Care Needs Assessor Expectations

For the purposes of this document the term ‘participant’ is used to describe participants in the Lifetime Care Scheme and workers in the Workers Care Program. The Care Needs Assessor Expectations should be used in conjunction with the Terms of Agreement (TOA) and Schedules for icare Care Needs Assessors.

Expectation	Evidence care needs assessor meets the expectations
Assessment	
Has clinical knowledge and expertise to deliver quality care needs assessments	Makes clinically appropriate decisions and recommendations in line with latest best practice and evidence-based data. Uses and appropriately applies resources such as Spinal Cord Injury Guidelines (SCI) Guidelines and International Classification of Functioning(ICF). Only accepts referrals for adults if approved for care needs assessment for adults. Only accepts referrals for children if approved for care needs assessment for children. Demonstrates the ability to complete an objective assessment of care need across all domains of function and considering all potential barriers and facilitators impacting activity participation. Provides accurate and sufficient information in reports and request for icare to make an assessment of care against reasonable and necessary criteria.
Care Needs Assessments are completed using a person-centred approach	Care Needs Assessment includes the participant perspective & reflection regarding capability, changes, current care program delivery/effectiveness and potential future needs. Incorporation of My Plan content (where participant has a My Plan)– any roles and/or training for support workers to help achieve goals Awareness and incorporation of programs to improve quality of life and other outcomes that impact care needs – for example, Positive Behaviour Support (PBS) Plans; and any training required by Support Workers to provide specialty support Demonstrates understanding of the needs of the participant in terms of their disability, life roles, and community participation. Demonstrates sensitivity to personal preferences, cultural and religious considerations of the participant, and the impact on icare. Care formulation includes appropriate incorporation of feedback from others – for example family members, care provider, icare contact.

	Care Needs Assessment Report includes the person/family's perspective while remaining an objective assessment of their current circumstances. Assessment approach is adapted to each participant's unique circumstances – e.g. needs on a large, rural property; needs when living near the ocean/bushfire zone; property type; standards/preferences/priorities; size of dwelling; people living at the dwelling; roles (e.g. 'parent'). Attendant Care Service Request (ACSR) includes informed choices made by the participant regarding care delivery options. There is evidence that the care needs assessor has provided enough support to the participant to enable them to exercise choice. ACSR demonstrates appropriate utilisation of informal supports as requested/preferred by the participant and their family.
Applies relevant scheme guidelines appropriately	Demonstrates appropriate management of situations where the assessor's recommended care is different to what is requested by the participant. Hours recommended to support the completion of specific tasks/activities are reasonable in the circumstances and recorded accurately. Incorporates normal expectations of parental roles and responsibilities and knowledge of increased parental personal support vs domestic task support in lieu of care.
Risk Management	Provides the participant (and family if appropriate), with enough information to ensure participant choices are fully informed. Demonstrates understanding of the difference between an active, well informed choice regarding high risk behavior, and inherent vulnerability when the participant lacks insight, has compromised judgement, is a child or other factors which might influence their capacity to be the decision-maker in regard to their care. Where risk to a participant is identified, appropriate actions are taken to minimise risk of harm. Some actions may include, but are not limited to: • Guides participants in finding ways to mitigate or manage risk within their choices related to care • Liaises with other stakeholders (such as icare contact, case manager, care coordinator, family, FACS,) to ensure the appropriate people are aware of and manage identified risks Knows when to refer to appropriate bodies for high risk behavior management or child protection issues – e.g. FACS, guardian. Where risk has been identified and advice/actions taken, appropriate documentation is provided to **icare as soon as practicable. Safeguarding recommendations are included within the Care Needs Assessment report.** **Adverse Events** In the event of the care needs assessor becoming aware of an adverse event or change in situation that has caused or poses an immediate or serious risk of harm, icare.-is informed **immediately** by telephone and follow up email/other written correspondence. **Adverse Change in Situation** Advises **icare** in writing as soon as care needs assessor becomes aware of an adverse change in situation for a participant where their safety or wellbeing will or may be significantly affected.

Documentation and requests	
Acceptance of referral and timeliness	While icare does not make a guarantee for the number of referrals offered to each Care Needs Assessor, there is an expectation that assessors will demonstrate a commitment to accepting at least 5 referrals per annum if offered and within their scope of practice. Completes the assessment and provides the report to icare in the timeframe outlined in the referral (as per Schedule 3 in the TOA or as negotiated).
Provides a clear and logical assessment and explanations	Reports and request forms include enough information to enable an assessment of care against the reasonable & necessary criteria Hours of care recommended and being requested are reasonable in the circumstances and consistent with representation of the participants needs in the Care Needs Assessment report. Where the Attendant Care Service Request (ACSR) includes care not identified in the Care Needs Assessment report (CNAR), the Care Needs Assessor has adequately explained these circumstances in the request Alternatives to care have been considered and discounted (for example, alternatives to inactive overnight care such as emergency call systems have been considered).

Professional conduct and continuous improvement	
Professionalism	Adheres to professional boundaries regarding the role of an independent assessor. Delivers only services which fall within this role and as requested. Demonstrates clear understanding of the distinct roles of support workers, registered nurses, care coordinators, case managers, to ensure the right provider is delivering the right care. Remains within the scope of care needs assessment during and following the care needs assessment. Does not make recommendations to the participant/family which are outside the role as care needs assessor (and especially which other members of the treating team might have responsibility for). Any out-of-scope issues/needs which become evident during the care needs assessment are reported back to the case manager/icare contact for their attention and are not discussed directly with the participant/family.
Terms of Agreement	Adheres to all sections of the Case Manager and Care Needs Assessors (Lifetime Care) Terms of Agreement and related Schedule.

Working relationships	
Working effectively with participants	Uses appropriate communication strategies to suit the participant needs. Explains the purpose of the Care Needs Assessment to enhance participant's understanding of their rights and responsibilities with regard to care under the Scheme.
Working with other service providers	Integrates information from others into the report while maintaining an objective balanced assessment.
Working cooperatively with icare	Understands the extent and limit of Lifetime Care's role in meeting the participant's requested care where this does not match the care needs assessor's recommendations or Lifetime Care's assessment of care Responds constructively to feedback from Lifetime Care regarding assessments, reports, and requests, and is able to understand Lifetime Care's perspective when further information is requested or where Lifetime Care's assessment of care differs from the assessor's recommendations Makes contact with icare and provides a reasonable written explanation when a report will be delayed.

Business management	
Ability to provide services efficiently	Sufficient skills in technology to use icare templates i.e. interactive PDFs, Word, Excel.
Efficient invoicing systems	Invoices are sent in a timely manner and include all information required by icare as documented in the Schedule.

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