



**Australian Government**

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**Department of Social Services**

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**Residential and Flexible Care Programme**

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**National Aboriginal and Torres Strait Islander  
Flexible Aged Care Activity  
Programme Manual**

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April 2015

## Preface

The Australian Government Department of Social Services (DSS) has developed Programme Guidelines which provide information about each of DSS grant funding Programmes, and the range of activities that contribute to each Programme. They provide the key starting point for parties considering whether to participate in a Programme and form the basis for the business relationship between DSS and the grant recipient, the organisation funded to provide services under the Programme.

DSS recognises and supports the work of civil society organisations. The DSS approach to working with civil society is based on reducing red tape, providing greater flexibility and respecting the independence of the social services sector. This approach recognises that civil society organisations should be supported to self-manage the delivery of support to our communities rather than being burdened with unnecessary government requirements.

The suite of documents that make up the Programme Guidelines provide an overview of Activities that contribute to the overall Programme the Residential and Flexible Care Programme and the simplified programme arrangements. The Programme Guidelines establish the framework for DSS to move towards a single grant agreement per provider, implement new and improved financial reporting systems, reduce reporting and regulation, and support greater service delivery innovation to meet the needs of care recipients.

Additionally, DSS has developed this *National Aboriginal and Torres Strait Islander Flexible Aged Care Activity Programme Manual* (Programme Manual) to provide greater detail about the operations of the Activity.

DSS reserves the right to amend these documents from time to time by whatever means it may determine in its absolute discretion and will provide service providers reasonable notice of these amendments.

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# 1 Introduction

The National Aboriginal and Torres Strait Islander Flexible Aged Care Activity (the Activity) funds Organisations to provide flexible, culturally appropriate aged care to older Aboriginal and Torres Strait Islander people close to home and their community. Flexible aged care services can deliver a mix of residential and home care services in accordance with the needs of the community. Services funded under the Activity are located mainly in rural and remote areas.

The Activity is administered outside of the *Aged Care Act 1997*.

The National Aboriginal and Torres Strait Islander Flexible Aged Care Activity is part of the Australian Government's strategy to improve the quality of, and access to aged care services for older Aboriginal and Torres Strait Islander people.

## 2 Aims and objectives

The National Aboriginal and Torres Strait Islander Flexible Aged Care Activity aims to provide quality aged care services that meet the needs of Aboriginal and Torres Strait Islander people in a culturally appropriate setting, close to home and community.

The objectives are to:

- deliver a range of services to meet the changing aged care needs of the community;
- provide aged care services to older Aboriginal and Torres Strait Islander people close to home and community;
- improve access to aged care services for Aboriginal and Torres Strait Islander people;
- improve the quality of culturally appropriate aged care services for Aboriginal and Torres Strait Islander people; and
- develop financially viable cost-effective and co-ordinated services outside of the existing mainstream programmes.

## 3 Contact Number for Aged Care

Consumers, care recipients, families and carers can access more detailed information on aged care services at the My Aged Care website.

Alternatively, they can call the My Aged Care National Contact Centre on 1800 200 422 between 8.00am to 8.00pm [AEST] Monday to Friday and 10.00am to 2.00pm on Saturday (this 1800 number is a free call from fixed lines; calls from mobiles may be charged).

Service providers who would like more information about their grant agreement or any other matter described in this Programme Manual should contact their local DSS State or Territory Network Office.

## 4 Consultations

DSS collaborates with key stakeholders on matters relating to the Activity, including the National Aboriginal and Torres Strait Islander Aged Care Reference Group. The role of the Reference Group is to provide advice to DSS on matters concerning aged care services for Aboriginal and/or Torres Strait Islander people.

The focus of the Reference Group is on the implementation of aged care reforms and emerging government priorities in aged care services for Aboriginal and Torres Strait Islander peoples.

## 5 Care Services

Service providers funded under the Activity are required to provide aged care services that meet the needs of the individual care recipient.

Aged care services must provide culturally appropriate care that is both acceptable to and accessible by the community. The service provider must ensure that policies, procedures and practices are in place to deliver flexible, culturally appropriate care.

The service provider should also ensure that individual care recipient's interests, customs, beliefs and cultural backgrounds are valued and nurtured, and that the service assists care recipients to stay connected with their family and community.

The delivery of culturally appropriate aged care can include a variety of elements such as:

- having an appropriate plan and/or design of buildings (e.g., room for family visits or ceremonies);
- ensuring a comfortable environment and surroundings (e.g., Aboriginal and Torres Strait Islander artworks);
- employment or engagement of Aboriginal or Torres Strait Islander people;
- participation by the local community in planning and providing aged care;
- encouraging and assisting care recipients to remain engaged with their community (e.g., by participating in traditional events);
- respecting cultural traditions (e.g., men's and women's business); and
- providing the services in a culturally safe and acceptable way.

Cultural safety is about recognising, respecting and nurturing the unique cultural identity of Aboriginal and Torres Strait Islander people and meeting their needs, expectations and rights. It is one of the overarching principles to be incorporated in all aspects of service delivery for the Activity. It is expected that the principle of cultural safety, outlined in the Quality Framework (see section 14 of this Manual) for the Activity, will be recognised and embedded in all aspects of the service provider's service delivery and quality systems.

