# National Program Guidelines for the Home and Community Care Program

2007

hacc

*home and community care*

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

# National Program Guidelines for the Home and Community Care Program

2007

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# 1 What is the purpose of these guidelines?

The Home and Community Care Program National Guidelines set out the parameters for the national operation of the Home and Community Care (HACC) Program. They are intended to guide the Program and all those involved in it.

These guidelines have been written to reach a wide readership of service providers, consumers, HACC administrators, and other interested groups. HACC funds services in many different settings, and the guidelines give an outline of the direction and priorities of the Program. They are not intended to answer in detail all questions that may arise.

State and Territory Governments have more detailed State and Territory-specific information about the HACC Program. Inquiries regarding individual services or funding matters should be referred to the relevant State or Territory Government department. Contact addresses are at Appendix D.

This 2007 edition of the HACC Program National Guidelines has been updated to reflect the changes to administration and business processes arising from the new HACC Agreement.

Work currently underway to strengthen and improve the community care system arising from the Australian Government's *A New Strategy for Community Care—The Way Forward* is likely to result in changes in areas such as access, eligibility, assessment, consumer fees, accountability, information management and planning. Once this work is finalised, the guidelines will be revised again to incorporate and provide guidance on the changes. Further information on *The Way Forward* is available at:

http://www.health.gov.au/internet/wcms/publishing.nsf/Content/ageing-twf-welcome.htm.

Note: These guidelines have been jointly approved by the Australian Government and all States and Territories. This document replaces the 2002 edition of the HACC Program National Guidelines.

# 2 What is the Home and Community Care Program?

The HACC Program is a joint Australian Government, State and Territory initiative under the auspices of the *Home and Community Care Act 1985*. Nationally, the Australian Government contributes approximately 60 per cent of Program funding and maintains a broad strategic policy role.

The Program provides funding for services which support people who are frail aged, younger people with disability and their carers, who live at home and whose capacity for independent living is at risk or who are at risk of premature or inappropriate admission to long term residential care.

Since its inception in 1985, the HACC Program has evolved significantly. Substantial growth in funding from governments has greatly increased the range and volume of services provided to eligible consumers.

The HACC Program is part of a broader framework of community and health services funded through the Australian Government or States and Territories, or jointly. The services within this framework are both residential and community based, for example, community health care services, disability services (such as accommodation and attendant care), residential aged care homes, Community Aged Care Packages (CACPs), Extended Aged Care at Home (EACH), the National Respite for Carers Program (NRCP) and the Veterans' Home Care Program administered by the Department of Veterans' Affairs.

## Reform

In 2002–03 a review of the community care system undertaken by the Australian Government revealed a range of issues impacting on the effectiveness of the system to support people in their own homes. The review found:

- that access to community care services was overly complex
- gaps and duplication in service delivery
- inconsistent fees
- complex reporting requirements
- a lack of nationally coordinated planning.

In response, the Australian Government released *A New Strategy for Community Care—The Way Forward.* This strategy outlines a partnership based reform process which aims to simplify and strengthen the community care system for the future. Five broad areas of action were identified:

- addressing overlaps and gaps in service delivery
- providing easier access to services

- enhancing service management
- streamlining Australian Government programs
- adopting a partnership approach.

*The Way Forward* outlines actions that the Australian Government will take to reform the community care system; work on these action items began in 2005 and is scheduled to continue for a number of years.

These reforms build on the recommendations of two earlier reviews: The House of Representatives Standing Committee on Community Affairs' *Home But Not Alone* report (published in July 1994) and the Commonwealth, State and Territory *Efficiency and Effectiveness Review of the HACC Program* (reported in June 1995).

## HACC Program arrangements

The formal basis for the HACC Program is bilateral agreements between the Australian Government and the States and Territories. These agreements are known as the HACC Review Agreements.

The Australian Government, in conjunction with the States and Territories, is responsible for developing and implementing national policy initiatives and identifying national trends in the HACC Program. Their joint focus is on funding, accountability and achievement of service goals within a regional framework. The Australian Government Minister and each State and Territory Minister jointly agree on the total amount of HACC funds for each State and Territory, and then jointly allocate the total HACC funds available between HACC regions[1*] of each State and Territory.

State and Territory Governments are the primary point of contact for HACC service providers and consumers, and are responsible for Program management, including the approval and funding of individual HACC services in their regions.

1 * The term 'region' is used in these guidelines to mean a geographical entity as agreed between the Australian Government and State or Territory Ministers.

# 3 What are the aims of the Program?

The HACC Program is a key provider of community care services to frail aged people, younger people with a disability, and their carers. The overall objective of the HACC Program is to enhance the independence of people in these groups and to avoid or delay their premature admission to long term residential care through the provision of basic maintenance and support services.

The Program aims 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 or delaying their inappropriate admission to long term residential care
- provide flexible, timely services that respond to the needs of consumers.

The Program operates within a regional framework with the purpose of improving responsiveness to the needs of consumers and helping achieve equitable access to HACC services.

Service providers funded by the HACC Program are part of the wider care network in which an organisation's service may be one of several services a person receives. Therefore cooperative and coordinated working arrangements between service providers are essential for the people they serve.

The HACC Program encourages flexible service delivery and a suitable mix of services to meet the needs of individuals and regions.

A full list of Program objectives listed in the agreements can be found at Appendix A.

# 4 Who does the Program assist?

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

Clause 4(1) of the HACC Review Agreement provides 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 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

(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.

'Tasks of daily living' include dressing, preparing meals, house cleaning and maintenance, and using public transport[2*]. Some people may need only one service (for example nursing services or personal care), while others may need a combination of services.

It should be noted that for younger people with a disability there may be specific purpose programs (for example, disability rehabilitation and employment support) which may be more appropriate than the more generic services offered by HACC providers.

HACC services should not generally be provided to a person who is already receiving a similar service from other government funded programs.

Both older people and younger people with disabilities should be assessed on the basis of need for basic maintenance and support services as outlined in Section 5.

Family and volunteer carers provide a major part of care for frail older people and younger people with a disability. Carers have played, and will always play, an important role in community care. It is recognised that carers contribute enormously to the quality of life of the person receiving care and are an integral part of enabling people to remain living at home.

2 * Survey of Disability, Ageing and Carers, Australian Bureau of Statistics, 1993.

By listing carers as a specific target group of the HACC Program, it is acknowledged that carers need support, recognition and assistance in their role. A number of services specifically designed for carers, such as respite services, counselling and support services, receive funding through the HACC Program.

The HACC target group also includes people who might not have access to long term residential care for cultural or geographical reasons, for example some Aboriginal and Torres Strait Islander people in isolated communities.

Overall, the 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 in the community
- improve functioning and support independence of clients in the community
- support carers
- enhance clients quality of life
- reduce unmet need.

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

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

## Special needs groups

Within the overall HACC target population there are several groups that find it more difficult than most to access services. These are people with cultural or other special needs.

The groups are:

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

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.

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

## Equity and access

The establishment of appropriate services in a region does not necessarily ensure that all persons within the target population will have access to those services. People may encounter difficulties accessing services because of factors such as location or physical or cultural barriers. Service providers should therefore ensure that services encourage their use by all members of the consumer group on an equitable basis.

