



Department of Health and Disability Services Commission

Joint protocol to guide the assessment and support of younger people with disability

1. Introduction.

Aged Care Assessment Teams (ACAT) are responsible for assessing and approving access to all Commonwealth funded aged care services. This includes frail older people and after all other options have been exhausted, younger people with high or complex needs.

Younger people with disability under the age of 65 years are eligible for assessment by an ACAT. However, approval for aged care services should only occur where it is demonstrated that all disability service options have been exhausted for individuals who meet the Commission's eligibility requirements and there are no other services that are more appropriate to meet the person's needs.

When a younger person with disability is at risk of requiring either permanent or respite care in a residential aged care facility or a community aged care package, ACAT and the Disability Services Commission (Commission) have a commitment to work together with the person with a disability and/or their family/carer to determine the best way to meet that person's individual support needs. (See Appendices 1 and 2 for descriptions of the roles of ACAT and of the Commission).

This protocol describes processes to be adopted across all ACAT and the Commission. It is expected that local level processes will be developed jointly by the local ACAT and Commission staff to support working collaboratively to achieve the best outcomes for younger people with disability and their families and carers.

The Commission has established a Disability and Aged Care Coordinator (DACC) to support this initiative. This person is contactable on telephone 9426 9696 or 1800 998 214 or email: acatreferral@dsc.wa.gov.au.

Initial contact with the DACC will confirm if a younger person is within the Commission's target group and will liaise with relevant Commission and/or disability funded agency staff to support the implementation of the joint protocol in the most timely, efficient and responsive manner.

This protocol applies to Western Australian (WA) National Disability Insurance Scheme (NDIS) My Way (WA NDIS My Way) and The Commission's service areas. For National Disability Insurance Agency (WA NDIS NDIA) (e.g. Perth Hills trial zone) please make contact with the relevant agency. <http://www.ndis.gov.au/>

2. Purpose.

This protocol is designed to ensure that the Commission and ACAT collaborate in planning the support of people in the target group who are seeking Commonwealth funded aged care services or who are in residential aged care or at risk of being inappropriately placed in residential aged care facilities.

3. Principles.

- 3.1** ACAT and the Commission undertake a person-centred approach to supporting and responding to individual needs in a timely manner, acknowledging that the demand for services often outweighs available resources.
- 3.2** ACAT and the Commission will work together to achieve the best outcome for the person and their family/carer, and respect their choice of option.

4. Target group.

The focus of the protocol is people under the age of 65 years (under the age of 50 years for Aboriginal and Torres Strait Islander people) who are within the target group for the Commission and who may require access to Commonwealth funded aged care programs.

To be eligible for specialist disability services that are either provided or funded by the Commission, a person must be a permanent Australian resident living permanently in Western Australia and meet the following:

- Age – less than 65 years (or under the age of 50 years for Aboriginal or Torres Strait Islander people) when the disability manifests. [ATSI people who are aged between 50 and 65 should also be considered for Commission services if/when their care requirements meet that of the target group.]
- Diagnostic Group – having an intellectual; sensory; physical; neurological or cognitive impairment or a combination of those impairments.
- Permanency – the disability is permanent or likely to be permanent.
- Adaptive Functioning – having a substantially reduced capacity for communication, social interaction, learning or mobility and have an ongoing need for support services.
- With the exception of people in the WA NDIS My Way trial sites, people who have a primary psychiatric disability are not eligible for Commission services.

Additional criteria under WA NDIS My Way sites

In the WA NDIS My Way trial sites (Lower South West from 1 July 2014 and Cockburn-Kwinana from 1 July 2015) the target group will include people with a psycho-social condition who have significant and permanent functional impairment. Most of these participants will have support needs from both the WA NDIS My Way and the health and mental health system.

The Commission does not fund or provide services for people who require palliative care or specialist dementia programs or services.

