H&H Care SA Pty Ltd	**Form04.** Client Intake Referral and Service Acceptance **Australian Government Support at Home Program**	
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Policy and procedure 4
H&H Care SA Pty Ltd | Support at Home services

This policy establishes how H&H Care SA receives referrals, checks suitability and capacity, obtains service authorisation and prepares for safe commencement. It prevents services starting without the information, competent workforce and controls needed to meet the client's needs.

Document control	Details
Policy number	HH SAH INTAKE 004
Version and status	1.0 — Draft for Director approval
Prepared	24 October 2026
Policy owner	Director and Service Coordinator
Approved by	Huy Le, Director — signature: _____
Effective date	24 October 2026
Next review	12 months after approval, or earlier following relevant change
Applies to	Managers, coordinators, nurses, workers, administration and approved contractors involved in intake or commencement

1 Purpose and scope

H&H Care accepts only services it can deliver safely, lawfully and within the agreed associated provider arrangement. Intake is person-centred, accessible and non-discriminatory. Clients receive clear information about the proposed service, any limitations and what happens next.

This policy applies to Support at Home referrals from The Fig Trees Support at Home and other separately approved registered provider arrangements. General enquiries from clients, family, hospitals or professionals may be received, but do not by themselves authorise funded service delivery. Private care and NDIS services require their own funding and contractual pathways; do not silently substitute one program for another.

2 Responsibilities and service boundaries

The registered provider confirms program eligibility, relevant funding and approved services, manages its participant agreement and allocates care management responsibilities. H&H Care checks service suitability, workforce capacity, safe task instructions and written authority. It does not determine government funding eligibility or promise additional funding.

The Coordinator manages intake, records decisions and communicates with the client and referrer. The Clinical Lead RN reviews nursing, clinical and complex care needs. The Director approves exceptions, new service scope and significant business risks. Workers commence only assigned, authorised tasks after receiving the current instructions.

This policy does not amend the brokerage agreement. Joint responsibilities, sharing arrangements and proposed response times must be confirmed with the registered provider.

Referral receipt and initial screening

3 Receiving a referral

Accept referrals through approved business email, secure systems, telephone or an arranged meeting. Record the date, source, consent or lawful information-sharing basis, requested service and urgency. Verify the referrer's identity and contact details. Avoid collecting full clinical records before establishing a relevant purpose.

As an internal service target, acknowledge routine referrals within two business days and explain the expected next steps. Triage urgent referrals when received during operating hours and escalate immediately where safety is at issue. These targets are not a promise of service availability or statutory deadlines. H&H Care is not an emergency response service; use 000 for an emergency.

4 Minimum referral information

Information	Details to obtain or clarify
Client and contacts	Name, date of birth or another reliable identifier, address, preferred contact method, emergency contacts and My Aged Care ID if applicable.
Referral authority	Registered provider, named approving contact, consent or legal basis for sharing, and any supporter or appointed decision-maker details.
Requested support	Service type, tasks, goals, visit frequency and duration, requested start date, location and known essential care needs.
Care and clinical needs	Current plan and relevant assessments; mobility and transfers; cognition and communication; medication role; relevant allergies and clinical instructions.
Safety and environment	Falls, swallowing or other clinical risks; infection precautions; access arrangements; equipment; pets, smoking or environmental hazards; worker safety concerns.
Preferences and access	Language and interpreter needs, cultural or religious preferences, personal care preferences and required communication aids.
Authorisation and costs	Approved hours and dates, H&H service rate, allowable travel or expenses, reporting requirements and approval process for variations.

Information must be proportionate to the service. For example, domestic assistance may require safe access and relevant health risks but not an unrestricted medical history. Request missing information securely and record who will provide it and by when.

5 Initial safety triage

Identify immediate threats, suspected abuse, acute deterioration and gaps in essential care. Direct urgent clinical concerns to the RN and appropriate health service; contact emergency services where needed. Notify the registered provider promptly. Do not place an urgent safety concern on an ordinary administrative waiting list or imply acceptance while capacity is unconfirmed.

Suitability capacity and acceptance decisions

6 Assess service suitability

The Coordinator checks the proposed service against the written contract and approved service scope. The existing Fig Trees agreement includes specified nursing, independence and everyday living supports, not unrestricted permission to deliver every Support at Home service. Clarify requests outside that scope with the Director and registered provider before making a commitment.

Assess the client's goals and preferences alongside worker availability, competence, travel, equipment, supervision and safe access. Seek relevant assessments and consult the RN for clinical needs. Involve the client directly and offer decision support or an interpreter. Do not reject a referral merely because of age, disability, diagnosis, ethnicity, limited English, a prior complaint or a lawful choice involving risk.

7 Clinical and complex care review

The Clinical Lead RN reviews nursing referrals and tasks requiring clinical oversight before acceptance. Confirm the assessment, treatment or management plan, relevant prescriber instructions, clinical escalation arrangements, equipment and consumables, worker competencies and required delegation or supervision. EN services require appropriate RN supervision arrangements. Management or past medical experience does not replace current professional authority.

