

What is the Home and Community Care program?

Introduction

The Home and Community Care (HACC) program is jointly funded by the Commonwealth and Victorian governments under the *Home and Community Care Act (Commonwealth) 1985*. In Victoria, local councils and some other organisations also contribute significant funds and resources to HACC services. Fees paid by people using HACC services also contribute to the resources available.

In accordance with the HACC Review Agreement (2007), services are targeted to older and frail people with moderate, severe or profound disabilities and younger people with moderate, severe or profound disabilities, and their unpaid carers.

HACC services provide basic support and maintenance to people living at home to help avoid premature or inappropriate admission to long-term residential care.

The HACC program aims to:

- provide a coordinated and integrated range of basic maintenance and support services for frail aged people, younger people with disabilities and their carers
- support these people to be more active and independent at home and in the community, thereby enhancing their quality of life and/or preventing inappropriate admission to long-term residential care
- provide flexible, timely and responsive services.

HACC in transition

In May 2013, the state and commonwealth governments agreed to implement the National Disability Insurance Scheme from July 2019. Once fully implemented, the scheme will cover 100,000 Victorians aged 0–64.

As part of this agreement, management of the HACC Program will be split. From July 2015, services for people aged 65 and over will be directly managed by the Commonwealth Government. Services for people aged under 65 will be funded and managed solely by the Victorian Government, until the National Disability Insurance Scheme is in full operation.

In managing the transition, the Commonwealth and Victorian governments have agreed to work together to retain the benefits of Victoria's HACC system.

HACC in transition: Frequently Asked Questions is available on the HACC website.

Who manages the HACC program?

The Commonwealth has primary responsibility for national policy development. The state is responsible for day-to-day management and administration of the HACC program. The two governments jointly agree on operational guidelines and funding levels.

The Victorian Department of Health (the department) is responsible for managing HACC in Victoria. The department is the primary point of contact for service delivery organisations and people using services. It is responsible for program management, service development and agency service agreements.

The department's eight regional offices work in partnership with HACC funded organisations to plan, fund and monitor service provision. The regional offices manage and monitor service agreements between the department and each HACC funded service provider.

Who provides HACC?

In Victoria, approximately 460 organisations deliver HACC services to the community through local councils, hospitals, community health services, nursing services, Aboriginal community controlled organisations, ethno-specific and multicultural organisations and a range of other non-government community organisations.

Local councils play a strong role in the provision of HACC services. This is unique to Victoria. Victorian councils have a long history and commitment to their communities to provide integrated community care services. According to the Municipal Association of Victoria (MAV), Victorian councils contribute over \$100 million annually to 'value-add' to the HACC program.

The local council contribution assists the HACC program to meet both the increasing demand for services and to promote positive ageing strategies within local communities that keep people active and healthier for longer.

Where does HACC fit in the broader service system?

The HACC program is part of a broad service system of community and health services that include:

- community health services
- disability services
- Aged Care Assessment Service (ACAS)
- Commonwealth Home Care Packages
- National Respite for Carers Program
- Commonwealth Government Carelink centres
- Victorian Support for Carers Program.

HACC service providers undertake their planning and service delivery within this broader system. HACC services may be only one of several services a person receives, which is why service coordination is important.

What services are provided?

The HACC program provides basic maintenance and support services that are cost-effective and meet the needs of HACC-eligible people so they can remain in the community.

Services funded by the HACC program include:

- assessment
- access and support
- allied health
- domestic assistance
- delivered meals and centred based meals
- nursing
- personal care
- property maintenance
- planned activity groups
- respite
- activities to build capacity of the service system.

Each of these activities is described in detail in Part 3: 'Services'.

Who uses HACC?

Services funded by the HACC program are provided to people within the target group subject to the person being assessed and their level of need prioritised.

Eligibility for services is not based solely on age, but on the level of difficulty people experience carrying out tasks of daily living.

Activities of daily living include personal care, dressing, preparing meals, house cleaning and maintenance, and using public transport.

Eligibility does not confer entitlement to service provision.

Eligibility means that the person is assessed as being in the HACC program target group and is then prioritised for service provision. Services may not be able to be provided due to other people being assessed as a higher priority or resources not being available.

Organisations should regularly reassess and prioritise existing service users.

Five special needs groups are specified in the HACC Review Agreement (2007) identifying people who may find it more difficult than most to access services. A person's eligibility for HACC services should be determined before considering whether they belong to a special needs group. The five special needs groups are:

- people from Aboriginal and Torres Strait Islander backgrounds
- people from culturally and linguistically diverse (CALD) backgrounds
- people with dementia
- people living in isolated and remote areas
- people experiencing financial disadvantage (including people who are homeless or at risk of homelessness).

For further information about special needs groups see 'Eligibility and priority' and 'Diversity planning', both in Part 2.

HACC services tend to be provided to a high volume of people who each receive a small amount of service. In terms of service duration, some people use HACC services for a short period of time and then no longer require HACC support. Other people may use HACC services over a more extended time and then transition to other support programs.

Where are services provided?

HACC services can be offered to people:

- in their own homes, including retirement villages and independent living units if a resident's contract does not include these services
- in supported residential services, group homes or rooming houses where people in these settings may be eligible to receive HACC services and the service is not part of the rent or the resident's contract
- community venues
- in other arrangements not excluded under the HACC Review Agreement.

For further information see Part 2: 'Eligibility and access'.

Links

HACC Review Agreement 2007

<http://www.health.gov.au/internet/main/publishing.nsf/Content/hacc-review.htm>

HACC in Transition

<http://www.health.vic.gov.au/hacc>

Municipal Association of Victoria

<http://www.mav.asn.au/Pages/default.aspx>

National Health Reform Agreement 2011

http://www.federalfinancialrelations.gov.au/content/npa/health_reform/national-agreement.pdf

For a list of HACC service providers see:

http://www.health.vic.gov.au/hacc/downloads/pdf/list_hacc_agencies2010.pdf

For further information and facts about the use of HACC services, see:

http://www.health.vic.gov.au/hacc/hacc_victoria/facts.htm.