5. Referral pathways to ACAT for younger people with disability.

People under 65 years of age with disability may or may not be known to, or in contact with the Commission. There are therefore two different pathways through which younger people with disability may be referred to the ACAT (refer to appendices 3 and 4 – referral pathways flow charts).

5.1 People with disability who are known to or in receipt of services through the Commission.

These people may be in receipt of Local Area Coordination, My Way Coordination, Commission Accommodation Services or Specialist Services.

5.1.1. Steps for the Commission to take before making a referral.

Prior to contacting the ACAT, the Local Area Coordinator, My Way Coordinator, or Commission Services staff will ensure that discussions have been held with the person with disability, their family or carer and current support providers and that all possible alternative care, support or funding options have been explored and documented. The matter will also have been discussed with the relevant supervisor, manager, or the Commission's DACC.

When all options have been explored and there is no appropriate option available in the disability sector to meet the care and/or support needs of the person with disability, a written referral will be made to the ACAT from the DACC.

5.1.2. Making a written referral from the Commission to the ACAT.

On requesting an ACAT assessment for a younger person with disability after all other options have been explored, the DACC will formally write to the relevant ACAT team and include details of the planning process that has been undertaken with the person and/or their family/carers, the options that have been explored and why there are no facilities, supports or funding available that is more appropriate to meet the needs of the younger person with disability.

This will include a copy of the signed and authorised referral form to the Disability Aged Care Coordinator (Disability Services Commission) along with any supporting information and a letter from the authorised senior Commission staff confirming that all options have been exhausted and that there is no alternative option available.

5.2 People with disability who are not known to or in receipt of services through the Commission.

Some younger people with disability referred to the ACAT may not be known to the Commission, have never had any contact with the Commission or has chosen not to engage with the Commission. This can occur when someone:

- has self-referred or been referred by a health professional;
- has only been in contact with another service provider (for example, Home and Community Care);
- has recently acquired a disability;
- has a disability that has required a hospital admission, either due to the progressive nature of the condition or a situation, such as a fall, that has exacerbated it; and/or
- has chosen not to contact the Commission.

5.2.1 The ACAT is in receipt of a direct referral of a younger person with disability, who is not known to the Commission

The ACAT will explore the reasons for the referral, the nature of the disability, the level of need, and any risk or urgency factors. They will also explain to the referrer that referrals would usually come from the Commission in the first instance. This may result in the ACAT:

- advising the referrer that contact should be made with the Commission prior to an ACAT assessment; and
- requesting that the person or their family member, or carer, contact the Disability Services Commission for further assistance; or
- contacting the Commission's DACC on the person or family's behalf (with their written consent¹), to discuss the referral and determine if the person's needs and requested service model fall within the scope of eligibility for Commission services and capacity to provide.

Where the person is likely to meet eligibility requirements for Commission services, the Commission will follow up with the person, their family or carer as per the protocol and advise the ACAT:

- (i) if an option can be developed, in which case there is no requirement for an ACAT assessment, or
- (ii) if the Commission has no timely and/or appropriate options, the Commission will:
 - outline the planning process that has been undertaken with the person and/or their family/carers;
 - document the options that have been explored; and
 - identify why there are no other facilities, supports or funding available that are more appropriate to meet the needs of the younger person with a disability.

Where a younger person with disability has already had contact with the ACAT, then any relevant information held by the ACAT, with the person's consent, should be provided to the Commission to reduce duplication and help streamline the assessment and referral process.

6. Assessing a younger person with disability.

Once the processes outlined above have been completed, the ACAT may accept the referral for assessment. This acceptance suggests that it is likely that the person may need care/support through a Commonwealth funded community aged care package or in a Commonwealth funded residential aged care facility, as no other care options are currently available to meet the person's current type and level of need through the Commission.

With the consent of the younger person with disability, the referral information from the Commission will include all relevant planning and assessment information available to the Commission in order to reduce duplication and streamline the assessment process for the person with disability and their family/carers.

