Government of Western Australia
Department of Health

hacc
home and community care
A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

Home and Community Care Program

Western Australia

WA HACC Manual

January 2013

WA HACC Manual

The WA HACC Manual shall remain the sole property of the Department of Health Western Australia.

Whilst this manual has been produced with care, the Western Australian Government accepts no responsibility for any decision or actions taken on the basis of this document.

Every care has been taken to provide the current website addresses and hyperlinks in the *WA HACC Manual* documentation. If the website addresses have changed please access the HACC website on www.health.wa.gov.au/hacc/home.

More information

If you have any queries relating to *The WA HACC Manual* you should contact a HACC Project Officer/Contract Manager or contact:

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This document is available on the WA HACC Website: www.health.wa.gov.au/hacc/

Document Version Control:
Developed: August 2004
Version 2: December 2005
Version 3: April 2010
Version 4: January 2013
Distribution: WA HACC service providers

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THE HACC PROGRAM

1.1 Background to the HACC Program

The Home and Community Care (HACC) Program is a joint funding initiative of the Commonwealth, WA State and Victorian State Governments, with operations commencing in Western Australia in 1986. The program was introduced in response to recommended changes in the balance between institutional and community based services for older people and people with disabilities.

To reduce fragmentation and promote a more strategic approach to the planning and delivery of community care services, four Acts were subsumed into the Home and Community Care Act, 1985. These were:

- States Grants (Home Care) Act 1969
- States Grants (Paramedical Services) Act 1969
- Delivered Meals Subsidy Act 1970
- Home Nursing Subsidy Act 1956[1]

In September 1985, the Commonwealth Government entered into an agreement, referred to as the Principal Agreement, with each State and Territory for the funding and administration of home and community care services governed by the *Home and Community Care Act 1985*.

The Principal Agreement was revised in 1999 and replaced with a new agreement, known as the Amending Agreement, to continue the development of home and community care services for frail aged people, younger people with a disability, and their carers, and to implement measures to more efficiently and effectively manage service provision.

The Amending Agreement was revised further with the Review Agreement. The Review Agreement took effect from 1 July 2007 to detail arrangements for the continued management of the HACC Program in line with the principles and practices of adopting common arrangements.

As a result of the National Health Reform, from 1 July 2012, the Commonwealth took on full funding, policy and operational responsibility for the provision of HACC support for older Australians aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander people). State Governments will continue to fund and administer HACC support for those under the age of 65 (or 50 for Aboriginal and Torres Strait Islander people).These changes have occurred in all states and territories, with the exception of Western Australia and Victoria.

1 Health Department of WA, *Report on the Background and History of the Home and Community Care Program*, 2002.

Western Australia and Victoria committed to aged care reform but have not yet reached agreement on changes to responsibilities in relation to the HACC Program. Consequently, existing HACC arrangements, including Commonwealth funding, remains in place for Western Australia and Victoria until otherwise agreed

1.2 Aims and Objectives of the HACC Program

The aims of the HACC Program are to:

- provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, younger people with a disability, and their carers;
- support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their inappropriate admission to long term residential care; and
- provide flexible, timely services that respond to the needs of consumers.[2]

The National Program Guidelines 2007 emphasise the need for coordination with other service providers and encourage flexibility in service delivery to meet the needs of clients.

1.3 Target Population

The National Program Guidelines 2007 describe the target population as:

- people in the Australian community who, without basic maintenance and support services provided under the scope of the National Program, would be at risk of premature or inappropriate long term residential care, including:
    i. older and frail people with moderate, severe or profound disabilities;
    ii. younger people with moderate, severe or profound disabilities; and
    iii. such other classes of people as are agreed upon, from time to time by the Commonwealth Minister and the State Minister; and
- the unpaid carers of people assessed as being within the National Program's 'target population'. [2]

The Guidelines also emphasise that eligibility for services is based on frailty related to impaired functional capacity. Therefore, individuals do not qualify for HACC support on the basis of their age, but because they have difficulties in carrying out tasks of daily living and require assistance and support due to a moderate, severe or profound functional disability.

2 *National Program Guidelines for the Home and Community Care Program*, 2007.

Targeting

In regard to targeting, the National Program Guidelines 2007 state:

Overall, the HACC Program targets its services according to relative need, cost effectiveness and with regard to the individual's assessed needs. The strategies used by HACC service providers in allocating their services aim to:

- reduce use of residential and acute care
- reduce risk of premature or inappropriate admission to residential and acute care
- assist clients with high and complex care needs to remain living in the community
- improve functioning and support independence of clients living in the community
- support carers
- enhance client quality of life
- reduce unmet need.

Each strategy is important and they are not listed in order of priority. [3]

Carers

The HACC Program acknowledges that the unpaid carers of frail older people and younger people with a disability play an important role in community care. They enable the person receiving care to remain living at home and contribute greatly to their quality of life.

Respite care and Counselling, support, information and advocacy are support services designed by the HACC Program specifically to assist unpaid carers in their caring role.

Special Needs Groups

Special needs groups may find it more difficult than most people to access services. These groups include:

- people from culturally and linguistically diverse backgrounds
- Aboriginal people
- people with dementia
- financially disadvantaged people
- people living in remote or isolated areas.

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3 *National Program Guidelines for the Home and Community Care Program*, 2007

HACC funded services can be provided specifically for one or more of the above groups either by a generic service, or where appropriate, by a specific service.

A person's eligibility for HACC support services should be determined before considering whether they belong to a special needs group.

The National Program Guidelines for the Home and Community Care (HACC) Program, contains a wealth of valuable information for service providers. This document is available at:

www.health.wa.gov.au/hacc/docs/pg_npg.pdf

It is recommended that service providers regularly review the Guidelines to ensure they are delivering services in accordance with the Guidelines.

1.4 Service Types

The HACC Program in WA provides the following support services:

Allied health

Individualised Allied Health support promotes independence and the maintenance of general physical and mental functioning through a wide range of specialist services which enhance strength, mobility and safety.

Assessment

Assessment covers the spectrum of activities associated with client eligibility, screening, assessment, reassessment and review which directly involves the care recipient and their carer. It includes comprehensive assessments regarding the care recipient's capacity to undertake tasks of daily living, their need for assistance, and occupational health and safety issues present in relation to service delivery.

Centre-based day care

Centre-based day care relates to the attendance and participation in structured group activities, which are conducted in or from a centre. Activities are designed to develop, maintain or support independent living and social interaction. Centre-based Day Care also includes some group excursions and activities conducted by centre staff but conducted away from the centre building.

Client care co-ordination

Client care co-ordination involves the co-ordination of a range of services for a client who has complex care needs or complex support needs, who requires short term intensive liaison between various service providers, agencies and health professionals involved with the client's care in order to implement the client's support plan.

Counselling/support, information and advocacy (Care Recipient and Carer)

This service relates to advocacy and the provision of advice or counselling and information for understanding and managing situations, behaviours and relationships associated with the care recipient's need for care or with the caring role.

Domestic assistance

Domestic assistance covers assistance with everyday household tasks, where the client is unable to manage on their own. Examples may include hanging out laundry, vacuuming or mopping floors, or shopping **for** the client (where the client does not accompany the support worker).

Home maintenance

Home maintenance includes home repairs and maintenance in the client's home and yard to maintain the safety of and access for the client.

Home modification

Home modification involves minor structural changes to the client's home to maintain the independence and safety of the client.

Meals at home/Meals at centre/other

This service type covers assistance with the **delivery of meals only**. The meal itself is provided to the client at full-cost recovery.

Nursing

This service type relates to nursing care, such as wound care or the application of a prescribed ointment, which is provided by a registered or enrolled nurse at home or in a centre.

Personal care

Personal care involves support with daily self-care activities, such as feeding, showering, toileting, dressing, grooming, mobilising and transfers.

Other food services

Other food services relates to support with the preparation of meals in the home. Activities may include teaching cooking skills, meal planning and the provision of nutritional advice.

Provision of goods and equipment

This service type relates to the loan or purchase of goods and equipment to assist and maintain the independence of the client. These goods and equipment are designed to assist the client's mobility, communication, reading, personal care or health care.

Respite care

The primary purpose of HACC Respite care is to provide a substitute for the carer, allowing them to have a break from their caring role. HACC respite care is usually provided on a planned and/or regular basis during the day and/or evening.

Social support

Social support covers support to carry out essential activities such as shopping and banking (where support worker accompanies client), support to maintain social contact with friends and support to enable community engagement by participating in local community activities.

Transport

Transport provides support to travel within the local community for clients to engage in independent activities such as medical appointments, shopping, banking or social engagement.

The WA HACC MDS User Guide contains detailed definitions and descriptions of all HACC service types. It is available at:

www.health.wa.gov.au/hacc/docs/mds/WA_MDS_User_Guide.pdf

1.5 Service Provision Levels

The WA HACC Program has produced *Guidelines for Service Provision Levels in the Home and Community Care (HACC) Program in Western Australia* to indicate the parameters of the level of service that people would normally receive through the HACC Program.

The intention of these guidelines is to trigger when a person requires a comprehensive assessment to determine if HACC support or another program is most appropriate for the longer term.

Specific guidelines to clarify boundaries between the HACC Program and other community care programs have been developed to assist service providers in service delivery. These guidelines include:

People in receipt of Commonwealth Government funded packages

These guidelines are intended to assist Regional Assessment Services, HACC service providers and other stakeholders in understanding HACC service provision priorities for clients who are receiving Commonwealth Government funded packages of care or living in a residential aged care facility.

Younger people with disability

This guideline covers service provision to younger people with disability who are:

- living with their families/carers
- living independently in the community
- living in supported accommodation
- in receipt of high levels of support from Disability Services Commission to live in the community

People with mental health issues

This guideline covers service provision to people with mental health issues who are:

- living in the community and are currently receiving support from a WA Government funded Mental Health Commission community care service
- living in WA Government Mental Health Commission supported accommodation services
- living in the community and are **not** currently receiving support from a WA Government funded Mental Health Commission community care service

Carers or family members requiring respite

This guideline covers service provision for carers:

- of HACC eligible clients who are not receiving respite from any Government program (e.g. HACC, Community Aged Care Packages, National Respite for Carers Program)
- receiving respite from another Government program (National Respite for Carers Program, Disability Services Commission)

People in receipt of Specialist Palliative Care Services

This guideline covers service provision for:

- existing HACC clients who become eligible for Specialist Palliative Care Services
- people with life limiting illnesses who have not previously received HACC support

The Guidelines for Service Provision Levels in the Home and Community Care (HACC) Program in Western Australia can be downloaded from the WA HACC Website:

www.health.wa.gov.au/hacc/publications/service_provision.cfm

1.6 Other Community Packaged Care Programs

Community Aged Care Packages

Community Aged Care Packages (CACPs) are individually planned and coordinated packages of care tailored to help older Australians remain living in their homes. They are funded by the Commonwealth Government to provide for the complex care needs of older people.

