Manual for Queensland Community Care Services

4th edition - July 2016

Queensland
Government

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Chapter 1 – Introduction

1.1 What is the purpose of this manual?

The Queensland Government, through the Department of Communities, Child Safety and Disability Services (the department), is responsible for the funding and administration of Queensland Community Care. Queensland Community Care funded organisations must comply with the terms and conditions of their Service Agreement and this program manual. If there is a discrepancy between the two, the Service Agreement will take precedence.

This manual sets out the program intent and operational requirements for Queensland Community Care. The manual is intended for all organisations funded by the Queensland Government to deliver Queensland Community Care services to eligible people aged under 65 years, and under 50 years for Aboriginal and Torres Strait Islander people.

The manual provides information about:

- the delivery of services including target group, eligibility, and service types
- the administration of services including reporting and accountability.

If you have a question that is not covered in this manual, contact your contract manager.

1.2 Background to Queensland Community Care

On 30 June 2012, in line with the National Health Reforms, the joint Commonwealth/State funded Home and Community Care (HACC) Program ceased.

From 1 July 2012 the Australian Government assumed funding and program responsibility for basic community care services for eligible people aged 65 years and over, or 50 years and over for Aboriginal and Torres Strait Islander people. These services are provided through the Commonwealth Home Support Programme (CHSP).

From 1 July 2012 state and territory governments assumed funding and program responsibility for services for eligible people aged under 65 years, or under 50 years for Aboriginal and Torres Strait Islander people. In Queensland, these services are delivered through Queensland Community Care (QCC).

1.3   National Disability Insurance Scheme

From 1 April 2016, eligible Queenslanders started entering the National Disability Insurance Scheme (NDIS) and receiving services and support from the National Disability Insurance Agency (NDIA). The scheme will progressively roll out across Queensland over three years so that by 1 July 2019 all eligible Queenslanders will be covered.

The Queensland Government will no longer provide basic community care services to people whose needs are intended to be met by the NDIS.

For further information:

- NDIS in Queensland - http://www.communities.qld.gov.au/gateway/reform-and-renewal/disability-services/national-disability-insurance-scheme-in-queensland
- NDIS nationally - http://www.ndis.gov.au/

1.4   Guiding principles for Queensland Community Care

Queensland Community Care services provide a broad range of low-intensity, basic maintenance and support services to people aged under 65, or under 50 for Aboriginal and Torres Strait Islander people, who have a disability or condition that affects their ability to carry out activities of daily living.

The services:

- maintain and promote independence, capacity and quality of life so that each person can live independently in the community

- provide services tailored to the unique circumstances and cultural preference of each person, their family and/or carers

- ensure choice and control are optimised for each person, their carers and families

- emphasise responsive service provision for an agreed time period and with agreed review points

- support community and civic participation that provide valued roles, a sense of purpose and personal confidence

- support carers in their caring role

- provide appropriate workforce training and development.

There are parts of the *Disability Services Act 2006* that apply to the delivery of Queensland Community Care services to people with high and complex needs, including Part 6, Positive behaviour support and restrictive practices. Funded organisations are to consider the disability rights and service delivery principles detailed in the *Disability Services Act 2006* when providing Queensland Community Care services.

Funded organisations should also understand the provisions of the *Carers (Recognition) Act 2008*, particularly 'The Queensland Carers Charter', and are encouraged to reflect the principles in the delivery of services.

1.5   Service intensity

Basic maintenance and support services are those which contribute to a person's well-being and capacity to live independently; for example, personal care, social support, domestic assistance and counselling/support. Typically, a service user can receive up to five hours per week of Queensland Community Care services.

Centre based day care and respite services are usually considered in addition to the typical weekly level of support. Generally, centre based day care could be provided up to a maximum of two sessions (or 8 hours) per week. Respite care is provided to give carers a break from their caring

responsibilities.

1.6 Services out of scope

The following services are outside the scope of Queensland Community Care:

- services to people whose needs are intended to be met by the National Disability Insurance Scheme.
- accommodation services, including re-housing and services to people living in supported accommodation
- direct treatment for acute illness (including a convalescent or post-acute care service). Service outlets can provide basic maintenance and support services to eligible people who are receiving post-acute care. Health services are responsible for providing specialist post-acute care (also refer section 2.3.4 Access to more than one government subsidised program).
- rehabilitative services directed solely towards increasing a person's level of independent functioning (this does not include models of care that encourage independence, such as the functional independence approach)
- specialist palliative care services (also refer section 2.3.4 Access to more than one government subsidised program)

Chapter 2 – Target population, eligibility, access and assessment

2.1 Target population

Queensland Community Care services are directed towards assisting:

- people under 65 years of age who have a moderate, severe or profound disability, or a condition which restricts their ability to carry out activities of daily living

- Aboriginal and Torres Strait Islander people under *50 years of age who have a moderate, severe or profound disability or a condition that restricts their ability to carry out activities of daily living

- the unpaid** carers of these people.

> The Australian Bureau of Statistics (ABS) provides the following definition of disability:
>
> 'Disability' is a limitation, restriction or impairment that restricts everyday activities and has lasted, or is likely to last, for at least six months.
>
> The ABS defines levels of limitation as:
> - profound - the person is unable to do, or always needs help with, a core activity task
> - severe - the person sometimes needs help with a core activity task, and/or has difficulty understanding or being understood by family or friends, and/or can communicate more easily using sign language or other non-spoken forms of communication
> - moderate - the person needs no help, but has difficulty with a core activity task.

2.2 Eligibility

Not all people in the target population will be eligible for Queensland Community Care services. People will be eligible for services if they are:

- living in the community

- having difficulty performing core activities of daily living due to functional limitations

- at risk of losing their independence without assistance from Queensland Community Care services.

Core activities of daily living are communication, self-care, and mobility. Core activity tasks include dressing, bathing or showering, preparing meals, house cleaning and maintenance, and using public transport.

Living in the community is taken to mean people who are living:

- in their own homes (whether owned or rented)

- in independent living units, caravan parks, self-care units, or boarding houses

- in retirement villages

- without stable accommodation, for example, people who are homeless or transient.

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* Aboriginal and Torres Strait Islander people aged 50-64 years can access services through either Queensland Community Care or aged care services.

** Unpaid carers are not paid a wage or salary to help, but may receive a carer payment or allowance.

People are not eligible for services if they are receiving a similar service from other government funded programs. For example:

- people whose needs are intended to be met by the NDIS
- people living in supported accommodation (that is, receiving in-home accommodation support funding)
- recipients of accommodation support services where the service outlet is receiving government funding for the delivery of the same or similar services
- residents of retirement villages or group homes where a resident's contract includes these services
- people living in residential aged care centres.

A person with disability seeking support for the first time should check eligibility for the NDIS (if the NDIS has rolled out in the person's location). A person who is assessed as ineligible for the NDIS may be assessed for Queensland Community Care eligibility.

2.2.1 Special needs groups

Several groups within the target population may find it more difficult than others to access services:

- Aboriginal and Torres Strait Islander peoples
- people from culturally and linguistically diverse backgrounds
- financially disadvantaged people
- people living in remote or isolated areas.

Funded organisations need to actively consider how to assist special needs groups to access services. Services should be delivered in a culturally and linguistically appropriate way.

The concept of special needs groups is not intended to be used as a principle for prioritising access to services for one person over another at the individual level.

