. Foreword.....	3
1.2. Government efforts to limit younger people in residential aged care	3
1.3. National Disability Insurance Scheme (NDIS) eligibility should be checked before considering access to aged care	4
2. Section Two – Pathways to access age-appropriate care services... 5	5
2.1. Access to Aged Care Services under the <i>Aged Care Act 1997</i>.... 7	7
2.1.1 Transition Care and Short-Term Restorative Care	8
2.1.2 Access to permanent residential care – eligible for the NDIS... 8	8
2.1.3 Access to permanent residential care, home care – NOT eligible for the NDIS	10
2.1.4 Home care	11
2.2. Access to CHSP	11
2.3. Palliative Care Services.....	12
2.4. Access to Aged Care Non-Urgent and Urgent Pathways and Requirements.....	12
3. Section Three - Check Points.....	13
3.1. Check Point 1 – My Aged Care Contact Centre	13
3.2. Check Point 2 – ACAT Referral Management	16
3.3. Check Point 3 – Comprehensive Assessment.....	21
3.4. Check Point 4 – Delegate Decision.....	23
3.5. Check Point 5 – Review	26
3.6. Summary of Checkpoints	26

1. Section One - Background

1.1. Foreword

These Supplementary Guidelines provide additional information to the My Aged Care Assessment Manual in relation to younger people accessing permanent residential care, residential respite care and In Home Aged Care (Home Care Packages and Commonwealth Home Support Programme (CHSP)), and the Transition Care Programme (TCP) and the Short-Term Restorative Care Programme (STRC).

This document will assist Aged Care Assessment Teams (ACATs) in the assessment and approval of younger people seeking access to aged care services in the consideration of the National Disability Insurance Scheme (NDIS)¹. NDIS Support Coordinators and Local Area Coordinators will also be issued with guidance to support the implementation of these guidelines.

1.2. Government efforts to limit younger people in residential aged care

The Australian Government is committed to minimising the need for younger people to live in aged care facilities. This will occur through reducing the number of younger people entering and increasing the number of people (currently in aged care) exiting to more appropriate accommodation.

In March 2019, the Government announced the Younger People in Residential Aged Care (YPIRAC) Action Plan. Since this time there has been a reduction in the number of younger people (under 65 years) in residential aged care, including a decline in the number of younger people entering the aged-care system.

On 25 November 2019, in response to the Royal Commission into Aged Care Quality and Safety interim report, the Australian Government announced strengthened YPIRAC targets and an intention to develop a strategy to meet those targets. Apart from exceptional circumstances, the strengthened targets are:

- no people under the age of 65 entering residential aged care by 2022,
- no people under the age of 45 living in residential aged care by 2022, and
- no people under the age of 65 living in residential aged care by 2025.

To implement these targets the Government has established a Joint Agency Taskforce between the Department of Social Services, Department of Health and National Disability Insurance Agency (NDIA).

On 30 September 2020, the Taskforce released the [Younger People in Residential Aged Care Strategy 2020–2025](#), which builds on the earlier action plan to meet the

Note: [Royal Commission into Aged Care Quality and Safety Final Report: 'Care, Dignity and Respect'](#) was tabled on 1 March 2021. [Media release 1 March 2021](#) from The Hon Greg Hunt MP Minister for Health and Aged Care in response to the Final Report.

strengthened targets. Priority areas of work in the YPIRAC Strategy have been co-designed with key stakeholders, with input from state and territory governments.

On 13 May 2021, in response to the [Royal Commission into Aged Care Quality and Safety Final Report](#), the Government reiterated a commitment towards the targets.

1.3. National Disability Insurance Scheme (NDIS) eligibility should be checked before considering access to aged care

The NDIS provides support for people with disability, their families and carers in Australia. The NDIS provides all Australians under the age of 65, who have a permanent and significant disability, with the reasonable and necessary supports they need to live an ordinary life.

The NDIS is available in all states and territories.

It is the responsibility of the potential participant or their representative to test eligibility for the NDIS. To initiate a NDIS Access Request to test their eligibility with the NDIS, a potential participant or their representative can contact the NDIS on a toll-free hotline (1800 800 110). For more information about the access process please see the [Applying to access the NDIS](#) webpage.

While the NDIA is assessing eligibility, the younger person cannot be assessed by an ACAT unless:

- the person meets the criteria for urgent circumstances pathway and who, without immediate support may be at risk of harm (see section 2.4); and
- there are no alternative age-appropriate accommodation settings or supports available (see section 2.1).

Supports funded by the NDIS for the younger person may include:

- support to access and participate in age-appropriate social, civic and community activities and sustain informal support networks with family, friends, and carers, including personal care to access these networks, as required.
- support to identify suitable age-appropriate accommodation and supports including, where appropriate, home modifications.
- therapy supports, including allied health to maintain or improve functional performance, independence, and social and economic participation; and
- assistive technology to support a participant to build their functional performance and independence.

To become a NDIS participant a person must:

- have a permanent disability that significantly affects their ability to take part in everyday activities;
- be aged less than 65 when they first apply to enter the NDIS;
- live in Australia; and
- be an Australian citizen or hold either a permanent or Protected Special Category visa.

The NDIA builds relationships with mainstream service providers and the local community. This will improve providers' understanding about how they can assist people with disability.

NDIS participants over 65

The *National Disability Insurance Scheme Act 2013* (NDIS Act) prevents a person from becoming a NDIS participant after the age of 65. Under the NDIS Act, a NDIS participant whose first permanent entry to residential care or home care (but not residential respite care) is after the age of 65, ceases to be a NDIS participant. (NDIS Act Section 29 (1) (b)). This does not apply to the CHSP (See Section 2.2 for CHSP information).

An existing NDIS participant under 65 can, however remain in the NDIS if they are an aged care recipient who subsequently turns 65.

For NDIS participants who have turned 65, requesting access to CHSP; assessors must ensure a person is not referred for services they are already receiving through the NDIS and/or other Commonwealth, state, territory, or local government programs. Younger people and assessors are also required to test eligibility for other programs, to ensure they access the most appropriate program(s).

More information on the NDIS is available [online](#).

