

# NSW guidelines for Home and Community Care (HACC) funded services

NSW Department of Ageing, Disability and Home Care



**Australian Government**



*home and community care*

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



**New South Wales  
Government**



**Department  
of Ageing,  
Disability &  
Home Care**

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# 1 Introduction

## 1.1 Purpose and aims of Guidelines

These Guidelines outline the mandatory obligations for providing HACC services funded under the Home and Community Care (HACC) Program in New South Wales. These Guidelines outline requirements regarding:

- the framework for delivery of HACC services, including aims of the HACC Program, and target groups; and
- funding, accountability and management of service provision, including payment of grants, reporting, insurance, fees, and employment practices.

These Guidelines are to be used alongside the NSW Service Type Guidelines and National Guidelines for the HACC Program 2007 as well as policies and practices required under the Department of Ageing, Disability and Home Care (DADHC) Funding Agreement.

These Guidelines are designed to be used by:

- HACC services funded under the HACC Program;
- DADHC Program Officers;
- HACC Development Officers; and
- Any organisation considering applying for HACC funding to provide a new service or enhance the services of an existing service.

In addition to meeting the requirements of these Guidelines, HACC funded services should also refer to key documents as listed in Section 3 of these Guidelines.

### 1.1.1 Overview of Structure of the Guidelines

These Guidelines are structured in three sections and four appendices:

- Section 1 provides an introduction to the HACC Program and provides detail on the context and major components of the program;
- Section 2 provides a summary of key elements of administration associated with HACC services including funding, reporting requirements, record keeping, employment practices and quality frameworks;
- Section 3 provides a summary of key resources available to service providers; and
- Appendices A - D contain the following relevant supporting information:
  - A) Related programs;
  - B) Working together in NSW;
  - C) Rights and Responsibilities; and
  - D) Quality and Standards.

## 1.2 Overview of the HACCC Program

The HACCC Program is a joint Commonwealth, State and Territory initiative under the auspices of the Home and Community Care Act 1985. The overall objective of HACCC is to provide funding for services which support people who live at home and whose capacity for independent living is at risk or who are at risk of premature or inappropriate admission to long term residential care.

### 1.2.1 Aims of the HACCC Program

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

### 1.2.2 The HACCC target group

The Home and Community Care Act 1985 defines the HACCC target population as<sup>1</sup>:

- a) persons living in the community who, in the absence of basic maintenance and support services provided or to be provided within the scope of the Program, are at risk of premature or inappropriate long term residential care, including:
  - older and frail persons aged over 65 years with moderate, severe or profound disabilities<sup>2</sup>;
  - younger persons with moderate, severe or profound disabilities; and
  - such other classes of persons as are agreed upon by the Commonwealth Minister and the State Minister; and
- b) the unpaid carers of people assessed as being within the National Program's 'target population'.

It is important to note that individuals do not qualify for HACCC services solely on the grounds of advanced age. Eligibility for services is based on the level of functional disability which makes it difficult to perform the tasks of daily living without help or supervision.

The program also recognises that there are several groups within the HACCC target population that find it more difficult than most clients to access services. These special needs groups are:

- People from culturally and linguistically diverse (CALD) backgrounds;
- Aboriginal and Torres Strait Islanders;
- People with dementia;

<sup>1</sup> National Program Guidelines for the Home and Community Care Program, 2007.

<sup>2</sup> An older Aboriginal person is defined as being 45 years or over.

- Financially disadvantaged people; and
- People living in remote or isolated areas.

Services can be specifically planned and allocated for the exclusive or priority use of the special needs groups within the HACC target population. Any further subdivision of the HACC target population is not possible unless agreed to by the joint Ministers.

### **1.3 Service types provided under HACC**

HACC funded services are part of an overall HACC and broader community care service network. In accordance with the National HACC Program Guidelines the HACC Program in NSW funds:

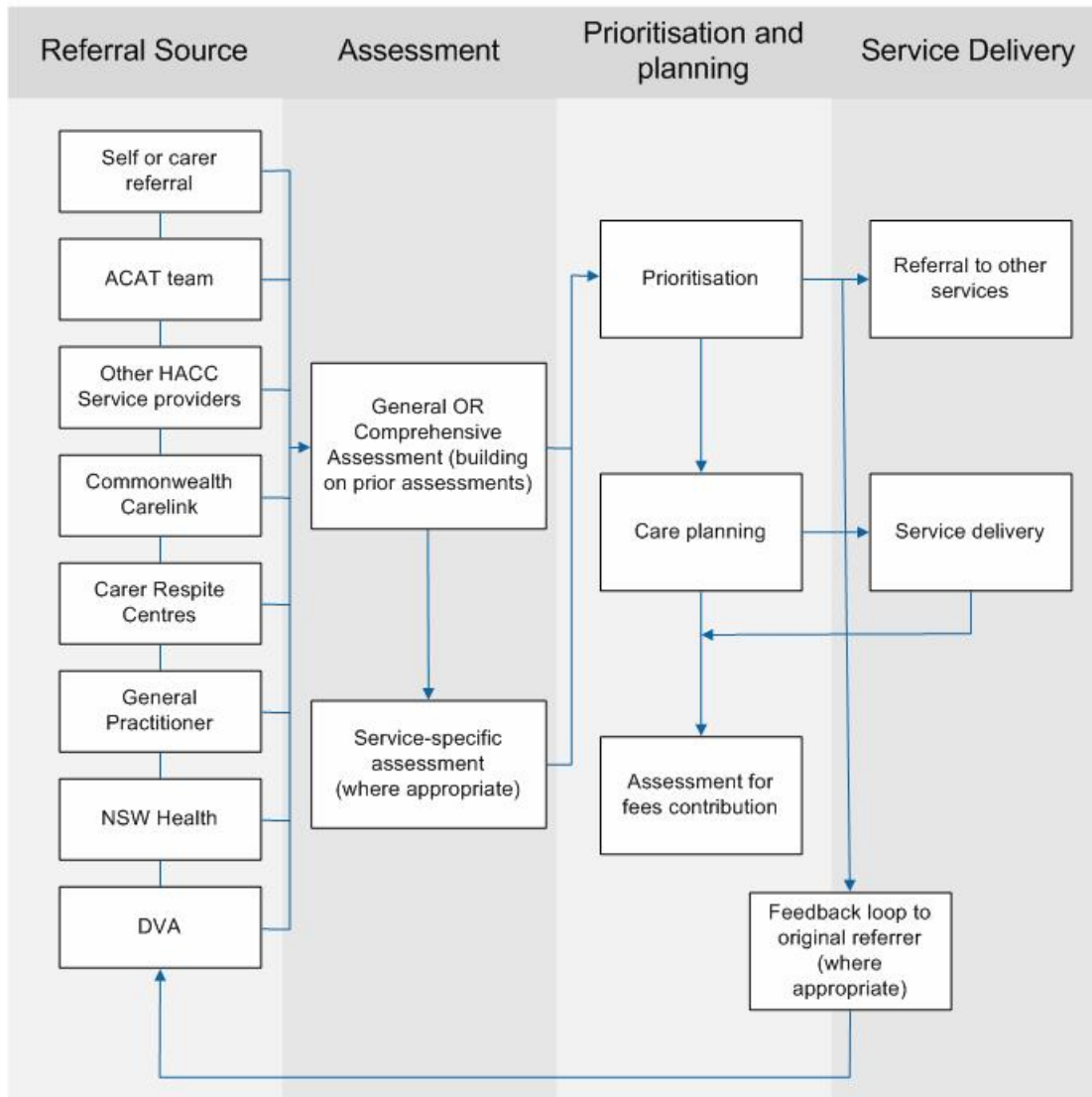
- Domestic assistance;
- Social support;
- Nursing care;
- Allied health care;
- Personal care;
- Centre-based day care;
- Meals;
- Other food services;
- Respite care;
- Case management;
- Home maintenance;
- Home modification;
- Formal linen service;
- Transport; and
- Counselling/support, information and advocacy (for clients and carers).

In addition, Assessment, Client Care Coordination and the Provision of Goods and Equipment can be provided as a part of any of the above services.

## 1.4 Referral paths for HACC Services

The following flow chart provides an overview of the major referral sources for HACC services and the flow through to assessment and HACC service delivery.

### Referral Paths for HACC Services



Key principles regarding referral paths for all HACC services are as follows:

- The Client Information and Referral Record (CIARR) will be the referral tool used by NSW HACC services. For more information refer to Section 3.1 of these Guidelines.
- Duplication of assessment should be minimised. Service providers are required to stay informed of changes to the standardised assessment tools and processes adopted by DADHC and adapt their assessment protocols accordingly.
- Regular, clear and transparent communication mechanisms to inform the client of approximate time frames for service delivery.

- Acknowledgment of the referral and provision of information on referral outcome.
- Consent for referral to another agency (if appropriate) must be obtained from the client. Where written consent is not possible, verbal consent should be gained and documented on the client referral forms. In cases where it is not possible or appropriate to obtain consent from the client directly due to impairments in their cognitive function, consent should be obtained from the client's nominated carer.

## 1.5 Screening and assessment

The HACC National Service Standards as they apply to the screening and assessment of potential clients of HACC services outline minimum requirements of HACC service providers:

- *Objective 1: Access to Services (Service Standard 1.1)* in the HACC National Service Standards specifies that all potential clients should undergo a formal assessment prior to or at commencement of service. An ACAT assessment is recommended for all clients of dementia specific services. The Project Coordinator should also conduct home assessments regarding OH&S issues, where appropriate.

Additional further requirements under Service Standard 1.1 of the HACC National Service Standards specify that:

- Where a potential client is refused a service, the reasons for refusing should be documented and should consistently comply with agency guidelines;
- Agencies which refuse services to potential clients due to resource constraints should demonstrate that waiting lists, if kept, are reviewed in order to reprioritise client access to services as necessary;
- Where there is a risk to the carer, services should provide a referral to the local Carer Respite Centre; and
- Response times between referral and service delivery and between initial assessment and service delivery should be appropriate to clients' needs.

