



ACT
Government

ACT Health

Community Assistance and Temporary Supports (CATS) Program Manual

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Acknowledgement of Country

ACT Health acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. ACT Health acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

Introduction

Purpose of the Manual

The purpose of this manual is to provide CATS Service Providers with information relating to the CATS Program and to ensure consistency in the application of Program requirements. Participant specific resources for the program are available separately on the ACT Health website.

The information contained in this manual is important for CATS Service Providers as providers are required to operate and present to the public as a single unified service delivery operation to ensure accessible and seamless service delivery for Community Assistance and Temporary Supports (CATS) Program participants.

This manual is not intended to replace information contained in Services Agreements with CATS Service Providers, however it is instead intended to compliment and provide further details and information about the CATS Program to ensure consistency in application of program requirements.

Overview of the CATS Program

The CATS Program commenced on 1 October 2023 and replaced three previous ACT Health Directorate-funded programs within the community support subsector:

- Community Assistance Support Program (CASP)
- Flexible Family Support
- Transitional Care Program.

The community support subsector is the term used by the ACT Health Directorate to describe the people, families and unpaid carers who require low intensity supports and assistance to help them maintain their health, wellbeing and independence and to keep them out of hospital and safe in their homes as they recover from illness, accident or injury, or from a temporary deterioration in the symptoms of an ongoing condition. The subsector also includes the service providers that deliver these supports and assistance.

The CATS Program was developed over a period of 12 months, in consultation with stakeholders as part of the community support subsector commissioning process. The CATS Program delivers short-term, temporary, non-clinical supports and does not provide long-term or high-intensity supports.

CATS Program Outcomes

Overarching CATS Program Objective

The overarching objective of the CATS Program is to improve connectivity and collaboration between existing health services for vulnerable residents of the Territory. It does so by funding temporary, low intensity assistance and supports that are not otherwise accessible through another Commonwealth, State or Territory government scheme or program. The CATS Program allows eligible people to:

- remain in their home where it is appropriate and safe to do so
- discharge safely and quickly from hospital to home
- realise their health and wellbeing goals, including recovery, and
- foster connection to family, friends, carers and the community.

CATS Outcomes Framework

The CATS Outcomes Framework was developed in consultation with the community support subsector. The Framework identifies the agreed outcomes of the CATS Program and features four overarching 'domains'.

The first two outcome domains of the CATS Outcomes Framework, *Healthy Participants* and *Supported Carers*, are the primary outcomes as they define the program and the parameters of the services that may be delivered with program funding.

CATS Service Providers are required to contribute to, and report against, the outcomes related to the services they provide as part of the funding conditions. CATS Service Providers are also required to report against the two secondary outcomes, *Sustainable Delivery* and *Responsive Programs*, that focus on organisational processes and continuous improvement.

The CATS Outcomes Framework may be refined from time-to-time in consultation with CATS Service Providers and other stakeholders.

CATS Outcomes Framework Domains

1. Healthy Participants

Objective

Provide flexible low intensity supports, assistance and eligible low-cost equipment for eligible Participants that: enable people to remain in their home, if appropriate and safe; facilitate safe and timely discharge from hospital to home; are person and family centred and delivered with cultural sensitivity; facilitate health and wellbeing goals, including recovery where applicable; and foster connection to family, friends, carers, and the community.

Outcomes

1. Participants remain at home where appropriate and safe.
2. Safe hospital discharges are supported, and unnecessary re-hospitalisation is reduced.

3. Supports and assistance are person and family/carers centred, culturally sensitive and human rights focused.
4. The health and wellbeing goals of participants, including recovery where applicable, are achieved.
5. Connection to family, friends, carers, and the community, is developed and continued, and social isolation of participants is reduced.

2. Supported Carers

Objective

Provide supports for carers and family members that nurture the caring relationship and promote the health and wellbeing of the participant, carer and family member.

Outcomes

1. Carers receive the supports and assistance they need to support their own health and wellbeing and enable them to deliver high quality care.
2. Carers are enabled to engage in leisure and meaningful activities beyond their homes and caring responsibilities.
3. Carers can transition out of the caring role where appropriate or necessary.

3. Sustainable Delivery

Objective

Support sustainability in the subsector by enabling subsector capacity-building through such mechanisms as funding for indirect costs; reducing the cost of mainstream health services by minimising interactions between participants and hospitals; by facilitating timely and safe hospital discharges for eligible people; and by facilitating the transfer of participants to more appropriate Commonwealth programs (i.e., NDIS and aged care programs), or other alternate services based on identified need.

Outcomes

1. Hospitalisations and average length of stay are minimised.
2. Participants are supported while they apply, or appeal rejected applications, for assistance through more appropriate programs such as the NDIS, aged care programs or other alternative services based on identified need.
3. Participants are successfully transferred to more appropriate programs where possible, and their rights are upheld throughout the transfer.
4. Service providers are adequately funded to deliver services, including for more complex participants.
5. Service providers are enabled to innovate and engage in all capacity building in the interests of participants.
6. Service providers have access to, and use, referral mechanisms for other services.

4. Responsive Programs

Objective

Provide mechanisms for participants and their carers and family members to report feedback on providers' programs and services, thereby facilitating continuous evaluation and improvement, and enabling meaningful partnerships between ACTHD and its subsector partners in the 'deliver outcomes' phase of commissioning.

Outcomes

1. Participants and their carers and family members are empowered to report feedback on providers' programs and services.
2. The outcomes of provider's programs and services are accurately and thoroughly measured and reported.
3. Providers' programs and services are continually evaluated on the basis of outcomes data and refined to better meet the needs of participants.
4. Service design is participant led to enable participant choice and involvement in continuous improvement processes.
5. Service delivery responds to identified changes, gaps, and needs in the broader service system.

Eligibility

Eligibility Criteria for the CATS Program

The CATS Program is available to people of any age and regardless of their Medicare eligibility or their Australian citizenship or residency status.

The eligibility criteria for the CATS Program are outlined below and at figure 1.

People who are eligible for the CATS program must:

- be a resident of the Australian Capital Territory

AND

either:

- be clinically ready for discharge from hospital, but unable to access the supports necessary to facilitate a safe and timely return to home through an existing program (such as the NDIS or aged care programs)

OR

- have a mental health condition that is temporary and/or a health condition that is temporary or terminal, and which is not of a nature that would be likely to attract support or assistance through another program (such as the NDIS and aged care programs)

OR

- have a health and/or mental health condition that is significant and permanent and be in the process of applying, or appealing an unsuccessful application, for supports through another program (such as the NDIS and aged care programs).

OR

- be the carer or a member of the family unit of an eligible participant (based on the above criteria).

Be a resident of the ACT

AND EITHER:

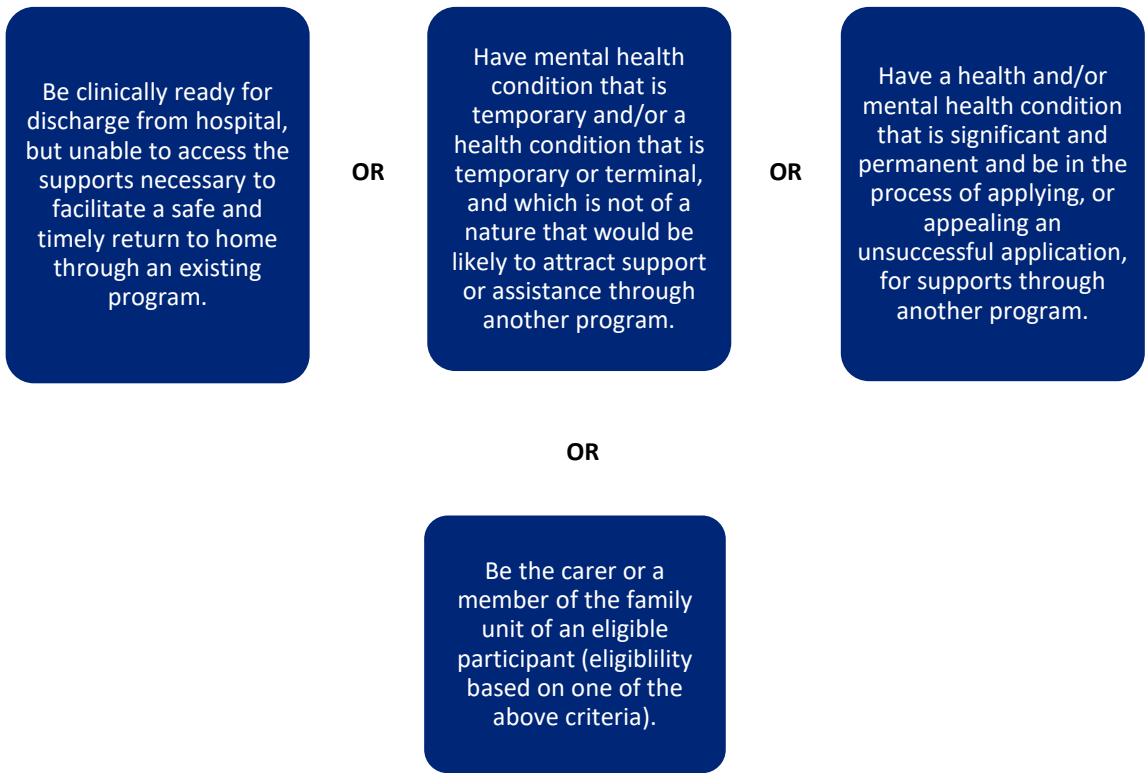


Figure 1 – Eligibility criteria for the CATS Program

People who do not meet the **above** eligibility criteria are unable to access the CATS Program.

Eligibility for the program aims to ensure that people can be discharged from hospital as soon as possible and, where possible and appropriate, prevent people from being admitted to hospital unnecessarily. It includes situations such those detailed in the following points:

- If a person who receives NDIS supports needs temporary support to help them recover from a health condition that is unrelated to the condition they receive NDIS supports for, they may be eligible for temporary supports through the CATS Program.

For example, if a person receives NDIS support for a mental health condition and fractures their leg such that they require surgery, they may receive services to support their recovery from the fractured leg.

- If a person receives assistance through a long-term program, but due to a temporary health care condition needs temporary higher level supports than they currently receive, they may be eligible to receive services through the CATS Program.

