

SERVICE COORDINATION IMPLEMENTATION
KEY MESSAGES and FAQs FOR AGED CARE ASSESSMENT SERVICES (ACAS)
January 2004

What is Service Coordination?

Since 1999-2000 the vehicle for service coordination in the community care sector has been the Primary Care Partnerships (PCP). HACC agencies including local government are a key part of the PCP strategy, alongside Aged Care Assessment teams, community health services, primary mental health, alcohol and drug services and GP divisions.

Service coordination aims to better identify the initial needs of consumers including early intervention opportunities; to facilitate coordinated care planning & coordination, including referral and to reduce duplication in service responses.

Service coordination is the practices, processes and protocols and systems for dealing with public enquiries, the collection of a common set of information on consumer intake, and common standards for making referrals.

The key elements of service coordination are

- Initial contact (IC)
- Initial needs identification (INI: broad screening)
- Assessment
- Care planning (Better Access To Services Framework, A Policy and Operational Framework, Primary Care Partnerships, June 2001: 13)

What are the Service Coordination Tool Templates designed to achieve?

The Service Coordination Tool Templates (SCTT) have been designed to assist with three out of the four service coordination elements: Initial Contact, Initial Needs Identification and Care Planning.

The Service Coordination Tool Templates are not assessment tools and therefore do not replace your agency's assessment processes. Assessment builds on the information that has been collected at intake directly from the client, or information received on the SCTT tools from referring agencies. Assessment will go into further depth, that is weighting, interpreting, validating and collecting information specific to your client and your agency's role in the client's care.

Part of the task in determining how service coordination will operate for your agency in your local area, is to identify how your intake and assessment processes may change to take account of information collected and received on the SCTT tools.

What do ACAS have to do to implement Service Coordination?

ACAS are required to accept referrals from other agencies on the SCTT.

ACAS are required to use the following forms (at a minimum) by January 2004 when referring on to other agencies:

- Consumer information (2 pages)
- Summary and referral (2 pages)
- Consumer Consent
- Provide a copy of Privacy brochure

The other SCTT tools are optional, to be used as appropriate to client need or as requested by a particular agency. For example,

- Referrals for Personal Alert Victoria require the Functional Screen and the Living Arrangements forms to be completed.
- Referrals to HACC should contain the Living Arrangements form as much of this information is common to both the ACAS and HACC MDS and should be shared wherever possible.
- The Functional Profile is relevant to HACC agencies that receive assessment and care management funding, such as Local government and nursing agencies as these agencies are mandated to collect it. If ACAS sends this information with the referral it will not need to be collected again.

ACAS are required to send the Consumer Information and the Summary and Referral tools with every referral. Agencies are **not** required to send the signed consent form when making a referral. The fact that signed consent has been gained is indicated on the Summary and Referral form. Additional tools will be sent with referrals if it is relevant to the client or as agreed to as part of local processes and protocols.

Frequently Asked Questions

Do ACAS have to use SCTT tools at intake?

ACAS are required to use the SCTT forms for all referrals out, but are not required to use the SCTT **forms** at intake. ACAS can continue with their existing intake processes as long as this captures most of the information required for a referral using the mandated SCTT tools. This is particularly relevant if there is a need for an urgent referral prior to face to face assessment.

The critical element to implementation of the SCTT is that you use the relevant SCTT tools when referring out to other agencies.

Will implementation of the SCTT tools influence ACAS assessments?

ACAS must examine their own business processes to make sure that their intake and assessment processes capture information required by the mandated SCTT forms. Additional information on the supplementary tools should be collected if it is relevant to the client or as agreed to as part of local processes and protocols. If a particular data item is not relevant to a client, do not collect it.

At assessment, ACAS continue use their own assessment tools/paperwork but

- should consider including questions on the SCTT tools (eg. Government pensioner status) that may not be in their existing assessment tool
- should consider inclusion of some or all of the standardised screening tools in the Health Behaviours and Psycho-social profiles eg. the nutritional risk screen or the alcohol screen.

Service Coordination Tool Template Guidelines

DHS has produced a set of Service Coordination Guidelines which explains how to complete each Tool. The Guidelines can be downloaded from the web. See details below under *Access to Tools and Guidelines*.

Any agency that is not able to download these Guidelines from the Web should contact their regional ACAS contact who will assist them to obtain a copy.

Access to the Tools and Guidelines

The SCTT tools and Guidelines can be downloaded from the DHS web-site www.dhs.vic.gov.au/phkb. Follow the links to PCP strategy and then to Service Coordination. Microsoft and Access e-forms are also available for download off the web site.