Aged Care Assessment Program (ACAP)
1 July 2016 to 30 June 2018

Performance Report (Final Report)
1 January 2018 to 30 June 2018

Northern Territory
Department of Health
Aged Care Assessment Program (ACAP) – Final Performance Report

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# Table of Contents

## Contents

Table of Contents ........................................................................................................... 2

1. Aged Care Assessment Program (ACAP) Report Requirements .................................................. 3

2. Executive Summary ............................................................................................................ 3

3. Performance against Key Performance Indicators (KPIs) ................................................................. 4
    3.1 KPI 1 - Referral to Action ........................................................................................................ 4
    3.2 KPI 2 - Referral to First Clinical Action .................................................................................. 5
        3.2.1 High Priority (2 days) ........................................................................................................ 5
        3.2.2 Medium Priority (14 days) ................................................................................................ 5
        3.2.3 Low Priority (36 days) ....................................................................................................... 6
    3.3 KPI 3 - Offline Assessments ..................................................................................................... 6
    3.4 KPI 4 - Training ......................................................................................................................... 7

4. ACAP Operations .................................................................................................................... 7
    4.1 NT Health - ACAP outputs ..................................................................................................... 7
    4.2 Assessments Open 75 days or more ...................................................................................... 9
    4.3 Service Delivery Environment ................................................................................................. 9

5. Assistance to Support Vulnerable Transition Clients Project – Project Closure ................................. 9

6. Service Referrals ..................................................................................................................... 12
    6.1 Short Term Restorative Care and Transition Care Program Approvals (As Applicable) .............. 12
    6.2 Home Care Packages .......................................................................................................... 13
    6.3 Residential Care ..................................................................................................................... 16

7 Remote ........................................................................................................................................ 16

8 Innovative Practices ................................................................................................................. 17

9. Other Comments ..................................................................................................................... 17
1. Aged Care Assessment Program (ACAP) Report Requirements

Following on from emailed advice from the Department on 17 September 2018, the Performance Report (the Report) is for the period of 1 January 2018 to 30 June 2018 and is due to the Department of Health on 30 September 2018.

This Report is considered as the final report due under the ACAP Funding Agreement 1 July 2016 - 30 June 2018.

The Report must include the following:
• comments on performance against KPIs that have not been met;
• closure of the Assistance to Support Vulnerable Transition Clients Project; and
• any other comments on matters relating to the ACAP should you choose to make these.

2. Executive Summary

The NT ACAT program has made some positive improvements in this reporting period, with the most notable being a significant and real reduction in the number of High Priority’s assigned for Home care packages.

This six months has seen a 33.3% reduction in High Priority Level 4 assignments to its current 15.5%. This outcome is a result of targeted education and introduction of the business rule whereby two delegates need to be involved if a high priority is to be considered. Unfortunately our work towards reducing the assignment of high priorities has resulted in fewer home care packages being assigned as other States/Territories who continue to assign high priorities continue to be given more packages.

Overall most other KPI’s have been met by NT ACAT’s. The Alice Springs ACAT have struggled to meet one of their timeliness KPI’s due to some staff personal and recreation leave, which significantly impacted this small team with only 2.5 ACAT assessors. In view of this we are re-distributing funding under the new agreement to enable another ACAT assessor to be employed in this team.

The increasing number of Support Plan Reviews continue to grow and has become a caseload in their own right for our larger teams. The conflicting priorities to undertake ACAT assessments vs Support Plan Reviews requires further consideration and discussion.

The rollout of the NDIS continues to move towards full transition with Darwin and Alice Springs underway. The regional and remote regions have transitioned however much work is still underway in regard to the retained function of NT Health employees in these remote communities. These outcomes impact our ACAT delivery into remote as these workers are our current ACAT assessors. It is also worth pointing out that the implementation of the NDIS has unfortunately resulted in fracturing and siloing of workforces covering remote.
The Transition Care (TCP) and Short Term Restorative Care (STRC) programs continue to be in increasing demand in the NT, with TCP in particular being well utilised.

The recent 2018-19 Aged Care Allocation Round (ACAR) saw a further 10 STRC places available for tender and 149 residential beds for the NT. The number of residential beds in Darwin in particular, are well under the projected number. The previous ACAR received no successful applications so it is hoped that this round will see successful tenders going forward.

The Vulnerable Client project summary and outcomes are included in this report. This project enabled communication between the My Aged care system and clients who could not receive or respond to written communication by sending all correspondence for the client to their local ACAT.

