My Aged Care
Guidance for Assessors

June 2015
Document revisions

Information on the following areas has been included in the June 2015 version of the My Aged Care Guidance for Assessors document:

- My Aged Care in Victoria and Western Australia
- How My Aged Care will support people with diverse needs
- Referral to waitlist
- Tasks and notifications
- Reports
- Offline assessment options.

The latest version of this document is available at dss.gov.au/MyAgedCare
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1 Purpose
The purpose of My Aged Care Guidance for Assessors (this document) is to help assessment organisations understand how they will interact with My Aged Care. This document provides contextual information about new concepts and functions that assessors are expected to undertake via the My Aged Care assessor portal. For the purpose of this document:

- Assessment organisations are defined as:
  - The My Aged Care Regional Assessment Service (RAS)
  - Aged Care Assessment Teams (ACATs)
- Assessors are defined as:
  - Home support assessors, as part of the RAS
  - Comprehensive assessors and Delegates, as part of ACATs.

This document should be read in conjunction with the:

- My Aged Care Assessor Portal User Guide – Part One: Administrator Functions (Assessor Portal User Guide – Part One), which outlines the steps Administrators will undertake to set up and maintain information within the assessor portal
- My Aged Care Assessor Portal User Guide – Part Two: Team Leader, Assessor, Delegate and Delegate Support Functions (Assessor Portal User Guide – Part Two), which provides an overview of the portal and describes the functions that individuals with the Team Leader, Assessor, Delegate and Delegate Support roles will undertake within the assessor portal
- National Screening and Assessment Form User Guide (NSAF User Guide), which outlines how to use the National Screening and Assessment Form (NSAF) to undertake assessments.

These documents do not replace existing programme documentation (e.g. Aged Care Assessment Programme Guidelines).

1.1 Document key
⚠️ This symbol is used to highlight a point that assessment organisations need to pay particular attention to.
# 1.2 Key Terms

## Table One: Key terms and descriptions

<table>
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<th>Key Term</th>
<th>Description</th>
</tr>
</thead>
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<tr>
<td><strong>ACAT</strong></td>
<td>Aged Care Assessment Teams (ACATs) conduct face-to-face comprehensive assessments to determine a client’s eligibility for care types under the <em>Aged Care Act 1997</em>, with approval subject to a decision by an ACAT Delegate.</td>
</tr>
<tr>
<td><strong>Action Plan</strong></td>
<td>A summary of the outcomes of screening conducted by My Aged Care contact centre staff. An action plan includes information about activities that will facilitate appropriate assessment or service referrals. Assessors, service providers and clients can view a client's action plan via the My Aged Care portals.</td>
</tr>
<tr>
<td><strong>Administrator</strong></td>
<td>The person nominated on the My Aged Care Organisation Administrator Registration Form to be the first person from an organisation to log in to the My Aged Care assessor portal. Administrators are responsible for setting up the organisation, including managing staff accounts in the portal.</td>
</tr>
<tr>
<td><strong>Assessor</strong></td>
<td>A person who is assigned the Assessor role in the assessor portal will be responsible for registering clients and representatives (if required), entering assessment information (including developing Support Plans) on client records, and sending referrals for service(s), and referrals to waitlists. A person can be assigned as a Home Support Assessor or a Comprehensive Assessor in the assessor portal. The Assessor role should be assigned in accordance with the role the person performs in their organisation, and the completion of associated training.</td>
</tr>
<tr>
<td><strong>AUSkey</strong></td>
<td>AUSkey is a secure login that identifies you when you use participating government online services on behalf of your business. AUSkeys are obtained from the Australian Business Register, and registration is free.</td>
</tr>
</tbody>
</table>
| **CHSP** | From 1 July 2015, the Commonwealth Home Support Programme (CHSP) will bring together:  
  - Commonwealth Home and Community Care (HACC) Program  
  - Planned respite from the National Respite for Carers Program (NRCP)  
  - Day Therapy Centres (DTC) Program  
  - Assistance with Care and Housing for the Aged (ACHA) Program. |
<table>
<thead>
<tr>
<th>Key Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Record</td>
<td>People seeking access to aged care services will have a client record created by My Aged Care contact centre staff. The client record will include client details (and carer or representative details), details about assessments and the action support plan(s), and information about service(s) received. Clients will be asked to provide consent to enable their client record to be created and shared with assessors and service providers. Assessors and service providers will update information on the client record, and clients and their representatives will be able to view this information on the My Aged Care client portal, via myGov.</td>
</tr>
<tr>
<td>Client service information</td>
<td>Information about services that a provider delivers to a client. The provider is required to enter this information on the client record via the My Aged Care provider portal. Assessors and clients (and their representatives) will be able to view this information on the My Aged Care client portal, via myGov.</td>
</tr>
<tr>
<td>Delegate</td>
<td>A person who is assigned the Delegate role in the assessor portal will be responsible for entering assessment information (including developing Support Plans), making Delegate decisions, and printing client information (including Delegate notification letters). Current ACAT Delegates are expected to perform this role in the assessor portal.</td>
</tr>
<tr>
<td>Delegate Support</td>
<td>A person who is assigned the Delegate Support role in the assessor portal will be responsible for printing client information (including Delegate notification letters) to support the Delegate.</td>
</tr>
<tr>
<td>Inbound referral form</td>
<td>An online form accessed from the My Aged Care website. The form can be used to recommend a person for aged care services. The form may initiate registration, screening, assessment and referral for service.</td>
</tr>
<tr>
<td>NSAF</td>
<td>National Screening and Assessment Form (NSAF) used by My Aged Care contact centre staff and assessors (RAS and ACATs) to ensure a nationally consistent and holistic screening and assessment process.</td>
</tr>
<tr>
<td>Outlet</td>
<td>An outlet is how your organisation is represented in the assessor portal. Electronic referrals will be sent by contact centre staff for assessment services. Assessment organisation staff will also be allocated to outlets.</td>
</tr>
<tr>
<td>RAS</td>
<td>The My Aged Care Regional Assessment Service (RAS) will conduct a face-to-face home support assessment for clients needing access to Commonwealth Home Support Programme (CHSP) services.</td>
</tr>
<tr>
<td>Reassessment</td>
<td>A reassessment will be undertaken when there is a significant change in a client’s needs or circumstances which affect the objectives of the existing support plan.</td>
</tr>
</tbody>
</table>
### Key Term | Description
--- | ---
Referral code | A five digit code given to the client by My Aged Care contact centre staff, or assessors to allow them to visit different service providers to discuss their needs prior to choosing their preferred provider. Referral codes are generated for individual services. Clients can choose to have a referral code given to them or choose an electronic referral method.

Referral for assessment | A referral sent by My Aged Care contact centre staff requesting an assessment (home support or comprehensive) for a client.

Referral for service | A referral sent by either My Aged Care contact centre staff or assessors requesting a service for a client. Referrals can be sent electronically, or a client can be issued a referral code.

Representative | Clients can nominate one or more representative(s), (i.e. a carer), to act on their behalf. The My Aged Care system enables a representative to be classified as Regular or Authorised. You will also need to indicate a ‘representative type’: Financial, Care, or Financial and Care.

Regular representatives are nominated by the client, for instance a family member can be nominated as a representative so they can view the client record. This consent can be given verbally, in writing or in any other way that communicates the authority to act on behalf of the client.

Authorised representatives are generally able to act for a client based on provisions within federal, state or territory law, for instance, Power of Attorney.

When adding a representative to a client’s record, you must indicate that consent has been obtained from all parties in order for the relationship to be established in the system.

Review | An evaluation of a client’s support plan undertaken by the RAS. A review can be requested by the client, service provider, or scheduled by an assessor. The review may result in a change in services, or a further assessment.

Service delivery area | The area where an organisation delivers services. This can be from a set location (provider location) or to an area where the service is provided to the client in their own home (at client location).

Service finders | A search function available on the My Aged Care website that allows an individual to view information about services.

