Community Services – Service Access and Exit Procedure

Issue Date	Document Type	Location	Doc. Type No
September 2025	Procedure	SJQ	PC-POL-00xx
DOCUMENT TITLE: **SJQ Community Services – Service Access and Exit Procedure**			

DOCUMENT APPROVALS			
Authorised by:	Operations Manager of Community Services	Date:	30/10/2025

Version	Issue Date	Details of Changes	Author
1	7/12/2023	Initial Issue	Jasmin Higlett
2	30/10/2025	Updates to ensure compliance with Aged Care Act 2024	Jasmin Higlett

1. Purpose – what is the purpose of the Procedure?

The purpose of this Procedure is to ensure that each client's access to a service is based on program eligibility, equity, assessment of risk and relative need, within St John Queensland's (QLD) available resources and capacity to respond, while upholding the rights of the client. It is the Procedure of St John QLD that clients and/or their carers or advocates participate in entry and care planning consultation processes and be given all relevant information to assist them in making informed choices from available service options.

2. Scope – who does it apply to?

This Procedure applies to all Community Services employees and volunteers involved in providing services to clients receiving Community Services. This procedure will apply to outcomes for clients.

3. Overview

St John QLD will ensure that each person seeking a service has access on a basis of relative need and available resources. We will ensure that access decisions are made on a fair, equitable, and nondiscriminatory basis, whilst accounting for strategies that can mitigate any identified risk. All people seeking a service will participate in an assessment and intake process that will assist in identifying their eligibility to receive a service and their relative priority for a service in relation to other people seeking a service. The organisation will ensure that all people seeking a service will be informed of eligibility criteria for each program of support and all assessment and eligibility decisions will be transparent and documented.

4. Equal Access

We undertake that people will be given equal access to the organisation's services, considering individual and relative level of need, a person's resources, their culture and their geographic location. We will ensure that services are available to all eligible clients without discrimination. People will not be excluded from St John QLD's services because of their gender, marital status, religious or cultural beliefs, political affiliation, particular disability, ethnic background, age, sexual preference, financial status, geographical location or, if applicable, the circumstances of their carer.

St John QLD as a matter of principle and also as a matter of regulation, must comply with all State and Federal Anti-Discrimination Legislation under which it is unlawful, in the provision of goods and services and in employment, to directly or indirectly discriminate on the grounds of sex, race, marital status, pregnancy, disability, sexual orientation, transgender status or carers' responsibilities. St John QLD also respects the provisions of the Commonwealth Disability Discrimination Act 1992 under which it is '*unlawful to discriminate on any grounds relating to physical, sensory, intellectual and psychiatric impairment, mental illness and the presence of organisms causing disease'*.

5. Promotion of Services

St John QLD will promote its services so that all eligible clients may be aware of the different services which can be delivered by the provider. St John QLD will:

- develop easy to read promotional material that provides information about the organisation's services and how to access them;
- make information available in other languages if requested. We will offer and use the Translating and Interpreting Service (TIS) where required;
- disseminate the information broadly so that it reaches a wide cross-section of the community;
- promote the organisation and its activities through appropriate media releases; and
- where appropriate, talk about the organisation's services to community groups and local networks.

6. Intake

We will collect demographic information to assess whether St John QLD's services are accessible to all groups in the community who qualify for the service and that no particular demographic group misses out. We will monitor our service provision to ensure that people of Aboriginal and Torres Strait Islander descent have equitable access to our support. The planning process will involve initial contact, usually by phone call, to consider if St John QLD is the right provider for the client. All clients have the choice of who to choose as their preferred service provider.

The first intake meeting will attempt to:

- identify where the services are needed to be delivered, in order for driver/support worker assignment, assessment of risk and establishing if the environment is suitable to attain the goals asked by the client;
- as part of identifying goals, what tasks or actions can the client do themselves (if applicable), or would be easily attainable for them to achieve;
- identify what other services are involved in the client's life in order to gain a general picture of their needs and who to communicate with when developing service delivery documentation;
- begin initial identification of risks, which will be elaborated on through the Service Access process and into the Service Delivery process.

Intake will collate the following information and record on the St John QLD Community Services Intake & Assessment Form (through Sandwai);

- personal details and demographics
- funding details
- client preferences
- cultural/religious or lifestyle considerations
- goals
- health status, medical conditions and mobility
- communication needs
- legal directives (e.g. Power of Attorney etc)
- Next of Kin and other contacts
- relevant client consents

The St John QLD Community Services Vulnerable and At Risk Identification Tool must also be completed if any potential risks are identified.

