

HACC-PYP providers: Advice on NDIS transition

Community Based Health Policy & Programs Branch
Department of Health and Human Services, Victoria
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Purpose

This bulletin answers a number of questions for providers funded to deliver services under Victoria's Home and Community Care Program for Younger People (HACC-PYP) during the implementation of the National Disability Insurance Scheme (NDIS). The bulletin builds on [NDIS transition information for HACC-PYP providers \(February 2018\)](#).

Q1: Which HACC-PYP clients should test their eligibility for NDIS?

The National Disability Insurance Agency (NDIA) has a list of the names of HACC-PYP clients who are potentially eligible for the NDIS. These individuals were nominated by the Department of Health and Human Services (DHHS) with the involvement of HACC-PYP providers as part of the Statewide Client Data collection. The most recent data refresh occurred in September 2018.

The NDIA will contact these clients to test their eligibility for the scheme. Clients will be required to provide additional evidence to enable the eligibility assessment to be completed.

Q2: How do we know which HACC-PYP clients are potentially eligible for the NDIS?

The names of potentially eligible clients are found in your Provider Reports. The reports are now available online at https://tableau.deloitte.com.au/#/site/NDISclientrollout/views/ProviderReportsProvider_0/Cover

After following the link, click 'Client or business partner', then select 'Continue to Sign In' and login with your unique username and password. This login was previously sent to you via SigBox.

Additional staff logins to the online provider report can be authorised by your service agreement financial signatory. Please email ndis.data@dhhs.vic.gov.au with the additional staff contact details.

You should advise all potentially eligible clients that the NDIA will be making contact with them and that they should provide any information that the NDIA is asking for.

Note that if you have accepted new clients since September 2018, they may not be on the NDIA's list of potentially eligible clients, and not in your Provider Reports, so you should advise them to contact the NDIA directly if they believe they are eligible.

Q3: Can other HACC-PYP clients test their eligibility?

Yes. Any clients who believe they may be eligible for the NDIS and who are not on the Statewide Client Data list should be encouraged to contact the NDIA by phone on 1800-800-110 or by visiting <https://www.ndis.gov.au/people-disability/access-requirements.html>

Q4: How can HACC-PYP providers support people to gain access to the NDIS?

HACC-PYP assessment hours can be used to assist potentially eligible clients to test their eligibility for the NDIS. If you support your clients in this way, you can report this as hours of assessment, even if your organisation is not funded for HACC-PYP Assessment.

Q5: How can HACC-PYP providers assist clients to transition, especially those who are reluctant to make changes to existing arrangements?

We encourage providers to help make the client's experience of transition to the NDIS as smooth as possible. In preparation for a planning meeting with the NDIA or Local Area Coordinator (LAC), it is important that clients understand what services they are currently receiving and have thought about what other NDIS supports they need.

Clients who may need help in locating a registered NDIS provider and/or activating an NDIS plan should:

- be encouraged to ask that their NDIS plan include funds for Support Coordination
- ask their local LAC for help.

If a client comes to you, you can help them, if you have the capacity. You should report this support as hours of assessment even if you are not funded for assessment.

If a client is reluctant to make changes to their existing arrangements or wishes to maintain links to a particular worker who understands their needs, it may be helpful to let them know that they may get additional supports under the NDIS. Should the client seek your help to work with the NDIA and/or the LAC to identify a registered NDIS provider, it is acceptable to use your HACC-PYP funding for this purpose. However, you need to negotiate this arrangement in advance in writing with your divisional DHHS Agency Performance Adviser.

Other ways you can help clients in transition

If your organisation has opted into the **'method 1' (in-kind arrangements)**:

1. During the in-kind period, your organisation must continue to provide the same level of HACC-PYP services as previously, regardless of what is included in a client's NDIS plan, because the department will continue to fund you to provide these services.
2. If you believe a client's NDIS plan is inadequate, you should encourage them to seek an immediate plan review.
3. Your organisation should monitor online provider reports, at https://tableau.deloitte.com.au/#/site/NDISclientrollout/views/ProviderReportsProvider_0/Cover on a regular basis, to identify clients with NDIS status 'Access Met'. Once a client gets 'Access Met' status, you should help them to prepare for their NDIS plan meeting. It is critical that clients understand what services they are currently receiving and that they think about what services they expect to receive from the NDIS.
4. You should encourage clients to advise the NDIA as soon as possible of their nominated registered NDIS provider, that will deliver services at end of the in-kind period, as there are lead times for the NDIA to process this information.
5. If a client approaches you for support to find a registered NDIS provider, you can help them if you have the capacity to do so, even though it is the LAC's role.
6. Time spent supporting clients in this way should be reported as 'HACC Assessment' in the HACC MDS even if your organisation is not funded for HACC-PYP Assessment.