Support Plan | A plan developed by the RAS or ACAT with the client. The support plan identifies the client’s needs, goals and service preferences. Assessors and service providers will be able to view a client’s support plan via the My Aged Care portals. Clients and their representatives will be able to view this information on the My Aged Care client portal via myGov.
<table>
<thead>
<tr>
<th>Key Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Leader</td>
<td>A person who is assigned the Team Leader role in the assessor portal will be responsible for managing referrals (accepting or rejecting) and assigning referrals to staff.</td>
</tr>
<tr>
<td>Wallet check</td>
<td>An identification check that an assessor or service provider will undertake to ensure duplicate client records are not created. The wallet check involves sighting two documents that identify the client, and noting this on the client’s record.</td>
</tr>
</tbody>
</table>
2  Introduction to My Aged Care

The My Aged Care vision is to ‘make it easier for older people, their families, and carers to access information on ageing and aged care, have their needs assessed and be supported to locate and access services available to them.’

My Aged Care was introduced on 1 July 2013 and consists of the My Aged Care contact centre (1800 200 422) and website (myagedcare.gov.au). Since its introduction My Aged Care has provided:

- Information about aged care to consumers, family members and carers
- Information for service providers
- Online service finders that provide information about service providers and assessors
- Online fee estimators for Home Care Packages (HCP) and Aged Care Homes.
- The Telephone Interpreting Service and the National Relay Service is available to assist people who communicate in language(s) other than English, and people who have a hearing or speech impairment.
2.1 Changes to My Aged Care in 2015

My Aged Care will be expanded in 2015. The table below details what is being introduced nationally (except in Victoria and Western Australia), and why it is being introduced.

Table Two: Changes to My Aged Care in 2015

<table>
<thead>
<tr>
<th>What is being introduced</th>
<th>Why it is being introduced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client record</td>
<td>To facilitate the collection and sharing of client information.</td>
</tr>
<tr>
<td>My Aged Care Regional Assessment Service (RAS)</td>
<td>To conduct face-to-face assessments for clients needing to access Commonwealth Home Support Programme (CHSP) services.</td>
</tr>
<tr>
<td>National Screening and Assessment Form (NSAF)</td>
<td>To ensure a nationally consistent and holistic screening and assessment process. The NSAF will be used by contact centre staff, the RAS and existing ACATs.</td>
</tr>
<tr>
<td>Offline assessment capability (myAssessor app)</td>
<td>The myAssessor app will provide the ability for assessors to conduct assessments offline.</td>
</tr>
<tr>
<td>Web-based portals for clients, assessors and service providers</td>
<td>My Aged Care client portal: for clients to view their client record and update personal details.</td>
</tr>
<tr>
<td></td>
<td>My Aged Care assessor portal: for assessors to manage referrals for assessment, use the NSAF, send referrals for service, and update the client record.</td>
</tr>
<tr>
<td></td>
<td>My Aged Care provider portal: for service providers to manage service information, referrals for service and update the client record.</td>
</tr>
<tr>
<td>Electronic matching for service(s)</td>
<td>To provide the ability to search for services, using the My Aged Care service finders, that meet client needs/preferences.</td>
</tr>
<tr>
<td>Referral for service(s)</td>
<td>To provide the ability to refer for service(s) electronically, and through the use of a referral code.</td>
</tr>
<tr>
<td>Centralised waitlist</td>
<td>Waitlist for clients held within the My Aged Care system, but managed by providers. Service providers can manage a waitlist for their organisation via the provider portal.</td>
</tr>
<tr>
<td>Service providers will self-manage information about the services they deliver</td>
<td>To provide information on the service finders on the My Aged Care website, and support accurate referral of clients to services.</td>
</tr>
<tr>
<td>Enhanced service finders that include information about non-Commonwealth funded services</td>
<td>To enable the provision of information about non-Commonwealth funded aged care services to clients and the public.</td>
</tr>
</tbody>
</table>
These changes will result in:

- A consistent, streamlined and holistic assessment of clients
- Better access to accurate client and service information (for clients, representatives, service providers and assessors)
- Appropriate and timely referrals for assessment and services.

2.2 My Aged Care in Victoria and Western Australia

Due to the continued operation of the jointly government funded Home and Community Care (HACC) program in Victoria and Western Australia, My Aged Care will operate differently in these states. This section seeks to set out the differences in those jurisdictions and how this will impact both clients and service providers.

2.2.1 My Aged Care in Victoria

In Victoria, there are differences to the national model in terms of the manner in which assessment and service referrals are handled. My Aged Care will operate as outlined below:

My Aged Care contact centre

- The My Aged Care contact centre will register and screen clients and make referrals for assessment to both ACATs and HACC assessors.

Assessors in Victoria

- The My Aged Care Regional Assessment Service (RAS) will not operate – the HACC Assessment Service (HAS) will continue to perform assessments and make referrals outside the My Aged Care system
- However, the HAS will access the My Aged Care assessor portal from 1 July 2015 in order to receive referrals for assessment and access client records (including screening information)
- The HAS, at least initially, will not use My Aged Care to conduct assessments, record client information or make referrals to service providers. This will continue to be subject to the normal business practices of the HAS, with the value of having a picture of the client’s circumstances at the time of the referral for assessment
- The ACAS will transition to My Aged Care in 2015.

Service providers in Victoria

- Victorian HACC service information will not be displayed on the service finders on the My Aged Care website, and Victorian HACC providers will not receive electronic referrals for service from the My Aged Care
- Commonwealth Home Support Programme (CHSP) providers will maintain information about the services they provide, which will be publicly displayed on the service finders on the My Aged Care website. However, CHSP providers will not receive electronic referrals from the HAS (via the My Aged Care).
Care provider portal). They may, in certain circumstances, receive electronic service referrals direct from the My Aged Care contact centre

- Home Care Package (HCP), Transition Care (TCP), and Residential Care (Residential) providers will receive referrals via the My Aged Care provider portal in line with the national model (outlined in Section 3.2.2).

The Department is working with the Victorian government to transition HAS assessors and HACC service information into My Aged Care by mid-2016.

My Aged Care in Western Australia

In Western Australia, there are more significant differences to the national model. My Aged Care will operate as outlined below:

My Aged Care contact centre

- My Aged Care contact centre staff will refer all people seeking access to aged care services to the existing WA intake point, without registering them for a client record, or screening them to understand their aged care needs and the appropriate referral pathway.

Assessors in Western Australia

- The My Aged Care RAS will not operate – HACC assessment services will continue

- Once ACATs are using the My Aged Care assessor portal, they will be required to register people (to create a client record) prior to undertaking a comprehensive assessment using the NSAF. The client record will not contain any previous assessment or service information collected by the WA intake point.

- ACATs will transition to My Aged Care in 2015.

Service providers in Western Australia

- The Western Australian HACC program will not be represented in the service finders, and HACC providers will not receive electronic referrals for HACC services

- CHSP providers will be able to manage their service information, which will be represented in the service finders on the My Aged Care website. CHSP providers will not receive electronic referrals from My Aged Care

- HCP, TCP and Residential providers will receive referrals via the My Aged Care provider portal in line with the national model (outlined in Section 3.2.2).

The Department will continue to work with the Western Australian government to work towards utilisation of My Aged Care for the purposes of creating a central client record, screening, assessment and referral for services.
2.3 How My Aged Care will support people with diverse needs

My Aged Care will support people with diverse needs in the following ways:

- Translated materials are available on the My Aged Care website and people can access the Translating and Interpreting Service (TIS). People who prefer to communicate in a language other than English can phone the TIS on 131 450. TIS staff will facilitate a call to the My Aged Care contact centre on the person's behalf.

- The National Relay Service is available for people who are deaf, or hearing or speech impaired.

- Training has been provided to My Aged Care contact centre staff and assessors to ensure they can work effectively with people with diverse needs, including people from CALD backgrounds and Aboriginal and Torres Strait Islander people.

- The National Screening and Assessment Form (NSAF) will be used by My Aged Care contact centre staff and assessors to assist with identifying clients who have diverse needs.

- Allowing service providers to indicate if their services are tailored for diverse needs groups (i.e. LGBTI). This information will display publically on the service finders on the My Aged Care website.

- Materials on the My Aged Care website are compliant with the Web Content Accessibility Guidelines version 2.0.

Where it is not possible to conduct registration or screening over the phone, or the client expresses a desire not to participate, the client will be referred directly to face-to-face assessment.

2.4 Fees

It is important that consumers understand the potential fees that they may be expected to pay for services early in their interaction with the aged care system. The My Aged Care website, contact centre and assessors will all assist to manage consumer expectations around fees.

