1. **Your overall experience interacting with the systems underpinning My Aged Care to receive assessment request notifications and make required assessment bookings.**
   There tends to be a delay in receiving referrals from MAC. Often the referral just "sits" in limbo with nothing happening, other times despite it being obvious that a complex referral is required the process is to await a RAS assessment.
   When I contact the MAC help centre, I'm advised to self-refer.

2. **Whether you experience any issues with availability or reliability of the systems underpinning My Aged Care.**
   Call centre is often difficult to deal with, having to be identified three ways takes time.
   Referrals are often duplicated; Assessor has to contact call centre and have second referral removed.

3. **Whether the system is hindering timely management of assessments or could be improved to allow better management of assessments or could be improved to allow better management of scheduling or referring to other assessors.**

   The elephant in the room and one point that no one is interested in is that it does not matter how quickly aged care assessment is completed there are no support services available to help the aged person and their carers.

4. **If there is consistency across assessment requests received through, he different channels (i.e. phone contact centre, web, and face to face) of My Aged Care?**
   a. Are there information gaps that delay assessments or cause rejection?
   b. Do you receive sufficient information to allow assessments or cause rejection?

   Anything above is dealt through ACAT triage

5. **Are requests received outside of Aged Care Channels**

   NO. Not for my health district All assessments are referred via MAC.

6. **Is there duplication of requests due to multiple registration created by advocates or care finders, and personal registrations on My Aged Care?**

   Sometimes

7. **What barriers, have been raised by or with assessors using My Aged Care that continue to hinder effectiveness?**
   Being contacted by others wanting to know what the status of a referral they have made is, they have a referral number but often not an AC number, you cannot look up a referral number as an assessor that corresponds with the client. It would be beneficial if you could look up a client using their referral number as well as their AC.

8. **In an ideal world, what changes would you implement to make your job more effective?**
   Not having nonclinical assessors completing aged care assessments, assessors that are based in a different state do not have the knowledge of the local area, my work area is extremely rural and being rural and remote they create referral codes and build expectations of what services the client is eligible for, but the reality is very different. In an ideal world all aged care assessments would be referred to ACAT.

   The MAC call centre is difficult for clients, especially rural and remote clients, to use. Many of them have low health literacy and do not have mobile phones, or if they do they change their contact numbers and phones frequently.

9. **Alternatively, are there any recent changes that you feel would support your submission?**
   Remain hopeful that the changes in July 2024 may assist to streamline the process I am glad that I will be able to create a referral code for CHSP services after I complete triage of the referral.