

FACT SHEET

Home and Community Care Program for Younger People

Department of Health and Human Services

January 2019

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Purpose

This fact sheet provides an update on the key elements of the Home and Community Care Program for Younger People (HACC-PYP) and should be read in conjunction with the HACC Program Guidelines available at <https://www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/hacc-program-for-younger-people/hacc-program-guidelines>.

The guidelines will remain in place until the department issues new program guidelines after the full roll out of the National Disability Insurance Scheme (NDIS).

Background

The Home and Community Care Program (HACC) was a community support program funded jointly by the Commonwealth and State from 1984 to 2016. The program supported around 300,000 families and older persons to access a range of services that enabled them to continue to live in the community and reduce the risk of premature or inappropriate admission to aged residential care.

On 1 July 2016 new funding and administration arrangements were implemented. The HACC program was split into the Commonwealth Home Support Programme (CHSP) for older people and the HACC-PYP. Under the CHSP “older” means people aged 65 and over or 50 and over if they are Aboriginal and Torres Strait Islanders (ATSI).

The Commonwealth and Victorian governments agreed to a three year period of stability from 1 July 2016 to 30 June 2019 to minimise the impact of transition on clients and organisations that are funded to deliver HACC-PYP or CHSP. The stability arrangement maintains existing targets and funding while the impact of the new arrangements is embedded in the sector and the reforms continue to be implemented.

In addition, a number existing HACC-PYP clients will transition to the NDIS and HACC-PYP funding and targets will be adjusted accordingly.

What is HACC-PYP?

HACC-PYP funds organisations to deliver a range of activities (supports) that assist eligible clients to remain as independent and healthy as possible in the community.

The activities funded through HACC-PYP are:

- **In home services** – support clients to manage the activities of daily living and to maintain their independence. Supports include domestic assistance, personal care and respite, property maintenance such as repairs and gardening and minor home modifications to assist people managing mobility issues to move safely about the house.
- **Community based health services** – nursing and allied health services work with people and their carers to provide clinical expertise, care and treatment, education, advice and supervision. These services are designed to improve people's capacity to independently manage everyday activities, manage chronic disease, and attain or maintain good health, nutrition, mobility, and safety at home and in the community.
- **Social support** – includes planned activity groups and volunteer programs. Social support groups support people's ability to remain living in the community by providing a range of enjoyable and meaningful activities. These activities support social inclusion, community participation, and build capacity in skills of daily living. It also includes services provided by volunteers, which include friendly visiting and volunteer transport.
- **Assessment** - a living at home assessment provides a broad understanding of a person and their carer's needs, in order to assist the person to live at home as independently as possible. Assessment involves care planning, that matches the person's needs and goals to the most appropriate service response either from carers, family members and friends, local community groups and/or subsidised services funded through HACC-PYP or other health and community services. There are 90 designated HACC-PYP assessment services in Victoria.
- **Meals** – both home delivered meals or in community settings provide a nutritious, appetising and culturally-appropriate main meal.
- **Linkages** - support people with complex care needs through the provision of care management and additional services.
- **Infrastructure services** - focuses primarily on activities and roles that operate at a systemic level with system-wide impacts and benefits for the community care system. They are not generally targeted to service users. These could include:
 - Capacity building roles, such as community service officers, wellness and reablement consultants, diversity advisers and Aboriginal development officers,
 - Implementing the Vulnerable People in Emergencies Policy, in particular identifying, planning with and screening vulnerable people not receiving services, equal remuneration (the SACS award top-up).

Who is eligible to access HACC-PYP services?

Individuals who are under the age of 65 years or under 50 years of age for Aboriginal and Torres Strait Islanders and who experience difficulty carrying out the tasks of daily living are eligible to apply for HACC-PYP supports.

NDIS participants are generally not eligible to access HACC-PYP services as it is the responsibility of the NDIS to fund a participant's reasonable and necessary disability related supports. An NDIS participant may be eligible to access HACC-PYP services that do not have a matching NDIS funded support. Examples are volunteer delivered social supports or transport, and some kinds of allied health such as podiatry, and home nursing.

Note it is not the role of HACC-PYP to supplement inadequate levels of NDIS supports in a participant's plan.