The My Aged Care website (myagedcare.gov.au) provides information about the aged care system, including fees. The Home Care Package fee estimator and Aged Care Home fee estimator allow consumers to estimate their possible fees. The My Aged Care contact centre (1800 200 422) can also provide fee estimates over the phone.

If a person has not considered the payment of fees prior to being contacted by an assessor or service provider, it is expected that the assessor or service provider provides information about fees to the client.
3 Using My Aged Care

In mid May 2015, the My Aged Care assessor portal became available. Assessment organisations that have submitted their My Aged Care Organisation Administrator Registration Form to the Department of Social Services (the Department), and have an AUSkey, are able to access the assessor portal. Information about the first time login process for the assessor portal is in the Assessor Portal User Guide.

⚠️ Staff must have an individual AUSkey linked to their organisation to access the assessor portal.

3.1 National Screening and Assessment Form

The NSAF is a form designed to support the collection of information to support the screening and assessment processes. It ensures that questions are appropriate to each level of assessment; that there is no duplication which would result in the client having to repeat their story; and that the appropriate client pathway can be facilitated through the completion of an Action Plan or Support Plan.

The NSAF facilitates the collection of information about a client, their carer(s) and their representative(s). The types of information collected are intended to cover a range of areas that capture a client’s circumstances, including:

- Current support, including formal and informal forms of support
- Health and lifestyle considerations
- Functional status
- Cognitive and psychosocial considerations
- Home and personal safety.

The NSAF has been designed so that assessment will build on the information collected by contact centre staff during screening, and any previous assessments.

The questions displayed in the assessor portal will depend on the level of assessment (home support or comprehensive) being undertaken. Completing questions may result in supplementary questions being added or removed.

It is important to note that the NSAF is a decision support tool, not a decision-making tool. It is also not designed to recommend particular service types. This is the role of trained assessors who, when developing the Support Plan with a client, consider client needs holistically, and recommend service(s). This may include Commonwealth-funded services or non-Commonwealth funded services.

The NSAF User Guide provides an outline of the principles that underpin the NSAF, and guidance about how to use the NSAF to conduct an assessment.
3.2  Referrals
From July 2015, people seeking access to aged care services for the first time, or people whose needs have changed, will need to contact the My Aged Care contact centre to discuss their aged care needs and have a client record created. The interactions people have with My Aged Care are described in Diagram 1 on page 20.

⚠️ Clients receiving services prior to July 2015 do not need to register with My Aged Care unless their needs and/or circumstances change.

From 1 July 2015, people seeking access to Commonwealth funded aged care services should be directed to My Aged Care. You can direct people to the My Aged Care contact centre in the following ways:

- Provide the person with the My Aged Care contact centre phone number (1800 200 422)
- Send an ‘Inbound referral’ (accessed from myagedcare.gov.au) requesting that contact centre staff call the person
- Send a fax with information about the person.

Assessors can also register the person with My Aged Care and undertake an assessment.

Contact centre staff will create a client record for the person and ask a number of questions to work out their potential aged care needs. This will enable contact centre staff to refer the client for assessment and/or service(s).

⚠️ There will be times where an Assessor attends a client’s home to conduct an assessment, and finds another person (not registered with My Aged Care) who needs an assessment. The Assessor should register the person with My Aged Care and undertake an assessment (after contacting the My Aged Care contact centre to request that a referral is sent to their organisation).

3.2.1  RAS and referrals
From July 2015, RAS organisations (except in Victoria and Western Australia) will receive electronic referrals for assessment from the My Aged Care contact centre, and send electronic referrals for service(s) and referrals to waitlist to CHSP providers via the assessor portal. The RAS can also provide clients with a referral code for service(s). For details about how My Aged Care will operate in Victoria and Western Australia see Section 2.2.

Most clients who contact the contact centre will be referred for a home support assessment prior to being referred for CHSP services. However, clients may be referred directly to service if their needs are episodic or limited. For example, the delivery of meals due to the unplanned absence of a carer.

My Aged Care contact centre staff can also send concurrent referrals for assessment and CHSP services.
3.2.2 ACATs and referrals

ACATs will continue to assess people for access to aged care service(s) funded under the Act: Home Care Packages, Residential Care (including Residential Respite), and the Transition Care Program.

ACATs in all jurisdictions (except QLD and WA) will commence using the assessor portal to accept/reject referrals from July 2015, which provides access to the client record and screening information prior to undertaking their assessment. However, ACATs will not send use the My Aged Care assessor portal to send referrals to HCP, TCP, and Residential providers (including Residential Respite) until they transition to using the full functionality of My Aged Care.

ACATs will transition to using the full functionality of the assessor portal state-by-state from September - December 2015. Until transition, ACATs will continue to use current processes and systems to complete assessments and make referrals.

After transition, ACATs will use the My Aged Care assessor portal to conduct comprehensive assessments, create support plans, make Delegate decisions and make referrals to service(s) or waitlists. Therefore, HCP, TCP and Residential providers will receive referrals for service from ACATs via the My Aged Care provider portal after transition. ACATs will also be able to provide referral codes to clients who want to approach service providers directly.

⚠️ After ACATs have fully transitioned, they will need to continue to use existing client management systems to complete assessments that are in progress at the time of transition, as well as using the My Aged Care assessor portal for new referrals for assessment. Note: the connection to DHS through current client management systems will not operate from March 2016.

Please note: From July 2015, HCP, TCP and Residential providers will receive electronic referrals for service(s) via the provider portal. Referrals will only be sent by contact centre staff if, during the registration process, it becomes apparent that the client has an existing approval for aged care services under the Aged Care Act 1997 (the Act). In these instances, the client will not be screened or assessed (and therefore the client record may not contain a completed action or support plan), and will be referred directly to service. Service providers will need to access assessment information via their usual sources. My Aged Care contact centre staff can also provide clients with a referral code for service(s).

Multi-Purpose Services (MPS) and National Aboriginal and Torres Strait Islander Flexible Aged Care providers can use the My Aged Care provider portal to maintain information about the services they provide (which will publicly display on the My Aged Care service finders on the My Aged Care website), and receive referrals for service.

It is expected that assessors will continue to refer clients to MPS and National Aboriginal and Torres Strait Islander Flexible Care Programme providers, including those providers who are not using the My Aged Care provider portal. People will also be able to contact these providers directly (i.e. without contacting My Aged Care).
Diagram One: My Aged Care client interactions
3.3 Further support

The Department has developed a range of materials and supporting mechanisms, including videos, FAQs, User Guides, and fact sheets to help assessors understand how to use the provider portal. These materials are available from dss.gov.au/MyAgedCare.

The My Aged Care service provider and assessor helpline (1800 836 799) can also assist with enquiries relating to the My Aged Care system and provide technical support. The helpline will be available between 8am to 8pm Monday to Friday and 10am to 2pm Saturday, local time across Australia.
4 Assessor portal overview
The My Aged Care assessor portal is used to:

- Create client records (in certain circumstances)
- Manage referrals for assessment issued by My Aged Care contact centre staff
- Access and update client records
- Conduct assessments (home support and comprehensive) using the NSAF
- Develop a Support Plans
- Support Delegation processes (after comprehensive assessments), including sending the Delegate decision letters
- Refer clients for aged care services or further assessment
- Generate reports
- Access forms (e.g. Application form).

From July 2015, assessment organisations will be able to access the myAssessor App or a printed version of the NSAF to support assessments to be conducted in circumstances where the assessor does not have access to the internet. Further information about the myAssessor App is available at Attachment C of the My Aged Care Assessor Portal User Guide – Part Two.

⚠️ Staff must have an individual AUSkey linked to their organisation to access the assessor portal. For more information, visit https://abr.gov.au/AUSkey/.

4.1 Roles and functions in the assessor portal
The level of access to functions in the assessor portal depends on the role a person is assigned in the assessor portal. A person may be allocated more than one role in the assessor portal. The roles should be assigned in accordance with the role the person performs in their organisation, and the completion of associated training.

For the RAS, roles in the assessor portal include:

- Administrator
- Home Support Assessor
- Team Leader.

For ACATs, roles in the assessor portal include:

- Administrator
- Comprehensive Assessor
- Team Leader
- Delegate
- Delegate Support.
The purpose of the Team Leader role in the assessor portal is to manage referrals. The functions of the role in the portal may be different to your existing organisational structure, and the people that may have completed the My Aged Care Team Leader training. It is up to each assessment organisation to decide who performs the functions of the Team Leader role in the assessor portal. The table below outlines the key functions performed by each role in the assessor portal, and information about how to set up staff and allocate roles is outlined in the Assessor Portal User Guide – Part One.

