

 1300 775 870

 **AGED CARE DECISIONS**[®]



Your **Aged Care** Placement **Guide**

Important Information

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Australia's Largest Aged Care Placement & Support Service

- ▶ Reduce stress
- ▶ Save time
- ▶ Find better aged care options

Aged Care Decisions is a **100% free** and independent aged care placement and support service. Using Australia's largest aged care vacancy database, we work with over **70% of Providers** across the **metro areas of Australia** to assist over **10,000 families** per month in placing their loved ones.

Our trained and professional Placement Specialists will prepare a customised list of vacancies that match the family's care needs, budget, preferred location and timeline. This allows families to make an independent and hassle-free decision with no stress all for FREE!



Fast

We assist in matching your preferences to suitable options so that you receive a customised aged care vacancy list within 20 minutes.



Free

We provide our placement and support services **100% free of charge** to families, because Providers pay us a fee instead of you.



Independent

Compare and choose from aged care facilities across Australia to make the best decision for your family.

What families say about our 100% free service:

"Natalia was an amazing help to me when it came time to place mum into care. As it was a sudden, and necessary decision, dad and myself had absolutely no idea of where to start or any of the processes.

Natalia helped us every step of the way, following up with all of our shortlisted facilities and explaining the entire process to us. I feel that these people genuinely care and understand how hard this process is for families, and, 100% recommend their services."

- Ann-Maree Wilson

"I was very pleased with the service I received at Aged Care Decisions. It saved me a lot of time running from aged care to aged care and we chose an aged care home from the list and it is beautiful."

- Colleen Boosma

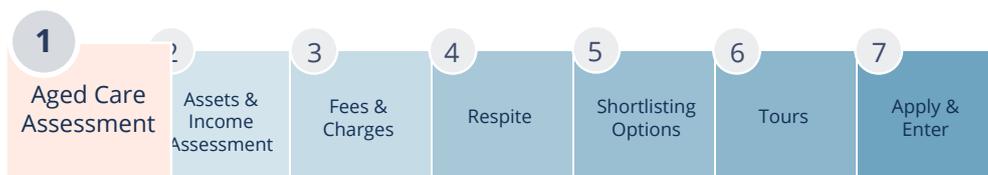
Aged Care Jargon Explained

Are you finding yourself confused by all the aged care terms being thrown your way?

Well, it is more common than you think. Below we have put together an explanation of the most common words and terms you would come across in your aged care journey.

Aged Care Assessment	A potential aged care resident will need to get an Aged Care Assessment prior to entering a nursing home. This is a medical assessment done by a clinician from an Aged Care Assessment Service (VIC/WA), or Aged Care Assessment Team (all other States) - see below for more details.
	An aged care assessment is not strictly compulsory for new residents in aged care, but the failure to have one will mean the resident is a private fee paying resident, and will not be eligible to access Government subsidies. An aged care assessment must be organised through My Aged Care (see below).
Aged Care Assessment Team (ACAT)	This is a local clinical team that is funded by the Australian Government to undertake aged care assessments. In Victoria and WA this service is called an Aged Care Assessment Service (VIC/WA).
Aged Care Facility	Otherwise known as a nursing home, a Residential Aged Care facility is accredited by the Australian Government's Department of Health to offer aged care services to residents. An aged care facility is accredited, and receives subsidies from the Government for delivering care. An aged care facility predominately offers nursing care to its residents. It is different to a retirement village or independent living unit, - which do not offer nursing care to residents.
DAP	This is the Daily Accommodation Payment . It is the accommodation fee (see RAD below) expressed as a daily fee, not as a lump sum. Families can pay a DAP on a monthly basis, or have it deducted from RAD (bond) on an ongoing basis.
Income and Assets Assessment	This is a Centrelink / DVA form that should be filled in prior to entering aged care. It is used by the Australian Government to work out the Means Tested Care Fee that a resident may have to pay. It is also used to assess whether a resident will be liable to pay an accommodation fee (see RAD below). Failure to complete and return this form will mean the potential aged care resident is subject to the maximum level of fees payable.
My Aged Care	This is the Australian Government agency that organises Aged Care Assessments and issues referral codes.
RAD / Bond	Aged care fees are split into two types - care fees and accommodation fees. An accommodation fee will usually be expressed in the form of a Refundable Accommodation Deposit . This is what used to be known as the aged care bond. Its usually in the hundreds of thousands of dollars. The RAD is normally fully refunded to a family upon exit.
Referral Code	This is a 12 digit code (formatted like 1-12345678012) that is provided with an Aged Care Assessment. A potential aged care resident will likely receive a Referral Code for Respite and Permanent Aged Care. This code will allow aged care providers to view the aged care assessment online, and understand a potential aged care resident's care needs.
Respite	This is a short term stay in an aged care facility. The Australian Government subsidises up to 63 days of respite per financial year for an elderly person who has had an Aged Care Assessment. A respite stay is also a good way for a potential resident to get to know a facility.