Moving forward we are finding that all our remote Indigenous clients are identified as vulnerable to ensure any notifications from Commonwealth can be received by our ACAT's who then link with the clients or service providers.

Surprisingly in regard to our urban clients up to 90% of these clients are also being identified as vulnerable which is much higher than anticipated. In these cases we are finding that while these clients receive written correspondence, usually in relation to a home care package assignment, they are unsure of what to do and so our ACAT assessors are providing support to initiate their linking with service providers to take up a package.

3. Performance against Key Performance Indicators (KPIs)

3.1 KPI 1 - Referral to Action
The Aged Care Assessment Team (ACAT) to action 90% of referrals including self-referrals, for Comprehensive Aged Care Assessments (Accepted or Rejected) within the reporting period.

1 January 2018 - 30 June 2018

<table>
<thead>
<tr>
<th>Team</th>
<th># Actioned in the Period</th>
<th># Met KPI in the Period</th>
<th>% Met this Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs</td>
<td>161</td>
<td>159</td>
<td>98.8%</td>
</tr>
<tr>
<td>Barkly &amp; Central Australia Remote</td>
<td>41</td>
<td>38</td>
<td>92.7%</td>
</tr>
<tr>
<td>Darwin Urban</td>
<td>436</td>
<td>434</td>
<td>99.5%</td>
</tr>
<tr>
<td>Top End Rural &amp; Remote</td>
<td>117</td>
<td>112</td>
<td>95.7%</td>
</tr>
<tr>
<td>Jurisdiction Total</td>
<td>755</td>
<td>743</td>
<td>98.4%</td>
</tr>
</tbody>
</table>

Source: My Aged Care Data Warehouse 25 July 2018

No comment KPI met.
3.2 KPI 2 - Referral to First Clinical Action
The ACAT will undertake 90% of First Clinical Interventions of clients within the allocated priority timeframe.

3.2.1 High Priority (2 days)
1 January 2018 – 30 June 2018

<table>
<thead>
<tr>
<th>Team</th>
<th># Intervened in the Period</th>
<th># Met KPI in the Period</th>
<th>% Met this period</th>
<th>Average (days)</th>
<th>Median (days)</th>
<th>95th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs Urban</td>
<td>3</td>
<td>3</td>
<td>100%</td>
<td>0.0</td>
<td>0.0</td>
<td>N/A</td>
</tr>
<tr>
<td>Barkly &amp; Central Australia Remote</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Darwin Urban</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Top End Rural &amp; Remote</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Jurisdiction Total</td>
<td>3</td>
<td>3</td>
<td>100%</td>
<td>0.0</td>
<td>0.0</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Source: My Aged Care Data warehouse (MYAC004) 25 July 2018

KPI Met

3.2.2 Medium Priority (14 days)
1 January 2018 – 30 June 2018

<table>
<thead>
<tr>
<th>Team</th>
<th># Intervened in the Period</th>
<th># Met KPI in the Period</th>
<th>% Met this period</th>
<th>Average (days)</th>
<th>Median (days)</th>
<th>95th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs Urban</td>
<td>60</td>
<td>43</td>
<td>71.7%</td>
<td>8.5</td>
<td>7.0</td>
<td>22.0</td>
</tr>
<tr>
<td>Barkly &amp; Central Australia Remote</td>
<td>7</td>
<td>7</td>
<td>100.0%</td>
<td>1.3</td>
<td>0.0</td>
<td>N/A</td>
</tr>
<tr>
<td>Darwin Urban</td>
<td>214</td>
<td>210</td>
<td>98.1%</td>
<td>3.4</td>
<td>3.0</td>
<td>11.0</td>
</tr>
<tr>
<td>Top End Rural &amp; Remote</td>
<td>30</td>
<td>28</td>
<td>93.3%</td>
<td>4.7</td>
<td>0.5</td>
<td>39.0</td>
</tr>
<tr>
<td>Jurisdiction Total</td>
<td>311</td>
<td>288</td>
<td>92.6%</td>
<td>4.5</td>
<td>3.0</td>
<td>16.0</td>
</tr>
</tbody>
</table>

