



Attendant Care Program Procedures

A Practical Guide for Service Providers

Version 1.0

Attendant Care and Physical Disability Unit
Ageing, Disability and Home Care Department of Human Services NSW
December 2010



Human Services
Ageing, Disability & Home Care

Document approval

The ***Attendant Care Program Procedures - A Practical Guide for Service Providers*** has been endorsed and approved by:

Jim Moore

Chief Executive, ADHC

Approved: 14 December 2010

Signature on file

Ethel McAlpine

Deputy Director-General, ADHC

Approved: 08 December 2010

Signature on file

Document version control

Distribution: **Executive Directors, Regional Directors, pre-qualified ACP Service Providers**

Document name: Attendant Care Program Procedures – A Practical Guide for Service Providers

Version: Version 1.0

Document status: Final

File name: Attendant Care Program

Authoring unit: Attendant Care and Physical Disability Unit

Date: December 2010

Table of contents

1	Introduction	1
	1.1 About these procedures	1
2	Abbreviations	1
3	Glossary	1
4	Communicating with the ACPDU	4
5	Intake of new clients	4
	5.1 ACP Service Providers List	4
	5.2 Responding to enquiries from prospective ACP clients	4
6	Establishing services	5
	6.1 Care Plan	5
	6.2 Service Agreement.....	6
	6.3 Employment of attendant carers	6
	6.4 Employment of client's relatives	7
	6.5 Attendant carers training	7
	6.6 Attendant carers rosters.....	8
	6.7 Emergency/back-up services	8
7	Rapidly Degenerative Protocol	8
8	Service Delivery	9
	8.1 How many hours of service should be delivered?.....	9
	8.2 How are service hours counted?.....	10
	8.3 Flexible use of service hours/funding.....	12
	8.3.1 Saved hours.....	13
	8.3.2 Client's holidays.....	14
	8.3.3 Pooling of funds	15
	8.4 Service interruptions	15
	8.5 Hospital admission and residential respite.....	15
	8.6 Services review	16
	8.7 Change in support needs	16
	8.7.1 Level 2 Funding	17
	8.7.2 Level 3 Funding	17
	8.7.3 Need for two staff members	18
	8.8 Cessation of services	19
	8.9 Coordination of services.....	20
9	Portability of services	20
10	Change of service provider	21
11	Funding	22
	11.1 Grant payments.....	22
	11.2 Standard hourly rate.....	23
	11.3 One-Off Non-Recurrent Funds	23
	11.3.1 Examples of what may be funded	24
	11.3.2 Application	25
	11.3.3 Approval.....	26

11.3.4	Payment.....	27
11.3.5	Ownership.....	27
11.3.6	Proof of purchase	27
12	Performance monitoring and reporting.....	27
12.1	Reporting requirements.....	28
12.2	Financial monitoring principles for the ACP	28
12.3	Monitoring and quality assurance	28
13	Complaints	29
14	ATTACHMENT 1	30
	Requirements for pre-qualification to provide ACP services.....	30
15	ATTACHMENT 2	31
	Process for starting services with new ACP client	31
16	ATTACHMENT 3	32
	Links to relevant forms and policies	32
17	ATTACHMENT 4	33
	Request for one-off funds flowchart.....	33
18	ATTACHMENT 5	34
	Government funded equipment programs in NSW	34

1 Introduction

1.1 About these procedures

These procedures have been developed to assist service providers to manage Attendant Care Program (ACP) services in line with the *ACP Package Guidelines* and current policies.

2 Abbreviations

ABI	Acquired Brain Injury
ACIA	Attendant Care Industry Association
ACP	Attendant Care Program
ACPDU	Attendant Care and Physical Disability Unit
ADHC	Ageing, Disability and Home Care
COPS	Community Options Programs
HACC Program	Home and Community Care Program
HNP	High Needs Pool
MND	Motor Neurone Disease
NGO	Non Government Organisation

3 Glossary

Appeal	A request or application to ADHC to review or change a decision.
Applicant	A person that has applied to ADHC for high level in-home personal care services.
Attendant carer	A person employed to provide personal care services to the client.
Care Plan	A document developed in response to a request for service. It is developed by the service provider prior to the commencement of service delivery. It outlines the expected outcomes of the requested care and the tasks, duties and interventions required to meet the care and service needs of the service user (within the parameters of the program and funding allocation). The Care Plan guides and directs the attendant carer in their day-to-day delivery of the attendant care services.
Carer	A person who has a major unpaid supporting role for the client. A carer would usually be a family member or partner.

Client	A person who has been assessed as eligible, prioritised for services and approved as the service recipient.
Cooperative Model	Funds are paid to an ACP pre-qualified service provider who manages the funds, provides administrative support and is accountable to ADHC for expenditure and service quality. Clients are the employers of attendant carers and are responsible for managing them.
ComPacks	Case-managed package of care funded by NSW Health. ComPacks provide up to 6 weeks of in-home services following discharge from hospital.
Compensable client	An individual who has received, expects to receive or is actively seeking, compensation to cover the cost of care or support as a result of an accident, injury or illness.
Complaint	An expression of concern, dissatisfaction or frustration with the quality or delivery of service, a policy or procedure, or employee conduct.
Direct Funding Model	Funds are paid directly to the client who is responsible for purchasing approved services and managing their care. Clients take on the full employer/service provider responsibility and are accountable to ADHC for expenditure and service quality under a Funding Agreement.
Domestic Assistance	Assistance with household tasks to maintain hygiene and safety standards in the home for the person with a disability. This may include: house cleaning, removal of household waste, ironing, laundry that can be machine-washed, meal preparation and assistance with essential shopping.
Employer Model	ACP funds are paid to an ACP pre-qualified service provider who employs the attendant carers and is accountable to ADHC for expenditure and service quality. Clients can be involved in the selection, rostering and management of attendant carers to different degrees.
Funded Accommodation	A supported accommodation facility/unit that receives government funding (other than the ACP funding) to provide personal care services and support to its residents.
Personal assistance	A variety of services that support a person to live independently in the community with a focus on personal care. Services may include assistance with self-care, domestic chores, some transport and support to access the community.

Personal care services	<p>Personal assistance, including individual attention, support, supervision and physical assistance with:</p> <ol style="list-style-type: none"> a. bathing, showering, toileting, personal hygiene, bowel care, shaving, hair care and grooming, eating, drinking, dressing and undressing, limited nail care (following appropriate professional assessment) and using dressing aids; b. communication including assistance to address difficulties arising from impaired hearing, sight or speech, or lack of common language, assistance with the fitting of sensory communication aids, checking hearing aid batteries and cleaning spectacles and assistance in using the telephone; c. mobility (in bed and out of bed) such as to sit up, turn, stand and walk, sit, to transfer to commode, wheelchair, chair or vehicle; d. fitting and use of appliances such as splints and callipers or hoists; e. monitoring self medication, diabetes monitoring, exercises.
Portability	<p>This term refers to the ability to maintain an ACP Package when moving address. ACP Package funds are portable within New South Wales but are not portable to take to another State/Territory on a permanent basis.</p>
Prioritisation	<p>A process by which applications for services are assessed and scored according to need. The higher the need the higher the priority.</p>
Service provider	<p>An organisation that has been pre-qualified by ADHC to provide ACP services.</p>

4 Communicating with the ACPDU

Service providers need to contact the Attendant Care and Physical Disability Unit (ACPDU) when requesting (on behalf of clients):

- approval of ACP one-off funds; and/or
- increase or decrease of service hours.

Providers also must contact the ACPDU to provide information about:

- client matters i.e. commencement of services, service interruptions, cessations, change of provider; and
- service provider matters i.e. changes in contact details or service coverage

All requests and provision of information must be in writing and directed to the ACPDU by e-mail at hnpacp@dadhc.nsw.gov.au.

Alternatively service providers can contact the ACPDU's Client Liaison and Systems Support Officer on (02) 9374 3612.

E-mails should not be sent to individual ACPDU staff members as staff can be on leave or can change jobs. The e-mail address listed above should be used.

5 Intake of new clients

Approved clients are required to choose a provider from the list of pre-qualified ACP service providers and to notify the ACPDU of their chosen service provider within three (3) weeks of receiving the approval letter.

Clients may approach one or more service providers to discuss their needs.

5.1 ACP Service Providers List

To ensure that the list of pre-qualified ACP service providers is up to date, service providers need to inform the ACPDU by e-mail at hnpacp@dadhc.nsw.gov.au of any changes about their contact details, areas of expertise and local planning areas covered by the services or service coverage.

The contact person in the list should be someone easily contactable by clients, rather than an executive in the organisation.

5.2 Responding to enquiries from prospective ACP clients

On first contact the service provider needs to respond to the client's enquiry and offer information within 24 hours.

Once the client selects a service provider, the provider should arrange a home visit and initial assessment within one week.

It is the responsibility of the service provider to establish services and notify the ACPDU in writing of the start date.

ACP services must start within three (3) months of approval. Service providers should take this into consideration when taking on a new client. Clients have a timeframe of up to three (3) weeks to select a service provider, therefore it is expected that providers will after initial contact establish services within six (6) to eight (8) weeks.

If services cannot start within the required timeframe approved clients may be placed back in the Service Needs Register and may lose their approval status.

