



WA HOME AND COMMUNITY CARE (HACC) PROGRAM

DISCUSSION PAPER

PRINCIPLES FOR SERVICE PROVISION

2015

This Discussion Paper addresses the position of the WA HACC Program in the changing environment of aged, disability and community care programs and proposes potential changes to how access and priority are determined, and the level of support that can be provided to individuals.

Following a period of consultation the Principles For Service Provision will be finalised and replace the *Guidelines for Service Provision Levels in the Home and Community Program in Western Australia 2006* and associated service provision guidelines.

THE WA HACC PROGRAM TODAY

The WA HACC Program, in partnership with the sector, has engaged in significant reform commencing in 2005 that has resulted in the following:

- Support for individuals underpinned by a Wellness philosophy that works with individuals to identify and build on their strengths and maximise independence, well-being and connections to the community;
- Holistic assessment and support planning that places the person and their carer at the centre of decision-making and ensures effective communication and cooperation between all parts of the system;
- Innovative service approaches with substantial evidence of success in building individual strengths and abilities and social connection;
- Established independent monitoring of the quality of service provision against standards;
- Investment in sector development and training opportunities;
- Organisations with a well-developed understanding of the costs of service provision and the capacity to manage their business in a sustainable manner;
- Established standard fees ensuring a consistent and fairer system of applying fees for support.

The WA HACC Program remains committed to supporting the ongoing development of the sector and individualised approaches to service delivery.

THE WA HACC PROGRAM AND THE CHANGING ENVIRONMENT

The WA Government will continue to administer the WA HACC Program for the foreseeable future. The State and Commonwealth Governments will continue to hold discussions on the potential for a future transition of WA HACC Program administration to the Commonwealth.

The outcomes from the evaluation of the WA trials of the National Disability Insurance Scheme and the implementation of national aged care reforms will inform these discussions.

The WA HACC Program will continue to operate with its unique qualities and consider alignment with aged care and disability reforms where it would be beneficial to clients and service providers.

Commonwealth Home Support Programme

The Commonwealth Home Support Programme (CHSP) commences in July 2015 and combines and reconfigures the Commonwealth HACC Program, National Respite for Carers Program, Day Therapy Centres Program and the Assistance with Care and Housing for the Aged Program. The CHSP utilises standardised assessments from My Aged Care Regional Assessment Services and provides very low levels of support for people entering community care. The CHSP also seeks to increase access to 'restorative approaches' that incorporate wellness and reablement.

In WA the CHSP incorporates the three smaller programs but **does not include the WA HACC Program.**

In the 2015 Budget the Commonwealth Minister announced his intention to establish a single integrated programme for care at home, combining the CHSP and Commonwealth Home Care Package Programme from July 2018. The Minister also announced that in order to increase the control older Australians have in their Home Care Packages, that funding would be allocated to individuals rather than service providers from February 2017. These announcements suggest that the CHSP will be a vehicle for transitioning Commonwealth HACC and the other associated programs towards individualised budgets and greater consumer choice and control.

Consistent with a commitment to explore opportunities for beneficial alignment in consultation with the sector, the WA HACC Program will:

1. Continue to support the development of approaches consistent with a Wellness philosophy, including short term reablement approaches at entry to community care.
2. Clarify the level of support that can be provided by the WA HACC Program to ensure it is able to fulfil its role as the provider of low levels of support for people entering community care.
3. Monitor the implementation of CHSP programme guidelines and consider whether any changes within service areas may be beneficial to clients and service providers in WA.
4. Monitor approaches to increasing consumer choice and control in the CHSP, while continuing to trial and evaluate approaches to self-directed support in the WA HACC Program.

Commonwealth Home Care Package Programme

The introduction of low cost Level 1 Home Care Packages for people with 'basic care needs' across Australia creates the potential for duplication with the WA HACC Program's role as provider of low level supports and the entry level to community care. It will take time for these new low level packages to impact with only 30 operational Level 1 packages in WA at 30 June 2014 and a further 184 approved in the 2014 Aged Care Approvals Round.

The favourable fee structure in the WA HACC Program and the current ability to provide levels of support equivalent to a Level 2 Home Care Package, has created a disincentive for some people to transition through the levels of available community care support as their needs increase.

There were 4,833 operational Level 2 packages at 30 June 2014 and a further 131 approved in the 2014 Aged Care Approvals Round but anecdotal evidence suggests service providers continue to have great difficulty in attracting people to these packages of care. This may improve in the longer term as providers of Home Care Packages introduce greater flexibility and choice for package recipients through the implementation of Consumer Directed Care.