Source: My Aged Care Data warehouse (MYAC004) 25 July 2018

The Alice Springs Urban ACAT is a small multidisciplinary team comprising a 2.5 assessors, an Aboriginal Liaison Officer and admin support. During this reporting period two staff were required to take extended leave due to self or family illness which significantly reduced the team’s ability to meet this KPI. To assist with a backlog of assessments two assessors were sent to Alice Springs at the end of this reporting period to assist, however the KPI still wasn’t met.
STRATEGIES
In an attempt to gain more oversight of the referrals accepted by the Alice Springs ACAT, an audit of referrals highlighted that some referrals should have gone to RAS rather than ACAT. There was a tendency to steer them to ACAT if the person was perceived as complex even though their actual need was a CHSP level of service. In addition, there was a perceived low level of confidence in the RAS assessor at the time. Discussions with both the NT RAS Team Leader and the ACAT in regard to improved triaging, communication and more open discussion should result in more targeted referrals to RAS when appropriate.

In recognition that having one assessor, let alone two off at any time does significantly reduce productivity, increased funding from the new agreement has been assigned to this team to employ an additional assessor with recruitment underway. This strategy should improve timeliness in the Alice Springs Urban team.

3.2.3 Low Priority (36 days)
1 January 2018 - 30 June 2018

<table>
<thead>
<tr>
<th>Team</th>
<th># Intervened in the Period</th>
<th># Met KPI in the Period</th>
<th>% Met this period</th>
<th>Average (days)</th>
<th>Median (days)</th>
<th>95th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs Urban</td>
<td>58</td>
<td>55</td>
<td>95%</td>
<td>14.3</td>
<td>12.0</td>
<td>35.0</td>
</tr>
<tr>
<td>Barkly &amp; Central</td>
<td>8</td>
<td>8</td>
<td>100%</td>
<td>3.8</td>
<td>0.0</td>
<td>N/A</td>
</tr>
<tr>
<td>Australia Remote</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Darwin Urban</td>
<td>96</td>
<td>96</td>
<td>100%</td>
<td>7.7</td>
<td>7.0</td>
<td>19.0</td>
</tr>
<tr>
<td>Top End Rural &amp; Remote</td>
<td>41</td>
<td>41</td>
<td>100%</td>
<td>2.4</td>
<td>1.0</td>
<td>8.0</td>
</tr>
<tr>
<td>Jurisdiction Total</td>
<td>203</td>
<td>200</td>
<td>98.5%</td>
<td>8.3</td>
<td>6.0</td>
<td>28.0</td>
</tr>
</tbody>
</table>

Source: My Aged Care Data warehouse 25 July 2018

KPI Met

3.3 KPI 3 - Offline Assessments

For ACAT assessors using the MAC App in Darwin and Alice Springs cases are transferred back to the portal in a timely manner. Assessors are finding the App to be a much quicker medium to undertake the NSAF completion and we have been slowly replacing desktop computers with tablets. However, this KPI continues to be an issue for assessors using the MAC app for remote visits. Assessors travelling to remote communities are often away from their office for up to 3 to 5 days and have limited access to broadband internet connection. So while there are positive efficiencies gained by using the app, the inability to achieve this KPI is an expected outcome.

In reality this issue will not change until improved internet access becomes available. We plan to continue to use the App and complete the NSAF and Support Plan Offline in preference as to having to come back to the office after a remote visits and having to input the assessment after the event. We would highlight that there would be minimal disruption to MAC in general, as the ACAT assessor would in all probability be the only MAC user involved with that client at that time.
3.4 KPI 4 - Training

All new ACAT assessors have undertaken the appropriate National Minimum Training Standards via the blended method and receive their Statement of Attainment (SoA). Two assessors completed their training with a further two new assessors have enrolled and undertaking training in this reporting period.

In regard to the three Self-Paced Learning Experiences the NT had not budgeted for these additional expenses under this agreement, although are happy to approve these modules for identified assessors requiring further education in these areas. We are still exploring exemption for the NT in the ATSI module as all NT Health staff are required to complete a face to face Aboriginal Cultural Awareness Program which is tailored for the NT’s traditional aboriginal population.

With increased funding under our new agreement we can progress and support new assessors undertaking these modules as required.

4. ACAP Operations

The ACAP Agreement describes outcomes as delivering the Project, and the steps that the State/Territory will contribute to the achievement of the following agreed outcomes to:

i. ensure the delivery of comprehensive aged care ACAT assessment services to eligible people to facilitate access to available care services appropriate to their care needs and enable choice;

ii. improve the quality, timeliness and consistency of ACAT assessments; and

iii. use the full functionality provided through My Aged Care to support registration, screening, standardised assessment, matching and referral to services and maintenance of a Central Client Record.

