

User Guide

14.10.2024-MTE

My Aged Care e-Referrals for Medtech Evolution

Welcome to My Aged Care e-Referrals via HealthLink SmartForms.
The easiest and smartest way for health professionals to refer patients to
My Aged Care for an Aged Care assessment.

For more information go to:

<https://www.healthlink.com.au/my-aged-care>

Your practice must be running Medtech Evolution 10.4.4 and above to access the HealthLink SmartForms.



Submitting e-Referrals from Medtech Evolution

Using HealthLink SmartForms

SmartForms enable **Medtech Evolution** users to easily refer and engage with all HealthLink SmartForm service providers including My Aged Care.

SmartForms are designed to speed up the service you can provide for your patients. They give you confidence that your form has been securely delivered to the service provider, and a copy has been saved to your Practice Software.

HealthLink Technical Support

Email: helpdesk@healthlink.net

Phone: 1800 125 036

Step 1:

Accessing HealthLink SmartForms (e-Referrals)

Step 2:

Launching a new form

Step 3:

Completing the form

Step 4:

Parking, Previewing and Submitting

Step 5:

Accessing parked and auto-saved forms

Step 6:

View forms for a specific patient and submitted forms

Step 7:

What happens after an e-Referral has been made?

Step 1: Accessing HealthLink SmartForms (e-Referrals)

To access the forms within your
Medtech Evolution software...

- A** Load patients in Medtech Evolution by either using the **Patient>Search** menu or press **F2** on your keyboard.
- B** Load HealthLink Forms from the **Module>Advanced Forms** drop down menu.
- C** From the Advanced Forms menu, click **New Form** to load the Patient Forms screen.

Search Patient/Company

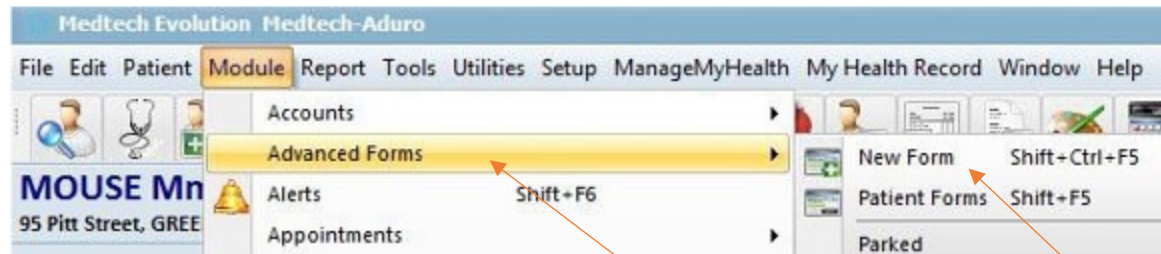
Quick Advanced

Name/Pat No/Medicare No: MOUSE Search Swipe Card

Patients Only: A/c Holders Only: Companies Only: Include Inactive:

Name	Address	Prov	Age	DOB	A/c	Balance
MOUSE Mmouse (80550)	95 Pitt Street	ADM	R 76y	7 Nov 1940	P	