To achieve equitable access, service providers should consider the following principles:

- culture/language—HACC services should be culturally and linguistically appropriate
- physical access—all HACC facilities (such as day care centres and transport vehicles owned by HACC services with a capacity of greater than eight people) should be accessible to people with physical or sensory disabilities
- without discrimination—eligible people assessed as needing a service should have access to HACC services without discrimination on the grounds of ability to pay, location, gender, ethnicity, language, Aboriginality, marital status, religion, sexual preference or type of disability.

## Prioritising resources

Where demand for a service exceeds the supply, it is the responsibility of the service provider to allocate resources in a way that provides the most benefit to the greatest number of people.

There is no simple guide that service providers can use to determine the allocation of resources. Such decisions should be based on the assessment of each individual's situation. However, factors that a service provider should consider include:

- the level of service to be provided given that HACC funds the provision of basic maintenance and support
- the vulnerability of the individual to further deterioration
- the effect of service delivery on the carer
- the likely effect of the service provided in assisting individuals to attain their goals, for example, reduced risk of admission to residential care or maintaining quality of life in the community
- the effect on other existing and prospective consumers of providing services for this individual
- safety for consumers and staff.

Further guidance on prioritising resources is available in *Guidelines for Access and Service Allocation in HACC: A Framework for Service Providers*, prepared by Dr A Howe and Dr L Gray as part of the Targeting of HACC Services Research Study.

This document aims to assist service providers to consider options available to them in responding to client needs and provides a framework for HACC agencies to formulate their own guidelines and resource allocation plans. The document does not specify levels of care to be provided to clients.

# 5 What is the scope of the Program?

The Program is intended to provide basic maintenance and support services that are cost effective and meet the needs of individuals so they can remain living in the community.

Basic maintenance and support services are defined as those essential to a person's well being, for example nutrition, community nursing, home help and personal care. The level of basic maintenance and support services should be in line with the targeting strategies outlined in Section 4.

Services other than basic maintenance and support service may also be funded through HACC. For example, information and training courses that enable a greater level of understanding and expertise to be built up among service providers and consumers about the care of frail aged people and younger people with disabilities and the needs of their carers.

Some individuals require additional support from carers and through other programs. Service providers should consider such needs and closely monitor and consult with consumers to ensure that referral to other appropriate services occurs.

Descriptions of the types of assistance that are available are provided at Appendix B.

## Where are HACC services provided?

HACC services can be offered to people in:

- their own homes
- retirement villages, independent living units, caravan parks, self care units, boarding houses, group/community housing in the community or in an aged care complex
- unstable housing circumstances (such as transient or homeless people)
- other arrangements not excluded under sub-clause 4(2) of the HACC Review Agreement.

The HACC Program does not provide services to residents of aged care homes. Nor does it provide services to recipients of disability program accommodation support service, when the aged care home/service provider is receiving government funding for that purpose. The HACC Program also does not provide services for residents of a retirement village or special accommodation/group home when a resident's contract includes these services.

While HACC funds cannot be used for this purpose, like services can be purchased from HACC funded agencies for people living in these settings. The conditions that apply to these circumstances are as follows:

- purchased services are provided on a full cost recovery basis
- services are provided only where the HACC funded provider has the capacity to take on additional people without adversely affecting people in the HACC target group

- fees are paid by the provider where the service is something they receive funding for
- fees are paid by the client where the service is not part of the package of care being provided.

## Integrated services

Care should be delivered as an integrated package of services that responds to the assessed needs of the individual. A package of services may include HACC services (for example community nursing, home help and transport) and services not provided by the HACC Program (for example financial counselling). HACC funded agencies should ensure that processes are in place to facilitate the effective coordination of services and that the plan of care is tailored to each person's needs.

The development of a package of services calls for communication and coordination between service providers. Referral of consumers and a coordinated approach by service providers would ensure an adequate and appropriate package of services. The sharing of client assessment information will assist this process.

Some HACC consumers have high and/or complex needs. These people may require a comprehensive assessment before a package of services can be designed (this is discussed in more detail in Section 9). Case management/client care coordination may be necessary to facilitate the delivery of integrated services.

This focus on integration, consumer outcomes and flexibility for high need clients was emphasised in 1986 with the establishment of Community Options Projects (COPs) in all States and Territories. The COPs approach (known as 'Linkages' in Victoria) organizes services with an individual focus. The skills of a case manager and a flexible budget allow purchase of services, including those not available from HACC agencies.

### Services outside the scope of the HACC Program

Clause 4(2) of the HACC Review Agreement details a number of services that are outside the scope of the HACC Program. These services are classed as such because funding is already provided for them through other government programs.

Services outside the scope of the HACC Program include:

1. accommodation (including re-housing and supported accommodation)
2. health aids or appliances (wheelchairs, crutches, etc.). This is because separate programs in each State and Territory provide these items; however, where items are required for the operation of an eligible HACC service and would remain the property of the service (that is, not become the personal property of an individual user) they are eligible for funding
3. direct treatment for acute illness (including convalescent or post acute care), except for overall maintenance and support to people within the target population following an acute care episode. That is, HACC is responsible for providing basic maintenance and support services to eligible clients who need post-acute care, while health services are responsible for providing the 'specialist' component of post-acute care
4. rehabilitative services directed solely towards increasing a person's level of independent functioning. This does not include independence models of care

5. services for a specific disability, such as a service specifically for people with a physical disability; this does not include services for people with dementia or a related disorder
6. services primarily for families in crisis, such as assistance to ease or provide additional support during a crisis in the family, for example, multiple births
7. specialist palliative care services; that is, providers of specialist palliative care for a person in terminal stages of illness.

People in the HACC target group who are receiving the above types of services may be eligible for complementary (non-specialist) HACC services.

# 6 Australian Government, State and Territory arrangements

## Overview

The Australian Government has primary responsibility for national policy development in consultation with the States and Territories. The States and Territories are responsible for the day-to-day administration of the Program. Both levels of government contribute funding to the Program and are involved in agreeing to the operational guidelines and approving the annual Program funding levels.

## Planning

The HACC Program is a joint undertaking between the Australian Government and States and Territories, who share responsibility for agreeing to the strategic direction, priorities and allocation of funds.

### State and Territory Triennial Plans

The Review Agreement provides for three year planning cycles, supported by an annual process. The three year planning period allows for a comprehensive and evidence based Triennial Plan to be developed and facilitates a strategic long-term focus in the Program. In addition, the Triennial Plan provides more certainty to the sector than the previous annual plans, facilitating better planning by service providers.

The planning process undertaken by states and territories includes analysis of both quantitative and qualitative information, and community consultation with consumers and providers of community care to identify the requirement for services, trends and emerging issues. It will also consider the broader national policy agenda for community care and how this can be incorporated in Program priorities.

As well as a focus on strategic direction and priorities, State and Territory Triennial Plans cover both whole-of State and Territory and region-specific issues to set out a clear plan for total Program funds. States and Territories may choose not to provide information on planned outputs within each region in the Triennial Plan. In this case, the information will be documented separately as an Annual Supplement to the Triennial Plan.

