Tasmanian Home and Community Care (HACC)

Program Manual
Interim Update 2020

Tasmanian Government

Contents

Acknowledgement of Country

We acknowledge the traditional owners of the land on which we work and live and respect their ongoing custodianship of this land. We pay our respect to Tasmanian Aboriginal people, and Elders past, present and emerging.

Tasmanian Aboriginal peoples' traditional lifestyle promoted physical and emotional health, resilience and wellbeing; Aboriginal people continue to value the importance of community as a vital component of physical health and wellness. We acknowledge the ongoing work of Aboriginal organisations in ensuring the health and wellness of their community.

1 Introduction

1.1 What is the purpose of this Program Manual interim update?

This Program Manual is intended for use by Tasmanian HACC Program service providers. The Tasmanian HACC Program is being reviewed to help ensure it is supporting people to stay healthy at home in the most effective way possible, and that services are accountable, sustainable and of value to clients. Throughout this process HACC services will continue to be provided in people's homes and communities, and people will continue to receive services that support their health, independence and resilience. Following the review of the Tasmanian HACC Program, this Manual will be amended and updated.

Service providers delivering services under the Program must comply with the terms and conditions contained in both the Tasmanian HACC Program Funding Agreement (Funding Agreement) and this Program Manual. The Funding Agreement will take precedence if there is any discrepancy with this Program Manual.

The Program Manual uses the word 'Aboriginal' to describe all Aboriginal & Torres Strait Islander people living in Tasmania, in recognition that Aboriginal people are the original inhabitants of lutruwita/Tasmania and that most First Nations people in Tasmania are Aboriginal.

The Program Manual and supporting documents may be varied from time to time by the Department of Health, without consultation.

This Program Manual may not be able to answer all questions that may arise. Inquiries regarding individual services or funding matters should be referred to the Community Care Reform team in the Department of Health, which can be contacted on (03) 6166 1077 or haccreform@health.tas.gov.au

1.2 What is the Tasmanian HACC Program?

The Tasmanian HACC Program funds a range of basic core support services targeted at younger people who live in the Tasmanian community and whose capacity for independent living is at risk due to an acute health event, moderate or mild functional impairment or deterioration of an ongoing condition. 'Younger persons' are people aged less than 65 years and Aboriginal people aged less than 50 years.

1.3 What are the aims and objectives of the Tasmanian HACC Program?

The objectives of the Tasmanian HACC Program are to:

- provide a comprehensive, coordinated and integrated range of basic maintenance, support and care services for younger persons whose capacity for independent living is at risk due to an acute health event, moderate functional impairment or deterioration of an ongoing condition and their carers

- support people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing or delaying an acute health event, and

- provide flexible, timely services that respond to the needs of clients.

Basic maintenance, support and care services can be described as those services that contribute to a person's wellness and meet a basic human need; for example, nutrition, community nursing, home help and personal care.

HACC service types are defined in the HACC Minimum Data Set Version 2.01 Dictionary. Further information on the Dictionary can provided via the haccreform@health.tas.gov.au email.

While these are the main types of services, the Program may also fund activities such as information and training courses. These enable a greater level of understanding and expertise to be built up among service providers and clients about the care of people who access the Tasmanian HACC Program and their carers.

The Tasmanian HACC Program operates within a regional framework to respond to the needs of clients and help achieve equitable access to HACC services. The Program encourages flexible service delivery and local responsiveness to meet the needs of individuals and regions.

1.4   What is the scope of the Tasmanian HACC Program?

This Program Manual sets out the operational requirements of the Tasmanian HACC Program for service providers in Tasmania. Further policy work is being undertaken to review the eligibility and access to services of the Tasmanian HACC Program.

1.4.1 The National Disability Insurance Scheme

The introduction of the National Disability Insurance Scheme (NDIS) resulted in the transition of people eligible to become a participant of the NDIS out of the Tasmanian HACC Program and into the NDIS for their continuing disability support. From 1 July 2019 the Tasmanian HACC Program transferred all funding related to disability support to the NDIS.

The Tasmanian HACC Program cannot replicate or subsidise supports that are funded by the NDIS and from 1 July 2019 NDIS participants will not be able to receive HACC services for disability support needs.

This means that NDIS participants are unable to access HACC funded services for those services which are funded by NDIS in participant plans and any gap in services needs to be addressed by seeking an NDIS plan review.

Being an NDIS participant does not affect eligibility for the non-duplicated services in the Tasmanian HACC Program.

Tasmanian HACC funded community transport services continue for all HACC eligible clients, irrespective of status with the NDIS, and with the same exclusion and prioritisation criteria as before. It may also be appropriate for NDIS participants to seek time-limited additional support from the HACC Program for a health-related need, predominantly due to post-acute need.

People who may be eligible for the NDIS should test their eligibility with the NDIS. Information on becoming a participant of the NDIS can be found at the following website.

https://www.ndis.gov.au/applying-access-ndis

The Tasmanian HACC Program Manual will continue to be updated on the interface with the NDIS to reflect national policy developments when required.

Information on the disability health related supports funded under the NDIS can be found at Disability and Carers (www.dss.gov.au/disability-and-carers-programs-services-government-international-

disability-reform-council/communique-28-june-2019)

Any feedback can be provided to the Tasmanian HACC Program at: haccreform@health.tas.gov.au

For more information on the NDIS interface with mainstream services; the Council of Australian Governments (COAG) have agreed *NDIS Principles to Determine Responsibilities between the NDIS and Other Services and the Applied Principles and Tables of Support (APTOS)* (www.coag.gov.au/sites/default/files/communique/NDIS-Principles-to-Determine-Responsibilities-NDIS-and-Other-Service.pdf).

1.5 What services are outside the scope of the Tasmanian HACC Program?

There are several services that are outside the scope of the Program. They are classified as out-of-scope because government funding is already provided for them through other government programs.

These excluded services are:

- Community services for older people i.e. 65 years and over and Aboriginal people 50 years and over.

- Provision /or topping-up of disability supports funded under the National Disability Insurance Scheme.

- Accommodation (including rehousing and supported accommodation) or a related service.

- The provision of a health aid or appliance except where these items are not normally available through other government funded programs, are required for the operation of an approved project and remain the property of the service provider.

- Direct treatment for acute illness (including a convalescent or post-acute care service). The Program provides basic maintenance, support and care services to eligible clients who need post-acute care. Health services are responsible for providing the 'specialist' component of post-acute care.

- Specialist rehabilitative services directed solely towards increasing a person's level of independent functioning. (This does **not** include independence models of care, for example, wellness approaches).

- Services primarily provided for parents and children assessed as being within the category of families in crisis.

- Specialist palliative care services.

It should be noted, however, Tasmanian HACC basic core support services may still be available for people in the younger target population, if appropriate, who may also be receiving the above types of services. For example, Housing Tasmania and HACC funded domestic assistance if appropriate.

It is not the function of the Tasmanian HACC Program services to 'top up' or permanently substitute for other forms of packaged care and support. If unsure, contact haccreform@health.tas.gov.au

1.6 Where are Tasmanian HACC Program services provided?

Program services can be offered to people in:

- their homes

- caravan parks, self-care units, boarding houses, group housing in the community

- independent living units where a resident's accommodation contract does not include HACC like services

- unstable housing circumstances including transient or homeless people

- other arrangements not excluded as services that are out of scope of the Tasmanian HACC Program.

1.7 Guiding principles of the Tasmanian HACC Program

There are some underlying principles that guide the provision of Tasmanian HACC Program services. The Tasmanian HACC Program will:

- promote each person's opportunity to maximise their capacity and quality of life

- provide services tailored to the unique circumstances and cultural preference of each person, their carers and families

- ensure services are person centered and are optimised for each person, their carers and families (The Australian Commission on Safety and Quality in Health Care defines person centered healthcare as care that is respectful of, and responsive to, the preferences, needs and values of patients, their families and the community[1]).

- emphasise responsive service provision for an agreed time period and with agreed review points

- support community and civic participation that provides valued roles, a sense of purpose and personal confidence

- provide appropriate workforce training and development.

In addition to these guiding principles, the Tasmanian Government actively encourages service providers to be aware of and understand:

- the provisions of the *Care Recognition Act 2010*, particularly 'The Statement for Australia's Carers' And the *Tasmanian Carer Policy 2016*.

- The *Responding to Family Violence: A Guide for Service providers and practitioners in Tasmania*. The Tasmanian HACC Program is not a specialist provider of Family Violence services and service providers and practitioners must be clear about their areas of expertise and stay within the parameters of their role. However, if family violence does present in your work, this [Responding to Family Violence guide](www.dpac.tas.gov.au/__data/assets/pdf_file/0010/338815/Responding_to_Family_Violence_-_WCAG.pdf) (www.dpac.tas.gov.au/__data/assets/pdf_file/0010/338815/Responding_to_Family_Violence_-_WCAG.pdf) aims to enable you to make appropriate referrals to specialist services.

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[1] Australian Commission on Safety and Quality in Health Care, Nous Group, *Review of key attributes of high-performing person-centred healthcare organisations*, 2018 p11

- [_Healthy Tasmania_](www.dhhs.tas.gov.au/about_the_department/our_plans_and_strategies/a_healthy_tasmania)
  (www.dhhs.tas.gov.au/about_the_department/our_plans_and_strategies/a_healthy_tasmania).
  The Tasmanian Government has the goal of making Tasmania the healthiest population in
  Australia by 2025. The Healthy Tasmania Five Year Strategic Plan aims to help people
  become more aware, interested, engaged and more in control of their own health and
  wellbeing. It fosters community connectedness by bringing people together to support each
  other toward better health.