Examples requiring specific consideration include medication administration, dysphagia, complex transfers, pressure injuries, wounds, catheters, diabetes, enteral feeding and palliative care. These examples do not automatically authorise H&H Care to deliver the task. Seek specialist advice, additional training or an alternative provider when needs exceed available competence.

8 Decide and record the outcome

Outcome	Required action
Accepted	All essential checks are complete. Record authorised services, start arrangements and the person approving commencement.
Pending clarification	Identify missing information or unresolved controls, responsible person and review date. Tell the client and referrer that services are not yet confirmed.
Limited scope accepted	Define only the safe, authorised tasks that may commence. Clearly exclude unapproved tasks and notify the client, worker and registered provider.
Waitlisted	Obtain agreement to hold referral information, explain that no start date is guaranteed, identify review arrangements and refer unmet urgent needs back promptly.
Declined	Document objective reasons, explain them respectfully and notify the referrer. Where appropriate and with authority, assist referral to an alternative pathway.

The Coordinator may approve routine services within documented delegation. The RN signs off clinical readiness where relevant. The Director approves scope expansion and exceptional business arrangements, but cannot waive legal requirements, consent, professional limits or essential safety controls.

Authorisation consent and preparation

9 Obtain written service authorisation

Before funded services start, obtain a written request from the registered provider identifying the client, approved service and tasks, hours or units, frequency, location, dates, agreed rate and approving contact. Specify travel, expenses, overnight arrangements and cancellation terms where relevant. The contract only commits The Fig Trees to payment for authorised and requested services unless otherwise agreed.

Confirm who has completed the participant's service agreement, care planning and budget discussions. Do not require the client to sign a conflicting H&H agreement that changes the registered provider's prices or responsibilities. Any H&H service acknowledgement should explain its delivery role and align with the approved arrangement.

Do not collect participant contributions, impose a management fee, or independently alter funded charges without a lawful, expressly agreed role. Refer contribution, funding and budget questions to the registered provider and support the client to obtain an explanation. Obtain written approval for variations to H&H's service scope, hours and rates.

10 Intake discussion with the client

- Confirm identity using at least two suitable details and verify the service location. Ask how the client wants to communicate and who they wish to involve.
- Explain H&H Care's role, the registered provider's role, proposed visits, worker tasks and service limits in an accessible language and format.
- Provide rights, privacy and complaints information, business contacts and agreed after-hours or emergency arrangements. Explain cancellations, missed visits and how to request changes without promising unagreed fees or timeframes.
- Obtain and record relevant consent for care and information handling. Verify any separate decision-making authority; a family relationship or registered supporter role alone does not confer unrestricted substitute authority.
- Ask about goals, routines, dignity and personal care preferences. Discuss material risks and alternatives without coercion. Record refusals and unresolved questions for follow-up.

11 Assessments and care instructions

Agree with the registered provider who completes or updates client and home risk assessments and the care plan. H&H Care may perform delegated assessments within competence and agreement; the details are governed by the assessment procedure. Receipt of a referral is not proof that the home is safe or the plan is current.

Before the relevant tasks begin, ensure workers have usable instructions covering tasks, preferences, risks and controls, medication role where applicable, emergency response and escalation contacts. Record the plan version and date. Resolve contradictions between referral, family instructions and clinical plans with the Coordinator and RN; workers must not guess.

Commencement review and service changes

12 Final readiness and first visit

The Coordinator completes the readiness checklist and records the authorised start date. Confirm the allocated worker's screening, qualifications, relevant registration, induction, task competence and required supervision. Confirm essential equipment is available, safe to use and appropriate for the person, with instructions and training.

Give the worker secure access to the current plan, essential contacts, access instructions and contingency arrangements. Obtain acknowledgement of the instructions and notify the client of the first visit. Arrange a joint introductory visit, RN attendance or additional support if the assessed risk requires it.

At the first visit, the worker confirms identity, consent, tasks and immediate environmental safety. If the actual situation differs materially from the referral, pause the affected task and contact the Coordinator or RN. Obtain emergency help if needed. Record the discrepancy, actions and any interim instructions; do not perform unassessed transfers or clinical tasks because the visit has already started.

13 Urgent and staged commencement

Urgency does not remove minimum safety requirements. A staged start may occur only for clearly defined, authorised tasks with sufficient information, consent, competent staff, essential risk controls and escalation cover. Record the remaining assessment actions and their due dates. The Coordinator and RN, where clinical, must authorise the limited start.

If essential checks cannot be completed, tell the registered provider immediately that H&H cannot safely start the affected service and request alternative coverage. Do not leave the client believing essential care is confirmed. Emergency assistance must not be delayed by paperwork or uncertainty about billing; separate immediate protective action from approval for ongoing funded work.