## 6 Access to the Activity

### 6.1 Eligibility of Care Recipients

Care recipients eligible to receive services under the Activity are people aged 50 years and older and:

- who are Aboriginal and Torres Strait Islander people; or
- who are accepted into the Aboriginal and Torres Strait Islander community where they live.

### 6.2 Referral

Potential care recipients may be referred to aged care services provided under the Activity through a number of mechanisms. These include:

- MyAgedCare;
- Regional Assessment Services (RAS) – assessors for the Commonwealth Home Support Programme;
- General Practitioners;
- Aged Care Assessment Team (ACAT) or (ACAS);
- Social workers;
- Geriatricians;
- Hospitals; and
- Community health workers

Potential care recipients are not required to be assessed by the Aged Care Assessment Team (ACAT) to receive care services under this Activity. However, it is recommended that an assessment be undertaken by a health professional or ACAT prior to receiving aged care services.

ACATs are known as Aged Care Assessment Services (ACAS) in Victoria.

### **6.3 Where Can Services Be Provided**

There are no prescribed settings where care can be provided; rather, care can be provided flexibly in response to a care recipient's identified needs, and includes:

- residential care: i.e. in a residential facility in which the care recipient is also provided with accommodation and nursing care and services.
- home-based: i.e. in a care recipient's own home, a respite centre or day respite centre, or other place where the care recipient stays part of the time in which the person is provided with a package of services under this Activity.

### **6.4 On What Basis Can Services Be Provided?**

Services are provided according to the assessed needs of the care recipients. Care can be:

- Residential care which includes assistance with personal care and care that meets the persons nursing needs, meals and cleaning services, and furnishings, furniture and equipment for the provision of that care and accommodation, these may be provided on a:
  - permanent (ongoing) basis; or
  - short term (non-ongoing) basis; or
  - respite care either emergency or planned basis; and or
- Home care which supports people to remain living at home.

The services will be available (but not limited to):

- for residential care services, 24 hours per day 7 days per week; and
- for home care services, to meet the particular needs of the care recipient.

The service provider will also have effective emergency contact arrangements in place at all times.

### **6.5 What Types of Care Services can be Provided?**

The care services provided must be based on assessed need of the care recipient and may include the provision of care services as shown in the grant agreement or at **Appendix A** in the Programme Guidelines.

Following assessment of the care recipient by the service provider a care plan should be developed between the care recipient and/or their representative and the service provider. The care plan details the care and services to be provided to support the care recipient based on their assessed needs. The care plan includes who will provide the care and services and when these will be provided. For further information about care planning see section 7.2 in this Programme Manual.

## **7 Assessment, Review and Discharge**

### **7.1 Admission to the Service**

Service providers are required to have policies, procedures and practices in place to ensure all care recipients have a comprehensive assessment of their care needs. Each care recipient should be supported to actively participate in the service provider's assessment of their care needs. The assessment should take into consideration the care recipient's:

- eligibility;
- medical history;
- life story;

- functional status;
- cognitive and sensory status;
- nutritional status/needs;
- special care needs; and
- clinical risk factors.

In some cases, this assessment may determine that the care needs of the care recipient exceed the type of care that can be delivered through the service, or that the care recipient's characteristics are such that staff of the service provider may be at risk if the care recipient was admitted to the service.

In such cases, the service provider should work with the care recipient to ensure continuity of care and referral to more appropriate types and levels of service.

If a care recipient is assessed as ineligible for care at a service, or if there are not available places at the service, or it is determined that the care needs of the care recipient exceed the type of care that can be delivered through the service the decision-making process should be recorded.

## **7.2 Care Planning**

A care plan is to be developed for each care recipient on admission to the service. This care plan is required to address the care recipient's identified care needs and preferences. This includes a cultural support plan which describes how the addressed needs and care recipient preferences will be met in a culturally safe way. The care/cultural support plan includes strategies to maintain privacy and dignity, individual interests, customs and beliefs, independence and family connectedness.

When developing care plans, the service provider must ensure that the services can be delivered within budget, using the grant funding provided by DSS, any care recipient contribution and other funds, i.e. interest and other contributions.

In developing care choices, the service provider should take into account the different environments in which they may provide services: e.g. in town, small communities, or remote locations.

Care plans should be prepared and documented for every care recipient and these should be reviewed regularly and as care recipients' needs change, to ensure the needs of the care recipient are being met on an ongoing basis. This includes ongoing monitoring or review of the appropriateness of the service provision. The review is informed by observations and feedback from staff and others who are in contact with the care recipient.

Information from the care review should be documented and the care plan updated accordingly.

The service provider should assist care recipients to stay connected with their family and community.

## **7.3 Care Recipient Agreement**

The service provider must offer each care recipient a care recipient agreement (sometimes called a 'service agreement').

The service provider needs to ensure that the care recipient and/or their representative understands the terms and conditions of care, even if the care recipient chooses not to enter into a care recipient agreement. The agreement can be formalised with written or verbal consent, and details must be recorded in the care recipient's file.

If English is a second language for the care recipient, or they do not speak English at all, the service provider should arrange for an interpreter (not a family member) who speaks the care recipient's language to explain the agreement to them and to explain the care recipient's response to the service provider. The interpreter would then document on agreement what had been explained and the response, and sign it. The service provider may also consider having a staff member, such as a care manager, sign to verify the process.