The WA HACC Program will:

5. Clarify the level of support that can be provided by the WA HACC Program to minimise duplication with Home Care Packages and encourage appropriate transition to higher levels of support for individuals with increasing needs.
6. Review our fees policy and compare WA HACC Program fees and fees for similar support services in Home Care Packages. Fees in WA have not been increased since 2008-2009 and alignment with Home Care Package fees may help ensure individuals receiving similar support across jurisdictions and programmes are being asked to contribute at a similar level.
7. Clarify how access and priority are determined and explore changes to current provision of complementary supports for people accessing similar support from other government programs.
8. Monitor the impact of the introduction of Consumer Directed Care to the Commonwealth Home Care Package Programme.

My Aged Care

The development of My Aged Care and the centralised screening and assessment processes are largely consistent with the approach already well-established through the WA Assessment Framework.

An area of difference is that My Aged Care Regional Assessment Services will not conduct annual reviews of current clients. WA RAS are currently responsible for scheduling and initiating annual reviews of current clients as well as responding to requests for reassessment when needs change. My Aged Care Regional Assessment Services will rely on requests for reassessments and anticipate that service providers and/or clients will request reassessment when it is required. The value of annual reviews in identifying changed circumstances for

clients is worth exploring with the majority of annual reviews conducted by WA RAS indicating no substantial change in client needs.

In relation to the client pathway in WA, all callers to My Aged Care from WA will continue to be transferred to the WA Regional Assessment Service (WA RAS) call centre on telephone 1300 785 415 for screening and referral to an appropriate level of assessment. Discussions with the Commonwealth regarding how the WA Assessment Framework and My Aged Care will complement each other are continuing.

The WA HACC Program will:

9. Monitor the establishment of Regional Assessment Services in other jurisdictions and, where appropriate, contribute to the development of the role and functions of My Aged Care.
10. Review available evidence to determine the value of WA RAS continuing with the current practice of scheduling and initiating annual reviews for clients.

National Disability Insurance Scheme

The outcome of the two trials of the NDIS in WA and the agreement on respective Commonwealth and State responsibilities for supporting people with disability aged under 65 years will impact on the target population of the WA HACC Program.

Until these matters are resolved the WA HACC Program continues to support people of all ages who have an ongoing functional disability. In NDIS trial sites the WA HACC Program will continue to support people aged under 65 years who are current HACC clients and those people who require community care but have not met NDIS participation requirements.

Current HACC clients who meet NDIS participation requirements will continue to receive their current levels of HACC support through agreed in-kind arrangements.

A significant but unknown proportion of current HACC clients will not meet NDIS participation requirements and some health-related services currently provided through the WA HACC Program will not be included in the scope of the NDIS. Planning is underway to minimize the impact on these individuals and the broader health system.

The WA HACC Program will continue to engage with the National Disability Insurance Agency (Perth Hills Trial Site) and the Disability Services Commission WA NDIS My Way Trial (Lower South West and Cockburn-Kwinana Trial Sites) to:

11. Support the participation of current HACC clients who meet the requirements of the trials and the continuation of their HACC support through in-kind arrangements.
12. Identify and plan for current HACC clients and other groups who require community care and do not meet NDIS participation requirements.
13. Identify and plan for approaches to continue delivery of health-related WA HACC Program services that are not in the scope of NDIS.

PRINCIPLES FOR WA HACC PROGRAM SERVICE PROVISION

The WA HACC Program is committed to the following principles in the administration and service delivery of the program in Western Australia:

1. The WA RAS are responsible for determining eligibility and priority for WA HACC Program support and for conducting assessments and support planning with individuals to maximise their independence, well-being and connections to the community. Assessors explore an individual's goals, abilities and needs and facilitate referrals for support within the WA HACC Program and the broader sector and community.
2. WA HACC Program service providers play an important role in ensuring the support they provide is addressing the needs of the individual and is consistent with a Wellness philosophy and the *Principles for WA HACC Program Service Provision*. Service providers and WA RAS will collaborate to ensure the individual's experience of the WA HACC Program is characterised by effective communication and cooperation between all parts of the system.
3. Consistent with a Wellness philosophy, people entering the WA HACC Program will be provided with short term support before determining whether ongoing support is to be provided. Wherever possible this support will be through established reablement programs.
4. Carers of people eligible for WA HACC Program support may access planned Respite support within the level of support available to eligible individuals and Counselling, support, information and advocacy on an individual basis or in a group.
5. People in receipt of Level 3 or 4 Home Care Packages and people living in 24 hour supported accommodation and residential aged care facilities remain ineligible for WA HACC Program support.

