



home and community care

A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

HOME AND COMMUNITY CARE (HACC) SERVICE PROVISION GUIDELINES FOR PEOPLE IN RECEIPT OF AUSTRALIAN GOVERNMENT FUNDED PACKAGES OR RESIDENTIAL AGED CARE

These guidelines are intended to assist Regional Assessment Services, HACC service providers and other stakeholders to understand priorities for HACC service provision. They should be read in conjunction with the HACC Service Provision Level Guidelines ([http://www.health.wa.gov.au/HACC/docs/Guidelines to HACC Service Provision Levels.pdf](http://www.health.wa.gov.au/HACC/docs/Guidelines%20to%20HACC%20Service%20Provision%20Levels.pdf)) that provide an overview of HACC eligibility and targeting strategies that are to be applied in order to ensure an appropriate distribution of basic maintenance and support services across the HACC target population.

In summary, priority of access to HACC support should be given to eligible clients who:

- are receiving no formal services;
- are living alone with no informal support;
- are carers with demonstrated high levels of carer stress;
- do not have access to, or are ineligible for, assistance through other government programs: and/or
- have completed an independence program (e.g. Personal Enablement Program (PEP) and Home Independence Program (HIP)).

Priority of access is lower for HACC eligible clients who are considered less at risk of premature or inappropriate admission to long term residential care.

Priority of access is restricted for HACC eligible clients who have access to, or are eligible for, other government programs.

If a person is receiving assistance through another government program it may be appropriate in some instances to provide limited HACC support in areas not included in their existing program if it does not impact negatively on access for HACC eligible clients who are receiving no or minimal other supports.

Some specific inclusions and exclusions are provided overleaf.

January 2012



People in receipt of a Community Aged Care Package (CACP) {including Client Directed Care (CDC) Low Care}

People in receipt of a CACP may access **HACC Nursing** and **HACC Allied health** support as these services are not included within the suite of services provided through a CACP.

People in receipt of a CACP may also access **HACC Centre Based Day Care (CBDC)** for one (1) to two (2) days per week (and associated Transport) if the service provider has the capacity to provide this support without adversely affecting people in the HACC target population who are not receiving a CACP or other significant packages of funding.

Regional Assessment Services will need to facilitate access for CACP clients seeking HACC CBDC in regions where the WA Assessment Framework has been implemented.

CACP clients receiving HACC Nursing, HACC allied health support or attending HACC CBDC are required to pay the appropriate fee consistent with the HACC Fees Policy. Support provided to these clients is reported to the HACC National Data Repository (NDR).

CACP clients are not eligible to receive any other types of support through the HACC Program.

People in receipt of an Extended Aged Care at Home (EACH) package or an Extended Aged Care at Home – Dementia (EACH-D) package (including CDC High Care and CDC High Care Dementia)

People in receipt of Extended Aged Care at Home (EACH) package or an Extended Aged Care at Home – Dementia (EACH-D) package are not eligible for HACC support services.

Where it is identified that an EACH or EACH-D Package client would benefit from attending a HACC CBDC as part of their EACH or EACH-D Package the HACC service provider should charge the Package care provider on a full cost recovery basis. Access to CBDC for clients receiving EACH and EACH-D can be negotiated directly between the CBDC service provider and the package care provider. CBDC service provider may accept the referral if there is the capacity to support the client without adversely affecting people in the HACC target population. Support provided to these clients is not reported to the HACC NDR.

Carers of people receiving a CACP, EACH or EACH-D package

Carers of people receiving a CACP, EACH or EACH-D package should have their respite needs met through the care recipient's package of care or the National Respite for Carers Program (NRCP).

Carers of CACP, EACH or EACH-D clients who would benefit from attending a HACC funded carers support group may only access this support on a full cost recovery basis. This support can be accessed directly with the service provider and is not reported to the HACC NDR.



Where a carer's circumstances have recently changed such that they are no longer supporting a HACC eligible client it is appropriate to allow for a period of up to three (3) months to transition out of HACC respite and Counselling, support, information and advocacy (CSIA) support services.

Carers who have an ongoing functional disability may be eligible for HACC support in their own right and should be referred for an assessment of their needs.

People living in Residential Care

People living permanently in residential aged care are not eligible for HACC support services.

Where clients have recently entered residential care it is appropriate to allow for a period of up to three (3) months to transition out of some HACC support services. This may be particularly important for people who have attended CBDC or similar social activities for an extended period of time. During the transition period people should only attend CBDC for one to two days per week.

Where clients enter residential care for respite they should have all their support needs met by the facility. However, in some circumstances it may be appropriate to facilitate continuity of care by enabling clients to continue to attend CBDC or social support group.

