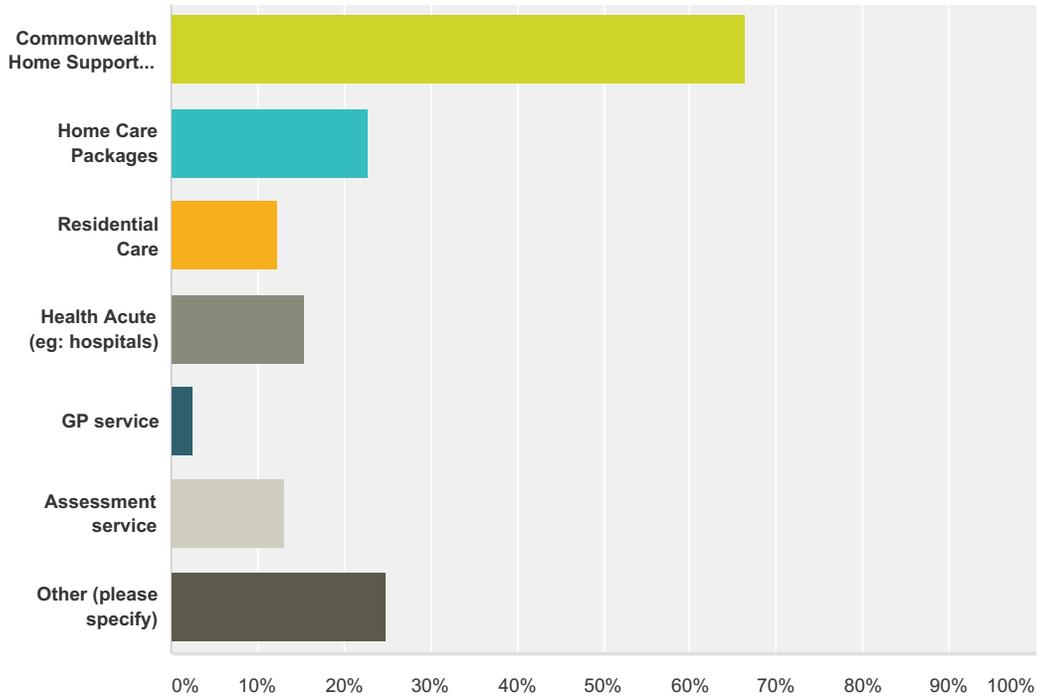## Q1 Which of the following services does your organisation provide? please select all which apply

Answered: 387   Skipped: 5

Answer Choices	Responses	
Commonwealth Home Support Programme (CHSP) services	**66.41%**	257
Home Care Packages	**22.74%**	88
Residential Care	**12.40%**	48
Health Acute (eg: hospitals)	**15.50%**	60
GP service	**2.58%**	10
Assessment service	**13.18%**	51
Other (please specify)	**24.81%**	96
Total Respondents: 387		

#	Other (please specify)	Date
1	Information	5/30/2016 2:06 PM
2	Independent Living Services for retirement living	5/27/2016 3:17 PM
3	information and referrals	5/27/2016 2:56 PM
4	Non-funded services	5/27/2016 12:40 PM
5	programs for seniors from the age of 50 years (outside My Aged Care scope)	5/27/2016 12:28 PM
6	DVA TAC INSURANCE COMPANIES PRIVATE BROKERED	5/26/2016 4:03 PM

| 7	TCP	5/26/2016 2:52 PM
8	TCP services	5/24/2016 2:43 PM
9	TCP	5/24/2016 2:20 PM
10	Homeless program	5/24/2016 1:24 PM
11	DVA DSA / IF Private Brokered	5/20/2016 2:34 PM
12	DCSI	5/19/2016 11:22 AM
13	Home Support Services to Department of Veteran Affairs Home Support Services brokerage contracts with Disability SA, Carer SA, Workcover and Multiple Birth Assoc. Transitional Care Packages Nursing and Allied Health Services	5/19/2016 9:57 AM
14	Transition Care Packages	5/18/2016 9:38 AM
15	Short term and emergency respite and ACHA	5/17/2016 11:49 AM
16	carer respite services	5/17/2016 11:06 AM
17	Allied Health services	5/17/2016 10:49 AM
18	peer education about HCPackages	5/17/2016 10:44 AM
19	Country SA PHN	5/16/2016 5:02 PM
20	Carer Support	5/16/2016 4:07 PM
21	Transition Care Program	5/16/2016 2:27 PM
22	prefer not to disclose	5/16/2016 1:06 PM
23	Commonwealth Respite and Carelink Centre	5/16/2016 12:58 PM
24	Local Government	5/16/2016 12:50 PM
25	Transition Care	5/16/2016 12:13 PM
26	Independent Living and serviced apartments in a retirement village	5/16/2016 11:23 AM
27	Comprehensive multidisciplinary assessment and short term case coordination	5/16/2016 10:04 AM
28	PICAC programme	5/13/2016 2:27 PM
29	state government funded outpatient clinic	5/13/2016 11:37 AM
30	HACC	5/13/2016 11:00 AM
31	Retirement Living	5/12/2016 8:48 PM
32	Community Service	5/12/2016 5:52 PM
33	Transition health	5/12/2016 3:18 PM
34	Outpatient follow up	5/12/2016 1:21 PM
35	Younger Onset Dementia Key Worker Program (Alzheimer's Australia)	5/12/2016 1:12 PM
36	Community Older Persons Mental Health Service	5/12/2016 12:47 PM
37	HACC	5/12/2016 12:38 PM
38	Community Geriatric Comprehensive Assessment and Short Term Intervention	5/12/2016 12:22 PM
39	Community Visitors Scheme	5/12/2016 12:11 PM
40	Community Visitors Scheme and State HACC under 65 years	5/12/2016 12:11 PM
41	Allied Health	5/12/2016 12:06 PM
42	Carer support	5/12/2016 12:04 PM
43	Nursing, Disability, Private	5/12/2016 11:51 AM
44	Cae management, short term - Community Geriatric Evaluation and management team	5/12/2016 9:57 AM
45	Sector support and development	5/12/2016 9:48 AM
46	Transition Care Program	5/11/2016 6:16 PM

47	Housing Emergency Funding CVS	5/11/2016 5:30 PM
48	Mental Health	5/11/2016 1:00 PM
49	Rehabilitation - inpatient and out patient	5/11/2016 11:18 AM
50	Palliative care	5/10/2016 4:35 PM
51	Nursing Service	5/10/2016 4:27 PM
52	Hospital - Rehabilitation	5/10/2016 10:42 AM
53	Rehabilitation in the home	5/10/2016 10:42 AM
54	Dementia Linkwork	5/10/2016 10:14 AM
55	Community Geriatirican	5/10/2016 9:01 AM
56	Carer Support	5/9/2016 11:11 AM
57	VITA transition care	5/9/2016 9:59 AM
58	Transition Care Program	5/9/2016 9:58 AM
59	GEM unit	5/6/2016 3:42 PM
60	referral to therapy centres and for equipment through previously known dom care	5/6/2016 3:07 PM
61	all patients receive full medical nursing and AH assessment prior to referral to MAC - there is no need for further assessment!	5/6/2016 3:05 PM
62	Sub Acute Rehabilitation	5/6/2016 2:12 PM
63	Public Hospital	5/6/2016 1:39 PM
64	Country SA Primary Health Network	5/6/2016 1:12 PM
65	Carer Support	5/6/2016 12:48 PM
66	Programs to support early hospital discharge or hospital avoidance	5/6/2016 10:36 AM
67	information	5/6/2016 10:22 AM
68	Day Therapy	5/6/2016 9:49 AM
69	allied health	5/6/2016 8:57 AM
70	Transition Care	5/5/2016 7:18 PM
71	community nurse	5/5/2016 6:33 PM
72	My Aged Care Regional Assessment Service	5/5/2016 4:47 PM
73	CHSP Flexible respite and CHSP Cottage Respite	5/4/2016 3:32 PM
74	carer support	5/4/2016 2:43 PM
75	Transition Care	5/3/2016 4:32 PM
76	Carer Support	5/3/2016 11:45 AM
77	Carer support programmes	5/2/2016 10:13 AM
78	Carer Support Respite care	5/2/2016 10:08 AM
79	Social support Carer Support - advocacy and information	4/29/2016 12:55 PM
80	In home respite	4/29/2016 9:05 AM
81	carer support	4/28/2016 5:05 PM
82	Information, Referral and Advocacy	4/28/2016 2:28 PM
83	CPN and Brokered Transport	4/26/2016 3:01 PM
84	Carer Support	4/26/2016 1:06 PM
85	Transition Care Program	4/26/2016 11:13 AM
86	Community Health and Outreach Services	4/21/2016 2:52 PM

87	Private Services Under 65 VHC	4/21/2016 1:31 PM
88	Transport	4/21/2016 11:05 AM
89	Private (retail) services	4/21/2016 9:40 AM
90	community nursing	4/21/2016 9:00 AM
91	Volunteer Transport	4/20/2016 4:04 PM
92	Home Care Program	4/20/2016 11:49 AM
93	TCP	4/20/2016 10:23 AM
94	community health physio	4/19/2016 5:46 PM
95	community services	4/19/2016 5:16 PM
96	Mental Health Services	4/19/2016 12:53 PM

Q2 What is working well with My Aged Care in relation to INFORMATION? please select those that apply to you and add any additional comments

Answered: 266   Skipped: 126
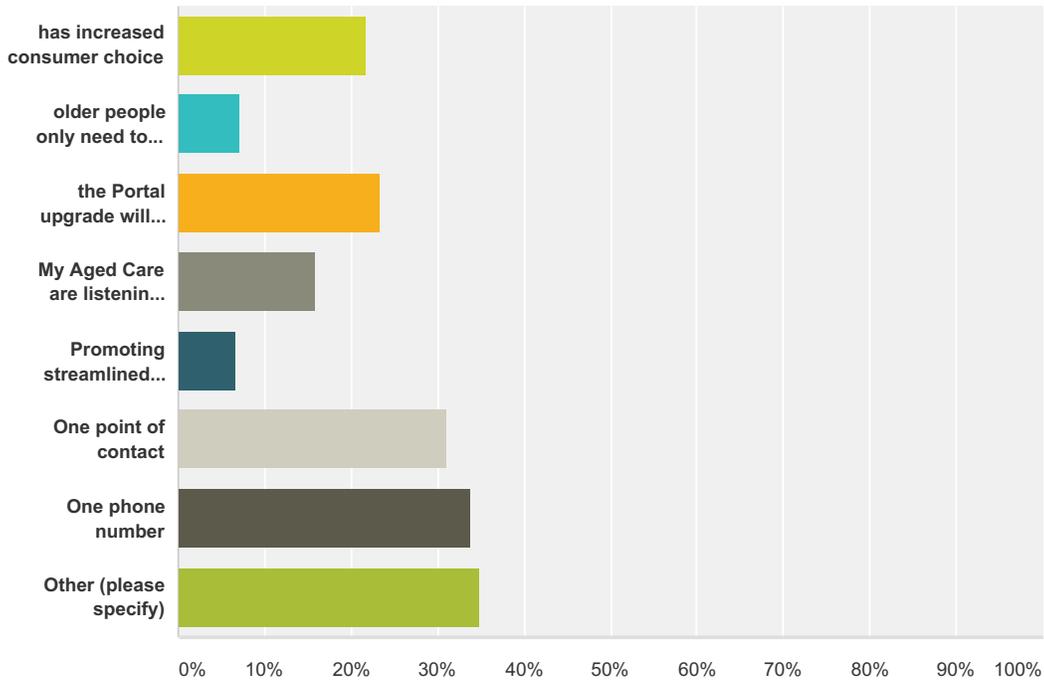
Answer Choices	Responses	
has increased consumer choice	**21.80%**	58
older people only need to share their story once	**7.14%**	19
the Portal upgrade will increase the amount of information available to service providers	**23.31%**	62
My Aged Care are listening to our feedback	**15.79%**	42
Promoting streamlined services	**6.77%**	18
One point of contact	**31.20%**	83
One phone number	**33.83%**	90
Other (please specify)	**34.96%**	93
Total Respondents: 266		

#	Other (please specify)	Date
1	I am the South Australian Representative for the Community Visitors Scheme a federally funded project by the Department of Health. We have 28 auspices in South Australia and there are representatives in each State. The funding allows for a free socialisation visit by a volunteer to vist people who are living in their own homes and are receiving a commonwealth home care package . I have had one referral and that was an in house referral. I have contacted My Aged Care and have gone out and spoken to package providers. This is very frustrating.	5/27/2016 3:08 PM

2	Information is poorer since the introduction of MAC, without the ability to contact directly the original point of referral. Information is often missing or incorrect.	5/27/2016 12:15 PM
3	its not working well.	5/27/2016 12:10 PM
4	none of the above	5/26/2016 5:43 PM
5	More clarity about service providers options now visible and updating this has become simpler.	5/24/2016 2:50 PM
6	Finding it hard with information sharing around MAC, RAS, ACHA program and client. Client often has to tell "story more than once"	5/24/2016 1:26 PM
7	Nothing that I have noticed, old system worked OK	5/19/2016 6:00 PM
8	The potential for the above is slowly coming together but would not say working well	5/19/2016 5:07 PM
9	Overall improvement of contact centre	5/19/2016 3:21 PM
10	MAC contact people often do not seem to be very aware of the range of services available to older people in specific locations.	5/19/2016 12:16 PM
11	In regards to information available to service providers this is not necessarily consistent with all clients. It would be useful if all service providers would use the portal to list the services they are providing to the individual clients eg: client is now registered for therapy services with ACH or registered for Social Support with Bene.	5/19/2016 12:07 PM
12	From our experience, the information received from MAC screening is limited and at times is contradicting. What is frustrating is it is very difficult to locate a summary of the information required to determine if the client is eligible for CHSP based on the necessary minimum data sets required for funding and reporting. Why is there not an easy summary page that identifies these necessary eligibility criteria? Many times we have received MAC referrals that do not state pension type, living alone, housing type and disability type. On some occasions we have also received referrals that have the 'not eligible for CHSP services' box ticked but a request has been made to assist with home modifications or gutter clean. How can this be? Does this mean the assessors are getting confused with higher level packages? The one phone number is helpful in linking people to aged care services, particular new comers.	5/19/2016 11:33 AM
13	The quality of the service depends on who answers the phone. Issue still remain with incorrect information, lack of information and difficultly in getting appropiate responses.	5/19/2016 11:15 AM
14	At the moment I would find it difficult to provide any positive feedback about My Aged Care in relation to information. I find it difficult to support each point above. Clients and family are struggling with this system. If they only need a single service and it is not required straight away and they have a strong advocate then it works well!!! That would account for about 10% of the referrals. Often these people need a comprehensive and timely assessment which they feel they are not getting.	5/19/2016 10:30 AM
15	It has stopped me referring to aged care services. I miss being able to ring a local service provider	5/18/2016 8:38 PM
16	None of the above	5/18/2016 10:22 AM
17	I do not agree with the above	5/16/2016 6:01 PM
18	This is the focus on the portal - to streamline client information, promote wellness and reablement with review of service provision with choice of service provider. More advertising and information required for all stakeholders in regards to MAC - how to access, what services are available from CHSP, eligibility of services and length of time.	5/16/2016 4:33 PM
19	I have to say all of these apply. From my perspective, I think that the fact clients are getting an unbiased assessment of their needs with no consideration to the quotas of the Service Provider means a better tailored service to the client and likely that the client will have all their needs met appropriately.	5/16/2016 2:50 PM
20	other options are not related to information. Isn't one point of contact and one phone number basically the same thing?	5/16/2016 1:12 PM
21	I feel that all of the options above are happening sometimes, but there is so much inconsistency in the system at the moment. The NCC are doing different things depending on the staff member you talk to, the RAS assessors are delivering differing results with clients and differing information to the SP's and the SP's are still dictating the services they provide and how they provide them based on what they have always done. Then the portal is very unstable and does not allow for transfer of information in a lot of cases. Overall, I think there is great effort to fix all of these issues, but the communication coming back from the department still doesn't instill confidence that things will change.	5/16/2016 12:40 PM
22	People telling story on MAC phone assessment, telling it again to RAS assessor and potentially again to ACAT assessor and then telling it to service provider. Many older people can not hear well for phone assessment. They may decline appointment when RAS assessor calls because they can not hear, don't understand the process or don't remember what the call is about.	5/16/2016 11:29 AM
23	All the other points need significant improvement because information sharing is minimal through the MAC portal. Promoting services are not really existing and without being too cynical the rest needs significant improvement.	5/16/2016 10:56 AM

| 24	Most seniors in ethnic groups prefer hard copies of material rather than using computer to obtain information.	5/13/2016 1:16 PM
25	Doesn't work	5/13/2016 11:20 AM
26	nothing	5/13/2016 10:07 AM
27	None working well compared to pre-my aged care. Bureaucratic and too focused on privacy of information to the point none is passed along from assessments and reports. Patient and clients have reported that most information gathered were very unnecessary. Supposed 20 minute phone call for information gathering becomes more than twice as long, consistently for many clients.	5/12/2016 9:02 PM
28	My Aged Care are listening to our feedback but consumers need to share their story more than once - at first point of contact, over phone screening assessment then consumer is being asked similar questions at RAS assessment. Sometimes this information isn't passed onto the service providers leading frustration for the consumer and also the service provider.	5/12/2016 5:41 PM
29	MAC is trying to improve but it seems to be continuously a few steps behind what it needs to be.	5/12/2016 5:40 PM
30	nothing	5/12/2016 5:13 PM
31	Families can find information that might be of use	5/12/2016 3:51 PM
32	Its a good idea if everyone is on the same page. more streamlined transfer information required as not all information is filled out and tends to contradict either or and information from medical notes or other pages in document.	5/12/2016 3:23 PM
33	Feedback from clients I have referred has been negative. Clients tell me that they don't get anywhere when they call or are waiting for assessments for an excessive time.	5/12/2016 2:17 PM
34	I have found the changes very frustrating- inability to follow up info about referrals when I haven't made the referral, doubling up of assessment (RAS assessors/OTs beings sent out when clients have already been assessed, the lengthy time btw making a referral and the referral being processed.	5/12/2016 1:25 PM
35	Being able to research options through the 'find a service' tab is useful from a service provider perspective. However, this does not always translate to direct consumer choice if the consumer doesn't know to do this first to then request their choice at the next stage of making the referral.	5/12/2016 1:01 PM
36	None of the above is working, we still do not get enough information and still have to go and see the client to get the right info, we can get no information from the contact centre at all and get different responses to the same question. Clients are still contacting service providers they have not heard of MAC and don't know why they have to contact them first, they sometimes wait months before they get a call.	5/12/2016 12:19 PM
37	Feedback from consumers is dreadful, they are confused and frustrated.	5/12/2016 10:49 AM
38	All of the tick boxes are assuming that it is working as planned ... I cannot honestly tick any of them	5/12/2016 9:50 AM
39	My Aged Care website has good clear information for consumers who are comfortable with using technology	5/11/2016 6:36 PM
40	All the above are NOT working well. Consumers need to share their story more than once - at initial phone assessment, then with RAS assessor and then with service provider as these details are NOT submitted with the referral. Referrals are being sent to service provider	5/11/2016 5:37 PM
41	Nil	5/11/2016 2:05 PM
42	I don't feel that very much is working well at all. This system has made things more confusing for consumers. Having one point of contact and one phone number means that there are lengthy waiting times for the phone to be answered. The streamlining of services has not occurred. We feel that MAC has been detrimental to community care in SA.	5/11/2016 11:21 AM
43	Nothing is working well with this new system. It has complicated the process tenfold for consumers and health car workers. There has been an increase in duplication of assessments so people are telling 'their story' to multiple people, or they are getting so confused that they are refusing services because they are sick of having multiple phone calls i.e. from My Aged Care, then a RAS, then multiple services as the referral has not been directed to the correct location. The website portal is not user friendly at all- hard to navigate and is not up to date with the correct info i.e. it says that all agencies have availability for home care packages when we know this is not accurate. Services have not been streamlined at all- they have been made more complicated then ever before and this new system is a farce.	5/11/2016 10:47 AM
44	There is still a great deal of inconsistency and waste of resources due to information either not being read or not seen by RAS/MAC - e.g. despite indicating lack of availability of services due to capacity being reached, referrals are still received. Referrals then rejected with comment 'lack of capacity', only to receive referral a second and sometimes a third time.	5/11/2016 7:28 AM

45	Nothing is working well with this new system. It has complicated the process ten fold for consumers and health car workers. There has been an increase in duplication of assessments so people are telling 'their story' to multiple people, or they are getting so confused that they are refusing services because they are sick of having mutiple phone calls i.e. from My Aged Care, then a RAS, then multiple servcies as the referral has not been directed to the correct location. The website portal is not user friendly at all- hard to navigate and is not up to date with the correct info i.e. it says that all agencies have availabiltiy for home care packages when we know this is not accurate. Services have not been streamlined at all- they have been made more complicated then ever before and this new system is a farce.	5/10/2016 5:07 PM
46	We haven't noticed any change as we are funded to assist our Mental health clients	5/10/2016 4:49 PM
47	I have not seen any evidence of improvements in referral processes, only duplication and increased waiting times for patients	5/10/2016 10:47 AM
48	I have not seen any evidence of improvement from previous services	5/10/2016 10:45 AM
49	Consumers still seem to be confused with the process. They receive many phone calls from different providers as referrals are sent to many different organisations	5/9/2016 11:15 AM
50	Consumer can find information in one place	5/9/2016 10:33 AM
51	Not able to identify any positives to date	5/9/2016 10:00 AM
52	One point of contact and one phone number should be a positive but unfortunately the disadvantages far outweigh the advantages. Clinicians in the community know the informationin in far greater detail and able to best identify the services needed but are unable to refer directly to the provider. Even if being prescriptive re who MAC should refer to, the referrals are not acted on promptly and hospital discharge planning has been made even more difficult.	5/6/2016 4:42 PM
53	Clients have informed me that they receive different information everytime they ring in re to the same issue. Clients are left confused.	5/6/2016 4:40 PM
54	Nil significant positive comments to make. There have been examples where: - a patient or their family member has recieved mulitple calls form MAC asking the same questions - multiple service providers have contacted the patient or family to perform the same assessments - eg Occupational Therapy home assesments. This has increased confusion for elderly patients who often re-contact the hospital asking for help, which we are unable to provide as we do not recieve confirmation when a referral has been processed or who the service goes to. Since the implementation of MAC I do not feel as though feedback is being taken on board to allow change/improvments to be implemented.	5/6/2016 3:33 PM
55	None of the above. All of the above are not working	5/6/2016 3:12 PM
56	older people are contacted by numerous people all asking the same questions information provided by skilled clinicians no handed on to service providers cannot easily access information about state of referral	5/6/2016 3:09 PM
57	online referral system is very convenient.	5/6/2016 3:06 PM
58	Unfortunately nothing is working well, Detailed information is been placed on the referral and at times, attachments are not being open and therefore information is not been read. The patient has had their assessments in hospital, to then only receive another assessment over the phone by MAC, then in the home by RAS before receiving the long term assistance that they require. There appears to be more duplication of information required from the patient despite the hospital therapist including this information on the referral.	5/6/2016 2:31 PM
59	none of these is working well	5/6/2016 12:16 PM
60	still confusion re service eligibility and on referrals	5/5/2016 5:54 PM
61	Create more confusion to clients and their families.	5/5/2016 5:48 PM
62	Too variable - some feedback is positive but a lot of reports of poor information or wrong information being provided.	5/5/2016 5:46 PM
63	None of the above	5/5/2016 5:43 PM
64	Nothing	5/5/2016 11:09 AM
65	The feedback I am receiving from Clients and their families is that it is confusing Client has no idea who it is that has visited them Still have multiple visits from service providers or assessors Information on the Portal is Limited lots of areas NOT filled out	5/4/2016 4:20 PM
66	Nil - information not added or recorded, miss information often not included, incorrect or available	5/4/2016 1:45 PM
67	Families still call regarly to clarify things. Not many see people can access my aged care due to computer literacy etc. Can see no benefit at this eay stage with the catchment area local to us	5/4/2016 12:50 PM
68	I don't consider any of these targets are being met. Aged people are more confused than ever and so am I. We do not receive the appropriate or enough information about people. It has definitely not streamlined services and people do not share their information once. It has made more work for providers and more confusion for the client.	5/3/2016 9:39 AM

69	Older people who are not computer literate find the portal extremely overwhelming. They find it challenging to log onto the portal at all. calling the 1800 number is the best option for most but that too is often confronting as the cared for person has to identify themselves to the phone operator and if the cared for has dementia this can be overwhelming.	4/29/2016 11:31 AM
70	its very difficult to navigate the website as a provider and as a consumer says feedback	4/28/2016 4:51 PM
71	feedback from small community: .... Don't like it at all. Prefer to deal/communicate with local provider. Referral's taking too long.	4/27/2016 9:47 AM
72	Nothing the system is only complicating service provision and is confusing for clients. Clients would be much better off with old referrals system.	4/21/2016 6:28 PM
73	I am very disappointed that Point 2 does not occur. The client does not have to tell their story one - re ACAT/RAS. Very pleased that the MAC system has improved - the screening process has been improved significantly - and the communication that we have with RAS has improved the quality of information for both us and the client.	4/21/2016 9:47 AM
74	Confusing people - older people only need to share their story once - this is not so We still have to ask the same questions to do our assessment and care plan, then they have to answer more of the same questions when the assessor comes, then if they get personal care services, the same questions are asked again and on it goes	4/21/2016 9:45 AM
75	Nothing. Either phone numbers or street addresses are always missing.	4/21/2016 9:06 AM
76	Honestly cant think of anything - its a disaster	4/20/2016 2:54 PM
77	NOTHING its terrible	4/20/2016 12:42 PM
78	I am having to do referrals for ACAT assessment and new services because not many clients have been willing for do them for themselves which has increased my work load.	4/20/2016 11:53 AM
79	People in rural areas find difficult to talk to strangers who do not know their history when previous able to speak to local services. Now doing both so not one point of contact.	4/20/2016 10:33 AM
80	None of the above	4/20/2016 10:27 AM
81	of the ticked boxes above some components are working better/well. But I wouldn't say that all ticked dot points are working 100% well	4/20/2016 9:48 AM
82	Nothing is working well	4/20/2016 9:46 AM
83	Clients are still re[eating their stories more than once, but choice has increased.	4/20/2016 9:43 AM
84	The feedback from clients is that the current system is confusing and difficult to navigate. From my experience, MAC are giving incorrect information about when clients need a reassessment for ACAT and about what they need to do. There are large delays in ACAT getting referrals. The only good thing is that ACAT can now directly refer off MAC.	4/20/2016 9:16 AM
85	Older people are now having to be assessed 3 times	4/19/2016 5:50 PM
86	I see no improvement at all. It is taking longer referrals do not come through in timely manner and have very little information on them.	4/19/2016 5:28 PM
87	Feedback from our carers is not positive	4/19/2016 5:07 PM
88	None of the above sorry Consumers are confused older people share their story 3 or more times portal does not share information between service provider MAC do not fix errors when feedback is provided nothing is streamlined communication between providers is poor there are point points of contact MAC and RAS One number that take 45 min to 1.5 hours of your life	4/19/2016 4:56 PM
89	I don't think any of the above are working well. Clients are confused and don't know who is who when MAC, service providers, assessors, OT's etc. contract them. Definitely not streamlined.	4/19/2016 4:31 PM
90	all of the above are the intention however there are significant issues still being experienced with MAC that are not allowing this to happen. I am finding the RAS difficult to access, slow to respond to requests to assess and then not necessarily receiving referrals that we would normally have received. we have noticed a significant increase in home help and a significant decrease in personal care, respite, social support referrals.	4/19/2016 3:09 PM
91	However, most of our elderly clients get terribly confused, particularly if they get a call from 'Queensland', then from the RAS Coordinator and often get referred to ACAT which will also ring. Most of them do not have internet access and rely on family or other to assist.	4/19/2016 1:22 PM
92	Unless clients are computer savvy, it is not working well.	4/19/2016 1:22 PM
93	I do not think the system works well	4/19/2016 12:58 PM

My Aged Care Feedback

Q3 What is working well with My Aged Care in relation to REFERRAL PROCESS? please select those which apply to you and add any additional comments

Answered: 257   Skipped: 135
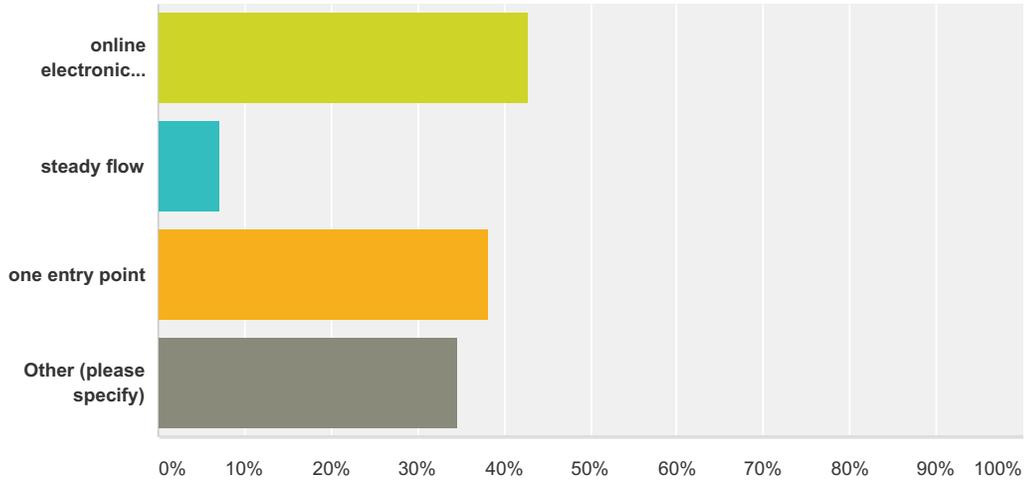
Answer Choices	Responses	
online electronic referrals are good - quick and easy to use	**42.80%**	110
steady flow	**7.00%**	18
one entry point	**38.13%**	98
Other (please specify)	**34.63%**	89
Total Respondents: 257		

