



Viability expansion component and homeless supplement assessment (AC024)

Effective to 30 September 2022

Important information

For claims after 30 September 2022 use the **Specialised Homeless Base Care Tariff Resident Assessment** form available on the **Department of Health and Aged Care** website.

When to use this form

Use this form to confirm eligibility of care recipients who meet the requirements of either:

- Appraisal Tool A – Homelessness: Additional Special Needs
- Appraisal Tool B – Indigenous Australians: Additional Special Needs.

The care recipient must be considered to be part of the Special Needs group/s described at Section 11-3(a) and/or (f) of the *Aged Care Act 1997* and have demonstrated complex behavioural and/or social support needs.

For more information, refer to Schedule 2 of the Subsidy Principles 2014.

What you need to do

This form has 2 sections. Both sections must be completed.

Assessment (pages 1 and 2) – keep this section for your records. It may be requested by Services Australia at a future review.

Confirmation (pages 3 and 4) – return this section to Services Australia.

Viability expansion component

This form is to notify of those care recipients who qualify for the criteria for the appraisal tool A or appraisal tool B. Payment is only contingent on whether:

- a service has registered for the viability supplement expansion component with the **Department of Health and Aged Care**, and has been found to meet the requirements of paragraph 66(4)(b) of the Subsidy Principles 2014.
- more than 50 per cent of care recipients in the service meet the criteria using either appraisal tool A or appraisal tool B, as per Schedule 2 of the Subsidy Principles 2014.

Homeless supplement

Refer to Section 69 and Section 70 of the Subsidy Principles 2014.

Services that meet the criteria of the homelessness component of the viability expansion component may also be eligible for the homeless supplement.

For more information

Go to servicesaustralia.gov.au/agedcare or for assistance completing this form, call **1800 195 206** Monday to Friday, 9 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

Service details

1 Service name

2 Service ID (NAPS ID)

Care recipient details

3 Care recipient ID

4 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

5 Date of birth (DD MM YYYY)

6 Gender Male Female Non-binary

7 Date of entry (DD MM YYYY)

8 Is the care recipient eligible for any of the following?

- The maximum basic rate of social security pension or benefit as defined in the *Social Security Act 1991*, or
- Service pension or disability pension as defined in the *Veterans' Entitlement Act 1986*.

No The care recipient may not be eligible for the expansion component of the viability supplement or the homeless supplement

Yes

9 Does the care recipient have mental and behavioural diagnosis associated with any of the following disorders?

Refer to the detailed descriptions of the Aged Care Assessment Program (ACAP) codes on page 2.

Tick all that apply

ACAP code 0500 ACAP code 0550

ACAP code 0510 ACAP code 0560

ACAP code 0520 ACAP code 0570

ACAP code 0530 ACAP code 0580

ACAP code 0540

If none of the above boxes were ticked the care recipient may not be eligible for the expansion component of the viability supplement or the homeless supplement.

10 Does the care recipient:

- display any of the following challenging behaviours which require ongoing management and prevention, **and/or**
- require intensive assistance with continuing to perform activities of daily living including initiation of and assistance with any of the following?

Tick all that apply

Episodic catastrophic behaviours such as severe physical and verbal abuse, violent mood swings, aggression

Is considered at high risk of leaving without warning with ongoing staff intervention required to prevent this from occurring

Personal care and hygiene matters (for example, shows aversion to showering and washing hands, has problems with toileting and dressing, requires assistance or guidance with meals)

Social and recreational activities, with significant one-on-one staff intervention necessary to enable the client to participate in community activities

If none of the above boxes were ticked the care recipient may not be eligible for the expansion component of the viability supplement or the homeless supplement.

11 Please read this before answering question 11

Definition of homelessness – The person has a history of homelessness or is at severe risk of homelessness, including that the person, immediately prior to entering care at the current or a previous residential aged care home:

- was living in a public place or temporary shelter; short-term crisis, emergency or transitional accommodation; boarding house; rooming house or private hotel; or supported community accommodation, or
- had no recent housing address, or
- had a long history of unsuccessful tenancies or unstable housing arrangements.

Does the care recipient have a history of homelessness or are they at severe risk of homelessness?

No The care recipient cannot be appraised as homeless
Yes

12 Is the care recipient of Aboriginal or Torres Strait Islander origin?

No The care recipient may not be eligible for the Indigenous Australian criteria

Yes

13 Homelessness and/or Indigenous Australian status

To select one of the boxes below, you must have completed the appropriate appraisal tool(s) and the **care recipient must meet all 4 criteria**.