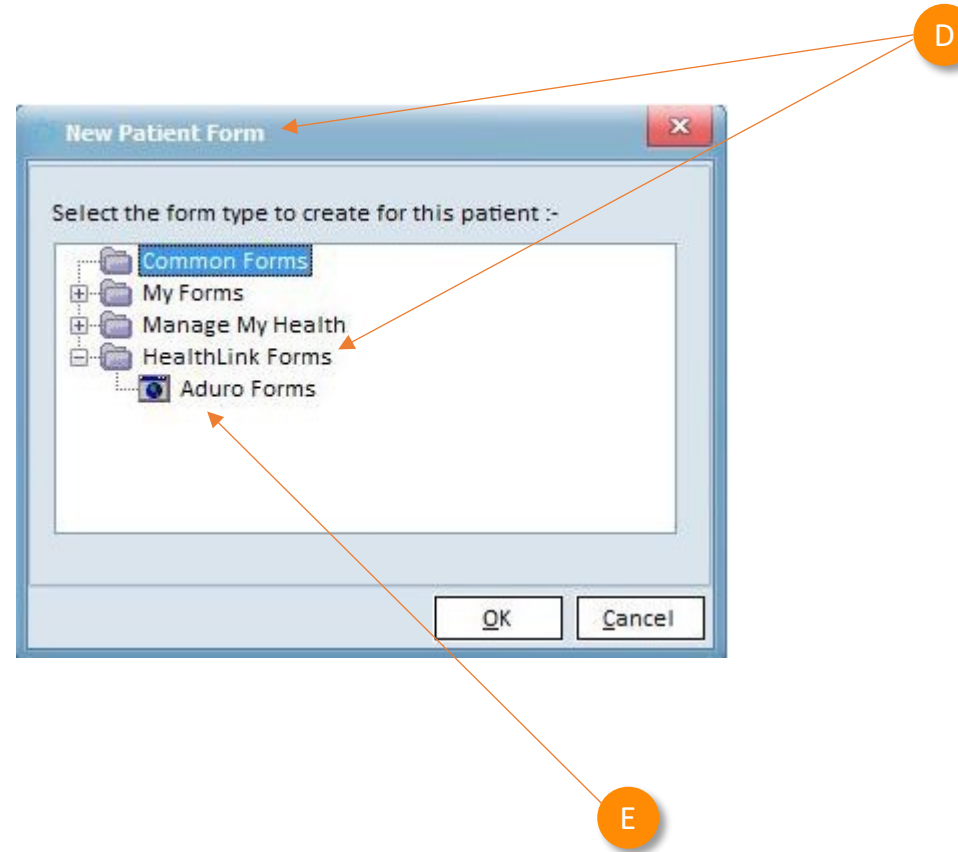
OK Cancel Add ... Family Add... Help



Step 1: Accessing HealthLink SmartForms (e-Referrals)

D In the **Patient Forms** screen, expand the **HealthLink Forms** tree.

E From the HealthLink tree click on **Aduro Forms** to load the **HealthLink** homepage.



Step 2: Launching a new form

Now you're on the HealthLink home page...

A Here you'll find a list of available services to refer patients.

B Within the **Referred Services** section, Click on the link named **My Aged Care Referral** to launch the SmartForm.

The screenshot shows the 'Make a referral' interface. At the top, there are two tabs: 'Make a referral' (selected) and 'Update referrals'. Below the tabs, the page is divided into sections:

- Specialists, Allied Health Providers and GPs**: Contains a link for 'Specialists & Referrals Refer to Private Specialist' with an 'SR' icon.
- General Services**: Contains two links: '--This is the AU UAT Environment-- NSW Certificate of Capacity External Demo' and 'NSW Certificate of Capacity ReturnToWorkSA Work Capacity Certificate'.
- Referred Services**: A large list of services. A callout box with a bracket points to the 'My Aged Care Referral' link in the list. The callout text reads: 'The My Aged Care form can be used to send a referral for government-funded aged care services directly to the Department of Health.' An arrow labeled 'B' points to the 'My Aged Care Referral' link.

The 'Referred Services' list includes:

- ACT Public Outpatient and Community
- Austin Health
- ccCHIP - Cardiometabolic Health in Psychosis
- Demo - Certificate of Capacity
- Eastern Health
- HealthLink Logging Service
- Mercy Hospital for Women
- My Aged Care Referral
- Northern NSW LHD – eReferrals
- NSW Health Outpatient Referrals
- NSW Health Outpatient referrals - Far West LHD
- NSW Health Outpatient referrals - Western Sydney LHD
- NSW Health Outpatient referrals – South Eastern Sydney LHD
- Radiology Referrals
- Spectrum Medical Imaging
- Sydney Local Health District Women's Health
- Tasmanian Mental Health and Alcohol and Other Drugs
- Werribee Mercy Hospital
- Application for ACT Approval to Prescribe Controlled Medicines
- Banyule Community Health
- Chris O'Brien Lifehouse Services
- DPV Community Health
- Head to Health
- Hearing Australia Medical Certificate
- Health
- Health
- Sydney Local Health District Services
- NSW Health Outpatient referrals - Central Coast LHD
- NSW Health Outpatient referrals - Western NSW LHD
- NSW Health Outpatient referrals – Illawarra Shoalhaven LHD
- PRP Diagnostic Imaging
- SA Health
- Sydney Local Health District Services
- Tasmanian Health Service
- Transport for NSW

Step 3: Completing the form

Now you've loaded the form to complete and submit.