2.2.2 Carer eligibility for Queensland Community Care services

Carers of people eligible for Queensland Community Care services may also receive support through the following outputs:

- counselling/support, information and advocacy
- respite care

2.2.3 No residency, citizenship or concession card requirements

A person does not have to be an Australian citizen or permanent resident to be screened for eligibility for Queensland Community Care services, nor are people required to have a Medicare card, Health Care card or other concession card.

Given that the intent of the services is to enable people to remain living in their own home, short-term overseas and interstate visitors would not be a priority for service provision.

2.3   Access

Funded organisations should ensure that service users have equitable access to Queensland Community Care services.

Eligible people assessed as needing a service should be able to access services without discrimination on the basis of ability to pay, location, gender, ethnicity, culture, language, marital status, religion, sexual preference, or type of disability.

2.3.1 How to access Queensland Community Care services

The Community Care Access Point is the central screening and intake point for Queensland Community Care services. A person can phone the Access Point on 1800 600 300 for information about Queensland Community Care services, advice on eligibility, an initial screening and referral to a service outlet/s.

Alternatively, a person can approach a service outlet directly for screening and initial assessment[1].

A service outlet can undertake a comprehensive assessment only if it is funded for the Assessment output (refer section 2.5.2 Assessment process).

2.3.2 Community Care Access Point

The Community Care Access Point (refer section 2.3.1) makes referrals to service outlets using information from the Service Availability Register (refer section 2.3.3).

Service outlets that have received a referral must advise the Community Care Access Point of the outcome of the referral as soon as possible but within 14 days.

The Community Care Access Point does not conduct reviews of existing service users. This is the responsibility of service outlets as care plans are reviewed.

2.3.3 Service Availability Register

Funded organisations are required to regularly update the information on the Service Availability Register to ensure the Community Care Access Point can refer appropriately and utilise capacity fully.

The Service Availability Register can also be used by service outlets to refer service users to other outlets as required.

The department uses the Service Availability Register as a source of information when allocating growth funding and planning for future services.

2.3.4 Access to more than one government subsidised program

Generally, Queensland Community Care services are not provided to people who are already receiving similar government subsidised services. In exceptional circumstances, arrangements can be made to provide Queensland Community Care services to an individual as long as this will not disadvantage other members of the target population. Such instances must be time-limited, monitored and reviewed.

2.3.4.1 National Disability Insurance Scheme and Specialist disability services

Interface between Queensland Community Care and the National Disability Insurance Scheme (NDIS)

The National Disability Insurance Scheme (NDIS) will progressively roll out across Queensland over three years so that by 1 July 2019 all eligible Queenslanders will be covered.

Once the NDIS has rolled out in a location, people in that area whose needs are intended to be met by the NDIS will not be eligible for Queensland Community Care services. This applies to people who are receiving NDIS services or have been assessed as eligible to receive them.

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[1] Organisations funded solely to provide Information, Education and Training (018) services may not undertake initial screening and assessment.

Interface between Queensland Community Care and specialist disability services between 1 April 2016 and 30 June 2019

Specialist disability services funded by the Queensland Government through the Department of Communities, Child Safety and Disability Services will continue to be available to service users in a location until such time as the NDIS has rolled out in that location.

Specialist disability services are designed to assist people with disability who require a more specialised, intensive level of support.

The eligibility requirements for specialist disability services are defined in the *Disability Services Act 2006.* These eligibility requirements are not applicable to Queensland Community Care.

People who receive specialist disability (block and/or individual) funded outputs, including people on a Your Life Your Choice (YLYC) package, may also access Queensland Community Care services in some circumstances.

Although a degree of flexibility is appropriate and funded organisations must consider a person's individual situation, the general principles below should be applied.

Access

A person receiving specialist disability outputs:

- may access Queensland Community Care outputs that are not funded through specialist disability services (that is, nursing, transport, home maintenance and home modification).

- may not access Queensland Community Care outputs that can be funded through specialist disability services (even if the person is not receiving the (additional) specialist disability service*).

* In these cases the person should be encouraged to ensure that their unmet need is recorded on the Disability Services Register of Need.

A person receiving no specialist disability outputs, but who is on the Disability Services Register of Need:

- may access any Queensland Community Care outputs for which they have an assessed need. This includes outputs that could at a future time be provided through specialist disability services.

It would be expected that if the person subsequently received specialist disability funding for the same outputs, the Queensland Community Care funding would cease (in line with a planned transition arrangement).

Note that a person who is not on the Disability Services Register of Need, but is anticipated to be eligible for specialist disability services, should be encouraged to contact their local Disability Services centre to request an assessment of their needs.

Eligibility and priority of need

Where a person is able to access Queensland Community Care services, the following considerations should be applied.

1) Is the person eligible for Queensland Community Care?

In most cases a service user who is eligible for specialist disability support will meet the Queensland Community Care eligibility requirements. (refer section 2.2 Eligibility)

2) Does the person have a priority of need for Queensland Community Care services?

People who are already receiving other outputs through specialist disability services may be a lower priority than people on a waiting list for Queensland Community Care services who are receiving no support at all. (refer section 2.5.2 Prioritisation of need)

In all cases, Queensland Community Care service intensity levels apply. (refer section 1.5 Service intensity)

Services purchased from a Queensland Community Care funded organisation

Funded organisations may offer NDIS and specialist disability service users (including Your Life Your Choice service users) the opportunity to purchase any of the 18 Queensland Community Care outputs on a full cost recovery basis. As this is a private arrangement using NDIS funding, specialist disability funding or the service user's own finances, the outputs are not reported into the CCMDS, and the eligibility and priority of need criteria do not apply.

2.3.2.2 Aged care services

The Australian Government is responsible for aged care services for people aged 65 years and over, and Aboriginal and Torres Strait Islander people aged 50 years and over. Section 5.1.1 provides advice about managing the transition of Queensland Community Care service users turning 65 or 50 years respectively.

2.3.2.3 Post-acute care

Post-acute care refers to time-limited specialist health care required by a person following an acute episode or illness. Health services are responsible for providing post-acute care.

Existing Queensland Community Care service users will typically have their usual Queensland Community Care services reinstated as soon as they return home from hospital without needing to be reassessed for eligibility. However, their care plan may need to be reviewed if their long-term needs have changed as a result of the acute episode.

People who have not previously accessed Queensland Community Care services will require an initial assessment. Standard eligibility criteria and priority of need principles apply.

2.3.2.4 Palliative care

Specialist palliative care services are outside the scope of Queensland Community Care.

Eligible Queensland Community Care service users who require palliative care can continue to receive Queensland Community Care's basic maintenance and support services subject to the standard prioritisation of need principles. Support is also available to carers of eligible service users through the respite care, and counselling/support, information and advocacy outputs.

People who have not previously accessed Queensland Community Care services will require an initial assessment. Standard eligibility criteria and priority of need principles apply.

2.3.2.5 Services for veterans

The Department of Veterans' Affairs (DVA) funds a range of services to eligible members of the veteran community, including the Veterans' Home Care (VHC) program. Veterans can also access Queensland Community Care services subject to the standard eligibility criteria and assessment of priority of need. However, recipients of a DVA service cannot also access the same service from Queensland Community Care.

2.4   Eligible children with disability

Children with disability who are eligible to receive Queensland Community Care services and are living at home with their family or carer do not have priority of access to the services.

Service outlets should consider the following:

- The day-to-day care needs of any child would ordinarily be met by the family or carer. This includes all domestic chores (house cleaning, meal preparation, etc.).

