

Frequently Asked Questions about HACC (for new workers)



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This booklet is a living document and will be
subject to revision as information changes. To notify us of any
error or update, please email rocellital@wscf.org.au. All web links have been
checked and are current at date of release.


western sydney
community forum


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



TABLE OF CONTENTS

	Page
Introduction: The Australian Aged Care System	5
1) What are the general types of care in the Australian aged care system?	6
2) What is HACC?	7
<i>i. Changes Up Ahead (COAG HACC Age-Split)</i>	7
3) Who are eligible to receive HACC services?	8
4) Who should not be receiving HACC services?	9
5) When can HACC services be provided to “non-HACC eligible” persons?	10
6) What are HACC “special needs” groups?	11
7) What are the HACC Service Types?	12
<i>i. HACC Development Officers</i>	16
8) How can a person access/get information about HACC?	17
<i>i. Directories of Services</i>	17
9) What are ACATs?	18
10) What are HACC Service Standards?	19
11) What are the HACC Minimum Data Set (MDS) and the CIARR?	20
12) What is IMPACT and the “enabling approach”?	21
13) How do I do staff screening and checks?	22
14) Should I always include the HACC logo in my promo materials?	22
15) What other HACC Protocols/frameworks/good practice guides would be good to know?	23
16) Do I need to attend a HACC/ Community Care Forum?	24
17) Where can I go for HACC training?	25
18) What state peak bodies/associations are there for HACC in NSW?	25
19) Tell me more about CACPs.	26
20) What about “EACH” and “EACH-D”?	27
21) What are the main differences between HACC and packaged care?	27
22) Tell me more about “NRCP”.	28
23) What is Transition Care?	29



Introduction: The Australian Aged Care System

Aged care in Australia includes everything from a wide range of community-based programs (“HACC”, “CACP”, “EACH”, etc.) to aged care homes (retirement villages, “hostels”, “nursing homes”).

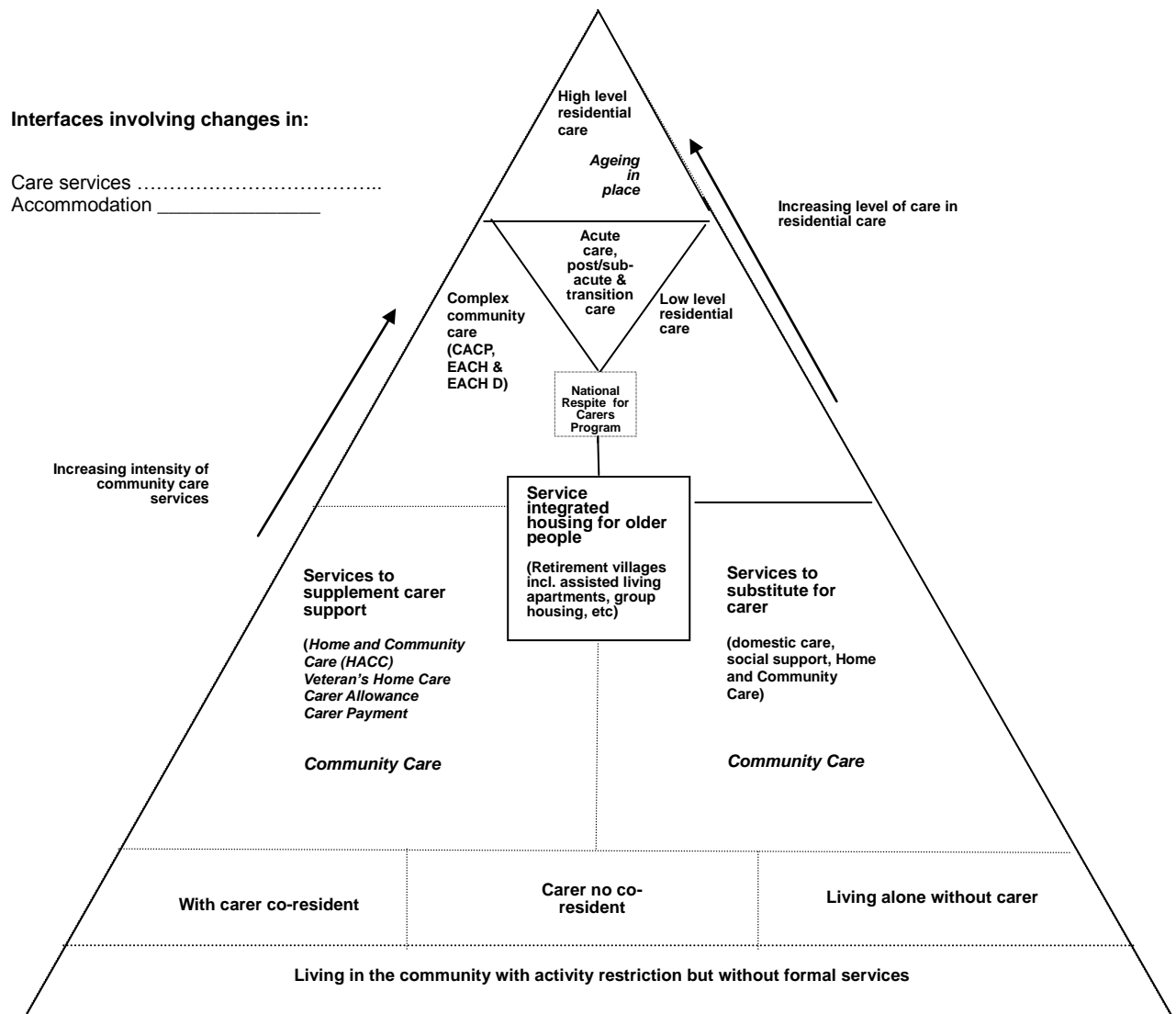
The sheer number of options, funding programs, auspicing organisations, overlapping roles and guidelines is often a source of confusion even for the most experienced aged care worker.

