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| Victorian Home and Community CareProgram for Younger People |
| Interim Guidelines November 2023 |
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| Victorian Home and Community Care Program for Younger People Guidelines November 2023 |

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Except where otherwise indicated, the images in this document show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. This document may contain images of deceased Aboriginal and Torres Strait Islander peoples.

In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.

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# Purpose of the guidelines

The Victorian Department of Health (the department) is responsible for funding and administering the Home and Community Care Program for Younger People (HACC PYP).

The HACC PYP interim guidelines inform service providers of their funding, management, reporting and service delivery requirements.

This edition of the HACC PYP guidelines applies from 1 October 2023 and updates the *Victorian Home and Community Care program manual* *2013* and any subsequent updates.

The department will review HACC PYP and update these guidelines following completion of the HACC PYP review.

# 1.Overview

The department is committed to a future where Victorians are the healthiest people in the world. HACC PYP supports Victorians to optimise their health and wellbeing, while maintaining or regaining their independence to live safely in their homes, and to actively participate in their community. HACC PYP was built on past home and community care programs and provides support for eligible Victorians whose needs are not in scope of other programs.

HACC PYP supports Victorians from birth to 65 years and Aboriginal people from birth to 50 years, if their capacity for independent living is at risk. This may be due to chronic illness, mental health issues, disability or other conditions where they need one-off, intermittent or ongoing support to undertake the activities of daily living.

Approximately 280 health and community services and agencies deliver over one million hours of service each year to approximately 60,000 Victorians in their homes and community settings.

HACC PYP services are delivered through:

* local councils
* health services, including registered community health services
* Aboriginal community controlled organisations
* ethno-specific and multicultural organisations
* a range of other non-government community organisations.

HACC PYP has touch points with Victoria’s community, education, transport, housing and healthcare systems. Integrated care provides clients with well-connected, effective and efficient care that considers a person's health and social needs. HACC PYP supports access and transition to the National Disability Insurance Scheme (NDIS) and Commonwealth Home Support Programme as needed.

Figure . A model of integrated care that provides clients with well-connected, effective and efficient care.



The objectives for people being supported through HACC PYP are to:

* live as independently as possible in their homes and communities
* improve their health, wellbeing and safety
* engage and connect in their communities
* access alternative or complementary services to ensure their support needs are met
* reduce the number of avoidable ambulance call outs, attendances to emergency and admissions to hospital, by providing preventive supports.

## 1.1 Background

From 1984 to 2016, in Victoria, the HACC program was a community support program that was funded jointly by the Commonwealth and state governments and brought 26 community-based programs under one umbrella program.

On 1 July 2016, new funding and administrative arrangements were implemented in response to the National Aged Care Reform Agenda and the NDIS. Eligible HACC program clients, who were 65 years and over, were transitioned into the Commonwealth Home Support Programme for older people. People from birth to 65 years of age were transitioned into HACC PYP.

The Commonwealth and state governments agreed to maintain existing programs and funding allocations until 30 June 2020 to provide a stable platform for agencies, communities and clients to adjust to the administrative changes. Some HACC PYP clients transitioned to NDIS between 1 July 2016 and 31 December 2019.

Following a Machinery of Government change in February 2021, the program governance and policy for HACC PYP has been the responsibility of the Department of Health. Under a memorandum of understanding, most agency-based monitoring and performance functions have been retained in the Department of Families, Fairness and Housing.

## 1.2 Access

Access to HACC PYP services is defined by two components that are:

* **eligibility criteria** – to determine whether a person is eligible to receive a service from HACC PYP
* **priority of access** – to determine a person’s priority for service (whether they receive the next available appointment or are placed on a waitlist).

### 1.2.1 Eligibility

Eligibility means that the person is assessed as being in the HACC PYP program target group. Eligible Victorians are prioritised for service, as HACC PYP providers may not be able to meet demand. Service providers are required to regularly reassess and prioritise existing and new clients.

Eligibility is not based on a diagnosis or defined condition. Instead, it considers the impact of that condition on the person’s functional capacity, and the potential impact the provision of targeted HACC PYP interventions can have in supporting that person to maximise their independence.

Victorians who are eligible are aged from birth to 65 years of age, or birth to 50 years for Aboriginal peoples, and who:

* have a chronic illness, mental health, disability or other condition that has an impact on their day-to-day living and ability to participate in the community
* are at risk of losing their independence without support and are not accessing similar supports through other programs
* require HACC PYP health or wellbeing supports to assist with the activities of daily living.

#### 1.2.1.1 Eligibility considerations for children

When assessing HACC PYP in-home support for babies, toddlers, pre-schoolers, children and adolescents, consider whether the day-to-day care needs of the individual would usually be met by the family or carer, or whether they need assistance and support because the family or carer needs are greater than the average.

### 1.2.2 Priority of access

HACC PYP is not an entitlement program and eligibility does not guarantee access.

Overall, the HACC PYP program targets its services to people who have the greatest need and capacity to benefit from the support.

Priority is assessed in the context of a person’s usual living environment and available supports, in comparison to other eligible people.

Factors to be considered when assessing priority include:

* whether they need HACC PYP or an alternative support
* the effect on other people seeking support from HACC PYP
* the vulnerability of the person’s health and wellbeing to further deterioration
* the likelihood that the service will assist the person to attain their goals or maintain quality of life in the community
* reducing the risk of admission to hospital or specialist residential services.

Factors such as the person’s relative needs and the capacity of service providers to respond with existing resources may mean that services cannot be provided, even if the person is eligible.

When managing demand for services, organisations should consider exit strategies and short-term service use, as part of the wellbeing approach to HACC PYP service provision.

### 1.2.3 Priority groups

Priority groups have been identified to support HACC PYP services to prioritise access during times where demand for services is high, and to identify those who require additional support to participate in the program.

Priority groups include:

* Aboriginal people, including children and young people
* refugees and people seeking asylum
* people, including children and young people, who are homeless or at risk of homelessness
* children in care, child protection and Orange Door (replacing Child FIRST) clients.

It is important to recognise that communities are all different, and that HACC PYP services must be responsive to the unique needs of individuals. Priority populations are common across communities, but individuals may be impacted in different ways.

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

**Note:** HACC PYP cannot deliver services that are the responsibility of other programs to provide, such as NDIS or mental health programs**.** HACC PYP is not a waiting list management program for other programs and cannot be used to address under-resourcing in other programs.

### 1.2.4 Intersectionality

Intersectionality refers to the ways in which different parts of a client’s identity and experiences can expose them to overlapping forms of discrimination and marginalisation[[1]](#footnote-2).

HACC PYP service providers should take a holistic approach when considering the complexity of a client’s situation. This requires understanding intersecting aspects of a client’s identity and social characteristics.