#	Other (please specify)	Date
1	Unsure	5/30/2016 2:08 PM
2	The referrals are not coming through and this is proving very difficult and of great concern to some of the Auspices.	5/27/2016 3:08 PM
3	Has not assisted the referral process. Is an extra step that clients find confusing and unnecessary	5/27/2016 12:15 PM
4	however lack of information and inaccurate information is a major concern	5/26/2016 5:43 PM
5	Lack of information around MAC referrals received.	5/24/2016 1:26 PM
6	nothing. In theory it is good. in practise it is terrible.	5/23/2016 11:57 AM
7	Needs a lot of fine tuning, it does not work well	5/20/2016 10:33 AM
8	Not much	5/19/2016 6:00 PM
9	More information being displayed before accepting referra	5/19/2016 3:21 PM
10	Referrals are cumbersome, difficult to navigate through and there seems to be considerable lag in updating screens.	5/19/2016 12:16 PM
11	Having one number to call is helpful in referring individuals who are wanting ongoing services. Feedback we have received from customers is that they find the waiting time frustrating in particular when they are only wanting to request one service.	5/19/2016 11:33 AM
12	Issues with lack of understnading about referrals for packages and CHSP service	5/19/2016 11:15 AM

13	There is nothing that is working well with the referral process. It is time consuming for both clients and health professionals. Referrals are often lost in the system and repeated referrals need to be submitted which results in the assessment not being conducted in a timely manner. Information that is put on the referrals is often ignored and we then have to make contact again to try and rectify the situation. Confusion and stress is often associated with referrals from clients and family and dealing with the contacts at My Aged Care.	5/19/2016 10:30 AM
14	Not working	5/18/2016 8:38 PM
15	Not working well, delays in pts being picked up by other service providers due to increased admin of this new 'middle man' and less direct contact between hospital and provider	5/16/2016 6:01 PM
16	Referral process gives the client a better choose of service providers. Service Providers should keep information on the portal more up to date in relation to capacity and service type.	5/16/2016 4:33 PM
17	I don't feel this process is working well at all	5/16/2016 1:12 PM
18	Online referrals do not receive a quick response often requiring phone followup.	5/16/2016 10:55 AM
19	the program I manage is receiving very few referrals and I am continuing to source new clients as I have previously done.	5/13/2016 4:59 PM
20	Referral process patchy ... ...sometimes streamlined but other times confusing: too many options usually support from someone with IT skills; excellent English communication skills and persistence is needed Follow up needs to done on satisfaction with the journey of the referral process AND the end result	5/13/2016 2:57 PM
21	- If referral process is by phone, the waiting time is too long (over 45 minutes). - After referral process is completed, senior or service providers does not receive any message from My Aged Care.	5/13/2016 1:16 PM
22	Referral process is long and drawn out and often doesn't actually address the actual need	5/13/2016 11:20 AM
23	ABSOLUTELY nothing	5/13/2016 10:07 AM
24	None compared to pre-my aged care. Referrals that come in do not provide much information. No specific reasons for referral given, ie GP reports, assessment requests, discharge letters etc. Resulting in many repeating questions from us to clients and unnecessary contacts with known referring parties. Referrals have declined considerably as many clients do not want to deal with My aged care + home assessment + referrals that they do not understand or want.	5/12/2016 9:02 PM
25	Online referrals are good, concerns around how these are prioritized and passed on to providers or for ACAT assessment	5/12/2016 5:54 PM
26	Online referrals are quick and easy to use BUT not all the information on the referral is read correctly resulting with inappropriate referrals being sent to service providers.	5/12/2016 5:41 PM
27	Online referrals are easy to use but not always read correctly, we have had repeatedly referrals sent back to us when we stated we are at capacity and to find another service provider.	5/12/2016 5:40 PM
28	nothing	5/12/2016 5:13 PM
29	we have not received any referrals. Nothing is working	5/12/2016 3:51 PM
30	Nothing working well	5/12/2016 2:26 PM
31	Not enough information on the referral forms	5/12/2016 1:05 PM
32	Being able to make an online referral is very time efficiant from a service provider perspective, however the ability to track this referral and gain feedback/outcome notification is seriously lacking and resulting in significant delays in referrals being actioned as intended, unnecessary RAS assessments or re-assessment (ie: RAS recommending an OT home Ax - when the OT is the initial referrer for equipment etc based on their own home Ax is a waste of time and resourcing). It is very difficult to find out what has happened to a referral after it has been sent as the consumer has to give consent to My Aged Care directly before they will discuss this with the referrer. This is not always possible given consumer's varying degrees of cognition, understanding/comprehension of the My Aged Care service strucutre and processes. As a community service, we are then required to be at the consuer's home to do this again requiring additional time resourcing to make a phone call. We have had feedback from RAS and ACAT teams that information that is attached to the initial referral (ie: Geriatirican reports, OT reports etc) are not being passed onto them as the initial frontline assessment teams. Therefore, assessments are at times based on inaccurate or missing information and things are being missed or doubled up on. This is very problematic for complex consumers who are very well known to specific services who are coordinating care and causes undue stress and anxiety to consumers and families.	5/12/2016 1:01 PM
33	This works ok when it is working .. if information was written in simple format that all can understand (no acronyms) .. if the information was not doubled up .. Also if you could default the view that you wanted would be good .. seems tochange back to the previous view every time you accept a client	5/12/2016 9:50 AM
34	Nil	5/11/2016 2:05 PM

| 35	The referral cannot be saved. I spent time completing it and when I went to submit got a message saying 'we have a problem, try again later'. I don't have time to repeat entering referral info but the referral cannot be saved to re-submit.	5/11/2016 1:04 PM
36	However, the information that is sent through on the electronic referrals is not sent through to the care providers. MAC's processes appear to require an overhaul.	5/11/2016 11:21 AM
37	Online referral lacks detail. Also difficult to locate on website- I need to type 'referral' in search box in order to locate the form. There is no feedback loop to confirm that referral has been received so referrer is left in the dark as to what is happening and cannot relay this information to concerned consumers and family meembers. This delays discharge plans and puts vulnerable patients at risk. Referrers are also not allowed to follow up progress of referrals that have been made due to confidentiality despite the fact that they have made this referral with permisison from patient/family.	5/11/2016 10:47 AM
38	Very inconsistent regarding priorities that are assigned - there doesn't seem to be a consistent approach - some referrals for non-urgent tasks such as minor gardening receive high priority status and others such as installation of a smoke alarm batter receive a low priority status. There needs to be an improvement to managing rejected referrals to avoid a provider receiving the same referral multiple times despite rejecting it the first time.	5/11/2016 7:28 AM
39	The referral process is not working at all.	5/10/2016 5:07 PM
40	we are faxing the referrals on behalf of our clients (when the referral only needs to be rebounded back to us) and i am still waiting 2 months later for this to happen	5/10/2016 4:49 PM
41	Referral processes are more difficult since the implementation of my aged care, and we still need to write referrals to the provider (eg Day Therapy Centre) to ensure appropriate information is passed on to the therapist.	5/10/2016 10:47 AM
42	I have not found the referral process any better than previous systems. We are often left unsure if a referral has been received or sent to the requested location.	5/10/2016 10:45 AM
43	In theory one entry point but in reality referral information needs to be sent twice as service provider is not getting information from MAC.	5/9/2016 4:22 PM
44	Not always easy to use, sometimes can be difficult to find correct telephone number	5/9/2016 11:15 AM
45	Referrals are going through online quickly now, however the length of time for the actual referral to be followed up on is longer.	5/9/2016 11:14 AM
46	Long waiting periods poor outcome	5/9/2016 10:00 AM
47	Referral process is atrocious - referrals are left and not acted upon. To try and ensure services commence in a timely manner requires multiple phone calls to MAC. Have also found when followed up a referral that the person spoken to on the phone has not even opened up the hospital attachment and claim it has not been actioned because they dont have the relevant information.	5/6/2016 4:42 PM
48	All feedback from clients has been negative. Many clients/carers who ring My Aged Care are on the phone for a long period of time and have had to ring on several occasions. They do not like that they speak to people interstate who have no idea about services in Adelaide.	5/6/2016 4:40 PM
49	IT is not effective for therapists who are recommending equipment and home modifications. Often the specifications have not been forwarded to the requested agency with frequent duplication of referrals.	5/6/2016 3:47 PM
50	There is discrepency between the level of detail we can provide on the actual referral form versus the online form. Despite clearly filling out the referral form and attaching this to the online form, I often find the services I request after conducting clinical assessments is not taken into acount and MAC are repeating the assessment process.	5/6/2016 3:33 PM
51	The idea of MAC is good but the system has not shown, to date, any improve in referrals or outcomes	5/6/2016 3:12 PM
52	electronic forms are over complicated	5/6/2016 3:09 PM
53	Unfortunately nothing is working well from a discharge planning perspective. It has made hospital discharges very unsafe. There are have been several incidences that have been escalated as patients have been discharged home and it has been over 2 weeks until the referral has been actioned. It has only been actioned at this time due to the hospital following up after concerns raised by GP's or family members. Despite sending the hospital referral and online referral, marking it with 'urgent and required for safe discharge' - this is not prioritising those referrals.	5/6/2016 2:31 PM
54	none of these are working well	5/6/2016 12:16 PM
55	I agree that online referrals are good, however I feel that service providers should not have to input their details each time...having an assigned number so the service providers details are auto filled would make the process more efficient.	5/6/2016 11:25 AM
56	There is still a considerable lag time in response to referrals sent to My Aged Care.	5/5/2016 5:54 PM

57	Not getting enough information through the referral as the intake worker does not have enough clinical understanding and skills.	5/5/2016 5:48 PM
58	Not working well at all. Referrals to wrong agencies or multiple agencies causing clients to be contacted multiple times or referrals simply not being made as agreed.	5/5/2016 5:46 PM
59	None of the above is working well	5/5/2016 5:43 PM
60	Fax referrals to MAC so can keep copy	5/5/2016 3:03 PM
61	Nothing referrals are often lost, not up loaded or readily visabile (web based form).	5/5/2016 11:09 AM
62	However there is no feedback as to if the client has been seen or contacted sometimes this take a couple of weeks and the client is not sure if their referral has been processed	5/4/2016 4:20 PM
63	On line referrals are improving with the info provided-I wouldn't say its perfect as we often have to call the RAS Assessor to find the client's phone number or rin g the call centre if the RAS contact details are not recorded on the referral.	5/4/2016 3:36 PM
64	RAS holding up referrals due to reported wait or not referring or RAS reportimg miss information often not included, incorrect or available	5/4/2016 1:45 PM
65	Not using it yet.	5/4/2016 12:50 PM
66	It is easy to make a referral on line but the client doesn't understand why they have to do this instead of just walking in and having a chat. I do the referrals with permission of the client to save them less stress.	5/3/2016 9:39 AM
67	I feel the referral process is confusing - because clients have to ring for each different thing and sometimes not given their MAC number	4/29/2016 12:56 PM
68	The electronic referrals are good but are difficult to find on the website. It would be useful to have a tab somewhere on the home page to be able to find the referral form. At present the only way to locate this form is to search 'referral form' in the search bar.	4/29/2016 11:31 AM
69	what process, the process is too difficult to find let alone navigate online	4/28/2016 4:51 PM
70	In this rural area people are generally familiar with local agencies so generally prefer to 'self refer' and contact the preferred provider/service direct. My Aged Care is a useful system and will be of greater assistance to metropolitan residents who 1. have a usually large range of providers to choose from 2. maybe unaware of many of the choices.	4/28/2016 2:41 PM
71	Client feedback: ..... What used to be able to be arranged within a short period of time, is now taking from anywhere up to 3 weeks for an outcome.	4/27/2016 9:47 AM
72	Referrals do not seem to be accessed in a timely fashion and they are often sent to the wrong provider - towns etc. RAS is not working and only repeats what clinicians already know.	4/21/2016 6:28 PM
73	My main concern with all of the above is timing - the length of time that clients are having to wait for the process to complete in a referral to a provider is unacceptable. We - the Service Provider - work very hard to establish the support required asap, but the client is already cranky as they have had to wait so long to get to that stage. This unacceptable wait has resulted in many clients not receiving the support - particularly for short term reablement - the core aspect of the CHSP.	4/21/2016 9:47 AM
74	We as a provider do not get enough information to do our care plans	4/21/2016 9:45 AM
75	Nothing- it has taken 10-14 days in some circumstances for our community nursing service to receive referrals from our local hospital. We continue to receive faxed referrals, as we can receive them within minutes and can then initiated care as needed. We have been missing our priority timeframes as we are not receiving the referrals in the required time.	4/21/2016 9:06 AM
76	Constantly, consistently very late, takes a considerable amount of time.	4/20/2016 2:54 PM
77	nothing!!	4/20/2016 12:42 PM
78	I have been doing them for client because they do not want to ring or they don't have email and family are not keen on doing it for them.	4/20/2016 11:53 AM
79	Confusing for our staff as we have more than CHSP funding sources confusion over wether only CHSP goes through MAC or MPS clients also.	4/20/2016 10:33 AM
80	None of the above	4/20/2016 10:27 AM
81	Does NOT work well - many mistakes, referrals sent to wrong area, wrong details on referral, wrong spelling, wrong phone numbers, referral usually contains NO relevant information.	4/20/2016 9:46 AM
82	Please don't use on line referrals to ACAT as they do not see any of the information.	4/20/2016 9:16 AM

83	don't get to see information on the referral as a service provider so hard to prioritise	4/19/2016 5:50 PM
84	There is only meant to be one referral point but we are constantly needing to put in services before MAC in order to provide services which are often urgent or need to occur quickly to assist hospitals with discharge planning and support hospital bed management.	4/19/2016 5:42 PM
85	Nothing	4/19/2016 5:28 PM
86	electronic referrals does not share information with providers	4/19/2016 4:56 PM
87	It is quick to refer clients to MAC, but then there is no way to see what has happened to the referral, or whether MAC has contacted the client, and often the client does not know if they have been contacted or not due to the confusion.	4/19/2016 4:31 PM
88	Not capturing all information, clients confident with online referral	4/19/2016 1:22 PM
89	It is not particularly easy to clearly target services and once the referral is complete it 'disappears' with no capacity for non-portal service providers to monitor progress/ outcome of referral. I have had several incidences of referrals not progressing. The system is poor when consumers are not insightful or there are issues with cognitive loss. A good proportion of older people are not able to manage this level of "choice" and complexity.	4/19/2016 12:58 PM

Q4 What is working well with My Aged Care in relation to TIME? please select those which apply to you and add any additional comments

Answered: 221   Skipped: 171
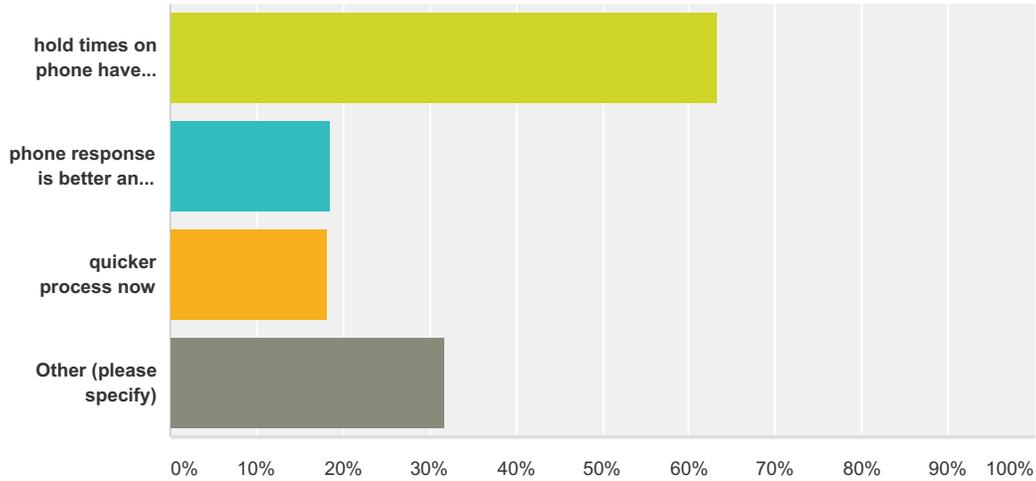
Answer Choices	Responses	
hold times on phone have decreased	**63.35%**	140
phone response is better and more comprehensive now	**18.55%**	41
quicker process now	**18.10%**	40
Other (please specify)	**31.67%**	70
Total Respondents: 221		

#	Other (please specify)	Date
1	Unsure	5/30/2016 2:08 PM
2	Is an extra step in the process and has created additional time burden at the service provider point, as well as for the clients.	5/27/2016 12:15 PM
3	all too slow	5/26/2016 5:43 PM
4	Marked improvement in hold times. Service desk responders seem to be more knowledgeable about processes.	5/24/2016 2:50 PM
5	The time it takes for a referral to come through is still too long. Can be weeks between the screening call and then the RAS visit and then receiving the actual referral back (if at all).	5/23/2016 11:57 AM
6	Nothing, slower	5/19/2016 6:00 PM
7	Hold times have decreased but the quality has not improved! You can talk to different people and get a different answer each time of the question you are seeking an answer to. Clients report to me that it takes them up to 45 minutes for them to take basic details. The service provider often gets the anger and frustration of the system by the client and family because of the difficulties they are presented with.	5/19/2016 10:30 AM
8	I haven't tried by phone and prefer to fax my referrals	5/18/2016 8:38 PM
9	Increased confusion, more paper work, less information reaching service providers, increased delays for clients awaiting services	5/16/2016 6:01 PM
10	New screening allows for a quicker registration. Not always is all of the screening questions answered.	5/16/2016 4:33 PM

| 11	On a couple of occasions I have needed to register a client to assess on the spot and I have been satisfied with the ease with which this has happened.	5/16/2016 2:50 PM
12	MAC Response times to calls have significantly increased and are often quite quick. Greater knowledge of aged care system and issues by some MAC staff has helped with referral process.	5/16/2016 1:46 PM
13	'quicker process now' means what?? Which process is quicker - making a referral, receiving a referral, having problems solved??	5/16/2016 1:12 PM
14	As an assessment organisation, the majority of referrals sent for Service provision are picked up and the service is delivered in reasonable time.	5/16/2016 12:40 PM
15	The process doesn't seem any quicker. Seems to be about 6 weeks from referral to MAC until services commence.	5/16/2016 11:29 AM
16	still delays which cause some to avoid registering after seeking a service	5/16/2016 10:55 AM
17	usually time delays are lengthy...several months before getting back is inappropriate	5/13/2016 2:57 PM
18	Still slow follow up after the initial contact	5/13/2016 1:38 PM
19	No efficiency.	5/13/2016 1:16 PM
20	OMG maybe it no longer takes a month, a couple of weeks	5/13/2016 11:20 AM
21	Apart from phone times reduced....nothing	5/13/2016 10:07 AM
22	Phone response is definitely still jagged and uncoordinated. Appears that many phone staff are still unfamiliar with My Aged Care and referrals processes. Conflicting redirections and advices from different MAC phone staff.	5/12/2016 9:02 PM
23	On line referral is quick	5/12/2016 4:41 PM
24	time is wasted when you cannot be sure that one page of a document will contradict another.	5/12/2016 3:23 PM
25	Nothing is working well	5/12/2016 2:26 PM
26	see q 2 response- there is sometimes up to a two week lag btw referral and it beings ent to the provider	5/12/2016 1:25 PM
27	Hold times are still too long. Assessment wait time has been reported to be around 6 weeks still	5/12/2016 1:05 PM
28	Issues with delayed processing of referrals. Waiting time re completion of support plans has increased. Referrals arrive all at once.	5/12/2016 12:05 PM
29	Process from referral to service still needs to improve, particularly for urgent referrals	5/12/2016 9:59 AM
30	It varies but overall it has improved	5/12/2016 9:50 AM
31	Better than initially	5/11/2016 4:56 PM
32	Nil	5/11/2016 2:05 PM
33	Referral inline is fine, unless I have to do it multiple times due to problems with the system. Getting a message at the end saying 'try again later' is not acceptable when the completed referral cannot be saved and ahs to be completely re-done	5/11/2016 1:04 PM
34	None of the above.	5/11/2016 11:21 AM
35	Nothing is working well- since the inception of My Aged Care referrals have been delayed. Basic referrals that would have traditionally been followed up in days now take weeks- this is likely causing unecessary admissions to acute hospitals as patients do not have appropriate community services put in place in a timely manner. Referrals have also been diverted to inappropriate agencies or multiple agencies for the same thing which again is causing delays.	5/11/2016 10:47 AM
36	There are still significant inconsistencies. It seems to depend upon the capability/capacity of individuals at MAC end	5/11/2016 7:28 AM
37	Phone operators are very nice but do not know the process for mental health clients	5/10/2016 4:49 PM
38	There appears to be a significant delay between point of referral and implementation of services. This is a significant risk factor with hosptial discharges as they are at risk of re-presenting to hospital or falling should services not be in place in a timely manner. We have had patients readmitted as they were not coping at home and services had not yet started	5/9/2016 5:26 PM
39	Phone times still seem the same	5/9/2016 11:15 AM
40	Able to view ACAT approvals once uploaded by ACAT, not wait for hospitals to send to us.	5/9/2016 10:33 AM
41	Poor service, poor feedback	5/9/2016 10:00 AM

42	Has slowed down the ability to provide a safe discharge plan from hospital considerably. There is no guarantee that the referral will be actioned. Have had phone calls from discharged patients and their families complaining that there has been no follow up and the short term services the hospital can access without goiung through MAC (which are used to fill the gap) are going to cease.	5/6/2016 4:42 PM
43	Clients are on the phone for long periods of time and have to ring several times before someone answers.	5/6/2016 4:40 PM
44	Nothing. Each time I call MAC in order to follow up a referral there is an extended waiting time. I have not noticed a quick process in terms of processing referrals at all. We often discharge our patients home after placing a referral, then later hear it has taken up to 3-4 weeks for this to be processed. I work with the elderly and this population is usually very frail and at times has some level of cognitive impairment. They need these services in order to faciliate a safe discharge and this is not happening - they are being placed at risk of readmitting or worse. In the hospital environment there is a push for timely discharge for each patient and we need to know services will be in place. I have called numerous times to follow up referrals and have often been told the referral is waiting to be processed. Despite me asking for it to be marked as urgent and processed, there is still up to a weeks wait. I do not have the time or capacity to do this for every single patient.	5/6/2016 3:33 PM
45	All of the above have not improved	5/6/2016 3:12 PM
46	much slower to get service provision, much more beurocratic with decision being made by unqualified people	5/6/2016 3:09 PM
47	Nothing. There is a significant period of waiting time for discharge services placing the patient at high risk. 2 recent examples are that a patient required the Domiclilary Care Restorative Program - concerns were raised by the GP that the patient was not managing at home and when the therapist followed up with MAC the referral had not been processed after 11 days. Another patient requried long term showering assistance. Short term assistance was put in place however this was to cease as the referral had sat with MAC for 10 days and not yet been processed for long term assistance. Therapists have been expected to wait on the telephone to provide more information despite providing very detailed information on the referral.	5/6/2016 2:31 PM
48	none of these are working well	5/6/2016 12:16 PM
49	still not acceptible	5/5/2016 5:54 PM
50	Slow respond and slow in action.	5/5/2016 5:48 PM
51	Not faster but hold times are possibly reduced.	5/5/2016 5:46 PM
52	My Aged Care has significantly slowed the process for referring clients to community services. What used to take 24 hours can now take upwards of 4 weeks to even be looked at	5/5/2016 5:43 PM
53	Still slow at times	5/5/2016 3:13 PM
54	Hold times remain lengthy	5/4/2016 12:50 PM
55	Referral take up time has actually increased	5/3/2016 11:57 AM
56	reduced repeated calls and lengthy delays means more effective and efficient use of time, and less stress and frustration for clients waiting on outcomes.	4/28/2016 2:41 PM
57	On hold for 37 minutes......	4/27/2016 9:47 AM
58	Nothing positive to say about this - consumers and families complain about the time the phone calls from MAC and RAS take and that it seems to be a "waste of time"	4/21/2016 6:28 PM
59	refer above - the waiting times to talk to MAC staff have certainly decreased - and I have noticed an increase in knowledge of the staff when connected.	4/21/2016 9:47 AM
60	Nothing. The process is longer to fill out a referral, and the referrals are taking too long to get to the needed service provider.	4/21/2016 9:06 AM
61	Again, not months but weeks	4/20/2016 2:54 PM
62	time waster information no clear about issues staff are hopeless	4/20/2016 12:42 PM
63	Still none of the above	4/20/2016 10:27 AM
64	Wasting time, takes a lot of time to chase up mistakes, also the program 'times out' or is terribly slow.	4/20/2016 9:46 AM
65	Nothing	4/19/2016 7:57 PM
66	There is a huge time difference when a referral are sent and received in portal.	4/19/2016 5:28 PM
67	none of the above	4/19/2016 5:18 PM
68	Nil response	4/19/2016 5:07 PM

| 69 | administration time is extensive | 4/19/2016 4:56 PM |
| 70 | onus is on providers to have more resources to use this | 4/19/2016 1:22 PM |

Q5 What is working well with My Aged Care in relation to SERVICE FINDER? please select those that apply to you and add any additional comments

Answered: 152   Skipped: 240
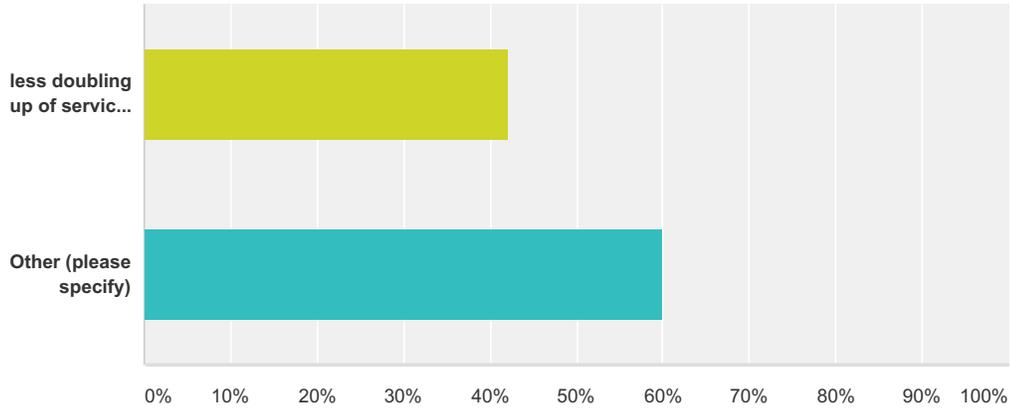
Answer Choices	Responses	
less doubling up of services - fair and equitable	**42.11%**	64
Other (please specify)	**59.87%**	91
Total Respondents: 152		

#	Other (please specify)	Date
1	Unsure	5/30/2016 2:08 PM
2	Service Finder - I would like some advice on what we can do to enable a referal of our services for the staff at MAC . Our socialisation is a free service and we cover metro and rural areas.	5/27/2016 3:08 PM
3	No improvement. Many entries are inaccurate and misleading.	5/27/2016 12:15 PM
4	More clarity and ease of finding services has always been a concern but there is increased visibility now.	5/24/2016 2:50 PM
5	It doesn't work well. In our areas there are many providers listed who do not offer services in our area and are not local.	5/23/2016 11:57 AM
6	Had no problems with previous system	5/19/2016 6:00 PM
7	N/A	5/19/2016 3:21 PM
8	unable to comment - I do not use this function often enough.	5/19/2016 11:33 AM
9	has imporved to some degree	5/19/2016 11:15 AM
10	I have had no comments from the community. I don't use it as I am aware of the services in my community.	5/19/2016 10:30 AM
11	In rural areas I miss having direct contact	5/18/2016 8:38 PM
12	Often results in clients using multiple service providers rather than a more comprehensive service from one provider. Different components sometimes completed by different service providers, making service provision complex and more double up of repeating personal story..	5/18/2016 10:22 AM

| 13	Distances hospital referrer from service provider, information is being lost, hospital referer will still need to highlight recommended referral pathways for most appropriate follow up and intervention for patient and thus ideal outcome, which should of course be done by a health professional. We often do not recieve confirmation on waiting lists, whether the patinet has been accepted, whether they have commenced, this is further work at our end to ensure our clients have been followed up.	5/16/2016 6:01 PM
14	Service Providers should keep information on the portal more up to date in relation to capacity and service type. Less doubling up when assessors is aware of other service provision and providers. If a SP is at capacity and the client has current services with that SP area of concern to then access the new service from another SP.	5/16/2016 4:33 PM
15	The service finder is not working well at all - I can not think of something positive to say about it	5/16/2016 1:51 PM
16	I don't use this	5/16/2016 1:12 PM
17	I agree that the above point works well, however, this could be improved further if current services (such as HACC, Mental Health, DVA etc) where able to be placed on the Support Plan	5/16/2016 12:40 PM
18	Information not accurate or up to date. e.g. searched for services in SA and provided with contact details for provider in WA who doesn't have services in SA.	5/16/2016 11:29 AM
19	Residents are still able to access the same services through multiple agencies so this is a contradiction.	5/16/2016 10:56 AM
20	It seems the service I manage is not easy to find as since July 2015 I have received 10 referrals only!	5/13/2016 4:59 PM
21	Requires information about aged care is and what a service is Options can be confusing there are too many and people do not know how to interpret the options...requires time and persistence besides IT skills and English language skills	5/13/2016 2:57 PM
22	Computers are an inconvenience as the elderly does not operate or understands the functions and specifications of a computer.	5/13/2016 1:16 PM
23	Cant think of a single thing	5/13/2016 11:20 AM
24	Seriously? Whomever prepared this survey is delusional. The service finder is confusing, clunky, menu driven	5/13/2016 10:07 AM
25	Website is definitely not set up for older people. Most clients don't know how to use complicated functions such as the service finder.	5/12/2016 9:02 PM
26	Doubling up of services is still happening.	5/12/2016 5:41 PM
27	Doubling up still appears to be happening	5/12/2016 5:40 PM
28	still very difficult to negotiate and there are a lot of double ups.	5/12/2016 5:13 PM
29	HAvent used	5/12/2016 4:41 PM
30	I have not dealt with the area.	5/12/2016 3:23 PM
31	N/A to us	5/12/2016 2:26 PM
32	I have given up trying to find services as it is too cumbersome and takes too long.	5/12/2016 2:17 PM
33	Finding services are still being distributed to multiple service providers	5/12/2016 1:05 PM
34	I like being able to locate the service and search by clinical needs. However, being familiar with some services it is clear that what is described as being able to provide isn't always a good description of the service. This needs to be clearer.	5/12/2016 1:01 PM
35	does not apply	5/12/2016 12:05 PM
36	n/a	5/12/2016 9:50 AM
37	We still receive referrals of clients that are already in receipt of a service	5/11/2016 5:31 PM
38	Information in one place	5/11/2016 4:56 PM
39	Nil	5/11/2016 2:05 PM
40	None of the above.	5/11/2016 11:21 AM
41	Service finder system is broken- most servies are always ticked as being available when this is clearly not the case. The website is not updated so provides inaccurate information. When searching for services many are not even listed or dont exist on the system so referrers are still having to contact servcies drectly to determine availablity which is what we did before anyway- so this syestem has not helped at all in this regard.	5/11/2016 10:47 AM
42	Information on service finders is very basic - I don't think it is as intuitive as we were led to believe it would be -	5/11/2016 7:28 AM