A care recipient agreement should:

- include a clear statement of the charges payable by the care recipient and how amounts of each charge are to be worked out;
- allow the care recipient to suspend provision of care;
- state a date for the start of the services;
- provide conditions under which either party may terminate the care services;
- include the steps the service provider will take to assist the care recipient to access alternative care arrangements when the service provider can no longer meet the care needs of the care recipient;
- refer to the care plan;
- state the care recipient's rights in relation to decisions about the kind of care that the care recipient is to receive;
- include a guarantee that all reasonable steps will be taken to protect the confidentiality, so far as legally permissible, of information provided by the care recipient, and details of use to be made by the service provider of the information;
- state that the care recipient is entitled to make any complaint about the provision of care without fear of reprisal, and state the mechanisms for making such a complaint; and
- be expressed in plain language and be readily understandable.

#### **7.4 Discharge from the Service**

The care recipient agreement must specify the conditions under which either party may terminate the agreement. All care recipients are entitled to security of tenure.

When a care recipient commences with the service, the service provider should explain that the care recipient might have to transfer out of the service at some stage if they no longer need care, or if their care needs increase beyond the resources available to the service provider.

Care needs may increase beyond the capacity of the service provider for several reasons:

- the care recipient's personal care needs exceed what can be delivered through the service (e.g., the technical skills of the service provider staff); or
- the care recipient's characteristics change to an extent that the service provider believes staff may be at risk.

If and when a care recipient's needs increase beyond the capacity of a service, the service provider should work with the care recipient and alternative service providers to ensure continuity of care and a smooth transition to more appropriate types and levels of service.

Discharge from the service may involve counseling, meetings with the care recipient and their family, carer(s) or representatives, consultation with an ACAT or other health professionals, and liaison with residential care or other service providers. If the service provider is unable to continue the provision of services to the care recipient, the service provider is obligated to ensure that appropriate alternative care arrangements are in place.

#### **7.5 Assessment to be undertaken at Discharge**

An outcome assessment for each care recipient must be completed at discharge to review the achievements or otherwise of the care plan. A copy of the outcome assessment at discharge must be filed and the original provided to the care recipient or, if appropriate, the person or service provider responsible for the ongoing care of the care recipient.

## 8 Activity Planning, Management and Administration

The Activity is funded by the Australian Government, subject to Parliamentary appropriation. As outlined in the Commonwealth Grant Rules and Guidelines, services funded under the Activity must be effective, efficient and provide value for money. Accordingly, there are a number of responsibilities that the service provider must meet.

These responsibilities are specified in the grant agreement, which includes documents that have been incorporated by reference, including this Programme Manual.

### 8.1 Service provider Policies

Service providers are required to develop and maintain internal policies, protocols and procedures, in line with relevant Commonwealth and State and Territory legislation, to support quality service provision. These include:

- emergency procedures such as evacuation;
- Workplace Health and Safety;
- procedures to address concerns about care recipient welfare;
- Police Check and Reportable Assault requirements;
- fees and care recipient contribution;
- 'No response' guidelines;
- privacy;
- risk management (further information is in the *National Aboriginal and Flexible Aged Care Programme Guidelines Overview*);
- ensure that workers (paid and voluntary) are suitably qualified or are undertaking training appropriate to the service they deliver'
- qualifications or skills sets of staff (paid or voluntary) and staff development programmes; and
- staffing contingencies for holiday, training, sickness or other instances of short staffing.

Service providers may also choose to have protocols on other aspects of service provision, and local stakeholder engagement.

Governance and management systems are required to be culturally appropriate and responsive to the needs of care recipients, their carer(s), their representatives, staff and stakeholders to ensure efficient, effective and quality service delivery.

### 8.2 Recurrent Funding/Payments

Funding is provided under a "cashed out" model, based on an agreed allocation of places and not the occupancy of those places. This provides a constant income stream so that the service provider has both the stability of income from the funding and the flexibility to manage the delivery of aged care services to meet the needs of the community. Funding is based on daily rates for the type of allocated place.

The funding for the Activity is provided by DSS in association with the grant agreement. The service provider should ensure that the funds are used as per the conditions of the grant agreement.

The service provider is responsible for the delivery of aged care services and to have systems in place for budgeting, controls, recording and monitoring.

In addition to the daily funding rate, services with an allocation of **residential aged care places** will also receive the following:

- the Veterans' Supplement;
- the Residential Concessional Supplement;

- the Residential Respite Supplement; and if eligible
- the Residential Aged Care Viability Supplement.

Residential aged care places also receive 'frailty indexation' which is a financial supplement provided to address the disparity in funding per residential aged care place funded under the Programme as compared with mainstream residential aged care services operating under the *Aged Care Act 1997*. This helps to ensure the increasing frailty of indigenous residents are addressed.

In addition to the daily funding rate services with an allocation of **home care places** will also receive the following supplements:

- the Dementia and Cognition Supplement;
- the Veterans' Supplement; and if eligible
- the Home Care Viability Supplement.

The amount of funding paid and the frequency of payments are set out in the Schedule to the grant agreement.

