

# Discussion Paper

## Tasmanian Home and Community Care Program

## Foreword from the Secretary

The Department of Health and Human Services is changing how it plans, manages, buys and delivers health and human services that help improve the health, safety and wellbeing of all Tasmanians, particularly the most vulnerable.

The Tasmanian health system, the aged care sector and disability services are all pursuing ambitious reforms to improve how health and social care is delivered, funded and managed.

The Tasmanian Home and Community Care (HACC) Program is changing in response to these reforms and this discussion paper describes the key features of the changes we are proposing.

These changes will ensure the Tasmanian HACC Program continues to meet client needs and reflect its role in contemporary health, aged care and disability service sectors.

Your input and opinion on these changes is welcome and will be used to inform their further development.

The complexity and pace of change experienced by the community sector is unprecedented and it will take the combined effort of clients, providers and government to ensure reform processes deliver value for all.

In closing, I thank the many organisations and individuals who support ill and vulnerable Tasmanians by providing Tasmanian HACC services.

Yours sincerely,

Michael Pervan

Secretary, Department of Health and Human Services

# Preface

## Purpose of this Paper

The purpose of this discussion paper is to:

- Provide information on the future policy directions for the Tasmanian HACC Program, and
- Seek information, opinion and advice from service providers, their peak bodies and other health system actors on the proposed future policy directions of the Tasmanian HACC Program and how HACC services are purchased and delivered.

## Have Your Say!

Your feedback is important and you are invited to provide written comment on this discussion paper. At the end of several sections of this paper a series of questions have been posed to help focus the discussion on the key features of the future Tasmanian HACC Program.

There are a number of ways that you can have your say. You can:

1 Respond directly to the questions in this paper online via the active survey link  
<https://www.surveymonkey.com/r/SYWKXVW>

2 Email us at [agedcare-haccreform@dhhs.tas.gov.au](mailto:agedcare-haccreform@dhhs.tas.gov.au)

3 Write to us at:

Community Care Reform

Planning, Purchasing and Performance

Department of Health and Human Services

GPO Box 125 Hobart TAS 7001

Any questions relating to responses should be directed to Community Care Reform, Department of Health and Human Services, by email at [agedcare-haccreform@dhhs.tas.gov.au](mailto:agedcare-haccreform@dhhs.tas.gov.au) or by phoning 03 6166 1075.

## Deadline for Responses

This discussion paper seeks responses from all stakeholders. Responses may be submitted up until 29 September 2017.

# Executive Summary

Community care, when done well, provides people with the support they need to cope better with ill-health at home.

It provides low level services that help to maintain people's independence and wellbeing. It does not negate the need to access health services, but ensures that a person's need for health services is because of an acute deterioration, illness or injury rather than a failure to function well at home in the activities of everyday living.

National and State health care policies have stressed the importance of reform to health care to better manage the growing prevalence of chronic disease and to reduce demand for high cost hospital treatment.<sup>1</sup>

Research undertaken by the University of Queensland in 2014-15 demonstrates that the Tasmanian HACC Program succeeds in supporting individuals to remain independent and living at home, yet there are opportunities to strengthen it to better support clients and their carers, service providers and the health system.

Reforms across health, aged and disability care are rapidly changing the service delivery and policy landscape for the community sector.

The Australian Government's portion of the former joint funded HACC Program has evolved into the Commonwealth Home Support Programme and local health reform, in the One State, One Health System, Better Outcomes initiative, is pursuing ambitious reform of the state health system that the Tasmanian HACC Program can better support through the changes proposed in this paper.

These changes will align Tasmanian HACC Program policies and service delivery with the contemporary community care environment and provide better outcomes for clients, providers and government.

The Tasmanian HACC Program will provide support services that are safe, sustainable and efficient.

This will be underpinned by four key principles: promoting the independence and resilience of clients; services will be accessible and integrated; services will be equitable; and services are accountable, affordable and sustainable.

At the core of the changes proposed by this paper sit five key objectives:

- the delivery of services that help to foster greater client independence and resilience
- a single point of access and referral
- a more consistent and streamlined approach to service access and assessment of client need
- the provision of better support for the health system, particularly for care in the immediate phase post hospital discharge
- an improved framework to monitor and assess performance and accountability.