43	This is not working well. Clients are waiting 6 weeks or more for services.	5/9/2016 4:22 PM
44	-	5/9/2016 10:33 AM
45	I dont work in this area	5/9/2016 10:02 AM
46	Very poor	5/9/2016 10:00 AM
47	Have had the experience of following up a referral that had not been actioned and then required to provide a verbal referral. The person answering the phone could not find the service I was requesting and questioned me as to its existence. It was a service that I had been liasing with and had been waiting for the "go ahead" from MAC	5/6/2016 4:42 PM
48	Feedback has been that it is very frustrating to speak to someone interstate who has no idea about services in Adelaide.	5/6/2016 4:40 PM
49	I have heard of numerous examples og doubling up of services as indicated above.	5/6/2016 3:33 PM
50	We have referred a number of times and the referral has not been processed, needing re referral and chasing up the last referral. When phoning the numbers we get passed on to other numbers and it is a futile and a real waste of therapist time	5/6/2016 3:12 PM
51	poor matching of service to request	5/6/2016 3:09 PM
52	Limited knowledge by MAC staff of the services available. Slow process time means that hospital therapists are required to send the referral to MAC as well as the service provider to ensure that they receive the correct information and attachments so that the services can be received by the patient. Therapists are required to document the required service in several places to ensure that the referral is processed correctly.	5/6/2016 2:31 PM
53	none of these are working well	5/6/2016 12:16 PM
54	My organisation has only received referrals on the portal which are the result of referrals we have sent to My Aged Care. No unsolicited referrals have been received, I believe this is because we are difficult to find on the Service Finder.	5/5/2016 5:54 PM
55	still not acceptible	5/5/2016 5:54 PM
56	Unable to monitor CHSP services and how many service client has had.	5/5/2016 5:48 PM
57	Not accurate or up to date - too removed from local issues.	5/5/2016 5:46 PM
58	This is not working. Key services are not even in this finder.	5/5/2016 5:43 PM
59	definitely not fair & equitable	5/5/2016 3:13 PM
60	Its not, many still find it hard to navigate	5/5/2016 3:05 PM
61	Service choice is limited regionally	5/5/2016 3:03 PM
62	Does not work well, search enginge is not able to use multiple factors to discount providers. e.g. postcode will give providers in many locations	5/5/2016 11:09 AM
63	Clients are not aware of where services come from Eg private organisations	5/4/2016 4:20 PM
64	still is confusing as requests are really more orientated towards In Home care Packages rather than short term respite.	5/4/2016 3:36 PM
65	No effect noticed to date	5/4/2016 12:50 PM
66	Not all organisations are listed and the environment is constantly changing. It is not always up to date.	5/3/2016 11:57 AM
67	Clients are able to specify where they would like the service to come from.	5/3/2016 10:14 AM
68	When we do get a referral, the information on the form is not clear. Sometimes not even a phone no. If people only want information. There is no where to document this and complete the service. Very Confusing.	5/3/2016 9:39 AM
69	Request referral to go to a particular provider at clients request and then sent to another provider, distressing for clients as it is their choice! This has happened numerous times.	4/29/2016 2:21 PM
70	unsure	4/29/2016 12:56 PM
71	It is extremely disappointing that our service does not appear in the top 5 when using the postcode search of services we provide. Other services that have 1800 numbers and other services who are not geographically listed in this area, are appearing above us which is extremely disappointing.	4/29/2016 11:31 AM
72	cant find a thing, and not quickly please categorise by topic and area	4/28/2016 4:51 PM
73	Contact details and service and personnel changes are more up to date, resulting in less dependency of websites, brochures, newsletters, etc that can be outdated.	4/28/2016 2:41 PM

74	More double handling of information with RAS which is confusing for clients!!!!	4/21/2016 6:28 PM
75	Certainly NOT the first point - there are too many providers listed in areas that they do NOT service - causing confusion for clients/families/etc	4/21/2016 9:47 AM
76	Our services cannot be found due to a problem with "Tailem Bend" not existing on the My Aged website Potential service recipients have to search under name not location. They instinctively put in the postcode and get no results This was reported in July - still no fix - why are we surprised	4/21/2016 9:45 AM
77	Nothing. We are now receiving multiple referrals for the same client needing the same care because My Aged Care is an unreliable referral process.	4/21/2016 9:06 AM
78	Still finding that Clients are not being directed to their preferred Provider.	4/20/2016 3:39 PM
79	Really the questions need to be changed	4/20/2016 2:54 PM
80	nothing	4/20/2016 12:42 PM
81	not sure that this is working well	4/20/2016 11:04 AM
82	Did not have this problem previous as small rural.	4/20/2016 10:33 AM
83	Should operate to eliminate the doubling up	4/20/2016 10:27 AM
84	Not working, difficult to recognise service provider on program, no communication with service provider,	4/20/2016 9:46 AM
85	Big problems as it wasn't working for a while. This seems to have been fixed. Some issues with providers getting their information onto the portal.	4/20/2016 9:16 AM
86	Nothing	4/19/2016 7:57 PM
87	Still doubling up of services - may get referred to physios in different organisations and only one picks them up but the client is still processed in both locations - need to have some automatic cancelling if one service has picked up the client	4/19/2016 5:50 PM
88	Not working well as not all services are on. Can not send referrals for both HCP 3&4 and 1&2.Still very time consuming.	4/19/2016 5:28 PM
89	Does not go to relevant service without further investigation, some services do not link to correct post code or service type	4/19/2016 5:18 PM
90	As has been reported many times. Tailem Bend postcode is not accessible for HCP's searches.	4/19/2016 5:02 PM
91	the post code of Tailem Bend 5260 does not register in the system our clients are being referred to services in Murray Bridge we have logged the fault numerous times	4/19/2016 4:56 PM

Q6 What issues are you experiencing with My Aged Care in relation to INFORMATION? Please select any which apply to you and add additional issues as required.

Answered: 258   Skipped: 134
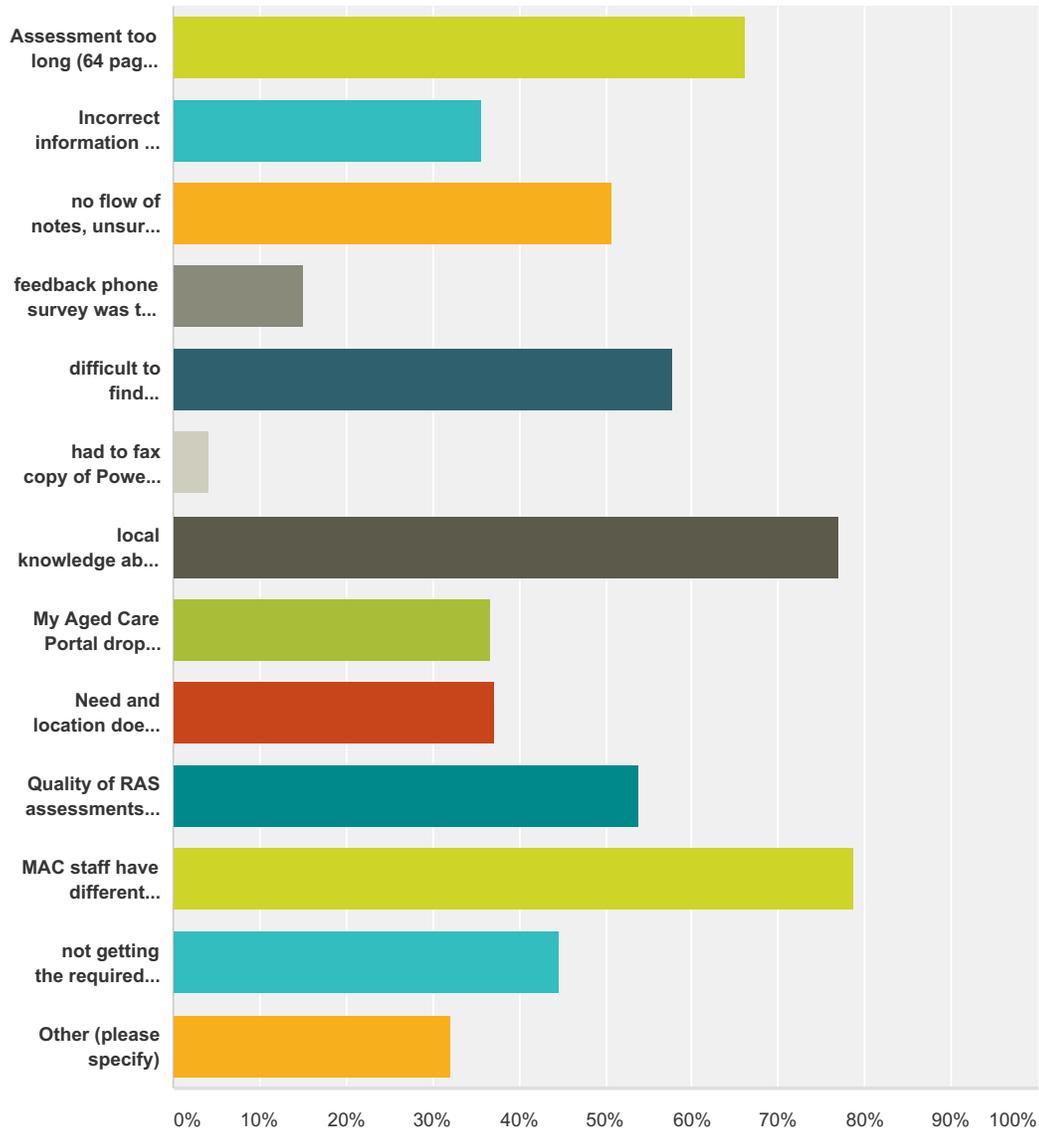
Answer Choices	Responses	
Assessment too long (64 pages) but not much relevant information in it	**66.28%**	171
Incorrect information on referral - wrong nationality and incorrect interpreter engaged	**35.66%**	92
no flow of notes, unsure of who has entered the note, not consistent	**50.78%**	131
feedback phone survey was too long and complicated	**15.12%**	39
difficult to find information in referrals	**57.75%**	149

had to fax copy of Power of Attorney		**4.26%**	11
local knowledge about service providers is not always known or understood by MAC/RAS when referring clients		**77.13%**	199
My Aged Care Portal drop down box. No program specific information available. Very general information only eg: social support		**36.82%**	95
Need and location does not match - when searching for services, options available in specific areas do not always come up		**37.21%**	96
Quality of RAS assessments varies greatly		**53.88%**	139
MAC staff have different levels of skill, knowledge, phone expertise		**78.68%**	203
not getting the required information from MAC, eg: diagrams for home modifications		**44.57%**	115
Other (please specify)		**32.17%**	83
Total Respondents: 258			

#	Other (please specify)	Date
1	MAC phone staff vary in providing information over the phone. I make referrals all the time and have started putting my own name as the client's contact, just so that I can chase up enquiries about the referral for the client. Many of my clients are hard of hearing/find it hard to understand the whole process so often I facilitate the process for them. It makes it hard to get information when the operator refuses to give me information or even let me check the referral has been received, even when I was the one who did the referral initially and my name is still on it. MAC staff are often cursory, irritated and condescending.	5/27/2016 3:36 PM
2	Referrals keep coming despite indications and contact to advise program is at capacity. No recognition of carers anywhere..	5/27/2016 12:16 PM
3	general lack of information and accuracy and poor user interface	5/26/2016 5:48 PM
4	-Finding the degree of knowledge of services for RAS assessors a concern. Some have a clinical background which should be the case for all to allow for correct referrals in a timely manner. -Have had feedback from some clients concerning inappropriate comments to them and lack of empathy shown. These clients have decided to leave CHSP services and follow with private services rather than speak to a RAS person again. - Many instances if incorrect contact numbers or no contact number at all. Very difficult to follow up referrals!	5/24/2016 3:08 PM
5	ACHA program often has significantly complex clients. None of the relevant information is gained in assessment by MAC. Unable to contact MAC to gain info on RAS agency to gain info needed.	5/24/2016 1:31 PM
6	We get clients through who are self-funded and therefore didn't really need to go through the MAC or the RAS to receive a service. No one has asked this in either the screening or the assessment!	5/23/2016 12:00 PM
7	Referred clients do not understand what steps have been taken and those with cognitive barriers to engaging affectively with the service etc. are not identified.	5/20/2016 1:18 PM
8	When entering service delivery for a client, you can only enter whole numbers and there are not enough levels of frequency ie yearly or ongoing service	5/20/2016 11:16 AM
9	Small but significant amount of wrong information in customer info ie wrong spelling of name etc	5/19/2016 5:22 PM
10	Incorrect spelling of client names and referral of clients to Local Govt which do not fall in our area. Would be beneficial if the full address was available prior to accepting the referral.	5/19/2016 12:27 PM
11	Information is often incorrect or insufficient, so the onus is on the service provider to complete the information and assessment which is unfunded! To direct it back to My Aged Care is both time consuming and often unproductive!	5/19/2016 12:10 PM
12	It appears although there are a lot of questions asked during the assessment, the format is not easily navigated. Again I would like to request a easy print summary page that clearly identifies: Name, DOB, Contact details, address, All relevant minimum data set information, others involved, what service they are being referred for and any other additional referrals made.	5/19/2016 11:49 AM
13	sometimes incorrect name spelling or date of birth etc on referrals	5/18/2016 3:28 PM
14	Nil feedback to referrer. Often clients & families are confused re referrals & follow up. Referrers could provide more information so phone assessments could be reduced.	5/18/2016 9:48 AM
15	Unable to search for a provider who provides multiple services required by client. Medical conditions selections are very limited in some areas, eg only "heart" related issue is "heart attack", no generic Cancer, no ability to add conditions.	5/17/2016 1:07 PM

16	Organisations that are sector support funded cannot be on the service finder portal Limited knowledge of services leads to incorrect referrals Seen to be time conscious by consumers when dealing with their query No capacity to meet face to face to discuss personal issues Not accessible particularly for vulnerable communities	5/17/2016 12:28 PM
17	NSAF is quite repetitive. Relevance of questions when a simple referral is required for a gutter clean/gardening is at times totally inappropriate (i.e. alcohol consumption, continence) Any varying degree of anxiety and loneliness (a little, some of the time etc) will be concluded as "significant psychosocial concerns" - leads to an inaccurate reflection of the client's situation.	5/16/2016 2:11 PM
18	most other responses are not relative to Information. You are asking about technical functionality and RAS assessment quality which doesn't fit here.	5/16/2016 1:17 PM
19	Unfortunately the whole process is time consuming. On average a MAC referral takes between 15-30mins to process due to time delay in accessing information on various screens and we are still required to discuss with resident about missing information required for uploading data into the data exchange.	5/16/2016 11:12 AM
20	I had the opportunity to observe a RAS assessment and found it was very long , the consumer had already told his story to several other service providers and the RAS assessor could have obtained this information rather than doing it again. The clients was in very poor health with 3 service providers involved including palliative care and the RAS asked questions such as " do you need help with shopping" to a very frail man in a wheel chair, she was reading a script rather than making observations.	5/16/2016 11:01 AM
21	As we have only received a handful of referrals I haven't had a problem because the referrals are few and far between.	5/13/2016 5:06 PM
22	Many service providers are walking clients through the process...and not receiving funding for this support Access to MyAgedCare by CALD older people is currently over stated because support is being provided. What about more than access? What about a satisfactory outcome. How many CALD have accessed but not received services?? How many are satisfied with services received??	5/13/2016 3:08 PM
23	Important referral information is not reaching the provider of the clinical service, therefore once client has their (e.g. allied health) appointment the clinician does not have any clinical information relevant to the referral, resulting in clients having to repeat themselves or incorrect assessment/ service being provided Urgent flags on intial referral being lost through multiple assessment points resulting in delay of service provision consumer confusion due to multiple contacts at multiple points, for one simple referral Referrers unable to access any outcome or feedback regarding their referrals. Particularly an issue when clients are not able to navigate the system themselves and do not have supports in place to advocate for them.	5/13/2016 12:58 PM
24	I missed a couple because they don't apply	5/13/2016 11:25 AM
25	Forms very difficult to follow. a lot of unnecessary jargon and computer formula.	5/13/2016 11:07 AM
26	GP reports, notes, discharge documentation not provided, Referral page not easily printable as have to print each page. No email response to notify of referral success or fail.	5/12/2016 9:08 PM
27	In the past referrals have been received with no telephone number or address, incorrect telephone numbers. Notes are inconsistent often with spelling mistakes and repeated comments with no flow or consistency of information. Once screening process has taken place and assigned to RAS wait times can vary and are inconsistent for example pruning requests come through as HIGH priority while home modifications are given LOW priority............ Why are some consumers referred for RAS assessment when the request is simply to replace a beeping smoke alarm,light globe replacement or a door lock which are SAFETY ISSSUES and need to be addressed URGENTLY. Once consumer had to wait 7 months for a service because they were waiting for RAS assessment. While other consumers requesting garden maintenance come through within 2 days without the need for RAS assessment - very inconsistent and unsafe for the consumer.	5/12/2016 6:05 PM
28	Once a consumer is waiting on a RAS there is no follow up, they can be waiting for months without hearing from anyone because the RAS was assigned but that RAS hasn't organised a time and MAC don't have a system in place to hurry along the RAS or move it to another RAS to keep the process going. Notes need to indicate whether note is from MAC or service provider.	5/12/2016 6:04 PM
29	No return information from MAC to close feedback loop	5/12/2016 4:45 PM
30	Social support is mis named or misunderstood people are being referred to social support when they want to go shopping	5/12/2016 3:58 PM
31	it would help if there was a standardised form for all disaplines to use so that questions do not continue to be asked by staff. kept in order.	5/12/2016 3:35 PM

32	Example 1: A resident of the council not registered to access council services at the moment (daughter called on behalf of resident who was in background and could hear conversation) contacted council as the MAC process was not assisting the issues arising. Called MAC on behalf of the resident - on the second attempt to call MAC(First call was transferred to a phone line that was picked up but no one talked - Waited for 5mins and had to hang up and try and call again). Second attempt at calling - advised the MAC call center staff member that the daughter has been contacting MAC ongoing for the past month to get a RAS assessment organized. MAC had been informing the daughter that the RAS assessment team will be contacting her to arrange the services within a week. She got this same response over the month. Daughter only had a week left in Adelaide with her parents before going back to her hometown of Brisbane. MAC call center staff then picked up the issue that a RAS assessment request was in fact never sent out (Told that it was a computer error). The call center then stated that they would apologise to the daughter over the phone and transfer her to a RAS team member that day. Council staff assisted with approx 40min of not reported service assistance in supporting a resident with a issue to rectifying this MAC issue. This SHOULD have been rectified on the second call that the daughter made to MAC and not after 5-6 calls to the contact center. It should also be noted that the Council has had to address MAC concerns of this nature time and time again and it has been considered out of the norm if the whole process goes right for residents.	5/12/2016 3:01 PM
33	Have been told assessors are unable to see who has made the original referral therefore referral may not return to the correct provider	5/12/2016 2:49 PM
34	That work health and safety checks are added to the referral process as we no longer attend the clients homes to do an inspection's Such as 'Client has cats on property' so that when we send contractors to the home they are aware and chose a worker that is not allergic to this animal. Another suggestion for work health and safety- to state if it is a 2 storey home and if there are stair ect	5/12/2016 2:35 PM
35	Staff at the MAC call centre are inconsistent with the understanding regarding the intake process for people with younger onset dementia (people under 65 years with dementia). MAC call centre staff should have knowledge regarding where to refer people who have dementia and are under 65 years. Very time consuming discussing the intake process with them when they should know.	5/12/2016 1:23 PM
36	Not getting information regarding how much service a person needs eg. medication prompting referrals client may need twice a day seven days a week. That should be listed in the notes or referral comments before providers accept due to availability and training of staff.	5/12/2016 12:30 PM
37	Clients have called us in tears and requested we call MAC on their behalf, as they cannot understand the person on the other end of the phone (strong accent). Many of our clients have poor hearing and/or possibly some confusion and the process is extremely difficult for them.	5/12/2016 12:28 PM
38	Some of our referrals are very good but some are very bad .. Getting diagrams for modifications is a major problem, sometimes the OT's will email us direct as it is quicker and more reliable but then we find we are waiting for a referral from MAC	5/12/2016 11:54 AM
39	Overall, dreadful	5/12/2016 10:54 AM
40	No contact details of clients or addresses where clients live.	5/11/2016 5:38 PM
41	My Aged Care are incorrectly following information placed on referral from health care providers. I referred a patient for exercises in the community through ACH, and he is now receving a RAS assessment instead! Ive had to follow up with this mutliple times with ACH and the patient, which is time consuming, and the patient is very confused of the process.	5/11/2016 3:15 PM
42	Increased timeframes of response, double up of services being referred (eg being accepted onto TCp in home and then RAS refer to community supports - doubling up on services and having to then be cancelled), incorrect information being provided via RAS assessors, increase of assessments taking place, increase in linking in with appropriate service recommended via qualified professionals - eg referral for shopping/ transport RAS Ax completed and not linked in with transport/ shopping. RAS Ax completed and not sent to appropriate service provider - then closed on MAC, due to this then a new referral needing to be completed. Assessment is too long for elderly clients to go through and don't really ask questions which will flag the 'real' issue people are facing.	5/11/2016 2:15 PM
43	Nil information handed over to the referrer in regards to acceptance of referrals, who the referral has been sent to, if the referral has even been recieved in the first place. It would greatly benefit hospital discharges if we received some sort of referral acceptance information from MAC.	5/11/2016 1:24 PM
44	MAC staff do not understand the process for Mental Health clients. this process should not need RAS input as our fully qualified clinicians have already completed a comprehensive assessment and risk assessment this is a waste of our and their time as well as the RAS team	5/10/2016 4:56 PM
45	The lack of feedback to the referrer is a huge issue, we cannot be sure if our patient has been referred to a appropriate care provider or if their referral has been processed. It is extremely difficult to chase up where the referral has progressed through the system and we appear to be getting differing stories of where a clients details have been sent and who to contact to find out the progress of the referral.	5/9/2016 5:34 PM

| 46	MAC will not discuss progress of referral with hospital Social Worker who are trying to ensure that clients get support in a timely manner. MAC won't speak to Social Worker even if they are the referrer.	5/9/2016 4:51 PM
47	Calls from MAC about referral from me-was not from me/must have been mixed up with someone elses file. A lot of time wasted chasing this up when we had never seen the client before and obviously some sort of system error.	5/9/2016 3:57 PM
48	Portal very slow	5/9/2016 3:37 PM
49	standardise all forms and make them type written	5/9/2016 10:08 AM
50	Poor customer service	5/9/2016 10:05 AM
51	No feedback so difficult to know what happens once referral lodged- other than former patients ringing to say nothing has happened.	5/6/2016 8:33 PM
52	We are receiving phonecalls from our clients that despite referring to MAC for servcies eg: dom care reablement program, day therapy programs etc. that they are not receiving Assessment and referral to these services for up to 2-3 weeks and in some cases are declining in function so significantly that they are considering readmission to hospital. We also receive no feedback from MAC that they have actioned our recommendations on discharge to the community.	5/6/2016 3:53 PM
53	As mentioned before, I often find that my clinical knowledge, experience and assessments are not taken into account. There have been instances where a home assessment has been conducted, modifications drawn up and sent to MAC with the referral for installation. MAC then refer for another home assessment when it has already been done.	5/6/2016 3:45 PM
54	Still a lot of teething problems especially with getting clients serviced in a timely manner	5/6/2016 3:22 PM
55	Frustrating from a hospital perspective that MAC cannot receive attachments for home modification diagrams. MAC are organising for an OT home assessment when the patient has already had the home assessment and only requires the home modifications to be sent to the local council. The local councils are experiencing the frustration in the delay of receipt of referrals. MAC staff lack a knowledge about the services and are not necessarily processing the referral to the correct organisation as requested. MAC staff on the phone are not always helpful in terms of processing the referral and expect more information from the referrer despite a detailed referral.	5/6/2016 2:42 PM
56	Information is not always provided to providers and therapists have to double information and provide it via MAC and then forward to providers.	5/6/2016 1:20 PM
57	this whole system has made it even more difficult for people to access services.	5/6/2016 12:23 PM
58	Waiting time on the phone has been up to 3 hours for myself and clients and carers. I have had client's carers in tears as they were given a number after spending a long time on the phone providing information for a referral but did not hear from anyone after that.	5/6/2016 12:15 PM
59	No consistency in how referrals are treated...e.g. I was told MAC no longer direct refer...then the next week clients are receiving direct referrals. Ring on behalf of a client and being told that the client has to ring. Part of my service is to advocate for clients - and it's what clients expect. Understanding of what services are, who delivers them and geographic knowledge is poor.	5/6/2016 11:37 AM
60	Personal MDS details often not collected and then written in one line of information on the Service provider portal making it difficult to translate into our database	5/6/2016 10:06 AM
61	MAC staff refused to advise which provider had picked up a referral MAC staff told a client her referrals had been rejected, with no explanation as to why or that this would be addressed - she thought she had gone through hours of talk time with no outcome.	5/5/2016 6:04 PM
62	applied for personal care - went on portal as medication management MAC don't see more than X1 issue per referral RAS assessments are pushed/done when specifically not requested	5/5/2016 3:06 PM
63	I have had clients who are confused with the RAS staff and the actual service providers (e.g. OT). Clients have told me that 'someone has already come to their home to assess them' and seem to not understand the purpose of the RAS team. I have also had clients tell me that the RAS team have told them what I will do- e.g. they have expected a ramp as they have been told by the RAS team that I will measure for one, when sometimes, there is no clinical need for the ramp. The portal is also a little messy - it would be good to sort referrals based on discipline (e.g. so I can filter through and select 'Occupational Therapy referrals only' so I don't have to click through hundreds of referrals). It's also a little bit time consuming to click through each page when sorting referrals - it would be nice to be able to go back to the page you were on when sorting through referrals.	5/5/2016 11:52 AM

| 64	RAS assessment often fail to understand the complexity of clients medical conditions and need for referral to clinical services. RAS often don't know or understand role of allied health or nursing, not enough information provided. Clients often not made aware of the choice they have with service providers, RAS often referral to self for community service e.g. domestic assistance, social support or transport, when clients already have a relationship with other provider. Clients often not aware of who is coming to there home, many times clients have current domestic assistance, and then another provider starts providing same service. NO choice for consumers, comments from consumers is often frustration over multiple people coming into home, or confusion over assessments.	5/5/2016 11:17 AM
65	RAS contact details often not listed if the referral requires clarification Home address and phone number doesn't always exist on the referral Referrals are long and it takes a long time to read through to get to the need of the client. Also the requests we get at CRCC are obviously for long term support of the client not short or emergency respite care We have very little take up of respite services due to the older person being confused about why we are calling them(a client may have 4 organisations calling to follow up multiple referrals) and the older clients have told us they need more care in the home but cannot afford the costs of a Home Care Package.	5/4/2016 3:47 PM
66	Delay in pick up of referrals. Referrals lost in the system	5/3/2016 12:00 PM
67	Knowledge of what the clients are already receiving is not taken into account.	5/3/2016 10:32 AM
68	I do not consider someone in Queensland can talk to people in South Australia and be able to give them the service they require.	5/3/2016 9:48 AM
69	Majority of time assessment is not fully completed. Or both yes & no boxes are ticked for the question (which is the right answer).	4/29/2016 5:29 PM
70	Contact information eg names and phone numbers regularly does not appear on the referral. It would be useful if the client MAC number appeared on the referral and reports when generated.	4/29/2016 12:03 PM
71	A disaster, service providers frustrated, clients always confused and frustrated. Haven't heard anything positive - no not once since the commencement.	4/20/2016 2:59 PM
72	As an OT we receive VERY minimal information as to why a client requires an assessment - which makes it extremely difficult to prioritise clients based on their needs. We also do not receive the RAS assessment, so the client is still required to 'tell their story' to multiple people. There is not enough space on the online referral to add enough information.	4/20/2016 2:04 PM
73	No local knowledge sort out.	4/20/2016 12:19 PM
74	Unable to see the initial referral - i.e. form GP - this generally has more relevant information in it than the support plan or the NSAF. Unable to se NSAF or other reports in a timely manner - always have to change the page and then go back to view as 'processing' takes too long.	4/20/2016 10:57 AM
75	These happen ALL the time. Very frustrating. Many clients and their families are appalled by the system.	4/20/2016 9:52 AM
76	POA document in SA has no validity apart from financial decisions. This should not be required by MAC. The NSAF is what it says it is, a screen tool and not an assessment tool.	4/20/2016 9:22 AM
77	Never find out if client has been seen, waste lots of time contacting MAC ,not helpful spending 25 minutes for one query	4/19/2016 8:04 PM
78	The initial referral sent to MAC is not available for service providers to view - sometimes there is no helpful information on the referral so we have little to go by.	4/19/2016 5:55 PM
79	Cannot nominate a service provider which is asked for by consumer	4/19/2016 5:10 PM
80	please fix the post codes Tailem Bend SA is 5260	4/19/2016 5:03 PM

81	If the assessment is conducted at the consumers home could you please do a home safety check. Our staff still have to go & visit the consumer and also do a thorough assessment even though we are not funded to do so. It appears there is a complete double up in this regard (assessment)and often what the consumers reports as their aspiration or need is different to what is stated in the MAC referral. The assessment process appears to offer the consumer every service that is available which goes against a strength based approach where the assessor should be looking at underlying reasons as to why the consumer needs this assistance. For example if they are unable to vacuum the floor is this because of frailty that could be overcome by attending a strength based exercise program? Could the right equipment assist rather than a cleaner? According to the Commonwealth reform as service providers we are not supposed to be encouraging dependence on services but providing opportunities for consumers to build their independence. By the time we contact the consumer after receiving a MAC referral they automatically expect to get all the services suggested by the MAC assessor. Regarding Home modifications we receive the referral for the installation before the OT assessment has occurred however we can not complete the modification until the OT assessment & specifications are sent to us. The referral then sits in the accepted box (we still have some sitting there from October 2015) until we receive the Specifications. The referral should not come to us until this has occurred as it appears that we are not responding to referrals in a timely fashion. Some services appear to not respond to OT referrals such as the Southern Fleurieu Community Health Service.	4/19/2016 1:29 PM
82	With regard to the quality of RAS - is the consumer actually informed when they need to make their choice with regard to supplier of service? Could this be more transparent? Should we be providing more information to the consumer about choice rather than expecting the RAS or provider to do this?	4/19/2016 1:17 PM
83	Non portal providers now find it difficult to navigate the system as cant access information	4/19/2016 1:08 PM

Q7 What issues are you experiencing with My Aged Care in relation to REFERRAL PROCESS? Please select any which apply to you and add additional issues as required.