Specifically, CACPs are targeted to those older people living in the community who have:

- complex care needs arising from interacting physical/medical, social and psychological needs
- a need for a skilled assessment and comprehensive management of service delivery
- a need for services that are not provided/available from other community services
- a preference to remain living at home with appropriate and reliable supports
- a need for ongoing monitoring and review of changing care needs

The Commonwealth Government provides CACP providers with a daily subsidy per package to supply and co-ordinate care services required. The individual services within a CACP may be provided by a variety of organisations in a local area, but will be coordinated and planned by an approved aged care service provider. This provider will discuss and negotiate care needs and options with the care recipient leading to the creation of a Care Recipient Agreement.

Services that may be provided as part of a CACP include:

- Personal care
- Social support
- Transport to appointments
- Home help
- Meal preparation
- Gardening

CACPs are not funded to provide home nursing, allied health or carer support services.

To be eligible for a CACP, you must be assessed by an Aged Care Assessment Team (ACAT) and be determined as requiring at least a low level of care.

Extended Aged Care at Home Packages

Extended Aged Care at Home (EACH) packages are flexible, individually designed care packages funded by the Commonwealth Government for frail older Australians who require a high level care to remain living at home. To be eligible for an EACH package, you must be assessed by an ACAT and determined as requiring a high level of care. The service provider will tailor services to the individual and coordinate care services.

Services that can be provided as part of an EACH package include:

- Registered nursing care
- Allied health care (e.g. physiotherapy/podiatry)
- Personal care
- Transport to appointments
- Social support
- Home help
- Assistance with oxygen and/or enteral feeding.

EACH Packages are co-ordinated and administered in the same manner as CACPs.

Extended Aged Care at Home Dementia Packages

Extended Aged Care at Home Dementia Packages (EACHD) are packages of care similar to EACH packages with the same range of services provided, however they are tailored to assist older Australians who are experiencing difficulties in their daily life because of behavioural and psychological symptoms associated with dementia.

Main differences between HACC and other Community Packaged Care Programs

Community Packaged Care	HACC
Specifically targets frail older people living in the community who may otherwise require admission to low/higher residential care	Targets older frail people **and** younger people with disability who are functionally impaired, as well as their carers
Does not provide carer support or other services for carers	Provides direct carer support and services for carers such as Respite care and Counselling, support/information and advocacy
Requires an ACAT assessment	Does not require and ACAT assessment, but requires an assessment through a HACC Regional Assessment Service (RAS)
Community Package Care funding is tied to the client	HACC funding is not tied to the client but is based on assessed need and changing priorities and funding is provided to a HACC service provider.

National Respite for Carers Program

The National Respite for Carers Program (NRCP) complements existing services and support provided by programs such as the WA HACC Program. It aims to contribute to the support and maintenance of the caring relationship between carers and care recipients. It achieves this by facilitating access to information, respite care and other support appropriate to the individual needs and circumstances of the carer and/or the care recipient.

The NRCP funds Commonwealth Respite and Carelink Centres, respite services, the National Carer Counselling Program and the Carer Information Support Service.

Commonwealth Respite and Carelink Centres

Commonwealth Respite and Carelink Centres (CRCCs) provide information, support and assist carers in arranging respite services to meet emergency or short term carer needs. The centres also provide a single contact point for free confidential information about community and aged care services (such as the WA HACC Program) locally or anywhere in Australia, advising on service availability, costs for services, eligibility, assessment processes and respite. They are located in metropolitan and rural areas across Australia and are operated by a variety of community organisations and health services.

Respite Services

Respite services provide ongoing and planned respite for carers and care recipients in a variety of community based settings such as homes, day centres, with host families, residential aged care facilities and cottage-style community retreats.

Respite services provided by HACC provide a substitute for a carer on a planned or regular basis during the day or evening. NRCP respite services however, support more flexible overnight arrangements or carer respite services in addition to day respite care

options. Carers of HACC clients may be eligible for respite services from the WA HACC Program and the NRCP.

Carer Advisory Service and National Carer Counselling Program

These services provide carers with professional counselling, advice, information and referral through the network of carer associations in each State or Territory. A 24-hour carer-specific counselling service for emergency and one-off occasions is also available.

For more information on CACP and other care packages visit the Department of Health and Ageing website at:

www.health.gov.au/internet/main/publishing.nsf/Content/ageing-commcare-index.htm-copy3

For more Information on Commonwealth Respite and Carelink Centres visit the website at:

www.commcarelink.health.gov.au

For more information on the Carer Advisory Service visit the Carers WA website at:

www.carerswa.asn.au

2

REFORM OF THE HACC PROGRAM

2.1 Reform of the HACC Program

Community care in Australia is undergoing a period of significant reform and redesign. Both the Western Australian and Commonwealth Governments are implementing reforms to community care which address the needs of an ageing population and the expectations of consumers relating to increased choice and control over their support.

In WA, reform of HACC entry, assessment and service delivery continues through the implementation of the WA Assessment Framework, with state wide coverage to be achieved by July 2014. Regional Assessment Services and HACC service providers are working collaboratively to ensure support is delivered in a way that assists people to develop, retain and/or regain their skills and continue to live independently in the community. HACC service providers are also redesigning their service models to respond to client expectations and preferences as well as the requirements of a more business like environment.

Over the next few years the Commonwealth Government' Living Longer Living Better reforms will impact significantly on the delivery of packaged care and residential aged care in WA. As the WA Government has retained responsibility for the WA HACC Program, we will actively engage with the Commonwealth Government in the development of national reforms for HACC and will pursue opportunities for collaboration and consistency where this is beneficial for HACC clients in WA.

HACC service providers can ensure they are well placed to respond to future reforms by:

- Understanding their business operations including the cost of providing services;
- Ensuring the organisation operates within a continuous improvement framework;
- Ensuring service models support Wellness/independence and are responsive to individual client needs and choices;
- Understanding the region in which they work including population trends and the shape of the broader community care sector;
- Remaining informed about state and national community care and related reforms;
- Understanding their own strengths and exploring opportunities for building profile and gaining economies of scale.

Further information on the Commonwealth Government's Living Longer Living Better reforms can be found on their website:

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www.livinglongerlivingbetter.gov.au/

2.2 Wellness in Service Delivery

The WA HACC Program asserts that people who are frail or have a disability have the capacity to live independently in the community when they are positively supported to do so.

HACC support in WA is underpinned by the Wellness philosophy and is delivered in a way that supports people to develop, retain and/or regain independence in their physical, social and emotional functioning; allowing them to continue to live autonomously in the community.

HACC support underpinned by Wellness:

- Addresses a client's needs in a holistic way considering their strengths, abilities and difficulties;
- Enables a client to set their own goals and make decisions about the support they receive;
- Ensures the support is delivered in partnership with the client;
- Encourages clients to remain involved in their community and maintain social connections; and
- Supports client choice and decision making.

Further information relating to Wellness in service delivery is available from the CommunityWest website under Sector Development at:

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www.communitywest.com.au/Wellness/introduction-to-the-wellness-approach-in-wa.html

2.3 The WA Assessment Framework

The WA Assessment Framework (WAAF) was implemented in the Perth metropolitan area in January 2011 and in the South West and Kimberley regions of WA in July 2012.

The WAAF objectives are to:

- Provide an identifiable point of entry into the community care system that supports the client/carer with clear, accurate and relevant information and referral to appropriate assessment and/or services to address identified needs;
- Conduct or refer to appropriate assessments and provide targeted and responsive service delivery to support the client/carer to maintain and improve their well-being and independence;
- Ensure the client/carer journey in the community care system is supported by effective communication and cooperation between all parts of the system and the client/carer is at the centre of the decision-making; and
- Improve the collection and exchange of client/carer information to prevent duplication.

In order to support these aims the following changes have been implemented:

- The Commonwealth Respite and Carelink Centre (CRCC) now undertakes formal eligibility screening of potential clients and carers;
- The Regional Assessment Service (RAS) has been established to conduct face to face assessments and to facilitate referrals for support on behalf of the WA HACC Program;
- HACC service providers no longer conduct assessments and only accept referrals for HACC support through the RAS; and
- RAS and HACC service providers work collaboratively to ensure support is provided in a manner that maximises the well-being and independence of clients and carers.

The implementation of the WAAF is being independently evaluated to ensure the WAAF objectives are being achieved and to identify opportunities for continuous improvement. A number of recommendations have been adopted and work continues to ensure the WAAF is responsive to client/carer and sector feedback.

It is intended to implement the WAAF in the remaining country regions by July 2014.

Information about the WAAF, including policy statements that outline the roles and responsibilities of CRCC, RAS and service providers, are available on the WA HACC Program and CommunityWest websites:

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www.health.wa.gov.au/hacc/assessment/index.cfm

www.communitywest.com.au/Assessment-Framework/introduction-to-assessment-framework.html

2.4 CommunityWest Inc

CommunityWest Inc is a not for profit organisation funded by the WA HACC Program to work in partnership with the Aged and Continuing Care Directorate of the Department of Health to provide support in relation to:

Sector Development

CommunityWest supports the WA HACC Program and service providers to advance program reforms such as the implementation of the WA Assessment Framework and a wellness/capacity building approach to service delivery.

Organisational Development

CommunityWest supports and drives organisational quality improvement and change in order to achieve sustainable business operations, implement HACC Program reforms and attain best practice service delivery. They achieve this by monitoring the quality of HACC service delivery against the Community Care Common Standards and engaging in the WA HACC Program's continuous improvement and risk management process to ensure quality improvement and change for at risk service providers in the areas of board governance, financial, contractual and service management and associated reporting requirements.

Training and Workforce Development

CommunityWest provides training for HACC service providers in WA which are relevant, culturally appropriate, flexible, efficient and cost effective.

CommunityWest provides HACC specific training and skills development to HACC service provider staff to enhance delivery of quality service to HACC clients.

Service providers are encouraged to utilise and regularly review the training and resources offered on the CommunityWest website:

www.communitywest.com.au/

3

PROGRAM PLANNING

3.1 Program Administration

On 1 July 2012 the Commonwealth Government assumed sole responsibility for the funding and administration of HACC services for older people in all states and territories except Western Australia and Victoria, through the national Commonwealth Home Support Program. In Western Australia and Victoria, the State Governments remain responsible for the day-to-day administration of the HACC Program and HACC services in their jurisdiction. The agreement in place between the Commonwealth and State governments (in WA and Victoria) is governed by the Review Agreement. Under the terms of the Review Agreement there are a number of business processes in place for program planning and accountability.