The proposed changes to the Tasmanian HACC Program are based on findings of work undertaken to date by the Department and reflect current health and community care sector reforms.

Further work is planned to better understand the cost of delivering Tasmanian HACC services and the findings of this will also shape the proposed changes.

This paper has been prepared to ask for your input, feedback and opinions on the changes proposed for the Tasmanian HACC Program.

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<sup>1</sup> Institute for Social Science Research University of Queensland. (2015). *Tasmanian HACC Program Client Group Analysis*. Brisbane.

# I The Context

## I.1 The Importance of Providing Basic Community Care and the Tasmanian Health System

Low level community care provides a basic set of services as part of the broader health and social care system and supports people to function better and more independently at home.<sup>2</sup> The Tasmanian HACC Program, with its wide and flexible eligibility criteria, is able to provide a variety of services in our community to meet a range of needs, both for people recovering from short term illness and those with chronic and complex conditions.

Research undertaken by the University of Queensland in 2014-15 found that the Tasmanian HACC Program's involvement in primary health care is extensive, it:

- provides community care pre- and post-hospitalisation
- supports people with chronic illness living independently at home who are unlikely to qualify for the National Disability Insurance Scheme (NDIS)
- contributes towards the management of individuals with complex health conditions, and
- assists individuals to access health services.<sup>1</sup>

The evidence base demonstrates the importance of having a basic community care service that is designed to provide timely low level support in the community.<sup>1,2</sup>

In 2015-16, the Tasmanian HACC Program provided services for over 6 000 clients under the age of 65 years and under 50 years for Aboriginal or Torres Strait Islanders (target population). It is estimated that 80 per cent of current clients will remain with and still require services from the Tasmanian HACC Program following full roll-out of the NDIS.

The University of Queensland forecasts that demand for Tasmanian HACC services will fall only slightly in the long term, underscoring the need for the Tasmanian HACC Program to continue, while making changes that reflect the broader system in which it operates.<sup>1</sup>

The Tasmanian Government recognises that most health care occurs outside hospitals and that the activities that occur in the primary and community sector impact upon the kinds and levels of demand experienced by the acute sector.

The *One State, One Health System, Better Outcomes* initiative seeks to improve the coordination and collaboration between acute, primary and community care.<sup>2</sup> Strengthening the Tasmanian HACC Program's linkages with acute and primary health, ensuring it is delivering value for clients and Government and better targeting its services will support changes the Tasmanian Government is implementing across the health system.

As such, the following four principles will guide the contemporising and future operation of the Tasmanian HACC Program.

- I. Services will promote independence and resilience

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<sup>2</sup> Tasmanian Government. (2015). *One State, One Health System, Better Outcomes: Delivering safe and sustainable clinical services White Paper June 2015*. Hobart.

Resilience is about building the capacity of individuals to adapt successfully to adversity. When resilient, clients can adjust, resist stress and potentially thrive in the face of long term illness, achieving the best possible health and wellbeing.

Resilience promotes social and emotional wellbeing, recognises that clients are able to participate and contribute to decisions about their care and promotes recovery and client self-management and independence.

2. Services will be accessible and integrated

This is about providing the right care and support at the right time and in the right place. Referrers and eligible clients know where and how to access care and support and that it is easy to get, where and when it is needed.

3. Services will be equitable

People who need low level home and community care are well supported regardless of their gender, culture, sexual or gender identity and mental health. Health equity is about everyone in the community having the necessary knowledge, skills and resources to achieve and maintain good health and wellbeing.

4. Services are accountable, affordable and sustainable

Home and community care is designed, developed and delivered consistent with best practice, and is safe and of a high quality. Services make a measurable difference to people's lives and are affordable for consumers and government alike. Public funds are spent appropriately.

## 1.2 The Need for Change

Since the establishment of the joint Commonwealth and State HACC Program in 1985, there have been significant changes across the community sector and within the broader environment of health, disability and aged care policy.

The changes proposed by this paper will reflect and align Tasmanian HACC Program policies and directions with contemporary community care reforms, better target services to the needs of the Tasmanian HACC client group, be based on evidence and deliver a service framework focused on client outcomes.