In general, best practice in assessing a younger person with disability would involve a joint assessment between the ACAT, Commission and/or the Commission funded

¹ Consent means signed, informed consent from the person themselves, a close family member or guardian

service provider to adequately inform the recommendations in order to canvas all relevant care options, along with their suitability and availability.

7. Urgent matters.

ACAT will be guided by their existing priority system in responding to a referral that has not been initiated or examined by the Commission. This will also depend on the level of need, risk and urgency of the person's situation. A joint assessment by the ACAT and the appropriate Commission Local Area Coordinator/My Way Coordinator staff may be arranged via liaison with the Commission's DACC.

8. Disability Service Commission's planning for, and review of, a younger person's support needs.

Further to a younger person being assessed and approved for Commonwealth funded care options under this protocol, the Commission will receive an electronic response from the ACAT which will be used to identify Commission eligible persons for which Commonwealth funded aged care services are considered a "temporary arrangement".

The Commission will engage in ongoing planning and review of the person's support needs and alternatives for their care to secure a more appropriate option. This may include an application for Commission funding either through the Combined Application Process or through My Way and may include consideration for an appropriate Commission funded vacancy when one is available under the Combined Application Process. People in this target group may also be identified for any options that become available through the Aged Appropriate Housing Strategy.

9. Conflict resolution.

Where issues arise in relation to this protocol and/or issues pertaining to younger people with disability accessing appropriate services, the following resolution path is followed:

1. The local ACAT Coordinator and the Commission's DACC.

If not resolved:

2. Department of Health, Aged Care Assessment Program - Senior Project Officer and Commission's Principal Policy Officer (aged care portfolio).

If not resolved:

3. Executive Director - Aged and Continuing Care Directorate and Executive Director - Policy and Strategy, Disability Services Commission.

10. Protocol review process.

This protocol will be reviewed as needed based on feedback from stakeholders.

*This document is available in alternative formats on request from Disability Services Commission.

Appendix 1

Aged Care Assessment Program

The Aged Care Assessment Program (ACAP) is a national program funded by the Commonwealth and State governments. There are 15 Aged Care Assessment Teams (ACAT) in Western Australia.

The core objective of ACAT is to comprehensively assess the needs of frail older people and facilitate access to available care services appropriate to their care needs. Selected ACAT team members are authorised as Commonwealth delegates under the Commonwealth Aged Care Act 1997 to approve people for Commonwealth funded aged care services. The decision to accept a person recommended for care by an ACAT rests with the provider of the Commonwealth funded aged care service.

The ACAT target group is frail older people, that is, people over the age of 70. Indigenous people are included in the ACAT target group from age 50. Younger people with disability are assessed by ACAT when no other more age appropriate services are available. The ACAP Operational Guidelines state that younger people with disability are eligible for care in residential aged care facilities if they require the intensity, type and model of care provided in such facilities and no more appropriate service is available.

The ACAP Operational Guidelines set out the core requirements and responsibilities of ACAS.

The guidelines are available

at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-acat-secure-guidelines.htm>

Appendix 2

The Disability Services Commission

The Disability Services Commission (Commission) both provides and funds services for people with disability. Permanent Australian residents with a severe or profound disability, where the disability manifests before age 65, can apply for services and/or funding for services. The Commission does not fund services for people requiring palliative care and does not provide specialist dementia programs. Care for people with a primary psychiatric condition is provided through the Health Department.

Local Area Coordinators/My Way Coordinators or Commission funded service providers, can assist people with disability and their families and carers to identify and apply for appropriate services. Local Area/My Way Coordination support is available in Perth and throughout all regional areas of Western Australia. Local Area/My Way Coordinators assist people with a disability to plan, organise and access supports and services which enhance their participation in and contribution to their local community. They are based in local communities, enabling them to build and maintain effective working relationships with individuals and families in their local area. Local Area/My Way Coordinators also contribute to building inclusive communities through partnership and collaboration with individuals and families, local organisations and the broader community.