Answered: 254   Skipped: 138
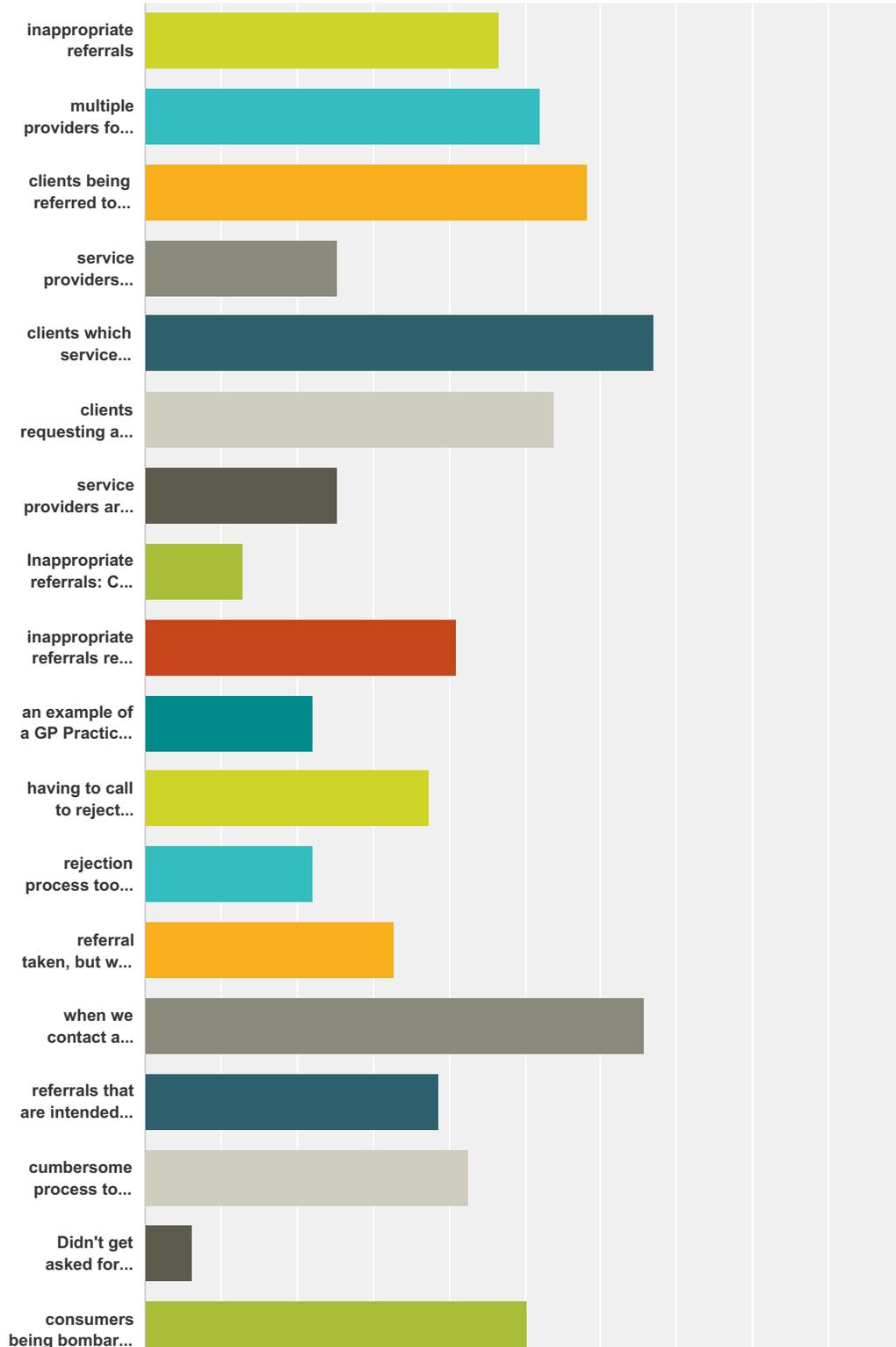
My Aged Care Feedback
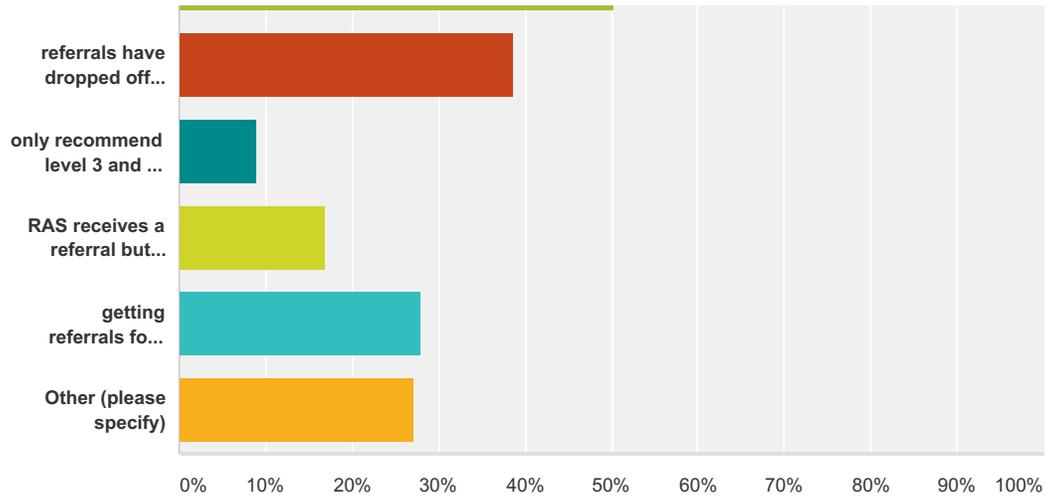
Answer Choices	Responses	
inappropriate referrals	**46.46%**	118
multiple providers for one client	**51.97%**	132
clients being referred to services they don't want	**58.27%**	148
service providers accepting referrals that they don't have capacity for and putting clients on a wait list	**25.20%**	64
clients which service providers have referred to MAC, referral very slow to come back	**66.93%**	170
clients requesting a specific provider of their choice. Does not occur, the referral goes to another provider	**53.94%**	137
service providers are not able to instigate case conferences anymore. Approached My Aged Care to follow up but they won't action anything unless the family makes the contact.	**25.20%**	64
Inappropriate referrals: CALD specific not getting CALD services	**12.99%**	33
inappropriate referrals re location	**40.94%**	104
an example of a GP Practice Manager spending over an hour on the phone to My Aged Care providing information, and provider only getting a name and phone number	**22.05%**	56
having to call to reject accepted referrals, should be able to reject referrals via the portal	**37.40%**	95
rejection process too long winded having to explain why	**22.05%**	56
referral taken, but when worker attends services are already being received by another organisation	**32.68%**	83
when we contact a client re a new referral, they have been contacted by so many other providers they feel overwhelmed	**65.75%**	167

referrals that are intended for a service (eg one that already has contact with the client) may not go to that service as client's preference is not checked	**38.58%**	98
cumbersome process to refer to local and well known service, eg: ring MAC in QLD for a service that is in my building	**42.52%**	108
Didn't get asked for Powers of Guardianship (only PoA)	**6.30%**	16
consumers being bombarded from service providers asking for same information, not on referral	**50.39%**	128
referrals have dropped off since introduction of MAC	**38.58%**	98
only recommend level 3 and 4 when it should be level 2 but they don't want to have to re-assess the client later on	**9.06%**	23
RAS receives a referral but when they go out to complete the in home assessment the client declines	**16.93%**	43
getting referrals for existing clients for existing services	**27.95%**	71
Other (please specify)	**27.17%**	69
Total Respondents: 254		

#	Other (please specify)	Date
1	if Specific provider is requested and unable to provide care, referral rejected and not broadcast for others to pick up	5/28/2016 5:31 PM
2	-Too slow a process between referral, phone assessment and RAS assessment when the need for a service is acute. e.g. a short term cleaner was needed as a client had a fall and broke her wrist. She did not hear from MAC until well after she was needing the service and it became irrelevant. -Inappropriate allocation of RAS assessment for client's needing basic services. E.g. we have assessed that a resident of ours needs only a cleaning service, or an OT to visit as they need a grab rail installed, however the process is so long and drawn out, and with so many people wanting to assess the client that often the client becomes overwhelmed and changes their mind, leaving them more vulnerable.	5/27/2016 3:36 PM
3	just poor outcomes for families. The intent of MAC was to streamline access to services. This just doesn't happen.	5/27/2016 12:16 PM
4	- often have referrals for clients that live 30kms plus away from center base. These clients do not want to travel that distance so a more local appropriate service should be sought. - Often arrange a home safety assessment only to go out to client and find another provider has already been. How is this being picked up by more than one provider if they are picked up from the portal immediately? _ still have referrals coming in that are not appropriate particular for home based Allied Health even though we do not provide this.	5/24/2016 3:08 PM
5	No confirmation back to general practitioner that referral has been received	5/24/2016 11:03 AM
6	Not enough information to Accept or Reject a new referral ie no contact number of client or what the service they are requesting. Saying social support can be a social program or shopping. Providers don't have time to chase up the RAS for this information.	5/20/2016 11:16 AM
7	One off services do not seem to be referred.	5/19/2016 5:22 PM
8	MAC contact centre not registering people who require only single service eg: gutter clean, being told not eligible and to access service privately	5/19/2016 3:32 PM
9	When services are shown on portal as not available, referrals are still sent through.	5/19/2016 12:24 PM
10	There seems to be an inequity of service to other service providers with other organisations getting the bulk of the work (ie Resthaven because the RAS assessor is contracted by Resthaven!!!) We use to get 4-5 referrals per week, now we are lucky if we get a referral a fortnight. We only seem to get them for domestic assistance (Resthaven don't like domestic assistance). The only way we can get a referral is if we work with the client for the referral. The intake and RAS assessments can be very poor and really are just a lead on so we can then provide a service and further work with the client to provide further planning and information. We end up providing unfunded assessments because there are gaps in the original assessment!!!! Clients and family and very distressed.	5/19/2016 12:10 PM

11	Nil feedback to referrers. Clients become confused with initial contact from MAC e.g. Have declined services they have been referred for as our program is providing this service for a limited time (we are a rehab. program). We are not advised & when we contact MAC little feedback provided due to "privacy". Referrers are not advised if clients have declined the services they have been referred to.	5/18/2016 9:48 AM
12	Referral types for therapy are very limited. New referrals for Physiotherapy are few and far between - either because assessors do not know the ability of physios or clients do not have that knowledge and so do not request. There is simply TOO MUCH emphasis put on the RAS assessments. Therapy services should NOT be under this system at all. They simply do not fit the mould (we are professionals in our own right) and the client then undergoes a further assessment.	5/16/2016 3:37 PM
13	Time between client registering with MAC/inbound referral and a RAS is inexplicably long by some RAS organisations. Unacceptable given their KPI's, not to mention delay in service to the CLIENT. Info in inbound referral not being accessed- client does not speak English but has a worker that they are familiar with who speaks their language is not used to assist screening/ RAS process. An interpreter is problematic and has in our experience caused delays as they receive a call out of the blue and then refuse a RAS or put the phone down delaying services. System is too rigid and does not consider clients with barriers due to language, hearing issues. Same process is not suitable nor equitable for those clients.	5/16/2016 2:11 PM
14	unable to complete referral online	5/16/2016 11:38 AM
15	it appears that if RAS assessment occurs in the home that the Assessor wants to ensure that person receives a service even if it is not needed. Eg Immaculate home with a private cleaning services, all other service needs met by other service providers. RAS made referral for spring clean and gutter clean. This service was not required for this client but accepted as something for minimal cost. It should be reserved for a client that was unable to manage this task them selves or could not afford private cleaning service.	5/16/2016 11:01 AM
16	referral process lacks acknowledgement of clinical expertise of referring clinician. e.g. Client has already been assessed by a clinician who has recommended a specific service for a specific clinical reason, with local options discussed with client and a service provider has already been agreed upon with the client - client is still requiring a RAS assessment and I am finding the referral has reslted in client referral to an inappropriate service (e.g. client referred to an exercise physiologist when a physiotherapy assessment has been requested, or referred to providers who only provide clinic based assessment and therapy, when in-home services have been requested for a specific reason). We have had consumer feedback that the reasong for MAC/RAS contact wasn't clear e.g. reason for original referral not mentioned. Given the thorough MAC/RAS assessment, this has led to clients declinicng services as the relevance of the full assessment relative to the orginial referral (e.g. for therapy services) was not clear to them. Some have been fed-up with so many points of contact & such in-depth assessments for one referral, particularly given that our service has already gone into many of the same screening/questions in detail when we assessed them & this information has been provided with referral to MAC. - It would be optimal for MAC/RAS to identify the original referral source to the client when they make contact, to avoid consumer confusion and faciltate a consistent message as to why MAC/RAS are actually contacting the client in the first instance. **Ideally if a clinician has already assessed a client, and client is only needing 1 x specific clinical service which they have already consented to, this recommendation should be respected and forwarded to the appropriate service provider directly rather than undermining an existing clinical assessment and leaving potential for the referral to be altered. This is a particular issue when any alteration is not even fed back to the referrer! Online referral system: - drop down boxes have abstract/ dysfunctional options e.g. unable to identify a contact person as next of kin, carer etc. - Why does the referral system ask for the referrer's DOB (?relevance) - Unable to document 2 NOK's/ contact persons and unable to put in 2 x phone numbers - unable to attach more than 1 x document - unable to identify referrer's profession - Print button would be better at the bottom of the page - an urgent flag would be beneficial on the online referral system. in the past i've been directed to fax referral through and the form is not able to be located easily or at all despite direction from MAC on phone.	5/13/2016 12:58 PM
17	Clients confused why these people are ringing them, when they already have services in place. "Who are these people" "what do they want" Clients with dementia - undiagnosed - torments them.	5/13/2016 11:25 AM
18	unable to change referral from one programme to another within same organisation.	5/13/2016 11:07 AM
19	Our services aren't visible - to users and RAS we are invisible	5/12/2016 3:58 PM
20	I do not deal with this area	5/12/2016 3:35 PM
21	All of the above and: Incorrect Gender - Its embarrassing asking if Mr... is available to talk about a service being referred to the council, only to be told that its actually Mrs or Ms....	5/12/2016 3:01 PM

| 22	No longer being funded to do an assessment, but us still having to do all this, for specific information. Clients thinking that it is "too much rigmarole" to go through just to come to a social group for a couple hours a week. 3 hour assessments are just too much for frail clients. Contact with NOK should be made so they can be present for assessment. Older people tend to make false assumptions of themselves and how they are coping alone. Clients are unable to understand accents of the MAC operators. When needing an additional service, they have to spend so much time on the phone again. They have them been waiting weeks to hear back from a service organisation. When we have phoned MAC to explain how to do things through the portal, they have been less than helpful. When we have "red lighted" due to full services, we have still had referrals come through. Mostly, whoever we have had referred to us, does not want to attend but have been talked into it by the MAC Assessor. Our best referral method is still word of mouth.	5/12/2016 2:50 PM
23	Client's are not being explained what MAC is and how the process works i.e. simply need physio and suddenly have multiple people calling and coming to their home, asking what appears to be irrelevant questions about cleaning etc. Client's getting confused about the term 'Home Visit'. Particularly if had a visit from RAS team and may then decline OT home visit as they think it is the same thing.	5/12/2016 1:31 PM
24	The issue seems to be the interface of the MAC and consumers initially - consumers are constantly confused when MAC call after a referral has been put in and often decline because they think they are already getting the service from the referring agency. Have had consumers report they have had several services 'door knocking' and calling to convince choice/preference in service provider. The initial referrer who knows the consumer very well is not contacted by the allocated RAS or service provider for collatteral or background info, this often results in poorer service provision and often refusal as they don't understand the 'new' service and why they are coming. This would be better rectified by MAC/RAS contacting the referrer to discuss first.	5/12/2016 1:16 PM
25	Clients having unrealistic expectations e.g 4hrs of cleaning a week people expecting professional cleaning and expecting to get the hours that a client with HCP gets. People who need a HCP being put on to CHSP.	5/12/2016 12:30 PM
26	Unable to refer to the same service type for social support - e.g. if client wants to attend local council social group as well as a day program or having assisted shopping as well as attending a supported social group they are told they are not able to do so as its 'doubling up'. This should not be the case with social support as often clients want to engage with different activities so they remain socially connected. This also means that a client does not have a choice in what services they want which goes against the aims of wellness and reablement and independence.	5/12/2016 12:07 PM
27	When accepting a referral and we find that not all the information we need is on the referral ie. phone number, when contact is made with MAC they will not give the information but at other times they give us more than we need .. not consistent. Quite often we get our own phone number as the main contact for the client.	5/12/2016 11:54 AM
28	Referral to MAC does not always go through on multiple tries and so then has to be faxed but then takes several days to follow up by phone as no referral number when faxed. Frustration at not being able to follow up referrals forwarded on my hospital prior to D/C at times as not referred and not the client Clients still put through RAS assessments despite comprehensive assessments beign already done through our agency (Community GEM) which should cover most of the points. Not all information sent by referrer seems to get through to service providers to further reduce the same questions being asked over and over. If referral is rejected by an organisation it does not seem to come back to MAC to look at other options again and the referrer is not notified either. Onus remains verymuch on the referrer to be vigilant about following up or clients can be left in vluerable circumstances (e.g. no medication supervision) MAC will not tell referrer where referral has gone which complicates case management and communication with other agencies and clients. Sometimes when two requests are made on same referral form the second one gets missed.	5/12/2016 10:14 AM
29	Have not received on referral for HCP	5/11/2016 5:38 PM
30	Increased timeframes of response, double up of services being referred (eg being accepted onto TCp in home and then RAS refer to community supports - doubling up on services and having to then be cancelled), incorrect information being provided via RAS assessors, increase of assessments taking place, increase in linking in with appropriate service recommended via qualified professionals - eg referral for shopping/ transport RAS Ax completed and not linked in with transport/ shopping. RAS Ax completed and not sent to appropriate service provider - then closed on MAC, due to this then a new referral needing to be completed. Assessment is too long for elderly clients to go through and don't really ask questions which will flag the 'real' issue people are facing.	5/11/2016 2:15 PM
31	problems with MAC online is wasting clinician time with having to re-complete referrals that cannot be submitted.	5/11/2016 1:07 PM
32	Potential client requests a service, is advised about MAC, opts to contact MAC themselves, then calls back advising they have been found ineligible. This has happened several times, with clients being told they are 'not frail enough' One gentleman wanted a gutter clean and advised he is 86 no longer climbing ladders - was still told ineligible. - isn't CHSP meant to be entry-level?? Another was an 80+ year old woman seeking gardening support - told ineligible.	5/11/2016 7:42 AM
33	our clients are very overwhelmed when the RAS team contact them as we have already put services in place (as per advised on the initial referral) Our clients have mental health issues and do not understand why or who the RAS team are, then phone us in a panic	5/10/2016 4:56 PM

34	Why are highly trained allied health professionals working in hospitals required to refer though MAC if they already know what service the patient requires and the quickest way to access these services is to refer directly to the provider? There is an unecessary amount of duplication of referrals and I find it hard to believe this is saving the goverent money. It is ridiculous that a MAC referral is required for a patient to access the community bus to their local shopping centre of for a single rail to be installed in the bathroom.	5/10/2016 11:34 AM
35	Service providers unable to receive feedback regarding referrals and therefore cannot support clients. Cleints with dementia and related disorders are confused when contacted. Referrals by health professionals reassessed by RAS and then inappropriate recommendations/referrals made.	5/10/2016 9:09 AM
36	The online referral form is great and quick and easy. The lack of feedback or ability to find out where the referral has progressed through the system is a huge issue. We do not know if the patient has been liked with appropriate services as per our request and this is a risk. Access to home care used to send out a email indicating which provider and what services the patient was referred to which was of great use to clinicians when the patient returns to hospital or to provide handover to the approprite provider in the community. It also appears we spend time writing out all the referral information however this does not seem to be recieved by the provider. There does not appear to be sufficient information handed over to the service provider about the patient.	5/9/2016 5:34 PM
37	SW refers to MAC asking for a specific provider as SW has phoned and found out they have capacity but MAC sends referral to RAS instead so client misses out on service. Referral goes to RAS but they do not arrange Council Community Bus transport which was the main reason for the referral. All referrals from SW going to RAS despite full multi disciplinary team assessments completed while an inpatient (ie OT, Physio, SW) Client having assessments by multiple therapists Clients referred for short term showering or shopping not getting support to facilitate discharge from hospital because MAC has decided a RAS assessment is needed first (long wait applies), despite being told that referral is urgent and that all Multi disciplinary assessments have been done.	5/9/2016 4:51 PM
38	No idea how long wait times are to tell client, not sure if referrals will be accepted etc	5/9/2016 3:57 PM
39	Had to return call to assessor re: referral and spoke to different person. Initial assessor left 2 more, impatient, messages for a return call. She obviously didn't get my message, or notes not updated. Communication breakdown	5/9/2016 3:37 PM
40	RAS assessors going to assess again when qualified clinicians in conjunction with client/family have already confirmed discharge plans. Doubling up. Disrespectful to qualified individuals.	5/9/2016 10:39 AM
41	Again, no feedback from MAC if referral actioned. Can be difficult to talk to MAC about referral - takes too long and helpfulness depends on who you talk to. Difficult to get the same person if you ring back.	5/6/2016 8:33 PM
42	Referrals are not always followed up. Cannot guarantee safe discharge from hospital any more as cannot organise services directly and never know whether MAC will follow up or not. There is no feedback from MAC to let referrer know if there has been follow up. Clinicians spending an inordinate amount of time trying to work around the MAC system so that they can reassure themselves that discharge from hospital is as safe as can be.	5/6/2016 4:43 PM
43	Multiple providers completing assessments.	5/6/2016 3:50 PM
44	Examples of patients declining services because there has been such a long waiting time that they have either forgotten about the referral or have found other means of support (eg from family.)	5/6/2016 3:45 PM
45	Not enough Level 4 available and client needs therefore not met	5/6/2016 3:22 PM
46	Not being able to specify certain services required, nor local service provider.	5/6/2016 3:20 PM
47	Referrals for our program have declined significantly since the introduction of MAC. This could be due to knowledge of referrers, issues re finding programs via the portal.	5/6/2016 3:19 PM
48	Referrals are not processed in an appropriate time period for hospital discharges therefore placing these patients at high risk of readmission. Referrals are not always processed to the correct organisation and the detailed information documented in the referral is not passed onto the service provider.	5/6/2016 2:42 PM
49	Clients sometimes not understanding purpose of RAS assessment - clients referred by hospital for a determined services (ie. cleaning), then receiving phone call from RAS assessment and declining ax because they don't understand connexion between RAS and the services they were referred for. Later on they contact hospital to enquire why services are not in place. Referers not being contacted to discuss outcome of referrals even when discharge from hospital depends on outcome of referral. Referers getting mixing informations when speaking to diferent people over the phone - ie. I contacted MAC and was told that they needed to speak to my client in order to proceed with the referral. Next day, I rang again with the client besides me and I was told that there was no need to talk to him.	5/6/2016 1:20 PM
50	As a health professional, I am not allowed to f/up or discuss referral with MAC. Receive no confirmation that services will be provided on time for discharge of patient from hospital to home with the services requested.	5/6/2016 12:23 PM

51	Clients feeling bullied into accepting a RAS assessment...even after receiving an ACAT assessment. Incorrect information being given by RAS assessors. Little understanding my some RAS assessors about the nature of services. Confusion about the differences between RAS assessment and ACAT assessment.	5/6/2016 11:37 AM
52	Referrers are not able to find out who received a referral so it is hard to check if requested service was provided or not, particularly unhelpful with clients with memory loss.	5/6/2016 10:43 AM
53	RAS has referred for several different services, but client is not aware of what they are or that they will be contacted by multiple providers. Nothing in writing found in clients' homes. When original referrals are rejected, there is no timely/organised way of anyone reviewing this and sending them back to be referred to other providers. Client is not notified of this and subsequent delay.	5/5/2016 6:04 PM
54	My Aged Care is not user friendly to clients who has no capacity or lack of family assistance. My Aged Care is unable to fill the gap.	5/5/2016 5:58 PM
55	Client promised a service provider would contact them the next day - unrealistic expectation	5/5/2016 3:06 PM
56	All clients whom are recommen for Level 3-4 are eligible for Level 1-2 - this is a service provider issue. The client will not get a reassessment as the highest eligibility will always remain the current approval.	5/5/2016 11:17 AM
57	Clients believe once RAS has seen them services will commence immediately- however they still need to see service provider and complete their paperwork which is as much as an Assessment Referrals have dropped off dramatically	5/4/2016 4:48 PM
58	older people being contacted by too many services and refuse respite.	5/4/2016 3:47 PM
59	Not communicating with the current service provider about what services are already in place.	5/3/2016 10:32 AM
60	Clients are confused as to why they need to be contacted by so many people. If an OT sees a client for a separate referral and refers to e.g. other disciplines/domestic assistance - a RAS assessor should not need to go out as the client has had a comprehensive assessment and recommendations from a qualified health professional. Emphasis on 'consumers being bombarded from service providers asking for the same information, not on referral' and 'clients which service providers have referred to MAC, referral very slow to come back'	4/20/2016 2:04 PM
61	As a Home Care Coordinator I find it frustrating when I get a referral for a service the person is already getting and also getting referrals for client that can manage at home and also have a partner that is capable but choose not to do things because the services are inexpensive.	4/20/2016 12:19 PM
62	getting repeat referrals, after client has been contacted.	4/20/2016 10:57 AM
63	when a client is re-referred to a RAS agency, the contact centre don't always send it back to the original RAS agency, therefore loss of continuity for client.	4/20/2016 10:00 AM
64	There are some mental health clients (not often) where it is inappropriate and potentially risky for the client's wellbeing to introduce an unfamiliar staff member eg RAS assessor. I have rung MAC about this and there was no satisfactory answer.	4/19/2016 5:55 PM
65	Clients not using MAC as too hard and can bypass the system.	4/19/2016 5:54 PM
66	Clients not able to search for a provider by location as post code is incorrect Tailem Bend SA 5260 90 Year old client waits 3 months for the RAS request to have support person ignored has assessment is confused doesn't know what to ask for get re referred for another assessment	4/19/2016 5:03 PM
67	Speaking to consumer who declines service when referral specifically states that consumer has dementia and to speak to carer regarding referral	4/19/2016 2:34 PM
68	We have current clients of our service who contact MAC for a different services, but we cant access their profile on MAC as they were our existing client and therefore not referred to us.	4/19/2016 1:48 PM
69	Closing referrals when clients don't answer or decline without checking back to referrer- risk issues when the problem is dementia, or people are moving between own and carer's home Lack of assertive options for clients with dementia, especially living alone Have never received formal feedback about at MAC referral outcome	4/19/2016 1:08 PM

Q8 What issues are you experiencing with My Aged Care in relation to TIME? Please select any which apply to you and add additional issues as required.