For a new HACC worker, just knowing where the HACC program sits in comparison to all other programs could be bewildering, especially when thrown in with a whole lot of acronyms heard in HACC forums.

For a quick overview, here’s a diagram that more or less summarizes the modes of care under the Australian aged care system.

Figure 1. Modes of care in the Australian aged care system

Source: Howe (1996), revised with advice from Howe, A., Consultant Gerontologist, Melbourne, pers. comm., 18 May 2010.



Q1. What are the general types of care in the Australian aged care system?

Community care

“Community Care” is an encompassing term used to describe the many programs that are available to help older people and people with disability live safely and appropriately *within their own communities*, for as long as they want or need.



Popular programs include *Home and Community Care* (HACC), *Community Aged Care Packages* (CACP), *Extended Aged Care at Home* (EACH and EACH-Dementia) and *Veterans Home Care* (VHC).

- **HACC** services aim to meet basic needs
- **CACP** provides a package of services
- **EACH** and **EACH D** also provide services for high-level care needs at home.

Eligibility for CACP, EACH and EACH D is assessed by an **Aged Care Assessment Team** (ACATs or ACAS in Victoria). HACC eligibility is assessed by a HACC-funded service provider.

Residential aged care

If a person can no longer live at home because of ageing, illness or disability, there are publicly-funded places in aged care homes that one may be able to access. This is called ‘residential aged care’.

There are two types of residential aged care in Australia – high-level and low-level care.

- **High-level** care provides nursing care when required, meals, laundry, cleaning and personal care.
- **Low-level** care gives assistance with meals, laundry and personal care, except when required.

To be eligible for these aged care places, a person needs to be assessed by ACAT.

Source: <http://www.agedcareaustralia.gov.au>

Q2. What is HACCC?

The **Home and Community Care (HACC) Program** is a joint Australian Government, State and Territory initiative under the auspices of the Home and Community Care Act 1985.

Nationally, the Australian Government contributes approximately 60% of program funds. The remaining 40% is provided by state and territory governments. Some local governments provide extra funding.

- The Australian Government's role is to provide national leadership for policy development and to improve the effectiveness and efficiency of the program.
- State and territory governments are responsible for the day-to-day administration of the HACC program and the provision of services within their jurisdiction.

In New South Wales, the responsible agency is the NSW Department of Human Services Ageing Disability and Home Care (ADHC). In Cumberland Prospect and Nepean (Metro Sydney), the regional office is called ADHC Metro North.



Changes Up Ahead

In April 2010, the Council of Australian Governments (COAG) released the *National Health and Hospitals Network (NHHN)* agreement. Among others, it provides for the Commonwealth to take *full funding and program responsibility for a consistent and unified aged care system* for people 65 years old and over (50 and older for indigenous Australians). The Commonwealth will work with States (except VIC and WA) to develop new funding arrangements effective 1 July 2011, with a smooth transfer to Commonwealth operational responsibility for HACC aged care services from 1 July 2012. The Commonwealth will fund service providers no earlier than 1 July 2012, and will not substantially alter service delivery mechanisms before 1 July 2015. To view the NHHN agreement and get updates regarding Health Reform, go to—

<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/Home>

Or ADHC COAG Age-split Outcome Fact Sheet June 2010—

http://www.dadhc.nsw.gov.au/NR/rdonlyres/39C1876A-27F6-4C70-ABAD-CAD56D4F64E1/5248/Factsheet_COAGagesplit.pdf



The following documents provide the financial, operational and policy guidelines for the HACC program. For questions regarding HACC service provision, service providers should refer to these documents in the first instance.

- **National Program Guidelines for the Home and Community Care Program (2007)**
http://www.health.wa.gov.au/hacc/docs/pg_npg.pdf
- **NSW Guidelines for Home and Community Care funded services (Aug 2009)**
<http://www.dadhc.nsw.gov.au/NR/rdonlyres/39C1876A-27F6-4C70-ABAD-CAD56D4F64E1/4661/NSWGuidelinesforHomeandCommunityCareupdatedAugust0.pdf>
- **HACC Service Type Guidelines**
<http://www.dadhc.nsw.gov.au/dadhc/Doing+business+with+us/hacc.htm>

Q3. Who are eligible to receive HACC services?

The eligibility guidelines for HACC can be a bit blurred at times. However, the following can be used as a guide to assist determination of HACC eligibility.

- People of any age can be eligible for HACC services. To be assisted by HACC, a person must:
 - live in the community;
 - have difficulty in performing everyday tasks without help because of a disability; and
 - may require admission to long term residential care without assistance from HACC services.
- HACC also assists carers of the above.
- Individuals qualify for HACC services because they have difficulties in carrying out tasks and need assistance due to a moderate, severe or profound disability. A person is considered to have a disability if they have a "functional" disability which makes it difficult to perform the tasks of daily living without help or supervision.
- All people should therefore be assessed on the basis of need for "basic" maintenance and support services.
- Eligibility for a HACC service does not confer entitlement for services. Service providers allocate assistance in accordance with available resources, and the assessed priority of each client.
- All new clients must be assessed. The assessment should generally include screening for eligibility, determining needs and priorities, whether referral to other services is appropriate, arrangements for monitoring and reviewing service provision, and what data should be collected. In assessing a person for eligibility, a useful approach is to ask whether the person needs assistance with an activity of daily living (ADL) or an instrumental activity of daily living.



While the term older and frail is used in the definition, eligibility for HACC services is based on the level of difficulty that people experience in carrying out tasks of daily living. Individuals over any particular age are not eligible for HACC services simply based on their age alone, but because they have difficulties in carrying out tasks of daily living and need assistance due to an ongoing moderate, severe, or profound functional disability.

--National HACC Program Guidelines, p5

Q4. Who should not be receiving HACC services?

