

Summary of changes –

Inbound Referrals and Supporting Clients with Diverse Needs Solutions

#	Issue Raised	Solutions
1	Health Professionals need greater visibility of their referrals, including who the service provider and assessor are for a patient, to support continuity of care	<p>My Aged Care will provide additional information¹ to Health Professional referrers, including:</p> <ul style="list-style-type: none"> - Assessment organisation name - Assessment organisation phone number - If service referrals have been made <u>including</u> service type - If the client is currently receiving services <u>including</u> service types/approvals - If referral has been closed <u>including</u> reason for closure <p>To support this change, the web form and fax will also be updated to expand consent to include disclosure of information back to the referrer.</p>
2	Health Professionals who have not made a referral to My Aged Care need to know whether a client is receiving services or has existing approvals prior to making a referral	<p>My Aged Care will provide the same level of information to Health Professionals who have not made a referral as to Health Professional referrers. Health Professionals will be required to provide the following information:</p> <ul style="list-style-type: none"> - 4 points of ID of client (full name, DOB, Medicare number, and address or phone number) - 4 points of ID of Health Professional (full name, phone number, organisation, role) - Confirmation they have received consent from the client or their legal representative to speak to My Aged Care on their behalf and are providing healthcare for the client.
Note: in order to support the above solutions, additional guidance will be given to the Contact Centre to identify a Health Professional. The guidance will include:		
3	A third party is unable to speak on behalf of a client to make a referral or access information if the client doesn't provide consent to the Contact Centre or is not added as a representative	<p>Implement an Appointment of a Representative Form to enable:</p> <ul style="list-style-type: none"> - A client to appoint a representative without speaking with the Contact Centre, or - A person who is legally authorised to act for someone to register as an authorised representative for a client (noting they must also provide legal documentation).

¹ Referrers can currently receive information about:

- if the Contact Centre has passed details on to an assessment organisation,
- the type of assessment, and
- if the client has been referred for service.

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4	A third party is unable to speak on behalf of a client with diverse needs to make a referral if the client is unable to provide consent over the phone	<p>The Contact Centre will complete registration through a third party and send a referral to an assessor, without completing screening, if the client is unable to speak over the phone because they:</p> <ul style="list-style-type: none"> - They have a medical condition (including conditions that affect cognition) or disability that prevents them from talking over the phone or understanding the questions you may ask; - They are an Aboriginal or Torres Strait Islander who doesn't feel comfortable speaking over the phone (note: typically due to cultural reasons or, for example, they spent time in foster or residential care as a child, such as the Stolen Generation); - They have poor hearing or are deaf and do not have the necessary technology to use the National Relay Service; - They live in a remote community; - Their dialect isn't available on TIS; or - They are homeless or at risk of being homeless (note: CSS should reference ACHA services at the same time). <p>The client must have the capacity to provide consent to the third party who is making the referral.</p>
5	There is an inconsistency in referral pathways for Health Professionals – they can complete screening information through the web form, but not via fax or phone	<p>Health Professionals referring clients to My Aged Care through fax and the Contact Centre, will be able to complete screening and registration on behalf of a client without the Contact Centre needing to contact the client directly for consent.</p> <p>The fax form/Contact Centre will ask the Health Professional referrer if they have obtained the client or their legal representative's consent to make the referral.</p>
6	Referrers are unable to update information about a referral	<p>Referrers who need to update information about a referral will be able to provide the Contact Centre with this information prior to an assessor accepting a referral.</p> <p>If the assessor has accepted the referral, a Health Professional referrer will be provided with the assessor's contact details to communicate any changes in circumstances since the referral was made. This will ensure the information is received by the assessor.</p> <p>For referrers who are not Health Professionals, the Contact Centre will create a note with the updated information for the assessor to view.</p>
7	There is a lack of clarity on the documentation needed to become an authorised representative for a client in My Aged Care	<p>My Aged Care will accept legal documentation that provides someone with the ability to act on someone's behalf for personal or medical purposes when someone does not have capacity to act on their own behalf. The legal documentation required will align with state and territory law.</p> <p>If a client does not have a legal representative in place and they do not have capacity to make decisions on their own behalf, a person can provide:</p> <ul style="list-style-type: none"> o A statutory declaration by a person wishing to become a representative stating they are the most appropriate person to represent an individual and there is no formal legal representative in place, and o a letter from a Medical Practitioner that the individual does not have capacity to act on their own behalf.