

Disability Services – Aged Care Assessment Services Protocol

May 2009

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Younger people with a disability

May 2009

Published by the Victorian Government Department of Human Services
Melbourne, Victoria

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Introduction

The primary responsibility of the Aged Care Assessment Service (ACAS) is the comprehensive assessment of frail older people in order to facilitate access to care services appropriate to their needs. Occasionally ACAS is requested to assess younger people with a disability with high or complex needs for approval for residential aged care. In these instances, cross program collaboration is essential to support optimal outcomes for younger people who are at risk of requiring care in a residential aged care facility.

It is acknowledged that in most cases residential aged care facilities do not provide an optimal long-term living environment for younger people with a disability. The Commonwealth's Aged Care Assessment Program (ACAP) Operational Guidelines state that:

'In assessing whether younger people with disabilities should enter aged care residential facilities... delegates should be aware of the Commonwealth's view that residential aged care facilities focusing on the needs of aged people rarely, if ever, enhance the quality of life or offer the least restrictive accommodation option, for younger people with disabilities. Entry to this type of care should have been approved only after all other care alternatives have demonstrably been exhausted'.

An individualised approach is required to support younger people with high or complex support needs. When a younger person with a disability is at risk of requiring either permanent or respite care in a residential aged care facility, Disability Services will, in the first instance, determine the best way to meet that person's individual support needs. Identifying the support a person requires will take place through a planning process that involves the person and their family or carer.

If following the exploration of all other support options an ACAS assessment and approval for residential aged care does occur, then appropriate supports are to be planned to ensure the best possible quality of life for the younger person. Appropriate links must also be maintained to ensure that pathways to more suitable care are identified wherever appropriate into the future.

The protocol describes generic processes that are applicable to all Disability Services and ACAS, and it is expected that Disability Services and ACAS in each region will use this protocol to develop more detailed local processes. Disability Services and ACAS in each region will nominate a point of contact within their agency for managing enquiries and referrals about younger people with disabilities who are referred to ACAS. These contacts are responsible for ensuring practice is efficient, timely and consistent with this protocol. This will usually be the Manager, ACAS and the Unit Manager, Intake and Response, Disability Client Services (DCS) or their delegate. These people are referred to in this protocol as the *ACAS contact* and the *Disability Services contact*.

1. Purpose, principles and target group

1.1 Purpose

This protocol is designed to ensure that Disability Services and ACAS collaborate in planning the care of people with a disability under the age of 65 years who are at risk of entering a residential aged care facility. It is a revision of the 2005 Disability Services – ACAS protocol, which have been updated to reflect legislative and policy changes that have occurred in Disability Services since the development of the original protocol. The focus is on promoting collaborative working relationships between Disability Services and ACAS in order to achieve the best possible outcome for the client.

The protocol includes:

- An overview of the objectives, roles, responsibilities, target groups and services provided by ACAS and Disability Services.
- Processes for referral and assessment of younger people with a disability who may require care in a residential aged care facility.
- Processes for ongoing planning for younger people with a disability who move into a residential aged care facility.

1.2 Principles

- Disability Services and ACAS deliver client-focused services and supports and respond to individual needs in a timely fashion, acknowledging that the demand for services often outweighs available resources.
- In situations where there is a high level of risk or urgency, and an obvious and clear need for residential aged care, access to an ACAS assessment is not to be delayed.
- Disability Services and ACAS will work together to achieve the best outcome for the person and their family.

1.3 Target group

The focus of the protocol is people under the age of 65 years who are within target group for Disability Services and who may require care in a Commonwealth funded residential aged care facility.

The *Disability Act 2006* (the Act) defines disability and the target group for Disability Services:

1. A sensory, physical or neurological impairment, or an acquired brain injury, or any combination which:
 - is likely to be permanent **and**
 - causes a substantially reduced capacity in at least one of the areas of self care, self management, mobility or communication **and**
 - requires significant ongoing or long term episodic support **and**
 - is not related to ageing.
2. Intellectual disability
 - Significant sub-average general intellectual functioning **and**
 - Significant deficits in adaptive behaviour
 - Which occur before the age of 18 years
3. Developmental delay which applies only to children under 6 years of age.

This definition excludes people with a primary psychiatric disability. However where a person with a disability has a co-existing, but not primary, psychiatric disability and may require care in a residential aged care facility, Disability Services and ACAS will invoke the principles and processes of this protocol. Care needs and options should be discussed on an individual basis, and assessment and care planning carried out in collaboration with mental health services, and other key supports such as family and carers.