Tasmanian HACC Program service providers are encouraged to reflect these principles when
developing, implementing, providing or evaluating services directed to clients or their carers.[1]

1.7.1 Wellness approach to service delivery

The Tasmanian HACC Program promotes the ongoing development and implementation of wellness
service models by service providers. Wellness nurtures, supports and sustains health and
wellbeing.

Wellness is more than the absence of disease. Traditionally, health focuses on diagnosis,
elimination, treatment and prevention of problems. These efforts decrease disease but do not
address and promote the creation of wellbeing. Wellness starts by considering health and taking
positive action, creating opportunities to enable, enhance and improve physical, mental and social
wellbeing.

To create greater health and wellbeing, health professionals, the health and community care
sectors and Government can actively work to create environments and services that make
healthy behaviours easier. This can be achieved, in part, through a focus on outcomes rather
than outputs, people centered care and aligning service responses with what matters to
people. 'What matters' conversations are based on people's individual strength, needs and
importantly their preferences around health, wellbeing and what they want to achieve in life.

**Why is a Wellness focus and approach Important to Health and Community
Services?**

Wellness focused care is designed to actively promote healthy human functioning and is about
moving forward towards what matters to people and not just avoiding something that is negative
or illness causing. Complete prevention of disease is likely unrealistic, so facilitating better health
and promoting healthier functioning can enable better recovery.[1]

People's wellbeing does not exist in isolation and is not determined by them alone.[2] It is shaped
by several influences including how people experience choice, achievement, positive relationships,
personal growth and development, health and safety. Health care workers are uniquely placed
due to the role they play in people's everyday lives, at times of vulnerability and crisis, to enable
people to influence these experiences and work towards better health through

- recognising and valuing people and communities as resources for improving health

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[1] Becker C.M. & Rhynders P. (2013).). _It's time to make the profession of health about health._ Scandinavian Journal of Public
Health. 41.
[2] Tasmanian Government. (2018). _Child and Youth Wellbeing Framework._ Department of Health and Human Services: Hobart.

- asking and listening to what people say matters to them and then supporting that through shared decision making about goals of care, providing appropriate care and treatment, referral and education, which in turn increase peoples level of self-confidence and self-efficacy leading to more control of one's health

- holistic approaches to care and support; a person's needs are best met when there are strong relationships and collaborative partnerships between a person, carers and family, clinicians, support workers and services.

2   Eligibility and Access

2.1   Target population

Only people assessed as being within the Tasmanian HACC Program target population are eligible to receive services. The target population is defined as:

- People who live in the community who, without basic core maintenance and support services provided under the scope of the Program, whose capacity for independent living is at risk due to an acute health event, moderate functional impairment or deterioration of an ongoing condition including:

    o   younger persons (aged less than 65 years and less than 50 years for Aboriginal people).

    o   such other classes of people as are agreed upon, from time to time, by the Department of Health

    o   the unpaid carers of people assessed as being within the Program's target population.

'Moderate functional impairment,' refers to the level of difficulty experienced in carrying out tasks of daily living and must be considered when eligibility for services is determined.

'Tasks of daily living' include dressing, preparing meals, house cleaning and maintenance and using public transport. Some people may need only one service (for example, community transport or personal care) while others may need a combination of services.

Carers who provide the majority of care for younger people play an important role in the community and contribute enormously to the quality of life of the person receiving care. Carers may need support and assistance to maintain their caring role and therefore are a specific target group of the Program. Counselling services is a specifically designated care type for carers.

2.2   Eligibility

Any person in the target population is eligible to be assessed and prioritised for services. To be eligible for the Program a person must:

- live in the Tasmanian community

- have difficulty performing everyday tasks without help due to moderate functional limitations, or an ongoing health condition

- their capacity for independent living is at risk or be at risk of admission to acute care without assistance from Tasmanian HACC program services.

Eligibility is based on both age and level of difficulty in carrying out activities of daily living without help or supervision.

Carers of people eligible for the Program services may also receive support through the following service types specifically designed to assist carers in their caring role:

- carer counselling, support, information and advocacy

- respite care, including in home and centre-based care.

For a carer to receive services the person cared for must be assessed as being eligible for Tasmanian HACC Program services.

2.3   Inclusion

While the HACC Program goal is to ensure we have respectful, appropriate and culturally safe services, we recognise that many eligible Tasmanians may have difficulty or feel uncomfortable accessing our services including:

- some Aboriginal people

- some people from culturally and linguistically diverse backgrounds

- people with dementia

- people who are financially disadvantaged

- people living in remote or isolated areas

- people who are, or who are at risk of becoming homeless

- some people in the lesbian, gay, bi-sexual, tansgender, inter-sex and queer community.

It should be noted that a person's eligibility for Program services should be determined before considering whether they experience additional barriers to services.

Services can be specifically planned and allocated for the exclusive or priority use of people belonging to the above groups within the Tasmanian HACC Program's target population. The concept of inclusion is not intended to be used as a principle for prioritising access to services for one person over another at an individual level.

2.4   Equity of Access

Service providers will ensure that their clients have equitable access to services. To achieve equitable access, service providers should consider the following key principles:

- culture/language – HACC services should be culturally and linguistically respectful and appropriate

- physical access – all HACC facilities should be accessible to people with physical and/or sensory functional impact

- without discrimination – eligible people assessed as needing a service should have access to Program services without discrimination on the grounds of ability to pay, location, gender, ethnicity, language, marital status, religion, sexual preference or type of disability.

2.5   Client Prioritisation

From time to time, it may be necessary for service providers to prioritise client access to services, due to the demand for services and funding limitations. Client eligibility for other programs does not change a client's prioritisation under the Tasmanian HACC Program. Service providers should prioritise access to services based on the following criteria (not ranked order):

- Client eligibility.

- Level of client functional need for the service type.

- Client and staff safety.

- Clients experiencing additional barriers to services, as described in 2.3.

- Clients without carers or support networks.

- Clients vulnerable to further deterioration.

Service providers should consider client prioritisation as part of the client assessment process under 2.7 below.

2.6 Tasmanian Community Care Referral Service

Tasmanian Community Care Referral Service is a centralised access point for Tasmanian HACC services, funded by the Tasmanian Government, and provides a centralised contact, referral, filtering and screening point to community care services for clients in the Tasmanian HACC Program target population.

Tasmanian Community Care Referral Service undertakes a range of functions. It provides information about services and availability; receives referrals; establishes eligibility; collects client information including a minimum data set and consent; identifies support needs and/or need for further assessment and refers to appropriate services.

Tasmanian Community Care Referral Service state-wide contact details are as follows:

- Phone: 1300 769 699

- Fax: 1300 721 611

- Email: tasccrservice@rdns.com.au

Referral form is available on the DOH Website
(www.dhhs.tas.gov.au/service_information/service_delivery_points/tccrs)

2.7 Assessment in the Tasmanian HACC Program

Assessment is a systematic way of establishing the type and extent of the client's support needs and the identification of a range of appropriate basic maintenance, support and care services to meet those needs.

When people seek access to, or are referred to, the Program they should be assessed to determine:

- whether they are within the Program's target population

- their functional status and abilities

- their relative need for basic maintenance and support services

- the type of assistance they require.

This assessment informs the decision on the appropriate service response. Service providers allocate services based on this assessment of relative need and consideration of factors such as:

- potential to reduce risk of premature or inappropriate admission to residential and/or acute care

- potential to improve functioning and support independence in the community

- support for carers

- potential to enhance quality of life

- targeting to reduce unmet need.

The assessment process encompasses a range of functions including:

- screening for eligibility (this may have been completed by Tasmanian Community Care Referral Service)

- determining needs and priorities

- targeting resources

- referral and coordination

- monitoring and review

- data collection.

2.8   Assessment principles

While the State's assessment framework for the Program is being developed, the following principles are proposed to guide good practice assessment. These principles cover the basic elements of effective assessment of eligibility and care needs for younger people and their carers.

2.8.1 Accessible information for clients

Information on the appropriate level and type of assessment is made available to clients so that choices are made on an informed basis. This includes information about participating in the assessment process and the availability of those processes.

2.8.2 Flexibility of access to and provision of services

Flexibility in the assessment process should enable the appropriate service response to reflect differences in individual requirements.

2.8.3 Responsive, incremental and coordinated assessment processes

Assessment models incorporate staged assessment processes to provide different types of assessment for clients according to individual needs.

2.8.4 Avenues for client complaint

Assessment processes should incorporate the provision of information to clients about avenues for appeal and complaint.

2.8.5 Client record and referral system

Service providers should endeavour, where possible, to use common tools and processes for client record and referral systems. This helps clients to maintain control of their recorded information, reduces duplication for clients having to provide information to multiple service providers and facilitates referrals between service providers.

2.8.6 Functional status data collection (HACC Minimum Data Set)

The HACC Minimum Data Set (HACC MDS) introduced the collection of functional status data items. Information on these items is collected as part of the assessment process and submitted as part of the HACC MDS data reporting process. It records the extent to which the client can perform selected activities of daily living and whether they have memory impairment or exhibiting behaviours of concern. The data is intended to identify areas in which a person requires assistance with activities of daily living. It is also intended to quantify the extent to which the person needs assistance from others to enable them to carry out normal activities of daily living in their home and in their community.

