Victorian HACC program manual

Part 1: Overview and program management

About this manual

The *HACC program manual* has three parts.

Part 1: Overview and program management

Part 1 provides an overview of the HACC program, legislative requirements and key Victorian policy and program directions. This part details operational requirements such as the HACC quality framework, employee requirements, funding and reporting, and fees policy overview.

Part 2: Eligibility and access

Part 2 describes the target group, eligibility and priority criteria for the HACC program. It outlines the diversity initiative, the HACC program's approach to assessment and care planning within the service coordination framework.
As HACC is one of a number of government funded programs that clients might need to access, this part includes information about interfaces with other programs and the protocols or arrangements that apply.

Part 3: HACC funded activities

Part 3 provides comprehensive information about the services or funded activities provided by the HACC program. This part starts with a description of the active service model and how it applies across all HACC funded activities.

The description for each activity is structured to include: the scope of the activity, details of how the activity is implemented in practice, staffing and reporting requirements. Links and references are included to other key policy documents or websites.

Part 1: Overview and program management Contents

Terminology

The HACC target population is defined in the HACC Review Agreement (2007) as 'older and frail people with moderate, severe or profound disabilities and younger people with moderate, severe or profound disabilities, and their unpaid carers'.

The term 'person' is generally used throughout this document in preference to the term service user, client or consumer. Person means the person receiving the service. In HACC this refers to 'older and frail people with moderate, severe or profound disabilities, younger people with moderate, severe or profound disabilities, and their unpaid carers'.

The term 'carer' refers to unpaid carers such as relatives, friends, neighbours or community members who look after the person. Some people may not have a carer while others may have many carers.

The term `person and their carer' is used when describing processes that require the active input of both the person and their carer, such as access, assessment, care planning, service delivery and review.

As a general rule the term 'organisation' is used in preference to the term agency. Agency is used where it is included in the name of a document, such as agency diversity plans, or in a direct quotation.

Aboriginal refers to people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander.

What is the Home and Community Care program?

Introduction

The Home and Community Care (HACC) program is jointly funded by the Commonwealth and Victorian governments under the *Home and Community Care Act (Commonwealth) 1985*. In Victoria, local councils and some other organisations also contribute significant funds and resources to HACC services. Fees paid by people using HACC services also contribute to the resources available.

In accordance with the HACC Review Agreement (2007), services are targeted to older and frail people with moderate, severe or profound disabilities and younger people with moderate, severe or profound disabilities, and their unpaid carers.

HACC services provide basic support and maintenance to people living at home to help avoid premature or inappropriate admission to long-term residential care.

The HACC program aims to:

- provide a coordinated and integrated range of basic maintenance and support services for frail aged people, younger people with disabilities and their carers
- support these people to be more active and independent at home and in the community, thereby enhancing their quality of life and/or preventing inappropriate admission to long-term residential care
- provide flexible, timely and responsive services.

HACC in transition

In May 2013, the state and commonwealth governments agreed to implement the National Disability Insurance Scheme from July 2019. Once fully implemented, the scheme will cover 100,000 Victorians aged 0–64.

As part of this agreement, management of the HACC Program will be split. From July 2015, services for people aged 65 and over will be directly managed by the Commonwealth Government. Services for people aged under 65 will be funded and managed solely by the Victorian Government, until the National Disability Insurance Scheme is in full operation.

In managing the transition, the Commonwealth and Victorian governments have agreed to work together to retain the benefits of Victoria's HACC system.

HACC in transition: Frequently Asked Questions is available on the HACC website.

Who manages the HACC program?

The Commonwealth has primary responsibility for national policy development. The state is responsible for day-to-day management and administration of the HACC program. The two governments jointly agree on operational guidelines and funding levels.

The Victorian Department of Health (the department) is responsible for managing HACC in Victoria. The department is the primary point of contact for service delivery organisations and people using services. It is responsible for program management, service development and agency service agreements.

The department's eight regional offices work in partnership with HACC funded organisations to plan, fund and monitor service provision. The regional offices manage and monitor service agreements between the department and each HACC funded service provider.

Who provides HACC?

In Victoria, approximately 460 organisations deliver HACC services to the community through local councils, hospitals, community health services, nursing services, Aboriginal community controlled organisations, ethno-specific and multicultural organisations and a range of other non-government community organisations.

Local councils play a strong role in the provision of HACC services. This is unique to Victoria. Victorian councils have a long history and commitment to their communities to provide integrated community care services. According to the Municipal Association of Victoria (MAV), Victorian councils contribute over $100 million annually to 'value-add' to the HACC program.

The local council contribution assists the HACC program to meet both the increasing demand for services and to promote positive ageing strategies within local communities that keep people active and healthier for longer.

Where does HACC fit in the broader service system?

The HACC program is part of a broad service system of community and health services that include:

- community health services
- disability services
- Aged Care Assessment Service (ACAS)
- Commonwealth Home Care Packages
- National Respite for Carers Program
- Commonwealth Government Carelink centres
- Victorian Support for Carers Program.

HACC service providers undertake their planning and service delivery within this broader system. HACC services may be only one of several services a person receives, which is why service coordination is important.

What services are provided?

The HACC program provides basic maintenance and support services that are cost-effective and meet the needs of HACC-eligible people so they can remain in the community.

Services funded by the HACC program include:

- assessment
- access and support
- allied health
- domestic assistance
- delivered meals and centred based meals
- nursing
- personal care
- property maintenance
- planned activity groups
- respite
- activities to build capacity of the service system.

Each of these activities is described in detail in Part 3: 'Services'.

Who uses HACC?

Services funded by the HACC program are provided to people within the target group subject to the person being assessed and their level of need prioritised.

Eligibility for services is not based solely on age, but on the level of difficulty people experience carrying out tasks of daily living.

Activities of daily living include personal care, dressing, preparing meals, house cleaning and maintenance, and using public transport.

Eligibility does not confer entitlement to service provision.

Eligibility means that the person is assessed as being in the HACC program target group and is then prioritised for service provision. Services may not be able to be provided due to other people being assessed as a higher priority or resources not being available.

Organisations should regularly reassess and prioritise existing service users.

Five special needs groups are specified in the HACC Review Agreement (2007) identifying people who may find it more difficult than most to access services. A person's eligibility for HACC services should be determined before considering whether they belong to a special needs group. The five special needs groups are:

- people from Aboriginal and Torres Strait Islander backgrounds
- people from culturally and linguistically diverse (CALD) backgrounds
- people with dementia
- people living in isolated and remote areas
- people experiencing financial disadvantage (including people who are homeless or at risk of homelessness).

For further information about special needs groups see ‘Eligibility and priority’ and ‘Diversity planning’, both in Part 2.

HACC services tend to be provided to a high volume of people who each receive a small amount of service. In terms of service duration, some people use HACC services for a short period of time and then no longer require HACC support. Other people may use HACC services over a more extended time and then transition to other support programs.

Where are services provided?

HACC services can be offered to people:

- in their own homes, including retirement villages and independent living units if a resident’s contract does not include these services
- in supported residential services, group homes or rooming houses where people in these settings may be eligible to receive HACC services and the service is not part of the rent or the resident’s contract
- community venues
- in other arrangements not excluded under the HACC Review Agreement.

For further information see Part 2: ‘Eligibility and access’.

Links

HACC Review Agreement 2007
http://www.health.gov.au/internet/main/publishing.nsf/Content/hacc-review.htm

HACC in Transition
http://www.health.vic.gov.au/hacc

Municipal Association of Victoria
http://www.mav.asn.au/Pages/default.aspx

National Health Reform Agreement 2011
http://www.federalfinancialrelations.gov.au/content/npa/health_reform/national-agreement.pdf

For a list of HACC service providers see:
http://www.health.vic.gov.au/hacc/downloads/pdf/list_hacc_agencies2010.pdf

For further information and facts about the use of HACC services, see:
http://www.health.vic.gov.au/hacc/hacc_victoria/facts.htm.

Legislative requirements

HACC Act and Review agreement

The Commonwealth and Victorian governments jointly fund the HACC program under the *Home and Community Care Act (Commonwealth) 1985*.

Both governments provide funds for the program. Under matching arrangements, the Commonwealth contributes about 60 per cent and the Victorian Government about 40 per cent. The Victorian Government has generally contributed additional unmatched funds.

The formal basis for the HACC program is a bilateral agreement between the Commonwealth and Victorian governments. The HACC Review Agreement between the Commonwealth and Victoria was implemented on 1 July 2007. A guide to the agreement is available on the Commonwealth Government's health website.

Under the agreement, the Victorian Government agreed to adhere to the:

- National Framework of Principles for Delivering Services to Indigenous Australians (2004)
- Charter of Public Service in a Culturally Diverse Society (Commonwealth Government 1998).

HACC due recognition

The HACC Review Agreement requires HACC funded organisations to formally acknowledge the Commonwealth and Victorian governments' contribution to the HACC program. This is to ensure that the Australian community is informed about how public money is being spent.

The Victorian Government entered into a licence agreement with the Commonwealth, designed to prevent unauthorised use of the HACC logo. In turn, the Victorian Government sublicenses HACC funded organisations.

Victoria's logo licence agreement with the Commonwealth Government and sublicence agreement with funded organisations ended on 30 June 2012. Negotiations for a new agreement are underway. Until new arrangements are in place **the existing arrangement will continue.**

Failure to acknowledge the source of funds may result in a fine for the Victorian HACC program.

As of March 2013 the Victorian Government introduced its own due recognition requirements and all funded organisations have been advised of these requirements.

For HACC funded organisations it is 'business as usual' and the existing HACC due recognition requirements as defined below remain unaltered.

This means that no other form of due recognition is required other than the HACC logo or form of words when specifically referencing HACC funded programs.

Meeting HACC due recognition requirements

Organisations can meet the due recognition requirements by using the HACC logo or the appropriate form of words identified below.

Logo

The HACC logo has been created to provide a simple way to acknowledge HACC program funding. To use the HACC logo the agency must have signed a copy of the sublicence. The sublicence is available from the department.

Form of words

If your organisation decides not to sign the deed of sublicence, the due recognition requirement for the HACC program can be met by using a simple phrase. The following examples illustrate some alternative phrases that are considered appropriate.

This activity/project/service/organisation:

- was jointly funded by the Commonwealth and Victorian governments
- is supported by financial assistance from the Commonwealth and Victorian governments.

In using the HACC logo 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 are burgundy PMS690CVC and gold PMS126CVC, the logo cannot be reproduced in any other colours).

Exclusions

Clause 4(2) of the HACC Review Agreement details a number of services that are outside the scope of the HACC program, because funding is provided through other government programs. These exclusions do not relate to a person's eligibility to receive services. See Part 2 for information on eligibility.

The HACC program cannot fund the services listed below:

- the provision of accommodation (including rehousing and supported accommodation) or a related support service
- the provision of a health aid or appliance, except where these items are not normally available through other government funded programs, are required for the operation of an approved project, and remain the property of the service provider
- the provision of treatment services for acute illness (including a convalescent or post-acute care service), except in circumstances where a service provides overall maintenance and support to people assessed as being within the target population, who are recovering from a previous period of acute care treatment
- rehabilitative services directed solely towards increasing a person's level of independent functioning
- services provided for people with a specific disability other than those with dementia or a related condition
- services provided primarily for parents and children assessed as being within the category of families in crisis
- specialist palliative care services.

Role of Victorian Department of Health

The Victorian Department of Health is responsible for managing HACC in Victoria in accordance with the national policy and objectives and is the primary point of contact for agencies and service users.