For example, a person who has a Home Care Package needs temporary higher-level supports to allow them to leave hospital and recover at home after fracturing their arm, and they cannot access these through the MyAgedCare program. This person may be eligible for supports through the CATS Program to assist them to remain safely in their home until such time as the supports received through their Home Care Package are once again sufficient.

CATS Program eligibility while applying or appealing for long-term supports through another program also includes situations where a person applies for an internal review or for an increased level of supports, and they need temporary supports to keep them safely in their home and out of hospital until the outcome of their application or review is known.

Palliative care or end of life patients may access temporary non-clinical supports (up to the maximum period of 6 months for an episode of support through the CATS Program) if they are not able to access supports through any other program.

Other local and national support programs and services are listed in [Appendix A](#).

CATS Service Providers will consider eligibility, including the need for and nature of evidence of eligibility, having regard to each person's specific situation, circumstances and support needs. To assist CATS Service Providers in assessing eligibility for the CATS Program, the following information about evidence requirements may be helpful in determining a participant's eligibility for the program:

1. Evidence of ACT residency – such as mail, an electronic statement and/or identification demonstrating that they are a current resident.
2. Evidence of a health or mental condition that is temporary or terminal – this may include information from the hospital with participant consent, a referral from a health professional, or where on the basis of a person's presentation of their condition and history the provider is satisfied that this criterion is met.

3. Evidence of the need for support, taking into account:
 - a) supports or services the person already receives through an existing program (e.g. NDIS, aged care)
 - b) other ACT and Commonwealth programs or services that the person may be eligible for and that will meet their needs
 - c) the intensity and type/s of the required support (CATS is for specific low intensity supports), and
 - d) supports available to the person through their own financial resources as well as their social and family networks.
4. Evidence that the person is in the process of applying for assistance through another program, or is appealing an unsuccessful application for support through another program, which will typically consist of material about their application or appeal.
5. For carer and care relationship supports – confirmation that the person is the unpaid carer or family member of a person who meets the eligibility requirements of the program.

CATS Program Services

Scope of Services

The CATS Program provides participants with temporary, low intensity services and limited low-cost equipment. The supports are time-limited to assist people to recover from illness or injury and to support their independence or transition to a more appropriate long-term program.

The services and equipment provided through the CATS Program cannot be accessible through another Commonwealth, State, or Territory scheme or program, including the Commonwealth's disability support and aged care programs (including the NDIS and aged care programs) and the Territory's ACT Equipment Loan Service.

For the purposes of the CATS Program '**temporary**' means not more than 12 consecutive months for carers and not more than 6 months for all other participants. Applications from service providers to extend episodes of support beyond these defined temporary durations will be considered by ACTHD on a case-by-case basis (see Extensions to episodes of support section).

For the purposes of the CATS Program '**low intensity**' means a period not exceeding 5 hours per week or 130 hours per six-month period, noting that participants are eligible under the CATS program for periods of up to 6 months. This flexible arrangement is to facilitate situations wherein a person requires supports for more than 5 hours in the early stages of recovery from a temporary illness or injury, followed by a period in which supports are tapered off.

Notwithstanding the maximum durations of episodes of support, CATS Service Providers should be mindful of the temporary nature of supports offered through the CATS Program and maintain the goal of exiting participants from the program as soon as it is reasonable and safe to do so.

Further details about the particulars relating to low-cost equipment are set out in the [Eligible Equipment](#) section.

Eligible Services

Core eligible services for the CATS Program include:

- Warm Hospital Discharge
- Individual Advocacy
- Carer and care relationship supports
- Care coordination
- Personal care
- Domestic assistance
- Medical and allied health transport
- Food services
- Bridging supports

All appropriate core eligible services will be engaged as soon as possible and, subject to capacity and waitlists, no later than seven (7) days from the date the referral is received.

Core Services Included under the CATS Program

Included Services	Examples of Included Services
Warm Hospital Discharge	<p>Warm Hospital Discharge is a service that involves the provider actively managing the transfer of a participant from an acute care setting (ACT public hospitals) to a community setting, including the participant’s home.</p> <p>The Territory-wide Warm Hospital Discharge service operates seven days a week (except on ACT public holidays), with referrals to the Warm Hospital Discharge provider through appropriate public hospital staff or the CIS Provider.</p> <p>Warm Hospital Discharge involves transferring a participant from an ACT public acute care setting to a community setting, including the participant’s home, thereby serving as a ‘bridge’ between hospital and community settings.</p>

	<p>It does not involve transfer to residential aged care facilities or respite facilities where the person would already receive similar supports.</p> <p>Warm Hospital Discharge is a seamless service and includes as a minimum:</p> <ol style="list-style-type: none"> 1. Meetings with the participant, and the teams responsible for providing care in both the acute and community settings; 2. Ensuring the participant is received at the hospital and safely and accessibly conveyed to their home or other agreed setting; and 3. Assuming and/or coordinating the transfer of responsibility for delivering the participant’s ongoing assistance and supports. <p>The process of effecting a Warm Hospital Discharge may involve the delivery of a ‘bundle’ of eligible services, the precise mix of which will be determined by the needs of the discharging participant.</p> <p>See the Warm Hospital Discharge Service section for further details about the service specifications and requirements.</p>
Individual Advocacy	<p>Individual advocacy involves the service provider supporting participants to exercise their rights on matters directly related to the CATS Program by providing assistance to voice their concerns, access information, resolve issues, and identify and access available (related) support options.</p>
Carer and care relationship supports	<p>Carer and care relationship supports involves activities and services designed to enable participant carers to build relevant skills, engage in self-care activities, ensure their personal and social wellbeing, and otherwise enhance their caring capacity and relationships.</p> <p>Activities and services may include, for example, activities designed to assure wellbeing and connectedness of participant carers outside of their care relationship, workshops to build relevant skills and resilience, and day-respite.</p>
Care Coordination	<p>Care coordination involves the deliberate organisation of participant support activities and lawfully and sensitively sharing information among all the parties involved in the support of a participant to more safely and effectively meet participant needs.</p>

	<p>Care coordination includes ensuring that participant needs, established upon intake or any time thereafter, are met through the provision of appropriate eligible services.</p> <p>Where care coordination is an appropriate response for a participant, it will</p> <ul style="list-style-type: none"> • be initiated within 24 hours of the participant’s referral to the CATS program, and • communicated to the participant within the same timeframe. <p>All appropriate core services will be engaged as soon as possible and, subject to capacity and waitlists, no later than seven (7) days.</p>
Personal Care	<p>Personal care involves the provision of low intensity assistance with daily personal activities across a variety of home and community settings.</p> <p>Personal care may be required within a variety of settings. For example, a participant living alone in their own home, living with family or other people.</p> <p>Personal care comprises a potentially diverse array of services. It can include assistance with, or supervision of, personal tasks of daily life, including:</p> <ul style="list-style-type: none"> – Personal hygiene, including showering, bathing, oral hygiene, dressing, and grooming – Toileting, bladder and bowel management, and menstrual care – Eating and drinking – Supporting attendance at medical appointments – Use of aids and appliances (e.g., shower rails and chairs, bathroom and toilet aids, crutches, orthotics, walking sticks and frames, lifting ramps/devices, and wheelchairs) – Mobility and transferring, for example moving in and out of bed and on or off the toilet.
Domestic Assistance	<p>Domestic assistance involves the provision of assistance with domestic chores to ensure participants have a safe, secure, and healthy living environment.</p> <p>Domestic assistance comprises a potentially diverse array of services. It may include services such as:</p> <ul style="list-style-type: none"> – house cleaning

	<ul style="list-style-type: none"> - dishwashing - washing and ironing of clothes and linen.
Medical and allied health transport	<p>Medical and allied health transport involves assisting participants to maintain independence and confidence by transporting them to and from medical and allied health appointments.</p> <p>Medical and allied health transport does not include the transportation of goods or of participants for any other reason beyond medical and allied health appointments.</p>
Food services	<p>Food services involves the provision or delivery of nourishing and appropriate food including prepared meals as well as basic personal care items.</p> <p>Providers of food services must make a reasonable effort to cater to participants' dietary requirements.</p> <p>Food services does not include assistance to go shopping or shopping on a participant's behalf.</p>
Bridging Supports	<p>Bridging supports involve ensuring that participants are supported to apply for longer-term supports, services, and funding, if required, through other more appropriate programs, including other Australian Government disability and aged care support programs.</p> <p>Bridging supports can include support and assistance to complete documents and navigate associated application and appeal processes.</p> <p>Providers of bridging supports must ensure that all participants are discharged from the CATS Program including to more appropriate programs within the timeframes defined for the program, that is, 6 months for participants. This also includes any timeframes that have been extended with the agreement of the ACTHD.</p>

Eligible Equipment

CATS Service Providers may use CATS program funds to purchase Eligible Equipment when such a purchase is made in direct connection with the delivery of a core service and it can be justified by reference to the [CATS Outcomes Framework](#).

Provision of certain types of equipment is included in the CATS program if it meets all of the below criteria for eligible equipment:

- Low cost and under \$500 (including GST).
- Supports the routine activities of daily living.

- Non-medical/non-clinical equipment.
- Not available for loan through another program.
- Directly connected with the delivery of an eligible core service.
- Can be justified with reference to the CATS Outcomes Framework.

The value of an Eligible Equipment purchase may not exceed \$500 (incl. GST) for a single participant without the written agreement of the ACTHD. Approval to provide equipment other than Eligible Equipment (including equipment with a value over \$500 inclusive of GST) must be obtained from the ACTHD by an exchange of emails. Applications seeking approval for purchase of equipment over \$500 (GST inclusive) must be sent to PSRContracts@act.gov.au by a provider on behalf of a participant.

A provider may be able to access Eligible Equipment on behalf of a participant, where needed for the delivery of the core service under the CATS Program, to a maximum of \$500.00 (including GST) for that participant.

Examples of Eligible Equipment could include a shower rail purchased in connection with personal care, washing machine in connection with domestic assistance, or microwave in connection with food services.

CATS Service Providers will keep receipts and other relevant records relating to purchases of Eligible Equipment for reporting, reconciliation and audit purposes.

Services outside the scope of the CATS Program

Services excluded and outside the scope of the CATS program include:

- gardening services
- home improvement services beyond low intensity maintenance or installation of disability support infrastructure
- clinical services
- allied health services
- capacity building for employment skills
- NDIS-funded disability life skills, and
- housing services.