It is recommended the client's functional status be rated at the start of a service episode and reassessed when the client's circumstances change, including a change in their need for assistance.

The nature of data collected for the HACC Minimum Data Set will be reviewed as part of the wider HACC Program review.

2.8.7 Eligibility for Service

All models for assessment should incorporate the eligibility information outlined in this Program Manual.

2.8.8 Privacy and confidentiality

Assessment practices should be in accordance with processes to protect client privacy and confidentiality, including legislation. In certain circumstances, de-identified data is shared with the Australian Government. Further information regarding this is contained within the Funding Agreement.

2.9 Interaction between the Tasmanian HACC Program and other programs

This Program is part of a broader system of community and health services that are funded through the Australian Government, State Government, Primary Health Networks, local government or joint government funding arrangements.

The programs that make up this system are both residential and community based and include community health services, National Disability Insurance Scheme, packaged care services, hospitals, primary health, and other related programs.

Care should be delivered as an integrated combination of services that responds to the assessed needs of the individual. A combination of services may include HACC services (for example community nursing, domestic assistance and community transport) and services not provided by HACC (for example financial counselling). These services should be coordinated and tailored to each person's needs.

2.9.1 General principles defining access to more than one program

The relationship between the Program and other government programs is determined by the nature and scope of the service types provided through the various programs. Generally, services should not be provided to people who are already receiving other government subsidised services that are like service types funded through this Program. For example, personal care funded through the National Disability Insurance Scheme.

Exceptions may be made in some situations, for example, in an emergency or when a carer is not able to maintain their caring role. These instances should be time limited, monitored and reviewed. Such arrangements can be made to access additional services through the Program where providing a service in this way does not disadvantage other members of the target population.

It is not the function of Tasmanian HACC Program services to 'top up' or permanently substitute for other forms of packaged care and support. The Tasmanian HACC Program cannot replicate or subsidise supports that are funded by the NDIS.

2.9.2 Interaction between the Tasmanian HACC Program and programs for veterans

Veterans can access the Tasmanian HACC Program in order to support them to remain independent in their own home. This access is determined by their eligibility, assessed relative need and any service being provided by other government programs. Veterans receiving Veterans' Home Care (VHC) or other Department of Veterans' Affairs funded services should not be precluded from receiving Program services. However, in line with the principle of not accessing similar services through multiple government funded programs, veterans may not 'top up' a service they are receiving from VHC with the same service from the Program or vice versa.

3 Services

3.1 Introduction

The Tasmanian HACC Program is intended to provide basic maintenance, support and care services that are cost effective and meet the needs of individuals in a way that assists them to remain in the community. There are 19 service types that provide basic maintenance, support and care services. These focus on supporting different areas of need that an individual may have due to a limitation in their ability to undertake tasks of daily living.

The Program also funds activities that seek to develop the capacity of the community system to deliver the services required to support the target population to be more independent at home and in the community.

This chapter describes the types of activities funded through this component of the Program.

3.2 Basic maintenance, support and care services

Combinations of the 19 service types (which have been consolidated into seven service groups) and flexibility of service delivery, is encouraged under the Program to meet the needs of individuals and regions. To facilitate this flexibility, the 19 service types are grouped into seven service groups. The service groups have been constructed, as much as possible, to bring together service types that:

- are similar or complementary in the way that they are delivered

- are broadly substitutable or have a similar policy intent

- are measured in the same units of output

- have similar costs per unit.

This approach supports the policy and management objectives that encourage service providers to respond appropriately and flexibly to clients' needs. The use of the flexibility provisions within and between service groups will be used to monitor service delivery patterns on the ground and this will inform planning for future funding allocation.

Basic maintenance, support and care services have defined outputs that are recorded in the HACC Minimum Data Set. The *HACC Minimum Data Set User Guide and Data Dictionary v2.01* further defines these service types for data reporting purposes.

3.2.1 Service Group One

The outputs for Service Group One are recorded in the MDS as number of hours.

Domestic assistance

Domestic assistance helps clients with domestic tasks including:

- cleaning

- dishwashing

- clothes washing and ironing, and

- unaccompanied shopping.

Personal care

Personal care helps with daily self-care tasks in order to help a client maintain appropriate standards of hygiene and grooming including:

- eating

- bathing

- toileting

- dressing

- grooming

- getting in and out of bed

- moving about the house.

Personal care is normally provided in the home. In some cases, care may be provided in a centre, for example, where a client may be homeless or living in a temporary shelter.

Service providers are responsible for ensuring that workers have appropriate training to carry out personal care, for example, a Certificate III in aged/community care or equivalent.

Social support

Social support assists a client to participate in community life through meeting their need for social engagement and accompaniment. Activities include:

- visiting services

- telephone based monitoring services

- helping the person with shopping and other related activities.

Respite care

Respite care is the assistance that a carer receives as a result of supervision and assistance provided to the client. The carer may or may not be present during the delivery of the service.

Other meal services

Other meal service refers to assistance with preparing and cooking a meal in a client's home and includes providing advice on nutrition, storage and food preparation. The primary focus of this service is assistance with food preparation. It does not cover the delivery of a meal prepared elsewhere.

All paid staff and volunteers involved in the preparation and handling of food should be provided with information on safe food handling as it relates to their activities. Service providers must comply with Tasmanian based references and guidelines relevant to safe food handling practices.

Home maintenance

Home maintenance is assistance to keep a person's home in a safe and habitable condition. This involves the repair and maintenance of a person's home or yard. Repairs are generally minor repairs such as changing light bulbs and replacing tap washers. More major repairs can include carpentry, painting and roof repairs. Garden maintenance includes lawn mowing and the removal of rubbish.

The outputs for home maintenance are recorded in the MDS in hours.

3.2.2 Service Group Two

The outputs for Service Group Two are recorded in the MDS as number of hours. It is important to the note that the Community Care Reform Team will be continuing to examine the services delivered under Service Group 2.

Assessment

The assessment service type currently refers to assessment and re-assessment activities that are directly attributable to individual clients. It includes assessment activities associated with:

- client intake procedures and the determination of eligibility for service provision

- determination of the client's capacity to undertake activities of daily living to inform the assessment of need for assistance

- assessment of level of need for assistance and most appropriate service response.

Historically in the HACC Program, the assessment service type has included all assessment activities carried out by the service provider as part of the service delivery. For example, assessment to develop service specific care plans and Workplace Health and Safety assessments (previously Occupational Health and Safety). Under the Program the focus of the assessment service type will be on the initial eligibility and needs assessment functions. Other necessary assessment processes associated with service delivery will be considered as part of the service type being delivered.

Client care coordination

The client care coordination service type currently involves coordination activities provided to clients who need support from more than one HACC service type and need assistance to facilitate access to these services. This assistance to access services is often short term and is unlikely to be provided to every client on every occasion of service.

Client care coordination involves the following activities:

- implementing the care plan

- liaison within, or with another service provider that provides care to the same client

- support to ensure that the client has access to the range of services required

- monitoring and reviewing the care plan or service plan.

Not all service providers are funded to provide client care coordination. Client care coordination service activity does not include administrative work (for example, drawing up rosters, processing accounts or completing time sheets), personnel management, or attendance at staff meetings or training programs.

Case management

Case management currently includes active assistance received by a client from a service provider formally identified and specifically funded to coordinate the planning and delivery of a suite of services to the individual client. Case management differs from client care coordination as the service is targeted to clients with more complex needs. It may be short term or ongoing.

A client receiving case management will be receiving multiple services, typically from more than one

service provider.

Where case management funding has been used to deliver a suite of HACC services to clients, services must be recorded against the service type delivered in the HACC MDS.

If services are brokered, (purchased by the case manager), then the case manager reports those services against the MDS.

Counselling/support, information and advocacy (client)

Counselling/support, information and advocacy provides clients with assistance to understand and manage situations, behaviours and relationships associated with their need for care. This service type includes interventions such as advocacy, providing advice, information and training.

Counselling/support, information and advocacy (carer)

Counselling/support, information and advocacy provides carers with assistance to understand and manage situations, behaviours and relationships associated with care needs of the person they are caring for. This service type includes interventions such as advocacy, providing advice, information and training.

3.2.3 Service Group Three

The outputs for Service Group Three are recorded in the MDS as number of hours.

Nursing care

Nursing care is the clinical care provided by a registered or enrolled nurse. Generally, this care is directed to treatment and monitoring of medically diagnosed clinical conditions. The care can include recording client observations.

Nursing care can be delivered in the client's home or in a clinic or other location. Nursing care must be provided by a Registered Nurse or an Enrolled Nurse.

Allied health care

Allied health care is the clinical care provided by professional allied health care services. It includes specialist services such as:

- podiatry
- occupational therapy
- physiotherapy
- social work
- speech pathology
- nutritional advice, for example, from a dietitian or nutritionist.

Specialist post-acute care and rehabilitation services are out of scope of the allied health care service type. Allied health care may be delivered in a client's home, to an individual at a day centre or in a group environment.

Allied health care must be provided by appropriately qualified professionals. Service providers must ensure that the practitioners they use comply with relevant Commonwealth and State legislation.