6 Establishing services

Once the client has nominated a service provider, the ACPDU will provide the chosen provider a copy of the ACPDU assessment report if available and information on the number of service hours approved and funding allocation.

To establish services the service provider is required to work directly with the client to negotiate and finalise:

- initial assessment (s), e.g. OH&S risk assessment, manual handling assessment
- a Care Plan
- a signed Service Agreement
- recruitment or identification within current staff of attendant carers that are suitable for the client's needs
- attendant carers' rosters
- emergency/back up services
- attendant carers' training to ensure they have the competencies to provide client services
- a start date to be provided to the ACPDU.

Services must commence within three (3) months of the ACP Package being approved.

6.1 Care Plan

The ACPDU assessment report is made available to the service provider and provides the basis for developing a Care Plan and the attendant carers' roster.

Details of the approved hours and suggested routines are documented on Page 1 of the ACPDU assessment: *'Information for the Service Provider from the ACPDU'*. This information may differ from the assessment report recommendations. If this is the case an explanation is provided.

The assessment identifies:

- the type and amount of services needed;
- a proposed daily routine to meet their personal care needs;
- home accessibility and need for home modifications;
- status of referrals made to access other services e.g. accommodation/housing, aids and equipment;
- existence of informal supports and the likelihood that these supports will continue in the medium to long term; and

- any risks or concerns e.g. key Occupational Health and Safety issues. The ACPDU assessment does not include a detailed home inspection and is not an Occupational Therapist assessment. It is the responsibility of the service provider to conduct an in-home assessment to satisfy legislative requirements.

The ACPDU assessment provides the basis for the level of resources approved. Any flexibility negotiated with the client and incorporated to the Care Plan must be consistent with the ACP Guidelines and the approved level of resources.

The Care Plan should be developed in consultation with the client and may incorporate findings and recommendations from other available assessments and the service provider's initial assessments.

The Care Plan should detail how services will be provided including:

- frequency and duration of services per day and per week;
- how back-up services can be accessed when there is a breakdown in services;
- what will be considered an emergency;
- how emergencies will be covered;
- how risks will be managed;
- any changes required to the proposed services;
- any specific arrangements negotiated between the provider and the client (e.g. care to be provided by informal supports); and
- how the plan will be reviewed.

Variations to the Care Plan can be negotiated between the client and service provider as required. However the number of service hours delivered should be in line with the ACPDU approval and cannot be changed without the ACPDU approval.

6.2 Service Agreement

The Care Plan forms the basis for a Service Agreement between the client and service provider. The Service Agreement should define:

- the rights and obligations of both parties;
- the level of involvement the client will have in managing their own care;
- procedures for cancelling services;
- procedures to record and access saved hours;
- procedure to record and track attendant carer hours;
- procedures to access back up services and emergencies (including a definition of what constitutes an emergency);
- complaints process; and
- procedures to monitor quality and client satisfaction.

6.3 Employment of attendant carers

Under the ACP Employer Funding Model, the service provider is responsible for the employment of attendant carers. This includes but is not limited to, recruitment,

appointment, management and termination of personnel, training, occupational health and safety, insurances and payment of all entitlements.

Service providers should negotiate with clients/families/carers the level of involvement they may have in the recruitment of attendant carers. Service providers are responsible for managing the professional relationship and employment contracts of their staff.

The service provider is also responsible for decisions about subcontracting arrangements e.g. when there is a shortage of staff.

Under the ACP Cooperative and Direct Funding models, the client is responsible for the employment of attendant carers if they choose to employ their own carers. In the Cooperative Model, the service provider provides administrative support for tasks related to recruitment, taxation, insurance and payroll.

6.4 Employment of client's relatives

ACP services are not meant to replace informal supports. ACP funds **cannot** be used to employ clients' close relatives.

A close relative is defined as:

- an immediate family member (parent, sibling, child or partner)
- any other family member or person if they live in the same house as the client.

Only in certain circumstances ADHC may approve limited employment of a relative (other than a primary carer). This may cover a limited number of hours or be for a limited period of time. For example, if a client lives in a remote locality and has limited access to staff for an emergency or back-up service and such situation would put the person at risk, an approval may be provided. Employment of a close relative cannot occur without formal approval from ADHC. The service provider needs to submit a written request describing the circumstances of the request.

A client's relative cannot be employed as an attendant carer without ADHC formal approval.

6.5 Attendant carers training

Attendant carers should be provided with adequate training to carry out their duties efficiently and safely.

Training should include:

- initial induction and orientation to the organisation and the attendant carer duties;
- general training on attendant care related tasks and procedures e.g. manual handling, risk assessment and risk management, food handling, first aid, infection control, fire and emergency procedures;
- individualised training on the specific tasks to be implemented with each client e.g. manual handling, bowel care, communication; and
- any additional specialised training that would support their work and ensure a high quality service e.g. training modules on the needs of people with specific conditions such as Acquired Brain Injury (ABI), Spinal Cord Injury (SCI), Motor Neurone Disease (MND), Cerebral Palsy, etc.

ACP recurrent funding allocated for approved ACP clients is inclusive of staff training costs. However when there are significant training expenses related to establishing

services, service providers can request non recurrent funds equivalent to up to 25 service hours towards the cost of staff training. Examples include when there is a need to recruit various new workers with limited experience to service a new client, or there is a requirement for highly specialised training due to the client's complex needs and the cost of training is in excess of what can be covered by the ACP recurrent funds. Please note that these funds will not be approved without sufficient justification and should only be requested with full consent of the client or at the request of the client. These funds, if approved, are sourced from the \$10,000 one-off non recurrent funds that clients can request for essential services/items such as equipment or aids. Refer to Section 11.3 *One-Off Non Recurrent Funds*.

Clients' approved service hours should not be reduced to cover the cost of training.

6.6 Attendant carers rosters

Under the ACP Employers funding model, the service provider develops staff rosters in line with the agreed Care Plan. Under the ACP Cooperative and Direct Funding funding models the client develops the rosters.

To maximise resources, attendant carers' rosters should be developed taking into consideration:

- the original approval of services
- informal supports
- distribution of tasks to ensure that all paid time is utilised delivering services.

6.7 Emergency/back-up services

Service providers must have procedures in place to respond to client's emergency situations e.g. bowel accident, unscheduled medical appointment for an acute condition. Service providers must also have procedures for how to respond to staff absences including unforeseen absences i.e. sickness, to ensure that clients are not left without services.

Emergency/back-up attendant care arrangements should be negotiated with the client and tailored to the individual needs.

Clients must be informed of these procedures. The Service Agreement needs to include clear definitions of what is considered an emergency, timeframes for responding and alternative arrangements if there is a breakdown in communications.

Service providers need to plan for situations where there are not enough staff to cover client services due to recruitment or other issues. In these situations a subcontracting arrangement may be necessary to ensure that clients are not left without services.

The effectiveness of these procedures should be reviewed regularly.

7 Rapidly Degenerative Protocol

People with rapidly degenerative neurological conditions such as MND have high priority for in-home personal care assistance services due to the rapidly degenerative nature of their condition following diagnosis.

Under the Rapidly Degenerative Protocol, people with rapidly degenerative neurological conditions may be considered for services when they need more than 10 personal care assistance hours per week and may be approved for services (when capacity is available) prior to the completion of a formal ACPDU assessment.

The aim is to:

- provide quick response time throughout the process (including referral, approval and service delivery); and
- enable continuity of service (including a smooth transition from one provider to another).

Individuals with rapidly degenerative neurological conditions have:

- progressive muscular atrophy with progressive muscle weakness, muscle wastage and weight loss;
- muscle weakness progressing into paralysis within weeks or months;
- rapid progression of disease with typical survival rate after onset of 3 to 5 years.

Applicants diagnosed with a rapidly degenerative neurological condition are approved prior to assessment and their need for additional service hours may also be approved without a reassessment. Wherever possible, the ACPDU will forward any existing medical/allied health reports and supporting documentation to assist with the establishment of services. Commencement of services should not be delayed because an ACPDU assessment has not yet being completed.

Many of these clients will have services in place provided via a Community Options Project Service (COPS) or other Non-Government Organisation (NGO) contractor arrangement.

When approved for ACP, people with a rapidly degenerative neurological condition:

- may continue with the same provider if this is a pre-qualified ACP service provider;
- may initially continue with the same provider using a brokering arrangement if the service provider is not an ACP pre-qualified service provider and transition to the new provider at a later date.

Service providers need to have procedures in place to start or arrange services within a short period of time for clients with rapidly degenerative conditions.

8 Service Delivery

8.1 How many hours of service should be delivered?

Service providers are informed in writing of the number of service hours approved for each ACP client who chooses to receive a service from them. The front page of the assessment report contains details of the hours approved and a suggested routine.

The funding allocation is primarily for personal assistance and may include an allocation for short-term specialised services in complex cases such as people with an ABI or MND. This is discussed with the service provider on a case-by-case basis and may not be detailed in the assessment report. The assessment report focuses primarily on personal

assistance tasks/routines. Its main purpose is to detail the functional need of the client and to provide the basis for the level of resources approved.

Approved services hours can be distributed across the day to cover the client's personal care assistance needs. The ACP allows for flexibility to be included in the Care Plan. Refer to Section 6.1 '*Care Plan*' and Section 8.3 '*Flexible use of service hours/funding*'.

