

Home and Community Care Program for Younger People

Service improvements 2019-20

Primary Care, Dental and Drugs Branch
Department of Health and Human Services, Victoria
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Strengthening HACC-PYP in 2019-20

The Home and Community Care Program for Younger People (HACC-PYP) provides basic support and maintenance services for people aged under 65 and Aboriginal people aged under 50 and their carers to help them remain independent at home and in the community.

In Victoria, there are significant reforms taking place across aged care and the disability sector which are affecting how the Program is being delivered, particularly the transition to the National Disability Insurance Scheme (NDIS). During this period of reform performance against HACC-PYP outputs has been treated flexibly, where performance has been adversely affected by clients transitioning to the NDIS. As areas close for transition of eligible HACC-PYP clients and funding to the NDIS, and ongoing Program funding stabilises, regular performance management processes will be re-established.

Providers are encouraged to strengthen referral pathways and consider opportunities to renegotiate service mix, targets and funding to better meet the needs of clients not eligible for NDIS. Renegotiations should be discussed with a Departmental Agency Performance and Systems Support Advisor and written approval obtained from the department prior to any changes. Several HACC-PYP providers, in consultation with the department, have already commenced renegotiating their HACC-PYP service mix in response to feedback and in consultation with the target cohort as aged and disability reforms have rolled out.

Further information and dates on HACC-PYP close-out after NDIS implementation can be found in the [HACC-PYP Close-out fact sheet](https://www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/hacc-and-ndis) <<https://www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/hacc-and-ndis>>

This advice is an addendum to the [Victorian HACC Program Manual](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/hacc-program-manual-2013) <<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/hacc-program-manual-2013>> and to the HACC-PYP fact sheet January 2019 found on the [HACC in Victoria and the NDIS page](https://www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/hacc-and-ndis) <<https://www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/hacc-and-ndis>> on the Health.vic website.

Providers are encouraged to be flexible and innovative within the following program expectations:

Program overview

Eligibility

HACC-PYP is targeted at people aged under 65 and Aboriginal people aged under 50 who need assistance with daily activities, including personal care, dressing, preparing meals, house cleaning, property maintenance,

community access and using public transport. Clients may require this assistance due to physical and/or psychosocial functional impairment related to disability (for which they are not eligible for the NDIS), chronic illness and short-term health needs.

Potential clients who may be eligible for the NDIS should be actively encouraged and supported to test eligibility for the NDIS. Services offered by HACC-PYP can be provided to eligible clients as they test their NDIS eligibility and go through the planning process. However, HACC-PYP should not be used as a waiting list management program for the NDIS.

NDIS participants are generally not eligible to access HACC-PYP services as it is the responsibility of the NDIS to fund a participant's reasonable and necessary disability-related supports, including nursing and allied health services. However, some NDIS participants may be concurrently eligible for HACC-PYP services such as nursing for health-related needs, some kinds of allied health, volunteer support or personal care on a short-term basis to address a health-related need. Note that it is not the role of the HACC-PYP to supplement inadequate levels of NDIS supports in a participant's plan.

There is no restriction on access to HACC-PYP services based on residency status or visa type.

Priority of access

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

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

1. Is the person under the age of 65 years (or under 50 years for Aboriginal and Torres Strait Islanders) and in need of support to manage the activities of daily living or caring for someone who needs support?
2. Does the person or the carer need a HACC-PYP funded activity or would another service or program better meet their needs? If yes, the person should undergo the relevant assessment process (either service specific or a Living at Home Assessment). If no, the person should be referred to other programs and/or services.
3. If eligible, will this person benefit the most from your available HACC-PYP budget, considering other potential clients who have no other access to support, and noting that funding for NDIS eligible clients has gone to the NDIS?