Table Three: Key functions for each role in the assessor portal

<table>
<thead>
<tr>
<th>Key Functions</th>
<th>Administrator role</th>
<th>Team Leader role</th>
<th>Assessor role</th>
<th>Delegate role</th>
<th>Delegate Support role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Register a client/representative</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Search for and view a client record</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Enter assessment information (including Support Plan) on client record</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Send referrals for service(s)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Accept and reject referrals</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Approve Decisions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Print client information for the Delegate</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>View tasks and notifications</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>View My Aged Care interactions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Request a change to contractual information</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Manage staff accounts: add, edit, deactivate</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

People can be assigned more than one role in the assessor portal at the same time. If you are assigned more than one role, your portal homepage will display the functions for all the roles you are assigned.

People who perform a Delegate role will need to be assigned the Delegate role as well as the Assessor role in the assessor portal.
4.2 Information about organisations and services in the assessor portal

The Department has set up outlets and entered information about assessment services for your organisation in the assessor portal.

Setting up staff and assigning roles in the assessor portal

This function is undertaken by staff who have the ‘Administrator’ role in the assessor portal. The Administrator can add staff and assign them an Administrator role to assist them to add other staff accounts. More information on creating and maintaining staff user accounts can be found in My Aged Care Assessor Portal User Guide – Part One: Administrator Functions.

4.3 Tasks and notifications

The assessor portal includes a tasks and notifications feature to inform and prompt action. An email alert will also be received for all tasks and some notifications.

A task is an activity that an assessor needs to action (finalise/close). A notification is an activity that informs the assessor of an event. The assessor may need to complete an action as a result of the notification.

My Aged Care contact centre staff may contact assessors to discuss why action has not been taken in response to tasks, and some notifications.

More information about how to action tasks and notifications via the My Aged Care assessor portal can be found in the Assessor Portal User Guide – Part Two.

⚠️ It is expected that assessors will contact service providers to discuss why action has not been taken in response to tasks and notifications, in some instances.

Table Four: Tasks in the assessor portal

<table>
<thead>
<tr>
<th>Task</th>
<th>Purpose of task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client’s name has changed</td>
<td>To prompt the organisation that sees the client next to perform a wallet check</td>
</tr>
<tr>
<td>No other referral preferences remaining</td>
<td>To inform the creator of the referral that all referrals for the service have been rejected and prompt the assessor to consider other options</td>
</tr>
<tr>
<td>Service commencement information has not been entered into the client record by service provider</td>
<td>To prompt assessor to follow up with the service provider</td>
</tr>
<tr>
<td>The service provider has recorded a service commencement date that is later than the anticipated commencement date (based on client priority and provider timeframes)</td>
<td>To prompt assessor to follow up with the service provider</td>
</tr>
<tr>
<td>The service cessation date is soon</td>
<td>To prompt assessor to follow up with the service provider</td>
</tr>
<tr>
<td>Task</td>
<td>Purpose of task</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Wallet check has been unsuccessful</td>
<td>To prompt the organisation that sees the client next to perform a wallet check</td>
</tr>
<tr>
<td>Referral to waitlist has not been actioned</td>
<td>To prompt assessor to follow up with the service provider</td>
</tr>
<tr>
<td>Referral to waitlist accepted, service provider has not accepted for service</td>
<td>To prompt assessor to follow up with the service provider</td>
</tr>
</tbody>
</table>

**Table Five: Notifications in the assessor portal**

<table>
<thead>
<tr>
<th>Notification</th>
<th>Purpose of notification</th>
<th>Notification viewed in portal</th>
<th>Email Alert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment is incomplete</td>
<td>To prompt assessor to complete the assessment, if possible</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Support plan is incomplete</td>
<td>To prompt assessor to complete the support plan, if possible</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Assessment has been submitted for Delegate decision</td>
<td>To provide confirmation that the assessment has been submitted for Delegate decision</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Reminder that the assessment has been submitted for Delegate decision</td>
<td>To provide a reminder that the assessment has been submitted for Delegate decision</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Delegate decision has been made</td>
<td>To inform the assessor that the Delegate decision has been made</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Request for a correction to a care approval</td>
<td>To confirm that a request for a correction to a care approval has been submitted</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Request for care extension has been submitted</td>
<td>To confirm that an extension to the number of days approved has been submitted</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>A decision for care extension has been made</td>
<td>To confirm that a Delegate decision about a request for a care extension has been made</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Referral has been recalled</td>
<td>To inform assessors that a referral has been recalled</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>A client record has been deactivated</td>
<td>To inform assessors that a client record has been deactivated, and an assessment episode needs to be closed</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>
4.4 Reports and forms
The reports available in the assessor portal will assist:

- RAS to understand their organisation’s workload, perform EOM invoicing activities, view a client’s NSAF, and generate a referral code letter for clients.
- ACATs to understand their organisation’s workload, view a client’s NSAF, and generate a referral code letter for clients.

The forms in the assessor portal will assist assessors (RAS and ACATs) to print a blank NSAF to support an assessment being conducted in areas without internet access.

The reports and forms available for RAS and ACATs are outlined below.

> Further reporting functionality will be made available to assessment organisations.

### Table Six: Reports available for the RAS in the assessor portal

<table>
<thead>
<tr>
<th>Report</th>
<th>Purpose of report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment management report (assessor)</td>
<td>This report lists all current assessments for individual assessors.</td>
</tr>
<tr>
<td>Assessment management report (outlet)</td>
<td>This report lists all current assessments for all assessors in the outlet.</td>
</tr>
<tr>
<td>RAS EOM preparation report</td>
<td>This report outlines completed assessments for RAS organisations.</td>
</tr>
<tr>
<td>RAS EOM report</td>
<td>RAS payment reconciliation report for contractual requirements. This report can be run each month and allows RAS to reconcile their activities for payment by the Department.</td>
</tr>
<tr>
<td>Referral Code Letter</td>
<td>This is a letter for Assessors to generate that indicates what services were recommended as part of the support plan, and the specific referral code relating to the recommended service.</td>
</tr>
<tr>
<td>NSAF Report</td>
<td>This is a printable form of a (referred) client’s completed, or partially completed, NSAF.</td>
</tr>
</tbody>
</table>
Table Seven: Forms available for the RAS in the assessor portal

<table>
<thead>
<tr>
<th>Form</th>
<th>Purpose of form</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSAF – Blank</td>
<td>National Screening and Assessment Form – blank version. This will allow assessors to print a blank version of the form.</td>
</tr>
</tbody>
</table>

Table Eight: Reports available for ACATs in the assessor portal

<table>
<thead>
<tr>
<th>Report</th>
<th>Purpose of report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment management report (assessor)</td>
<td>This report lists all current assessments for individual assessors.</td>
</tr>
<tr>
<td>Assessment management report (outlet)</td>
<td>This report lists all current assessments for all assessors in the outlet.</td>
</tr>
<tr>
<td>Delegate Approval template</td>
<td>This is a letter for Delegates to generate that indicates the approval by the Delegate for care under the Aged Care Act 1997</td>
</tr>
<tr>
<td>Delegate Non Approval template</td>
<td>This is a letter for Delegates to generate that indicates that the Delegate has not approved care under the Aged Care Act 1997</td>
</tr>
<tr>
<td>Referral Code Letter</td>
<td>This is a letter for Assessors to generate that indicates what services were recommended as part of the support plan, and the specific referral code relating to the recommended service.</td>
</tr>
<tr>
<td>NSAF Report</td>
<td>This is a printable form of a (referred) client’s completed or partiality completed NSAF.</td>
</tr>
</tbody>
</table>

Table Nine: Forms available for ACATs in the assessor portal

<table>
<thead>
<tr>
<th>Form</th>
<th>Purpose of form</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSAF – Blank</td>
<td>National Screening and Assessment Form – blank version. This will allow assessors to print a blank version of the form.</td>
</tr>
<tr>
<td>Application for care</td>
<td>The form that records a client’s application for approval to receive aged care under the Aged Care Act 1997.</td>
</tr>
<tr>
<td>Offline approval form</td>
<td>The form is required to be completed by Delegates in areas without internet connectivity.</td>
</tr>
</tbody>
</table>
The Application for care and Offline approval forms will need to be signed and a scanned copy of the signed form uploaded to the client record. For more information about how to attach documents, see the Assessor Portal User Guide – Part Two.