Answered: 246   Skipped: 146
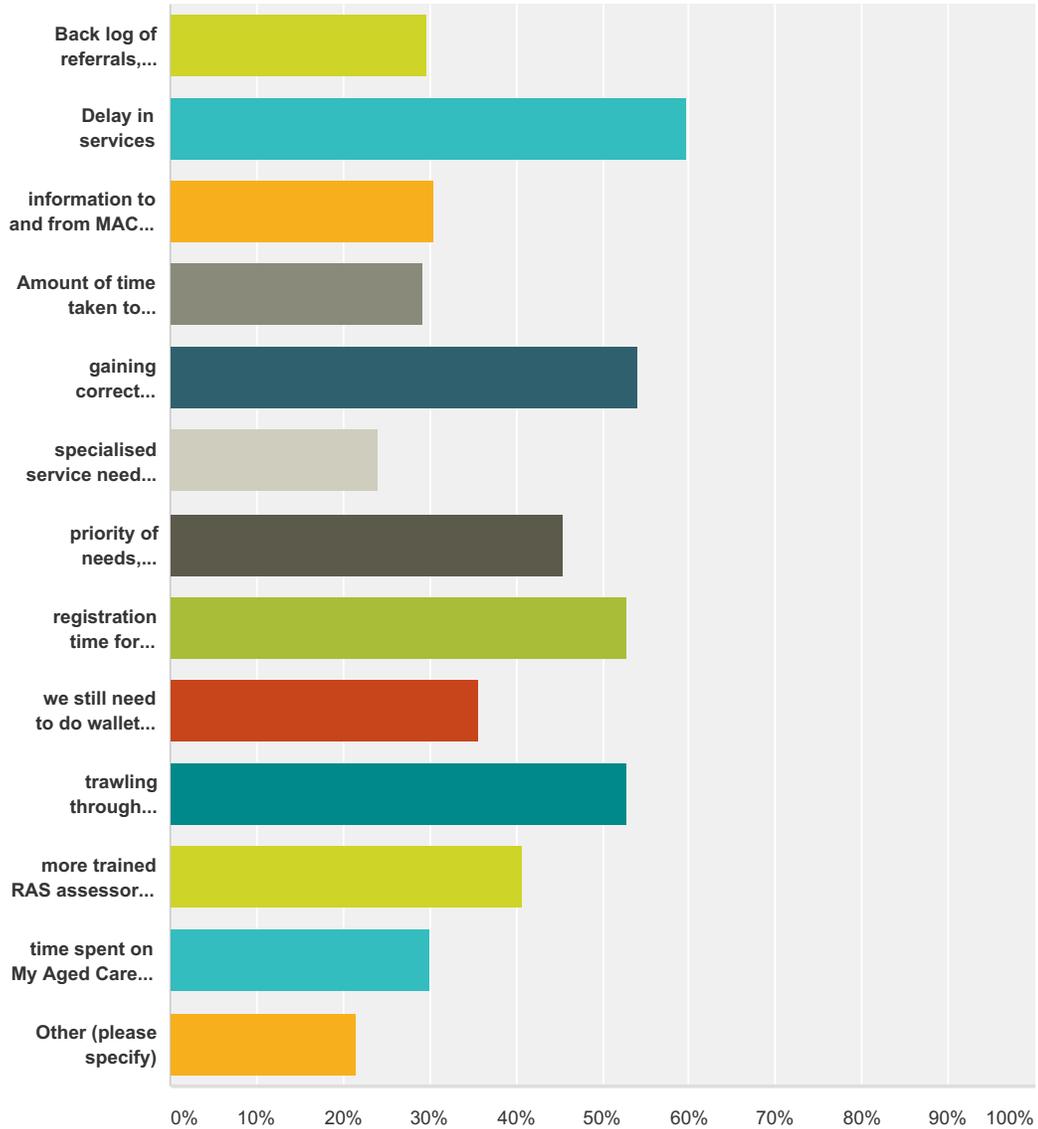
Answer Choices	Responses	
Back log of referrals, straight to RAS now and they have a back log too	29.67%	73
Delay in services	59.76%	147
information to and from MAC to ACAT is often incomplete (more time delays for consumer)	30.49%	75

Amount of time taken to re-screen	**29.27%** 72
gaining correct information - service providers having to do additional assessment (not funded to do this)	**54.07%** 133
specialised service needs, not being prioritised eg: short term training for vision impaired clients, MAC knew of priority, palliative care clients	**23.98%** 59
priority of needs, extremely poor	**45.53%** 112
registration time for clients and having to repeat story/info to RAS	**52.85%** 130
we still need to do wallet check and WHS	**35.77%** 88
trawling through information to find basic facts (64 page referral)	**52.85%** 130
more trained RAS assessors needed, improve quality of assessment and wait time	**40.65%** 100
time spent on My Aged Care service provider line to make changes and time spent on portal eg: 81 yr old woman born in Australia who speaks English at home turned out to be an 81 yr old man born in Italy who spoke limited English. My Aged Care would not change the client details. The client needed to call and make the changes.	**30.08%** 74
Other (please specify)	**21.54%** 53
Total Respondents: 246	

#	Other (please specify)	Date
1	Having a referral closed due to the person not returning call due to memory lose and not remembering to call, meaning another referral was needed and the person whom needs services was put to the bottom of the line again.	5/30/2016 3:02 PM
2	Priority of service not consistent	5/28/2016 5:31 PM
3	Being asked to do work for MAC. IE. paraphrased " we have tried to ring the client three times and are now going to make the MAC referral inactive. Can you ring the client to advise them of this or tell them to ring MAC. IF they don't get MAC assessment they cant continue with the services already in place" We have had to put on an extra 1 fte admin support since MAC started for NO service improvement.	5/27/2016 12:22 PM
4	no recognition of support required by carers. This has to change.	5/27/2016 12:16 PM
5	Seems to be a long delay for clients waiting for RAS ax. More than one client reported contact with MAC then waiting 2-4 months for RAS - member had been placed as services requested were for Social/Respite day programs and carer was already overwhelmed by the time they had contacted MAC initially	5/20/2016 2:16 PM
6	Providers should not have to do a Wallet check as the RAS are in the client's home conducting an assessment, it should be done then. Providers are not funded for all this extra work, therefore our Agency is not doing a wallet check.	5/20/2016 11:16 AM
7	Expectation of time frame by MAC is unrealistic, often given high priority jobs for low priority services ie high garden referral. Turn around times often extended as waiting for diagrams, customers choice of getting done and or availability of contractors to get back to service provider	5/19/2016 5:22 PM
8	Our biggest issue is with Home Mods, we will receive diagrams from the OT and then we are waiting 2 - 3 weeks before we receive the MAC referrals and there are occasions when we never receive the referral as it has been sent to a different service provider	5/19/2016 12:27 PM
9	It is taking the service provider a lot of additional time trying to work with the system and the client and families. The phone calls back and forth with My Aged Care, working with the family and client, hospitals etc. Something that was really quite straight forward is now so arduous that it is so frustrating to everyone!!!	5/19/2016 12:10 PM

| 10	More trained MAC assessors at the initial screening required. Feedback received from some clients have included: difficulty understanding, was not explained what the process is, details taken reference number given - client not sure of who will call and what happens with the screening.	5/19/2016 11:49 AM
11	My aged care is a total disaster for time poor GPs in rural areas	5/18/2016 8:46 PM
12	It is impossible to meet the timelines of service provision if one is a part time employee.	5/16/2016 3:37 PM
13	I think that it is not a matter of needed more RAS assessors but a matter of identifying the real need for them to complete visit. Eg Man seen by Multidisciplinary team Comprehensive assessment completed including Nurse, Physio, OT, social worker, home Consultant visit. ACAT current Home care package in place. Required wound care, referral to My Aged Care for nursing service, generated RAS assessment to enable funding to be approved. RAS assessor attended the home for nearly 2 hours to compete assessment. this is not an example of the person needing to tell their story less times. All other services had collaborated to share the information with the consent of client. When I tried to advocate for this to occur for this client. I was clearly told that if the person wanted the funding for the wound care then they were required to sit through another assessment.	5/16/2016 11:01 AM
14	As a clinician i am now having to spend a significant amount of time reviewing whether the client has actually received the right service they were referred for in the first place, due to lack of transparency despite having written client consent to allow communication between services (client centered!!!). No follow up/ feedback from MAC or assessor regarding query re urgent referral, despite MAC stating they had emailed the assessor as urgent. This resulted in further delays to client receiving service which was urgent, they declined as they were so fed up with the delays in the process.	5/13/2016 12:58 PM
15	Training would be a good start - perhaps an education level appropriate	5/13/2016 11:25 AM
16	Told multiple times that we cannot get the information needed to provide the service or clarify information and the consumer needs to call MAC due to confidentially issues even if we have all her confidential information we just need to know what's happening with another referral.	5/12/2016 6:04 PM
17	Some of the contact centre staff have very poor knowledge and/or very poor customer service skills. I have found many of them to be rude and difficult to deal with.	5/12/2016 5:17 PM
18	Constant followup required as referrals not getting to right place, right service provider and clients contacting us to know what is happening	5/12/2016 4:45 PM
19	We've been transferred from one department to another and from MAC to dept to RAS and back trying to get our provider details changed and no one can do it	5/12/2016 3:58 PM
20	Im not sure if this is relevent, from a clients point of view ACAT staff appeared inexperianced and could not answer questions that had been asked of them. Staff giving out flyers and not assisting clients in information of how to fill out the forms relevent to their needs in a overwelming process.	5/12/2016 3:35 PM
21	having to still work out how to use the portal - we use it rarely as clients mostly self refer, so we don't remember how to use it. Clients are not able to communicate to the original operator effectively so we have to do it with them. So takes much more time when we just did our own assessment. We still have to do our own assessment anyway. It only saves us from visiting the client in the home. We have had sever educational sessions, explaining how MAC works and clients are still confused and too scared to ring due to all the rigmarole.	5/12/2016 2:50 PM
22	Referrals that clients have not requested	5/11/2016 5:38 PM
23	Not following information provided on the referral form given by the health professional	5/11/2016 3:15 PM
24	RAS assessors not really qualified to make judgement on what is better options for client - increasing LOS due to inability to send to appropriate provider	5/11/2016 2:15 PM
25	If MAC is having system errors and will not be able to accept a submitted referral, I would prefer this be notified at the initiation of form completion, not when I have spent time completing it and then not be able to submit and get a 'try again later' mesage	5/11/2016 1:07 PM
26	We used to be able to 'patch together' interim services in the community or from hospitals for people awaiting more longer term services i.e. short term packages, HACC servcies, Dom Care etc. until ACAT could be completed and a home care package was organised. This reduced the risk of re-admissions to hospital and reassured patients and families that patients would have something to 'fill the gap'. This is now a near impossible task. It is easier to now await and acat assessment (which could take several weeks or even months) rather than putting the patient through a barrage of assessments only to find either nothing has come of it (due to ridiculous waiting times) or that the referrals have not gone to where they need to go due to lack of experience of MAC and RAS staff and also due to a gross lack of communication.	5/11/2016 10:57 AM
27	Inconsistency between RAS providers - it appears that some make more effort than others. Similar experience at MAC - some appear to be poorly trained and lack awareness of diverse needs of older population.	5/11/2016 7:42 AM

28	MAC and RAS assessments should not be required for patients already assessed by OT, PT and SW while in rehab, this dalays the implementation of services and must be costing much more for all these uneccesary assessments. The patient also becomes overwhelmed and confused with so many assessments.	5/10/2016 11:34 AM
29	3 months wait following referrals resulting in hospital admissions. Non clinical/professionals staff assessing and referring	5/10/2016 9:09 AM
30	The timeliness of patients being linked with services post discharge from hospital is a large concern, patients returning home with limited supports in place and having to wait extended periods is a risk of them falling or returning to hospital not coping at home.	5/9/2016 5:34 PM
31	Urgent referral are not being picked up. Clients needing showering and shopping support not getting services for weeks or months, reflects badly on referrer. MAC tells referrer that client must phone if it is urgent, including people with cognitive issues that are not capable of phoning, or people post stroke that have speech deficits.	5/9/2016 4:51 PM
32	Things are getting missed by rushing and not giving time to all areas	5/9/2016 10:08 AM
33	Not being able to inquire about a referral you placed to MAC because you are not the client.	5/6/2016 4:45 PM
34	Do not follow up referral at all unless re contacted (often following patient complaining or readmission to hospital due to services not being put in place)	5/6/2016 4:43 PM
35	Referrals sent to RAS when not necessary - likely contributing to back log and duplication of information. I have been instructed to mark referrals as urgent but despite doing this and clearly indicating which service provider would be appropriate this does not improve the flow and timliness of processing referrals.	5/6/2016 3:45 PM
36	Slow referrral process since introduction of MAC	5/6/2016 3:22 PM
37	SW spending massive amount of time on hold trying to find information out about client MAC staff refused to speak to her without the client present, even though she had permission	5/6/2016 3:14 PM
38	All the above. Time is an ongoing issue that is very frustrating from the hospital perspective. Hospital referrals are definetely not prioritised despite marking them as urgent. Delay in services means unsafe discharges home and potential readmissions to hospital. Information fed back from family members and GP's have been that patients have deteriorated since they have returned home due to the lack of services organised.	5/6/2016 2:42 PM
39	As a referrer we are given no indication of when the services will start which is critical when trying to organise supports on discharge from hospital.	5/6/2016 12:23 PM
40	No consideration given for dementia specific services....dementia does not fit under the re-enablement model.	5/6/2016 11:37 AM
41	Specialised Services have yet to be activated in the portal.	5/6/2016 10:06 AM
42	Time is wasted when you are required to complete X3 referrals for the same client because MAC staff do not read the forms when multiple issues need to be addressed or you have to phone MAC and say that they have addressed one issue but overlooked another - or they didn't read it correctly the first time/spelt name wrong	5/5/2016 3:06 PM
43	End up performing an Assessment but we are not funded to do so.	5/4/2016 4:48 PM
44	Lengthy wait time for information and reports to load	5/3/2016 10:32 AM
45	Maybe because we are in a rural area or for technical reasons, internet access can have problems. i.e, dropping out, not saving entries and having to re-visit the site again.	4/28/2016 2:52 PM
46	Any one of these should have alarm bells ringing, and it happens and continues so very frustrating. These assessments originally done by RN's in the field, can see the client, actually assess what they want and what is needed, understand the conditions client has. But we get barely any info and we do it all again anyway. Consistently!	4/20/2016 2:59 PM
47	Significant delay in processing referrals. I referred to MAC for personal care assistance for a client who had a broken tibia and was in a moon boot for 6 weeks - by the time the RAS assessor received the referral and saw the client, she was out of her moonboot and back independent. I had specified on the online referral that the referral was URGENT and required immediate action. And further to this, a RAS assessor was not required when an OT had conducted an assessment and referred for personal care, this should be sufficient to proceed and not require a RAS assessor to be involved. Client time in re-telling their story additional times to prior to the MAC system being in place, if self-referred the client will tell their story to MAC for referral, to RAS during assessment, and then again to either service providers and/or health professionals as we do not receive the information gained in the initial assessments - and even if we did, our wait lists are so long that we do not have time to read a 64 page document on each client.	4/20/2016 2:04 PM
48	RAS assessors are poorly qualified and yet are making judgements that a professional(i.e. Nurse / OT) should be making. RAS assessors telling clients they can have things that they don't actually need or want right now Clients complain they (RAS) are too pushy.	4/20/2016 10:57 AM
49	Client information gleaned via a RAS assessment is not always viewed/accessible by service provider referral officer	4/20/2016 10:00 AM

50	Difficult to contact MAC then need to contact family to make the same contact even though the family would prefer the RN to explain the issue	4/19/2016 8:04 PM
51	not an issue as I rely on my intake officer to get info.	4/19/2016 5:54 PM
52	Nil response	4/19/2016 5:10 PM
53	Specialist clinical service having to keep case managing people for lack of response via MAC and MAC system not compatible with clients' capacity to navigate	4/19/2016 1:08 PM

Q9 What issues are you experiencing with My Aged Care in relation to CLIENT CENTRED SYSTEM? Please select any which apply to you and add additional issues as required.

Answered: 247   Skipped: 145
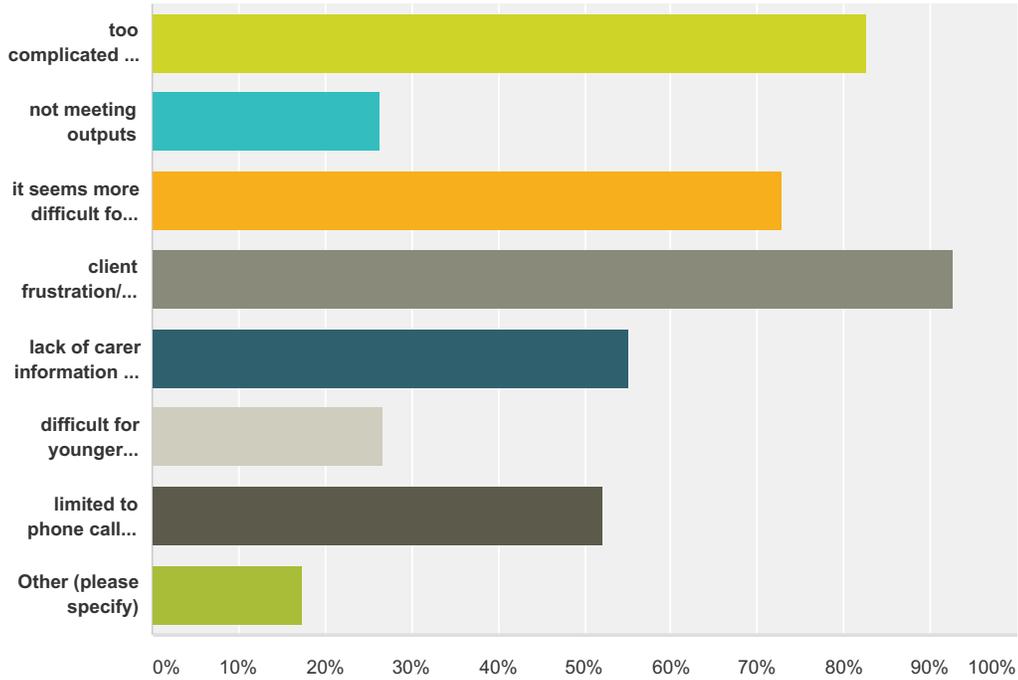
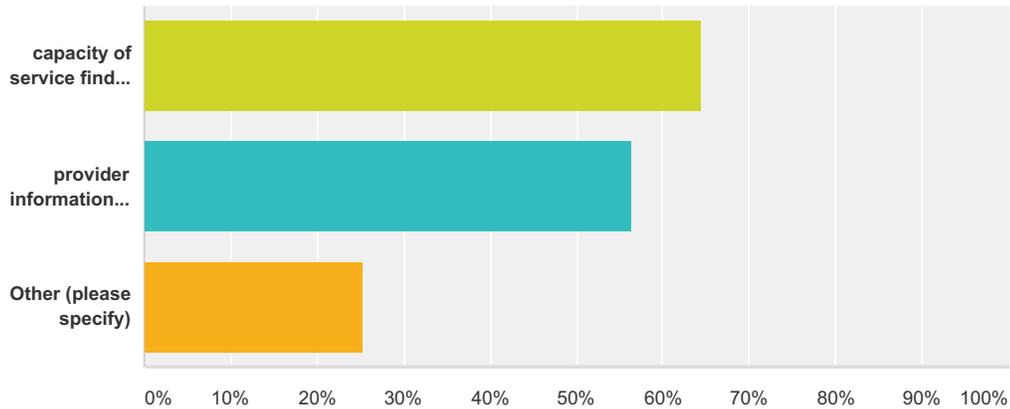| Answer Choices	Responses	
too complicated for clients, too many steps to access services eg: client makes enquiry with service provider - referred to MAC - then RAS - hopefully back to service provider	82.59%	204
not meeting outputs	26.32%	65
it seems more difficult for consumers to access services	72.87%	180
client frustration/confusion	92.71%	229
lack of carer information - only focused on recipient	55.06%	136
difficult for younger clientele with multiple health issues (mental health)	26.72%	66
limited to phone call contact - not building a relationship with clients	52.23%	129
Other (please specify)	17.41%	43
Total Respondents: 247		

My Aged Care Feedback

#	Other (please specify)	Date
1	Some clients not willing to provide details over the phone, very concerned for safety . One client with poor mobility worried to share this to a stranger on the phone.	5/28/2016 5:31 PM
2	Poor referrals made. A barrier to service provision and puts some people off.	5/27/2016 12:22 PM
3	People want and need face to face - not everyone has digital access or competency	5/27/2016 12:08 PM
4	-Have found our Allied Health referrals have dropped in some areas but increased in other disciplines. This will affect our reporting of outputs. This is a concern that is out of our control. - lots of feedback from clients who are choosing to not engage with MAC as it is very confusing and time consuming and prefer to go without services . How can this be a good option?	5/24/2016 3:08 PM
5	Customer being sent to other than preferred service providers. This is frustrating for customer and provider. Where service provider can supply service often we are getting the dregs of work and see other services we can do go to another agency. ie in maintenance field we get check smoke detector and another agency gets significant maintenance work	5/19/2016 5:22 PM
6	Pretty much all of the above	5/19/2016 12:31 PM
7	We have had clients that do not speak a word of English and have therefore made referrals on their behalf and advised MAC of this. MAC then contact the client without an interpreter. The client does not understand and then we find out that the file is closed. This is an area which needs to be addressed sooner rather than later.	5/19/2016 12:27 PM
8	What a mess!! Services providers have to deal with angry and frustrated family members, clients, hospitals, doctors... the list goes on!!	5/19/2016 12:10 PM
9	Service request by clients is limited to their knowledge and understanding of health related issues eg benefits of physiotherapy or occupational therapy (aside from home safety assessments!!!!) Who wouldn't be asking for domestic assistance, gardening, shopping if they can get it cheap!! The question needs to be asked why this request - what might be the underlying cause eg declining mobility?	5/16/2016 3:37 PM
10	Repetitive for client. Does not embody "telling their story once". Current system has delayed services for all types of services. Low level needs are clogging the system with unnecessary RAS'.	5/16/2016 2:11 PM
11	Very unfriendly system for people with Dementia living in the community with limited family and other formal supports. When attempting to advocate for these clients through the system hitting barriers because Person at the other end of the phone saying that service providers that do not have need for Auskey can not be validated therefore no sharing of information. Meaning that all phone call require the need to drive to the persons home and wait in the home with them while on hold to My Aged Care so the person can consent for the conversation to proceed.	5/16/2016 11:01 AM
12	lack of use of clinical reasoning within MAC/RAS resulting in repetition of questions being asked and doubling up of assessments. as a referrer, i am unable to advocate for my clients regaring services i had referred them for in the first place. particularly an issue when we deal with vulnerable clients who do not have supports to advocate for them!	5/13/2016 12:58 PM
13	Its not a client centered system.	5/12/2016 9:08 PM
14	Narrow service types means that it is difficult to tailor a service to a client need - it has to be a match for what is in the system or they get nothing - so they take what is offered rather than what they need which would be cheaper!	5/12/2016 3:58 PM
15	People with younger onset dementia are not able to seamlessly access services through the MAC system even though they are able to access ACAT services and Home Care Packages. No information on the website exists for this client group. Aboriginal clients are not aware that they are eligible after the age of 50 years.	5/12/2016 1:23 PM
16	The is not information brochure or easily printable information from the MAC website to take to consumers if you are another service provider/agency NOT under MAC (ie; public health services), but we have to direct them there for anything. It seems that more steps have been put in to get very simple things arranged - for example accessing the previous council HACC services. It's not user friendly for the current older aged group (ie: 75yo+), the younger ones who are more familiar with online registrations, enquiry and central call centres etc seem to manage this better. The older group find this very confusing and are avoiding calling and doing without. They want to be able to call a person back who knows what happened last time they called.	5/12/2016 1:16 PM
17	Client only wants a little help but it is something they need .. when advised of the MAC system they get frustrated with us even though we assist with inbound referrals or phone transfer. We get negative feedback about MAC but we do not have any control over it. Clients call MAC and are given the wrong information ie. they think they are going to get services the next day.	5/12/2016 11:54 AM
18	By the time clients get to us they are very confused and frustrated.	5/12/2016 10:54 AM
19	Limited times allocated for Translating / Interpreting.	5/11/2016 5:38 PM

20	Consumers have been abandoned by the system. No one agency is a key point of contact for the client anymore and its difficult for them to complain, seek feedback or even understand why there are so many people coming into their homes.	5/11/2016 5:06 PM
21	not user friendly and more confusing for clients and families as has increased assessments taking place and options available.	5/11/2016 2:15 PM
22	The blanket "confidentiality" clause that is used when seeking feedback on inbound referrals that service provider made in the first place. Request just for basic information on progress of referral - not requesting anything to be divulged about the client - it's very frustrating!	5/11/2016 7:42 AM
23	Client unable to be supported by health professionals due to 'confidentiality' even if the health professional made the referral and client needs support by health professional as has dementia and no family supports.	5/10/2016 9:09 AM
24	Often clients are unable to advocate for themselves	5/9/2016 4:51 PM
25	Multiple service providers being used when one could be responsible for all the services increasing efficiency and decreasing client confusion/frustration. Heard many stories of clients having 8-10 different people from different services turning up in one day, when the same service could have done everything.	5/9/2016 10:39 AM
26	They often dont actually follow up the referal	5/6/2016 4:43 PM
27	Often MAC wanting to confirm/speak with the patient when I have completed the referral, the patient is unable to speak on the phone - eg has already discharged home, has cognitive impairment and unable to provide reliable information.	5/6/2016 3:45 PM
28	not client centred at all does not take into account how overwhelming the system is for frail aged does not allow fo those clients who have already been assessed by skilled clinicians to make decisions reservices	5/6/2016 3:14 PM
29	Very difficult for the aged care population - hearing impairment, ESL. The hospital have requested a particular service, this needs to be forwarded on and the clinical skills of the therapist needs to be respected rather than challenged. Elderley patients are receiving multiple phone calls and they are unsure who it is from or what the purpose is. Organisation of services has now become more complicated and the service has definetly not simplified things.	5/6/2016 2:42 PM
30	MAC staff are not trained to work with elderly people, cognitive impairment.	5/6/2016 12:23 PM
31	Still no clarity on if carers are supposed to be registered to receive services in their role of caring for someone who is over the age of 65...If the carer is under 65 this causes issues with registration.	5/6/2016 11:37 AM
32	Difficult for clients who has dementia and cognitive decline.	5/5/2016 5:58 PM
33	Disability clients are disadvantaged	5/4/2016 4:48 PM
34	No case management for older clients who are trying to deal with too many organisations are expected to self manage. They tend to knock back services.	5/4/2016 3:47 PM
35	Carers find it very difficult	5/3/2016 12:00 PM
36	It is just a frustrating process as clients are totally confused. It is easier to do the referral for them to save them extra stress.	5/3/2016 9:48 AM
37	Hearing impaired Clients cannot manage on the phone, very frustrated, too long	4/29/2016 5:29 PM
38	Enviromental factors. ineligible clients when service provider eventually arrives at clients home. Clients rapport with local people - (inside information)	4/26/2016 5:01 PM
39	Complicated system where a client will contact someone outside of their local area to refer to a local service provider. Clients do not understand why they need to see a RAS assessor, and then the assessments/disciplines/services they originally required. No scope for younger clients to be referred who have significant difficulties but do not meet Disability SA eligibility, i.e. palliative care - but not End of Life Choice.	4/20/2016 2:04 PM
40	Anyone can say anything over the phone and increase their limitations to get more services.	4/20/2016 12:19 PM
41	Client still repeating story, RAS not LISTENING to the client, being referred for something they did not request, RAS unable to see the bigger picture of clients needs. Clients with a dementia diagnosis are extremely confused as are the family - trying to ring everyone and wait - especially when they know the service they want / need is on their doorstep and they can speak with us face to face.	4/20/2016 10:57 AM
42	We have current clients of our service who contact MAC for a different services, but we cant access their profile on MAC as they were our existing client and therefore not referred to us.	4/19/2016 1:48 PM
43	System has an expectation of high cognitive functioning which is not realistic.	4/19/2016 1:08 PM

Q10 What issues are you experiencing with My Aged Care in relation to SERVICE FINDER? Please select any which apply to you and add additional issues as required.

Answered: 135   Skipped: 257

Answer Choices		Responses	
capacity of service finder needs to increase		**64.44%**	87
provider information keeps changing eg: incorrect post codes of areas covered by a particular service provider		**56.30%**	76
Other (please specify)		**25.19%**	34
Total Respondents: 135			

| #	Other (please specify)	Date
1	Not enough consumer information	5/27/2016 12:36 PM
2	service finder doesn't accurately portray the services a Provider offers resulting in inappropriate referrals ie our Agency offers only short term Personal Care but this service is only able to be listed as Personal Care.	5/20/2016 11:16 AM
3	N/A	5/19/2016 3:32 PM
4	Not applicable to us	5/19/2016 12:27 PM
5	We hardly ever get any referrals so I'm guessing its not working very well. I don't know how many times you can spell a town a different way!!!	5/19/2016 12:10 PM
6	Services placed under wrong service type Not up to date, and saying have availability when they don't, they then either don't accept client or they do and clients go on wait list, which we are trying to avoid.	5/17/2016 1:07 PM
7	not all inforamtion reacting service providers	5/16/2016 6:04 PM
8	Some services are not on service finder but are known to exist (organisations are not aware about how to put on service finder-some difficulty for smaller community services who provide CALD specific services). Inaccurate - does not reflect services provider by service provider - Repetitive - some service providers appear multiple times under a service area.	5/16/2016 2:11 PM
9	Inaccurate - not up to date	5/16/2016 11:55 AM
10	very basic format. options that come up are not necessarily relevant or appropriate. computes long lists of providers with no way of drilling down further. does not take into account, state government funded programs which skews referral options towards NGO/private without taking into account specialist assessmet services available via state government services and not via NGO. appears to restrict RAS referrals to these services only.	5/13/2016 12:58 PM
11	Waste of money	5/13/2016 11:25 AM

12	Not built for the use of older individuals.	5/12/2016 9:08 PM
13	We have altered our details to make corrections and every time we go back in the details have gone back to being incorrect	5/12/2016 3:58 PM
14	Never use it	5/12/2016 2:50 PM
15	HCP availability is the main thing. Lots of people are now being approved for HCP but there are fewer available, especially the level 3/4. Level 1/2 are being offered in the interim (which ends up being long term) and people are having greater difficulty in getting L1/2 packages to begin with.	5/12/2016 1:16 PM
16	Works reasonably well for us	5/12/2016 11:54 AM
17	Some lists come up for interstate providers - unclear if this is correct or not	5/12/2016 10:14 AM
18	Services are not always listed Did not realize that we had to have an ID number before staff would speak with us.	5/11/2016 5:38 PM
19	Please provide professionals to undertake assessment and not RAS - the cheap option- as ultimately this is costing the system a lot more money. It is ineffcient and resulitn inhospital admissions due to delays and inappropriate referral for untrained assessors.	5/10/2016 9:09 AM
20	Sometimes service providers state they have capacity for CHSP but then quickly request an ACAT to move client onto a HCP when client only wants cleaning support.	5/9/2016 4:51 PM
21	Has appeared OK lately.	5/9/2016 10:25 AM
22	Not a complete list and lack of familiarity with local area	5/6/2016 4:43 PM
23	I feel that MAC is not trained in the areas that we work in and have not addressed our issues since its inception. We are at the front line and the service from then on is poor or ignored	5/6/2016 3:22 PM
24	Unable to find service provider due to a glitch in the system. As the regional assessors portal looks different to the service provider portal this problem is difficult to pick up. As a service provider we were unaware that we could not be found until a regional assessor contacted us. In the mean time our referrals continue to dwindle	5/6/2016 3:19 PM
25	Hospitals need to be very specific as to the service provider including providing contact details.	5/6/2016 2:42 PM
26	I've actually stopped using the service finder because it is a waste of time. A Google search or Seniors Information Service provides better information.	5/6/2016 11:37 AM
27	Services are appearing that do not geographically correspond to postcodes selected in search	4/29/2016 12:03 PM
28	Information updates and entries do not always 'save' or rejected because the menu's of choice are limited or not particularly appropriate/relevant.	4/28/2016 2:52 PM
29	postcode error - type in 5260 and the drop box displays Tailem Bend and Elwomple, click on Tailem Bend and one comes up - MMACG - Change the 5260 to 5259, select transport and search and several including ours is displayed.	4/26/2016 3:23 PM
30	See previous response - Tailem Bend does not exist!!!!	4/21/2016 9:49 AM
31	I am the only service provider in my town and have limitations regarding staff and services that are able to be provided.	4/20/2016 12:19 PM
32	Not enough choices for carer related services	4/19/2016 5:10 PM
33	Tailem Bend is 5260 NOT 5259 which is Elwomple SA The clients will not know to ask for an incorrect post code	4/19/2016 5:03 PM
34	clients preferrance for provider not being listened to. multiple providers accessing referrals and contacting clients	4/19/2016 3:30 PM

Q11 Suggested solutions: INFORMATION. Please select those you feel would be useful and add any additional suggestions.

