### Specialisation Verification – People from Culturally and Linguistically Diverse Backgrounds

The Aged Care Act 1997 identifies nine special groups with specific needs below.

- Aboriginal and/or Torres Strait Islander peoples and communities
- People from culturally and linguistically diverse backgrounds
- People who are financially or socially disadvantaged
- Veterans
- People who are homeless or at risk of becoming homeless
- Care leavers
- Parents separated from their children by forced adoption or removal
- Lesbian, gay, bisexual, transgender and/or intersex people
- People who live in rural or remote areas.

If aged care providers want to make claims on My Aged Care that they offer specialised services for these groups, they need to undergo a verification process called Specialisation Verification.

Once the assessor has verified the specialisation claims, it will be published on the **My Aged Care>** Find a Provider profile.

#### **Key considerations**

To apply, providers must log in to the My Aged Care Service and Support Portal to complete an application. An application must be submitted for each outlet that the aged care provider wishes to have verified and can include one or more specialisations for assessment by the independent assessor.

#### Criteria for specialised care for people from Culturally and Linguistically Diverse backgrounds

The overall expectation is that the aged care provider meets at least some of the following:

- Services are provided by your community, for your community
- Your community has a voice among the decision makers
- People from your community have a say in improving the services
- Staff will understand your experiences and needs
- New recruits from your community are trained and supported
- You can be confident staff training is sensitive to your experiences and needs
- Services provided will be sensitive to your experiences and needs
- You can stay connected with your community
- You will be able to participate in the events that are important to you
- People with experiences and needs similar to yours are happy and well cared for here.



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#### **Specific requirements**

The Culturally and Linguistically Diverse (CALD) background Specialisation Verification Framework sets out specific requirements for aged care providers. While there are eleven criteria in total, each provider outlet is only required to meet one tier one criterion, or four tier two criteria. These criteria include demonstrating the organisation's historical links to the community, offering staff training relevant to the community's needs, organising activities that engage the community, and documenting processes to tailor services to the community's requirements, among others. Please refer to the **Specialisation Verification Framework – detailed evidence requirements for providers** for more information.

#### Issues relating to collecting care recipient's feedback as a provider

Aged care providers seeking Specialisation Verification must coordinate with aged care recipients or external organisations to provide feedback directly addressed to the assessors. The feedback given by aged care recipients or external organisations can be given verbally through telephone, or in writing by emails or posted letters. The assessor will send you a copy of the aged care recipient form, tailored to the special needs group nominated in your application. Please note that there is a written template to capture written feedback available in the **Aged care provider guidance manual** (page 16).

Providers should not upload completed feedback forms to their application. Key issues to consider:

- 1. If the aged care recipient needs an interpreter, the aged care provider should contact the assessor and share the aged care recipient's name, contact details, preferred contact time and language required, which will allow them to arrange for a translating and interpreting service to be on the line.
- 2. If two or more aged care recipients from the relevant special needs group would prefer to have a phone call with the assessor in a group setting, the aged care provider has to arrange a suitable and private venue for these recipients to gather in and speak with the assessor (AHA) and/or arrange a suitable date and time for the assessor to initiate a group call with these recipients.

In both of these circumstances, it may be worth helping the aged care recipients to add the assessor's phone number – 1300 186 711 – to their mobile phone contacts (where this is relevant), so that they will be able to recognise the assessor's number. Note that the aged care provider involvement in the process should end with setting up the conversation with the assessor. Please note that aged care provider representatives should not be present when aged care recipients complete give verbal (or written) feedback to the assessor. Further, the aged care recipient may also wish to consider involving other organisations – such as the local Older Persons Advocacy Network (OPAN), care finder or relevant community organisation to help facilitate the aged care recipient feedback process.



#### If needed the assessor will contact the aged care provider

The assessor will be in touch about their decision and if there are some aspects to be clarified, the assessor will attempt to contact the aged care provider via phone or email. If aged care providers don't respond after two attempts the assessor will close the application.

#### Requesting a review of the decision

Aged care providers can challenge decisions of the assessors by providing new evidence or explaining assessment flaws. No new application is needed. Appeals are reviewed by impartial assessors, with outcomes emailed within 20 business days. Send appeals and evidence to <u>macspecialisation@health.gov.au</u>

If after the previous step aged care providers are still unsatisfied with the result of their request, they may contact the Department by emailing the Secretary, c/o <a href="mailto:ageing.and.diversity@health.gov.au">ageing.and.diversity@health.gov.au</a>

Application process	
1	Provider submits an application through the My Aged Care Service and Support portal
2	Assessor (Australian Healthcare Associates) reviews the application and follows up with the provider (where required)
3	Feedback from person receiving aged care services to AHA through email or phone (if applicable)
4	Autogenerated email sent to provider notifying finalisation of application
5	Verified specialisation claims are published on the provider's My Aged Care profile within 24 hours (weekday)



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### **Additional resources:**

#### a. <u>Specialisation Verification Framework</u>

Australian Government Department of Health and Aged Care

#### b. Aged care provider guidance manual

Australian Government Department of Health and Aged Care

- c. <u>Specialisation Verification Framework detailed evidence requirements for providers</u> Australian Government Department of Health and Aged Care
- d. <u>Specialisation Verification YouTube channel "Towards Specialisation"</u>

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