The intention of the CATS Program is to support people through low intensity and temporary supports, and not to top up or supplement existing programs and services. However, people receiving supports through other programs (such as the NDIS and aged care programs) may be eligible to access assistance if the CATS Program services do not duplicate services already received through the other programs.

Excluded Services cannot be delivered through the CATS Program except with the express agreement of the ACTHD. Any CATS Service Provider seeking to provide an excluded service to a participant must make an application in writing through email to the ACTHD Contract Manager at PSRContracts@act.gov.au.

Further clarification about out-of-scope services is included in the table below.

Services Excluded under the CATS Program

Excluded Services	Examples of Excluded Services
Allied health services	<p>Services delivered by professionally recognised health professionals either regulated through AHPRA or self-regulated professions, including:</p> <ul style="list-style-type: none"> - physiotherapy - podiatry - occupational therapy - psychology - social work.
Clinical services	<p>Medical, nursing, or allied health therapy or services. This may include but is not limited to:</p> <ul style="list-style-type: none"> - wound care - medication management - stoma management - rehabilitation therapy - chronic disease management.
Home improvement services	<p>Services beyond low intensity maintenance or installation of disability support infrastructure. This may include:</p> <ul style="list-style-type: none"> - household items and furniture (except those eligible under the eligible equipment provision of the CATS program) - major home modifications, renovations or extensions - home maintenance (e.g. roofing or building repairs) - installation of major disability-related infrastructure (e.g. installation of ramps) - home renovation services (e.g. bathroom or kitchen renovations). - minor home maintenance over \$1,000.
Housing services	<p>Any services related to assistance with housing or accommodation including:</p> <ul style="list-style-type: none"> - assistance with rental or mortgage payments

	<ul style="list-style-type: none"> - specialist disability accommodation - social or public housing - tenancy support - emergency or crisis accommodation - temporary or short-term accommodation - homelessness services - any fees or charges associated with entering residential aged care.
Medical/clinical aids, appliances, or equipment	<p>Medical and clinical aids, appliances or equipment including:</p> <ul style="list-style-type: none"> - oxygen and respiratory equipment (e.g. CPAP machines) - prosthesis and orthotics - wheelchairs and mobility aids (e.g. walking sticks and crutches). - bath and toilet aids - hoists - specialised chairs, beds and mattresses.
Services covered under other Government Subsidies, Schemes or Programs.	<p>Services covered under other ACT and Commonwealth schemes or programs including:</p> <ul style="list-style-type: none"> - vision assistance including the Spectacles Subsidy Scheme and Low Vision Aids Scheme - hearing assistance including the Hearing Services Program. - dental services - travel assistance including the ACT Interstate Patient Travel Assistance Scheme - medication assistance including the Pharmaceutical Benefits Scheme and Pharmaceutical Allowance.
Overnight respite care	<p>Programs or services that provide overnight respite care or support in a person's home, or outside a person's home in residential respite care.</p>
Gardening services	<p>Any gardening services including:</p> <ul style="list-style-type: none"> - lawn mowing - rubbish removal

	<ul style="list-style-type: none"> - pruning - planting and maintenance of gardens - landscaping.
Documentation to support applications for longer-term programs	<p>Medical, health or psychosocial reports to support applications for the NDIS including:</p> <ul style="list-style-type: none"> - specialist medical professional reports - psychiatrist/psychologist reports - allied health professional reports - costs associated with appointments with medical or health professionals to complete reports and/or other supporting documentation.
Transport outside the scope of medical and allied health transport (including specialist medical transport and transport for other purposes).	<p>Transport outside the scope of medical and allied health transport. This includes:</p> <ul style="list-style-type: none"> • transport services that require specialist transport outside the scope of low intensity medical and allied health transport (provided through ACT Ambulance Service or Neonatal Emergency Transport Service) including: <ul style="list-style-type: none"> ○ emergency ambulance service transport ○ non-emergency patient transport • transport for other services outside the scope of the medical and allied health transport such as: <ul style="list-style-type: none"> ○ transport to shopping centres and grocery stores ○ transport to social activities and groups ○ transport to other local and community services such as libraries, social events and public facilities ○ transport to non-medical appointments • transport to medical and allied health appointments outside of the ACT.
Capacity building for employment skills	<p>Skills and activities related to capacity building for employment, including services related to searching and applying for jobs, building vocational skills, and support to undertake work placements or work experience.</p>
NDIS-funded disability life skills	<p>Broader life skills of the variety funded through the NDIS, including the development of skills related to life</p>

	administration, communication and social skills such as budgeting, paying bills, and training.
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Flexibility of Services delivered by CATS Service Providers

The CATS Outcomes Framework provides that ‘service delivery responds to identified changes, gaps, and needs in the broader service system.’ Accordingly, if a CATS Service Provider (except for the provider of Individual Advocacy) has surplus CATS program funds after meeting all demand for the Core Service/s they are contracted to deliver, they may:

1. Use the surplus funds to deliver or purchase another Core Service (except Individual Advocacy and Warm Hospital Discharge).
2. If demand for all Core Services has been met, use the surplus funds to deliver Optional Services.

This arrangement reflects the prioritisation of Core Services over Optional Services and ensures that all participants have access to a minimum level of critical services before any participant has access to non-critical services.

Case Study 1

Organisation A is funded to deliver up to 5,000 hours of Personal Care. However, it has delivered only 4,500 hours. There are no clients on the waiting list and no unmet demand for Personal Care. Organisation A learns that there is a waiting list for Bridging Supports, so Organisation A uses its surplus funds to deliver or purchase additional Bridging Supports.

Case Study 2

Organisation B is funded to deliver 5,000 hours of Personal Care. However, it has delivered only 4,600 hours and there are no clients on the waiting list. Organisation B also learns that there are no waiting lists for other Core Services. Organisation B is aware that there is demand for an Optional Service, Wellbeing Supports. Organisation B has capacity to deliver this type of service and decides to use its remaining funds to do so.

In responding to changing demand and need, CATS Service Providers must not:

- create a gap in the availability and supply of any Core Service
- change the service/s they deliver without demonstrating decreased demand for the service/s
- use CATS Program funding to deliver Excluded Services except where approved in writing by the ACTHD
- deliver services to participants for a longer period of time than stipulated by the program requirements, except where approved in writing by the ACTHD, or
- purchase Eligible Equipment or Optional Services greater than the stipulated financial caps except where approved in writing by the ACTHD.

Any such changes to service provision must be reported to the ACTHD as soon as practicable.

Changes to service provision by CATS Service Providers are also subject to the inherent service delivery requirements such as ensuring that appropriately-qualified and trained staff deliver the service.

Participant Co-payments for CATS Program Services

Services provided through the CATS Program are free to participants and will not be accompanied by a co-payment.

The ACTHD will consider a proposal for co-payments by participants only if the proposal has the universal agreement of all CATS Service Providers. The reason for this approach is that once the Central Intake Service commences there is potential for inequity if some providers charge co-payments and others do not.

Central Intake Service

The CATS Program will be served by a Central Intake Service (CIS), which will be a single point-of-contact for referrers, and which will manage demand by allocating each incoming participant to an appropriate CATS Service Provider. Once the CIS is operational, CATS Service Providers will not manage their own waiting lists, as a single waiting list will be managed by the CIS Provider.

Subject to capacity, CATS Service Providers must accept referrals from the CIS Provider and then assume primary responsibility for assuring each referred participant receives all necessary services available through the CATS Program, either by delivering all eligible services themselves (if they provide the required services) or by coordinating delivery of the services across the network of CATS Service Providers.

Under the CATS Program's 'no wrong door' policy, all CATS Service Providers will retain the option of managing their own intakes and referrals in addition to accepting referrals from the CIS Provider.

On each occasion that a CATS Service Provider receives a direct referral or discharges a participant from its CATS Program services, the service providers must inform the CIS Provider within seven (7) days of the referral or discharge. This ensures that the CIS Provider is aware of the number of participants connected with each CATS Service Provider, as well as the capacity of service providers and overall demand for the program.

Referral, Intake and Waitlists

Referral

Referrals to the CATS Program can be made by clinical hospital staff, general practitioners, community support organisations, family or carers, as well as self-referral.

Referral process

The referral process for the CATS Program will differ prior to and after the commencement of the CIS.

Prior to the commencement of the CIS, referrals to the CATS Program will be made directly to CATS Service Providers who deliver the service/s a participant requires. If a CATS Service Provider receives a referral but is not the most appropriate service for the participant, they will take primary responsibility for coordinating seamless service delivery with other CATS Service Providers to ensure the participant receives required services in a timely manner.

Following commencement of the CIS, referral to the CATS Program can be through the CIS or directly to service providers using the 'no wrong door' approach.

Referral pathways and eligibility for the CATS Program are set out in Appendix C.

Accessing the CATS Program

Participants can access the CATS Program as follows (see also figure 2):

1. The participant self-refers or is referred to the CATS Program by an agency or health professional.
2. Until the commencement of the CIS, referrals are made directly to CATS Service Providers, with the providers of Care Coordination or Warm Hospital Discharge typically operating as the first point-of-contact. Following commencement of the CIS, referrals will generally be through the CIS, while direct referrals to CATS Service Providers will continue to be permitted.
3. An intake and assessment process is completed with the participant to determine the most appropriate CATS Program services. The participant is referred on to the appropriate CATS Service Provider or providers. A further assessment of eligibility and appropriate services is not required if it has already been completed by a CATS Service Provider.
4. If the provider/s has capacity, the required services are delivered to the participant. If the provider/s does not have capacity, the participant is waitlisted.
5. Services are provided to the participant for a maximum for 6 months (or 12 months for eligible carers). As part of service delivery CATS Providers will continue to assess and monitor a participant's need for services, or any for changes required to

services, during the period that the participant is receiving supports through the CATS Program.

6. Participants exit the CATS Program at the end of the episode of support.

If supports are required for a period longer than the prescribed duration of an episode of support, the service provider must obtain written approval for an extension from ACTHD. Requests for extension are to be emailed to the CATS Contract Manager: PSRContracts@act.gov.au.