State and Territory Government officers have primary responsibility for the development of the Triennial Plans. Australian Government officers participate through regular liaison and agreement of requirements. Australian Government and State and Territory Ministers jointly approve the Triennial Plan and Annual Supplements.

## Advisory and consultative mechanisms

The main role of HACC advisory and/or consultative mechanisms is to ensure that consumers and service providers are consulted on major policy and planning issues. This is an avenue for providing information and advice to government officers and relevant Ministers about the operation of the Program in the community.

HACC advisory and consultative mechanisms are an important avenue for consumers and service providers to contribute to the development of State and Territory strategy and Triennial Plans, and to determining priorities for policy development and service outputs in regions.

HACC advisory and/or consultative mechanisms may operate at the national, State, Territory and, where appropriate, regional levels to help ensure the Program benefits from effective representation from the target group and the wider community. The specific mechanisms may vary according to the needs and preferred approaches of individual States and Territories, and take the form of committees, groups or other appropriate forums or processes. The approach taken to advisory and/or consultative mechanisms in each State and Territory is to be outlined in Triennial Plans, with outcomes reported in Business Reports.

The roles of these advisory and/or consultative mechanisms may include:

- consultation with government officers on a range of Program issues
- input to the development of Triennial Plans
- provision of advice on priorities for policy development, the operation of the Program and service outputs in regions.

It should be noted that advisory and consultative groups established under these mechanisms do not negotiate directly with government officials or organisations regarding project proposals or funding approvals.

Effectiveness of national, State, Territory and regional advisory and/or consultative mechanisms will be promoted through ensuring that:

- the timing of consultations allows for effective input to planning processes
- there is timely access to Program information and data so as to provide the basis for effective input to the planning processes
- there are adequate resources for effective operation
- there is a periodic review of the effectiveness of advisory and consultative mechanisms as avenues for consumers and service providers to contribute to planning and policy development of the Program.

Where committees are established, it should be ensured that:

- members are selected on the basis of their ability to represent the HACC target group effectively, not solely as representatives of particular organisations
- membership includes a balanced representation of consumers and service providers.

Committees may also report directly to the Australian and/or State and Territory Ministers.

Information on the planned activities and outcomes of advisory and/or consultative mechanisms will be provided through:

- Triennial Plans and Business Reports
- liaison with Australian Government and State and Territory officers
- other modes—as agreed by HACC Officials, or jointly agreed by Australian Government and State and Territory Ministers.

# Program funding

Both the Australian Government and the States and Territories provide funds for the HACC Program. The amount of funding is agreed annually between the Australian Government and each State and Territory Government.

The total amount of funds allocated is referred to as the 'Program funds'. These funds are then allocated to individual regions within a State or Territory, based on the measurable Program outputs to be provided in each region, including the mix, level and quality of services. The allocation of funds for each region is jointly approved by Australian and State and Territory Ministers and is documented in their respective Triennial Plans.

Once the Triennial Plans and levels of funds for each region are jointly approved, State and Territory Ministers decide on projects and funding allocations. The State and Territory Ministers determine which service providers will provide services in each region. These providers are required to enter into service contracts—specifying the level of service output required—with State and Territory Governments.

Further information about funding allocation processes can be found in Section 7.

# Program reporting and accountability

## Annual State and Territory Business Reports

HACC service providers report to the State and Territory Governments on outputs achieved. This information is then collated by the States and Territories into regional information and forwarded to the Australian Government Minister in an Annual Business Report.

The Business Reports include information about regional expenditure, service outputs and service quality against the service priorities and outputs specified in the Triennial Plans. The Reports are an essential mechanism for ensuring that the Program is accountable for the funds provided to it. They are also a key source of information for the consolidated national Program report produced by the Australian Government each year.

## Key performance indicators

The Australian Government and States and Territories have agreed a number of key performance indicators which will allow them to report on performance within the HACC Program. This report on performance will be published by the Australian Government as part of its consolidated annual report.

A list of the key performance indicators is at Appendix C.

In addition, the Australian and State and Territory Governments will work together to develop further outcome-focused key performance indicators and appropriate benchmarks.

This work is intended to:

- stimulate improvement in service performance outcomes
- inform future community care policy development
- facilitate best practice management of the HACC Program
- increase community understanding about the performance of the HACC Program.

## Data on HACC services and clients

Information from the HACC data collections, as well as demographic data, is used by the Australian Government, State and Territory Governments, HACC officials, service providers, consumers and the general community to:

- describe what the Program is doing
- describe who uses the Program
- evaluate the effectiveness of the services against the objectives of the Program
- plan for future service provision
- support development of policy objectives for the future
- support decisions on strategic directions for care of the frail aged, people with disabilities and their carers.

The primary source of data in relation to HACC clients is obtained from the Minimum Data Set (MDS). The MDS is a set of nationally agreed data items collected by all HACC service providers about their clients. The objectives of the HACC Minimum Data Set are to:

- provide Program managers with data required for policy development, strategic planning and performance monitoring
- assist Program service providers with planning for and provision of client services through the facilitation of improvements in the management of national Program service delivery
- facilitate consistency and comparability between national Program data and other collections of data covering the community care and health fields.

All data in relation to individual clients is de-identified, so that the privacy of HACC service users is protected.

# 7 States, Territories and service providers

State and Territory Governments are responsible for the selection of organisations to provide services in each region in accordance with priorities outlined in the State or Territory Triennial Plan.

An organisation is eligible for funding to provide a HACC service if they meet the requirements specified in sub-clause 9(1) of the HACC Review Agreement:

> 'Eligible Organisation' means a legal entity which will comply with the principles and objects of the National Program and which has the capability to provide the services under the terms and conditions of service contracts...

Eligible organisations include local government, community organisations, religious or charitable bodies, State and Territory Government agencies, and private (for profit) organisations. Organisations must be incorporated under relevant State and Territory laws.

Further information on funding procedures is available from State and Territory Government representatives.

## Core items of service provider contracts

Service providers approved for HACC funding enter into formal written contracts with the State or Territory Governments. The contracts will include a number of 'core items', including:

- the duration of the service contract
- the right for the State or Territory to terminate or vary a service contract if an approved project is varied or revoked
- the service to be provided, in measurable outputs, for funding received
- the fee scale for services (if available)
- a report on fees collected by the agency
- quality standards to be achieved and the means of monitoring and measuring the standards
- the target population and priority of access policies
- the basis of access for special needs groups
- the financial management obligations
- requirement to cooperate with other services provided to meet client needs
- the basis of assessment for services
- the nature of the data to be collected and reporting items

- a commitment to repay an amount equivalent to the value of property acquired with government funds when the property is disposed of, destroyed or no longer used for project purposes
- adherence to the guidelines on recognition of Australian Government funding.

## Output funding

By signing the service contract with the State or Territory Government, the service provider is agreeing to provide measurable outputs for funding received. This concept is also used in planning regional outputs to enable decisions about regional funding levels.