The Tasmanian HACC Program has focused on its target population since 2012 after the Australian Government took on responsibility for policy and funding for aged care services (people aged 65 years and over and 50 years and over for Aboriginal and Torres Strait Islanders).

Currently, the Tasmanian HACC Program is focused on providing low level care as well as being a health support service, and has provided services to people who will have their disability related needs met by the NDIS from 2019 (it is estimated that 20 per cent of current Tasmanian HACC clients will transition to the NDIS).

The advent of the NDIS allows for the Tasmanian HACC Program to be realigned. This paper is about how we will realign the future Tasmanian HACC Program to better fill a health support role.

Reforms across acute and primary health care, the full roll-out of the NDIS and the rapidly changing aged care environment are creating unprecedented change for clients and providers. While these reforms are seeking to create a more sustainable, accessible and client focused sector, their introduction has not been without issue.

Changes to the Tasmanian HACC Program will reflect learnings from the introduction of aged care reforms and the roll-out of the NDIS and seek to align with the policy intent of these programs while not recreating any issues produced during their implementation.

### **I.3 How will the Tasmanian HACC Program change?**

We recognise that the types of services we purchase, how much we purchase and where we purchase them will need to adapt to meet the future needs of clients and the role of the Tasmanian HACC Program in the wider health system.

Any changes to the Tasmanian HACC Program will be based on evidence. The Department has already undertaken research to better understand the future Tasmanian HACC client cohort. This work concluded that the future role of the Tasmanian HACC Program is to provide long term support for people with chronic health conditions and to assist people (including long term clients) to manage short-term or immediate adverse health issues.

The vital role of primary health care in health services reform is well recognised<sup>3</sup> and the Tasmanian HACC Program will be positioned to better support clients with short term illness or injury, those needing care following an acute hospital stay and people with long term chronic illness living at home.

The Tasmanian HACC Program can be improved to better support people in the activities of daily living, creating more opportunities for individuals to maximise wellbeing, independence, their capacity to adapt to ill health and where appropriate reduce, or eliminate, the need for services. Further research is being conducted on best practice in the delivery of community care, including how services are delivered in other jurisdictions.

We recognise that we need more information on the services already delivered by our providers and the costs involved in this service delivery. Therefore, the Department will undertake a unit pricing and service mapping project in 2017.

Tasmanian HACC service providers are currently block funded based on historic allocations and outputs that have differed little since the split from the former joint Australian and State Government funded HACC Program.

Current funding arrangements may not reflect actual costs of providing services, nor take into account factors that affect costs such as geographical location, use of a volunteer workforce and collection of fees.

Recent changes have revealed service gaps within the current Tasmanian HACC Program model. Current Tasmanian HACC Program Funding Agreements are not specific about the Department's expectations in regard to service delivery locality. We have also found that providers funded for the same service type vary widely in service delivery.

This is particularly true for services such as assessment and social support. The Department proposes that future Funding Agreements will contain more information in regards to individual service provider programs and the location of their delivery.

The unit pricing and service mapping exercise will provide information on which to base future pricing for Funding Agreements and will allow for a more equitable, efficient and transparent use of public funds.

The information provided will assist with analysis of the distribution of funds across services and regions and enable us to review how services are purchased, and where change is required in funding models. This will be implemented transparently and fairly.

All current service providers under the Tasmanian HACC Program will have the opportunity to participate in the service mapping and unit pricing project. The better the participation in this project from providers, the more accurate the findings will be.

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<sup>3</sup> Department of Health and Human Services Tasmania. (2014). *Delivering Safe and Sustainable Clinical Services. Green Paper*. Hobart.

The Department recognises the importance of a sustainable service provider sector. We know that many service providers are considering the future of their business in the context of ongoing reforms.

We know that the funding delivered by the Tasmanian HACC Program to many of our providers has a lesser influence on operating decisions if other funding sources change, and that the services and business model of many of our providers is focused on other funding sources, such as aged care.

We recognise the important contribution that our service providers make in their local communities and the importance of local knowledge in service delivery.

We also know that some of the services funded by the Tasmanian HACC Program may not meet the needs of clients in the future owing to outdated service type profiles that reflect the previous funding arrangements between the Tasmanian and Australian Governments.

The Department will consider a broad range of factors to ensure future purchasing decisions and approaches contribute to sustainability in the sector, efficient service delivery and client wellbeing.

