



AAG

Australian
Association of
Gerontology



FACT SHEET 1
**DEFINITIONS OF KEY
AGED CARE TERMS
AND ACRONYMS USED
BY THE AUSTRALIAN
GOVERNMENT**

July 2019



To improve the experience
of ageing through
CONNECTING
RESEARCH, POLICY
and **PRACTICE**

This Fact Sheet has been developed by the Australian Association of Gerontology (AAG) with the support of the Expert Reference Group for the AAG Reablement Project 2017-19 (1). The aim is to provide a summary of key acronyms and terms used by the Australian Government to define the aged care services it funds.

This is one of a series of Fact Sheets exploring reablement that have been developed by AAG with the Expert Reference Group for the AAG Reablement Project:

- AAG Fact Sheet 1: Definitions of key aged care terms and acronyms used by the Australian Government
- AAG Fact Sheet 2: Australian approaches to reablement in the Home Support and Care Program
- AAG Fact Sheet 3: Australian approaches to reablement in residential aged care in Australia
- AAG Fact Sheet 4: List of published evidence on reablement approaches
- AAG Fact Sheet 5: Case studies exploring reablement approaches
- AAG Fact Sheet 6: International guidance documents on reablement approaches.

[AAG has also produced three videos featuring experts speaking about reablement. These can be viewed here](#)

ACAP- Aged Care Assessment Program. “The Commonwealth Government funds the States and Territories to administer the Aged Care Assessment Program. Assessments under this program are conducted by the Aged Care Assessment Teams (ACATs)” (p.8, (2)).

ACAT- Aged Care Assessment Team. Undertakes a Comprehensive Assessment which determines eligibility for: Home Care Packages, Residential Care in an aged care home, residential respite Care, short-term Restorative Care, and transition care (3). The ACATs conduct these assessments as part of the ACAP. ACATs can also refer to the CHSP (2).

ACFI- Aged Care Funding Instrument. Assesses the relative care needs of residents and is the mechanism for allocating the Government subsidy to aged care providers for delivering care to residents (4). Approved Providers of residential aged care authorise a person(s) to complete and submit the ACFI (5). The ACFI is being considered for review as part of the Residential Aged Care Funding Reform that is currently underway and to date has included the RUCS and R-ACFI reports (6).

Aged Care Gateway- The Aged Care Gateway is effectively now known as My Aged Care. It commenced in July 2013 with a website and phone line. It functions as a single entry point for people to access the aged care system.

Aged Care Roadmap- The Aged Care Roadmap was developed by the Aged Care Sector Committee in 2016 following the Productivity Commission’s 2011 Inquiry Report *Caring for older Australians*. The Roadmap was

developed to outline what is required to realise a sustainable, consumer-led aged care market, where consumers have increased choice and control of the care and support they receive (p.2, (7)).

Approved Provider- “A person or company or organisation who has been given approval by the Commonwealth government (under Part 2.1 of the Aged Care Act 1997) to provide care which will be eligible for funding by the Australian Government.” (8)

ASM- Active Service Model. The Victorian Department of Health and Human Services began implementing the ASM in HACC services in 2009. The ASM PREPARE and ASM PREPARE-Express were developed in 2010 as audit tools and guidance materials. “The ASM is a quality improvement initiative that focuses on restorative care and on promoting capacity building in community care service delivery. The ASM is focused on assisting people in the HACC target group to live in the community as independently and autonomously as possible; however, it is recognised that not all HACC clients will be able to live independently and autonomously.” (p.10, (9)).

Assistance with Care and Housing sub-programme- Sub-programme of the CHSP. “Frail, older people or prematurely aged people aged 50 years and over (or 45 years and over for Aboriginal and Torres Strait Islander people) on a low income who are homeless or at risk of homelessness as a result of experiencing housing stress or not having secure accommodation.” (p.8, (10)).

Care Relationships and Carer Support sub-programme- Sub-programme of the CHSP. “Frail, older people aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people) who need planned respite services to provide their carers with a break from their usual caring duties.” (p.8, (10)).

CHSP- Commonwealth Home Support Programme. The CHSP is the entry-level tier of the aged care system. The CHSP is structured to include four distinct sub-programmes: 1. Community and Home Support; 2. Care Relationships and Carer Support; 3. Assistance with Care and Housing; and 4. Service System Development (10). “As an ‘entry-level’ program, the CHSP is designed to provide relatively low intensity (small amounts) of a single service or a few services to a large number of frail older people who need only a small amount of assistance or support to enable them to maintain their independence, continue living safely in their homes and participating in their communities.” (11).

Comprehensive Assessment- The assessment undertaken by the ACAT which determines eligibility for: home care package, residential care in an aged care home, residential respite care, short-term restorative care, and transition care (3).

Community and Home Support sub-programme- Sub-programme of the CHSP. “Frail, older people aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people) who need assistance with daily living to remain living independently at home and in the community” (p.8, (10)).

Continuity of Support Programme- “The Commonwealth Continuity of Support (CoS) Programme makes sure that older people with disability currently receiving state and territory-managed specialist disability services, who are not eligible for the National Disability Insurance Scheme (NDIS), receive ongoing support.” (12).

HACC Program- Home and Community Care Program. The HACC Program was consolidated into the CHSP beginning 1 July 2015, with the last stage being complete on 1 July 2018 when the Western Australian HACC services joined the CHSP.