Service providers should:

- deliver the approved number of services hours;
- monitor the delivery of services and monitor expenditure against the individual's funding allocation;
- put strategies in place to deal with added costs i.e. if the client lives in a remote area, recruit staff in the same area and arrange rosters to minimise the transport difficulties, if the client has a carer, develop staff rosters taking into consideration informal supports. **It is not appropriate to reduce the number of face-to-face hours to cover additional costs;**
- maintain clear records about hours of service and other service events delivered, saved hours and expenditure;
- deliver services in line with the ACP Guidelines and Procedures;
- inform the ACPDU if the client requires additional personal care services from them and hours are available within the capped ACP level;
- ensure that the cost of subcontracting services does not prevent clients from receiving all approved services and does not exceed funding available from ADHC;
- report all funded and provided hours in MDS. Privately purchased services should not be reported in MDS.

No ACP service hours can be used for doing more than the client's share of the housework, providing services to other household members, or professional services such as home modifications, carpet laying or plumbing.

The number of service hours or other approved services should not be reduced to cover cost associated with:

- penalty rates when providing services after hours, on weekends or public holidays
- service fees or contributions
- administration costs
- staff training or any other cost related with the delivery of the approved and funded services e.g. travel costs.

8.2 How are service hours counted?

The following should be noted when calculating/counting hours of service:

- If two attendant carers are required to complete a task for example to transfer a client, the time required per task is double i.e. 1 hour x 2 staff = 2 hours.

- Staff travelling time to and from the workplace (client's home) should not be counted as hours of service. If this creates a particular disadvantage to a client living in an isolated area and cannot be resolved with local recruitment, the situation should be discussed with the ACPDU.
- The ACPDU assessment considers a minimum of one (1) hour per shift when calculating the number of service hours needed. Service providers employing attendant carers under awards that require more than one (1) hour call out or shift should consider providing additional consecutive work to the worker or the employment conditions used.

Example: An attendant carer is called out for an emergency and is only required for 20 minutes. The attendant carer would need to be paid for a full hour. This counts as one hour of service. To maximise resources service providers may consider allocating other duties during a short call out.

- Award conditions that affect how rosters are decided and how hours of service are counted need to be explained to clients and documented in the Service Agreement. Service providers need to discuss with clients the implication of calling workers for a short shift or asking a worker to stay over their allocated rostered time and document any agreements in the Service Agreement.
- If clients are transported to and from appointments/activities, the time that an attendant carer is required to accompany or attend to the client is counted as minutes/hours of service.
- Flexible arrangements and business rules need to be negotiated with clients prior to starting services and documented in the Service Agreement. Both service providers and clients should take responsibility to ensure that services are flexible and responsive within the constraints of what is possible within the approved service hours.
- When reporting service outputs, ACP services are reported in service hours. Reporting of other service types such as transport or an assessment may be difficult as they may not equate to service hours in the same way as personal assistance. It is suggested that to report these outputs the cost of the service is converted to the value of the ACP hourly rate value.

Example: an agreement exists to cover the cost of a therapy session once a fortnight. The cost is \$50 for each session. To calculate the equivalent value in service hours the following formula can be applied:

$$\$50 \div \$42.8 = 1.2 \text{ hours of service } (\$42.80 \text{ is the hourly rate for the 2010-11 financial year})$$

The above example includes 100% of the ACP hourly rate to calculate the equivalent in service hours for the therapy session. This may vary if the service provider charges an administrative cost on the total funds. For example if a 10% administration cost is deducted from the hourly rate the formula will be $\$50 \div (42.8 - 4.28) = 1.1$ hours.

The example above relates to the client receiving other services, usually from an external provider or trader. An administrative charge related to payments and reimbursements with no direct or indirect staff involvement should be minimal.

8.3 Flexible use of service hours/funding

Approved hours are primarily for the provision of personal care assistance. There is scope for flexibility within the approved services including the option to:

- renegotiate routines;
- save service hours to use at a later date;
- use approved services/funding at a holiday location;
- pool funds when more than one person in the household has an ACP package of services;
- use up to 20% of ACP funding for emergencies, unplanned events or other service types/hours.

Flexible arrangements are to be negotiated with the client and documented in the Care Plan and Service Agreement.

Through this flexibility clients may access:

- additional assistance following hospitalisation or the hospitalisation of their carer (if this cannot be funded through ComPacks);
- support for additional assistance to take a holiday;
- support to attend medical appointments;
- staff attendance during an emergency such as a fall or bowel accident;
- support to attend an after hours social event, i.e. family wedding, outing with friends;
- other service types not included in the ACP package.

Examples of other service types that may be purchased include:

- transport
- therapy i.e. physiotherapy, hydrotherapy, massage
- respite
- gardening or other basic home maintenance tasks the person would have been able to complete prior to their injury/disability i.e. cleaning gutters
- vocational or educational activities
- monitoring services e.g. Vital Call
- other community support services that are related to the client's disability and support needs and cannot be sourced from another program/service.

These arrangements can only be made if efficiencies are made through rostering or by the use of informal supports. Additional hours of support will not be approved to create or maintain this flexibility.

Alternatively all approved service hours can be used to cover the client's personal care routine.

Example 1: ACP funds are being used to pay for the cost of transport for a client living in a rural area to attend a hydrotherapy session in the regional hospital. This is financed with the equivalent of three service hours per week. This is possible by finding efficiencies in the roster and the support of informal supports.

Example 2: A client approved for 35 service hours/week changed his routine from three (3) daily services totalling five (5) hours per day to a block of seven (7) service hours (8:00 am to 2:00 pm) Monday to Friday to allow for community access and social support type activities. The informal carer provided personal care assistance in the evenings and weekends. A request for additional hours was made when the carer could no longer provide services on the weekend. A request to review the routine with a focus on personal care support needs was made and no additional service hours were approved.

ACP funds **cannot** be used to:

- provide/purchase services for other family member(s);
- pay clients' personal bills e.g. phone or electricity bill;
- purchase goods e.g. electrical appliances, groceries; or
- pay for any typical living expense.

Service providers **should not** provide cash payments to clients as part of the flexible use of funds.

Any variation from the above procedures has to be formally approved by ADHC.

8.3.1 Saved hours

Clients may save a maximum of 50 service hours equivalent in funding at any given time and carry them over from one financial year to the next.

Clients can save hours if they use less than their approved services because:

- friends/relatives assist them with some tasks; or
- efficiencies are found through rostering or other service practices.

Saved service hours can be carried from week to week and used at a later date. Saving service hours can increase the flexible use of ACP services as described in Section 8.3 '*Flexible use of service hours/funding*'.

However, if clients consistently need less service hours than those approved i.e. if their functional capacity has improved, a review is to be undertaken. Refer to Section 8.6 '*Services review*'.

The ACPDU is not involved in management of rosters or saved hours. This is the responsibility of the service provider. Service providers need to keep clear records of services provided and service hours saved and provide clients with information about this on a regular basis. Staff managing and monitoring the delivery of ACP services must develop a process with the organisation's financial services to ensure that funds are utilised efficiently and to access up to date information on budget expenditure and saved hours for each client.

If there is a dispute between the organisation and the client in relation to the amount of saved funds and a complaint is made to ADHC, ADHC regional officers will manage the resolution of the issue. ADHC may request that the service provider provides documentation e.g. signed timesheets to verify the number of service hours provided per week over the previous financial year.

Saved service hours can be used:

- in the same way as regular ACP service hours
- to increase the flexible use of ACP service hours as described in Section 8.3 '*Flexible use of service hours/funding*'
- to temporarily increase the level of service hours i.e. during a holiday.

ACPDU may approve under special circumstances the use of saved hours/ funds to purchase an item or short term service that are considered essential because of the client's disability and support needs. This may be approved if ACP one-off funds have been used and the item/service cannot be sourced from any other funding initiative/ program. To use saved service hours/funds in this manner service providers have to provide a rational and request approval in writing from ACPDU.

Service hours **cannot** be saved if:

- services have not yet started;
- the client is in hospital;
- the client is in a residential respite service or other service where funded staff support is available; or
- the client is having an extended holiday (over the approved period to use ACP funds) overseas or interstate.

Note: saved hours cannot be cashed-in or used to purchase services that are not related to the client's disability.

If a client changes service providers they can access saved service hours (up to 50 hours) with the former organisation. Refer to Section 10 '*Change of service provider*'.

8.3.2 Client's holidays

ACP funds can be used to purchase the approved services for a client taking a holiday away from their home. This applies to holidays overseas, in another State/Territory or in other NSW locations.

Service providers need to negotiate arrangements with ACP clients to ensure appropriate services are in place at the holiday location and delivered within the client's funding allocation. For example, the service provider or client may organise services through a local agency and organise for invoices to be sent directly to the service provider. Service provider responsibilities are the same as in any subcontracted arrangements. The provider maintains full responsibility for the expenditure of the ACP funds in accordance with the Funding Agreement and the particular approval.

The use of funds for a holiday can be approved for a period of up to three (3) months in a calendar year. Expenditure should not exceed the approved funding level. If the client has saved funds/hours they may use these while they are away.