The department has eight regional offices and a central office in Melbourne. The department conducts most of its business with service providers and service users via its regional offices. Each regional office has a service planning and performance management responsibility for the particular region. Each regional office also has a contact for information and advice regarding HACC.

Regional offices are responsible for:

- working with central office on policy and program development and understanding the impact of policies and priorities on the regional service system
- working in partnership with providers and service users to identify regional priorities
- negotiating service agreements to ensure the regional service system is equitable and accessible
- working with HACC funded organisations on a range of quality assurance and improvement initiatives such as equitable access for special needs groups including strategies to support those who experience barriers to access as a result of their diversity
- managing complaints in relation to the HACC program.

Role of HACC funded organisations

HACC funded organisations are responsible for managing and operating their services so as to comply with HACC policies, quality standards, guidelines and other requirements. This includes:

- providing services in accordance with the Community Care Common Standards guide, statement of rights and responsibilities and Victorian HACC Program Complaints Policy
- delivering services according to the relevant HACC policies, guidelines and other requirements included in the manual
- delivering the agreed outputs and meeting performance requirements and conditions as specified in the Victorian Department of Health service agreement including minimum data set (MDS) reporting and financial requirements
- implementing policy and practice in relation to service coordination, active service model approaches and diversity planning and practices
- recruiting, supporting and supervising staff, and identifying and meeting the training needs of staff and volunteers
- meeting duty of care requirements.

When requested by the Commonwealth Department of Social Services or the Victorian Department of Health, HACC funded organisations must allow free and reasonable access to, and provide assistance with the inspection of HACC-related administrative records, accounts, land, equipment, transport items and buildings.

This access may be used to ensure that funded organisations are complying with the conditions specified in this manual and the service agreement with the Victorian Department of Health.

Other legislation

Other legislation relevant to the planning and delivery of HACC services is noted in each section of this manual.

Links

HACC Review Agreement (2007)
http://www.health.gov.au/internet/main/publishing.nsf/Content/hacc-review.htm

Service agreement information kit for funded organisations (2011)
http://www.dhs.vic.gov.au/facs/bdb/fmu/service-agreement/

National framework of principles for government service delivery delivering services to Indigenous Australians (2004)
http://www.atns.net.au/agreement.asp?EntityID=2559

Information about the HACC logo sublicence can be obtained by emailing hacc@health.vic.gov.au

For information and facts about the use of HACC services, see
http://www.health.vic.gov.au/hacc/hacc_victoria/facts.htm.

Victorian policy and program directions

Victorian health priorities

The Victorian Health Priorities Framework 2012–2022 identifies seven priority areas to build a more effective service system for all Victorians:

- developing a system that is responsive to people's needs
- improving every Victorian's health status and health experience
- expanding service, workforce and system capacity
- increasing the system's financial sustainability and productivity
- implementing continuous improvements and innovation
- increasing accountability and transparency
- utilising e-health and communication technology.

Current Victorian HACC program directions are described in the *Victorian HACC triennial plan 2012–15*. This plan describes how the HACC program will contribute to realising the Victorian health priority areas through:

- an ongoing focus on equity of resource allocation
- ongoing implementation of the active service model
- responding to people with diverse needs
- improved assessment and care planning.

The *HACC triennial plan* and priorities for 2012–15 have been developed in light of the Victorian Health Plans, to ensure that investments in Victorian HACC services contribute to the broader achievement of a more effective health and community care service system into the future.

In developing priorities for 2012–15, their alignment with strategic planning in other program areas such as disability services, chronic disease management and mental health has also been considered. Such an approach helps facilitate continued linkages between these and HACC services to better manage people's chronic conditions in the community, and ensure people are able to access the services that meet their needs.

The unique service profile of Home and Community Care in Victoria ensures that HACC services work closely with the primary care system and Aged Care Assessment Service (ACAS) to reduce demand on other health services, better manage chronic disease conditions of people in the community and ensure that older people get the right care and support.

Program directions

HACC services are provided in the context of current program directions. These include the active service model, diversity planning and practice and strengthened assessment and care planning.

These initiatives, together with broader Victorian initiatives described below, emphasise early intervention and prevention to assist people to

- participate in everyday activities
- maintain or rebuild confidence
- improve social connectedness and emotional wellbeing
- stay active and healthy.

HACC service providers should be actively implementing these approaches to HACC service delivery.

Active service model

The active service model is a quality improvement initiative which explicitly focuses on promoting capacity building and restorative care in relation to physical function and social and psychological wellbeing. The active service model applies to all people accessing HACC services and to all HACC service types. While the service response will differ according to each person's needs and goals, it is underpinned by the core components of the model which are:

- capacity building, restorative care and social inclusion to maintain or promote a person's capacity to live as independently and autonomously as possible
- a holistic person-centred approach to care, promoting wellness and active participation in goal setting and decisions about care
- timely and flexible services that respond to a person's goals and their carer's needs and circumstances in order to maximise a person's independence and support the care relationship
- collaborative relationships between providers, for the benefit of people using services.

All HACC service providers deliver services within this context. For further information about active service model see the 'Active service model' section in Part 3.

Diversity planning and practice

Diversity planning and practice aims to contribute to an equitable, accessible, person-centred, responsive and high-quality HACC service system while ensuring alignment with Victorian health priorities. The focus of diversity planning is on the five HACC special needs groups as well as consideration of characteristics such as age, gender-identity, sexual orientation and socio-economic status of all groups. For further information about diversity planning and practice see the 'Diversity' section in Part 2.

Strengthening assessment and care planning

The *Framework for assessment in the HACC program in Victoria* (Department of Human Services 2007) describes the HACC program policy for assessment, including the requirements for a Living at home assessment. For further information about assessment and care planning see:

- 'Service coordination, assessment and care planning' in Part 2
- 'Living at home assessment' in Part 3.

Victorian Government initiatives

Integrated chronic disease management, supporting care relationships and service coordination are key initiatives that underpin HACC program directions and a person-centred approach to care.

Integrated chronic disease management

HACC plays an important role in supporting frail older people with chronic and complex conditions, younger people with a disability, and their carers. Integrated chronic disease management refers to the provision of person-centred care by services working together with the person to ensure coordination, consistency and continuity of care over time and through different stages of their condition. Where people with chronic conditions are receiving HACC services, they should be provided in a manner that is well planned, integrated, and supports the person's capacity to self-manage.

Care relationships

The *Carers Recognition Act 2012* came into effect on 1 July 2012. Section 7 of the Act sets out the principle that a carer should be respected and recognised:

- as an individual with his or her own needs
- as a carer
- as someone with special knowledge of the person in his or her care.

The following information is taken from section 4.23 of the *Service agreement information kit for funded organisations:*

> The purpose of the Act is to recognise, promote and value the role of people in care relationships. It formally acknowledges the important contribution that people in care relationships make to our community and the unique knowledge that carers hold of the person in their care.
>
> For the purposes of the Act, a care relationship exists where the person being cared for is an older person, or a person with a disability, a mental illness or an ongoing medical condition. The Act also includes situations where someone is being cared for under the *Children, Youth and Families Act 2005*, in a foster, kinship or permanent care arrangement.
>
> State government departments, local councils and service organisations and their subcontractors funded by government to provide programs or services to people in care relationships (care support organisations) are required to take all practical measures to comply with the care relationship principles in the Act and to reflect them when developing and implementing support for people in care relationships.
>
> The Act also specifies that care support organisations must prepare a report on its compliance with its obligations under the Act, to be included in the care support organisation's annual report. This may be as simple as a paragraph describing activity undertaken over the year to comply with the Act.

Service coordination

Service coordination supports HACC service providers to coordinate and integrate their service delivery with the broader health and community services system. HACC service may be one of several services a person receives so a partnership approach with other service providers is used to ensure a coordinated and integrated approach to support.

All HACC funded organisations are required to work within the service coordination policy described in the *Better access to services framework* (Department of Human Services 2001). The *Victorian service coordination practice manual* outlines the practices, processes and protocols to support service coordination and the use of the Service Coordination Tool Templates (SCTT). For further information, see 'Service coordination, assessment and care planning' in Part 2.

Emergency management

The Vulnerable People in Emergencies Policy 2012 has been developed to improve the safety of vulnerable people in emergencies, by supporting emergency planning with and for vulnerable people.

The policy uses the existing relationships of funded organisations with vulnerable people to support personal emergency planning and improve their safety and resilience.

For details see:

- section 4.18, 'Vulnerable People in Emergencies Policy' in the *Service agreement information kit*
- HACC fact sheet — *HACC funding to support vulnerable people in emergencies* (Department of Health 2013).

The department works with the health sector to prepare for, respond to and recover from emergencies that impact or affect health sector organisations and the health of Victorians.

The department has developed the Emergency Preparedness Clients and Services Policy: Summer 2012–13 to assist the health sector to prepare for external hazards that may occur during the period of heightened risk associated with summer, thereby better protecting and enhancing the health and safety of clients.

A suite of communication resources has been developed to encourage and educate individuals and the community to be aware of the impact of extreme heat on human health.

For details see section 4.19, 'Emergency Preparedness Clients and Services Policy' in the *Service agreement information kit.*

Other

Other key Victorian directions include, but are not limited to:

- the Victorian Charter of Human Rights and Responsibilities 2008, which describes the Victorian Government's commitment that all Victorians are treated with equality, fairness and respect
- the *Victorian state disability plan 2002–12*, which outlines the policy directions for disability services in Victoria based on the principles of equality, dignity and self-determination, diversity and non-discrimination

- *Because mental health matters: Victorian mental health reform strategy 2009–19*, which outlines the Victorian Government's agenda for change and improvement in the way mental health is addressed, based around the four key elements of prevention, early intervention, recovery and social inclusion.

These policy directions share the common intent of early intervention, linking people to community based interventions and supports, self-determination, goal directed care planning, improving emotional wellbeing, social connectedness and respect for diversity.

Links

Because mental health matters: Victorian mental health reform strategy 2009–19 (Department of Health 2012)
http://www.health.vic.gov.au/mentalhealth/reform/documents/mhs_web_summary.pdf

Better Access to services framework (Department of Human Services 2001)
http://www.health.vic.gov.au/pcps/downloads/publications/BATS_Policy&op-frmewrk_July01.pdf

Carers Recognition Act (Victoria) 2012
www.dhs.vic.gov.au/carersact

Carer Recognition Act (Commonwealth) 2010
http://www.fahcsia.gov.au/sites/default/files/documents/07_2012/carer_recognition_act_0.pdf

Service agreement information kit for funded organisations 2011
http://www.dhs.vic.gov.au/facs/bdb/fmu/service-agreement/

Resource for providers of HACC and primary health services: how the ASM and ICDM policies align (Department of Health) http://www.health.vic.gov.au/pch/downloads/hacc_icdm_alignment.pdf

Service coordination resources
http://www.health.vic.gov.au/pcps/coordination/overview.htm

Victorian Health Priorities Framework 2012–22: Metropolitan Health Plan
http://docs.health.vic.gov.au/docs/doc/Victorian-Health-Priorities-Framework-2012-2022:-Metropolitan-Health-Plan

Victorian Health Plan
http://www.health.vic.gov.au/healthplan2022/

Vulnerable People in Emergencies Policy 2012
http://www.dhs.vic.gov.au/funded-agency-channel/spotlight/vulnerable-people-in-emergencies-policy

Further service coordination resources:
http://www.health.vic.gov.au/pcps/coordination/overview.htm
http://www.health.vic.gov.au/pcps/workforce/index.htm

HACC quality framework

Introduction

Quality assurance is applicable to the management and delivery of all HACC services.