A The **SmartForm layout** provides a consistent, easy-to-use tabular structure on the left, with the main action window on the right.

You'll notice SmartForms are **responsive**: They will pre-populate all available patient and referrer data and contain logic to request more specific patient information based on your selections.

B **Mandatory Fields** must be completed prior to submitting the SmartForm and are each highlighted with a red asterisk.

myagedcare My Aged Care Referral

Requested Information My Aged Care Referral Form has been auto-saved.

Attachments / Reports No reports selected. No files attached.

Patient Information ALPHABET TEST No patient ID available 12/11/1976

Referrer Information Medical Director

Information in the fields listed below has been modified for the purpose of submitting to My Aged Care. Please review and ensure the information is correct before submitting this referral.

- Patient Information - Contact Details - Work
- Patient Information - Contact Details - Home
- Referrer Information - Last name

Details of patient consent

By submitting this form, I will provide the information in it about you to My Aged Care. My Aged Care has contracted HealthLink Pty Ltd (HealthLink), a secure messaging service provider to securely transmit the information to My Aged Care. For further details please see HealthLink's [Privacy Policy](#).

My Aged Care will use this information to determine your level of need and/or to provide you with aged care services.

Once received by My Aged Care, the information will be used and disclosed in accordance with the My Aged Care [Privacy Policy](#). This will include validation with the Department of Human Services, and potential disclosure of the information to My Aged Care assessors and service providers, and other health professionals who are caring for you.

I confirm that the patient understands the above and has given his/her consent.*

If not patient, consent is provided by

About the patient

Interpreter Required* Yes No

Preferred Language* Other Southwest and Central

If other, please specify

Can patient be contacted by phone?* Yes No

Usual living arrangement

Accommodation type

Does patient have a carer/support person?* Yes No

Referral details

Referral reason*

Why does the patient need an assessment or access to aged care services?*

myagedcare My Aged Care Referral

Requested Information My Aged Care Referral Form has been auto-saved.

Attachments / Reports No reports selected. No files attached.

Patient Information ALPHABET TEST No patient ID available 12/11/1976

Referrer Information Medical Director

Information in the fields listed below has been modified for the purpose of submitting to My Aged Care. Please review and ensure the information is correct before submitting this referral.

- Patient Information - Contact Details - Work
- Patient Information - Contact Details - Home
- Referrer Information - Last name

Patient Information

Date of birth*

Please provide the patient's Medicare and/or DVA card number.

Medicare number

DVA number

DVA card type

No DVA entitlement

Gold Card

White Card

Orange Card or other

Gender*

Patient's Indigenous status*

Residential Address

Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA only in the State field

Contact Details (Select preferred phone contact)

At least one phone number must be provided. Please indicate the best contact phone number for the patient.

Wk 0809888889, Hme 0809888888, Mob 0404040400

Phone number must be numeric only with no spaces. An area code must be provided for all landline numbers.

Work Home

Mobile Other

Step 3: Completing the form

C It will also display a **warning** for some information taken from your Practice Management Software that needs reviewing.

For example, if a contact phone number does not include an area code.

D If you need more context on the questions, you can click on the **information icons**.

C →

D →

Step 3: Completing the form

Fixing any errors

E If any of the required information is missing or incomplete the SmartForm will notify you to correct it.

myagedcare My Aged Care Referral

Accommodation type: Independent Living

Does patient have a carer/support person?* Yes No

Referral details

Referral reason*: Hospital Discharge

Why does the patient need an assessment or access to aged care services?*

Please note: Completion of the following sections reduces the need for additional follow-up with your patient and the time to action this referral.

Are there concerns with any of the following? Please select all that apply based on your knowledge of the patient.