4.1 NT Health - ACAP outputs

Number of Completed Assessments

<table>
<thead>
<tr>
<th>Team</th>
<th>Jan 18</th>
<th>Feb 18</th>
<th>Mar 18</th>
<th>April 18</th>
<th>May 18</th>
<th>June 18</th>
<th>Total Jan – June 18</th>
<th>Total July - Dec 17</th>
<th>Total 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs Urban</td>
<td>10</td>
<td>15</td>
<td>18</td>
<td>29</td>
<td>12</td>
<td>17</td>
<td>101</td>
<td>91</td>
<td>192</td>
</tr>
<tr>
<td>Barkly &amp; Central Australia Remote</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>18</td>
<td>28</td>
<td>46</td>
</tr>
<tr>
<td>Darwin Urban</td>
<td>49</td>
<td>57</td>
<td>46</td>
<td>45</td>
<td>56</td>
<td>53</td>
<td>306</td>
<td>276</td>
<td>582</td>
</tr>
<tr>
<td>Top End Rural &amp; Remote</td>
<td>9</td>
<td>10</td>
<td>8</td>
<td>15</td>
<td>6</td>
<td>20</td>
<td>68</td>
<td>60</td>
<td>128</td>
</tr>
<tr>
<td>Jurisdiction Total</td>
<td>71</td>
<td>84</td>
<td>77</td>
<td>89</td>
<td>79</td>
<td>93</td>
<td>493</td>
<td>455</td>
<td>948</td>
</tr>
</tbody>
</table>

Source: My Aged Care Data Warehouse 25 July 2018 (Jan to Jun 2018)
My Aged Care Data warehouse 1 June 2018 (Jul to Dec 2017)

The total completed assessments for 2017-18 of 948 assessments is a 13% increase over the 837 assessments completed in 2016-17. A breakdown across the four teams showed the following:

- Darwin Urban an increase of 15.9%

Northern Territory, Department of Health
Aged Care Assessment Program (ACAP) – Final Performance Report

- Alice Springs an increase of 35%
- Barkly & Central Australia Remote an increase of 48%
- Top End Rural & Remote showed a decrease of 20%

We are watching numbers of referrals in remote particularly with the NDIS in remote regions in full transition. There has been a reduction in disability staff in the and changes to the previous model of servicing remote clients, which was a Key Contact model where communities were on scheduled visits and had one main contact worker. Since this change we have noted a decrease in referrals for ACAT and are unsure if this reflects a decrease in needs or with the loss of the community key contact referrals aren’t happening when they should. This will be monitored.

### Number of Support Plan Reviews Completed

<table>
<thead>
<tr>
<th>Team</th>
<th>Jan 18</th>
<th>Feb 18</th>
<th>Mar 18</th>
<th>April 18</th>
<th>May 18</th>
<th>June 18</th>
<th>Total Jan – June 18</th>
<th>Total July - Dec 17</th>
<th>Total 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs Urban</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>8</td>
<td>8</td>
<td>12</td>
<td>49</td>
<td>24</td>
<td>73</td>
</tr>
<tr>
<td>Barkly &amp; Central Australia Remote</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Darwin Urban</td>
<td>33</td>
<td>28</td>
<td>30</td>
<td>40</td>
<td>47</td>
<td>61</td>
<td>239</td>
<td>144</td>
<td>383</td>
</tr>
<tr>
<td>Top End Rural &amp; Remote</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>0</td>
<td>10</td>
<td>25</td>
<td>20</td>
<td>45</td>
</tr>
<tr>
<td>Jurisdiction Total</td>
<td>42</td>
<td>42</td>
<td>40</td>
<td>56</td>
<td>56</td>
<td>84</td>
<td>320</td>
<td>193</td>
<td>513</td>
</tr>
</tbody>
</table>

**Source:** My Aged Care Data Warehouse 25 July 2018 (Jan to Jun 2018)
My Aged Care Data Warehouse 1 June 2018 (Jul to Dec 2017)

The number of support plan reviews continue to increase when comparing the first 6 month period with this reporting period.

NT overall experiencing a 65% increase
- Darwin Urban – 65.9% increase
- Alice Springs Urban- 104% increase
- Barkly and Central Australia Remote-40% increase (small numbers)
- Top End Rural & Remote – 25% increase (small numbers)

Support Plan Reviews will continue to increase as ACAT’s assessment base grows. Reviews are requested for the following reason:
- additional CHSP services, especially for clients waiting for HCP’s, and
- requests for review of priority assigned for HCP.