Factors to be considered when thinking about access for HACC PYP service may include:

* **unique circumstances** – where clients can be impacted by their own unique circumstances and can include what opportunities they had access to or where they were born
* **aspects of identity** – include factors such as cultural diversity, education level, disability, sexuality, gender or gender identity
* **discrimination impacting identity** – includes the types of discrimination people experience due to the aspects of their identity, such as racism, sexism, homophobia, transphobia or ableism, and how this may influence accessibility of broader healthcare services
* **systems or structures reinforcing exclusion** – are structural issues that perpetuate systemic inequality, displacement and exclusion, such as people seeking asylum who are ineligible for certain supports (for example, Medicare and income support), or people with disability who cannot physically access services or public transport.

Designing for Diversity is the department’s framework for embedding responsiveness to diversity at the outset of any policy reform or service design process. It provides an approach and suite of resources that HACC PYP service providers can use to address diversity and identify gaps in the design process, where diversity may not be adequately addressed.

**Supporting resources**

[Communities](https://d.docs.live.net/031c443d5a1cf449/Documents/Business/Government/1Current%20work/Communities) <https://www.health.vic.gov.au/about/populations>.

[Designing for Diversity](https://www.health.vic.gov.au/populations/designing-for-diversity) <https://www.health.vic.gov.au/populations/designing-for-diversity>.

## 1.3 Aboriginal and Torres Strait Islander cultural safety

The department is committed to improving Aboriginal and Torres Strait Islander health and wellbeing.

The *Aboriginal and Torres Strait Islander cultural safety framework* is for:

* every person and every mainstream organisation to take responsibility and work together to create culturally safe services and workplaces
* Aboriginal and Torres Strait Islander staff and clients, who have a right to culturally safe workplaces and services.

The framework helps the department, and mainstream health and community services to strengthen their cultural safety by participating in a process of continuous learning and practice improvement.

The model is designed to guide the department and mainstream organisations as they develop strategies, policies, practices and workplace cultures that address unconscious bias, discrimination and racism.

**Supporting resource**

[Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027](https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak) <https://www.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak>.

# 2. Organisational and departmental governance

## 2.1 Victorian Department of Health

The department is responsible for the policy, funding and oversight of HACC PYP. It works to set program guidelines and processes that drive service delivery across the state, and to support local responsiveness.

The department’s role includes:

* leadership at the state level to facilitate the strategic policy, governance and monitoring of HACC PYP
* allocating funding and targets through service agreements and the Statement of Priorities to support program service delivery (described in more detail in [6. Performance Monitoring](#_6.0_Performance_monitoring))
* developing program guidelines
* monitoring HACC PYP performance and delivery using Health Performance teams and, in partnership with the Department of Families Fairness and Housing, monitoring performance through the local performance and system support area teams
* developing relationships with partners and stakeholders providing HACC PYP services to maintain and improve the program.

## 2.2 HACC PYP-funded organisations

HACC PYP-funded organisations are responsible for managing and operating their services to comply with the Policy and Funding Guidelines for health services, HACC PYP policies, guidelines and other requirements.

This includes:

* delivering services and agreed outputs, and meeting performance requirements and conditions, as specified in the department’s service agreement or Statement of Priorities
* reporting to the Victorian Community Service Support Minimum Data Set (VCSS MDS) and providing financial acquittal requirements
* implementing policy and practice related to service delivery
* recruiting, supporting and supervising staff
* identifying and meeting the training needs of staff and volunteers.

**Supporting resource**

[Policy and Funding Guidelines for health services](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.

## 2.3 Quality governance frameworks

The department and HACC PYP service providers have an important role to play in collectively preventing harm and delivering an evidence-informed approach to meet the needs of our community. Effective quality governance is fundamental to consistently delivering safe, effective and person-centred healthcare and community services.

HACC PYP service providers are guided by the *Community services quality governance framework* and with Safer Care Victoria’s *Clinical governance framework.*

**Supporting resources**

[*Community services quality governance framework*](https://www.dffh.vic.gov.au/publications/community-services-quality-governance-framework) <https://www.dffh.vic.gov.au/publications/community-services-quality-governance-framework>

[Delivering high-quality healthcare: Victorian clinical governance framework](https://www.safercare.vic.gov.au/support-training/clinical-governance) <https://www.safercare.vic.gov.au/support-training/clinical-governance>.

## 2.4 Client rights and community participation

The Policy and Funding Guidelines identify consumer rights and community participation for all department-funded service providers, and outline the tools, frameworks and resources to support these processes.

**Supporting resource**

[Policy and Funding Guidelines for health services](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.

# 3. Funding

HACC PYP providers are funded based on activities that are identified in the service agreement or Statement of Priorities. All HACC PYP-funded organisations can adjust the mix of services they provide, in response to service planning and changing community or local needs, on an annual basis. Renegotiation is cost neutral and is not an opportunity to receive new funds.

Any formal variation to the use of funding must be agreed between the funded organisation and the department in writing through the renegotiation process. Renegotiations are usually negotiated in February and become effective as of 1 July the following financial year. They do not usually affect the current financial year.

HACC PYP funds are allocated to an organisation, not to a person. If a HACC PYP client relocates or chooses to access services from another service provider, the HACC PYP funds cannot be transferred to them or to the other organisation.

The service agreement and Statement of Priorities include provisions that allow organisations to subcontract services, in whole or in part, to a third party. This can only happen with the prior written consent of the department.

**Supporting resource**

[Policy and Funding Guidelines for health services](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.

## 3.1 Fees policy

In addition to direct funding from the department, all HACC PYP funded agencies are required to operate in accordance with the fees policy. This means that organisations may charge a fee to all people assessed as having the capacity to pay. Income raised through fees is used to provide additional hours of service or to enhance service provision.

**Supporting resource**

[HACC PYP fees policy and schedule of fees](https://www.health.vic.gov.au/home-and-community-care/hacc-pyp-fees-policy-and-schedule-of-fees) <https://www.health.vic.gov.au/home-and-community-care/HACC PYP-fees-policy-and-schedule-of-fees>.

## 3.2 Funding types

All direct and indirect costs incurred by the funded organisation are included in the unit price. The price includes:

* staff and associated costs (such as salary and on-costs, supervision, in-service training and induction)
* staff travel
* some consumables, such as podiatry products, pens and paper (however, where consumables are program costs, such as entertainment at a planned activity group, the costs are the responsibility of the person, through the contribution from the person to the program, over and above the fee)
* operational support and management costs (overheads).

The schedule of HACC PYP unit prices and defined contributions are indexed and updated annually to be effective from 1 July.

### 3.2.1 Block funding

Block funding can apply to some sub-activities that are inclusive of, but not limited to, flexible service response (FSR), service system resourcing and nursing.

### 3.2.2 One-off funding

Other funding may be available from time to time. Examples include service development funding, pilots or minor capital funding. These are one-off payments and, where appropriate, specific reporting requirements will be negotiated (for example, financial acquittal, narrative reporting and evaluation).