4.5 My Aged Care interactions
A list of My Aged Care interactions that assessors have had with My Aged Care contact centre staff is available in the My Aged Care assessor portal. Types of interactions include calls, emails and service inventory updates.
5 Overview of My Aged Care contact centre staff roles

The section below outlines the functions that will be undertaken by contact centre staff to support a person to access aged care services.

5.1 Registration

If a person calls the My Aged Care contact centre seeking access to aged care services, contact centre staff will seek consent to register the caller with My Aged Care and, if consent is received create a client record. The client will be allocated an Aged Care User ID as part of the registration process.

Registration involves the collection of a basic set of client information (e.g. a Medicare number, name and date of birth), which is then verified with information held at the Department of Human Services, and by assessors / service providers sighting two types of client identification documents. This process is important to ensure that the client record is unique, and that duplicates are not created.

The document types must come from the list below.

Identification documents can include the following:

- Medicare Card
- Department of Veterans’ (DVA) Card
- Driver’s License
- Health Care Card
- Passport
- Birth Certificate
- Birth Card
- Citizenship/Naturalisation Certificate
- Photo Card
- Tertiary Student ID
- Other Identity Document
- Other License/Permit
- Australian Aged Pension Card
- Pensioner Concession Card
- State Government Card
- State Government Disability
- Australian Marriage Certificate.
- Mortgage Documentation
- Lease/Rent Agreement
- Land Title Office Record
- Bank Statement
- Council Rates Notice
- Utility Bill
- Australian Bank Card
- Automobile Membership
- Seniors Card
- Registered Club Membership

⚠️ It is expected that whoever has face-to-face contact with the client in the first instance (i.e. an assessor or service provider) will sight client identification and record this information in the client record. The wallet check only needs to occur once.
Case Study: Registration and screening

Background
Enid is a 79 year old woman who has been having difficulty with everyday tasks due to her arthritis and recent diagnosis of diabetes. She has particular difficulty with getting out of the house to go grocery shopping and to visit her GP and pharmacy. Enid recognises and believes that eating fresh food, exercising and the ability to visit her doctor and pharmacist for advice on medication management is important for her health and quality of life. She is also not visiting her friends and family as much as she used to, and is beginning to feel lonely and isolated. Enid has heard about other older people receiving aged care services but she assumes that she needs a doctor’s referral to get started.

Inbound referral
Enid eventually asks her doctor for some information on how to get help at home. Her doctor sends a referral via an inbound referral form on the My Aged Care website to the My Aged Care contact centre. The inbound referral contains information against the following sections:

- the referrer’s name and contact details
- the client’s name and contact details
- the referrer’s relationship to the client (for example, as a GP or community nurse)
- information about why the client is being referred to My Aged Care
- any additional information that may support the referral, including a discharge or shared health summary.

Registration and screening
After receiving the inbound referral form, a My Aged Care contact centre staff member calls Enid to discuss her circumstances. The contact centre staff member receives Enid’s consent to register her details with My Aged Care and undertake a brief telephone screening to determine what services could meet her needs.

Referral for assessment
As a result of the information collected during screening, and a discussion with Enid about the best options to meet her needs, the contact centre staff member organises a referral to be sent for a home support assessment, to be completed by the RAS.

5.2 The client record

⚠️ The client needs to consent to having a client record created.

The creation of a client record will reduce the number of times a person has to repeat their story. Clients will be asked to provide consent to enable their client record to be appropriately shared with assessors and service providers.
5.2.1 What information is contained in a client record

The client record contains client information that is displayed in six tabs, which are listed below.

Client Details

The client details tab contains basic demographic and contact information about the client. It is also where you can view details about the people connected to the client in the system, such as the client’s GP, carer, emergency contact, representative or other support person.

Approvals

The Approvals tab contains a view of a client’s approvals for aged care services under the Act.

Approvals will be accessible via My Aged Care once a client has registered with My Aged Care.

Plans

The Plans tab contains any previous screening and assessment information for the client, as well as the resulting Action Plan and Support Plan.

Attachments

The ‘Attachments’ tab contains documents that have been attached to the client record.

Attachments relating to the authority of an Authorised representative such as Power of Attorney documentation will be attached to the representative’s record, not the client’s record.

Services

The ‘Services’ tab contains a record of:

- Services the client is receiving
- Services which are pending.

Interactions

The ‘My Aged Care Interactions’ tab will show the client’s history of interactions with My Aged Care.
5.3 Who can update the client record

**Table Ten: Who can view and update the client record**

<table>
<thead>
<tr>
<th>Who</th>
<th>Where can they view the client record?</th>
<th>What can they update?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients (and their representatives)</td>
<td>My Aged Care client portal via myGov</td>
<td>Contact details</td>
</tr>
<tr>
<td>Contact centre staff</td>
<td>Contact centre system</td>
<td>Contact details, screening outcomes, (including action plans), and referral information</td>
</tr>
<tr>
<td>Assessors</td>
<td>My Aged Care assessor portal</td>
<td>Contact details, assessment outcomes, (including support plans), and referral information</td>
</tr>
<tr>
<td>Service providers</td>
<td>My Aged Care provider portal</td>
<td>Service delivery information</td>
</tr>
</tbody>
</table>

If a client needs assistance to access their client record via myGov, refer the client to the My Aged Care contact centre (1800 200 422).

5.4 Screening and creating an Action Plan

Contact centre staff will conduct screening, with the client’s consent, by asking a series of questions over the phone to understand a client’s needs in order to determine the appropriate client pathway. Information captured will include:

- Client details
- Reason for contact
- Current health status
- Current support, including caring arrangements
- Ability to undertake basic daily activities
- Identification of any special needs and complexities
- Safety concerns in the client’s home and environment.

The outcomes from screening are documented in an Action Plan.

Where it is not possible to conduct screening over the phone, or the client does not want to participate in screening, the client will be referred directly for a face-to-face assessment.
The Action Plan forms part of the client’s record that can be viewed by clients via the My Aged Care client portal. Assessors who receive a referral for assessment can also view the Action Plan via the assessor portal, and service providers who receive a referral for service or a referral to waitlist will be able to view the Action Plan via the My Aged Care provider portal.

After screening, clients can be:

- Referred to an assessment organisation for a face-to-face assessment of their needs (either home support or comprehensive); and/or
- Referred directly to CHSP services; and/or
- Provided with information about other Commonwealth funded aged care services (such as those provided by MPS or under the National Aboriginal and Torres Strait Islander Flexible Care Programme), and non-Commonwealth funded aged care services.

⚠️ It is possible for a referral for services (CHSP services), and a referral for assessment to be sent concurrently. This allows services to commence quickly, while the assessment is being arranged.
6  Overview of assessment organisation roles

If assessors are directly approached by new clients seeking Commonwealth funded aged care services, they should:

- Provide the person with the My Aged Care contact centre phone number (1800 200 422)
- Send an 'Inbound referral' (accessed from myagedcare.gov.au) requesting that contact centre staff call the person
- Send a fax with information about the person.

Please note: assessors are also able to register a client or representative (see information below).

6.1  Registering a client or representative

An assessor should encourage people to contact the My Aged Care contact centre to register with My Aged Care. If this is not the person’s preference, the assessor can register the person using the assessor portal. The client needs to provide consent to complete registration.

An assessor may also register a person that requires an unplanned assessment, i.e. assess a person living in the same house as the person they scheduled an assessment for.

If you need to undertake an unplanned assessment, you must contact the contact centre to have the client referred to your organisation. You will also need to ensure that a Team Leader (in the assessor portal) accepts this referral for assessment, and assigns the referral to you.

6.1.1  Registering a client

You must have the client’s consent to successfully complete registration.

Registering a client involves collecting client details (including a Medicare number, name and date of birth), which will then be verified with information held at the Department of Human Services to ensure duplicate records on My Aged Care are not created. Further information about what can be included in the client record is at Section 5.2.

If you have registered a client and need to conduct an assessment for that person, please contact the My Aged Care contact centre to have a referral issued to your assessment organisation.