In addition the current “glitch” in the system that is seeing referrals for obvious ACAT assessments coming through as support plan reviews is adding to these number. These cases are also resulting in “double handling” as the review then needs to be completed as a review then a self-referral for assessment is made. This is reducing timeliness, especially when the original request goes to RAS who also are doing a review before sending it through to ACAT. It is hoped this issue is corrected in future MAC system updates.
4.2 Assessments Open 75 days or more

1 January 2018 - 30 June 2018

<table>
<thead>
<tr>
<th>Team</th>
<th>Jan18</th>
<th>Feb18</th>
<th>Mar18</th>
<th>Apr18</th>
<th>May18</th>
<th>Jun18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs Urban</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Barkly &amp; Central Australia Remote</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Darwin Urban</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Top End Rural &amp; Remote</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Jurisdiction Total</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: My Aged Care Data Warehouse 25 July 2018

The number of clients open 75 days or more are relatively small and all have involved accessing clients in remote communities. Alice Springs Urban team cover several remote communities within a day’s driving range and it has been these clients who move between town and community who result in these delays. Both remote teams are ensuring referred clients are triaged and actioned with necessary CHSP services commencing if required.

4.3 Service Delivery Environment

The rollout of NDIS continues to impact on ACAT assessments in remote communities. The uncertainty of competitive markets in remote and uncertainty around the NT Department being an NDIS provider has resulted in loss of staff due to job uncertainty. As these staff are the main ACAT assessors in these communities responsiveness is a concern and frequency of visits are affected by small referral numbers and financial efficiencies around visits. We continue to watch this space and may need to look at alternate models into the future.

Some discussions have been had as to possible pilots in some communities potentially looking at using one assessment workforce covering RAS, ACAT and NDIS roles. Again we are keen to be involved in these discussions.

5. Assistance to Support Vulnerable Transition Clients Project – Project Closure

Prior to this project, the NT had early discussions with Commonwealth offering ACAT assistance to work around the issue of the My Aged Care model interfacing with remote clients. With the national rollout of the Vulnerable Client Project, this then expanded to other clients ACAT were concerned would not be able to receive or respond to correspondence sent.

The Vulnerable Client project was implemented post the 27 February 2017 changes regarding home care packages to ensure clients who could not be contacted or those whose could not action received correspondence, could opt into or out of the national queue. This was a significant piece of work for the NT as all our remote and very remote clients were deemed as vulnerable as they could not be contacted via written correspondence, nor in the majority of cases be able to Northern Territory, Department of Health

Page | 9
Aged Care Assessment Program (ACAP) – Final Performance Report

to read and respond to correspondence. In addition, outside of our remote clients, significant numbers of other clients with poor literacy skills, cognitive or mental health issues were also identified as needing this linking service.

Client Numbers
The NT was initially provided with a list of 684 clients with HCP approvals not automatically queued. Included in this number were 353 remote indigenous clients.

The data was then manually separated to identify clients from urban and remote locations. With the help of each of the four ACAT teams each client record was checked in regard to current services and change in status including if client was deceased. Outcomes resulted in:

- 110 Urban based clients opting in to the national queue
- From the original 353 remote client list, 166 clients were found to be deceased with a further 9 clients having moved into residential care or no record of them could be found. 64 remote clients were added to the national queue.

During the project we received an additional spreadsheet of 173 clients approved between 1 July 2016 and the 6 February 17 for clients who had not contacted MAC in regard to their seeking or non-seeking status. From this list a further 107 clients were made seeking and placed in the queue.

Project Methodology and Outcomes
With lists based on client location sorted, these were dispersed to the relevant ACAT teams and from there divided among ACAT assessors or in the case of remote clients to the key contacts for each remote community.

Staff then began the task of determining if the person wanted to be queued for a HCP, with many found to be in receipt of a package already. While the majority of urban based clients could be managed over the phone, several did require home visits.

In the case of remote clients this process was significantly more challenging with many requiring face to face visits to explain the process.

All those who requested to be seeking a package were then updated in the portal. It was found that many of the remote clients were already receiving a HCP while others were managing well on CHSP services.

It was then decided that in recognition of the ongoing difficulties with receipt of correspondence all clients from remote would be are added as a vulnerable client in the assessor portal. This is to ensure that any notifications relating to a client is captured, particularly when a HCP is assigned.