If the holiday is planned for over three (3) months, the service provider on behalf of the client, needs to request approval from the ACPDU to extend the use of funds past the three months. Approval may be granted for up to six (6) months in one calendar year.

Clients may want to take one of their attendant carers with them while on holiday. It is up to the service provider to accept or decline such an arrangement as all responsibility related to the employment of attendant carers rests with the service provider (employer model). Clients will have to cover any additional costs associated with taking an attendant

carer with them, including the attendant carer's fares, accommodation, entry cost for entertainment/ events and meals. ACP funds can only be used to pay the attendant carer wages and allowances.

8.3.3 Pooling of funds

When more than one ACP client lives in the same household they may choose to pool some or all of their allocated funding in order to maximise attendant care assistance (e.g. for meal preparation). Pooling of services is optional.

ACP funding cannot be used in conjunction with, or to top up, funding of an organisation to operate a funded accommodation support facility.

8.4 Service interruptions

Services may be interrupted if the client is in hospital, temporarily living in residential care or staying away on a holiday for longer than the approved period. Clients have to inform service providers of any planned interruptions at least two (2) weeks in advance.

Service providers must inform the ACPDU in writing of any service interruptions greater than four (4) weeks and provide information on the reasons for the interruption.

Service providers must return unspent funds due to service interruptions to ADHC through the normal acquittal process at the end of the financial year.

The ACPDU may suspend funding for service interruptions of over 4 weeks.

Approval status of clients will be maintained in the program for up to three (3) months if there is an interruption of services. ADHC formal approval is required to maintain approval status after a three (3) months interruption.

After six (6) months of services being interrupted, the ACP place may be relinquished. The client may be reinstated at a later time but this is dependent on capacity and relative priority at the time.

8.5 Hospital admission and residential respite

If services are temporarily interrupted because of a hospital admission or access to residential respite, service providers may be able to offer alternative work for the attendant carers during these periods. If this is not possible, service providers can request that some funds are used to retain one or more attendant carers for a nominal amount of hours per week. Up to 20% of the funding can be used for this purpose.

Retaining attendant carers can assist with ensuring service continuity when the client returns home. Attendant carers need to negotiate with the service provider which tasks they will complete during this period.

Attendant carers cannot be used to complete personal care tasks while the client is a temporary inpatient in a hospital, in respite care or other funded supported accommodation service.

Attendant carers can be involved if necessary in providing other client support services such as:

- laundry;
- basic shopping for the client needs in hospital;
- social support; and
- home maintenance i.e. lawn mowing.

This issue has been raised by service providers and clients in the cooperative and direct funding models. Under the employer model service providers can negotiate some variation in employment contracts with their workers.

8.6 Services review

ACP services have to be reviewed by the service provider at least every 12 months. In addition a service review can be triggered by any of the following:

- a change in the client's support needs, informal care arrangements or living arrangements;
- an occupational health and safety risk where the initial attempts to rectify the situation have failed;
- loss of contact with the client following an interruption of services or an interruption of services for more than four weeks without a valid reason;
- client's dissatisfaction with service delivery; or
- inability to deliver services at the approved service level due to conflict or other reasons.

8.7 Change in support needs

When a client's service needs change, the service provider should carry out a service review.

Service review outcomes that indicate a need to increase or decrease the level of services must be communicated in writing to the ACPDU.

When requesting an increase in service hours, service providers must provide:

- a copy of current service review;
- the client's Care Plan including tasks and routines; and
- a description of the risks should an increase in service hours not been approved.

Refer to the *ACP Package Guidelines* for information on funding level allocation criteria.

Service providers seeking an increase of service hours for a client should complete the 'Request for Additional Hours Form'. Please e-mail the ACPDU at hnpacp@dadhc.nsw.gov.au to request a copy of this form.

Approval for additional service hours depends on:

- availability of resources;
- reason for the request; and/or
- current use of service hours.

The ACPDU may organise a reassessment in some instances if there is need of further clarification in addition to the service review and Care Plan. The amount of allocated funds may increase (up to one of the ACP levels of funding) or decrease where the client is using less than the approved funding.

8.7.1 Level 2 Funding

The ACPDU may approve an enhanced ACP funding level of up to 50 hours of personal assistance per week (total allocation) in some circumstances. Like any other increase in funding, approval is dependent on the availability of resources.

Prior to any request for Level 2 funding, service providers need to:

- review client services including routines and rosters;
- ensure that resources have been used in the most efficient manner taking into consideration any informal supports;
- ensure that available resources have been used to meet the essential personal care needs of the client in the first instance;
- identify the need for referral to other service types or programs that may free some service hours e.g. Meals on Wheels, community transport;
- identify the need for any equipment/aids that may reduce the need for additional supports; and
- communicate to the ACPDU that the above steps have been taken when making a request.

This level of funding may be considered for approval for ACP clients who have:

- additional personal care assistance needs such as two staff required for safe transfers; or
- deteriorated, 35 hours per week of personal care services is insufficient and will place them at risk e.g. personal care routine takes longer to complete due to the person's increased spasticity or rigidity.

Please note that while flexible care arrangements can be negotiate with clients including a range of services and negotiated routines, the allocation of resources is based on essential personal care and related assistance needed.

8.7.2 Level 3 Funding

The ACPDU may consider an enhanced funding level of up to 70 hours of personal assistance per week (total allocation) in exceptional circumstances and for time limited periods only.

Service providers need to review services as described under 8.7.1 '*Level 2 Funding*' prior to requesting this funding level. In addition, service providers need to provide:

- a rationale on how the additional service hours will address the situation and how and when they will be reduced and discontinued;
- health related documentation (if related to the request); and
- estimated timeframes for services to be reduced to a lower level of funding.

An approved ACP client may qualify for a time limited increased level of funding (Level 3 funding) if they:

- require palliative care and the additional personal assistance support will enable the family to continue to care for the client at home;
- have a complex health care or behavioural issue that places them and/or their carers at risk and requires extra care for a limited period of time to allow for stabilisation, assessment, risk management procedures to be developed or an equipment solution be put in place; or
- have been assessed as requiring a higher level of support for a short period (three to six months) to cover a transition period i.e. following surgery, or need for specialised training, or time limited intensive case management support.

8.7.3 Need for two staff members

There are instances when two staff members may be required to implement specific tasks within a personal care assistance routine. The key reason for having a two person service relates to the safety of either the client or staff or both.

A risk management approach is required with each situation being assessed individually. The following are a list of indicators that may result in two staff members being required to provide part of the service. However the presence of one or more of the indicators below does not mean that two staff are always required.

The need for two person services may be related to the following:

- client's condition, characteristics, nature of their disability or health status. For example:
 - Client is rigid, stiff and hard to roll on the bed or unable to maintain a side lying position independently while being dressed on the bed
 - Client has little or no control of their upper body or head and when transferred in a sling requires a second party to provide assistance to stabilise the client
 - Client is of such a height and/or weight that they make the normal use of the hoist/sling more difficult
 - The client has uncontrolled movements or low muscle tone
 - The client may exhibit challenging behaviour that makes it unsafe for one worker to assist with transfers
 - The client's body shape or condition makes the use of equipment unviable.
- The home environment is of such a design that a task that would normally require one staff now requires two staff to maintain safety of the client and/or staff. For example if there is :
 - limited space in the bedroom/bathroom therefore two staff may be required to manoeuvre equipment; and/or
 - lack of appropriate equipment.

Steps should be taken to find adequate solutions when the issue relates to the physical environment. A request to increase service hours due to environmental issues would be considered as a short-term measure only.

Similarly, if the reason for needing two staff members is related to client's refusal to use appropriate equipment a short-term increase in hours may be approved pending the trialling of certain equipment and procedures. It is usually a requirement for a client to use appropriate equipment.

An Occupational Therapist report may be required in some instances.

Where a service provider identifies the need for two staff members an application for additional hours should be sent to the ACPDU. The reasons why a second worker is being requested and the risks to the client and/or worker (if using only one worker) must be clearly documented in the request. To obtain a copy of the form please e-mail the ACPDU at hnpacp@dadhc.nsw.gov.au.

8.8 Cessation of services

The following conditions may lead to the discontinuation of ACP services:

- the client fails to make contact or contact is subsequently lost following an interruption to services for more than 90 consecutive days;
- an interruption of services of over six (6) months occurs for circumstances beyond the client's control;
- the client is able to manage without ACP services due to improved level of functioning or alternative care support;
- the client moves permanently or for a period over six (6) months into residential care or supported accommodation;
- the client's health has deteriorated to a level that the person's needs are no longer able to be met by the ACP;
- the client moves interstate or overseas;
- attendant care workers are exposed to an unacceptable level of risk on OH&S grounds, (i.e. client's challenging behaviour, manual handling procedures, the physical state of the premises), and where risk management procedures have been followed to correct these situations and a satisfactory outcome is not achievable;
- the client refuses service from attendant carers and refuses to be referred to another service provider; or
- the client dies.

If a service review identifies that the client could be better served by another community care program or by moving into residential care or supported accommodation, the service provider will inform the ACPDU in writing and may assist the client to access other programs. If the person is assessed as eligible and accepted for another program, the service provider needs to develop and implement transitional arrangements. ADHC will cease funding when the person is accepted and transferred into the other Program.