6.1.2  Registering a representative

Clients can nominate one or more representative(s) to act on their behalf. The My Aged Care system enables a representative to be classified as Regular or Authorised.
Regular representatives act with the consent of the client. This consent can be given verbally, in writing or in any other way that communicates the authority to act on behalf of the client. For the most part, Regular Representatives are able to give and receive information about the client to the extent of the clients’ consent. It is important that the extent of consent provided by the client is accurately recorded. A client can withdraw consent at any time.

Authorised representatives are generally able to act for a client based on provisions within federal, state or territory law. Instruments that are likely to be seen within the My Aged Care system include:

- power of attorney (lapses if the client loses capacity);
- enduring power of attorney or instrument of enduring guardianship or medical power of attorney based on state and territory law and can cover financial and health related decisions;
- appointment of a guardian by a tribunal or board;
- appointment by a tribunal, board or court as an administrator; and
- authorisation by a statute to make decisions on behalf of an individual.

⚠️ When adding a representative to a client’s record, you must indicate that consent has been obtained from all parties in order for the relationship to be established in the system.

6.2 Completing identity verification

As outlined above, the identity verification process is a two-step process that contact centre staff and either assessors or service providers will undertake. The first step occurs during registration, where contact centre staff verify client information against records held at the Department of Human Services. This aims to ensure that duplicate client records on My Aged Care are not created.

Assessors (or service providers) will be required to complete the second step of the process (known as a ‘wallet check’ in the portal). It is expected that whoever has face-to-face contact with the client in the first instance will sight identification documents and record this information on the client’s record.

To complete the identity verification process, assessors or service providers will ask to sight two types of client identification documents (see Section 5.1 for the list of identification documents), and confirm that they have sighted the original document on the client’s record via the assessor portal. This process only needs to occur once. You will be able to see the status of the wallet check on the client record via the assessor portal.

6.3 Managing referrals for assessment

People assigned the Team Leader role in the assessor portal will manage referrals for assessment.

RAS staff with the ‘Team Leader’ role in the assessor portal will need to manage (accept / reject) referrals within three calendar days.
ACAT staff with the ‘Team Leader’ role in the assessor portal should manage referrals within the priority timeframes specified in the Aged Care Assessment Programme Guidelines - May 2015.

Referrals for assessment will be created by either the My Aged Care contact centre as a result of screening a client or by another assessor following an assessment. For example, a referral for a comprehensive assessment may be created by a home support assessor.

⚠️ Referrals can be rejected after they have been accepted. This can ONLY occur if the assessment has not yet been started.

6.3.1 Information contained in a referral

A referral received by an assessment organisation contains a summary of the client’s record. This may include: screening information and an Action Plan generated by My Aged Care contact centre staff, and a home support assessment and Support Plan (if applicable). The referral may also include any preferences or other information the client may have provided.

The information contained in the referral will enable Team Leaders to make an informed decision about accepting or rejecting the referral.

6.4 Priority status

As a result of the answers given during the screening or assessment process, a priority for assessment (high, medium, low) will be generated. The priority rating is based on a client’s level of function, the level of risk in relation to the care situation, and any other concerns that are relevant to the client’s presentation.

It is the role of the contact centre staff to agree with or change the recommendation based on the client’s need. The priority status outlines expectations to guide prioritisation and assist with managing client expectations. The Department expects that assessors will work well within these timeframes. My Aged Care contact centre staff may follow up on actions not completed within the timeframes.

The RAS are expected to complete 90% of required actions within the timeframes outlined below.

Table Eleven: KPIs for the RAS

<table>
<thead>
<tr>
<th>Priority Status</th>
<th>Timeframe to manage referrals (accept, reject)</th>
<th>Timeframe to undertake face-to-face assessment (including finalising the support plan and matching and referring clients for services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>3 calendar days</td>
<td>10 calendar days after acceptance</td>
</tr>
<tr>
<td>Medium</td>
<td>3 calendar days</td>
<td>14 calendar days after acceptance</td>
</tr>
</tbody>
</table>
### Priority Status

<table>
<thead>
<tr>
<th>Priority Status</th>
<th>Timeframe to manage referrals (accept, reject)</th>
<th>Timeframe to undertake face-to-face assessment (including finalising the support plan and matching and referring clients for services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>3 calendar days</td>
<td>21 calendar days after acceptance</td>
</tr>
</tbody>
</table>

### 6.4.1 Priority status - referrals for Comprehensive Assessment

For ACATs, the referral will include a priority status for making a clinical intervention. The priority status outlines expectations to guide prioritisation and assist with managing client expectations.

⚠️ Emergency provisions for ACAT approvals exist when urgent care is required.

The three priority categories associated with comprehensive assessment, specifically the time from referral to ‘first clinical intervention’ are:

- **High**: 2 calendar days
- **Medium**: 3–14 calendar days
- **Low**: 15–36 calendar days.

‘First clinical intervention’ is the first date that contact of a clinical nature (i.e. non-administrative) is made between an ACAT member and the client.

### 6.5 Undertaking an assessment

Once a referral for assessment has been accepted by a Team Leader and assigned to an assessor, the assessor will be able to access the client’s record, including their contact details, in order to schedule the assessment.

The assessor should also complete the relevant work, health and safety checks required by their organisation. Scheduling the appointment, and completing the work, health and safety checks both occur outside the assessor portal. An assessor may record the outcomes of these actions in the ‘Event Details’ of the NSAF for communication purposes, or enter this information in the notes and observations section on the client record. Alternatively, the assessor can attach this information to the client’s record.

The process of conducting an assessment via the assessor portal is similar for both home support assessment and comprehensive assessment. Assessors will also provide short term case management to assist vulnerable clients with complex care needs to access services.

⚠️ ACATs will need to ask the client to complete the Application for care form.
The recommendation process (that is, a comprehensive assessor sending a recommendation to a Delegate for approval for services under the Act) is outlined in the Assessor Portal User Guide – Part Two.

During the assessment, the assessor and client work together to develop a Support Plan that promotes a wellness approach and reflects the client’s needs, goals and service preferences.

The Support Plan will include the information outlined in the table below:

**Table Twelve: Support Plan information**

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified needs</td>
<td>A summary of the needs identified as part of the assessment, including functional areas that the client requires a service response to, other concerns or considerations identified throughout the assessment and any complexity indicators.</td>
</tr>
<tr>
<td>Goals and recommendations</td>
<td>A summary of the client’s areas of concern, goals to address their concerns and any service or general recommendations.</td>
</tr>
<tr>
<td></td>
<td>There are three types of recommendations that can be added to a Support Plan:</td>
</tr>
<tr>
<td></td>
<td><strong>General recommendations</strong> are a type of support that is non-Commonwealth funded and will be actioned by the client rather than the assessor or service provider. Recommendations may include that the client sees a health practitioner for a particular concern, that they join a local support group, or it may be an activity that the client identifies they wish to undertake.</td>
</tr>
<tr>
<td></td>
<td><strong>Service recommendations</strong> are for adding recommendations for services to a client’s Support Plan, e.g. CHSP services.</td>
</tr>
<tr>
<td></td>
<td><strong>Care type recommendations</strong> are applicable only for comprehensive assessment. These recommendations relate to care types under the Act which require approval by an ACAT Delegate.</td>
</tr>
<tr>
<td>Manage services and referrals</td>
<td>A list of referral(s) to service or referrals to waitlist, and the status of referrals that have been previously made for the client.</td>
</tr>
</tbody>
</table>

6.5.1 Finalising the home support assessment

As part of a home support assessment, a client may be:

- Referred for CHSP services
- Referred for a comprehensive assessment (conducted by an ACAT)
- Provided with information only.

6.5.2 Finalising the comprehensive assessment

When you have completed the NSAF your recommendations for approval will be work flowed to the Delegate.
If an assessor is recommending that a client be approved for a home care package (level 1 – 2 or level 3 -4), the assessor needs to select both service subtypes in the assessor portal.

The Delegate will review the client’s assessment information and make a decision to approve or not approve the client for aged care services under the Act and the decision will be sent to the Department of Human Services. The Delegate will complete the letter of notification to the client to advise the outcome of the assessment.

After the Delegate has completed this process the assessor can complete the Support Plan, provide a copy of the support plan, the Application for care form and the Delegate decision letter to the client, and make referrals for services required.