2. Section Two – Pathways to access age-appropriate care services

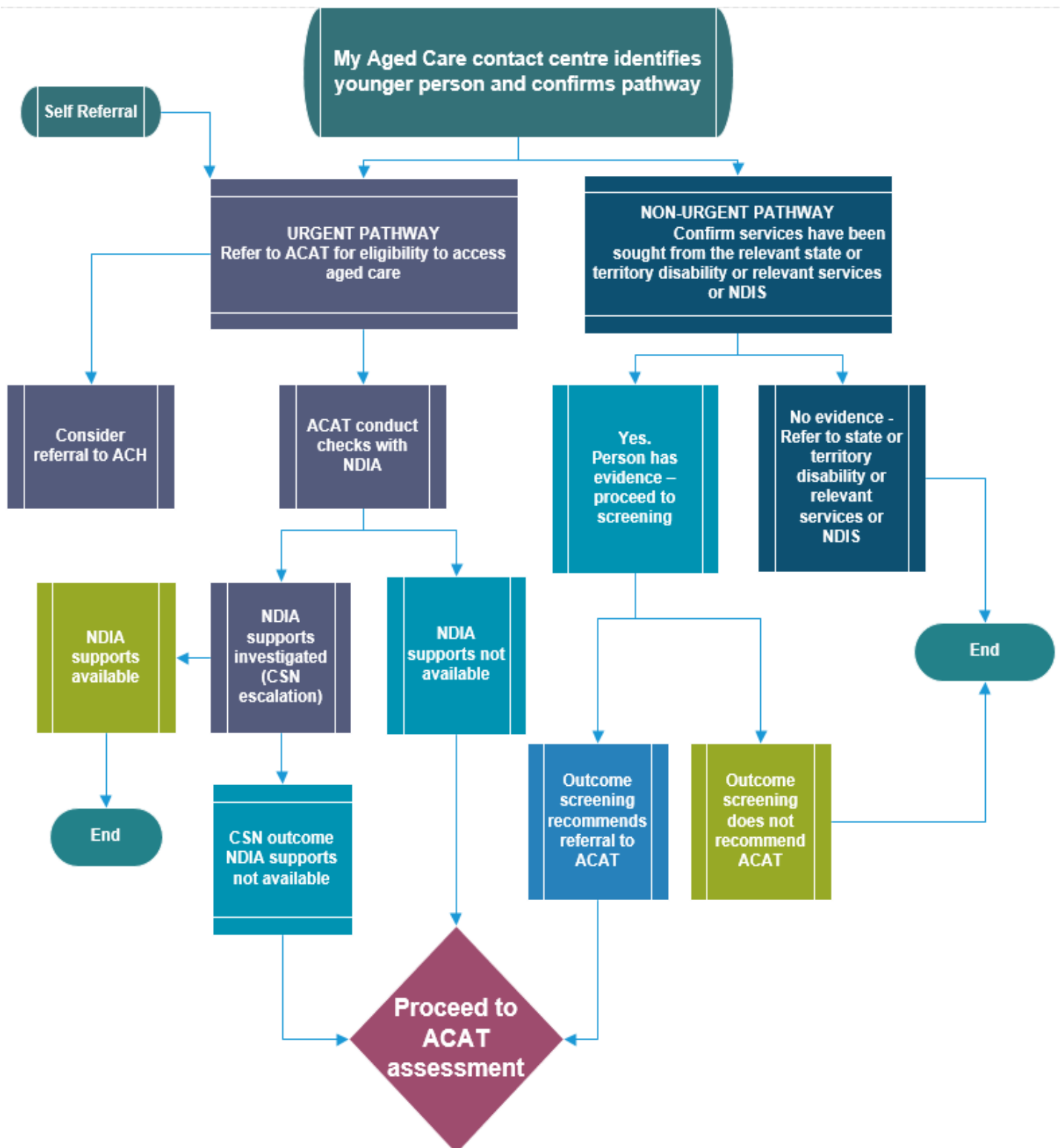
Considerations for a younger person's access to aged care services

The most appropriate outcome for younger people with a disability is to access age-appropriate accommodation and supports (which will primarily be through the NDIS), rather than aged care services.

Aged care should only be used as a last resort for younger people and only where there are no other care facilities or care services more appropriate to meet their need.

Younger people with a disability, living in residential aged care or who are at risk of entering residential aged care, will be given priority consideration by the NDIA to explore age-appropriate accommodation and supports that are appropriate to their needs.

Diagram 1. The following diagram illustrates pathways to access aged care services as a last resort at a high level.



2.1. Access to Aged Care Services under the *Aged Care Act 1997*

There is no age restriction limiting the delivery of aged care services under the *Aged Care Act 1997* (the Aged Care Act).

ACAT assessors are responsible for determining whether or not a person, including those under the age of 65, or 50 for Aboriginal and Torres Strait Islander people, are eligible to receive aged care services under the Aged Care Act.

In determining eligibility, ACATs must be aware that:

- 6(1)(b) and 7(1)(e)-(4)(e) of the *Approval of Care Recipients Principles 2014* (the Principles) requires that all options for age-appropriate accommodation and supports have been actively explored and there is documented evidence to support this (process detailed in section 3);
- residential aged care services are not oriented for the needs of younger people;
- an aged care service provider has the right to determine whether they will accept placement of a younger person with disability, based on their capacity to meet their individual needs.

Eligibility Criteria

The Eligibility criteria for Commonwealth subsidised aged care delivered under the Aged Care Act are based on care needs (and the absence of alternative age-appropriate accommodation and support such as through the NDIS) and not age. If a person meets these criteria, he or she must be approved by an ACAT.

For an ACAT to approve a person who is not an aged person for care types under the Aged Care Act, aged care legislation requires that they must investigate and document whether more appropriate care facilities or care services are available to meet the person's needs (Section 6(1)(b) and 7(1)(e)-(4)(e)) of the Principles). This means if an ACAT was to refuse to approve a person, the Aged Care Act requires the ACAT to investigate age appropriate options, including documenting:

- that all options for age-appropriate accommodation and supports have been explored; and
- whether the younger person is eligible for the NDIS.

See Section 3 for more details on how to apply these principles.

Depending on the outcome of the ACAT assessment, a younger person may be eligible to receive the following aged care services under the Aged Care Act:

- a) Flexible Care Services (e.g. Transition Care and Short-Term Restorative Care);
- b) Permanent Residential Care Services;
- c) Residential Respite Care;

- d) Home Care Services; or
- e) None of the above.

2.1.1 Transition Care and Short-Term Restorative Care

As a last response, a younger person with an approved NDIS plan, including supports to explore age-appropriate housing and supports, may be able to access services through the Transition Care Programme (TCP) or Short-Term Restorative Care Programme (STRC), where other disability services are inappropriate or not available.

In this situation, the NDIA/Support Coordinator should have evidence that clearly demonstrates a NDIS plan is in place, that all other options have been tested with the participant, and that the TCP or STRC is the only practical service response. The NDIA should then facilitate contact with My Aged Care so that a referral to an ACAT can be arranged. **Note:** A younger person who is not known to the NDIS, or who is NDIS eligible and has an NDIS Plan in progress, must continue to finalise their NDIS outcome prior to consideration for TCP or STRC.

To be eligible for TCP or STRC, an individual will need to be approved by an ACAT and meet the specific eligibility requirements of those programs, as set out in the TCP Guidelines and the STRC Programme Manual respectively, and sections 8 and 8A of the Principles.

If a person is eligible for TCP or STRC, the following applies:

- they can receive TCP or STRC services through an approved service provider;
- the service provider can claim STRC subsidies from the Australian Government, and in the case of TCP, from the State or Territory Government;
- the person will pay Transition Care or STRC fees, where they can afford to do so;
- the NDIA will pay a person's means tested aged care fee, but not the basic daily fee; and
- the person will be protected by relevant Aged Care Quality Standards (or in the case of the TCP, the Aged Care Quality Standards and the National Safety and Quality Health Standards, if the Transition Care provider is accredited by the Australian Commission on Safety and Quality in Health Care) and safeguards, which are outlined in the relevant programme guidelines and Schedule 2 of the *Quality of Care Principles 2014*.

Where someone receiving NDIS services is also eligible for TCP or STRC services, providers in both the NDIS and TCP or STRC programs are expected to coordinate to ensure that there is no duplication of services.

2.1.2 Access to permanent residential care – eligible for the NDIS

If the younger person has an approved NDIS plan, including supports to explore age-appropriate accommodation and supports, but more appropriate accommodation is unlikely to be available imminently, after considering all other

temporary and longer term alternatives, they may need to access accommodation from an aged care service.