Allied health assistants may be used in the implementation and monitoring of allied health programs; however, they must be guided and supervised by allied health professionals who are ultimately accountable for client care.

3.2.4 Service Group Four

The outputs for Service Group Four are recorded in the MDS as number of hours.

Centre-based Support (Centre-based Care)

Centre-based Support provides an opportunity for clients to attend and participate in structured group activities in a centre based setting. These activities are designed to develop, maintain and support social interaction and independent living.

3.2.5 Service Group Five

Home modifications

Home modifications provide structural changes to a person's home so that they can continue to live and move safely about the house. Modifications can include:

- grab and shower rails

- appropriate tap sets

- hand rails

- ramps and other mobility aids

- installation of emergency alarms and other safety aids

- other minor renovations.

The outputs for home modifications are recorded in the MDS as cost in dollars. Specific service delivery guidelines for Tasmanian HACC Home Modification Services are available at [Information for Service Providers](http://www.dhhs.tas.gov.au/hacc/providers) (www.dhhs.tas.gov.au/hacc/providers)

Goods and equipment

Goods and equipment are provided to assist a person to cope with a functional limitation and maintain their independence. Items include those that assist with mobility, communication, reading, personal care or health care. These can be provided through loan or purchase.

The outputs for goods and equipment are recorded in the MDS as number of goods provided.

3.2.6 Service Group Six

The outputs for Service Group Six are recorded in the MDS as number of meals provided.

Meals

The meals service type refers to meals prepared and delivered to the client either at home or at a centre. All paid staff and volunteers involved in the preparation and handling of food should be provided with information regarding safe food handling as it relates to their activities. Service providers are required to comply with State based regulations relevant to safe food handling practices.

3.2.7 Service Group Seven

The outputs for Service Group Seven are recorded in the MDS as number of one-way trips.

Transport

Assistance with transport can be provided either directly or indirectly. Direct transport services are those where the ride in the vehicle is provided by a worker or a volunteer. Indirect transport services include rides provided through vouchers or subsidies.

3.3 Service System Development for the Tasmanian HACC Program target population

The Program provides funding for activities that support the development of the HACC service system in a way that meets the aims of the Program. Such projects or activities are not generally directly related to the delivery of basic maintenance, support and care services. These activities have previously been referred to as non-output services or non-MDS services.

To reflect the importance of these activities to the ongoing development of the HACC service system, these activities are referred to in this manual as *service system development activities* for the Tasmanian HACC Program target population.

Such activities focus on:

- building the evidence base underpinning service delivery for younger persons with a moderate functional impairment in the community

- developing best practice service delivery models

- supporting and developing the capacity of the sector to deliver HACC services.

3.3.1 Building an evidence base

These activities build an understanding of the population that benefit from community care and evaluate the outcomes and effectiveness of service delivery models. Activities include:

- research about the target population, for example, dementia and or other ways of ensuring we have respectful, appropriate and culturally safe services. Examples of how this is funded include applied research grants and specific evaluation projects

- research and evaluation to inform what works successfully to help people remain independent and remain in the community longer.

3.3.2 Service interventions

These activities develop service delivery models that incorporate best practice and innovation. These activities may be influenced by the outcomes of the activities in section 3.3.1.

Activities include:

- advisory services targeting specific clients, for example, multicultural advisory services,

- initiatives targeting people who may experience additional barriers to services

- new service delivery models, for example, models that incorporate a wellness focus.

3.3.3 Sector support and development

These activities build the capacity of the sector to meet the needs of the clients, incorporate the outcomes of the evaluations and develop best practice. Activities include:

* workforce initiatives, including training and incentives

* providing specific workers in HACC regions that facilitate collaboration and support between HACC younger persons funded service providers

* volunteer and peak body support.

4 Fees

4.1 Overview

Client fees play an important role in the ability of the Program to respond to the needs of its clients by supplementing the financial contribution for the cost of community care made by the Tasmanian Government and community service providers.

4.2 HACC Fees Policy

The HACC Fees Policy:

- Aims to ensure a fair and equitable approach to user charging in the Program. It takes account of both the level of income and amount of services used by Program clients in considering the user's capacity to pay. In doing so, the policy acknowledges that the majority of Program clients are dependent upon some form of pension or benefit for income support and that a proportion of clients need support from more than one service.

- Addresses the issues of access, equity, affordability, user rights and privacy, which are of concern to Program clients.

- Seeks to ensure that funds generated by the Program are used most efficiently for the benefit of Program clients.

- Describes the approach to the setting of client fees by service providers funded under the Program or by service providers subcontracted by funded service providers to deliver services in the community on their behalf.

The Tasmania HACC fees policy is available on the [Department of Health website](https://health.tas.gov.au/__data/assets/pdf_file/0016/30643/DHHS_Booklet_HACC_Client_Fees.pdf) (https://health.tas.gov.au/__data/assets/pdf_file/0016/30643/DHHS_Booklet_HACC_Client_Fees.pdf).

5 Service Provider Responsibilities

5.1 Service Delivery

Providers of Tasmanian HACC Program services play an important role in the lives of many younger persons with a functional limitation in the community. The services they deliver support people to live in their homes for longer, where they would otherwise be at risk of premature or inappropriate admission or deterioration into the acute health service system.

In delivering these services, service providers have several responsibilities to both the clients and funder as outlined in their Funding Agreement and to clients who are accessing their services. This chapter outlines some of these responsibilities. Service providers should also refer to their Funding Agreement and Program Schedules.

5.1.1 Rights and Responsibilities

The *Statement of Rights and Responsibilities for Home and Community Care Program Service Users* is part of a client rights strategy which recognises that for the Program to be effective, service providers must respond to the needs of each individual client and clients must be able to exercise their rights and responsibilities. Respect for, and promotion of, the rights of clients are integral to and reflected in, the structure of the Program.

The *Statement of Rights and Responsibilities for Home and Community Care Program Service Users* aims to ensure that clients are aware of, and confident, in exercising their rights and responsibilities and that service providers are also clear as to their responsibilities.

The need to promote respect for the rights of clients in this way arises from the nature of their relationship with service providers. Program clients rely on the services provided to them to maintain their ability to live in the community. The nature of this relationship imposes obligations on service providers and requires they are responsive to the changing needs of each individual.

Service providers must also involve each individual when determining the support to be provided. This is crucial to the creation of an environment in which clients can be confident in exercising their rights and responsibilities.

Service providers should develop and maintain internal policies and practices that support clients' rights and responsibilities. These internal policies and practices should be made in accordance with the *Statement of Rights and Responsibilities for Home and Community Care Program Service Users*. The policies should also support and explain the providers' responsibilities to clients. Providers must make this information available to HACC clients and ensure clients understand the policies.

View the [Tasmanian HACC Program Rights and responsibilities document](https://www.health.tas.gov.au/hacc/clients/tasmanian_home_and_community_care_hacc_program_-_your_rights_and_responsibilities) (https://www.health.tas.gov.au/hacc/clients/tasmanian_home_and_community_care_hacc_program_-_your_rights_and_responsibilities).

5.1.2 Police Checks

The Department of Health Funding Agreement outlines the responsibility of the service provider to ensure all persons they engage to deliver services are "Fit and Proper persons".

Service providers have a responsibility to ensure that all Program staff, volunteers (including Board Members), subcontractors and agents who are employed, hired, retained or contracted and who have supervised or unsupervised access to care recipients are 'fit and proper persons', where 'fit and proper' means the person:

- is capable of providing an adequate standard of care in relation to the services,

- understands the needs of clients and their children (where relevant)

- is of good character and is suitable to be entrusted with the care of clients.

As part of its employment practices in respect of persons who will or will be likely to have contact with clients and in determining whether they are 'fit and proper' persons, the service provider will:

- request from applicants personal references which must be checked by the service provider

- obtain a police history record check from the Tasmanian Police or other State, Territory or Commonwealth enforcement agency where the volunteer, employee, subcontractor or agent has volunteered, been employed or contracted or has lived for any period of time greater than six months.

The service provider must provide to the Department evidence of personal reference and police checks, which are also referred to in the Funding Agreement at the request of the Department.

The Tasmanian HACC Program requires service providers to update police checks for all individuals engaged by the service at least every three years.

Employee History in Respect to Services Provided to Children

While Tasmanian HACC services are not predominantly a children's service (under the age of 18), if a person under the age of 18 is eligible for services, it is the service provider responsibility to ensure:

The service provider must be satisfied that any person is "fit and proper" for purposes of providing services to children.

Service providers meet the requirements of the *Registration to Work with Vulnerable People Act 2013,* which requires any individual who works or volunteers with children to obtain and hold a current Working with Children Registration. For further information on the requirements of this Act and the process and costs of registration, please see the [Department of Justice's website](http://www.cbos.tas.gov.au/topics/licensing-and-registration/registrations/work-with-vulnerable-people) (www.cbos.tas.gov.au/topics/licensing-and-registration/registrations/work-with-vulnerable-people).

While Tasmanian HACC services are not predominantly a children's service (under the age of 18), HACC services that focus on carers may involve service provision to children.

5.1.3 Staffing and Training

Service provider responsibility for staffing and training

Service providers are responsible for ensuring staff and volunteers have appropriate skills, knowledge and attributes and receive adequate training with an emphasis on quality care. Service providers are also responsible for ensuring staff members are trustworthy, have integrity and will respect the privacy and dignity of clients.