- Health concerns
- Pain
- Loneliness/social isolation
- Special needs
- Carer stress
- Recent falls
- Memory loss or confusion
- Safety in their home
- Weight loss/nutrition concerns
- Incontinence

Based upon your best estimate of the patient's function, are they able to:*

- Get out of bed or chairs easily?*
- Walk easily?*
- Get dressed?*
- Eat their meal?*
- Go to the toilet?*
- Shower or have a bath?*
- Manage their own medications?*
- Travel in the community?*
- Go shopping for groceries?*
- Prepare their own meals?*
- Do housework?*
- Manage their money?*

Please Select

Step 3: Completing the form

Attachments

- F** The **Attachments / Reports** tab will give you access to all the supporting documents that you may wish to attach to the form.
 - G** You can select any item from the **table** – showing you patient medical records captured from the **last six months**.
- Or you can **browse for files...**
- H** stored in your Practice Management Software by clicking the **Browse for Patient Document** button. This is where you will find all the files in the patient record.
 - I** **Note:** This list displays attachments from the **last 6 months only**.
 - J** **Or** in your local computer's file system by clicking the **Browse for Local File** button.

The screenshot shows the 'myagedcare' interface for a 'My Aged Care Referral'. The main form has several sections: 'Requested Information' (My Aged Care Referral) with a green checkmark and 'Form has been auto-saved.'; 'Attachments / Reports' (No reports selected, No files attached) with a warning icon and a message: 'Information in the fields listed below has been modified for the purpose of submitting to My Aged Care. Please review and ensure the information is correct before submitting this referral.'; 'Patient Information' (LANGUAGE TEST, 4915017051 1, 9/10/1/1959); and 'Referrer Information' (Medical Director2). Below these is a 'Diagnostic Reports / Patient Documents' section with buttons for 'Browse for Patient Document' and 'Browse for Local File'. An 'Attach File' dialog box is open, showing a table of attachments. The table has columns for Date, Name, Comments, Type, and Size. The table lists several 'AduroForm.html' files and one 'Letter.rtf' file. The dialog box also includes a search bar and 'Attach' and 'Cancel' buttons. Orange callout letters F, G, H, I, and J are placed around the screenshot with arrows pointing to specific elements: F points to the 'Attachments / Reports' section, G points to the table in the 'Attach File' dialog, H points to the 'Browse for Patient Document' button, I points to the table in the 'Attach File' dialog, and J points to the 'Browse for Local File' button.

Date	Name	Comments	Type	Size
24/08/2023	AduroForm.html	My Aged Care Referral	html	43 KB
24/08/2023	AduroForm.html	My Aged Care Referral	html	44 KB
23/08/2023	AduroForm.html	My Aged Care Referral	html	44 KB
16/05/2023	AduroForm.html	Northern NSW Local Health District services	html	30 KB
28/06/2022	Letter.rtf		rtf	82 KB

Step 3: Completing the form

Attachments

K You can select a file from your local computer's file system by clicking the **Browse for Local File** button.

Please note you should not attach pathology reports or other detailed health reports that are not specific to aged care needs.

The screenshot shows the 'My Aged Care Referral' form in the myagedcare system. The form is partially filled out, and a green checkmark indicates that the form has been auto-saved. A warning message states: 'Information in the fields listed below has been modified for the purpose of submitting to My Aged Care. Please review and ensure the information is correct before submitting this referral.' The warning lists 'Referrer Information - Last name' as a field that has been modified. The form includes sections for 'Requested Information', 'Attachments / Reports', 'Patient Information', and 'Referrer Information'. The 'Attachments / Reports' section is currently empty. The 'Patient Information' section shows 'LANGUAGE TEST' with ID '4915017051 1' and date '01/01/1950'. The 'Referrer Information' section shows 'Medical Director2'. The 'Diagnostic Reports / Patient Documents' section has buttons for 'Browse for Patient Document' and 'Browse for Local File'. Below this, there is a table for 'Add File Attachment' with columns for 'Date', 'Name', and 'Document Description'. The table is currently empty. A file upload dialog box is open, showing the 'Choose File to Upload' window. The dialog box displays a list of folders and files in the 'Medical Director' directory. The 'File name' field is empty, and the file type is set to 'All Files (*.*)'. The 'Open' button is highlighted. A red circle with the letter 'K' is positioned above the 'Browse for Local File' button, with an arrow pointing to the file upload dialog box.

Step 4: Parking, Previewing and Submitting.