In this situation the NDIA/Support Coordinator should facilitate contact with My Aged Care so that a referral to an ACAT can be arranged. The NDIA will be able to provide evidence that clearly demonstrates if an NDIS plan is in place. If an NDIS plan is in place, the NDIA, through a participant's Support Coordinator, will be able to demonstrate all other options have been tested with the participant, that an aged care accommodation solution is the only practical service response. From 1 December 2020, residential aged care providers and Multi-Purpose Services (MPS) who provide permanent residential aged care to NDIS participants, are required to be registered with the NDIS Commission (refer to NDIS Quality and Safeguards Commission below).

For a NDIS participant already in residential aged care, a Support Coordinator's role includes assisting them to explore and identify appropriate housing solutions outside aged care.

The Support Coordinator will make sure that the NDIA is receiving regular reports on the younger person's plan, discuss alternate more appropriate accommodation solutions, update any changes in circumstance, and assist the younger person in understanding aged care fees and accommodation costs. It is important to understand that a Support Coordinator is not responsible for making decisions on a participant's behalf but to assist them in making the decisions.

The person will need to be approved for permanent residential care and/or residential respite care by an ACAT to become an aged care recipient. Once a person is an aged care recipient, the following applies:

- they become eligible for an aged care allocated place with an aged care service;
- the aged care provider can claim aged care subsidies and supplements from the Australian Government;
- the person will pay aged care fees; and
- the person will be protected by the aged care quality and safeguards arrangements for their aged care services and care.

The younger person remains a NDIS participant and is known as a 'dual participant'. The NDIS plan will determine if the younger person is eligible for additional support and services through the NDIS, noting that there may be restrictions on the provision of some services such as health and nursing care under their NDIS plan. Based on a NDIS participant's goals and aspirations, if additional reasonable and necessary supports are required, these will be funded through the NDIS.

Younger people living in residential care may be asked to contribute towards the cost of their care and accommodation. A combined income and assets assessment is required to determine the amount, if any, a person entering care needs to pay in aged care fees. The NDIS may pay some or all of these fees on the resident's behalf. This will form part of the planning discussion.

NDIS Quality and Safeguards Commission

The NDIS Quality and Safeguards Commission (the NDIS Commission) is an independent agency established to introduce a nationally-consistent approach to improving the quality and safety of NDIS supports. The NDIS Commission commenced operation in New South Wales and South Australia on 1 July 2018, in Victoria, Queensland, Tasmania, the Australian Capital Territory and the Northern Territory on 1 July 2019, and Western Australia on 1 December 2020.

Under the NDIS (Provider Registration and Practice Standards) Rules 2018, NDIS providers delivering specialist behaviour support, using restrictive practices, or providing specialist disability accommodation are required to be registered with the NDIS Commission. However, residential aged care providers approved under the Aged Care Act supporting NDIS participants who are approved recipients of residential care had a temporary exemption from the NDIS Commission's registration requirements until 30 November 2020.

On 1 December 2020, residential aged care providers and MPS who provide permanent residential aged care to NDIS participants were automatically deemed registered with the NDIS Commission. This means they will be subject to the respective regulatory frameworks administered by both the Aged Care Quality and Safety Commission and the NDIS Commission.

From 1 December 2020, NDIS participants can only receive permanent residential aged care from a provider that is registered with the NDIS Commission or in the process of commencing registration. Providers remain subject to aged care quality and safety requirements and the NDIS Commission's jurisdiction in relation to complaints and are required to adhere to the NDIS Code of Conduct.^{2 3}

Note: These NDIS registration requirements are not applicable for residential respite, transition care or short-term restorative care. These programs will continue to be subject to aged care quality and safety requirements.

2.1.3 Access to permanent residential care, home care – NOT eligible for the NDIS

If a person is not eligible for the NDIS and they are currently receiving a state, territory or Commonwealth specialist disability service, they will be referred by the NDIS to contact their existing service provider as they may be eligible for [Continuity of Support](#).

² Refer to the NDIS Commission's website for the regulatory arrangements that apply to residential aged care providers and MPS who provide permanent residential aged care to NDIS participants, from 1 December 2020.

³ The NDIS Commission is engaging with NDIS participants, residential aged care providers and MPS providers who provide permanent residential aged care in preparation for the changes to regulatory requirements from 1 December 2020

If the person lives in a NDIS area and they are not currently receiving a state, territory, or Commonwealth disability service, the NDIS will provide them information about mainstream services in their area. This may include a referral to a Local Area Coordinator to discuss Information, Linkages and Capacity Building.

If there are no other (more appropriate) services available to meet their needs, the person may request access to aged care (See 2.1 Considerations for a younger person's access to aged care services).

2.1.4 Home care

To approve a younger person for access to Home Care, aged care legislation requires that, for a person who is not an aged person, there are no other care facilities or care services more appropriate to meet the person's needs (Section 7(1)(e)-(4)(e) of the Principles). If they are eligible for the NDIS, and already receiving Home Care, a younger person can leave their home care package when they commence receiving NDIS services. However, it is the younger person's choice if they wish to maintain services through both NDIS and Home Care programs, noting that if the younger person retains their home care package their aged care fees will remain payable. Where someone does access services under both programs, the NDIS may provide top-up services over and above the home care specified care and services. If the person exits from the home care package, then the NDIS will provide the participant reasonable and necessary supports.

2.2. Access to CHSP

The CHSP is not governed by the Aged Care Act. Unlike aged care services under the Aged Care Act, the CHSP is restricted by age. CHSP services are available to frail, older people aged 65 years and older (50 years and older for Aboriginal and Torres Strait Islander people).

The CHSP provides funding for a broad range of entry-level aged care support services and is designed to provide a relatively small amount of care and support to a large number of frail older people to help them to remain living at home and in their communities.

Frail older people or prematurely aged people 50 years and older (or 45 years and older for Aboriginal and Torres Strait Islander people) who are on a low income and who are homeless or at risk of homelessness as a result of experiencing housing stress or not having secure accommodation may be able to access the Assistance with Care and Housing (ACH) CHSP sub-program. Clients who are eligible to access ACH services are also eligible to access other CHSP services targeted at avoiding homelessness or reducing the impact of homelessness.

Access to all services through the CHSP is subject to screening by the My Aged Care contact centre and assessment by the Regional Assessment Service (RAS), to determine the suitability of CHSP services, noting that an ACAT assessor can also approve CHSP services

2.3. Palliative Care Services

Palliative care may be beneficial to any person with a life-limiting illness, regardless of their age. State and territory governments are responsible for the delivery of palliative care and hospice services. Therefore, younger people who are not eligible for the NDIS and who have chronic or terminal health conditions are best supported by state and territory health, palliative care services and housing systems, rather than the aged care system.

Most younger palliative clients, (not end of life) will be classified as non-urgent and will be encouraged to access supports and services that are appropriate to their age and palliative care needs. For a small number of younger people with a life-limiting illness who are in the active dying (end of life) phase, the aged care system may be identified as the only available option. Urgent circumstances for a palliative patient can be defined or determined with the 'surprise' question - "It wouldn't be surprising if the patient died within less than 12 months". These clients may be treated through the urgent circumstances pathway. This may include consideration that a client from a rural or remote location is hospitalised away from home and wishes to die in their home location but has clinical care needs that exceed being able to be managed in the home. In this scenario, residential aged care may be the only option. (See Section 2.4 for more information on non-urgent and urgent circumstances case pathways).

2.4. Access to Aged Care Non-Urgent and Urgent Pathways and Requirement

Most younger people will access supports and services through the NDIS and will not require access to aged care. However, if a younger person requires access to aged care, they will be required to follow the usual (non-urgent) process to seek access to aged care. In rare situations, a person experiencing urgent circumstances will require faster access to care and will follow the urgent circumstances pathway to assessment.

