

<b>Policy 12</b>	<b>CLIENT RE-ASSESSMENT</b>
------------------	-----------------------------

<b>Record of policy development</b>		
<b>Version</b>	<b>Date approved</b>	<b>Date for review</b>
<b>1.4</b>	<b>December 2020</b>	<b>December 2022</b>
<b>1.3</b>	<b>May 2019</b>	<b>January 2021</b>
<b>1.2</b>	<b>October 2017</b>	<b>October 2020</b>

**Policy purpose:** Coastlink ensures that each client’s needs are monitored and regularly reassessed taking into account any relevant program guidelines and in accordance with the complexity of the client’s needs. Each clients’ support/care plans are reviewed in consultation with them.

**Policy:** COASTLINK is committed to a strength-based person centred assessment that considers the client’s needs as well as their expressed preferences and personal goals. The organisation recognises that a client’s situation and needs change over time and as such is committed to regular review of the client’s service plan. COASTLINK will provide information to clients about when reassessments should occur, include those relevant to the needs of the client in the process with the consent of the client.

#### **Relevant Standards**

##### **NSW Disability Service Standards:**

- |                              |                          |
|------------------------------|--------------------------|
| 1. Rights                    | 4. Feedback & Complaints |
| 2. Participation & inclusion | 5. Service Access        |
| 3. Individual outcomes       | 6. Service Management    |

##### **NDIS Practice Standards:**

1. Rights and Responsibilities
2. Provider Governance and Operational Management
3. Provision of Supports
4. Support Provision Environment
5. High Intensity Daily Personal Activities
6. Specialist Behaviour Support
7. Implementing Behaviour Support Plans
8. Early Childhood Supports
9. Specialised Support Coordination
10. Specialist Disability Accommodation

##### **Aged Care Quality Standards**

- |   |                                       |
|---|---------------------------------------|
| 1. Consumer dignity and choice                    | 5. Organisation’s service environment |
| 2. Ongoing assessment and planning with consumers | 6. Feedback and complaints            |
| 3. Personal care and clinical care                | 7. Human resources                    |

4. Services and supports for daily living

8. Organisational governance

**Related Legislation & References**

[Aged Care Act 1997 \(Cth\), Schedule 2 User Rights Principles 2014. Charter of Rights and Responsibilities – Home Care](#)

[Aged Care Quality & Safety Commission](#)

[Better Practice Guide to Complaints Handling in Aged Care Services \(2013\)](#)

[Children and Young Persons \(Care and Protection\) Act 1998](#)

[Commonwealth Home Support Programme Guidelines](#)

[Commonwealth Privacy Act 1988](#)

[National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018](#)

[National Disability Insurance Scheme Act 2013](#)

[National Disability Insurance Scheme Code of Conduct](#)

[NDIS Quality and Safeguards Commission](#)

[United Nations Convention on the Rights of Persons with Disabilities](#)

**Related Procedures**

**Documents/Forms**

Assessment Reassessment Checklist (Client Review Checklist CHSP)