3.2 Program Planning

In WA and Victoria, the State Governments are responsible for HACC Program planning across their respective jurisdictions. Under the Review Agreement this involves a cyclical, longer term, three-year plan supported by annual planning processes. The development of the HACC Triennial Plan focuses on longer term objectives to improve the Program's operation and provide more certainty to the sector; facilitating better planning by service providers. Meanwhile the annual planning process via the Annual Supplement, responds to unmet need and program priorities on an annual basis. In WA the annual program planning process is closely linked to the growth funding process. An overview of the planning and funding cycle for the WA HACC Program is illustrated below:

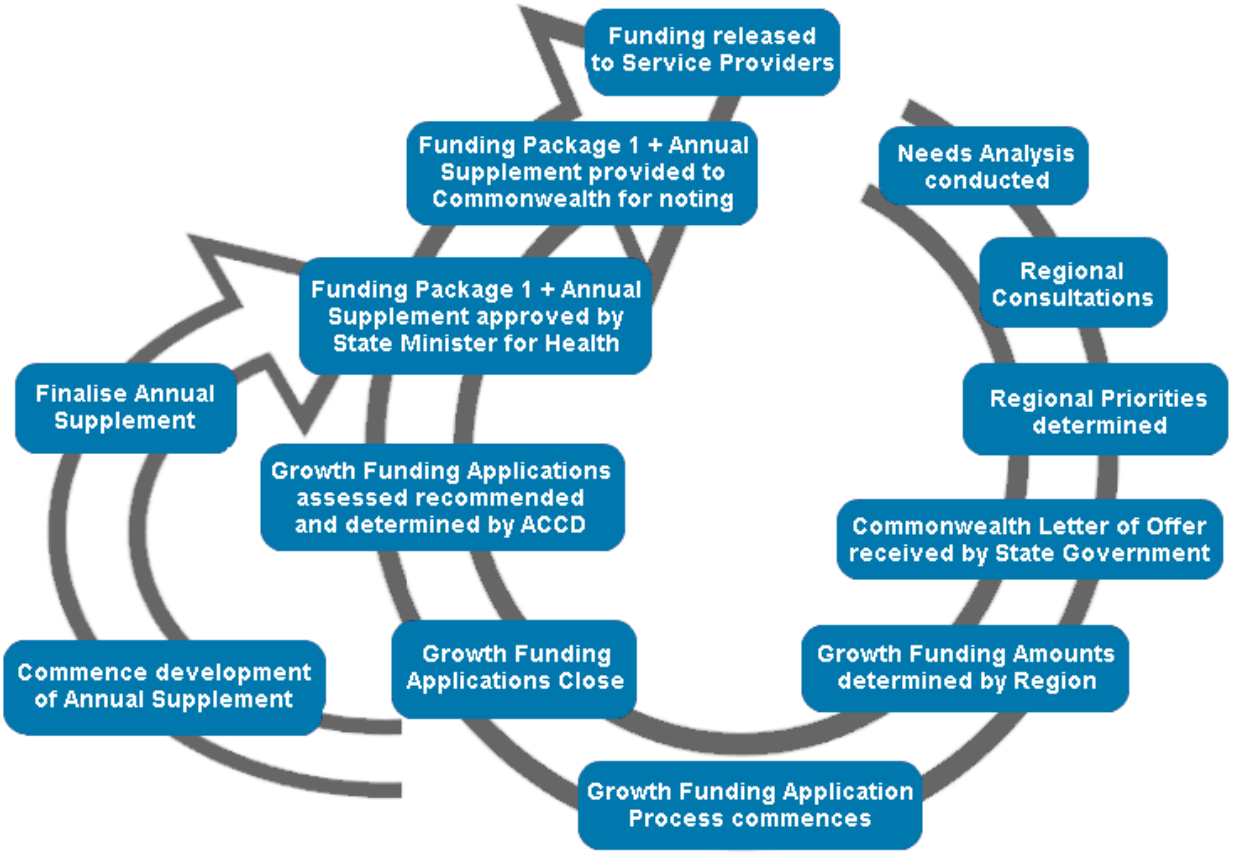

Figure1: The WA HACC Program planning and funding cycle.

There are three key documents produced by the WA HACC Program as part of the agreed business processes between the WA State Government and the Commonwealth Government.

Triennial Plan

The Triennial Plan provides a statement of priorities, strategic directions, and allocation of funds for the Program over a three-year period. It is developed by the WA HACC Program and draws from a variety of information sources, including input from consultative bodies and agreement of requirements by the Commonwealth Government. Joint ministerial approval by Commonwealth and Western Australian Government Ministers is required.

Annual Supplement

The Annual Supplement to the Triennial Plan for Western Australia specifies the planned funding information and service outputs for each HACC region for the coming year. Sign off is required by Commonwealth and Western Australian Government Ministers.

Business Report

The Business Report is a Western Australian State Government reporting mechanism to the Commonwealth Government that ensures accountability for the HACC Program funds. Data reported by HACC service providers on their achieved outputs is collated into regional information by the WA HACC Program and is reported to the Commonwealth Government annually by 31 December.

The Triennial Plan is well worth reviewing as it provides a wealth of information on current program activities. This and further information about the WA HACC Program planning process is available on the WA HACC website at:

www.health.wa.gov.au/hacc/publications/about_HACC.cfm

3.3 State Planning and Consultation Process

Community consultation is an important component and a valuable source of information for the WA HACC Program's planning process. Information and feedback from stakeholders and clients can be used to identify unmet needs and service gaps, as well as informing program planning and recognising areas for growth and expansion.

The objectives of community consultation are to:

- Seek feedback from stakeholders on unmet needs and future priorities for the HACC Program; and
- Inform the development of the Triennial Plan, Annual Supplement and priorities for the annual growth funding application process.

Consultation occurs through ongoing advisory mechanisms including:

- Regional community consultations involving HACC service providers and other stakeholders.
- Regional network meetings involving service providers and other stakeholders, where feedback is provided from the regional project officer to the WA HACC Program through regular teleconferences.
- Annual forums attended by all WA HACC Project Officers provide the opportunity for discussion and feedback on metropolitan and regional issues.
- Consultation meetings with Commonwealth Respite and Carelink Centres (CRCC) and Regional Assessment Services (RAS) to determine unmet need within a region and identify any region specific issues.
- Regular contact between senior HACC Program staff and Metropolitan Area Health Service portfolio officers and the Aged Care Director in the WA Country Health Service.
- WA Community Care Reform Advisory Group (WACCRAG) provides a forum in which health and community care related issues are discussed. The WACCRAG is a state advisory body comprised of HACC service providers, residential aged care providers, packaged care providers and peak body representatives, in addition to senior HACC Program staff.
- Ongoing formal advisory mechanisms concerning state wide issues occur through groups such as the WA Aged Care Advisory Council, the Aged Care Network and other peak service providers including Alzheimer's Australia WA and Carers Association of WA in the interests of carers.

4

ELIGIBILITY AND ASSESSMENT

4.1 Eligibility

The HACC Program assists people in the target group who need basic maintenance and support services to optimise their capacity to live independently in the community.

Clause 4(1) of the HACC Review Agreement states that the Program shall be directed towards assisting:

(a) the 'target population' – people in the Australian community who, without basic maintenance and support services provided in the scope of the National Program, would be at risk of premature or inappropriate long term residential care, including:

i. older, frail people with moderate, severe or profound disabilities;

ii. younger people with moderate, severe or profound disabilities; and

iii. such other classes of people as are agreed upon, from time to time, by the Commonwealth Minister and the State Minister; and

(b) the unpaid carers of people assessed as being within the National Program's 'target population'.

While the term 'older and frail people' is used in the definition of the target population for HACC services, it should be noted that eligibility for services is based on frailty related to impaired functional capacity and that individuals do not qualify for HACC services solely on the grounds of advanced age. Thus, individuals over any particular age do not qualify for HACC services on the basis of their age alone, but because they have difficulties in carrying out tasks of daily living and need assistance or supervision due to an ongoing moderate, severe or profound functional disability(1).

4.2 Assessment and Support Planning

In regions where the WA Assessment Framework (WAAF) has been implemented, the Regional Assessment Service (RAS) is responsible for conducting initial assessments, annual reviews, reassessments triggered by a change in the client's circumstances, and the development of recommended support plans. In these regions service providers are responsible for implementing the recommended support plan (received from RAS) as well as monitoring client well-being and the appropriateness of support provided in relation to the client's needs and aspirations.

In regions where the WAAF has not been implemented, HACC service providers remain responsible for assessment and the development, implementation and monitoring of support plans.

Whether assessments are conducted by RAS or a HACC service provider, the WA HACC Program seeks to ensure assessments are Wellness focused and identify the client's abilities, difficulties, goals and strategies to support independence.

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1 National Program Guidelines for the Home and Community Care Program, 2007

Assessment needs to be a problem solving exercise in which the assessor, client, and/or carer, together identify where a client's difficulties lie, what factors are potentially limiting independence and agree on solutions to these problems (which may, or may not, include a HACC funded service).

Support plans are also developed in conjunction with the client and should utilise a capacity building approach by focusing on optimising an individual's functional and psychosocial independence.

Support plans should clearly link the identified needs, particular services to be provided and the desired outcomes. The support plan is not just a list of services to be delivered – it links planned services with defined goals related to specific functional disabilities.

The support plan for the client should be developed using all of the assessment information available, reviewed regularly, and adjusted to accommodate changing client need.

Current HACC Assessment documentation and policy statements outlining RAS and service provider roles and responsibilities in relation to assessment and support planning are available on the WA HACC Program website:

http://www.health.wa.gov.au/hacc/assessment/index.cfm

4.3 Specialised Needs Identification

When it is identified that the client has complex care needs arising from interacting physical/medical, social and psychological needs and a comprehensive assessment is required, the Aged Care Assessment Teams (ACAT) are the preferred assessment providers.

This may be particularly important when the client has impaired cognition or behavioural changes.

Specialised assessments can also be provided by other providers, such as Disability Services Commission for younger clients with disability, and Mental Health Services for clients with mental health issues.

SPECIALISED ASSESSMENT CONTACTS

Aged Care Assessment Teams (ACATs):
www.agedcare.health.wa.gov.au/home/acat.cfm

Disability Services Commission WA:
www.disability.wa.gov.au

Mental Health Services:
www.health.wa.gov.au/mentalhealth/getting_help/directory.cfm

4.4 Privacy and Information Sharing

The Community Care Common Standards, Standard 3, "Service User Rights and Responsibilities" relates to privacy, confidentiality, access to personal information, complaints and advocacy. The principle behind this Standard is that *each service user (and/or their representative) is provided with information to assist them to make service choices and has the right (and responsibility) to be consulted and respected. Service users (and/or their representative) have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence is respected*(1).

