



## Allied health services in Residential Aged Care Facilities

This fact sheet is for PHNs to use in planning education sessions with GPs and other primary care providers to raise awareness of the following:

- New temporary Medicare Benefits Schedule (MBS) items for subsidised allied health services, including mental health services in Residential Aged Care Facilities (RACFs);
- Why the Australian Government commenced the temporary MBS items;
- Benefits of allied health services for Residential Aged Care Facilities (RACF) residents;
- Benefits of allied health services for people with dementia; and
- Mental health services available to aged care residents requiring low to moderate intensity support, in order to assist GPs and other primary care providers with referring residents to the most appropriate support for their needs.

### MBS items for subsidised allied health services in RACFs

New temporary MBS items are available to support RACF residents' mental and physical health, especially those who have been affected by the COVID-19 pandemic.

- These items are available until 30 June 2022.
- Residents can access up to an additional 5 services per calendar year for selected physical therapy services, including exercise physiology, occupational therapy and physiotherapy.
- Residents can also access up to 20 Medicare subsidised individual psychological services each calendar year under the *Better Access to Psychiatrists, Psychologists and GPs through the MBS* (Better Access) initiative.
- For all items, the resident must have a relevant treatment, management or care plan from their GP, Other Medical Practitioner (OMP) or psychiatrist.
- Flag fall fees are available for GPs, OMPs and allied health practitioners to deliver relevant face-to-face services in RACFs.

The new items apply to RACF residents referred for services under the following treatment, management or care plans:

- Multidisciplinary Care Plans; or
- GP Management Plans; or
- Mental Health Treatment Plans (MHTPs); or
- Psychiatrist Assessment and Management Plans (PAMPs); or
- Shared Care Plans; or
- Team Care Plans; and/or
- Aboriginal and Torres Strait Islander Health Assessments.

In addition, new temporary face-to-face MBS items have been introduced for RACF residents for longer initial individual allied health chronic disease management services and initial Indigenous follow up services.

On 14 March 2021, the Government announced \$1.1 billion to extend its successful national COVID-19 health response and suppression strategy until 31 December 2021.

This investment includes funding to continue telehealth services and care until 30 June 2021. GPs, other medical practitioners and allied health professionals can now continue to deliver Better

Access services to aged care residents via telehealth until this date, where it is safe and clinically appropriate for the resident.

More information, including fact sheets on the temporary MBS items is available at:

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/factsheet-rack-ah>, for allied health providers, and for GPs and Other Medical Providers.

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/factsheet-mental-health-aged-care> for mental health items.

The Department of Health's AskMBS advisory has additional information on the temporary MBS items, as part of an advisory on allied health items for chronic disease management. More information is available at:

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/AskMBS-Email-Advice-Service>

### **Why did the government commence the temporary MBS items?**

On 30 November 2020, the Australian Government tabled a response to the Royal Commission into Aged Care Quality and Safety's recommendations on COVID-19 in its Special Report on Aged Care and COVID-19, which included new MBS items for mental and allied health support in RACFs. The report is available at: <https://agedcare.royalcommission.gov.au/publications/aged-care-and-covid-19-special-report>

The Government acknowledges that many residents have been affected physically and/or mentally by COVID-19 restrictions. In addition, a number of residents have contracted and survived COVID-19, who require rehabilitation to restore function and mobility.

The focus of the new items is mental health and physical functioning. RACF residents are at high risk of deconditioning, as COVID restrictions have caused inactivity. Prolonged periods of inactivity can reduce muscle strength by 2 to 5 percent per day, increasing the risk of falls. In addition, a number of residents have not had their usual activities or visitors as a result of the COVID-19 pandemic which has led to more isolation, and a higher risk of mental health issues.

The Royal Commission into Aged Care Quality and Safety highlighted significant rates of mental health issues among aged care residents. For example:

- In 2018-19, 49 per cent of aged care residents had a diagnosis of depression, compared to about 7 per cent of male and 12 per cent of female older Australians in the community.
- COVID-19 and associated social distancing requirements were found to have had a significant impact on the mental health of residents.

### **Allied health services offer many benefits to aged care residents**

Allied health professionals provide a broad range of diagnostic, technical, therapeutic and direct health services across a wide range of professions. Allied health professionals can provide a diverse range of interventions that can improve the health of aged care residents and assist their quality of life through improving mobility and physical function, encouraging independence, and enhancing wellbeing.

Allied health professionals can increase the focus on **preventative and early interventions** for RACF residents in a range of ways including:

- developing specialised exercise programs (including falls prevention programs) to maintain or improve mobility, strength, balance and endurance which reduce frailty and decreases the likelihood of falls and hospitalisations

- promoting healthy ageing and reducing the impact of chronic conditions and disabilities
- preventing or slowing the progression of conditions
- helping find types of physical activity that are both safe and enjoyable
- providing advice on adequate nutrition to improve physical and mental wellbeing.

Allied health professionals can assist and support the **maintenance and management** of RACF residents' health through:

- maintaining mobility, hearing, sight, speech and swallowing
- managing chronic conditions and assessing people who may require specialised support and advice
- advising on nutrition programs to monitor and meet the needs of RACF residents
- providing advice and strategies on modifying the texture and thickness of food and drink, swallowing medications and maintaining the social aspects of mealtime
- maintaining foot health including providing advice about appropriate footwear and treating pain
- working with and training aged care providers, including to provide physical assistance in a way that is safe for both themselves and the person living with particular conditions
- providing advice regarding appropriate positioning to help prevent skin breakdown
- assisting in developing strategies to support people to live as independently within their environment as possible, including suggesting equipment to help with transfers and mobility.

