



Australian Government

Department of Health and Ageing

AGED CARE ACCESS INITIATIVE PROGRAM GUIDELINES

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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 Initiative also facilitated relationship building between GPs, Divisions of General Practice and RACFs. Following recommendations arising from a recent review 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 residential aged care facilities (RACFs). The PIP payments will be administered through Medicare Australia; and
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 will be 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.

GP Aged Care Access Incentive

Eligible Providers and Key Points

- All GPs in practices participating in the Practice Incentives Program (PIP) will be eligible for an incentive payment once they have provided a predetermined number of Medicare-claimable services;
- Funding will be 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 will be made available to the GP who provided the service rather than to the practice; and
- The Program only applies to services provided to aged care residents in Commonwealth-funded RACFs.

Operation

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

Incentives payments will be based on a GP providing a predetermined number of Medicare services in RACFs over a financial year.

The incentive payment will be 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 nominated bank account details from GPs eligible to receive the incentive.

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

Eligible MBS items

Eligible services are those provided to aged care 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).

Allied Health Services Component

Key Principles

- Allied health services funded should be identified through a needs assessment.
- Allied health services provided on an individual or group bases 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.
- State Based Organisations will manage and deliver the program in conjunction with Divisions of General Practice.

Operation

This component of the *Aged Care Access Initiative* 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 Initiative 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 Initiative, 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 this Initiative, 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

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 *Aged Care Access Initiative*;
- 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.

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.

Aged Care Access Initiative, the MBS and Private Health Insurance

If Allied Health Professionals are receiving payment from the SBO or Division as part of their Government-funded role or function, or providing services funded under an Australian Government program, such as the *Aged Care Access Initiative* they will not be able to also provide and claim for Medicare items while working under the same arrangements.

Additionally *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 patient. Out of pocket costs will however count towards the Medicare Safety Net for that patient. Equally *Aged Care Access Initiative* funding cannot be used to cover the co-payment for patients 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 existing Aged Care GP Panels arrangements and planning processes for the More Allied Health Services (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

SBOs will be required to work with Divisions of General Practice and other relevant stakeholders to develop an *Aged Care Access Initiative* needs assessment and program plan.

The documented needs assessment will include a summary of identified priorities for *Aged Care Access Initiative*, based on the planning process undertaken. It will reflect the objectives of *Aged Care Access Initiative* and discussion should address:

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

SBOs will be required to submit a state/territory needs assessment and a program delivery plan which is based on the needs assessment. 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 will also be required to show how state/territory funding allocations will be applied to services purchased in each Division and provide reasons if it is proposed that the distribution of funds across Divisions is to differ from the funding formula (as outlined below).

Funding allocations

Available funding will be divided and allocated to SBOs based on the number of aged care homes and the number of operational beds (weighted equally) in each State/Territory as at 30 June 2007.

SBOs will provide a plan for distribution of program funds based on the needs assessment.

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 (RRMA 4-7);
 - 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 (RRMA 4-7);
 - 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).

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 patient.

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 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

The Department will evaluate the Program regularly. This will involve consultation with the Divisions network and other stakeholders, as well as using data submitted in six and twelve monthly reports. Evaluation is an essential part of the Government’s

consideration of whether or not to continue programs. 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 from the Aged Care GP Panels Initiative

Divisions that wish to apply for approval to carry over uncommitted funds from the Aged Care GP Panels Initiative to assist with winding up of Panels arrangements and transitioning to the *Aged Care Access Initiative* need to provide a plan, budget and reporting information directly to the Department for funds carried-over to 2008-09. This will be detailed in a separate schedule to the Deed for Multi-Program Funding.

SBOs will be able to carryover unspent funds from the Aged Care GP Panels Initiative to support establishment of the *Aged Care Access Initiative* under Schedule 9 to the Multi Program Funding Deed 2008-09 to 2011-12. Carryover amounts over \$5,000 need to be approved by the Department.

Aged Care Legislation

Please note: It is required under the Aged Care Act 1997 that the care needs, including allied health and social needs of residents in residential aged care, are assessed and documented with the assistance of appropriate health professionals, on a regular, on-going basis.

Allied health services funded under the *Aged Care Access Initiative* are not available to residents of residential aged care facilities where funding is provided under the *Aged Care Act 1997* for approved providers of residential aged care to provide those services to residents without additional cost to the resident (Refer to Quality of Care Principles Schedule Items 3.8, 3.11)

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 allied health professionals providing 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 provider by both provider type and FTE
- the number of services provided in a group setting
- 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.

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

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.

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

Victoria

Program Manager
Aged Care Access Initiative
GPO Box 9848
MELBOURNE VIC 3001
Phone: (03) 9665 8906

Queensland

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

Tasmania

Program Manager
Aged Care Access Initiative
GPO Box 9848
HOBART TAS 7001
Phone: (03) 6221 1426

Northern Territory

Program Manager
Aged Care Access Initiative
GPO Box 9848
DARWIN NT 0801
Phone (08) 8946 3401

Western Australia

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

South Australia

Program Manager
Aged Care Access Initiative
GPO Box 9848
ADELAIDE SA 5001
Phone: (08) 8237 8319

ACT

Program Manager
Aged Care Access Initiative
GPO Box 9848
CANBERRA ACT 2601
Phone (02) 6289 3360

Australian General Practice Network and State Based Organisations

Information and support relating to the implementation and management of the *Aged Care Access Initiative* may also be obtained from the AGPN as listed below.

Australian General Practice Network

PO Box 4308
MANUKA ACT 2603
Phone: (02) 6228 0800
www.agpn.com.au

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

SA Divisions of General Practice

First floor, 66 Greenhill Road
WAYVILLE SA 5034
Phone (08) 8271 8988
www.sadi.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 should consult with Divisions and other relevant stakeholders in developing the needs assessment.

Relevant stakeholders can include:

- 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 is expected that a significant amount of input to the planning process will be drawn from recent 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 More Allied Health Services (MAHS) Program.

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

- Most usual needs and common conditions of the patient 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.