

# Aged Care Service Guide for General Practice



If you are discussing a patient's aged care needs or concerns you can refer them to My Aged Care who can assist your patient with information and support to find aged care community services or residential aged care

There are 3 ways to make a referral:

1. **Call My Aged Care on 1800 200 422**
  - Available from 8am to 8pm weekdays & 10am to 2pm Saturdays.
  - Patient does not have to be present for phone referral, however patient consent is required.
  - You can also promote the number to your patient or family and encourage them to call.
2. **Use the 'Make a Referral' page on the My Aged Care website**
  - Visit [www.myagedcare.gov.au/referral](http://www.myagedcare.gov.au/referral) and enter patient details into the online form.
  - You can add attachments to the information that you enter into the online form.
3. **Send a fax to the My Aged Care contact centre on 1800 728 174**
  - You may like to use the 'Make a Referral' page from the My Aged Care website as a template.

You need to provide the following details in your referral:

- Your name and contact details
- The patient's name and contact details
- Your relationship to the patient (e.g. as a GP or community nurse)
- Information about why the patient is being referred to My Aged Care
- Your patients consent to provide their information, or for the contact centre to contact them directly.
- Any information that may support your referral.

**Please note:** Following a referral from you, My Aged Care will contact your patient to talk about the support they need. Following that conversation, the client may be referred to the RAS team for a home support or ACAT assessment or directly for services. **Urgent referrals can be made directly to a service provider by GPs or Hospital (i.e. patient to be seen within 3 days)**

## Support Services (including links)

Service Organisation	Contact Details
<b>My Aged Care-</b> <i>supports older people and families access information &amp; services</i>	<b>National Ph: 1800 200 422</b> <a href="http://www.myagedcare.gov.au">http://www.myagedcare.gov.au</a>
<b>Commonwealth Respite and Carelink Centre-</b> <i>emergency respite care</i>	<b>Business hours Ph: 1800 052 222</b> <b>Outside business hours Ph: 1800 059 059</b>
<b>Queensland Health Advance Care Planning</b>	<a href="http://apps.health.qld.gov.au/acp/HOME.aspx">http://apps.health.qld.gov.au/acp/HOME.aspx</a>
<b>My Community Directory – Qld resource</b>	<a href="http://scg.mycommunitydirectory.com.au">http://scg.mycommunitydirectory.com.au</a>
<b>Queensland Aged &amp; Disability Advocacy (QADA)</b>	<b>Ph: 1800 818 338</b> <a href="http://qada.org.au">http://qada.org.au</a>
<b>Department of Social Services-</b> <i>feedback: compliments, complaints and enquires</i>	<a href="https://www.dss.gov.au/contact/feedback-compliments-complaints-and-enquiries/feedback-form">https://www.dss.gov.au/contact/feedback-compliments-complaints-and-enquiries/feedback-form</a>

## SCHHS Aged Care Services

**Sunshine Coast Aged Care Assessment Team (ACAT)**  
Ph: 07 5470 6731 Fax: 07 5470 6185  
6-8 Waterfall Road Nambour QLD 4560

**Sunshine Coast Palliative Care Service Specialist Outreach Team**  
Ph: 07 5470 5333 Email: [SC-Palliative-Care@health.qld.gov.au](mailto:SC-Palliative-Care@health.qld.gov.au)

## Emergency Respite Services

**Commonwealth Respite and Carelink Centre**  
**1800 052 222 during business hours**  
**1800 059 059 outside business hours**

Central Queensland, Wide Bay, Sunshine Coast PHN (PHN) acknowledges the traditional Custodians of the land on which we work and live, and recognises their continuing connection to land, waters and community. We pay our respect to them and their cultures; and to elders both past and present.

# Frequently Used Aged Care Medicare Item Numbers



Item	Name	\$	Description / Recommended Frequency
701	Brief Health Assessment (<30mins)	\$59.35	<p>On admission to the RACF, then annually as required (not more than once in 12 month period unless exceptional circumstances)</p> <p><b>Please note:</b> Available to permanent residents of RACFs, receiving either high or low care, regardless of age.</p> <p><b>RACF role:</b></p> <ul style="list-style-type: none"> <li>obtain written consent (new or existing admission).</li> </ul> <p><b>GP role:</b></p> <ul style="list-style-type: none"> <li>obtain consent; consult facility; conduct assessment at facility or in consulting room; usual GP or locum (not specialist or consulting physician); may be completed over 2 visits.</li> <li>read MBS requirements</li> </ul>
703	Standard Health Assessment (>30 - 44mins)	\$137.90	
705	Long Health Assessment (>45 - <60mins)	\$190.30	
707	Prolonged Health Assessment (>60mins)	\$268.80	
903	Residential Medication Management Review (RMMR)	\$106.00	<p>Annual (not more than once in 12 month period unless exceptional circumstances).</p> <p><b>Please note:</b> Available to permanent residents of RACFs, receiving either high or low care, regardless of age.</p> <p><b>RACF role:</b></p> <ul style="list-style-type: none"> <li>flag/identify resident with GP.</li> </ul> <p><b>GP role:</b></p> <ul style="list-style-type: none"> <li>complete referral form</li> <li>collaborate with pharmacist to undertake review.</li> <li>read MBS requirements</li> </ul>
731	GP Contribution to, or Review of Care Plan	\$70.40	<p>For RACF resident who has a medical condition that has been (or is likely to be) present at least six months, or is terminal, and requires ongoing care from at least three collaborating care providers, each of whom provides a different kind of treatment or service to the patient, and one of whom is a GP.</p> <p><b>RACF role:</b></p> <ul style="list-style-type: none"> <li>record resident consent; initiate care plan; identify providers and invite to contribute to plan (including GP).</li> </ul> <p><b>GP role:</b></p> <ul style="list-style-type: none"> <li>notate contribution to patient's care in medical software.</li> <li>provide a copy (on letterhead or plan proforma) to facility or patient's notes.</li> <li>read MBS requirements</li> </ul>
Medicare Allied Health Services Free to residents unless provider charges a gap			<p>Total of 5 referrals per calendar year. (Medicare rebated services available only once GP item 731 is claimed)</p> <p><b>GP role:</b></p> <ul style="list-style-type: none"> <li>provide documented contribution to RACF care plan and claim MBS item 731</li> <li>consult with facility on which (if any) services required</li> <li>provide Medicare Individual Allied Health Services referral form</li> <li>complete 1 referral per patient per provider (total of 5 services per calendar year not 5 per service type</li> <li>Read MBS requirements</li> </ul>
<b>RACF Case Conference GP organises and coordinates</b>		Maximum of 5 conferences per resident in 12 month period	
735	15 – 20 minutes	\$70.65	<p>Requires three or more providers present simultaneously.</p> <p><b>RACF role:</b></p> <ul style="list-style-type: none"> <li>record resident consent; identify and invite other health providers.</li> <li>use (management) template to record discussion, needs, outcomes and tasks.</li> </ul> <p><b>GP role:</b></p> <ul style="list-style-type: none"> <li>obtain consent from resident and all participants.</li> <li>document meeting and outcomes.</li> <li>provide copies of outcomes to all participants</li> <li>read MBS requirements</li> </ul>
739	20 – 40 minutes	\$120.95	
743	>40 minutes	\$201.65	
<b>RACF Case Conference GP participates</b>			
747	15 – 20 minutes	\$51.90	
750	20-40 minutes	\$89.00	
758	>40 minutes	\$148.20	

The PHN would like to acknowledge the Gympie Collaborative Network for their contribution in the development of the Aged Care Service Guide for General Practice.