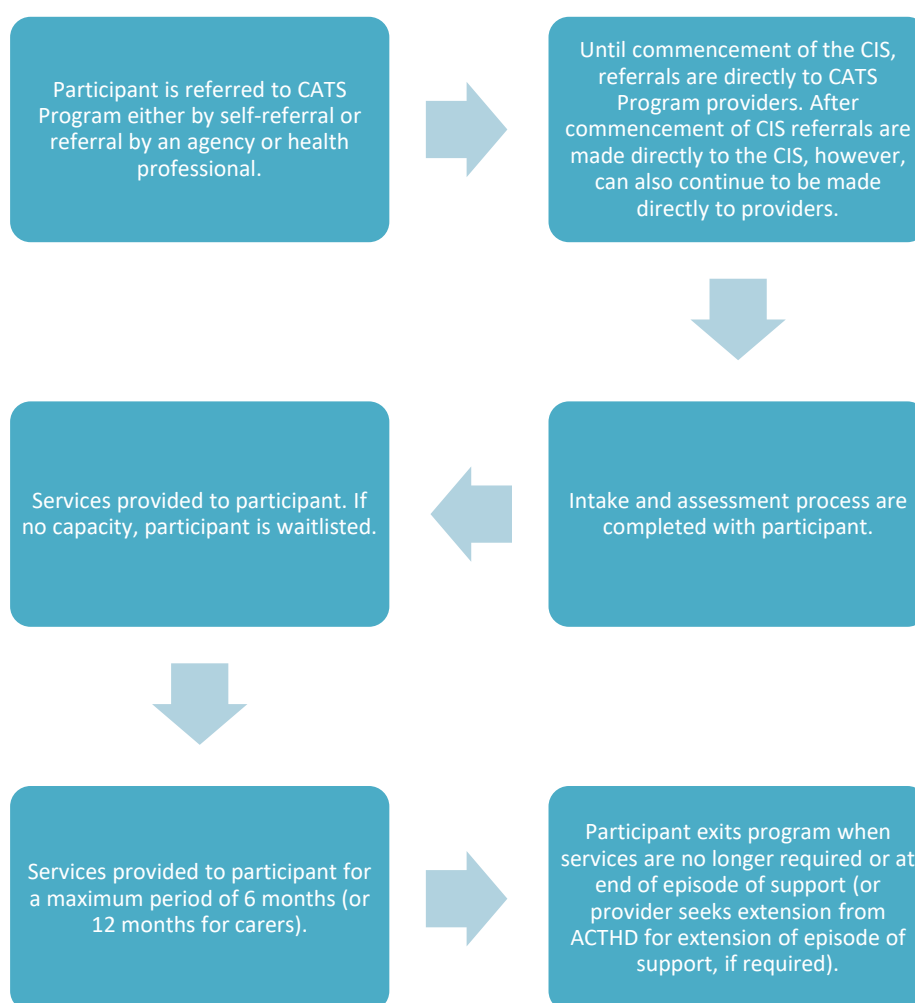


Figure 2 – Overview of process for participants accessing supports through the CATS Program

Intake

Upon a person contacting either a CATS Service Provider or the CIS, an initial screening is undertaken to determine if the person is eligible. If eligible, the screening process will also assess a person's needs and determine whether prioritisation and/or waitlisting is appropriate. The screening process should also be used to gauge whether a different program might be more appropriate.

The decision trees in Appendix C may assist providers with initial eligibility screening of participants for the CATS Program. A common screening process and questions will be developed with providers and the CIS during the first year of the program to ensure a common and equitable process is used for initial screening of participants for the Program.

Once it has been determined that the person is eligible for the CATS Program, a more thorough intake and assessment will take place to gather necessary information and work with the participant to articulate their health and wellbeing goals and identify any relevant factors that may necessitate the person being prioritised.

CATS Service Providers are required to accept a referral, including for participants with complex needs, unless the provider does not have capacity. In instances where providers do not have capacity and another provider cannot be found to accept the participant, the participant will be waitlisted.

Intake Prior to Commencement of the CIS

Prior to commencement of the CIS, the CATS Service Provider to which a referral is made (the primary CATS Service Provider) takes primary responsibility for coordinating seamless service delivery with other CATS Service Providers to ensure the participant receives all required services in a timely manner. The primary CATS Service Provider must also ensure the participant is informed of progress if they are required to wait to receive services from a different provider.

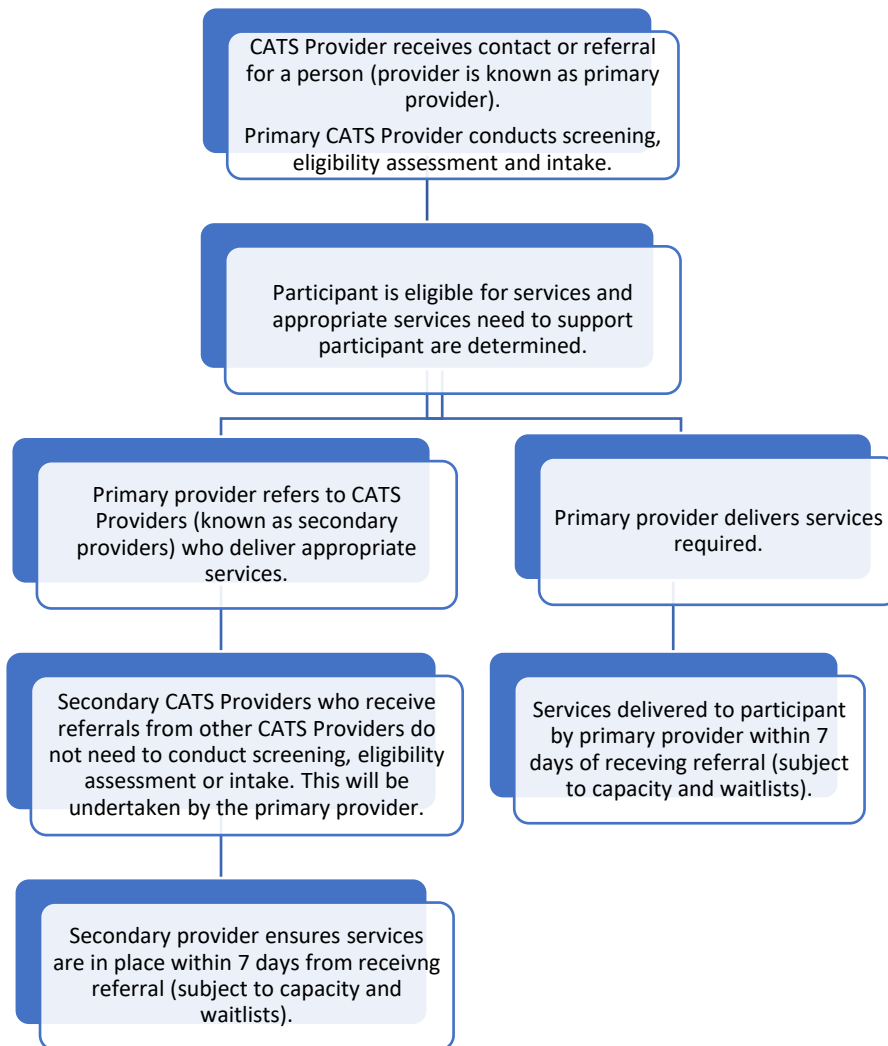


Figure 3: Process of participant intake for CATS Program prior to commencement of the CIS

Intake Following Commencement of the CIS

Following commencement of the CIS, the CIS will undertake intake for potential CATS Program participants, except in instances where a referrer or participant approaches a CATS Service Provider directly. In both cases, a common intake process will be used by both the CIS and CATS Service Providers to ensure consistency in intake assessment processes. The intake process including common intake questions and forms will be developed in consultation with CATS Service Providers and the CIS during the first year of the CATS Program.

If a CATS Service Provider receives a referral directly, and after conducting the intake determines they do not have capacity or are unable to deliver all of the services the participant requires, the CATS Service Provider will be required to inform the CIS so that the participant can receive the services they require from other providers or be added to a waitlist if there is currently no capacity (see [Waitlist section](#) below).

Waitlists

CATS is a demand-driven program. At times when demand outstrips supply, CATS Service Providers and the CIS will appropriately prioritise participants to ensure that those in greatest need are able to access CATS Programs and services in a timely manner.

People who are eligible to be participants but are not yet in receipt of CATS Program services due to available capacity of service providers will be waitlisted.

Waitlist Management Prior to Commencement of the CIS

Until the commencement of the CIS, CATS Service Providers will manage their own waitlist (in conjunction with referrals and intake). It is expected that service providers will prioritise and triage potential clients when demand exceeds capacity to provide services in a timely manner. Service providers will also be expected to refer potential clients to other CATS Service Providers who have capacity as part of their waitlist management process.

CATS Service Providers will also be required to maintain regular contact with participants on their waitlists to inform them of their status on the waitlist as well as to assess if the participants situation has changed and they require a review of their waitlist status.

Waitlist Management following Commencement of the CIS

A central waitlist will be maintained by the CIS Provider once the CIS is operational.

CATS Service Providers must regularly keep the CIS informed of their capacity to accept referrals, as well as any participants who have been referred directly to the service provider.

CATS Service Providers who receive referrals directly will be required to keep the CIS informed if they do not have capacity and the participant is to be waitlisted.

Following commencement of the CIS, CATS Service Providers will no longer be required to maintain their own individual waitlists for CATS services.

The CIS Provider will maintain regular contact with participants on the central waitlist. Guidelines on waitlist management will be developed in conjunction with the CIS Provider for implementation when the CIS commences operation.

Prioritisation

CATS Service Providers and the CIS will be required to prioritise allocation of services to participants, particularly when there is limited capacity and active waitlists.

Prioritisation of need for timely access to the CATS Program services should be based on the following factors, which are supported by the CATS Outcomes Framework:

- Risk of deterioration in health or wellbeing that would likely necessitate an otherwise avoidable hospitalisation.

- Risk of delayed discharge from hospital when otherwise clinically ready to be discharged.
- Limited local supports through family, friends or the local community that would risk a decline or deterioration in the person's health, wellbeing or independence.
- Usual carer or caring unit unable to provide supports which risks a person's health, wellbeing or independence.

Prioritisation based on the above factors will be used by CATS Service Providers before and following commencement of the CIS. Further prioritisation guidelines or refinements may be developed in conjunction with the CIS and CATS Service Providers.