Definition of urgent circumstances

Urgent circumstances are defined as a younger person with care needs who currently, or in the imminent future, is unable to access care and/or age-appropriate accommodation, and where this represents a significant risk of harm for that person. Situations may include, but are not limited to:

- Homelessness, or at risk of homelessness;
- A lack of adequate and readily available housing and supports;
- A recent or expected loss of a sole carer or guardian with no known alternative care options;
- Exposure to domestic violence; and/or
- Palliative - end of life phase.

More information on urgent circumstances is at section 3.2 below.

3. Section Three - Check Points

Check points concerning s6(1)(b) for residential care and s7(1)(e),(2)(e),(3)(e),(4)(e) for home care, of the *Approval of Care Recipients Principles 2014*, are embedded throughout the aged care assessment access pathway. The check points seek to support the ACAT demonstrate due diligence in establishing that there are no other care facilities or care services more appropriate to meet the younger person's needs. The processes at each check point for non-urgent and urgent case pathways are described below.

3.1. Check Point 1 – My Aged Care Contact Centre⁴

The entry point for people seeking access to aged care services is through the My Aged Care Contact Centre. The Contact Centre screening process differs depending on whether they have an approved NDIS plan or not. During this process if the Contact Centre staff identifies that urgent circumstances exist, they will register and screen the person and refer to a comprehensive assessment from an ACAT.

A. Non-urgent cases

For most non-urgent requests, the Contact Centre will advise the younger person that prior to being referred to an ACAT for consideration of their eligibility for aged care support, the person will be required to gather documentary evidence (such as a letter or email) that they can provide to the ACAT that they have explored all other age-appropriate options, and that no other care facilities or care services more appropriate to meet their needs are available (6(1)(b) and 7(1)(e)-(4)(e) of the Principles). For example:

- If the younger person does not have an approved NDIS plan, the Contact Centre will advise the person to test their eligibility to become a NDIS participant.
- To proceed to an ACAT, the eligible NDIS participant must confirm evidence of a NDIS plan and have evidence showing gaps in the availability of NDIS funded support such as accommodation shortfalls; or
- Where a person is not eligible for the NDIS (evidenced by a NDIS Access Not Met letter), the person must have contacted the state or territory government or appropriate state local health service (e.g. Community Health Centre, GP, Social Worker) to ascertain if they provide disability or other appropriate services (e.g. health, palliative, mental health etc.). The person should have obtained documentary evidence or other relevant information confirming that there are no service options to meet their needs.⁵

If the younger person indicates that the above actions have occurred, the person will be screened to determine the appropriate assessment pathway with the ACAT with

⁴ Note: This checkpoint is included for context. It is managed by the My Aged Care Contact Centre and is not the responsibility of the ACAT.

⁵ Please note: For palliative clients, the My Aged Care Contact Centre will rely on health professional advice to determine if the client is in the end of life phase. The My Aged Care Contact Centre will **not** ask the 'surprise' question over the phone at screening.

the relevant documentary evidence. To support the assessment process, the referrer should provide as much information as possible on the referral that demonstrates the options they have fully explored. The referral should, if possible, specify options of support explored and:

- No supports available at all; or
- No supports available at that point in time (but there may be a waitlist so the possibility of accessing more appropriate services may be an option in the short to medium term).

Where the screening indicates a home support assessment pathway and the person does not meet requirements for CHSP eligibility, the person will be advised that they are not eligible for aged care services. The person will also be advised to consider other options such as to contact their general practitioner or to consider private services if appropriate. Those requiring a comprehensive assessment are referred to an ACAT (See Diagram 1 p.6 Client pathways).

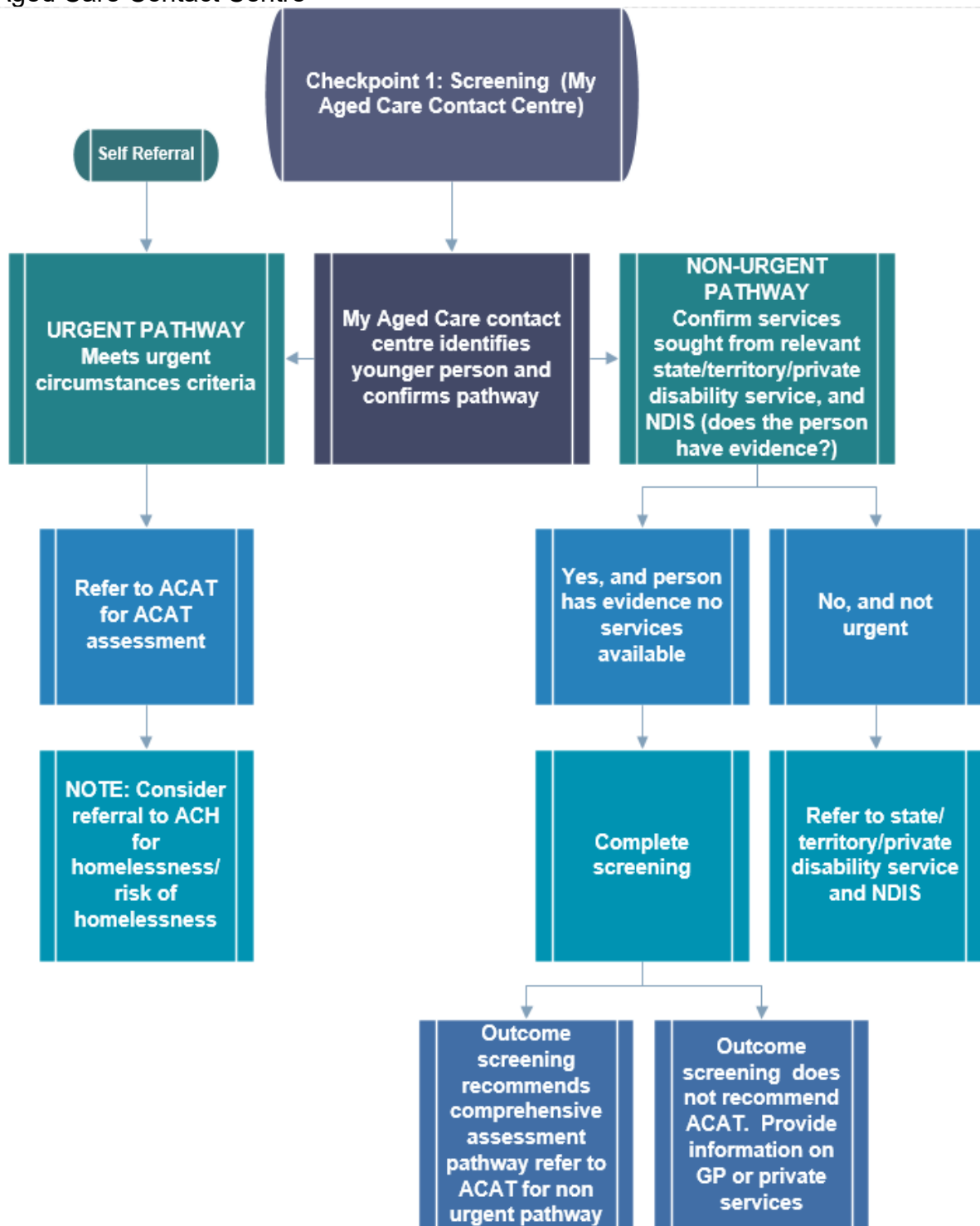
B. Urgent cases

If the person meets the urgent circumstances definition, the Contact Centre will record details of the client's situation on the client record, conduct a screening for the client⁶ and refer to the ACAT for a comprehensive assessment, therefore proceeding to Check Point 2 – ACAT Intake/Urgent Cases.