Qualifications of staff

There are a range of service types delivered under the Tasmanian HACC Program and it is recognised that required qualifications and skills vary across services. Service providers should be aware of any registration, accreditation or licensing requirements for the professions from which they draw their workforce.

All service providers should encourage and support staff to undertake vocational and other formal education and training to enhance the skill base of the HACC workforce.

Medication administration

Commonwealth and Tasmanian legislation govern medication management. Service providers should consider all relevant legislation and guidelines in developing policies and procedures for medication administration. They must also ensure that staff have appropriate levels of skill and knowledge in relation to assistance with medication and duty of care.

Volunteers

Volunteers are an integral part of HACC service delivery, particularly in the provision of meals, transport and social support services.

It is a decision for service providers whether to utilise volunteers in the operation of their service. Service providers are responsible for ensuring that volunteers have the necessary knowledge and skills to undertake their duties, in accordance with *Clause 18 of the Funding Agreement – Skills and Competency of Employees and Volunteers*.

Service providers who use volunteers should have policies and procedures in place on the management of their volunteer workforce. Volunteer management policies and procedures should include any policy relating to volunteer reimbursement and separations. The reimbursement of volunteer expenses will depend on the financial and human resources available to the service provider.

Policies should reflect the circumstances of the service provider, such as remoteness, isolation and other regional differences that can impact on their capacity to attract and retain volunteers.

Subcontracting

Service providers wishing to subcontract any of its obligations under the Funding Agreement must first obtain the written consent of the appointed delegate of the Secretary Department of Health. For the purposes of the Tasmanian HACC Program this delegate is as follows: Principal Program Officer (HACC-Community Care Reform), Planning, Purchasing and Performance, Department of Health haccreform@health.tas.gov.au

If the service provider is approved to sub contract the Secretary (delegate) may impose any conditions considered appropriate and the service provider must comply with them. These include:

- The service provider is not relieved of its obligation to carry out the service as required by this Agreement merely because it subcontracts any part of the Agreement.

- The service provider must ensure that any subsidiaries, subcontractors, agents, associates and affiliates comply with all obligations binding on it under this Agreement and that any subcontract (and any further subcontract) imposes these obligations on the subcontractor.

- The service provider must exercise any right of termination that it has against any of its subsidiaries partners, associates or affiliates where the Department of Health terminates or reduces the scope of the Funding Agreement.

- The service provider will ensure that it uses either or both employees or subsidiaries, subcontractors, agents and affiliates with the necessary professional qualifications, registrations and experience to provide the services under this Agreement.

5.1.4 Work Health and Safety

Providing a safe and healthy workplace

Service providers must provide a safe and healthy workplace for their employees and volunteers in accordance with relevant Commonwealth and Tasmanian Government Work Health and Safety (WHS) legislation, as well as WHS codes and standards.

In many cases, the workplace will be the client's home. Service providers are also responsible for addressing the safety of employees and volunteers delivering services to a client or carer in their home.

Service providers should also consider and assess WHS, Australian Building Standards and other local requirements, as these relate to their own offices and facilities, vehicles, and other physical resources used by them and their staff and volunteers.

Making others aware of their responsibilities

Employees are also responsible for ensuring their own safety and the safety and health of others, including clients. Service providers should ensure that their employees and volunteers:

- have adequate WHS training

- are aware of their WHS responsibilities

- comply with WHS requirements and instructions associated with the work being performed

- use the appropriate equipment

- identify and report hazards, risks, accidents and incidents.

Obligations to document WHS policies and procedures

Service providers must have in place appropriate policies and procedures to reflect WHS legislative requirements. Policies and procedures could relate to, for example:

- management of communicable diseases

- minimising the risk of infection

- safe lifting and transfer procedures

- asbestos

- fire safety

- first aid.

5.1.5 Client not responding to a scheduled visit or service

As part of the development of nationally consistent protocols to deal with non-response from a client when a community care worker arrives to provide a scheduled service, the Ministerial Conference on Ageing approved the *Guide for Community Care Service Providers on how to respond when a client does not respond to a scheduled visit* (the Guide) in September 2009.

Service providers are encouraged to use this Guide when developing their own policies and procedures on the issue of clients not responding to scheduled visits.

5.1.6 Complaints Mechanisms

The Department's Funding Agreement outlines the requirements for complaint mechanisms. The following can be used as a guide to service provider's responsibilities under the terms and conditions of the Funding Agreement.

Dealing with complaints

If clients are concerned about any aspect of service delivery, they should approach the service provider in the first instance. In most cases the service provider is best placed to resolve complaints and alleviate the client's concerns. The complaint can be made orally, in writing and can be made anonymously or with the support of an advocate.

Service providers must have appropriate processes in place to receive, record and resolve complaints. They are required to inform clients about the mechanisms available for dealing with complaints made by, or on behalf of, the client.

A client has the right to call on an advocate of their choice to present any complaints they may have.

Service providers must not discontinue provision of goods or services, refuse access or otherwise take recrimination against any person because they have made a complaint.

Service providers must handle and address any complaints fairly, promptly, confidentially and without retribution. They must document complaints and ensure the document can be made available for viewing by the complainant or their representative on request.

Clients and their carers should be actively encouraged to provide feedback about the services they receive.

If clients do not feel that a service provider has appropriately addressed their complaints, then the

client may refer the complaint to the Community Care Reform unit in the Department of Health for review.

5.1.7 Notification of incidents and issues

Service providers must immediately notify the Department in writing of any event or circumstance which might reasonably affect the provision and delivery of the services in accordance with the Funding Agreement. This includes serious incidents involving clients, staff or volunteers, including but not limited to those incidents in accordance with the *Consumer Related Serious Incident Reporting Policy for Tasmania's Agency Funded Community Sector Service Providers* (www.health.tas.gov.au/__data/assets/pdf_file/0009/177282/Consumer_Related_Serious_Incident_ Reporting_Procedure_for_Tasmanias_DHHS_Funded_Community_Sector_-_DHHS_Wide_- _Procedure_-_20130501.pdf*).*

5.1.8 Service Continuity

At all times, service providers should try to take all reasonable steps to ensure services continue for clients. In the event that a service provider is no longer in a position to continue service provision for any reason, or faces difficulty continuing service provision (for example due to a natural disaster), service providers should cooperate with the Department to ensure service provision.

So that service providers can best ensure service continuity, they may wish to consider developing service continuity plans such as:

- transition out plans – for example, where the Funding Agreement expires or is terminated

- incident management plans and disaster management plans – for example, where a serious incident occurs.

Service providers should ensure that major public holiday periods are avoided when transitioning or ending service provision. Wherever possible, service providers should also ensure that alternative service provision arrangements are in place for all clients before the cessation of services.

Developing a Transition-Out Plan

The Department may request documentation on how service providers will ensure service continuity in the event that the Funding Agreement expires or is terminated or the service provider can no longer deliver HACC services.

This may include requesting information on the effective, smooth and efficient handover of the services to another service provider (including one nominated by the Department). Given this, service providers may wish to develop a Transition-Out Plan. This plan should aim to ensure the standard and delivery of the services do not suffer in the case of a transition of service provision.

Record Keeping

Service providers must meet all State Government requirements for record keeping as outlined in the Funding Agreement. They must keep accurate records and accounts, including receipts, proof of purchase and invoices, to show how they spend funding and carry out activities.

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

- keep client records for at least seven years following the cessation of service delivery

- keep accurate records of business operations, including financial transactions, for a minimum period of seven years.

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

For all HACC assets, service providers must maintain an assets register that meets relevant taxation and other accounting requirements and standards.

5.1.9 Privacy and Confidentiality

HACC clients have a right to privacy, dignity and confidentiality. Service providers must comply with all applicable Commonwealth and State legislation and policies on:

- collection, use and disclosure of personal information

- clients' rights to access their personal information.

Service providers must also put in place practices and processes that support privacy and confidentiality. These include:

- each client's right to privacy, dignity and confidentiality being respected

- consideration of special-needs groups

- staff/volunteers being aware of and respecting clients' right to privacy

- documented policies and procedures for these practices and processes.

The Funding Agreement outlines privacy and confidentiality requirements and service providers' obligations around the protection of personal information.

Acknowledging the Funding

Service providers must formally acknowledge the Tasmanian Government's contribution of financial support under the Program. The requirement for service providers to acknowledge the support they have received seeks to ensure the Tasmanian community is being appropriately informed about how public money is being spent.

Service providers must acknowledge funding contributions in any relevant correspondence, public announcement, advertising material, reporting, website or other material produced by or on behalf of the service provider.

This acknowledgement should be through the use of the 'Supported by the Crown' logo, HACC logo, or if more appropriate, in text form. Examples of text acknowledgement include:

- Supported by the Crown through the Department of Health - Tasmania.

- Funded by the Crown through the Department of Health - Tasmania.

- A Crown initiative.

- (Service Provider name) receives funding from the Crown through the Department of Health Tasmania, to provide (service name).

Crown Logos

The Crown Logo can be obtained by contacting the Department via comms@health.tas.gov.au

The service provider must only use the logo in accordance with the current Tasmanian Government Style Guide and Logo policy and with prior approval in writing from the Department. Copies of all materials using the logos must be forwarded to the Department prior to publication to ensure that the logo is used appropriately.