If the client refuses to be referred to a more suitable Program for which they are eligible, the service provider may consider the following: refer the client for case management support; or in some circumstances apply for the appointment of a substitute decision-maker for the client.

Refer to *Attendant Care Service Review Policy* for additional information.

If a service provider decides to discontinue services the following procedure needs to be followed:

- the service provider organises a review of services and makes an attempt to solve the issues through this process. Service providers may involve an independent person in the review if appropriate;

- the service provider informs the client and the ACPDU in writing of their intentions and reason(s) for the decision;
- service providers need to provide a minimum of eight weeks notice to the client of their intention to discontinue services and assist the client to identify another service provider;
- in cases where a change of service provider is not appropriate or possible, the service provider makes the appropriate referrals for the client to receive care from an alternative source e.g. residential respite;
- if the service provider is unable to provide services e.g. due to an OH&S issue, the provider must provide as much of the service as possible i.e. bed bath while waiting for equipment to be available, check on the client's safety on a regular basis and refer them to emergency services if required.

Note: any transfer of client information to another service provider must comply with confidentiality and privacy legislation.

8.9 Coordination of services

It is part of the service provider's responsibility to provide a basic level of service coordination. This includes allocating resources to identify the service needs of clients, developing a service plan, organising referrals as required and reviewing services. This is done in conjunction with the client and/or their family.

Clients may benefit from referral for case management services if there is a need for substantial negotiation and coordination with other providers or for crisis management. This may be the case when a client goes through a period of transition or changes in their personal circumstances e.g. deterioration of their condition, loss of carer.

The ACPDU assessment may identify the need for case management. If this service cannot be accessed from other sources/programs, service providers may notify ACPDU of the difficulties and need for assistance.

9 Portability of services

ACP funds are portable within New South Wales. Clients moving or relocating residence within New South Wales need to inform their service providers in advance. If the service provider is not able to arrange services at the new address the client has to negotiate a change in service provider. Refer to Section 10 '*Change of service provider*'.

ACP funds are not portable across Australia to other States or Territories. Clients planning to move interstate need to inform their service provider, the ACPDU and the Interstate Portability Coordinator in the other State/ Territory. Interstate Portability Coordinator contact details can be obtained from the NSW Interstate Portability Coordinator through the ADHC Post School Options Information Line on 1800 761 030 or by e-mail at nswnipp@dadhc.nsw.gov.au.

The portability protocol "Moving Interstate: Assistance to People with Disabilities and their Carers", signed by Disability Ministers and Disability Administrators of each State and Territory agreed that:

- individuals seeking to move interstate may access that State or Territory's service system by applying for services prior to moving. The client will need to follow the normal process for accessing services in that State/Territory;
- if the move from NSW to another state is urgent, unplanned or due to circumstances beyond the control of the individual, ADHC may approve the transfer of ACP funds for up to 12 months to enable time for the transition to be organised; and
- when an individual is moving to NSW, ADHC counterparts in other States will assist in facilitating the request for service in NSW and may provide funds for up to 12 months.

10 Change of service provider

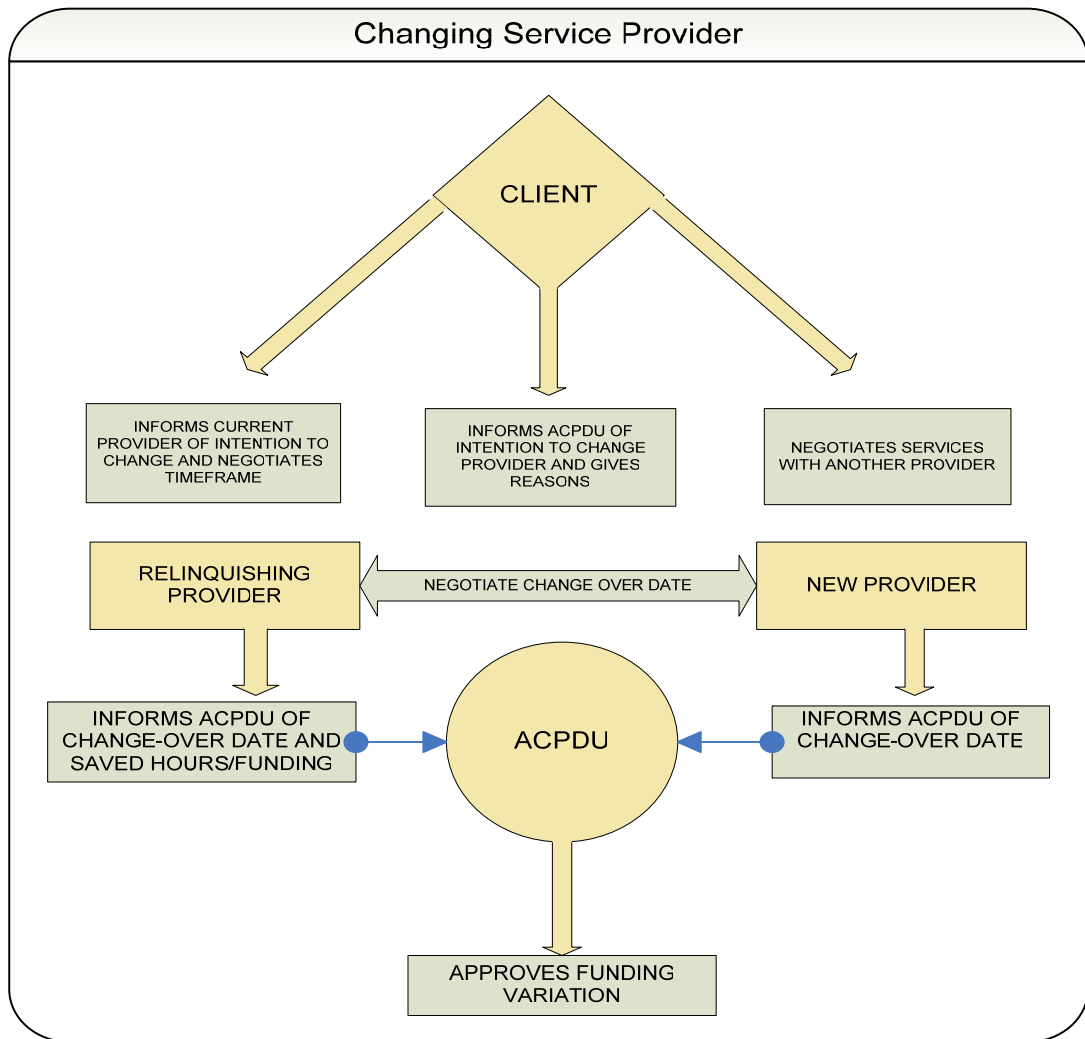
Clients may change service providers in order to negotiate service arrangements that better suit their needs. A change of provider may also be needed if a service provider intends to discontinue services.

If the change of provider is sought due to conflict or disagreement between the client and service provider, a service review should be completed and efforts made to solve any disagreement.

If a change of service provider is decided in conjunction with the client, the following procedures have to be followed:

- the client contacts and discusses their service needs with other pre-qualified ACP service providers;
- once a new service provider is chosen the client notifies the current service provider and the ACPDU of their intention to change provider and the reason for the change;
- the current service provider needs to be notified at least two (2) weeks in advance of the planned change to another service provider;
- the relinquishing service provider and the new service provider negotiate an end date and a commencement date for service, taking account of commitments of attendant care staff;
- the ACPDU is notified in writing by both the relinquishing and new service provider of the change-over dates (dates cannot overlap);
- the relinquishing service provider informs the ACPDU in writing of any saved hours/ funds within one week of the client exiting the organisation. Unused funds are not returned to ADHC at this time but are to be returned at the end of the financial year through the acquittals process. An exception to this rule is when an organisation only has one (1) client;
- the ACPDU contacts the new service provider and sends a copy of the client's last assessment to assist with establishing service;
- the ACPDU follows procedures to effect the change in funding and notifies both organisations in writing of the variation and the effective dates.

Refer to Section 11.1 '*Grant Payments*' for more information about the payment process.



11 Funding

11.1 Grant payments

- ACP Packages are funded individually for each client.
- Funds are paid to service providers quarterly in advance once a regular schedule is established.
- When the ACPDU receives written notification of the start date for services to a client, ADHC approves the funding allocation.
- A Funding Agreement is sent to the service provider. For existing service providers a variation in the Funding Agreement is recorded and sent to the provider.
- The ACPDU processes all funding variations related to the augmentation or reduction in funding to individual clients, cessations and intake of new clients and one-off non-recurrent funds. Funding variations are approved by ADHC and processed by the ACPDU.
- Depending on the size of the funding variation, service providers will receive a Funding Variation notification.

- Service providers must sign the Acceptance of Funding Variation and return to the appropriate return address as soon as possible for payments to be activated.
- Service providers must ensure that signatories for the Funding Agreement and Acceptance of Funding Variation are legally appropriate and should keep records of all variations and correspondence to reconcile payments and approvals.
- There is usually a delay between approval and the commencement of new payments to a provider. Payments are backdated to the start date. Additional delays may occur if there is a backlog of payments in ADHC, i.e. end of financial year period.

11.2 Standard hourly rate

A standard hourly rate is paid to service providers to purchase the approved services.