- The Contact Centre screening process differs depending on whether a younger person has an approved NDIS plan or not
- The Contact Centre will identify that the younger person meets either Urgent or Non-Urgent pathways
- If Non-Urgent, documentary evidence will be required from the referrer to determine next steps
- If Urgent ACAT referral process will begin.

⁶ The My Aged Care Contact Centre will override the automated screening outcome if it recommends a Home Support Assessment as the urgent circumstances criteria have been met and the client must be referred for an ACAT assessment.

Diagram 2: The following diagram describes the processes of Check Point 1 – My Aged Care Contact Centre



3.2. Check Point 2 – ACAT Referral Management

A. Non-urgent cases in non-hospital setting

Prior to the assessment the ACAT will review the younger person's referral and screening information held on the My Aged Care client record. The Assessor must start to gather evidence to meet requirements under the Aged Care Act for a person who is not an aged person specifically pertaining to Section 6(1)(b) and 7(1)(e)-(4)(e) of the Principles to investigate and document whether more appropriate care facilities or care services are available to meet the person's needs.

The ACAT must complete the *Request for Aged Care Assessment of a Younger Person Check Form* (the Check Form) to document:

- All age-appropriate accommodation and supports including NDIS eligibility and supports, state or territory disability programs and services or other relevant options for assistance relating to the person's care needs such as palliative care, health, or mental health services, have been explored.
- The ACAT has consulted the younger person, their family (if appropriate) and their support worker (i.e. case manager, NDIS support coordinator or planner, Medical or Health Professional) on the options and recorded the support worker's organisation, contact details and role.
- Why these options are not suitable, or whether the aged care supports the younger person is seeking are part of an interim plan, short term, or ongoing accommodation; and
- Supporting letters or documentary evidence confirming the above checks have occurred (e.g. NDIS Access Met letter and NDIS plan with evidence of gaps in necessary support; NDIS Access Not Met letter; evidence of documentation produced by client or through consultation with other agencies).

To the extent possible, the younger person and/or their representative is to provide the ACAT with the evidence they have received before an assessment is scheduled. NDIS Support Coordinators and Local Area Coordinators should assist ACATs in the provision of necessary information regarding known NDIS clients and NDIS participants who are seeking aged care support as the option of last resort. Where NDIS has evidence from other parties that recommend aged care, the NDIS officer should confirm that all options have been explored.

The ACAT is encouraged to build/maintain networks with services and organisations in their region that provide services to younger people, that may be consulted to confirm whether there are more age-appropriate services available. To ascertain that options are fully explored, all parties need to work cooperatively in the best interests of the client.

The Check Form is intended to be a summary of all the key checks the Assessor has completed to satisfy Section 6(1)(b) and 7(1)(e)-(4)(e) of the Principles. The Assessor may provide input to the Check Form at any stage during the assessment process. More extensive supporting documentation provided by other parties should be included as an Attachment or File Note to the Client Record and referenced on the Check Form.

Some cases may not proceed past this referral review stage if the ACAT determines that more appropriate solutions and services for the younger person outside aged care are available or need to be explored further.

Non-urgent cases – Hospital setting

For **non-urgent cases in hospital**, ACATs are not expected to be involved with a younger person's discharge planning. If the person is an NDIS participant, they will have an NDIS Support Coordinator or NDIS Health Liaison Officer (if available) who can liaise with the hospital discharge planner. If not known to the NDIS, the hospital would advise the person, their carer, support person and/or family, to initiate an NDIS Access Request to test their eligibility with the NDIS by contacting the NDIS on a toll-free hotline (1800 800 110).

B. Urgent circumstances Cases

There may be a small number of younger people experiencing urgent circumstances that are referred to the ACAT through different means as evident below.

Hospital setting

The number of people being admitted to aged care from hospital will be reduced by the implementation of the YPIRAC – Action Plan which seeks to identify appropriate, alternative settings for these people. However, if a NDIA outcome is not imminent or age-appropriate accommodation is not available, additional considerations for a younger person in hospital settings will be required to meet urgent circumstances such as the younger person:

- has completed an acute episode in hospital and is medically stable; or
- needs palliative care – end of life stage, and evidence exists that relevant state or territory palliative care and/or hospice services are NOT available, and evidence exists (including client and if relevant, representative agreement) that the aged care facility is a more suitable option than the hospital setting; and
- is unable to be discharged safely into the community; and
- would be expected to meet the urgent circumstances criteria, if they were to be discharged into the community; and
- has undergone a hospital discharge planning process (including consultation with the ACAT and the NDIS Support Coordinator) to establish that the best option is to allow access to an ACAT assessment for consideration of aged care support; and
- if relevant, representative agrees and understands the purpose of the ACAT assessment i.e. to make decisions about the younger person's eligibility for aged care support such as residential care.

Sole carer or guardian

There may be urgent situations where a younger person's older sole carer or guardian now requires and is eligible for residential aged care. Where the guardian is placing themselves at risk of harm by refusing the residential care option, out of concern for the younger person's wellbeing should they be separated and if it is the

younger person's preference, the ACAT must undertake an assessment for the younger person for residential care. The younger person may not be known to the NDIS. If eligible for residential aged care, once the older and younger person are settled, the younger person may be more open to explore additional support, including alternate accommodation options that the NDIS can offer them once they have met the access requirements.

Referral management

For **urgent circumstances** if the hospital discharge staff, NDIA local Support Coordinator or Health Liaison Officer (if available) consider that the younger person requires an urgent ACAT assessment, they can do the following:

- If a hospital ACAT team is available, notify the ACAT directly; if the ACAT agrees the case is urgent, the ACAT can then self-refer the younger person; or
- If a hospital ACAT team is unavailable, refer the younger person to an ACAT through the My Aged Care Contact Centre or the My Aged Care web referral system as needing an urgent assessment.

For urgent circumstances in the non-hospital setting, the ACAT may receive a referral from the My Aged Care Contact Centre. Alternatively, some clients in urgent circumstances may be identified by the ACAT who can self-refer the person if this is considered appropriate.

When the ACAT receives a referral that identifies urgent circumstances, the ACAT will liaise with the NDIA using the *ACAT NDIA Urgent Circumstances Form (Urgent Circumstances Form)* to confirm that the person does not have real or immediate access to alternative age-appropriate care facilities or services required to meet their care needs, prior to proceeding to ACAT assessment.

When submitting an Urgent Circumstances Form to the NDIA and the younger person is an NDIS participant, where appropriate (and with the client's consent) the ACAT should attach relevant supporting documentation to assist in the NDIA's decision-making process. Supporting documentation may include (but is not limited to) medical practitioner letters, relevant health information/diagnosis, and/or any other related documents.

The NDIA will then review the available information. Following their review, the NDIA will make a recommendation as to whether an ACAT assessment should (or should not) proceed, notifying the ACAT of the outcome in writing using the Urgent Circumstances Form. NDIA will indicate on the Urgent Circumstances Form if the person is not known to the NDIS and therefore NDIS supports are not available.