Access and Equity

CATS Service Providers are required to ensure that all participants have equitable access to CATS Program services and that there are no barriers to participants accessing services. This includes consideration of the following:

- Accessibility – facilities, buildings, infrastructure, resources and service delivery are required to be accessible to all participants. This includes but is not limited to vehicles used for transport, any resources or forms to be available in accessible formats, the method of intake and assessment is accessible, and that services accommodate any physical, psychosocial or sensory needs of participants.
- Culture and language – all services are expected to be culturally appropriate and accessible this includes ensuring access for Aboriginal and Torres Strait Islander peoples and people from Culturally and Linguistically Diverse backgrounds. This includes, but is not limited to, that services are delivered in a culturally sensitive manner, translating and interpreting services are available to participants who require these services, and that services provided to participants are culturally appropriate such as food services and personal care.
- Services are provided without discrimination – all services are expected to be provided without discrimination. CATS Program services are available to all eligible participants regardless of citizenship, residency, visa or immigration status; Medicare eligibility; marital or relationship status; religion or spiritual beliefs; ethnicity or race; sexual orientation; gender identity; and/or type of health condition or disability.

Relationship between CATS Service Providers and the Central Intake Service

Requirements and Obligations

Once the CIS is operational, CATS Service Providers must cooperate with the CIS Provider to ensure that:

- The CIS Provider is at all times apprised of the numbers and demographic particulars of all participants.
- The CIS Provider is at all times apprised of which CATS Service Providers are involved when a participant's eligible services are being coordinated across multiple CATS Service Providers.
- Referrals are managed promptly and in accordance with any service expectations.
- Eligible services are experienced as seamless from participants' perspectives.
- Efforts by the CIS Provider to improve efficiency and develop standard processes are supported, including efforts to automatic collection of participant information reports and develop standard processes (including intake, referral and prioritisation). This includes cooperation with all aspects of reporting requirements and requests by the CIS for information for reporting purposes.
- Upon commencement of the CIS's operation, the CIS will make referrals to CATS Service Providers, including the Warm Hospital Discharge provider. At this point, CATS Service Providers will no longer manage their own waiting lists, as a single waiting list will be managed by the CIS Provider.
- Under the 'no wrong door' policy, appropriate public hospital staff, general practitioners, and other referrers may make referrals direct to a CATS Service Provider of choice.
- CATS Service Providers must accept referrals from the CIS Provider (subject to capacity) and will then assume primary responsibility for assuring each referred Participant receives all necessary Core Services, either by delivering all of the Core Services themselves or by coordinating delivery of the services across the network of CATS Service Providers.
- On each occasion that a CATS Service Provider receives a direct referral or discharges a participant from the CATS Program, the provider must alert the CIS Provider within seven (7) days of the referral or discharge. This helps to ensure that the CIS Provider will hold information about the number of participants connected with each CATS Service Provider and the capacity of the service provider (as well as information about participants' demographic and other relevant particulars).

Complaints, Feedback and Dispute Resolution Process

The CATS Program Outcomes Framework requires that participants and their carers and family members are empowered to report feedback on providers' programs and services.

CATS Service Providers are required to have an internal organisational complaints and feedback process for their programs and services.

All CATS Service Providers are required to engage with the ACTHD in the development of a dispute resolution procedure and to agree to the final procedure for its commencement on or before 1 July 2024.

This procedure will complement existing complaint mechanisms, including service providers' internal policies and procedures and complaints made through the ACT Human Rights Commission and the ACT Ombudsman. It will provide an avenue of dispute resolution should a dispute, grievance or complaint arise between CATS Service Providers, ACTHD or a CATS Program participant.

If a participant has a complaint about services, they should contact the provider of those services in the first instance. If a participant has a more general complaint or it is not appropriate for the participant to contact the provider due to the nature of their complaint, a participant may use the CATS Program dispute resolution procedure (once it has been developed and agreed to by providers and the ACTHD).

All CATS Service Providers are required to inform participants during intake about their organisation's internal complaints and feedback process as well as the CATS Program dispute resolution procedure (once it has been developed and agreed to). All CATS Service Providers are also required to inform participants at the point of referral, intake or commencement of services that they are able to make a complaint through the ACT Health Directorate, ACT Human Rights Commission or the ACT Ombudsman.

Warm Hospital Discharge Service

Warm Hospital Discharge Service within the CATS Program

The Warm Hospital Discharge Service is a Core Service that is delivered Territory-wide by a single CATS Service Provider. The Warm Hospital Discharge Service involves actively managing the transfer of a participant from an acute care setting to a community setting, including the participant's home. It does not involve transfer to residential aged care facilities or respite facilities where the person would already receive similar supports.

Referrals to the Warm Hospital Discharge provider are through appropriate public hospital staff or the CIS Provider. For the purposes of the CATS Program, the ACT public acute care settings are the Canberra Hospital and North Canberra Hospital. In addition, the University

of Canberra Hospital, whilst a sub-acute hospital, is also in scope of the service. These three facilities are the only facilities that are eligible to refer clients to the Warm Hospital Discharge Service.

The Warm Hospital Discharge Service operates 7 days a week. The Warm Hospital Discharge Service does not operate on ACT public holidays.

The Warm Hospital Discharge Service provider must accept all referrals for this service and assumes primary responsibility for delivering and/or coordinating all CATS Program services to referred participants. This means that if a participant referred for Warm Hospital Discharge requires CATS Program services that are not delivered by the Warm Hospital Discharge provider, then the provider assumes responsibility for coordinating all required Core Services across the network of CATS Service Providers. That is, they may be required to arrange all of the required services through multiple service providers to ensure the participant’s needs are met, such as Care Coordination.

All Warm Hospital Discharges will be given full and safe effect as soon as possible, and:

- a) 100 percent of requests for Warm Hospital Discharge from an ACT Emergency Department must be actioned within two (2) days of a request, excluding ACT public holidays; and
- b) 85 percent of other requests for Warm Hospital Discharge from an ACT acute care setting must be actioned within two (2) days of a request, excluding ACT public holidays.

The Warm Hospital Discharge Service is delivered by Carers ACT through the program known as the Post Hospital Support Program (PHSP). The PHSP program provides an average of 2.5 hours of support per participant for up to 6 weeks (i.e. supports may be higher in the first week and then taper down in subsequent weeks). Participants who need CATS Program services beyond the scope of the PHSP will be referred to other CATS Program providers as appropriate.

CATS Service Providers

Provider	Service type	Phone number	Email
ADACAS	Individual advocacy	6242 5060	adacas@adacas.org.au
Anglicare NSW South, NSW West & ACT	Care coordination	6278 8400	
Carers ACT	The Post Hospital Support Program (PHSP) is designed to plan and deliver non-clinical support required to enable a patient to safely discharge from hospital to home or a community setting.		

Carers ACT	Carer and care relationship supports	6296 9900	group.programs@carersact.org.au
Capital Region Community Services	Medical and allied health transport	6264 0200	transport@crs.com.au
Community Service #1	Care coordination Bridging supports	6126 4700	CATS@communityservices1.org
Life Without Barriers	Personal care Domestic Assistance	6213 1790	CATS@lwb.org.au
Northside Community Service	Personal care Domestic Assistance Food services	6171 8088	intake@northside.asn.au

Extensions to episodes of support

An episode of support is the period of time intervening between a participant entering and exiting the CATS program.

CATS Service Providers may seek an extension to deliver services to a client beyond the defined time limits for an episode of support (6 months for participants and 12 months for carers).

Applications for extensions to episodes of support must be made in writing by way of email to the Contract Manager of the CATS Program at ACTHD at PSRContracts@act.gov.au. If written agreement is provided from ACTHD, services may be delivered longer than the maximum length of episode of support up to the extended duration approved by ACTHD.

Emailed applications from providers to extend episodes of support beyond these defined temporary durations will be considered by ACTHD on a case-by-case basis.

Reporting

The reporting requirements that apply during the period before which the CIS is in operation, will vary slightly from the reporting requirements that apply after commencement of the CIS.

CATS Service Providers must provide reports in accordance with their Services Agreements and using the templates supplied by the ACTHD (both prior to the commencement and after

commencement of the CIS). CATS Service Providers will be provided with a link to the ACT Health website from which they can download the current reporting template.

CATS Service Providers will also be supported with a phased approach to implementing outcomes reports as part of reporting requirements for the program (more on the phased approach in the following section). CATS Service Providers will be required before conclusion of the second year of the CATS program (i.e., before 30 June 2025) to ensure that all relevant staff at all levels of their organisation, from executive to service delivery roles, have undertaken training in the value and practice of measuring and reporting the outcomes of their CATS Program services. Responsibility to fund training lies with the ACTHD, subject to the ACTHD's agreement on cost and the selection of a training provider.

Organisations must, in collaboration with the ACTHD, continually review and refine the measurement and reporting processes themselves to support effective outcomes monitoring and continuous improvement processes.

CATS Service Providers are also required to work with the ACTHD on any endeavours to improve and streamline reporting processes including but not limited to, reporting systems and templates, methods of submission of reports, agreed measurement platforms, tools or indicators, and minimum dataset collection.

CATS Service Providers also agree that any performance data supplied as part of reporting obligations may be published publicly in aggregated and deidentified form for the purpose of facilitating transparency and public scrutiny of the performance of the program.

CATS Service Providers are also required to provide any information requested by either the CIS Provider or ACTHD to meet any ad-hoc reporting requests of the Directorate as they arise.

Proposed Phased Approach to Outcomes Reporting

The phased approach to outcomes reporting is proposed as follows and subject to variation or amendment.

Outcomes report requirements in each of the first four years of the CATS program as follows:

Year One (for reporting period 1 October 2023 – 30 June 2024)

CATS Service Providers provide details of how they propose to report against relevant outcomes in the CATS Outcomes Framework through articulating a theory of change and using a program logic to demonstrate how their CATS Program services will deliver relevant program outcomes from the CATS Outcomes Framework. CATS Service Providers indicate how they propose to measure their success against these outcomes in the short, medium, and longer terms, with a preference for the use of validated measurement tools.

As agreed in the service funding instrument with service providers, each CATS Service Provider will agree with the ACTHD upon a manageable number of indicators that will be

used to determine the relative success of the provider's CATS Program services. This may include a small number of indicators that will be common to all CATS Service Providers.

Employing these indicators, CATS Service Providers will conduct at least two surveys (enabling measurement of change over time), to collect data from a representative sample comprising not less than forty (40) percent of their service users. The Outcomes Report provided by each CATS Service Provider at the end of year one will draw on this data and any other relevant sources to provide a quantitative and qualitative analysis of the outcomes of the providers' CATS Program services during the first reporting period. This Outcomes Report will be a central reference point for discussion during the annual service visit in 2024.