You must also scan and upload the Offline approval form (if undertaking the assessment offline) as evidence to be stored on the client record. Make sure that you check that the Delegation date is correct. The system will default to the day’s date. If you have completed the approval process using a hardcopy form on a previous date, you will need to record the date you actually made the decision.

Following Delegate approval, a client may be:

- Referred for a HCP, Residential Care (including respite) or TCP services
- Referred to CHSP services.
- A client can also be referred to other aged care services such as MPS, or National Aboriginal and Torres Strait Islander Flexible Care, or provided with information. Please note that clients can also access these services without Delegate approval.

Delegates can request a change to the Delegate decision via the My Aged Care Assessor Portal. For more information, see the Assessor Portal User Guide – Part Two.
Case Study: Assessment Background
Ioannis and Elizabeth are an older couple who have been caring for each other for quite some time. Elizabeth has a long-term back injury that confines her to a wheelchair and requires multiple medications. Ioannis helps Elizabeth get in and out of her wheelchair, bathes her and drives her to doctor’s appointments. Their daughter Ros helps with household chores, but she has a full time job and young children to care for. Recently Ioannis has been having some difficulties lifting Elizabeth so she sometimes spends the whole day in bed and is developing pressure areas. The stress of caring for his wife is beginning to affect Ioannis’ mood, and he sometimes has difficulty remembering which medications to give Elizabeth. He knows that he needs help but he does not know where to start.

Contacting My Aged Care
Ros notices that her father is beginning to struggle with his caring responsibilities, and spends some time on the My Aged Care website to find out what support may be available for her parents. She reads about the various levels of support and helps her parents call the My Aged Care contact centre.

Registration and screening
After registration, Ioannis and Elizabeth undergo screening over the telephone. During screening, some initial information is collected to determine their needs and options for support. In discussing these options, Ioannis and Elizabeth agree that a Comprehensive Assessment would be of benefit to them both.

Referral for Comprehensive Assessment
The contact centre staff member sends referrals for both Ioannis and Elizabeth to the local ACAT, who accept the referrals and assigns an assessor to undertake the assessments. The assessor contacts Ioannis and Elizabeth and arranges for both assessments to be undertaken together in their home.

Undertaking the assessment
When attending the home, the assessor informs Ioannis and Elizabeth about the assessment and Delegation process, gains their consent to proceed and asks them to sign an Application Form. Following this, and building on the information provided during screening, the assessor uses the NSAF and supplementary tools to collect and record information from Ioannis, Elizabeth, Ros and their GP. Following the development of individual support plans which identify their goals and strategies to meet these goals, the assessor makes a recommendation that they both receive a Home Care Package level 3-4, and that Residential Respite for Elizabeth is appropriate.

The information the assessor collects, including the support plan is then sent to a Delegate who formalises the assessor’s recommendations, and approves Ioannis for a Home Care Package level 3-4, and Elizabeth for a Home Care Package level 3-4 and Residential Respite. Ioannis and Elizabeth receive notification of this decision via post and the assessor also contacts them to discuss their options for referral to providers who can provide the services they have been approved for.
6.6  Matching and referring for service(s)

Based on the recommendations outlined in the Support Plan, RAS and ACAT assessors will work with clients to select preferred service provider(s), choose a referral method and issue referrals for service(s) or referrals to waitlist. Assessors may recommend a start state and end date for services. This may occur when a carer is going away, or for a time limited intervention.

The referral process will be supported by the enhanced service finders on the My Aged Care website. The most relevant search results will be displayed first. Relevance is determined by factors such as services searched for and availability. The results will be returned in a random order (i.e. the results will not be returned in alphabetical order).

Assessors must obtain consent from the client or their Authorised representative for a referral to be issued.

Assessors can send a referral for service OR a referral to waitlist for an individual service type.

There are three methods for sending referrals to service. The methods are:

- An electronic referral in order of client preference: the assessor sends a referral to the first preferred service provider. If the first preferred provider rejects the referral, a referral will be automatically sent by the My Aged Care system to the next preferred provider until the list of providers has been exhausted. If all providers reject the referral, a notification will be raised to alert either contact centre staff or the assessor.

- An electronic referral broadcast to all service providers: a referral is issued to all preferred providers simultaneously. The first provider to accept the referral will be able to view client contact details, and contact the client to arrange services. On acceptance of the referral, the My Aged Care system will automatically withdraw the referral from other providers.

- A referral code which the client can provide to a preferred service provider: the assessor generates a referral code and provides it to the client. It is expected that clients seeking to access Residential Care services are likely to choose to use a referral code which allows them to self-manage their referral by visiting preferred providers. The referral code allows the service provider to access the client’s record to assist discussions and, where the client and provider wish to proceed, for the provider to accept the referral in the My Aged Care provider portal.

For referrals sent in order of client preference, the client will not be contacted to reconfirm consent for issuing a referral to the next preferred service provider.

Referral codes are generated for services. If a client requires multiple services, they will be given a referral code for each service.
From July 2015, service providers will need to maintain availability information. This information will be displayed on the service finders via the My Aged Care website, and be used by contact centre staff and assessors to send referrals for available services.

Service providers will be able to use the waitlist function within the My Aged Care provider portal. This will allow providers to centrally manage a waitlist for clients within the My Aged Care system. Clients may be on a number of centrally managed waitlists. When a provider accepts a client, the client will be automatically be removed from other waitlists they were on for the particular service type. To receive referrals to waitlist ensure that the ‘waitlist availability’ for the specific service is ‘on’.

If a client has a preference for a particular service provider who does not have availability, the client can elect to be placed on that service provider’s waitlist on the system (if a waitlist is available).

There will be no bulk transfers of clients from individual provider waitlists (i.e. managed outside of the My Aged Care provider portal prior to July 2015) to My Aged Care, at this stage.

⚠️ Clients may be on a number of waitlists at any one time. If a service becomes available and the client in ‘Drawn down into service’ by a provider, the client will be removed from all other waitlists.

⚠️ Clients are unable to view waitlists from the My Aged Care client portal.
Case Study: Referral for service methods

Background
Ioannis and Elizabeth have been assessed together and have both been approved for Home Care Package level 3-4. Elizabeth has also been approved for Residential Respite. The Assessor has contacted Ioannis and Elizabeth to organise referrals to be sent in line with the support plan.

Referral for service(s)
After their approval, the assessor works with Ioannis and Elizabeth to search for, and refer to, providers in their region. As they need a Home Care Package right away and have expressed no preference of receiving a Home Care Package from a particular provider, the assessor focuses the search on available Home Care Package providers, and sends a broadcast referral to those providers. If they have services available, a provider will accept the referral, and other service providers will no longer be able to view the referral. In this scenario, services will commence straight away.

If there are no packages available, service providers can accept Ioannis or Elizabeth to their waitlist. The assessor, in seeing that Ioannis or Elizabeth will be on a waitlist, may organise some interim CHSP services to ensure their needs are being met until the time a package becomes available and Ioannis or Elizabeth are removed by a provider from the waitlist.

As Elizabeth does not need Residential Respite right away, Ioannis and Elizabeth choose to spend more time researching aged care homes that meet their requirements. As Ioannis feels comfortable with using the internet, the assessor helps familiarise him with the service finder on the My Aged Care website to find aged care homes that provide Residential Respite in their region, as well as narrow the search to focus on service providers that have services for older Greek people. The assessor provides Ioannis with a referral code for Elizabeth that allows the chosen provider to access Elizabeth’s record and commence providing services. Alternatively, the assessor could conduct this search via the assessor portal, and provide Ioannis and Elizabeth with a list of services that can meet their needs and that they may wish to visit.

Outcome
Both Ioannis and Elizabeth are provided with a Home Care Package after a period of time on a waitlist. After selecting an aged care home that can provide Residential Respite, Ioannis contacts the service provider and gives them Elizabeth’s referral code.

The service provider enters this code via the ‘Retrieve referral code’ option available on the provider portal which gives them access to Elizabeth’s client record. The provider then accepts the referral from their ‘Incoming referrals’ list.

If Ioannis and Elizabeth’s needs change, such as if they require permanent Residential Care, a new assessment may be undertaken. This can be at the request of a client or a service provider.
7 Offline assessment options

The two offline assessment options available to assessors (RAS and ACATs) are outlined below.

