

D-SP04: Support residential aged care facility application

Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant (AHA) to:

- educate on the process for selecting an appropriate residential aged care facility (RACF). This may include the client, and if relevant carer/s, family, guardian or attorney*.
- provide assistance with the application for a RACF, including identifying and assisting to address gaps in required supporting documentation.
- educate the client, family and carers on strategies to support the transition into a RACF, if relevant for the local service.

* The attorney in this CTI refers to a person authorised to act for the client under the terms of an enduring power of attorney (EPOA).

VERSION CONTROL

Version: 1.0

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|--------------------------|--|----------------|------------|
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The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: allied_health_advisory@health.qld.gov.au.

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop.
- Mandatory training requirements relevant to Queensland Health/HHS clinical roles are assumed knowledge for this CTI.
- Completion of training that supports knowledge of reflective listening, emotional responses to change, empowering others and communication skills. Training will be determined by the local service and may be accessed from a variety of sources including workshops or online learning modules e.g. the accidental counsellor course, Communicating Actively Responding Empathically ([CARE](#)).

Clinical knowledge

The following content knowledge is required by an AHA delivering this task:

- basic understanding of the requirements and process for accessing a RACF under the Aged Care Act including eligibility criteria, application process and documentation requirements.
- common elements to consider when selecting a suitable RACF e.g. location, fees and charges, activities, services available including additional charges (physiotherapy, hair dressing), acceptance of pets, types of rooms (single/ shared/ adjoining), waiting times, menu, religious or cultural focuses, access to public transport.
- process for locating information on RACFs including specific details of local facility features e.g. brochures and websites.
- local client resources used to support RACF education e.g. client handouts, brochures, checklists.
- local workplace instructions and documents that support the model of care e.g. consent for email communication, checklists or monitoring application spreadsheets, client education tools.

The knowledge requirements will be met by the following activities:

- completing the training program/s (listed above).
- reviewing the Learning resource section.
- receiving instruction from an allied health professional in the training phase.

Skills or experience

The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an AHA delivering this task:

- nil.

Safety and quality

Client

- The AHA will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the AHA during the task:
 - To be eligible to reside in a RACF clients must have completed an Aged Care Assessment Team (ACAT) assessment. If the client does not have a planned or completed ACAT assessment or the ACAT assessment outcome is unclear, cease the task and liaise with the delegating health professional.
 - If the client has an Enduring Power of Attorney (EPOA) that has been enacted, the attorney is responsible for making decisions about RACF placement. The client may or may not be included as part of providing education and this information should be included as part of the delegation instruction. If information about the decision maker is unclear, cease the task and discuss with the delegating health professional.
 - If the client has difficulty answering questions due to language or communication problems and compensatory strategies were not included as part of the delegation instruction, cease the task and discuss with the delegating health professional. Strategies may include the use of an interpreter, communication device or involvement of a family member or care giver.
 - The assets and income form is valid for 120 days (4 months). This form provides information to Centrelink to determine what subsidy will be provided by the government and what the contribution may be for the client. A Centrelink estimate can take 6-8 weeks to be received. If the client does not have a valid form this should be commenced as early as possible. RACF applications can still be submitted prior to the form being lodged and the estimate being received.
 - The decision to continue with RACF application and placement may change during the process e.g. Centrelink subsidy estimate is lower than expected or a family member volunteers to care for the client in the home. If the need for information on alternative care options is requested liaise with the delegating health professional. Alternative care options may include home care services and private personal care attendants.
 - The AHA should complete applications confidentially as new information may be discovered that the carer, family or attorney may not be aware of e.g. additional assets, debts or financial commitments. This may have an impact on the carer, family or attorney relationship with the client. The AHA should not disclose information to the carer, family or attorney. If confidentiality concerns arise, liaise with the delegating health professional to determine any further actions to be taken.

Equipment, aids and appliances

- If client education resources include the use of a lap top or iPad that will be logged into the Queensland Health network, exercise Cyber security precautions including not leaving the device unattended.
- If the client is reliant on hearing aids or reading glasses, these should be applied prior to commencing the task.

Environment

- Ensure the environment is managed appropriately for effective communication e.g. minimising distractions, turning off the radio/TV, closing the door or curtain for privacy, having the client wear their reading glasses and/or hearing aids.

Performance of Clinical Task

1. Delegation instructions

- Receive the delegated task from the health professional.
- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
 - details from the ACAT assessment, see Safety and quality section
 - that the client (and carer/family/attorney) have agreed to residential aged care placement
 - the people who will be involved in the discussions, decision making and supporting the application process e.g. client, family members, carer, guardian, attorney
 - specific requirements to be included as part of RACF selection for example dementia unit, bariatric requirements or challenging behaviours.