Year Two (1 July 2024 – 30 June 2025)

Before the end of the second year, CATS Service Providers will have attended outcomes measurement training funded by the ACTHD and will have clarified the CATS program outcomes that are most relevant to the CATS Program services they deliver. They will have an improved ability to identify their unique 'headline outcomes', and will have identified and used (over at least two surveys) at least one validated indicator which effectively and quantitatively measures the success of their CATS Program services against these headline outcomes.

The ACTHD will partner with CATS Service Providers over the course of year two to refine their outcomes measurement and reporting methodologies.

The Outcomes Report provided by each CATS Service Provider at the end of year two will draw on the outcomes data they have collected, together with data from any other relevant sources, to provide a more refined quantitative and qualitative analysis of the outcomes of their CATS Program services during the second reporting period. This Outcomes Report will be a central reference point for discussion during the annual service visit, which will be conducted in 2025.

Year Three (1 July 2025 – 30 June 2026)

Before the end of the third year, CATS Service Providers will be expected to be wholly proficient in the practice of measuring and reporting the outcomes of their CATS Program services. Their Outcomes Reports for year three will reflect this proficiency and will be adequate to provide insights into the various aspects of their CATS Program services that are doing well and not-so-well. The annual service visits, which will be conducted in 2026, will focus on how Outcomes Reports can inform service refinements that improve service user experience as part of a perpetual continuous improvement process.

Year Four (1 July 2026 – 30 June 2027)

By year four providers will have well-established skills in outcomes measurement and reporting. They will use validated indicators to measure and report on their programs and their Outcomes Reports will highlight areas of success as well as areas for improvement. The Outcomes Reports will also demonstrate the providers' commitment to continuous improvement by proposing solutions to addressing the identified areas for improvement. Annual service visits from hereon will focus on how the ACTHD and CATS Service Provider partnership can give ongoing effect to this continuous improvement process.

In year four, consideration will be given to whether or not the indicators used by CATS Service Providers are amenable to the introduction of a standardised outcomes measurement and reporting platform, tool, or gateway.

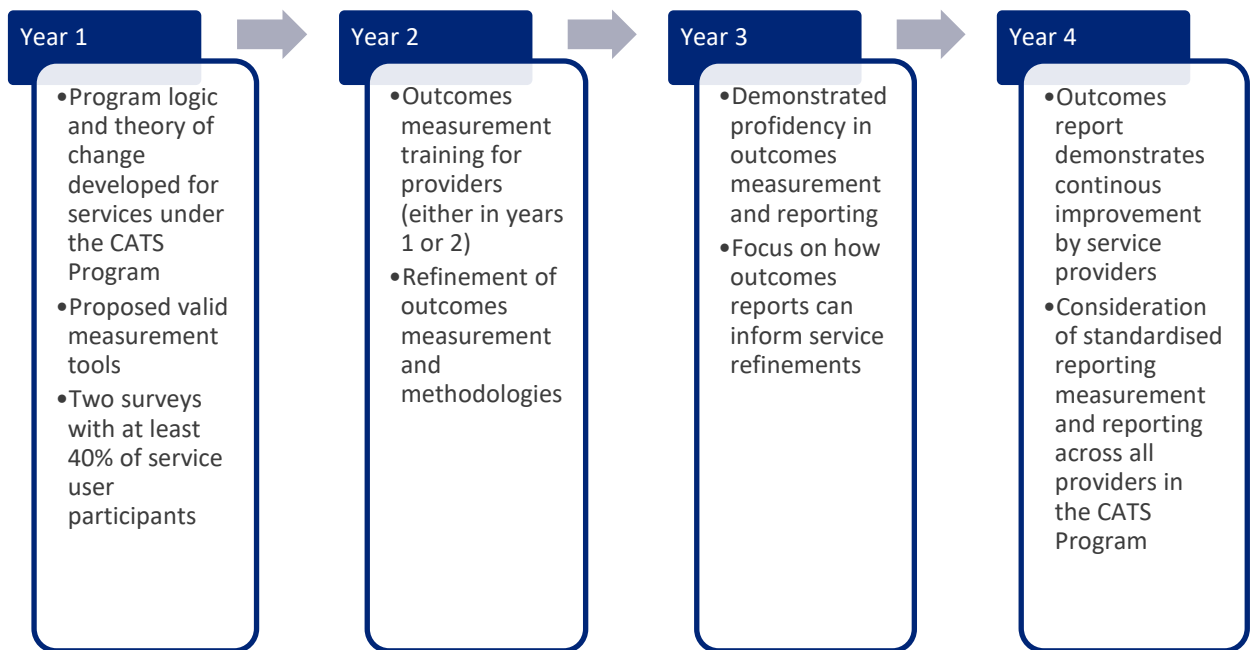


Figure 4: Proposed Outcomes Reporting Process for Service Providers in the CATS Program

Rights and Responsibilities

Participants of the CATS Program have the following rights and responsibilities. CATS Service Providers must ensure participants are informed of their rights and responsibilities when accessing CATS Program services by providing a copy of these to participants. A CATS Participant Rights and Responsibility handout is available on the ACT Health website.

Participant Rights

As a participant of the CATS Program, you have the right to:

- Be treated with respect.
- Be involved in deciding what support will meet your needs.
- Have services provided to you that are person- and family-centred, and culturally sensitive and respectful of your cultural needs and preferences.
- Have a written agreement covering everything you and your service provider have agreed to.
- Have your services reviewed as your needs and circumstances change.
- Have your personal information treated with privacy and confidentiality.
- Be able to provide feedback and make complaints without it impacting on your care and services, and to have your feedback and complaint treated confidentially.
- Be kept informed of any changes to the services or care you receive, or your status on waitlists.
- Provide your informed consent to care, supports and referrals as part of the program.
- Be able to authorise someone else (such as an advocate or support person) to liaise on your behalf to access services and support if you choose.
- To have any fees that might be payable for accessing services be transparent, accessible and fair.

Participant Responsibilities

As a participant of the CATS Program, you have the responsibility to:

- Be respectful to all staff and other participants.
- Give enough information to the service provider so they can understand and deliver services and programs you need.
- Understand that the program is only available on a short-term basis for low intensity supports and assistance.
- Follow the terms and conditions of any agreement for being provided services and programs.
- Provide a safe environment and reasonable access for care workers at the times that have been agreed to for services.
- Make all reasonable efforts to engage with and, if needed, transition to other services and supports that have been deemed as those that can help you.
- Make all reasonable efforts to engage in the administrative and appeals processes for other supports as needed (for example for the NDIS).
- Engage with different service providers to deliver the services suited to your needs if they cannot be delivered by a single provider or the provider of your choice.
- Understand the types of services and supports available through the CATS Program and which services and supports can and cannot be provided to you.
- Participate in any intake assessment of your needs.
- Understand that eligibility for services may mean that you may not receive services immediately due to demand, waiting lists and other factors.
- Pay any fees for services as needed.

Privacy Obligations

CATS Service Providers are required to abide by privacy obligations as required by relevant legislation.

In respect of any Personal Information (defined in section 8 of the *Information Privacy Act 2014* (ACT)) that is held in connection with its CATS Program services, a CATS Service Provider must:

- a) Comply with the Territory Privacy Principles (TPPs) and any applicable TPP Code (sections 21(1) and (3) of the Information Privacy Act refer) as though the CATS Service Provider is a public sector agency and must not (and procure that any subcontractor engaged by the Contractor under this Agreement does not) act or engage in a practice that breaches a TPP or a TPP Code, and
- b) Co-operate with any reasonable requests or directions of the Territory arising directly from, or in connection with, the exercise of the functions of the Information Privacy Commissioner under the Information Privacy Act.

Providers must also manage all Personal Health Information in accordance with the *Health Records (Privacy and Access) Act 1997*.

Culturally Appropriate Service Delivery

As set out in the CATS Program Outcomes Framework, CATS Program supports and assistance are person and family/carers centred, culturally sensitive and human rights focused. It is expected that services delivered by CATS Service Providers will be culturally appropriate, accessible, and meet the needs of all service users through person-centred care.

For further information about culturally appropriate service delivery see the following resources:

- Multicultural NSW website [Tools and Resources for Multicultural Planning - Service delivery - Multicultural NSW](#)
- Centre for Culture, Ethnicity and Health [Cultural competence in services and interventions - Centre for Culture, Ethnicity & Health \(ceh.org.au\)](#)
- Australian Institute of Family Studies [Working with Indigenous children, families, and communities: Lessons from practice | Australian Institute of Family Studies \(aifs.gov.au\)](#)

Appendix A - Other Supports and Resources

National Programs

Financial support

A range of financial support payments are available through Centrelink. More information and eligibility details are available on the [Services Australia website](#).

Some payments also provide additional support through Medicare and the Pharmaceutical Benefits Scheme, in accessing health care and medicines. More information is available on the Services Australia [website](#).

Longer-term support programs

The National Disability Insurance Scheme (NDIS) provides funding supports for people with disability which is permanent and significant. More information is available on the [NDIS website](#) or by calling 1800 800 110.

My Aged Care is the starting point for accessing government-funded aged care programs including the Commonwealth Home Support Program, Home Care Packages, and Residential Aged Care Facilities. More information is available on the [My Aged Care website](#) or by calling 1800 200 422.

Support and assistance

The Care Finder program assists vulnerable people to access aged care services and connect to other community supports. The Care Finder program is funded by the Commonwealth Government. More information is available on the [My Aged Care website](#).

The National Disability Advocacy Program provides people with disability advocacy to support them to participate within their communities and protect their human rights. More information is available on the [Department of Social Services website](#).

The Disability Gateway provides information on supports and services available to people with disabilities relating to education, employment, housing, transport, aids and equipment, respite, and financial support. More information is available on the [Disability Gateway website](#) or by calling 1800 643 787.

The Carer Gateway provides free information, supports and services for carers. This includes peer support groups, support packages, counselling, coaching, skills courses, and respite. More information is available on the [Carer Gateway website](#) or by calling 1800 422 737.

Ask Izzy is a free website where people can find supports and services near them including food, housing, counselling, and family violence help and supports. More information is available on the [Ask Izzy website](#).

Mental health supports

The Head to Health website provides information on mental health supports and services. More information is available on the [Head to Health website](#) including [links to crisis supports and helplines](#).