## 1.6 Prioritising eligible clients for HACC services

HACC services should ensure there is a policy and process for determining priority between clients and for allocating service provision.

The HACC National Service Standards outline a minimum requirement for agencies to demonstrate assessment criteria that are clear and appropriately comprehensive for the service provided and the circumstances under which they operate. Assessment tools are also required to provide the basis for determining the ongoing relative need and priority of each consumer, as appropriate to the service.

Consistent with the National Program Guidelines for the HACC program, services should attempt to allocate resources in a way that provides the most benefit to the greatest number of people. It is the responsibility of all HACC services to develop their own priority of access policies to allocate their available services.

Access policies should ensure that the client mix is representative of the local HACC target population.

The decisive factor for determining priority of access to HACC services should be the degree to which the provision of the service will support the client's ability to live independently at home. This is the fundamental objective of the HACC program.

The *National Program Guidelines for the Home and Community Care Program 2007* provide a framework for the development of a prioritisation policy and identify the following as being key to determining priority of access:

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

It is the interrelationship of the factors used for the priority and access policy that determines the overall priority of the particular referral.

## **1.7 Equity of access to services**

Special needs groups within the HACC target population may experience particular difficulties in gaining access to HACC services.

These special needs groups are:

- People from culturally and linguistically diverse backgrounds;
- Aboriginal and Torres Strait Islanders;
- People with dementia, memory loss and other related conditions;
- Financially disadvantaged people; and
- People living in remote or isolated areas.

There is a range of strategies to improve access for special needs groups, including more responsive service design and well targeted information dissemination. All HACC services should familiarise themselves with the HACC National Service Standards and ensure that they have equity of access policies which comply with these standards.

The minimum requirements are based on three key access principles:

- **Culture and language:** HACC services should be culturally and linguistically appropriate;

- **Physical access:** All HACC facilities (such as day care centres and transport vehicles owned by HACC services with a capacity of greater than eight people) should be accessible to people with physical or sensory disabilities; and
- **Without discrimination:** Eligible people assessed as needing a service should have access to HACC services without discrimination on the grounds of ability to pay, location, gender, ethnicity, language, Aboriginality, marital status, religion, sexual preference or type of disability.

The establishment of HACC services for special needs groups in a particular planning area does not necessarily ensure that all people within the special needs group will be able to gain access to these services. The HACC National Service Standards (Objective 1: Access to Services) require all service providers to demonstrate that they have considered and taken action to overcome barriers of access to services for special needs groups as defined above.

Further requirements include the need for providers to collect data on the number of clients with special needs who access the service and to compare these numbers with the proportions of special needs groups in the community. It is the responsibility of the service provider to engage in service planning and identification of specific target client populations in the local areas in which services are provided. This applies to services that are specifically funded to provide services to special needs target groups, as well as to generic service providers.

Where special needs groups appear to be under-represented, the provider is required to demonstrate that it has explored the reasons for this and has implemented strategies to address this issue. Service providers should also be able to demonstrate links to other services whose target groups are those in special needs groups.

In cases where HACC funded agencies are designed to provide services only to a specific target population, the services offered may be inappropriate for some clients. These services should develop sufficient links with other local services to refer clients to agencies that are more appropriate to them.

## **1.8 Links with other services and programs**

Links with other relevant service providers and programs that can provide complementary services are essential to establishing an appropriate service response for clients.

Key strategies for coordinating service delivery with other agencies include the establishment of informal networks to liaise directly on client issues. Service providers are also encouraged to form local cross-program, area-based committees to facilitate information sharing and relationship building.

Information on HACC services is maintained by Commonwealth Carelink and may also be accessed through the online Human Service Network (HSNet – see Appendix B).

## **2 Funding, accountability and management of service provision**

### **2.1 Funding**

All HACC Services must enter into a funding agreement with DADHC which complies with the requirements of the HACC Review Agreement 2007 before funds can be provided.

The funding agreement details the length of the contract, termination rights, outputs to be provided in return for funds, quality standards to be achieved, standards monitoring arrangements, target population and priority of access policies, financial management obligations, assessment arrangements and data collection arrangements.

The Service Description Schedule in the funding agreement provides details of the level of funding, service type and contracted outputs for the service. Funding should be used as per the schedule.

Funding is only provided when DADHC is satisfied that:

- the HACC service provider is properly constituted and has the power to carry out the responsibilities required of it by the Funding Agreement;
- the Funding Agreement has been signed by two duly authorised representatives of the organisation; and
- the organisation has satisfied DADHC that it is capable of undertaking the service and will implement agreed improvement strategies.

Organisations requesting funding to provide services under the HACC program are required to operate within a framework of sound corporate governance and management principles that enable the organisation to meet legislative requirements and obligations to its clients, staff, board and other key stakeholders.

### **2.2 Payment of grants**

#### **2.2.1 Recurrent grants**

Recurrent grants are paid quarterly in advance (i.e. immediately after the first day of the quarter for which the project payment is being made). These payments are dependent on the HACC service meeting the DADHC accountability requirements. Each payment is one-quarter of the approved annual recurrent grant.