- HACC services should not generally be provided to a person who is already receiving a similar service from other government funded programs.
- For younger people with a disability, there may be specific purpose programs (for example, disability rehabilitation and employment support) which may be more appropriate than the more generic services offered by HACC providers.
- The HACC Program does not provide services to residents of aged care homes. Nor does it provide services to recipients of disability program accommodation support service, when the aged care home/service provider is receiving government funding for that purpose.
- The HACC Program also does not provide services for residents of a retirement village or special accommodation/group home *when a resident's contract includes these services.*" (emphasis added)

--*National HACC Program Guidelines, p8*

Services not available from HACC include:

- any type of accommodation
- aids and appliances
- treatment for acute illness
- rehabilitation
- specific disabilities
- families in crisis
- palliative care



Quick fact

In 2008-09, around 862,400 individuals received HACC services.

- 69% of these people were aged 70 years or older.
- 31% were younger people with a disability (Report on the Operation of the Aged Care Act 2008-2009:26)

The HACC Annual report 2009 identified 23.3% of HACC clients (193,950) as aged less than 65 years.

--*Aged & Community Services of NSW & ACT (ACS) Fact Sheet 3*

<http://www.agedcare.org.au/PUBLICATIONS-&-RESOURCES/General-pdfs->

[images/ACSA%20Fact%20sheet%20Community%20Care%20Facts%20for%20Professionals%20Oct%202010.pdf](http://www.agedcare.org.au/PUBLICATIONS-&-RESOURCES/General-pdfs-images/ACSA%20Fact%20sheet%20Community%20Care%20Facts%20for%20Professionals%20Oct%202010.pdf)

Q5. When can HACC services be provided to “non-HACC eligible” persons?

While HACC funds cannot be used for the settings stated in the preceding page, like services can be purchased from HACC funded agencies for people living in those settings.

The conditions that apply to these circumstances are as follows:

- purchased services are provided on a full cost recovery basis;
- services are provided only where the HACC funded provider has the capacity to take on additional people without adversely affecting people in the HACC target group;
- fees are paid by the provider where the service is something they receive funding for;
- fees are paid by the client where the service is not part of the package of care being provided.”

--National HACC Program Guidelines, pp 8-9



When submitting financial reports/acquittals to ADHC for full-cost recovery service—

“...full cost recovery work for non-HACC eligible clients should be recorded in a separate cost centre. Neither the outputs nor the funds require reporting under the HACC Funding Agreement.”

--NSW HACC Program Guidelines, p11

Q6. What are HACC “special needs” groups?

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

- People from culturally and linguistically diverse backgrounds (CALD)
- Aboriginal and Torres Strait Islander peoples
- People with dementia
- Financially-disadvantaged people
- People living in remote or isolated areas.

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

--National HACC Program Guidelines, p6



Resources for HACC “special needs” groups

- Aboriginal Home Care
<http://www.dadhc.nsw.gov.au/dadhc/Older+people/Aboriginal+Home+Care.htm>
- Carers NSW Translated Carer Fact Sheets
<http://www.carersnsw.asn.au/Default.html?/infosupport/translatedInfo.htm>
- Cumberland Prospect Multicultural Access Project resources-
http://www.cnet.ngo.net.au/component/option,com_docman/Itemid,443/task,cat_view/gid,285/
- Dementia Advisory Services, NSW
<http://www.dadhc.nsw.gov.au/dadhc/Older+people/Olderpeople2.htm>
- HACC Multicultural Access Project
http://www.cnet.ngo.net.au/component/option,com_docman/Itemid,288/task,cat_view/gid,278/
- Home Care Services Ethnic Phone Lines
<http://www.dadhc.nsw.gov.au/dadhc/Contact+DADHC/EthnicPhone.htm>
- Migrant Resource Centres
The Hills Holroyd Parramatta Migrant Resource Centre- <http://www.thpmmc.org.au/>
Auburn Diversity Services, Inc. - <http://www.amrc.org.au/>
SydWest Multicultural Services, Inc. - <http://www.sydwestmsi.org.au/>
Nepean Migrant Access- <http://www.nma.org.au/>
Mt Druitt Ethnic Communities Agency- <http://www.meca.asn.au/>
- Multicultural Disability Advocacy Association (MDAA) of NSW. www.mdaa.org.au
- Nepean Multicultural Access Project - <http://www.cnet.ngo.net.au/nepean-hacc-access.html>
- NSW Refugee Health Service. Older Refugees Project-- www.refugeehealth.org.au
- NSW Transcultural Aged Care Service-- www.cs.nsw.gov.au/csahs/ggrm/tacs/default.htm
- STARTTS Working with HACC Clients from Refugee-like Backgrounds
<http://www.startts.org.au/default.aspx?id=355>
- WSCF HACC Translation service-- <http://www.wscf.org.au/home/translations.html>

Q7. What are the HACC Service Types?

To view detailed service type descriptions , including service activities, go to --
http://www.dadhc.nsw.gov.au/dadhc/Doing+business+with+us/service_type_descriptions.htm

[10.01 Domestic Assistance](#)

This type of assistance refers to domestic chores, including: assistance with cleaning, dishwashing, clothes washing and ironing, shopping (unaccompanied), bill paying.

[10.02 Social Support](#)

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

Social support includes: friendly visiting services, letter writing for the person, shopping and bill paying, banking, telephone-based monitoring services.

Any social support provided to the client in a group-based environment at or from a fixed based facility away from their residence is recorded as centre-based day care.

Social support is usually provided one-on-one but may also be provided to more than one person, for example, where social support is provided to a frail aged couple, or to support a group of Aboriginal people attending a funeral.

[10.02 Social Support - Monitoring](#)

Services which monitor the health and well-being of people who have dementia or who are recovering from hospitalisation or are at risk of injury. The service also provides feedback to case managers about other support services being provided for individual clients.

[10.03 Allied Health General](#)

Allied Health Care services are professional services for Podiatry, Physiotherapy, Occupational Therapy, Speech Pathology, and Dietetics.