Service providers are required to deliver a certain number of hours (or meals or occasions) of service, depending on specifications in the contract. The delivery of these outputs is monitored and measured in terms of quantity, continuity and against quality assurance and service standard mechanisms.

## Accountability

To ensure efficient and effective Program management, the HACC Review Agreements require proper accounting for funds. Funds provided for specific purposes must be expended on those activities, and must further the aims and objectives of the Program. Australian and State/ Territory Governments are responsible for ensuring that all areas of the Program are regularly monitored, reviewed and audited.

The service contracts require service providers to provide at the end of each financial year:

- a statement from a qualified accountant detailing expenditure of the HACC grants and other monies used in providing HACC services (noting that very small service providers may be exempted from this requirement)
- a supporting document from the accountant stating that expenditure has been incurred in accordance with the specific financial conditions of the contract as agreed between the service provider and the State or Territory Government
- a certified statement from the organisation's principal office holder that HACC funds have been used for the purposes specified in the service contract.

State and Territory Governments set specific requirements in accordance with their legislation and can provide further advice on how this applies to different organisations/entities.

Where State or Territory legislation precludes statements from qualified accountants, office bearers will be required to provide certificates similar to those outlined above concerning expenditure and the purposes for which it was used.

# 8 Quality Assurance/ National Standards

## Overview

### Background to HACC National Service Standards

In 1991, the HACC National Service Standards ('the Standards') were introduced, to help service providers comply with the principals and goals of the Program as outlined in the *Home and Community Care Act 1985* and to assist in improving the quality of HACC services. As a result of the gazettal process in 1995, State and Territory Governments are now required to include the Standards in all service contracts.

### Standards and quality monitoring process

The Standards were designed to ensure that:

- all clients receive the highest possible standard of service from providers
- the services they receive meet their individual needs
- providers strive for continuous improvement in service planning, management and delivery.

The Standards are based on seven Service Objectives:

1. Access to Services—to ensure that each consumer's access to a service is decided only on the basis of relative need.
2. Information and Consultation—to ensure that each consumer is informed about his or her rights and responsibilities and the services available, and consulted about any changes required.
3. Efficient and Effective Management—to ensure that consumers receive the benefit of well planned, efficient and accountable management.
4. Coordinated, Planned and Reliable Service Delivery—to ensure that each consumer receives coordinated services that are planned, reliable and meet his or her specific ongoing needs.
5. Privacy, Confidentiality and Access to Personal Information—to ensure that each consumer's right to privacy and confidentiality is respected, and he or she has access to their personal information held by the agency.
6. Complaints and Disputes—to ensure that each consumer has access to fair and equitable procedures for dealing with complaints and disputes.
7. Advocacy—to ensure that each consumer has access to an advocate of his or her choice, if required.

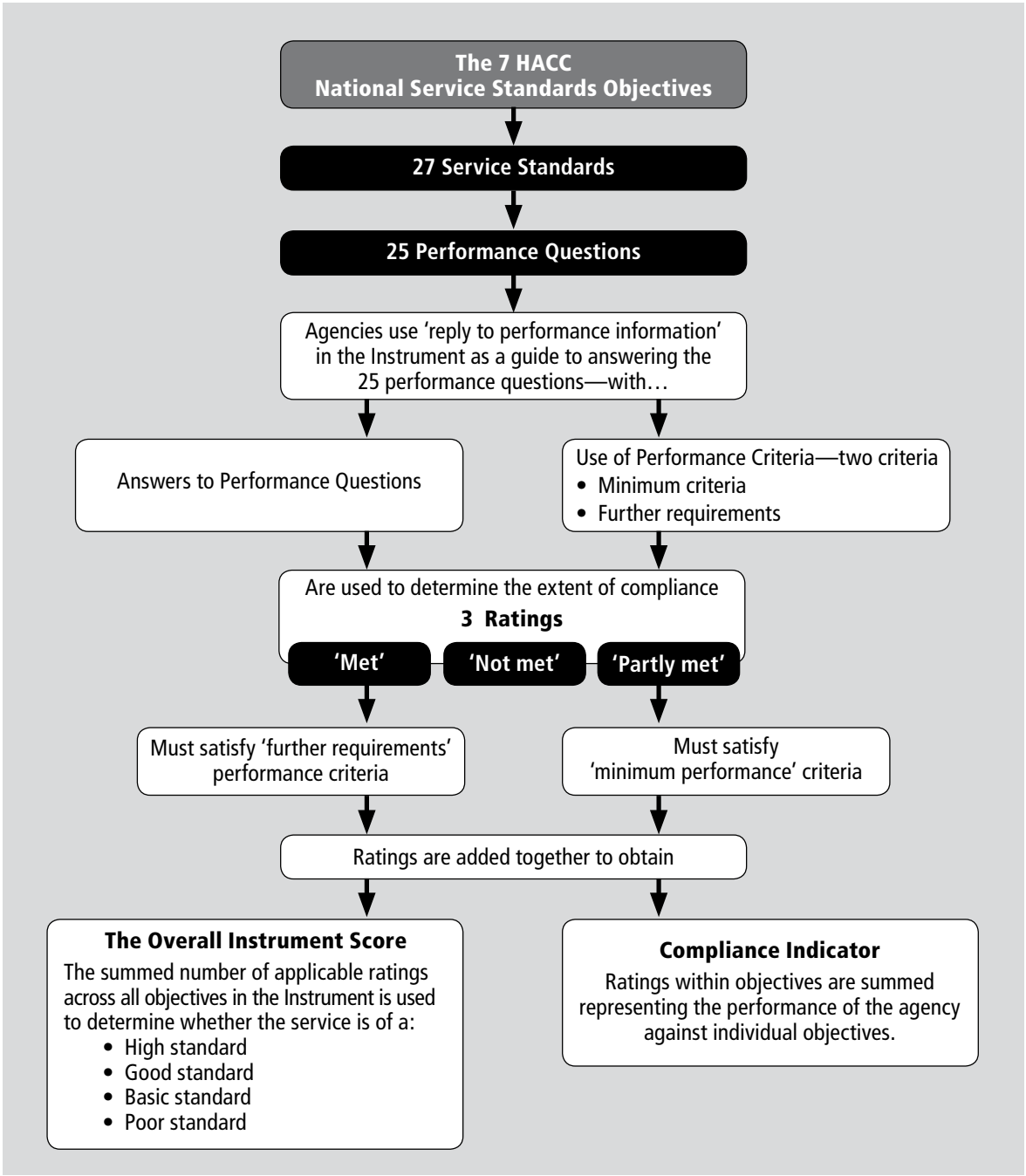
Under the Service Objectives there are 27 service standards which are assessed using the National Service Standards Instrument (NSSI). Twenty five performance questions are assessed and rated as 'fully met', 'partly met' or 'not met' which determines the score and therefore the overall score to determine whether a service is of a high, good, basic or poor standard.

The NSSI was designed to be used either:

- as a joint assessment, where the organisation completes the NSSI itself but does not complete the rating or overall score, which is completed by a visiting assessor, or
- a self assessment with verification, where the organisation assesses its own compliance against the Standards including its rating and score, which is verified by a visiting assessor.

