



Australian Government

Department of Health and Ageing

AGED CARE ACCESS INITIATIVE PROGRAM GUIDELINES

July 2009

Aged Care Access Initiative
Program Guidelines – July 2009

Program Context.....	- 3 -
Aim.....	- 3 -
Scope	- 3 -
1 Aged Care Access Initiative GP Incentive Component	- 5 -
Eligible Providers and Key Points.....	- 5 -
Operation	- 5 -
Qualifying Service Levels for the 2009-10 financial year will be announced in August 2009.....	- 5 -
2 Aged Care Access Initiative, Allied Health Services Component	- 7 -
Key Principles	- 7 -
Operation	- 7 -
Eligible services.....	- 7 -
Aged Care Access Initiative, the MBS and Private Health Insurance	- 9 -
Allied Health Component – Roles and Responsibilities	- 9 -
Needs Assessment and Program Plan.....	- 10 -
Funding allocations	- 11 -
Allowable use of funding	- 11 -
Models for purchase of allied health services	- 12 -
Evaluation and review	- 12 -
Aged Care Legislation.....	- 13 -
Performance Indicators.....	- 14 -
Aged Care Access Initiative 1	- 14 -
Aged Care Access Initiative 2	- 15 -
Contacts	- 16 -
Department of Health and Ageing.....	- 16 -
State Based Organisations Contact Details	- 17 -
Attachment A: Planning Process – needs assessment	18

Introduction

These guidelines outline the operation of the *Aged Care Access Initiative* and provide guidance for general practitioners (GPs), State Based Organisations, Divisions of General Practice, allied health professionals and residential aged care facilities (RACFs).

These guidelines contain two sections:

1. *Aged Care Access Initiative* GP incentive component; and
2. *Aged Care Access Initiative* allied health services component.

Program Context

Residents of aged care facilities are amongst the most frail of Australians, often having complex care needs requiring multidisciplinary providers. Some residents of aged care facilities experience difficulties in accessing the services of GPs and allied health professionals.

The Aged Care GP Panels Initiative, which commenced in 2004, addressed some of these issues. The Panels Initiative also facilitated relationship building between GPs, Divisions of General Practice and RACFs. Following recommendations arising from a review in 2007 and the analysis of Medicare Benefits Schedule (MBS) data over the program's lifespan, funding for the Aged Care GP Panels Initiative was reviewed.

In the 2008-09 Federal Budget, the Government announced that funding under the Aged Care GP Panels Initiative would be redirected from July 2008 to support primary care service provision in residential aged care facilities through the *Aged Care Access Initiative*.

Aim

The aim of the *Aged Care Access Initiative* is to improve access to primary care (GP and allied health services) for residents of aged care facilities.

Scope

The *Aged Care Access Initiative* supports improving access to GP and allied health services for residents of aged care facilities through two separate components as follows:

1. An incentive payment through the Practice Incentives Program (PIP) to encourage GPs to provide more services in RACFs. The GP Aged Care Access Incentive recognises some of the difficulties faced by GPs in providing care in these settings and aims to encourage GPs to continue to provide increased and continuing services in RACFs. The PIP payments are administered through Medicare Australia; and

Aged Care Access Initiative
Program Guidelines – July 2009

2. A payment for clinical care provided by Allied Health Professionals (AHPs) in RACFs, where these services are not currently covered by Medicare or other government funding arrangements. This component is managed by State Based Organisations in each State and Territory which may purchase allied health services directly or through contractual arrangements with Divisions of General Practice.

The *Aged Care Access Initiative* is expected to support an additional 260,000 GP consultations and provide approximately 150,000 allied health services in residential aged care facilities over a four year period.

1 Aged Care Access Initiative GP Incentive Component

Eligible Providers and Key Points

- An incentive payment is available to GPs once they have provided a predetermined number of Medicare-claimable services. To be eligible to receive the incentive payment, the GP must be in a practice participating in the Practice Incentives Program (PIP) and provide the service using their PIP linked Medicare provider number. GPs who operate from both a PIP accredited practice and a non accredited practice will only have the services provided through the PIP accredited practice counted towards the incentive payment;
- Funding is available on a two tiered model and payments will be made automatically by Medicare Australia once the predetermined Qualifying Service levels (QSLs) have been reached;
- Payment is made available to the GP who provides the service rather than to the practice; and
- The Program only applies to services provided to residents in Commonwealth-funded RACFs.