If your organisation opted into **'method 2' (progressive cashing out arrangements)**:

1. Your organisation should monitor the online provider reports at https://tableau.deloitte.com.au/#/site/NDISclientrollout/views/ProviderReportsProvider_0/Cover to identify clients with NDIS 'Access Met' status. You should support these clients to prepare for their NDIS plan meeting. It is critical that clients understand what services they are currently receiving and that they think about what services they expect to receive from the NDIS.

2. This support should be reported in the HACC MDS as 'HACC Assessment' even if your organisation is not funded for HACC-PYP Assessment.
3. You should encourage clients to find registered NDIS providers and transition to the new providers as fast as possible once they have an NDIS approved plan.
4. You should continue to provide services that are not part of an NDIS plan including nursing, volunteer programs and some allied health because the department will continue to fund you for these activities.

Q6: Can potentially eligible NDIS participants access HACC-PYP services?

Yes. If your organisation is using **'method 1' (in-kind arrangements)** the client continues to access existing HACC-PYP services at the same level until the end of the in-kind period.

If your organisation is using **'method 2' (progressive cashing out arrangements)**, existing HACC-PYP clients should continue to be provided with HACC-PYP services while testing their NDIS eligibility. When an NDIS plan has been approved you should exit the client from your HACC-PYP services as soon as the client has made arrangements for how their NDIS services will be provided.

Q7: Can an NDIS participant access HACC-PYP services?

Yes, depending on the kind of service.

Some services funded by HACC-PYP do not have a matching NDIS funded support. Examples are volunteer delivered social support or transport, some kinds of allied health such as podiatry, and home nursing. In addition, an NDIS participant may require HACC-PYP personal care on a short-term basis to address a health related need. In this instance you should apply the program eligibility criteria and priority of access policy, and assess the person's relative need for services, compared to other clients, in the context of a finite HACC-PYP budget (see **Q17**).

Q8: What if it seems that the person's NDIS plan has wrongly excluded a particular type of service?

If you believe that a particular kind of service currently provided by HACC-PYP should be in the person's NDIS plan, you should encourage the person to contact the NDIA and/or the LAC to seek an early review of their NDIS plan.

Q9: Can HACC-PYP supplement inadequate hours of service in an NDIS participant's plan?

The NDIS is responsible for funding a participant's reasonable and necessary disability related supports. It is not the role of HACC-PYP to supplement inadequate levels of NDIS supports in a participant's plan.

Q10: What happens to HACC-PYP clients who don't get into the NDIS?

HACC-PYP clients who do not meet NDIS access requirements will continue to be eligible for HACC-PYP. The status of clients who are waiting for an eligibility decision can be tracked in online provider reports (e.g. 'Access Met, 'Draft') available at

https://tableau.deloitte.com.au/#/site/NDISclientrollout/views/ProviderReportsProvider_0/Cover

Q11: What happens when an NDIS participant turns 65?

If a person turns 65 years after they become an NDIS participant they will have a choice. They can continue to receive supports either from the NDIS or through the Commonwealth aged care system.

Q12: What happens when a HACC-PYP client turns 65?

If a client turns 65 and is not already in the NDIS, you should exit them from HACC-PYP and should assist them to make a smooth transition to the aged care service system by contacting My Aged Care.

Q13: When does transition to the NDIS finish or 'close out' for HACC-PYP?

Dates have recently been confirmed to 'close out' the transition of HACC-PYP funds for clients who have transitioned to the NDIS. For most areas, the HACC-PYP close-out date is the same date as the end of HACC-PYP in-kind period.

For a complete list of close-out dates by NDIS area, see **Table 1** on page 7.

Q14: What happens to HACC-PYP funding once an area is closed out for HACC-PYP?

DHHS's funding adjustments have been based on the principle of 'funds follow clients'.

Once an area is declared 'closed out', your HACC-PYP funds will be adjusted to take account of all clients who have an approved NDIS plan. The final adjustment is likely to be seen three months after the close-out date. No further funds will be withdrawn with respect to HACC-PYP services that you deliver in that area, even if further clients in that area gain an approved NDIS plan after the close-out date. The remaining funds can be used for continuing HACC-PYP clients and any new clients. (See also **Q7** above.)

A provider's exact amount of HACC-PYP funds remaining once an area is closed out will depend on the number of clients who transitioned to the NDIS and the value of services they have been receiving from HACC-PYP. In effect, a provider's HACC-PYP grant is split between:

- (i) funds associated with services formerly delivered to clients who have transitioned to the NDIS,
- (ii) funds for services to remaining clients, which will stay with the provider, and
- (iii) funds that are out of scope for the NDIS (for volunteer services, nursing, some allied health services, and infrastructure grants), which will also stay with the provider.

