

# Guidelines for Service Provision Levels in the Home and Community Care (HACC) Program in Western Australia

Aged Care Policy Directorate

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# 1. Purpose of Document

In Western Australia (WA), the primary focus of the Home and Community Care (HACC) Program continues to be the provision of **basic maintenance and support** services to the HACC target group. This is consistent with the legislative basis of the HACC Program, evidence in relation to targeting in community care, and with reforms to community care being advanced nationally.

To continue to meet the demand of increasing numbers of clients with limited resources, there is a need to clarify **general** parameters of levels of services that people would normally receive through the HACC Program.

Services will continue to be directed to those people with less intensive but equally important needs who are not able to access assistance from other sources or programs.

This document has been developed by the Aged Care Policy Directorate, Department of Health (DoH), to guide WA HACC agencies on service provision levels when delivering services to HACC Program target population.

It should be noted that this document is intended to trigger when an person is getting close to a certain level of service, for the agency to determine if the client needs a comprehensive assessment and what programs are most appropriate for longer term.

Every HACC funded agency will need to have a written HACC Service Provision Levels Policy, which is made available and is explained to all clients, staff members and other relevant people.

## 2. HACC Target Population

The HACC target population<sup>1</sup> is defined as:

Persons living in the community, who, in the absence of **basic maintenance and support** services provided or to be provided within the scope of the Program, are at risk of premature or inappropriate long term residential care, including:

- Older and frail persons, with moderate, severe or profound disabilities;
- Younger persons with moderate, severe or profound disabilities;
- Such other classes of persons as are agreed upon by the Commonwealth Minister and State Minister; and
- The carers of the above persons.

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<sup>1</sup> National Program Guidelines for the Home and Community Care Program 2002

### 3. Access to HACC Services

As part of the National Program Guidelines for the Home and Community Care Program 2002 the following seven targeting strategies for access to services have been endorsed:

- targeting to reduce premature or inappropriate admission to residential care;
- targeting to improve function and support independence in the community;
- targeting to support carers;
- targeting to enhance quality of life;
- targeting to reduce unmet need;
- targeting to reduce the use of nursing home; and
- targeting clients with high and complex care needs remaining in the community.



*The National Program Guidelines for the Home and Community Care (HACC) Program contain a wealth of information of value to service providers.*

*It is recommended that service providers regularly review the Guidelines to ensure they are delivering services in accordance with the guidelines. These are available for download at the Department of Health and Ageing website at:*

*[http://www.hacc.health.gov.au/pub\\_pg\\_npg.htm](http://www.hacc.health.gov.au/pub_pg_npg.htm)*

### 4. Priority of Access to Services

As a result of the Review of the Efficiency and Effectiveness of HACC carried out in 1995, a consultancy to look at Targeting in the HACC Program was finalised in July 1999 (*National Ageing Research Institute and Bundoora Extended Care Centre*).

The 1999 Targeting Report outlines that the rationale for targeting on high and complex care needs clients rests on the capacity of community services to support these individuals in the community with a better quality of life than could be realised in other settings, and in a cost effective manner, that is, at a cost not exceeding the cost of such alternative care.

Further research into targeting services for older people has been carried out as part of the Community Care Review that was announced in 2004. The Eligibility and Assessment working group commissioned a "Review of Recent Literature and Analysis of the Aged Care Assessment Program (ACAP) Minimum Data Set"<sup>2</sup>.

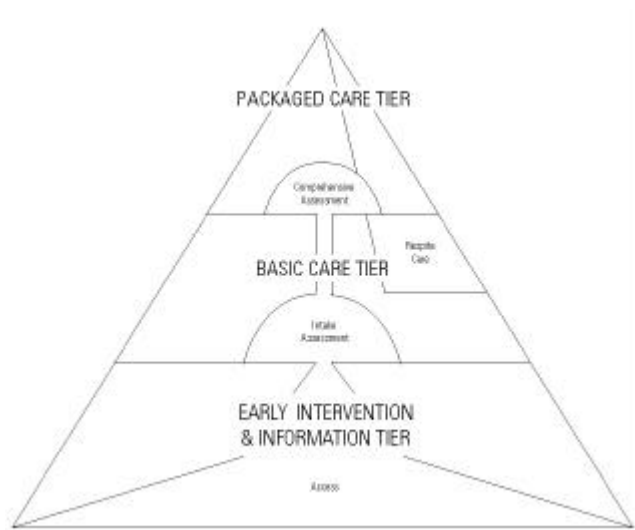
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<sup>2</sup> Anne Howe et al, April 2006

The review found clear evidence for the positive effect of providing small amounts of community care for people at a range of dependencies, including high dependency clients.