Aged Care Assessment



What is an Aged Care Assessment?

An Aged Care Assessment is the most important first step in the aged care entry process.

An Aged Care Assessment is a face to face interview with a member of the government's Aged Care Assessment Team, in this interview a comprehensive evaluation of the physical, medical, psychological, cultural, social and restorative care needs of a potential aged care resident is conducted.

The outcome of this assessment will determine if the potential aged care resident is eligible for government subsidised aged care services and what level of service is most suitable. The outcome is communicated in writing through a letter addressed to the person who took the assessment.

Why is it required?

An Aged Care Assessment is needed to have the government pay for some of a potential resident's aged care costs.

What information will you need?

The Aged Care Assessment doesn't require the potential resident to fill in any forms, but the following information will be required:

- Details on how day-to-day activities are managed, and how much help is needed to fulfil them;
- Details on their state of health. Medical evidence will be required, such as doctors reports, hospital discharge reports, current and past pharmaceutical prescriptions, details on diagnosed illnesses;
- Details on how much assistance is currently required to live at home – e.g. getting in and out of bed, using bathroom and toileting facilities, details on how meals are currently prepared;
- Details on whether respite or other formal home care services have been used, or are currently being used;

A trusted person can assist the potential resident during the assessment (whether it is a family member, nominated representative, or a carer). The assessment occurs as a two way conversation so, the person being assessed can also ask any questions they may have.

How do we organise this?

Aged Care Decisions cannot organise an Aged Care Assessment on your behalf. You will need to contact **My Aged Care** to organise an Aged Care Assessment.

Web: An assessment can be booked online by going to My Aged Care's Website: <https://www.myagedcare.gov.au/assessment>

Phone: Call My Aged Care on **1800 200 422**

An assessment can also be requested by a GP, a doctor, a hospital nurse or administrator, a community nurse or other health care practitioners.

How long does the process take?

An assessment will occur within **30 days** of a request being submitted. If the potential resident is in **hospital** an assessment will occur within **1-5 days**. The assessment itself takes approximately three hours, and can occur in a potential resident's own home, or in a hospital. An assessment outcome letter will typically be sent within a week of an assessment occurring.

What will the Aged Care Assessment let us do?

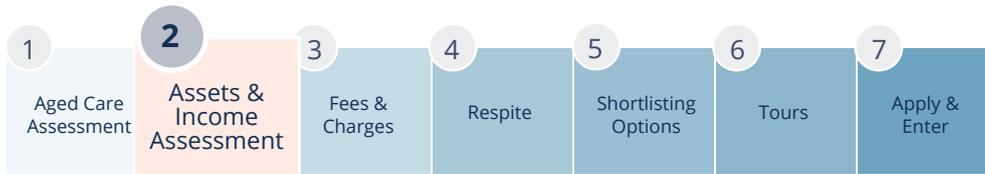
The **Aged Care Assessment is a vital step** that must be completed before entering aged care. It is the key element that determines whether someone is eligible to receive government subsidised aged care services or not.

Referral Codes

Aged Care Assessment outcome letters after 2016 will contain a series of 12 digit referral codes (e.g. 1-XXXXXXXXXX). You may see Referral Codes for 'Residential-Permanent', 'Residential Respite - Low Care' or 'Residential Respite - High Care'. A referral code approves a person for certain types of government subsidised services.

These codes will be required for Aged Care Decisions to gather appropriate aged care vacancy options. An aged care provider will use this code to log into My Aged Care and view a potential resident's care plan. If a potential resident has not been approved for aged care services via the assessment outcome letter, a reassessment can be organised if a change occurs in medical circumstances or coping abilities.

Assets and Income Assessment



What is an Assets and Income Assessment?

The Assets and Income Assessment is the second vital step in the aged care entry process for most families. Detailed financial information is provided through a 31 page form submitted to Centrelink or the Department of Veterans Affairs (DVA).