The Customer Experience Team will also then complete a Risk Assessment and Mitigation Planner form and Home Risk Assessment if required. These assessments may be done over the phone or a home visit may be required to complete the assessment. From this, a client record will be created in Sandwai where all documentation related to the client will be held.

7. Care Plans

Clients who are receiving services under the Commonwealth Home Support Program (CHSP) are required to have a care plan as per the *Aged Care Act 2024* and the *Aged Care Rules* under section 148-80.

St John QLD staff must work with the client, their registered supporters (if any) and any other people involved in their care to develop and review the care plan.

The care plan will include:

- client name, contact details, My Aged Care ID, and emergency contact information
- client goals and preferences
- the specific services that will be delivered to the client to meet their needs, goals and preferences
- any strategies for risk management
- care plan review date (must be reviewed at least every 12 months)
- details of who was involved in developing the care plan

St John QLD will provide all CHSP clients with a copy of their care plan when it is developed, any time the plan is updated, and any time upon request from the client.

All clients will receive a Welcome Pack which includes the Client Handbook, Service Agreement, Privacy and Consent forms and other information such as that prescribed by the *Aged Care Act 2024* and the *Aged Care Rules*. Clients receiving services under the CHSP will also receive a copy of their Care Plan.

8. Service Agreements

Under the *Aged Care Act 2024*, clients receiving government funded aged care services must have a service agreement in place before or at the start of service provision. The Aged Care Rules 2025 set out the minimum

requirements that must be included in the service agreement.

Service agreements can only be signed by the client or their authorised representative such as their power of attorney or legally appointed guardian.

In the event that a client cannot sign the service agreement, St John QLD will keep detailed records of the client's consent and agreement to the service agreement.

Proof may include: a copy of the service agreement document St John QLD offered to the client, or a file note of the discussion about the basis of the service agreement (including the date the discussion took place).

Service agreements must be reviewed at least every 12 months or upon the client's request.

Please note, St John QLD requires that a service agreement is also in place for any private/self-funded clients. Clients accessing services through Support at Home must have a brokerage agreement in place with the client's Support at Home Provider.

9. Eligibility

People are eligible to receive support if they meet the criteria for access as determined by funding guidelines and applicable legislation for each particular support program provided by the service.

St John QLD will:

- identify clear indicators to establish a client's eligibility for support, including the likelihood of that support being temporary or longer term in nature;
- take active steps so that disadvantaged groups have equitable access to services; and
- refer people to other appropriate agencies if St John QLD is unable to provide the services required and if asked to do so.

Under the *Aged Care Act 2024*, St John QLD is required to ensure that CHSP services are only delivered to clients who have been assessed and approved to access funded aged care services under section 65 of the Act. Specific guidelines around eligibility for each service can be found in Appendix 1 - Eligibility Guidelines. Information about Access to CHSP services can be found in Appendix 2 – Access to CHSP Services.

10. Prioritising Requests for Support

Our financial resources, skills and experience may not be sufficient to meet the needs of all those people who seek St John QLD's support. In considering whether we can offer support to a potential client St John QLD must consider:

- a person's needs compared with the needs of other people who seek support;
- our assessment as to whether the support we can provide would enhance a person's quality of life;
- the priority assigned by the referring agency, such as My Aged Care Assessors;
- our organisation's resources;
- whether we can provide services; and
- any issues relating to equity of access.

St John QLD will give particular regard to persons seeking support from a position of relative disadvantage.

We will consider prioritising support for people who:

- belong to Aboriginal or Torres Strait Islander communities;
- have a culturally or linguistically diverse background;
- are financially disadvantaged
- are at risk of social isolation

11. Referrals

St John QLD receives referrals in relation to potential clients from several sources. Different programs have different referral pathways depending upon the criteria for access determined by the funding body or relevant legislation.

Funding Stream	Referral Pathway
CHSP	Referrals to access government funded aged care through the CHSP must be received via the My Aged Care Portal, and clients are assessed and approved to access the services St John QLD provides.
Queensland Government Community Transport Program	Referrals can be made directly to St John QLD either by the person seeking support or their carer, family, friend, health professional or service provider.
Support at Home (service paid for by package)	Clients who are in receipt of Support at Home funding should first speak with their Support at Home Provider to discuss St John QLD delivering their services as an Associated Provider.
Support at Home (service subsidised by CHSP)	Where a Support at Home participant has an urgent and immediate health or safety need, and their individualised budget has been fully allocated or they are waiting for their budget allocation, some additional CHSP services can be accessed on a short-term basis. These instances must be time limited, monitored and reviewed. Referrals must come through My Aged Care. See the CHSP 2025-27 Manual for more information
Aged Care Volunteer Visitors Scheme	Referrals can be made directly to St John QLD either by the person seeking support or their carer, family, friend, health professional or service provider.
Self-funded or private paying clients	Referrals can be made directly to St John QLD either by the person seeking support or their carer, family, friend, health professional or service provider.

