

ELIGIBILITY AND ASSESSMENT

AGED CARE SERVICES DELIVERED IN YOUR HOME

The Australian Government provides subsidised services for older people who find it difficult to manage with day-to-day living activities. The aim is for people to be supported to stay in their own homes for as long as they can. The services that are available cover the range from very basic to high needs complex cases.

For basic help, you would start by accessing the services available, usually via your local Council, through the Home & Community Care (HACC) program. If your needs increase or become more complex for HACC, the next step is to apply for a Home Care Package. Home Care Packages provide:

- Help at home with personal, medical and domestic matters
- Help in transitioning from a hospital stay
- Help with caring for someone

If you would like to apply for any of the above, the first step is to contact your local **Aged Care Assessment Service (ACAS)** and arrange for them to conduct a formal assessment of your eligibility and needs. ACAS is a team of medical staff and social workers who specialise in aged care. ACAS teams are usually located at a public hospital. A member of your local ACAS team will conduct the assessment. There are no fees charged for this assessment.

PURPOSE OF THE ASSESSMENT

The assessment is intended to work out if you are eligible to receive government-subsidised aged care services, what your needs and wishes are, and what type of services and care best match those needs. ACAS's job is to discuss your situation, give you all the information you require, and help you make the best choices based on your individual needs and the services available. You can have someone else – perhaps a friend, family member or your carer – attend your assessment with you if you need extra support. See below for details on how to arrange an assessment.

WHAT HAPPENS AT AN AGED CARE ASSESSMENT?

Once you've made an appointment, a member of your local ACAS will visit you in your home, hospital or elsewhere. The ACAS member visiting you may be a doctor, nurse, social worker, physiotherapist, occupational therapist, psychologist or other appropriate health care professional.

The ACAS member/s:

- May ask your permission to talk to your doctor to discuss your medical history before they meet with you. But only if you agree, and your consent will be recorded by the ACAS
- Will ask you if you wish to apply for approval to receive certain aged care services. They will explain these service options to you, and if you do want to apply, they will ask you to sign an application form or the Aged Care Client Record
- Will ask you questions about your day-to-day living activities and if you need help with all or some of them. They'll also want to talk about your general state of health and specific health conditions. This will help them work out how much and what type of help you need
- Will then talk to you about whether they think you need more support so you can keep living in your own home, or if they think you might be better supported in an aged care home
- Will give you information about all of the services that may be available in your local area. You may also like to search for organisations or aged care service providers yourself

WHAT HAPPENS AFTER THE ASSESSMENT?

Once you have had the ACAS assessment, you will receive a letter to let you know if you have been approved as eligible for government-subsidised services. Your letter will tell you what type of services you are eligible for and approved to receive, as well as the reasons why. You will also receive a copy of your completed Aged Care Client Record.

You should keep a copy of your completed record because you will need to show this record to organisations to confirm that you are eligible to receive government-subsidised aged care services.

If you are not happy with your assessment outcome, you will also be given written instructions on how to appeal the decision.

HOW LONG IS AN ACAS ASSESSMENT VALID FOR?

Your ACAS assessment will usually remain valid unless:

- It has a time restriction applied by the ACAS
- You are approved for low-level residential care and do not receive care within 12 months beginning the day after the approval was given

- You are approved for the Transition Care Program, in which case the outcome is valid for 12 weeks (or 18 weeks if needing extra care) beginning the day after the approval was given
- You are approved for Respite Care which can be accessed up to 63 days each financial year, with an extension of 21 days if extra care is needed
- Your personal circumstances or your care needs change

CONTACTS

My Aged Care: For more information on ACAS call: 1800 200 422

Department of Human Services: Aged care means test assessments call: 1800 227 475

Seniors Information Victoria: call: 1300 135 090 or visit Level 4, Block Arcade, 98 Elizabeth St, Melbourne (use lift no. 3 closest to Elizabeth St entrance)

Seniors Information Victoria is supported by the Victorian Government

COTA VICTORIA

Every care has been taken in the preparation of this document such that the information it contains is believed to be accurate. It contains guidelines only in relation to its subject matter. COTA VIC suggests that professional advice be sought wherever necessary.