Parking a form

A If you need more information to complete the form, you can **Park** the form to save what you've done so far and come back to it later.

B Attachments selected from your PC will need to be reattached when resuming filling in the parked form.

The screenshot shows the 'myagedcare' interface for a 'My Aged Care Referral'. The top navigation bar includes 'Submit', 'Preview', and 'Park' buttons. The 'Park' button is highlighted with a blue box. A green message box at the top states: 'Form parked successfully. Please note that attachments selected from your PC need to be re-attached when resuming the parked form.' Below this, an orange warning box indicates that information has been modified for submission. The form includes sections for 'Requested Information', 'Attachments / Reports', 'Patient Information', and 'Referrer Information'. A 'Diagnostic Reports / Patient Documents' section contains a table with columns for Date, Name, Document Description, Type, and Size, and a 'No records found.' message.

A

This screenshot is identical to the one above, showing the 'myagedcare' interface for a 'My Aged Care Referral'. The 'Park' button in the top navigation bar is highlighted with a blue box. A green message box at the top states: 'Form parked successfully. Please note that attachments selected from your PC need to be re-attached when resuming the parked form.' Below this, an orange warning box indicates that information has been modified for submission. The form includes sections for 'Requested Information', 'Attachments / Reports', 'Patient Information', and 'Referrer Information'. A 'Diagnostic Reports / Patient Documents' section contains a table with columns for Date, Name, Document Description, Type, and Size, and a 'No records found.' message.

B

Step 4: Parking, Previewing and Submitting.

Previewing a form

- C** You can verify that the form has been completed correctly by clicking **Preview** allowing you to review the details before submitting.
- D** You can scroll through the form to preview it.

myagedcare My Aged Care Referral

Requested Information: My Aged Care Referral

Attachments / Reports: No reports selected. No files attached.

Patient Information: LANGUAGE TEST, 4915017051 1, 91/01/1950

Referrer Information: Medical Director

Form has been auto-saved.

Diagnostic Reports / Patient Documents: Browse for Patient Document, Browse for Local File

Please attach any relevant patient information (for example allied health assessments, wound care details, medication summaries and relevant medical summaries). This information will support your patient's assessment and service provision. Clinical information will be visible to assessors.

Attach file from EMR supports: bmp, docx, gif, jpeg, pdf, png, rtf, tif, txt
Attach file from Computer supports files that end in types: bmp, docx, gif, jpeg, jpg, pdf, png, rtf, tif, txt

Caution: larger attachments may take significant time to preview

Date	Name	Document Description	Type	Size
No records found.				

Preview, not submitted copy

My Aged Care Referral

Patient: LANGUAGE TEST, 74yrs, Male, DOB 01/01/1950
Phone number: 0412345678
Residential address: 23 FURZER ST, PHILLIP, ACT 2606
Referred by: Medical Director, MD-Test Healthlink (Marketplace Partner), PH 0744015650

Clinical Referral Information

About the patient

Interpreter Required:	Yes
Preferred Language:	English
Can patient be contacted by phone?	Yes
Usual living arrangement:	With partner
Accommodation type:	PR Client Owns/Purchasing
Does patient have a carer/support person?	No

Referral details

Referral reason: Hospital Discharge
Why does the patient need an assessment or access to aged care services?
Following hospital discharge

Are there concerns with any of the following? Please select all that apply based on your knowledge of the patient.

- Recent falls: Fall
- Pain:

Based upon your best estimate of the patient's function, are they able to:

Submit Preview Mark Help

myagedcare My Aged Care Referral

Requested Information: My Aged Care Referral

Attachments / Reports: No reports selected. No files attached.

Patient Information: LANGUAGE TEST, 4915017051 1, 91/01/1950

Referrer Information: Medical Director

Form has been auto-saved.

Diagnostic Reports / Patient Documents: Browse for Patient Document, Browse for Local File

Please attach any relevant patient information (for example allied health assessments, wound care details, medication summaries and relevant medical summaries). This information will support your patient's assessment and service provision. Clinical information will be visible to assessors.