Home Care Packages Program- “Under the Aged Care Act 1997, the Australian Government provides a subsidy to an approved provider of home care to coordinate a package of care, services and case management to meet the individual needs of older Australians. Individuals are assessed by a professional assessor using a nationally consistent assessment framework. There are four levels of support: Home Care Level 1 – basic care needs; Home Care Level 2 – low level care needs; Home Care Level 3 – intermediate care needs; Home Care Level 4 – high care needs” (13).

Home Support Assessment- Assessment undertaken by the RAS (14).

Home Support and Care Program- comprises of the CHSP, the Continuity of Support Programme and Home Care Packages Program (p.6, (10)).

Linking Support- RASs can add time-limited period(s) of Linking Support and/or Reablement to a client’s Support Plan (15). Linking Support is provided by assessors working for a RAS to link clients to appropriate formal and/or informal services, “Linking support may also be seen as short-term case management or care coordination to the point of effective referral” (p.37, (2)).

My Aged Care- My Aged Care was introduced on 1 July 2013 and consists of the My Aged Care website and the My Aged Care contact centre. My Aged Care provides information on aged care to clients, family members, carers, service providers. It also includes a central client record for sharing of information between clients, assessors and service providers.

My Aged Care Assessment- Includes assessment of older people’s needs and eligibility for Commonwealth subsidised aged care services under the CHSP and/or types of care under the *Aged Care Act 1997*. The My Aged Care Assessment workforce includes the ACAT and RAS (16).

NACA- National Aged Care Alliance. “The National Aged Care Alliance (the Alliance) is a representative body of peak national organisations in aged care, including consumer groups, providers, unions, and health professionals, working together to determine a more positive future for aged care in Australia” (17).

NSAF- National Screening and Assessment Form. Used by My Aged Care contact centre staff, the RASs and ACATs when screening and assessing the aged care needs of clients (18).

RAS- Regional Assessment Service. Assessment team for CHSP, known as Home Support Assessment (14).

R-ACFI- Revised Aged Care Funding Instrument- classifies residents in residential aged care into categories of need. The Government states that “No decisions have been made on reform options. The Resource Utilisation and Classification Study (RUCS) will be the focus of reform work over the next 12 months and will inform Government’s consideration of all options.” (6).

Reablement- Reablement has differing definitions and delivery approaches across aged care programs and service providers (Appendix 1, (19); the Australian Association of Gerontology’s Fact Sheets on reablement). In the context of My Aged Care Assessment, RASs can add time-limited period(s) of reablement targeted towards a person’s specific goal or desired outcome to adapt to some functional loss, or regain confidence and capacity to resume activities to a client’s Support Plan (2,15,19) and ACATs should also consider reablement pathways as part of a Comprehensive Assessment (18). In contrast, the Victorian HACC Active Service Model (ASM) promotes reablement as a core philosophy across all CHSP service provision, not only as a time-limited service, by assisting older people “to participate in everyday activities, maintain or rebuild confidence, improve social connectedness and wellbeing, and stay active and healthy” (p.15, (20)).

Restorative Care- Under the CHSP, restorative services involve “a person to make a functional gain or improvement after a setback, or in order to avoid a preventable injury” (2).

RUCS- Resource Utilisation and Classification Study. The Minister for Aged Care announced in August 2017 that the Australian Health Services Research Institute at the University of Wollongong has been engaged to undertake the RUCS. The purpose of this study is to determine the characteristics of residents that drive residential care costs, and use this information to inform the Government’s consideration of future reform options (6,21).

Residential Care in an aged care home- “Residential aged care is delivered to older people in Australia by service providers who are approved under the Aged Care Act 1997. [...] Residential care is provided on a permanent or respite basis. Residential respite provides short-term care on a planned or emergency basis in aged care homes to people who have been assessed and approved to receive it.” (22).

Restorative Care- “Restorative care involves the delivery of evidence based interventions led by an allied health worker or health professional that allows a person to make a functional gain or improvement after a setback, or in order to avoid a preventable injury. [...] Under the Community Home Support Sub-Program of the CHSP, eligible clients can receive specific time limited restorative care services under the Allied Health and Therapy service type.” (p.22, (23)).

Service System Development sub-programme- Sub-programme of the CHSP. “CHSP service providers and their client base that will benefit from a range of activities that are designed to support, develop and strengthen the service system and the sector.” (p.8, (10)).

Support Plan- A plan for appropriate services developed by RASs and ACATs with the client. It identifies goals for the clients and assists providers in understanding the client’s needs and preferences (p.34, (2)).

Wellness- In the context of My Aged Care Assessment, wellness is described as involving “assessment, planning and delivery of supports that build on the strengths, capacity and goals of individuals, and encourages actions that promote a level of independence in daily living tasks, as well as reducing risks affecting the ability to live safely at home. It avoids 'doing for' when a 'doing with' approach can assist individuals to undertake a task or activity themselves, or with less assistance, and to increase satisfaction with any gains made.” (p.27, (2)). It is described as a philosophy that underpins all assessment and services provision, while reablement is a time-limited program focussed on a person’s specific goal or outcome (2). However, it should be acknowledged that this definition of “wellness” used in the context of My Aged Care Assessment overlaps with the definition of reablement used by many researchers and service providers (24).

Acknowledgment of Country

Australian Association of Gerontology acknowledges Traditional Owners of Country throughout Australia and recognises the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures, to Elders past, present and emerging, and to all Aboriginal and Torres Strait Islander peoples including members of the Stolen Generations. For further information see AAG’s [Aboriginal and Torres Strait Islander Ageing Advisory Group \(ATSIAAG\)](#)

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