People with disability and their families and carers who identify the need for funded supports and services may be able to access this through the Commission. In the WA NDIS My Way trial sites, people with disability (including those with psychosocial disability) develop a plan which identifies their goals and the strategies that they choose to achieve these. Decisions regarding funding of supports identified as required within a person's plan are approved through a local decision making process.

Outside of these areas, the Commission uses the Combined Application Process (CAP) to provide funded supports to eligible families and people with disability. Applications through CAP are considered on an individual basis by an Independent Priority Assessment Panel (IPAP). Funding is recommended on the basis of relative priority need and available resources and is provided on an individual basis.

Funding processes under WA My Way NDIS trial sites

WA NDIS My Way focuses on planning for current and future needs. People with disability, families and carers may choose to be supported by their My Way Coordinator to explore new strategies and create a plan which is tailored to their unique needs and goals or they may wish to develop their own plans. Planning focuses on natural networks, community supports and local connections wherever possible. Plans are individualised and may change over time, as the person's needs and goals change.

Where funding is identified as part of the plan, it is allocated locally and based on identified strategies rather than strict program funding guidelines. Individuals who already have funding are able to use their funding more flexibly to better meet their needs.

Specific programs for young people, at risk of, or in Residential Aged Care

- **The Young People in Nursing Homes Program**

The Young People in Nursing Homes Program currently supports eighty six younger people with a disability to live in the community. Vacancies occur at a rate of approximately two vacancies per year. Priority access to these beds is decided through CAP.

- **Age Appropriate Housing Strategy**

There is a Government election commitment for \$9 million to provide appropriate housing or to enhance support arrangements so that younger people with disability are not residing inappropriately in emergency, transitional or aged care accommodation. The program will commence in 2014-15 with recurrent funding of \$3 million commencing from 2017-18 onwards.

It is expected that program will have three key elements:

- the transfer of younger people with a disability currently inappropriately accommodated into more appropriate accommodation;
- redirection of younger people with disability at risk of inappropriate admissions into transitional, emergency or residential aged care, and
- enhancing the delivery of specialist disability support services to younger people with disability for whom emergency, transitional or residential aged care remains the only available suitable supported accommodation option. These in-reach packages may include services such as, but not limited to, allied health therapy, day programs, equipment, transport and social outings.

Community Aids and Equipment Program

The Community Aids and Equipment Program (CAEP) provides a range of aids and equipment to assist people with disability to live safely at home. Funding is provided for home modifications; for example, installing a ramp to improve accessibility to the home; and for loaning equipment; for example, providing a wheelchair or communication device.

Appendix 3

Pathway for younger person with disability known to the Disability Services Commission (refer to section 5.1 of joint protocol)