[10.04 Allied Health - Podiatry](#)

Podiatry is the diagnosis and treatment, by medical, surgical, electrical, mechanical or manual methods, of ailments or abnormal conditions of the feet.

[10.05 Allied Health - Physiotherapy](#)

Physiotherapy involves the assessment, diagnosis, treatment and prevention of disorders of human movement with special emphasis on the neurological, musculoskeletal and cardiovascular systems.



[10.06 Allied Health - Occupational Therapy](#)

Assessment and treatment through the specific use of selected activity. This is designed by the occupational therapist and undertaken by those who have a temporary or permanent disability. The purpose is to prevent disability, to improve health and to help the person to fulfill his or her needs by achieving optimum function and independence.

[10.07 Allied Health - Speech Pathology](#)

Speech Pathology is concerned with the assessment, diagnosis and treatment of individuals with speech disorders, eating and drinking difficulties and swallowing difficulties.

[10.08 Allied Health - Dietetics](#)

Dietetics refers to all aspects of the food and nutritional care of individuals and groups. It assists people to meet their individual needs within their own psychological, cultural and economic environments.

[10.09 Nursing](#)

Professional nursing care provided by a registered or enrolled nurse who is employed in a nursing capacity. Nursing may be provided either at home, in a community venue or in a clinic.

[10.10 Personal Care](#)

This refers to assistance with daily self-care tasks, such as: eating, bathing, toileting, dressing, grooming, getting in and out of bed, moving about the house.

[10.11 Centre - Based Day Care](#)

Centre-Based Day Care refers to assistance provided to the client to attend/participate in group activities and is conducted in a centre-based setting. It includes group excursions/activities conducted by centre staff but held away from the centre.

[10.12 Meals](#)

Meals services refer to the preparation and delivery of meals or other food items which contribute to meeting a client's daily nutrition requirements.



[10.13 Other Food Services](#)

Other food services refer to other support activities which contribute to the client's capacity to meet their daily nutritional requirements.

[10.14 Respite](#)

Respite services refer to assistance received by a carer from a substitute carer who provides supervision and assistance to the care recipient (even though the carer may still be present). Respite services are provided to carers in order to give them relief from their caring role.

[10.15 Case Management - Community Options \(COPS\) Model](#)

HACC-funded Case Management projects refers to the use of a client-focused model for managing clients' support, care and social health needs to enable them to maintain maximum independence in the community.

The model is a collaborative process involving screening and assessment, care planning, implementation, monitoring and review and, when appropriate case closure.



[10.16 Home Modification](#)

Home Modification refers to structural changes to the client's home so they can continue to live and move safely about the house. It will often include the fitting of rails, ramps, alarms or other safety and mobility aids. Home Modification does not include general repairs to the house but does include explicit changes to improve safety or accessibility for the client.

[10.17 Home Maintenance](#)

Home Maintenance refers to assistance with the maintenance and repair of the person's home, garden or yard. It includes minor repairs and maintenance, such as changing light bulbs, carpentry and painting, or replacing tap washers, as well as some more major dwelling repairs such as replacing guttering or other roof repairs. Also includes garden maintenance, such as lawn mowing and the removal of rubbish.

[10.18 Formal Linen Service](#)

Formal Linen Service refers to the provision of and laundering of linen, usually by a separate laundry facility or hospital, to assist in the day-to-day management of a client's incontinence.

[10.19 Transport](#)

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

[10.20 Aboriginal HACC Access / Development Officer](#)

The Aboriginal Access/Development Officer will work with the service provider network (both Aboriginal specific and mainstream) and with local Aboriginal communities to identify gaps in services for Aboriginal people in the designated Area.

[10.20 Aged and Disability Officer](#)

Local Government has a role in responding to the needs of older people, people with a disability and their carers. To reflect this, DADHC and Local Government jointly fund the Aged and Disability Worker to develop, promote and facilitate relevant strategies and activities at the local level focused on outcomes for the HACC target population.

[10.20 HACC Development Officer](#)

HACC Development Officers provide a range of support, resource and information services to HACC-funded agencies and other organisations providing for the benefit of the HACC target group.

[10.20 Multicultural Access Project \(local\)](#)

Multicultural Access Workers assist with building greater capacity within HACC services to respond more effectively to the needs of CALD communities.



[10.20 Multicultural Access Project \(statewide\)](#)

As above (10.20), but working on a state level.

[10.20 Non-Output services for funded Home and Community Care \(HACC\) peak activity organisations](#)

Eligible organisations are funded to perform peak activities consistent with DADHC's Funded Peak Activities *Standardised Service Specifications* (November 2007).

[10.20 Non-Output Services General](#)

Non output services include a range of activities that will enhance existing service provision by HACC-funded agencies providing benefit to the HACC target group. Information about this project is detailed in the Special Conditions. HACC non- output services can include:

- Learning and development
- Research projects
- Volunteer coordination
- HACC policy development and review
- HACC marketing and network development

[10.22 Goods & Equipment](#)

Goods and Equipment services refer to the loan or purchase of goods and equipment that help the client with their mobility, communication, reading, personal care or health care.

[10.23 Client Care Coordination](#)

Client Care Coordination (formerly known as Case Planning/Review and Coordination) refers to the coordination of activities undertaken to facilitate access to HACC services for clients who need help to gain access to more than one service. The client can be either the person who is cared for or the carer and the services can be provided separately or combined.

[10.24 Assessment](#)

Assessment (and re-assessment) refers to activities of eligibility and access to services that are directly attributable to individual care recipients. The client can be either the person who is cared for or the carer.

10.25 Counselling-Support, Information and Advocacy

Counselling/Support, Information and Advocacy refer to assistance with understanding and managing situations, behaviours and relationships associated with the person's need for care and/or the caring role. The client can be either the person who is cared for or the carer. These services can be provided separately or combined.