In addition, HACC funded organisations are required to comply with the WA Government health sector requirements in regard to client privacy, confidentiality and security of information. This relates to sharing health information with relevant authorised organisations on a need to know basis, and only sharing information that particularly relates to the continuity of care of clients.

1 National Community Care Common Standards

A statement regarding information sharing needs to be read to the client and/or their carer during the assessment process. The client is able to vary the information relating to the sharing of information. The details of the variations requested by the client should be documented.

The statement should comply with the Department of Health Policy Information Management Policy number P08/0703: Sharing Information for Continuity of Health Care Policy and the HACC National Guidelines.

Information for Continuity of Health Care Policy can be downloaded from the Department of Health website at:

www.health.wa.gov.au/hacc/docs/assessment/SharingInformation.pdf

5

SERVICE QUALITY

5.1 The National Community Care Common Standards

The Community Care Common Standards (CCCS) were developed following a national review of community care programs. The CCCS are based on the previous HACC National Service Standards and were implemented across all community care programs from March 2011.

The aim of the CCCS is to streamline and simplify quality reporting for community care service providers using a continuous quality improvement approach.

5.2 Quality Reporting

The Community Care Common Standards have a number of Expected Outcomes which describe the principle of the three standards. Each Expected Outcome has a set of performance criteria. These client focused outcomes are expected to be achieved by all HACC and Commonwealth Government community care funded service providers.

The Quality Team, employed through CommunityWest, is contracted by the WA HACC Program to conduct service provider assessments against the CCCS. These assessments are carried out on an ongoing basis, determining the level of continuous quality improvement focused on client outcomes.

Service providers are required to conduct a quality self-assessment based on these standards, how they meet expected outcomes, and perform against the standards. A quality reporting verification site visit by the Quality Team follows, leading to the service provider being presented with a Quality Review Report and an Improvement Plan.

For organisations providing both Commonwealth Government funded community care packages and HACC support services, quality reporting verification visits are conducted as joint visits by WA HACC and Commonwealth Government Health & Ageing quality teams to streamline the quality reporting process as part of the national reform for a consistent and fairer system for community care programs.

5.3 The Standards

The service provider will be assessed against the following three standards, the expected outcomes and performance criteria:

STANDARD 1 – Effective Management

The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.

1.1 Corporate Governance
1.2 Regulatory Compliance
1.3 Information Management Systems *(new)*
1.4 Community Understanding and Engagement
1.5 Continuous Improvement
1.6 Risk Management
1.7 Human Resource Management
1.8 Physical Resources

STANDARD 2 - Appropriate Access and Service Delivery

The client, or prospective client, has access to services and receives appropriate services that are planned, evaluated and delivered in partnership with themselves and/or their representative.

2.1 Service Access
2.2 Assessment
2.3 Care Plan Development and Delivery
2.4 Service User Reassessment
2.5 Service User Referral

STANDARD 3 – Service User Rights and Responsibilities

The client, and/or their representative, is provided with information to assist them in making service choices and has the right (and responsibility) to be consulted and respected. They have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence is respected.

3.1 Information Provision
3.2 Privacy and Confidentiality
3.3 Management of Complaints and Service User Feedback
3.4 Advocacy
3.5 Independence *(new)*

5.4 Outcomes for Clients

Through delivering services, in accordance with the CCCS, clients of community care programs should:

- receive information on their rights and responsibilities and services available;
- feel comfortable that they have a right to ask for a service;
- know that their access to the service is based on need and not any other factors;
- receive a quality assessment;
- be informed of decisions made by the service and the reasons for making them;
- receive appropriate services;
- be assured of continuity of service;
- be aware of the complaints procedure and their rights to use it;
- be confident of privacy and confidentiality; and
- be aware that they can have someone speak for them if they wish.

5.5 HACC Complaints Policy

Under the Community Care Common Standard 3 – Service User Rights and Responsibilities, clients are entitled to fair and equitable procedures for dealing with complaints and disputes.

All service providers of community care programs have an obligation to ensure that:

- management of client complaints comply with the standard and include the opportunity for advocacy and external appeal.

- clients and/or their representatives, have access to complaints and advocacy information and processes, and their privacy and confidentiality and right to independence is respected.

5.6 Complaints Procedure for HACC Service Providers and Clients

All service providers of community care programs must be aware of and understand the implications and application of Standard 3. As part of this standard outcome, all service providers need to implement a Complaint Management Policy and Procedures for dealing with and monitoring client complaints.

The WA HACC Program developed a Complaints Management Policy for HACC service providers outlining their responsibilities.

The definition of a complaint is considered to be:

- Any expression of dissatisfaction or concern made to an organisation by, or on behalf of, an individual, client group, or member of the public, related to the organisation's products or services, or the complaints handling process itself.
- A complaint may be made in person, by telephone, fax, email or in writing.

A complaint made by a client/carer can be major or minor in how service delivery is provided to them by a service provider and must be handled in a supportive manner to achieve the best outcome for the client/carer.

The key steps in the WA HACC Program complaints process are:

1. The client/carer is encouraged to initially contact the HACC service provider providing the service directly. Clients/carers may use Advocare or another advocacy agency in doing this.
2. If a complaint cannot be resolved at a service level following the intervention of an advocate the client/carer can appeal to the WA HACC Program in writing.
3. The WA HACC Program will attempt to resolve the issue by aligning it with HACC policies and guidelines.

The WA HACC Complaints Management Policy is available for download from the WA HACC website at:

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www.health.wa.gov.au/hacc/publications/Complaints.cfm

The complaints procedure and the complaints brochure for WA HACC clients are also available at:

www.health.wa.gov.au/hacc/complaints/index.cfm

5.7 WA HACC Client Quality of Life Surveys

WA HACC Client Quality of Life Surveys select a sample of HACC clients/carers to participate and aims to measure the following:

1. Level of satisfaction with HACC support services, among eligible clients and their carers, through a program specific survey.

2. Level of perceived impact of the HACC support services against measures of independence, wellbeing and quality of life:

    - Supporting the client/carer to remain living at home
    - Assisting the client/carer to participate in their community
    - Maintaining the client's independence
    - Supporting the client with daily living needs
    - Improving the client/carer's overall quality of life
    - Improving the client's independence.

Surveys focus on selecting appropriate methodology to increase participation of special interest groups, such as Aboriginal and Culturally and Linguistically Diverse clients/carers, to address the issue of representation and integrity of the information collected.

Results from the WA HACC Client Quality of Life Surveys can be obtained annually from the WA HACC website at:

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www.health.wa.gov.au/hacc/publications/service_provision.cfm

6

PROGRAM FUNDING

6.1 HACC Program Funding Arrangement

As a result of the National Health Reform, the Commonwealth Government has taken on funding responsibility in all states with the exception of WA and Victoria. In these states, the HACC Program is jointly funded by the Commonwealth and the WA/Victorian State Governments. Each year, the Commonwealth Government Minister makes an offer of funding to the State. The State is required to formally accept the offer. In Western Australia, the State Government matches the Commonwealth Government contribution at the prevailing ratio of approximately 60:40.

The total amount of funds allocated is referred to as the 'Program Funds'. The net increase or growth funds are allocated to individual regions within the State Triennial Plan. The allocation of funds for each region must be jointly approved by the Commonwealth and State Ministers.

6.2 Growth Funding

Growth funding is the net increase of dollars over and above the committed program funds offered to the State annually. Growth funding provides a range of support services in line with the priorities identified for a region which is specified in the Triennial Plan/Annual Supplements. Existing HACC service providers have the opportunity to apply for additional recurrent and non-recurrent funding through the annual Growth Funding Round.

Additionally, existing HACC service providers and/or new providers may be invited to apply for funding through an Expression of Interest process that is advertised on the HACC website and emailed out to current HACC service providers. This process does not necessarily occur each year and is based on needs or gaps in service delivery to the community identified by the HACC Program.

Assessment of funding applications requires consideration of previous funding received, activity against contracted volumes, meeting the Community Care Common Standards outcomes, compliance with the Wellness approach, financial reporting compliance, unit prices and innovative service models.

State-wide and Rural/Regional Project Officers or Contract Managers meet to negotiate and determine successful funding recommendations for a region prior to submitting recommendations to the ACCD management committee for approval.

Successful applications are included in a Growth Funding Package that is submitted to the State Minister for Health for endorsement and then forwarded to the Commonwealth Government Minister for Health and Ageing for sign off.

Service providers are advised on the outcomes of growth funding applications only after a joint ministerial announcement has been made by the State Minister for Health and Federal Minister for Health and Ageing.

6.3 Types of Funding

Recurrent Funding

Recurrent funding is allocated to HACC service providers in order to cover the costs incurred of providing ongoing support services to HACC eligible clients. This funding is reviewed each year for the life of the service agreement and renewed as long as the conditions of funding are adhered to. These conditions include:

- compliance with the National HACC Program Guidelines
- meeting financial and MDS reporting obligations, and accountability requirements of the Program
- meeting the requirements of the Community Care Common Standards

During the Growth Funding Round, service providers are able to submit an application to increase the level of recurrent funding being received, allowing them to expand the volume or the scope of their service delivery.

Non- Recurrent Funding

Non-recurrent funding is provided to support service delivery growth to purchase assets, such as motor vehicles, equipment for centre activities or computers, in the event that there are not enough funds in the service provider's asset replacement reserve. This type of funding is a one off cost which can only be applied for in the Growth Funding Application Round.

If service providers are seeking a contribution towards the purchase of a building or pilot project, service providers are required to develop a Business Case which is to be submitted during the Growth Funding Round.

All information regarding the Growth Funding Application process is available on the WA HACC website at:

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www.health.wa.gov.au/hacc/growth/index.cfm

6.4 Tips for Submissions

1. Read and understand the questions to ensure completeness in your answers.

2. Be clear and concise about the purpose of the funding. 'The more the better' is not true in submission writing.

3. Consider including a brief overview of your service and a succinct description of your proposal. Show clearly how the proposed service model or activity fits in with your existing service delivery.

4. Sell yourself by describing your strengths and giving examples of the organisation's previous experience and skills of its staff. Show you have the infrastructure, experience and expertise required to manage and provide the service.

5. Consider how you can 'add value' to the project, for example committing some of your own resources (cash, volunteers, or in kind contributions such as skills) to the project, or absorbing some costs into your existing infrastructure.

6. Present evidence to support and strengthen your application and for any claims made (See "Examples of Evidence of Client Need" on the next page).

7. If you prefer copying questions to another document, it may be tempting to summarise lengthy questions. It is recommended that this is avoided as it can lead to not answering a question correctly.

8. If appropriate, include an evaluation strategy (i.e. how are you going to determine whether the project is a success of not?).

9. Develop accurate budgets.

10. Include all documents requested. Do not include documents not requested.

11. Present your submission professionally. Check for grammar and spelling errors. Ensure the layout is clear, easy to follow and has a logical sequence.