Operation

The GP component of the *Aged Care Access Initiative (ACAI)* aims to encourage GPs to provide increased and continuing services in RACFs.

Incentive payments are based on a GP providing a predetermined number of Medicare services in RACFs over a financial year.

The incentive payment is available to GPs in practices participating in the PIP. These practices are required to be accredited or registered for accreditation against the Royal Australian College of General Practitioners (RACGP) *Standards for General Practices*.

There are two payment levels under the GP component. Payments will be calculated by Medicare Australia based on the number of relevant MBS items claimed in one financial year.

- Tier one provides a payment of \$1,000 when the first qualifying service level (QSL1) of 60 services is claimed in 2008-09.
- Tier two provides a payment of \$1,500 when the second qualifying service level (QSL2) of 140 services is claimed in 2008-09.
- The maximum payment any one GP can receive in one financial year is \$2,500.

Once the prescribed number of MBS items has been claimed, Medicare Australia will make a payment automatically to the account nominated by the GP. While GPs do not need to apply to participate in the incentive, Medicare Australia will seek details of the nominated bank account from GPs eligible to receive the incentive.

Qualifying Service Levels for the 2009-10 financial year will be announced in August 2009.

Aged Care Access Initiative
Program Guidelines – July 2009

Eligible MBS items

Eligible services are those provided to residents in Commonwealth-funded RACFs and Multipurpose Services.

MBS items that count towards QSLs include attendances in RACFs, Comprehensive Medical Assessments, contributions to Care Plans, Case Conferences, and Residential Medication Management Reviews.

A full list of MBS items that count towards the incentive appears below -

Medicare Benefits Schedule items

20, 35, 43, 51, 92, 93, 95, 96, 712, 731, 734, 736, 738, 775, 778, 779, 903, 5010, 5028, 5049, 5067, 5260, 5263, 5265, 5267.

This list may be revised from time to time to include other items.

Further enquiries about the GP Incentive can be directed to the PIP enquiry line on **1800 222 032** (8.30-5.00pm CST).

2 Aged Care Access Initiative, Allied Health Services Component

Key Principles

- Allied health services funded should be identified through a needs assessment.
- It is not necessary to undertake a new needs assessment every year. The annual program plans for 2009-10 and 2010-11 can be based on the needs assessment undertaken in 2008, taking into account experience in providing allied health services during the previous year and any changes in local circumstances.
- Allied health services provided on an individual or group basis are eligible.
- This program applies to residents of Commonwealth funded residential aged care facilities and Multipurpose Services.
- Allied health services funded under Medicare or through other Government sources cannot be paid for under the *Aged Care Access Initiative (ACAI)*. ACAI funding cannot be used to cover the payment ‘gaps’ or co-payments for services funded under Medicare or services where a private health insurance rebate is claimed.
- State Based Organisations will manage and deliver the program in conjunction with Divisions of General Practice.

Operation

This component of the ACAI provides funding for services by allied health professionals in residential aged care facilities, where this is not funded by Medicare or other government funding sources. The ACAI applies to allied health services provided in Commonwealth-funded Residential Aged Care Facilities (RACFs) and Multipurpose Services (MPS). The allied health component of the program will be managed and delivered by State Based Organisations in conjunction with Divisions of General Practice.

Eligible services

Under the ACAI, allied health professionals may provide clinical services to residents of aged care facilities either on an individual or a group basis. Individual services may include one-on-one services such as podiatry or physiotherapy. Individual allied health services may also include participation in case conferencing and care planning. Group services might include, for example, group psychology sessions, group exercise and falls prevention programs provided these are conducted by qualified allied health professionals.

For the purpose of the ACAI, an allied health service may include services provided by:

- Aboriginal Health Workers
- Aboriginal Mental Health Workers
- Audiologists
- Chiropodists
- Chiropractors
- Counsellors

- Diabetes Educators
- Dietitians/nutritionists
- Dental/Oral Hygienists*
- Diversional Therapists
- Exercise Physiologists
- Occupational Therapists
- Orthoptists
- Orthotists/Prosthetists
- Osteopaths
- Physiotherapists
- Podiatrists
- Psychologists
- Radiographers
- Registered Nurses, with specialist roles
- Social Workers
- Speech Pathologists

*In jurisdictions where the services of a dental/oral hygienist can only be provided following on the provision of a review and care plan by a dentist, use of ACAI allied health service funds for the dental service will be considered by the Department on a case by case basis.