Answered: 240   Skipped: 152
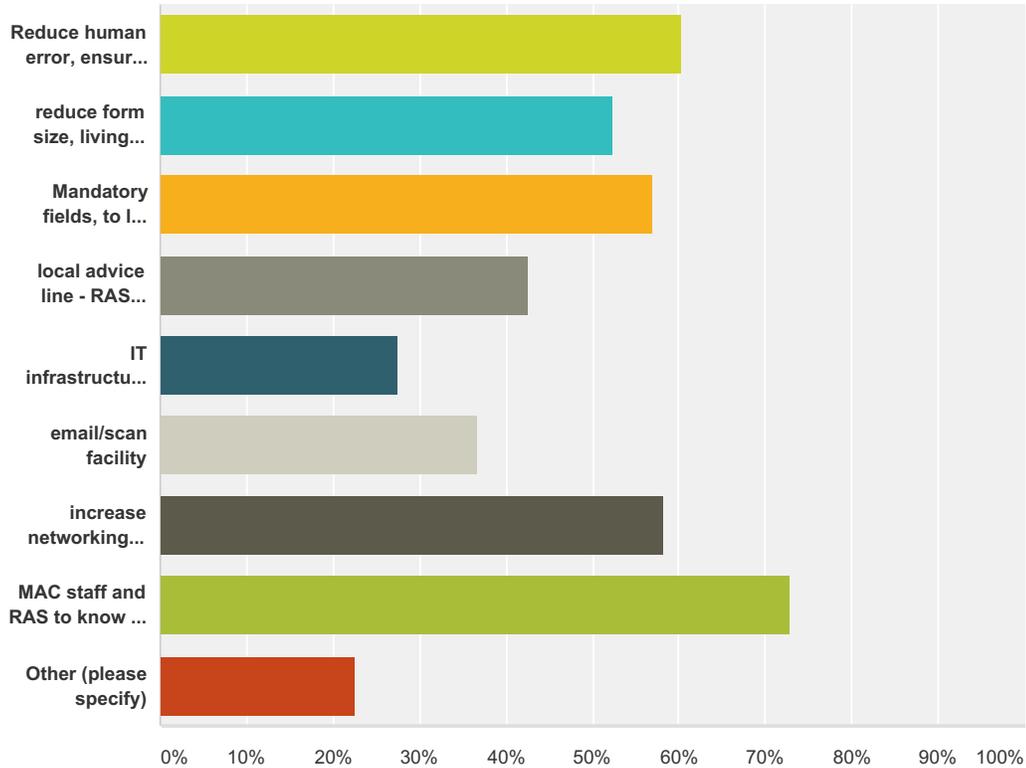
Answer Choices	Responses	
Reduce human error, ensure all information is correct, relevant or mandatory fields are completed, staff training	60.42%	145
reduce form size, living document updates as necessary	52.50%	126
Mandatory fields, to link the information to make an executive summary3-5 page summary which auto-fills from 64 pages - service/client specific	57.08%	137
local advice line - RAS (someone who is neutral)	42.50%	102
IT infrastructure needs to be set up	27.50%	66
email/scan facility	36.67%	88
increase networking between RAS and service providers, agencies to provide information and updates to RAS, one person form each agency to meet/network with RAS on regular basis	58.33%	140
MAC staff and RAS to know the local area and what is on offer, increase local area knowledge - creating zones and/or state teams	72.92%	175

My Aged Care Feedback

		22.50%
Other (please specify)		54

Total Respondents: 240	

| #	Other (please specify)	Date
1	ability to have Re-Assessment NSAF pre-populated with last version - in this way RAS could demonstrate that we have heard the client story before and want to either confirm details or are able to update the information. This way we could engage with the person reflecting on their past answers and enquiring if anything had changed - which may even be for the better (i.e. capture reablement or enhanced skills)	5/30/2016 12:06 PM
2	Allow some clients (those with paranoia, dementia, mental health issues or vulnerable) to be provided with services, despite declining RAS or phone assessment.	5/28/2016 5:36 PM
3	Communication between MAC staff and RAS assessors. More information to be provided from one assessment to the next.	5/27/2016 3:38 PM
4	need to increase awareness of carers and their needs within MAC and RAS staff.	5/27/2016 12:18 PM
5	Local advice and face to face contact but should not be RAS as they have a specific role in the system that leads to conflicted interest. Should be independent and NOT be a service provider	5/27/2016 12:12 PM
6	RAS to have a higher qualification that just a TAFE Certificate in Aged Care, many RAS don't have an understanding of how to conduct an assessment, they are just following set questions without displaying any insight into the client's needs. One RAS organisation has never met with us as a Provider stating that is not what they do. Why? It should be encouraged, we are all supposed to be helping our clients not building silos.	5/20/2016 11:34 AM
7	More information needs to be known about services that can be offered.	5/19/2016 5:30 PM
8	It would be beneficial for RAS assessor to have an understanding of what service providers in the area do and don't provide and why as well as what the CHSP funding covers. For example we receive lawn mowing requests and home maintenance for SAHT rental properties.	5/19/2016 12:27 PM
9	I do not have any other suggestions.	5/19/2016 12:22 PM
10	Reporting feedback to MAC - Frustrating that the only way feedback can be reported back to MAC is to have to ring and have it logged over the phone. Often this can take up to 45 minutes, plus wait time. It would be helpful if service providers and consumers could give feedback or make suggestions through portal using an email link. This would be a faster way of reporting feedback and would encourage service providers to give more timely feedback and report issues as they happen.	5/19/2016 12:03 PM
11	Local government / regions might reduce the massive beau racy	5/18/2016 8:53 PM
12	Fund a specific information service such as SIS to be the independent face to face contact	5/17/2016 12:29 PM
13	Given the system we are working in is less than 12 months old and will gradually improve with functionality and staff knowledge at the contact centre will improve I think making the best of what we currently have is important. With a National system, MAC will never be able to replicate the local knowledge (and it's unrealistic to expect them to) and this is why RAS and service provider engagement and relationship building could have be proactively managed from the beginning by agencies.	5/16/2016 1:48 PM
14	system validate health workers who are in a position of working with complex clients in the community to allow for improved advocacy. assessors to use skills of observation and not to read scripts to clients reducing the need to ask inappropriate questions.	5/16/2016 11:19 AM
15	Particularly for CALD older people independent brokers are needed to work with the client and family Essential knowledge and skills for the brokers: - Current Knowledge of the aged care systems: MyAgedCare; RAS; ACAT; - high level communication skills in English - high level communication skills in a LoTE - IT skills - cultural competency	5/13/2016 3:18 PM
16	State CLEARLY what the referral is for. Often we receive referral with little or no screening information. Ensure consent has been gained from the client or their legal representative, too often referrals from GP's to ACAT have not been discussed with or consented by the client. There should be no "implied" consent in this manner.	5/12/2016 5:21 PM
17	Need feedback to referrer re progress updates on referral e.g via email. Clients need to have reference number etc to follow up rather than coming back to us as referrer	5/12/2016 4:48 PM
18	Council's already act as advice lines for residents - and they have the resources available to advocate in relation to RAS. Local advice lines could be at each council (Neutral from other competitive organisations). And there is then the option for face-to-face contact that residents at times require.	5/12/2016 3:04 PM

19	We received no referrals for first 8 months. I met with the assessor when my own Mother registered and she said she has never heard of us. We were on there correctly however. We then received a few referrals from this same assessor but are now at capacity.	5/12/2016 3:03 PM
20	Service providers need to be able to access OT Diagrams for Home Modifications direct from the Portal. We currently have to search for the OT, after receiving the MAC Referral. Sometimes we receive the Diagrams from the OT, however MAC send the Referral to another organization. A lot of time is spent following up on these Referrals.	5/12/2016 12:32 PM
21	Knowing who did the RAS assessment would be useful	5/12/2016 12:00 PM
22	At present it is an ill thought thru system that is causing stress for clients and for agencies.	5/12/2016 10:56 AM
23	Ensure all details are recorded ie phone numbers, addresses, not just suburb, private number	5/11/2016 5:42 PM
24	Clearer understanding about ROLES i.e. MAC just register, screen and refer (to RAS or ACAT): RAS asses and develop goal based plans with review dates, service providers implement the support plan with a wellness approach. This is currently not happening.	5/11/2016 5:10 PM
25	MAC/ RAS assessors to be better qualified to understand the needs of the clients. reduction in assessment and double up of referrals that have increase confusion	5/11/2016 2:19 PM
26	Notification from MAC to the referrer once a referral has been accepted and information in regards to where this has been sent to, to ensure appropriatness and reduce time loss.	5/11/2016 1:27 PM
27	- Ensure that information that is sent through to MAC, eg home modification drawings are sent to the service provider. - Bring back Access2HomeCare!	5/11/2016 11:31 AM
28	exclude RAS input for Mental Health clients as this is only doubling up the same work that we provide. and would free up the RAS staff for the clients that need their input	5/10/2016 4:59 PM
29	urgently abandon RAS assessors and replace with trained staff with expertise in aged care and dementia.	5/10/2016 9:19 AM
30	All referral information to be passed on to service providers so information doesnt need to be gathered again.	5/9/2016 4:59 PM
31	Respect clinicians' decisions. RAS doesn't need to repeat assessments to determine this is the right plan. Greater clarity regarding which documents the client can/can't see. A progress notes section to be used by MAC staff, RAS staff and those with access to the assessor and service provider portals to make notes - record keeping - just like a patient file in hospital. These would not be visible by clients/families but could be viewed at their request (just like a patient file in hospital).	5/9/2016 10:46 AM
32	If referrals come from hospital clinicians the referral should be processed without delay. hospital clinicians have spent significant time with the client/patient and would have a good knowledge of their needs and the services in the local area to meet the needs. Ideall, hospital clinicians should be able to access service providers directly without having to go through MAC	5/6/2016 4:43 PM
33	some mechanism to feedback to referers (local hospitals) that assessment and referral has been completed - we receive all the phonecalls from families patients requesting information on wait times etc.	5/6/2016 4:06 PM
34	Too many referrals and assemsnts. You need to get rid of the levels of bureacracy too many people making assessments. We are AH and have made the decision and assessment so why do MAC need to reassess? What a waste of money. Why are we referring to MAC when we can refer straight to the therapy centre and they can make the assessment of criterias, why has the autonomy of each centre been taken away and duplication doubled.	5/6/2016 3:32 PM
35	Assessors need to be more aware of options available particularly in the areas of social support	5/6/2016 3:21 PM
36	exclude those clients who have already had full assessment by skilled clinicians to have to go through MAC at all - let referrals go straight through to service providers do not expand RAS team - remove it	5/6/2016 3:20 PM
37	The call centre needs to be local so that staff are familiar with the services available.	5/6/2016 2:45 PM
38	MAC staff need to have more training-allied health training.	5/6/2016 12:26 PM
39	auto fill service providers data when doing an on-line referral ability to direct refer to specific services acknowledging that not all people will fit the re-enablement model take the advice of specialists e.g. in the dementia area. If an expert is saying someone needs a day program that should override a RAS assessor	5/6/2016 11:43 AM
40	MAC needs to have staff who have allied health background and clinical skills.	5/5/2016 6:02 PM
41	Elimination of RAS - this is an unnecessary middle man, whom often creates confusion and delays the implementation of services. It worked well without RAS prior to 1st July 2015 and the general eligibility for CHSP services is currently not reliant on an assessment or financial circumstance. With the introduction of CDC and removal of CHSP in 2017 there is no need for multiple assessments to determine eligibility, therefore no need for RAS, and only ACAT.	5/5/2016 12:18 PM
42	Better Feedback need post online referrals	5/4/2016 4:50 PM

43	RAS workers have been good as they know a little of the area but MAC process is not helpful. They do not know our services available and do not understand the area we serve.	5/3/2016 10:04 AM
44	should use existing staff within the regions to do all assessments. collaboration with the service providers grass root workers to ensure that all the information is current and correct to that specific area.	4/26/2016 5:07 PM
45	Government to dispand MAC and RAS and go back to our old systems which were working well for clients particularly in rural areas where workers know the clients and their needs.	4/21/2016 6:33 PM
46	Amend the service delivery - at the moment we cannot input correctly. For example, our home maintenance funding allows for one service annually. This is not an option when accepting a referral	4/21/2016 10:06 AM
47	Training -	4/20/2016 3:05 PM
48	Go back to the system which was working well previously with local intakes processing who know the local area, processing local referrals	4/20/2016 2:06 PM
49	Why can't local staff be brokered to do the assessments, I have been doing them for the last 6 to 7 years and have to do assessments for my paperwork after anyway,	4/20/2016 12:24 PM
50	Employ qualified professionals for RAS assessments	4/20/2016 11:04 AM
51	RAS offering client services without knowledge of budget. Offering clients who are capable of doing service themselves. No real goal eg Mary very busy woman plays bowls unable to garden instead of - Mary doing what she can manage in garden (need to stipulate so gardener knows what he is required to do and what Mary will do) and work towards minimising her garden where easier for Mary to manage.	4/20/2016 10:46 AM
52	Improved transfer of information so client not being asked lots of times same questions by Mac, Ras, Acat and service provider.	4/19/2016 5:57 PM
53	As a service provider do we all have to provide information about advocacy and privacy and confidentiality or can that be provided by MAC, ACAT or RAS. I understand we still have to meet those obligations- are the clients receiving this information and being asked to sign privacy and confidentiality forms by every service provider?	4/19/2016 2:50 PM
54	I would be more confident if there was a guarantee that the RAS was neutral	4/19/2016 1:20 PM

Q12 Suggested solutions: REFERRAL PROCESSPlease select those you feel would be useful and add any additional suggestions.

Answered: 241   Skipped: 151
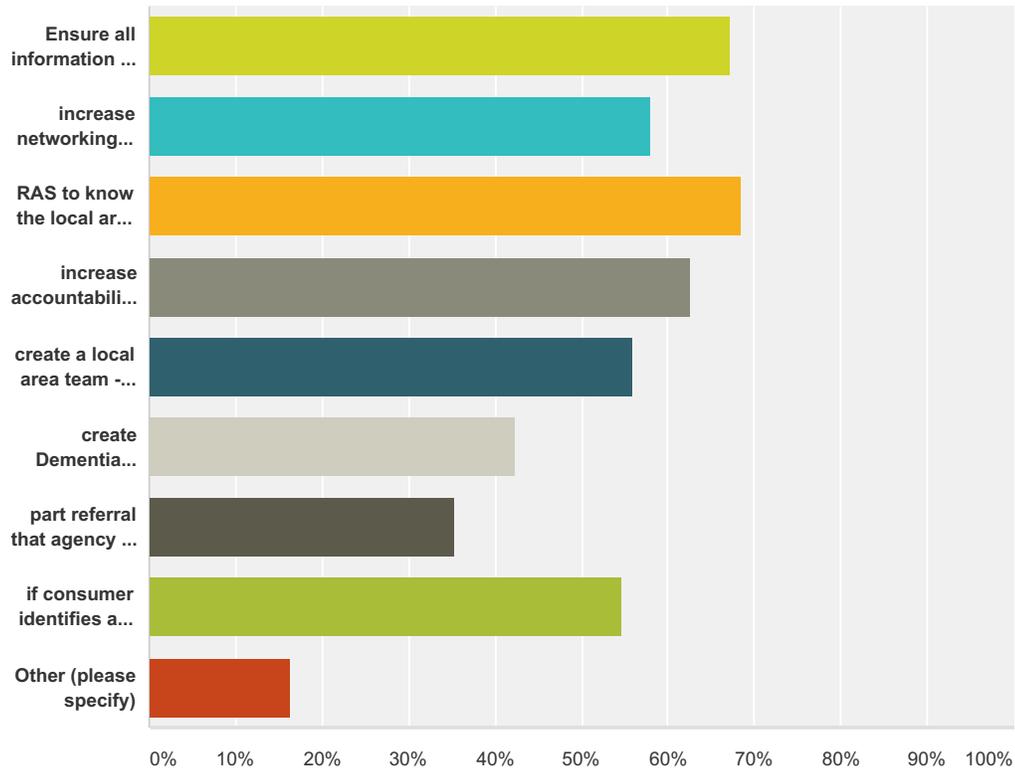
Answer Choices	Responses	
Ensure all information is correct	**67.22%**	162
increase networking between RAS and service providers, agencies to provide information and updates to RAS, one person form each agency to meet/network with RAS on regular basis	**58.09%**	140
RAS to know the local area and what is on offer, increase local area knowledge - creating zones and/or state teams	**68.46%**	165
increase accountability, MAC record keeping, including name of person who entered note (name of RAS assessor is now attached to notes)	**62.66%**	151
create a local area team - have on-going meetings to discuss identified themes, eg: respite, in-home care, maintenance	**56.02%**	135
create Dementia Friendly Communities with RAS involvement and local team	**42.32%**	102
part referral that agency can complete - but we need assessment/coordination funding	**35.27%**	85

		54.77%	
if consumer identifies a preferred agency, it doesn't go 'live' - goes directly to identified agency via administrator of agency who are part of the 'local area team'			132
		16.18%	
Other (please specify)			39
Total Respondents: 241			

| #	Other (please specify)	Date
1	Notification referral has been received and services actioned	5/24/2016 11:06 AM
2	Ensure client is able to go to the provider that referred them to MAC in the first place.	5/23/2016 1:58 PM
3	Make a mandatory field for RAS to give basic info on what the referral is for and client contact info to assist the Provider to make a decision on accepting or rejecting a referral	5/20/2016 11:34 AM
4	Go back to local people doing the assessments with a level on the hours of services to provide and then inform My Aged Care of the assessment results. Clients and families are exasperated by the work that they have to do to get basis services into their home. They end up giving up and just not having any services at all and then they present to the hospital or medical clinic!	5/19/2016 12:22 PM
5	For the recording of Service Information the options listed to record service frequency and hours is not always relevant to the service being provided to the consumer. For example, there is no option to be able to state a service is once off (3 hours 1x year) or approved for services on a as needed basis - for example home maintenance and domestic spring cleans are generally provided on annual basis. Also there is no capacity to state that the service is short term. The Service information makes the assumption that services are ongoing but this is not always the case.	5/19/2016 12:03 PM
6	More network opportunities Ensure that Service Providers can see support plan, we were putting good information in there, just to find out it could not be seen.	5/17/2016 1:11 PM
7	Most of these suggestions are not realistic. RAS need to be transparent in referring out based on service finder info and this is how it should be in my opinion. If a client has a preferred provider it needs to be managed within the MAC system to show an accurate picture of supply and demand in the sector. The biggest improvement would come from attachments being sent through with the referral, not a week later.	5/16/2016 1:48 PM
8	Particularly for CALD older people independent brokers are needed to work with the client and family Essential knowledge and skills for the brokers: - Current Knowledge of the aged care systems: MyAgedCare; RAS; ACAT; - high level communication skills in English - high level communication skills in a LoTE - IT skills - cultural competency skills	5/13/2016 3:18 PM
9	way to identify/ acknowledge referrals from qualified clinicians who are requesting a specific service (i.e. the client has already had an assessment and therefore should not require a further RAS assessmnet which is wasting commonwealth money and is not client centered) Handing over relevant referral information to service providers so they know why the client has been referred and have appropriate collateral information (client centered!!!).	5/13/2016 1:05 PM
10	The client might say go away - then what happens - they have dementia they slip through the system again. Most vulnerable	5/13/2016 11:27 AM
11	Ability to nominate the referrer as a contact person and acknowledgement that the referral can be discussed without having to have the consumer next you on the phone.	5/12/2016 1:19 PM
12	Clients are currently having to wait for another RAS visit if they want an additional service not identified at the initial Ax - e.g. a client wanted to use the local council bus to get to the shops. As this wasnt "approved" at the initial visit she was told by MAC she required a new assessment and waited several weeks for this to be done. The consumer is having less control as they have to be told they are allowed to access a service by RAS. This can be disempowering.	5/12/2016 12:10 PM
13	RAS assessor name is not always available	5/12/2016 12:00 PM
14	Need to know what happens to referrals sent in by providers. Nil notification that client has been assessed, that services have commenced,	5/11/2016 5:42 PM
15	Ensure that referrals are NOT accepted before finding out not appropriate service provided has not been sort to reduce the need to re-refer.	5/11/2016 2:19 PM
16	Flag system errors eg if MAC is not able to accept submissions online at the beginning, not the end of the process	5/11/2016 1:09 PM
17	- - Bring back Access2HomeCare!	5/11/2016 11:31 AM

18	Simple referrals should not be required to go through MAC and RAS. Why is a MAC referral to a social group even necessary? Many patients are missing out because there are such lengthy delays, and the extra work load on MAC is unnecessary.	5/10/2016 11:34 AM
19	urgently abandon RAS assessors and replace with trained staff with expertise in aged care and dementia. Enable serice provider/health professional access to MAC and RAS	5/10/2016 9:19 AM
20	Send details of the outcome of the referral to the referrer so it can be known if the patient has recieved the intended referrals and outcome. Send a brief email with which agency the patient was referred to so the referrer can confirm the start date of services etc directly with the provider. Hospital discharge referrals need to be seen as a priorty - how can we add this to the referral form online - perhaps a tick box for hospital discharge - i.e. urgent	5/9/2016 5:37 PM
21	RAS referral not necessary if referred from hospital as a multi disciplinary assessment has been completed therefore all client specific information is already available.	5/9/2016 4:59 PM
22	RAS or MAC to acknowledge referral receipt (possibly an automatic email). RAS or MAC to keep referrers informed of referral movement through system - this would also increase client/patient centeredness - clients/families are asking what is happening and we have no information for them. We are also unable to call of information as they want to speak directly with the client/patient. The population we deal with, many patients/clients are unable to navigate this system themselves e.g. cognitive difficulties, language/speech difficulties, hearing difficulties, fatigue etc.	5/9/2016 10:46 AM
23	Allow referrals to go to service provider directly. MAC could be used just as a point of contact for those unfamiliar with the system and requiring information about the aged care system. There is no benefit for clients for hospital clinicians to have to go through MAC	5/6/2016 4:43 PM
24	many of my patients have dementia - communication via the phone is difficult for them to understand comprehend	5/6/2016 4:06 PM
25	Develop a way to inform the referrer when the referral has been received, processed and services have been confirmed. This could be done by sending an email or checking the progress online. A reference code when lodging the referral is not enough. Due to time constraints and work commitments I do not have the time to follow up each one over the phone.	5/6/2016 3:52 PM
26	It seems you know all the problems as all the issues are suggested above, and yet nothing has been fixed.	5/6/2016 3:32 PM
27	if clinician is recommending a service should be able to have direct referral	5/6/2016 3:20 PM
28	There needs to be a different system for hospital referrals so that they can be fast tracked and so services can be set up safely and efficiently. Patients are discharging home at risk.	5/6/2016 2:45 PM
29	Correct forms - enduring power of attorney is the incorrect document for health and lifestyle. This is causing confusion in the community and leading people to thing that an ePoA is all that is needed.	5/6/2016 11:43 AM
30	expedient processing of referrals for continuity as client can be between family support which is now ceasing (for whatever reason) and getting information through to service provider so services can be commenced in a timely matter	5/5/2016 3:42 PM
31	As above I do not feel RAS are adequately educated (clinical) or resourced to facilitate a useful referral process or provide suitable services to those with dementia. There often appears to be a RAS fall-back if the client appears too hard or does not fit into a "box" easily they get referred to ACAT wether the client understood or not, and wether the client needs additional support or not. There is a failure to look back towards allied health whom are trained e.g. social work, occupational therapist etc. to assist clients and carers to remain in the home with adequate resourcing etc.	5/5/2016 12:18 PM
32	Need higher trained RAS workers with local knowledge	5/3/2016 12:02 PM
33	The extra work that this has made now really funding to do this is needed.	5/3/2016 10:04 AM
34	black and white guidleines to what is appropriate and what is not appropriate referral, issued to all stakeholders involved with the elderly.	4/26/2016 5:07 PM
35	Time for another information session, now that things are up and running.	4/21/2016 11:12 AM
36	I'm sure the teams believe they are gaining the correct information - so how will you now ensure this! Dementia Friendly Communities - how will you do this - stop harassing someone with dementia, who hasn't any idea why they are answering questions over and over - please ask those directly involved with clients with dementia before putting a well meaning process in place.	4/20/2016 3:05 PM
37	Need to ensure that with a Dementia client that a telephone NO response may not be accurate and need to check referral to speak to the career responsible as well	4/19/2016 8:09 PM
38	Can we as service providers do the RAS assessments and upload information to the portal for other service providers to access? In a small organisation when the administer does not have the ability to find a client from outside of the organisation can be problematic.	4/19/2016 2:50 PM

| 39 | RAS should all make the effort to meet with service suppliers in their area (even if it is a networking meeting) | 4/19/2016 1:20 PM |

Q13 Suggested solutions: TIMEPlease select those you feel would be useful and add any additional suggestions.

Answered: 210   Skipped: 182
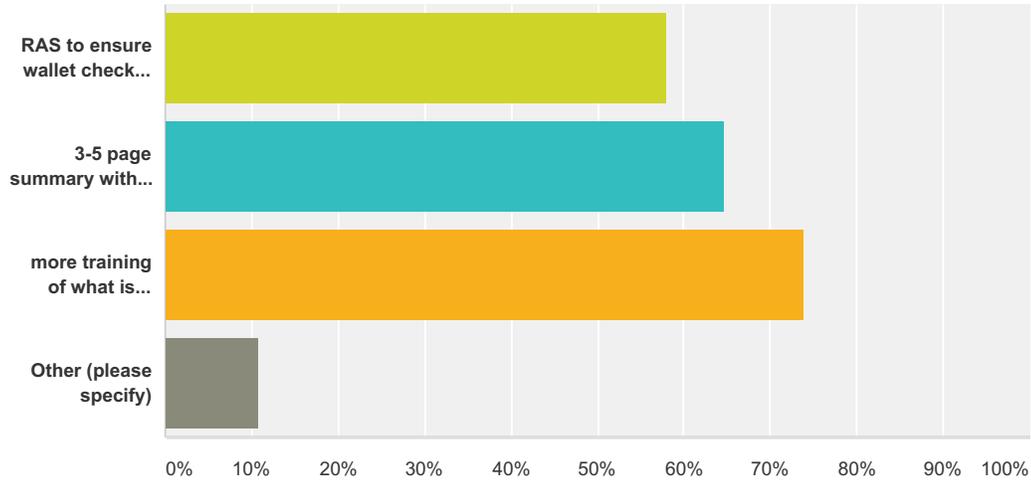
Answer Choices	Responses	
RAS to ensure wallet check is completed	**58.10%**	122
3-5 page summary with auto fills from 64 pages, service/client specific	**64.76%**	136
more training of what is important to know for RAS assessors and My Aged Care consultants	**73.81%**	155
Other (please specify)	**10.95%**	23
Total Respondents: 210		

#	Other (please specify)	Date
1	wallet check function fluctuates - RAS present and complete the wallet check - but once assessment finalised - the wallet check is indicated that it needs to be done again!	5/30/2016 12:06 PM
2	Don't refer someone to us who is not eligible for CHSP!	5/23/2016 1:58 PM
3	Its fine to say networking between RAS and service providers etc. The service provider is already doing so much work and time just to get the system and services in place. An assessment that we did before took about less time than it does now just to do the referral and progress! This is unfunded work that we are doing and just adds another level to the system!	5/19/2016 12:22 PM
4	As much information about the client's situation/needs as possible put into the summary page.	5/18/2016 11:00 AM
5	Service providers get the support plan so I don't understand why a 3-5 page summary keeps being suggested.	5/16/2016 1:48 PM
6	As previously described. RAS to work in collaboration with others to gain information and not ask the person to retell their story. Often if the person has been referred to MAC by a service provider they have interacted with that person and that person has already told their story to identify the need for referral. Use skills of observation . Do not read scripts, make it person centered.	5/16/2016 11:19 AM
7	Particularly for CALD older people independent brokers are needed to work with the client and family Essential knowledge and skills for the brokers: - Current Knowledge of the aged care systems: MyAgedCare; RAS; ACAT; - high level communication skills in English - high level communication skills in a LoTE - IT skills - cultural competency skills	5/13/2016 3:18 PM

8	education for service providers about the MAC/RAS processes, transperancy over who the RAS teams are, how to contact them to facilitate greater learning and coordination. feedback from MAC/RAS to referrer re outcome of referral and reasoning behind any changes communication to original referrer by MAC/RAS if there are any queries regarding the referral, or issues that come up during assessment ?allowing scanned copy of consent to share information form signed by client & referrer, to facilitate ease of referrer follow up on referral outcome	5/13/2016 1:05 PM
9	summary to be easily printed	5/12/2016 3:03 PM
10	Client capacity	5/11/2016 5:42 PM
11	RAS assessor to always put short summary in 'referral comments' with contact name and phone number. Providers spend heaps of time trying to track down individual assessors.	5/11/2016 5:10 PM
12	- Bring back Access2HomeCare!	5/11/2016 11:31 AM
13	Allow direct referrals from hospitals to service porviders to save time and money	5/10/2016 11:34 AM
14	3 month wait!! Bring back Dom Care	5/10/2016 9:19 AM
15	RAS assessment is unnecessary if referred from hospital as a multi disciplinary assessment has been completed therefore all client specific information is already available. RAS assessment is unnecessary if client has identified a preferred provider	5/9/2016 4:59 PM
16	More timely and appropriatye services would be arranged if clinicians could bypass MAC and refer to service providers directly. They could then be reassured that services are in place for a safe discharge home.	5/6/2016 4:43 PM
17	Have a clear guideline for how to prioritise referrals - eg see hospital referrals within 5 days. If a service provider wants more information, provide them with the referrer's contact details so they can directly liaise, rather than asking the client the same questions over and over.	5/6/2016 3:52 PM
18	As mentioned there needs to be quicker processing time for hospital referrals.	5/6/2016 2:45 PM
19	There is no purpose to an auto fill as the information in NSAF is not completed with a great level of detail.	5/5/2016 12:18 PM
20	What is wallet check	4/20/2016 3:05 PM
21	Service providers to receive the 3-5 page summary	4/20/2016 2:06 PM
22	Local staff that did this work in the past to be involved/consulted	4/20/2016 12:24 PM
23	Information sharing for service providers	4/19/2016 5:05 PM

Q14 Suggested solutions: CLIENT CENTRED SYSTEMPlease select those you feel would be useful and add any additional suggestions.