This section outlines the Victorian HACC quality framework which aims to ensure HACC services are of high quality and people's rights are upheld.

This framework comprises the:

- *Community Care Common Standards guide*
- *HACC statement of rights and responsibilities*
- *Victorian HACC Program Complaints Policy.*

Community Care Common Standards guide

On 1 March 2011 the Community Care Common Standards (CCCS) replaced the HACC National Service Standards across Australia. The CCCS are part of an ongoing process of reform to develop and streamline arrangements in community care by the Australian Government and state and territory governments that has been underway since 2005.

The CCCS are applicable to the HACC program, Commonwealth Home Care Packages and National Respite for Carers Program. The three CCCS Standards are:

- Standard 1 Effective Management
- Standard 2 Appropriate Access and Service Delivery
- Standard 3 Service User Rights and Responsibilities.

There are 18 expected outcomes: eight effective management outcomes; five appropriate access and service delivery outcomes; and five service user rights and responsibilities outcomes.

The CCCS guide contains information about the standards and expected outcomes, the quality review tools and process and related documents.

While the CCCS are similar in content to the HACC National Service Standards there are some key differences from the previous two national standards assessment rounds.

- In most cases only one HACC service type at each HACC funded organisation was assessed. Under CCCS all HACC funded client services at a HACC funded organisation will be subjected to the quality review.
- There is no scoring system. Outcomes are rated as 'met' or 'not met'.
- Funded organisations will be required to complete a self-assessment prior to the site visit. This was not a requirement under the HACC National Service Standards Instrument.
- The improvement plan resulting from the CCCS quality review will be updated annually and submitted to the department by those HACC funded organisations that have not met all 18 expected outcomes.

Victorian HACC quality review resource

Organisations funded to provide HACC services in Victoria are required to follow a variety of Victorian policy and program requirements. These include:

- *HACC program manual*
- Diversity planning and practice
- active service model implementation
- service coordination
- *Framework for assessment in the HACC program*.

There are also State Government of Victoria requirements such as the Working with Children Check and card.

Victorian requirements have been incorporated into the quality review process for HACC funded organisations via the *Victorian Home and Community Care (HACC) quality review resource*.

Three year quality review cycle

Every three years, each HACC funded organisation will have a quality review against the Community Care Common Standards. The quality review process for the current cycle July 2011 to June 2014 is detailed below.

Quality reviews for Commonwealth funded programs will be conducted by quality reviewers from the Department of Social Services (DSS).

Australian Healthcare Associates (AHA) has been appointed by the Department of Health to conduct, on the department's behalf, the CCCS quality reviews of HACC funded organisations in Victoria other than those that have accreditation with the Australian Council on Healthcare Standards (ACHS) or Quality Improvement and Community Services Accreditation Inc (QICSA), now known as Quality Innovation Performance (QIP).

For HACC funded organisations with whole-of-organisation ACHS or QIP accreditation as at 28 February 2012, the CCCS quality review for HACC funding will occur with their accreditation review. In some cases this means the quality review will be conducted later than 30 June 2014. Funded organisations should contact ACHS or QIP regarding their accreditation review schedules and for information about the review process.

If a HACC funded organisation ceases to have whole-of-organisation ACHS or QIP accreditation between 28 February 2012 and 31 March 2014, the quality review will be conducted by AHA.

Where possible funded organisations with both Commonwealth community aged care funding and HACC funding will have a joint quality review conducted by reviewers from both AHA and DSS.

However if an organisation has both types of funding and ACHS or QIP accreditation as at 28 February 2012, there will be a separate quality review for Commonwealth community aged care funding by DSS quality reviewers.

The HACC program presentation given at the 2012 CCCS information sessions is available below. This presentation gives an overview of the policy context for the CCCS quality reviews in Victoria.

Improvement plan annual submission

Each HACC funded organisation that has not met all 18 expected outcomes is required to update their improvement plan (developed during the quality review) and submit it annually on the anniversary of the quality review. For example if the quality review is conducted in June 2013 then the first updated improvement plan will be submitted in June 2014 and the second update improvement plan will be submitted in June 2015. The updated improvement plan will document progress to date of implementation of required improvements and/or improvement opportunities.

HACC statement of rights and responsibilities

Older and frail people with moderate, severe or profound disabilities and younger people with moderate, severe or profound disabilities and their unpaid carers comprise the HACC target group.

In the rights and responsibilities statement below, any reference to 'the people' is intended to apply equally to all members of the target group. In some instances, it has been necessary to make a distinction between the groups to emphasise their particular needs or to make the intention of the statement clear.

The HACC program statement of rights and responsibilities recognises that:

- the program assists people who are at risk of premature or inappropriate long-term residential care and their carers
- the program aims to enhance the quality of life and independence of those at risk people and their carers
- the program is administered within available resources and in accordance with the principles and goals set out in the HACC agreements
- people who use HACC funded services retain their status as members of Australian society and enjoy the rights and responsibilities consistent with this status
- funded organisations providing HACC services operate under the constraints of relevant law.

Rationale for rights and responsibilities statement

The HACC statement of rights and responsibilities aims to ensure that both people receiving services, and the funded organisations providing these services, are aware of their rights and responsibilities and can be confident in exercising them.

The need to promote respect for the rights of people receiving HACC services arises from the nature of their relationship with funded organisations providing services.

People using HACC services rely significantly on these services to maintain their ability to live in the community. The nature of this relationship imposes obligations on funded organisations and requires services to be responsive to the changing needs of each person.

Funded organisations must involve each person when determining the support to be provided. This is crucial to the creation of an environment in which people can be confident in exercising their rights and responsibilities.

HACC funded organisations should distribute a copy of the statement of rights and responsibilities and advocacy information to all people receiving services, carers and families. Strategies should be developed to ensure that specific groups – for example people from culturally and linguistically diverse backgrounds and people with disabilities – understand and are able to participate in these processes.

Rights and responsibilities statement

Service recipients' rights

HACC service recipients' key rights within the HACC program are:

- the right to respect for individual human worth and dignity
- the right to be treated with courtesy
- the right to be assessed for access to services without discrimination
- the right to be informed and consulted about available services and other relevant matters
- the right to be part of decisions made about their care
- the right to choose from available alternatives
- the right to pursue any complaint about service provision without retribution
- the right to involve an advocate of their choice
- the right to receive high-quality services
- the right to privacy and confidentiality, and access to all personal information kept about themselves.

Service recipient responsibilities

Consistent with their status as members of Australian society, people receiving HACC services have a responsibility:

- to respect the human worth and dignity of the service provider staff and other people using the service
- to treat service provider staff and other people using the service with courtesy
- for the results of any decisions they make
- to play their part in helping the funded organisation to provide them with services
- to provide a safe work environment for staff and help them to provide people with services safely.

Funded organisations' responsibilities

In providing services, funded organisations have a responsibility:

- to enhance and respect the independence and dignity of the service recipient
- to ensure that the service recipient's access to a service is decided only on the basis of need and the capacity of the service to meet that need
- to inform service recipients about options for HACC program support
- to inform service recipients of their rights and responsibilities in relation to HACC services
- to involve the service recipients and carer in decisions on the assessment and service delivery plan

- to negotiate with the service recipients before a change is made to the service being provided
- to be responsive to the diverse social, cultural and physical experiences and needs of service recipients
- to recognise the role of carers and be responsive to their need for support
- to inform the service recipient about the service to be delivered and any fees charged
- to inform the service recipient of the standards to expect in relation to services they may receive
- to ensure that the service recipient continues to receive services agreed with the provider, taking the service recipient's changing needs into account
- to respect the privacy and confidentiality of the service recipient
- to allow the service recipient access to information held by the funded organisation
- to allow the carer access to information held by the provider about the service recipient where the carer is the legal guardian or has been so authorised by the service recipient
- to deliver services to the service recipient in a safe manner
- to respect a service recipient's refusal of a service and to ensure any future attempt by the service recipient to access a HACC service is not prejudiced because of that refusal
- to deal with service recipient's complaints fairly and promptly and without retribution
- to mediate and attempt to negotiate a solution if conflict arises between the carer and the older person or younger person with a disability
- to accept the service recipient's choice and involvement of an advocate to represent his or her interests
- to take into account the service recipient views when planning, managing and evaluating service provision.

This rights and responsibilities statement provides the framework for a complaints policy and procedures in the HACC program, and is based on both funded organisations and administering government departments having policies and procedures in place to inform service recipients of their right to complain, and to resolve any complaints received. Funded organisations should ensure that their own specific policies and procedures for handling complaints are consistent with the framework outlined in this policy.

Victorian HACC Program Complaints Policy

Overview

The Community Care Common Standards (CCCS) guide and this policy provide the framework for a complaints policy and procedures in the HACC program and are based on both service provider organisations and administering government departments having policies and procedures in place to inform people of their right to complain, and to resolve any complaints received.

Complaints policy

The right of people to lodge a complaint about a service is a fundamental component of the overall strategy to promote the rights of people using services in the HACC program, as set out in the program's statement of rights and responsibilities.

This policy provides the framework for a complaints policy and procedures in the HACC program and is based on the proviso that both service provider organisations and administering government departments have policies in place to inform people of their right to complain, and procedures to resolve any complaints received. Funded organisations should ensure that their own specific policies and procedures for handling complaints are consistent with the framework outlined in this policy and the CCCS guide.

More detailed information regarding the development of organisation specific complaints policy and procedures is provided in the CCCS guide.

The standards clearly outline the principles to guide funded organisations in the establishment of fair, effective and accessible complaints procedures. Funded organisations should refer to the standards when establishing service specific complaint procedures.

Right to complain

People receiving government funded services are entitled to have complaints investigated objectively and without fear of retribution. In the HACC context, such a right of complaint is established in the statement of rights and responsibilities, which states the right of people to 'pursue any complaint about service provision without retribution'. The statement also establishes the responsibility of funded organisations to 'deal with a service user's complaints fairly and promptly and without retribution'.

Complaint mechanisms

Where appropriate, complaints should be dealt with in the first instance by the organisation providing the service. The CCCS guide requires all funded organisations to implement a policy for dealing with and monitoring complaints.

Such internal complaint mechanisms should include a written policy describing how a complaint will be handled. Information on this policy should be made available and explained to all people receiving government funded services. In situations where a complaint is upheld, funded organisations should review their access and/or service delivery practices, with a view to making improvements in the service.

Resolving complaints or concerns

People have the right to lodge a complaint about a service. It is required that all HACC funded organisations develop and distribute an impartial policy statement and a set of procedures for resolving complaints.

An effective policy should provide the means for funded organisations to:

- learn from their experience of complaints management
- review the way they do business
- respond to evolving service user requirements and changes in management environments.

Funded organisations should ensure all policies and procedures for handling complaints are consistent with:

- the Community Care Common Standards guide
- HACC statement of rights and responsibilities.

Under the CCCS, HACC funded organisations are required to provide information about the funded organisation's complaints and feedback processes to all people receiving services, as well as their carers and families. Strategies should be developed to ensure that specific groups — for example people from culturally and linguistically diverse backgrounds and people with disabilities — understand and are able to participate in these processes.

It is likely that some complaints will need to be addressed in a forum that is not associated with, or dependent on, the particular service concerned. This may occur when it is not possible to resolve the complaint at the organisational level or when the person making the complaint does not wish to approach the organisation.