HACC Development Officers

The HACC Development Officer (HACC DO) position is unique to NSW, as such. The objectives of the position are to -

- Strengthen the capacity of the HACC service infrastructure to deliver quality services, which respond to client needs, including special needs groups.
- Strengthen interagency and community relationships and understanding of HACC.
- Promote better practice in the development of a strong, cohesive community care system.
- Provide information about objectives and guidelines of the HACC Program and any other relevant Government policy and guidelines to HACC funded agencies and related community care services.



HACC DOs can be found in most ADHC regional planning areas in NSW. Some HACC DO positions are Aboriginal-specific. The NSW HACC Development Officers Network meets regularly to support one another, exchange information and identify areas for co-operation. To find where HACC DOs are in NSW, go to <http://www.nswhaccdos.org.au/contact/>

In Cumberland Prospect and Nepean, Western Sydney Community Forum is the auspicing organisation for two HACC Development Officer positions (also known as Regional Resource Workers), as well as the HACC training and translation project (also known as Learning and Development project). Currently, WSCF HACC DOs have a combined working hours of 8 days (56 hrs) per week.

To view a description of WSCF HACC DO role, please go to --

<http://www.wscf.org.au/uploads/File/WSCF%20HACC%20Development%20role.pdf>

To subscribe to WSCF's monthly HACC Flash, please go to –

http://www.wscf.org.au/index.php/home/hacc_home_and_community_care

Q8. How can a person access/get information about HACC?

To get information about a HACC service, a person may:

- Contact the Commonwealth Respite and Carelink Centre (CRCC) at **1800 052 222**
Or search CRCC online: http://www9.health.gov.au/ccsd/usr_general/gen_home.cfm
- Contact a local HACC service provider directly (see **Directories** below).



Directories

- HACC-funded services in Cumberland Prospect-Nepean (listing/mapping only)
http://www.cnet.ngo.net.au/index2.php?option=com_docman&task=doc_view&qid=1290&Itemid=288
- HACC services in Cumberland Prospect: Auburn, Holroyd, Parramatta, Blacktown, Hills (with contact details) --
<http://www.wscf.org.au/uploads/2010uploads/HACC/Directory%20of%20HACC%20%20HACC%20like%20services%20August%202010.pdf>
- Community service providers in Penrith (see Subject Index- Older People)
http://www.penrithcity.nsw.gov.au/uploadedFiles/Website/Community_Directory/CommunityServicesDirectory.pdf
- Hawkesbury City Council Aged and Disability Services
<http://www.hawkesbury.nsw.gov.au/community/disability-services>
- Blue Mountains Community Care Guide
<http://www.bmcc.nsw.gov.au/yourcommunity/communityservices/communitycareguide/>

For carers :

- **Carer support groups-** <http://www.carersnsw.asn.au/Default.html?/infosupport/csg.htm>
- Commonwealth Respite and Carelink Centres **1800 052 222*** or for emergency respite support outside standard business hours **1800 059 059***
- Carers Australia Network of Carers Associations **1800 242 636***
- Aged Care Information Line **1800 500 853***
- Dementia Helpline **1800 100 500***
- National Continence Helpline **1800 330 066***
- Department of Health and Ageing website www.health.gov.au
- Commonwealth Respite and Carelink Centre website www.commcarelink.health.gov.au.

Q9. What are ACATs?

- ACATs or **Aged Care Assessment Teams** are multi-disciplinary teams that help older people, their carers and families to make informed decisions about the level of care they require.
- They are usually based at a hospital or community centre and may include a doctor, nurse, social worker, physiotherapist or occupational therapist.
- They provide information on suitable care options and can help arrange access or referral to appropriate residential or community care services.
- A person does not need an ACAT assessment to receive HACC and NRCP (National Respite for Carers Program) services.
- A person needs an ACAT assessment and approval to receive government-subsidised residential aged care, Community Aged Care Packages (CACPs) or Extended Aged Care at Home (EACH) Packages.
- Once a person has made an appointment, a member of the local ACAT team will visit them in their home or in hospital to assess their needs. ACAT will discuss the assessment results with the person, and arrange referrals to community care services or a place in aged care, if appropriate.
- There is no cost for an ACAT assessment.
- People with disabilities are also eligible for assessment services in some circumstances.
- Interpreters can be arranged, if required.
- To view NSW Aged Care Assessment Teams Protocols & Procedures, go to—
http://www.health.nsw.gov.au/policies/pd/2007/PD2007_080.html
- For more information, go to –
<http://www.health.gov.au/internet/main/publishing.nsf/content/ageing-publicat-qcoa-01info.htm>



ACATs in Cumberland Prospect-Nepean

- **Auburn Aged Care Assessment Team**
St Joseph's Hospital, Auburn Ph: (02) 9749 0379 Fax: (02) 9646 2107
- **Blacktown Aged Care Assessment Team**
Blacktown Hospital Ph: (02) 9881 8288 Fax: (02) 9881 8033
- **Blue Mountains/Nepean Aged Care Assessment Team**
Lemongrove Community Health Centre, Kingswood Ph: (02) 4734 4800
Intake: 1800 013 101 Fax: (02) 4734 4812
- **Lawson Community Health Centre** Ph: 1800 013 101 Fax: (02) 4759 8740
- **Wentworth Aged Community Services Team** Ph: (02) 4736 0500 Fax: (02) 4736 0556
- **Westmead Geriatric Medicine Domiciliary Care Team**
Ph: (02) 9845 6903 Fax: (02) 9845 8312

Source: http://www.agedcareconnect.com.au/aged_care_assessment_team_nsw.php

For updates and postal addresses, please go to the above webpage or ring CRCC at 1800 052 222.

Q10. What are HACC Service Standards?

In 1991, the HACC National Service Standards were introduced, to help service providers comply with the principals and goals of the Program as outlined in the *Home and Community Care Act 1985* and to assist in improving the quality of HACC services. State and Territory Governments were required to include the Standards in all service contracts.