The following principles are in draft form and are subject to review following consultation with the sector:

6. WA HACC Program support is intended to provide low levels of support to eligible individuals and should not exceed the amount of support that is available from a Level 2 Home Care Package.
7. WA HACC Program support for current clients that exceeds the support available through a Level 2 Home Care Package should be maintained but not increased. Transition to a program that can provide higher levels of support should be progressed where it is possible to do so.
8. People assessed as eligible for a Level 1 or 2 Home Care Package or equivalent support from another government program (and not yet in receipt of support) may access a WA HACC Program reablement program where capacity exists. On

completion of the reablement program the individual will only access ongoing WA HACC Program support where they cannot access support from another program.

9. People receiving support with independent living in their home or community from another government program/s are not eligible for WA HACC Program support. In cases where Nursing, Allied health support and Health-related Transport cannot be provided through the other government program an exception may be made.
10. Current clients receiving WA HACC Program support and support from another government program/s should be maintained but not increased and transition to the alternative program progressed where it is possible to do so.

PAPER FOR DISCUSSION

QUESTIONS FOR CONSIDERATION

Please consider the questions below or feel free to provide feedback in an alternative format. You may attach additional pages if you wish to provide a detailed response. Please forward your response to Kristy.Dunlop@health.wa.gov.au by COB **Monday 20 July 2015**.

1. Do you agree with the proposed maximum level of support in the WA HACC Program being linked to Level 2 Home Care Packages as stated in Draft Principle 6? Are there other approaches available to the WA HACC Program to ensure levels of support provided are consistent with our role as the entry level for community care? What implications, if any, do you consider to be likely to result from this principle?
 - ACSWA agrees with the proposed maximum level of support in the WA HACC program being linked to Level 2, HCP, as stated in Draft Principle 6.

2. What do you believe the WA HACC Program could do to encourage appropriate transition through the levels of available community care support for individuals as their needs increase?
 - ACSWA agrees with and supports the proposed actions listed on page 3. 5-8 (inclusively).
 - ACSWA recommends that the review of the WA HACC fees should consider introducing means testing at the RAS level, as more information is being gathered and reviewed at this stage of assessment by an independent party, rather than at the service provider stage.
 - ACSWA supports the need to have equipment and home modifications assessed separately to RAS, with a system to be formulated to look at a 'lifetime' assessment.
 - ACSWA recommends that providers should be able to charge consumers for services not delivered if the consumer is not present at the agreed time, without a prior cancellation.

3. The WA HACC Program is committed to maximising access to reablement programs as part of our commitment to a Wellness philosophy and positive outcomes for clients. Do you consider the approach outlined in Draft Principle 8 to be an appropriate way of ensuring people assessed as eligible for Home Care Packages can access opportunities for reablement?
 - ACSWA strongly supports the WA HACC program commitment to reablement and the Wellness philosophy enabling positive outcomes for clients, including the recommendation that consumers who have been assessed as Level 1 or 2 HCP or equivalent support from another government program may access a WA HACC reablement program where capacity exists.

- ACSWA recommends that reablement programs should be fully subsidised for six weeks in total to encourage uptake by consumers and delivered in an holistic approach. This would include a 'show me how', rather than 'tell me how' assessment model.
 - ACSWA believes that a re-enablement approach will reduce inaccurate program allocation to consumers.
4. Consistent with CHSP policy Draft Principle 9 proposes a tightening of eligibility criteria to exclude people receiving any level of similar support from other government programs. Are there other approaches available to the WA HACC Program to ensure HACC service providers continue to have capacity to provide support consistent with our role as the entry level for community care? What implications, if any, do you consider to be likely to result from this principle?
- ACSWA supports drafted Principle 9 which proposes the exclusion of people in receipt of any level similar support from other government programs, with the exclusion of allied health, nursing care and health related transport, if not available through existing government programs. Members supported consumers in being able to access allied health and nursing care separately if determined this is required.
 - ACSWA recommends that it would be beneficial to identify and capture or supports at the time of assessment to determine what the consumer is actually accessing.
5. Do you have any other feedback that you would like to provide to assist in the finalisation of the *Principles for HACC Service Provision*?

ACSWA further recommends that;

- Consumer engagement and consultation should be considered as part of this sector discussion paper and review of HACC Service Provision Principles.
- Assistance should be made available to small providers to convert service model provision to meet package supply or demand on HACC service types.

Thank you for your feedback.