# 4. Service delivery activities

## 4.1 Access to HACC PYP services

Under HACC PYP, there is support available to help people connect to and access HACC PYP services. Some clients will need support to connect to services, to participate in an assessment or to coordinate the supports being accessed.

### 4.1.1 FSR outreach

HACC PYP provides FSR outreach, which helps clients to connect to the program. Outreach identifies people who are eligible and builds trust with them, so they are comfortable accessing the HACC PYP support they need.

### 4.1.2 Assessment

A living-at-home assessment provides a broad understanding of a person’s and their carer’s needs, to assist the person to live at home as independently as possible. Assessment involves care planning, which matches the person’s needs and goals to the most appropriate service response. This may be either from carers, family members and friends, local community groups and subsidised services funded through HACC PYP, or other health and community services.

An hour of assessment includes:

* time spent in face-to-face contact with the person
* indirect time spent on behalf of the person, such as:
	+ phone calls with the carer and family, or other organisations
	+ time spent writing case notes, sending referrals and care coordination.

### 4.1.3 Access and support

The role of access and support services is to assist people with disparate or complex needs relating to diversity to access services that will improve their capacity to live in the community as independently as possible.

Their focus is to facilitate access to a wide range of services, based on the person’s expressed goals, wishes and needs.

Support provided may include:

* information about the range of HACC PYP and other services available to targeted diverse communities and the individuals within them
* empowering and building confidence of HACC PYP eligible clients and their carers to access and use services
* working collaboratively with service providers to improve access to services and support for people with diverse needs
* promoting HACC PYP service delivery responses to meet the needs of people with complex needs or from diverse communities.

**Note**: The focus of the access and support worker role is on direct case work and support and not inclusive of case management role or language services. The role is additional to the support provided by HACC PYP service providers.

### 4.1.4 Linkages case management

The HACC PYP Linkages Packages Program provides tailored case management to clients who have more complex support needs. Assistance is provided in a way that promotes skills development, capacity building and independence.

Linkages providers also support clients to transition to other funded services as they become eligible to access them, for example, the NDIS or Commonwealth aged care services.

Linkages providers may have access to flexible funding to purchase extra hours or a greater range of services than would otherwise be available for the eligible client. Brokerage funding may also be available, and is typically used to employ staff, purchase or subcontract services, and buy equipment.

## 4.2 Health support

Community allied health and clinical community-based nursing supports people and their carers to provide clinical expertise, care and treatment, education, advice and supervision. This is provided by allied health professionals, allied health assistants, registered nurses and enrolled nurses.

These services are designed to improve people’s capacity to independently manage everyday activities, manage chronic disease, and to attain or maintain good health, nutrition, mobility and safety at home and in the community.

## 4.3 Personal and in-home support

Personal and in-home support includes a range of activities that help clients to manage the activities of daily living and maintain their independence.

The range of options and support can include:

* lifestyle help – such as shopping, paying bills, transport to appointments and reminders
* household help – such as cleaning, clothes washing and ironing
* personal care – such as bathing or showering, dressing and hair care
* independence help – such as building capability and confidence to use technology to access telehealth appointments and stay connected with their community
* home maintenance – such as general repairs, and house and yard upkeep
* home modification – such as installing safety aids, for example, alarms, ramps and support rails.

This list of supports is only a small sample of the available HACC PYP services.

### 4.3.1 Nutritional support

HACC PYP does not require a delivered meal to be available in all local government areas. The program does require all assessment and community care providers to have an approach to identifying and addressing nutritional risk.

This may include:

* identifying people who need support
* linking people to support
* helping people with meal planning, shopping and meal preparation, or providing a meal.

#### 4.3.1.1 Meal preparation

Community care staff can support people to address nutritional risk by helping them to plan appropriate meals, shop for food, read labels to make better food choices, access meal providers, prepare meals and maintain a clean, healthy meal space.

#### 4.3.1.2 FSR meals

Drop-in meals primarily target people who are not connected to the service system, are socially isolated or who are at risk of homelessness.

#### 4.3.1.3 FSR meal vouchers

HACC PYP service providers connect with nominated local food outlets to organise access for clients to vouchers for meals.

#### 4.3.1.4 Delivered meals

The subsidy is a small top-up contribution towards the delivery cost of meals to people’s homes and community settings that are nutritious, appetising and culturally appropriate. The major component of the meal cost is met by the person who is at nutritional risk and is receiving the meal.

Meals provided to a planned activity group cannot be subsidised, as the meal is part of the planned activity group program.

## 4.4 Social and community engagement

Social and community engagement is delivered through planned activity groups, FSR and volunteer programs. It also includes services provided by volunteers, such as friendly visiting and volunteer transport.

Social and community groups can support a person’s ability to remain living in their community by providing them with a range of enjoyable and meaningful activities. These activities support social inclusion and community participation, and build capacity in skills of daily living.

### 4.4.1 Planned activity groups

A person hour includes:

* the hours of face-to-face contact with each person attending the group – for example, five people attending a four-hour group will constitute 20 hours of planned activity group time
* bus trips where the trip to and from the program is part of the program – if there is a program coordinator on the bus to provide and guide the program, the time travelling to and from the program can be counted.

Meals provided at a planned activity group do not attract a meal subsidy, because most planned activity group programs are provided around a mealtime and food is included in the planned activity group unit price. However, where the organisation purchases a HACC PYP-delivered meal into the planned activity group, the person can be required to pay the HACC PYP-delivered meal client contribution, as well as the planned activity group fee.

### 4.4.2 Volunteer coordination

The service agreement has two targets under volunteer coordination. The first and key output-measure target is the number of hours the volunteer coordinator works. The second target is to identify the number of hours of service provided to people by volunteers.

An hour of coordinator time includes all activities undertaken by the paid worker.

An hour of service to people includes hours of face-to-face contact with people by volunteers. For some programs, it also includes hours of face-to-face contact with people by the volunteer coordinator.

An organisation receiving volunteer coordination funding may also receive block funding through ‘Volunteer coordination other’. This funding can be used to cover extra costs, such as:

* volunteer recruitment and training
* newsletters
* Police Checks for volunteers
* volunteer reimbursements
* the cost of telehealth connections.

### 4.4.3 FSR social support

The purpose of FSR social support is to provide one-on-one, small group social connection and community engagement

# 5. Reporting and data collection

Since HACC PYP funding for major activity types is based on unit prices, there is a direct link between the level of funding and the hours of service in an organisation’s performance targets.

The Funded Agency Channel is a website maintained by the Department of Health and the Department of Families Fairness and Housing, where each funded organisation can view its service agreement and other relevant information.

Each HACC PYP organisation can view a series of reports on the data it submits. One of these reports shows the number of hours or number of services delivered, compared to the organisation’s target for each service type. All organisations are expected to be within five per cent of their target.For more information, see the activity descriptions for each funded activity in [Appendix A. HACC PYP funded activities](#_Appendix_A._HACC).

