

“Regional HACCC Interagency Fees Protocol- Do we need it? ”

WSCF HACCC Development Officers Project
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Background

Issues brought up at some HACCC
Forums in CP-Nepean

(e.g. setting/capping fees, assessing
financial disadvantage, “violations”
of HACCC guidelines on fees)

Commonality found in results of
“HACC Fees Research Project”(Northern
Rivers Social Dev. Council, Oct 2008)

No need to re-invent the wheel.

Issues in Northern Region

- HACC services' fees practices are subjective & inconsistent across services. Need for more specific, in-depth HACC Fees Policy (p27).

- Clients in similar financial positions are paying differing fees for same services - in conflict with Guideline on “clients with similar levels of income and service usage patterns should be charged equivalent fees for equivalent services” (p35)

E.g. COPs brokering or paying for MOW for clients w/o client contribution

- Causes rifts & tensions in smaller communities
- Confused expectations on whether to pay a fee or who has to pay the fee
- Clients stay with a service they can afford or don't have to pay for, rather than moving to appropriate one
- Tension between CACP & HACC

- Attitudinal, cultural, “historical” factors-

Examples (p 28-29):

- “If one person on a pension is paying, then everyone should be able to afford it”
- Historical decision has been made by current Coordinator or Manager, and too hard to change without clear government policy.

- Other services gave fee relief or waiver but indicated they did this out of moral principle and were bending rules to do so.

- Concern about viability of service if they were to give fee relief or waiving (e.g. MOW in remote isolated areas & small services)

- Pressure from the Boards or auspicing bodies such as Councils to collect fees. Some used fees “as a way of selecting which type of clients they provide access to”.

- Lack of understanding about how to apply Guidelines - e.g. misinterpretation of 2007 HACC National Program Guidelines re. MOW, CT and Home Mods “not subject to a cap” as meaning “not to give fee relief or waiver”.

- Lack of accountability to the funding body, lack of incentives and no measured outputs to encourage services to provide access to the HACCC Special Needs Groups. (p30)

- Lack of direction from current Draft HACC Fees Policy Framework

NSW does not have its own Fees Policy Framework. Need more specific framework (see p 31 on benefits).

- Way of communicating fee policies determine client access (p31) -examples in special needs groups, clients denied service

- Numerous financial assessments & varying financial assessment processes - insensitivity, literacy/language difficulties, “proud to say”, mistrust of government & processes, too many assessments with differing outcomes (p32)

- Low participation rate of Aboriginal people in mainstream services

Preconceptions/prejudices-

- “Aboriginal people have their own services”
- “I don’t know how to go about accessing the Aboriginal community”
- “I have made attempts but they don’t want this service

- Unaffordable fees
 - High Community Transport fees in remote areas- on top of other health-related costs
 - Clients going into debt and paying off over long periods-multiple appointments
 - Not going to appointments, or local health workers taking them

- Little formal communication between services
 - Clients receiving multiple services
 - No clear interagency protocols for caps across services
 - Model? Care Coordination Groups in New England

- Differing interpretations of financial disadvantage -
 - Low income, Centrelink payments
 - Pension recipient with less than 25% after fixed outgoings
 - Someone who says they can't make contribution

- Differing interpretations of financial disadvantage -
 - Assessment of income & other expenditure
 - Experiencing severe financial hardship

Varying practices after assessment-

- No fee
- Contribution if client feels they can afford
- Proportion of scheduled fee

- Lack of clarification about services' roles
- Confusion about jurisdiction for providing service
- Lengthy, complicated process for accessing fee relief

- Services reluctant to advertise fee relief or waiver policies
 - concern that ineligible clients might take advantage of system
 - system unable to be policed in the absence of clear government policies

- Flexibility for service providers
 - broad framework has allowed services to be responsive to needs and capacities to pay
 - more prescriptive & consistent Govt-directed fees policy might undermine this flexibility

The research presented 8 recommendations.

Two will be presented here as they concern
something we could do as a regional
interagency.

1) “That services establish a protocol for financial disadvantage at an interagency level”.

2) “That services meet regularly, specifically to discuss mutual clients and their fees...”

- Interagency Fees Protocol for financial disadvantage - to include the following elements:

a) Definition of financial disadvantage

E.g. Someone on a pension level income with housing costs or other major medical/pharmaceutical costs

- b) How to manage financial disadvantage in relation to fees
- c) Sensitive communication about client fees & within financial assessment
- d) Advertising reduced fees for financially disadvantaged client

Fees Protocol

2) Services meet regularly to discuss mutual clients & fees

Objectives:

- a) Create consistency in fee charging between services in a local area

- b) Build relationships between services
- c) Share client financial and fee information between services
- d) Develop a framework for putting in place fee caps

Next WS Regional Forum:
“Learning from Victoria HACC Fees
Policy 2006-2007”

SMALL GROUP DISCUSSION: PLEASE DOCUMENT

- 1) Do you agree with the need to have a CP-Nepean Interagency Fees Protocol, barring any further development at state and national levels?
- 2) If yes, choose the 3 most important elements (stated above) which should be included in the Protocol.
- 3) If no, state 3 things that should happen first in order for Protocol to happen.
- 4) Other issues/comments