14 Early review and ongoing changes

As internal controls, contact the client after the first visit or within five business days to check the service is understood, acceptable and safe, and complete an initial service review within four weeks. Review earlier for clinical or safety concerns. Record feedback, missed tasks, worker fit, plan changes and unresolved needs.

New diagnoses, deterioration, hospital discharge, different equipment, increased transfer assistance, medication changes or carer breakdown trigger reassessment and referral back to the registered provider. Confirm ongoing changes in writing before expanding services. Do not treat a family's verbal request as funding approval or a change to clinical instructions.

15 Declining suspending or ending services

Explain objective service limits and actions needed for reconsideration. With appropriate authority, share essential information to support another pathway. For existing clients, follow the contract, applicable rights and continuity requirements; arrange safe handover and do not abruptly abandon essential care. Escalate safety concerns, complaints and disputed decisions under the relevant policy. Service suspension must be proportionate to the actual risk and reviewed promptly.

Records monitoring and implementation

16 Intake records and quality controls

Maintain a referral register with receipt date, source, requested service, urgency, outcome, reason, decision-maker, pending actions and confirmed start date. Keep consent, authority verification, assessments, plan versions, written authorisations, readiness approval and first-visit feedback in the controlled client file. Use approved secure systems and avoid copying unnecessary clinical information into general email or rostering notes.

As internal controls, the Coordinator checks pending referrals at least weekly and escalates urgent overdue actions immediately. Management reviews referral delays, declined referrals, first-visit problems and client feedback monthly, and audits a risk-based sample of intake files quarterly. Record corrective actions and verify completion. Review retention and privacy requirements before deleting withdrawn or declined referrals.

17 Supporting forms

Reference	Record
INT F01	Referral and intake form: client, referrer, request, consent basis, risks and preferences.
INT F02	Service suitability and capacity assessment: scope, staffing, equipment, supervision, barriers and controls.
INT F03	Written service authorisation: approving provider, tasks, dates, units, rates, expenses and variation process.
INT F04	Readiness and acceptance checklist: essential checks, decision, approver and start date; minimum fields on the next page.
INT F05	Referral outcome and early review record: communication, reasons, feedback, follow-up and review date.

Forms may be combined in an electronic workflow provided the required information, approvals and audit trail remain clear. The references above are H&H Care document controls, not prescribed government form names.

18 Implementation and references

Before this policy takes effect, the Director confirms delegated approval roles, the RN review pathway, the registered provider's referral and authorisation contacts, agreed forms and staff training. Review annually and after a significant incident, complaint, contract change or legal update. Approving this policy does not itself establish client readiness.

- Aged Care Act 2024 and Aged Care Rules 2025, including the Statement of Rights and Aged Care Code of Conduct.
- Aged Care Quality and Safety Commission — Standard 3 The care and services and Outcome 3.1 Assessment and planning. https://www.agedcarequality.gov.au/strengthened-quality-standards/care-and-services/assessment-and-planning
- Department of Health, Disability and Ageing — Support at Home program manual, current version. https://www.health.gov.au/resources/publications/support-at-home-program-manual-a-guide-for-registered-providers
- H&H Care Policies 1 to 3; client assessment, care planning, clinical governance, incidents, staffing, continuity and records procedures; The Fig Trees agreement dated 10 March 2026 and approved variations.

Official guidance checked on 24 October 2026. Apply current requirements relevant to the registered provider's categories and services. Approval signature: _____ Effective date: _____

Service readiness and acceptance checklist

INT F04 | Complete before commencement and retain in the client file. Record evidence locations, not only a tick. If a check is not applicable, state why. Unresolved essential checks mean the relevant service cannot commence.

Client name: _____ Client identifier: _____
Registered provider and approver: _____
Proposed services and start date: _____

Check	Evidence or action required
Referral and identity	Client and location verified; referrer and provider confirmed. Evidence: _____
Written authorisation	Tasks, dates, hours, rates and relevant expenses confirmed. Evidence: _____
Rights consent and privacy	Accessible information provided; consent and any authority verified. Evidence: _____
Plan and assessments	Current instructions and relevant assessments available; discrepancies resolved. Evidence: _____
Risks and emergency response	Essential controls, safe access, contacts and contingency plan confirmed. Evidence: _____
Clinical readiness	RN review, treatment instructions and supervision confirmed where applicable. Evidence or reason not applicable: _____
Worker readiness	Screening, credentials, competence and instruction acknowledgement checked. Evidence: _____
Equipment and first visit	Essential equipment safe and available; introduction and visit confirmed. Evidence: _____

Decision: Accepted / Pending / Limited scope / Waitlisted / Declined
Authorised tasks and excluded tasks: _____
Outstanding actions and due dates: _____

Coordinator name and signature: _____ Date: _____
Clinical Lead RN approval where applicable: _____ Date: _____
Director approval where required: _____ Date: _____

Client and registered provider notified: _____ First review due: _____

Version 1.0 — Initial draft prepared 24 October 2026. Director approval and implementation remain to be completed.