Other allied health professionals not listed above may be included subject to written approval from the Department. Factors taken into account in considering approval will include:

- Whether the services fit the aim of the ACAI ;
- Whether the allied health professional has appropriate and recognised qualifications to perform his or her proposed role; and
- Whether employing the allied health professional meets the needs of residents of aged care facilities as identified through a planning process (i.e. a needs assessment).

Registered nurses can be funded under the *Aged Care Access Initiative*, but only in specialist roles, and they must have minimum qualifications appropriate to the functions that they are to undertake through the Initiative. Practice or generalist nurses cannot be funded. Nurses with specialist qualifications and who are already employed within an aged care facility can only be funded to the extent that they provide additional services over and above existing employment arrangements. Funding cannot be used to pay for an existing position.

Examples of roles for specialist nurses include:

- Wound management consultants
- Geriatric nurse consultant
- Aged Care Nurse Practitioner.

Provision of generalised group training by allied health staff for staff of RACFs should not usually be provided. However, it is acceptable for allied health professionals to provide specific instruction in the needs of a particular resident to the aged care facility staff who may need to assist the resident with the provision of that service on a day to day basis.

Allied health professionals employed under the *Aged Care Access Initiative* should have recognised educational qualifications specific to the position for which they are employed. The allied health professionals should be registered/accredited, if required

for that profession, and should qualify for membership of their relevant professional association. They must not require supervision to undertake the clinical tasks for which they are employed.

Rates of remuneration for allied health professionals vary across the professions and across Australia. The *Aged Care Access Initiative* does not mandate fee levels to be paid to allied health professionals. Services seeking guidance on this issue are referred to the professional association for the allied health professional concerned, for advice on current rates of remuneration.

Aged Care Access Initiative, the MBS and Private Health Insurance

Payments for professional services under the *Aged Care Access Initiative* will not apply where the service by an allied health professional is paid for by the allied health professional's employment through a State or other Government-funded program.

If allied health professionals are receiving payment from the SBO or Division for providing services funded under an Australian Government program, such as the *Aged Care Access Initiative* or the *More Allied Health Services (MAHS) Program* they will not be able to also claim Medicare items for these services.

Aged Care Access Initiative funding cannot be used to cover the gap between what is covered through the Medicare rebate and out of pocket expenses for the resident. Out of pocket costs will however count towards the Medicare Safety Net for that resident.

Aged Care Access Initiative funding cannot be used to cover the co-payment for residents with private health insurance.

Allied Health Component – Roles and Responsibilities

State Based Organisations (SBOs) will manage the allied health component. Each SBO will be responsible for undertaking a needs assessment in conjunction with Divisions of General Practice to determine priorities for allied health services to be provided under the Initiative. SBOs may contract with individual or regional groupings of Divisions to provide allied health services under the Initiative, or may purchase services on a state/territory-wide basis. SBOs will be responsible for providing a needs assessment, program plan and budget, as well as program reporting to the Department as specified under the Deed for Multi-Program funding.

Divisions of General Practice will be involved in a needs assessment and planning process undertaken by their SBO. This will include drawing on information from previous Aged Care GP Panels arrangements and planning processes for the MAHS Program, where applicable. SBOs may contract with Divisions to purchase allied health services under the Initiative. Program delivery, budget and reporting expectations will be specified in each contract.

The Department of Health and Ageing can assist SBOs and Divisions with obtaining planning data and will analyse and approve needs assessments and plans, monitor the

implementation of activities, analyse reports provided by SBOs and liaise with stakeholders such as State/Territory governments.

It is the responsibility of SBOs and Divisions to identify stakeholders with whom they should liaise and consult. It is important that this happens through all stages of the Initiative's annual cycle from planning and implementation through to evaluation. This will need to be demonstrated in program reporting. This consultation will help integrate *Aged Care Access Initiative* services with other programs, whilst not duplicating them.