Funding will be paid by direct deposit to the service's nominated bank account unless otherwise advised by the service. All services are required to advise DADHC of the bank account details of outlets which are to receive direct payments.

#### **2.2.2 Non-recurrent grants**

Non-recurrent grants are paid in full in the first payment following approval of the grant.

### **2.2.3 First payment of grants**

The first payment of a grant is made when the organisation receiving the grant correctly signs and returns the funding agreement to DADHC.

### **2.2.4 Indexation of recurrent grants (cost supplementation)**

Grant indexation may be provided to a HACC service annually. The indexation applies to services which were funded in the preceding financial year and which are still continuing to receive funding under the DADHC Funding Agreement.

Funds are normally provided in the quarterly payment following approval of the indexation amount by the Minister.

The indexation is provided to assist services in meeting operational cost increases and to maintain recurrent grants in real terms.

### **2.2.5 Not eligible for funding grant**

The following items are not eligible for funding under the HACC guidelines:

- Purchase of buildings unless specifically approved by DADHC;
- Costs associated with the development of a service prior to approval; and
- Purchase of equipment not specifically for use for HACC services.

## **2.3 Reporting requirements**

### **2.3.1 Minimum Data Set (MDS)**

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.

Information from the HACC data collections is used to:

- Describe what the program is doing;
- Describe who uses the program;
- Evaluate the effectiveness of the services against the objectives of the program;
- Plan for future service provision;
- Support development of policy objectives for the future; and
- Support decisions on strategic directions for care of frail older people, people with a disability, and their carers.

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

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.

Service providers must obtain informed consent from their clients in order to forward their details to the MDS data repository. Clients can decline to have their details de-identified and forwarded to the MDS system. However, a client's refusal to have their details forwarded to the MDS does not negate the requirement for service providers to collect and hold client details locally.

HACC funded service providers may collect and submit HACC MDS data either electronically or via paper forms. The significant majority of service providers currently submit their HACC MDS data electronically. There is a wide variety of commercial software and other applications that can be used by agencies to record their data and prepare it for submission to the NSW Data Repository.

HACC MDS data are sent to the NSW Data Repository at DADHC and then on to the National Data Repository which reports to the Australian Government Department of Health and Ageing.

### **2.3.2 How to count MDS outputs for HACC services**

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. 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](http://www.dadhc.nsw.gov.au/dadhc/Doing+business+with+us/HACC_MDS_data_elements.htm)

For the purposes of MDS reporting, most HACC services are reported as hours and minutes of actual service. Meal Services report the number of meals and transport services the number of trips.

It is important to remember the primary intent of the activity when recording for MDS. A five per cent variance on contracted services is allowed. All instances of service are to be recorded against the service type which constituted the principal purpose of each incidence of service.

### **2.3.3 Financial reporting and acquittals**

Each year DADHC requires funds that have been paid to non-Government service providers under the funding agreement to be acquitted. Acquittal packages are sent to service providers detailing funds paid in the previous financial year. Service providers are required to complete the package and return it to DADHC by the due date.

Renewal of funding is subject to compliance with the funding agreement, continuing priority for the service and availability of funds.

State Government agencies are required to meet their own financial reporting guidelines. Local governments require a certificate from the Chief Financial Officer verifying the accuracy of the accounts.

Funds provided for specific purposes must be expended on those activities and must further the aims and objectives of the HACC Program. This includes income received by the service such as fees and interest, and income from services to non-HACC eligible clients.

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.

## **2.4 Record keeping**

All HACC service providers should have policies and procedures for record keeping that specify requirements to:

- Maintain up-to-date and accurate records detailing services provided, outcomes achieved and service provider details;
- Fulfil data reporting obligations under the HACC MDS;
- Ensure adequate security measures are in place including the storage of any client-related information and files (both paper and electronic) in locked cabinets and, in the case of electronic files, with appropriate data security;
- Ensure all electronic files are appropriately stored with adequate file back-up and storage mechanisms in place; and
- Keep client records for a minimum period of seven years following the cessation of service delivery.

In addition, HACC service providers should ensure there are appropriate record management systems for maintaining accurate records of business operations, including financial transactions, for a minimum period of five years.

It is the HACC service provider's responsibility to maintain and secure accurate case notes on all clients.

## **2.5 Insurance**

HACC funded service providers are required to have current insurance cover in place for the following areas<sup>3</sup>:

- Insurance required under the Workers Compensation Act for the protection of employees engaged in providing services;
- Public liability insurance for at least the sum of \$10,000,000 for any one occurrence;
- A policy of fire, buildings and contents sufficient to cover the Minister's interest in property purchased with funding provided under the Agreement.

Service providers are also required to effect and maintain any other insurance necessary to ensure adequate cover for the operations of the service.

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<sup>3</sup> DADHC Funding Agreement – Schedule 3: Responsibilities of the Parties.

### **2.5.1 Insurance for volunteers**

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

The Civil Liability Act covers protection for certain volunteers from civil liability whilst doing community work<sup>4</sup>. The liability is transferred to the community organisation that organised the work. HACC service providers should be familiar with the relevant legislation and ensure appropriate insurance coverage is in place for their volunteers.