Attach file from EMR supports: bmp, docx, gif, jpeg, pdf, png, rtf, tif, txt
Attach file from Computer supports files that end in types: bmp, docx, gif, jpeg, jpg, pdf, png, rtf, tif, txt

Caution: larger attachments may take significant time to preview

Date	Name	Document Description	Type	Size
No records found.				

Recommendations

Based on your patient's function, they are recommended for home support assessment.

Accept / Alternative recommendation: I accept the recommendation

To support aged care assessment, please specify the types of services the patient would benefit from (At least one must be selected):

- Allied health/Other (specify): Domestic Assistance
- Allied health/Other (specify): Physio

Estimated duration of services: 6-12 weeks
Date services required: 12/09/2024

Patient Information

Medicare number: 4915017051 1
Patient's Indigenous status: No - Neither

Referrer Information

Referral number: MAC-2156
Practice Address: Healthlink Practice, North Ward, QLD 4810
Email: hk.us@test.com
Referrer EDI: hmdnuat

Diagnostic Reports / Patient Documents - No reports selected from the patient record

File Attachments - No files attached from the sender's local file system

Submit Preview Mark Help

Step 4: Parking, Previewing and Submitting.

Submitting a form

- E** When you are ready to send your form, click **Submit**.
- F** This will safely and securely send the form electronically via HealthLink, and you will see a copy of the completed form with a **date stamp**.
- A copy of the submitted form is saved directly to the patient file.**
- G** If you'd like to provide the patient with a copy, you can left-click the **Print** button or right-click anywhere on the submitted form and choose Print.

myagedcare My Aged Care Referral

Requested Information
My Aged Care Referral

Form has been auto-saved.

Attachments / Reports
No reports selected
No files attached

Patient Information
LANGUAGE TEST
4915017051 1
01/09/1950

Referrer Information
Medical Director

Diagnostic Reports / Patient Documents
Browse for Patient Document Browse for Local File

Please attach any relevant patient information (for example allied health assessments, wound care details, medication summaries and relevant medical summaries). This information will support your patient's assessment and service provision. Clinical information will be visible to assessors.

Attach file from CMR supports: bmp, docx, gif, jpeg, pdf, png, rtf, tif, tiff, txt
Attach file from Computer supports files that end in types: bmp, docx, gif, jpeg, jpg, pdf, png, rtf, tif, tiff, txt
Caution: larger attachments may take significant time to preview

Date	Name	Document Description	Type	Size
No records found.				

Recommendations
Based on your patient's function, they are recommended for home support assessment.
Accept / Alternative recommendation: I accept the recommendation
To support aged care assessment, please specify the types of services the patient would benefit from (At least one must be selected):
• Allied health/Other (specify) • Domestic Assistance
Allied health/Other (specify): Physio
Estimated duration of services: 6-12 weeks
Date services required: 12/09/2024

Print

Form sent on 12/09/2024 10:26 AEST

Thank you for making a referral with My Aged Care.
Your confirmation number for LANGUAGE TEST is Activity ID 2-156018670231

What happens next? My Aged Care will review the referral and may refer your patient for an assessment. If additional information is required, My Aged Care may contact the patient to talk about the support they need. Your patient should hear from My Aged Care or an assessment organisation within 2-6 weeks.

You or your patient can follow up on this referral by calling the My Aged Care Contact Centre (1800 200 422), using the confirmation number shown above.

