



Eligibility for Basic Community Care Services Sector-Wide Guideline

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| DCSI strategic objective: | Support independence and participation |
| SA strategic plan; | Target 32 – Customer and client satisfaction with government services |

1 Intent

The aim of this guideline is to provide a consistent and transparent framework for determining eligibility for basic community care services provided or funded by the Department for Communities and Social Inclusion (the Department) through the South Australian Home and Community Care Program (SA HACC). The purpose of defining eligibility is to enable people with disability and their carers to access services and to ensure that services are directed towards the intended population.

2 Context

Program Reform

Basic community care services are provided under the National Disability Agreement to assist people with disability to live independently, and to actively participate and engage in their community.

The services provide timely and targeted lower levels of support (usually 1-5 hours per week) to help a person regain and/or maintain their physical and cognitive function, or to prevent any decline in skills and capabilities; thereby maximising a person's independence and quality of life.

Basic community care services:

- may complement and enhance specialist supports provided by disability and other service systems but are not designed to duplicate or replace them.
- potentially minimise a person's need for future higher levels of ongoing support, as is provided through specialist disability services.
- are also designed to support the carers of people with disability to maintain their caring role. This is in recognition that the support of carers is necessary for enabling many people with disability to live independently in the community.

From 1 July 2012, the South Australian Government assumed funding and program responsibility for services delivered under HACC for people under the age of 65 years (under 50 years for Aboriginal and Torres Strait Islander people) in line with its principal responsibility for delivery of other disability services under the National Disability Agreement, and funding responsibility for packaged community and residential aged care services delivered on behalf of the Commonwealth for people under the age of 65 years (under 50 years for Aboriginal and Torres Strait Islander people).

These reforms provided an opportunity to develop an integrated service system for people with disability under 65 years requiring community and home support. In South Australia, the Department now funds a continuum of disability services, supports and programs for people living with disability under the National Disability Agreement, which includes both specialist disability services and basic community care services.

Eligibility for basic community care services provided or funded by the Department is governed by the department's sector-wide policy on Eligibility for Disability Services and Programs.

The Department is responsible for the selection and funding of service providers to deliver basic community care services according to regional needs. A broad range of service providers are funded by the Department to deliver basic community care services and some of these include:

- Local government
- Community and not-for-profit organisations
- Religious and charitable bodies
- State government agencies
- Commercial (for profit) providers.

To be funded to deliver basic community care services, a service provider must be assessed as an 'eligible organisation' by the Department. An 'eligible organisation' is a legal entity that has the capability to provide services under the terms and conditions of a service agreement issued by the Department.

Sector Reform

The National Disability Insurance Scheme (NDIS) commenced in South Australia with a children's launch on 1 July 2013. Since this time, funding and responsibility for determining the eligibility and allocating and planning services for children and young people from birth to 13 years has progressively transitioned from the Department to the National Disability Insurance Agency. The NDIS will continue to be rolled out in South Australia as follows:

- From 1 February 2016, children aged between 0 to 14 years of age across South Australia will continue to enter the NDIS.
- From 1 January 2017, young people aged between 15 and 17 years of age across South Australia will begin to enter the NDIS.
- From 1 July 2017, adults aged 18 to 64 years of age will begin to enter the NDIS based on where they live.

South Australia has signed up to the full implementation of the NDIS for all South Australians with disability, which will commence from 2016, with full implementation by 2018.

The NDIS provides support and, where relevant, individualised funding to support people with disability. Once fully implemented, the NDIS will change the way disability services are assessed and provided to individuals.

Given the evolving nature of the way disability services are managed and delivered in South Australia, this guideline needs to provide clarity and consistency about determining eligibility for basic community care services until full scheme implementation of the NDIS.

3 Risk

In the absence of a consistent and transparent framework for determining eligibility for basic community care services, there is a risk that inconsistent eligibility decisions will be made. This can result in a lack of clarity for people with disability, their families and carers about the assistance they can expect.