Examples of Evidence of Client Need

Types of Evidence	Examples
Service Data	• Service wait-list • Changes in client numbers and service types • Comparison to contracted outputs • Client complaints about service availability • Survey of: o HACC eligible people not using the service o Ex clients (why did they stop using the service) o Other HACC services o Health services o Other community groups
Australian Bureau of Statistics	• Client group compared to community make-up of HACC eligible population • Trends in population growth and composition • The distribution of groups in the area • (ABS statistics for local government areas can often be obtained from local councils in the form of a community profile)
Aged Care Services Statistics	• Wait-lists for hostel accommodation • Wait-lists for CACP places • Enquiries received at Commonwealth Respite and Carelink Centres
Reports/Research	• Your own research • Local government research • State and Commonwealth Government research • Educational Institutions • Other HACC services
Media reports	• News articles • Websites

7

SERVICE AGREEMENT

7.1 The HACC Service Agreement

Each service provider receiving funding for the provision of HACC support services is required to sign an agreement between the State Minister for Health (the Principal) and themselves (the service provider).

The HACC Service Agreement comprises of:

- Annexed Service Provision Schedules, and
- The provisions and stipulations set out in the Indexed Version of the General Provisions for the Purchase of Community Services by Government Agencies.

7.2 Service Provision Schedules

General Information

The General Information schedule details the Principal, the Principal's Service Agreement Manager (the HACC Project Officer/Contract Manager), the service provider, the term of the Agreement, contact details for correspondence from the Principal and the Annual Funding Levels, including the total for the period of the contract.

Insurances

The Service Agreement stipulates that the service provider is required to take out and maintain insurance coverage. The Provider should, if requested by the Principal, provide evidence of insurance at the commencement of each contract.

This schedule also details the insurances, including the required minimum amount of cover that is required in relation to service provision. The service provider should not rely solely on these minimums when determining overall insurance needs for the organisation.

Insurance cover required includes:

- Workers' Compensation
- Public Liability
- Professional Indemnity
- Directors' and Officers' Liability
- Personal Accident Insurance for Volunteers
- Motor Vehicle Liability Insurance
- Compulsory Motor Vehicle Insurance

See Section 11 – Insurances - for more detailed information about insurances

Service Description

This schedule provides an overview of the HACC Program, HACC target population, information sharing for continuity of health care, the fees policy, the Minimum Data Set, outcomes of service delivery, managing funded assets, and the requirements for managing funded assets on the termination of the Service Agreement.

Service Specification Schedule

The Service Specification Schedule details the service delivery area (both the HACC region and the Local Government Area), details of the support services to be delivered, including the number of units, the unit price, and the total funding.

Quality Standards

This schedule outlines the quality standards that are expected of service providers, including an agreement to comply with all legislative, statutory and health standards, ensure appropriately skilled and trained staff, comply with the disability service standards (if applicable), and to ensure compliance with service policy and procedures and the national Community Care Common Standards.

Payment Schedule

The Payment Schedule details the frequency and the amount of the payments to be made to service providers. Payments are made quarterly and may be adjusted throughout the term of the service agreement. These adjustments or cost indexations are part of the funding offer made by the Commonwealth Government to the State Government for the HACC Program, and cover increases in operation costs associated with general expenses and salary or wage increases.

This schedule also details what service providers are required to do should they receive payments in excess of the services delivered. This process involves repaying the excess payments within three months of the end of the financial period in accordance with the Payment Schedule.

Financial Obligations and Reports

This schedule outlines the service provider's obligations with regard to financial accountability, frequency and content of financial reports that are required to be lodged unless agreed otherwise with the HACC Program's service agreement manager.

Service providers who have agreements **up to or equal to $100,000** have the option to submit an annual **Cash** basis financial acquittal report (July to June (audited) by 30 September each year, or as specified in their service agreement.

Service providers who have agreements **above $100,000** will report on an **Accrual** basis with a half year and full year report due as follows:

- Half year report (July to December) (unaudited) by 28 February each year; and
- Full year report (July to June) (Audited) by 30 September each year.

These are minimum requirements and may not be modified without consultation with the WA HACC Program. The financial reporting statements and certificate are required to be sent to the WA HACC Program as detailed in Schedule 1 of the Agreement.

Financial reports and statements must be in the formats specified and provided in the schedule of the Agreement.

Unit Costs Reporting

The service provider will be required to complete unit costs for each service type, using the prescribed methodology annually by 31 July.

Further information on reporting Unit Costs as well as reporting templates are available from:

www.health.wa.gov.au/HACC/contract/financial_reporting.cfm

Financial Service Type Organisations

There are three types of service providers with varying reporting requirements.

Type 1 Organisation:

An organisation that is exclusively or almost exclusively (at least 90%) funded by the HACC Program.

Type 2 Organisation:

An organisation that receives funding from a range of government programs in addition to the HACC Program e.g. Community Aged Care Packages, Department of Veterans Affairs, National Respite for Carers Program and the Disability Service Commission. HACC funding will be less than 90% of total funding and may even be less than 50% of total funding.

Type 3 Organisation:

An organisation that has most of its business activities outside of the HACC Program and community care as it is not a significant part of its business. E.g. Local Government and Multi Purpose Services (MPS).

HACC financial reports required from service providers:

Annual Funding Level $50,000 or less – No financial reporting required			
Annual Funding Level $50,001 to $100,000 – Annual HACC Income Statement only			
Annual Funding Level $100,001 to $200,000 – Annual full suite of financial statements only			
Financial Report	**Certification Annual Due 30 September**	**Certification Half Year Due 28 February**	**Org Type**
WOO Income Statement	Audit	Report not required	1, 2 & 3
WOO Balance Sheet	Audit	Report not required	1, 2 & 3
WOO Cash Flow	Audit	Report not required	1, 2 & 3
* WOO = Whole Of Organisation			
HACC Program Income Statement	Audit & Board	**Board	1, 2 & 3
HACC Program Cash Flow	Audit & Board	Board	1
HACC Program Asset Register	Board	Board	1, 2 & 3
Asset Replacement Schedule	Board	Board	1, 2 & 3
Notes To The Financial Statements	Audit & Board	Board	1, 2 & 3
Unit Cost Schedules (in standard HACC categories)	Board	Report not required at Half Year	1, 2 & 3

Notes:

a) WOO means Whole of Organisation.
b) Type 3 organisations do not have a Board and only require audit certification.
c) A cash flow statement is not required for Type 2 & 3 organisations.
d) The HACC Asset Register and the Asset Replacement Schedule require Board certification for Type 1 & 2 organisations. Type 3 organisations do not have a Board and certification should be by a Chief Executive Officer or Chief Finance Officer.

Information on financial reporting formats is available on the HACC website at:

www.health.wa.gov.au/hacc/contract/financial_reporting.cfm

Service Reports

Service Activity Reports

The service provider must provide quarterly Minimum Data Set (MDS) service activity reports to the National Data Repository within FIFTEEN BUSINESS (15) DAYS of the following dates for the term of the service agreement:

1) 30 September;
2) 31 December;
3) 31 March;
4) 30 June.

See Section 12 - MDS for more detailed information about the Minimum Data Set.

Disability Access and Inclusion Plan

If a service provider provides services to the public, where practicable, a Disability Access and Inclusion Plan (DAIP) under the Disability Services Act 1993, is required to be implemented by the service provider. It does not apply to services provided by contractors directly to the organisation.

The service provider is required to provide a report to the HACC Program by **July 15th** each year, in the agreed format, on the extent to which the service provider has implemented the requirements of the DAIP.

Area Health Services and "other" Government Departments such as Disability Services Commission are exempt from this reporting requirement to the HACC Program.

Carers Recognition Act 2004

Service providers are required to assess their own practices and demonstrate whether or not they comply with the legislative requirements of the *Carers Recognition Act 2004* (CRA).

Compliance Guidelines indicate the type of arrangements that need to be in place to demonstrate how a service provider meets the objectives of the CRA.

The service provider is required to provide a report to the HACC Program by **July 15th** each year, in the agreed format, on the extent to which the service provider has implemented the requirements of the CRA.

Sub Contracting

After the 30 June and prior to 21 July of each financial year of the term of the service agreement the service provider must provide a report in the required format detailing:

- the names of all sub-contractors providing services;
- the particular services provided by each sub-contractor; and
- the amount paid in the preceding 12 month period to each sub-contractor.

Wellness

The service provider must submit an annual report to the relevant Contract Manager by 15 July of each financial year on implementation of the wellness approach to service delivery.

The service provider is required to report what initiatives have been introduced to ensure the organisation has implemented the Wellness Approach across the whole organisation since 2007 detailing:

- Organisational Change
- Service Delivery
- Challenges to Implementation

The WA HACC Program Service reporting templates can be accessed at:

http://www.health.wa.gov.au/hacc/providers/reporting.cfm

Intellectual Property

This schedule details the contract material and intellectual property rights of the Principal and the service provider.

7.3 Indexed Version of the General Provisions for the Purchase of Community Services by Government Agencies

The Indexed Version of the General Provisions for the Purchase of Community Services by Government Agencies provides service providers with information regarding the definitions and interpretations of the Service Agreement. It is recommended that it is read in conjunction with the Service Agreement for added clarity regarding the requirements of the Service Agreement.

7.4 Service Groups

Service groups were agreed by HACC Officials with their use formally approved via the HACC Review Agreement 2007.

Service groups provide additional flexibility to adjust the service mix within the group to respond to clients' assessed needs and support the wellness/capacity building approach to service delivery. The service groups have been constructed as much as possible to pull similar or complementary services together into a group.

Service groups enable movement of funding dollars across service types within service groupings. For example, if an increased demand for support through the domestic assistance service type arises within a region and based on assessed client need, dollars may be directed away from other service types within the group to domestic assistance, without representing a significant variation to the overall service group activity.

If a service provider is contracted by a particular **service group** they can provide the full suite of support services within the group. This does not mean they can provide support services from other groups or service types unless currently contracted to do so. For example, if a service provider is currently contracted for three out of the five support services in Group 1 they will have the flexibility to provide the other support services in Group 1. However, they cannot provide support services from any other service group they are not currently contracted to provide. The service provider would need to apply for additional support services through the annual HACC Growth Funding Application process.

In WA, HACC service providers are contracted to provide support services by service groups **or** service types depending on the range of services provided.