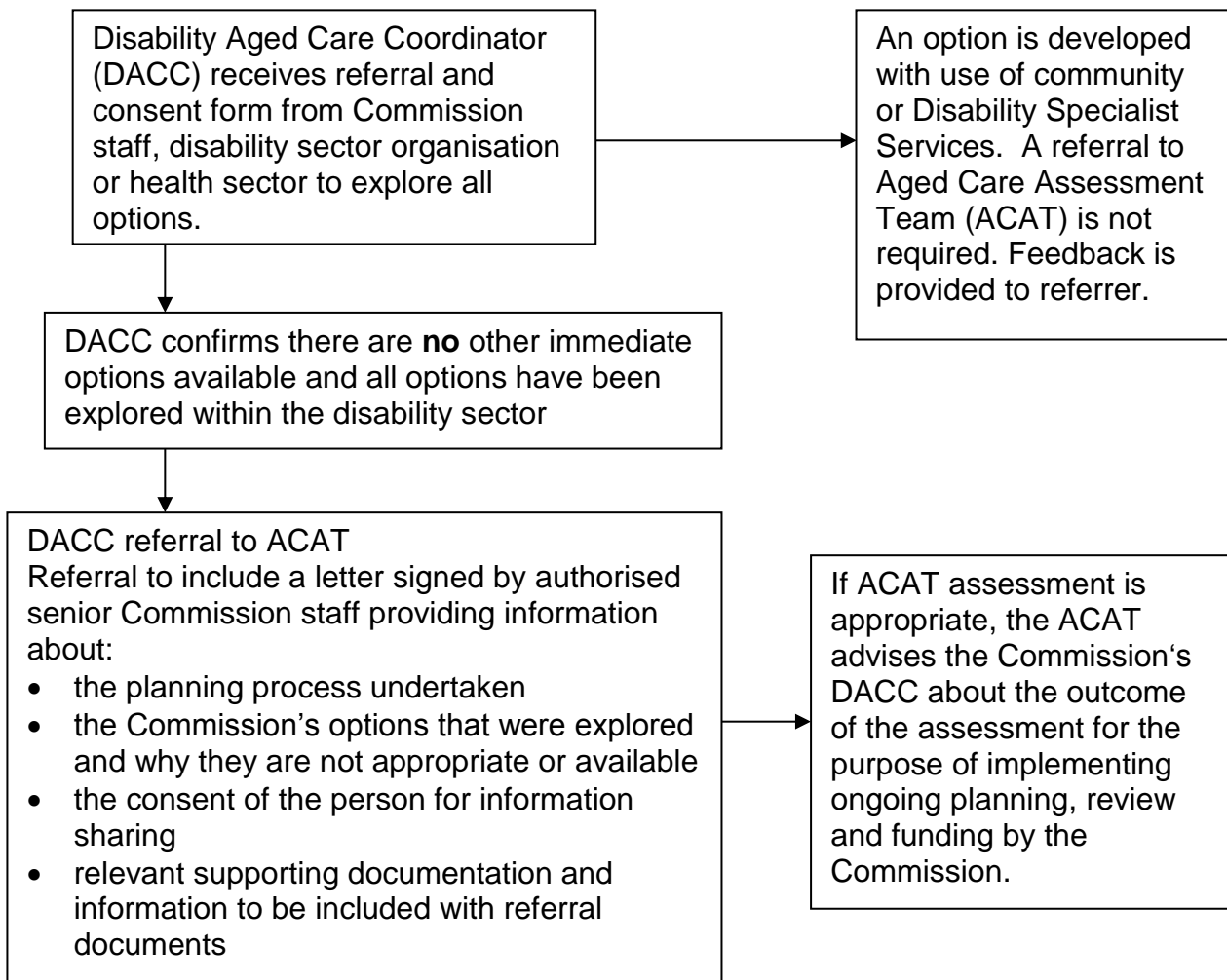
People who require palliative care are not eligible for Commission services. Further, the Commission does not provide or fund specialist dementia programs or services.

People in the WA NDIS My Way trial sites who have a psycho-social condition which has resulted in significant and permanent functional impairment may also be eligible for My Way supports. Details of the My Way eligibility and access requirements are found in the position paper, My Way: Eligibility and Participation (July 2013).

Prior to referring to the Disability Aged Care Coordinator, contact has been made with the person with disability, family, carer and pre-existing service provider including disability sector organisation or LAC/My Way Coordinator.

Assumptions for people known to the Commission being referred to the Disability Aged Care Coordinator

- Eligibility has been determined and the person is eligible
- The person has been accessing a Specialist Disability Service.