All HACC PYP service providers are required to participate in two kinds of data collection, which are the:

* Home and Community Care Minimum Data Set (HACC MDS) (reported quarterly)
* HACC PYP fees report (reported annually).

Depending on an organisation’s service agreement, service activity or narrative reports may also be required annually.

## 5.1 VCSS MDS

The VCSS MDSis the key data repository for HACC PYP. All HACC PYP services submit quarterly data to the department via the VCSS MDS, as a condition of funding. The data collected is used for assessment of HACC PYP service providers against the HACC PYP performance target for ‘hours of service’, and to fulfil the department’s reporting obligations.

Data from the VCSS MDS is used to prepare quarterly reports for the department’s Health Performance and Agency Performance and System Support teams to monitor how HACC PYP service providers are performing against targets.

The VCSS MDS collects demographic information about the people and populations that use HACC PYP, as well as their presenting needs and services delivered.

Several software products are available commercially to enable the VCSS MDS to be collected, extracted and transmitted in the correct format. When a person becomes a client of the organisation, a record is created and must be kept current.

Organisations use their choice of software system to collect and store client information. The department has a simple reporting tool available, which can be emailed to funded agencies <haccmds.data@health.vic.gov.au> as appropriate.

### 5.1.1 Quarterly data extracts

Quarterly VCSS MDS extracts should be emailed to <haccmds.data@health.vic.gov.au> in:

* Quarter 1 – July, August and September: due 15 October
* Quarter 2 – October, November and December: due 15 January
* Quarter 3 – January, February and March: due 15 April
* Quarter 4 – April, May and June: due 15 July.

There is a retrospective submission period in August, when agencies can replace any incorrect or incomplete data from previous quarters by submitting new extracts for the relevant quarters. All the data submitted is collated and used at an aggregate level for reporting by the department to the government, and to monitor the effectiveness of the program.

Immediate feedback on the validity of data submitted is available to the HACC PYP service following submission on the department’s Funded Agency Channel. Other reports and fact sheets, based on VCSS MDS data, are periodically published on the HACC PYP website.

**Note:** Other reporting requirements are negotiated on a case-by-case basis for block-funded activities and reported annually in June.

**Supporting resource**

[Home and Community Care data reporting](https://www.health.vic.gov.au/home-and-community-care/reporting-and-data) <https://www.health.vic.gov.au/home-and-community-care/reporting-and-data>.

## 5.2 HACC PYP fees policy

All agencies funded for HACC PYP must apply fees where appropriate, in line with the fees policy. The amount of the fee a client pays is based on a self-assessment of income and expenditure, relative to their condition.

The available income is mapped to the appropriate fee range, based on income ranges aligned to Centrelink payments. The low, medium or high fee levels for each activity is identified in the fee schedule. The fee schedule applies to both the HACC PYP and the Community Health Program.

**Note**:

* Even if a client has declared that they are in a particular income level, mitigating circumstances may affect the client’s ability to pay a fee. In these cases, clients have the right to have the fee reduced or waived.
* No one can be denied a service because they are not able to pay fees.

The annual fees report, completed online, identifies the total amount of fees collected by an organisation from HACC PYP service users, and the amount of that fee income that was spent in the relevant financial year.

### 5.2.1 Agency fees policy

HACC PYP organisations’ procedures for the determination of fees should be publicly available, as per the principles above. All people using HACC PYP services should be informed of the fees applicable to them at the time of assessment or commencement of the service. Organisations should provide a written statement regarding the fee to be charged for any service and the payment procedures.

It is necessary to reassess fees if there is a change in circumstances, particularly in relation to the person’s financial situation.

**Supporting resource**

[HACC PYP fees policy and schedule of fees](https://www.health.vic.gov.au/home-and-community-care/hacc-pyp-fees-policy-and-schedule-of-fees) <https://www.health.vic.gov.au/home-and-community-care/HACC PYP-fees-policy-and-schedule-of-fees>.

# 6. Performance monitoring

## 6.1 Service agreements and Statement of Priorities

HACC PYP funds are allocated to an organisation through a service agreement between the funded organisation and the department, or via a Statement of Priorities, if the organisation is a health service. The service agreement or Statement of Priorities specifies the terms and conditions of funding, including the targets and funding by activity.

Service delivery and funding accountability for HACC PYP are set out in contractual instruments. They are listed in Table 1.

Table . Funding accountability through a service agreement or Statement of Priorities

|  |  |
| --- | --- |
| Service agreements | Statement of Priorities |
| Aboriginal community controlled organisationsLocal councilsNon-government organisationsRegistered community health services | Public health services Small rural health services |

### 6.1.1 Service agreements

Registered community health services, Aboriginal community controlled organisations, local councils and non-government organisations are required to enter into a service agreement with the department.

The service agreement is the key accountability agreement between the department and HACC PYP service providers. It specifies the services to be provided and the funding that services will receive. It sets out the key obligations, objectives, rights and responsibilities of both the service and the department.

Service agreements are supported by the Service Agreement Requirements document, which outlines the departmental responsibilities, policies and obligations that all service providers funded under a service agreement must comply with.

To meet the service agreement, funded registered community health services, Aboriginal community controlled organisations, local councils and non-government organisations must ensure they comply with the:

* standard policies and obligations in the Service Agreement Requirements
* specific policies and obligations in each relevant activity description.

Activity descriptions with detailed information for each funded activity are outlined in [Appendix A. HACC PYP-funded activities](#_Appendix_A._HACC).

**Supporting resources**

[Service Agreement Requirements](https://fac.dffh.vic.gov.au/service-agreement-requirements) <https://fac.dffh.vic.gov.au/service-agreement-requirements>.

[Department of Families, Fairness and Housing and Department of Health activity search](https://providers.dffh.vic.gov.au/families-fairness-housing-health-activity-search) <https://providers.dffh.vic.gov.au/health-human-services-activity-search>.

### 6.1.2 Service Agreement Requirements

Service Agreement Requirements is a streamlined contract document. This document replaces the Service Agreement Information Kit.

The Service Agreement Requirements outlines the department’s responsibilities, and the policies and obligations that all funded organisations must comply with.

**Supporting resource**

[Service Agreement Requirements](https://fac.dffh.vic.gov.au/service-agreement-requirements) <https://fac.dffh.vic.gov.au/service-agreement-requirements>.

### 6.1.3 Statement of Priorities

The *Health Services Act 1988* requires every public health service to prepare an annual Statement of Priorities.

HACC PYP is delivered by some rural and metropolitan public health services, and they are subject to the regulatory provisions set out in Division 9B of the Health Services Act.

The Statement of Priorities is the key accountability agreement between a health service, of which the integrated community health service is a part, the department and the Minister for Health. It specifies the services to be provided and the funding the health service will receive, as well as the performance indicators, targets or other measures against which the health service’s performance will be assessed and measured. For health services funded by HACC PYP, it outlines the total funding and service hour targets for the program performance measures.