## **2.6 Fees payable by recipients**

### **2.6.1 Existing fees policies**

Under the HACC National Service Standards, services are required to design a fees policy that is consistent with the draft HACC Fees Policy framework set out in the HACC National Program Guidelines for the HACC Program.

The fees charged are at the discretion of the HACC service.

DADHC supports the principles outlined in the draft HACC Fees Policy and requires that the fees policies of all HACC service providers reflect these principles.

It is acknowledged that some clients receive several services per week from one or more service providers. Clients who have high service needs should not be charged more than a specified maximum amount in HACC fees in a given period, irrespective of how many services they receive. This maximum amount is called a Fee Limit. Fee limits may be applied in a manner that takes into account the income level of clients accessing the service.

### **2.6.2 Exempt service types**

Consistent with National Fee Principle 8, fees are not to be charged for information, advisory and advocacy services, assessment and review of services, or “friendly visiting” services.

## **2.7 Calculating unit costs**

Unit cost is the cost to a service provider of delivering a service type. In calculating unit costs associated with service provision, HACC service providers should consider the following:

- Any recovery of materials associated with the service - for example, in home Social Support may include the cost of video hire or other in home activities;
- Accurate costing of volunteer time to ensure equity in service provision - for example volunteer costs may include aggregated costs of transport and training;

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<sup>4</sup> Civil Liability Act 2002 (61), see [www.legislation.nsw.gov.au](http://www.legislation.nsw.gov.au)

- Charging of administration costs associated with service provision; and
- Monitoring of administration costs as a proportion of total service costs as a measure of efficiency in service provision.

## 2.8 Vehicle Policies

All service providers should have a vehicles policy in place.

### 2.8.1 Transport of tools, equipment and hardware items

Occupational Health and Safety policies for HACC service providers should include guidelines on the transport and manual handling of any goods and equipment.

### 2.8.2 Security / operational issues

HACC services are responsible for the management and care of HACC funded vehicles. Policies and practices that inform employees, volunteers and organisational members of their responsibilities when using the HACC service vehicle should be in place. The policies and procedures should cover items such as use, depreciation, garaging, accident reporting, regular maintenance, servicing and cleaning, care of the vehicle, recording of travel time and purchase of petrol.

### 2.8.3 Types of vehicle

The choice of vehicle is at the discretion of the HACC service, however it must meet Occupational Health and Safety standards. It is recognised that distance travelled, road conditions and terrain will have an influence on the type of vehicle purchased.

Further information on alternatives for obtaining vehicles is provided in service type Good Practice Guides.

### 2.8.4 Funding of vehicles

The following provides a summary of funding of vehicles for HACC services:

**Initial capital costs** HACC services are eligible on establishment of the service, to apply for a non-recurrent grant to purchase a vehicle.

**Running costs** Running costs are met through the HACC service recurrent budget. This is for the full running costs of the vehicle (i.e. including depreciation).

**Replacement costs** HACC services are responsible for replacing their vehicle. They are expected to reserve some of their income for this purpose. Services should refer to their annual acquittal packages for information on vehicle replacement options available.

The timing of vehicle replacement is at the discretion of the HACC

service.

## **2.9 Employment practices**

### **2.9.1 Use of subcontractors**

HACC services may, at times, utilise subcontractors. A subcontractor is another agency or a self-employed person who may be engaged to undertake a service on behalf of a service provider.

HACC service providers are required to ensure systems are in place to monitor the quality of work performed by subcontractors. The quality of any service undertaken by a subcontractor remains the responsibility of the HACC service provider which has engaged the subcontractor. This includes ensuring that Working with Children checks are carried out where required.

HACC service providers must have policies in place to ensure that the subcontractors selected are suitably trained and experienced to perform the required service. In addition, the policy should outline the processes for ensuring the subcontractor has appropriate insurances to perform the work and that personnel involved in direct service delivery have current police clearances that have been arranged or sighted by the HACC service provider.

### **2.9.2 Staff screening and checks**

It is a requirement that HACC service providers screen staff to determine their suitability to provide home services to frail, elderly and/or disabled persons. All HACC service provider employees, volunteers and subcontractors must undergo a police check prior to commencing work.

HACC services are required to have a policy regarding the screening of staff. Such a policy should stipulate a requirement for all HACC service provider employees (including volunteers and subcontractors) to receive a police check.

NSW police checks can be conducted through DADHC. Contact DADHC Human Resources Branch on 8270 2000.

## **2.10 Occupational Health and Safety**

All HACC service providers must have an Occupational Health and Safety policy that complies with the NSW Occupational Health and Safety Act 2000. Details of this Act and other supporting information relating to OH&S can be obtained by phoning 13 10 50 or at [www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)

## **2.11 Privacy**

The HACC National Service Standards (Objective 5: Privacy, Confidentiality and Access to Personal Information, Service Standards, 5.1-5.3) outlines the minimum criteria and

further requirements for HACC service providers regarding privacy. HACC service providers should be familiar with these Standards and incorporate these into their privacy, confidentiality and information access policies.

HACC service providers should also be familiar with DADHC's privacy policy statement in relation to the MDS which is available on the DADHC website.