- A child with disability is likely to require specialist and developmental support, which is not able to be provided by Queensland Community Care. Departments such as Queensland Health and the Department of Education and Training, as well as specialist service providers such as Disability Services, provide or fund a range of early intervention and therapy services, education support and specialised disability programs.

- If the NDIS has rolled out in the child's location, the child should be assessed for NDIS eligibility (refer section 1.3).

A young person with disability will reach an age where it is not common practice for a family member

or carer to provide ongoing support (for example, shower assistance to a teenager or young adult). In such circumstances, service outlets should apply the standard priority of access principles.

For centre-based or respite care services, it is not appropriate to include children in activities involving older people.

Carers of eligible children may be able to access respite care and/or counselling/support, information and advocacy services.

2.5   Assessment

Assessment is undertaken to understand a person's support needs and to identify the services required to meet those needs. Assessment promotes efficient and effective targeting of resources, and more equitable access to services.

Access to Queensland Community Care services is based on the assessment of a service user's eligibility and need. The assessment process also considers the needs of the service user's carer where applicable.

The Ongoing Needs Identification (ONI) tool is the recommended initial assessment tool. The *ONI User Manual* provides detailed guidance on the use of the ONI tool.

2.5.1 Assessment principles

The following principles cover the basic elements of assessment of a service user's eligibility and support needs. The principles align with the Human Services Quality Framework (refer section 5.1.2 Human Services Quality Framework) and the ONI tool.

Service users are able to make informed choices
Information on the level and type of assessment is made available to the service user and carer, enabling them to make informed choices. The assessment process also incorporates information about avenues for complaint.

Carers are consulted about delivery of services
Service outlets consult with both service users and carers on assessment, planning, monitoring, review and delivery of services, including how services are organised and provided.

The assessment process is flexible
This ensures that individual differences, including cultural and/or communication needs, are considered.

The service user's assessed needs determine the service response
The assessment process identifies the appropriate service responses based on the service user's assessed need, rather than on what the service outlet can provide. This means the service user may need to be referred to another service outlet that can provide the services they require.

The assessment process minimises the impost on service users
Service outlets are encouraged to cooperate and coordinate at the local level to minimise the duplication of assessments and/or services for a service user. Service outlets should also endeavour to use common tools and processes for service user record and referral systems. This helps service users and their carers to know what information is kept about them, saves service users from having to provide information to multiple service outlets, and facilitates referrals between service outlets.

Service user privacy and confidentiality is maintained
Assessment practices must protect service user and carer privacy and confidentiality. Funded organisations must ensure they meet legislative requirements regarding consent.

2.5.2 Assessment process

a) Initial assessment

An initial assessment is conducted when a person seeks access to Queensland Community Care services. The initial assessment may be conducted through the Community Care Access Point or directly by a service outlet delivering Queensland Community Care services (refer section 2.3.1 How to access Queensland Community Care services).

The initial assessment determines:
● whether the person is eligible for the services

● the person's functional capacity

● basic maintenance and support services needed to support the person to remain living in their own home

● if applicable, the capacity of the person's carer, as well as the support services needed for the carer to maintain their caring role

● the person's relative need for the services (refer section 2.5.2b Prioritisation of need)

The assessor consults with the service user, carer and other service outlets (as applicable) to ensure that the service user is referred to a service outlet/s that can best meet the service user's assessed needs.

Instances of initial assessment are not to be recorded in the Community Care MDS.

Funded organisations should separately consider the needs of carers and, where the ONI indicates, undertake an assessment of carer needs.

Assessment of people with disability

A person with disability seeking support for the first time should check eligibility for the NDIS (if the NDIS has rolled out in the person's location). A person who is assessed as ineligible for the NDIS may be assessed for Queensland Community Care eligibility.

Where the person has complex support needs and the NDIS has not yet rolled out in the person's location, the person should be referred to specialist disability services through their local Disability Service Centre.

The assessor may also discuss referral to other programs and services that may better meet the service user's support needs. If Queensland Community Care services are offered until a suitable program is available, the standard service intensity guidelines apply (refer section 1.5 Service intensity).

b) Prioritisation of need

Not all service users who are assessed as eligible for services will be able to receive services. Where demand for a service exceeds supply, it is the responsibility of the service outlet to allocate resources in a way that provides the most benefit to the greatest number of people.

The most important factor in determining priority of access is the degree to which providing the services will support the person's ability to live independently at home.

There is no simple guide to determining the allocation of resources. Such decisions should be based on the assessment of each individual's situation.

Factors that should be considered include:
● the level of service needed, given that Queensland Community Care funds the provision of basic maintenance and support services

● the vulnerability of the individual to further deterioration

● the potential to improve the individual's functional ability and support independence in the community

- the likelihood of the service assisting the individual to attain their goals
- the effect that providing services to a particular individual would have on other existing and prospective service users
- the safety of the individual, carer and staff
- the level of support for the carer
- the effect of service delivery on the carer, including the effect on their health and wellbeing, and capacity to maintain their caring role

c) Service level assessment (also known as a care plan)

Following the initial assessment and prioritisation, the service outlet undertakes a service level assessment to develop a care plan for the service user in consultation with the service user and their carer where appropriate. The care plan identifies in detail the service user's need/s and how these may be met by specific outputs.

d) Review

It is important to monitor and review a service user's care needs, as well as the support needs of the carer, on a regular basis to ensure that the appropriate mix of services is being provided.

A service outlet may conduct a review:

- at the request of a service user, or their family member or carer
- when indicated as part of the service user's care plan
- when the service outlet has other reasons to believe that the service user's need for services may have changed.

The review may result in an increase or reduction in services, or a different mix of services.

A service user's needs may also change to a point where the level of service required is beyond the scope of Queensland Community Care (refer section 1.5 Service intensity). The most appropriate response may be referral to other government funded services or the provision of a combination of services, including Queensland Community Care services.

Where services are reducing or ceasing, the service outlet must ensure that:

- an exit process, which includes transition arrangements, is in place and is consistently applied
- processes are in place to communicate and interact effectively with the service user
- processes are in place to refer the service user to an appropriate alternative service, if this is required

Queensland Community Care would expect an exit process to occur over a period of time and not unexpectedly (refer section 5.1.11.1 Exit strategy – client level).

e) Comprehensive assessment

A comprehensive assessment is an in-depth assessment of a service user who has more complex support needs. The information collected through the initial ONI assessment, or during a review, will identify the need for a comprehensive assessment. The comprehensive assessment will include consultation with the service user's carer where appropriate.

The needs of a service user with complex support needs may still be able to be met within the level of service available through Queensland Community Care. A comprehensive assessment may help a service outlet to better respond to the service user's complex needs.

Only selected service outlets are funded to conduct comprehensive assessments. These providers are funded for the Assessment output. Other service outlets must refer service users requiring comprehensive assessment to the funded service outlets. Information on service outlets funded for Assessment is available from the local Community Care Access Point on 1800 600 300 or

the Service Availability Register.

Instances of comprehensive assessment are recorded in the Community Care MDS under the Assessment service type.

Where a person with disability has complex support needs related to their disability, it will in most circumstances be more appropriate to refer the person for assessment for NDIS eligibility if the NDIS has rolled out in the person's location (refer section 1.3), or to refer the person to the local Disability Services Centre.