Service providers and their subcontractors are permitted by the State Government to use the HACC logo and State Coat of Arms strictly in accordance with the following conditions:

- Service providers and subcontractors must only use the versions of the HACC logo and State Coat of Arms which are available from comms@health.tas.gov.au

- For the purposes of acknowledging Program funding the HACC logo and the State coat of arms must be used together and in very close proximity on the same page or product. They must not be used separately.

- The HACC logo and the State Coat of Arms cannot be used for any other purpose other than acknowledging Program funding received by the service provider or subcontractor.

- No service provider or subcontractor may permit any other person to use the HACC logo or State Coat of Arms for any purpose other than the purposes set out in this Program Manual.

- The HACC logo and State Coat of Arms must be used as provided by the State and, other than changes to size, they may not be altered or distorted in any way.

- The HACC logo and State Coat of Arms may be used on published advertising and promotional materials (including websites) only. Service providers and subcontractors must not use the HACC logo and State Coat of Arms on:
    - any materials or objects which are not Tasmanian HACC Program related
    - vehicles or other assets.

- The HACC logo and State Coat of Arms must not be used in any way which:
    - might falsely imply a State endorsement, approval, guarantee or sponsorship of the service provider or its services
    - where it may be perceived that the use is primarily promoting the service provider and not the HACC service or the Program.

Permission for service providers and their subcontractors to use the HACC logo and State Coat of Arms ceases immediately if the Funding Agreement is terminated or expires, or the applicable Program Schedule is terminated or expires.

Other options for acknowledging the funding

If for any reason service providers wish to acknowledge the funding in a different manner from the options set out in this Program Manual, they must obtain the Tasmanian Government's prior written consent.

Monitoring of the use of acknowledgements

Service providers are responsible for ensuring they and their subcontractors comply with the requirements for acknowledging the funding which are set out in this Program Manual.

The Tasmanian Government will monitor acknowledgments of funding and, in particular, the use of the HACC logo and State Coat of Arms. The Tasmanian Government will notify service providers in writing if it considers that a service provider or their subcontractor has failed to comply with this Program Manual.

The Tasmanian Government may, by notice in writing, revoke its permission for any person to use the HACC logo and State Coat of Arms. For example, if the service provider or subcontractor has not complied with all the requirements of this Program Manual.

Service providers should inform the Department if they become aware of any unauthorised use of the HACC logo and/or State Coat of Arms by any person.

5.2 Funding

Service providers are accountable for the expenditure of Tasmanian Government funding and Program funding must be spent by service providers in a manner consistent with the Funding Agreement.

Service providers must comply with applicable Australian Accounting Standards as per the Funding Agreement.

5.2.1 Funding and Tasmanian HACC Program Regions

The basis for the planning and allocation of Tasmanian Government funding for HACC service delivery is the HACC Region. The Funding Agreement reflects these arrangements, setting out the outputs to be delivered for each Region as a separate 'activity'.

The HACC Regions are defined in Appendix B.

5.2.2 Payments

The Department will pay service providers in advance in four payments in the financial year, consistent with the payment schedule in the Funding Agreement.

The first payment will be 40 per cent and the remaining three payments will be 20 per cent each.

5.2.3 Other contributions and moneys earned from activity (including fees)

The Department of Health funding agreement requires providers to:

- promptly notify the Department of Health in writing of the amount and source of any material funding or other contributions it receives directly or indirectly for the provision of Services (other than Funds provided under the Funding Agreement) and, if requested by the

Department of Health, promptly provide copies of any written arrangements entered into, or proposed to be entered into, in respect of such other funding or contributions

- ensure that the terms on which any other funding or contributions are provided to the service provider for, or in connection with, the Services are not inconsistent with the terms of this Agreement and do not in any way limit or affect the service provider's ability to comply strictly with its obligations, or the Departments ability to exercise its rights, under the Funding Agreement.

5.2.4 Bank Accounts

To receive HACC Program funding, service providers are required to have a bank account that is with an authorised deposit-taking institution, which is controlled solely by the service provider. This bank account must also be service provider's operational account for undertaking activities under the Program.

The bank account does not need to be used exclusively for HACC related funding.

However, service providers must be able to track funding relating to each of the activities defined in the Program Schedules of the Funding Agreement.

Service providers must notify the Department in writing of any changes to bank account details.

5.2.5 Unexpended Funding

In line with their Tasmanian HACC Program Funding Agreement, the service provider must notify the Department of Health the sum of any unexpended funding.

The Funding Agreement outlines the obligations of service providers regarding reporting any unexpended funds.

The Department will determine whether it requires the return of unexpended funds upon presentation of the Annual Grant Financial Accountability Report (AGFAR). Service providers may carry over Funding to the next financial year provided that the sum of unexpended funds is less than or equal to five percent of the total grant income, interest earned on the grant and related client fees, or $10 000 a year over the period of the agreement, whichever is the lower.

Service providers that do not seek approval to carry forward unexpended funds must return any funds (including GST) in excess of the limits defined in the Funding Agreement to the Department.

Unexpended funds can be directly determined from the Annual Grant Financial Accountability Report (Please refer to section 3 of these explanatory notes). Private fundraising and donations are not included in the calculation of unexpended funds. The Annual Grant Financial Accountability Report form also provides a section for service providers to request approval to carry over unexpended funds.

In summary, the reporting options are listed below:

Level of Unexpended Funds	Action required
Service Operating Surplus less than or equal to 5% of Service Income (Receipts) and less than $10 000	No action required
Service Operating Surplus > 5% of Service Income but less than $10 000	Request to carry forward funds required or return surplus to the Department.
Service Operating Surplus > than $10 000	Request to carry forward funds required or return surplus to the Department.

5.2.6 Insurance

The terms and conditions of the Funding Agreement outlines that service providers must maintain appropriate insurance policies for approved services. Such policies must be obtained from insurers who are properly authorised under the *Commonwealth Insurance Act 1973*. Service providers should keep all policy documents and certificates of currency of insurance in a safe place as the Secretary may require that they be produced as evidence of compliance.

The onus is upon a service provider to maintain appropriate insurance cover for the services provided in accordance with the Funding Agreement. The type and level of cover needed may well differ depending on the service provider and the service it provides. It is incumbent on each service provider to look at the services they provide under the Funding Agreement and assess risks associated with those services. As will be explained below, the fact that the Secretary is providing funding assistance does not in itself alter the service provider's potential liability.

The areas of insurance which service providers must consider include but are not limited to:

- Workers Compensation under the *Workers Rehabilitation and Compensation Act 1988*. It is compulsory for employers to take out Workers Compensation Insurance to cover their statutory liability.

- Public liability insurance where the approved services have the potential to injure third parties through either personal injury or property damage. The policy should cover personal injury and property damage claims as a result of the service provider's negligence. The Funding Agreement specifies standard cover of $20 million for each individual claim or series of claims arising out of a single occurrence or for such other amount as the Delegate reasonably determines.

- Product liability insurance where a service provider sells or supplies a product as part of the Service Agreement and through a defect, the product causes personal injury, property damage or other loss.

- Professional indemnity insurance to cover liability for claims arising out of a breach of a professional duty in the provision of professional services provided under the Service Agreement. The level of cover is outlined in Schedule 1 of the Funding Agreement. While this cover is usually limited to financial loss, the policy may provide for cover for claims alleging defamation, misleading and deceptive conduct, dishonesty on the part of the service provider or trade practices breaches of fair trading legislation. As this type of policy reacts to claims made against the service provider, the policy should cover a period not less than six years after the Service Agreement ends.

- Motor vehicle insurance cover should be considered where the use of a motor vehicle forms an integral part of the Service Agreement. The policy should cover claims by third parties with respect to property damage as well as accidental loss or damage to the service provider's vehicle.

The Funding Agreement is clear that there is no joint venture or partnership between the Crown and the service provider. The service provider is entirely independent. The issue of insurance is particularly important given the extent of the indemnity service providers provide the Crown on signing the Funding Agreement. In the Funding Agreement, the service provider, essentially, indemnifies the Crown from any claim for damage, loss or injury resulting from a service provider's negligent act, omission or other wrongdoing. This includes as a result of any activities carried out by a subcontractor of the service provider.

It is prudent for service providers to obtain expert professional advice when assessing their insurance needs.

5.2.7 Assets

Overview

The Funding Agreement with the Department of Health defines assets as any item of tangible property purchased or leased, either wholly or in part, with the use of Funds with a value at the time of acquisition in excess of $5 000 (excluding GST).

The Funding Agreement outlines requirements around non-current assets bought from grant funds.

Non-current physical assets are items that are valuable or useful and have a life expectancy of more than one year. The types of non-current physical assets that need to be recorded include:

- Office equipment

- Motor vehicles

- Furniture

- Computers

- Communications systems

- Equipment

- Real estate property and buildings.

Service providers are required to maintain a register of all Department funded assets **valued at $5 000 or more**, where those assets are purchased from grant funds. This register should be made available to Departmental officers if requested.

Real Estate and Assets Used for Other Purposes

Assets purchased from grant funds can only be used for the service funded. Service providers need to obtain prior approval from the Department when purchasing from grant funds assets with a value in excess of $50 000 where the use is not solely for the funded service. In addition, prior approval from the Department is required for all purchases of real estate using grant funds.