Q15: What if more of our clients transition to the NDIS after the close-out date?

Clients are entitled to test their eligibility for the NDIS at any stage. If they are successful, your ongoing HACC-PYP funds will not be affected. You will cease delivering HACC-PYP services to these new NDIS participants, and you can accept new HACC-PYP clients, using the normal process for determining eligibility and priority (see **Q17**).

Q16: When will HACC-PYP funding adjustments cease?

Once an area is declared closed out, funds will be adjusted for all clients with approved NDIS plans. No further funds will be withdrawn from HACC-PYP providers operating in that area, even if further clients gain an approved NDIS plan after the close-out date.

Under the department's business processes, funding adjustments will still occur after the close-out date for clients whose NDIS plan was approved **on** or **before** the close-out date.

For North Eastern Melbourne Area (NEMA), Central Highlands and Loddon, the close-out has been completed and no further funding adjustments will be made.

Inner Gippsland, Ovens Murray and Wimmera South West closed out on 30 September 2018 and the final funding adjustment will be actioned in the February 2019 payment.

Table 1 shows the close-out dates for all other areas. Final adjustments will be applied 3 to 6 months after the close-out date to enable all client transfers to be completed and billing information processed. Providers will be notified of the final funding adjustment nearer to the close-out date.

Q17: How should remaining HACC-PYP funds be allocated among eligible clients?

HACC-PYP will continue after the NDIS has fully rolled out. Services will be delivered in line with the HACC Program Guidelines, including eligibility and priority of access principles.

HACC-PYP has never been an entitlement program and providers will continue to determine:

- Is the person eligible? That is, does the person have difficulty performing activities of daily living?
- Does the person need a service provided by HACC-PYP, or do they need something else? That is, can the need be met by other funded programs such as the NDIS?
- If eligible, is this person the one who will most benefit 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 NDIA?

Your organisation should be reviewing the eligibility of all HACC-PYP clients on an annual basis, or in response to any change in client circumstances.

Note that a person under the age of 65 can test their NDIS eligibility at any time, particularly if their disability related support needs increase.

It is important to note that providers are responsible for managing competing client demands within their budget.

Q18: Our organisation has opted for 'method 1' (in-kind arrangements). What should we continue to report via the HACC MDS?

Providers should continue to report any HACC-PYP funded services delivered to clients, including clients who have an NDIS approved plan. Reporting is via the HACC MDS on a quarterly basis.

During the in-kind period, reports will include the hours delivered on an in-kind basis to NDIS participants with an approved plan. When these clients transfer to a registered NDIS provider, providers should record the '*Date of exit from HACC service episode*' in the HACC MDS.

Do not report via the HACC MDS if your organisation is a registered NDIA provider, and you have delivered *additional* hours of service to clients who are NDIS participants for cash during the in-kind period. You would invoice the NDIA for these hours.

Do not use the HACC MDS to report hours delivered to NDIS participants on a cash basis after the end of the in-kind period.

Regardless of your NDIA registration status, you should use the HACC MDS to report any hours of HACC-PYP service that you deliver to NDIS participants that are not part of their NDIS plans (such as nursing, allied health or volunteer support).

Q19: Our organisation has opted for 'method 2' (progressive to cash). What should we continue to report via the HACC MDS?

You should continue to report any services funded by HACC-PYP that you deliver to clients. You should:

- submit the standard HACC MDS **every month**, instead of every 3 months, during the NDIS transition; and
- ensure that client records have been updated for the item 'Date of Exit from HACC Service Episode'.

When a client transfers to the registered NDIS provider for in-scope services (see (Q20)), you should record the '*Date of exit from HACC service episode*' in the HACC MDS.

DHHS will use the client date of exit rather than the date of NDIS plan approval to calculate funding adjustments. Queries on how to implement the monthly data collection can be emailed to: haccmds@dhhs.vic.gov.au

If your organisation is a registered NDIS provider, the NDIS participant may choose to continue to receive services from your organisation on a fee for service basis. These services would not be reported via the HACC MDS.

Regardless of your NDIA registration status, you should use the HACC MDS to report any hours of HACC-PYP service that you deliver to NDIS participants that are not part of their NDIS plans (such as nursing, allied health or volunteer support).

Once your area is closed out for HACC-PYP transition to the NDIS, you should stop reporting monthly and revert to **quarterly** HACC MDS reporting.

Q20: What HACC-PYP funded activities are in scope for funding adjustments?