The outcome of this assessment should be **completed prior** to someone entering permanent residential aged care. If not done prior to entry, the potential resident will be charged the maximum level of fees. An Assets and Income Assessment is not required for respite or transition care.

Why is it required?

The Assets and income of a potential aged care resident are assessed to determine the level of fees and charges that will be charged.

If this financial information is not provided to Centrelink, an aged care resident may be required to pay the maximum level of fees and charges.

Checklist of information required

- Details of existing Centrelink / DVA payments;
- Details of existing primary residence, including mortgage details and valuation;
- Details of income payments (pension, annuities, business income, trust dividends, investment property income, rental income, share income);
- Details of non primary residence assets (e.g. bank accounts, savings accounts, superannuation, cars, boats, caravans, annuities, stocks, bonds, shares, investment properties, gifts, etc);
- Details of liabilities (e.g. credit cards, personal loans, outstanding medical bills, outstanding household bills, etc); and
- Details of carer or family members - particularly those who provide carer services or live in the primary residence.

How can you organise this?

Aged Care Decisions cannot organise an Assets and Income Assessment on your behalf. You will need to contact Centrelink to organise an Assets and Income Assessment.

Which form is right for you?

- The [SA457 form](#) is to be filled out by those who are not receiving an age pension, but have significant assets;
- The [SA485 form](#) is to be filled out by those who are receiving the Age Pension AND Own a home;
- Those receiving an Age Pension and do not own a home, do not have to complete any Centrelink forms.

Before completing the form, you should read the

[Information you need to know about your claim for Permanent Residential Aged Care Request for a Combined Assets and Income Assessment booklet.](#)

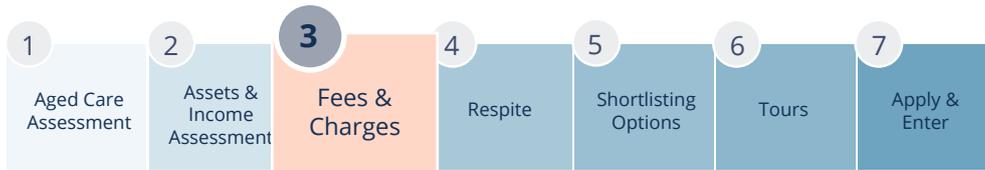
This can be obtained via the internet, or from a Centrelink office.

The completed form will need to be filled in, signed and returned to Centrelink or to the DVA, together with all the required supporting documents. If the form is returned prior to entering a residential care service, the initial fee notification advice will be valid for 120 days unless there is a significant change in circumstances.

How long does the process take?

Relevant documents should be compiled in the months prior to aged care being required. Filling out the form may take a few hours. The form must be submitted to a Centrelink office or the DVA, along with copies of required documentation. The results of the Assets & Income Assessment will typically be sent to the potential resident within 4-6 weeks after submitting the form to Centrelink.

Fees & Charges



Overview

Four types of fees potentially apply for permanent residential aged care:

- Basic Daily Fee
- Means Tested Care Fee
- Accommodation payment
- Extra Services Fees (Additional Services Fee)

All amounts nominated below are current as of 20 September 2023, but are revised quarterly.

Basic daily fee

Every potential aged care resident must pay the basic daily fee. This fee is used for covering the day-to-day livings costs of residents such as meals, heating, cleaning. The maximum daily fee which can be requested by a provider is \$60.86.

Means-tested care fee

The amount, if any, of a Means Tested Care Fee will depend on the outcome of an Assets and Income Assessment (see Step 2). Generally, if assets and are above \$197,735.20 or assessable annual income is above \$32,331.00 a means tested care fee will apply.

If the means tested care fee is applicable, it is capped at an annual amount of \$32,718.57 A lifetime cap of \$78,524.69 also applies. The former primary residence may count as an asset if a family member or carer is not, or has not, been living at the house. If the former house is included, its value is capped at \$197,735.20.

Extra / Additional Service Fees

Additional monthly fees will be charged if a resident opts for extra services, such as satellite TV, hairdressing, special therapies, etc. This fee is called different things at different facilities, and can be negotiated between the potential resident and the aged care provider.

The Extra / Additional Services Fees are **not compulsory**, but must be paid if a potential resident selects a room that has Extra/Additional Services that apply to that room.