### 8.3 Reports

Financial reporting documents and service activity reporting must be provided to DSS as outlined in the grant agreement. Care recipient fees are not part of the financial acquittal report. The acquittal report only acquits the grant provided by the Department.

For multi-year grant agreements it is normal DSS practice to acquit funding annually.

### 8.4 Care Recipients Rights and Responsibilities

The Australian Government is committed to promoting and protecting the civil, human and legal rights of the care recipient. It has developed a Charter of Care Recipients' Rights and Responsibilities for a range of services to ensure that personal, civic, legal and consumer rights are accepted and implemented as an integral part of service provision. Service providers must abide by the *Charter of Care Recipients' Rights and Responsibilities – Residential Care* or the *Charter of Care Recipients' Rights and Responsibilities - Home Care* as appropriate to the care services being provided (see **Appendix B and C** in the Programme Guidelines).

The service provider must comply with the appropriate Charter in all aspects in the provision of services to care recipients. This is reviewed as a component of any concerns or complaints made to the Aged Care Complaints Scheme (see Section 17 for more information) and in the Quality Framework (see Section 14 for more information).

## 9 Staffing and Training

### 9.1 Service Providers Responsibilities for Staffing and Training

Service providers are responsible for ensuring staff and volunteers have appropriate skills, knowledge and attributes, and receive adequate training with an emphasis on quality care. Service providers are also responsible for ensuring staff members are trustworthy, have integrity and will respect the privacy and dignity of care recipients.

### 9.2 Qualifications of Staff

There are a range of service types delivered under the Activity, and DSS recognises that qualifications and skills required vary across services and jurisdictions. Service providers must be aware of any registration, accreditation or licensing requirements for the professions from which they draw their workforce and must ensure their personnel (and any Subcontractors if these have been approved by DSS) comply with these requirements.

It is expected that staff will have the appropriate level of skills and training in order to provide quality care to care recipients, and for the service provider to meet its responsibilities of the Quality Framework.

The service provider should regularly monitor roles and tasks of staff to ensure that all staff and workers are adequately trained, supported and supervised where required.

Service providers should encourage staff to undertake vocational and other formal education and training to enhance the skill base of their workforce.

### **9.3 Medication Administration**

State and Territory legislation governs medication management and service providers must take into account all relevant legislation and guidelines in developing policies and procedures around medication administration. They must also ensure that staff has appropriate levels of skills, knowledge and training in relation to medication management and administration and duty of care.

### **9.4 Volunteers**

Service providers may use volunteers in the operation of their service. If volunteers are used, service providers must ensure that they have the necessary knowledge, skills and training to undertake their duties.

Service providers who use volunteers should have policies and procedures in place regarding the management of their volunteer workforce.

Volunteer management policies and procedures should include any policy relating to volunteer reimbursement. The reimbursement of volunteer expenses will depend on the financial and human resources available to the service provider.

Policies should reflect the circumstances of the service provider, such as remoteness, isolation, and other regional differences that can impact on their capacity to attract and retain volunteers.

### **9.5 Contractors**

Where a service provider engages a Subcontractor to deliver a service, this is defined in the grant agreement as Subcontracting.

If a service provider plans to use any Secondary Subcontractors, or its Subcontractors plan to use any Secondary Subcontractors, the service provider must request prior written consent from DSS for use of the Subcontractor before an agreement is entered into with that Subcontractor.

The request must include the Subcontractor's name and ABN, the tasks which the Subcontractor will complete under the grant agreement, the period of the subcontract and any other information requested by DSS.

Regardless of how subcontracted services are delivered, the service provider remains responsible for service quality and meeting all regulatory responsibilities.

Further information about subcontracting is located in the service providers grant agreement.

### **9.6 Requirements for a Police Check – Key Personnel, Staff, Contractors and Volunteers**

Aged care services receiving Australian Government funding, including service providers subcontracted to deliver services through the Activity, must ensure that Key Personnel, Staff Members or Volunteers have police checks.

A national criminal history record check (commonly known as a police check) is a process undertaken by the relevant state/territory police or the Australian Federal Police (for the Australian Capital Territory), which reveals whether an individual has been charged with and/or convicted of a criminal

offence which has not been removed from their record under a “spent conviction’ scheme. Police jurisdictions then provide a police certificate detailing any criminal offences, with the exception of any spent convictions.

A service provider can only allow a person to be one of its Key Personnel, a Staff Member or Volunteer if they are satisfied that the person meets the requirements detailed in the grant agreement.

There are some provisions for a person to become key personnel, a staff member or a volunteer if a police check has not been completed. These provisions and other requirements relating to police checks are detailed in the grant agreement.

Further information about Police Checks is available:

- By phone: 1800 200 422 (a free call from fixed lines; calls from mobiles may be charged)
- In writing to:
  - the Department’s inbox [agedcare.police.checks@dss.gov.au](mailto:agedcare.police.checks@dss.gov.au)
  - Aged Care Police Checks  
Aged Care Quality and Compliance  
Department of Social Services  
PO Box 7576  
CANBERRA BUSINESS CENTRE ACT 2610

Online at the Police Certificate Guidelines for Aged Care Providers webpage [Aged Care Police Checks](#)

## 10 Work Health and Safety

On 1 January 2012 the **Work Health and Safety Act 2011** (Cth) (WHS Act) for the Commonwealth jurisdiction was enacted. There are a number of other legislative instruments that support the WHS Act including:

- Work Health and Safety (Transitional and Consequential) Act 2011 (Cth);
- Work Health and Safety Regulations 2011 (Cth); and
- Work Health and Safety Approved Codes of Practice 2011 (Cth).