Apart from people with a primary psychiatric disability, planning for the care of all younger people with a disability should be conducted according to this protocol. Disability Services will determine if the person is a part of the target group, and what kinds of services can be provided. This protocol does not pre-empt what the outcomes for each person will be, but it does commit both Disability Services and ACAS to timely and effective communication regarding every person under 65 years who could potentially be part of the Disability Services target group and who may require care in a residential aged care facility.

2. Background

2.1 ACAS

The ACAP is a national program funded by the Commonwealth Department of Health and Ageing with funding contributions made by individual states and territories on a voluntary basis. There are 18 ACAS in Victoria. Appendix 1 provides contact details for ACAS.

The core objective of ACAS is to comprehensively assess the needs of frail older people and facilitate access to available care services appropriate to their care needs. Selected ACAS team members are authorised as Commonwealth delegates under the Commonwealth Aged Care Act 1997 to approve people for Commonwealth funded aged care services. The decision to accept a person recommended for care by an ACAS rests with the provider of the Commonwealth funded aged care service.

The ACAS target group is frail older people, that is, people over the age of 70. Indigenous people are included in the ACAS target group from age 50. Younger people with disabilities are assessed by ACAS when no other more age appropriate services are available. The ACAP Operational Guidelines state that younger people with disabilities are eligible for care in residential aged care facilities if they require the intensity, type and model of care provided in such facilities and only after all other care alternative have demonstrably been exhausted.

The ACAP Operational Guidelines set out the core requirements and responsibilities of ACAS.

The guidelines are available at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-acat-secure.htm>

2.1.1 ACAS assessment principles

There are a number of principles underpinning ACAS assessments. ACAS assessments are:

Comprehensive and holistic

A comprehensive assessment should include an evaluation of a person's restorative, physical, medical, psychological, cultural and social dimensions of care.

Independent

The care needs and preferences of the person and carer are paramount in the ACAS assessment process. ACAS recommendations about care should not give inappropriate consideration to the interests of service providers or other organisations.

Multi-disciplinary and multi-dimensional

ACAS should comprise or have access to a range of disciplines, skills and expertise sufficient to make accurate and complete assessments of the person's needs.

Client focused

A focus on the person and outcomes is essential to the delivery of the ACAS. As part of the client focus, ACAS should promote the person's right to:

- Privacy and confidentiality
- Be informed
- Involve a carer or other advocate
- Complain and appeal.

2.1.2 Access to ACAS

ACAS operate during normal business hours and accept referrals from any source, with consent from the client or client representative. At referral, ACAS will seek consent from the client or their representative to gather relevant information in order to determine if an ACAS assessment is the most appropriate response to individual need. This process of initial information gathering and determination of the appropriateness of the referral is undertaken for all referrals to ACAS.

This initial screening process determines eligibility for an ACAS assessment. Initial screening is an important demand management strategy designed to ensure that ACAS focus on their specialist roles and responsibilities within the aged care system and can make a timely response to individual need.

A comprehensive assessment is carried out for every person whose referral is accepted by ACAS.

2.1.3 ACAS priority categories

ACAS determine the priority of each referral, based on the urgency of the person's need. Priority refers to the length of time within which the person needs contact of a clinical nature by ACAS.

Priority one refers to a person who requires a response within 48 hours. An urgent assessment is required if the person's safety is at risk or if there is a high likelihood that the person will be hospitalised or required to leave their home because they are unable to care for themselves or their carer is unavailable. This may be due to a

crisis involving either the person or the carer or a sudden change in the client's or carer's, medical, physical, cognitive or psychological status.

Priority two refers to a person who is not at immediate risk of harm. Examples include progressive deterioration in the person's physical, mental or functioning status, or situations where the level of care currently available to the person does not meet their needs or is not sustainable.

Priority three refers to a person who has sufficient support available at present, but requires an assessment in anticipation of their future care requirements. Examples include a carer requiring substitute care in order to plan a holiday, or a person having increased difficulty living independently and requiring information on options for future care.

2.2 Disability Services

The Victorian State Disability Plan 2002-2012 outlines the Victorian government's vision for the future, in which people with a disability enjoy the same rights, opportunities and responsibilities as other people in the community. Disability Services has responsibility for implementing the Victorian Government's policy to improve access, participation and support for people with a disability as outlined in the Victorian State Disability Plan.

The plan is available at:

http://www.dhs.vic.gov.au/disability/state_disability_plan

The Department of Human Services, through Disability Services, provides and funds a broad range of services and supports including accommodation, respite, and case management services to people with a disability and their families.