Allied health professionals can provide a range of therapies to RACF residents to support their **reablement and rehabilitation** (with the aim of restoring physical and mental function) through:

- aiding recovery and providing rehabilitative care to support people to regain function and strength after surgery, serious injury or illness (e.g. stroke)
- providing assessment and services for low vision, hearing impairments, assistance with speech and swallowing, and appropriate foot care
- suggesting an appropriate walking aid and providing training about how to use it safely
- assessing and treating musculoskeletal injuries and helping manage pain
- identifying barriers to participation in physical activities and exercise, including prescribing aids or equipment to facilitate engagement.

Allied health professionals can provide a range of **psychosocial and psychological interventions** to improve mental health, cognitive function, social connection and engagement for RACF residents by:

- providing emotional and psychological support and services for residents who have mental health needs
- providing psychological therapy to support residents who have diagnosed mental disorders or other mental health needs
- enabling engagement in activities and relationships with consideration of a person's capacity, culture, interests and life story by finding or developing enjoyable leisure activities
- assessing suitability for cognitive stimulation therapy, cognitive training or cognitive rehabilitation programs
- finding suitable sources of mental stimulation

## Allied health services can assist people with dementia

In addition to those services listed above, allied health professionals are uniquely skilled to assist people with **dementia** in a number of ways, they can:

- advising on the use of modalities other than speech
- assess what cognitive difficulties for people living with dementia may underpin behavioural changes and offer more appropriate strategies to assist and manage
- provide music, art and sensory therapy activities to reduce agitation in people living with dementia
- take a wellness approach to provide person-centred dementia care that focuses on the retained abilities and strengths of the person and develop alternate strategies where skills are gone
- adapt the environment to facilitate optimal functioning and minimise distress.

## Mental health services available to aged care residents requiring low to moderate intensity support

GPs and other primary care providers play a critical role in identifying mental health issues among aged care residents and assisting residents to access appropriate support. To help decide which low to moderate intensity services to refer residents to, GPs and other primary care providers may wish to consider the following questions:

*What low to moderate intensity supports are available to aged care residents?*

- Low to moderate intensity mental health support is available through:
  - **Better Access** until 30 June 2022, following its temporary expansion to aged care residents by the Australian Government in response to the COVID-19 pandemic, and
  - **PHN commissioned services** including psychological in-reach services under the *Improved Access to Psychological Services in RACFs* program.
- Note, residents may access support under **both Better Access and PHN services** where clinically appropriate.
  - For example, if a resident requires additional support after using all of their available Better Access or PHN commissioned sessions, they can access additional services under the respective initiative where clinically appropriate.

*Are the resident's needs covered by a service already offered by the RACF?*

- The *Health Insurance Act 1997* prohibits the payment of MBS benefits for services delivered through alternative Commonwealth or state/territory government funding arrangements. This means that:
  - Better Access and PHN services should only be used to support **mental health episodes not otherwise covered by aged care funding**.
    - Under the *Aged Care Act 1997*, RACFs are required to provide specified allied health services to eligible residents at no cost, which may include some low intensity mental health services.

- Due to the Health Insurance Act, PHNs also **cannot use their funding to pay residents' Better Access gap fees.**

*What are the resident's specific circumstances and needs and local service context?*

- GPs and other primary care providers should consider residents' circumstances and needs when referring them to Better Access or PHN services. This should include consideration of the following **nationally relevant** factors:
  - **Eligibility** – Better Access services require the resident to have a diagnosed mental disorder, while PHN services also offer early intervention support to residents assessed as being at-risk of mental illness.
  - **Cost** – Better Access services require residents to pay a gap fee unless their practitioner agrees to bulk-bill. Information on bulk-billing psychologists can be found at: [www.healthdirect.gov.au](http://www.healthdirect.gov.au). PHN services are available with no cost for residents.
  - **Referral pathways** – Only GPs and psychiatrists can refer residents to Better Access services. Comparably, residents can generally self-refer for PHN services or be referred by aged care staff, family/friends or other parties.
  - **Practitioner choice** – Residents may have a preference around a specific practitioner available under Better Access or PHN services based on existing relationships, expertise or feedback.
  - **Tailored support** – PHNs are expected to commission services that are safe and appropriate to meet the needs of vulnerable cohorts including Aboriginal and Torres Strait Islander, culturally and linguistically diverse and LGBTIQ communities.
- Noting the diversity in service models for PHN psychological in-reach services to aged care residents, GPs and other primary care providers should also consider the following factors taking into account the unique **service context in their region.**
  - **Service coverage** – Better Access services are available nationally, while PHN commissioned services may not be available in all RACFs.
  - **Intensity, type and number of services** – Variances may exist between Better Access and regional PHN commissioned service models.
    - Better Access offers eligible residents up to 20 individual low to moderate intensity psychological services each calendar year until 30 June 2022, with telehealth services also nationally available until 30 June 2021.
    - PHNs may offer a different number of services, intensity spectrum and/or types of services such as group services.
  - PHNs are encouraged to share **up-to-date information with referring practitioners** to support them in ensuring residents receive the most appropriate care for their needs, including the details of RACFs that can access support through their services and the number and type of services available.
- In line with current practice, residents with complex, severe and longstanding mental health issues should continue to be referred to state/territory government **Older Persons Mental Health Services.**