7.1 The myAssessor app

The myAssessor app enables assessors to prepare for assessments by downloading referrals for assessment (while connected to the internet) to their supported device before they undertake the assessment. The app gives assessors access to a subset of functionality from the assessor portal, including the ability to perform an assessment using a version of the NSAF and create a preliminary Support Plan.

Once the assessor has internet connectivity, the assessor will upload the information, and use the decision support capability to verify the client’s eligibility for services and the actions they recommended in the Support Plan.

⚠️ ACATs will need to use the offline approval form to seek Delegate approval for care under the Aged Care Act 1997.

The assessor will then need to complete the matching and referral process, and send any necessary referrals for service(s) or referral(s) for waitlist. The client’s consent will need to be obtained prior to any referrals being sent.

The myAssessor app also enables assessors to conduct an assessment for a person who may not have registered with My Aged Care. More information is available in the My Aged Care Assessor Portal User Guide, Attachment C.

⚠️ If assessors want to complete an offline assessment for a person who has not been referred to their organisation, they will need to contact the My Aged Care contact centre to discuss the person’s registration status.

7.2 Printed NSAF

Assessors are able to print a copy of the blank NSAF to enable them to conduct assessments in areas without internet connectivity. Assessors will need to enter the information captured during the assessment via the assessor portal, and use the decision support capability to verify the client’s eligibility for services and the actions they recommended in the Support Plan.

⚠️ ACATs will need to seek Delegate approval for care under the Aged Care Act 1997.

The assessor will then need to complete the matching and referral process, and send any necessary referrals for service(s) or referral(s) for waitlist. The client’s consent will need to be obtained prior to any referrals being sent.
8  Overview of service provider role

Service providers will manage referrals for service sent by assessors (and contact centre staff) by accepting the referral, rejecting the referral, or waitlisting the referral.

If the outcome of the assessment is a referral for service(s) or a referral to waitlist, the referral will include a priority status (high, medium or low). This priority status is generated as a result of the answers given during the screening or assessment process. The priority status is based on a client’s level of function, the level of risk in relation to the care situation, and any other concerns that are relevant to the client’s presentation. It is the role of the assessor to agree with or change the recommendation based on the client’s need. It is also the role of assessors to set client expectations about when services may commence.

The timeframes for commencing services differ depending on the priority status, and providers are expected to work well within the timeframes to provide services to clients. Assessors will be expected to follow up with service providers who do not meet these timeframes, in some instances.

Table Thirteen: Priority status for CHSP providers

<table>
<thead>
<tr>
<th>Priority Status</th>
<th>Timeframe to manage referrals (accept, reject, waitlist)</th>
<th>Timeframe to commence services</th>
<th>Timeframe to update service delivery information in client record</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>3 calendar days</td>
<td>2 calendar days after accepted</td>
<td>14 calendar days after accepted</td>
</tr>
<tr>
<td>Medium</td>
<td>3 calendar days</td>
<td>5 calendar days after accepted</td>
<td>14 calendar days after accepted</td>
</tr>
<tr>
<td>Low</td>
<td>3 calendar days</td>
<td>10 calendar days after accepted</td>
<td>14 calendar days after accepted</td>
</tr>
</tbody>
</table>

Table Fourteen: Priority status for HCP, Residential and TCP providers

<table>
<thead>
<tr>
<th>Priority Status</th>
<th>Timeframe to manage referrals (accept, reject, waitlist)</th>
<th>Timeframe to commence services</th>
<th>Timeframe to update service delivery information in client record</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>3 calendar days</td>
<td>2 calendar days after accepted</td>
<td>14 calendar days after accepted</td>
</tr>
<tr>
<td>Medium</td>
<td>3 calendar days</td>
<td>14 calendar days after accepted</td>
<td>14 calendar days after accepted</td>
</tr>
<tr>
<td>Low</td>
<td>3 calendar days</td>
<td>28 calendar days after accepted</td>
<td>14 calendar days after accepted</td>
</tr>
</tbody>
</table>

8.1  Reviewing client needs

8.1.1  Requested review
Clients, contact centre staff, RAS, and service providers can request that the RAS undertake a review of a client’s Support Plan.

To request a review, service providers should contact the RAS who undertook the initial assessment (via phone).

When a client has been referred directly to CHSP services after screening (by the contact centre), a request for a review should be made to the contact centre.

8.1.2 Recommended review

My Aged Care contact centre staff or assessors may recommend a review date on the client’s Action or Support Plan, In most instances, the assessor who undertook the initial assessment will conduct the review.

8.1.3 Review Process

A review by a RAS can occur over the phone and does not need to occur in a face-to-face setting. If the review indicates that the client’s aged care needs have not changed significantly, the RAS can make referrals for other services (if required).

The outcomes of the review may include:

- Identification of, and referral to, additional services
- Extension of existing services
- Recommended cessation of services
- Referral for a new home support assessment or a comprehensive assessment.

8.2 Requesting a new assessment

If there is a significant change in the client’s needs and/or circumstances, a new assessment can be requested by a client, a service provider, or after a review has been undertaken by an assessor. Clients may be referred to the RAS or ACAT that undertook their last face-to-face assessment, or to the contact centre.

9 Privacy requirements

Assessment organisations are required to comply with the legislative requirements under the Privacy Act 1988 (Privacy Act), including the Australian Privacy Principles when using the My Aged Care assessor portal. The Privacy Act regulates the handling of personal information about individuals, including the collection, use, storage and disclosure of personal information, and access to and correction of that information. ACATs are also required to comply with the Aged Care Act 1997 when using the My Aged Care assessor portal.

10 Complaints about My Aged Care

A complaint is a formal expression of dissatisfaction or unmet expectation provided orally or in writing about the service, action and/or behaviour of a representative of My Aged Care, which warrants a response.
Complaints can be made about the services of the:

- My Aged Care contact centre
- My Aged Care website and related website tools
- Portal functions including the provider portal, assessor portal, and client portal
- My Aged Care Regional Assessment Service.

Complaints will be managed in the first instance by the My Aged Care contact centre or the RAS organisation (where the complaint is about the assessment process or assessment outcomes). The complaint will be escalated to the Department if no mutual resolution of the issue can be reached, or if the complainant wants to pursue the matter further.

The contact centre and RAS will provide reports to the Department about complaints received.

10.1 Complaints about the home support assessment

RAS organisations are responsible for managing complaints about home support assessment outcomes and assessment processes for the services they provide. The complaint will be escalated to the Department if a mutual resolution of the issue cannot be reached, or if the complainant wants to pursue the matter further. The My Aged Care Regional Assessment Service Guidelines provide further information.

10.2 Other complaints

The My Aged Care contact centre may receive complaints about other issues that are not My Aged Care related, such as complaints about:

- Quality of care or service(s) being delivered to people receiving Commonwealth funded aged care services.
- Assessment services provided under the Aged Care Assessment Programme (ACAP) by ACATs
- Services being delivered under state-based Home and Community Care Programs (Victoria and Western Australia).

In these situations, My Aged Care contact centre staff will refer the complainant to the appropriate area to make the complaint. For example, for a complaint against a service provider, the complainant would be encouraged to raise any issues with the organisation/service provider in the first instance, or where necessary, with the Aged Care Complaints Scheme.

10.2.1 Complaints about ACAT assessments

Complaints about the ACAT assessment process, including the operation of an ACAT or the conduct of a team member, are managed by the ACAT Manager in the first instance. If the complaint cannot be resolved at the local level, it should be escalated to the relevant state or territory government and will be managed as part of that government’s complaints management framework. The complaint can be
escalated to the Department if a mutual resolution cannot be reached, or if the complainant wants to pursue the matter further.

⚠️ When a person requests a reassessment of aged care for the reason of ‘change in circumstances’, this is not considered a complaint.

### 10.2.2 Reviews of ACAT decisions

A decision by an ACAT Delegate to approve or not approve a client for Commonwealth-subsidised aged care services under the Act can be reviewed. Any person whose interests are affected by the decision can request a review by writing to the Secretary of the Department of Social Services within 28 days of receiving the letter of notification, explaining why the decision should be changed. A person whose interests are affected include potential and current care recipients and their immediate families, carers or legal guardians as well as aged care service providers.

If the person who requested the review is dissatisfied with the outcome, they may make an application to the Administrative Appeals Tribunal. Further information is available in the Aged Care Assessment Programme Guidelines – May 2015.