People who remain dissatisfied or who do not wish to raise the complaint with the funded organisation should have recourse to assistance from state or territory departments or other complaint mechanisms independent of the organisation.

State/territory departments

It is appropriate for the state department managing HACC to play a formal role in complaints that cannot be resolved at the organisational level, or are raised by people who feel that they are unable to approach the organisation directly.

In Victoria people can contact their nearest departmental regional office via the department's website, or by referring to the *White pages telephone directory.*

Legal procedures

This statement is subsidiary to all existing common and statutory legal procedures in Victoria.

Use of advocates in the complaint process

Advocacy can play a critical role assisting people to pursue and resolve complaints. The HACC statement of rights and responsibilities makes it clear that people receiving services have the right to involve an advocate of their choice in their dealings with both funded organisations providing services and administering government departments.

However, the role of the advocate is not to mediate between the person making the complaint and the funded organisation or to arbitrate in a dispute, but rather to speak and act on behalf of the person making the complaint. When a complaint cannot be resolved at the funded organisation level, the role of mediation and arbitration lies with the Victorian Department of Health.

Other resources and organisations

Resources and other organisations which may assist funded organisations and complainants in resolving complaints are listed below. Please consult the *White pages telephone directory* or directory assistance for up to date phone numbers.

Health Services Commission

The Health Services Commission deals with complaints concerning any private or public health service provider, including doctors, nurses, allied health professionals and naturopaths. The aim of the commission is to mediate and conciliate between parties.

Disability Services Commissioner

The Disability Services Commissioner (DSC) is an independent statutory authority of the Victorian State Government established under the *Disability Act 2006* to provide an independent and accessible resolution process for people with a disability who have a complaint about services provided by the Department of Human Services, registered disability service providers and funded or contracted services provided under the Disability Act.

The DSC does not deal with complaints that relate to services funded under the HACC program. Under the terms of a protocol agreed to between the DSC and the Department of Health, the DSC will refer any issue, complaint or enquiry regarding a HACC service that comes to the attention of the DSC to the appropriate department HACC regional contact.

State government Ombudsman

The Ombudsman for the state government deals with complaints concerning actions of government departments. The Ombudsman's office also has jurisdiction over the administrative actions of local government officers. However, the Ombudsman cannot act if the complaint concerns a decision or action of an elected council or councillor.

Victorian Equal Opportunity and Human Rights Commission

The Equal Opportunity Commission will deal with complaints concerning discrimination on the grounds of disability, sex, race, age, industrial activity, marital, parental or carer status, political or religious beliefs, sexual orientation or pregnancy.

The commission will assist people to prepare statements and to lodge a complaint. The role of the commission is to then mediate between parties to reach resolution of the complaint.

Office of the Public Advocate

The Office of the Public Advocate represents the interests of Victorian people with a disability. The office is a statutory agency, independent of government and has the power to investigate and take action in situations where people are exploited, neglected or abused. Individual advocacy can also be provided for people with a disability who are being abused or neglected, and where no other advocacy is available. Independent guardians can be provided for people with a disability when the Guardianship and Administration Board make orders.

Regulatory industry boards

These are organisations that regulate the conduct of particular professions. They also deal with complaints against professionals. Most state-based medical regulatory organisations now come under the auspice of the Australian Health Practitioner Regulation Agency (AHPRA).

Links

Australian Healthcare Associates (AHA)
http://www.ahaconsulting.com.au/Project-Resources/Victorian--HACC-CCCS-Quality-Reviews.aspx

Community Care Common Standards (CCCS) guide (Commonwealth Department of Health and Ageing, 2010) http://www.health.gov.au/internet/main/publishing.nsf/content/ageing-publicat-commcare-standards.htm

Department of Health (Victoria)
http://www.health.vic.gov.au/

Department of Social Services (DSS)
http://www.health.gov.au/

Disability Services Commissioner (DSC)
http://www.odsc.vic.gov.au/

HACC Review Agreement 2007
http://www.health.gov.au/internet/main/publishing.nsf/Content/hacc-review.htm

Service agreement information kit for funded organisations 2011
http://www.dhs.vic.gov.au/facs/bdb/fmu/service-agreement/

Office of the Public Advocate
http://www.publicadvocate.vic.gov.au/

Victorian Equal Opportunity and Human Rights Commission
http://www.humanrightscommission.vic.gov.au/

Victorian HACC Quality Review Resource (Department of Health 2012)
http://www.health.vic.gov.au/hacc/downloads/pdf/quality_resource2012.pdf

Victorian Ombudsman
http://www.ombudsman.vic.gov.au/www/html/7-home-page.asp

White Pages Telephone Directory
http://www.whitepages.com.au/wp/busSearch.jhtml

2012 CCCS information session presentation
http://www.health.vic.gov.au/hacc/downloads/pdf/cccs_presentation.pdf

Employee and related requirements

Staff education and training

Education and training is integral to ensuring that client and carer needs are met through the provision of appropriate, well-managed services, delivered by staff with relevant skills and knowledge. Both paid staff and volunteers at all levels should be encouraged and supported to expand their skills and knowledge. The effectiveness of education and training in ensuring quality services is dependent on staff members being supported in learning and practicing new skills and knowledge.

In accordance with the Community Care Common Standards funded organisations are responsible for staff members having the relevant qualifications, skills and knowledge required to undertake the activities that they are allocated to do and have access to registered vocational training and appropriate, quality inservice training.

To enable appropriate training to be identified HACC organisations should undertake education and training needs analysis and develop and implement training plans. All staff members and volunteers are expected to have current skills and knowledge relevant to their role.

Funded organisations that use volunteers exclusively (except for the paid volunteer coordinator) or a mix of volunteers and paid staff are expected to provide recruitment, training and supervision appropriate to the volunteer role. In order to achieve this, volunteers should be offered ongoing training and information as well as appropriate levels of supervision and support. Volunteers are not expected to undertake registered vocational training.

HACC staff members should take the responsibility for ongoing development of the skills and knowledge necessary to fulfil their roles and responsibilities. The HACC program benefits from a diverse workforce with people from many culturally and linguistically diverse backgrounds. Basic English literacy and numeracy skills are required so that staff members can properly understand policies, procedures and work instructions.

Victorian HACC Education and Training Service

The statewide Victorian HACC Education and Training Service provides education and training at no cost for staff delivering services provided by the HACC program, and staff of organisations who are subcontracted to provide HACC services. HACC volunteers are also eligible to attend training and education relevant to their roles.

HACC-funded training is intended to provide training which is of specific relevance to the HACC program. It is not intended to meet all education and training needs of the HACC workforce. This remains the responsibility of:

- HACC funded organisations to ensure that employees and volunteers have the necessary qualifications and training for the roles and tasks they undertake.
- The VET system to fund vocational education and training that leads to qualifications and the attainment of units of competency.
- The Higher Education system to fund and deliver higher education.

The Service offers a range of education and training opportunities including inservice training, registered vocational education and training, and competency based training. Training is delivered across the state utilising a variety of methods including online, face-to-face and a combination of both.

Education and training provided is developed in consultation with funded organisations to reflect the diverse needs of the HACC workforce and to support current initiatives and reforms of the HACC program. A calendar is developed each six months.

From 1 July 2013 the Victorian HACC Education and Training Service is delivered by Chisholm Institute of TAFE. As a Registered Training Organisation all trainers hold training and assessment competencies as determined by the National Quality Council. The Service has a dedicated website for training course selection and online enrolment.

Qualifications and registration

Managers, coordinators and supervisors

Staff employed to undertake management, coordination and supervision roles are expected to have skills, knowledge and qualifications appropriate to the work undertaken. There are qualifications and training to assist people to fulfil the requirements and responsibilities of these roles both at a higher education and vocational education and training level. For example, the CHC08 Community Services Training Package includes qualifications targeted to managers, supervisors or coordinators. These may be more suited to people already in the workforce.

HACC assessors

Staff employed to undertake Living at home assessments are expected to have relevant skills and qualifications. The HACC assessment framework requires that HACC assessment services transition to assessment staff with relevant higher education qualifications. Since the composition and names of qualifications change over time and a wide variety of courses are available, the following list is generic and in some cases, the registered occupation is listed. Examples include:

- registered nurse (formerly known as a division 1 nurse)
- physiotherapist
- occupational therapist
- dietitian
- qualifications recognised by the Australian Association of Social Workers
- psychology
- counselling
- disability studies
- health sciences (practice oriented, not population health oriented)
- Vocational Graduate Certificate in Community Service Practice (Client Assessment and Case Management).

Examples of relevant postgraduate diplomas, certificates and masters degrees include:

- disability studies
- aged care
- counselling
- case management
- complex care
- health promotion
- social work in health settings
- social work in mental health
- community health nursing.

Nursing

Staff providing HACC nursing must have the appropriate qualification for a registered nurse (formerly known as division 1 nurse) or enrolled nurse (formerly known as division 2 nurse). Nurses must be registered with the Nursing and Midwifery Board of Australia which is part of the Australian Health Practitioner Regulation Agency.

The enrolled nurse is an associate to the registered nurse who demonstrates competence in the provision of person-centred care as specified by the registering authority's licence to practise, educational preparation and context of care.

Allied health

Professional staff providing HACC allied health are expected to have the appropriate qualification/registration/professional requirement as outlined in this manual. The funded occupations are: occupational therapist, podiatrist, physiotherapist, psychologist, social worker, dietitian and speech pathologist.

Health professionals must comply with the registration requirements as specified by the Australian Health Practitioner Regulation Agency unless otherwise stated as follows.

Social workers must be eligible for membership of the Australian Association of Social Workers.

Dietitians must be eligible to participate in the Accredited Practising Dietitian (APD) program, a self-regulated professional program run by the Dietitians Association of Australia (DAA).

Speech pathologists must adhere to the Speech Pathology Australia's requirements for professional self-regulation (PSR).

The type of professional service should be specified in the organisation's service agreement with the Victorian Department of Health.

As noted on the Australian Health Practitioner Registration Agency website, allied health assistants operate within the scope of their defined roles and responsibilities and under the supervision of an allied health professional.

Allied health assistants work under the direction of most allied health professions, that is, dietetics, occupational therapy, physiotherapy, podiatry, occupational therapy and speech pathology.

All allied health assistants employed with HACC allied health funding must hold either of the following qualifications:

HLT07 Health Training Package Version 4

- HLT42507 Certificate IV in Allied Health Assistance

or

HLT07 Health Training Package Version 5

- HLT42512 Certificate IV in Allied Health Assistance

They must also hold the specialisation competency unit electives for the allied health profession assisted. For example the specialisation electives for physiotherapy must be held for assistance to be given to a physiotherapist.

The allied health assistant must be provided with adequate guidance, supervision and instructions by a designated allied health professional with the relevant allied health qualification, for example a podiatrist must supervise a podiatry allied health assistant.

See *Supervision and delegation framework for allied health assistants* (Department of Health 2012).

Community care workers

The department participates in the development and review of national competency-based training that forms the Community Services Training Package. This is the framework for registered training for community care workers.

The appropriate Certificate III level qualification is the minimum standard of qualification required in Victoria for HACC program funded community care workers.

Over time the structure of the vocational education and training system has changed therefore the names and content of qualifications have changed. The qualifications recognised by the HACC program in Victoria for HACC community care workers are listed below. If a community care worker holds any of these qualifications they are not expected to complete another qualification. However if the qualification held is more than ten years old the community care worker could benefit from completing a more recently developed qualification or from gap training by doing individual competency units as required.