The WA HACC Program service groups are:

SERVICE GROUP 1
Domestic assistance
Personal care
Social support
Respite care
Other food services
SERVICE GROUP 2
Assessment
Client care coordination
SERVICE GROUP 3
Nursing (home)
Nursing (centre)
Allied health (care received at home)
Allied health (care received at centre)
SERVICE GROUP 4
Centre-based day care
SERVICE GROUP 5
Home modification
Goods and equipment
SERVICE GROUP 6
Meals at home
Meals received at centre/other
SERVICE GROUP 7
Transport
Transport – CBDC
SERVICE GROUP 8
Other
Infrastructure
Projects
SERVICE GROUP 9
Counselling/support information and advocacy (carer)
Counselling/support information and advocacy (care recipient)
SERVICE GROUP 10
Home maintenance

Reporting of the Minimum Data Set (MDS) will continue to be by service types to the National Data Repository.

7.5 Letter of Variation

Service Agreements are typically on a 4 year cycle. Variations during a cycle to an original Service Agreement are affected by a Letter of Variation. The Principal and service provider agree to the terms and conditions of the Letter of Variation as set out in revised schedules.

7.6 Regional Funding

Service providers are funded and contracted to provide support services in a specific region(s) and are not able to transfer funding between regions unless approved by the WA HACC Program.

A proposal and evidence of the need for any changes is required to be provided and discussed with the Project Officer/Contract Manager and the Aged and Continuing Care Directorate.

If funding changes are approved by the Aged and Continuing Care Directorate, a Letter of Variation would be required, to become effective from 1 July.

8

UNIT COSTS

8.1 Unit Cost Definition

A unit cost is the amount it costs an organisation to deliver a unit of service. Each service provider can have different costs, even for the same service type, as there are many factors that impact on the unit cost such as:

- Wages paid to support and other workers;
- Overhead structure;
- Availability of volunteers;
- Proximity of clients to each other (metro or rural).

The Minimum Data Set (MDS) requires that all MDS reportable HACC funded service types are recorded with unit totals (hours, trips, meals, dollars) for each service type. This requires that service providers maintain the ability to account for the direct cost of each service type.

See Section 12 - MDS for more detailed information about the MDS requirements.

8.2 WA Unit Cost Framework

The WA HACC Program has developed a WA Unit Cost Framework in line with the National Principles, along with supporting policies and guidelines. It continues to be implemented consistently across all HACC service providers with ongoing review and improvements.

The objectives of the WA Unit Cost Framework are to:

- Assist service providers to make informed business decisions by providing useful information on their cost structures;
- Facilitate a funding model based on output costs;
- Ensure common structured format for costs – direct, indirect and overheads;
- Ensure common accounting practices and treatment – leave provisions, client contributions etc;
- Facilitate comparison and benchmarking of like services;
- Facilitate assessment of service affordability and viability;
- Ensure one set of data is used to feed the various reporting requirements, including HACC and Minimum Data Set;
- Ensure that the implementation provides quality useable data; and
- Facilitate forecasting so that service providers manage service provision/delivery to the funding available.

8.3 Unit Cost Categories

The HACC unit cost model is designed to calculate the cost of providing a unit of each service type. There are nine cost categories that determine a unit cost. These are:

Direct Costs – Categories 1 To 4

Category 1 - Direct worker costs

The labour costs of employing service delivery (support) workers.

Category 2 - Travel costs

The cost of travel between clients (including travel time) for support workers.

Category 3 - Materials

The cost of items consumed in service delivery.

Category 4 - Purchased Services

The cost of hiring third parties to provide service delivery.

Indirect Time – Category 5

Indirect time is made up of two components:

1. Time spent by support workers on tasks that are not directly client service delivery e.g. training and time spent in meetings;
2. Time spent supervising support workers and coordinating service delivery.

Overhead Costs – Categories 6 To 8

Category 6 - Management & Administration Employee Costs

The labour costs of all the overhead workers.

Category 7 - Accommodation

The cost of building occupancy.

Category 8 - Other Indirect Costs

All those overhead costs that are not employee or occupancy costs.

Overhead Costs – Overhead Allocation – Category 9

Overhead cost treatment used by some, usually large service providers, when there are multiple services provided by that service provider.

The nine cost categories are explained in detail in the document *Unit Costs, How to Categorise Costs* which is available on the WA HACC website.

The current WA HACC Service Agreement includes the purchase of service volumes with a negotiated unit price (includes any income attributable to the delivery of a unit of service) which is the amount the HACC Program pays for the delivery of a particular service type.

Further information on the Unit Cost methodology can be obtained from the following policies:

- **Unit Costs, How to Categorise Costs**
- **Funded Assets (Accrual Financial reporting) policy**
- **Accounting for Labour Costs (and Leave Provisions) Policy**
- **Unit Costs - Frequently Asked Questions and Answers**

All of these policies are available from the WA HACC website at:

www.health.wa.gov.au/hacc/contract/financial_reporting.cfm

8.4 Unit Cost Reporting

Unit cost reporting to the HACC Program is submitted 12 monthly at the end of each financial year. All HACC service providers are required to calculate and report the cost of providing service types as set out in their service specification schedule of the relevant HACC Service Agreement.

Unit Cost templates for service providers that do not wish to develop their own unit cost reporting templates can be downloaded from the HACC website. Service providers should use a reporting template that meets their specific business needs.

The website contains two types of unit cost reporting templates:

- A financial template inclusive of unit cost data. This unit cost workbook generates the financial reports from unit cost data entered at service type level. It is not a requirement to use this unit cost workbook. It has been developed for use by service providers who have not developed their own spreadsheet model;

- A template for unit cost data only. Service providers will need to submit the unit cost schedules and the annual financial reporting template.

The endorsed WA Unit Cost Framework financial reporting documents are available for download at the WA HACC website at:

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www.health.wa.gov.au/hacc/contract/financial_reporting.cfm

CommunityWest provides unit cost training for HACC service providers. To see when the next unit cost training session is scheduled for your region, visit:

www.communitywest.com.au/Training/training-and-development.html

9

FEES

9.1 National Fees Policy

In the National HACC Program Guidelines[1], the principles applied for setting client fees within HACC services are as follows:

Principle 1: Inability to pay cannot be used as a basis for refusing a service to people who are assessed as requiring a service.

Principle 2: All clients assessed as having the capacity to pay are to be charged fees. This should be done in accordance with a scale of fees appropriate to their level of income, amounts of services they use, and any changes in circumstances.

Principle 3: HACC funded agencies should charge the full cost of the service where clients are receiving, or have received, compensation payments intended to cover the cost of community care.

Principle 4: Clients with similar levels of income and service usage patterns should be charged equivalent fees for equivalent services.

Principle 5: Clients with high and/or multiple service needs are not to be charged more than a specified maximum amount of fees in a given period, irrespective of actual amounts of services used.

Principle 6: For purposes of this policy, solicited donations for services are equivalent to fees and are subject to all provisions of this policy.

Principle 7: Fees charged should not exceed the actual cost of service provision.

Principle 8: Fees should not be charged in respect of services such as information, advocacy and friendly visiting.

Principle 9: The fee charged for a service should be all-inclusive and cover all material used in delivery of the service.

Principle 10: Fee collection should be administered efficiently and the cost of administration should be less than the income received from fees.

Principle 11: The revenue from fees is to be used to enhance and/or expand HACC services.

Principle 12: Procedures for the determination of fees, including assessment criteria, should be clearly documented and publicly available.

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1 National Program Guidelines for the Home and Community Care Program, 2007, p24.

Principle 13: Procedures for the determination and collection of fees should take into account the situation of special needs groups.

Principle 14: Assessment of a person's capacity to pay fees should be as simple and unobtrusive as possible, with any information obtained treated confidentially.

Principle 15: Consumers and their advocates have the right of appeal against a given fee determination.

Further information on the National Fees Policy can be found in the HACC National Program Guidelines:

www.health.wa.gov.au/hacc/docs/pg_npg.pdf

9.2 WA HACC Fees Policy

The WA HACC Fees Policy has been developed in line with the national principles to promote equity between clients receiving similar community care services, and structuring client contributions to the cost of care relative to ability to pay.

The key elements of the WA HACC Fees Policy are as follows:

- At assessment clients will only be required to identify their capacity to contribute to their support services according to the three income levels and their agreement to pay the fees in the income level.
- Once the support plan has been finalised and the standard fees identified for the client's income level (in accordance with the WA HACC Standard Fees Schedule), the client's agreement to pay the fees should be formalised.
- If clients are unable to pay the fees, they may have them reduced by completing the Income Assessment/Fee Reduction Form.
- Clients receiving a number of support services from one or more service providers are protected from paying excessive fees by applying a 'fees cap'. The fees cap is the maximum amount a client will pay per week.

The WA HACC Fees Policy provides information on:

- HACC service provider – Written Fees Policy
- Income Assessment/Fee Reduction
- Schedule of Standard Fees
- Fees Caps
- Appeals

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Further information on the WA HACC Fees Policy, as well as related Guidelines and Forms can be found on the WA HACC website at:

www.health.wa.gov.au/hacc/fees/index.cfm#hacc

9.3 Fees Issues

Exempt Service Types

Consistent with National Fee Principle 8, fees are not to be charged for:

- Information, advisory and advocacy services;
- Assessment and review services;
- Carer support;
- Social support services that include volunteer home visits and telephone based monitoring services.

Service Types Outside of the Fee Cap (Income Assessed)

Home modification is the only service type where an income assessment applies, but there is no mandatory fee cap. A negotiated fee linked to the cost of the modification would apply. Usually the client pays for the materials and service provider pays for the labour.

Service Types Outside of the Fee Cap (Not Income Assessed)

The following service types are not income assessed:

Meals and transport

- Both of these services represent costs of daily living.
- Service providers providing meals must charge clients at full cost recovery.
- Service providers providing transport are required to charge a fee for each one way trip.

HACC funded podiatry is a subsidised cost to clients

- Service providers providing podiatry are required to charge a fee.

Fees for HACC Clients Receiving Other Community Aged Care Services

Community Aged Care Packages (CACP)

When HACC support services are provided to CACP clients as part of the package, the CACP provider should be charged on a full cost recovery basis.

CACP clients may access HACC Nursing, Allied health, and attend CBDC for one to two days a week (with associated transport), and are required to pay the appropriate fee consistent with the WA HACC Standard Fees Schedule.

Extended Aged Care at Home (EACH) and Extended Aged Care at Home – Dementia (EACH-D) Packages

People in receipt of EACH or EACH-D packages are not eligible for HACC support services.

When it is identified that an EACH or EACH-D client would benefit from attending a HACC CBDC as part of the EACH or EACH-D package, the HACC service provider should charge the package care provider on a full cost recovery basis.

When the service is not included in the CACP or the client is waiting for an EACH/EACH D package the client is responsible for paying the appropriate fee according to the WA HACC Standard Fees Schedule.

10

RISK MANAGEMENT

10.1 The Importance of Risk Management

A risk is any internal or external situation or event that has the potential to impact upon a service provider, preventing it from successfully achieving its objectives, delivering its services, capitalising on opportunities or carrying out its projects or events.