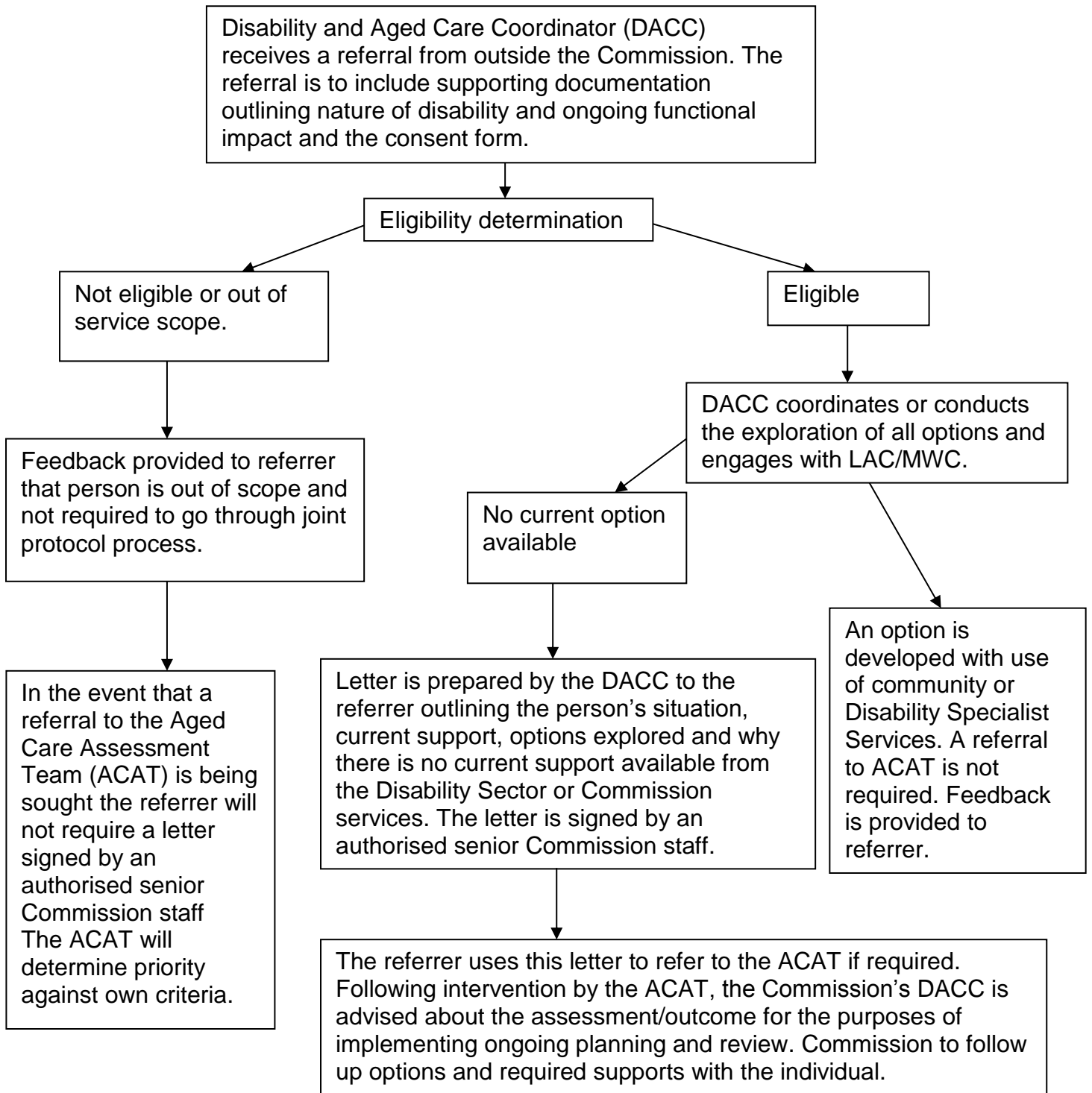


Appendix 4

Pathway for younger person with disability previously not known to the Commission (refer to section 5.2 of joint protocol)

People who require palliative care are not eligible for Commission services. Further, the Commission does not provide or fund specialist dementia programs or services.

People in the WA NDIS My Way trial sites who have a psycho-social condition which has resulted in significant and permanent functional impairment may also be eligible for My Way supports.