The assessment and verification processes to determine if a funded organisation or provider meets the standards vary between jurisdictions. In some jurisdictions the assessment is undertaken by departmental staff, some States and Territories use external agencies and others a combination of both processes.

In summary, the structure of the National Standards Instrument and its associated guidelines looks like this:



*The Home and Community Care National Standards Instrument and Guidelines* contains further information on the Standards, planning for service appraisals, scoring, development of Quality Action Plans (QAP) and other resources.

## Accountability requirements

Part of the quality monitoring process is the adoption of a QAP, which is developed to document how service providers will continue to improve the quality of their service(s). The development of the QAP in most States and Territories will occur in consultation with the project officers and other funding authority representatives. Progress of QAPs will be monitored regularly

Quality measures will be the basis for ensuring:

- service quality requirements which are included in service funding agreements/ contracts can be measured
- data can be provided (a) for monitoring service quality on a regional, State, Territory and national level; and (b) for input into the development of strategic policy and planning of the service delivery system
- views from those people who receive HACC services are included in the appraisal of service quality.

Data on quality will be aggregated and collected at the regional level by States and Territories and provided in the State and Territory Triennial Plans and Business Reports.

In addition to the nationally agreed quality measures, each State and Territory may have additional measures to monitor quality assurance outcomes such as complaints mechanisms, availability and outcomes of advisory mechanisms. They may also have a range of sanctions and incentives that could be applied as part of the quality assurance process. State, Territory and local government laws and regulations will also have an impact on the operation of services.

Reference: *The Home and Community Care National Standards Instrument and Guidelines http://www.health.gov.au/internet/wcms/publishing.nsf/Content/hacc-pub_isd_nssi.htm*

# 9 Assessment and coordination of services

## Description of assessment

### Purpose

Access to services in the HACC Program is based on the assessed needs of individuals seeking assistance to remain at home in the community. Assessment is a systematic way of establishing the type and extent of consumer support needs and, following on from this, the identification of a range of appropriate home and community care services to meet those needs. Assessment also promotes more efficient and effective targeting of resources, more equitable access to HACC services on the basis of relative need, and identifying areas where needs are not being met.

Assessment considers the consumer's needs and should include factors such as the availability of informal care. The consumer's ability to pay fees for a service should also be assessed using the HACC (or relevant State or Territory) Fees Policy (see Section 10). Assessment should be conducted in close consultation with the consumer and, where appropriate, their carer.

In the HACC Program, the assessment process encompasses a range of functions including screening for eligibility, determining needs and priorities, targeting, referral and coordination, monitoring and review, and data collection.

The Australian Government's *A New Strategy for Community Care—The Way Forward* aims to build on the current strengths of the community care system to achieve easier access to services. This work will result in changes to the way clients are assessed when they first make contact with a HACC service provider. Until such time as this work is finalised, the following assessment guidelines will remain in place.

The type or depth of assessment, whether it is a general assessment of needs or a comprehensive assessment, depends on the complexity of care needs. This needs to be established when the client initially contacts a service provider. An appropriate balance needs to be struck between over assessing people with straightforward needs, which is both overly intensive and unnecessarily costly, and failing to consider clients' total care requirements, which may lead to inappropriate services being provided.

Both types of assessment, however, are client centred and cover areas of need that are broader than the suite of services provided by the HACC agency.

For many people who do not have high/complex needs a general assessment is often appropriate. Many people in this category will directly contact a HACC service provider who will, with the consumer, determine care needs and the organisation of services to meet these needs. The service provider is responsible for monitoring and reviewing care needs on a regular basis to ensure that the appropriate mix and match of services continues to be appropriate.

The providers of specific HACC services also need to determine an individual's particular service requirements and to ascertain these by conducting a service specific (or clinical) assessment. For example, a meals service may need to establish dietary references and convenient delivery times, a nursing service may need to identify drug allergies, and so on. Such assessments may be required even though the client has had a general or a comprehensive assessment. They should build on the information recorded in these more broadly focused assessments rather than replicating them.

A HACC comprehensive assessment is a type or level of assessment which is consumer focused, independent of service provider perspectives, and broader and deeper in scope and orientation than a general or service specific HACC assessment.

Frail older people who may require assistance with case management or who require high levels of assistance should either go through a HACC comprehensive assessment process or be referred to an Aged Care Assessment Team where a multi disciplinary assessment can be carried out, including approval for care packages such as CACPs, EACH, residential aged care and residential respite where appropriate.

## National Framework for HACC Assessment

The National Framework for HACC Assessment provides a basis for a consistent approach to assessment across Australia while maintaining sufficient flexibility to accommodate local variation and need.

The framework includes jointly agreed assessment principles and is consistent with the *Statement of Rights and Responsibilities* and the *Guidelines for the HACC National Service Standards*. The national principles encompass earlier documents developed for the Program, such as the *Principles for Assessment and Privacy* and *Confidentiality Principles*.

At the strategic level, the national principles define the key areas to be covered in planning, developing and implementing models for assessment in the HACC Program. Following each principle, some significant guiding points for assessment practice at the State, Territory and/or regional operational level are provided.

The principles cover the basic elements of effective assessment of care needs for HACC consumers such as those described below.

### General assessment approach

A general assessment is a broad but shallow assessment where the client is screened for relevant needs or circumstances that may impact on the need for services beyond the HACC services that are provided by the assessing agency.

### Service specific assessments

The providers of specific HACC services need to identify an individual's particular service requirements and to ascertain what they are by conducting a service specific (or clinical) assessment. For example, a meals service may need to establish dietary preferences and convenient delivery times, a nursing service may need to identify drug allergies and so on. Such assessments may be required even though the client has had a general or comprehensive assessment. They should build on the information recorded in these more broadly focused assessments rather than replicating it.

## Comprehensive assessment

Refers to a type or level of assessment which is consumer focused, independent of service provider perspectives, and broader and deeper in scope and orientation than a general or service specific HACC assessment. The main objective of this type of assessment is to improve the process and outcomes for people with medium to high and/or complex needs and to reduce the need for multiple assessments for this group.

## Accessible information for consumers

Information on the appropriate level and type of assessment is made available to clients so that choices are made on an informed basis. This includes information about participating in the assessment process and the availability of independent or agency specific assessment processes.

## Flexibility of access to and provision of service

Flexibility in the assessment process should enable the appropriate service response to reflect differences in individual requirements.

## Responsive, incremental assessment processes

Assessment models will incorporate staged assessment processes to provide different types of assessment for clients according to individual needs.

## Assessment that is independent from service provider perspectives

Assessment mechanisms are to be independent of service provision for consumers with multiple and/complex needs. It is essential that all such clients are individually assessed for all their care requirements rather than for a particular service.

## A coordinated regional/local approach to assessment

A coordinated, integrated regional or local approach should be established between service agencies, assessment teams and assessors to ensure smooth provision of the necessary mix of services and to avoid unnecessary multiple assessments and/or the duplication of services for clients.

## Avenues for consumer complaint

Assessment processes should incorporate information about avenues for appeal and complaint.