If a community care worker holds a qualification not listed below, gap training may also provide the necessary skills for the delivery of HACC services but this would depend on how well the qualification is related to the HACC target group and the nature of HACC service provision. See also gap training information below.

Vocational training prior to 1994

Registered vocational (non-professional) qualifications obtained prior to 1994 are not recognised by the HACC program in Victoria.

Vocational training between 1994 and 2000

Between 1994 and 31 December 2000 community care workers providing HACC program funded services usually undertook the Certificate III or IV in Community Services (Home and Community Care) which were Victorian registered qualifications. Since 1 January 2001 these qualifications have no longer been provided. Community care workers who obtained Certificate III or IV in Community Services (Home and Community Care) between 1994 and 2000 are considered to have an appropriate qualification for the provision of HACC program funded services, however gap training may be needed to update skills and knowledge.

Vocational training from 2000 onwards

In 1999 for the first time a national Community Services Training Package was introduced. Training packages are regularly revised and qualifications and competency units updated or redeveloped. The qualifications recognised by the Victorian HACC program are listed below.

CHC99 Community Services Training Package

- CHC30199 Certificate III in Community Services (Aged Care Work)
- CHC40199 Certificate IV in Community Services (Aged Care Work)

CHC02 Community Services Training Package

- CHC30202 Certificate III in Home and Community Care

CHC08 Community Services Training Package Version 3

- CHC30308 Certificate III in Home and Community Care
- CHC40208 Certificate IV in Home and Community Care

CHC08 Community Services Training Package Version 4

- CHC30312 Certificate III in Home and Community Care
- CHC40212 Certificate IV in Home and Community Care

The Certificate IV in Home and Community Care can be either an entry level qualification or it can be the next level of training for those who already have a Certificate III qualification. It has electives recommended for advanced care work which is the relevant training for HACC community care workers along with the compulsory units and electives recommended for service coordination work for those who wish to start training in service coordination. These are two distinct job roles.

In the Community Services and Health Industry Training Packages the term service coordination means the job role of coordinating a service. It does not refer to the service coordination policy and practice as described in the *Better access to services framework* (2001), the *Victorian service coordination practice manua*l (2012) and the Service Coordination Tool Templates.

The electives recommended for service coordination work do not qualify staff to do community care work with service users. A community care worker who has a Certificate III qualification may wish to do Certificate IV in Home and Community Care with the electives recommended for service coordination job roles because they wish to do this job role.

Personal care competencies and training

Where personal care tasks are undertaken by HACC funded community care workers they must be provided in accordance with the HACC Personal Care Policy.

The HACC Personal Care Policy is included in Part 3 of this manual and describes the required competencies for personal care, first aid, medication assistance, foot care and oral hygiene. These competency units are drawn from the CHCO8 Community Services Training Package and are part of the qualifications listed above for community care workers. However as some of these competency units are electives not all community care workers who hold one of the above qualifications would have all of the relevant competency units.

The policy also outlines the requirements in relation to:

- transferable skills, that is, those which are gained as part of a qualification and competencies, and which can be used with multiple people receiving HACC services
- non-transferable skills, that is, those which are specific to an individual and cannot be used with another individual.

Refer to the HACC Personal Care Policy in Part 3.

Food Safety

Where the community care worker is involved in food handling and meal preparation they must adhere to safe food handling practices including personal hygiene and cleanliness.

Employees should encourage their staff to undertake food handling training. The relevant competency unit is HLTFS207C Follow Basic Food Safety Practices. This is available as an online unit through the HACC Education and Training provider.

Competency-based gap training for all staff

Gap training refers to competency-based training provided to new or existing staff who have a qualification but need to develop competency in one or more areas.

HACC managers are responsible for identifying and organising appropriate gap training for new and existing staff. See examples below.

- A newly recruited community care worker has completed a Certificate III in Home and Community Care but did not complete one or more of the elective competencies their employer requires or they have a partly relevant qualification such as Certificate III or IV in Aged Care, Certificate III or IV in Disability.
- Existing community care workers may require gap training to address areas of competence, which may have not been gained through previous qualifications or training, such as food safety, personal care, first aid, or assistance with medication.

- VET system changes such as the development of new competency units. This particularly applies to people who have completed qualifications prior to 2003.
- To address occupational health and safety requirements for staff who work substantially in isolation from other staff, HACC assessors may complete HLTFA311A Apply first aid, with updates in accordance with the Australian Resuscitation Guidelines.
- HACC assessors who do not have a clinical qualification such as nursing may only undertake personal care assessment for people who have stable health and are not considered to have complex care needs. Depending on their individual learning needs, assessors may benefit from the following Level IV competency unit to increase their knowledge of personal care: CHCICS401B facilitate support for personal care needs.
- A newly recruited community care worker in a planned activity group is required to assist with personal care, and has the minimum requirement of a Certificate III level qualification but has not completed the required personal care and first aid competency units. The person is required to complete these before providing personal care to the planned activity group participants. The relevant first aid and personal care competency units from CHC08 Community Services Training Package Version 4 are: HLTFA311A Apply first aid and either CHCICS301B Provide support to meet personal care needs; or CHCICS401B Facilitate support for personal care needs.

Other education and training

Orientation and induction, inservice training and informal learning which is provided through a variety of delivery modes will assist to ensure a skilled workforce that can deliver high-quality services. These complement higher education and vocational education and training.

Orientation and induction

All newly appointed HACC staff members should participate in a planned and managed orientation and induction program. Organisations have the responsibility to ensure that staff funded by the HACC program are oriented and inducted including the relevant requirements in relation to this policy manual and the HACC quality framework.

Orientation is the process of introducing and welcoming a new employee to the organisation and developing their initial organisational knowledge, skills and attitudes to underpin the effective implementation of their role.

Induction is the staff member's initial introduction to a new job role and will vary according to the position and the individual's skills, knowledge, experience, role and responsibilities.

Organisations should regularly review and update their orientation and induction programs.

Inservice training

Access to inservice training which does not result in a qualification or competency, is important to enhance, extend and refresh skills and knowledge.

For example, inservice training may be beneficial in relation to:

- HACC program policies and requirements
- Community Care Common Standards guide, HACC statement of rights and responsibilities and Victorian HACC Program Complaints Policy
- occupational health and safety issues
- infection control practices
- manual handling and the safe use and maintenance of equipment
- active service model approach and person-centred care
- service coordination
- diversity planning and practice
- specific disabilities or mental health issues
- specific health conditions, such as dementia or chronic disease management
- healthy ageing, physical activity, nutrition and emotional wellbeing.

Inservice training should be based on a process of regular training needs assessment, and occur in the context of a training plan, to optimise the opportunities for HACC staff to benefit.

Informal learning

Informal learning approaches can assist staff members to further develop their knowledge and skills and reflect on their practice. Approaches such as mentoring, buddying, shadow shifts with an experienced worker, case presentations and case reviews are examples of informal learning approaches.

HACC funded organisations are encouraged to ensure that staff members have access to a range of informal learning opportunities to complement the more formal education and training requirements.

Links

Australian Health Practitioner Regulation Agency http://www.ahpra.gov.au/

Community Care Common Standards (CCCS) guide (Commonwealth Department of Health and Ageing 2010) http://www.health.gov.au/internet/main/publishing.nsf/content/ageing-publicat-commcare-standards.htm

Community Services and Health Industry Skills Council https://www.cshisc.com.au/index.php

HACC Living at home assessment http://www.health.vic.gov.au/hacc/assessment.htm

National Training Package information http://training.gov.au

Service coordination online learning http://www.health.vic.gov.au/pcps/workforce/index.htm

Supervision and delegation framework for allied health assistants (Department of Health 2012). www.health.vic.gov.au/workforce

Victorian HACC Education & Training Service http://hacc.chisholm.edu.au

Pre-employment checks

Departmental service agreements with HACC funded organisations require that pre-employment/ pre-placement checks should be made for all staff (paid or unpaid) and students who have any contact with people using services.

The word student refers to a vocational student aged 18 years and over only, such as a student undertaking the Certificate III in Home and Community Care, a social work student or an occupational therapy student.

The purpose of pre-employment checks is to verify the applicant's identity and credentials, including formal educational qualifications and to determine their suitability for the duties of a position. All employees, volunteers and vocational students must be aged over 18 years. The forms of pre-employment checks for positions that have contact with people using services should include proof of identity, age, qualifications, referee checks and police checks.

Police Record Check

In Victoria HACC staff, volunteers and vocational students on placement must undergo a Police Record Check.

The following information is taken from *Service agreement information kit* section 4.6, 'Police Record Check Policy (including Working with Children Check)'.

The policy provides a list the circumstances or persons where a Police Record Check is required. The circumstances include either actual unsupervised contact with clients, or the potential for such unsupervised contact.

Police Record Checks can be obtained directly from Victoria Police or through an authorised service or agency accredited by CrimTrac. CrimTrac is the national information sharing service for Australia's police, law enforcement and national security agencies.

Current information on the cost of obtaining a Police Record Check can be obtained from the Victoria Police website.

Applicants and funded organisations conducting Police Record Checks may be able to access reduced fees for checks on volunteers and students on placement.

Police Record Check documentation (including consent forms, proof of identity documentation and records checks) should be used and stored in accordance with the *Information Privacy Act 2000* and any contractual requirements with the CrimTrac accredited agency.

For details see *Service agreement information kit* section 4.6, 'Police Record Check Policy (including Working with Children Check)'.

Commonwealth police check requirements for package care providers

The *Aged Care Act 1997* has different requirements for Commonwealth funded package care programs compared to Victoria. The major difference between the two is that the Commonwealth requires a police check to be conducted every three years.

Where a funded organisation provides both HACC services and Commonwealth packages, the funded organisation may wish to consider applying the Commonwealth requirement to both HACC and Commonwealth funded services. This will meet all program requirements and streamline internal organisation processes.

Full details on the Commonwealth requirement can be found on the Commonwealth's web site.

Working with Children Check

The following information is taken from section 4.6 of the *Service agreement information kit*: 'Police Record Check Policy (including Working with Children Check)'.

The *Working with Children Act 2005* introduced mandatory screening processes for people who volunteer or work with children.

From 1 July 2006, organisations receiving funding from the Department of Human Services or the Department of Health are responsible for ensuring that employees or volunteers undergo a Working with Children (WWC) Check if required. Section 9 of the Working with Children Act identifies which employees or volunteers require a WWC Check.

For details see the *Service agreement information kit* section 4.6, 'Police Record Check Policy (including Working with Children Check)'.

More information about the WWC Check visit the Department of Justice website or telephone the Working with Children Check Information Line on 1300 652 879.

Students under 18 years of age

Where a HACC funded organisation has school students on a school community services placement it is preferable that this placement takes place in a communal setting, such as a planned activity group.

Primary and secondary school students are not permitted to undertake a school community services placement that includes visits to the home of a person using HACC services.

School students must not be left alone with a person using HACC services and must be supervised at all times.

Consideration should be given to the ability of each student to cope with the placement. A Police Record Check is not required however the school and parents or guardian must ensure that only suitable students undertake a placement.