Having a risk management process in place ensures that these situations and events are identified in a timely manner and resolved before they cause harm to the client, support worker or the organisation.

Engaging in risk management is an important part of good management practice.
The risk management process equips managers with the skills and confidence to manage risk to an acceptable level, allowing the organisation to successfully achieve their goals.
Some areas which may specifically need a risk management process include:

- Occupational health and safety risks to staff, volunteers and service users
- Infection control
- Clinical risks associated with nursing and allied health services
- Financial management risks
- Brokerage, subcontracting or other outsourcing of services risks
- Service users who do not respond to scheduled visits

Outcome 1.6 of the Community Care Common Standards states that the service provider should be actively working to identify and address potential risk, to ensure the safety of service users, the staff and the organisation.

CommunityWest runs a course relating to Risk Management. An overview of the course can be found on the CommunityWest website at:

www.communitywest.com.au/index.php?option=com_sellout&Itemid=160&domain=program_types&function=view&program_type_id=185

10.2 The Risk Management Process

The WA Government Risk Management Guidelines have been produced by RiskCover to assist State Government agencies in developing and implementing effective risk management processes. Their risk management guidelines outline four steps that form the risk management process. These steps include:

1. **Establishing the context**
   Involves setting the risk management framework and establishing the context of risk assessment.
2. **Identifying the risks**
   Considering the factors that are critical to success and considering what may go wrong with it (the risk).
3. **Conducting a risk assessment**
   Involves identifying and evaluating any existing controls, analysing the risk, looking at its likelihood and the consequences, and evaluating the level of risk against a pre-defined acceptance criteria.
4. **Risk Treatment**
   Identify and evaluate options that increase the controls rating or reduce the likelihood and consequences of the risk, allowing you to prepare and implement a risk treatment plan.

Along with these steps there are also two important considerations that need to be taken into account:

Communication and Consultation
Good communication and consultation ensures that the risk management process is effective as you are involving the right people at the right time and ensuring that they understand, are involved in, and contribute to the process.

Monitoring and Reviewing
Monitoring internal and external environments in the short term and periodically reviewing in the long term allows for the timely detection of sudden and gradual changes, allowing the organisation to respond appropriately.

Some examples of practices and processes that support risk management include:

- Ongoing identification of risks
- Ongoing review of risks
- Identification and implementation of strategies to reduce the occurrence of the risks
- Identification of strategies to deal with risks should they occur
- Involvement of management, staff and volunteers in the identification of risks and preventative practices
- Documented policies and procedures for these practices and processes
- Staff and volunteer education, training and knowledge in relation to specific risks such as OHS and infection control

Further information on risk management can be found on the RiskCover website at:

www.riskcover.wa.gov.au/

The WA Government Risk Management Guidelines provide an overview and explanation of the risk management process. The document can be downloaded at:

www.riskcover.wa.gov.au/riskmanagement/pdf/rm_guidelines.pdf

11

INSURANCE

11.1 HACC Program Requirements for Insurance

HACC funded service providers are required to have in place current insurance cover as follows:

These are the **minimum levels of cover** that service providers are required to have in place in order to fulfil the Service Agreement obligations for insurance cover.

Insurance Type	Minimum Level of Cover for Each Claim
Workers' Compensation	$50,000,000.00
Public Liability	$ 5,000,000.00
Professional Indemnity	$ 1,000,000.00
Directors' and Officers' Liability	Subject to the organisation
Personal Accident Insurance for Volunteers	$ 50,000.00
Motor Vehicle Liability	$20,000,000.00
Compulsory Motor Vehicle Liability	As per State Law

Service providers are also required to effect and maintain any other insurance necessary that adequately covers service operations and delivery. It is recommended that a risk assessment be undertaken to determine the appropriate type and level of insurance that will be required under the Service Agreement.

Workers' Compensation Insurance

Workers' Compensation insurance should be taken out in accordance with the provisions of the Workers' Compensation and Rehabilitation Act 1981 (WA). It should include cover for common law liability of an amount not less than $50 million for any one occurrence in respect of workers of the service provider. The insurance policy must be extended to indemnify the Principal for claims and liability under section 175 of Workers' Compensation and Rehabilitation Act 1981.

Public Liability Insurance

Public and products liability insurance policies cover the legal liability of the service provider, its employees, volunteer workers or agents arising out of the service provided in connection with the Service Agreement. Policies should be taken out for an amount not less than $5 million for any one occurrence, unlimited in the aggregate except for products liability limited in the aggregate to the sum insured.

For example, if someone sues for negligence after suffering burns in a fire at a day care centre, paying the damages could leave an organisation in financial ruin. Having public liability insurance cover protects the organisation in such circumstances.

If a service comes under the 'umbrella' of another organisation, their public liability cover needs to extend to this service. If it is not extended, arrangements could be made for the organisation's cover to be extended or the service could obtain its own insurance.

Public liability policies often do not cover volunteers. If volunteers are not covered, special cover should be arranged for them. Insurance concerning volunteers is discussed in further detail below.

Professional Indemnity Insurance

A professional indemnity insurance policy covers for any breach of duty owed in a professional capacity by the service provider or any volunteer worker, consultant or agent engaged by or on behalf of the service provider, in respect of the services provided in connection with the Service Agreement. The insurance policy must be for an amount of not less than $5 million for any one claim, with a provision of one automatic reinstatement of the full sum insured in any one period of insurance. It must also be extended to include claims made under the Trade Practices Act 1974 of the Fair Trading Act 1987. **The insurance policy must be maintained for at least six (6) years after termination of the Service Agreement.**

Directors' and Officers' Liability

A Directors' and Officers' insurance policy must cover:

a) directors and officers of the service provider for loss by reason of any wrongful act in the performance of their duties to the service provider when the service provider is not required or permitted to indemnify the director and officer for such loss;

b) the service provider for loss arising by reason of any wrongful act where the service provider is required or permitted to indemnify the director or officer for such loss.

Insurance for Volunteers

The most important insurance cover for volunteers is personal accident and public liability. Many workers' compensation and public liability policies do not cover volunteers. Workers' compensation may only apply to paid workers, while public liability insurance policies may require the inclusion of special clauses to include volunteers.

If the organisation's insurance policies do not cover volunteers, consider special volunteer insurance cover. There are packages available which cover volunteers for personal accident and public liability insurance.

The WA Volunteers (Protection from Liability) Act 2002 protects certain volunteers from incurring civil liability when doing community work on a voluntary basis; transferring the liability from the volunteer to the community organisation which organised the work.

NOTE: Management committee members are volunteers also. Be sure to include them in any insurance policies for volunteers.

For details on working with volunteers and the related legislative requirements, please visit the Department for Communities website at:

www.communities.wa.gov.au/serviceareas/volunteering/

Motor Vehicle Insurance

Motor vehicle third party insurance policies cover legal liability against property damage and bodily injury to or death of persons caused by motor vehicles used in connection with the Services provided in the Service Agreement. Many motor vehicle policies have a standard clause excluding damage caused to a vehicle while it is being used for hire or reward, irrespective of the amount of the reward. This means a person's car might not be covered if it is being used for organisation work for which mileage or a petrol allowance is paid.

To ensure their vehicles are covered, staff and volunteers should write to their insurance company seeking clarification of their position and, if appropriate, exemption from these clauses.

11.2 Property Insurance

Fire

If you own a property you will need to insure for loss or damage to the property and its contents (furniture and equipment) through fire. It is also preferable for the policy to also cover storm and malicious damage (vandalism).

If the premises are leased or rented out, the owners of the property should have current property insurance. The rental or lease agreement should also state that the owners will repair any damage to the building. The organisation leasing is always liable for their own contents insurance.

It is important to be covered for more than just the present value of the property, as in the case that the building, property or equipment needs to be replaced, costs would be at the market price, rather than the value price.

Normally, cover is not extended to property not owned by the insured. In the case of staff or volunteers' property being permanently or temporarily on premises, extensions should be obtained from the insurance company to cover those items.

If you are unsure as to what each of your insurance policies cover, ask the insurance company to clarify the extent of the cover in writing. As a general rule, keep all enquiries related to insurance in writing to minimise confusion.

Theft and Burglary

It is also best to insure for replacement value rather than just the current value of items in the case of theft or burglary.

One way ensuring the adequacy of insurance cover is to review the cost of replacing items annually. By doing this, insurance cover can be adjusted according to replacement value. When new equipment is purchased, insurance cover can also be adjusted in order to cover for the possibility of replacement in the event of theft or burglary.

If cash is kept on the premises (for example, petty cash) it would be advisable to obtain insurance to cover theft of cash. This is not a standard cover for most policies, usually requiring an extension of the policy and the payment of an additional premium.

11.3 Other Types of Insurance Cover

Electronic Equipment: This covers damage and theft of electronic equipment such as computers, fax machines and photocopiers. As these are specialised policies they may provide a better cover than contents insurance for these items. Check this out with your insurance company or broker.

Fidelity Guarantee: This covers employers for loss of monies or goods through acts of embezzlement or fraud by employees.

This cover usually applies only to paid workers. In organisations where finances are handled by a volunteer, for example, a bookkeeper or treasurer, an extension should be obtained to ensure protection.

Cargo (Goods in Transit): This provides cover for damage or loss of goods whilst in transit. Some organisations may want to consider this type of insurance when their volunteers are involved in transporting goods for consumers.

11.4 Checklist for Insurance Cover

Check the different insurance covers below. Consider which ones are necessary for your organisation:

Checklist for Insurance Cover	
❒ Public liability insurance	❒ Cover for cash held on the premises
❒ Volunteer insurance	❒ Cover for electronic equipment (may be included under general contents)
❒ Motor vehicle insurance	❒ Fidelity guarantee to cover theft and embezzlement by staff
❒ Cover for volunteer vehicles	❒ Cargo (goods in transit) cover.
❒ Professional indemnity insurance	❒ Building cover for fire, storms, floods, etc.
❒ Directors' and Officers liability	❒ Contents cover for theft and burglary
❒ Workers' Compensation	

11.5 Insurance Register

It is important to be aware and keep track of what insurance your organisation has in place.

A ‘Register of Insurance Policies’ is a simple form which lists the:

- Type of insurance and details of the cover
- Policy number
- Insurance company
- Premium
- Date last paid

A photocopy of each insurance certificate or receipt can be attached to the back of the insurance register. A template of an Insurance Register can be found on the following page:

An Example of an Insurance Register

Type of Insurance and Details of Cover	Policy Number	Company	Premium	Date Paid	Signature of Person Making Entry

11.6 National Police Certificates

Obtaining certificates for service provider staff in the HACC Program is not mandatory, but is encouraged and considered best practice.