Answered: 228   Skipped: 164
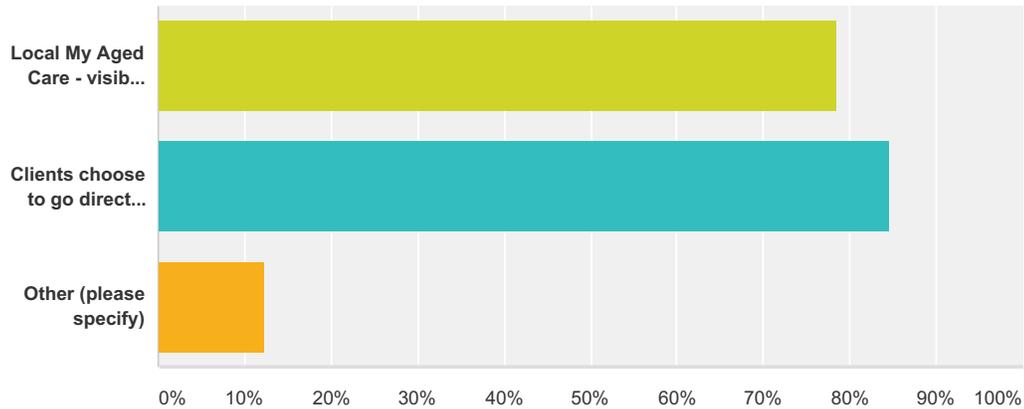
Answer Choices	Responses	
Local My Aged Care - visible in the local community and accessible to clients	**78.51%**	179
Clients choose to go directly to a service provider of their choice	**84.65%**	193
Other (please specify)	**12.28%**	28
Total Respondents: 228		

#	Other (please specify)	Date
1	More language assist for consumer from cultural and linguistic background	5/27/2016 12:41 PM
2	- clients should be able to go directly to their choice of service provider for Allied Health services. Particular for acute pain issues and the assessment of the AH professional should be taken into account as the subject matter expert. We can then advocate for the clients regarding what else they may need to access. Clients do not want a RAS process to access a Physiotherapist!	5/24/2016 3:14 PM
3	This system is not working! Assessing a client is complex and needs to be conducted with a health professional with experience and has insight to the persons needs. Not a intake phone call and an assessor who spends a couple of hours with some and ticks a few boxes.	5/19/2016 12:22 PM
4	Bigger is not better	5/18/2016 8:53 PM
5	Client should still have a RAS for completion of NSAF and to keep client information on the portal up to date.	5/16/2016 4:40 PM
6	Therapy is removed from this system of assessment and service provision.	5/16/2016 3:41 PM
7	Client can easily opt out of RAS if they don't want it but can still get their requested service. If client needs a gutter clean then MAC can do a direct referral and send to a RAS if client agrees to a RAS for further assessment, rather than sending to a RAS when the only service requested is a basic service such as minor home maintenance. Request for such a service does not indicate need for additional services ,however, a request for personal care might indicate that an assessment is needed as there are likely to be other needs (home mods or equipment).	5/16/2016 2:34 PM
8	If clients go directly to a service provider of their choice, and the client isn't on the MAC system, is that agency going to spend the time creating a client record and then contact MAC to refer the client to their agency and do a screening process?? I doubt it, since they aren't funded for that.	5/16/2016 1:48 PM

9	If a client wishes to make a choice about their provider and information has already been gathered about the client from another source such as hospital admission, community assessment team eg Falls clinic, ACAT , TCP , Palliative care, Community Geriatrics, Hospital at Home , Home nursing service.the client should be able to avoid the RAS assessment and be referred directly for a service. The system lets down People with Dementia Mental health issues Non- English speaking Hearing impaired People with literacy issues.	5/16/2016 11:19 AM
10	ESSENTIAL:All assessors etc need to have cultural competency training AND Particularly for CALD older people independent brokers are needed to work with the client and family Essential knowledge and skills for the brokers: - Current Knowledge of the aged care systems: MyAgedCare; RAS; ACAT; - high level communication skills in English - high level communication skills in a LoTE - IT skills - cultural competency skills	5/13/2016 3:18 PM
11	avoiding doubling up on questioning clients at intake and on assessments if the information has already been provided by the refferer!	5/13/2016 1:05 PM
12	No My Aged Care phone calls required system. Providers are able to automatically register clients	5/12/2016 9:11 PM
13	Clients can approach a provider and the provider can assist them to register or update info in MAC directly	5/12/2016 4:00 PM
14	It would be good if there could be a MAC Office (similar to Centrelink?) so people can go and speak with someone and be 'walked through' the process and identify their needs face to face with someone	5/12/2016 1:19 PM
15	- Bring back Access2HomeCare!	5/11/2016 11:31 AM
16	Isolated the person with dementia and limits ability to support client	5/10/2016 9:19 AM
17	MAC to acknowledge that not all clients are able to advocate for themselves and need family or referrer to assist them navigate the system if the client has given permission for referrer to do so.	5/9/2016 4:59 PM
18	RAS or MAC to keep referrers informed of referral movement through system - this would also increase client/patient centeredness - clients/families are asking what is happening and we have no information for them. We are also unable to call of information as they want to speak directly with the client/patient. The population we deal with, many patients/clients are unable to navigate this system themselves e.g. cognitive difficulties, language/speech difficulties, hearing difficulties, fatigue etc.	5/9/2016 10:46 AM
19	And to do so without having to go through MAC	5/6/2016 4:43 PM
20	Trust your local govenrment employees to make assessments and direct referrals they have been trained to do	5/6/2016 3:32 PM
21	Clients don't know what is available in their area	5/5/2016 6:45 PM
22	In the country it has always been more accessible for clients to walk through the door or phone us themselves. MAC has not made it better for our service to get referrals. Probably worse.	5/3/2016 10:04 AM
23	Local My Aged care is important as in a small community, clients know and trust their service provider. They also feel comfortable answering questions. We are already sitting with most clients to register them with my Aged Care. If we had the ability to do that initially, it would save a lot of time and money as call centre personnel could attend to those who are comfortable registering themselves.	4/21/2016 10:06 AM
24	Local - that's what we had and worked very well for so many years.	4/20/2016 3:05 PM
25	I think our local staff should be brokered by MAC to do the assessments in their local area.	4/20/2016 10:46 AM
26	Need feedback loop to local GP/RN who commenced the referral. GP practice does not have resources to wait 20 minutes on the phone	4/19/2016 8:09 PM
27	Why have so many different types of assessment?	4/19/2016 5:57 PM
28	Local MAC accessible to non-portal providers	4/19/2016 1:10 PM

Q15 Thank you for your time to provide this valuable feedback in relation to the My Aged Care system.Please enter any additional feedback or suggestions here:

Answered: 43   Skipped: 349

#	Responses	Date
1	there doesnt seem to be any safety nets as far as referrals go. if a client does not return a phone call to ACAT they are then taken off the referral process. it becomes the responsibility of the referrer to check to see whether they are still in the system. This despite putting information on the original referral of dementia. isn't there some way of flagging referrals which haven't been completed for follow up rather than making the assumption the person no longer needs an assessment	5/30/2016 3:10 PM
2	RAS wishes to engage with the client by being able to promote services tailored to their circumstance - the portal service provider info is scant and does not encourage early "buy-in" of clients when RAS is trying to promote positive wellness etc of services.	5/30/2016 12:06 PM
3	A more informative accurate and less lengthy referrals	5/27/2016 12:41 PM
4	On feedback re services there is no area to indicate one off services we have to choose eg 1 hr month when there is only going to be 1 service, this is very relevant to mods and maintenance. Bring back capacity to see past customer referrals and often when having to do reports on closed customers you cannot see them to fix any mistakes.	5/19/2016 5:30 PM
5	DVA Gold Card Holders are entitled to be assessed, please do not reject them thinking that 'DVA covers it all'	5/19/2016 3:17 PM
6	This is making more work for the service providers.	5/19/2016 12:22 PM
7	Please take note to my comment relating to Service Information. It would be great to have an option of once off/annual service/short term as currently this is not an option able to be selected.	5/19/2016 12:03 PM
8	There have been improvements but the system simply has too many layers that are too confusing for older people and there is no coherency to service provision - multiple service providers for one client which is very poor care.	5/16/2016 3:41 PM
9	Need to be able to make one referral for several services to a service provider to simplify process for client (especially important if client has language needs).	5/16/2016 2:34 PM
10	An awareness of what changes to the MAC system are scheduled would be good. This would let agencies prepare staff and their systems/processes to deal with improvements in functionality ahead of time.	5/16/2016 1:48 PM
11	Recommended ongoing training and understanding for all stakeholders within the system- NCC/RAS/ACAT and Providers, that is funded by the department. We have all been taught to play our role with little understanding of what the other roles are and how they are intended to fit together. Continuing the training following the initial training, and doing it with other sections of the Pathway at the same time may allow for the system to build and work quickly so that the client experience is positive. Improvement of communication between all stakeholders is something that could be done at local level and may not need input from the Department of Health.	5/16/2016 1:15 PM
12	It would be helpful if Commonwealth would not go straight on the defensive about their system. There is too much duplication in updating information. If there was one software system that would cut down information duplication and increase accuracy.	5/16/2016 11:23 AM
13	Particularly for CALD older people independent brokers are needed to work with the client and family Essential knowledge and skills for the brokers: - Current Knowledge of the aged care systems: MyAgedCare; RAS; ACAT; - high level communication skills in English - high level communication skills in a LoTE - IT skills - cultural competency skills	5/13/2016 3:18 PM
14	n/a	5/12/2016 9:11 PM
15	the people working in Community Centres have enough to worry about with funding cuts etc to have had a system introduced which was not ready to be introduced. It has caused staff much stress -we are meant to be ENCOURAGING retainment of employees within the aged care industry.	5/12/2016 3:03 PM
16	The ability to commence services when a potential clients approaches a provider while waiting for an assessment	5/12/2016 2:51 PM
17	where it is indicated that a client cannot be interviewed by telephone ; telephone interviews should not happen.	5/12/2016 2:33 PM

18	It would be good to have a local team and to increase networking as we are all dealing with the same challenges together we have better resources.	5/12/2016 12:34 PM
19	More local knowledge required .. more local access for clients .. simplify the process for clients who only require minimal assistance .. especially those that require assistance of a preventative measure ie. 1 x grabrail to assist to get in the front door .. OT assessment not practical .. Thank nyou	5/12/2016 12:00 PM
20	ppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppp ppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppp ppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppppp	5/12/2016 11:45 AM
21	at this stage this system has delayed the input from appropriate service providers and increased hospital length of stay.	5/11/2016 2:19 PM
22	My Aged Care has been detrimental to Community Care in South Australia. I entered a lengthy complaint to My Aged Care via the Commonwealth website and received no response. I am very disappointed by this and by the whole system.	5/11/2016 11:31 AM
23	Hospital emergency departments can expect to see an increase in the number of admissions due to patients not having appropriate or adequate servcies in the home due to the barriers detailed above. The commonwealth government is deluded if they think this system is perfect and they need to listen to staff on the ground who have been dealing with this inadequate broken system which is putting patient health and welfare at great risk. I hope they will take this feedback on board as a matter of urgency.	5/11/2016 11:02 AM
24	the whole mental health side of MAC referrals needs to be overhauled to work more swiftly	5/10/2016 4:59 PM
25	MAC referral process for health professionals is very unreliable, inefficient and confusing for client particularly those who have cognitive and memory deficits	5/10/2016 9:19 AM
26	MAC are not aware of some local programs and specific services making it hard for clients to access these services.	5/9/2016 4:59 PM
27	The whole referral process is long winded and wastes a lot of professionals time	5/6/2016 4:47 PM
28	This system is not working. In relation to hospital discharge, it can at times actually be a very unsafe system as there is no way of ensuring that the referral is actioned in a timely manner (if at all). Hospital clinicians should have the ability to bypass MAC and be able to refer to service providers directly	5/6/2016 4:43 PM
29	The team I work in have lost faith in the MAC referral system. We have good local knowledge of day therapy centres in the area and which ones would suit our clients. We spend significant time with our patients and understand their preferences, however we are now required to refer them for further assessment to refer them to a service we already know they need. We are not sure they are ever referred to the serives we recommend. We also have to wait alot longer for servcies to commence and when patients contact us to followup about services we have no information to provide them. So far MAC has not been a user friendly system for us.	5/6/2016 4:06 PM
30	stunned to hear that in the federal budget MAC was given more money ($390m) to waste. This money should have gone directly to increase on-the-ground support services	5/6/2016 3:20 PM
31	Hospital referrals are not been processed efficiently leading to very unsafe discharge plans.	5/6/2016 2:45 PM
32	Please appoint polite and professional people to take referrals.	5/6/2016 12:47 PM
33	Has been a nightmare for clients and providers.	5/5/2016 5:52 PM
34	Abolish the whole system. It is an utterly broken waste of resources.	5/5/2016 5:50 PM
35	Clare	5/5/2016 5:30 PM
36	We need MAC workers in the area that know the area and its services.	5/3/2016 10:04 AM
37	a trial or pilot area would of be appropriate as opposed to a nation roll out what were they thinking! NDIS model roll out may have worked here	4/28/2016 4:58 PM
38	The concept and principles of MyAgedCare are to be applauded. Work in improving the system is encouraged if it is to be efficient and effective.	4/28/2016 2:55 PM
39	MAC has improved since first implemented, I agree with the concept but it is very daunting for many of our aged community members. We have been struggling through the process as we (service provider) have had no training. Slowly working it out.	4/26/2016 3:27 PM
40	The My Aged Care system has turned out to become a lengthy process(time of referrals etc) with a lot of "grey areas" still to be solved. Older people are very confused by the process.	4/21/2016 3:05 PM

41	The system wasn't designed for the number of referrals. Staff at MAC and RAS haven't been given up to date and correct information and their Team Leaders are also giving out incorrect information. The system is to difficult for clients to navigate and clients are being over assessed. ie going to RAS, then too ACAT, with no outcome from RAS.	4/20/2016 9:26 AM
42	This is information from an ACAT perspective.	4/19/2016 5:34 PM
43	My view is that the RAS' are redundant. Too many people entering the older person's home. E.G when MAC send a RAS assessor when ACAT is required.	4/19/2016 5:11 PM

Community Aged Care Reforms Workshop – March 2016

Feedback from Northern Metropolitan Adelaide

The State-wide Collaboratives Projects (sector support and development) in South Australia have sought on-going feedback from regional stakeholders through regional forums and network meetings following the July 1st changes to the Community Aged Care system and the introduction of the Commonwealth Home Support Program.

The northern region held an Aged Care Workshop on Monday March 8th which was attended by 60 service providers and community members. The aim of the workshop was to discuss what was working well since the introduction of the My Aged Care (MAC) registration and screening process and the introduction of the Regional Assessment Services (RAS); and to gather broad feedback around the challenges being experienced by consumers, providers and assessors. The workshop had a solutions focused approach and representatives from RAS teams, Department of Health and Aged & Community Services (ACS) were available to answer questions.

Overall participants had an excellent understanding of the intent of the reforms and a good knowledge of the MAC/RAS processes.

There were however a significant number of on-going concerns with the new processes, particularly around the impact on consumers/carers and the lack of clarity around how to get these issues resolved. Many of their concerns had already been reported and providers had been working closely with RAS teams in an attempt to resolve some of these issues at a regional level.

All information collected has been themed and below is a list of key recommendations:

My Aged Care registration and screening recommendations

1. All MAC staff undertake further training to ensure consistency of practice and knowledge. The training package should be informed by stakeholder feedback, especially consumer feedback from their experiences to date.
2. A separate registration and screening process be developed for CaLD clients (and other special needs groups) where all staff have the required cultural competence to assist these people. This includes access to paid interpreters, and simplified screening questions to support easier registration.
3. MAC undertake direct referrals to providers for single CHSP services, including social support (group), transport and home maintenance where additional support requirements have not been identified.
4. Enhancements to the system to ensure:
   - <u>All</u> service provider Data Exchange Elements are collected in the screening and assessment process
   - Congruent interfaces between MAC/RAS/Provider portals to support information exchange and ensure *'client only tells their story once'*

Comments from regional stakeholders

There was widespread feedback about the variability and poor quality of information being generated by MAC. Consumers, providers and RAS assessors reported frustration with trying to access information on the status of referrals, and although waiting time for speaking to MAC staff had improved, the quality of response was highly variable. Comments included:

- *'poor quality and quantity of information received by providers and assessors'*
- *'little information on direct referrals from MAC –quality of information needs to be improved'*
- *'inappropriate referrals from MAC'*
- *'urgent need to streamline and simplify MAC processes'*
- *'long waiting times for assessments. Followed up with MAC and despite completion of registration process they had 'lost'/not referred client to RAS'*
- *'referrals lost – inbound not returned or lost'*
- *'limited English of MAC staff – very difficult to understand process'*
- *'referrals missing – increased time++ tracking down referral. Refusal of MAC staff to provide information'*
- *'MAC staff still don't know ACHA eligibility for 50+ - won't take referral'*
- *'poor screening information means RAS and providers need to re-ask questions of client'*
- *'need a pictorial representation (flow Chart) for clients to see the pathways through MAC/RAS processes'*

There was also widespread feedback around the difficulties being faced by CaLD clients and CaLD providers trying to assist CaLD consumers to register and understand the screening process. Many CaLD providers and consumers were frustrated after registration and often the consumers did not get referred back to their preferred (nominated on the in-bound referral form) provider. There was a strong call for a separate registration screening process for CaLD clients with an option for them to be referred directly back to the provider unless <u>significant</u> other support needs are indentified.

- *'often CaLD clients can't understand the requirement to give so much personal information – it scares them as they don't trust 'government'*
- *'it's a nightmare for CaLD clients - I've done an in-bound referral for CaLD clients participating in social support (group) for domestic assistance, only to find they end up referred to another agency – and consequently refuse the service, as they don't understand – and being referred for multiple services, which they don't need!'*
- *'CaLD clients are getting lost in the MAC/RAS process – and you can't find out what's happened. The client can't ring MAC and MAC won't provide a status update on the referral'*
- *'urgent need to simplify and support MAC processes for CaLD clients – it's just not working'*
- *'need to clarify process for the client – who are they being referred to and why? How many people will I have to see? Can I go back to my same service provide?''*
- *'CaLD clients have difficulty with communication over the phone. Client hangs up phone in frustration'*
- *'if written client consent is attached to the in- bound referral the provider should be able to act on the CaLD client's behalf'*

2

- *'the loss of relationship with CaLD clients and handing them over to a system that's not supporting them results in confusion, frustration and a very poor consumer experience. People will just give up'*
- *'the system is not set up to support access for special needs groups – CaLD, Indigenous, people with dementia or mental health (squalor and hoarding) issues ACHA clients etc'*

There was a call to increase direct referrals from MAC for single service types, if no other significant support needs are identified. There were many instances of referrals for social support (group) and a once-off home maintenance service that did not require a RAS intervention. Long wait times for unnecessary assessments had resulted in additional consumer frustration and costs to the system. Service providers have the capacity to identify additional support needs and refer to RAS if required.

All systems – MAC, RAS, service provider/Data Exchange reporting need to have a congruent interface. There were many examples of information 'missing' after the MAC/RAS process. Even though it had been collected the provider was unable to access it. This resulted in providers asking further questions of the consumer and/or spending considerable time tracking back the RAS team as insufficient information is available on the service provider portal.

All service provider Data Exchange elements should be collected and recorded through the MAC/RAS process. Currently critical information required to deliver the service is not included e.g. disability status, housing status, carer status etc. 'Requires easy identification of elements for transfer to provider's client management system to reduce administrative burden'.

Regional Assessment Service recommendations

5. All RAS staff undertake further training to ensure consistency of skills and knowledge, including an understanding of the CHSP Programme Manual and the CHSP Good Practice Guide
6. Quality processes are in place to address poor quality assessment services by individual assessors and a process be developed to include feedback from consumers
7. Regional workshops between RAS assessors and service providers to develop an agreed approach to wellness, goal setting and review processes
8. Access to free interpreting services for RAS assessors
9. Enhancements to the system to ensure:
   - Assessors can refer a 'support plan' to a single provider, rather than an individual service type
   - Improved priority rating processes
   - Hard copies of the assessment be available for clients
   - Enhancements to the Service Finder to improve access for assessors to provider 'service descriptions'

Comments from regional stakeholders

There was considerable variability in the skills and knowledge of regional assessors. Some were providing an excellent service and provided quality information to the client and to the provider/s. In other cases the quality of the assessment was poor, resulting in inappropriate

referrals which appeared to reflect little understanding of the CHSP Guidelines[1]. Of particular concern was the 'you can have anything you like' or the 'just in case' assessment. This has resulted in an increased demand, especially for domestic assistance.

There was little evidence of a wellness approach in support plans with client goals not being clearly identified and no review dates being set. Some assessors did not include sufficient information and/or their contact details, greatly increasing administrative burden on providers to chase up assessment information.

The current system directs referral by individual service type, which often means a client with 2-3 service types is referred to 2-3 agencies. This has created significant confusion and dissatisfaction for clients and severely limits any attempt at a wellness approach. As no one agency is the key contact for the client, providing feedback or asking for a change in services is very difficult. Often by the times services actually get delivered the client is confused and asks 'what's just happened?' or 'who are all these people?'

- *'consumers are anxious about providing feedback on services – could MAC have an on-line platform where consumers/carers can share their concerns?'*
- *''the consumer has been abandoned to the system – they no longer have a link with any agency and are therefore dis-empowered in accessing on-going support, advice and providing feedback'*
- *'multiple providers are involved with the same client – this is a return to the fragmented system we had before'*
- *'confusion for clients about MAC/RAS and they don't understand why they have to tell RAS the same information they've already told MAC'*
- *'not enough information on the provider portal to assist with decision making before accepting referrals'*
- *'huge increase in administrative load chasing up information, especially if assessors has not included contact details'*
- *'carer needs to be part of assessment process and cognitive ability of client should be considered e.g. assessor insisted on speaking with client even though it was stated they had dementia and request was to speak with the carer. Client distressed and hung up'*
- *'carer and client in same house being referred to different providers'*
- *'not receiving RAS contact details, missing gaps in personal information, wallet checks not done – this is not a seamless process for the client'*
- *'I went to see a client about a referral for domestic assistance and when I asked her what things she could still do, I was told 'why are you asking me these questions, I've already been told I can have what I want!'*
- *'We're getting referrals for services we don't provide'*
- *'referrals for non-CHSP services e.g. 7 day/week services'*
- *'on-going issues with OT and home modification referrals – spending a lot of time after we've accepted home modification referral chasing up OT, only to find their agency has also done the home modification service (and we weren't advised!)'*

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[1] Clients referred who were working, had partners who already had fortnightly CHSP domestic assistance in place, clients who didn't actually require it and had initially been referred for another service, and clients who had little or no functional limitations. This included referrals for service not provided under CHSP e.g. painting a house.

- *'priority rating system remains questionable e.g. window cleans coming in as high priority'*
- *'who is responsible for the overall quality of the client's journey through the system. Will the Aged Care Complaints Commissioner accept service complaints from clients?'*

There were also numerous stories about clients who were upset, frustrated, confused and unhappy with their experience. Long wait times for some services had also been an issue, with clients ringing the provider asking why the service hadn't been delivered. These included:
- *'Long wait time to access MAC just to get social support'*
- *'refused service because it was "all too much"*
- *'couldn't get a copy of the assessment information – My Gov not working'*
- *'web based systems don't work if you don't have a computer'*
- *'I've told lots of people the same information'*
- *'the assessor actually made assumptions about the information I provided and didn't record it properly'*
- *'I didn't understand who this person was that came to my home – I sent her away' (CaLD client)*
- *' people don't feel they are being considered - difficulty accessing online information/services'*
- *'what about easier access for people with a disability e.g. hearing, mental health, dementia, language barriers? Who supports and advocates for them?'*

Other recommendations

10. Data Exchange elements be modified to match National Assessment Framework
11. The roll out of an effective National Communication Strategy to inform community members
12. Capacity built into system for this 2 year transition time, including access to individual advocacy to assist client to understand the process and to journey through the system.

HILLS POSITIVE AGEING TASKFORCE

MY AGED CARE
WORKSHOP

INTRODUCTION

The Hills Positive Ageing Taskforce held a workshop over two consecutive Taskforce meetings to review the Commonwealth Aged Care Reforms. The workshops were facilitated by the Hills Collaborative Project Officer.

Part one of the workshop was held at the Taskforce on 20 April 2016. Participants were asked to brainstorm what is going well with the reforms under the five headings of Consumer Focus, Time, Service Finder, Referral Process and Workforce. Participants were then asked to list issues of concern under the same five headings. There were 24 participants from 16 organisations including carer support, package providers, CHSP providers, RAS and ACAT.

In part two of the workshop at the Taskforce meeting on 15 June 2016, participants brainstormed solutions within their sphere of influence and chose the solutions they would work on as a collaborative group. There were 6 participants from 5 organisations.
In all two hours were spent on the workshop.

WHAT IS GOING WELL?

1. Consumer Focus

- One stop agency
- Service providers responding quickly to referrals
- Detailed information coming through on the holistic situation of the client

2. Workforce

There were no positive aspects listed under Workforce

3. Service Finder

There were no positive aspects listed under Service Finder

4. Time

This heading includes both time for Service providers and time for service users in accessing and using the My Aged Care system to organise service delivery.
Aspects going well included:
- The system should save client time waiting for services
- Non-complex assessments can come through very quickly, and even on the same day

5. Referrals

- Client only needs 1 referral for multiple services
- The email to advise a new activity on MAC
- The note-taking option that offers clear communication where a service is rejected
- On-line referrals now go through quicker
- The RAS name and number is now attached to the referral

WHAT ARE THE ISSUES OF CONCERN?

1. Consumer focus
- MAC contact staff send re-referrals to different RAS agencies with loss of continuity for client
- Clients are now bewildered and overwhelmed by the number of assessments they are receiving, ie the call centre, then the RAS, then the service provider.
- Incorrect information is provided by MAC call centre e.g. can't have CHSP while waiting for an ACAT assessment
- Vulnerable clients need support to navigate MAC
- For multiple services, referrals go to different providers, leaving client confused and potentially receiving services, paying fees etc to different agencies. This is not in the clients' interest.
- Following MAC screening, sometimes both RAS and ACAT go to see client
- Client's wishes re referrals are not always heeded

2. Workforce
- Managers, coordinators, and support workers are vulnerable with the changes from February 2017
- At a time when the aged care sector needs additional workers, people are being lost to the sector because of uncertainty and casualization of the workforce.
- Information on the referral does not include details that are needed to provide a safe service e.g. next of kin in case client cannot be contacted

3. Service Finder
- Service finder does not always work properly especially for rural areas e.g. Tailem Bend
- Service finder regularly shows services that do not operate in a given area
- Information that we have taken time to add to our service information for the general public does not show on the website.
- Each time the MAC website is updated, our service information drops off the service finder
- There have been no referrals for dementia education since MAC so the service will no longer be viable

4. Time

- Double handling – a client already registered for basic CHSP services calls MAC who do a screening and referral for the same services. Getting referrals for existing clients for existing services.
- The size of the referral form and having to scroll through to find anything documented
- Actual software very clunky and time consuming

- No information on assessments re goals. They may be inputted by MAC/RAS but it cannot be read – those pages are blank. Therefore we need to do our own assessments and create our own plans. Time consuming and we are no longer funded for this
- Difficulty removing or rejecting referrals which remain on MAC as pending
- By the time a referral is received it is no longer appropriate. Client has died or recovered.
- Time between initial MAC screen and commencement of services is too long
- Clients being allocated more than 1 provider for CHSP service provision. Very confusing for client. Currently we reject the referral, talk with MAC and ask for it to be given to the other provider seeing the client. Time consuming and no funding for this work.

5. Referrals

- MAC have lost referrals and then put the referral through to who they chose
- Referrals sometimes don't go through to client's preferred provider
- Language barriers when MAC phones a client
- "Time to call" is not included in referrals. MAC call at a time when client unable to answer. Client is given a number of chances and then referral is cancelled. This is not explained in message left by MAC.
- Referrals can take well over a month to go from screening to referral being received.
- Individuals get lost in the system, referrals do not come back.
- Are RAS aware of who to refer family carers to in order that carers get services in their own right?
- Do RAS do formal assessments on family carers?
- Would like to be able to reject a referral after I have accepted but it is a long process. You can't always tell if referral is appropriate from initial information

DISCUSSION

The original intent of My Aged Care was increased choice and control for users of services. As yet it is hard to see how this has been achieved by the Commonwealth reforms. While service providers support the philosophy and rhetoric around the reforms, the reality for both service provides and service users can be frustrating.

A number of themes emerged from the workshop including:

- inconsistency in skills and knowledge of call centre and RAS staff
- on-going problems with the My Aged Care website and software, especially service finder
- too many assessments and too many people involved e.g MAC, RAS, ACAT and service providers
- too long between MAC screening and service delivery. A number of stories are now emerging of people phoning MAC for services but dying before services are put in place.

One service provider has been monitoring the time that elapses between the MAC screening date and the date that the referral is received by the service provider. Results are as follows:
  - From the commencement of MAC to date, the average period is 42 days
  - From the beginning of 2016, the average period is 53 days.
  - In the last three months, the average period is 55 days.

While some client outcomes have been positive, the impression from service providers is of a time consuming and disjointed process that achieves outcomes no better, and sometimes worse, than under previous service delivery arrangements.

SOLUTIONS

There are many solutions that are not within the scope of service providers and must rest with the Commonwealth. However, service providers are keen to improve the system where they can. The following suggestions have been made and further solutions will be developed as part of the Taskforce process.

- There has been recent turnover in RAS staffing. Invite all current and new RAS staff to next Taskforce to participate in further developing solutions.
- Al agencies to use Notes in the referral form which should include:
  - name and contact details for anyone who creates a Note
  - reason for rejecting a referral in the Notes with provider name, date and contact details
- Increase networking between RAS and service providers through the Taskforce and one-on-one meetings between RAS and providers
- Hills providers to offer more information to RAS about their services through completion of a service provider template
- At a Taskforce meeting, set up computers together so that RAS and providers can see each other's MAC access and understand working context better
- Bring these issues to the attention of the Commonwealth, RAS, NACA and other interested stakeholders.

ECP Regional Forum October 2015

Introduction

The Eastern Collaborative Project held a Regional Forum on Tuesday 14th October 2015.

The forum was jointly facilitated by the coordinators of the Southern and Eastern projects. The same process will be used for the SSRG forum in November 2015.

The session was planned to have 3 parts.

Part 1 was intended to focus on topical areas of wellness that are often overlooked during assessment (both holistic and service specific) and or delivery of service. In this session nutrition and oral health were the topics of interest.

Part 2 used an adapted form of Results Based Accountability named Actionable Deviant Design developed by the SSRG and ECP over the past 3 years that achieves an action and results based outcomes within a limited timeframe.

A speed dating version of focus that results in outcomes being achieved in less than ½ the time of usual planning processes achieves excellent results from a solutions perspective.

This session focused on My Aged Care, the issues encountered and development of potential solutions

Part 3 of the forum was due to focus on the DSS consultation paper: Increasing Choice in Home Care. However the issues with My Aged Care impacted on the time allocated for the consultation and providers were encouraged to submit individual responses before October 27.