## Consumer record and referral system

For clients to maintain control of their recorded information, reduce duplication for clients having to provide information to multiple providers and facilitate referrals between service providers, providers should endeavour, where possible to use common tools and processes for client record and referral systems.

## Functional status data collection (MDSV2)

Functional status data is required to be collected as part of the assessment process. It records the extent to which the care recipient is able to perform selected activities of daily living; and whether they have memory or behavioural problems. The data is intended to identify areas

in which a person requires assistance with activities of daily living and quantify the extent to which the person needs assistance from others to enable them to carry out normal activities of daily living in their home and in the community.

The collection of functional status data items is not meant to limit the screening and assessment tools used by agencies, except to the extent that the nine items which are required for MDS reporting will need to be generated from the agency's assessment tool.

It is recommended that the care recipient's functional status be rated at the start of a service episode either at intake or following initial assessment, and reassessed when the client's circumstances change or when there is some reason to believe the person's need for assistance has changed.

Further information can be found in the *Home and Community Care Program National MDS User Guide Version 2*, January 2006.

### Targeting of eligibility for service

All models for HACC assessment should incorporate the eligibility, targeting and priority of access guidelines that are developed for the Program.

### Privacy and confidentiality

Assessment practices should contribute to and be in accordance with processes to protect clients' privacy and confidentiality.

## Coordination of services

Client care coordination focuses on coordination activities undertaken to facilitate access to HACC services for clients who need help to gain access to more than one service, for example, HACC special needs group clients. The assistance to access services is often short term.

Client care coordination involves the following activities: implementing the care plan; liaison with service providers in the same or another agency dealing with the same client; advocacy to ensure that the client has access to the range of services required; and monitoring and reviewing the care plan or service plan.

Care coordination is an activity carried out by identified agency staff. Not all service providers will undertake it. It is an activity directly attributable to individual clients and is unlikely to be provided to every client on every occasion of service.

Client care coordination service activity does not include administrative work (for example, drawing up rosters, processing accounts, or completing time sheets), personnel management, or attendance at staff meetings or training programs.

Case management on the other hand comprises active assistance received by a client from a formally identified agency worker (case manager or care coordinator) who coordinates the planning and delivery of a suite of services to the individual client. Case management is generally targeted to clients with complex needs. It may be short term or ongoing.

Client care coordination and case management are distinct activities on the same continuum of service delivery. Client care coordination is a less intensive form of case management.

# 10 Draft HACC Fees Policy

## Overview

A more consistent framework for determining fees across community care is being developed under *The Way Forward*. Once this work is finalised, the draft HACC Fees Policy will be reconsidered. Until this occurs, the HACC Fees Policy continues to remain in draft format.

The draft HACC Fees Policy aims to ensure a fair and equitable approach to user charging in the HACC Program. It also recognises that States and Territories may develop their own fees policies within the principles of the HACC Fees Policy framework.

Client fees play an important role in the ability of the HACC Program to respond to the needs of its clients by supplementing the already substantial financial contribution to the costs of community care made by Australian, State and Territory Governments, local governments and community organisations.

The draft policy takes account of both the level of income and amount of services used by HACC clients in considering the user's capacity to pay. In doing that, the policy acknowledges that more than 90 per cent of all HACC clients are dependent upon some form of pension or benefit for income support, and that a large proportion of HACC clients need high levels of services, often from multiple sources.

Australian and State and Territory Governments have developed this draft HACC Fees Policy after consultation with consumers and service providers. It is to apply to all HACC services, except for services such as information, advocacy and friendly visiting services.

This policy arises from recognition of the following needs of the Program:

- national consistency in HACC user charging while maintaining flexibility for the States and Territories to implement their own detailed charging arrangements, including fee collection methods
- ensuring that HACC user charges should not create incentives for inappropriate service use.

The draft HACC Fees Policy comprises:

- the principles for the setting of client fees by agencies funded under the HACC Program or by organisations subcontracted by HACC funded agencies to provide services in the community
- explanatory notes for State and Territory Governments and HACC funded agencies expanding on the principles and providing further details on the issues to be addressed in the implementation of the policy.

## Draft HACC Fees Policy—principles

The following draft HACC Fees Policy principles address the issues of access, equity, affordability, user rights and privacy, which are of particular concern to HACC clients. They also seek to ensure that funds generated by the HACC Program are used most efficiently for the benefit of HACC clients.

### 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 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 the 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.

### 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.

## Draft HACC Fees Policy—explanatory notes

The draft HACC Fees Policy explanatory notes expand and provide details on the implementation of the principles of the draft policy.

### Fee levels (Principles 2, 3, 4 and 5)

As part of State and Territory specific HACC fees arrangements, States and Territories may develop scales of fees to be charged for HACC services. Where a scale does apply, service providers should charge clients in accordance with it.

A fees scale is to outline upper limits that can be charged for an hour (or specific service, including meals) of service. The charges should take into account different income levels of clients. Typically, there should be a scale that applies to people on low incomes (pensioners, for example) and a different/higher scale for those on higher incomes.

In addition, weekly/monthly fee limits (caps) are to be specified for high/multiple users of HACC funded services. These should also be set at differing levels for pensioners and people on higher incomes. Meals, transport and home modification services are not to be subject to the application of the cap, as the expenses related to them are either part of everyday usual household expenditure, or are of a one-off nature.

Fee scales that are implemented need to ensure equitable and consistent treatment of clients through charging the same fees for the same services, and the same fees for clients in similar financial and service need circumstances.

HACC funded agencies should refer to specific documents developed by State and Territory Governments in relation to charging of fees for HACC funded services.

### Waiver of fees (Principle 1)

HACC funded agencies should reduce or waive the fee for any service where the client is assessed as not having the capacity to pay the full fee applying to their circumstances.

For example, waiving of fees may be appropriate where the client has very high medical or pharmaceutical costs which take up a large proportion of his/her income, or if a person is forced to pay a high proportion of his/her income on rent.

### Administration of collection of fees (Principle 10)

States, Territories and HACC funded agencies need to establish approaches to ensure efficient administrative procedures for the collection of fees.

These approaches will, in particular, need to address the issue of fees collection from high/multiple service users, including consideration of appropriate avenues for reimbursing agencies for forgone income from clients who have already paid their weekly/monthly maximum amounts.

Administration costs associated with fee collection need to be monitored.

### Use of fee revenue (Principle 11)

All income collected through fees is to be used to expand and/or enhance HACC service provision. States and Territories monitor this through their acquittal process.

### Transparency of user charging arrangements (Principle 12)

HACC funded agencies should develop a written statement regarding use of fees revenue, the fees to be charged for any service by that agency, and payment procedures. It should be provided to all clients. All clients should be informed of the fees applicable to them at the time of assessment or commencement of the service.

### Assessment of capacity to pay (Principle 14)

Service providers should be able to obtain from clients information required to assess their capacity to pay. The information obtained should not be shared or used for any other purposes. Service providers should ensure any information is stored in a manner that maintains confidentiality.

The assessment of the capacity to pay should be undertaken in respect of the person who benefits from the service delivered. For example, in the case of nursing or personal care the person to be assessed is the person receiving the service. In the case of home care, the person assessed is the recipient and any other household members who benefit from the service. For respite care the person to be assessed could be either the carer or the person with a disability but not both.