Comprehensive assessment for Queensland Community Care services should only be undertaken where a referral for NDIS or specialist disability services is not appropriate or has been declined.

f) Specialist assessment

Specialist assessments are carried out when a service user requires a specialist service response, such as continence management, nursing care or allied health care. Specialist assessments are recorded as the output that is delivered. For example, when a podiatrist conducts an assessment the time is recorded under the Allied Health Care output.

Some service users will require a level of service that is beyond the scope of Queensland Community Care (refer section 1.5 Service intensity). To minimise impost and duplication of assessment, the service outlet should support the service user to be referred to other programs and services that may be better able to meet their support needs, rather than conduct the comprehensive assessment.

Chapter 3 – Services

3.1   Outputs

Queensland Community Care purchases 18 different outputs, grouped into eight service types.

The service types, wherever possible, bring together outputs that:

● are similar or complementary in the way they are delivered

● are broadly substitutable or have similar policy intent

● have the same unit of measure

● have a similar costing.

The Service Agreement allows flexibility in the delivery of outputs within and across service types (for more information refer section 5.3.5 Output and geographic variation in this manual).

Service types	Outputs
Service type 1: Home care services	Domestic assistance Personal care Social support Respite care Other food services
Service type 2: Coordinated care	Assessment Client care coordination Case management Counselling/support, information and advocacy
Service type 3: Clinical and specialist care	Nursing care Allied health care (received at home or centre)
Service type 4: Centre based day care	Centre based day care
Service type 5: Home modification	Home modification Goods and equipment Home maintenance
Service type 6: Meals	Meals (received at home, centre or other)
Service type 7: Transport	Transport
Service type 8: Service system development	Information, education and training services (statewide)

3.1.1 Service type one – Home care services

Service type one – Home care services is recorded in the MDS as number of hours.

Domestic assistance

Domestic assistance helps service users with domestic tasks, including:

- cleaning
- dishwashing
- clothes washing and ironing
- unaccompanied shopping.

Domestic assistance is normally provided in the home.

Domestic assistance can have benefits for all members of a household. Generally, if one member of a household is receiving domestic assistance and a second member is later assessed as eligible for Community Care, the second member would not receive a separate domestic assistance service.

Personal care

Personal care provides assistance with daily self-care tasks in order to help a service user maintain appropriate standards of hygiene and grooming, including:

- eating
- bathing
- toileting
- dressing
- grooming
- getting in and out of bed
- moving about the house.

Hairdressing is not considered a Queensland Community Care service.

Personal care is normally provided in the home. In some cases, personal care may be provided in a centre, for example, when a service user may be homeless or living in a temporary shelter.

Personal care services that are provided to service users as part of centre-based day care should be recorded as centre-base day care, unless the services are over and above what would normally be provided to help service users attending the centre.

Service outlets are responsible for ensuring that workers have appropriate training to carry out personal care. For example, a Certificate III in aged/community care or equivalent is desirable.

Social support

Social support assists a service user to participate in community life through meeting their need for social contact and accompaniment. Activities include:

- assistance with shopping
- friendly visiting services
- assistance with letter writing and paperwork
- support to go to local services, such as the dentist or post office
- telephone based monitoring services
- support to participate in local clubs or interest groups.

Social support is usually provided one on one but may be provided to more than one person at a time. Travel time with the service user is included in the time spent providing social support.

Outings are recorded as social support if they are not part of centre-based day care excursions.

Respite care

Respite care is assistance received by a carer from a substitute carer who provides supervision and assistance to the care recipient. The carer may or may not be present during the delivery of the service. Respite care is provided to give carers relief from their caring role.

Queensland Community Care does not provide overnight respite.

Other food services

Other food services refers to assistance with preparing and cooking a meal in a service user's home, and includes providing advice on nutrition, storage and food preparation. It does not cover the delivery of a meal prepared elsewhere.

Shopping for food is recorded as domestic assistance.

Funded organisations providing Other food services must ensure they comply with all legislative requirements relating to food services and handling.

3.1.2 Service type two – Coordinated care

Service type two – Coordinated care is recorded in the MDS as number of hours.

Assessment

The Assessment output refers only to **comprehensive assessment,** which is an in-depth assessment with a service user who has more complex support needs. The service user's support needs can still be met within the low intensity service levels available through Queensland Community Care, but the comprehensive assessment helps the service outlet to better respond to their complex needs. The information collected through a service user's Ongoing Needs Assessment (ONI) and optional profiles will determine the need for a comprehensive assessment.

Only service outlets that are specifically funded for the Assessment output can undertake a comprehensive assessment.

What is not included in the Assessment output?

Initial assessment: All funded organisations undertake some level of screening and assessment to establish service user eligibility. This is known as initial assessment, which includes assessment activities associated with:

● screening for eligibility

● the assessment of need for assistance

● determining the most appropriate service response

● prioritisation of need.

Initial assessment is not recorded in the Community Care MDS.

Specialist assessment: This is carried out when a service user requires a specialist service response. It is not recorded in the Community Care MDS as Assessment but as the output that is delivered. For example, when a podiatrist conducts an assessment, the time taken is recorded under the Allied Health Care output.

Client care coordination

Client care coordination focuses on coordination activities undertaken to facilitate access to Queensland Community Care services for people who need help to gain access to more than one output. It is a specialised intervention that is often short term. Client care coordination is a less

intensive form of case management.

Client care coordination involves the following activities:

- implementing the care plan
- liaising with multiple service outlets dealing with the same service user
- advocating to ensure that the service user has access to the range of services required
- monitoring and reviewing the care plan or service plan.

Not all service outlets are funded to provide client care coordination. Client care coordination does not include administrative work associated with delivery of other service types, personnel management, or attendance at staff meetings or training programs.

Case management

Case management involves the coordinated planning and delivery of a suite of services to the individual service user by a formally identified case manager. Case management differs from client care coordination in that the service is targeted to service users with complex care needs. Case management may be short term, episodic or ongoing.

A service user receiving case management will be receiving multiple services, typically from more than one service outlet. The case manager will carry out the same range of activities as the care coordinator (for example, implementing the care plan, liaison with other service outlets), but the additional elements of case management could include arranging additional services needed by the service user, organising case conferences, actively monitoring for any change in the service user's or carer's circumstances, advocacy and casework, and liaison with other non-Queensland Community Care services involved with the service user.

Case management, as an output, does not refer to the routine coordination of services. This activity should be recorded against the output provided to the service user (for example coordination of home help services is recorded as domestic assistance). Some service users may receive multiple services such as domestic assistance, social support and meals; but this is not considered to be case management as there is no complexity relating to the provision of services.

Counselling/support, information and advocacy (service user or carer)

Counselling/support, information and advocacy refers to assistance with understanding and managing situations, behaviours and relationships associated with the service user's need for care or with the caring role.

It includes:

- support and counselling on a one-on-one or group basis
- professional support given to individual service users in accessing and using general community services (advocacy)
- one-on-one training or advice given to a service user to assist them in coping with their situation, as well as the provision of information (for example, about other services available in the area).

This type of assistance does not include:

- group activities where individual records are not routinely kept
- education, information or training provided to another organisation, group or agency
- advice or information provided by telephone advice or referral services on an ad hoc basis to members of the community
- advocacy undertaken on behalf of groups (for example, advocating for the rights of younger people with disabilities) that is not directly associated with the needs and situation of an individual service user.

3.1.3 Service type three – Clinical and specialist care

Service type three – Clinical and specialist care is recorded in the MDS as number of hours.