Needs Assessment and Program Plan

Needs Assessment

In 2008-09 SBOs were required to work with Divisions of General Practice and other relevant stakeholders to undertake an *Aged Care Access Initiative* needs assessment and develop a program plan for allied health service delivery in 2008-09.

The documented needs assessment included a summary of identified priorities for the *Aged Care Access Initiative*, based on the planning process undertaken.

The needs assessment reflected the objectives of *Aged Care Access Initiative* and discussion addressed:

- the range of stakeholders consulted and their support for the proposed activities;
- prioritisation of one identified need over another, which could be based on practical considerations (eg the ease of recruitment of one service over another, or ease of access by residents to one allied health service over another);
- management of practical considerations and risk management; and
- the impact on resident need or any identified efficiencies due to new initiatives and programs in the region.

SBOs will not be required to undertake a new needs assessment under the *Aged Care Access Initiative* for 2009-10 and 2010-11.

Program plan

SBOs will be required to submit a program delivery plan each year. The plan should be based on the needs assessment undertaken in 2008, experience in providing the program in the first year and take into account any recent changes in circumstances such as workforce availability.

The plan should include proposed arrangements for delivery of allied health services under the *Aged Care Access Initiative* and proposed budget, including the estimated number and type of services to be purchased, location of services to be provided, and which Division(s) (if applicable), will be contracted to deliver the services.

SBOs are also be required to show how state/territory funding allocations will be applied to services purchased in each Division and provide a rationale for proposed distribution of funds across participating Divisions.

Funding allocations

Funds available for the allied health component allocated to SBOs in 2009-10 are based on 2008-09 allocations adjusted for changes in numbers of RACFs and operational beds in each state and territory and program indexation.

Allowable use of funding

Allied health professional costs

Funding under the *Aged Care Access Initiative* can be applied to:

- Allied Health Professional salaries/professional service fees - *This should be the bulk of expenditure to ensure clinical care gets delivered to residents of residential aged care facilities.*
- Reasonable Recruitment Costs
- Reasonable Retention Costs
- Service Support Costs - related to the direct provision of allied health services. These may include:
 - Reasonable travel costs for allied health professionals to locations of service provision (and overnight accommodation costs where necessary) – rural areas only (ASGC Remoteness Areas 3 - 5);
 - Costs related to renting a location for allied health service provision (eg a room in a multipurpose centre or bush nursing hospital)- rural areas only (ASGC Remoteness Areas 3 - 5);
 - Employment of interpreters;
 - Cost of obtaining criminal record checks for allied health providers contracted to perform services under this Initiative; and
 - Professional indemnity insurance costs directly attributable to services (this will depend on whether the allied health professional is employed by the Division or subject to a contractual arrangement).
 - Equipment which cannot easily be transported to the aged care facility. To ensure these costs do not take up a disproportionate amount of the overall Service Support Costs allocation, requests to purchase equipment should be discussed with the Department prior to agreeing to its purchase.

The emphasis of the *Aged Care Access Initiative* is that funding is for service provision for residents of aged care facilities. SBOs/Divisions need to ensure that service support costs are cost-effective.

Allied health services purchased under the *Aged Care Access Initiative* should not incur an out of pocket cost to the resident.

Program Administration Costs

Program Administration Costs are those costs incurred by SBOs and Divisions in the administration of the Program (eg staff time for writing plans and reports, evaluation and monitoring, coordinating services, or costs incurred in conducting the needs assessment).

A maximum of 25% of total funds under the *Aged Care Access Initiative* allied health component is available for Program Administration Costs. Within this amount, funds can be applied flexibly between SBOs and Divisions depending on the service delivery arrangements for the state/territory. SBOs will be required to show how Program Administration Costs are applied in their budget and financial reporting to the Department.

Models for purchase of allied health services

Allied health services are expected to be delivered in a way that best meets the assessed care and support needs of residents in RACFs. The Department supports using models of allied health service delivery which are practical and acknowledge the local characteristics (eg geographic, demographic). The Department requires that delivery models address the outcomes of the needs assessment and program plan and take into account the aim of the *Aged Care Access Initiative*.