The Tasmanian HACC Program will engage closely with Mental Health Services, Community Nursing and Palliative Care Services to better understand the referral characteristics and reasons why people are referred for Tasmanian HACC services, and to ensure roles are clarified and service gaps are identified and addressed.

The Department will seek to work closely with these services over the next twelve months to better understand how these services interact.

The Tasmanian HACC Program will utilise learnings from the implementation of other community reforms to avoid problems incurred in their implementation.

### **Case Study**

Bill is 50 years old who lives alone with little informal support on a day to day basis. He has one adult child who lives interstate.

Bill has osteoarthritis, high blood pressure, type two diabetes and is a lifelong smoker. Bill manages his health in partnership with a rheumatologist and his GP.

Recently Bill's osteoarthritis has progressively become worse over the past 12 months to a point where he is finding it difficult to carry out some of the day to day activities he normally does at home.

This includes having difficulty cooking meals and hasn't been eating regularly, trouble cleaning his home and undertaking basic home maintenance.

Bill is able to undertake basic personal hygiene, but his GP has noticed that he may need support with this. Bill has expressed that the pain he is feeling is affecting his quality of life and motivation to get out of the house and be active.

Bill recently experienced chest pain and was admitted to hospital with a suspected cardiac issues.

Following emergency treatment Bill had several cardiac stents placed in his heart and was discharged home with follow up outpatient appointments and ongoing care from his GP.

Bill will need to attend cardiac rehabilitation sessions as well.

### **What Bill would currently experience**

The hospital sends a referral either to the access point (Tasmanian Community Care Referral Service) or direct to a service provider depending on a range of factors.

This may put Bill ahead of people who have been waiting for service and doesn't allow a service wide, state wide view of service demand.

The service provider conducts an assessment of Bill's needs and as they are not a provider of all the services Bill requires another provider who undertakes an assessment.

There are inconsistencies in the way the assessments are carried out which results in different interpretations of Bill's needs.

Personal care, domestic assistance, meals and community transport services are commenced along with community nursing which is provided by the hospital in the post-hospital phase.

Bill uses community transport to attend medical appointments at the hospital.

Bill's health improves and he is able to do more for himself around the house.

However, no reassessment of his needs occurs.

Bill's requests to stop receiving meals and continues to receive domestic assistance and home maintenance on an ongoing basis at the same level he received upon discharge from hospital.

### **What Bill might experience in the future**

The hospital makes referrals via a single point of access which ensures Bill receives equity in access to care alongside other clients with similar needs.

An assessment of Bill's needs is undertaken using a single consistent assessment framework. The outcomes of this needs assessment can be communicated to other service providers and the client does not need to undergo multiple assessments of need.

Each service provider negotiates with Bill how services will be delivered with a wellness approach and if appropriate a reablement service.

Bills receives domestic assistance, personal care, meals and community transport in line with the wellness and/or reablement approach and goals agreed with his service providers.

Bill's needs are reassessed after a time period that was defined and agreed with him prior to services commencing.

Care is increased or decreased as per the outcomes of the reassessment with Bill's level of independence at home and his ability to function well in every day living as the key driver of the level of service he receives.

Service providers are able to report on client outcomes.

The access point is able to collate data from Bill's referral with all other referrals for Tasmanian HACC services and provide reliable demand and program activity data to inform program and policy development.

## 2 Key Tasmanian HACC Reform Objectives

### 2.1 A Wellness Approach – Delivering Independence and Resilience

(Relates to Principle 1: Services will promote independence and resilience)

The Tasmanian HACC Program will deliver services with a wellness and reablement focus that supports clients to live independently in their home and community.

This approach shifts the focus of care from a service delivery model that may create dependency to one that builds independence and resilience, one that promotes social and emotional wellbeing and recognises that clients are able to participate, contribute to their care and better manage their health and wellbeing at home and in their community.

The current Tasmanian HACC Program supports a wellness approach to care, however, the purchasing, reporting and performance requirements do not actively drive a process of client review nor require a wellness approach to service delivery nor client participation.

The intent of the future Tasmanian HACC Program will be to build on existing service provision and develop a framework that actively improves client independence, resilience and self-management through working with clients, rather than for clients.