The decision to identify a client as vulnerable is based on several variables including access to correspondence, cognitive and mental health capacity, isolation, language and literacy and availability of informal supports.

As both remote ACAT teams do not have designated administration support and with their ACAT assessors frequently on bush trips and off the portal, both urban based ACATs' have been required to assist with the Notification process. In Darwin urban this has involved directing all notifications to the Darwin Urban email address which is then monitored by the Darwin Urban administration officer who then directs the email to the involved assessor or the team leader. A similar process is also occurring in Central Australia. The use of
generic emails for all teams ensures that notifications are not solely directed to an assessor, especially in teams with frequent staff changes.

In addition, ACAT assessors in both urban and remote are now discussing service provider preferences at the time of assessment. In urban centres information sheets listing all local providers are provided. In the majority of remote communities there is only one choice of provider, however in some larger communities where there is a choice the client’s preference is sought. Knowing the clients preferred provider can assist the ACAT assessor when the notification is received for a package assigned.

For Urban clients identified as a vulnerable client, when a package is assigned, the ACAT assessor then notifies the client or their carer, to remind them of the process. With some clients a follow up home visit is required to assist the client in linking with a service provider. We have noted that even clients who have not been identified as vulnerable often contact ACAT when they receive their letters of assignment, not sure of what to do next. The level of assistance required by ACAT’s to assist in this process was not expected and does remain a frequent event. ACAT assessors in both urban and particularly remote, are also contacting service providers who are tardy in their signing up and frequently request extensions on the person’s or provider’s behalf.

In the case of remote clients, the ACAT assessor contacts the aged care service provider to inform them of the assigned HCP. The service provider then meets with the client and their family to discuss the package uptake. If there are two providers and no preference was indicated the ACAT will attempt to talk to the client or have someone in community do this if they are not able to visit, or both providers will be notified and the client can meet with both and decide their preference.

Since the finalisation of the Vulnerable Client Project these process continue for all new and reviewed clients. As stated previously we are finding that all remote clients are being listed as vulnerable as are a high number of urban and regional clients. Feedback from the Darwin and Alice Springs teams indicate up to 90 percent of clients are being ticked for correspondence to go to ACAT. We are no longer keeping numbers of vulnerable clients as we see this responsibility will be an ongoing role of NT ACAT’s.

Certification of payments
The NT received $29,600.10 to complete the Vulnerable Client Project.
As this project required the knowledge of existing ACAT assessors and their contacts to communities to complete, additional staff or backfill was not viable nor available.
Staff in each team undertook these tasks over and above their usual duties. After discussions with teams it was recognised that the remote teams in particular were significantly impacted by these tasks so it was decided that the funding would be divided between the Barkly & Central Australia Team and the Top End Remote Team. Both teams considered the funding and it was agreed to provide both teams with a Videoconferencing Unit to enable further development of their telehealth capacity. The funding covered a unit based in Katherine and one at the Remote team office in Alice Springs.

Lessons Learnt
• Recognition that a model and system such as My Aged Care does not transfer well into populations where clients have no access or understanding of written correspondence, or access to phones or computers
• Difficulties tracking Indigenous people where names change and people are transient.
Aged Care Assessment Program (ACAP) – Final Performance Report

- Service provider link ups is logistically challenging especially in remote due to the transient nature of the population and of course restricted methods of communication.
- Recognizing that even people with capacity struggle with these processes, hence the high numbers of people in urban settings still being identified as vulnerable.
- Recognition of the higher than expected numbers of people who don’t have family/friends who can assist them in the NT
- Recognition of how far our ACAT staff go to ensure a person gets a service.

6. Service Referrals

6.1 Short Term Restorative Care and Transition Care Program Approvals

Following table is to be completed by the Department of Health.