HACC-PYP is not an entitlement program. This means that funded organisations need to apply the priority of access principles to determine if a person or their carer should receive a service.

The following questions are designed to assist HACC-PYP providers to determine priority of access principles:

1. Is the person under the age of 65 years or under 50 years of age for Aboriginal and Torres Strait Islanders and in need of support to manage the activities of daily living or caring for someone who needs support?

2. Does the person or the carer need a HACC-PYP funded activity or would another service or program better meet their needs? If yes, the person should undergo the relevant assessment process (service specific or Living at Home Assessment). If no, the person should be referred to other programs and or services.
3. If eligible, will this person benefit the most from your available HACC-PYP budget, considering other potential clients who have no other access to support, and noting that funding for NDIS eligible clients has gone to the NDIS?

The eligibility of all HACC-PYP clients should be reviewed on an annual basis, or in response to any change in client circumstances. This will assist to determine if the client is getting the right services. This may result in an increase, a decrease or an exit from HACC-PYP services.

How does the funding work?

In Victoria, all HACC-PYP providers have a service agreement with the department; either a Statement of Priorities (SOPs) if they are a hospital, or a Service Agreement (SA) if they are a council or a non-government organisation.

The SOP and SA set out:

- the program requirements that must be complied with
- the contractual and statutory obligations
- activity/deliverable required to receive funding
- detail expectations of administrative and clinical conduct
- a HACC Service Plan that specifies the output targets for each HACC-PYP activity type

While the HACC-PYP continues to be funded by the state government some existing clients will transition to the NDIS.

The state government will continue to fund organisations to deliver HACC-PYP services for:

- clients who do not meet NDIS access requirements or get an NDIS plan approved
- for those NDIS participants who need some HACC-PYP services that do not have a matching NDIS, such as nursing, allied health as well as volunteer programs such as friendly visiting, the interchange host program and volunteer groups.

For more information on understanding your obligations under the terms of a SOP or SA visit the departments website at <<https://fac.dhhs.vic.gov.au/policy-and-funding-guidelines>>

Reporting

As part of the funding accountability, organisations are required to provide evidence of how the funding has been used. For HACC-PYP there are two types of reports that organisations use to provide feedback to the department about the delivery of services:

Client data report: Organisations provide feedback about service to clients that can be reported as hours or meals through the HACC Minimum Data Set or MDS. MDS is reported every quarter. Activities reported through MDS include in-home services, health services, social support and meals. MDS is a client-based reporting tool that assists HACC-PYP providers to create accurate quarterly reports about the characteristics of all clients who receive a HACC-PYP funded service, and the type and quantity of services provided.

Narrative Service Activity Reporting: This is used to provide feedback on activities that cannot be reported through the MDS. Organisations use a template provided by Agency Performance Advisors for reporting relevant information. Activities reported through the Annual Activity Report include block grants, volunteer services and capacity building activity such as the Sector Development Teams and Vulnerable People funding. The Annual Activity Report is used where the activity cannot be reported through MDS to report information quantitative and qualitative, about the delivered activities.

HACC MDS hours are reported quarterly. There is a resubmission period in March and August. This allows the organisation to correct any known data errors from the year.

The Annual Reports are usually due between July and September: the due date is on the template.

Please refer to the HACC-PYP providers: *Advice on NDIS transition January 2019* factsheet for additional information on reporting requirements during the transitioning of clients to the NDIS.

Future service delivery as a HACC-PYP provider

As client's transition to the NDIS some providers may be considering their on-going role including considering the option of exiting HACC-PYP service provision. If this is the case the provider should talk to their Agency Performance Advisor as early as possible so that we can work together to ensure services continue to be delivered to clients and their carers.

Department support for HACC-PYP providers

The department acknowledges that the transition of clients to the NDIS may have impacts on during the reported performance period. A provider's performance against HACC-PYP output targets will be treated flexibly by the department during transition where performance is impacted by transition.

The department has funded the Victorian Healthcare Association (VHA) to assist HACC-PYP providers to make informed decisions about their future role in the provision of HACC-PYP, Commonwealth Aged Care Support and the NDIS.

Information is available on the Victorian Health Care Association members website < <http://vhawire.org/>>

Please follow the instructions to register as a member.

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