In October 2010, the Commonwealth Department of Health and Ageing (DoHA) released the new Community Care Common Standards, "as part of a reform agenda to streamline administrative arrangements across community aged care programs and jurisdictions..."

The common standards replace the previous standards which differed between programs. These new standards apply to the following programs and are effective on 1 March 2011:

- **Home and Community Care (HACC)**
- **Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD)]**
- **National Respite for Carers Program (NRCP)**



New Community Care Common Standards (Oct 2010)

PRINCIPLES

Standard 1: Effective Management

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

Standard 2: Appropriate Access and Service Delivery

Each service user (and prospective service user) has access to services and service users receive appropriate services that are planned, delivered and evaluated in partnership with themselves and/or their representative.

Standard 3: Service User Rights and Responsibilities

Each service user (and/ or their representative) is provided with information to assist them to make service choices and has the right (and responsibility) to be consulted and respected. Service users (and/or their representative) have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence is respected.

More information -- <http://www.comcarestandards.com.au/>

The Community Care Common Standards Guide (Oct 2010) --

http://www.comcarestandards.com.au/attachments/article/84/CCCS_Guide.pdf

Q11. What are the HACC Minimum Data Set (MDS)

and the CIARR?

The HACC Minimum Data Set (MDS) collects demographic data about HACC clients (such as their age and living arrangements) and the amount and types of assistance being provided to them. The Australian Government and NSW Governments use this information to help plan for the HACC Program.

In NSW, HACC MDS information is submitted to DADHC after each quarter and then transmitted to the National Data Repository. Reporting under the HACC MDS is compulsory for all HACC service providers in receipt of HACC funding, regardless of agency size.

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

HACC service providers should be familiar with the instructions for reporting HACC MDS data and ensure that they submit their data in a timely and accurate manner.

The ***Client Information and Referral Record*** (CIARR) supports the collection of data in the HACC MDS. In particular, it supports the collection of information relating to client characteristics and client circumstances.



Resources for HACC MDS

- HACC MDS Support Officers- Metro North
<http://www.agedservices.asn.au/history/our-staff>
- Detailed instructions for reporting HACC MDS data items can be found in the NSW User Guide HACC MDS v2.1f at:
http://www.dadhc.nsw.gov.au/dadhc/Doing+business+with+us/HACC_MDS_data_elements.htm
- *MDS Frequently Asked Questions*
<http://www.dadhc.nsw.gov.au/NR/rdonlyres/5203D9FC-ABA8-4E7C-B8C8-DE716CF01E3E/5153/HACCMDSFAQ2.pdf>
- Other MDS-related documents including info on MDS Helpdesk and CIARR
http://www.dadhc.nsw.gov.au/dadhc/Doing+business+with+us/HACC_MDS.htm
- HACC CIARR (Client Information And Referral Record) Form
http://www.dadhc.nsw.gov.au/dadhc/Doing+business+with+us/HACC_MDS_data_elements.htm

Q12. What is IMPACT and the “enabling approach”?

An enabling approach is a new way of supporting frail older people and people with a disability to live at home in their community.

It focuses on what the person **can do** and **wants** to be able to do, not just on what they are unable to do at present. It offers people the opportunity to be actively involved in identifying goals that are important and meaningful to them and to participate alongside their support worker to achieve their goals.

The enabling approach is also variously known as the *wellness, active ageing* and *person-centred* approach.

Background

A national Home and Community Care (HACC) forum was held in Victoria in February 2008. The forum showcased innovative community care programs, evidence-based better practices and new models of service delivery that have demonstrated improved quality of life outcomes for individuals.

Following this forum, a working group named **IMPACT** was formed in NSW. IMPACT comprises community care representatives from key consumer groups, carer bodies, service provider organisations, industry bodies, the HACC Development Officers Network, government agencies and local government.

IMPACT has played a vital role in stimulating discussion, promoting the exchange of ideas, and generating understanding and enthusiasm for better practices that put the person at the centre of service delivery by incorporating a ‘doing with’ as distinct from a ‘doing for’ or ‘doing to’ approach.

Since then, ADHC has released new resources under the **Better Practice Project**. They describe and present relevant practice ideas and people’s stories relating to an enabling approach.



Resources for an Enabling Approach

- Towards an enabling approach in community care (background paper)
<http://www.dadhc.nsw.gov.au/NR/rdonlyres/39C1876A-27F6-4C70-ABAD-CAD56D4F64E1/5375/Towardsanenablingapproachincommunitycare.pdf>
- A handbook for community care services
<http://www.dadhc.nsw.gov.au/NR/rdonlyres/39C1876A-27F6-4C70-ABAD-CAD56D4F64E1/5376/Ahandbookforcommunitycareservices.pdf>
- IMPACT NSW
<http://www.impactnsw.com/>

Q13. Should I always include the HACC logo in my promotional materials?

The Home and Community Care (HACC) Program requires service providers to formally acknowledge the Australian Government's contribution to the HACC Program. This is referred to as 'due recognition'.

Therefore, in instances where service providers are promoting HACC funded services, they will need to acknowledge this contribution by either:

- displaying the HACC logo; or
- by using a simple form of words such as:

'This activity/project/organisation was funded by the Australian Government and Ageing, Disability and Home Care, Department of Human Services NSW'.

To view the guidelines on the use of HACC logo, go to--

<http://www.dadhc.nsw.gov.au/NR/rdonlyres/39C1876A-27F6-4C70-ABAD-CAD56D4F64E1/5249/NSWHACCProgramLicensingandDueRecognitionFactSheetJ.pdf>

Q14. How do I do staff screening and checks?

All HACC service provider employees, volunteers and subcontractors must undergo a criminal record check prior to commencing work.