The WHS laws contains the following important safety obligations including:

- the health and safety of people must underpin all operational decisions;
- appropriate consultation, training and safe systems of work;
- workplaces free from harassment and bullying; and
- agencies and organisations are subject to enforcement action for non-compliance.

### 10.1 Providing a Safe and Healthy Workplace

Service providers must provide a safe and healthy workplace for their employees and volunteers delivering services to a care recipient.

Service providers should also consider and assess Work Health and Safety (WHS), Australian Building Standards and other local legislative requirements, as these relate to their own offices and facilities, vehicles, and other physical resources used by their staff and volunteers.

### 10.2 Making Others Aware of Their Responsibilities

Employees of service providers are also responsible for ensuring their own safety, and the safety and health of others, including care recipients.

Service providers must ensure that their employees and volunteers:

- have adequate WHS training;
- are aware of WHS responsibilities;

- comply with WHS requirements and instructions associated with the work being performed;
- use the appropriate equipment; and
- identify and report hazards, risks, accidents and incidents.

### **10.3 Obligations to Document Work Health and Safety Policies and Procedures**

Service providers must have in place appropriate policies and procedures to reflect WHS legislative requirements. The following is an example of policies and procedures that may be required:

- management of communicable diseases;
- minimizing the risk of infection;
- safe lifting and transfer procedures;
- asbestos;
- fire safety; and
- first aid.

For more information, see the Safe Work Australia [website](#).

## **11 Reportable Assaults**

### **Notification of Reportable Assaults and Issues.**

If a service provider is associated with an event that has, or may have, an effect on the health, safety and/or wellbeing of care recipients while under the care of staff, volunteers or contractors, the event must be reported to DSS.

These events are referred to as 'reportable assaults' or 'reportable incidents'. Within 24 hours, the service provider must report the incident to local police and DSS via the Aged Care Complaints Scheme on 1800 550 552 (a free call from fixed lines; calls from mobiles may be charged).

The requirements are set out in the grant agreement.

This ensures that those affected receive timely help and support and that operational and service provider strategies are put in place to prevent the situation from occurring again. Such strategies help maintain a safe and secure environment for care recipients.

Reportable incidents include, but are not limited to, a serious incident that causes:

- the unexpected death of any person;
- a serious injury to any person;
- an allegation of significant misconduct made by any person in relation to the service provider or its personnel;
- a fire, natural disaster, accident or other incident that will or is likely to
- prevent the delivery of all or part of any Activity and result in the closure of premises, or significant damage to premises or property or pose a significant threat to the health and safety of any person;
- cause harm or suspected harm to a care recipient;
- criminal activity on the part of staff or contractor of the service provider such as theft;
- minor accidents, including vehicle accidents where the service provider is transporting a care recipient; or
- incidents that may bring negative media attention to the service provider and/or the Australian Government as the funding body.

Service providers must have policies about how to respond if there is, or they suspect there is, assault, abuse or concern about a risk of harm to a care recipient.

Key considerations include:

- appropriate assessment, particularly where there is the suspicion or risk of abuse or harm; this may include discussions with the care recipient in order to understand the situation so that appropriate assistance can be arranged;
- prompt provision of emergency services and liaison with other support services such as counseling, health services and social support; and
- having and providing contact information for emergency personnel such as police, ambulance, crisis mental health team, or other relevant services.

These requirements do not affect any obligation the service provider has under a Law of a State or Territory to report such incidents.

Further information about Reportable Assaults is available on the Aged Care Complaints Scheme [website](#).

## **12 Fees and Contributions**

### **12.1 Service providers Policy**

Service providers must have a policy about charging fees for provision of services funded under the Activity and an assessment of care recipients' capacity to pay for, or contribute to, the cost of these services.

Service providers should be able to obtain information from care recipients required to assess their capacity to pay. The information obtained must not be shared for any other purpose (further information in section 16 Privacy).

### **12.2 Charging Fees**

The Australian Government pays for the bulk of aged care in Australia, however, as with all aged care services, a care recipient may be asked to contribute to the cost of their care if they can afford to do so. Care recipient's will never be denied the care they need because they cannot afford it.

How much a care recipient pays depends on their financial situation and there are strong protections in place to make sure that care is affordable for everyone. The Government sets the maximum fees for care.

While no person should be refused services due to an inability to contribute to the costs of services, it is important that those care recipients who can afford to pay all or some of the costs are required to do so.

The process of setting care recipient fees should be simple, and as unobtrusive as possible respecting the care recipient's right to privacy and confidentiality. In determining a care recipient's capacity to pay fees, the service provider must take into account any exceptional and unavoidable expenses incurred by the care recipient, such as high pharmaceutical bills, rent, utilities and other living expenses.

A care recipient's access to a service should not be affected by their ability to pay fees, but should be decided on the basis of need for care and the capacity of the service provider to meet that need.