<table>
<thead>
<tr>
<th>ACAT</th>
<th>STRC Approvals</th>
<th>Transition Care Program Approvals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs Urban</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Barkly &amp; Central Australia Remote</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Darwin Urban</td>
<td>17</td>
<td>59</td>
</tr>
<tr>
<td>Top End Rural &amp; Remote</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>75</td>
</tr>
</tbody>
</table>

Source: My Aged Care Data Warehouse 25 July 2018

Transition Care Program
The NT have only 29 Transition Care packages which are utilised across several regions including Darwin, Alice Springs, Katherine and more recently Gove.
ACAT approvals from teams reflect the population base with Darwin Urban covering Royal Darwin Hospital Alice Springs Urban ACAT covering Alice Springs hospital and the Top End Rural & Remote Team covering Katherine and Gove Regional Hospitals.
Timeliness data for ACAT assessments in a hospital setting have met KPI’s under this agreement. With new KPI’s introduced with shorter time frames we will need to monitor KPI’s especially in regional hospitals such as Gove where ACAT assessors will be required to fly in from Darwin

Short Term Restorative Care Program
The NT have 10 STRC places which have been delivered in Darwin, Alice Springs and Katherine. The number of approvals have grown as more GP’s and other services become more aware of the program and ACAT’s have become more aware of the benefits of the program. There have been issues with one of the STRC providers losing key case managers which has meant that there has been several episodes with poor outcomes resulting in vacant packages. This has then led to lengthening waitlists for the alternate provider. The Darwin Urban Team have been working closely with Commonwealth and the STRC provider in question to assist in goal setting and monitoring outcomes.
6.2 Home Care Packages

NORTHERN TERRITORY
1 January 2018 to 30 June 2018

<table>
<thead>
<tr>
<th></th>
<th>Number of clients approved for home care package during period (High Priority)</th>
<th>Number of clients approved for home care package during period (Medium Priority)</th>
<th>Total number of clients approved for home care package during period</th>
<th>Percentage of all total approvals during the period</th>
<th>Percentage of approvals that are high priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Care Package 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Home Care Package 2</td>
<td>2</td>
<td>65</td>
<td>67</td>
<td>27.3%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Home Care Package 3</td>
<td>7</td>
<td>68</td>
<td>75</td>
<td>30.6%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Home Care Package 4</td>
<td>16</td>
<td>87</td>
<td>103</td>
<td>42.0%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>245</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Source: My Aged Care Data Warehouse 25 July 2018

The NT ACAT’s have been working hard on ensuring they are consistent in managing priority setting for HCP’s. In comparison to the preceding 6 months where High Priority for Level 4 HCP’s was 49%, the current 15.5% is very pleasing. The utilisation of two delegates for high priority considerations is the main mechanism we are using to ensure there is sufficient justification to consider a high priority.

In regard to the percentage of different HCP levels, referrals to ACAT are still predominately for clients with higher care needs which reflects the higher numbers of approvals for Levels 3 and 4.

We are aware that while the NT have reduced high prioritisation, national data still indicates that some other State/Territories have continued to have very high percentages of assigning high priorities, which sees them receiving more packages. This is a dilemma as there isn’t a positive outcome for our clients in practical terms by enforcing these procedures.

In addition, as previously discussed until there are some changes made to CHSP levels of services and changes to the 17% income and asset client contribution for levels 1 and 2 HCP, clients will not move across as they do not provide value for money.
### ALICE SPRINGS URBAN
1 January 2018 to 30 June 2018

<table>
<thead>
<tr>
<th>Home Care Package 1</th>
<th>Number of clients approved for home care package during period (High Priority)</th>
<th>Number of clients approved for home care package during period (Medium Priority)</th>
<th>Total number of clients approved for home care package during period</th>
<th>Percentage of all total approvals during the period</th>
<th>Percentage of approvals that are high priority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>17</td>
<td>17</td>
<td>48.6%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>7</td>
<td>9</td>
<td>25.7%</td>
<td>22.2%</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>4</td>
<td>9</td>
<td>25.7%</td>
<td>55.6%</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td></td>
<td>35</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Source: My Aged Care Data Warehouse 25 July 2018

Relatively small numbers. Noted change from previous 6 months is an increase in Level 3 approvals rather than level 4’s.

### BARKLY AND CENTRAL AUSTRALIA REMOTE
1 January 2018 to 30 June 2018

<table>
<thead>
<tr>
<th>Home Care Package 1</th>
<th>Number of clients approved for home care package during period (High Priority)</th>
<th>Number of clients approved for home care package during period (Medium Priority)</th>
<th>Total number of clients approved for home care package during period</th>
<th>Percentage of all total approvals during the period</th>
<th>Percentage of approvals that are high priority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>33.3%</td>
<td>25.0%</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>41.7%</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>25.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td></td>
<td>12</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Source: My Aged Care Data Warehouse 25 July 2018