**Supporting resource**

[Statements of Priorities](https://www.health.vic.gov.au/funding-performance-accountability/statements-of-priorities) <https://www.health.vic.gov.au/funding-performance-accountability/statements-of-priorities>.

### 6.1.4 Policy and Funding Guidelines

The department’s Policy and Funding Guidelines reflect the government’s and department’s role as system stewards. They underpin the department’s individual contracts with funded organisations (including, but not limited to, Statements of Priorities and service agreements). They set out the requirements that funded organisations must comply with as part of their contractual and statutory obligations, outline activity that is required to receive funding, and provide detailed expectations of administrative and clinical conduct.

The guidelines are relevant for all funded organisations, which include health services, community service organisations and other funded organisations.

**Supporting resource**

[Policy and Funding Guidelines for health services](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.

### 6.1.5 Monitoring frameworks

There are two frameworks used to monitor the performance of HACC PYP providers in Victoria against their service agreement or Statements of Priorities, and the requirements, policies, terms and conditions of funding, which are specified or referred to in the Policy and Funding Guidelines, Service Agreement Requirements, activity descriptions and the HACC PYP interim guidelines.

The two frameworks are the:

* *Victorian Health Services Performance Monitoring Framework* – used to monitor the performance of all public health services with which the department has a Statement of Priorities
* *Agency Monitoring Framework* – used to monitor the performance of all funded service providers with which the department has a service agreement. This includes registered community health services, Aboriginal community controlled organisations, local governments and non-government organisations.

Both monitoring frameworks use a risk-based approach to guide issues for discussion and support actions to strengthen or improve performance, and have a person-centred approach.

## 6.2 Performance targets

Performance targets are used to monitor services funded on an activity basis and contribute to the BP3 Performance measure included in State Budget Paper 3. These are listed in Table 2.

Table 2. Applicable HACC PYP BP3 performance indicators

|  |  |
| --- | --- |
| Output  | BP3 measure |
| HACC PYP | Hours of service delivery |
| HACC PYP | Number of clients receiving a service |
| Small rural services – home and community services | Hours of service delivery |

### 6.2.1 Identifying performance issues

When performance issues are identified, entities are required to work in collaboration with the Performance teams to develop and implement appropriate actions to address key issues and service quality risks.

Consistent with broader departmental policy and HACC PYP program guidelines, further investigation is required when there is a performance variation greater than five per cent against a service provider’s service activity targets. The Small Rural Output supports flexible service delivery, as outlined in the *Policy and Funding Guidelines 2023–24.*

Variation against targets does not necessarily indicate underperformance on a service provider’s behalf. It is a prompt for discussion between the performance teams and the service provider.

Other ways in which performance issues can be identified include through:

* narrative reports provided to the department’s program area by Performance teams
* ongoing monitoring through the *Agency Monitoring Framework* and the *Victorian Health Services Performance Monitoring Framework*
* incident reporting, and safety and quality concerns
* service provider notifications to the department’s program area by Performance teams.

When a performance issue has been identified, or is anticipated by the Performance teams or service providers, all parties should take an initiative-taking and collaborative approach with the department’s program area to address the issue.

### 6.2.3 Monitoring quality and safety inputs

Quality and safety inputs provide evidence that enables assessment of broad performance (for example, hours of service delivery, quality and safety, including corporate and clinical governance).

There are several inputs the department can draw on in assessing and monitoring the performance of service providers. This includes inputs that provide insights into the quality and safety of services.

Monitoring inputs include:

* the Victorian Healthcare Experience Survey
* incident management reporting using the Victorian Healthcare Incident Management System and Critical Incident Management System.

**Note:** The incident reporting process for providers that are not currently using existing systems is under consideration.

**Supporting resources**

[Victorian Agency for Health Information](https://vahi.vic.gov.au/) <https://vahi.vic.gov.au>.

[Client incident management system](https://providers.dffh.vic.gov.au/cims) <https://providers.dffh.vic.gov.au/cims>.

[Safety and surveillance reporting](https://vahi.vic.gov.au/ourwork/safety-and-surveillance-reporting) <https://vahi.vic.gov.au/ourwork/safety-and-surveillance-reporting>.

# 7. Staff

## 7.1 Managers, coordinators and supervisors

Staff employed to undertake management, coordination and supervision roles are expected to have the appropriate skills, knowledge and qualifications for the work undertaken. There are qualifications and training to assist people to fulfil the requirements and responsibilities of these roles, at both a higher education, and vocational education and training level.

## 7.2 HACC PYP assessors

Staff employed to undertake living-at-home assessments are expected to have relevant skills and qualifications. The *HACC PYP assessment framework* requires that HACC PYP assessment services are delivered by assessment staff with relevant higher education qualifications. Since the composition and names of qualifications change over time, a number of courses and skills are relevant.

## 7.3 Community nursing

Registered nurses provide person-centred and evidence-based care, with preventative, curative, formative, supportive, restorative and palliative care elements. They work in therapeutic and professional relationships with individuals, as well as with families, groups and communities.

### 7.3.1 Enrolled nurses

Enrolled nurses work with the registered nurse as part of the healthcare team and demonstrate competence in the provision of person-centred care. Core practice generally requires enrolled nurses to work under the direct or indirect supervision of a registered nurse.

**Supporting resources**

[Registered nurse standards for practice](https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/registered-nurse-standards-for-practice.aspx) <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/registered-nurse-standards-for-practice.aspx>.

[Enrolled nurse standards for practice](https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/enrolled-nurse-standards-for-practice.aspx) <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/enrolled-nurse-standards-for-practice.aspx>.

## 7.4 Allied health

HACC PYP allied health staff are expected to have the appropriate qualification, registration and professional requirements. The funded occupations include occupational therapy, podiatry, physiotherapy, counselling, dietetics and speech pathology.

Allied health professionals must comply with the registration requirements specified by the Australian Health Practitioner Regulation Agency (AHPRA).

The type of professional service should be specified in the organisation’s service agreement with the department.

### 7.4.1 Allied health assistants

Allied health assistants operate within the scope of their defined roles and responsibilities, and under the supervision of an allied health professional.

Allied health assistants work under the direction of most allied health professions, including occupational therapy, podiatry, physiotherapy, counselling, dietetics and speech pathology.

The allied health assistant must be provided with adequate guidance, supervision and instructions by an allied health professional with the relevant allied health qualification – for example, a podiatrist must supervise a podiatry allied health assistant.

**Supporting resource**

[Allied health assistant workforce](https://www.health.vic.gov.au/allied-health-workforce/allied-health-assistant-workforce) <https://www.health.vic.gov.au/allied-health-staff/allied-health-assistant-staff>.

### 7.4.2 Personal and in-home support staff competencies and training

Personal and in-home support staff must have relevant qualifications, appropriate to the age and the types of supports being delivered.