The benefits of receiving some services compared to none, and experiencing unmet need, were especially evident. The clearest evidence of effectiveness was found when a particular service was directed to a particular need.

- The first implication of these findings is that targeting should aim to facilitate access to services rather than restrict it, and provide a basic response to assessed needs for as many clients as possible.
- The second implication is that intake assessment, as set out in the tiered model, should focus on finding the most appropriate response to the client's needs. Intake assessment can thus be characterized as careful selection from a wide array of services rather than providing less discriminating access to more services.



Priority of access to services should be given to HACC 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 (for example, Australian Government Community Aged Care Packages (CACP)/Extended Aged Care at Home (EACH); DSC (Intensive Family Support, Accommodation Support Funding and Alternatives to Employment)); and/or
- have completed an independence program episode (for example, Personal Enablement packages (PEP), Home Improvement Program (HIP), Wellness Approach to Community Homecare (WATCH)).

Therefore, priority of access will be lower for HACC eligible clients who:

- have access to, or are eligible for, other government programs; and/or
- are considered less at risk of premature or inappropriate long term residential care (for example, younger people with disabilities under the age of 16 years who may have other funding and family support options).

## 5. Service Levels

- Service levels relate to the aggregated amount of services provided to a HACC eligible client from **all** agencies, not just one agency. It is anticipated that agencies will have better access to the sharing of client information in line with the ongoing development of technology.
- Generally, a HACC eligible person requiring **basic maintenance and support** services through the HACC Program may receive support services up to the value of \$12,000 per year<sup>3</sup>. This level is based on the average CACP, which is considered the equivalent to low-level residential care at home.
- Generally, a HACC eligible carer may receive Respite Care and Counselling, Support, Information and Advocacy services up to the value of \$12,000 per year.
- If a person requires services in excess of \$12,000 per year, agencies need to consider whether to refer the client to an Aged Care Assessment Team (ACAT) or DSC for a comprehensive assessment. A comprehensive assessment will provide the agency with information to support the ongoing delivery of appropriate HACC services or a referral to a more appropriate service.
- It is important that agencies share their HACC Needs Identification (HNI) and any other service assessment information with other agencies to improve service delivery to clients and to enable appropriate targeting of HACC services.
- Agencies need to be aware that increasing service levels may not meet targeting strategies and may not bring about the best outcome for the individual.
- If a person is receiving assistance through another package of care, e.g. DSC or from the Australian Government, HACC agencies may be able to provide a service that is not provided as part of the funding package based on assessed relative need. The person is treated as a HACC client and fees charged as per the service provider's schedule of fees. However, services can only be provided if an agency has the capacity to do so and not to the detriment of a service being provided to a HACC eligible client with no or minimum HACC support.

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<sup>3</sup> The dollar value is a guide and will be revised on regular basis to reflect cost increases

- Clients currently receiving levels of HACC service in excess of \$12,000 per year and assessed as requiring an alternative program or package of care, need to be maintained and supported until they are transitioned to a more appropriate program or package of care.

## **6. Advice to HACC clients**

- Each agency is to advise HACC eligible clients at the time of initial assessment and/or reassessment, that their eligibility and ongoing priority for services will be reviewed on an ongoing basis.
- Written information provided to clients, such as letters of offer of services and individual care plans, should always indicate that levels of service may change depending on individual client care needs, and based on prioritising service delivery to all clients.

## **7. References**

- HACC National Program Guidelines 2002
- WA HACC Coordinators' Manual
- The Way Forward document
- Howe document April 2006 (not yet published)
- Sharing Information Policy No. P08/0703; WA Health, 2003