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

Funded activities

Once an area is closed out for HACC-PYP transition to the NDIS, providers are encouraged to streamline activity, improve performance and better target the ongoing services in relation to the following funded activities:

- a) **Community care** – since the introduction of a standard price for Domestic Assistance, Personal Care and Respite in 2014-15, organisations are only accountable to the aggregate target for these services. Organisations are encouraged to treat these activities as one to maximise the responsiveness of services to meet client and/or carer needs.
- b) **Social support** – the department recognises that traditional approaches to social support, such as Planned Activity Group (PAG), may be outdated and not meet the needs of the target group. Providers are encouraged to consider alternative approaches to reducing social isolation in the target cohort through Flexible Service Response and volunteer driven approaches to promote social interaction tailored to individual preferences and build capacity with activities of daily living.
- c) **Assessment** – in addition to undertaking a Living at Home Assessment with new clients, designated HACC-PYP Assessment Services can continue to assist clients to test NDIS eligibility and prepare for their first NDIS plan meeting. Once a client has an NDIS plan this type of support should be in their NDIS plan. Assessment

funding can continue to be used for service coordination for people with more complex needs or circumstances who are not eligible for the NDIS. Designated HACC-PYP Assessment Services must use the Living at Home Assessment Tool to conduct assessments.

- d) **Nursing and allied health** – these services are provided to improve people’s capacity to independently manage everyday activities, manage chronic disease and attain or maintain good health, mobility and safety at home. Nursing and allied health services can be concurrently provided to NDIS participants for health-related needs. Nursing and allied health services required due to a person’s disability should be provided by the NDIS. Victoria and the NDIA are developing more detailed guidelines on this.
- e) **Service system resourcing** – during 2019-20 the department will work with providers to review the use of this funding (except for SACS award funding). Providers are encouraged to identify examples of leading practice to build system capacity to support a community care service.
- f) **HACC-PYP Linkages** – most HACC-PYP Linkages funding is transitioning to the NDIS. The department will work with Linkages providers to review the use of this funding. Linkages funding can continue to be used for case management for clients with complex needs who are not eligible for NDIS. Providers are encouraged to consider delivering other service types traditionally provided through a Linkages package through the relevant service type. When a client turns 65 (or 50 for Aboriginal people) they are no longer eligible for HACC-PYP Linkages and they should be encouraged to access services through My Aged Care. HACC-PYP services can be provided for a transition period only. The department anticipates that transition could take up to six weeks.
- g) **Meals** – delivery of prepared meals should only be provided for clients who are not NDIS participants.

Quality and safety

During 2019-20:

- Where a HACC-PYP provider is also funded for Commonwealth Home Support Programme (CHSP), compliance with the Aged Care Quality Standards will be accepted as compliance for HACC-PYP service provision
- Where a HACC-PYP provider is also an NDIS provider, registration with the NDIS Quality and Safeguards Commission will be accepted as compliance for HACC-PYP service provision
- HACC-PYP providers that do not fit into the above categories will be assisted by the department to complete their own quality processes.

From 1 July 2019, non-government organisations funded to deliver services to children will be required to be:

- incorporated separate legal entities that can be sued in their own right in child abuse proceedings, and
- appropriately insured against child abuse.

Further information at <https://fac.dhhs.vic.gov.au/victorian-funding-requirements-service-children-fact-sheet>

Further advice will be provided during 2020 about quality processes for the future community care service.

Reporting

HACC Minimum Data Set (MDS)

The HACC MDS will continue to be the main mechanism for reporting on service provision and client characteristics on a quarterly basis. Funds for flexible service response, linkages, volunteer services and any other approved block grants should continue to be reported against the most appropriate MDS activity category such as domestic assistance, personal care, social support or respite. Following the August resubmission window in which organisations can resubmit data to address any data errors or late submissions; the department will aggregate all

relevant hours before determining performance outcomes. This includes adding in any hours that an organisation might have reported in the Annual Service Activity Report because they were not able to record them in MDS.

Please refer to the fact sheet: *HACC MDS Frequently Asked Questions* for additional information on HACC MDS reporting available from the [Reporting and data page](https://www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/reporting-and-data) <<https://www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/reporting-and-data>> on the Health.vic website.

Feedback

The department will seek feedback from providers during 2019-20 about how they have adapted and strengthened Program services following the roll out of the NDIS. Examples of innovation and good practice will inform the ongoing detailed design for a future community care service.

To receive this publication in an accessible format phone 03 9096 7255, using the National Relay Service 13 36 77 if required, or email haccpyp_ndis@dhhs.vic.gov.au Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

Available from the [HACC in Victoria and the NDIS page](https://www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/hacc-and-ndis) <<https://www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/hacc-and-ndis>> on the Health.vic website.