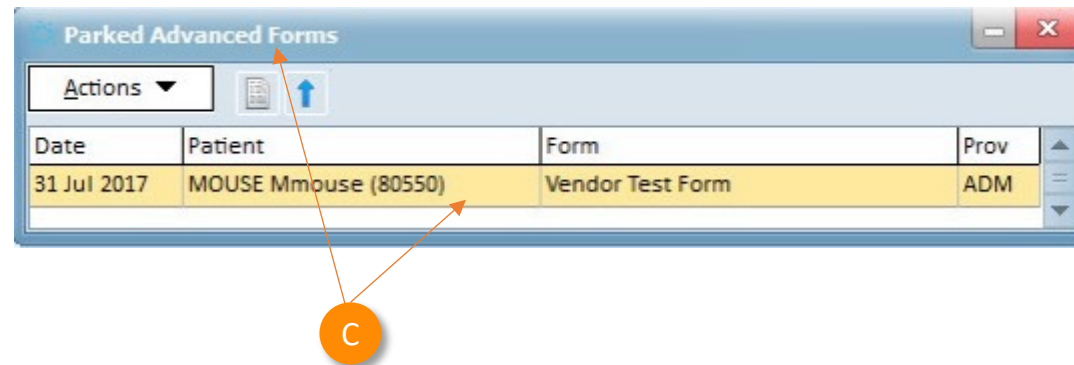
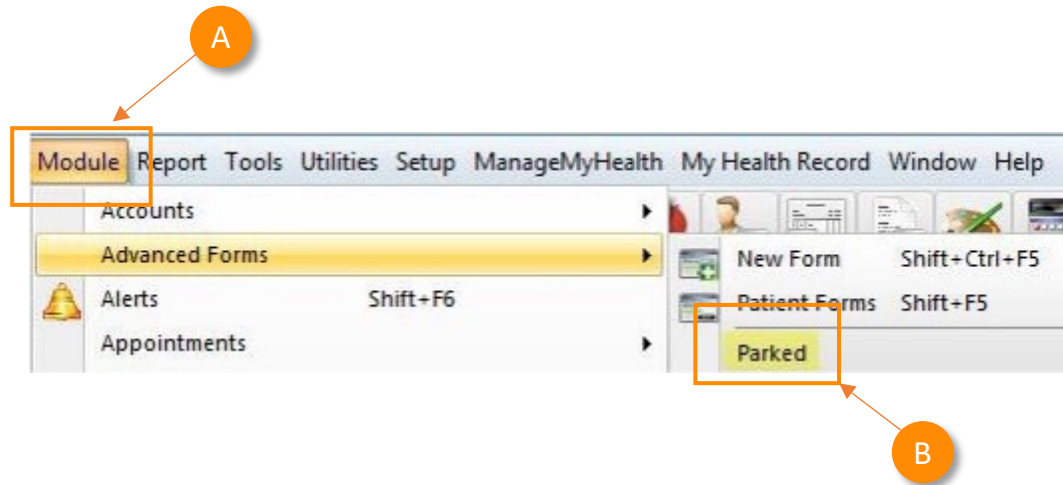
Step 5:

Accessing parked and auto-saved forms

A To access parked or auto-saved forms, from the **Module>Advanced Forms** menu click on **Parked**.

B

C From the **Parked Advanced Forms** list, double click on the required form to complete and submit.



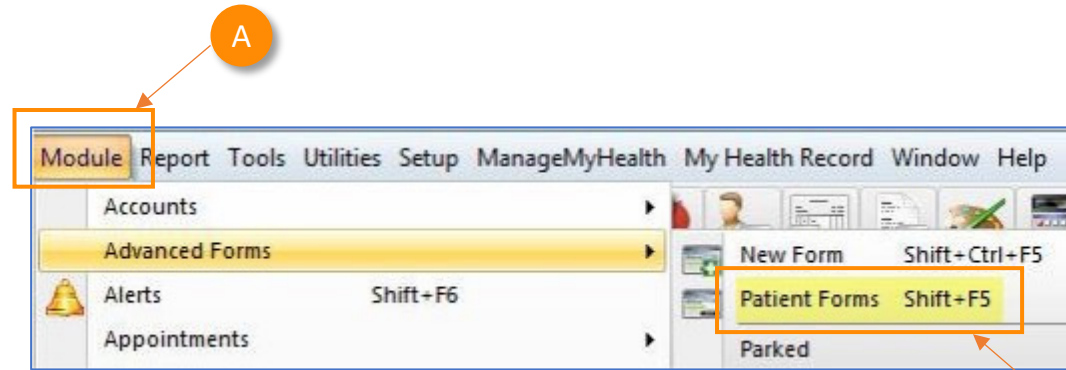
Step 6:

View forms for a specific patient and submitted forms

Load patients in Medtech Evolution by either using the **Patient>Search** menu or press **F2** on the keyboard.

A From the **Module>Advanced Forms** menu click on **Patient Forms**.