Links

Commonwealth Privacy Act 1988
http://www.oaic.gov.au/

Commonwealth Police Check requirements
www.health.gov.au/internet/main/publishing.nsf/Content/ageing-quality-factsheet-policechecks-guidelines.htm

CrimTrac
http://www.crimtrac.gov.au/

Department of Justice website for information on the *Working with Children Act 2005*
http://www.justice.vic.gov.au/workingwithchildren/utility/home/

Health Records Act 2001 (Victoria)
http://www.austlii.edu.au/au/legis/vic/consol_act/hra2001144/

Office of the Australian Information Commissioner
http://www.oaic.gov.au/

Privacy Victoria
http://www.privacy.vic.gov.au/privacy/web2.nsf/pages/contracted-service-providers-and-agents

*Service agreement information kit for funded organisation*s
http://www.dhs.vic.gov.au/facs/bdb/fmu/service-agreement

Victoria Police
http://www.police.vic.gov.au

Privacy and record keeping

This information is taken from the *Service agreement information kit* section 3.17, 'Privacy and Whistleblowers Act (now Protected Disclosure Act)'. You should read this section in its entirety.

The department and funded organisations are subject to a legislative privacy regime that governs the handling of personal and health information. The *Information Privacy Act 2000 (Vic)* (IPA) and the *Health Records Act 2001 (Vic)* (HRA) protect personal and health information by setting standards on how such information should be handled, from collection to disposal.

The IPA covers personal information, other than health related information, held by Victorian public sector organisations. The HRA covers health information handled by both public and private sector organisations.

It is expected that organisations have a privacy policy and procedures that incorporate the principles in the Victorian privacy legislation as minimum standards for handling personal and health information. Broadly, this means organisations should:

- collect only information which is needed for a specified primary purpose
- ensure clients know why information is collected and how it will be handled
- use and disclose the information only for the primary or a directly related purpose, or for another purpose if authorised by law
- store the information securely and protects it from unauthorised access
- retain the information for the period required by the *Public Records Act 1973*
- provide the person with access to their own information and the ability to correct incorrect information.

Funded organisations are required under the service agreement to comply with both the IPA and HRA. Funded organisations handling health information are directly subject to the HRA.

The principles in the privacy legislation can be found in the *Information Privacy Act 2000* and in the *Health Records Act 2001*. Copies can be purchased from Information Victoria telephone 1300 366 356.

The Privacy Victoria website provides information for organisations on their responsibilities under the Information Privacy Act. With regard to the Commonwealth Privacy Act, the Privacy Victoria website states:

> Although some service providers may be subject to the National Privacy Principles (NPPs) under the *Commonwealth Privacy Act 1988*, if the service provider is carrying out obligations under a state contract it must comply with the Information Privacy Act (and the IPPs) rather than the NPPs under the Privacy Act.
>
> However, it should be noted that the NPPs and Victorian IPPs are quite similar. Organisations that are required to comply with the NPPs should have little difficulty adapting compliance to the Victorian IPPs

For details see *Service agreement information kit* section 3.17, 'Privacy and Whistleblowers Act (now Protected Disclosure Act)'.

Please note that on 10 February 2013 the *Protected Disclosure Act 2012* came into effect replacing the Whistleblowers Protection Act.

Duty of care

A duty of care is a duty to take reasonable care of a person. It is a general legal standard that people receiving HACC services have a right to expect that people in funded organisations providing HACC services possess the necessary skills and knowledge to provide that service. People receiving HACC services also have the right to expect that all those who provide care will take reasonable action to avoid harming them, and to protect them from foreseeable risk of injury.

All paid staff members, volunteers and students owe a duty of care to the people they are providing a service to, and are responsible and independently accountable for their actions at all times. Nurses and allied health staff providing HACC services are therefore obliged to use their expert judgement in regard to the delegation of aspects of a person's care to a HACC community care worker.

HACC funded organisations have a duty of care to anyone who is reasonably likely to be affected by their activities. These people may include:

- the person using HACC services, including their families and carers
- certain groups of people in the community who may be indirectly affected by HACC activities, for instance, members of the public who are participating in the same community activity as a group of people using HACC services
- paid staff, volunteers and students.

Funded organisations must take reasonable care to avoid causing injury to these categories of people in the delivery of HACC services.

Levels of employees

Duty of care can be owed by different levels of employees in any particular situation. HACC program directors, service managers, team leaders, supervisors, community care workers and health professionals will all have a duty of care to the groups of people listed above. In any particular situation, each of these employees will be expected to do different things to ensure their duty of care is not breached.

HACC funded organisations should ensure that all paid staff, volunteers and students are aware of their duty of care responsibilities and provide support to employees in this duty. Types of support include staff discussion about the issue, providing written information on duty of care, specific duty statements, policies and procedure documents and training.

Funded organisations should also refer to the relevant legislative requirements inherent in the *Occupational Health and Safety Act (Victoria) 2004* to which all employers are bound.

Regulatory bodies such as the Australian Health Practitioner Regulation Agency may also take action when duty of care has been breached.

A breach of duty of care

A duty of care is breached if a person behaves unreasonably. Failure to act can also be unreasonable in a particular situation. The 'reasonableness' of what a person has done, or not done, is legally assessed, in court, by considering how a hypothetical reasonable person would have behaved in the same situation. When making decisions about the 'reasonableness' of any action, the following factors must be taken into account:

- the risks of harm and the likelihood of the risks occurring
- the types of injuries that may occur, and how serious they are
- the precautions which could be taken
- the powers which employees have
- the usefulness of the particular activity which involves risks
- any statutory requirements or specific directions from the department
- current professional standards about the issue.

Any other factor that is relevant in a particular situation must also be taken into account. The factors all need to be considered together to determine what is reasonable. No single factor can be relied upon to justify acting in one way rather than another. Staff must use their skills in decision making, noting that a person's consent does not justify acting unreasonably. If there is a real risk that someone will suffer serious harm and there are no reasonable and effective precautions possible, then the activity must not be undertaken.

Negligence

Negligence is defined by three elements, duty of care, breach of duty of care and injury. All three elements must be present in any situation for the department or the organisation to be considered negligent by a court.

- Duty of care — the department or funded organisation must owe a duty of care to a particular person.
- Breach of duty of care — the department or funded organisation must have done something a reasonable person would not have done in a particular situation. Conversely, the department or funded organisation must have omitted to do something which a reasonable person would have done. Some harm must have been caused to the person as a result of the department or funded organisation's unreasonable action.
- Injury — there must have been some harm caused by the department or funded organisation's breach of duty of care. The only types of injury currently recognised by the courts are physical injury, nervous or emotional shock and financial loss. Unless a person suffers one of these types of injury there will not have been any negligence by the department or funded organisation as recognised by law.

Occupational health and safety

Occupational health and safety (OHS) is an important consideration for all HACC funded organisations. The fundamental nature of HACC services means that there are many challenges to the effective management of OHS. This is because all people have individual and diverse needs, services may be delivered in a person's home environment, and in some situations specific training will be necessary to meet the needs of people using HACC services.

An employer has a broad duty or responsibility to provide and maintain, so far as is reasonably practicable, a safe and healthy working environment for its employees. A working environment is a broader concept than the physical workplace. It includes:

- the machinery and substances used at the workplace
- the work processes including what is done and how
- work arrangements including hours of work
- the intangible environment including the presence of stress factors such as staffing levels and harassment by fellow employees, people using HACC services.

Central to the employer's duty is the need to ensure that a workplace under the employer's control and management is maintained, so far as is reasonably practicable, in a condition that is safe and without risks to health.

Key points

An employer has primary responsibility for OHS in the workplace and what happens there. Key points are summarised below.

- Occupational health and safety obligations cannot be contracted out, and the principal employer has obligations, not only to its employees, but also to a contractor and their employees.
- Occupational health and safety responsibilities are based on the degree of effective control that the employer can exercise regardless of the number of contractors and subcontractors involved. The degree of control that can be exercised in a private home that is a workplace is relevant consideration.
- An employer is required, under s. 22(2)(b) of the *Occupational Health and Safety Act 2004 (Victoria)*, so far as is reasonably practicable, to employ or engage suitably qualified persons in relation to OHS, who can provide advice to the employer in relation to the occupational health and safety of the employer's employees.
- An employer has to ensure persons including visitors, members of the public and other contractors are also protected.
- Information about hazards (for example pets, condition of house) and risk controls must be passed to those who will be exposed to them.
- An employer must, so far as is reasonably practicable, monitor both the health of its employees and the conditions at any workplace under the control and management of the employer.
- An employer implements risk controls having regard to its employees' responsibilities, which are to cooperate with the employer to operate safely and not to put themselves or others at risk.

An example of these responsibilities is shown below (in Table 2) in relation to the provision of in-home services.

OHS for home care services

As described, contemporary occupational health and safety practice is based on identifying workplace hazards, assessing risks and then controlling risks as far as is reasonably practicable.

The majority of HACC services are provided in people's homes. Living at home assessments and service specific assessments should include the observation and recording of OHS risk information and development of an OHS plan prior to the commencement of in-home services.

Where service provision occurs in employer controlled settings, addressing occupational health and safety issues will not be so closely aligned with the process of service user assessment, but usually addressed by implementing universal precautions.

The table below illustrates typical steps in assessment and care planning and how this might impact on OHS issues.

Table 1: Example of OHS responsibilities during care pathway (*Victorian Home Care Industry Occupational Health and Safety Guide*, Department of Human Services and WorkCover Authority 2005)

Care pathway stage	OHS impacts
Referral	Transfer of available OHS related information
Needs assessment	Indication of possible OHS issues
Home safety assessment	Assessment of working environment
Care plan	Allocation of OHS responsibilities, OHS plan
Assignment of home care worker	Training and information for home care worker
Equipment to assist	Suitable equipment to reduce risks
Client services	Worker and client safety

Table 2: Example of OHS responsibilities for in-home services (*Victorian home care industry occupational health and safety guide*, Department of Human Services and WorkCover Authority 2005)

Responsibility	Typical OHS responsibilities	Examples for in-home services
HACC funded organisation	• Assess risks in provision of service • Consult with staff members • Provide training • Assess OHS capability of subcontractors • Ensure service does not create risks to others (for example person using service, family, friends) • Monitor OHS issues	• Home safety check • Regular discussion about care plan • Training in-home safety checklist • OHS standards to be met by potential contractors • Inclusion of person being assessed (and carer) in risk assessment process • Regular reassessing of the person's support requirements
Community care worker	• Follow procedures for safe working • Report incidents and injuries • Present fit for duty	• Follow safety procedures in care plan • Advise of incidents and injuries using supplied forms • Comply with any alcohol and other drugs policy
Contractor	• Follow procedures set by managing organisation • Apply specific prevention measures for the tasks contracted	• Meet OHS standards in service agreement • Manage hazardous substances used in major property clean ups
HACC eligible person (including carer)	• Inform service provider of any known hazards • Make changes to home environment to minimise risk to community care worker	• Advise funded organisation of faulty equipment • Secure pets where necessary • Refrain from smoking while community care worker is present
Volunteers	• No responsibilities under OHS law but common law duty of care to person (including carer)	• Follows OHS procedures of the funded organisation

OHS plan

An OHS plan should be developed following the home safety assessment. This plan should include assessment of tasks involved, controls to manage the risks and the provision of suitable equipment. This forms part of the person's care plan.

Depending on business rules of the organisation, the home safety assessment may be conducted by the community care worker at the beginning of the first service visit and the care plan amended following this. Refer to the *Victorian home care industry occupational health and safety guide October 2005*, pp. 18–20 for a home safety inventory template.