Where it is identified the younger person is an NDIS participant, the NDIA may decide to escalate them internally to the NDIA's Complex Support Needs (CSN) pathway to investigate if age-appropriate services and supports are available via the NDIS, ensuring all alternative options have been explored. If, after a period of investigation, the CSN do not have supports available they will notify the ACAT to proceed with the comprehensive assessment.

If the NDIA recommend an ACAT assessment should proceed, this (along with other accompanying evidence), supports the ACAT to proceed with the assessment for a determination of a person's eligibility for aged care support.

For clients with palliative care needs – end of life; due to the person being in the active dying phase where rapid response times are critical, ACATs should proceed to an assessment as a high priority and may continue the assessment prior to all documentation of explored options being completed. In addition to completing the Urgent Circumstances Form with the NDIA, prior to the stage of delegation, the ACAT must gather and document on the client record evidence from the appropriate palliative health professional (such as the person’s general practitioner, nurse practitioner, oncologist etc.) that all palliative care options have been explored and are not available. In addition, palliative clients who are also identified as experiencing homelessness should be urgently assessed as a matter of priority.

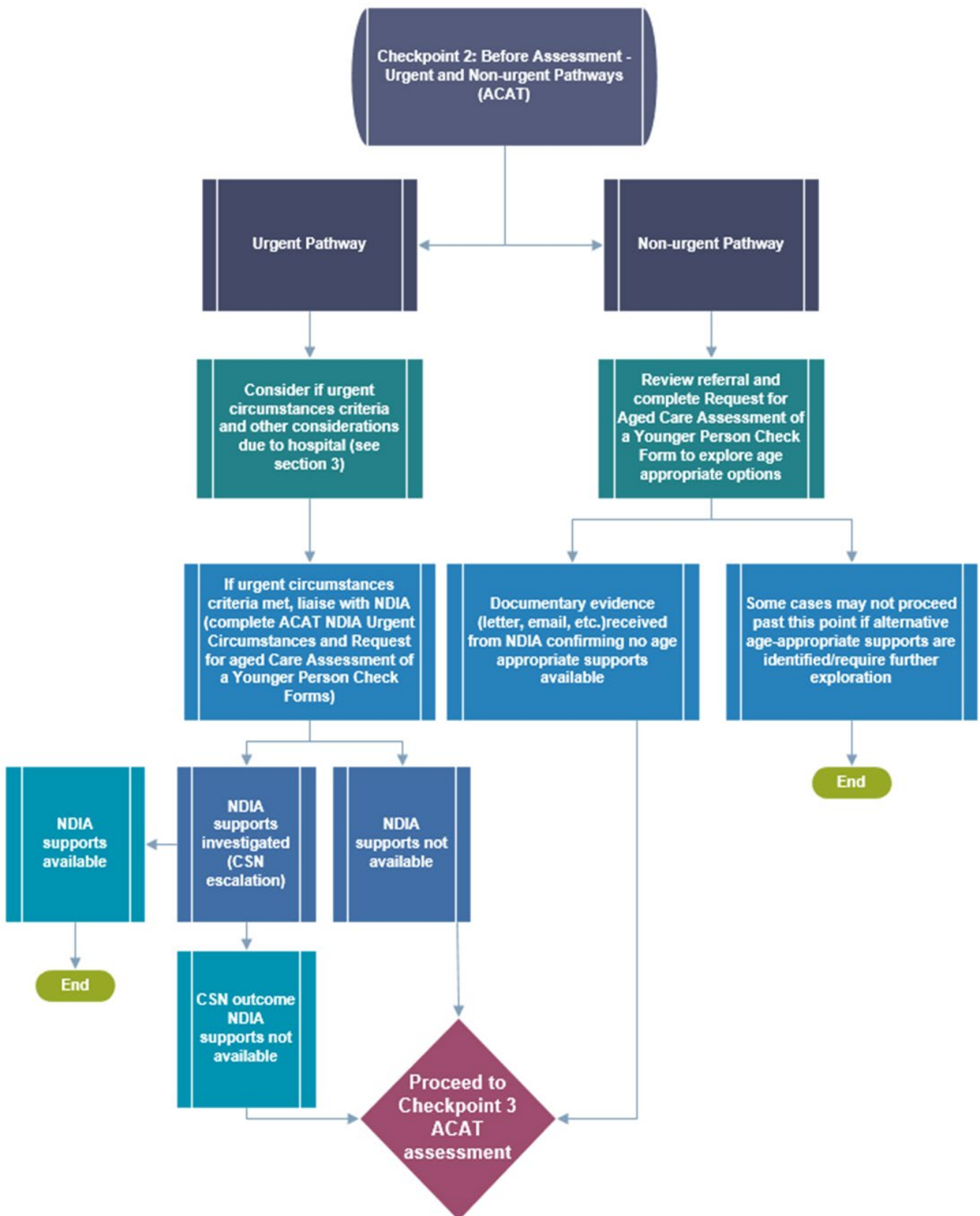
Note: Where an approval for aged care takes place as an outcome of the urgent circumstances pathway, if not already done so, the younger person should be encouraged to test their eligibility with the NDIS. The ACAT will advise the younger person or their representative to initiate an Access Request to test their eligibility by contacting the NDIS on a toll-free hotline (1800 800 110). When contacting the hotline, paper Access Request Forms can be requested by other parties but can only be sent to the verified postal address of the applicant. For a person to complete an Access Request on behalf of the applicant, they can only act where consent has been given (i.e. by the applicant giving written or verbal consent to the person to be a representative, or by providing a court order that shows they have the legal power to act on behalf of, or for the applicant).

A younger person who is eligible for Assistance with Care and Housing (ACH) sub-program may be referred through the urgent circumstances pathway. If the client meets the eligibility criteria for ACH, ACATs should initiate a referral to ACH.

Where the Department of Health becomes aware that a person is experiencing difficulty with accessing services and has urgent needs, the Department may request the ACAT to arrange a comprehensive assessment for a person, through the state or territory ACAT operational manager.

- The ACAT will review the younger person’s referral and screening information held on the My Aged Care client record.
- NDIS Support Coordinators and Local Area Coordinators should assist ACATs in provision of necessary information regarding NDIS participants who are seeking aged care support.
- Some cases may not proceed past referral stage if ACAT determines that more appropriate solutions for younger person are available or need to be explored.
- ACATs are not expected to be involved with a younger person’s discharge planning.
- If not known to NDIS, the hospital would advise the person, their carer, support person and/or family, to initiate an NDIS Access Request to test their eligibility with the NDIS.
- There may be a small number of younger people experiencing urgent circumstances that are referred to the ACAT through a hospital setting, or where a younger person’s older sole carer or guardian (guardian) now requires and is eligible for residential aged care.

Diagram 3. The following diagram describes processes at Check Point 2 - ACAT Referral Management



3.3. Check Point 3 – Comprehensive Assessment

Where the Assessor is satisfied and has documented evidence on the *Check Form* that requirements of the Principles relating to no appropriate care facilities or care services are met, the younger person or their representative can apply to become a care recipient for the purposes of the Aged Care Act by completing the Application for Care Form. This can also occur when an urgent circumstances form indicates a person does not have real or immediate access to alternative age-appropriate care facilities or services required to meet their care needs.

Assessors can proceed with the comprehensive assessment following the usual business practice set out in Part B of the My Aged Care Assessment Manual.

For palliative care—end of life clients, a critical priority as part of the aged care assessment will be the identification of palliative care needs and in particular, end of life care needs.