Client records

Assessment Reassessment Form

Client records

Home Safety Checklist

Client records

Reassessment schedule

Client Management System

Referral to Another Agency form

Client records

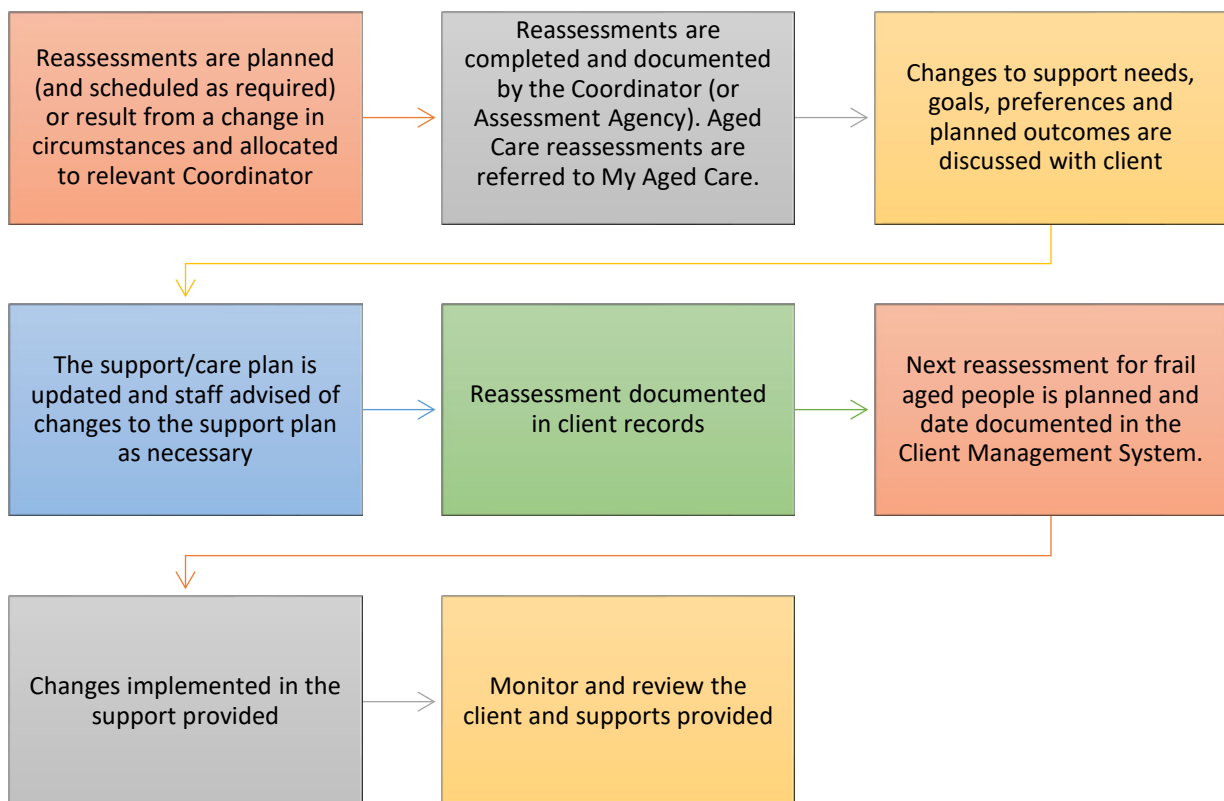
### Responsibilities and delegations

<b>This policy applies to:</b> Clients Employees/volunteers	<b>It will be distributed through:</b> Client handbook, Coastlink website, Coastlink brochures Employee/volunteer handbook, shared drive
<b>Policy approval</b>	CEO

### Definitions

Refer to Definitions list at front of Coastlink Policy and Procedure Manual

### CLIENT RE-ASSESSMENT PROCEDURE OVERVIEW



## CLIENT RE-ASSESSMENT PROCEDURE

### 12.1 Client Reviews

#### 12.1.1 Review and Reassessment Planning

##### **People who are frail aged:**

The Commonwealth Home Support Programme Guidelines state that service providers have an on-going responsibility to monitor and review the services they provide their clients to ensure that the client's needs are being met. Where there is no recommended review date included in the support plan, it is expected that the service provider will undertake a review of services they are delivering, at least every 12 months. The outcome of the review can be recorded on the client record.

Where the client requires a different service or where the review highlights needs or goals not identified on the client's support plan, the service provider must refer the client to the RAS for a review. A client completing a restorative care programme may also be referred to the RAS, for identification of any on-going services needed following the end of the programme. The outcomes of a review may include:

- No change
- An increase or decrease in services
- A referral for further assessment.

If there is a significant change in the client's needs and/or circumstances that affect the scope of the support plan, a new assessment may be undertaken by the RAS. This may be initiated by an assessor's review following a request for review by a service provider or by a client. Clients will be referred to the RAS that last undertook the face-to-face assessment.<sup>1</sup>

##### **People with Disabilities:**

Formal assessments are carried out by the National Disability Insurance Agency (NDIA) or their agency representatives to determine NDIS Participant Plan inclusions, based meeting eligibility requirements and the principle of "reasonable and necessary". Internally, re-assessments will be undertaken for all services users who receive a new NDIS Plan or where changes to the Plan are required including funding. Re-assessments will also occur according to needs or change in condition or circumstances.

The need for a more frequent review is triggered by a request for additional supports; a report of hospitalisation, illness or accident; a report of a decline in physical, change of living circumstances or mental health from:

- The client
- The carer, family or other representatives
- Coordinator of Supports

---

<sup>1</sup> Department of Social Services Commonwealth Home Support - Programme Manual 2015 Australian Government 2015 p 65

- The support worker/s
- A medical practitioner/health professional or
- Another agency.
- When a person living alone has little or no information supports and is supported by only one agency and one support worker. A specific agreement will be entered into with the client in these circumstances. The same process will be followed as outlined in 10.2.8 Assessment of NDIS Participants.

If changes are necessary at re-assessment, the Support/Care Plan is updated to reflect client requirements. Service Agreements reflecting the NDIS Plan and associated bookings are agreed to and signed with the client or their representative.

### 12.1.2 Purpose of Reassessment

All clients are monitored on an ongoing basis, with aged care clients reviewed at least annually or more frequently as required.