Nursing care

Nursing care refers to professional care from a registered or enrolled nurse. It includes time spent recording observations of a service user, where this is considered to be part of the nurse's duty of care.

Nursing care can be delivered in the service user's home, or in a centre or other location.

Allied health care

Allied health care refers to clinical care provided by appropriately qualified allied health care professionals. It includes a wide range of specialist services, such as podiatry, occupational therapy, physiotherapy, social work, speech pathology and advice from a dietician or nutritionist.

Allied health care provided to an individual service user:

- at a day centre should be recorded as allied health care at a centre or other setting
- at home should be recorded as allied health care received at home.

Allied health care provided to a group:

- at a venue other than a centre or person's home, and which is not part of a centre based day care program, should be recorded as allied health care at other setting
- as part of a centre based day care program should be recorded as centre based day care.

The allied health care output cannot be used to provide transport to and from allied health care appointments.

Consumables such as pressure bandages that are provided as part of the allied health service should be calculated into the cost of delivering an allied health service. They do not come under the goods and equipment output.

3.1.4 Service type four – Centre based day care

Service type four – Centre based day care is recorded in the MDS as number of hours.

Centre based day care includes:
- attendance/participation in structured group activities designed to develop, maintain or support the capacity for independent living and social interaction, which are conducted in, or from, a centre based setting
- group excursions/activities conducted by centre based staff but held away from the fixed centre
- support provided in a group environment, and also meals and light refreshments, excursions, excursion-associated transport and personal care (for example, help with toileting) involved in attendance at the centre
- transport to and from the centre (if applicable)

If the service outlet provides transport to and from a service user's home to the centre, it is recorded separately as transport in the MDS. If a formal meal is provided (for example, lunch), it is recorded in the MDS as a meal by the service outlet that provides it.

Outputs such as allied health care or personal care provided to individual service users at the centre that are outside of normal centre based day care activities should be recorded separately by the provider of the service.

3.1.5 Service type five – Home modification

Home modification

Home modification refers to structural changes to a service user's home so they can continue to live

and move safely about the house.

Home modification is reported in the MDS as a cost in dollars. These costs may include all or part of the costs of labour and materials, administration and assessments, including by an occupational therapist.

Note: The former HACC program policy requiring service users to pay 50 per cent of the cost of major modifications is rescinded. The standard Queensland Community Care fees policy (refer Chapter 4 in this manual) applies. The previous HACC Home Modification Service Program Specifications document is also rescinded.

Minor modifications are small, low cost interventions that consist of adding aids and equipment to the existing structure of a home to improve accessibility and safety. This may include grab rails, hand rails, shower rails, appropriate tap sets, installation of emergency alarms and other minor renovations.

Major modifications involve significant structural changes such as lift installations (including stair lifts and water lifts), ramp installations and complex bathroom modifications.

Service outlets need to ensure compliance with any relevant legislation and standards, including obtaining council approvals (if required), and use of appropriately qualified tradespeople.

A qualified occupational therapist should assess the service user's needs and recommend major modifications.

Service users receiving specialist disability services may access Queensland Community Care major home modification services in accordance with the standard eligibility and prioritisation criteria.

The service user generally owns and is responsible for ongoing maintenance and repair after the installation of equipment. However, if required to support a service user, an extended warranty and/or pre-paid maintenance plan may be included in the cost of the home modification service.

Home modifications should be considered only if it is likely that a service user will be able to remain living independently in the longer term.

Generally, major modifications to rental properties would be considered only if the service user intends to remain living in the property long term (minimum two (2) year lease) and has permission from the landlord or body corporate to undertake the modifications. Modifications not funded include works that are the legislated responsibility of a body corporate or landlord, or works to return a modified rental to its original state.

Goods and equipment

Goods and equipment refers to the loan or purchase of goods and equipment to assist service users to cope with a functional limitation and maintain their independence.

Queensland Community Care does not generally purchase the goods and equipment output because complementary programs exist, such as the Medical Aids Subsidy Scheme (MASS).

Items purchased must remain the property of the funded organisation.

Goods and equipment is recorded in the MDS as number of goods provided.

Home maintenance

Home maintenance refers to assistance with the maintenance and repair of a service user's home, garden or yard to keep their home in a safe and habitable condition.

Home maintenance involves basic maintenance such as changing light bulbs, replacing tap washers, minor roof repairs, and minor carpentry and painting.

Garden maintenance includes lawn mowing and rubbish removal to ensure that the immediate surrounds of the home are safe and accessible. Any other gardening or yard work is beyond the scope of home maintenance.

Home maintenance is recorded in the MDS as number of hours. If the work is undertaken by a contractor on a fee-for-service basis, then record an estimate of the time spent.

3.1.6 Service type six – Meals

Service type six – Meals is recorded in the MDS as number of meals provided.

Meals

Meals as an output refers to meals that are prepared and delivered to the service user. It does not include meals prepared in the service user's home.

Funded organisations providing food services must comply with all legislative requirements relating to food services and handling.

Meals on Wheels services receive an annual lump-sum contribution to the cost of preparing meals. For these services there is no requirement to prepare a set or minimum number of meals with the funding.

3.1.7 Service type seven – Transport

Service type seven – Transport is recorded in the MDS as number of one-way trips.

Transport

Assistance with transport can be provided either directly or indirectly. Direct transport services are those where the ride in the vehicle is provided by a worker or a volunteer. Indirect transport services include rides provided through vouchers or subsidies. Transport services must be provided by a person with an appropriate licence.

Transport assists service users to access services in their local community, such as the post office, bank, pharmacy and general practitioner. Queensland Community Care does not provide patient transport services (including for day surgery, chronic medical treatment, hospital admission and discharge). These are provided through other government agencies, primarily Queensland Health.

3.1.8 Service type eight - Information, education and training (statewide)

The Information, education and training (statewide) output is not recorded in the MDS, nor are individual service user records needed.

Information, education and training (statewide) activities include the delivery of education, information or training to funded organisations, service outlets and eligible service users. Activities aim to improve service delivery and build the capacity of service outlets to meet the needs of service users in line with Queensland Community Care priorities.

Reporting arrangements for information, education and training (statewide) activities are documented as an attachment to the Service Agreement.

3.2 Recording of outputs in the Community Care MDS

3.2.1 Determining the primary purpose of the visit

A service user may be helped in more ways than one during a single visit. However, only the primary – or planned – reason for the visit is recorded. For example, if the planned assistance is primarily personal care but the worker briefly assists the service user to put the laundry on (domestic assistance), only personal care is recorded.

3.2.2 Recording of output not based on workers' qualifications

Record the activity or assistance given, regardless of who performed the task. For example, if the planned assistance is personal care but it was provided by a registered nurse, the service recorded is personal care, not nursing care.

3.2.3 How to record when two workers provide a service

A service outlet may decide that a service is more effectively delivered by a team of two staff working at the same time. The time taken by each worker is recorded. For example, if two staff each spend 45 minutes at a service user's house completing different tasks, the total time recorded for the service user is 90 minutes.

Alternatively, if two care recipients (for example, a husband and wife) receive the benefit of some assistance, the time may be recorded against one service user, or divided between the two.

3.3 Guidelines for costing and reporting services

All of the activities in the table below should be considered when calculating the cost of delivering a service. However, only those activities in the left-side column are to be reported into the MDS.