One hour of face-to-face personal assistance is funded by one standard hourly rate unit.

Example: An ACP client is approved for 35 hours per week of services. Annual funding allocation is calculated as follow:

$$[(35 \div 7) \times 365] \times \$42.80 = \$78,110 \text{ } (\$42.8 \text{ is the } 2010\text{-}11 \text{ hourly rate})$$

This hourly rate (\$42.8 in 2010-11 financial year) is not inclusive of GST. Ten percent GST is paid to providers in addition to the above calculation.

The standard hourly rate is reviewed every financial year and covers:

- direct field expenses
 - wages
 - allowances
 - penalties
- direct field staff on-costs
 - superannuation
 - workers compensation
 - leave entitlements
- indirect expenses
 - staff recruitment, training and supervision
 - indirect wages and on-costs
 - administration
 - other indirect expenses and consumables.

11.3 One-Off Non-Recurrent Funds

ACP one-off non-recurrent funding may be available to ACP approved clients. Approval is dependent on the availability of resources and the assessed benefit of the requested item/service. Access to ACP one-off funds is not an entitlement.

One-off funds may be approved for:

- the purchase of assistive equipment and technology when these cannot be sourced from other programs/services;
- assistance to purchase basic household items or services that would assist a client to set up residence in the community when moving from a hospital/residential setting, maintain independence, or allow clients to maximise their approved personal care hours;
- additional supports that are directly related to the client's disability or out of the ordinary service setting up costs.

\$10,000 is the maximum one-off non-recurrent funds that can be approved to an ACP client across the length of the approved ACP package.

11.3.1 Examples of what may be funded

The following are examples of what may be funded through the ACP one-off funding:

Category	Examples
Communication aids	Communication devices. Computer based communication aids and software, equipment for alternative format information, hands free phone
Aids for nutrition	Specialised equipment for eating and drinking
Mobility aids	Reclining chairs, standing equipment, portable ramps, vehicle hoists, wheelchairs
Seating equipment	Specialised car seats, seating systems
Personal care aids	Raised toilet seat, hand held showers
Transfer aids	Lifting hoists, turntables, and hoists for transferring people
Vehicle modification	A hoist and safety harnesses for a wheelchair
Assistive technology	Screen reading software, voice activated software, Zoom Text
Environmental modification	Air conditioner (only for people who are unable to regulate body temperature due to their disability)
Modified kitchen aids or equipment	Modified kitchen appliances/furniture, i.e. lazy susans in corner kitchen cupboards
Rehabilitation equipment	Exercise / fitness equipment

Category	Examples
Training	Independent living program
Installation of aids/ equipment	Installation of hoists, installation of ramps, grab rails, hand shower ¹
Moving expenses	Bonds, removal costs
Essential electrical appliances	Appliances required for cooking or washing, i.e. fridge, microwave; only basic model funding levels are approved
Establishing service expenses	Additional staff training (refer to Section 6.5 'Attendant carers training'), access to skill training programs, short term case management support, setting up services for clients moving into a Direct Funding Model

The following cannot be funded with ACP one-off non recurrent funds:

- recurrent activities or costs (e.g. ongoing staff salaries, payment of bills, continence aids, programs);
- equipment and modifications that can be funded through other programs such as the Aids and Equipment Program (also known as PADP), Home Modifications and Maintenance Scheme, Equipment Loan Pools or other aids and equipment programs in NSW. Refer to Attachment 5 for more information (ACP one-off funding may be approved to hire equipment while waiting for the Aids and Equipment Program funding);
- major capital upgrading of buildings;
- household items that are considered standard household items or are not essential or not related to the disability such as television, furnishings, musical instruments.

11.3.2 Application

- Service providers can apply to the ACPDU for ACP one-off funding on behalf of the client at any time following approval in the program.
- There is no time limit to apply for ACP one-off funds. One or more applications can be made across time until the maximum amount of funds has been approved.
- A form is available to apply for ACP one-off funds. To obtain a copy please e-mail the ACPDU at hnpacp@dadhc.nsw.gov.au or phone (02) 9374 3612.
- The application must be in writing and sent by e-mail at hnpacp@dadhc.nsw.gov.au or faxed to (02) 9374 3677.

¹ Installation of equipment that requires minor home modification will only be approved if you own the house. These modifications have to be adapted both to your access requirements and the standards of accessibility in the Building Code of Australia.

Supporting documentation

Depending on the request, the application needs to be accompanied by the following supporting documentation:

- A detailed description and the cost of each item.
- For equipment/aids requests, evidence that an application to PADP or other relevant equipment program have been made and the outcome of this request. For example people with Motor Neurone Disease should apply to the Motor Neurone Disease Association Equipment Loan Pool. Information on Equipment services is included in Attachment 5.
- A written quote or invoice from the supplier for each item. For items costing over \$2,000, two quotes are required. Quotes have to include the supplier's name and address, a detailed description of the equipment and/or installation and the cost of each item.
- A documented prescription, if requesting aids/equipment, from the relevant health professional. For example, speech pathologist for communication aids and feeding equipment; occupational therapist for physical and mobility aids. This must include reference to the client's application/no application to other available programs and reasons for applying through the ACP.
- A supporting statement including a description of the needs and information about the client circumstances.

Service provider checklist

Prior to sending a request for one-off funds, service providers must ensure that the application for one-off funds complies with the following criteria:

- complies with the ACP specifications as outlined in the ACP Package Guidelines and Procedures;
- the client has applied to other equipment programs such as PADP (if applicable). Details about why this application was unsuccessful and why interim hiring of the equipment has not been arranged must be provided;
- demonstrates how the equipment will assist the client to maintain independence and community participation;
- demonstrates how the service/items will reduce occupational health and safety risks; and
- the funding requested and quotes are reasonable and consistent with normal market price for items of a similar nature.

11.3.3 Approval

The Executive Director Home Care Branch has the authority to approve ACP one-off funding requests.

Service providers and clients are advised in writing of one-off funding approval.

While the ACPDU recognises the urgent need of some requests and tries to respond quickly, the ACPDU is not resourced to provide emergency responses.

11.3.4 Payment

One-off funds are paid to the service provider. The letter of approval represents ADHC commitment to pay the funds.

The appropriate ADHC unit processes payments. There is usually a delay between approval and payment. As ACP grants are paid quarterly in advance, service providers can use the grant to pay for the goods in lieu of this payment after receiving the letter of approval. This may not be possible for new service providers whose payments have not been established.

The service provider is responsible for paying the supplier or reimbursing the client. ADHC is not involved in payments to suppliers or clients (unless clients are directly funded).

The service provider has to acquit the payment and the use of the funds in the normal way.

11.3.5 Ownership

The purchased equipment/items are the property of the client who is responsible for their ongoing repair and maintenance. If the client no longer requires the equipment it remains their property and they may decide what to do with it.

11.3.6 Proof of purchase

A copy of the invoice/receipt documenting payment for the approved items/services must be faxed to the ACPDU on (02) 9374 3677 or scanned and e-mailed to hnpacp@dadhc.nsw.gov.au.

If the approved one-off funds are not used i.e. the client doesn't need the requested equipment or the item is no longer available, the service provider must notify the ACPDU in writing and acquit the one-off funds at the end of the financial year during the acquittal process.

If the client wants to purchase an alternative one-off item with the unused funds the service providers needs to follow the procedures for requesting one-off non recurrent funds as described in this section.

Unused one-off funds cannot be used for other purposes unless this is formally approved by the ACPDU.

12 Performance monitoring and reporting

ADHC works collaboratively with service providers to deliver improved performance and outcomes for clients by:

- monitoring that service activities are consistent and transparent;
- ensuring that effective and efficient quality services are delivered to achieve the best outcomes for clients and their carers;
- adhering to sound business principles; and
- ensuring that service providers are accountable.

12.1 Reporting requirements

- Annual Financial Acquittal - an annual financial report detailing the use of funding received in accordance with ADHC guidelines and procedures
- Annual Return - an annual statement of the organisation's compliance with the Funding Agreement and its requirements
- Quarterly Minimum Data Set (MDS) reports
- Performance Reports as requested by ADHC
- The organisation's Annual Report
- Incident reports - this is a requirement that organisations document any incident of injury, neglect or abuse of clients and processes in relation to occupational health and safety.

In addition to these reporting obligations, ADHC Regions may conduct On-site Service Reviews. The service review involves ADHC staff visiting the service provider and the associated outlets. The main steps in the review process are:

- Notification of the On-site Service Review date
- The provider undertakes a self-assessment
- Comprehensive On-site Service Review
- Completion of Review Summary Report
- Where required, the service provider develops an Action Plan
- Regional staff monitor the implementation and outcomes of the Action Plan.

12.2 Financial monitoring principles for the ACP

Allocation of funds to service providers is monitored in dollars, service outputs and places. The monitoring of expenditure is based on the annual allocation of funds in relation to the full year costs and the individual approved packages.

The Acquittal process is implemented at the end of each financial year. Funded organisations have to report against the use of the funding received under the terms and conditions of the Funding Agreement.

Acquittal Guidelines are set by ADHC. The Acquittal process is implemented through ADHC Regions in consultation with the ACPDU.