The ACAT carries out a face-to-face comprehensive assessment using the mandatory National Screening and Assessment Form (NSAF) and any applicable Supplementary Assessment Tools (SATs) to determine the eligibility for care types under the Aged Care Act. The assessor will make enquiries of the younger person about their care needs and circumstances including their physical capability, medical condition, psychosocial factors, cognitive and behavioural factors, physical environmental factors and restorative needs.

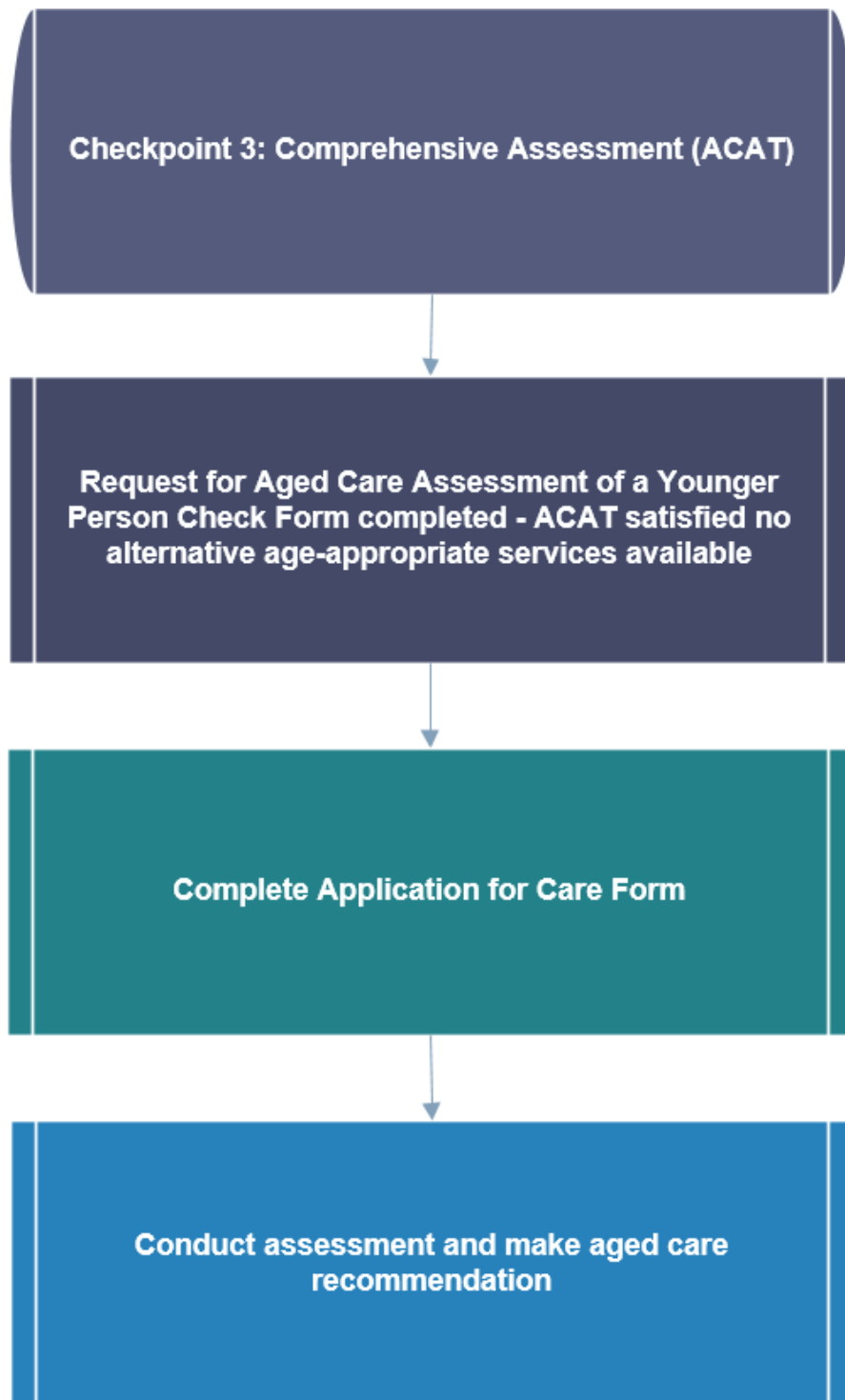
The ACAT assessment may require a multi-disciplinary approach to determine the best plan of support for the younger person. This can be achieved through case conferencing, joint assessments with other service providers where necessary, follow-up visits, cross-referrals, and multi-disciplinary consultations.

During the assessment stage, if more evidence regarding alternative support options is provided by the client and/or representative or another agency, this information must be clearly documented in the NSAF and, for a non-urgent case, added to the Check form.

After conducting a comprehensive assessment, the ACAT assessor sends their assessment findings and recommendations to the delegate. The recommendations are based on the areas of unmet need identified in the pre-assessment and assessment stages, after taking into account the level of formal and informal support available to the younger person, and the sustainability of those supports and with full consideration that where aged care recommendations are made, age-appropriate supports are evidenced as not available.

The assessment findings will include the assessment information obtained through the NSAF, SATs, the Check Form or the Urgent Circumstances Form (for urgent cases), and any additional supporting letters and evidence clearly named and attached to the client record.

Diagram 4. The following diagram describes process of Check Point 3 – Comprehensive Assessment



3.4. Check Point 4 – Delegate Decision

Delegate best practice decisions

The delegate must follow the Principles of Delegation set out in the My Aged Care Assessment Manual and apply best practice evidence-based administrative decision-making skills from their Delegate Training. The outcome of the delegate's best practice decision-making will be that their decisions show lawfulness, natural justice, evidence, reasons for the decision and accountability. To make a well-considered administrative decision, the delegate must determine the facts and the relevant matters, set aside and ignore irrelevant matters that should not affect the decision, and apply relevant legislation to the decision-making process.

Lawfulness

The ACAT delegate can approve or not approve, as with all applications for care under the Act, the person for any care types based on the relevant eligibility criteria for the care type, the assessed care needs and evidence provided. The eligibility criteria for Commonwealth subsidised aged care delivered under the Aged Care Act are based on care needs and not age. If the delegate is satisfied that the person meets these criteria set out in s 6, 7 and 8 of the Principles, they must be approved for those types of care.

The test in section 6(1)(b) of the Principles for residential care and section 7(1)(e) - 7(4)(e) for home care forms the basis of the eligibility assessment process for a younger person, to ensure that home care packages are only offered where appropriate. Under the test, a younger person with a disability is eligible to receive residential care if they meet the eligibility criteria for aged care services and "there are no other care facilities or care services more appropriate to meet their needs."

Reviewing the evidence

The delegate is responsible for ensuring that the Comprehensive Assessment has been completed without errors, contradictions, or omissions.

In making their decision, the delegate will review the ACAT's assessment documentation (comprising of the completed NSAF, any applicable SATs and the support plan). To assist the delegate's consideration of an approval or non-approval decision, the Check Form or Urgent Circumstances Form (for urgent case) and all relevant File Notes and Attachments are enclosed on the Client Record, including those concerning urgent palliative care clients. If the ACAT delegate is not satisfied, they are responsible for obtaining any additional information before making their judgment.

The delegate must finalise their decision and any approvals in the My Aged Care System.

The younger person's Approval or Non-Approval letter must accurately document the approval or non-approval decisions for care approval type (residential care, residential respite care, home care, transition care, short term restorative care), limitations on approval such as residential respite high/low or home care level, date approval commences and date approval ceases (if applicable).