25 people attended the session from different organisations within the region.

My Aged Care

Attendees were divided into groups of 3 and given the task of identifying up to five separate issues that have been encountered with My Aged Care. 5 minutes was allocated for this task.

Each group presented their issues and the facilitators grouped the issues into areas of similarity.

Each theme was discussed at length and with considerable passion as without exception participants were placing themselves in the shoes of our consumers and commenting on the frustrations the have been encountered by consumers.

These discussions took a greater amount of time than was allocated but the facilitators felt it was important for people to be able to work through any issues within this supportive environment.

IDENTIFIED ISSUES

1. REFERRAL PROCESS

1. Referring clients who have stated that they would like to have services from you) via phone/website with assurances that they would come back as referrals. **NEVER DO COME BACK**
2. Lack of communication through each step of the referral process
3. Clients requesting a specific provider of their choice. Does not occur, the referral goes to another provider
4. For multiple services for a client, referrals go to different providers. Client ends up confused
5. Service providers are not able to instigate case conferences anymore. Approached my aged care to follow up but they won't action anything unless the family makes the contact.
6. Inappropriate referrals: CALD specific not getting CALD services, location, not recognising capacity
7. OT Diagrams not attached to referral for home modifications
8. Insufficient information on the referral whether it be from my aged care or the RAS. An example of a GP practice manager spending over an hour on the phone to My Aged Care and provider only getting a name and phone number.
9. Service providers accepting referrals that they don't have capacity for and putting clients on a wait list.
10. Referral for grab rail to My Aged Care. The OT kept the referral for their own organisation despite the client's request
11. Overnight cottage respite. Often get inappropriate referrals that you can't tell from the information in front of you. It's a long process to reject once you accept
12. Not enough information passed in referral to provider
13. Receive **new** referrals accept it, call client to find that another service provider has been providing the service for weeks. Insufficient info on screening
14. When we contact a person re a new referral. They have been contacted by so many other providers they feel overwhelmed.
15. Receive a new referral but when a client is contacted by the service provider they don't want any services
16. RAS receives a referral but when they go out to complete the in home assessment the client declines.
17. Clients are refusing a service when we go out as they felt they didn't need it.
18. We never ever receive and broadcasts re new referrals. Receive email notifications for rejected referrals.

2. INFORMATION

1. Assessments do not contain enough information. Service provider staff are required to collect more with no funding

2. Assessments/support plans from My Aged Care do not have sufficient information. Service provider then need an advisor/coordinator to still go out for assessment. Not funded to do this.
3. Getting referrals for **existing** clients for **existing** services
4. There is no subtlety in the service finder
5. Wallet check. Who does it?
6. My Aged Care Portal drop down box. No program specific information available. Very general information only eg social support
7. Need and location does not match. Eg social support in Dulwich 3Rs does not come up for RAS
8. People do not see the same screen/info cannot double check

3. TIME

1. Time spent on My Aged Care service provider line to make changes and time spent on portal. Eg 81 year old woman born in Australia who speaks English at home turned out to be an 81 year old **man,** born in **Italy,** who spoke limited English. My Aged Care would not change the client details. The client needed to call and make the changes.
2. Facilitation for existing clients takes time

The referral process is clearly the major theme regarding issues with My Aged Care, but there is an interrelation of both themes of time and information.

The sessions were intended to focus on delivering some solutions to the issues, but the passion and intensity of input impacted on available time and the two facilitators offered to attempt to theme the session and develop some possible solutions.

Since the forum the South Australian Collaboratives have decided to replicate the forum outline in other regions, using the data from the ECP forum as a starting point and add with more solution time allocated.

The Service Finder was underlying theme that was a somewhat common denominator and many providers made the demand that it should be fixed as it doesn't work. Although complaints have been tabled with both My Aged Care and the Department, there does not appear to be a communication loop that responds with any outcome.
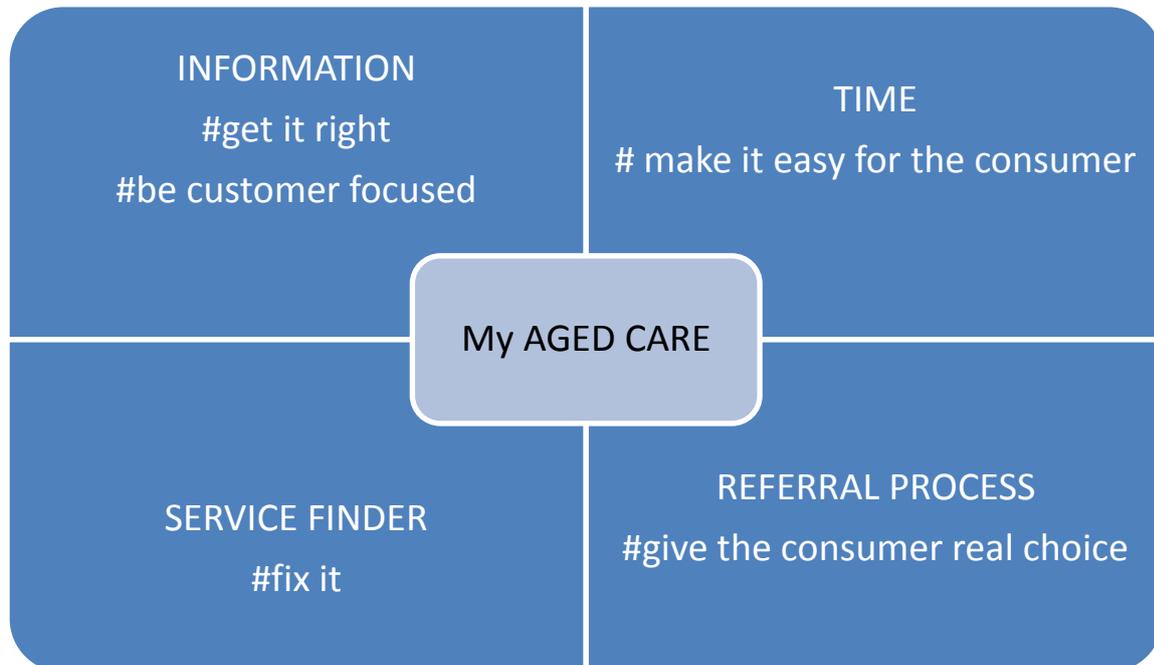
One possible solution that would lead to a better outcome for consumers is to allow service delivery if they approach a provider and consolidate the My Aged Care requirements at a later time. Such a simple solution would address at least 3 of the issues identified within the referral process.

A simple solution to the incorrect information scenarios is to give provider aces to make changes to client information. Everyone makes administrative errors this solution would simplify the rectification process.

As this is the first in the planned and coordinated statewide response amongst the SA Collaborative Projects, the themes and solutions are relatively organic and may change and evolve as both the

system bugs are eradicated and the sector becomes more familiar in ways to meet client need with the new world of Aged Care.

Diagrammatic Issues themes and solutions

INFORMATION #get it right #be customer focused	TIME # make it easy for the consumer
SERVICE FINDER #fix it	REFERRAL PROCESS #give the consumer real choice

My AGED CARE

LINKS WITH COMMON STANDARDS

My Aged care should also be linked to the to the quality standards as identified by the funding body.

On the 1 March 2011 the Community Care Common Standards (CCCS) replaced the HACC National Service Standards across Australia. The CCCS are part of an ongoing process of reform by the Australian Government and State and Territory Governments that has been underway since 2005 to develop and streamline arrangements in community care.

The CCCS are applicable to Commonwealth Home Support programme.

There are three standards:

- Effective Management

- Appropriate Access and Service Delivery and

- Service User Rights and Responsibilities.

It is not clear that the current process with access to CHSP services meets the common standards at this point in time and may be worth further exploration.

My Aged Care Reform Meeting: The Challenges and the Solutions 2015 - 2016
Southern Metropolitan Region

Introduction

The Southern Services Reform Group (SSRG) held a Regional Network meeting on Thursday 26th November 2015. This was the second in a series of State-wide meetings to collect data on the reform process as experienced by the providers working within the system. The first in this series was held by the Eastern Collaborative Project (ECP) in October 2015.

The meeting was jointly facilitated by the coordinators of the Southern and Eastern Collaborative Projects.

The session had 2 parts.
Part 1 concentrated on topical areas of wellness that are important to maximise an older person's independence and autonomy, build capacity, encourage self management and focus on re-ablement or maintaining function. The topics presented were about nutrition, including the definition of frailty and how to address it, oral health and the role it plays in maintaining good general health and the third presentation titled 'The Italian Way' highlighted community connections and strengths.

Part 2 used an adapted form of Results Based Accountability named Actionable Deviant Design developed by the SSRG and ECP over the past 3 years that achieves an action and results based outcome within a limited timeframe. The session focused on My Aged Care, the issues encountered and development of potential solutions.

Thirty-six people attended the meeting and came from a total of 21 different aged care organisations across the southern metropolitan region. During the session attendees were split into small groups to brainstorm the following:
   1. What is going well with My Aged Care?

   2. What are the issues you are experiencing with My Aged Care?

Each group was asked to report their information back to the larger group under four general themes originally identified in the ECP workshop, **Information, Time, Service Finder** and **Referral Process.**

The next steps focused on solutions:
   3. After analysing all of the issues, what is the issue that has the most doable solution? (It was useful for groups to rank the issue solutions)

   4. What are the actions to achieve this solution?
The problem solving was then shared with the larger group and discussed.

Results:

1. **What is going well with My Aged Care?**
   The intention was to start the discussion on a positive note and acknowledge the positive aspects that the reforms have brought to the sector. The summary of the positives that came from the group brainstorms are as follows:

   Information
   - Has increased consumer choice
   - Older people only need to share their story once
   - The Portal upgrade will increase the amount of information available to service providers
   - MAC are listening to our feedback
   - Promoting stream-line services
   - One point of contact
   - One phone number

   Referral Process
   - Online electronic referrals are good, quick and easy to use
   - Steady flow
   - One entry point

   Time
   - Hold times on phone have decreased
   - Phone response was better and more comprehensive
   - Quicker process now

   Service Finder
   - Less doubling up of services – fair and equitable

2. **What are the issues you are experiencing with My Aged Care?**
   This session generated a lot of conversation about the challenges and issues providers were experiencing. Each group was asked to list up to 5 issues but it was difficult for the groups to keep within these limits. Each issue was placed under one of the 4 themes already identified by the ECP, but it was necessary to add a fifth theme. The fifth theme, **Client Centred System** evolved during discussions.
   Both the SSRG and ECP comments have been combined in this section. Many of the comments were very similar; however there were also some differences. Specific ECP comments have been highlighted in red.

   Information
   - Information on referral - wrong nationality and incorrect interpreter engaged
   - No flow of notes, who has made them, not consistent
   - Assessment too long, (64 pages) but not much relevant information in it
   - Feedback phone survey was too long and complicated
   - Difficult to find information in referrals
   - Had to fax copy of Power of Attorney

- Local knowledge about service providers is not always known or understood by MAC /RAS when referring clients
- My Aged Care Portal drop down box. No program specific information available. Very general information only eg social support
- Need and location does not match. Eg social support in Dulwich 3Rs does not come up for RAS
- Quality of RAS assessment varies greatly
- MAC staff have different levels of skill, knowledge, phone expertise
- Not getting the required information from MAC, eg: diagrams for home modifications

Referral Process
- Multiple providers for one client
- Inappropriate referrals
- Clients being referred to services they don't want
- Service providers taking on consumers that they shouldn't to gain outputs
- Service providers accepting referrals that they don't have capacity for and putting clients on a wait list.
- Clients we have referred to MAC, referral very slow to come back
- Clients requesting a specific provider of their choice. Does not occur, the referral goes to another provider
- Service providers are not able to instigate case conferences anymore. Approached My Aged Care to follow up but they won't action anything unless the family makes the contact.
- Inappropriate referrals: CALD specific not getting CALD services, location, not recognising capacity
- An example of a GP practice manager spending over an hour on the phone to My Aged Care and provider only getting a name and phone number.
- Should be able to reject accepted referrals via portal, currently have to call
- Rejection process too long winded having to explain why
- Referral taken, but when worker attends services are already being received by another organisation
- When we contact a person re a new referral. They have been contacted by so many other providers they feel overwhelmed.
- Referrals that are intended for a service (eg one that already has contact with the client) may not go to that service as clients preference not checked
- Cumbersome process to refer to local and well known service, ring QLD for a service that is in my building
- Didn't get asked for Powers of Guardianship (only PoA)
- Consumers being bomb barded from service providers asking for same information – not on referral
- Referrals have dropped off

- Only recommend level 3 and 4 when it should be level 2 but they don't want to have to re-assess the client later on
- RAS receives a referral but when they go out to complete the in home assessment the client declines.
- Getting referrals for existing clients for existing services

Time
- Back log of referrals, straight to RAS now and they have a back log too
- Time lost 2-3 month delay
- Delay in services
- Information to and from MAC to ACAT is incomplete often (more time delays for consumer)
- Amount of time taken to re-screen
- Gaining correct information (not funded to do this)
- Specialised service needs, not being prioritised eg: short term training for vision impaired clients, MAC knew of priority, palliative care clients
- Priority of needs, extremely poor
- Registration time for clients and having to repeat story/info to RAS
- We still need to do wallet check and WHS
- Trawling through information to find basic facts (64 page referral)
- More trained RAS assessors, improve quality of assessment and wait time
- Time spent on My Aged Care service provider line to make changes and time spent on portal. Eg 81 year old woman born in Australia who speaks English at home turned out to be an 81 year old man, born in Italy, who spoke limited English. My Aged Care would not change the client details. The client needed to call and make the changes.

Client Centred System
- Too complicated for clients, too many steps to access services eg: client makes enquiry with service provider – MAC – RAS – hopefully back to service provider
- Not meeting outputs
- It seems more difficult for consumers to access services
- Client frustration/confusion
- Lack of carer information - only focused on recipient
- Difficult for younger clientele with multiple health issues (mental health)
- Limited to phone call contact - Not building a relationship with clients

Service Finder
- Capacity of service finder – needs to increase
- Provider information keeps changing eg: incorrect post codes of areas covered by a particular service provider

Suggested Solutions: Information

Solution	Action
Reduce human error, ensure relevant or mandatory fields are completed, staff training	
Reduce form size, have mandatory fields – key information summarised, living document updates as necessary	
Mandatory fields, to link the information to make an executive summary	
Local advice line – RAS (someone who is neutral)	
3-5 page summary which auto-fills from 64 pages – service/client specific	
IT infrastructure needs to be set up	
Email/scan facility	
Increase networking between RAS and service providers	• RAS representatives attend SSRG Steering Committee meeting • Aged Care Pathway Workgroup – RAS representatives and providers - focusing on ways to increase specific program information to Regional Assessment Services: development of spread-sheet / ?use of the Seniors Southern Services Directory • Bi-monthly Aged Care Reform Workgroup meetings
Increase local area knowledge – creating zones and/or state teams	

Suggested Solutions: Referral Process

Solution	Action
Ensure all information is correct	
Increase accountability, MAC record keeping, including name of person who wrote note	• Name of RAS assessor is now attached to notes
Agencies to be in contact with RAS to provide information and updates RAS to know the local area and what is on offer Agencies to step up and build relationships with RAS	• RAS representatives attend SSRG Steering Committee meeting • SSRG Aged Care Pathway Workgroup – RAS representatives and providers - focusing on ways to increase specific program information to Regional Assessment Services: development of spread-sheet / ?use of the Seniors Southern Services Directory • Bi-monthly SSRG Aged Care Reform Workgroup meetings – regular invite to RAS representatives to share information and build relationships
1 person from each agency to meet/network with RAS on a regular basis	
Create a local area team – have on-going meetings to discuss identified themes, eg: respite, in-home, maintenance	
Create dementia friendly communities with RAS involvement and local team	
Part referral that agency can complete – but we need assessment/coordination funding	
If consumer identifies a preferred agency it doesn't go 'live' – goes directly to identified agency via administrator of agency who are part of the 'local area team'	

IT update	• System changes completed: 4 April 2016

Suggested Solutions: Time

RAS to ensure wallet check is completed	
3-5 page summary with auto fills from 64 pages, service/client specific	• A summary and goals can be accessed if go to the print plans tab on MAC Website
More training of what is important to know for RAS assessors and My Aged Care consultants	

Suggested Solutions: Client Centred System

Local MAC – visible in the local community and accessible to clients	• SSRG Aged Care Pathways workgroup exploring ways to increase consumer awareness and sharing access to information resources
Clients choose to go directly to a service provider of their choice	

Conclusion

Many positive benefits have arisen from the Aged Care Reform meeting held in November 2015. It gave service providers in the south an opportunity to network, collaborate and share their challenges and issues. The meeting began with a focus on wellness which provided valuable information on some new topics that impact on older people. This was followed by the workshop on My Aged Care which recognised the positives, the issues experienced and identified potential solutions. It was acknowledged that MAC is listening to feedback and improvements are happening progressively, however there are still many challenges, some of which solutions were recommended. The positive outcome of this event was the formation of SSRG workgroups to facilitate further solution focused conversations in the south.

Community Aged Care Reforms Workshop – April 2016

Feedback from Riverland, Mallee Coorong Taskforce

The State-wide Collaborative Projects (sector support and development) in South Australia have sought on-going feedback from regional stakeholders to provide to the Commonwealth. This has been achieved through regional forums and network meetings following the 1 July 2015 changes to the Community Aged Care system and the introduction of the Commonwealth Home Support Program (CHSP).

The Riverland Mallee Coorong Taskforce (RMCT) held a regional network meeting on Wednesday 13 April 2016 in Karoonda which was attended by 18 service providers or stakeholders from different organisations in the region. This was the second in a series of RMCT regional meetings to collect data on reform and process as experienced by the providers working within the system. The aim of this workshop was to provide an opportunity to discuss what was working well since the introduction of the My Aged Care (MAC) registration and screening process and the introduction of the Regional Assessment Services (RAS), gather broad feedback experienced by stakeholders around the issues and challenges and how this impacts on clients and service provider workload and to collectively identify potential solutions.

Overall participants had an excellent understanding of the intent of the reforms and a good knowledge of the MAC/RAS processes. Participants provided a number of positive outcomes working in the system since 1 July 2015 however, there were significant concerns highlighted regarding number of assessments, call centre information and skill, consumer understanding of and access to information, training of MAC for service providers and a general lack of education provision for service providers, clients and families.

What was going well with MAC

The intention was to start the discussion on a positive note and acknowledge what the reforms have brought to the sector since 1 July 2015. Participants were asked to provide 3 areas that were working well. The group were then split into 2 groups. Each group themed the areas highlighted and brainstormed then discussed their findings. Both groups came together as one group to discuss. Although participants had varied experiences there was general consensus of the top 6 areas that were going well with MAC.

1. One point of call
2. Centralization of information
3. Good service implementation following referral
4. Consumer choice and control
5. Navigating the system / pathways / referral
6. Standardization of system / information

What were the issues / challenges experienced with MAC

This session generated a lot of discussion of the issues and challenges service providers had experienced. Participants were asked to provide 3 areas where they had experienced issues or challenges with MAC. The group were then split into 2 groups. Each group themed areas highlighted and brainstormed and discussed their findings. Both groups came together to discuss. Although participants had varied experiences there was general consensus of the top 6 areas that were highlighted issues and challenges experienced with MAC.

1. Referrals / information / priorities / visability
2. Training around MAC for service providers and MAC
3. Consumer understanding of and access to information
4. Contact Centre skill / information
5. Too many assessments for client
6. Lack of education in general to service providers, clients and families

What are identified possible and most doable solutions

As a whole group a discussion and brainstorm session produced identified and the most doable solutions to highlighted and priority issues and challenges experienced with MAC. Possible solutions include:

1. Training and sharing information with user guides / flow charts for service providers
2. Contact RAS to help with service provider
3. Sharing opportunities with other service providers
4. Consumer training sessions eg. Council library sessions to navigate MAC – Expo MAC booth
5. Provide clear information for stakeholders eg. Doctors
6. Provide clear information to consumers using flowcharts in simple to understand language

Conclusion

The objective of this workshop was to gather information on MAC as experienced by service providers working within the system of successful processes, issues and challenges encountered and on the development of potential solutions. It was clear that many processes are working well and this has been achieved by the Department listening and actioning stakeholder feedback which has then transpired to steady improvements to the system. However, as highlighted there are still many challenges to overcome. There are still issues with referrals and transparency, limited and conflicting information and education available to service providers and consumers, vast range of contact centre experiences and consumers continuing to have multiple unnecessary assessments.

Before we can be confident that the system is delivering service providers/consumers/clients with transparent, correct and easily accessible information which will then produce efficient and effective support and service, further consultation and collaboration with the Department and the sector must occur.

Riverland, Mallee, Coorong Taskforce Meeting – April 13 2016

Time	Action	Format / Resources

10.30am	Q: What is going well with the reforms?
	
	• Write on sticky notes & attach to wall
	   o Consumer Focus
	   o Time
	   o Service Finder
	   o Referral Process
	   o Workforce
	• Briefly review sticky notes
		Each person has 3 pink sticky notes for positives, butchers paper, pens.
		Butchers paper is headed with one theme per sheet, ruled in half, top half for positives, bottom half for issues/impacts

10.50am	Q: What are the issues/impacts you are experiencing with the reforms?
	
	• Write on sticky notes and attach to same sheets
	   o Consumer focus
	   o Time
	   o Service finder
	   o Referral process
	   o Workforce
	• Briefly review sticky notes
		Each person has 3 yellow sticky notes for issues / impacts

11.10am	• Divide themes between 5 groups
	   o 1 theme per group
	   o Each group brainstorms possible solutions
	   o Solutions include things we can do as a taskforce and things we can feedback to the Commonwealth for their action
	• Each group to choose one solution to present to the larger group
		Each group is given the butchers paper with the sticky notes that relates to their theme

	Q: Which issues have the most doable solutions? • Whole group discuss and choose which solutions to pursue	
11.40am	Q: What are the actions to achieve this solution? • Write the issues and actions on butchers paper	
12noon	Close and Thank you	

Seniors Collaborative Action Project
Barossa.Gawler.Light.Mallala

RAS/MAC TROUBLESHOOTING WORKING GROUP
Notes from
Aged Care Reforms – Issues & Solutions Workshop
Thursday April 28, 2016
1:30pm – 3:30pm
Barossa Council Chambers

PRESENT:
Anya Lizoguboff (ACNA-RAS); Bev Galway (Tanunda Lutheran Home); Catherine Balfour-Olgivy (Country Home Services); Courtney Dswonitzky (Barossa & Light Home Assist); Deb Anderson (SCAP); Debbie Carter (Carers' Link); Elspeth Morgan (Carers' Link); Fay Millington (Barossa Village); Jillian Wood (SA Country Carers); Kerrie Draper-Rose (Gawler Home Assist); Olena Lesnikov (APM – RAS); Que Ralph (Uniting Communities - RAS); Ryan Oldnall (ACNA – RAS)

APOLOGIES:
Craig Gogol (ACNA –RAS); Jacqui Bowden (APM-RAS); Jodie Zimmermann (Barossa Village); Jo Parker (Barossa & Light Home Assist); Lynne Hosking (APM-RAS); Rosie Ward(Barossa Village); Stefan Nowak (Barossa, Hills, Fleurieu ACAT); Tracy Maynard (SA Country PHN)

WHAT IS GOING WELL WITH THE REFORMS?

MAC (Info & Intake)
- Direct referrals being sent for more urgent matters
- Call 'wait times' getting shorter with MAC
- centralised information portal that can be updated by providers to promote their services
- increased accuracy of info gained through MAC screening
- improvements have been made

RAS (Referral Process)
- Referral assessment information is good and how have contact with a number of RAS assessors
- Consistent assessment process and access to supports (where available)
- From my perspective this has changed from initial problems to much more focussed system
- Only appropriate referrals coming through
- Open discussion re issues
- Responsiveness to issues as they have been identified
- Relationship with RAS
- Self-referrals better than in-bound referrals
- New look screening
  - o easier to see if info
  - o Some screening is very good
- Getting better with RAS/ACAT referrals

Consumer Focus
- Service providers offering support to people needing to access services
- Innovative responses to service needs are being identified and created (services are responding to need rather than clients fitting into the 'menu' of services.
- Consumer focus has been adopted by providers. It has changed the culture from 'doing for' to 'doing with'
- Receiving respite referrals
- Clients are getting referred.
- Comprehensive assessments

Provider Portal (Info)
- Providers are coming ti grips with the importance of collaboration with stakeholders
- Flexibility postcodes depending on workforce
- Easy to navigate for information
- Notes section on clients file is getting utilised more. Good info sharing.
- RAS referrals easily downloaded
- Assessment staff and service providers all accessing and working from same info
- Knowing which services are available
- Easy to find services under the tabs/boxes
- Get kept will informed with changes and updates via emails.

Other
- Community engagement
- Staff understanding of reform process

WHAT ARE THE ISSUES/IMPACTS YOU ARE EXPERIENCING WITH THE REFORMS?

MAC (Info & Intake)
- Time spent to promote MAC as referral source and assisting consumers with referrals
- Contact centre still working with multiple sets of rules and guidelines resulting in inconsistent messages and approach
- Fear of information being given out. limited English of contact staff no understanding of CHSP
- Another process to go through to access services
- No notification if provider rejects the service referral
- Portal can be very slow and unresponsive
- Sending direct referrals to incorrect service providers out of client's region

RAS (Referral Process)
- "People are falling through the cracks" (Carers' Link example)
- Knowing what other services there are that are not on the MAC portal
- Do the RAS promote less mainstream service providers?
- Importance of referring to 'social support groups' etc. Re why has our Yorke office get 20 per week RAS referrals and the Barossa only 3?
- Slow MAC portal at times – unable to send referrals.
- RAS appear to have limited training in CSHP services
- No follow up on refused referrals.
- Consumers being told they can "have everything"
- Not getting as many Home Mod referrals even though clients have told us they requested a certain service provider.
- RAS staff still unable to see detailed provider information in the assessor portal
- Still some assumptions about service delivery and excess time needed doing follow ups.
- Have had complaints from clients about wanting so much information over the phone but do not understand why. (how to resolve?)

Consumer Focus

- Unsure if some confusion is with the client who calls MAC or the info being given over the phone – education
- Prospective clients wondering why they have to register with MAC
- Need for clearer guidelines, more education about the role of RAS (for consumers)
- Not always known if the client already has services
- Will improve with time like follow up assessments for increasing needs.
- No referral for carers via the portal
- Consumers are confused and worried about MAC
- They choose not to contact MAC and will do without or purchase private services
- Confusion for clients. Not sure who is doing what if needing more than one service
- Dependence on website for info needs communication and marketing by DoH
- Keeping up with the changing client environment
- Elderly people are confused about why they have to register with MA. It has been left to service providers to try to explain this.
- Simple requests for a simple service type cannot be referred to service providers.
- Each time a new support need is identified have to go back to MAC make more phone calls/ assessments.
- Some consumers are falling through the gaps because of poor information about MAC
- Concern if the consumer does not have an advocate to help them navigate the system
- The critical point of consumer education has not been reached as yet. It is hard to get people to be aware (in advance of need) of what their responsibilities are and what they can access.
- Many 'on the ground' coordinator/client service level staff at providers do not understand enough about the MAC process /pathways for clients leading to mis-information and client confusion.

Provider Portal (Info)

- Is this clear enough for the aged?
- Portal can be quite slow when trying to view assessments/attachments etc
- Provider tabs showing availability of services they don't offer, eg show transport but they don't offer that service
- Not all services are under correct headings and services show they provide a service when they don't.
- Ensuring we are constantly maintaining the provider portal need dedicated resources for this
- still cannot see information unless referral is accepted
- Slow
- Information on notes limited or confusing

Other

- Providers need to adopt a culture of flexibility and to be able to identify opportunities to expand their business through innovation. This is a problem for some staff.
- Much more time needed by service providers to assist consumers to access MAC
- Managing HR resources

POSSIBLE SOLUTIONS

THEME	WHICH ISSUES HAVE THE MOST ACHIEVABLE SOLUTIONS?	WHAT ARE THE ACTIONS TO ACHIEVE THIS SOLUTION?
MAC (Info & Intake)	• Increase awareness amongst consumers with advertising. Encourage consumers to call MAC. • Fund service providers to provide assistance to consumers • Improved , streamlined training of NCC staff • Confidentiality – follow process. Client can ask info not to be recorded if not a risk. • Resolve IT issues • Information about available services needs to be accurate. • Reduce red tape • Address disconnect with GP's	Commonwealth Commonwealth MAC Commonwealth Service providers and RAS providers be prepared to build relationships SCAP to feed back unresolvable system issues to DoH DoH needs to address this DoH needs to address this
RAS (Referral Process)	RAS assessors need local knowledge about services available.	Maintain relationships between RAS providers and service providers

Consumer Focus	• Community awareness ie TV, radio, brochures
	• Training of staff
	  o National Call Centre
	  o Service Providers
	  o Admin
	• Providers do inbound referrals
	• Identification of carers in the system
		DoH
		
		) Development of training resources by DoH
		)
		Provided by service providers

Provider Portal (Info)	• Content: referral information not visible until accepted. Info on notes limited or confusing Provider Portal access speed slower than RAS Portal on same PC so is a specific portal issue	Commonwealth resolution required
	• Improve internet infrastructure capability to improve access speed	Providers review their ICT capability and invest as recommended
	• Ensure information is accurate and maintained so only relevant information is in system and it is entered into correct sections/headings.	Schedule regular review and updating of portal data.
	• Ensure a close relationship between service providers and RAS providers to ensure RAS knows service types and locations.	Schedule meetings between RAS and providers on an agreed frequency.
	• Allocate resources or consider more appropriate staffing level (class and grade) to monitor and accept referrals.	Determine minimum level of knowledge/skill required for the tasks and assign resources as appropriate
Other (issue raised at GASHAN meeting on 20th April)	A practice nurse responsible for age care assessments at GP clinic reported that she had observed that a number of their patients were very confused by the whole MAC /ACAT process. She said she had been on several follow up home visits with patients who had had their ACAT. The folder with the approval for a Home Care Package was sitting on the dining room table and they were really unclear about what to do next.	• "ACAT used to show the client the DPS Guide so they knew which services were available locally." • "Need to recognise that sometimes it's the family who have insisted on the ACAT and the client doesn't really want services so doesn't do anything." • "After going through hours of the ACAT Assessment it's too much information to absorb to then have to think about providers. Ideally there needs to be a follow up visit after the letter is received." Response from ACAT post workshop: • "One possible solution is to take an example of a support plan letter and show clients, so that they know what to expect and do next."