4 Reference Documents

4.1 Directive Documents

- National Disability Agreement 2013
- National Disability Insurance Scheme Act 2013 (Cth)
- Home Care Standards 2015
- National Carers Strategy 2011
- Carers Recognition Act 2005 (SA)
- Department for Communities and Social Inclusion Eligibility for Disability Services and Programs Sector-Wide Policy
- DCSI Client Feedback Policy

5 Scope

Included:

5.1 This guideline applies to basic community care services that are provided and/or funded by the Department through the SA HACC Program to assist people with disability and their carers.

5.2 The definition of disability under this guideline has a scope that focuses on a person's functional capacity. This differs from the concept of disability used in other Departmental eligibility guidelines where diagnostic criteria and functional capacity are used to determine eligibility for services. In the basic community care services guideline the definition of disability is derived from the Australian Bureau of Statistics Survey of Disability, Ageing and Carers, and the World Health Organisation's International Classification of Functioning, Disability and Health (ICF).

5.3 Basic community care services may include:

- a) allied health care
- b) assessment

- c) case management
- d) centre-based day care
- e) client care coordination
- f) counselling/support, information and advocacy
- g) domestic assistance
- h) food services
- i) formal linen service
- j) goods and equipment
- k) home maintenance
- l) home modification
- m) meals
- n) nursing care
- o) personal care
- p) respite care
- q) social support
- r) transport

5.4 Allied health care and nursing care are service types currently provided by the disability service system under basic community care services. At full implementation of the NDIS from 1 July 2018, these arrangements may change.

Excluded:

5.5 Basic community care services do not include:

- a) accommodation, including re-housing and supported accommodation, or a related support service
- b) acute and emergency services delivered through Local Hospital Networks
- c) primary health care delivered through general practitioners, Medicare Locals and community based services. This includes, but is not limited to, medical and pharmaceutical products, dental services and medical services covered under the Medicare Benefits Schedule, or otherwise government funded (including surgical procedures related to aids and equipment)
- d) specialist palliative care services including in-patient services and out-patient services delivered in the person's home or clinical settings
- e) specialist post-acute rehabilitation services
- f) disability specific services other than those provided to people with dementia or a related condition

- g) services that have been provided to an individual under the NDIS.

6 Definitions and Terminology

Advocate

Refers to a person selected to act on behalf of a service user or their representative.

Allied health care

Refers to professional allied health services such as physiotherapy, podiatry, advice from a dietician or nutritionist, speech therapy, occupational therapy and social work. Services may be delivered within a person's home, from a community centre, or other setting and may be time limited, episodic, short-term or long-term. Specialist post-acute care and rehabilitation services are out of scope of the allied health care service type.

Assessment

Refers to assessment and re-assessment activities involving the identification of a person's needs and the determination of eligibility for service provision. Also includes Occupational Health and Safety assessments undertaken by the service provider in relation to service delivery.

Carer

Refers to a natural person who provides ongoing care and assistance to:

- a) A person who has a disability within the meaning of the *Disability Services Act 1993*; or
- b) A person who has a chronic illness, including mental illness, within the meaning of the *Mental Health Act 1993*; or
- c) A person who, because of frailty, requires assistance with the carrying out of every-day tasks.

A person is not considered a carer if the person provides care or assistance:

- a) Under a contract for services or a contract of service; or
- b) In the course of doing community work organised by a community organisation within the meaning of the *Volunteers Protection Act 2001*.

A person is not a carer for the purposes of this guideline only because the person:

- a) Is a spouse, domestic partner, parent, or guardian of the person to whom the care or assistance is being provided; or
- b) Provides care to a child who has been placed in the care of that person under the *Children's Protection Act 1993* or any other Act.

Case management

Refers to the coordination of services from more than one service provider on behalf of a person with disability. Case management can include advocacy, information provision, linkage to services, and coordinating intervention.

Centre-based day care

Refers to attendance or participation in group activities conducted in a centre-based setting. Also includes group outings/activities conducted by centre staff, away from the centre. Social support provided in the group environment, light refreshments, excursion-associated transport and personal care within the activity is also identified as centre-based day care.

Client care coordination

Refers to coordination activities undertaken to facilitate access to services for people who need help to access more than one service. Services include implementing the care plan, liaison with service providers, advocacy to ensure the person has access to the range of services required, and monitoring and reviewing the care plan.