Partly Funded Assets

Many service providers fund the purchase of assets from a number of sources. For example the proceeds of fundraising may be contributed to grant funds to assist with the purchase of an asset. Service providers that receive funds from several sources may pool funds to purchase an asset. Typical examples include:

- the purchase of a building to house a number of services

- the purchase of a vehicle to be used for a number of services

- the inclusion of a vehicle as part of a salary package for a manager who is responsible for managing several funded programs.

Service providers are required to identify the proportion of Department funds used for the purchase of any assets and record these details in the assets register. The asset management provisions outlined in Schedule 4 to the service agreement apply equally to partly funded assets.

Leased Assets

There are two types of leasing arrangements, Operating Lease and Finance Lease. The classification of a lease depends upon its economic substance. Where substantially all of the risks and benefits incident to ownership of the leased *asset* effectively remain with the leaser, the lease is an operating lease. An operating lease is when the leased item is 'given back' at the end of the lease period.

Where substantially all of these risks and benefits effectively pass to the lessee, the lease is a finance lease. A Finance lease is an arrangement undertaken to finance the cost of acquiring a leased asset. Finance leases must be recorded in the assets register.

Depreciation

All non-current physical assets with a direct unit cost value of $5 000 or more must be depreciated in accordance with the Australian Accounting Standard (AASB116), *Property, Plant and Equipment.*

Annual depreciation charges must be calculated using methods consistent with AASB116, e.g. straight-line or reducing balance based on the purchase cost or the deemed value. The straight-line method is preferred.

Depreciation should commence in the month following the acquisition and the installation of the asset. The disposal of an asset should cause depreciation to cease at the end of the month in which the asset was disposed or transferred.

Disposal of Assets

Service providers can only sell Department funded assets listed in the assets register with the **written approval of the Department.** However, approval is not required where an asset is replaced by a similar item of a similar value, for example an upgrade of computer equipment or replacement of a motor vehicle.

If the Funding Agreement is terminated, or if the service provider ceases to be funded by the Department, the service provider must dispose of the asset in a manner directed by the Department. The proceeds from the sale of such an asset should be paid back to the Department or used in a manner directed by the Department. The amount will equal the proportion of the Department's contribution to the purchase price.

When an asset is sold, transferred, scrapped, or otherwise disposed of by a service provider, the assets register should be updated to include the date of disposal, the disposal amount and the method of disposal. The asset should only be deleted from the register at the end of the financial year after the finalisation of the balance sheet and the incorporation of this information into the service provider's financial statements.

If an asset is traded-in it should be treated as a disposal. When an asset is sold outright the sale proceeds must be recorded as a receipt in the service provider's financial records and recorded on the assets register.

Asset Register

The table *Asset Register – Guideline for Data Recording* below provides guidance on the information required for an assets register. The format of the register is at the service provider's discretion provided the basic information identified in the table is recorded.

FIELD NAME	FIELD USE
ASSET DESCRIPTION	General Description: - Use the following formula: (Item)(Make)(Model)
SERIAL NUMBER	Serial number recorded on the manufacturer's label or plate.
ASSET NUMBER	It is suggested that each asset recorded on the assets register should have a unique identification number that may be used to locate the asset entry in the assets register.
SUPPLIER	As described on the purchase order or invoice.
ASSET CUSTODIAN/CONTROLLER	Person or title of person with custodial responsibility.
ADDRESS	Enter full postal address where the asset is located.
ASSET VALUE	Usually the gross purchase price, i.e.: the cost before deducting any trade in allowance.
PURCHASE DATE	Purchase date of asset or date asset was transferred from another funded service provider.

FIELD NAME	FIELD USE
DOH FUNDS USED	Enter the $ amount of Department funds used to acquire this asset.
YEAR OF FUNDING	Enter the financial year when grant was disclosed as a cash receipt.
DOH PROGRAM	The Department program that funded or part funded the asset purchase.
ACCUMULATED DEPRECIATION	Total amount of depreciation charged to date. (Asset Value x Depreciation Rate x Years)
WRITTEN DOWN VALUE	Asset Value less Accumulated Depreciation.
DEPRECIATION DATE	Accumulated Depreciation and Written Down Value should be calculated annually to 30th June.
DISPOSAL DATE	Date that asset was removed from service.
DISPOSAL METHOD	Enter details of disposal e.g. Trade In, Sale, Theft etc.
DISPOSAL RECEIPTS	Enter the $ proceeds received on disposal of asset.

5.3   Accountability

HACC service providers are required to operate within an accountability framework which is outlined in the Funding Agreement. This allows the Department to collect information about what is being achieved. The reporting requirements have been developed to, wherever possible, reduce the reporting burden on service providers while still allowing effective management of the Program and future allocation of funding.

Grants provided to service providers are public funds and the Department has a responsibility under the *Financial Management and Audit Act 1990* and associated Treasurer's Instructions and ultimately to Parliament to ensure proper accountability for funds.

Funded service providers must advise the Department about their financial status to assure the Department the service provider is using the funding in an appropriate manner and that the service provider remains financially viable and can continue to operate and provide the funded services.

5.3.1 Financial Accountability Reporting

The Funding Agreement outlines the accounting and financial reporting requirements for funded service providers.

Accounting Practices

The Funding Agreement outlines requirements required to comply with all applicable Australian Accounting Standards unless otherwise agreed and are required to maintain records of account in accordance with generally accepted accounting practices.

Financial Reports

Service providers are required to submit to the Department by no later than 31 October immediately after the end of each financial year:

- a signed copy of the service provider's financial statements together with a signed audit opinion from a suitably qualified person, and

- a completed Annual Grant Financial Accountability Report signed by two office holders or members of the service provider considered to be bona fide representatives of the service provider to the effect that the grant provided under this Agreement was received and disbursed for the purpose for which it was given

- a certificate signed by a suitably qualified person to the effect that the Annual Grant Financial Accountability Report is properly drawn up and records presented give a true and fair view of the affairs of the service provider.

Annual Report

Service providers must submit a copy of their Annual Report (including financial statements and audit opinion), if one is produced by the service provider, not later than 30 November immediately after the end of each financial year covered by the agreement.

In summary, service providers are required to submit the following reports to the Grants Management Team:

- Annual financial statements signed by the service provider together with an audit certificate (due 31 October).

- Annual Grant Financial Accountability Report(s) in the prescribed format signed by two officers of the service provider and the service provider's auditor (due 31 October).

- Annual Report (if produced by the service provider), including audited financial statements (due 30 November).

Financial reports should be submitted to the following address

Grants Management Unit
Community Sector Relations Unit
Department of Health
GPO Box 125 Hobart 7001 TAS

5.3.2 Reporting to the HACC Minimum Data Set

Service providers must report output activities quarterly through the HACC Minimum Data Set (MDS). The HACC MDS collection and submission requirements are outlined in the *Home and Community Care Program National MDS User Guide Version 2.1* (see page 9 of the guide).

Service providers must comply with this Guide when undertaking HACC MDS Reporting.

Service providers are not required to undertake HACC MDS reporting relating to any service system development activities.

5.3.3 Service System Development Activities

Due to the unique, non-service delivery nature of service system development activities, the reporting requirements will differ from the standard reports outlined above. Service providers that only receive funding for service system development activities will be required to submit Annual Grant Financial Accountability Report (AGFARs). All other reporting requirements will be specific to the project and will be specified in the Funding Agreement.

5.3.4 Reporting Deadlines

Reporting requirements are outlined the in the Funding Agreement. Service providers must submit reports in according to the following timetable.

Date of Submission	Reporting Activity
25 July	HACC MDS Quarterly Report.
25 October	HACC MDS Quarterly Report.
31 October	Annual Grant Financial Accountability Report for each funded service.
31 October.	Signed copy of the Financial Statements.
30 November	Annual Report including an audited Financial Report.
25 January	HACC MDS Quarterly Report.
25 April	HACC MDS Quarterly Report.

5.3.5 Quality Reporting

The Department of Health is currently reviewing its monitoring of quality across its funded organisations. The Tasmanian HACC Program will implement a process of quality self-reporting for service providers as an interim measure. Information will be circulated to providers as it becomes available.

The Department of Health Funding Agreement outlines service provider's responsibility for quality reporting under Schedule 3. Service providers are required to demonstrate continuous quality improvement and safety activity to the satisfaction of the DOH in accordance with the Quality and Safety Framework for DHHS Funded Community Sector (the Framework) 2012.

The most important issues for service providers to note are:

- Service providers must continue to undertake quality and safety activities, against recognised Standards (relevant to the service being funded), be they international, national or state. For example, the Aged Care Quality Standards (1 July 2019) .

- Service providers may choose to continue to use the Aged Care Quality Standards as recognised standards under the *Framework.*

- An independent quality and safety review will be undertaken by the Community Sector Quality and Safety Team at least once *every* three-year cycle against the agreed standards. The review will be inclusive *of* all the services funded by the Department.

- Quality and safety accountability requirements will continue to be documented within contractual arrangements.

- Resources/tools will be developed and made available to service providers if the service provider chooses to use these tools.

- Service providers can expect at least an annual visit from a Community Care Reform team member to discuss performance, quality improvement plans and arising issues.

- The Community Care Reform Team will provide support to service providers to prepare for the reviews undertaken by the Community Sector Quality and Safety Team.

- A written outcome from the review will be provided to both the service provider and the Community Care Reform team.

- The Community Care Reform team will monitor service providers' quality and safety activity and progress between audits.