Models can include:

- full time or part time employment by an SBO/Division of an allied health professional;
- “topping up” existing part time positions/expanding existing services in a residential aged care facility for a provider who provides a service to a low care resident after providing services to a high care resident;
- “sharing” an allied health position across Divisions or between a Division and another organisation; and/or
- contracting visiting allied health professionals.

This is not an exhaustive list and different models may be combined for different activities. In developing a model, the emphasis should be on planning a cost-effective approach that results in the maximum services on the ground.

Evaluation and review

The Department will monitor and review program activity. This will involve consultation with the Divisions network and other stakeholders, as well as using data submitted in six and twelve monthly reports. The Department may also review a specific *Aged Care Access Initiative* service by a SBO, a Division, or Divisions, from time to time.

Carry over of uncommitted funds

SBOs and Divisions with uncommitted funds from the Aged Care GP Panels Initiative in 2007-08 were permitted to apply for approval to carry over these funds into 2008-09 to assist with winding up activities under the Panels Initiative and establishing arrangements for the *Aged Care Access Initiative*. Funds carried over from the Panels Initiative were required to be fully expended by the end of 2008-09.

Applications to carry over uncommitted funds under ACAI from 2008-09 to 2009-10 can be made as part of the SBO's usual planning and budget submission process.

Aged Care Legislation

Please note: It is a requirement under the *Aged Care Act, 1997 (the Act)* that the individual care and support needs, including allied health care needs of residents in aged care facilities, are assessed and documented with the assistance of appropriate health professionals, on a regular, on-going basis.

Allied health services funded under the ACAI are not routinely available to residents with high care needs. Under the Act approved providers have an obligation, where an assessed need has been identified, to provide allied health services at no additional cost to the resident (Refer to Quality of Care Principles Schedule 1 Item, 3.11).

The Quality of Care Principles state that for high care residents the following services should be provided:

- maintenance therapy delivered by health professionals, or care staff as directed by health professionals, designed to maintain residents' levels of independence in activities of daily living;
- more intensive therapy delivered by health professionals, or care staff as directed by health professionals, on a temporary basis that is designed to allow residents to reach a level of independence at which maintenance therapy will meet their needs.

Excludes intensive, long-term rehabilitation services required following, for example, serious illness or injury, surgery or trauma.

Performance Indicators

The performance indicators for the *Aged Care Access Initiative* allied health component are as follows:

Aged Care Access Initiative 1

The number of allied health services delivered (individual or group services must be reported separately), the number of services by provider type and the location of services provided per Division in your State or Territory.

When reporting against this indicator please provide:

- the number of allied health services provided
- the number of allied health services providers by provider type*
- the number of group sessions provided
- the number of residents who participated in group sessions
(this should be the sum of the number of residents and group sessions attended – eg if 6 residents attend 4 group counselling sessions the total number of residents who participated is $6 \times 4 = 24$)
- the number of services provided to individuals
- the location of services provided (RACFs)

When describing the provider, use a term from the following list:

Aboriginal Health Workers	Occupational Therapists
Aboriginal Mental Health Workers	Orthoptists
Audiologists	Orthotists/Prosthetists
Chiropodists	Osteopaths
Chiropractors	Physiotherapists
Counsellors	Podiatrists
Dental/Oral Hygienists	Psychologists
Diabetes Educators	Radiographers
Dietitians/Nutritionists	Registered Nurse, with specialist role
Diversional Therapists	Social Workers
Exercise Physiologists	Speech Pathologists

If another type of professional has been employed or contracted with the approval of the Department, then this should be listed as 'Other', with the specific type of profession noted in brackets.

* From 2009-10 SBOs will not be required to report on FTE of allied health service providers.

Aged Care Access Initiative 2

Evidence of shared planning and priority setting with other local organisations.

When reporting against this indicator please provide:

- A description of the level of involvement and results from the following groups, in the planning and delivery of the *Aged Care Access Initiative*
 - Other Commonwealth government programs
 - Other State or Territory Health Programs
 - Residential Aged Care Facilities
 - General practice
 - Allied health professionals
 - Aboriginal health services
 - Consumers

The Department will require reports against these indicators for the allied health component in the six and twelve month reports.

It is anticipated that there will be a level of ongoing monitoring and development of the planning and priority setting process for the delivery of the *Aged Care Access Initiative* to take account of changing local circumstances and needs of the resident population. This will also assist in planning for allied health services in subsequent years.