Any fees should be fully explained to the care recipient, and the amount charged should form part of the Care Recipient Agreement between the care recipient and the service provider. Any fees must be agreed upon with the care recipient before the service is delivered.



The maximum fee charged to care recipients should not exceed 17.5% of the annual single basic aged care pension for a home care package and 85% of the annual single basic aged care pension for a residential service.

Some care recipients may be eligible for the Department of Human Services, (DHS) Centrelink Rent Assistance. Care recipients are encouraged to contact their local DHS Centrelink office for further information about Rent Assistance.

### 12.3 Use of Collected Fees

Service providers are required to use any fees which are collected from an individual care recipient to contribute to the direct cost of providing aged care services.

Additional costs to the care recipient for support services (such as hair dresser and personal supplies) are not considered to be fees and should not be included in any reports relating to the Activity.

### 12.4 Other Contributions

As outlined in the grant agreement, if the service provider earns money from the services provided under the Project Schedule, including fees, rent, board or services charged, the service provider is required to deal with the money earned as if it were part of the Funds and in accordance with any requirements set out in the Project Schedule.

## 13 Project Continuity – Transition Out Plans

Ensuring continuity of service provision is of critical importance to the Australian Government. Where there is a risk to ensuring continuity of service provision the service provider may be required to develop a Transition-Out Plan as detailed in the grant agreement.

The aim of the Transition-Out Plan is to guarantee the smooth transition or ceasing of the Activity and to ensure minimal disruption of services to care recipients.

The Transition-Out Plan should address issues that enable the orderly transition of the services from the service provider to an alternative service provider on expiry or termination of the grant agreement.

The service provider is required to provide DSS with at least six months written notice of any intention to cease providing care and services under the grant agreement.

DSS may request a copy of the Transition-Out Plan at any time. Guidance for the Transition-Out Plan follows.

### 13.1 Transition-Out Plan Guide

The following are matters that should be considered for inclusion in the Transition-Out Plan, however, the matters are intended as guidance only. The list is not exhaustive or prescriptive and Transition-Out Plans will depend on each service provider's individual arrangements and the outcome of any negotiations.

The Transition-Out Plan should include a transition-out strategy for each schedule of the grant agreement, particularly specific requirements for different service types.

The Transition-Out Plan must include:

- a) **Service provider details** – include name, address, and relevant contacts (position(s) only and the contact details for the position(s) – do not include names as these are subject to change).
- b) **Auspicing body** – include name, address, and relevant contacts (position(s) only and the contact details for the position(s) – do not include names as these are subject to change).



- c) **Activity description** – briefly describe the Activity to which the Transition-Out Plan relates. Include information about related service providers with which the service provider has linkages, and contact details (position(s) only and the contact details for the position(s) – do not include names as these are subject to change).
- d) **Service provider arrangements** – include information/ description of service provider specific administrative policies, processes and procedures; operational protocols; subcontracting arrangements; geographical areas serviced, including any cross border arrangements; hours of operation; staff; operation of service provider vehicles; and additional services provided by the service provider.
- e) **Timeframe for transition** – specify the transition-out period (assume a period of one to three months before the date of termination or expiry of the grant agreement, to be negotiated and agreed with DSS at the time of termination/expiry). Include timetable for the transition - events, milestones etc.
- a) **Staffing arrangements** – include staffing details and the basis on which service provider staff are employed, e.g. awards and arrangements for transition of staff to a new service provider (subject to the agreement of the new service provider). While there is provision in project funding for staff entitlements, the Transition-Out Plan should address conditions and arrangements for staff not wishing to transfer, e.g. redeployment and redundancy.
- b) **Service provider property/ accommodation** – information about the accommodation arrangements for premises currently occupied by the service provider. Would the office space currently used be available on termination of the Agreement? If available, arrangements required to transfer, e.g. lease arrangements, etc.
- c) **Assets** – in accordance with the grant agreement, details of all assets purchased with DSS funding are to be recorded in an Assets Register should be attached to the Plan and kept current for the duration of the grant agreement. Identify how and when the transfer of assets to DSS or nominee is to take place, e.g. whether the Assets are to be sold and proceeds paid to DSS, and arrangements for this.
- d) **Information and records** – identification of, and arrangements for the transfer to the alternative service provider of all documents which are necessary to enable services similar to the existing service to be provided by DSS or its nominee. In particular, the service provider should consider arrangements for the transfer of care recipient records, giving due regard to privacy requirements.
- e) **Intellectual property** – the arrangements must be set out for the delivery to the alternative service provider, as agreed with DSS, of the service provider's relevant databases or directories that are used by them as per the grant agreement.
- f) The intellectual property register with up-to-date contact details of all owners and licensees of intellectual property should also be attached to the plan.
- g) **Financial records** – all financial acquittals must be finalised in accordance with the conditions set down in the grant agreement.
- h) **Database arrangements** – arrangements for the transfer of software for service and care recipient data arrangements, including web-based data base services if applicable.
- i) **Service contracts** – arrangements to novate (transfer) to DSS or its nominee all contracts relating to services provided or any other relevant contracts to which the service provider is a party, including Subcontractors.
- j) **Communication plan** – plan to inform care recipients, particularly regarding continuity of care for care recipients in the short term, including arrangements for another service provider to deliver existing services.
- k) **Unspent funds** – identification and details of any unspent funds.
- l) **Risks** – identification and details of any risks including any actions taken to date or proposed actions to remedy the risks.