More information about Disability Services is available at:

<http://www.dhs.vic.gov.au/disability/disabilityserviceshome>

Disability Services seeks to improve links and connections with other program areas within DHS, other government departments, local government and community organisations and to support these agencies to develop and provide supports to people with a disability, and their families and carers.

2.2.1 Access to disability services

Access to disability funded services is through a fair, consistent and transparent process. The Access Policy provides detailed information regarding access to disability services.

The Access Policy is available at:

http://www.dhs.vic.gov.au/disability/publications-library/access_policy

To access supports through Disability Services, a person must be:

- considered to require supports from the disability service system,
- within the target group as defined by the Act; and
- considered a priority for access.

Following a decision that person requires disability specific supports, a target group assessment (TGA) is undertaken to determine if a person has a disability as defined by the Act. TGAs are undertaken when a person is considered to have reached their full recovery potential and their condition is permanent, and where it is unlikely that there will be any further significant improvements in functional capacity.

The TGA may take place during a stay in an acute ward, rehabilitation service or in some cases, where a person has completed their rehabilitation. Disability Services work collaboratively with staff from health services to assist in determining when it is most appropriate to undertake a TGA. While undertaking a TGA, there is opportunity to undertake a planning process to identify an individual's goals, needs and aspirations. This process should be directed by the person to the greatest extent possible. Once the TGA is completed, the Manager of Disability Client Services (DCS) is able to provide confirmation regarding an individual's target group status for consideration of access to disability services.

Further consideration regarding the suitability of the disability service system to provide supports must be undertaken in circumstances where a person is ageing, presents with mental health needs, has chronic medical needs or has criminal justice issues. Further information regarding the processes related to these decisions can be obtained from staff from Disability Services.

In determining if a person is considered a priority for access to disability services, a number of priority indicators have been developed, which are detailed in the Access Policy. Decisions regarding access to services will be based on the indicators, balancing the needs of the person with the disability and their family or carer in relation to the needs of others seeking support, in particular those with similar needs or circumstances.

2.2.2 Disability Client Services

DCS teams operate in each region during normal business hours. DCS provide a range of supports to people with a disability and their family or carer including information and referral, assessment and individualised planning, case management, behaviour intervention and other specialist services. These services and supports are provided in accordance with the Act.

DCS Intake and Response teams are the first contact point for Disability Services. Intake and Response teams provide advice and information to people with a disability and their family or carer about generic and community supports as well as about disability services. Intake and Response teams in each region can be contacted on 1800 783 783.

Appendix 2 provides details for Disability Services in each region.

2.2.3 Disability Accommodation Services

Disability Accommodation Services provides group homes and support staff for over 2,500 people with a disability, in all DHS regions.

The aim of Disability Accommodation Services is to enrich people's quality of life by using every opportunity to actively promote their:

- participation in household and community activities
- relationship building with other people
- choice in all aspects of decision making that affects them
- dignity and respect in all aspects of their lives, and
- skills that are used and developed to create achievement.

The nature of the support provided is identified through a person centred planning process.

There are generally between four and six people with an intellectual disability living in a group home. The residents often go to work or daytime activities during business hours. When at home residents are generally supported by one or two disability support staff who work on a rostered basis. Occasionally casual staff may provide support and not all staff have the same knowledge of a resident's needs.

The environment is kept home-like and support staff are not employed to work as medical or health workers. They are not able to provide nursing care. When appropriately trained, staff can perform some minor medical procedures, but there are some tasks that are outside of the support staff role and may only be done by suitably qualified professionals, such as:

- administering medication by intramuscular or intravenous injection
- inserting or remove PEG tubes or catheters
- monitoring or managing IV lines and attachments.

If residents need specific health support that disability support staff are not trained or able to provide, support should be provided by relevant community-based services as for other members of the community. This may include services such as Royal District Nursing Service or local community health services.

DHS staff cannot provide consent for medical treatment on behalf of residents. It is the responsibility of the Health Professional to determine whether a person is able to consent to a particular procedure. Support staff will be able to assist to communicate with the person.

2.2.4 Making a referral to Disability Services

The Intake and Response team in each region is the first point of contact for requests for DCS services such as case management or accommodation. The person being referred must consent to the referral. If he or she is unable to consent, evidence of consent from a legally appointed guardian or other person responsible is to be obtained.