Accommodation payment

If assessed **assets** is **between \$58,500-\$197,735.20** a **partial accommodation payment** (called an accommodation contribution) will be required. An incoming resident with **assets above \$197,735.20** will be required to make a **full accommodation payment**. An Accommodation payment can be paid in a number of ways:

Method	Detail
Lump sum	Also known as 'Refundable Accommodation Deposit' (RAD) or 'Refundable Accommodation Contribution' (RAC). The amount charged will vary from facility to facility, and from room type to room type. Aged care providers must publish their maximum RAD, but a lower RAD can be negotiated one-on-one. Until the lump sum is paid (max 6 months) a daily fee will be charged.
Daily fee	Also known as a Daily Accommodation Payment (DAP) or Daily Accommodation Charge (DAC) The daily fee is calculated by reference to the RAD - applying an interest rate (8.15% as of 1 Oct 2023) to the lump sum amount, then dividing by 365 to make a daily fee. The DAP is not refundable upon exit.
Partial lump sum + partial daily fee	This scenario involves paying the accommodation payment partially with a lump sum, and partially as a daily fee. The daily fee component (DAP/DAC) can be deducted from the lump sum component (RAD/RAC).

The average RAD across Australia is approximately \$470,000, and can be as much as \$1 million in inner city areas. A resident has 30 days from placing into aged care to decide how they will pay the accommodation payment - using one of the methods above.

If lump sum (RAD) method is chosen, a resident has 6 months to physically pay the lump sum to the provider, until which time they will be charged a DAP.

Respite

An elderly person can access up to **63 days of subsidised respite** in an aged care facility per financial year if they have been assessed for respite care, and have a Respite Care Referral Code. During this period the maximum that can be charged to a resident is the Basic Daily Fee (\$60.86) and any Extra/Additional Service Fees that apply to that room.

Fees & Charges Continued

Do we need to sell the former home?

Selling the family home to pay for aged care fees is a decision with a significant financial impact. The decision will impact pension eligibility, assessed assets and the means tested care fee.

In general, a potential resident will be liable for an Accommodation Payment if their assets are above \$197,735.20. This asset threshold will include the former family home if a spouse, family member or carer is not, or has not recently been, living in the home.

The following flow chart is a simple guide that will help you to understand the rules around the Accommodation Payment, and options to pay the Refundable Accommodation Deposit. The decision to sell or not sell the family home needs to be made utilising specialised financial advice.

Do we have to pay an aged care bond?

Start Here

Does the resident own a home?

(and market value >\$197k, assuming minimal other assets)

No

No RAD or DAP payable*

Yes

Does a spouse or carer live in the home?

Yes

No RAD or DAP payable#

No

Accommodation Payment must be paid.

Paid as RAD (bond) or DAP (daily fee)

Option 1 Keep the Home

- > Investigate finance options to pay bond
- > Consider Daily Accommodation Payment (not refunded on exit)

Option 2 Sell the Home

- > Consider timelines and maximising value
- > Consider need to declutter and prepare home for sale

* Unless resident has total non primary residence assets to value of \$197,735.20.

Detailed rules apply relating to carers or other close relatives living in the primary residence, which directly impact the calculation of whether the primary residence is considered for aged care fee purposes.

Respite



What is Respite?

Respite is a temporary **short stay** in a residential aged care facility. Residential respite care can be planned or scheduled on an emergency basis.

Respite can be used to provide a break to a carer. It is also often used as a “try before you buy” option for families considering aged care.

Respite is heavily subsidised by the Australian Government, meaning a potential aged care resident will pay minimal fees to access respite in a nursing home.

Accessing subsidised Respite

The first step to accessing government subsidised respite care in a nursing home is to ensure the potential resident has an Aged Care Assessment that provides approval for respite (See Step 1 for more detail).

A potential resident can access subsidised respite if they have an approval for Residential Respite Low Care, or Residential Respite High Care. If a potential resident has an Aged Care Assessment approving respite they can access up to 63 days per financial year of subsidised respite care.

Fees and costs for Respite

The fees for respite care operate differently to those applicable for permanent residential aged care.

If a potential aged care resident has an Aged Care Assessment approving respite care then the only compulsory fee the resident will have to pay for respite is the Basic Daily Fee, which is currently \$60.86 per day.

A facility may choose to charge an Extra or Additional Services Fee, which will be expressed as a daily amount. This covers additional services such as satellite TV, hairdressing, special therapies, etc. A potential aged care resident must agree, in advance, to pay such fees prior to moving in.