The following HACC-PYP activities are in scope for funding adjustments when a client receiving the services transitions to the NDIS:

- Domestic assistance
- Personal care
- Respite
- Delivered meals
- Property maintenance
- Planned activity group - core
- Planned activity group - high
- Allied health.

Q21: Can we claim recompense for loss of fee revenue during the in-kind period?

Yes. If your organisation incurred a loss of revenue from HACC-PYP client fees during the in-kind period, you may submit a claim. The NDIA's rule has been that NDIS participants cannot be charged a co-payment, and this has been interpreted as meaning that a provider cannot charge the normal HACC-PYP fee once a client has NDIS plan approved status, even though the person has continued to receive services on an in-kind basis until the end of the HACC-PYP in-kind period.

You need to quantify the value of lost fees. Should you wish to make a claim, please make an estimate of the amount of fee income foregone and submit it via email to louise.mcguire@dhhs.vic.gov.au with a copy to your Agency Performance Advisor. The claim will be considered by comparing it to your organisation's last two HACC-PYP client fee reports.

The amount of recompense paid may be offset against the value of any under-performance in achieving HACC-PYP output targets in 2017-18.

Fee recompense will only be considered once an NDIS area is closed out (see Q13).

Q22: Can we claim recompense for delivering services to clients in the 'gap' between the date of plan approval and the date of exit from HACC-PYP?

Yes, in some circumstances. This applies to two groups of providers:

- Providers who opted for 'method 2' (progressive to cash) but are not registered as NDIS providers. Recompense may be payable with respect to expenditure on clients whose NDIS plan was approved before 1 April 2018.
- 'Method 1' providers in NEMA, Central Highlands and Loddon who are not registered as NDIS providers. Recompense may be payable with respect to expenditure on clients whose NDIS plan was approved after the end of the in-kind period (30 Sept 2017 in NEMA and Central Highlands, 31 January 2018 in Loddon).

It is not necessary to submit a claim. We have developed a method of estimating each provider's expenditure on HACC-PYP services during the 'gap' period between each client's date of NDIS plan approval and the date on which the client began to receive services from a registered NDIS provider. The method involves consulting the HACC-MDS and NDIA data on invoicing by registered providers.

The amount of recompense paid may be offset against the value of any under-performance in achieving HACC-PYP output targets in 2017-18.

Q23: How are funding adjustments calculated for allied health services?

We have changed the method of calculating funding adjustments to HACC-PYP providers with respect to clients who were receiving allied health services before transitioning to the NDIS. The revised method is sensitive to the sub-type of allied health supplied to each client. It is based on data showing that a person who was receiving occupational therapy, speech therapy or counselling funded by HACC-PYP is more likely to have funds in their NDIS plan for these types of therapeutic support, compared to podiatry, physiotherapy or dietetics. The effect is that providers will retain a relatively higher proportion of existing HACC-PYP funds for podiatry, physiotherapy and

dietetics to help manage ongoing demand from both NDIS participants and non-participants for these types of allied health.

Table 1: NDIS area close-out timelines for HACC-PYP

DHHS Area	NDIS Roll-out Start Date	HACC-PYP in-kind period end Date	NDIS close-out date for HACC-PYP
Barwon	(fully rolled out)		
North Eastern Melbourne	1 July 2016	30 September 2017	31 March 2018
Central Highlands	1 January 2017	30 September 2017	31 March 2018
Loddon	1 May 2017	31 January 2018	30 April 2018
Inner Gippsland	1 October 2017	30 September 2018	30 September 2018
Ovens Murray	1 October 2017	30 September 2018	30 September 2018
Wimmera South West	1 October 2017	30 September 2018	30 September 2018
Outer Eastern Melbourne	1 November 2017	31 January 2019	31 January 2019
Inner Eastern Melbourne	1 November 2017	30 April 2019	30 April 2019
Hume Moreland	1 March 2018	31 May 2019	31 May 2019
Bayside Peninsula	1 April 2018	30 September 2019	30 September 2019
Southern Melbourne	1 September 2018	30 November 2019	30 November 2019
Brimbank Melton	1 October 2018	31 December 2019	31 December 2019
Western Melbourne	1 October 2018	31 December 2019	31 December 2019
Goulburn	1 January 2019	31 December 2019	31 December 2019
Mallee	1 January 2019	31 December 2019	31 December 2019
Outer Gippsland	1 January 2019	31 December 2019	31 December 2019

Further information

Contact your local Department of Health and Human Services divisional office. Queries about funding arrangements during NDIS transition can be sent to the HACC-PYP team here: haccpyp_ndis@dhhs.vic.gov.au For more information on the NDIS roll-out in Victoria, visit the web site: <http://www.vic.gov.au/ndis/rollout-in-victoria.html>

To receive this 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

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