In regard to children under 16 living at home, the parent's ability to pay would be assessed. Once the person is in receipt of income support, the pension for example, assessment of the capacity to pay would be based on the above guidelines.

Allowances not treated as income for tax purposes (for example, Carer Allowance or mobility allowance) should not be taken into consideration by HACC service providers as income.

### Complaints and appeals mechanism (Principle 15)

HACC funded agencies should establish a complaints and appeals mechanism, which enables clients and potential clients to appeal against the level of fees charged, and inform clients of this mechanism. Where complaints cannot be resolved at the agency level, mechanisms should also be available to enable further review.

## State and Territory specific arrangements

States and Territories may develop their own fee policies within the HACC Fees Policy framework. The reporting of fees collected is to be included in the service contracts each service provider enters into with their State or Territory Government.

**Appendix A**

# Extracts from the HACC Review Agreement

## PART II: National Framework

2 (1) The objective of this Agreement is to support people in the target population to remain in their own homes and communities by funding and providing services to those people and their carers in a way that:

(a) maintains and promotes independence; and

(b) helps avoid premature or inappropriate admission to long term residential care.

2 (2) To further this objective, the Commonwealth and the State will assist eligible organisations to develop a range of integrated home and community care services for people within the target population and their carers, through:

(a) rationalising and expanding existing services; and

(b) developing new services.

2 (3) The Commonwealth and the State are to further develop and expand the national program so that it is administered in accordance with the provisions of this Agreement and within available resources and has the following goals:

(a) to ensure access to home and community care services among all groups within the target population, including those special needs groups identified in the Program Management Manual;

(b) to ensure that priority is directed to eligible people most in need of and/or who would benefit most from HACC Services and/or to avoid premature or inappropriate admission of those people to long term residential care;

(c) to ensure that in the context of the broader service delivery framework, home and community care services are provided equitably between geographic regions and are responsive to regional differences;

(d) to promote an integrated and co-ordinated approach between the delivery of home and community care and related community health and welfare programs, including programs providing residential care;

(e) to provide an effective and integrated means of assessing need for and referral to home and community care services for people in the target population;

(f) to ensure that high quality home and community care services are targeted and delivered in an efficient and effective manner that promotes independent living, avoiding unnecessary duplication; and

(g) to enable appropriate and related research, trialling, innovation and evaluation of new and differing approaches to planning, coordination and service delivery.

2 (4) To support the goals outlined in clause 2(3), the Commonwealth and the State further agree to work together to evolve principles and practices of a consistent approach

(common arrangements) with reference to other community care service arrangements in the following areas:

(a) A framework for HACC services that aligns and complements those services with services through other community care programs for people across the age spectrum and across the continuum of care;

(b) A consistent eligibility framework for access to home and community care services, recognising the range of care needs and the continuum of care services a client may need;

(c) Streamlined assessment processes to identify the level and complexity of care needs, and to support sharing of assessment information with relevant service agencies where appropriate;

(d) Access points to provide people seeking home and community care services with information, assessment and referral to appropriate services;

(e) Improved planning and identification of priorities for home and community care services;

(f) A consistent fees policy for home and community care services; and

(g) A streamlined and consistent approach to quality assurance and reporting processes across home and community care services.

**Appendix B**

# Home and Community Care Program service types

These descriptions of service types indicate the variety of assistance available under the HACC Program.

Combinations of services and flexibility of service delivery to meet the needs of either an individual or a region are encouraged under the HACC Program.

Further information on these types of assistance can be obtained from the HACC MDS V2 User Guide or the State and Territory HACC contacts listed in Appendix D.

## Domestic assistance

This type of assistance refers to domestic chores, including:

- assistance with cleaning
- dishwashing
- clothes washing and ironing
- shopping (unaccompanied)
- bill paying.

## Social support

This refers to assistance provide by a companion (paid worker or volunteer), either within the home environment or while accessing community services. The assistance is primarily directed towards meeting the person's need for social contact and/or accompaniment in order to participate in community life. Social support includes:

- friendly visiting services
- letter writing for the person
- shopping and bill paying
- banking
- telephone based monitoring services.

Any social support provided to the client in a group-based environment at or from a fixed-based facility away from their residence is recorded as centre-based day care. Social support is usually provided one-on-one but may also be provided to more than one person, for example, where social support is provided to a frail aged couple, or to support a group of Aboriginal people attending a funeral.

## Nursing care

This refers to professional care from a registered or enrolled nurse. It includes time spent recording observations of a client, where this is considered to be part of the nurse's duty of care.

### Allied health care

This service is also known as paramedical care and refers to professional allied health care services and includes a wide range of specialist services, such as:

- podiatry
- occupational therapy
- physiotherapy
- social work; speech pathology
- advice from dietician or nutritionist.

### Personal care

This refers to assistance with daily self-care tasks, such as:

- eating
- bathing
- toileting
- dressing
- grooming
- getting in and out of bed
- moving about the house.

### Centre-based day care

This refers to attendance/participation in structured group activities designed to develop, maintain or support the capacity for independent living and social interaction which are conducted in, or from, a centre-based setting.

### Meals

This refers to those meals which are prepared and delivered to the client. It does not include meals prepared in the client's home.

### Other food services

This refers to assistance with the preparation and cooking of a meal in a client's home and the provision of advice on nutrition, storage or food preparation.

### Respite care

This refers to assistance received by a carer from a substitute carer who provides supervision and assistance to their care recipient (even though the carer may still be present).

### Assessment

This refers to assessment and re-assessment activities that are directly attributable to individual care recipients. It includes assessment activities associated with client intake procedures and the determination of eligibility for service provision. It also includes more comprehensive assessments of a person's need for assistance and capacity to undertake tasks of daily living, as well as Occupational Health and Safety assessments undertaken by the agency in relation to service delivery.

### Client care coordination

This service focuses on coordination activities undertaken to facilitate access to HACC services for clients who need help to gain access to more than one service, for example, HACC special needs group clients.

### Case management

This service comprises active assistance received by a client from a formally identified agency worker who coordinates the planning and delivery of a suite of services to the individual client.

### Home maintenance

Refers to assistance with the maintenance and repair of a person's home, garden or yard to keep their home in a safe and habitable condition. Home maintenance includes minor dwelling repairs and maintenance, such as changing light bulbs, carpentry and painting, or replacing tap washers, as well as some major dwelling repairs such as replacing guttering or other roof repairs. It also includes garden maintenance, such as lawn mowing and the removal of rubbish.

### Home modification

Refers to structural changes to a person's home so they can continue to live and move safely about the house, including modifications such as grab rails, hand rails, ramps, shower rails, appropriate tap sets, installation of emergency alarms, other safety and mobility aids, and other minor renovations.

### Provision of goods and equipment

Refers to the loan or purchase of goods and equipment to assist a person to cope with a disabling condition and/or maintain their independence. Goods and equipment are items that can assist the client's mobility, communication, reading, personal care or health care. It includes a wide range of items such as incontinence pads, dressing aids and wheelchairs.