### 7.4.3 Food safety

Where staff are involved in food handling and meal preparation, they must adhere to safe food handling practices, including personal hygiene and cleanliness.

**Supporting resource**

[Food safety](https://www.health.vic.gov.au/public-health/food-safety) <https://www.health.vic.gov.au/public-health/food-safety>.

## 7.5 Pre-employment safety screening

All HACC PYP providers’ recruitment and onboarding systems and processes must ensure pre-employment safety screening checks are undertaken on all applicants prior to employment.

Service agreements with HACC PYP-funded organisations require that pre-employment and pre-placement checks are made for all staff (paid or unpaid) and students, who have any contact with people using services. The word ‘student’ refers to a vocational student aged 18 years and over only.

HACC PYP providers should consider if pre-employment safety screening checks need to include a Police Check and Working with Children Check, which assesses people who work with or care for children in Victoria.

**Supporting resources**

[Policy and Funding Guidelines for health services](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.

[Working with Children Check](https://d.docs.live.net/031c443d5a1cf449/Documents/Business/Government/1Current%20work/Working%20with%20Children%20Check) <https://www.workingwithchildren.vic.gov.au>.

[Vaccination for healthcare workers](https://www.health.vic.gov.au/immunisation/vaccination-for-healthcare-workers) <https://www.health.vic.gov.au/immunisation/vaccination-for-healthcare-staff>.

# 8. Legislative context

In the delivery of services, HACC PYP-funded organisations are required to comply with legislation and legislative requirements. These include, but are not limited to the:

* *Health Records Act 2001*
* *Privacy and Data Protection Act 2014*
* *Freedom of Information Act 1982*
* *Public Records Act 1973*
* *Child Wellbeing and Safety Act 2005*
* *Family Violence Protection Act 2008*
* *Children, Youth and Families Act 2005*
* *Occupational Health and Safety Act 2004*.

**Note**: The information and supporting resources in this chapter are provided for information purposes only. They are not intended to be a definitive list of legislation that HACC PYP organisations are required to comply with, nor is this chapter and the information contained within it intended to constitute legal advice.

HACC PYP-funded organisations and their employees should seek their own legal advice in relation to their legal and legislative compliance requirements.

**Supporting resources**

[Health Records Act](https://www.health.vic.gov.au/legislation/health-records-act) <https://www.health.vic.gov.au/legislation/health-records-act>.

[Privacy and Data Protection Act](https://www.legislation.vic.gov.au/in-force/acts/privacy-and-data-protection-act-2014/029) <https://www.legislation.vic.gov.au/in-force/acts/privacy-and-data-protection-act-2014/029>.

[Freedom of Information Act](https://www.legislation.vic.gov.au/in-force/acts/freedom-information-act-1982/111)<https://www.legislation.vic.gov.au/in-force/acts/freedom-information-act-1982/111>.

[Public Records Act](https://www.legislation.vic.gov.au/in-force/acts/public-records-act-1973/041) <https://www.legislation.vic.gov.au/in-force/acts/public-records-act-1973/041>.

[*Crimes Act 1958*](https://www.legislation.vic.gov.au/in-force/acts/crimes-act-1958) <https://www.legislation.vic.gov.au/in-force/acts/crimes-act-1958>.

[*Public Interest Disclosures Act 2012*](https://www.legislation.vic.gov.au/in-force/acts/public-interest-disclosures-act-2012/026) <https://www.legislation.vic.gov.au/in-force/acts/public-interest-disclosures-act-2012/026>.

[*Child Wellbeing and Safety Act 2005*](https://www.legislation.vic.gov.au/in-force/acts/child-wellbeing-and-safety-act-2005/041) <https://www.legislation.vic.gov.au/in-force/acts/child-wellbeing-and-safety-act-2005/041>.

Victorian Government’s [Child Safe Standards](https://providers.dffh.vic.gov.au/child-safe-standards) <https://providers.dffh.vic.gov.au/child-safe-standards>.

[*Commission for Children and Young People Act 2012*](https://www.legislation.vic.gov.au/in-force/acts/commission-children-and-young-people-act-2012/018) <https://www.legislation.vic.gov.au/in-force/acts/commission-children-and-young-people-act-2012/018>.

[*Healthcare that counts: A framework for improving care for vulnerable children in Victorian health services*](https://www.health.vic.gov.au/publications/healthcare-that-counts-a-framework-for-improving-care-for-vulnerable-children-in) <https://www.health.vic.gov.au/publications/healthcare-that-counts-a-framework-for-improving-care-for-vulnerable-children-in>.

[Child Information Sharing Scheme Ministerial Guidelines](https://www.vic.gov.au/child-information-sharing-scheme-ministerial-guidelines) <https://www.vic.gov.au/child-information-sharing-scheme-ministerial-guidelines>.

[Family Violence Protection Act](https://www.legislation.vic.gov.au/in-force/acts/family-violence-protection-act-2008/061) <https://www.legislation.vic.gov.au/in-force/acts/family-violence-protection-act-2008/061>.

[Family Violence Information Sharing Scheme](https://www.vic.gov.au/family-violence-information-sharing-scheme) <https://www.vic.gov.au/family-violence-information-sharing-scheme>.

[Royal Commission into Family Violence](https://www.rcfv.com.au) <https://www.rcfv.com.au>.

[*Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM)*](https://www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management-framework) <https://www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management-framework>.

[MARAM practice guides and resources](https://www.vic.gov.au/maram-practice-guides-and-resources) <https://www.vic.gov.au/maram-practice-guides-and-resources>.

[Family Safety Victoria](https://www.vic.gov.au/family-safety-victoria) <https://www.vic.gov.au/family-safety-victoria>.

[Children, Youth and Families Act](https://www.legislation.vic.gov.au/in-force/acts/children-youth-and-families-act-2005/134) <https://www.legislation.vic.gov.au/in-force/acts/children-youth-and-families-act-2005/134>.

[Best interests case practice model – summary guide](https://www.dffh.vic.gov.au/publications/best-interests-case-practice-model-summary-guide) <https://www.dffh.vic.gov.au/publications/best-interests-case-practice-model-summary-guide>.

[Best interests case practice model](http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model) <http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model>.

[Making a report to child protection](https://providers.dffh.vic.gov.au/making-report-child-protection) <https://providers.dffh.vic.gov.au/making-report-child-protection>.

[Mandatory reporting – advice](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/intake/mandatory-reporting) <http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/intake/mandatory-reporting>.

[Occupational Health and Safety Act](https://www.legislation.vic.gov.au/in-force/acts/occupational-health-and-safety-act-2004/043) <https://www.legislation.vic.gov.au/in-force/acts/occupational-health-and-safety-act-2004/043>.

[AHPRA](https://www.ahpra.gov.au/) <https://www.ahpra.gov.au>.