National criminal history records checks (National Police Certificates) apply to all Commonwealth Government subsidised services. A National Police Certificate is required for all relevant staff, volunteers and contractors who work unsupervised in aged care services.

It is a process undertaken by the relevant State/Territory police service to determine if an individual has been charged and/or convicted of a criminal offence. A National Police Certificate is then provided detailing any disclosable criminal records.

Individuals convicted of murder or sexual assault, or convicted of and imprisoned for any other form of assault, cannot work within an aged care service if they have unsupervised access to clients.

It is the responsibility of the approved provider to ensure workers meet the National Police Certificate requirements and are suitable to work in aged care. The Commonwealth Government Department of Health and Ageing requires National Police Certificates to be renewed every three years.

Individuals must apply in person at a participating Australia Post outlet and provide original proof of identification, based on the 100-point check. Alternatively, an application form can be downloaded from the WA Police Service website and be witnessed and lodged at a participating Australia Post outlet.

Organisations working with volunteers can apply to participate in the National Police Check for Volunteers Program. This program was developed by the Department for Communities in partnership with the WA Police Service, and enables organisations to obtain National Police Certificates for workers at a reduced rate.

Further information and application forms for a National Police Certificate are available from participating Australia Post outlets or can be downloaded from the WA Police Service website at:

www.police.wa.gov.au/OurServices/PoliceChecks/NationalPoliceCertificates/tabid/1339/Default.aspx

Further information on the National Police Check for Volunteers program and application packages can be found at the Department for Communities website:

www.communities.wa.gov.au/serviceareas/volunteering/Pages/NationalPoliceCheckforVolunteersProgram.aspx

12

HACC MINIMUM DATA SET

12.1 What is the HACC Minimum Data Set?

The HACC Minimum Data Set (MDS) is a collection of data that describes HACC clients and the support services that they receive.

All HACC-funded service providers that provide support services to **HACC clients** are required to complete the HACC MDS and report to the National Data Repository (NDR).

12.2 Objectives of HACC MDS

As outlined in the National HACC MDS User Guide v 2.0, the objectives of the HACC MDS are to:

- Provide HACC Program managers with a tool to access data required for policy development, strategic planning and performance monitoring against agreed output/outcome criteria;
- Assist HACC service providers to provide high quality services to their clients by facilitating improvements in the internal management of HACC-funded service delivery; and
- Facilitate consistency and comparability between HACC data and other aged, community care and health data collections.

HACC Clients

HACC MDS records information about:

- those people who receive HACC-funded support;
- their circumstances;
- details of people who may be looking after them; and
- the types and level of assistance provided to them.

12.3 Recording MDS

The following personal detail items should be recorded for both the *care recipient* and the *carer* (if there is one):

- first given name
- family name
- date of birth
- sex
- area of residence
- suburb/town/locality
- postcode
- country of birth
- main language
- indigenous status

Further items are collected about the *care recipient's* circumstances, including:

- presence of carer
- living arrangements
- government/pension benefit status
- DVA status
- accommodation setting

Items concerning the *care recipient's* functional status are also collected, including their ability to:

- do their own housework
- get to places out of walking distance
- do their own shopping
- take their own medication
- handle their own money
- walk
- bathe/ shower
- communicate

and whether they have any:

- memory problems or confusion
- behavioural problems

Further information is also collected about the *carer,* including:

- whether they live with the care recipient
- their relationship to the care recipient
- whether they care for more than one person

Information about the service episode is collected, including the:

- source of referral
- date of last update
- date of entry into HACC service episode
- date of exit from HACC service episode
- reason for cessation of services (if ceased)

Most importantly, information about the service types provided and the volumes are collected.

12.4 Submitting Data

HACC MDS reporting occurs on a quarterly basis by the **fifteenth business day** of the reporting month. Reporting as early as possible in the month ensures that there is sufficient time to make corrections and re-submit data if necessary.

MDS Quarter	Report Services Occurring:	MDS Reporting Due By:
Quarter 1	1 Jan – 30 Mar	15th Business Day in April
Quarter 2	1 Apr – 30 Jun	15th Business Day in July
Quarter 3	1 Jul – 30 Sept	15th Business Day in October
Quarter 4	1 Oct – 31 Dec	15th Business Day in January

Quarterly MDS data is to be emailed to the National Data Repository (NDR) at:

mdssubmission@haccmds.gov.au

On submitting your data, you will receive two response emails (within 24 hours) from the NDR. If you do not receive these response emails, check that the email address you used was correct. If you are sure it was correct but you have had no response, contact the:

NDR Helpdesk: Ph: 1800 638 427

12.6 Statistical Linkage Key

The Statistical Linkage Key (SLK) is the 'unique client identifier' used in MDS. It is based on:

- five letters taken from the client's family name and first given name;
- the client's date of birth; and
- the code for the client's sex

The purpose of the SLK is to:

- maintain privacy and confidentiality of client records (A client's name is not used in MDS);
- To link client records over quarters and gain a long term picture of HACC service usage;
- To link client records between service providers in order to understand patterns of HACC service usage.

12.7 National Data Repository

MDS data is checked for errors and consistency at the NDR. Where errors are found within data submissions, this is reported back to the service provider so that corrections can be made and the data can be resubmitted.

The **Helpdesk** at the NDR is available to assist service providers with the submission of their data (contact details are provided below).

At the end of each reporting period, the data is merged and organised at the NDR. The data set for WA is then returned from the NDR to the WA state government to provide a summary of HACC service provision to clients within the state for each quarter.

When units of service (time spent supporting the client) are recorded by a service provider it is recorded in 5 minute increments. At the end of the quarter service provider client management systems are required to round up totalled service volumes (per service type per client) prior to submission to the NDR. Therefore data submitted to the NDR in the Comma Separated Value (CSV) file by a service provider is the official data used by the HACC Program.

HACC MDS CONTACTS

MDS to National Data Repository

Email submissions:	***mdssubmission@haccmds.gov.au***
Test transmissions:	***mdstest@haccmds.gov.au***
Helpdesk Email:	***mdssupport@haccmds.gov.au***
Telephone:	***1800 638 427***

For more information on the HACC MDS and data transmission:
http://www.health.gov.au/internet/main/publishing.nsf/Content/hacc-mds.htm

Service Groups

In WA, HACC service providers are contracted to provide support services by service groups or service types.

Reporting to the Minimum Data Set (MDS) continues to be by service types.

Service Types

The HACC MDS WA User Guide provides detailed service type descriptions, how to record them, and examples of service type delivery.

Case management and Formal linen services are not funded in WA

For further information on MDS see the WA HACC MDS User Guide at:

http://www.health.wa.gov.au/hacc/mds/index.cfm

For more in-depth details on all data elements, please refer to the National MDS Guidelines at the following website:

http://www.health.gov.au/internet/main/publishing.nsf/Content/hacc-mds.htm

13

THE HACC LOGO

13.1 Due Recognition

The HACC Program requires service providers to formally acknowledge the Commonwealth Government contribution to the HACC Program. This is to ensure that the Australian community is being appropriately informed as to how public funding is spent. There are a number of ways that service providers can meet the requirement to acknowledge Commonwealth Government funding of HACC activities.

13.2 The HACC Logo

The HACC logo has been developed as a simple way to acknowledge HACC funding provided by the Commonwealth Government and State Governments. Use of the HACC logo on its own is considered appropriate acknowledgment of Commonwealth Government funding.

Examples of where the HACC logo may be used include:

- Service information packs
- Newsletters
- Service directories
- Reports
- Websites
- Publicity material e.g. pamphlets
- Signs

13.3 Permission for use of the HACC Logo

The HACC logo is available to be used Australia-wide only by service providers that have been granted a sub-licence to use the logo. As the logo is trademarked, service providers need to apply to the relevant State Government for a sub-licence. An application form for WA HACC service providers is available on the WA HACC website. There is no cost for a sub-licence.

13.4 Guidelines for use of the HACC Logo

Regardless of the way the HACC logo is used, the following guidelines must be adhered to:

- The logo cannot be altered in any way, except for size.
- The text underneath the logo can be made larger and more legible but cannot be removed.
- The logo may be used in mono (black) or coloured (authorised PMS colours: Burgundy PMS690CVC and Gold PMS126CVC). These colours are mandatory.

Further guidelines for use of the HACC logo are detailed as part of the sub-licence.

13.5 Commonwealth Government Coat of Arms

The HACC logo is sufficient acknowledgement of the Commonwealth Government contribution to HACC activities as long as it is used as the only form of branding.

However, if a State or Territory Government logo is used in addition to the HACC logo then Commonwealth Government branding should also be used. Further information regarding the use of the Commonwealth Government Arms is contained in the HACC Logo sub-licence. If this situation occurs, contact the local Commonwealth Government Department of Health and Ageing Office for advice on telephone (08) 9346 5111.

13.6 Other Forms of Due Recognition

In situations where the HACC logo is not being used, a simple form of words (written or verbal) will meet the due recognition requirement. The following examples illustrate appropriate forms of words:

“This activity/ project/ organisation….

- received funding from the Commonwealth Government.”
- was jointly funded by the Commonwealth Government and…”
- received funding from …. And the Commonwealth Government.”
- is supported by financial assistance from the Commonwealth Government.”
- is supported by funding from the Commonwealth Government under the HACC Program.”

The above list is not exhaustive and is provided as examples only. Non-written forms of due recognition may also be required, for example in television, radio, speaking engagements or forums. In instances of public launches or activities funded through the HACC Program, verbal acknowledgement of the Commonwealth Government funding contribution will satisfy the due recognition requirements.

If you require any further information or wish to clarify any of the information above, please contact your local State or Territory Government department responsible for the HACC Program on telephone (08) 9222 4060.

NOTE: For simplicity, it is recommended that service providers use the HACC logo on its own to identify HACC program initiatives and projects.

An application for permission to use the HACC Logo is available on the WA HACC website at:

www.health.wa.gov.au/hacc/hacclogo/index.cfm

14

Meals on Wheels

14.1 Meals on Wheels

The WA HACC Program's delivered meals should be provided to the client at full cost recovery whether provided in the home, a centre, or as part of a HACC funded Centre based day care service. The subsidy from the HACC Program assists with the transport costs associated with the meals and is not to offset meal production costs.

The delivered meals subsidy is indexed annually in line with funding for other HACC service types.

Delivered meals subsidies are paid at the standard quarterly intervals.

Once reported actual volumes from the 4th quarter MDS data are finalised, usually by early September, subsidy funding adjustments against contracted volumes are made by the Aged and Continuing Care Directorate of the Department of Health to the 2nd quarter payments in the following financial year.

Multi-purpose Services are excluded from the annual funding reconciliation process.

Further information regarding the provision of Meals on Wheels is available on the WA HACC website at:

www.health.wa.gov.au/hacc/publications/meals.cfm

Delivering a **Healthy WA**