## 14 Quality Framework for the Activity

The Australian Aged Care Quality Agency manages the Quality Framework for the Activity. The grant agreement requires the service provider to be committed to ensuring the delivery of quality aged care services. The service provider is required to undertake quality activities and continuous quality improvement, and recognise the quality principles, as outlined below.

The Quality Framework provides a set of quality standards for services funded under the Activity and a process for monitoring achievements against these standards. It also provides a set of tools to help service provider and quality reviewers to implement the Quality Framework and continuously improve their service.

The aim of the Quality Framework is to improve the quality of care provided by services funded under the Activity by setting culturally appropriate standards for care delivery and information management and accountability.

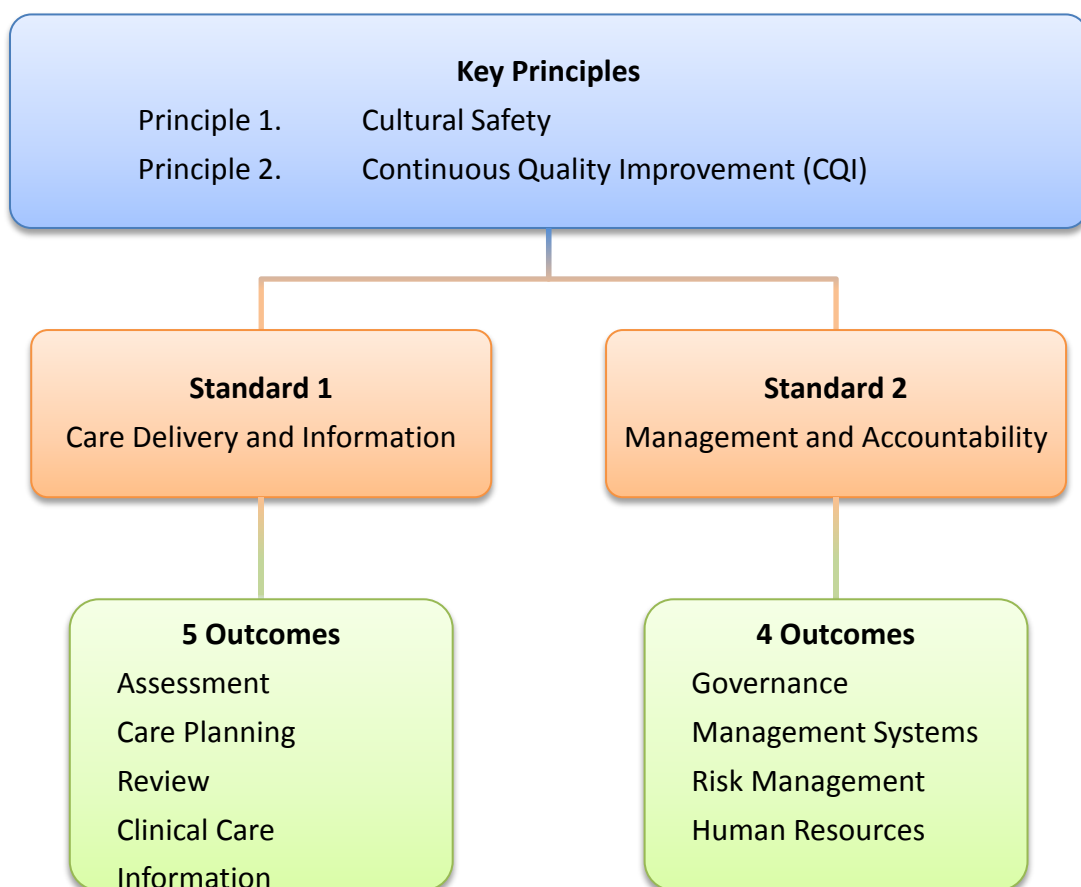
The Quality Framework is designed to build service capacity and foster continuous improvement of the quality of care provided to care recipients.

The Quality Standards are key elements of the Quality Framework. The Quality Standards include the two overarching principles - Cultural Safety and Continuous Quality Improvement (CQI).

Cultural safety is about recognising, respecting and nurturing the unique cultural identity of Aboriginal and Torres Strait Islander people and meeting their needs, expectations and rights.

Continuous Quality Improvement (CQI) is about always working to improve services and outcomes for people. It means looking for better ways to do things.

The components of the Quality Framework are set out below.



## 15 'No Response' Guidelines

Service providers must have a policy on how to respond when a care recipient does not respond to a scheduled visit.

As part of the development of nationally consistent protocols to deal with non-response from a care recipient when a home care worker arrives to provide a scheduled service, in June 2008 the Ministerial Conference on Ageing (MCA) agreed that a Guide for Community Care, now known as home care, service providers including service provider should be developed and implemented across jurisdictions.

'The Guide for Community Care Service Providers on how to respond when a community care recipient does not respond to a scheduled visit' can be accessed on the Department of Health [website](#). Please note, this information will be transitioned onto the DSS website.