A respite resident does not have to pay any Means Tested Care Fee, nor are they liable for an Accommodation Payment (lump sum Refundable Accommodation Deposit, or Daily Accommodation Payment).

How long can we stay in Respite?

A resident who has an Aged Care Assessment approving respite care can access up to **63 days** of respite per financial year. This allowance resets on 1 July every year.

The 63 day allowance can be extended in lots of 21 days. Reasons for this include carer stress, increase in care needs of the resident, and absence of the carer (e.g. for holiday or family circumstances). The 21 day extension application must be done by the Aged Care Assessment Team member who initially did the Assessment of the potential aged care resident.

In general, an aged care facility will look for a resident to have a minimum stay of approximately 2 weeks - although this is negotiated directly between the resident and the facility.

What if we don't have an Assessment?

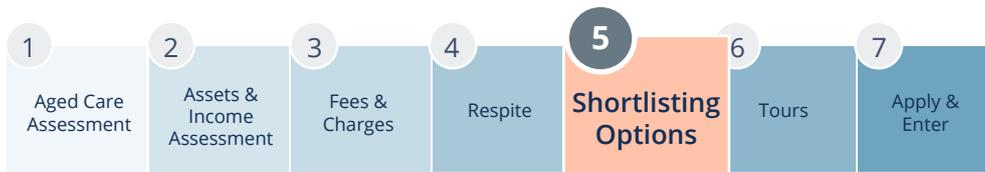
If a potential aged care resident **does not** have an Aged Care Assessment approving respite care then the resident will have to be a ‘fully private’ respite resident. This means the resident will have to pay a much higher level of fees to the facility for accessing a respite stay.

Finding a Respite vacancy

Aged Care Decisions can provide a shortlist of respite options to families using our free vacancy matching service. Aged Care Decisions can provide a customised shortlist of options that have availability.

Your dedicated Aged Care Decisions Placement Specialist will liaise with your preferred shortlisted facilities to provide them with all the required information, facilitate tours and ensure a speedy application process.

Shortlisting Options



Understanding your preferences

The best way to start the process of narrowing down aged care facility options is with an open discussion with a Aged Care Decisions Placement Specialist. This discussion highlights preferences relating to location, budget, care needs and, any additional preferences or interests of the potential aged care resident.

Building your customised shortlist of options

By utilising our national database of Partner facilities, Aged Care Decisions assists families to identify suitable vacancy options.

The result is a customised Options Report that will be emailed to you by your Aged Care Decisions Placement Specialist. At the same time, we send the case information to the facilities on the shortlist, and invite them to start considering the potential resident for admission.

Can't you just send me a list?

Unfortunately, finding an aged care vacancy is not like finding a hotel vacancy. Even though a facility may have vacancies, a room can only be offered to a resident with a distinct care level.

Because of this, aged care facilities need to undertake an assessment of potential residents before making an offer of placement. Doing otherwise risks a mismatch between what care level is offered in a facility (or wing), and the care needs of a potential resident.

This is where Aged Care Decisions provides support. Our service streamlines this process, using data to match residents (and their care level) to suitable available vacancies. We supply the required care information to a provider electronically, allowing for a far quicker consideration of admission. Aged Care Decisions is dedicated to making this process for you and your family easier and as stress free as possible.

The importance of Referral Codes

If the potential resident's ACAT assessment was conducted after 2016, ensuring your Placement Specialist receives their referral code is of utmost importance.

The referral code outlines the care plan for the potential resident and allows the facilities to access this plan quickly and assess their suitability. Should the ACAT have been conducted prior to 2016, a scanned copy of the ACAT results will then need to be provided.

If the potential aged care resident is looking to transfer from one facility to another, please be sure to send a copy of their current care plan from the existing facility to your Placement Specialist.

Are all facilities on the shortlist?

Aged Care Decisions will assess the potential resident's needs and preferred location against a database of facilities that have registered with us. **This equates to over 70% of Aged Care Providers in metropolitan areas of Australia.**

If there are facilities that are not on the shortlist that you would like to investigate, we can still reach out to them on your behalf.

Narrowing down on a preferred option

During discussions with your Aged Care Decisions Placement Specialist they will begin to understand which option/s from the initial customised shortlist are your preferred options.

Aged Care Decisions will then advocate on the potential aged care resident's behalf to ensure a speedy admissions process. This will include ensuring that the potential aged care resident and their family are invited for a tour, and provided with any outstanding paperwork that needs to be completed.