### Formal linen service

Refers to the provision and laundering of linen, usually by a separate laundry facility or hospital.

### Transport

Refers to assistance with transportation either directly (e.g. a ride in a vehicle provided or driven by an agency worker or volunteer) or indirectly (e.g. taxi vouchers or subsidies).

### Counselling/support, information and advocacy (care recipient)

Refers to assistance with understanding and managing situations, behaviours and relationships associated with a person's need for care, including advocacy and the provision of advice, information and training.

### Counselling/support, information and advocacy (carer)

Refers to assistance with understanding and managing situations, behaviours and relationships associated with the caring role, including advocacy and the provision of advice, information and training.

## Appendix C

# HACC Key Performance Indicators

Schedule 2 of the HACC Review Agreement provides for the following key performance indicators to be reported from 2007–08:

i. Number of clients as a percentage of the HACC target population.

ii. Percentage of Aboriginal and Torres Strait Islander clients as a proportion of this group in the total population.

iii. Percentage of culturally and linguistically diverse people as a proportion of this group within the target population.

iv. Percentage of service providers who received a rating of 'good' or higher over the three year cycle.

v. Percentage of agencies providing data to the HACC MDS.

Schedule 2 provides for the flowing indicators to be reported from 2008–09:

i. Percentage of agencies that have supplied acquittals.

ii. Average unit cost for key service types.

**Appendix D**

# Australian Government, State and Territory contacts

The HACC Program is a joint undertaking between the Australian Government and the States and Territories. Responsibility for the management of the Program rests with the State and Territory Governments. Any inquiry directly relating to an individual project or funding matters should be referred to the relevant State or Territory Government department.

| AUSTRALIAN GOVERNMENT | STATE AND TERRITORY GOVERNMENTS |
|---|---|

**CENTRAL OFFICE**

HACC Program
Department of Health and Ageing
GPO Box 9848
CANBERRA ACT 2601

PH: (02) 6289 5199
FAX: (02) 6289 5163

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**NEW SOUTH WALES**

HACC and Carers Section
Department of Health and Ageing
Level 17, 1 Oxford Street
DARLINGHURST NSW 2010

PH: (02) 9263 3555
FAX: (02) 9263 3509

Strategic Policy and Planning
Department of Ageing, Disability and Home Care
Level 5, 83 Clarence Street
SYDNEY NSW 2000

PH: (02) 8270 2000
FAX: (02) 8270 2485

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**VICTORIA**

Community Programs
Department of Health and Ageing
7th Floor, 595 Collins Street
MELBOURNE VIC 3000

PH: (03) 9665 8888
FAX: (03) 9665 8181

Aged Care
Department of Human Services
50 Lonsdale Street
MELBOURNE VIC 3001

PH: (03) 9616 7581
FAX: (03) 9616 7943

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**QUEENSLAND**

Aged and Community Care Branch
Department of Health and Ageing
3rd Floor, Samuel Griffith Place
340 Adelaide Street
BRISBANE QLD 4001

PH: (07) 3360 2555
FAX: (07) 3360 2720

HACC Program Directorate
Statewide and Non-government Health Services Branch
Queensland Health
Lobby 3, Level 2, Citilink Building
HERSTON QLD 4001

PH: (07) 3131 6802
FAX: (07) 31316807

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| AUSTRALIAN GOVERNMENT | STATE AND TERRITORY GOVERNMENTS |
|---|---|
| **SOUTH AUSTRALIA** | |
| Community Care and Flexible Services<br>Aged and Community Care<br>Department of Health and Ageing<br>2nd floor, 55 Currie Street<br>ADELAIDE SA 5000<br>PH: (08) 8237 8111<br>FAX: (08) 8237 8220 | Office for the Ageing<br>Department for Families and Communities<br>4th Floor, Riverside Building<br>North Terrace<br>Adelaide SA 5000<br>Tel 08 8207 0522<br>Fax 08 8207 0555. |
| **WESTERN AUSTRALIA** | |
| Coordination & Planning Section<br>Aged and Community Care Branch<br>Department of Health and Ageing<br>12th Floor Central Park<br>152–158 St George's Terrace<br>PERTH WA 6000<br>PH: (08) 9346 5111<br>FAX: (08) 9346 5222 | Aged Care Policy Directorate<br>Department of Health<br>189 Royal Street<br>PERTH WA 6004<br>PH: (08) 9222 4060<br>FAX: (08) 9222 2192 |
| **TASMANIA** | |
| Community Care & Assessment<br>Department of Health and Ageing<br>21 Kirksway Place<br>HOBART TAS 7000<br>PH: (03) 6233 6316<br>FAX: (03) 6221 1412 | HACC Unit<br>Department of Health & Human Services<br>GPO Box 125<br>HOBART TAS 7001<br>PH: (03) 6233 5202<br>FAX: (03) 6233 4949 |
| **NORTHERN TERRITORY** | |
| Aged and Community Care Branch<br>Department of Health and Ageing<br>1st Floor, Cascom Centre<br>13 Scaturchio Street<br>CASUARINA NT 0810<br>PH: (08) 8946 3444<br>FAX: (08) 8946 3400 | Aged & Disability Program<br>Department of Health and Community Services<br>3rd Floor, Health House<br>87 Mitchell Street<br>DARWIN NT 0800<br>PH: (08) 8999 2596<br>FAX: (08) 8999 2488 |
| **AUSTRALIAN CAPITAL TERRITORY** | |
| Community Care Section<br>Department of Health and Ageing<br>Borrowdale House<br>WODEN ACT 2606<br>PH: (02) 6274 5111<br>FAX: (02) 6274 5222 | Aged and Community Care Policy<br>ACT Health<br>Level 2, 11 Moore Street<br>CANBERRA ACT 2601<br>PH: (02) 6205 1526<br>FAX: (02) 6205 0866 |

**Appendix E**

# Useful publications

The following publications may provide more information about the HACC Program.

- *Review Agreement for the HACC Program*
- *HACC Program National MDS User Guide Version 2*

  http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/hacc-mds_v2.htm
- *National Service Standards Instrument and Guidelines*

  http://www.health.gov.au/internet/wcms/publishing.nsf/Content/hacc-pub_isd_nssi.htm
- *Consumer Survey Instrument*

  http://www.health.gov.au/internet/wcms/publishing.nsf/Content/hacc-pub_isd_nssi.htm
- *National Framework for Comprehensive Assessment in the HACC Program and Resources Kit*

  http://www.health.gov.au/internet/wcms/publishing.nsf/Content/35848F3B3B9F14DFCA256F1900108147/$File/isdnfca.pdf
- *Home but not Alone Report*

  http://www.aph.gov.au/house/committee/fca/homebutnotalone.pdf
- *The Targeting of HACC Services Research Study*

  http://www.health.gov.au/internet/wcms/publishing.nsf/Content/A97FF9917029EB77CA256F19001083DD/$File/isdtarget.pdf
- *The Statement of Rights and Responsibilities.*

  http://www.health.gov.au/internet/wcms/publishing.nsf/Content/hacc-pub_isd_rr.htm/$file/isdpsu.pdf