Referral pathway-HACC

(Home and Community Care)

Clients visits GP
Medicare item - Over 75 health assessment

Client **needs support** in home or community and is:
- **65 or over**
- living with a **disability**
- OR a **carer**

Support needs are **high** and **ongoing** and require **case management**

GP refers client to Aged Care Assessment Service (**ACAS)** for assessment for **Home Care Package** or residential care

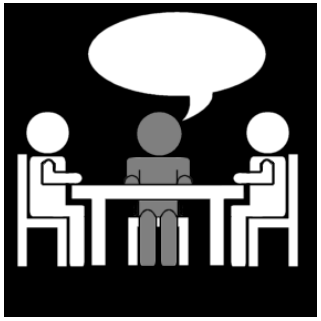
Support needs are **low** or **time-limited**

GP refers client to **HACC** for assessment

GP sends **GP referral Tool** securely via **Argus/ Connecting Care**

Intake Officer calls client to discuss and arrange assessment

Assessment Officer visits client in home



Support Plan commences, if eligible.

Medicare items - Care planning/Team Care/ Case Conf.

Assessment Officer provides **feedback to GP**