When a request for disability services is made, Disability Services are required to make a decision regarding whether a person has a disability as defined by the Act within four weeks, unless there are exceptional circumstances. Disability Services are required to communicate this decision within two weeks, therefore ensuring clients are aware of the outcome a maximum of six weeks from the original request. The six week time frame should be considered a guide and regions should work to accelerate the decision making process where appropriate.

The relevant Service Coordination Tool Template (SCTT) should be utilised by ACAS or other service providers when making referrals to DCS. The tools used will depend on the extent of the information that is known about the client at the time of first contact. Mandatory tools are:

- Confidential Referral Cover Sheet
- Consumer Information
- Summary and Referral Information
- Consumer Consent to Share Information.

Other relevant profiles are:

- Living and Caring Arrangements
- Functional Screen or Functional Assessment Summary
- Health Conditions
- Health Behaviours
- Psycho-social.

2.2.5 Disability Support Register

The Disability Support Register (DSR) is the system used by DHS to record current need for ongoing support for those people within target group for Disability Services. The DSR is a register of need and is not a waiting list. The DSR records the type and level of support that is required by an individual. An application for ongoing support may be registered on the DSR following a comprehensive planning process. Planning is an activity which assists people with a disability and their families to identify their goals and aspirations and develop strategies to achieve them. Planning is directed by the person with a disability to the greatest extent possible, and has a focus on self determination, community membership and citizenship. Planning considers the community, generic and disability supports required to enable a person to meet their identified goals. Once registered, applications are then considered when resources become available.

More information about the DSR is available at:

<http://www.dhs.vic.gov.au/disability/publications-library/dsr-registration-guidelines>

3. Referring younger people with a disability to ACAS

3.1 People receiving services from Disability Services

3.1.1 Steps for Disability Services to take before making a referral

Prior to contacting the ACAS, an appropriate Disability Services staff member will ensure that:

- Discussions have been held with their supervisor or unit manager, and that the referral to ACAS has been discussed with the Disability Services contact.
- Discussions have been held with the person with a disability, their family or carer and current support providers and that all possible alternative care options have been explored.

As part of this process, Disability Services may ask the ACAS contact for advice to clarify possible care options or pathways.

At the conclusion of this process the Disability Services contact will advise the ACAS contact of the referral and discuss the circumstances and processes leading to it including the reasons why there is a need to refer to ACAS at this time

Prior to the ACAS accepting the referral for a younger person with a disability, Disability Services will confirm in writing that all other service options have been demonstrably exhausted. The confirmation letter will be signed by the Manager of

Disability Services in the region and include:

- A statement about the options that have been explored as an alternative to care in a residential aged care facility, and the reasons these are not suitable or not available.
- The reasons why disability services provided or funded respite care is not a suitable alternative to full time permanent residential aged care.
- The person's status on the DSR.

If a person has previously been offered, but has not accepted, a disability accommodation placement that would have met their care needs, ACAS will consider the circumstances of this prior to accepting a referral for an assessment or approving a person for care in a residential aged care facility.

3.1.2 Self-referral to ACAS

When a person with a disability who is already receiving support from Disability Services self-refers to ACAS, ACAS will explore the reasons for the referral, the level of need, and any risk or urgency factors. They will also explain that referrals would usually come from Disability Services. This will result in ACAS:

- Advising people that all alternative accommodation and care options need to be explored prior to an ACAS assessment.
- Requesting that the person or their family member or carer contact the relevant disability service for further assistance.
- Contacting the Disability Services contact on the person or family's behalf to discuss their self-referral and request that Disability Services follow up with the person, their family or carer as per the protocol.

Disability Services response to this type of referral will proceed as described in 3.1.3 below.

3.1.3 How to make a referral to ACAS

Prior to ACAS accepting a referral for a younger person with a disability from DCS or DAS, a comprehensive planning process needs to have been undertaken by Disability Services or a representative and steps as per 3.1.1 need to have been completed.

DCS or DAS need to provide the following information at referral to ACAS:

- description of disability type, medical condition, health status and the impact on a person's support needs
- Functional needs assessment
- current supports and services in place
- current assessment information and plan
- family or carer issues.

DCS or DAS need to complete the following Service Coordination Tool Templates (SCTT) when referring clients to ACAS:

- Confidential Referral Cover Sheet
- Consumer Information
- Summary and Referral Information
- Living and Caring Arrangements
- Functional Screen or the Functional Assessment Summary
- Health Conditions
- Psychosocial
- Consumer Consent to Share Information.

Consent to release information to ACAS should be obtained and documented on the Summary and Referral Information form. Verbal consent can be given and is recorded on the Consumer Consent form, which is retained within the referring agency. DCS or DAS can attach additional and more detailed information to the SCTT referral where consent is given.