Duty of care

It is recognised that HACC funded organisations will also owe a duty of care to those for whom they are providing HACC services, both at common law and sometimes under statute. The *Occupational Health and Safety Act (Victoria) 2004* does not require a service organisation to sacrifice the interests of one party for the other. A funded organisation must, so far as is reasonably practicable, ensure the safety of both the worker and the person receiving the service. Where possible, conflicts need to be resolved by strategies that do not disadvantage either party.

The employer general duty of care requires a judgement to be made about what is reasonably practicable to ensure health and safety, with the context of:

- the likelihood of the hazard or risk concerned eventuating
- the degree of harm that would result if the hazard or risk eventuated
- what the person concerned knows, or ought reasonably to know, about the hazard or risk and any ways of eliminating or reducing the hazard or risk
- the availability and suitability of ways to eliminate or reduce the hazard or risk
- the cost of eliminating or reducing the hazard or risk.

In addition to the duties owed by an employer to its employees and contractors, an employer must ensure, so far as is reasonably practicable, that persons other than its employees and contractors are not put at risk by the employer's undertaking. Such persons include the person using HACC services, family carers, volunteers, members of the public and visitors to premises at which the employer is carrying out its undertaking.

Community venues

Centre-based meals, planned activity groups and carer support groups most commonly take place in a venue other than a person's home. Other HACC services may also require a community venue for service provision.

Community venues (including those owned by the HACC funded organisation) should be of a user-friendly design, domestic in scale and non-threatening.

Venues should be relevant to the service being provided and target group, and should be designed and managed in a way that maximises physical access.

When a location is needed for a new or existing service, HACC funded organisations should consider all existing community venues, especially those that receive HACC funding. For example, senior citizen centres, community centres or neighbourhood houses.

Key considerations in selecting a community venue include:

- appropriateness, in terms of scale and ambience, to the nature of the service to be provided, for example, a carer support group may require a different meeting venue style and size compared to that required by a planned activity group
- the characteristics of the people using the service, for example, people with dementia may require a secure setting with a low level of ambient noise which is designed to avoid unnecessary disorientation or confusion

- facilitating community access and inclusion, for example, easy access to shopping centres, recreational services, public conveniences, public transport and other community facilities
- physical accessibility in accordance with disability access standards
- a positive sensory environment to contribute to participants' sense of emotional wellbeing
- location in a typical community setting in the consumers' local community or with a subregional or regional focus to reflect broader communities of interest for example CALD communities
- staff and volunteer occupational health and safety requirements.

With the exception of centre-based HACC nursing and allied health, where a clinical setting is needed to meet health regulations, a medical setting is generally not appropriate for providing HACC services. Residential care/institutional settings and large halls with a stage are also not suitable for community based HACC services.

Transport provision by paid staff or volunteers

The Victorian approach is to incorporate meeting the transport needs of HACC clients into a range of funded services including domestic assistance and personal care: for example, by taking people shopping, bill paying and to other activities; through PAGs by transporting people to the PAG centre or providing the transport for outings; and through Volunteer Coordination by funding transport provided by volunteers.

Service providers should take reasonable care to ensure the safety of all concerned where paid staff or volunteers are providing transport or escort services.

It is the responsibility of the service provider to ensure they are meeting their OHS responsibilities for safe driving and client transport practices. These responsibilities are outlined in section 5.2.5 of the *Victorian Home Care industry Occupational Health and Safety Guide* (2005).

Links

Home care: occupational health and safety compliance kit — how to control the most common hazardous tasks in the home care sector (WorkSafe Victoria 2011)
http://www.worksafe.vic.gov.au/__data/assets/pdf_file/0003/8571/Home2Bcare2BOHS2Bcompliance2Bkit5B15D_June_2011.pdf

Victorian home care industry occupational health and safety guide (Department of Human Services and the Victorian WorkCover Authority 2005)
http://www.health.vic.gov.au/hacc/downloads/pdf/vic_homecare.pdf

WorkSafe Victoria
http://www.worksafe.vic.gov.au/

Working safely in visiting health services (WorkSafe 2006)
http://www.worksafe.vic.gov.au/wps/wcm/connect/wsinternet/WorkSafe

Program funding

Organisations eligible to provide HACC services include local governments, community organisations, religious and charitable bodies, health agencies and private (for profit) organisations.

HACC funds are allocated to an organisation through a service agreement between the funded organisation and the department or via a statement of priorities (SOP) if the organisation is a health service. The service agreement or SOP specifies the terms and conditions of funding including the targets and funding by activity.

The service agreement includes provisions allowing organisations to subcontract services, in whole or in part, to a third party. This can only happen with the prior written consent of the department.

Funds may only be used for the purpose for which they have been provided. Performance is subject to review and monitoring. Performance outside the five per cent tolerance may be subject to risk management procedures including recoupment.

All HACC funded organisations have the capacity to adjust the mix of services they provide in response to service planning and/or changing community or local needs. Renegotiation is cost neutral and is not an opportunity to receive new funds. All renegotiations are effective as of 1 July the following financial year. They do not affect the current financial year.

Any formal variation to the use of funding must be agreed between the funded organisation and the department in writing or through the renegotiation process.

HACC funds cannot be used for non-HACC purposes.

HACC funds are allocated to an organisation not to a person. If a HACC client relocates or chooses to access services from another organisation, HACC funds cannot be transferred to them or to the other organisation. These funds are then released for use with other clients of the funded organisation.

Funded organisations are required to comply with the service agreement terms and conditions. The *Service agreement information kit for funded organisations* outlines requirements such as the financial reporting requirements, subcontracting and insurance.

In addition to direct funding from the department, all HACC funded agencies are required to operate in accordance with the fees policy. This means that organisations must charge a fee to all people assessed as having the capacity to pay. Income raised through fees is used to provide additional hours of service or to enhance service provision.

How funding is determined

HACC activity is funded through a Victorian HACC unit price or negotiated block funding.

Where an activity is targeted to client services and can be clearly described and defined, a common price can and has been developed. This is the Victorian unit price.

Where an activity is unique to each organisation and is negotiated separately with each organisation and the department, a common unit price cannot be developed and the activity is block funded. This includes pilots.

What is included in the HACC unit price or defined contribution?

Included in the unit price is all direct and indirect costs incurred by the funded organisation:

- staff and associated costs (such as salary and on-costs, supervision, inservice training and induction)
- staff travel
- some consumables, for example podiatry needs, pens and paper (however, please note that where consumables are deemed to be program costs such as entertainment at a planned activity group, the costs are borne by the person through the contribution from the person to the program — this is over and above the fee)
- operational support and management costs (overheads).

HACC funding does not cover the cost of education and training including qualifications for staff employed in HACC services. Funding for education and training is the responsibility of the vocational education and training system and the higher education system.

A price or defined contribution applies to the following HACC activities:

- assessment
- allied health
- nursing
- access and support
- domestic assistance
- personal care
- respite
- property maintenance
- planned activity groups
- volunteer coordination
- linkages
- delivered meals.

The service agreement shows the organisation's output targets and the corresponding funds for unit-priced activities based on the unit price.

What can be counted towards an agency target depends on the type of activity being delivered.

Assessment, allied health, nursing and access and support

An hour of service comprises:

- time spent in direct face-to-face contact with the person
- indirect time spent on behalf of the person such as:
  - phone calls with the carer and family or other organisations
  - time spent writing case notes, sending referrals and care coordination.

For more information refer to the counting rules documents for specific HACC activities such as 'assessment' and 'access and support'.

Domestic assistance, personal care, respite and property maintenance

An hour of service comprises:

- time spent by the community care worker in face-to-face contact with the person
- time spent in essential activities such as shopping as part of domestic assistance, and purchasing materials and construction for property maintenance
- telephone calls to the person, for example telephoning the person on a heatwave day.

Planned activity groups

A person hour comprises:

- the hours of face-to-face contact with each person attending the group. For example, five people attending a four-hour group will constitute 20 hours of planned activity group
- bus trips where the trip to and from the program comprises part of the program because there is a program coordinator on the vehicle to provide and guide the program on the bus. In this circumstance time travelling to and from the program can be counted.

Meals provided at a planned activity group do not attract a meal subsidy because most planned activity group (PAG) programs are provided around a mealtime and food is included in the planned activity group unit price.

However, where the organisation purchases a HACC delivered meal into the PAG, the person can be required to pay the HACC delivered meal client contribution in addition to the PAG fee.

Volunteer coordination

The service agreement has two targets under volunteer coordination. The first and key output-measure target is the number of hours the volunteer coordinator works. The second target (mandatory since 1 July 2013) is to identify the number of hours of service provided to people by volunteers.

An hour of coordinator time comprises:

- all activity undertaken by the paid worker.

An hour of service to people comprises:

- hours of face-to-face contact with people by volunteers
- for some programs it also includes hours of face-to-face contact with volunteers by the volunteer coordinator.

An organisation receiving volunteer coordination funding may also receive block funding through ‘Volunteer coordination other’. This funding can be used to cover additional costs, such as:

- volunteer recruitment and training
- newsletters
- Police Record Checks and Working With Children Checks for volunteers
- volunteer reimbursements
- the cost of telelink connections.

Linkages

A linkages package is a package of services provided to a person.

Linkages package subcontracting is endorsed in the 'Linkages activity statement' in Part 3 and therefore does not require the written consent of the Department of Health.

Meals

The delivered meal subsidy provides a **small top-up contribution** towards the cost of home-delivered meals and meals provided at venues. The major component of the meal cost is met by the person through their contribution and may be further supplemented by a contribution from the agency.

A meal comprises of a meal or meals delivered to a home or provided in a community setting.

Meals provided to a PAG cannot be counted as the cost of the meal is paid by the PAG.

Block funding

Block funding applies to flexible service response, service system resourcing, 'Volunteer coordination other', and some types of nursing.

The amount of money to be paid to the organisation is negotiated between the provider and the department on a case-by-case basis.

Where the activity is provided to people and there is a close match to a unit-priced activity or a defined subsidy, the agency may report the outputs on the minimum data set (MDS) using standard counting rules.

Where the activity can be readily quantified the agency may negotiate a target with their PASA — for example the number of senior citizen centres that the funding supports or the number of continence sessions a continence nurse will provide.

In all other cases the region and agency negotiate an appropriate workplan which is then reported against through the annual service activity report.

Other funding

Other funding may be available from time to time. Examples include service development funding, or minor capital funding. These are one-off payments and where appropriate specific reporting requirements will be negotiated.

Performance monitoring

Normally an organisation is expected to be within five per cent of target for each activity. If organisations do not meet target they:

- will be performance managed by the regional PASA
- may not be considered for growth funds for that activity
- may risk withdrawal of funds as per the HACC recall policy described in section 2.12 of the *Victorian health policy and funding guidelines 2013–14* part 2 'Health operations'.

Unit prices and defined contributions

The schedule of HACC unit prices and defined contributions are indexed and updated annually to be effective from 1 July.

The schedule of fees and income levels are updated and indexed in January of each year following the Commonwealth update of Centrelink income band ranges.

Reporting requirements

Using the HACC minimum data set, HACC funded organisations report quarterly to the department on outputs achieved as per their service agreements and targets. The reports are collated and aggregate information is sent to the Victorian Department of Treasury and Finance.

Other reporting requirements are negotiated on a case-by-case basis for block-funded activities and reported annually in June.