HACC service providers can obtain criminal record checks through:

- their local police station at a cost of \$52 each (see www.police.nsw.gov.au); or
- CrimTrac – you may be eligible to become an 'accredited provider' if you require more than 500 checks per three years (see www.crimtrac.gov.au); or
- NSW Businesslink at a cost of \$37 per employee or \$15 per volunteer (Ph: 9765 3399), or;
- any other pre-employment screening 'broker', available by searching the internet under 'national criminal record check'.

Q15. What other HACC Protocols/frameworks/good practice guides would be good to know?

- *The NSW Dementia Services Framework 2010-2015*
http://www.health.nsw.gov.au/pubs/2010/pdf/dementia_fw.pdf
- *NSW Interagency Protocol on Responding to Abuse of Older People (2007)*
<http://www.dadhc.nsw.gov.au/NR/rdonlyres/E38724C5-74FB-4768-AD4B-C9AFD1F39D53/2972/InteragencyProtocol1.pdf>
- *ADHC Work safety - Providing care in the home (OH&S resources)*
<http://www.haccos.adhc.nsw.gov.au/>
- *ADHC Complaints Policy*
<http://www.dadhc.nsw.gov.au/dadhc/Contact+DADHC/Complaints.htm>
- *ADHC Privacy Policy*
<http://www.dadhc.nsw.gov.au/dadhc/privacypolicy.htm>
- *Good Practice Guide for HACC Funded Case Management Projects (Aug 2006)*
<http://www.dadhc.nsw.gov.au/NR/rdonlyres/39C1876A-27F6-4C70-ABAD-CAD56D4F64E1/2094/GoodPracticeGuidefinal.pdf>
- *Home Modification Information Clearinghouse*
<http://www.homemods.info/>
- *Good Practice in Administration: A Guide for HACC NGOs, Feb 2008 (case studies in Hunter/Central Coast)*
http://www.dadhc.nsw.gov.au/NR/rdonlyres/08E45F97-0A09-4915-9FE4-AB6E1CC4243E/3566/Good_practice_in_admin_feb08.pdf
- *NSW HACC Innovative Solutions Manual -*
<http://www.nswhaccdos.org.au/innovations/?sessid=92b3b145bf0790edc502ba1df29451b6>



HACC Regional Protocols

Cumberland Prospect/Nepean has the following Regional Protocols to help enhance HACC service co-ordination in the region.

- **Personal Care/Domestic Assistance Co-ordination Protocol**
Supplemented by quarterly meetings between HACC-funded Personal Care and Domestic Assistance providers in CP-Nepean.
- **Interagency HACC Fees Protocol (Piloting April to Sept 2011)**
Provides a tool and more specific guidelines to assess for client financial disadvantage, reduce fees (where applicable), and co-ordinate with other Service providers to cap fees for multiple service users.

To enquire or receive documents regarding these Protocols, please contact WSCF HACC Development Officer at Ph: 02 9687 9669 or email wscf@wscf.org.au (ATTN:HACC)
Or visit: http://www.wscf.org.au/index.php/home/hacc_home_and_community_care

Q16. Do I need to attend a HACC/ Community Care Forum?

HACC or Community Care Forums are an excellent venue to network with other Community Care providers, share information, promote new services, discuss issues, get updates and identify local strategies to enhance service delivery.

There are currently six (6) local HACC/Community Care Forums in Cumberland Prospect and Nepean.

- Auburn Holroyd Parramatta Community Care Forum
- Blacktown Community Care Forum
- Blue Mountains Community Care Forum
- Hills HACC Forum
- Hawkesbury Community Care Forum
- Penrith Community Care Forum

WSCF's HACC webpage usually publishes a yearly Calendar of Meetings for these forums. The Calendar includes dates, venues, forum convenor and contact details. If you are attending a forum for the first time, please contact the forum convenor to make sure the venue or date has not changed. To view the Calendar, go to the appropriate section in – http://www.wscf.org.au/index.php/home/hacc_home_and_community_care

Sub-regional/regional forums

The forums below are convened by WSCF's HACC Development Project.

- **Western Sydney Regional HACC/Community Care Forum**
Meets three times a year (usually first Wednesday of March, July and October)
- **Western Sydney HACC Managers Forum**
Meets three times a year (usually third Wednesday of March, July and November)
- **Western Sydney Food Forum** (for HACC-funded Food Services/Meals On Wheels)
Meets four times a year (usually first Wednesday of February, May, August and November)
- **Cumberland Prospect Personal Care/Domestic Assistance Clearinghouse**
Meets four times a year (usually 2nd Thursday of February, May, August and November)
- **Nepean Personal Care/Domestic Assistance Clearinghouse**
Meets four times a year (usually 4th Tuesday, TBA)

For more information, please view the Calendar of Meetings in WSCF's HACC webpage--
http://www.wscf.org.au/index.php/home/hacc_home_and_community_care



Get the latest information. Subscribe to WSCF's monthly HACC Forums
Flash - http://www.wscf.org.au/index.php/home/hacc_home_and_community_care

Q17. Where can I go for HACC training?

WSCF's Learning & Development Project receives funding from the HACC program to assist with the training of staff, volunteers and management committee members who work for HACC-funded organisations in Cumberland Prospect and Nepean.

The Training Calendar and more information are available at --

<http://www.wscf.org.au/home/lnd.html>

If your learning need is not in the current Training Calendar, WSCF's Learning & Development Worker can discuss with you your needs and assist you with resourcing.

This project can also assist with your translation needs. For more information, please go to --

<http://www.wscf.org.au/home/translations.html>

To contact WSCF's Learning & Development Worker, please ring Ph 9687 9669 or email wscf@wscf.org.au (ATTN: Learning & Development).

Q18. What state peak bodies/associations are there for HACC in NSW?