Note that for outputs recorded in quantities other than hours (for example, Transport, Meals), only actual deliverables can be reported. For example, 'one trip' will comprise actual travel time plus any time taken for administrative or other activities related to the trip.

ACTIVITIES CONTRIBUTABLE TO THE COST OF A SERVICE	
ACTIVITIES REPORTABLE INTO CCMDS	*ACTIVITIES NOT REPORTABLE INTO CCMDS*

Time spent with service user
▪ Service intake or activities relating to the service being delivered including:
   – Screening activity
   – Service specific assessment
   – Specialist assessment
▪ Ongoing service user monitoring, evaluation and assessment directly related to service being provided, for example, Nursing Care, Allied Health
▪ Actual service delivery
▪ Service user review and monitoring
▪ Service user visits
▪ Documentation in home, for example, care plan
	▪ Assessment of service user identified as not eligible for Queensland Community Care
	▪ Service user referral (if service user is not determined to be Queensland Community Care eligible)
	▪ Case conferencing not directly attributable to an individual service user
	▪ Travel time to/from service user
	▪ Non-service user branch administration and conditions, for example staff meal breaks, data collection, quality services, human resource management, submission writing, industry networking, community consultation, service development, invoicing, run sheets, rosters, on call assignment
	▪ Staff development , for example, clinical supervision, field communication, internal or

▪ Telephone calls (in home) ▪ Bereavement visit **Time spent working on behalf of service user** ▪ Service user referral out ▪ Case conferencing directly related to an individual service user and documented in service user file. This may include contact with other service outlets, government and other stakeholders (family) ▪ Activities directly related to a service user that are recorded in a service user's file ▪ Documentation of service user notes ▪ Telephone liaison and/or counselling documented in service user file ▪ Funeral attendance	external meetings (including travel time), training, development and research ▪ Preparing and organising equipment and consumables not directly related to an individual service user

3.4   Allocation of funding

Funding for Queensland Community Care services is allocated at the organisation level. At the service outlet level the Funding and Service Details in the Service Agreement specify a nominal budget allocation, along with the outputs and quantities of service. However, the funded organisation may change the budget allocation between service outlets. There is no restriction on such budget changes as long as the agreed levels of service delivery per service outlet are achieved.

Chapter 4 – Fees

4.1   Overview

Queensland Community Care services are subsidised by the Queensland Government, and supplemented by contributions from funded organisations and service users.

The *Queensland Community Care Fees Policy*[2] guides the application of fees for services.

4.2   Queensland Community Care Fees Policy

The *Queensland Community Care Fees Policy* aims to ensure a fair and equitable approach to user charging. It addresses issues of access, equity, affordability, user rights and privacy, and seeks to ensure that funds generated by the program are used most efficiently for the benefit of service users.

4.2.1 Principles

Principle 1
All service users assessed as having capacity to pay are to be charged fees. This should be done in accordance with a scale of fees appropriate to their level of income, amounts of services they use and any changes in circumstances.

Principle 2
Inability to pay cannot be used as a basis for refusing a service to people who are assessed as requiring a service.

Principle 3
Funded organisations should charge the full cost of the service where service users are receiving, or have received, compensation payments intended to cover the cost of community care.

Principle 4
Service users with similar levels of income and service usage patterns should be charged equivalent fees for equivalent services.

Principle 5
Service users with high and/or multiple service needs are not to be charged more than a specified maximum amount of fees in a given period, irrespective of actual amounts of services used.

Principle 6
For the purposes of this policy, solicited donations for services are equivalent to fees and are subject to all provisions of this policy.

Principle 7
Fees charged should not exceed the actual cost of service provision.

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[2] *The Queensland Community Care Fees Policy* was originally developed and implemented as the *HACC Program Fees Policy* by the Australian Government and state and territory governments.

Principle 8
Fees should not be charged in respect of services such as information and advocacy.

Principle 9
The fee charged for a service should be all inclusive and cover all material used in delivery of the service.

Principle 10
Fee collection should be administered efficiently and the cost of administration should be less than the income received from fees.

Principle 11
The revenue from fees is to be used to enhance and/or expand community care services.

Principle 12
Procedures for the determination of fees, including assessment criteria, should be clearly documented and publicly available.

Principle 13
Procedures for the determination and collection of fees should take into account the situation of special needs groups.

Principle 14
Assessment of a person's capacity to pay fees should be as simple and unobtrusive as possible, with any information obtained treated confidentially.

Principle 15
Consumers and their advocates have the right of appeal against a given fee determination.

4.2.2 Explanatory notes

Fee levels (Principles 1, 3, 4 and 5)
A fees scale outlines upper limits that can be charged for a quantity of service. The charges should take into account that service users have different income levels. Typically, there should be a scale that applies to people on low incomes and a different scale for those on higher incomes.

In addition, weekly/monthly fee limits (caps) are to be specified for high/multiple users of funded services. These should be set at differing levels for people on higher incomes. Meals, transport and home modification services are not to be subject to the application of the cap, as the expenses related to them are either part of everyday usual household expenditure or are of a one-off nature.

Fee scales need to ensure equitable and consistent treatment of service users through charging the same fees for the same services, and the same fees for service users in similar financial and service need circumstances.

Waiver of fees (Principle 2)
Funded organisations should reduce or waive the fee for any service where the service user is assessed as not having the capacity to pay the full fee applying to their circumstances.

For example, waiving of fees may be appropriate where the service user has very high medical or pharmaceutical costs that take up a large proportion of income, or if a service user is forced to pay a high proportion of income on rent.

Administration of collection of fees (Principle 10)

Funded organisations need to establish efficient administrative procedures for the collection of fees. These approaches will need to address the issue of fees collection from high/multiple service users.

Use of fee revenue (Principle 11)

All income collected through fees is to be used to expand and/or enhance Queensland Community Care service provision. This will be monitored through the financial reporting process.

Transparency of user charging arrangements (Principle 12)

Funded organisations should develop a written statement regarding use of fees revenue, the fees to be charged for any service provided by the funded organisation and payment procedures. This should be provided to all service users. All service users should be informed of the fees applicable to them at the time of assessment or commencement of the service.

Assessment of capacity to pay (Principle 14)

Funded organisations should be able to obtain from service users the information required to assess their capacity to pay. The information obtained should not be shared or used for any other purposes and must be stored in a manner that maintains confidentiality.

The assessment of the capacity to pay should be undertaken in respect of the person who benefits from the service delivered. For example, in the case of nursing or personal care the person to be assessed is the person receiving the service. In the case of home care, the person assessed is the recipient and any other household members who benefit from the service.

For respite care, the person to be assessed could be either the carer or the person with disability but not both. In regard to children living at home, the parent's ability to pay would be assessed.

Allowances not treated as income for tax purposes (for example, carer allowance or mobility allowance) should not be taken into consideration as income.

Complaints and appeals mechanism (Principle 15)

Funded organisations should establish a complaints and appeals mechanism that enables existing and potential service users to appeal against the level of fees charged. Service users are to be informed of this mechanism. If a complaint cannot be resolved by the funded organisation, the funded organisation is to advise the service user where the complaint can be taken for review (refer section 5.1.9 Complaints mechanisms).

Chapter 5 – Organisational responsibilities

5.1   Service delivery

Organisations funded to deliver Queensland Community Care services have a vital role in enabling their service users to continue living independently in their communities.