If none of the initial options are preferred, your Placement Specialist can generate a second shortlist of facilities based on your feedback at any point in the process.

Ongoing support

Every potential aged care resident will be allocated a dedicated Aged Care Decisions Placement Specialist. They are your resource throughout the entire process - so please feel free to contact your Placement Specialist if you have any questions or queries.



Client Support Guarantee

Aged Care Decisions is a 100% free aged care placement service for families – providing support with navigating the aged care journey, assists with forms and regulatory requirements, matching families to facilities with vacancies in their area based on care needs, preferences and budget, and assists with tours and shortlisting.

The service is kept free to families because registered Aged Care Providers pay the residents' placement support fee.

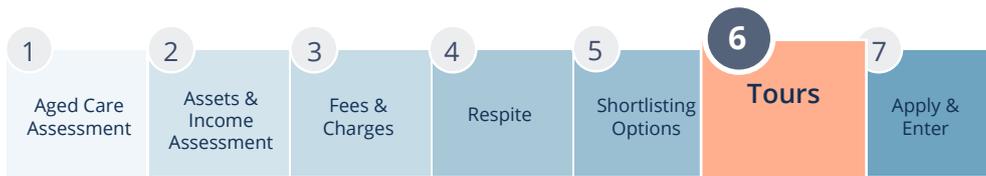
Aged Care Decisions provides the same superior level of service and support to all potential residents and families that come into contact with our service – regardless of financial capacity, location or clinical needs.

Importantly, whether a family already has a preferred facility or not, even if this facility is not registered with Aged Care Decisions, the level of support and service we provide remains the same.

Due to privacy laws, the only element of our service that cannot be provided in the instance that a preferred facility is not registered with Aged Care Decisions is support with providing any personal or clinical information to that facility, and assistance with booking tours.

Client Support Guarantee – guaranteeing all potential residents the support they need on their aged care placement journey.

Tours



Preparing for a tour

Prior to doing any tours, have a discussion with the potential resident, and make a list about personal needs and preferences. For example, you may discover that the range of lifestyle activities is more important than how modern the building looks.

After this, reading up on the facility (links are provided in the Aged Care Decisions Options Report) will help you work out what particular aspects should be looked out for during the tour.

When to visit

If you can, book your appointment between 10.30am and 12.30pm – the time when the most amount of activities are scheduled. Doing this will help you see how involved the residents are in their environment, and what type of lifestyle activities the facility has. You can then assess whether these types of activities will be suitable.

Arrive early

If possible, arrive at the facility at least 10-15 minutes early. This will allow a visitor to observe how staff interact with each other and towards the residents. Seeing smiling faces and helpful staff means that the people working there actually enjoy their job and provide good care to the elderly.

What to look for on a tour?

- **Staff tenure.** High staff turnover is an indicator of poor culture in a facility. Ask how long the manager, registered nurses, care manager, and carers have been working at the facility.
- **Staffing levels.** Staff to residents' ratios are crucial as they determine how much care and attention a resident gets at any time of the day. The more staff, the better. Ask about the ratio of residents to staff on AM shift, PM shift and overnight.
- **Agency staff.** Use of agency (third party) staff indicates an unsettled staffing roster, and is a potential indicator of a less settled environment. Ask how often the facility uses agency staff – for example, how many agency staff have been used in the past week?

- **Activities calendar.** The activities calendar shows what the organised activities are, and how often they take place. With not much to do during the day, residents may feel depressed and lonely. Check the day and time, and see whether the scheduled activity on the calendar is happening - if not, ask why.
- **Meals and menu.** The meals provided to residents need to be both nutritious and tasty. Ask how often the menu is changed. Check to see if the quality of food served while you are visiting matches the description. Having a meal with the residents is a really good idea to see whether the food is tasty, with the right textures, cooked with fresh produce, and served at the right temperature.
- **Cleanliness and smell.** Upon entering the facility focus on the smell both in residents' rooms and in common spaces. This will provide an idea on how often housekeeping is provided. This should occur daily.
- **Building and amenities.** Ask to see both public areas and an example of the room the potential resident will be staying in. Check the nature and complexity of access from that room to common areas and outdoor gardens. Having access to a spacious, well maintained garden is also important for the care recipients as getting fresh air and sun is crucial for their wellbeing.
- **Residents' feedback.** Having a conversation with at least two or three residents about their likes and dislikes is an effective way to hear an honest opinion about what the life of the future care recipient would look like. Also, the way they are dressed and groomed is an important factor to look at. If they look neat and clean, it means that they receive the assistance and care they need. Ask if the facility can provide you with any letters of recommendation / references for their facility (maybe from a past resident or their family).