The SCTT 2006 and User Guide are available at:

<http://www.health.vic.gov.au/pcps/coordination/index.htm>

3.2 People receiving services from Disability funded organisations

3.2.1 Referral to ACAS from Disability funded organisations

When a referral is received from a Disability funded organisation (community service organisation or CSO) ACAS will request that the referring agency contact DCS on behalf of the person with a disability if this has not already occurred.

Prior to a referral to ACAS being made, discussions with the person with a disability, their family or carer and all current support providers must have taken place to ensure that all possible care options have been explored. This will include establishing whether it is appropriate for the person to have their need for ongoing support registered on the DSR, if this hasn't already occurred. A CSO, with the person's consent, may seek support from the Intake and Response team (or the current case manager) in relation to these tasks.

If a referral to ACAS is required, steps as per 3.1.1 will then be completed.

3.2.2 Self-referral to ACAS

When a self-referral is made by a person already receiving services from a CSO, ACAS's response will depend on the level of need, risk and urgency of the person's situation.

With the person's consent, ACAS will contact the CSO providing support to the person to discuss the reason for the referral and form an appropriate response. ACAS may request that the person discuss their situation with their support provider, or they may refer the person to Disability Services Intake and Response. Disability Services contact and the CSO will help to determine the appropriate response.

If a referral to ACAS is required, steps as per 3.1.1 will then be completed.

3.3 People not receiving disability services

ACAS will explore the reason for the referral, the level of need and any risk or urgency factors. With the person's consent, ACAS will refer the person to Disability Services Intake and Response, who will determine the appropriate response. If a referral to ACAS is required, steps as per 3.1.1 will then be completed.

3.4 People in hospital settings

This protocol applies to younger people with a disability who are in hospital and rehabilitation settings. Staff in hospital and rehabilitation services responsible for discharge planning should make direct contact with Disability Services Intake and Response in the first instance. This will provide an opportunity for Disability

Services to undertake TGA and, in consultation with hospital discharge planning staff, explore options for discharge. Communication between hospital staff and Disability Services should occur prior to referral to ACAS.

4. Assessing a younger person with a disability

Once the processes outlined above have been completed, ACAS may accept the referral for assessment. This acceptance suggests that it is likely that the person may need care in a residential aged care facility, at least in the short term, as no other care options are currently available to meet the person's current type and level of need.

Disability Services, CSOs and ACAS need to determine the most appropriate approach to the assessment in order to reduce duplication and streamline processes for the person.

Best practice in assessing a younger person with a disability would involve a joint assessment between ACAS, Disability Services and CSOs. Where joint assessment is not practical, a case conference approach involving all relevant services (including the person and family/carer) should be initiated by Disability Services. Joint case discussions, involving the person and their family or carer, should occur both prior and after the assessment to adequately inform the recommendations. These discussions should canvas all relevant care options, along with their suitability and availability.

A flexible joint care plan that meets the needs of the individual should be developed in collaboration with case management services or specialist services and the person with a disability. Primary and secondary responsibilities for implementation of the care plan should be identified.

Information on the residential aged care providers who may be able to provide the person with care may also be requested by ACAS, prior to or following assessment, including:

- the capacity of each service to meet the client needs
- the willingness of the facility to accept the client.

5. Planning for and review of a younger person's support needs in a residential aged care facility

Consideration of additional support for a younger person being cared for in a residential aged care facility as well as regular review of their support needs and options for their care is an important aspect of planning for their care.

In some circumstances a person may require care in a residential aged care facility in the short term until planning can be undertaken to determine the type of supports required long term and a DSR application completed, where required. Where the person is on the DSR for ongoing disability funded supports, e.g. Shared Supported Accommodation or an Individual Support Package to support a more independent accommodation option, they will be considered for these through regional vacancy co-ordination processes.

Where it is agreed that the residential aged care placement *is not* the most appropriate option for the person a key component of review meetings will be exploration of more appropriate care and/or accommodation options and how these may be secured.

If *non-Disability Services* accommodation and care options are considered appropriate the case manager will continue to explore these and how these might be secured.

Where it is considered that the aged care placement *is* the only option, and is likely to remain so, the review will include consideration of supports and activities that may enhance the person's quality of life.

5.1 Case Manager Role

It is preferable that all younger people who move into residential aged care facilities have a case manager (or someone fulfilling a similar role) during the assessment and transition period. The assessment and planning processes identify whether or not case management is required. The case manager may be from DCS or a CSO.