Other requirements such as the financial reporting requirements are outlined in the *Service agreement information kit.*

Links

Service agreement information kit for funded organisations
http://www.dhs.vic.gov.au/facs/bdb/fmu/service-agreement

HACC Recall Policy described in *Victorian health policy and funding guidelines 2013–14*, part 2 'Health operations' http://www.health.vic.gov.au/pfg/operations.htm

The schedule of HACC unit prices and defined contributions
http://www.health.vic.gov.au/hacc/prog_manual/downloads/unit_prices2012.pdf

Program planning

Triennial and growth funding planning

The Victorian HACC triennial plan 2012–15 is a three-year statement of the priorities and strategic directions for the HACC program.

Through the triennial plan the Victorian minister responsible for aged care sets key priorities for the allocation of HACC growth funds in Victoria, which are then approved by the Commonwealth minister responsible for aged care. The allocation of HACC growth funds for any particular year is described in the *Victorian annual supplement* and informed by the strategic directions agreed in the triennial plan.

A regional consultation process initiates the annual growth funding allocation process. The consultation provides an opportunity for the region to discuss with the service sector:

- progress against priorities
- emerging trends for service delivery
- pressure points in the system.

Once the quantum of new funds by local government area has been identified, the region uses a range of data sources to underpin recommendations for the allocation of growth funding, including:

- outcomes of the regional consultation
- service performance and Community Care Common Standards quality reviews
- census data of the HACC target population or the need for assistance measure (NAM)
- local pressures and service demand.

The regional recommendations are consolidated to create the *Victorian annual supplement* that is approved by both the relevant state and Commonwealth minister.

Planning interfaces

The HACC program is part of a broad service system of community, health and welfare services that include:

- community health services
- disability services
- Aged Care Assessment Services (ACAS)
- Commonwealth Home Care Packages
- National Respite for Carers Program
- Victorian Support for Carers Program (SCP)
- dementia services
- other health and community programs.

Planning for HACC services takes into consideration the broader service system.

Departmental Advisory Committee

Departmental Advisory Committee on the HACC program

The HACC Departmental Advisory Committee (DAC) provides strategic and policy advice and information to the department in relation to HACC services for older Victorians, younger Victorians with a disability, and their carers.

The HACC DAC is the main advisory and consultative mechanism for the HACC program in Victoria and has wide representation from service provider organisations, consumer representative organisations, and the Commonwealth Departments of Social Services and Veterans' Affairs. The DAC meets quarterly and convenes specific working groups as required.

Reporting requirements

The state government reports quarterly and annually on the outcomes of the HACC program.

Using the HACC minimum data set, HACC funded organisations report quarterly to the department on outputs achieved as per their service agreements and targets. The reports are collated and sent to the Victorian Department of Treasury and Finance.

HACC funded organisations report on block funding through the annual service activity report.

The department provides an annual business report to the Commonwealth by 31 December each year. This report includes information on regional expenditure, service outputs and service quality against the service priorities and outputs specified in the Victorian HACC program annual plan. The business report is tabled in Federal Parliament.

Links

Victorian HACC triennial plan 2012–15 (Department of Health 2012)
http://www.health.vic.gov.au/hacc/plan_fund/downloads/triennial_plan_12-15.pdf

Reporting and data collection

Introduction

All HACC service providers are required to participate in two kinds of data collection:

- the HACC minimum data set (reported quarterly)
- the HACC fees report (reported annually).

Depending on an organisation's service agreement, the following may also be required:

- an annual service activity report
- other narrative reports, quarterly or annually.

Reporting requirements are set out in every organisation's service agreement with the department.

The HACC minimum data set

As a condition of funding, most agencies funded by the HACC program are required to participate in the regular collection of the HACC national minimum data set (MDS).

The scope of the HACC MDS in Victoria covers a small number of programs apart from HACC. Agencies funded by the following programs should use the HACC MDS to report to the department:

- HACC program
- Aged Care Support for Carers Program
- Community Connections
- Housing Support for the Aged
- Older Persons High Rise Support
- SRS Service Coordination and Support Program.

The HACC MDS comprises two critical kinds of information on individual people:

- demographic information, such as age, postcode, country of birth, and living arrangements
- service usage information, being the time (hours or minutes) or amount (meals or goods/equipment) of each service type received by the person in the preceding three months.

Organisations use their choice of software system to collect and store this information. When a person becomes a client of the organisation, a record is created and kept updated.

At the end of the quarter, the organisation should have a routine process to extract the required subset of de-identified data and email it to the department.

As soon as a file of data is received, an acknowledgment is emailed back to the organisation. The department then loads the files onto a data repository. While processing the files the repository sends further feedback to the agency in the form of a submission log.

All the data submitted is collated and used at an aggregate level for reporting to state and commonwealth governments and to monitor the effectiveness of the program.

Individual people are never identified and the information is not used by government to determine a person's eligibility for services.

Feedback is also available within days of submission on the department's Funded Agency Channel. Other reports and fact sheets are periodically published on the HACC website.

For detailed information on HACC MDS see the *HACC MDS user guide: Victorian modification version 2.0*

Due dates

Quarterly HACC MDS extracts should be emailed to the department's mailbox (details below) as follows:

- period July–August–September: due 15 October
- period October–November–December: due 15 January
- period January–February–March: due 15 April
- period April–May–June: due 15 July.

Retrospective submission periods occur twice a year, in March and August, when agencies can replace any wrong or incomplete data from previous quarters by submitting new extracts for the relevant quarters.

How to collect the HACC MDS

Agencies should collect the data as a by-product of their existing client information management systems. Several software products are available commercially and enable the HACC MDS to be conveniently collected, extracted and transmitted in the correct format. A list of software products can be found on the data collection page of the HACC website.

The department has a simple reporting tool available which can be supplied to some funded agencies as appropriate.

Counting rules

Since HACC funding for major activity types is on the basis of unit prices, there is a direct link between the level of funding and the hours of service in an organisation's performance targets. The MDS is therefore an important accountability tool for monitoring performance. See Part 1: Program funding for more information on unit pricing and what is counted in an hour of service for different HACC activities.

Know your targets: the Funded Agency Channel

The Funded Agency Channel (FAC) is a website maintained by the Department of Health and the Department of Human Services where each funded organisation can view its service agreement and other relevant information.

Each HACC organisation is able to view a series of reports on the data they submit. One of these reports shows the number of hours or amount of services delivered compared to the organisation's target for each service type. All organisations are expected be within 5 per cent of their target.

Other reporting requirements

Annual service activity report

Any organisation receiving HACC funds for block-funded activities is required to submit an annual service activity report. A template for the report is emailed to the organisation by the regional office. The completed form must be emailed back to the regional office before the due date in June.

The report is required if your organisation received HACC funds under the following headings:

- 'Flexible service response'
- 'Service system resourcing'
- 'Volunteer coordination-other'.

The report can also be used if an organisation wishes to supply additional information on the use of funds that could not be adequately captured in the HACC minimum data set.

For example, some allied health funding may have been used for secondary consultations undertaken by an allied health practitioner. Such information cannot currently be captured by the MDS unless a new record is created for the person on whose behalf you have supplied a secondary consultation.

The annual service activity report can be used to report on numbers of hours and people benefiting from secondary consultations.

The annual fees report

The annual fees report is a simple one-line report on the total amount of fees collected by an organisation from HACC service users in the relevant financial year.

The completed form is sent to the relevant regional office of the department by 1 October. The department includes the statewide total as part of Victoria's annual HACC business report to the Commonwealth.

Links

The HACC data help desk: phone 9096 7255 or email haccmds@health.vic.gov.au

Email for sending HACC MDS data haccmds.data@health.vic.gov.au

The HACC data collection page of the Victorian HACC website, which includes the HACC MDS user guide, FAQs and other documentation http://www.health.vic.gov.au/hacc/data_collection/index.htm

Funded Agency Channel
http://www.dhs.vic.gov.au/funded-agency-channel

HACC Fees Policy

Introduction

This section provides a brief overview of the HACC Fees Policy. Readers must go to the HACC website to access the full fees policy and all the relevant documents.

The policy only relates to fees charged to people receiving HACC services. It does not relate to fees charged to people who, for example, are funded through Commonwealth home care packages or through TAC or other compensation funding.

The HACC Fees Policy (included in the *Commonwealth HACC program manual 2012*) provides a framework for the collection of fees in the HACC program.

The Victorian HACC Fees Policy provides more detailed guidance on the application of the Commonwealth's principles and broad guidelines. Compliance with the HACC Fees Policy is compulsory.

The HACC Fees Policy consists of:

- the fees policy itself
- information for service users including the *Income self declaration form (template)* with income ranges updated annually
- the HACC schedule of fees (updated annually).

Approval for alternative systems of fee collection may be sought from the Department of Health. Such approval will only be granted where these systems are consistent with the principles and guidelines contained in this policy.

The fees policy is an integrated approach to setting fees for people using services and service providers. It is to be implemented as a whole and not as individual components. For example, income is only one factor to be used in determining the fee. A service provider that used income as the sole factor would be in breach of the policy.

Principles

Principles governing the fees are as follows:

- Inability to pay cannot be used as a basis for refusing a service to people who are assessed as requiring a service.
- Where fees are to be charged this should be done in accordance with of the HACC schedule of fees appropriate to the person's level of income, the amount of service used, and any changes in circumstances and ability to pay.
- It is not appropriate to charge a fee for some services, due to the nature of service provision or particular targeting policies, for example volunteer coordination, assessment, access and support.
- All agencies should charge the full cost of the service where the person is receiving, or has received, compensation payments intended to cover the cost of care.
- People with similar levels of income (after considering levels of expenditure) and service usage patterns should be charged equivalent fees for equivalent services.
- People with high and/or multiple HACC-service needs are not to be charged more than a specified maximum amount of fees in a given period, irrespective of the amounts of services used.

- Fees charged should not exceed the actual cost of service provision. A separate charge can be applied where there are additional costs for goods or materials utilised in the provision of a service such as home maintenance, or out of pocket costs related to participation in program events.
- Fee collection should be administered efficiently and attempts should be made to minimise the cost of administration.
- The revenue from fees is to be used to enhance and/or expand services.
- Procedures for the determination of fees should be clearly documented and publicly available. The onus is on the service provider to ensure all service users are aware that this information is available.
- Procedures for determination and collection of fees should take into account the situation of special needs groups.
- Assessment of a person's capacity to pay fees should be as simple and unobtrusive as possible, with due regard for their privacy. Any information obtained should be treated as confidential.
- People using HACC services have the right to access an advocate; this applies to the determination of fees.
- People using HACC services and their advocates have the right of appeal against a given fee determination.
- For the purposes of this policy, solicited donations for services are equivalent to fees and are subject to all provisions of this policy. The implementation of this policy cannot be avoided by using the terms 'payments' or 'donations' instead of fees.

Agency fees policy

HACC organisations' procedures for the determination of fees should be publicly available as per the principles above. All people using HACC services should be informed of the fees applicable to them at the time of assessment or commencement of the service. Organisations should provide a written statement regarding the fee to be charged for any service and the payment procedures.

It is necessary to reassess fees if there is a change in circumstances, particularly in relation to the person's financial situation.

The annual fees report

The annual fees report is a simple one-line report on the total amount of fees collected by an organisation from HACC service users in the relevant financial year.

The completed form is sent to the relevant regional office of the department by 1 October. The department includes the statewide total as part of Victoria's annual HACC business report to the Commonwealth.

Links

The HACC Fees Policy including the *Income self-declaration form* and information for people
http://www.health.vic.gov.au/hacc/prog_manual/downloads/fees_policy.pdf

For current fees effective from 1 January 2012
http://www.health.vic.gov.au/hacc/prog_manual/downloads/fee_schedule2013.pdf