In comparison to the preceding 6 months we see a noted increase in approvals for levels 3 and 4. Historically most approvals in remote were for level 2's as there were few higher packages allocated to remote providers. This does reflect some increased capacity for remote providers to take on higher care needs.
### DARWIN URBAN
1 January 2018 to 30 June 2018

<table>
<thead>
<tr>
<th></th>
<th>Number of clients approved for home care package during period (High Priority)</th>
<th>Number of clients approved for home care package during period (Medium Priority)</th>
<th>Total number of clients approved for home care package during period</th>
<th>Percentage of all total approvals during the period</th>
<th>Percentage of approvals that are high priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Care Package 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Home Care Package 2</td>
<td>0</td>
<td>30</td>
<td>30</td>
<td>18.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Home Care Package 3</td>
<td>5</td>
<td>45</td>
<td>50</td>
<td>31.3%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Home Care Package 4</td>
<td>10</td>
<td>70</td>
<td>80</td>
<td>50.0%</td>
<td>12.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>160</strong></td>
<td><strong>100%</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: My Aged Care Data Warehouse 25 July 2018

It is in this team that the most significant reduction in high priority assignment has reduced. This team have worked hard on this and it is well justified by these results. The percentage in relation to levels of packages remains similar to the previous 6 months.

### TOP END RURAL AND REMOTE
1 January 2018 to 30 June 2018

<table>
<thead>
<tr>
<th></th>
<th>Number of clients approved for home care package during period (High Priority)</th>
<th>Number of clients approved for home care package during period (Medium Priority)</th>
<th>Total number of clients approved for home care package during period</th>
<th>Percentage of all total approvals during the period</th>
<th>Percentage of approvals that are high priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Care Package 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Home Care Package 2</td>
<td>1</td>
<td>15</td>
<td>16</td>
<td>42.1%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Home Care Package 3</td>
<td>0</td>
<td>11</td>
<td>11</td>
<td>28.9%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Home Care Package 4</td>
<td>1</td>
<td>10</td>
<td>11</td>
<td>28.9%</td>
<td>9.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>38</strong></td>
<td><strong>100%</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: My Aged Care Data Warehouse 25 July 2018

No issues with these results, again very small numbers with level 2 packages continuing to dominate in remote communities.
6.3 Residential Care
This reporting period has seen increasing numbers of inpatients in Royal Darwin Hospital (RDH) waiting for residential beds. A small number of beds (16) became operational in Darwin in March which gave some relief. The RDH usually carry 12-15 patients awaiting placement, however these numbers increased to just over 30, which in a hospital which runs over capacity did result in media scrutiny.

The 2018-19 ACAR which recently closed had 149 residential beds up for tender in the NT and it is hoped there is some uptake of beds going forward. The previous ACAR which had 85 beds for tender had no successful applications.

Alice Springs recently had one of its Indigenous facilities open 20 new beds which has reduced their demand and Katherine’s waitlists are also manageable.

In regard to ATSI Flexible Care a 30 bed residential and respite facility in Gove is much anticipated. Projections are that it should become operational in 18 months to 2 years. This would see current residential residents in Darwin and Katherine return to country as currently there is no residential facility for the East Arnhem Region.

The NT also keenly anticipate the progression of the Specialist Dementia Care Units project which would provide options for a small cohort of people who currently reside in our hospitals as there are no suitable mainstream residential beds.

7 Remote
The ongoing model of ACAT delivery in remote continues to be impacted by the NDIS rollout. We are working with the NT’s Office of Disability whose staff provide ACAT in remote communities, to map the retained functions post NDIS.

The Department’s Office of Disability staff continue to provide the majority of allied health support for aged care providers in remote communities whether it be under CHSP, HCP or ATSI Flexible care programs. Besides ACAT assessments these staff undertake functional assessments for equipment prescription or home modifications. Some external providers such as Body Fit also support aged care clients via “chronic diseases” funding through Primary Health Network (PHN)

What we have noted is with the NDIS implementation we have seen a siloing of workforces which is a negative outcomes for small communities. Our remote teams role is changing from a key contact model to a more individual referral based system and it makes it difficult to have any informal oversight of vulnerable clients and service organisations

The intended national model of RAS assessments continues to be a work around in remote with the majority of assessments being undertaken with service providers over the phone.

We welcome the opportunity to progress practical discussions on the best and most efficient way to manage assessments in remote including ACAT, RAS and NDIS.
Aged Care Assessment Program (ACAP) – Final Performance Report

8  Innovative Practices

No comments

9.  Other Comments

No comments