Setting time limited approvals

Generally, it is no longer necessary for ACAT approvals for younger people accessing permanent residential care or home care to be time limited. Time limiting approvals can disrupt a provider's payments unnecessarily for people who legitimately require care.

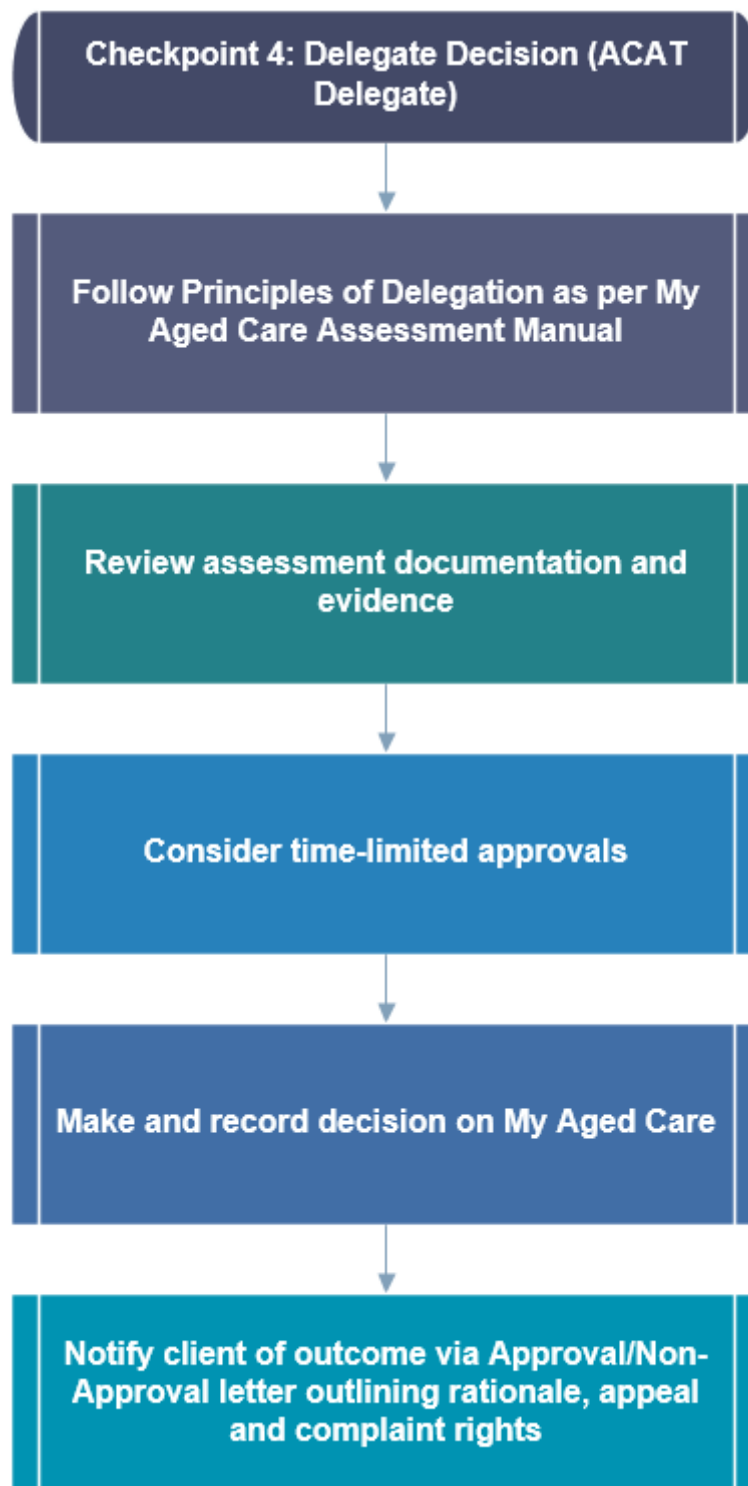
Many younger people who enter aged care, or are at risk of entering aged care, will be actively seeking other more age-appropriate accommodation options and support services as part of their NDIS plan. Others will be transitioned to the NDIS. In consultation with the NDIA/Support Coordinator, there may be some circumstances that it is appropriate to time limit a residential aged care approval. For example, circumstances such as where a younger person is being discharged from hospital to residential aged care and is waiting for NDIS funded home modifications or availability of Specialist Disability Accommodation, which may take up to 12 months to complete.

In the approval letter's Statement of Reasons, the delegate must clearly document the reasons for the decisions and state the evidence demonstrating that they have turned their mind to 6(1)(b) and 7(1)(e)-(4)(e) or other relevant sections of the Principles. The ACAT must practice good record keeping and place all evidence on the Client Record that provides a fuller justification to their decision if challenged, including their careful consideration of 6(1)(b) and 7(1)(e)-(4)(e) of the Principles.

Notification and appeal rights.

After the delegate has finalised their decision, the delegate must notify the younger person or their authorised representative of the decision in the form of an Approval or Non-Approval letter. The letter includes the reasons for the decision, so the younger person understands the decision, knows their appeal rights and how to make a complaint or discuss concerns about their assessment. The delegate provides a support plan in addition to the Approval letter. If not approved for aged care, there may or may not be a support plan. As a result of an aged care assessment it is feasible that the person may be provided with a support plan containing general (non-aged care) recommendations that have been discussed with the person. However, this information may be sufficiently explained in the Non-Approval letter so that the support plan is not required in this situation.

Diagram 5. The following diagram illustrates the delegate decision making pathway as part of Check Point 4 – Delegate Decision



3.5. Check Point 5 – Review

For an approved younger person, particularly for a permanent residential care approval, the ACAT may also schedule some support plan review dates based on whether there is an understanding that age-appropriate options may be available at a future point that will have bearing on the aged care that the younger person is currently approved.

If an approval is time limited, a planned support plan review must be scheduled ahead of the approval expiry and when the NDIS Plan and appropriate support is anticipated to be in place.

For NDIS participants, the Support Coordinator has responsibility for assisting younger people to explore and identify housing solutions outside of the aged care system, if that is the participant's choice. The Support Coordinator will make sure that the NDIA is receiving regular reports on the younger person's plan.

3.6. Summary of Checkpoints

- Check points concerning the *Approval of Care Recipients Principles 2014*, are embedded throughout the aged care access pathway.
- The check points seek to support the ACAT demonstrate due diligence in establishing that there are no other care facilities or care services more appropriate to meet younger person's needs.
 - **Check Point 1 – My Aged Care Contact Centre.** The entry point for people seeking access to aged care services is through the My Aged Care Contact Centre
 - **Check Point 2 – ACAT Referral Management.** The younger person and/or their representative is to provide the ACAT with the evidence they have received before an assessment is scheduled:
 - Non-urgent cases
 - Urgent circumstances cases
 - **Check Point 3 – Comprehensive Assessment.** ACAT carries out a face-to-face comprehensive assessment using the NSAF and any applicable SATs to determine eligibility for care types under the Aged Care Act
 - **Check Point 4 – Delegate Decision.** The ACAT delegate can approve or not approve, as with all applications for care under the Act, the person for any care types based on the relevant eligibility criteria for the care type, the assessed care needs and evidence provided. The delegate must follow the Principles of Delegation set out in the My Aged Care Assessment Manual and apply best practice evidence-based administrative decision-making skills from their Delegate Training. If approved, the younger person should be encouraged to test their eligibility with the NDIS.
 - **Check Point 5 – Review.** ACAT may also schedule some support plan review dates based on whether there is an understanding that age-appropriate options may be available at a future point for the approved younger person.