Head to Health Canberra offers information, programs, resources and referrals for mental health care. More information is available on the [Canberra Head to Health website](#) or by calling 1800 595 212.

ACT Programs

Clinical and allied health services

Canberra Health Services provides a number of clinical and allied health services delivered both within hospital settings and within the community.

More information is available on the [Canberra Health Services website](#) or by calling the Central Health Intake on 5124 9977.

Interstate travel to access health services

The ACT Interstate Patient Travel Assistance Scheme (IPTAS) provides travel assistance to patients who need to travel interstate to access health services that are not available within the ACT. More information about the scheme is available on the [Canberra Health Services website](#) or by calling 5124 9082.

ACT Equipment Loan Service (ELS)

The ACT ELS provides short-term (up to 3 months) equipment loans for people in the ACT community who require access to mobility aids and equipment. To be eligible for this service people must be referred by a health professional. More information about the service is available on the [Canberra Health Services website](#) or by calling 5124 1057.

ACT Equipment Loan Scheme (ACTES)

The ACTES provides aids, equipment and appliances for eligible people in the ACT who require equipment because of a life-long or long-term disability. More information about the scheme is available on the [Canberra Health Services website](#) or by calling 5124 1076.

Take Control - Live Well Program

Take Control – Live Well is a three week program for people living with at least one chronic condition and is delivered by Canberra Health Services. The group program aims to provide people with skills and develop their confidence to manage their chronic condition. The program is delivered either online or in person. More information is available on the [Canberra Health Services website](#) or by calling 5124 9977.

Children and Young People Equipment Loan Service (CAYPELS)

CAYPELS provides equipment loans for children and young people (up to and including 16 years of age) to assist them with their independence in daily living and participating in their community. To be eligible for the service people need to be referred by a health professional registered with the service. More information is available on the [Community Services Directorate website](#) or by calling 6205 1277.

Integrated Service Response Program (ISRP)

ISRP provides short-term coordination support for people who have high or complex support needs. ISRP also provides funding for people with disability to purchase emergency supports and services from non-government providers. ISRP works with the National Disability Insurance Agency and service providers to resolve crises and highly complex situations for people with intensive support needs. ISRP also provides case coordination and funding for board and lodgings for children under 16 who cannot live in the family home due to high disability support needs. More information is available on the [Community Services Directorate website](#) or by calling 6207 1086.

Supports and assistance

The Australian Disability Parking Scheme includes the Australian Disability Permit, which a provides a permit to eligible people with disabilities to park in specific spaces, park longer than the signposted sign, and park for free in ACT Government operated car parks. More information about the Australian Disability Parking Permit in the ACT is available on the [Access Canberra website](#).

The Flexible Bus Service operates in five zones within the ACT to help Canberra residents, such as older people or people with mobility difficulties, to get from their home to local community locations such as hospitals, shopping centres and medical centres. The service uses wheelchair accessible mini buses. Eligibility for the service is on a case-by-case basis. More information is available on the [Transport Canberra website](#).

The ACT Taxi Subsidy Scheme (TSS) provides financial assistance to ACT residents with a disability or significant mobility restriction preventing them from using public and community transport. The TSS is intended to assist members of the scheme to attend essential activities such as medical appointments, employment commitments, and social and family gatherings. Eligibility criteria applies for the scheme. More information is available on the [ACT Revenue Office website](#).

ACT residents who live in a property where there is no one able to take their bins to the street for collection due to a health issue, frail age or disability can apply for bin assistance. The assistance provides a free service to have a collection contractor retrieve and return their bin on the designated bin collection day. More information and the application form is available on the [ACT Government's City Services website](#).

Information about assistance and supports available to access food, housing and other concessions is available on the [ACT Government Assistance website](#).

Mental health services

Safe Haven located in Belconnen provides a non-clinical, safe space for people experiencing distress, mental health concerns or loneliness. The service is staffed by peer workers. It is open Tuesdays to Saturdays from 3pm to 10pm. More information is available on the [Stride website](#) or by calling 0421 154 147.

Access Mental Health is a hotline that provides access to mental healthcare services 24 hours a day 7 days a week for those in crisis or need of assistance. More information is available on the [Access Mental Health website](#) or by calling 1800 629 354.

NSW Programs

For residents outside of the ACT and residing in the surrounding NSW areas, the following programs are available:

NSW Health Out of Hospital Care

The NSW Health Out of Hospital Care Program provides support to patients discharged from NSW public hospitals as well as preventing avoidable hospital admissions through the provision of short-term non-clinical care packages. More information is available on the [NSW Health website](#).

Enable NSW

Enable NSW provides assistive technology, equipment (including mobility equipment) and support for expenses incurred for significant travel for medical appointments (the NSW Isolated Patient Travel and Accommodation Assistance Scheme) for eligible residents residing in NSW. More information is available on the [Enable NSW website](#).

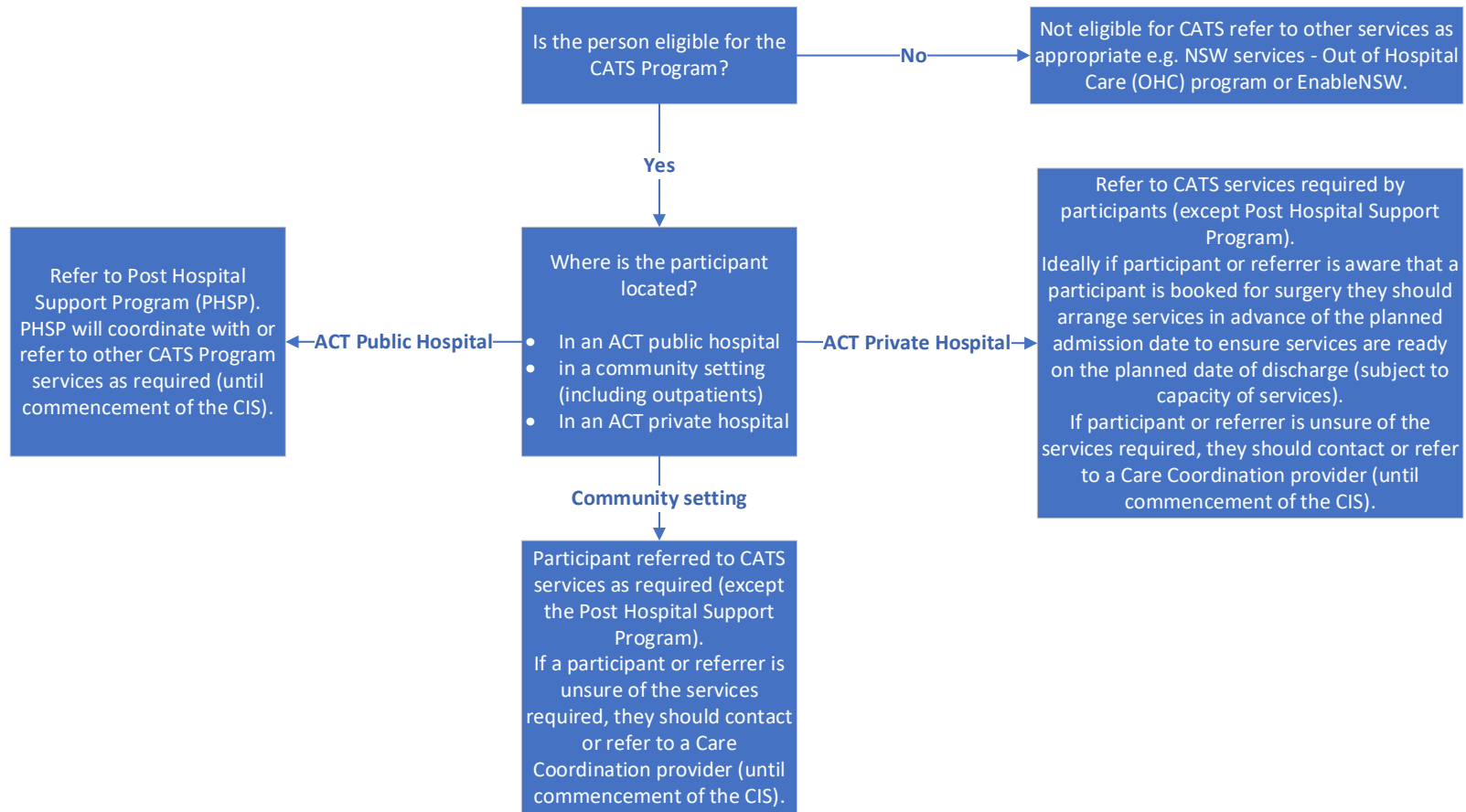
Appendix B – Glossary of key terms and definitions

Term	Meaning
ACTHD	ACT Health Directorate
CATS	Community Assistance and Temporary Supports program
CATS Eligibility Criteria	The criteria that a participant must meet to be eligible under the CATS program to receive an Eligible Service and/or Eligible Equipment.
CATS Outcomes Framework	The CATS Outcomes Framework that was developed in consultation with the community support subsector. The Framework identifies the agreed outcomes of the CATS Program which features four overarching 'domains'.
CATS Service Provider	A Service Provider contracted by the ACT Health Directorate to deliver CATS Program services.
Core Services	<p>Eligible Services that <i>must</i> be delivered by one or more CATS Service Providers.</p> <p>Core services include:</p> <ul style="list-style-type: none"> • Warm Hospital Discharge • Individual Advocacy • Carer and care relationship supports • Care coordination • Personal care • Domestic assistance • Medical and allied health transport • Food services • Bridging supports.
CIS	Central Intake Service.
CIS Provider	The provider that will, from or before 1 July 2024, deliver a Central Intake Service for the CATS Program.
Eligible Services	The services (assistance and supports) that are eligible for funding under the CATS program and may be delivered to participants by CATS Service Providers. Eligible Services comprise two service categories: <i>Core Services</i> and <i>Optional Services</i> .