Core activity tasks

Refers to specific tasks related to the core activities of communication, mobility and self-care.

Counselling/support, information and advocacy

Refers to supportive services to help people with disability and their carers to understand and manage situations, behaviours and relationships associated with the person's need for care. This includes advocacy and the provision of advice, information and training. These services may be delivered in a one-on-one or group setting.

Disability

The definition of disability under this guideline is derived from the Australian Bureau of Statistics Survey of Disability, Ageing and Carers, and the World Health Organisation's International Classification of Functioning, Disability and Health (ICF). According to these sources, a person has a disability if they have a limitation, restriction or impairment that has lasted, or is likely to last, for at least six months and restricts everyday activities. There are four levels of core activity limitation (profound, severe, moderate and mild) based on whether a person needs help, has difficulty with, or uses aids or equipment for specific tasks related to the core activities of communication, mobility and self-care.

- **Profound disability:**

The person is unable to do, or always requires help or supervision with, a core-activity task.

- **Severe disability:**

The person:

- sometimes requires help or supervision with a core-activity task, or
- has difficulty understanding or being understood by family or friends, or
- can communicate more easily using sign language or other non-spoken forms of communication.

- **Moderate disability:**

The person requires no help but has difficulty with at least one core-activity task.

- **Mild disability:**

The person requires no help and has no difficulty with any of the core-activity tasks, but:

- uses aids and equipment
- cannot easily walk 200 metres
- cannot walk up and down stairs without a handrail
- cannot easily bend to pick up an object from the floor
- cannot use public transport
- can use public transport but needs help or supervision
- needs no help or supervision but has difficulty using public transport.

Disability specific services

Refers to specialist disability services delivered under the legislative framework of the *Disability Services Act 1993*. Examples of services include supported accommodation, community support, community access, and therapy.

Domestic assistance

Refers to assistance provided in the home, including but not limited to house cleaning, dishwashing, clothes washing and ironing, shopping, and bill paying.

Food services

Refers to assistance with the preparation and cooking of a meal in the person's home, or the provision of advice on nutrition, storage, or food preparation.

Formal linen service

Refers to the provision of laundering and linen for people, usually by a separate laundry facility or hospital, to assist in the day-to-day management of a person's incontinence. Examples of formal linen services include the provision of linen; collection, laundering and delivery of fresh linen; other clothes washing or laundering as appropriate. Linen can include sheets, pillowslips, blankets etc. as well as airing and cleaning mattresses.

Goods and equipment

Refers to the loan or purchase of goods and equipment to assist the person to manage their disability and/or maintain their independence. Items will assist the person's mobility, communication, reading, personal care or health care, and may include incontinence pads, dressing aids, wheelchairs etc. May also include the purchase of firewood in remote Indigenous communities.

Home maintenance

Refers to assistance with the maintenance and repair of a person's home, garden or yard to keep their home in a safe and habitable condition. Services may include lawn mowing, rubbish removal, wood chopping, changing light bulbs, and replacing tap washers.

Home modification

Refers to the provision of structural changes to a person's home to improve safety or accessibility for the person. It will often include the installation of grab rails, hand rails, ramps, shower rails, emergency alarms and other minor renovations. Does not include general repairs to the house.

Meals

Refers to meals that are prepared and delivered to a person. May be provided within the home, centre, or other setting. Does not include meals prepared in the person's home.

Nursing care

Refers to post-acute health care provided to a person by a registered or enrolled nurse for the ongoing management of a chronic condition. Nursing care in this context does not include direct clinical treatment for an acute condition or therapy. Nursing care can be delivered in a person's home, centre or other location and may include services such as medication management and wound care.

Personal care

Refers to assistance with daily self-care tasks, including eating, bathing, toileting, dressing, grooming, getting in and out of bed, and moving about the house. May also include medication monitoring.

Respite care

Refers to the temporary provision of a substitute carer for a person with disability so that their regular carer may have relief from their caring role. Respite care may be provided in the home or when a substitute carer accompanies both the carer and care recipient on an outing or holiday.