## **8. Websites of Interest**

Australian Department of Health and Ageing  
<http://www.health.gov.au/>

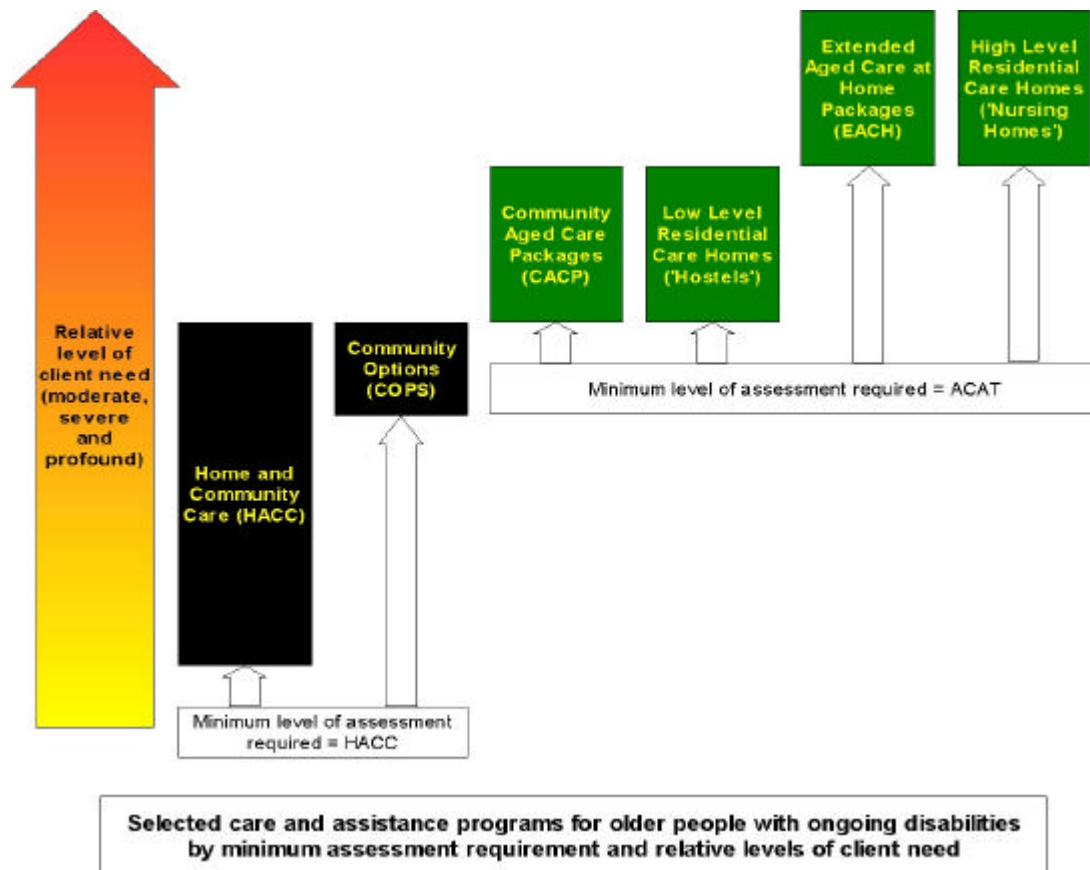
WA Department of Health (WA HACC)  
<http://www.health.wa.gov.au/hacc>

WA Disability Services Commission  
<http://www.dsc.wa.gov.au/>

## ATTACHMENT 1

Please note that this diagram is intended to act as a guide to care and assistance programs only. Some clients in receipt of services under the HACC Program may be in receipt of services under other programs for which they are eligible.

### *Where does HACC fit in?*



## ATTACHMENT 2

### LIST OF COMMONLY USED ABBREVIATIONS AND TERMS

ACAT	Aged Care Assessment Team
CACP	Community Aged Care Package
DoH	Department of Health (WA)
DSC	Disability Services Commission (WA)
EACH	Extended Aged Care at Home
HACC	Home and Community Care
HNI	HACC Needs Identification
PEP	Personal Enablement Program
HIP	Home Independence Program
WA	Western Australia
WATCH	Wellness Approach To Community Homecare
Carer	A carer is a family member or friend who provides ongoing assistance or support to another person because of their need or dependence in one or more areas, in the absence of payment other than a pension or allowance or recognised volunteer status.
Comprehensive Assessment	<p>Comprehensive Assessment should be broad and deep, identifying risk factors and health and care needs. The principles should include being client centred, interdisciplinary, in-depth and investigatory, result in a care plan and uses professional judgement and standard tools.<sup>4</sup></p> <p>An evaluation of the care needs of a person incorporating the restorative, physical, medical, psychological, cultural and social dimensions of care.<sup>5</sup></p>
Formal support	Assistance or support provided by a paid worker under a contract of services with an agency, or an individual, or by a volunteer undertaking formally recognised community work. For example, assistance with tasks of everyday living provided by a HACC-funded agency would be classed as formal support whether provided by a paid care worker or by a volunteer with the agency.
Informal support	Assistance or support provided without payment or through formally recognised community work. For example, assistance with tasks of everyday living provided by a family member or a neighbour would be classed as informal support.

<sup>4</sup> La Trobe University, Lincoln Centre for Ageing and Community Care Research; 2006

<sup>5</sup> Aged Care Assessment Program Data Dictionary Version 2; 2006