12. Response Times

When a potential client has been referred to St John QLD, it is anticipated that an initial contact call or text to the client will be made within 7 working days and that any home visits/assessments will be conducted with a fortnight of initial contact, or as soon as is convenient for the client.

The anticipated response time for actual commencement of services will be determined by the prioritisation criteria applying to the person and when suitable services can be integrated into their lives in a timely and respectful manner. It is expected that service delivery for clients with higher priority would be initiated within five working days (1 week) of the home visit/assessment, subject to staff and client availability.

It is essential that St John QLD staff monitor response times for all prospective clients to ensure that, as a consequence of not meeting the priority criteria, a person fails to receive support within a reasonable period of

time, that they are communicated with so alternative services can be found. St John QLD staff must provide a clear indication of when services will commence, assist the person if they wish to seek support from an alternative provider, or make a decision to refuse a service. Any such decision to refuse service must be made at a managerial level.

Please note, after receiving a client's initial referral, St John QLD staff will attempt to make contact on three (3) separate instances in order to complete their intake meeting. If St John QLD are still unsuccessful in contacting the client, their referral will be discarded, or sent back to My Aged Care.

13. Transition and Exit

All clients have the right to cease services if they choose. Clients are asked to notify St John QLD if they no longer wish to receive services. If we know that a client will be transitioning out of St John QLD's service, St John QLD may work with the client to develop a transition plan. This plan will include the supports that the client currently requires, as well as a plan for transitioning out of the service and a response to any risk identified. The plan will list relevant referrals and community linkages, together with information on reconnecting with our service if required.

A person may leave St John QLD services for a number of reasons or circumstances including:

- Relocation to an area outside of St John QLD's area of service delivery;
- Where the service is no longer able to meet the person's needs or assist in achieving their chosen goals;
- Transfer to another service provider;
- Lack of available resources or funding;
- Changes in the person's condition which exceeds the skills and expertise St John QLD staff/volunteers can deliver;
- The client has been inactive for over 12 months

14. Termination and exit of service implemented by St John QLD

As part of the intake process all clients are informed of their rights and responsibilities contained in the service agreement document and Client Handbook. Information regarding the reasons for being asked to leave the service will be provided and explained to the client.

St John QLD may implement a client's exit under the following circumstances:

- The client can no longer be cared for in the home or community with the resources available to St John QLD, or
- The client's condition changes to the extent that they no longer need our services, or an approved needs assessor assesses the client's needs and determine they are more appropriately met through other types of funded aged care services, or
- The client has not used our services for over 12 months, or
- The client has intentionally caused serious injury/harm to a member of staff or have intentionally infringed the ability of a member of staff to work in a safe environment, or

- The client has not paid any applicable fees/contribution to St John QLD, for a reason within their control, and have not negotiated an alternative arrangement for the payment of the fee or contribution,
- And St John QLD has given the client written notice of our intention to cease delivery

The service exit will be actioned after discussion and consultation with the client/participant and other stakeholders, and strategies have been implemented to meet irreconcilable differences.

15. Exiting the client from St John QLD operational systems

The operational exit process must be completed to ensure people are removed from St John QLD systems, service data and reporting remain accurate, and individuals are not charged for services they no longer receive. St John QLD will manage a person's information in line with our Privacy Procedure.

