National Screening and Assessment Form

This fact sheet provides information about the National Screening and Assessment Form (NSAF). Components of the NSAF are used by My Aged Care contact centre staff, the My Aged Care Regional Assessment Service (RAS) and Aged Care Assessment Teams (ACATs) when screening and assessing the aged care needs of clients.


Nationally consistent screening and assessment process

The national screening and assessment process, facilitated through using the NSAF, has three components:

- Screening conducted over-the-phone by My Aged Care contact centre staff
- Home Support Assessment conducted face-to-face by the RAS
- Comprehensive Assessment conducted face-to-face by ACATs.

Screening

My Aged Care contact centre staff complete an initial needs identification of clients by asking a series of questions over the phone. Screening occurs after a person registers with My Aged Care, and has a client record created. Using a conversational approach, screening considers a client’s needs, circumstances and functional ability.

Contact centre staff will develop an action plan with the client that identifies the pathway a client will take, for example a referral to a Home Support Assessment or a Comprehensive Assessment.

Contact centre staff will also provide relevant information to clients, including in the instance where no further assessment or service provision is required.

Home Support Assessment

A Home Support Assessment builds on the information collected in contact centre registration and screening, with a further level of detail to determine a client’s eligibility to receive Commonwealth Home Support Programme (CHSP) services. Home Support
Assessments are conducted by the RAS, generally face-to-face in the client’s usual accommodation setting.

Home Support Assessment involves collecting information on the client’s:

- Family, community engagement and support
- Carer, caring responsibilities and sustainability of caring relationships
- Level of function
- Physical and personal health
- Healthcare connections and health conditions
- Cognitive capacity and psychosocial circumstances
- Home and personal safety
- Level of complexity and risk of vulnerability
- Support considerations
- Goals, motivations and preferences.

During the assessment, the assessor and client will work together to establish a support plan that reflects the client’s strengths and abilities, areas of difficulty, and the support that will best meet their needs and goals. This will include the consideration of formal and informal services as well as reablement pathways where appropriate.

**Comprehensive Assessment**

A Comprehensive Assessment, undertaken by the ACATs, builds on the information collected in the contact centre screening and Home Support Assessment (if applicable) and in a suitable face-to-face context (preferably in the client’s usual accommodation setting) to determine a client’s eligibility for care types under the *Aged Care Act 1997* (the Act).

The Comprehensive Assessment encompasses similar client information as the Home Support Assessment at a deeper level. The assessor will comprehensively assess the client’s physical capability, medical condition, psychosocial factors, cognitive and behavioural factors, physical environmental factors and restorative needs.

The assessor and client will work together to establish a support plan that reflects the client’s strengths and abilities, areas of difficulty, and the support that will best meet their needs and goals. This will include the consideration of formal and informal services as well as reablement and/or restorative pathways.

Where a care type under the Act is identified as the most appropriate type of support to meet the client’s needs, and the client meets the eligibility criteria, the assessor will make a recommendation for approval. A client may be approved for a Home Care Package, Residential Care, Residential Respite Care or Flexible Care (Transition Care Program or Short-Term Restorative Care). Clients may also be referred to CHSP services where appropriate.
Supplementary Assessment Tools

Supplementary Assessment Tools are included as part of the NSAF and may be used by an assessor to inform a holistic assessment of a client’s needs.

The use of these clinically-validated assessment tools is not mandatory, but they should be used if a need is identified that requires a greater level of assessment. An assessor may also choose to use other clinically-validated tools at their discretion, but should record the name of the assessment tool, the result of the assessment and also attach a copy of the assessment to the client’s record.

The following Supplementary Assessment Tools are available for Comprehensive Assessors:

- Caregiver Strain Index (CSI)*
- Modified Caregiver Strain Index (MCSI)*
- Older Americans Resources and Services – Instrumental Activities of Daily Living (OARS-IADL)*
- Barthel Index of Activities of Daily Living*
- Kimberley Indigenous Cognitive Assessment – Activities of Daily Living (KICA-ADL)*
- Revised Urinary Incontinence Scale (RUIS)
- Revised Faecal Incontinence Scale (RFIS)
- South Australian Oral Health Referral Pad
- Oral Health Assessment Tool (OHAT) for Non-Dental Professionals
- Mini Nutritional Assessment (MNA)*
- Brief Pain Inventory (Short Form)
- Resident’s Verbal Brief Pain Inventory
- Abbey Pain Scale
- Alcohol Use Disorders Identification Test (AUDIT)
- Standardised Mini-Mental State Examination (SMMSE)
- Rowland Universal Dementia Assessment Scale (RUDAS)
- Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE)
- Kimberley Indigenous Cognitive Assessment – Cognitive Assessment (KICA-COG)
- Kessler 10 (K10)*
- Kimberley Indigenous Cognitive Assessment – Carer: Cognitive Informant Report (KICA-Carer)
- Geriatric Depression Scale (GDS)

*These Supplementary Assessment Tools are also available for Home Support Assessors.