Worksafe Victoria’s [Victorian home care industry: occupational health and safety guide](https://www.worksafe.vic.gov.au/resources/victorian-home-care-industry-occupational-health-and-safety-guide) <https://www.worksafe.vic.gov.au/resources/victorian-home-care-industry-occupational-health-and-safety-guide>.

Worksafe Victoria’s [Community support services: Safety basics](https://www.worksafe.vic.gov.au/community-support-services-safety-basics) <https://www.worksafe.vic.gov.au/community-support-services-safety-basics>.

Worksafe Victoria’s [Prevention and management of violence and aggression in health services](https://www.worksafe.vic.gov.au/resources/prevention-and-management-violence-and-aggression-health-services) <https://www.worksafe.vic.gov.au/resources/prevention-and-management-violence-and-aggression-health-services>.

# Appendix A. HACC PYP-funded activities

| Type | Activity | Sub–activities | Description | Reference |
| --- | --- | --- | --- | --- |
| Service system support | 13023 HACC PYPService Development   |  | One-off projects (up to six months’ duration) to improve quality, effectiveness and efficiency of HACC PYP services and service system | [HACC PYP Service Development](https://providers.dffh.vic.gov.au/13023-hacc-pyp-service-development)<https://providers.dffh.vic.gov.au/13023-hacc-pyp-service-development> |
| Access | 13229 HACC PYP Access and Support  | HACC PYP – Access and Support (Key Performance Outcome Measures (KPOM)) | Support for clients to participate in an assessment where they are experiencing difficulty because of cultural issues. Access and Support providers also work with other HACC PYP providers to facilitate improved access for people with diverse needs | [HACC PYP Access and Support](https://providers.dffh.vic.gov.au/13229-hacc-pyp-access-and-support)<https://providers.dffh.vic.gov.au/13229-hacc-pyp-access-and-support> |
| Health support | 13096 HACC PYP Allied Health  | * HACC PYP– AH– Counselling
* HACC PYP– AH– Dietetics
* HACC PYP– AH– Occupational Therapy
* HACC PYP– AH– Physiotherapy
* HACC PYP– AH– Podiatry
* HACC PYP– AH– Speech Pathology
 | The HACC PYP Allied Health activity provides clinical assessment, treatment, therapy or professional advice, which may be provided in the client’s home or at a centre. The range of allied health disciplines that can be delivered includes podiatry, occupational therapy, speech pathology, dietetics, physiotherapy and counselling | [HACC PYP Allied Health](https://providers.dffh.vic.gov.au/13096-hacc-pyp-allied-health) <https://providers.dffh.vic.gov.au/13096-hacc-pyp-allied-health> |
| Access | 13024 HACC PYP Assessment  | HACC PYP – Assessment (KPOM) | A comprehensive wellbeing social assessment is undertaken to gain an understanding of the client’s or their carer’s needs, in order to assist the client to live at home as independently as possible, and for the carer to maintain their caring role. This involves matching the client’s or carer’s needs and goals to the most appropriate service response, and assisting them to make the referral to the most appropriate service response. This can include services funded through HACC PYP or other health and community services, such as the NDIS | [HACC PYP Assessment](https://providers.dffh.vic.gov.au/13024-hacc-pyp-assessment) <https://providers.dffh.vic.gov.au/13024-hacc-pyp-assessment> |
| Personal and in-home support | 13026 HACC PYP Community Care  | HACC PYP – Community Care (KPOM) | Community Care includes personal and in-home supports, such as dressing, bathing, support around daily living, food preparation, personal safety and access to the community | [HACC PYP Community Care](https://providers.dffh.vic.gov.au/13026-hacc-pyp-community-care)<https://providers.dffh.vic.gov.au/13026-hacc-pyp-community-care> |
| Personal and in-home support | 13097 HACC PYP Delivered Meals  | HACC PYP – Delivered Meals (KPOM)  | The HACC PYP Delivered Meals program provides a nutritious, appetising and culturally appropriate main meal delivered to the person’s home. HACC PYP funding helps to offset the cost of delivering the meal. The client contribution covers the cost of the meal | [HACC PYP Delivered Meals](https://providers.dffh.vic.gov.au/13097-hacc-pyp-delivered-meals)<https://providers.dffh.vic.gov.au/13097-hacc-pyp-delivered-meals> |
| Health support | 13043HACC PYP FSR  | * HACC PYP – FSR – Allied Health
* HACC PYP – FSR – Nursing
 | Delivery of health supports in innovative ways that require additional skill and/or non-standard service delivery approaches | [HACC PYP FSR](https://providers.dffh.vic.gov.au/13043-hacc-pyp-flexible-service-response) <https://providers.dffh.vic.gov.au/13043-hacc-pyp-flexible-service-response> |
| Personal and in-home support | 13043HACC PYP FSR  | * HACC PYP – FSR – Carer support
* HACC PYP – FSR – Service Delivery
 | Delivery of personal and in-home supports in innovative ways that require additional skill and/or non-standard service delivery approaches | [HACC PYP FSR](https://providers.dffh.vic.gov.au/13043-hacc-pyp-flexible-service-response) <https://providers.dffh.vic.gov.au/13043-hacc-pyp-flexible-service-response> |
| Access | 13043HACC PYP FSR  | * HACC PYP – FSR – Community Connections Program
 | Connecting people to services | [HACC PYP FSR](https://providers.dffh.vic.gov.au/13043-hacc-pyp-flexible-service-response) <https://providers.dffh.vic.gov.au/13043-hacc-pyp-flexible-service-response> |
| Access | 13043HACC PYP FSR  | * HACC PYP – FSR – Outreach
 | Outreach to ‘find’ clients and connect them to systems and HACC PYP services | [HACC PYP FSR](https://providers.dffh.vic.gov.au/13043-hacc-pyp-flexible-service-response) <https://providers.dffh.vic.gov.au/13043-hacc-pyp-flexible-service-response> |
| Social and community engagement | 13043HACC PYP FSR  | * HACC PYP – FSR – Social Support
* HACC PYP – FSR – Volunteer Coordination
 | One-on-one, small group social connection and community engagementVolunteer coordination funded through and reported in FSR outlet | [HACC PYP FSR](https://providers.dffh.vic.gov.au/13043-hacc-pyp-flexible-service-response) <https://providers.dffh.vic.gov.au/13043-hacc-pyp-flexible-service-response> |
| Social and community engagement | 13043HACC PYP FSR13038HACC PYP SSR13063HACC PYP VC | * HACC PYP – FSR – Trips
* HACC PYP – SSR – trips
* HACC PYP – VC - trips
 | Trips |  |
| Personal and in-home support | 13043HACC PYP FSR  | * HACC PYP – FSR – Meal Vouchers
* HACC PYP – FSR – Meals
 | Meal vouchers where clients can go to participating local cafesCommunity meals | [HACC PYP FSR](https://providers.dffh.vic.gov.au/13043-hacc-pyp-flexible-service-response) <https://providers.dffh.vic.gov.au/13043-hacc-pyp-flexible-service-response> |