## 16 Privacy

Any personal information provided is protected under the *Privacy Act 1988*. It can only be disclosed to someone else if the person in respect of whom the information relates has been given reasonable notice of the disclosure; where disclosure is authorised or required by law or is reasonably necessary for the enforcement of the criminal law; if it will prevent or lessen a serious and imminent threat to a person's life or health; or if the person in respect of whom the information relates has consented to the disclosure.

If a person in respect of whom the information relates has questions or concerns about how their personal information is handled they can contact the Privacy Officer at DSS on 1300 653 227 (local call cost, but calls from mobile and pay phones may incur higher charges) or the Privacy Commissioner on 1300 363 992 (local call cost, but calls from mobile and pay phones may incur higher charges) or the Australian Government Privacy Officer by emailing [enquiries@oaic.gov.au](mailto:enquiries@oaic.gov.au).

For further information please see the Australian Privacy Principles [here](#).

## 17 Complaints

### Overview

If care recipients are concerned about any aspect of service delivery, they should, in the first place, approach the service provider. In most cases, the service provider is best placed to resolve complaints and alleviate the care recipients concerns.

If the care recipient is unsatisfied with the service provider's response to a concern or a complaint the Aged Care Complaints Scheme is also available to assist care recipients.

### 17.1 Complaints Handling Policy

Service providers should have a transparent and accessible complaints handling policy. This policy should acknowledge the complainant's right to complain directly to the service provider, outline the process for both dealing with the complaint and provide options for escalation both within the service provider's organisation and to DSS, if necessary.

Service providers need to ensure that all care recipients and their families are informed of the arrangements in place to make complaints about matters related to the care provided and to have their complaints dealt with fairly, promptly, confidentially and without retribution.

Service providers must ensure that they provide information about their complaints handling policy and processes in all correspondence to care recipients and potential care recipients.

Service providers must accept a complaint regardless of whether it is made orally, in writing or anonymously.

## **17.2 Aged Care Complaints Scheme**

The Aged Care Complaints Scheme (the Complaints Scheme) is a free service for care recipients to raise their concerns about the quality of care or services being delivered to people receiving aged care services that are subsidised by the Australian Government.

In most cases care recipients (or their representative) are expected to raise any concerns with the service provider directly. However, if a care recipient (or their representative) does not feel comfortable raising an issue directly with the provider or an issue has not been resolved satisfactorily, the care recipient or their representative may contact the Aged Care Complaints Scheme.

The Complaints Scheme can be contacted on 1800 550 552 (a free call from fixed lines; calls from mobiles may be charged). Complaints can also be made to the Complaints Scheme in writing and via the Scheme webpage (see link below).

When a care recipient or their representative lodges a complaint with the Complaints Scheme that has been accepted as in-scope, the Complaints Scheme will explain the process for handling the complaint, options for resolution and what can be achieved through these options. Options for resolution open to the Complaints Scheme include:

- asking the service provider to resolve concerns directly with the complainant and report back to the Complaints Scheme on the outcomes;
- conciliating an outcome between the service provider and the complainant; and
- investigating the concerns.

The Complaints Scheme has the capacity to require a service provider to take action where they are not meeting their responsibilities. In a small number of cases, the complaint raised with DSS may be of such a nature that the Department will manage the complaint without asking the person to first raise their concerns with the service provider.

More information can be found on the [Aged Care Complaints Scheme webpage](#).

## **18 Advocacy**

The care recipient or their representative can request that another person assist them in dealings with the service provider. A care recipient has the right to call on an advocate of their choice to represent them in managing their care. Should the care recipient not have an advocate one may be made available through the National Aged Care Advocacy Programme.

### **18.1 National Aged Care Advocacy Programme**

The National Aged Care Advocacy Programme (NACAP) is funded by the Australian Government and provides free, confidential advocacy support and information to care recipients or potential care recipients of Australian Government subsidised aged care services about their rights and responsibilities when accessing services.

To contact a NACAP provider in their local area, a care recipient or their representative can contact the National Aged Care Advocacy line on 1800 700 600 (a free call from fixed lines; calls from mobiles may be charged).

More information can be found on the [National Aged Care Advocacy Programme webpage](#).

## **19 Community Engagement and Networking**

The service provider engages with the community to ensure that care recipients achieve maximum independence, maintain friendships, and participate in the life of the community.

## **19.1 Community Engagement**

This may involve the service provider encouraging and assisting care recipients to be engaged with social activities outside the service/their home so that they stay connected with their family and community (e.g. by participating in traditional events). The service provider may also consider inviting family, carers, volunteers and/or the community to attend social activities run by the service (e.g, cultural activities, Mother's Day, barbecues, Christmas).

The service provider should ensure that the local communities are consulted about available services and participate in planning, developing and providing aged care. This will both help the service provider and the local communities to understand the types of services they provide, including their limitations.

## **19.2 Networking**

Wherever possible, the service provider should consider being part of a network of services that care for older people and ensure there are links with other related and relevant services, such as Primary Health Care, the Commonwealth Home Support Programme, the Home Care Packages Programme and/or respite services.

This will help the service provider and ensure that other relevant services or agencies understand the types of services they provide, including their limitations.