Assessment:

In assessing results against the performance indicators, possible areas of improvement include increases in services and evidence that any changes or increases reflect the needs assessment.

It is not necessary to undertake a full needs assessment every 12 months. However, should the situation in an area change markedly during the reporting period, this should be noted, with an indication of the impact on the original needs based plan provided.

Contacts

Department of Health and Ageing

Communications relating to the *Aged Care Access Initiative* should be directed to the relevant State or Territory Office as identified below.

New South Wales

Program Manager
Aged Care Access Initiative
GPO Box 9848
SYDNEY NSW 2001
Phone: (02) 9263 3814

Queensland

Program Manager
Aged Care Access Initiative
GPO Box 9848
BRISBANE QLD 4001
Phone (07) 3360 2614

Northern Territory

Program Manager
Aged Care Access Initiative
GPO Box 9848
DARWIN NT 0801
Phone (08) 8946 3442

South Australia

Program Manager
Aged Care Access Initiative
GPO Box 9848
ADELAIDE SA 5001
Phone: (08) 8237 8107

Victoria

Program Manager
Aged Care Access Initiative
GPO Box 9848
MELBOURNE VIC 3001
Phone: (03) 9665 8160

Tasmania

Program Manager
Aged Care Access Initiative
GPO Box 9848
HOBART TAS 7001
Phone: (03) 6221 1414

Western Australia

Program Manager
Aged Care Access Initiative
GPO Box 9848
PERTH WA 6848
Phone: (08) 9346 5430

ACT

Program Manager
Aged Care Access Initiative
MDP 42
GPO Box 9848
CANBERRA ACT 2601
Phone (02) 6289 3363

State Based Organisations Contact Details

General Practice NSW

GPO Box 5433
SYDNEY NSW 2001
Phone: 02 9239 2900
<http://www.gpnsw.com.au>

General Practice Queensland

GPO Box 2546
BRISBANE QLD 4001
Phone: (07) 3105 8300
www.gpqld.com.au

General Practice Divisions Victoria

Level 1
458 Swanston St
CARLTON VIC 3053
Phone: (03) 9341 5200
www.gpv.org.au

General Practice Network NT

GPO Box 2562
DARWIN NT 0801
Phone: (08) 8982 1000
www.gpnnt.org.au

Western Australian General Practice Network

Suite 1
4 Sarich Way, Technology Park
BENTLEY, WA, 6102
Ph: (08) 9742 2922
www.wagpnetwork.com.au

General Practice SA

First floor, 66 Greenhill Road
WAYVILLE SA 5034
Phone (08) 8271 8
www.gpsa.org.au

ACT Division of General Practice

PO Box 3571
WESTON CREEK ACT 2611
Phone: (02) 6287 8099
www.actdgp.asn.au

General Practice Tasmania Ltd

GPO Box 1827
HOBART TAS 7001
Phone (03) 6224 1114
www.gptasmania.com.au

Attachment A: Planning Process – needs assessment

State Based Organisations were required to consult with Divisions and other relevant stakeholders in developing the needs assessment for the first year of operation of the initiative.

Relevant stakeholders included:

- Divisions of General Practice
- aged care organisations
- residential aged care facilities
- allied health professional organisations
- individual GPs, allied health professionals
- State/Territory Government agencies
- Aboriginal and Torres Strait Islander health services and advisory mechanisms; and
- Local allied health networks and associations.

It was expected that a significant amount of input to the planning process would be drawn from activities in Divisions of General Practice under the Aged Care GP Panels Initiative and (where applicable) from information gathered by Divisions of General Practice for needs assessments under the MAHS Program.

The allied health needs to be met under the Aged Care Access Initiative were required to be considered and documented based on:

- Most usual needs and common conditions of the resident population considering age and frailty;
- Other sources of allied health service provision (including health initiatives conducted by other agencies);
- Gaps in allied health service provision; and
- Adverse environmental factors (eg geographical) which will impede the provision of allied health services.

In 2009-10 and 2010-11 there will not be a requirement to undertake a new needs assessment. However, it is expected that SBOs will continue to consult with relevant stakeholders in formulating annual program plans and respond to changes in availability of allied health services in the area or the experience of providers in providing services to the resident population.