- Service providers are no longer required to submit de-identified data. However, the Department expects service providers will have systems and processes to ensure that learnings from incidents and feedback contribute towards enhanced service delivery.

- Service providers will continue to notify of incidents and issues outlined in the Funding Agreement, section 5.1.8 in the Tasmanian HACC Program Manual, the *Consumer Related Reportable Incident Policy for Tasmania's DHHS Funded Community Sector.*

- For more information on the Framework please visit Community Sector Relations Unit (www.health.tas.gov.au/about_the_department/business/community_sector_relations_unit).

The Department of Health will continue with its initial commitments including ongoing communication, flexibility in application and reducing administrative burden and duplicate reporting as far as possible.

In the interim, Community Care Reform will investigate the implementation of self-reporting.

5.3.6 Variations in outputs

Service groups

The Program supports service providers to respond appropriately and flexibly to clients' needs. Service groups have been used in the Program to give service providers capacity to vary the expenditure and outputs they deliver without varying the Program Schedule.

The service groups have been created by grouping service types that are of similar policy intent, are delivered on the ground in a similar way and have a similar unit cost, where possible. These service groups are listed below.

HACC Service Groups	Service Group Service Type
Service Group One	Domestic Assistance Personal Care Social Support Respite Other Food Services Home Maintenance
Service Group Two	Assessment Client Care Coordination Case Management Counselling/Information/Advocacy – Carer Counselling/Information/Advocacy – Care Recipient
Service Group Three	Nursing in Centre Nursing in Home Allied Health in Centre Allied Health at Home
Service Group Four	Centre Based Day Care
Service Group Five	Goods and Equipment Home Modifications
Service Group Six	Meals at Home Meals at Centre
Service Group Seven	Transport

The Department offers an opportunity annually for service providers to review their service outputs and request a variation to their funding agreement.

Flexibility

The Funding Agreement allows service providers flexibility in its delivery of services within a region. There is no scope for flexibility across regions, without permission.

Flexibility is allowed in the following areas:

- Within service groups - service providers can move some outputs and related funding to other service types within the service group, regardless of whether they are specifically funded for that service type or not.

- Across service groups - service providers can move some outputs and related funding across to another service group, regardless of whether they are specifically funded for that service type or not. This is subject to the conditions set out below.

Conditions:

- Service providers may only move the equivalent of up to 5 per cent of outputs/funding across service groups

- Service Group Five is excluded from this flexibility.

These areas of flexibility are designed to enable the service provider to meet the short term needs of clients and are not intended to change the funding arrangements in the longer term.

Funded service types and service groups are set out in the service provider's Funding Agreement Schedule.

6   Government Responsibilities

6.1   Planning process

The HACC Region will be the basis for the planning and allocation of Tasmanian Government funding for HACC service delivery. HACC Regions for Tasmania are defined in Appendix B.

Planning processes for the Program in the future will need to consider parallel planning cycles and processes in other related sectors, including health, aged care, primary care, and mental health. This will ensure that the needs of various clients are considered and the funding is allocated so that growth in HACC services complement and enhance services already being delivered on the ground.

The planning process will need to consider the disability sector, in particular the interface with the National Disability Insurance Scheme (NDIS).

6.2   Advisory mechanisms

Advisory and consultative mechanisms are an important element of the planning process for the Program. The purpose of these mechanisms is to ensure that the Program benefits from effective input from the target group and the wider community. They are an important avenue for clients, carers and service providers to give information about community needs and priorities. These mechanisms are an avenue for collecting data that to help build the evidence base to inform funding allocations.

Advisory mechanisms and consultative pathways will involve clients, carers, service providers, community members and local governments. The Tasmanian Government will consult with the well established advisory and consultative groups that have informed planning and funding allocation for the previous joint HACC Program and will look to expand the involvement of stakeholders across the areas that interface with other community services more broadly.

Further information on advisory mechanisms will be provided in due course.

6.3   Indexation

The Department's Funding Agreement states that, as soon as practicable after having its annual appropriation confirmed, the Department will advise the service providers of any indexation amount (where applicable) to be paid by the Crown to the service provider for the forthcoming financial year.

6.4   One-off funding

From time to time the Department approves one-off funding for service providers. Where funding has been approved this will be included in the Funding Agreement.

Service providers will be required to report actual expenditure for any 'one-off' funding during the relevant financial year. The amount of funding and the nature of the project for which funding has been approved will be pre-populated by the Department. Accordingly, service providers are only required to report the amount of actual expenditure. If service providers have not spent the full amount of one-off funds by the agreed date, service providers will be required to request a carryover of funds or alternatively return the funds to the Department.

6.5   Accountability

6.5.1   Data and the HACC Minimum Data Set

Information from HACC data collections, as well as demographic data, is used by the Tasmanian Government, service providers, clients and the general community 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

- support decisions on strategic directions for care of younger persons with a disability and their carers.

The primary source of data in relation to HACC clients is obtained from the HACC Minimum Data Set (HACC MDS). The HACC MDS is a set of nationally agreed data items collected by all HACC service providers about their clients. The objectives of the HACC MDS are to:

- provide Program Managers with data required for policy development, strategic planning and performance monitoring

- assist service providers with planning for and provision of client services through the facilitation of improvements in the management of Program service delivery, and

- facilitate consistency and comparability between Program data and other collections of data covering the community care and health fields.

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

Collection of data through the HACC MDS will continue for the foreseeable future but will be reviewed as part of wider HACC Program reforms.

6.6.2 Government Reporting

As with all Government funding program arrangements, the Tasmanian Government has a responsibility to report on the planning, implementation and evaluation of the Program.

HACC service providers are required to submit specific financial, performance and quality reports to ensure the identified outputs are being delivered within each service type. The information provided through these reports is utilised by the Tasmanian Government to report on the continued development, implementation and ongoing evaluation of the Program.

Report on Government Services

This Report on Government Services (RoGS) is produced annually by the Steering Committee for the Review of Government Service Provision, and provides information on the equity, efficiency and effectiveness of government services in Australia.

RoGS is a tool for government which aims to include a robust set of performance indicators, consistent with the principles set out in the Intergovernmental Agreement on Federal Financial Relations, with an emphasis on longitudinal reporting, subject to a program of continual improvement in reporting. It has been used for strategic budget and policy planning, for policy evaluation and to demonstrate government accountability

- to assess the resource needs and resource performance of government agencies

- to identify jurisdictions with which to share information on services.

These services include home-based care and assistance to help older people remain, or return to, living independently in the community for as long as possible. The chapter also provides information on services designed for the carers of older people.

The data in RoGS is used to measure and improve the performance of government services by:

- enhancing measurement approaches and techniques in relation to aspects of performance, such as unit costs and service quality

- helping jurisdictions identify where there is scope for improvement

- promoting greater transparency and informed debate about comparative performance.

Appendix A: Glossary

Term	Description
Advocacy	The process of speaking out on behalf of an individual or group to protect and promote their rights and interests.
AGFAR	Annual Grant Financial Accountability Report.
Carer	A person such as a family member, friend or neighbour, who provides regular and sustained care and assistance to another person without payment for their caring role other than a pension or benefit. The definition of carer excludes formal care services such as care or assistance provided by paid workers or volunteers arranged by formal services.
Client	a younger person in the Tasmanian HACC Target Population with moderate functional limitations that is receiving HACC funding basic core supports.
COAG	Council of Australian Governments.
Department	The Tasmanian Government Department of Health.
Financial Statements	A financial report about the service provider that: • is prepared in accordance with Accounting Standards on a consolidated basis for the reporting period; • is audited by an Approved Auditor; • includes: • a balance sheet • an income and expenditure statement • a statement of changes in equity • a cash flow statement • summaries of significant accounting policies and other explanatory notes • the method of calculating the Depreciation of each class of Assets and Previously Acquired Assets (including Assets and Previously Acquired Assets that are buildings), including the Depreciation rate, and o any other information reasonably required in writing by the Commonwealth; and • relates to all income, expenditure, assets and liabilities of the service provider.
HACC	Home and Community Care
MDS Minimum Data Set	The agreed set of data that is collected nationally and reported on by all HACC younger persons service providers.

Term	Description
Older people	For the purposes of the HACC, older people are: people aged 65 years and over, and Aboriginal people aged 50 years and over.
QRP	Quality Reporting Program.
Quality review	The process of reviewing the quality of services delivered against appropriate recognised Standards that can include; ; self-assessment; an on-site visit; a quality review report; development of an improvement plan; and an annual improvement plan/visit process.
Regional framework	Funding and services are panned by HACC region. Maps of Tasmanian HACC planning regions can be found at Appendix B.
Responsible officer	A responsible officer means the person occupying the position of Chief Executive Officer or Chief Financial Officer of the service provider or a person authorised to execute documents on behalf of the service provider and legally bind it.
Service provider	A service provider is an organisation that receives funding through the Tasmanian HACC Program to deliver basic maintenance, support and care services to younger persons with a disability and their carers. These services can be delivered by the service provider directly or via a subcontractor or consortia.
VHC	Veterans' Home Care
WHS	Workplace Health and Safety

Appendix B – Tasmanian HACC Region Map

Tasmania

Northern (Tas)

North Western

Northern (Tas)

Southern

Legend

- • HACC Providers
- Urban Centres
- HACC Regions 2008

Map produced by the GIS Team, Policy and Evaluation Branch, Ageing and Aged Care Division. © Commonwealth of Australia 2011