The University of Queensland's research found that the majority of clients use services for more than six months. A wellness approach will be mindful of when ongoing service is appropriate with review and maintenance goals or where goal directed support is appropriate to reduce ongoing service need. Adoption of a wellness approach will promote client centred care, with an emphasis on maximising client participation to build independence and improve self-reliance over time.

#### Questions:

**What supports would community sector organisations find useful in implementing or developing a wellness and reablement approach to care?**

**What should be considered when implementing a wellness and reablement approach?**

**What wellness and reablement models of care are providers currently utilising?**

### 2.2 A Single Point of Access

(Relates to Principle 2: Services will be accessible and integrated)

Access to Tasmanian HACC services will be through a single referral service from 1 July 2019. Clients and referrers will no longer be able to make direct referral to a service provider.

This single point of entry will be easily recognisable, create standardisation and consistency in access and screening, and will provide greater transparency for referrers, clients, service providers and funders.

There has been an existing access point operating for the Tasmanian HACC Program for some time.

The Tasmanian Access Point Evaluation carried out by the Institute for Primary Care and Ageing noted problems with the current access model but supported establishing a requirement to access services through a single location to facilitate better access to service.<sup>4</sup>

This research canvassed opinions from a range of providers, government and other stakeholders and found that while establishment of the current statewide access point model had been useful, further improvements can be made to better address concerns and criticisms of the access point model raised by some providers as part of the research.

Requiring all referrals to go via a single access point will allow for creation of a single, state-wide waitlist for services. Currently multiple waitlists are held by providers and the access point, which prevents government from obtaining a true picture of unmet need in the community and impacts the Department's ability to direct resources to areas of emerging need.

**Question:**

**What should be considered in ensuring a single point of access, through which all referrals are processed, operates well?**

## 2.3 A Consistent Approach to Assessment of Need

(Relates to Principle 3: Services will be equitable)

The Tasmanian HACC Program will adopt a consistent approach to assessment of client need. This will include screening, eligibility, client capacity and level of need, and periodic reassessment. The University of Queensland Client Group Analysis found that the majority of Tasmanian HACC clients are long term (use services for six months or more) and that the probability of clients ceasing services is limited after receiving services for six months. Providers use a variety of tools to assess and review client need, leading to inconsistency and inequities in service delivery for clients across the Tasmanian HACC Program.

Development and implementation of a standardised approach to provision of client assessment with a wellness and reablement focus will improve equity of access, standardise prioritisation of client need and delivery of assessment services. It will help to provide greater transparency in how services are delivered for clients, providers and the Department as funder. Learnings from the establishment of the Australian Government's Commonwealth Home Support Programme will be considered in implementing any changes to the Tasmanian HACC Program.

**Question:**

**What assessment tools are Tasmanian HACC providers currently using to assess client need? What are the advantages and disadvantages of these tools?**

**How could the Tasmanian HACC Program standardise client assessment?**

**Do you think assessments and reviews should be conducted independently of service providers? Why or why not?**

**Should all organisations in receipt of Tasmanian HACC Program funding receive funding to perform assessments? Why or why not?**

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<sup>4</sup> Collier, J., Lucas, P.V., & Petroulakis, F. (2014). *Tasmanian Access Point Evaluation*. Project report prepared by the Australian Institute for Primary Care & Ageing, La Trobe University, for the Department of Health and Human Services, Tasmania.

## 2.4 Better Support of the Health System

(Relates to Principle 4: Services will be accountable, affordable and sustainable)

The Tasmanian HACC Program will perform a key support role for the health system by better supporting Tasmanians with chronic illness through building independence, resilience and the capacity of individuals to successfully adapt to adversity and ill health. It will achieve this by providing better targeted services that support vulnerable Tasmanians in their everyday lives; including care post hospitalisation and following an acute illness. It is acknowledged that there is a need to provide time limited care post hospitalisation.

The Tasmanian Government's *One State, One Health System, Better Outcomes* strategy is seeking to improve coordination and collaboration with, and integration of, primary and community health with acute services.

In addition, the *Healthy Tasmania* initiative has a focus on chronic conditions screening and management, with actions aimed at supporting people who are at risk of, and who live with, chronic illness to remain healthier at home.