Tour checklist

The following page includes a Tour Checklist that you can print off and use for your tours with shortlisted options.

Tour Continued

Facility Name

Tour Date/Time

Manager Name

Contact Number

Preparation & Arrival

Prepare a list of personal needs and preferences

Arrange a tour between 10:30 AM - 12:30 PM - when most of the activities are scheduled

Arrive 10 - 15 minutes early - see how staff interact with each other and residents. Are the staff happy and smiling?

Building & Amenities

Front door is security coded

Does the facility feel clean, 'homely' and personalised?

Are common areas easily accessible and clearly signed from resident's room?

Minimal noise and disruption coming from kitchen, laundry or cleaning?

Spacious and well maintained garden is accessible from resident's room

See the room (or room type) that your friend/ relative will be moving into

Does the room have sufficient natural lighting?

Does the room have sufficient closet space and storage?

Ask to see an existing resident's room. Does the room have a pleasant and clean smell?

Meals & Menu

Does the current menu seem appropriate and appealing?

Does the quality of food being served match the menu description?

Sample a meal - is the food tasty, cooked with fresh produce and served at the right temperature?

Was the meal cooked on-site, or was it brought in from an offsite location?

Activities

See the current activities calendar. Do the activities occur every day, seem active, fun and appropriate?

Are the scheduled activities actually occurring?

Are the residents interacting with each other?

Are the residents engaged, smiling and happy?

Staff

Do staff knock on a resident's door prior to entering their room?

Do staff look and act as if they have time to attend to resident needs?

Do staff know the residents by name, and look as if they understand the needs and differences of each resident?

Resident Q & A

Ask to speak with one or more existing residents

Do the existing residents appear neat, clean and groomed?

What existing residents say are their 'likes' and 'dislikes'?

Facility Manager Q & A

How long have the Facility Manager, Care Manager and Registered Nurses been working at the facility?
High staff turnover is a potential indicator of poor culture.

What is the staff to residents ratio on AM shift, PM shift and overnight?
Use this measure to compare staffing levels at different facilities.

How often does the facility use agency staff - e.g. in the past week?
High level of agency staff use indicates an unsettled staffing roster - in turn an indicator of less settled environment for residents.

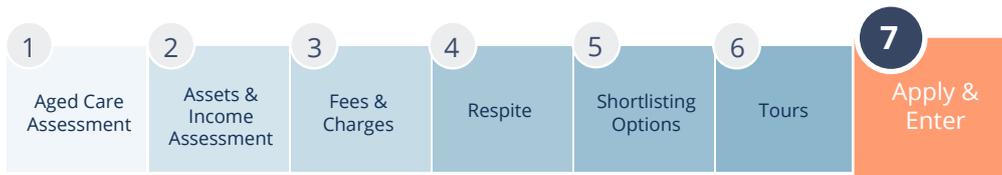
What proportion of respite residents turn into permanent residents?
Converting potential residents from short term stays into permanent stays is a positive indicator of quality.

Is the laundry service provided onsite, or is it taken offsite?
Reviews indicate that offsite laundry facilities lead to a greater incidence of lost clothing.

Is the physiotherapist full time, or are they there on a 'needs' basis?
Reviews indicate that a full time physiotherapist generally leads to greater resident satisfaction.

Are there any personalised activities provided?
Not all residents want to play bingo. Reviews indicate personalised activities generally leads to greater resident satisfaction.

Applying & Entering



When can you apply to facilities?

Aged Care Decisions recommends applying to aged care facilities once (i) an Aged Care Assessment has been obtained; and (ii) an Assets and Income Assessment has been completed and the written results have been received.

Aged Care Decisions will work with the potential aged care resident and their family to collect care level, budget, and other information to supply to preferred providers. This will reduce the time spent applying, and lead to a smoother transition. Assuming the above has been completed, a potential aged care resident can apply to a facility. An application is not binding potential resident can withdraw their application at any point.

What about waiting lists?

Historically the chronic shortage of aged care beds meant that most nursing homes had waiting lists. In recent years a large number of aged care facilities have opened up. That means many facilities no longer have waiting lists, and a significant number have beds available for immediate entry. If a preferred nursing home is full and has a waiting list, it is recommended that you join the waiting list. There is no limit to the number of facilities you can apply to.