Social support

Refers to the support provided by a companion (paid worker or volunteer) that is primarily directed at meeting the person with disability's need for social contact and/or accompaniment in order to participate in community life. Social support may be provided within the home environment or while accessing community services or facilities. May include friendly visiting services, letter writing for the person, help to do paperwork, shopping, bill-paying, telephone-based monitoring services, and banking (when the person with disability is accompanied by the worker).

Generally support is provided one-on-one, but there may be occasions where the support is provided in a small group.

Specialist post-acute rehabilitation service

Refers to a service comprising clinicians from a variety of disciplines with the clinical intent or treatment goal of assisting a person to restore or increase their optimal level of functioning through time limited goal-oriented episodes of care, evidence based supports, and interim prosthetics, rendered immediately following an episode of acute care.

Tasks of daily living

Refers to core activities of daily living such as communication, dressing, bathing or showering, preparing meals, house cleaning and maintenance, and using public transport.

Transport

Refers to assistance with transportation either directly through a ride in a vehicle provided or driven by an agency worker or volunteer, or indirectly through taxi vouchers or subsidies.

7 Guideline Detail

7.1 Eligibility Criteria

7.1.1 To be eligible for basic community care services:

- a) The person must be under 65 years of age at the time of referral, or under 50 years of age for Aboriginal or Torres Strait Islander people.
 - b) The person must have a moderate, severe or profound functional disability which, in interaction with various barriers, hinders the person's participation in society on an equal basis with others.
 - c) The person must require support to enable participation in society on an equal basis with others.
 - d) The person must not reside in a disability supported accommodation service or residential aged care facility where the disability service provider or aged care facility is receiving government funding for the delivery of the same or similar services.
- or**
- f) The person must be a carer of a person with a disability who meets the above eligibility criteria.

7.1.2 An Aboriginal or Torres Strait Islander person aged 50-64 years is eligible to access basic community care services from either a state basic community care funded organisation or a Commonwealth HACC program funded organisation.

7.1.3 An Aboriginal or Torres Strait Islander person aged 50-64 years who is receiving Commonwealth Government subsidised basic community care services is not eligible for basic community care services provided or funded by the Department.

- 7.1.4 A person with disability receiving specialist disability services may be eligible to receive complementary basic community care services. Access to these services is prioritised on the basis of the needs and circumstances of the person with disability, and the ability of the service provider to meet those needs within the guidelines of the funding available.
- 7.1.5 A person who is a participant of the NDIS may be eligible to receive basic community care services that do not duplicate services or supports of the type that have been provided to that person under the NDIS.
- 7.1.6 Specific basic community care services offered by funded organisations may have their own eligibility requirements related to identifiable target groups and program or service aims outlined in service level funding agreements.

7.2 Priority for Eligibility Assessment

- 7.2.1 Eligibility assessments are prioritised according to the urgency of the person's situation. The following indicators may be considered when determining priority for eligibility assessment:
- a) Severity of the person's disability, including the difficulties they experience with tasks of daily living
 - b) The presence of dementia, memory loss, and related disorders
 - c) Requirements for medical or nursing help
 - d) Safety of the person's physical environment
 - e) Geographical location (including rural isolation)
 - f) Financial disadvantage
 - g) Cultural background (including people of Aboriginal and Torres Strait Islander descent, and people of a culturally and linguistically diverse background)
 - h) Social contacts
 - i) Availability of carer
 - j) The physical, psychological or financial condition of the carer
 - k) The social support available to the carer
 - l) The carer's competing commitments, such as employment
 - m) The level of service to be provided given that basic community care services only provide a lower level of support
 - n) The vulnerability of the individual to a further deterioration of their functional ability;
 - o) The effect of service delivery on the carer
 - p) The likely effect of the service provided in assisting an individual to attain their goals

- q) The effect on other existing and prospective consumers of providing services for this individual
- r) Safety for consumers and staff.

