

INTAKE AND REFERRAL POLICY and PROCEDURE

Policy Statement

Orange Health is committed to ensuring that everyone who approaches the organisation for service is assisted either with access to the service or with an alternative strategy that addresses their needs. Intake or eligibility criteria will be inclusive of the widest possible group of people who may need to access the service and will comply with state and Commonwealth Anti-Discrimination legislation requirements.

The organisation will:

- operate with clear criteria for eligibility and priority for service access
- apply these criteria in a fair, equitable, ethical and transparent manner
- provide information and referrals for clients who are ineligible for the service, unable to access the service for other reasons or who require the service of other agencies

Orange Health respects the right of a client to refuse service at any time and will ensure clients understand that such a refusal will not prejudice any future request for services from Orange Health.

Procedures

Eligibility criteria

To be eligible for support services delivered under the NDIS, the client must:

1. provide evidence of sufficient NDIS or other funding to cover the cost of the service(s)
2. establish a formal service agreement with Orange Health
3. provide all information required to manage the service arrangements effectively and efficiently
4. be between 6 and 65 years of age

These criteria will be consistently applied to anyone who has access to NDIS funds and is wishing to access the service. People who are privately funded can also access the service. In this case no 1 above does not apply.

The CEO will review the eligibility criteria regularly.

Management of requests for a service

Requests for service are made by contact between the client, their nominee/representative, advocate or support coordinator and Orange Health in the first instance.

Referrals from other agencies are accepted under the following circumstances:

The CEO, Director, or member of their team receiving a request or application for service will ensure:

- the person has a clear understanding about the services available and the eligibility criteria
- advocates, support services and interpreters are involved as required
- the person's needs and risks are assessed and discussed

- if eligible, the person is provided with access to the service. Where there may be limited service levels the client may be placed on the waiting list, provided with alternative service options or referred to an appropriate service provider.
- if ineligible or excluded from the service, the person is informed of the reason for refusal of service, advised of their right to appeal and provided with information about alternative options and a referral to an appropriate agency wherever possible
- decisions are consistent and transparent, identify the person's wishes including who they would like to attend appointments with
- a record is kept of who has requested a service, how they were referred, their eligibility and any onward referrals made.

Making referrals

The CEO, Director or delegate will be responsible for maintaining accurate and current contact details for all referrals made.

Informal referrals are made by providing the client with contact information about other services or agencies.

Formal referrals are made to other agencies under the direction of the CEO or Director.

When a referral is made to another agency, the staff member making the referral will ensure that:

- confidentiality and privacy of the client is maintained at all times
- they have clarified with the client the service needs they have expressed
- the client is given an accurate picture of the other agency and its service
- the other agency is given full and honest referral information
- records of contact with the client and the other agency are kept
- the culturally specific needs of the client are considered e.g. referring Aboriginal and Torres Strait Islander clients to services provided by Aboriginal community organisations

Support staff may make contact with an agency on behalf of, or with, clients who are self-referring. follow up with the client or other agency about the appropriateness and suitability of the referral and provide specific guidelines when referring excluded or ineligible clients.

Approvals

Date of approval: 3 March 2021

Date of review: 3 March 2021

Signature of CEO:

Intake and Referral Policy and Procedure

Version 1- Orange Health