2. Preparation

- Collect client education resources and tools e.g. brochures, list of local RACFs. If using an iPad or computer laptop ensure it is charged and ready for use
- Application forms – electronic or paper and pen

3. Introduce task and seek consent

- The AHA introduces him/herself to the client.
- The AHA checks three forms of client identification: full name, date of birth, *plus one* of the following: hospital UR number, Medicare number, or address.
- The AHA describes the task to the client. For example:
 - “I’ve been asked to help you review residential aged care facility options and complete your application.”
- The AHA seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017). If relevant refer to sub-section for clients who lack or have impaired capacity.
- Confirm consent procedures for email communication have been completed, if relevant in the local setting. An example is provided in the References and supporting documents section.

4. Positioning

- The client’s position during the task should be:
 - in a position where they can read printed resources (where relevant) and converse with the AHA. Ideally the client should be comfortably seated in a chair or sitting up in bed.

- If carer's/family members are present and involved in the decision making they should be:
 - positioned next to the client in a position where they can view materials and converse with the client.
- The AHA's position during the task should be:
 - in a position where they can read the information resource and converse with the client. Ideally the AHA should be facing the client and at eye level. Positioning such that the client can clearly see the AHA is particularly important for clients with hearing or other communication problems.

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:
 1. Confirm the client is eligible for a RACF. See the Safety and quality section.
 2. Educate the decision maker on locating information about specific RACFs' for consideration using the client resources, these may be local or at another region. Encourage the client and family to visit the RACFs' to support the decision-making process.
 3. Provide information and education on the process for choosing and prioritising an RACF using local client resources.
 4. Educate the decision maker on the required documentation to support the application process e.g. EPOA, guardianship appointment, medicare card, pension card, DVA card, health concession card (as relevant). See Learning resource section.
 5. Determine if the client has a valid/current assets and income form. See the Safety and quality section. If not, support completion of an assets and income form and confirm its lodgement.
 6. Determine if the client has a completed application form for each of the chosen RACFs. If not, support completion of application form/s and confirm lodgement with each facility.
 7. If the local service model includes monitoring the application process, use workplace instructions, tracking tools or checklists to support regular contact with the relevant RACF. This may include monitoring of the client's position on the waiting list, supplying updated details to the RACF such as receipt of notification of the income and asset outcome or ACAT approval.
 8. When a RACF offers a place the AHA will support the acceptance of the place and any transitions required as per local protocols and/or instructions from the delegating health professional. This may include the AHA delivering information and education to support transitioning to a RACF.
- During the task:
 - check that the client and/or decision maker understands the information provided by asking if he/she has any questions and by gauging if they appear confused or concerned about the information.
 - the AHA should not provide information beyond that available on the facility brochures and websites and should direct the client or relevant decision maker to direct all further questions to be answered by the RACF. Clients are encouraged to visit the planned RACF to support decision making. This is to review the appearance, smell and staffing. If this is not possible, the decision maker should be encouraged to seek support from friends or family to visit the facility and/or to contact (phone) the facility to ask questions about the facility and services available.

- clients should be encouraged to complete multiple applications to improve timeliness of access. To be wait listed for a RACF the local facility application form and processes need to be submitted. Selecting up to five facilities will increase the placement opportunities¹.
- if the client has a preferred facility and gets an offer from another facility, the client can continue to be on the waiting list at their preferred place. Prioritisation criteria differ between facilities. The RACF can provide specific information about prioritisation criteria and clients should be advised to contact the RACF as part of decision making. If the client or decision maker have concerns about the placement offer inform the delegating health professional.
- monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above including CTI D-WTS01 When to stop.
- At the conclusion of the task:
 - encourage feedback from the client on the task. For example, ask the client if they have understood and/or if they have any further questions.
 - ensure the client is comfortable and safe.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered, or symptoms reported by the client during the task.
- For this task the following specific information should be presented:
 - income and asset form completion and lodgement date or if not, the plan for obtaining the required documentation including the type of documentation.
 - RACFs' selected and application/s completed or if not, the plan for obtaining the required documentation including the type of documentation.

Note: it may not be possible for a RACF application to be completed in one session, so the task may be completed over multiple sessions. This may be due to fatigue, reduced concentration, availability of family/guardian/attorney or the time required to source documents or clarify information. The AHA will record the aspects completed at each session, including the planned activities between sessions and timeframe for review.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.

References and supporting documents

- Australian Government (2018). My aged care. Steps to enter an aged care home.
- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop. <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp>.
- Queensland Government (2016). Consent for email communication. MR 38eba. V1.00 – 11/2016. https://qheps.health.qld.gov.au/_data/assets/pdf_file/0022/416335/mr38eba.pdf
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition). https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf.

¹ Queensland Government (n.d.). Darling Downs Hospital and Health Service. Guidelines for Residential Aged Care (RAC) process.