The Tasmanian HACC Program will engage with the acute and primary care sectors to improve the response of community care services to the needs of the health system, including care following discharge from hospital.

Other states and territories use a variety of programs and services to support hospital discharge and provide post hospital care. The majority are state funded programs that are time limited and provide a mix of hospital avoidance and post hospital care services. This includes nursing and allied health in conjunction with support in the activities of daily living.

Recent age care reforms have highlighted the importance of timely planning and responses to the discharge and post hospital care needs of clients, regardless of age.

The changes proposed in this paper: more consistent and targeted approaches to access and assessment; a wellness and reablement focus to care; and greater program and provider accountability, will improve how the Tasmanian HACC Program supports clients following hospital discharge.

### Question:

**In what other ways can the Tasmanian HACC Program better support the health system?**

**How could Tasmanian HACC services be extended to people of all ages to provide time limited care following hospitalisation?**

## 2.5 Program Accountability and Effectiveness

Currently, the Tasmanian HACC Program only measures service delivery activity and does not monitor or evaluate service effectiveness for clients. In future, the Tasmanian HACC Program will purchase for outcomes as well as outputs.

In collaboration with the community sector, the Department has established the *Outcomes Purchasing Framework*<sup>5</sup>, which seeks to place a greater emphasis on the results of funding for the end user (in this case clients), rather than simply on the amount of services being purchased.

It is a requirement that the *Outcomes Purchasing Framework* be implemented in all funding relationships between the community sector and the Department.

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<sup>5</sup> Department of Health and Human Services. Community Sector Relations Unit. DHHS Funded Community Sector Outcomes Purchasing Framework (2014). Hobart.

The Department will work collaboratively with all Tasmanian HACC service providers to establish Commissioning for Outcomes Statements for the Tasmanian HACC Program, as well as outcomes and measures in all Tasmanian HACC Program funding agreements where possible from 1 July 2019.

The Department will also assist with monitoring and reporting tools to enable service providers and the Department to measure not only how much of something is delivered, but also how well it is delivered and if anyone was better off as a result.

Tasmanian HACC Providers will be provided with targeted support and development activities to jointly develop these outcome statements. Over time, providers will be required to use the results of this reporting to deliver ongoing improvements in service delivery. The outcomes statements will also form part of a larger program evaluation and performance reporting framework.

This will be used to monitor the impact and effectiveness of program policies and will inform future policy improvements. While these changes will require additional work by providers initially, the Department will seek to ensure that it does not create an unnecessary administrative burden.

In this context, the ongoing suitability of the Tasmanian HACC Minimum Data Set as the Program's primary service delivery reporting tool will be considered.

**Question:**

**Does your service currently measure the quality of services or the impact of services on clients in any way? If so, how?**

**Do you currently undertake continuous quality improvement in service delivery? What do you use to inform these improvements?**

**Are you aware of the Department of Health and Human Services' Outcomes Purchasing Framework? If so, what assistance do you think Tasmanian HACC service providers will need to develop and implement outcomes and measures in their Funding Agreements?**

**Would you like to see the Tasmanian HACC Program use the Australian Government's DEX system for its reporting requirements in future? Why or why not?**

The aim of these five reform objectives are to:

- significantly improve the health of Tasmanians with chronic and complex conditions
- drive a cycle of efficiency, and
- improve the outcomes of the health system.<sup>6</sup>

## 2.6 Program Aim

It is proposed that the aim of the Tasmanian HACC Program should be to provide safe, sustainable and efficient community care that supports people with ill health to be more independent, resilient and able to engage with their family, community and access other health and social care services.

Where a client has a carer, the Tasmanian HACC Program will also support the care relationship to enable the client and the carer to live independently in the community.

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<sup>6</sup> Tasmanian Government *One State, One Health System, Better Outcomes: Delivering safe and sustainable clinical services While Paper June 2015*. (2015). Hobart.

## 2.7 Target Population

The target population for the Tasmanian HACC Program will be:

- People living in the community aged less than 65 years, Aboriginal or Torres Strait Islander aged less than 50 years who need basic support services provided under the Tasmanian HACC Program to remain living at home, and
- Carers of the above.
- People requiring time limited basic home care services following an acute hospitalisation.