Appendix 1 – Eligibility Guidelines

Transport Services

- CHSP eligible (as per the Aged Care Act 2024); or
    - Have care needs and be:
        - Aged 65 y ears and over, or
        - An Aboriginal or Torres Strait Islander person aged 50 years and over, or
        - Be homeless, or at risk of homelessness, and aged 50 years and over.
    - Have approval (Notice of Decision) to access community transport, or
    - Meets the circumstances as per section 71(4) of the Aged Care Act where a person can access CHSP services prior to their aged care needs assessment.
- Eligible under the Queensland Government community Transport Program; or
    - Aged under 65 years of age;
    - Have no or limited access to other transport options, including public or private transport or transport funded through other funded/subsidised schemes;
    - Are not receiving transport services for the same or similar purpose under another government program;
    - Are an unpaid carer, travelling in your role as carer;
- Is self-funded; or
- Is eligible to access transport through their Support at Home funding with St John QLD being an associated provider; and
- Lives in the community transport service area (North Brisbane, Redcliffe Peninsula, Caboolture, Maryborough, Hervey Bay, Bundaberg); and
- Service area/program is currently accepting new clients/referrals; and
- Medically fit to travel; and
- Able to enter and exit the vehicle with limited assistance (drivers are not permitted to carry clients into vehicles); and
- Able to travel sitting upright in existing car seat and wear a correctly fitted seatbelt (belt over the shoulder, running across the chest and be buckled low on the hip); and
    - Seatbelt exemptions – If the client has a seatbelt exemption they must provide St John QLD with a copy of the completed, signed Seatbelt Exemption Certificate (Form F2690) and carry it with them when they are in the vehicle.
    - The client will also need to register their seatbelt exemption certificate with the Department of Transport and Main Roads.
- Able to follow safety directions of St John QLD drivers/support workers; and
- If the client uses a wheelchair or mobility scooter, the below criteria applies:
    - Wheelchair meets Australian Standard 3696.19:2009 – Wheeled mobility devices for use as seats in motor vehicles
    - It fits in an allocated space of 1300mm by 800mm
    - It is less than 750mm wide
    - The total height when the user is seated on it is less than 1500mm (for travelling in accessible vehicles)
    - The total weight of the user and mobility device is less than 300kg
    - It is fitted with four tie-down points for vehicle travel
- Clients using mobility scooters who use a wheelchair accessible vehicle are required to dismount from their scooter and transfer into a seat and wear a seatbelt.
- Wheelchair users who travel in the vehicle while seated in their wheelchair must wear a separate seatbelt (not attached to the wheelchair) and have their wheelchair restrained with a minimum of four anchor points.
- If the client uses an oxygen bottle, the bottle should not be larger than a small fire extinguisher and

weigh no more than 5kg when full. The bottle must be securely fastened in an upright position in a travel pack (in the boot if not in use during travel or with a seat belt if in use during travel).

Accompanied Activities:

- CHSP eligible (as per the Aged Care Act 2024);
    - Have care needs and be:
        - Aged 65 years and over, or
        - An Aboriginal or Torres Strait Islander person aged 50 years and over, or
        - Be homeless, or at risk of homelessness, and aged 50 years and over.
    - Have approval (Notice of Decision) to access accompanied activities, or
    - Meets the circumstances as per section 71(4) of the Aged Care Act where a person can access CHSP services prior to their aged care needs assessment.
- Is self-funded; or
- Is eligible to access accompanied activities through their Support at Home funding with St John QLD being an associated provider; and
- Lives in the service area (North Brisbane, Redcliffe Peninsula, Caboolture, Maryborough, Hervey Bay, Bundaberg); and
- Service area/program is currently accepting new clients/referrals; and
- Medically fit to travel; and
- Able to enter and exit the vehicle with limited assistance (drivers are not permitted to carry clients into vehicles); and
- Able to travel sitting upright in existing car seat and wear a correctly fitted seatbelt (belt over the shoulder, running across the chest and be buckled low on the hip); and
    - Seatbelt exemptions – If the client has a seatbelt exemption they must provide St John QLD with a copy of the completed, signed Seatbelt Exemption Certificate (Form F2690) and carry it with them when they are in the vehicle.
    - The client will also need to register their seatbelt exemption certificate with the Department of Transport and Main Roads.
- Able to follow safety directions of St John QLD drivers/support workers; and
- If the client uses a wheelchair or mobility scooter, the below criteria applies:
    - Wheelchair meets Australian Standard 3696.19:2009 – Wheeled mobility devices for use as seats in motor vehicles
    - It fits in an allocated space of 1300mm by 800mm
    - It is less than 750mm wide
    - The total height when the user is seated on it is less than 1500mm (for travelling in accessible vehicles)
    - The total weight of the user and mobility device is less than 300kg
    - It is fitted with four tie-down points for vehicle travel
- Clients using mobility scooters who use a wheelchair accessible vehicle are required to dismount from their scooter and transfer into a seat and wear a seatbelt.
- Wheelchair users who travel in the vehicle while seated in their wheelchair must wear a separate seatbelt (not attached to the wheelchair) and have their wheelchair restrained with a minimum of four anchor points.
- If the client uses an oxygen bottle, the bottle should not be larger than a small fire extinguisher and weigh no more than 5kg when full. The bottle must be securely fastened in an upright position in a travel pack (in the boot if not in use during travel or with a seat belt if in use during travel).
- Able to mobilise, either with assistance from support worker, or using a mobility aid (wheelchair, wheelie walker, mobility scooter etc)