This protocol applies to DCS case managers, however where appropriate the ACAS and Disability Services contacts may work with CSOs to support practice consistent with this protocol.

The role of the case manager will be to:

- plan the admission to a residential aged care facility and how the younger person's support needs will be met
- develop an individualised plan that incorporates the person's goals, and outline strategies to achieve these.

Following admission, the role of the case manager will be to:

- co-ordinate reviews of the person's plan, and fulfil other responsibilities as outlined in the plan
- undertake a comprehensive review prior to closure of case management.

5.2 Ongoing links with Case Management Services

Disability Client Services

Involvement with DCS is voluntary. DCS will only provide services with the consent of the individual or their legal guardian.

Ongoing links with DCS will usually be through the case manager where there is one.

As stated above, case management will remain open while there is a clearly defined case management role based on the person's goals, situation and needs.

If DCS case management closes then ongoing reviews involving all relevant parties occur at pre-planned intervals. The timing of these reviews, who will be involved and responsibility for initiating the review, will be established prior to the closure of case management. The timing of the review is likely to reflect the person's circumstances and needs, and whether or not any funded Disability Supports are in place.

CSO Case Management Services

If the person has a case manager from a CSO, Disability Services will have discussed with the case manager and the person, the tasks this worker will fulfil, including their role in planning and review. The CSO must provide regular updates to DCS.

6. Grievance Procedures

6.1 ACAS

6.1.1 Right to Complain

Individuals, their carers or advocates, have the right to complain and to have their complaints dealt with promptly and impartially.

Complaints relating to the conduct or operation of individual ACAS or an ACAS member should be directed to the ACAS initially. If the complaint cannot be resolved at this level, it should be directed to the State Department of Human Services, in its capacity as the day to day program managers of the ACAS program.

6.1.2 Right to Appeal

People who are not satisfied with an assessment outcome, with respect to residential care, community care and flexible care, have the right to appeal to the Secretary of the Commonwealth Department of Health and Ageing for a review of that decision.

The appeal process may involve a reassessment of the individual prior to the Secretary reviewing the decision. It is not desirable for the reassessment to be conducted by the ACAS team who did the initial assessment. If this is unavoidable, then the reassessment should be undertaken by a staff member who was not involved in the original assessment.

Individuals are to be advised of their appeal rights in relation to residential aged care and community care. If the person being assessed has dementia or is otherwise mentally confused a carer or advocate should be advised of the outcome and the person's rights.

If the ACAS refuse to conduct an assessment they should provide reasons in writing.

6.2 Disability Services

6.2.1 Complaints

The Act provides a clear complaints and review system.

Disability Services will deal with complaints fairly, flexibly and quickly. Complaints, in the first instance, should be directed to the case manager, or the disability support worker that has the closest relationship to the client.

The department defines a complaint as a registered expression of dissatisfaction with any Departmental service, which includes provided, funded or regulated services. When a complaint is received verbally (rather than in writing) the DHS staff member receiving the complaint must record it accurately and ensure that it is referred to someone who has the authority to manage it.

The manager of DCS or DAS will be informed if a complaint is made and will ensure that it is impartially investigated and assessed and that, where possible, a resolution that is suitable to all parties. Disability Services will aim to resolve complaints as quickly as possible. It will keep the complainant informed of progress regarding the complaint and also negotiate a mutually acceptable timeline for finalising the process.

These procedures are in addition to any legislative designated complaints or review processes in place and do not apply to requests for correction or access to information made under the *Information Privacy Act*. Access or amendment requests are handled under the provisions of the *Freedom of Information Act 1982*.

6.2.2 External Complaints Mechanisms

The Victorian Ombudsman and the Health Services Commissioner are external complaint bodies that may be able to assist. Each Office is a statutory body independent of the Department of Human Services.

The Disability Services Commissioner has been created to work with people with a disability and disability service providers to resolve complaints. The Commissioner commenced on 1 July 2007 under the Disability Act 2006 to improve services for people with a disability in Victoria. The Commissioner is independent of government, the Department of Human Services and disability service providers and provides a free confidential and supportive complaints resolution process.

The Victorian Ombudsman can be contacted on telephone (03) 9613 6222, toll free 1800 806 314 and facsimile (03) 9614 0246. Information about the operation of the Ombudsman's Office is available at:

<http://www.ombudsman.vic.gov.au/www/html/7-home-page.asp>

The Health Services Commissioner can be contacted on telephone (03) 8601 5200, toll free 1800 136 066 and facsimile (03) 8601 5219. Information about the operation of the Office of the Health Services Commissioner is available at

<http://www.health.vic.gov.au/hsc/>

In addition, the Commonwealth Government funds a National Disability Abuse and Neglect Hotline, an Australia-wide telephone hotline for reporting abuse and neglect of people with disabilities using government funded services.