7.3 Eligibility Decisions

- 7.3.1 Eligibility for basic community care services is determined by the service provider in accordance with the principles of this guideline.
- 7.3.2 Access to basic community care services is prioritised on the basis of the needs and circumstances of the individual with the disability, or their carer, and the ability of the service provider to meet those needs within the guidelines of the funding available.
- 7.3.3 Eligibility decisions will involve an initial eligibility assessment by the service provider that considers a person's functional capacity and/or the capacity of their carer, their relative support needs, and the type of assistance required.
- 7.3.4 An eligibility assessment will result in one of the following decisions:
 - a) Eligible
 - b) Not Eligible
- 7.3.5 Basic community care services are not designed to duplicate or replace specialist supports provided by disability and other service systems. Where a person is assessed as requiring a level of service that is beyond the scope of basic community care services, the person is to be referred by the service provider to other programs and services better suited to their support needs.

7.4 Reviewing Eligibility Decisions

- 7.4.1 The eligibility status of a person receiving basic community care services is to be formally reviewed annually to assess for continued eligibility, or reassessed when the person's support needs change. All service providers are responsible for eligibility reviews and reassessments of existing clients.

7.5 Appeal and Complaints Process

- 7.5.1 If a person is dissatisfied with an eligibility decision, and the matter cannot be resolved informally, they have the right to lodge a complaint with the service provider without retribution.
- 7.5.2 Where appropriate, complaints should be dealt with in the first instance by the service provider.
- 7.5.3 The Home Care Standards require all service providers to implement a complaints management process, and ensure that service users, their carers, families and staff are aware of this process.

- 7.5.4 Any complaint received is to be managed by service provider in a proactive and timely manner, with feedback about each complaint provided to the complainant.
- 7.5.5 If the person is unable to resolve the complaint at the service provider level, or they do not wish to approach the service provider directly, they have recourse to assistance from the Department or other complaints authorities that are independent of that service provider. The person is to be directed to the Department's feedback and complaints process as outlined in the Eligibility for Disability Services and Programs Sector-Wide Policy.

7.6 Advocacy

- 7.6.1 A person has the right to involve an advocate of their choice when pursuing and seeking resolution of complaints.
- 7.6.2 The Home Care Standards require all service providers to support the right of a service user to an advocate by providing information and assistance to access and use an advocate.
- 7.6.3 The advocacy services that may be of assistance in South Australia are:
- a) Citizen Advocacy
Telephone: 8410 6644
20 Myers Street, Adelaide SA 5000
PO Box 6804 Halifax Street
Website: www.citizenadvocacysa.com.au
 - b) Disability Advocacy and Complaints Service of South Australia Inc
Telephone: 7122 6030
National Relay Service: 1800 555 630
29 High Street, Kensington SA 5068
Website: www.dacssa.org.au
 - c) Disability Rights Advocacy Service Inc (formerly MALSSA)
Telephone: 8351 9500 (Head Office)
Telephone: 8582 2422 (Berri)
Telephone: 8723 6002 (Mt Gambier)
Head Office: Shop 4, 80 Henley Beach Road, Mile End SA 5024
Website: www.dras.com.au
 - d) Family Advocacy Inc
Telephone: 8340 4450
TTY: 1800 856 464
Head Office: 5 Ninth Street, Bowden SA 5007
Website: www.familyadvocacy.org.au
 - e) Independent Advocacy SA Inc
Telephone: 8232 6200
Country Phone: 1800 999 884
99 Frome Street, Adelaide SA 5000
Website: www.independentadvocacysa.org.au

- f) NPY Women’s Council Aboriginal Corporation
 Telephone: 8958 2345
 Gate 2, 3 Wilkinson Street, Alice Springs NT 0870
 PO Box 8921, Alice Springs NT 0871
 Website: www.npywc.org.au
- g) Brain Injury SA
 Telephone: 8217 7600
 Country Phone: 1300 733 049
 70 Light Square, Adelaide SA 5000
 Website: www.braininjurysa.org.au

8 Aboriginal Impact Statement Declaration

The needs and interests of Aboriginal and Torres Strait Islander people have been considered and appropriately addressed in the development of this guideline.

9 Approval

| Content Author: | Resource Custodian: | Delegated Authority: |
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