Assessment: performance criteria checklist

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Name:

Position:

Work Unit:

| Performance Criteria | Knowledge acquired | Supervised task practice | Competency assessment |
|---|--------------------------------------|--------------------------------------|--------------------------------------|
| | Date and initials of supervising AHP | Date and initials of supervising AHP | Date and initials of supervising AHP |
| Demonstrates knowledge of fundamental concepts required to undertake the task. | | | |
| Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task. | | | |
| Completes preparation for the task including collecting client education tools (iPad, brochures, list of local RACFs) and RACF application forms (electronic or paper and pen). | | | |
| Introduces self to the client and checks client identification. | | | |
| Describes the purpose of the delegated task and seeks informed consent. | | | |
| Positions self and client appropriately to complete the task and ensure safety. | | | |
| <p>Delivers the task effectively and safely as per delegated instructions and CTI procedure.</p> <ul style="list-style-type: none"> a) Clearly explains the task, checking the client's understanding. b) Confirms the client is eligible for a RACF. c) Educates on locating information about specific RACFs' and encourages a visit to the RACF. d) Provides information and education on the process for choosing and prioritising an RACF. e) Advises the client, carer or attorney of required documentation to support the application process. f) Confirms lodgement of valid assets and income form. If required, supports completion. g) Confirms lodgement of the RACF application form for each facility. If required, supports completion. h) If part of the local service model monitors the RACF application process. i) When a RACF place is offered uses local processes to support transition. | | | |

| | | | |
|---|--|--|--|
| Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. | | | |
| Provides accurate and comprehensive feedback to the delegating health professional. | | | |

Local service:

The allied health assistant has been trained and assessed as competent to support residential care facility application using the following documents that support the model of service delivery. This includes local workplace instructions, tracking and audit tools and/or client resources

- _____
- _____
- _____

Comments:

Record of assessment of competence

| | | |
|----------------|--------------------|--------------------------|
| Assessor name: | Assessor position: | Competence achieved: / / |
|----------------|--------------------|--------------------------|

Scheduled review

| | | |
|-------------|---|---|
| Review date | / | / |
|-------------|---|---|

Support residential care facility application: Learning resource

Required reading

- Australian Government (2018). My aged cared. Steps to enter an aged care home. Available at: https://agedcare.health.gov.au/sites/default/files/documents/06_2018/steps_to_enter_an_aged_care_home.pdf
 - Forms in Australia include
 - Residential Aged Care Property details for Centrelink and DVA customers (SA485)
 - Residential Aged Care Calculation of your cost of care (SA457)
- Queensland Government (2018). Making decisions for others. Available at: <https://www.qld.gov.au/law/legal-mediation-and-justice-of-the-peace/power-of-attorney-and-making-decisions-for-others/making-decisions-for-others/>
- Victoria State Government (2012). Best Care for Older People Everywhere – the toolkit.
 - Person-centred practice.
 - CommunicationAvailable at: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Best%20care%20for%20older%20people%20everywhere%20-%20The%20toolkit%202012>

Example client education tool

- DPS Publishing Pty Ltd. Aged care guide. Available at: <https://www.agedcareguide.com.au/nursing-homes>
- Brochures or flyers for
 - local residential aged care facilities
 - aged care and retirement financial advisers.

Documentation requirements

Although each RACF will have its own application form the information supplied will be similar and always include an assessment from the Aged Care Assessment Team (ACAT). There are no standard costs for aged care services, with most clients applying for financial assistance from the government by supplying information about their income and assets e.g. SA485, SA457.

Table 1 assists in identifying the type of information required and where a client may be supported to access it if they are having problems.

Table 1 Useful tools and resources to support Residential Aged Care Facility application completion

| Information required | Type | Location |
|-----------------------|---|--|
| Personal details | Name/ date of birth/ current address | Medical record |
| | Medicare number/ Pension card number/ Department of Veteran Affairs card/ Health care concession card | Medical record, patient information system e.g. HBCIS |
| | ATTORNEY/ guardianship | Follow local procedures and processes for identifying and locating an enacted EPOA/guardianship |
| Clinical care needs | Medical details including specialised requirements e.g. dementia, bariatric, palliative, specialised equipment | Medical diagnosis and care requirements are located in the medical record. The local service will determine which clinician completes this section of the application e.g. team leader, Nurse Unit Manager, Integrated Care Nurse Navigator, geriatric CNC, etc. |
| | Personal preference e.g. own room, proximity or access requirements for family, pets on premises, religious or cultural requirements | If the client is unable to communicate the family member and/or attorney will complete this section |
| Financial information | Assessed and deemed income and assets. Required as part of the combined assets and income assessment form. Information available at: https://www.humanservices.gov.au/individuals/forms/sa457 | Generally available from the clients' accountant or financial advisor. Information can be sourced from statements from the bank, credit union, building society, superannuation fund, property rate notices or previous tax returns Encourage the applicant to seek financial advice from their accountant or advisor. If someone is fully concessional i.e. on a full pension with no assets they will be a fully supported resident i.e. 85% of their pension will cover the daily fee. Information is available at: Aged Care Industry Fees https://agedcare.health.gov.au/aged-care-funding/aged-care-fees-and-charges |