An appraisal or appraisals have been completed for this care recipient. All 4 criteria were met, and the care recipient meets the following additional care needs:

Homelessness

Indigenous Australian

Important: Keep pages 1 and 2 of this form for your records. Do not return them to Services Australia. We may request this information at a future review.

Aged Care Assessment Program (ACAP) codes

Below is a list of the ACAP codes to be used to identify the mental or behavioural diagnoses associated with the care recipient as per Question 9. The mental or behavioural diagnosis associated with the following disorders can be diagnosed by any health professional acting within their approved scope of practice.

- ACAP code 0500 dementia in Alzheimer's disease including early onset dementia, late onset dementia, atypical or mixed type or unspecified dementia
- ACAP code 0510 vascular dementia including acute onset dementia, multi infarct dementia, subcortical vascular dementia, mixed cortical and subcortical vascular dementia, other vascular or unspecified dementia
- ACAP code 0520 dementia in other diseases classified elsewhere including Pick's Disease, Creutzfeldt Jakob disease, Huntington's disease, Parkinson's disease, human immunodeficiency virus (HIV)
- ACAP code 0530 other dementia including alcoholic dementia or unspecified dementia (such as presenile and senile dementia)
- ACAP code 0540 delirium including delirium not superimposed on dementia, delirium superimposed on dementia, other delirium or unspecified delirium
- ACAP code 0550 psychoses and depression/mood affective disorders including schizophrenia or other psychoses (such as paranoid states)
- ACAP code 0560 neurotic, stress related and somatoform disorders including phobic and anxiety disorders (such as agoraphobia and panic disorder), nervous tension/stress or obsessive compulsive disorder
- ACAP code 0570 intellectual and developmental disorders including mental retardation, intellectual disability or other developmental disorders (such as autism, Rett syndrome, Asperger's syndrome, developmental learning disorders, specific developmental disorders of speech and language, specific development disorder of motor function such as dyspraxia)
- ACAP code 0580 other mental and behavioural disorders including mental and behavioural disorders due to alcohol and other psychoactive substance use (such as alcoholism, Korsakov's psychosis (alcoholic), adult personality and behavioural disorders, speech impediment (stuttering or stammering)) or other mental and behavioural disorders not otherwise specified or not elsewhere classified (such as harmful use of non dependant substances (for example, laxatives, analgesics or antidepressants), eating disorders (for example, anorexia nervosa or bulimia nervosa) or mental disorders not otherwise specified)



Homelessness and Indigenous Australian care recipient notification for permanent care – Confirmation (AC024)

What you need to do

Complete pages 3 and 4 of this form for all care recipients who meet the requirements of either:

- Appraisal Tool A – Homelessness: Additional Special Needs
- Appraisal Tool B – Indigenous Australians: Additional Special Needs.

For more information

Go to servicesaustralia.gov.au/agedcare or for assistance completing this form, call **1800 195 206** Monday to Friday, 9 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Service details

1 Service name

2 Service ID (NAPS ID)

Care recipient details

3 Care recipient ID

4 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

5 Date of birth (DD MM YYYY)

6 Gender

Male

Female

Non-binary

7 Date of entry (DD MM YYYY)



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8 Homelessness and/or Indigenous Australian status

To select one of the boxes below, you must have completed the appropriate appraisal tool(s) and the **care recipient must meet all 4 criteria**.

An appraisal or appraisals have been completed for this care recipient. All 4 criteria were met, and the care recipient meets the following additional care needs:

- Homelessness
- Indigenous Australian

Privacy notice

9 The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Declaration

10 I declare that:

- I am authorised to sign on behalf of the Aged Care Service/ Provider.
- I have informed the care recipient that their personal information will be disclosed to Services Australia for the assessment and administration of payment and services.
- I have advised the care recipient that more information about the management of their personal information is explained in the Services Australia privacy policy.
- I have used the rating of the assessment form for this confirmation.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Authorised person's full name

Authorised person's contact phone number (including area code)

Authorised person's signature

Date (DD MM YYYY)

Returning this form

Separate the confirmation (pages 3 and 4) from the assessment (pages 1 and 2) before sending it to us. We only require the confirmation form.

Return the completed confirmation form and Aged Care Funding Instrument (ACFI) by:

- **email to aged.care.liaison@servicesaustralia.gov.au**
There may be risks with sending personal information through unsecured networks or email channels.
- **post to**
Services Australia
Aged Care Payments Team
PO Box 7854
CANBERRA BC ACT 2610