Funded organisations' responsibilities are outlined in the Service Agreement.   The Service Agreement and the information in this chapter will assist funded organisations to meet their responsibilities and to deliver quality services that are cost-effective, flexible and provide an appropriate response to the needs of service users, their families and carers.

5.1.1 Queensland Community Care service users turning 65 years

Continuity of service to service users turning 65 years, or 50 years for Aboriginal and Torres Strait Islander people, is of utmost importance.[3]   To minimise disruption, the funded organisation must support the service user to engage with the aged care system. The funded organisation should also consider any arrangements that may be required to inform and prepare the service user for the transition.

Should a service user not be able to transition immediately to the aged care system, the department will accept short-term under-delivery of Queensland Community Care services so that the service user can continue to receive services in the interim. This situation should be reported in the six (6) monthly Performance Issues report (refer section 5.3.3). A funded organisation at capacity should not accept a new service user before the current service user transitions, but it is important that service users transition as quickly as possible so that younger people waiting for Queensland Community Care services can gain access.

A funded organisation that becomes aware of any significant trends involving service users turning 65 years should contact the department to discuss.

5.1.2 Human Services Quality Framework

The Human Services Quality Framework (HSQF) is the department's quality framework for funded organisations. The framework contains a set of common standards, known as the Human Services Quality Standards (HSQS). The HSQS provide a baseline for measuring the quality of service delivery, including management practices. All funded organisations are required to comply with the HSQS.

There are six quality standards:

- Standard 1 - governance and management
- Standard 2 - service access
- Standard 3 - responding to individual need
- Standard 4 - safety, well-being and rights
- Standard 5 - feedback, complaints and appeals
- Standard 6 - human resources

Assessment of compliance with the HSQS may include self-assessment or assessment by an external reviewer. Funded organisations will receive individual advice on this from the department. In some cases, other current accreditation or certification may be accepted as evidence that the services are being delivered in compliance with the HSQS.

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[3] Aboriginal and Torres Strait Islander people aged 50-64 years can access basic maintenance and support services through either Queensland Community Care or aged care services.

Detailed information on the HSQF is available on the [department's website](#).

Funded organisations contracted to deliver Queensland Community Care services are not required to undergo JAS-ANZ certification.

5.1.3 Rights and responsibilities

For services to be effective, funded organisations must respond to the needs of individual service users, and service users must be able to exercise their rights. The safety, well-being and human and legal rights of people using services are to be protected and promoted, and the assessed needs of the service user are to be appropriately addressed and responded to within resource capability.

Service users, and carers where appropriate, will be active and respected participants in goal setting and decision making about services and supports, and this will be reflected in care plans. Funded organisations will have processes that demonstrate the rights of service users and carers to participate in and make choices about services received, and the way in which services are delivered.

Funded organisations are expected to provide evidence that they deliver services in collaboration with the service user, their representative and/or other relevant stakeholders, and that they promote and protect service users' rights (*Human Services Quality Standard 3 - Responding to individual need; Standard 4 - Safety, Wellbeing and Rights*).

5.1.4 Criminal history screening

Criminal history screening facilitates the recruitment of suitable and appropriate workers and volunteers.

In Queensland there are three options for criminal history screening - the 'Yellow Card', the 'Blue Card' and the National Police Certificate. Some Queensland Community Care staff and volunteers may already hold a Yellow Card as a result of their work in specialist disability or NDIS services; others may hold a Blue Card from their work with children. Those without a Yellow Card or Blue Card can request a National Police Certificate.

The three options provide comparable criminal history screening outcomes:

The Yellow Card under the *Disability Services Act 2006:*

- The Yellow Card scheme is only available to staff and volunteers delivering services funded under the *Disability Services Act 2006,* which applies to specialist disability services and NDIS services.

Application forms can be obtained from the [department's website](#).

The Blue Card:

- The Blue Card system is administered through the Queensland Public Safety Business Agency. Application forms can be obtained from www.bluecard.qld.gov.au

The Blue Card system contributes to the creation of safe, supportive environments for children and young people when receiving services and participating in activities which are essential to their development and wellbeing.

Blue Card screening assesses a person's eligibility to hold a Blue Card based on their known past police and disciplinary information. The process also disqualifies certain people upfront and prevents people whose past behaviour indicates they are not eligible to enter regulated child-related employment from working with children.

Police Certificate:

- A police certificate is a report of a person's criminal history, while the police check is the process of checking a person's criminal history. The police check is conducted by state and

territory police services, the Australian Federal Police or a CrimTrac accredited agency, and discloses whether a person:

- has been convicted of an offence
- has been charged with and found guilty of an offence, but discharged without conviction
- is the subject of any criminal charge still pending before the court.

A police certificate will detail convictions across all jurisdictions in Australia, subject to each jurisdiction's spent convictions scheme.

Criminal history screening can assist funded organisations to comply with the Human Services Quality Standards. *Human Services Quality Standard 6 - Human Resources, Indicator 6.2* requires a funded organisation to demonstrate that it has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles. *Human Services Quality Standard 4 - Safety, Wellbeing and Rights, Indicator 4.2* requires a funded organisation to provide evidence that it proactively prevents, identifies and responds to risks to the safety and wellbeing of people using services.

5.1.5 Staffing and training

Funded organisations are responsible for ensuring that staff and volunteers have the appropriate skills, knowledge and attributes to undertake their duties, and receive adequate training to provide quality care. Funded organisations are also responsible for ensuring that staff and volunteers are trustworthy, have integrity and will respect the privacy and dignity of service users.

Qualifications of staff
Funded organisations must be aware of any registration, accreditation or licensing requirements for the professions from which they draw their workforce, and must ensure that their personnel (and any subcontractors) comply with these requirements. Some outputs will require staff to have baseline competencies and qualifications. All funded organisations should encourage staff and volunteers to undertake vocational and other formal education and training to enhance the skill base of the workforce.

Medication administration
Funded organisations must take into account all relevant legislation and guidelines in developing policies and procedures around medication administration. They must also ensure that staff have the appropriate levels of skill and knowledge required to assist with medication, and for duty of care.

Volunteers
Volunteers are an important part of Queensland Community Care service delivery. Funded organisations must ensure that volunteers have the necessary knowledge and skills to undertake their duties.
Funded organisations that utilise volunteers should have policies and procedures in place regarding management of their volunteer workforce. These should include any policies relating to volunteer reimbursement. The reimbursement of volunteer expenses will depend on the financial and human resources the funded organisation has available. Policies should reflect the circumstances of the funded organisation, such as remoteness, isolation and other regional differences that can impact on the capacity to attract and retain volunteers.

Human Services Quality Standard 6 - Human Resources details the requirements for funded organisations to have procedures in place to manage staff and volunteers.

5.1.6 Subcontracting

Funded organisations are responsible for ensuring that service users receive quality services. This may be achieved by:

- providing services directly to a service user
- engaging a contractor to deliver services to a service user (subcontracting).

Queensland Community Care would generally expect subcontracting arrangements to be in response to a short-term need and not a standard or long-term practice (with the exception of home

maintenance services such as lawn mowing, or in response to specific circumstances such as very remote service delivery).

A funded organisation's obligations in regard to subcontracting are set out in the Service Agreement Standard Terms – Clause 22 and include:

● obligation to obtain the department's consent for any subcontracting arrangements

● responsibility for ensuring the suitability of a subcontractor and for ensuring that any part of the services performed by the subcontractor meet the requirements of the Service Agreement

● liability for acts or omissions of any past subcontractors as if they were current subcontractors.