Carers of people living in Residential Care

Carers of people living in Residential Care are not eligible for HACC support services.

Where carers' circumstances have recently changed such that they are no longer supporting HACC eligible clients it is appropriate to allow for a period of up to three (3) months to transition out of HACC CSIA services.

Carers of people living in Residential Care who would benefit from attending a HACC funded carer support group may only access these supports on a full cost recovery basis. These services can be accessed directly with the service provider and are not reported to the HACC NDR.

People receiving support from the Transition Care Program (TCP)

When a person enters the TCP, it is expected that all of their support needs will be met by the TCP. If the person was receiving HACC support prior to becoming a TCP client their HACC support should be suspended. If the person remains living in the community after exiting the TCP their HACC support should be reinstated. The TCP provider and HACC service provider liaise to determine whether the client's needs have changed sufficiently to warrant a face to face reassessment.



Eligible veterans and war widows/widowers

Members of the veteran community who have been assessed and meet HACC eligibility criteria may access HACC support to address their assessed needs. Veterans may choose to receive support through the HACC Program and/or through the Department of Veteran's Affairs (DVA) but HACC should not duplicate support provided by DVA.

People in receipt of Disability Services Commission funded support

Clarification of the interface between HACC and Disability Services Commission funding for younger people with disability is available in the [WA HACC Service Provision Guidelines for Younger People with a Disability](#)

http://www.health.wa.gov.au/HACC/docs/HACC_Service_Provision_Guidelines_for_People_with_Disabilities.pdf

The following case examples provide further clarification of the interface between HACC and other government programs:

Case example	Support needs/request	Comments
Man (76) with difficulties with personal care due to limb weakness.	Currently receiving a CACP. Request for Allied health, which is not provided as part of a CACP.	Allied health can be provided to the client subject to the same eligibility and fee requirements as other HACC clients, but is not given priority of access for these services.
Elderly couple in their 80s, Wife has reduced mobility resulting in difficulty in maintaining activities of daily living, husband is the primary carer.	Currently receiving a CACP. Husband requests respite from HACC.	Husband should request respite care through CACP or National Respite for Carers Program.
Woman (82) with mobility and personal care difficulties due to significant vision loss.	Currently receives a CACP that addresses many of her needs but experiencing social isolation. CACP provider requests attendance at a HACC CBDC.	Client can attend HACC CBDC one or two days a week if there is no waiting list and her attendance would not result in the exclusion of a HACC client. CACP client pays HACC fee and is recorded as a HACC client for MDS reporting purposes.



Case example	Support needs/request	Comments
Man (68) with ongoing visual and mobility difficulties.	Currently receiving EACH package. Client makes a request to HACC to attend CBDC.	This person is not eligible to receive HACC support and should discuss with EACH provider. EACH client may be able to access HACC CBDC as part of their package care arrangements if his attendance would not exclude a HACC client. Attendance would be charged to the package care provider on a full cost recovery basis. The client is not recorded for HACC MDS reporting purposes.
Woman (88) with multiple complex care needs.	Assessed by ACAT as eligible for EACH package, but there are currently no EACH packages available. Requests HACC support.	HACC service provider should liaise with ACAT and consider other support options for the client including CACP and NRCP. HACC may be able to provide temporary low-level support while the client waits for an EACH package where no other packaged care option exists.
Man (41) is a war veteran with reduced mobility and requires assistance with household tasks and personal care	Currently receives domestic assistance from DVA Veteran's Home Care but seeking personal care support through HACC.	HACC service provider is able to assist with personal care as does not duplicate support provided by DVA Veteran's Home Care.



Websites of Interest

Home and Community Care Program website

www.health.wa.gov.au/hacc

Department of Health and Ageing website

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-whatnew.htm>

Details on CACP, EACH and EACH-D

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-cacp-guidelines.htm1>

Department of Veterans' Affairs

<http://www.dva.gov.au/Pages/home.aspx>

For further information:

Home and Community Care Program

Department of Health WA

PO Box 8172, Perth Business Centre

PERTH WA 6849

(08) 9222 4060

Complaints and Advocacy

If a client has an issue regarding a community care service and is unhappy with the response from their service provider, they may contact **Advocare**.

Advocare provides a free service. It is an independent advocacy agency which advocates and protects the rights and best interests of:

People living in aged care facilities

People receiving community care services; and

People not currently receiving these services but who are eligible for them

Advocare

1/190 Abernethy Rd

BELMONT WA 6104

Freecall 1800 655 566

Advocare Website

<http://www.advocare.org.au/>