12.3 Monitoring and quality assurance

ADHC operated and funded service providers are required to comply with the NSW Disability Service Standards and relevant legislation, policy and other reporting obligations. This includes Attendant Care Providers. In line with the national agenda of establishing a consistent national approach to improving the quality of disability services and improving outcomes for people with disability, ADHC is developing a quality framework for the disability sector. The quality framework will seek to recognise varying quality management systems in place within the sector where they enable a service provider to demonstrate that they meet the NSW Disability Service Standards.

The Quality Framework sits alongside ADHC's risk-based approach to monitoring funded service providers. Regional staff conduct an annual review of the risk to service

continuity and the achievement of client outcomes that each service provider presents, based on information gathered from a number of sources, such as the Service Provider Annual Compliance Return, MDS reporting and financial data. Following this analysis appropriate prioritised intervention or follow up action is undertaken in consultation with the provider.

13 Complaints

Service providers need to have documented policies and procedures on how clients can make a complaint. This policy should be made available to clients when they commence services.

Clients are expected to raise complaints or appeals against the actions of a service provider with the service provider in the first instance. Complaints or appeals not resolved through this process may be referred to ADHC's Regional Office through the appropriate nominated Regional Officer. Alternatively they may contact the ACPDU.

Complaints or appeals lodged with ADHC are addressed within 30 days of receipt of the grievance.

Complaints about ADHC or ACP service providers can also be directed to the NSW Ombudsman:

- online at www.ombo.nsw.gov.au;
- by phone on 02 9286 1000;
- by fax on 02 9283 2911; or
- by e-mail at nswombo@ombo.nsw.gov.au .

14 ATTACHMENT 1

Requirements for pre-qualification to provide ACP services

There are a number of service providers who are pre-qualified to provide ACP services. From time to time ADHC may seek to increase the number of pre-qualified service providers to ensure geographical coverage, enhance specific expertise and ensure choice for approved clients.

Expressions of Interest (EOI) are publicised on the ADHC web site and in the Sydney Morning Herald.

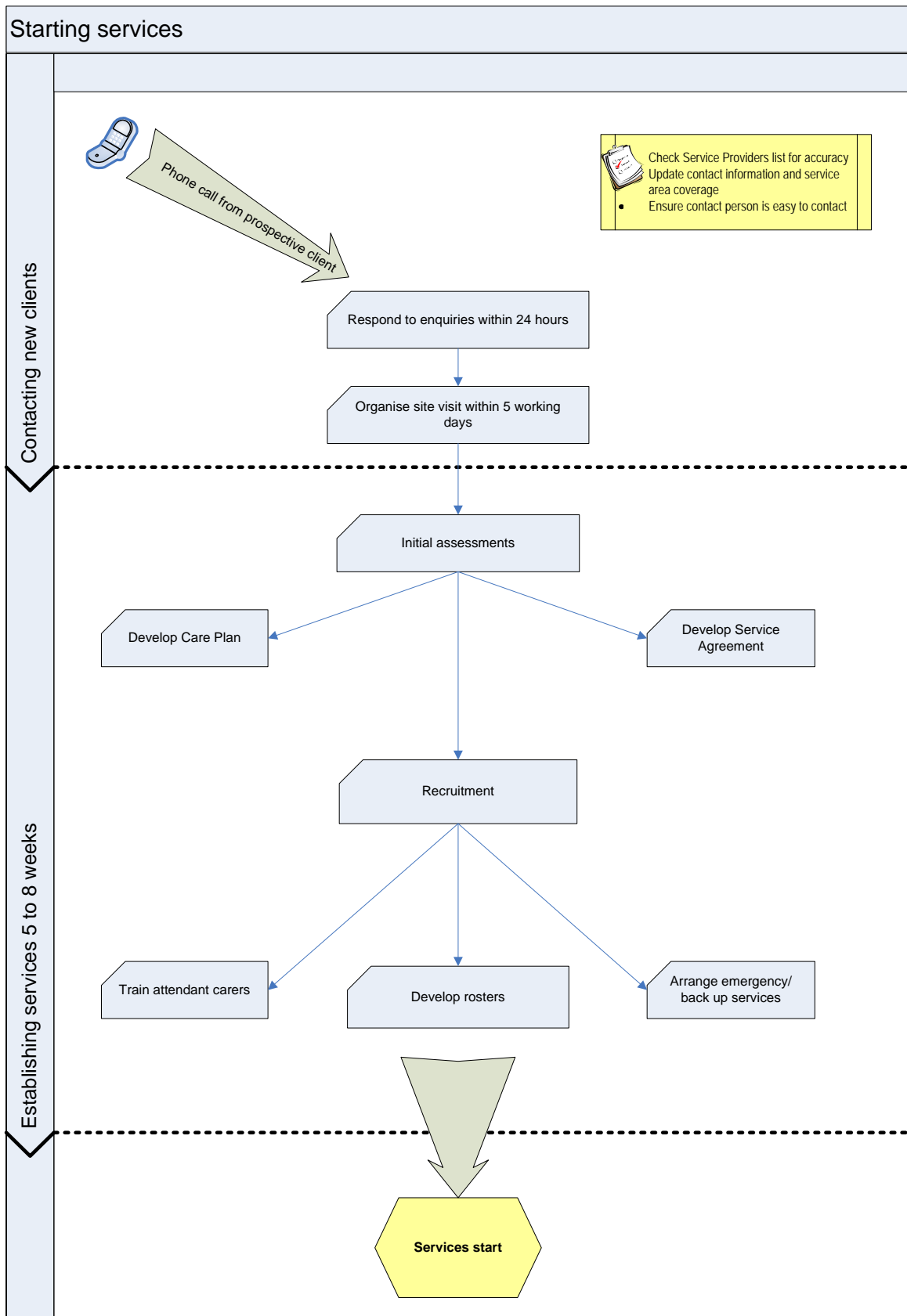
Organisations can register their interest for pre-qualification with the ACPDU by e-mail at hnpacp@dadhc.nsw.gov.au. Organisations will be notified when an EOI is implemented.

To become a pre-qualified ACP service provider organisations have to:

- be financially viable so that public funds can be accounted for and to ensure the security and continuity of services provided to recipients of ACP;
- have the management and administrative structures in place to administer funds and provide a cost effective service;
- demonstrate commitment to the Principles and Objectives of the NSW Disability Services Act and conform to the Service Standards derived from this legislation;
- demonstrate capacity to develop an appropriate service model and deliver ACP services as outlined in the ACP Guidelines and Procedures;
- demonstrate ability to maintain emergency attendant care arrangements for each client, so that a client is not left without a service;
- implement access and equity strategies to ensure equitable access for the specified target group including Aboriginal people, Torres Strait Islander people, people from culturally and linguistically diverse communities and people living in geographically isolated areas;
- implement clear and fair processes if requesting a contribution towards costs of care from clients, while ensuring that clients who do not have the capacity to pay receive the services they need;
- demonstrate ability to provide training for carers on the basic skills necessary to perform personal care tasks in a competent manner, taking into consideration the needs and preferences of the client and the health and safety of attendant carers;
- submit financial and statistical returns to ADHC as required under the Funding Agreement. Services providers are accountable for grants made to them in relation to ACP.

15 ATTACHMENT 2

Process for starting services with new ACP client



16 ATTACHMENT 3

Links to relevant forms and policies

Attendant Care Program policies, procedures and forms

The documents listed below can be found on the ADHC website at www.dadhc.nsw.gov.au. Follow the links²: People with a Disability\ Attendant Care. On the Attendant Care page scroll down to find links to the following:

- High level in-home support application form
- ACP Package Guidelines 2009
- Attendant Care Program Direct Funding Model Guidelines
- Attendant Care Package Procedures – a guide for applicants and referrers
- Attendant Care Package Procedures – a guide for service users
- Attendant Care Package Procedures – a guide for service providers
- Attendant Care Program Service Review Policy
- List of pre-qualified Attendant Care Program service providers

Contact the ACPDU by e-mail at hnpacp@dadhc.nsw.gov.au to obtain an electronic copy of relevant forms including:

- ACP Request for additional hours form
- ACP Request for one-off non recurrent funds form

Disability Service Act 1993

http://www.austlii.edu.au/au/legis/nsw/consol_act/dsa1993213/

Occupational Health and Safety Act 2000, Workers Compensation Act 1987,
WorkCover website