The Hotline can be contacted on toll free 1800 880 052, TTY 1800 301 130, National Relay Service 1800 555 677 and Translating and Interpreter Service 131 450. Further information is available at <http://www.disabilityhotline.org/>

7. Privacy and Confidentiality

A person's right to confidentiality must always be respected. In Victoria two specific Acts provide protection of people's personal information. These Acts are:

- The Information Privacy Act 2000
- The Health Records Act 2001.

The Aged Care Act 1997 also sets out the privacy and information protection requirements of ACAS (see section 86.4).

The department has adopted the respective Privacy Principles contained in the Victorian privacy laws as minimum standards in relation to handling personal information.

In broad terms this means that the department:

- collects only information which is needed for a specified primary purpose
- ensures that the person knows why this information is collected and how it will be handled
- uses and discloses it only for the primary or a directly related purpose, or for another purpose with the person's consent (unless otherwise authorised by law)
- stores it securely, protecting it from unauthorised access
- retains it for the period authorised by the Public Records Act 1973
- provides the person with access to their own information, and the right to seek its correction. For information in DHS's possession, this right is available through the Freedom of Information Act 1982. For information in the possession of our service partners (e.g. funded agencies), this right is available through privacy legislation.

This policy is complemented by Privacy Policy Guidelines intended to assist the Department and its funded service partners to put the Policy and law into practice. These Guidelines are available on the Department's Privacy website at www.dhs.vic.gov.au/privacy.

Dictionary of acronyms related to Disability Services and ACAS

DHS	Department of Human Services
DCS	Disability Client Services (DHS)
DAS	Disability Accommodation Services (DHS)
SSA	Shared Supported Accommodation – Government and Non-Government
CRU	Community Residential Unit (DHS)
CSO	Community Service Organisation
HACC	Home and Community Care
ACAP	Aged Care Assessment Program
ACAS	Aged Care Assessment Service
RAC	Residential Aged Care Facility
RS/TC	Residential Services (Congregate Care, Disability)
DSR	Disability Support Register

Appendix 1 – Aged Care Assessment Services

Barwon South Western Regional Aged Care Assessment Service – Geelong

Grace McKellar Centre
45-95 Ballarat Road
NORTH GEELONG VIC 3215

Ph: (03) 5279 2246
Fax: (03) 5279 2400

Barwon South Western Regional Aged Care Assessment Service - Warrnambool

South Western Aged Care Assessment Service
C/- Lyndoch
Hopkins Road
WARRNAMBOOL VIC 3280

Ph: (03) 5561 9351
Fax: (03) 5561 9355

Eastern Metropolitan Regional Aged Care Assessment Service - Eastern

Peter James Centre
Mahoney's Road
BURWOOD VIC 3151

Ph: (03) 9881 1875
Fax: (03) 9887 6094

Eastern Outer Metropolitan Regional Aged Care Assessment Service - Eastern Outer

Angliss House
20A Albert St
UPPER FERNTREE GULLY VIC 3156

Ph: (03) 9764 6390
Fax: (03) 9759 1800

Gippsland Regional Aged Care Assessment Service

Latrobe Community Health Service
81 Buckley St
MORWELL VIC 3840

Ph: (03) 5172 2820
Fax: (03) 5174 9780

Grampians Aged Care Assessment Service - Ballarat

Ballarat Health Services
Queen Elizabeth Centre
102 Ascot Street
BALLARAT VIC 3353

Ph: (03) 5320 3740
Fax: (03) 5320 3660

Hume Regional Aged Care Assessment Service - Shepparton

Goulburn Valley Health
91-99 Knight Street
SHEPPARTON VIC 3632

Ph: (03) 5823 6000
Fax: (03) 5831 8500

Hume Regional Aged Care Assessment Service - Wangaratta

Ovens & King Community Health Service
90 - 100 Ovens Street
WANGARATTA VIC 3677

Ph: (03) 5723 2000
Fax: (03) 5722 2313

Loddon Mallee Regional Aged Assessment Service - Mildura

Sunraysia Community Health Services Inc.
149 Deakin Ave
MILDURA VIC 3502

Ph: (03) 5025 9002
Fax: (03) 5025 9045

Loddon Mallee Regional Aged Care Assessment Service - Bendigo

Anne Caudle Centre
100 Barnard Street (PO Box 126)
BENDIGO VIC 3552

Ph: (03) 5454 7588
Fax: (03) 5454 8278

Northern Metropolitan Regional Aged Assessment Service – Bundoora

Bundoora Extended Care Centre
1231 Plenty Road
BUNDOORA VIC 3088

Ph: (03) 9495 3109
Fax: (03) 9495 3183

Northern Metropolitan Regional Aged Care Assessment Service - Heidelberg

Austin Health
Heidelberg Repatriation Hospital
Waterdale Road
WEST HEIDELBERG VIC 3081