<http://www.dadhc.nsw.gov.au> and click on Publications and Policies, then Other, then Privacy Management Plan Privacy.

## 3 Resources

### 3.1 NSW Home and Community Care Program

- The Home and Community Program in NSW – DADHC  
Web: <http://www.dadhc.nsw.gov.au/dadhc/Doing+business+with+us/> for:
  - *DADHC Standard Funding Agreement*
  - *Service Description Schedules* - the formal contractual agreements between individual HACC service providers and the NSW State Government department responsible for administering HACC funding
  - *HACC MDS Training*
  - *Good Practice Guides for HACC Services*
- *Home and Community Care Act (1985)*  
Web: <http://scaleplus.law.gov.au>
- Web: <http://www.health.gov.au> for:
  - *The HACC Review Agreement (2007)*
  - *National Program Guidelines for the Home and Community Care Program (2007),*
  - *HACC Statement of Rights and Responsibilities*
  - *Home and Community Care National Standards Instrument and Guidelines (1998)*
  - *HACC Program National MDS User Guide Version 2.0 (Update 2.01) January 2006*
- *Elder Abuse Guidelines*  
Web: <http://www.dadhc.nsw.gov.au/dadhc/Publications+and+policies/Older+People/>
- *DADHC Complaints Policy*  
Web: <http://www.dadhc.nsw.gov.au/dadhc/Contact+DADHC/Complaints.htm>
- *DADHC Privacy Policy*  
Web: <http://www.dadhc.nsw.gov.au/dadhc/Doing+business+with+us/mdscstda.htm>
- *CIARR Protocols*  
Web: [http://www.dadhc.nsw.gov.au/CIARR Protocols](http://www.dadhc.nsw.gov.au/CIARR+Protocols)
- *Home Maintenance and Modification Clearing House*  
Web: <http://plan.arch.usyd.edu.au/>
- *NSW Home Modification and Maintenance Services State Council*  
Web: [www.nswhmms.org](http://www.nswhmms.org)  
Phone: (02) 6622 8386
- *HACC Development Officers*  
Web: <http://www.nswhaccdos.org.au/>

- *NSW Neighbour Aid Association*  
Web: <http://nswnassa.org.au/>
- *Meals on Wheels*  
Web: <http://www.mealsonwheels.org.au/>
- *Community Transport CTO*  
Web: <http://www.cto.org.au/>

### 3.2 Community Care Review

- *Community Care Review*  
Web: <http://www.health.gov.au>

### 3.3 National and State websites

- *Department of Ageing, Disability and Home Care*  
Web: <http://www.dadhc.nsw.gov.au/DADHC>
- *Department of Health and Ageing*  
Web: <http://www.health.gov.au/>
- *Department of Veterans' Affairs*  
Web: <http://www.dva.gov.au>
- *Queensland Health – HACC*  
Web: <http://www.health.qld.gov.au>
- *Australian Capital Territory Health*  
Web: <http://www.aihw.gov.au/>
- *Northern Territory Government: Department of Health and Community Services*  
Web: <http://www.nt.gov.au/>
- *Western Australia Government: Department of Health*  
Web: <http://www.health.wa.gov.au>
- *Western Australia Department of Health – HACC*  
Web: <http://www.health.wa.gov.au>
- *Government of South Australia Department of Health*  
Web: <http://www.health.sa.gov.au/>
- *State Government of Victoria: Department of Human Services*  
Web: <http://hnp.dhs.vic.gov.au>
- *Victorian Government – HACC*  
Web: <http://www.health.vic.gov.au/hacc>
- *Tasmanian Government Department of Health and Human Services*  
Web: <http://www.dhhs.tas.gov.au/>
- *NSW Ombudsman* – available to investigate complaints about DADHC or a DADHC-funded or licensed service or an employee of the service. The Ombudsman can also inquire into major issues affecting clients and services. Further information about the NSW Ombudsman can be found at

Web: [www.ombo.nsw.gov.au](http://www.ombo.nsw.gov.au)  
 Phone: (02) 9286 1000  
 Free call: 1800 451 524 (rural/regional callers only).

- *NSW Department of Community Services* – for information on the legal obligations for mandatory reporting of concerns regarding the risk of harm to persons under 16 years of age by health and community workers in NSW

Web: <http://www.community.nsw.gov.au>

- *NSW Office of Fair Trading*

- General contacts 13 32 20
- Specialised services 13 14 50
- Teletypewriter Telephone Numbers (TTY) 9338 4943

Regional and other service direct contact links:

Web: <http://www.fairtrading.nsw.gov.au/corporate/contactus.html>

### 3.4 Additional useful sources

- *Alzheimers Association*  
 Free call: 1800 039 331  
 Web: [www.alzheimers.org.au](http://www.alzheimers.org.au)
- *Carer Respite Centres and Carer Resource*  
 Information and locations  
 Web: <http://www.health.gov.au/>  
 Free call: 1800 059 059
- *Centrelink*  
 Web: <http://www.centrelink.gov.au>
- *Commonwealth Carelink*  
 Web: <http://www.commcarelink.health.gov.au>
- *Dementia Advisory services in NSW* – information and advice on issues relating to dementia.  
 Web: <http://www.dadhc.nsw.gov.au/dadhc/Older+People/Olderpeople2.htm>
- *Better Service Delivery Program and HSnet*  
 Web: <http://bsd.dp.hsnet.nsw.gov.au>
- *Australian Institute of Health and Welfare*  
 Web: <http://www.aihw.gov.au/>
- *Carers Australia*  
 Web: <http://www.carersaustralia.com.au>
- *Carer Resource Centre*  
 Web: <http://www.carersnsw.asn.au>  
 Free call: 1800 242 636
- *NSW Aboriginal and Torres Strait Islander Home and Community Care Gathering Committee, Focus for the Future, May 2002*  
 Web: <http://www.ncoss.org.au>
- *Volunteer Management resources:*

- The School of Volunteer Management  
Web: <http://www.svm.net.au>
- Volunteering NSW Centre for Volunteering  
Web: <http://www.volunteering.com.au>
- Safetyworks Australia – for details on OH&S induction programs for volunteers  
Web: [www.safetyworks.com.au](http://www.safetyworks.com.au)

## Appendix A HACC related programs

### Commonwealth Government Programs

Projects funded under the HACC Program work in collaboration with a range of partner services funded by other Australian Government programs, including but not confined to:

#### Department of Health and Ageing

- The Aged Care Assessment Program (ACAP) which funds Aged Care Assessment Teams (ACATs) to assess eligibility for services provided under the Aged Care Act 1997;
- Community Aged Care Packages (CACPs), providing packaged care to people assessed by ACATs as eligible for low level residential care;
- Extended Aged Care at Home (EACH) Packages, providing packaged care and case management to people assessed by ACATs as eligible for high level residential care;
- Commonwealth Carelink Centres (CCCs) providing information about available respite and community care services respectively within defined geographical areas; and
- The National Respite for Carers Program (NRCP) which funds community based respite services for carers, including Commonwealth Carer Respite Centres (CCRCs).

#### Department of Veterans' Affairs

- Veterans' Home Care (VHC) provides assessment and basic tier HACC-like services to eligible veterans and their spouses.

It is acknowledged that there may be HACC clients who use a number of these programs subject to policy positions on eligibility, access and circumstances under which services may be provided. Clients should not receive HACC funded services where they are receiving an equivalent service from another program or funding arrangement.

### NSW State Government Programs

Related NSW State Government programs include:

#### Department of Ageing, Disability and Home Care

- The Ageing Program e.g. Dementia Advisory Services;
- Specialist Disability Services provided under the Commonwealth States and Territories Disability Agreement (CSTDA) such as Accommodation Support Services for younger people with disabilities, including the Attendant Care Program (ACP) for people with physical disabilities;

- Community Access for younger people with disabilities such as Community Participation services; and
- Young People in Residential Aged Care Program - assisting, preventing and reducing the number of young people with a disability living in residential aged care facilities.

### **NSW Health**

- The Program of Appliances for People with a Disability (PADP);
- Ventilator Dependent Quadriplegics (VDQ);
- NSW Carers Program; and
- General community health services and palliative care and mental health services.

There may be HACC clients who use a number of these programs subject to policy positions on eligibility, access and circumstances under which services may be provided.

## **Appendix B Working together in NSW**

### **Human Service Network (HSNET)**

NSW Human Services Chief Executive Officers established HSNET, in conjunction with NSW Council of Social Services (NCOSS), to improve the connection between services for clients of Government and Non-Government Human Services agencies within NSW. It uses information technology to give staff access to a comprehensive electronic directory of services and facilitate electronic referrals on a secure network. HSNET consists primarily of four inter-related projects:

- Human Service Web platform;
- ServiceLink;
- ReferralLink; and
- NSW HMInfo Clearinghouse.

#### **Human Service Web Platform**

A secure human services website which provides Government and Non-Government organisations with the ability to easily locate policy, standards, guidelines and agency information locally and across NSW. HSNet is the electronic platform from which ReferralLink and ServiceLink are made available to staff of user organisations. It allows collaboration with other service providers online via its discussion forums. This feature has advantages for field workers and their supervisors and isolated regional teams or inter-agency committee members. Notices and documents can be published to reduce email traffic and avoid e-traffic jams.

#### **ServiceLink**

ServiceLink is a web based database of human services agencies in NSW that contains structured information about services such as address, website, email, telephone and fax details as well as service descriptions, geographical coverage, client eligibility, operating hours and costs. Access to some information can be restricted, where and if necessary. For instance, a women's refuge may wish to publish its telephone and fax numbers and email address, but permit only authorised access to its street address. ServiceLink is designed to allow this flexibility.

#### **ReferralLink**

A component of ServiceLink, ReferralLink is a common way of making secure inter-agency referrals. ReferralLink is a secure web based messaging system. Agencies use simple, standardised forms, taking about five minutes to complete, to handle information from the client at entry and electronically refer it to other agencies participating in HSNET that may provide a service to the same client. ReferralLink will align and streamline referral processes across human service agencies in NSW.