<http://www.workcover.nsw.gov.au/LawAndPolicy/Acts/default.htm>

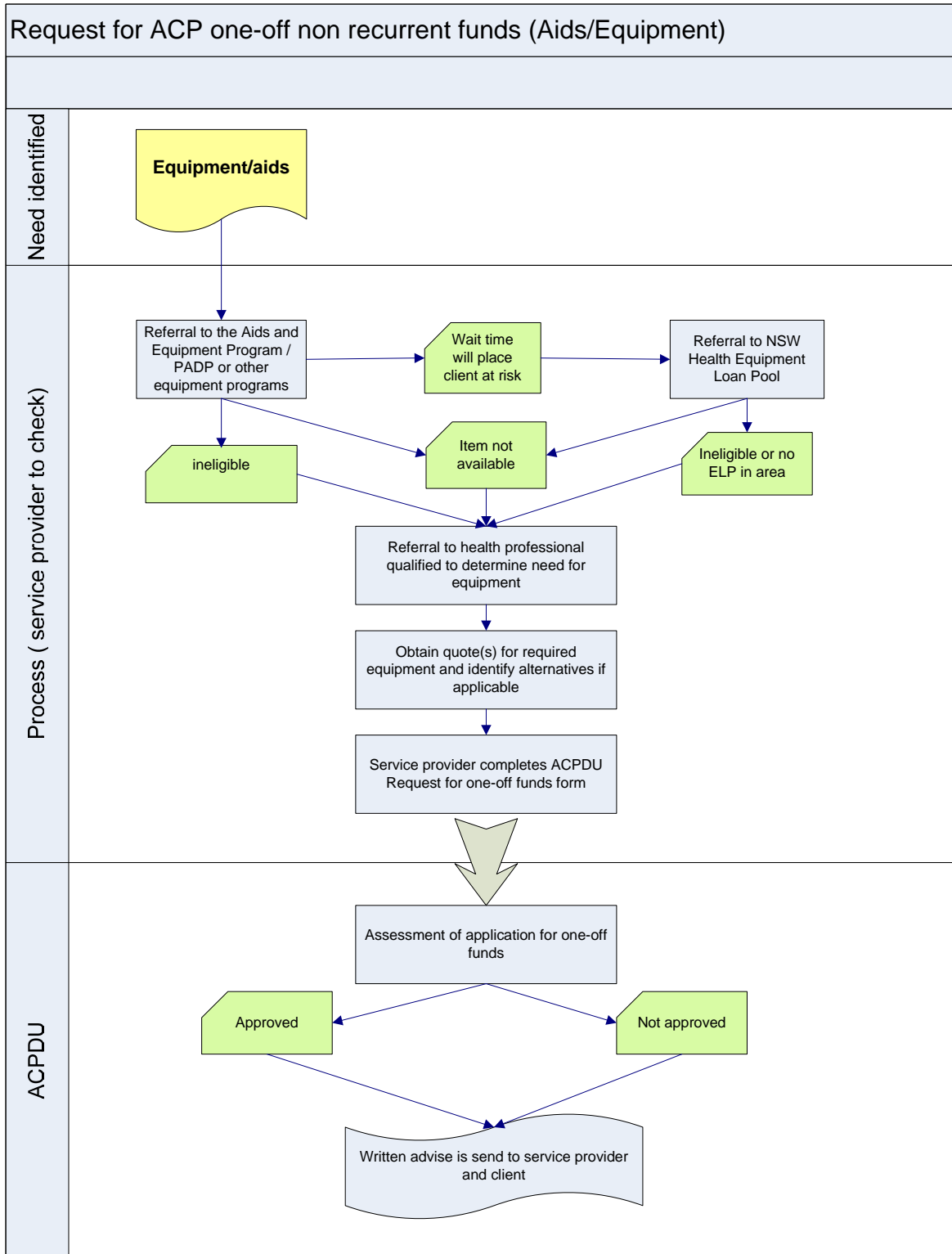
Privacy Act 1988

<http://www.comlaw.gov.au/comlaw/Legislation/ActCompilation1.nsf/0/3A1206B175472E8CCA2574900028FE7C?OpenDocument>

² **Note:** ADHC is redeveloping its website and the pathway may change.

17 ATTACHMENT 4

Request for one-off funds flowchart



18 ATTACHMENT 5

Government funded equipment programs in NSW

Program	Aids/appliances provided	Description
Aids and Equipment Program also known as PADP	A wide range of equipment to people with permanent or long term disabilities, mainly to assist them in the areas of mobility, personal care and communication.	Aids and Equipment Program is one of the disability support services administered by Enable NSW and funded by NSW Health. Eligibility and prioritisation criteria apply. You can find out more about this program and how to apply on the Enable NSW website at www.enable.health.nsw.gov.au , by phone on 1800 362 253 or email at Enable@hss.health.nsw.gov.au .
Australian Hearing Service (AHS)	Auditory aids	An Australian Government program providing hearing assessment, hearing aid fitting and hearing rehabilitation to children and young adults up to the age of 21, as well as people in receipt of a Centrelink pension, most veterans and war widows. For information regarding services and regional centres contact AHS on 13 17 97.
CRS Australia (Commonwealth Rehabilitation Service)	Supportive aids and appliances as required on a case by case basis.	The CRS provides vocational rehabilitation to people between 16 and 65 years of age that have sustained injury, have a disability or a health condition. For further information contact CRS on 1800 624 824.
Community Options Projects (COPS)	Case management, goods & equipment to assist or maintain independence	Community Options services provide coordinated support and assistance through case management and brokerage-supported service delivery. Services include the provision of goods and equipment to assist with the provision of service or to assist the client to cope with a disability condition and/or maintain independence. Community Options services are funded by the HACC Program. For information on your nearest COPS service you can contact Community Options NSW on (02) 6583 2052 or by email at nswcops@nswcops.com.au .
Contenance Aids Assistance Scheme (CAAS)	Contenance aids and related items	An Australian Government scheme assisting people of working age (16 - 65 yrs). CAAS provides funding for continence aids each financial year. Consumers are encouraged to utilise CAAS funding in conjunction with Aids and Equipment Program (PADP). CAAS is administered in NSW by PQ Lifestyles, and can be contacted on 1300 366 455.
Home Modifications and Maintenance Scheme	Bathroom modifications, ramps & rails.	Assistance with essential home repairs, maintenance and modification, such as installing safety ramps, support rails in the bathroom, widening doorways, changing light globes and fixing door locks, installation of ceiling hoists, installation of environmental control aids, etc. The Seniors Information Service can provide contact details, and can be contacted on 13 12 44
NSW Artificial Limb Service (NSW ALS)	Artificial limbs	The NSW ALS provides artificial limbs to residents of NSW who hold a Medicare Card and have a limb deficiency. NSW ALS does not provide breast prostheses or wigs. Contact: NSW ALS at the Calvary Hospital on (02) 9553 3032.
Rehabilitation Appliances Program (RAP)	A wide range of aids and appliances	The RAP is administered by the Australian Government Department of Veterans' Affairs (DVA) and provides aids and appliances to eligible veterans and war widow(er)s. Veterans should contact the Department of Veterans' Affairs RAP Helpline on 1300 550 458.

Program	Aids/appliance s provided	Description
Specialised Equipment Essential for Discharge (SEED)	Initial home equipment establishment for people receiving specialist inpatient rehabilitation for a catastrophic spinal cord, or acquired brain injury or illness in a NSW Public Hospital	SEED operates under the auspice of the Aids and Equipment Program, administered by Enable NSW and is available to eligible clients during the period of inpatient rehabilitation, until 6 months following discharge, for equipment required to facilitate discharge. Subject to the client's eligibility for the Aids and Equipment Program, the Aids and Equipment Program Lodgement Centre in the client's area of residence is responsible for the ongoing service, repair, maintenance and replacement of the equipment provided, as well as for the provision of additional items as required.
Technical Aid to the Disabled (TAD) NSW	Custom designed aids/computers.	TAD is a registered charity and is partially funded by ADHC to design and construct supportive aids, where commercial equipment is not appropriate, utilising the skills of volunteers, health care and engineering professionals. TAD also provides information and computer training to people with a disability. Telephone (02) 9808 2022. Website: www.technicalaid.org.au .
NSW Department of Education and Training (DET).	Assistive devices to assist participation in education and training.	Support technology and equipment provided through the State Support Technology and Equipment Program (SSTEP) is loaned to a school to support the educational program of a student or students. The equipment is transferred to other students when no longer required at the school. For further information contact a District Disability Programs Consultant or other Senior Education Officer, Support Technology on (02) 9244 5093.
Department of Family and Community Services (FACS) Workplace Modifications Scheme	Workplace modifications and some equipment.	The FACS Workplace Modifications Scheme assists people with a disability to participate in the workforce by funding workplace modifications and providing some equipment items. You can contact the FACS Workplace Modifications Scheme on 1800 814 838 or visit the Australian Government FACS website at www.facs.gov.au/disability/ood/workmods/htm
Telstra	A range of telephone and communication equipment for people with disabilities	Telstra's Disability Equipment Program provides a wide range of telephones, equipment, modems and products to eligible Telstra customers. You must complete an application form and have it signed by a specified health professional such as a doctor, audiologist or optometrist. You can contact Telstra about this Program on 1800 068 424 (voice) or 1800 808 981 (TTY), or visit their website at www.telstra.com.au/disability
NSW Health Equipment Loan Pools (ELP)	A range of equipment and aids	Most public hospitals operate and ELP for short term loans for inpatients and non inpatients. These ELPs are managed through the corresponding Area Health Centre or the hospital. Resources, operational processes and policies vary from Area Health to Area Health and sometimes from hospital to hospital. ELPs provide short term loans for persons with a temporary disability, or for people with long term disabilities waiting for permanent equipment. For information contact your local hospital.
Motor Neurone Disease Association of NSW (MND) Equipment Loan Pool	A range of equipment for people with Motor Neurone Disease (MND)	Equipment and aids loans for people with MND. For information on access to equipment contact MND on (02) 8877 0999 or Free call 1800 777 175 (NSW and ACT). A written referral is required from a healthcare professional.