| Personal and in-home support (brokerage) | 13015 HACC PYP Linkages Packages  | HACC PYP – Linkages | HACC PYP Linkages Package provides tailored support to clients who have more complex needsLinkages is flexible brokerage funding to purchase additional hours than would otherwise be available for the eligible client | [HACC PYP Linkages Packages](https://providers.dffh.vic.gov.au/13015-hacc-pyp-linkages-packages) <https://providers.dffh.vic.gov.au/13015-hacc-pyp-linkages-packages> |
| Assessment  | 13015 HACC PYP Linkages Packages  | HACC PYP – Linkages – Case Management – this is aligned to assessment | Case management | [HACC PYP Linkages Packages](https://providers.dffh.vic.gov.au/13015-hacc-pyp-linkages-packages) <https://providers.dffh.vic.gov.au/13015-hacc-pyp-linkages-packages> |
| Health support | 13223 HACC PYP Nursing  | * HACC PYP – Nursing
* HACC PYP – Nursing – After Hours
* HACC PYP – Nursing – Continence
* HACC PYP – Nursing – Nurse Consultant
* HACC PYP – Nursing – Wound Consumables (No KPOM)
 | Professional nursing care includes assessment and direct clinical care, education and advice, and supervision designed to improve the client’s capacity to independently manage everyday activites, manage chronic disease, continence and attain or maintain good health, mobility and safety at home. The support can include training and supervising staff who provide personal careContinence education for clients and communities, not direct continence nursingSecondary consultation on clinical issues and provision of expert advicePool of products held for community to offset costs of wound products | [HACC PYP Nursing](https://providers.dffh.vic.gov.au/13223-hacc-pyp-nursing)<https://providers.dffh.vic.gov.au/13223-hacc-pyp-nursing> |
| Social and community engagement | 13056 HACC PYP Planned Activity Group  | HACC PYP – Planned Activity Group (KPOM) | Planned activity groups are designed to enhance the client’s independence by promoting physical activity, cognitive stimulation, good nutrition, emotional wellbeing and social inclusion. For clients with carers, planned activity groups are also designed to support care relationshipsA range of activities based on the interests of group members can be provided. For example, community outings, such bowling or bush walking, facility-based activities, such as art/craft classes, education and information on nutrition awareness, or other topics of interest to the clients and carers | [HACC PYP Planned Activity Group](https://providers.dffh.vic.gov.au/home-and-community-care-planned-activity-group-core-13056)<https://providers.dffh.vic.gov.au/home-and-community-care-planned-activity-group-core-13056> |
| Personal and in-home support | 13099 HACC PYP Property Maintenance  | HACC PYP – Property Maintenance (KPOM) | Property maintenance services provide advice and assistance with home and garden maintenance to help clients maintain a safe, habitable and healthy home environment. Providers can undertake repairs and modifications to assist clients to move safely about their house, but do not undertake maintenance or repairs that require a qualified or licenced tradesperson. | [HACC PYP Property Maintenance](https://providers.dffh.vic.gov.au/13099-hacc-pyp-property-maintenance) <https://providers.dffh.vic.gov.au/13099-hacc-pyp-property-maintenance> |
| Service support | 13038 HACC PYP Service System Resourcing  | HACC PYP – SSR – SACS Award Investment Activity (No KPOM) | Low worker wage top-up funding | [HACC PYP Service System Resourcing](https://providers.dffh.vic.gov.au/13038-hacc-pyp-service-system-resourcing) <https://providers.dffh.vic.gov.au/13038-hacc-pyp-service-system-resourcing> |
| Service support  | 13038 HACC PYP Service System Resourcing  | HACC PYP – SSR – Community Engagement (non-Council CSO) | Resource to support agencies to participate in networks | [HACC PYP Service System Resourcing](https://providers.dffh.vic.gov.au/13038-hacc-pyp-service-system-resourcing) <https://providers.dffh.vic.gov.au/13038-hacc-pyp-service-system-resourcing> |
| Service support | 13038 HACC PYP Service System Resourcing  | HACC PYP – SSR – Aboriginal Development Officer | Support to Aboriginal community controlled organisations to better understand and meet accountability requirements of HACC PYP | [HACC PYP Service System Resourcing](https://providers.dffh.vic.gov.au/13038-hacc-pyp-service-system-resourcing) <https://providers.dffh.vic.gov.au/13038-hacc-pyp-service-system-resourcing> |
| Service support  | 13038 HACC PYP Service System Resourcing  | HACC PYP – SSR – Training or Information Sessions | Training | [HACC PYP Service System Resourcing](https://providers.dffh.vic.gov.au/13038-hacc-pyp-service-system-resourcing) <https://providers.dffh.vic.gov.au/13038-hacc-pyp-service-system-resourcing> |
| Service support | 13038 HACC PYP Service System Resourcing  | HACC PYP – SSR – Language Services | Interpreting and translation for agencies not eligible to access the credit line | [HACC PYP Service System Resourcing](https://providers.dffh.vic.gov.au/13038-hacc-pyp-service-system-resourcing) <https://providers.dffh.vic.gov.au/13038-hacc-pyp-service-system-resourcing> |
| Social and community engagement | 13063 HACC PYP Volunteer Coordination  | HACC PYP – Volunteer Coordination (KPOM) | Volunteer coordinators to recruit, train and supervise volunteers to provide a broad range of services and support, including friendly visiting, telelink, groups, stand-alone transport services and host programs | [HACC PYP Volunteer Coordination](https://providers.dffh.vic.gov.au/13063-hacc-pyp-volunteer-co-ordination)<https://providers.dffh.vic.gov.au/13063-hacc-pyp-volunteer-co-ordination> |
| Social and community engagement | 13130HACC PYP Volunteer Coordination – Other | HACC PYP – Volunteer Coordination – Other | Block grant to cover volunteer program costs, such as volunteer reimbursement | [HACC PYP Volunteer Coordination](https://providers.dffh.vic.gov.au/13063-hacc-pyp-volunteer-co-ordination)<https://providers.dffh.vic.gov.au/13063-hacc-pyp-volunteer-co-ordination> |

# Appendix B. Glossary of terms

AHPRA Australian Health Practitioner Regulation Agency

department Department of Health

FSR Flexible service response

HACC PYP Home and Community Care Program for Younger People

KPOM Key Performance Outcome Measures

MARAM Multi-agency Risk Assessment and Management

NDIS National Disability Insurance Scheme

VCSS MDS Victorian Community and Social Services Minimum Dataset

1. [Victorian Government](https://www.vic.gov.au/understanding-intersectionality) (2021) [*Understanding intersectionality*](https://www.vic.gov.au/understanding-intersectionality) <https://www.vic.gov.au/understanding-intersectionality>. [↑](#footnote-ref-2)