Ph: (03) 9496 2489
Fax: (03) 9496 2613

Northern Metropolitan Regional Aged Care Assessment Service - St Vincents

St George's Hospital
283 Cotham Road
KEW VIC 3101

Ph: (03) 9816 0566
Fax: (03) 9816 0588

Southern Metropolitan Regional Aged Care Assessment Service – Caulfield

Caulfield General Medical Centre
260 Kooyong Road
CAULFIELD VIC 3162

Ph: (03) 9276 6314
Fax: (03) 9276 6428

Southern Metropolitan Regional Aged Care Assessment Service - Kingston

335 Nepean Highway
PARKDALE VIC 3194

Ph: (03) 8587 0100
Fax: (03) 8587 0113

Southern Metropolitan Regional Aged Care Assessment Service - Mt Eliza

Rehabilitation, Aged and Palliative Care Services
Cnr Jacksons and Wattsbraid Road
MT ELIZA VIC 3930

Ph: (03) 9788 1276
Fax: (03) 9787 1410

Western Metropolitan Regional Aged Care Assessment Service - North West

Royal Melbourne Hospital – Royal Park Campus
Poplar Road
PARKVILLE VIC 3052

Ph: (03) 8387 2129
Fax: (03) 9388 1752

Western Metropolitan Regional Aged Care Assessment Service (Western)

Sunshine Hospital
Furlong Road
ST ALBANS VIC 3021

Ph: (03) 8345 1246
Fax: (03) 8345 1806

Appendix 2 - Disability Intake and Response Teams

Statewide Phone: 1800 783 783 or TTY: 1800 008 149 - will direct to local regional Intake and Response Team.

Eastern Metropolitan Region

883 Whitehorse Road
Box Hill Vic 3128
Ph: 9843 6312
Fax: 9843 6575
TTY: 9843 6638

Southern Metropolitan Region

3rd Floor 4-10 Jamieson St
Cheltenham Vic 3192
Ph: 1300 131 079
Fax: 8585 6005
TTY: 1800 008 149

North and West Metropolitan Region

145 Smith Street
Fitzroy VIC 3065
Ph: 9412 2741
Fax: 9412 5466
TTY: 9412 2647

Barwon-South Western Region

Cnr Fenwick & Little Malop Streets
Geelong Vic 3220
Ph: 1800 675 132
Fax: 5226 4566
TTY: 5226 4062

Grampians Region

Corner Mair & Doveton Streets
Ballarat Vic 3353
Ph: 1800 670 143
Fax: 5333 6505
TTY: 5333 6815

Hume Region

43-47 Rowan Street
Wangaratta Vic 3677
Ph: 1300 650 152
Fax: 5722 0541
TTY: 5722 0623

Loddon Mallee Region

74-78 Queen Street

Bendigo Vic 3550

Ph: 5434 5888

Fax: 5434 5890

TTY: 5434 5669

Gippsland Region

11 Hazelwood Rd

Morwell Vic 3840

Ph: 5136 2474

Fax: 5136 2520

TTY: 5136 2494

Appendix 3 – Statewide Neurological Organisations

Motor Neurone Disease Association of Victoria (MNDAV)

265 Canterbury Road
Canterbury Vic 3126
Ph: 9830 2122
Fax: 9830 2228

Parkinson's Victoria

20 Kingston Rd
Cheltenham Vic 3192
Ph: 9551 1122
Fax: 9551 1310

Australian Huntingdon's Disease Association

607 Warrigal Road
Ashwood Vic 3147
Ph: 9563 3922
Fax: 9563 3489

Muscular Dystrophy Association Inc

111 Boundary Road
North Melbourne Vic 3051
Ph: 9320 9555
Fax: 9320 9595

Multiple Sclerosis Society of Victoria

The Nerve Centre
54 Railway Road
Blackburn Vic 3130
Ph: 9845 2700
Fax: 9845 2777