Eligible Equipment	<p>Equipment that can be supplied through the CATS Program with a cap of \$500.</p> <p>Examples of Eligible Equipment could include a shower rail purchased in connection with personal care, washing machine in connection with domestic assistance or microwave in connection with food services.</p> <p>Equipment purchased must be made in direct connection with the delivery of a Core Eligible Service and justified by reference to the CATS Outcomes Framework.</p> <p>Equipment over the financial cap cannot be supplied except with the express agreement of the ACTHD.</p>
Episode of support	<p>The maximum period of time in which a person may receive services through the CATS Program. This is 6 months for eligible participants and 12 months for eligible carers.</p>
Excluded Services	<p>Services that are not Eligible Services and therefore cannot be delivered through the CATS Program except with the express agreement of the ACTHD.</p>
Low intensity	<p>As in ‘temporary, low intensity assistance and supports’.</p> <p>For participants, low intensity means a period not exceeding 5 hours per week or 130 hours per six-month period, noting that participants are eligible under the CATS program for periods of up to 6 months.</p> <p>For participant carers, low intensity has the same definition, noting that participant carers are eligible under the CATS program for periods of up to 12 months (i.e., 2 x 6-month periods).</p>
Optional Services	<p>Eligible Services that <i>may</i> be delivered by CATS Service Providers to participants.</p> <p>Eligible Optional Services are outlined in Services Agreements with CATS Service Providers.</p>
Participant	<p>A person who meets the CATS Eligibility Criteria and is in receipt of Eligible Services and/or Eligible Equipment delivered through a CATS-Funded Program.</p>
Participant carer	<p>A person who is eligible under the CATS program by virtue of the fact that they provide care for someone who is a participant, or is eligible to be a participant.</p> <p>Participant carers are eligible only for ‘Carer and care relationship supports’ except at times when they also meet</p>

	<p>other CATS Eligibility Criteria such that they are a participant in their own right.</p> <p>For example, if a participant carer has an episode during which they experience a “health condition that is temporary or terminal, and which is not of a nature that would be likely to attract support or assistance through another program,” then that person is also a Participant and may receive other Eligible Services and Eligible Equipment.</p>
Services Agreement	The contract between ACTHD and CATS Service Providers for the delivery of services for the CATS Program.
Temporary	<p>As in ‘temporary, low intensity assistance and supports’.</p> <p>This means supports are not provided for more than 12 consecutive months for carers and not more than 6 months for all other participants.</p>

Appendix C - Eligibility and Referral Pathways



Prior to the commencement of the CIS, referrals to the CATS Program will be made directly to CATS Service Providers who deliver the service/s a participant requires. If a CATS Service Provider receives a referral but is not the most appropriate service for the participant, they will take primary responsibility for coordinating seamless service delivery with other CATS Service Providers to ensure the participant receives required services in a timely manner.

Figure 5: Referral pathways for potential participants to CATS Program

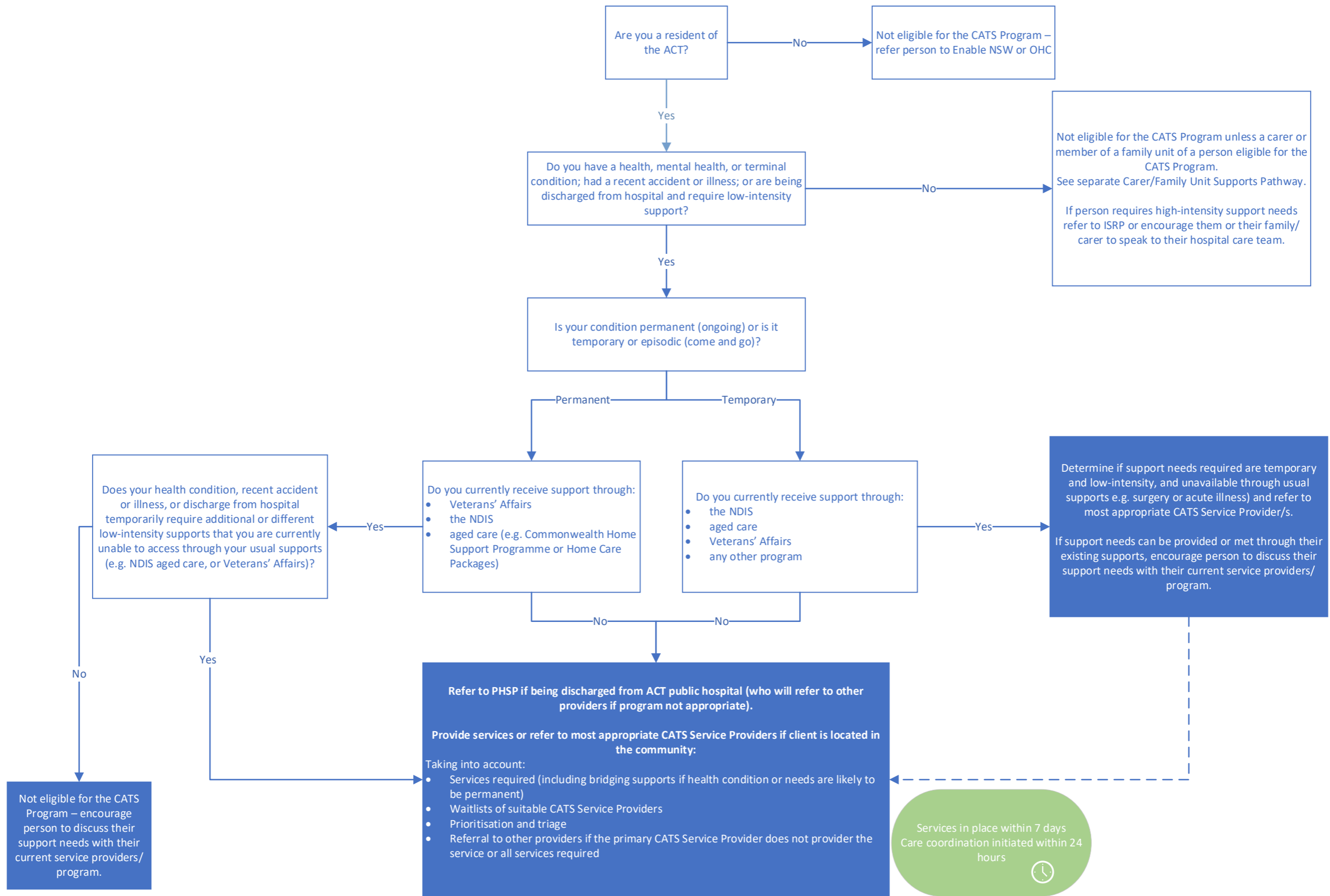


Figure 6: Eligibility and pathways to CATS Program

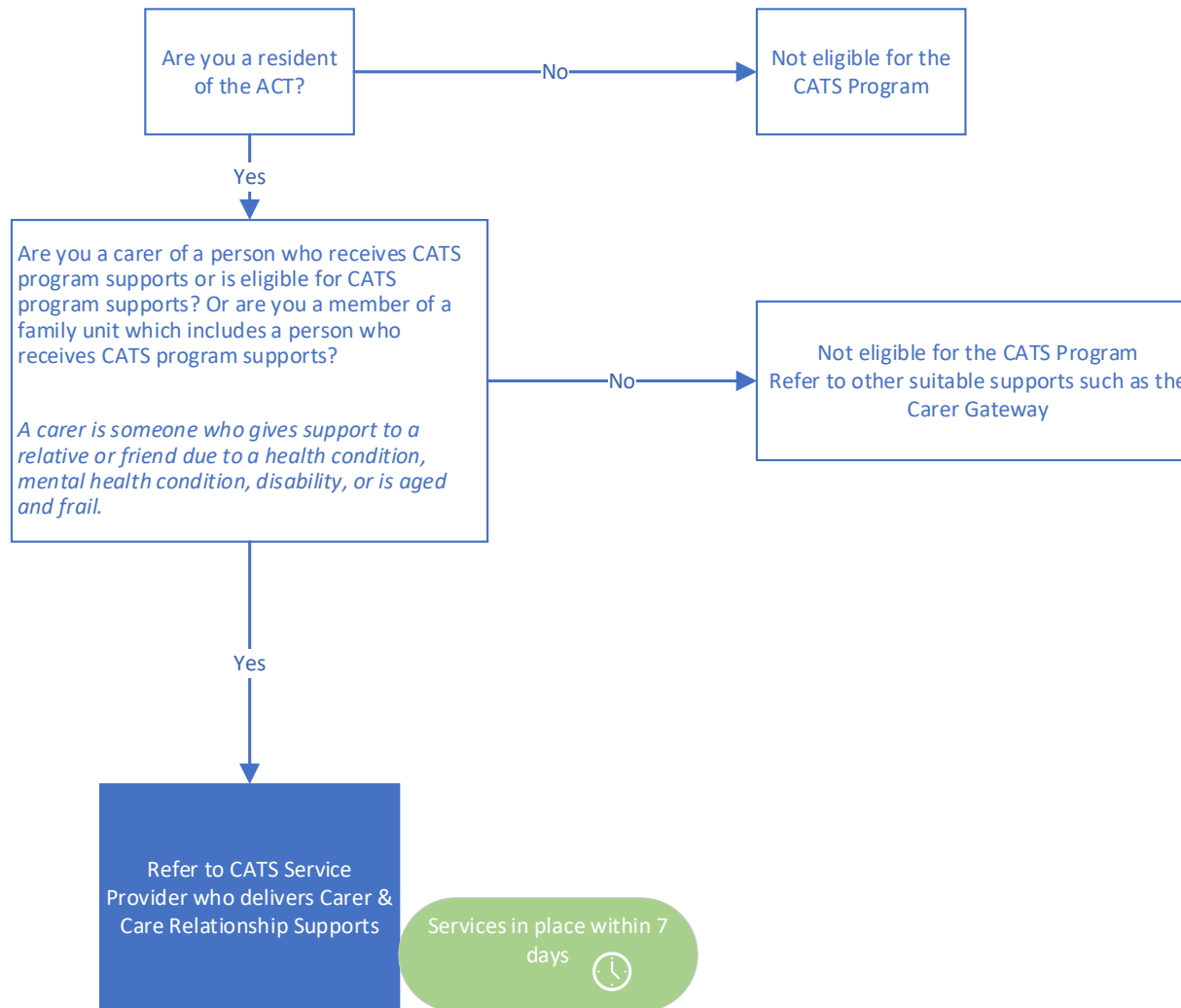


Figure 7: Eligibility and pathways to CATS Program for carers

Program Manual – version information

Version	Date published	Comments
1.0	28/08/2023	Draft for publication and consultation with providers.
1.1	24/10/2023	Initial edits including minor changes to eligibility information (evidence), service details, additional resources added to appendix A, and the inclusion of service providers and their contact details.

ACKNOWLEDGMENT OF COUNTRY

ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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