How do you apply to a facility?

Every aged care facility will have a slightly different application process that must be completed. Aged Care Decisions will supply your preferred facility with a baseline of required information - including the potential resident personal details, care information, and aged care assessment/ referral code.

Other information that may be required includes:

- Health Insurance and Medicare details;
- Medical details, such as a detailed summary of applicant's health;
- The applicant's funeral arrangements;
- Advance Care Directives;
- Family and other contacts details;
- Legal and financial management details, such as certified copies of Power of Attorney/Guardian;
- Copy of the Assets and Income Assessment letter sent by Centrelink or by the Department of Veteran's Affairs.

What happens after you apply?

After filling in an application form and returning it to the facility, electronically or as a hard copy, the facility will contact the applicant and state if the application has been accepted or rejected within 3-5 business days.

If the application is accepted, the nursing home will extend the applicant an offer. Once the offer is accepted, the nursing home will ask the future resident to read and sign a Residents Agreement. If the application is rejected, the applicant will be contacted to discuss.

Resident Agreements

Prior to moving into an aged care facility a new resident will be provided with a Residents Agreement and Accommodation Agreement (which could be combined into one agreement). This Agreement will outline the type and level of fees to be paid - including any Accommodation Payment (RAD or DAP) and Extra/Additional Services Fees.

The Agreement must be provided to a resident prior to admission, and under the Aged Care Act a new resident has 28 days to consider the agreement, sign and return it. During that 28 day period the resident can choose how to pay any Accommodation Payment - as a lump sum (RAD), daily fee (DAP) or combination of both.

Paying the lump sum RAD

Under the Aged Care Act, if a new resident is liable to pay an Accommodation Payment, and wants to pay it as a lump sum Refundable Accommodation Deposit (RAD), then the resident has up to 6 months to physically pay the lump sum to the provider. Until the lump sum RAD is paid the resident will be charged a Daily Accommodation Payment (DAP).

Not happy? Transferring facilities

A key concern for families is knowing what their rights are if the aged care resident moves in, but is unhappy with the facility. Under the Aged Care Act any resident can move out of a facility, and transfer to another facility, by providing 14 days written notice to the current facility. At the end of this 14 day notice period the resident can move out, and any lump sum RAD that has been paid must be refunded back to the resident.

Review the Facility

Why submit a review?

Aged care entry is a stressful, emotional and expensive journey. A recent survey found that:

- just under half of aged care entries have to happen in under four weeks;
- over half of entries involve selling the former family home;
- and for over half of families the process is 'very' or 'extremely' stressful.

Families have very little information to go on when making a shortlist. Reviews help other families make a difficult decision easier and that is why reviews are becoming increasingly important.

What is AgedCareReviews.com.au?

Established in 2013, AgedCareReviews.com.au is Australia's largest consumer review website for the aged care industry.

The website displays thousands of validated reviews submitted by residents and their families. Tens of thousands of families a month use [AgedCareReviews.com.au](https://agedcarereviews.com.au) to inform their decision making, and research their aged care options. [AgedCareReviews.com.au](https://agedcarereviews.com.au) is the sister website of Aged Care Decisions.

What about anonymity?

All reviews submitted on [AgedCareReviews.com.au](https://agedcarereviews.com.au) are anonymous - you can select a username of your choice, or randomly select an anonymous username.

The only personal information we collect is an email address. This is done in case we need to verify the reviewer.

Under no circumstances are the contact details of a reviewer passed onto an organisation.

Whats involved in a review?

A rating of one to five stars is given against a number of criteria:

Quality of building



Quality of staff & care



Quality of lifestyle & wellbeing



Quality of food



Overall quality



You will then be invited to talk about your experience in the review. You can use this to talk about what the facility does well, what needs improvement, and how your family found the experience.

Does the review have to be positive?

No. It doesn't matter whether your review is negative, positive or both. What's important is that you talk about your experience.

All reviews must conform with the Aged Care Reviews Content Guidelines. That means reviews from operators, staff or health professionals aren't allowed. Only genuine aged care experiences from residents or their family members.

How long will it take?

A review will take about 2 minutes to complete.

How can we submit a review?

Submit a review on your aged care experience at:

<http://agedcarereviews.com.au/#submit>

Your **Aged Care** Placement **Guide**

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