- NSW Community Transport Organisation
<http://www.cto.org.au/>
- NSW Home Modification and Maintenance Services State Council
<http://www.nswhmms.org>
- NSW Neighbour Aid Association
<http://nswnassa.org.au/>
- NSW Meals on Wheels Association
<http://www.nswmealsonwheels.org.au/Home.aspx>
- Aged and Community Services Association of NSW and ACT
<http://www.agedservices.asn.au/>

Forums/Networks

- NSW HACC Development Officers Network
<http://www.nswhaccdos.org.au/>
- NSW HACC Issues Forum – by invite/application, c/o NSW Council of Social Services (NCOSS)

Commonwealth Department of Health and Ageing (DoHA) Programs

Q19. Tell me more about CACPs.

Community Aged Care Packages (CACP) are individually planned and coordinated packages of care that provide services for the complex care needs of older people.

The Australian Government provides CACP providers with a subsidy per package. The individual services within a CACP may be provided by a variety of organisations in a local area, but will be coordinated and planned by the approved aged care service provider who receives the subsidy to care for the person receiving the CACP.

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

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

All care under CACP is coordinated care designed to meet the assessed care needs, as above, with a formal assessment required by an Aged Care Assessment Team (ACAT).

The types of services that may be provided as part of a package include:

- personal care;
- social support;
- transport to appointments;
- home help;
- meal preparation; and
- gardening.

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

Reference:

http://www.health.wa.gov.au/hacc/docs/HACC_Manual.pdf

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

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



Q20. What about “EACH” and “EACH-D?”

Extended Aged Care at Home (EACH) packages are flexible, individually designed care packages for frail older Australians who require high level care to remain living at home. Eligibility for an EACH package must be assessed by an ACAT. The service provider will tailor services to the individual and coordinate care services.

EACH packages can be coordinated to provide the following types of services:

- Registered nursing care;
- Allied health care, including physiotherapy/podiatry;
- Personal care;
- Transport to appointments;
- Social support; home help; and
- Assistance with oxygen and/or enteral feeding.

Extended Aged Care at Home Dementia Packages (EACH D) are packages of care similar to EACH packages with the same range of services provided, but are tailored to assist older Australians with dementia.

Q21. What are the main differences between HACC and packaged care?

- HACC includes younger people with a disability and their carers. CACP /EACH are targeted at frail older people who might otherwise require low/higher level residential care;
- HACC provides direct carer support and services for carers (respite care and counselling, support/information and advocacy);
- Packaged care does not provide carer support or other services for carers;
- HACC services do not require an ACAT assessment, whereas packaged care does;
- Package care is tied to the client;
- HACC funding is not tied to client but is based on assessed need and changing priorities.

Reference:

http://www.health.wa.gov.au/hacc/docs/HACC_Manual.pdf



Quick Fact

The average direct care hours per CACP package per week during the 9 months to 31 March 2010 was 4.78 hours. (Source: *Aged & Community Services Australia Fact Sheet 3*)

Q22. Tell me more about “NRCP”.

The **National Respite for Carers Program** (NRCP) aims to support the primary carer of frail, older Australians and people with disabilities by facilitating access to information, respite care and other support appropriate to their individual needs and circumstances, and those of the person for whom they care.

The NRCP Program provides:

- Information and support for carers; and
- Respite from caring

The Program funds:

- **Respite services**
Community-based respite services are delivered to carers and those they care for in a range of settings including homes, day centres, with host families, residential aged care facilities and cottage-style community retreats.
What distinguishes the NRCP from HACC respite services is that the primary purpose of HACC respite is to provide a substitute for the carer. It is usually provided on a planned/regular basis during the day and evening. Whereas the NRCP can support more flexible overnight arrangements or respite for the carer in addition to day respite care options. Carers of HACC clients may be eligible for respite from HACC and NRCP respite.
- **Commonwealth Respite and Carelink Centres**
Commonwealth Respite and Carelink Centres are located in metropolitan and rural areas across Australia and are operated by a variety of community organisations and health services. The centres provide a single contact point for free confidential information on community and aged care services locally or anywhere in Australia. They will advise on what services are available, costs of services, eligibility, assessment processes and respite.
- **The Carer Advisory Service and National Carer Counselling Program**
These services provide carers with professional counselling, advice, information and referral through the network of carer associations in each State or Territory and a 24-hour carer-specific counselling service for emergency and one-off occasions.

- Commonwealth Respite and Carelink Centres
<http://www9.health.gov.au/ccsd/#3>
- Carers NSW <http://www.carersnsw.asn.au/>
- ACS Carers Fact Sheet
<http://www.agedcare.org.au/PUBLICATIONS-&-RESOURCES/General-pdfs-images/ACSA%20Fact%20Sheet%204%20Carers%20Oct%202010.pdf>



Q23. What is Transition Care?

- The Transition Care Program aims to help older people leaving hospital to return home rather than prematurely enter residential care.
- It is goal-orientated, time-limited and therapy-focused. It provides older people after a hospital stay with a package of services that includes low intensity therapy (such as physiotherapy, occupational therapy and social work) and nursing support and/or personal care. It helps older people complete their restorative process and optimise their functional capacity, while assisting them and their family or carer to make long-term care arrangements.
- It is for older people who would otherwise be eligible for residential aged care. To enter the Program, they must be assessed by an Aged Care Assessment Team (ACAT) while they are still an in-patient of the hospital. This can be organised through the hospital where the person has received their acute/sub-acute care. A person can only enter transition care directly upon discharge from hospital.
- Transition Care can be provided in either a home-like residential setting or in the community. The average duration of care is 7 weeks, with a maximum duration of 12 weeks that may in some circumstances be extended by a further 6 weeks.



For more information about the Transition Care Program, please visit –

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

Other Commonwealth-funded Programs

- The Veterans' Home Care (VHC) program provides low level home care services to eligible veterans and war widows and widowers.
http://www.dva.gov.au/benefitsAndServices/home_services/vetshomecare/Pages/index.aspx
- Aged Care Homes Services
<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-rescare-services.htm>
- Day Therapy Centres
<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-commcare-dayther.htm-copy5>
- National Aged Care Advocacy Line 1800 700 600