C The patient's **submitted** and **parked forms** will be listed in **Patient Advanced Forms**



A screenshot of the 'Patient Advanced Forms' window. The window title is 'Patient Advanced Forms'. It has a toolbar with an 'Actions' dropdown, a plus icon, a document icon, and a filter icon. Below the toolbar is a table with the following data:

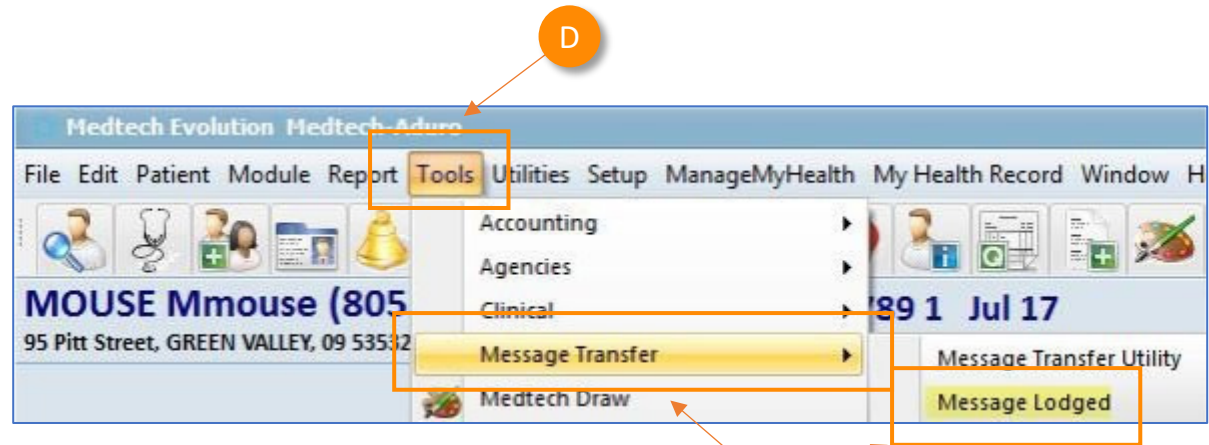
Date	Form Name	Prov	Status
31 Jul 2017	Vendor Test Form	ADM	Submitted
31 Jul 2017	Vendor Test Form	ADM	Parked

The 'Submitted' row is highlighted in yellow. A red box labeled 'C' is positioned below the table, with arrows pointing to the 'Submitted' and 'Parked' rows.

Step 6: View all submitted forms

D You can view a list of all submitted forms from the **Tools>Message Transfer>Message Lodged** menu. **E**

F From the Messages Lodged screen click on the **Webforms** tab to view a list of all submitted forms.



The screenshot shows the 'Messages Lodged' window. The 'Webforms' tab is selected. The table below shows a list of submitted forms.

Date Lodged	Date Sent	Patient	To	Status	Message Id
31/07/2017 11:32:44	31/07/2017 11:32:44	MOUSE Mmouse (80550)	Mr Mickey Mouse	Acknowledged	31072017113244

An orange circle labeled 'F' points to the 'Webforms' tab and the table.

Step 7:

What happens after an e-Referral has been made?

- If a completed referral is received by My Aged Care, the information can be sent directly to an assessor who will then call your patient to discuss and organise an assessment.
- Make sure your patient is aware that they may be contacted by My Aged Care or an assessor.
- Your patient should hear from My Aged Care or an assessment organisation within two to six weeks.
- If the referral is incomplete, My Aged Care will contact you to confirm the information provided.
- After an e-Referral is submitted to the Department of Health and Aged Care, the client and their representatives can track its progress through myGov (<https://my.gov.au>). They will also receive a My Aged Care welcome pack in the mail containing helpful information and outlining what their next steps will be. This information is not sent back to their referring Doctor/ General Practitioner.
- You can follow up on your referral by calling the My Aged Care industry line on 1800 836 799 (option 1).

A



Customer Care

Phone: 1800 125 036

Email: helpdesk@healthlink.net

Monday to Friday (Except Public Holidays)

8:00am – 6:00pm

www.healthlink.com.au

HealthLink* — Part of
Clanwilliam

HealthLink is part of Clanwilliam, a vast network of healthcare enterprises spanning across the United Kingdom, Ireland, New Zealand, Australia, and India. Together, we're working collectively to create safer, more efficient and better healthcare for everyone.