### **NSW HMInfo Clearinghouse**

The NSW HMInfo Clearinghouse is hosted by HSNet and provides home modification and maintenance information and support services to providers of Home Maintenance services in NSW as well as to consumers. Information is available on the HMInfo Clearinghouse website at:

[www.homemods.info](http://www.homemods.info)

## **Appendix C Rights and responsibilities**

### **Rationale for Rights and Responsibilities Statement**

The HACC Program Statement of Rights and Responsibilities aims to ensure that consumers and agencies are aware of their rights and responsibilities and can be confident in exercising them.

HACC consumers rely significantly on the services provided by HACC to maintain their ability to live in the community. The nature of this relationship imposes obligations on providers and requires that services are responsive to the changing needs of each individual.

It is fundamental to service provision that the consumer is confident in exercising their rights and responsibilities.

### **Client rights and responsibilities**

HACC consumers' key rights within the HACC Program are the right to:

- Be respected for their individual human worth and dignity;
- Be treated with courtesy;
- Be assessed for access to services without discrimination;
- Be informed and consulted about available services and other relevant matters;
- Be part of decisions made about their care;
- Choose from available alternatives;
- Pursue any complaint about service provision without retribution;
- Involve an advocate of their choice;
- Receive good quality services;
- Privacy and confidentiality, and access to all personal information kept about the consumer.

Consistent with their status as members of Commonwealth society, consumers of HACC services have a responsibility:

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

In relation to Home Modification services, clients have a responsibility to nominate their primary place of residence when requesting home modifications services and should not

seek out HACC funding for home modifications services on additional properties. Where a client is looking to purchase a new home, they should seek to ensure that the dwelling is suitable to their functional requirements such that the need for additional home modifications to the dwelling following purchase is minimised.

## **Service provider responsibilities**

In providing services, service providers have a responsibility to:

- Enhance and respect the independence and dignity of the consumer;
- Ensure that the consumer's access to a service is decided only on the basis of need and the capacity of the service to meet that need;
- Inform consumers about options for HACC Program support;
- Inform consumers of their rights and responsibilities in relation to HACC services;
- Involve the consumer and carer in decisions on the assessment and service delivery plan;
- Negotiate with the consumer before a change is made to the service being provided;
- Be responsive to the diverse social, cultural and physical experiences and needs of consumers;
- Recognise the role of carers and be responsive to their need for support;
- Inform the consumer about the service to be delivered and any fees charged;
- Inform the consumer of the standards to expect in relation to services they may receive;
- Ensure that the consumer continues to receive services agreed with the provider, taking the consumer's changing needs into account;
- Respect the privacy and confidentiality of the consumer;
- Allow the consumer access to information held by the service provider;
- Allow the carer access to information held by the provider about the consumer where the carer is the legal guardian or has been so authorised by the consumer;
- Deliver services to the consumer in a safe manner;
- Respect a consumer's refusal of a service and to ensure any future attempt by the consumer to access a HACC service is not prejudiced because of that refusal;
- Deal with a consumer's complaints fairly and promptly and without retribution;
- Mediate and attempt to negotiate a solution if conflict arises between the care worker and the elderly person or younger person with a disability;
- Accept the consumer's choice and involvement of an advocate to represent his or her interests; and
- Take into account the consumer's views when planning, managing and evaluating service provision.

The HACC National Service Standards (*Objective 2: Information and Consultation*) outlines minimum performance criteria in relation to communicating rights and responsibilities to clients. Service providers should refer to these Standards when developing their policies regarding information and consultation.

## **DADHC Rights and Responsibilities**

In keeping with the rights and responsibilities statements outlined for clients and service providers, DADHC, as the administrator of the HACC program in NSW, has the following responsibilities to:

- Develop policy, guidelines and procedures for administering the HACC Program;
- Monitor program funds at a State and Regional level;
- Monitor the quality of services and review service contracts;
- Collect MDS data as required;
- Provide advice relating to targeting and other funding policy, where necessary;
- Participate in the ongoing development and evaluation of the Program;
- Allocate resources in a transparent, fair and equitable manner;
- Comply with contractual arrangements regarding the timely payment of grant monies, as outlined in funding agreements with individual HACC service providers; and
- Establish and foster formal and informal communication mechanisms with service providers and facilitate knowledge sharing and partnership opportunities within the sector.

## Appendix D Quality and standards

The National HACC Program Guidelines outlines a comprehensive quality assurance framework which has the primary objective of ensuring high quality outcomes for consumers and responsiveness on the part of agencies to meet the needs of individuals. The framework has three key components relating to promotion of consumer rights, promotion of service quality and accountability and formalisation of funding agreements with providers. Key resources that support the quality framework at a national level are as follows the:

- *Statement of Rights and Responsibilities* (1990);
- *National Complaints Policy* (1992) and the DADHC Complaints Policy (<http://www.dadhc.nsw.gov.au/dadhc/Contact+DADHC/Complaints.htm>); and
- *HACC National Service Standards 1991 and Guidelines for the HACC Program National Service Standards* (gazetted 1995).

HACC service providers should be familiar with these resources and ensure that their policies and procedures align with the service delivery and quality standards outlined in these documents.