## 2.8 Eligibility Criteria

Eligibility will be based on age and on a person's assessed level of need for assistance with daily living to remain living independently in their home and community.

To be eligible for the Tasmanian HACC Program a person must meet the following criteria:

- 1 Aged less than 65 years, 50 years for Aboriginal and Torres Strait Islander
- 2 Have difficulty performing activities of daily living without help due to functional limitations
- 3 Live in the community
- 4 Be at risk of not being able to remain living independently at home with assistance from the Tasmanian HACC Program
- 5 Have needs that do not exceed a basic home support program, OR
- 6 Require time limited basic home based care following an acute hospitalisation.

Carers of people eligible for Program services may also receive support. For a carer to receive support the person cared for must be assessed as being eligible for Tasmanian HACC Program services.

How NDIS eligible clients interact with the Tasmanian HACC Program post full roll out of the NDIS is yet to be finalised. Further changes to the eligibility criteria may be required once this work is finalised.

### Question

**Are the proposed eligibility criteria appropriate?**

**Should anything else be considered with respect to the proposed eligibility criteria?**

## 2.9 Client Prioritisation

The Tasmanian HACC Program is sometimes asked by service providers about client prioritisation and eligibility.

The flexibility offered by the current Tasmanian HACC Program manual is a strength of the program, but it can also lead to variability in prioritising client need and the delivery of service above what would be considered basic and low level.

Through establishing a consistent method of client assessment and review, service providers will find it easier to assess an individual's priority and level of service provision.

### **Question**

**How does your service prioritise client need?**

**Do you experience problems with prioritising client need?**

**How could the Tasmanian HACC Program's prioritisation criteria be improved?**

## **2.10 Fees**

Client fee contributions under the Tasmanian HACC Program have not changed substantially since the split in responsibility for aged care services to the Australian Government in 2012.

Currently, clients may access Tasmanian Government subsidised HACC services regardless of their income status.

The Tasmanian HACC Program is considering the appropriateness of requiring those individuals with the capacity to pay to contribute fees that reflect the cost of service, particularly those services that are otherwise freely available commercially in the community, such as domestic assistance and home maintenance.

The Tasmanian HACC Program is also considering an appropriate fee contribution for those individuals whose primary source of income is a pension, or other government transfer payment.

The Department is cognisant of the range of expenses incurred for individuals with chronic health conditions and understands the difficulties these individuals may have in finding funds to contribute to client fees for Tasmanian HACC services.

The current program allows service providers to make an exception for the collection of fees.

The Department is also aware that the Australian Government is still developing its policy in regards to client contributions for the Commonwealth Home Support Programme for older people.

We are cautious about establishing a system under the Tasmanian HACC Program that could result in a price shock for individuals entering the aged care system.

### **Question**

**How could the charging of fees for Tasmanian HACC Program services be improved?**

**What transition issues need to be considered in implementing the changes proposed by this paper?**

### 3 Current and Future Work

Any changes to the Tasmanian HACC Program will be based on best practice evidence.

This includes research and analysis undertaken by the University of Queensland and La Trobe University, interrogation of the HACC Minimum Data Set and conducting further research.

The Department is currently completing a literature review of best practice in the delivery of community care to inform the proposed changes.

In addition, a unit pricing project of Tasmanian HACC services is to be undertaken in the near future. This will include a service mapping exercise and will develop a better understanding of the cost of delivering Tasmanian HACC services as well as their geographical availability.

Development of changes to the Tasmanian HACC Program will be a collaborative process.

The first step is the distribution and responses to this paper, which will be used to inform further policy decisions and program changes.

#### **How and when will changes be implemented? What is my role?**

The Department is seeking responses to the questions posed in this paper. Providing feedback on this paper is your first step in contributing to the design of the future Tasmanian HACC Program.

The next opportunity for service providers to contribute will be through the service mapping and unit pricing exercise later in 2017.

Following responses received on this paper, and the completion of research, the Department will develop a new draft Tasmanian HACC Program Manual and sample Funding Agreement for further discussion with stakeholders in 2018.

These two documents are the primary mechanisms through which change will be implemented.

The Department will seek to implement some changes from 1 July 2018; however, most changes are likely to be implemented from 1 July 2019, to coincide with the final departure of NDIS eligible clients from the Tasmanian HACC Program.