Appendix 5



Department of
Health



Referral Form to Disability Aged Care Coordinator (Disability Services Commission)

The Commission does not fund or provide services for people who require palliative care, have a primary psychiatric disability or specialist dementia programs and services. (See page 2 of joint protocol). Please do not refer people who require these services. If you need further clarification, please contact the Disability and Aged Care Coordinator on 9426 9696.

Personal details of person being referred			
Full name		Date of birth	
Address			
Email		Telephone	
Service Provider		Telephone	

Can the person make decisions independently? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the State Administrative Tribunal appointed a guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the person of ATSI decent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has this referral been discussed with DACC? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of carer, next of kin or guardian		Relationship	
Contact details of carer, next of kin or guardian			

Eligibility for Commission services	
<p>The Commission requires supporting evidence of the disability that includes a description or diagnosis of the impairment and its impact on the person, for example, medical and specialist reports, functional assessment reports from allied health professionals or from neurosciences. Please tick below to indicate type of disability:</p>	
<input type="checkbox"/> intellectual	Eligibility for intellectual disability is determined by the Commission's eligibility Determination team which can be contacted on 9426 9223. For intellectual disability the disability must be present before age 18 years.
<input type="checkbox"/> physical	includes cerebral palsy, muscular dystrophy, hemiplegia
<input type="checkbox"/> neurological	includes Huntington's disease, multiple sclerosis, motor neurone disease
<input type="checkbox"/> sensory	includes deaf, blind, vision or hearing impaired, nonverbal communication
<input type="checkbox"/> cognitive	includes acquired brain injury. See evidence required above.

Details of referring person			
Full name			
Referring agency		Position	
Address			
Telephone		Fax	

Email			
Disability Aged Care Coordinator Referral Form			Page 2
Reason for referral:			
Details of what was done, for example any planning undertaken, the options explored and their availability and/or the reason they were not considered suitable:			
Is the person with disability currently a patient in a hospital or rehabilitation facility? Provide details:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, is the person now medically stable?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
List medical conditions and any ongoing treatment:			
Has the person completed rehabilitation? Provide reports		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the person is likely to continue to make functional improvements over time, please list the rehabilitation goals:			
What type of current support services are in place? Who is supplying these and why are these no longer adequate (for example: HACC and Commission funded services)?			
What type of support does the person with disability and their family want? For example, do they want to stay in the home?			
Provide evidence that demonstrates the type of support the treating team or specialists recommend including therapy, social work and medical review/s:			
Has a Combined Application Process (CAP) application for funding from the Disability Services Commission been completed and submitted to the Commission?		Yes <input type="checkbox"/> No <input type="checkbox"/> Date submitted:	
Has a WA NDIS My Way plan been completed		Yes <input type="checkbox"/> No <input type="checkbox"/> Date submitted:	
Signature of referring person		Date:	Office use only Date received:
Disability Aged Care Coordinator Referral Form			Page 3



Consent Form

This purpose of this form is:

- to obtain your consent for this referral; and
- to obtain permission for the Disability Aged Care Coordinator (DACC) to share personal information with relevant health care professionals in order to determine whether you are eligible to receive specialist disability services.

In signing this form you give permission for:

- relevant medical records, assessment reports, including psychological reports and information from other agencies involved in your care to be provided to the Disability Services Commission and/or the DACC.
- relevant information held by the Commission relating to care, supports and funding to be provided to appropriate health care professionals.

Signature (person with disability)		Date	
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If the person with disability is unable to sign the form please complete the following section:

Describe the reason the person is unable to sign?			
Full name of the person signing (please print)			
Relationship to person			
Address			
Suburb		Postcode	State
Telephone		Mobile	
Email			
Signature		Date	

Fax or email completed consent form to the Commission's Disability and Aged Care Coordinator

- Fax 9226 0391 or
- post to Disability Services Commission, PO Box 441, West Perth WA 6872 or
- email to ACATreferral@dsc.wa.gov.au or

To discuss any aspect of the referral please call 9426 9696