The need for a more frequent review is triggered by a request for additional supports; a report of hospitalisation, illness or accident; ongoing or increasing use of clinical services by a client; the use of most or all contingency funds; a change in care that cannot be met by the Home Care Package funds; a change in living or carer arrangements; or a report of a decline in physical or mental health.

COASTLINK undertake formal reassessments to ensure each client (and prospective client) has access to services and receive appropriate services that are planned, delivered and evaluated in partnership with themselves and/or their representative. Reassessments ensure each person is supported to exercise choice and control in design and delivery of their supports.

The review process involves a reassessment of the client's current circumstances, condition and expressed needs with reference to:

- Their last assessment or review
- Current Support/Care plan
- Feedback from the client and/or representative
- Feedback from staff
- Input from other health care professionals/agencies and
- Client records.

The next review date for all clients is recorded in the Client Management System and client records. Relevant coordinators are responsible for ensuring reviews are undertaken.

### 12.1.3 Reassessment Process

Key points of the reassessment process for clients and potential clients are:

- A need for reassessment is identified either through scheduled timeframes or another assessed driver as identified in 12.1.1.
- An assessment interview time is arranged by telephone by the Coordinator at the client's home, in a centre, or other place selected by the service use. An invitation is issued for the client's representative or advocate to be present if required or desired.

- Consideration is given to any special needs the client may have in the reassessment planning process, e.g., an interpreter is arranged if necessary, an advocate or representative is present (with consent) if the client has a communication disability or requires assistance in communicating their needs and preferences.
- The reassessment includes:
  - completion of the Assessment Reassessment Form that includes a functional assessment to determine what the client can achieve independently and what they require support with.
  - the client's living situation – who lives with them? do they have anyone to support or assist them? what is their living environment? Are there any safety concerns? (A Home Safety Checklist is completed annually).
  - a review of the client's medical issues and medications (as appropriate) and whether medication support is required.
  - identification of carer supports and any needs in this area.
  - an assessment summary (as part of the Assessment Reassessment Form) that details all of the assessment information collected to define supports required and assist in the revision of the individualised support plan.
  - a review of client contributions (where necessary).
    - referral to other services if required
    - An explanation of the information in the Client Handbook to the client to the extent necessary to ensure understanding

*A review of the Home Safety Checklist, which is updated at least annually, may be updated at the review*

NOTE: If a review is repeated within the last 12 months, it can be conducted by telephone if appropriate to the needs of the individual.

#### *Specific to Reassessment of CHSP clients*

- Reassessments are conducted by the Coordinator or a Community Worker using the client's support plan as a basis for determining if significant changes may have occurred (Notes are made on the support plan)
- Clients only receiving meals/transport may be reviewed by telephone annually. If significant changes appear to have occurred a face to face review is completed
- Clients receiving in-home support are reviewed annually
- Clients only accessing social support - group are reviewed annually in the centre
- For in-home support clients, if additional reviews are scheduled within the year, they may be conducted by telephone, depending on the client's requirements. However, if a review occurs a year after the last review, it is conducted face to face
- The support plan is updated in consultation with the clients, and
- A review summary is entered into their notes along with the notated copy of the support plan
- If the review identifies the need for a re-assessment My Aged Care is advised.

#### 12.1.4 Responsibility for Reassessments

Only staff trained in assessments conduct reviews of clients. These are:

- Coordinators
- Operations Manager
- Support Workers trained in assessments

#### 12.1.5 Recording Reassessments Information

An Assessment/Reassessment Form is completed to document the review and a note of the review is completed in the client records. If no changes are evident from the review the Assessment/Reassessment Form is noted with the update date; if there are major changes a new Assessment Reassessment Form is completed.

A new (relevant) support/care plan is developed following reassessment and included in the Client Management System and paper records in the office and provided to the relevant Team Leader/Supervisor/Coordinator (for meals/transport or day centre) or support workers to place in the home notes if applicable.

Client outcomes are monitored against their support/care plans.

#### 12.1.6 Informing the Client

- Changes to service delivery are made in consultation with, and explained to, the client and/or their representative.
- Following the procedures for review and support planning, the planned support is agreed and discussed with the client to ensure they understand and accept the supports proposed (if changed) and is based on promoting client control, wellness and re-enablement
- The support plan (including goals) are reviewed with the client and/or representative
- The individualised budget and/or fees (as applicable) are reviewed with the client and /or representative
- The option of 'topping up' service delivery with services paid for directly by the client is discussed if requested or required.
- The Client Handbook is reviewed with the client and information provided as requested or required at least annually.

#### 12.2 Monitoring Client Review Processes

Client assessment processes and systems are regularly audited as part of our audit programme and staff, clients and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see [Corporate Calendar](#) and Section 5: Continuous Improvement).