Phone Services:

- CHSP eligible (as per the Aged Care Act 2024);
    - Have care needs and be:
        - Aged 65 years and over, or
        - An Aboriginal or Torres Strait Islander person aged 50 years and over, or
        - Be homeless, or at risk of homelessness, and aged 50 years and over.
    - Have approval (Notice of Decision) to access phone services (social support individual), or
    - Meets the circumstances as per section 71(4) of the Aged Care Act where a person can access CHSP services prior to their aged care needs assessment.
- Is self-funded; or
- Is eligible to access phone services through their Support at Home funding with St John QLD being an associated provider; and
- Lives in the service area
    - if CHSP: Brisbane North, Brisbane South, Cabool, Darling Downs, Logan River Valley, South Coast, Wide Bay
    - If self-funded or Support at Home: Queensland
- Service area/program is currently accepting new clients/referrals; and
- Has a phone/mobile phone and ability to communicate; and
- Understand that the service is for security check ins, or a friendly chat only and is not a counselling/psychology service or medication reminder service

Home Visiting:

- CHSP eligible (as per the Aged Care Act 2024);
    - Have care needs and be:
        - Aged 65 years and over, or
        - An Aboriginal or Torres Strait Islander person aged 50 years and over, or
        - Be homeless, or at risk of homelessness, and aged 50 years and over.
    - Have approval (Notice of Decision) to access home visiting (social support individual), or
    - Meets the circumstances as per section 71(4) of the Aged Care Act where a person can access CHSP services prior to their aged care needs assessment.
- Is self-funded; or
- Is eligible under the Aged Care Volunteer Visitor Scheme (ACVVS)
    - Lives in government-subsidised residential aged care; or
    - Receives funding through Support at Home, including care recipients approved or on the National Priority System for residential care or the Support at Home Program
- Lives in a funded service area if CHSP or ACVVS
    - CHSP: Brisbane North, Cabool, Maryborough, Hervey Bay, Bundaberg
    - ACVVS: Brisbane North, Brisbane South, Cabool, Far North, Darling Downs, Fitzroy, Logan River Valley, Mackay, Northern, South Coast, Sunshine Coast, West Moreton, Wide Bay
- Service area and program is currently accepting new clients/referrals
- Physical environment where visits are to take place meet health and safety assessments
- Client understands that Home Visits are for the purpose of providing companionship and social interaction, and is not a counselling or psychology service, or a service providing domestic assistance (cleaning, cooking, etc)

Appendix 2 – Access to CHSP Services

All new and returning clients seeking access to funded aged care services must enter the CHSP through My Aged Care.

The process for a new or returning client wishing to access CHSP services is detailed below.

16. **Contact**: The potential client contacts My Aged Care to apply for access to funded aged care services (section 56 of the Act). My Aged Care is the entry point for Australian Government-funded aged care services, including the CHSP. This contact can be made over the phone, online or face-to-face.
17. **Register**: The potential client is registered in My Aged Care by contact centre staff, creating a client record and identification number. Contact centre staff may note age eligibility requirements, if applicable. If the client would like to apply to register a supporter in accordance with section 37 of the Act, the prospective supporter's information will be recorded as well. The supporter cannot be registered without their consent (see section 37(6)(b)(i) of the Act).
18. **Referral**: Contact centre staff will send a referral to an aged care assessment organisation. The organisation will confirm eligibility for an assessment (section 57 of the Act) and, if found eligible, assign an assessor to the client.
19. **Assess**: The aged care assessor will conduct an aged care needs assessment using the Integrated Assessment Tool (section 61 of the Act). They will prepare a report detailing the funded aged care services they assess the client needs (section 63 of the Act) and make a classification assessment (section 75 of the Act). The aged care needs assessor delegate approves the client's access to funded aged care services through the CHSP (section 65 of the Act). The client will then be notified of the approval for services by a Notice of Decision letter (section 70 of the Act).
20. **Referral code:** The aged care assessor will provide the client with a referral code for each service they are approved for, which the client uses with CHSP funded providers. The client can also ask for the code to be sent directly to the provider or to be broadcast to several local providers to find availability. The referral will include a recommended priority category (section 87 of the Act). Providers must take the recommended priority of the referral into account, along with their own capacity to deliver services, before accepting a client.