Any subcontract entered into must be consistent with the Service Agreement.

Funded organisations remain responsible for the delivery of Queensland Community Care services and are responsible for all reporting requirements, including Community Care Minimum Data Set (CCMDS) reporting.

The Queensland Government supports the 'Buy locally' campaign, which encourages the purchase of goods and services from local businesses.

Human Services Quality Standard 1 - Governance and Management, Indicator 1.1 requires funded organisations to demonstrate that they have accountable and transparent governance arrangements that ensure compliance with relevant legislation, regulations and contractual arrangements.

5.1.7 Work health and safety

Providing a safe and healthy workplace

Funded organisations must provide a safe and healthy workplace for their employees and volunteers in accordance with relevant Australian and state work, health and safety (WHS) legislation, as well as WHS codes and standards.

In many cases, the workplace will be the service user's home. Funded organisations are responsible for addressing the safety of employees and volunteers delivering services to a service user or carer in their home.

Funded organisations should also consider and assess WHS, Australian Building Standards and other local requirements as these relate to their own offices and facilities, vehicles, and other physical resources used by their staff and volunteers.

Making others aware of their responsibilities

Employees are also responsible for ensuring their own safety, and the safety and health of others, including service users. Funded organisations must ensure that their employees and volunteers:

● have adequate WHS training

● are aware of their WHS responsibilities

● comply with WHS requirements and instructions associated with the work being performed

● use the appropriate equipment

● identify and report hazards, risks, accidents and incidents.

Obligations to document WHS policies and procedures

Funded organisations must have in place appropriate policies and procedures to reflect WHS legislative requirements. Policies and procedures could relate to:

● management of communicable diseases

● minimising the risk of infection

● safe lifting and transfer procedures

- management of asbestos

- fire safety

- first aid, etc.

Human Services Quality Standard 1 - Governance and Management, Indicator 1.1 requires funded organisations to have governance arrangements in place that ensure compliance with relevant legislation and regulations. Under *Human Services Quality Standard 1 - Governance and Management, Indicator 1.4*, funded organisations must have management systems, including for risk, which are clearly defined, documented, monitored and communicated. *Human Services Quality Standard 6 - Human Resources, Indicator 6.1* requires funded organisations to have human resource management systems that are consistent with WHS legislation.

5.1.8 Service users not responding to a scheduled visit

Funded organisations need to develop policies and procedures around the issue of service users not responding to scheduled visits. The *Guide for Community Care Service Providers on how to respond when a client does not respond to a scheduled visit* (the Guide), published in September 2009, may assist funded organisations in developing policies and procedures to help deal with situations where a service user does not respond, or is not at home, when a worker arrives to deliver a planned service.

It is important that service users, their family members and carers are aware of policies and procedures that will ensure a timely and appropriate response to situations where a service user may be at risk.

Human Services Quality Standard 4 - Safety, wellbeing and rights, Indicator 2.1 requires funded organisations to proactively prevent, identify and respond to risks to the safety and wellbeing of people using services.

5.1.9 Complaints mechanisms

Managing complaints
Service users, carers, their representatives and members of the community have the right, and should be actively encouraged, to provide feedback or make a complaint about the services they receive.

If service users, carers or any other person are concerned about any aspect of service delivery, they should approach the funded organisation in the first instance. In most cases the funded organisation is best placed to resolve complaints and alleviate the service user's concerns.

Funded organisations must have appropriate processes in place to receive, record and resolve complaints. They are required to inform service users about the mechanisms available for dealing with complaints. See the Queensland Community Care *Making a Complaint* brochure.

Funded organisations are also responsible for resolving complaints about subcontractors. Should a complaint regarding a subcontractor be escalated to the department for management, the funded organisation will retain responsibility for liaison with the department and for ensuring that the subcontractor complies with all reasonable requests, directions and monitoring requirements made by the department.

A funded organisation's complaints policy must include how the organisation will respond if a service user is dissatisfied with the outcome of a complaint or the way it has been managed.

Service users who are dissatisfied with the management of their complaint or who do not wish to raise the complaint with the funded organisation directly may contact the department's Communities and Disability Complaints Unit on 1800 080 464 or feedback@communities.qld.gov.au.

Funded organisations must not discontinue provision of goods or services, refuse access or otherwise take recrimination against any person because they have made a complaint.

Funded organisations' obligations in dealing with complaints are detailed in the Service Agreement

Standard Terms – Clause 3.5.

Use of advocates and other support organisations

Service users have the right to call on an advocate of their choice to present their complaint and assist them through the complaint resolution process. The role of the advocate is to speak and act on behalf of the service user.

Queensland Aged and Disability Advocacy Inc. (QADA) can provide advocacy services to service users and carers receiving Queensland Community Care services.

Carers Queensland can provide service users and carers with a range of services that support carers in their caring role.

Service users from non-English speaking backgrounds can request their service outlet to provide them with access to free interpreter services.

Human Services Quality Standard 1 - Human Resources, Indicator 1.5; Standard 4 - Safety, Wellbeing and Rights, Indicator 4.4; and *Standard 5 - Feedback, Complaints and Appeals* require funded organisations to demonstrate they have complaint mechanisms in place.

5.1.10 Notification of incidents or misconduct

Funded organisations must minimise the risk of harm to service users, staff members and volunteers from the services they deliver and from the environment in which they deliver services.

Funded organisations must notify the department of any major incident within one business day of the organisation becoming aware of it.

The funded organisation's obligations in relation to notification of major incidents are set out in the Service Agreement Standard Terms – Clause 4.5(d).

Defining a major incident

A major incident is an incident that occurs as a result of, or during, the delivery of Queensland Community Care services. A major incident includes:

- incidents which affect, or are likely to affect, the delivery of the services

- incidents that may relate to the services or service user that require an emergency response, including fire, natural disaster, bomb threat, hostage situations, death[4] or serious injury of any person, or any criminal activity

- incidents that may relate to service users who are subject to interventions by the department, staff and/or carers

- matters where significant media attention has occurred, or is likely to occur.

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[4] The death of a service user, staff member, subcontractor or volunteer does not in itself constitute a major incident. However, if the death involves circumstances that are out of the ordinary then it may constitute a major incident, for example:
- the death occurred in unusual circumstances
- a service user dies and the standard of services provided may have been a contributing factor
- the death has an obvious and direct correlation to the services the person was receiving
- the death is reportable by law.

A serious injury to a service user, staff member, subcontractor or volunteer does not in itself constitute a major incident. However, if the serious injury involves circumstances that are out of the ordinary, then it may constitute a major incident, for example:
- the serious injury occurred in unusual circumstances;
- the serious injury results in the hospitalisation of a service user, staff member, subcontractor or volunteer
- a service user is seriously injured and the standard of services provided may have been a contributing factor
- the serious injury has an obvious and direct correlation to the services the person was receiving
- the serious injury is reportable by law.

This list is not exhaustive. Funded organisations are expected to use their judgment in considering the sensitivity of individual incidents and whether it is appropriate to notify the department.

If a major incident occurs

If a major incident does occur as a result of, or during, the delivery of Queensland Community Care services, funded organisations are expected to:

- respond to the immediate needs of the individual and re-establish a safe environment
- advise senior staff members
- immediately notify the department.

The department may request documentation from the funded organisation showing how it managed/will manage the major incident. Therefore, funded organisations may wish to develop incident management plans and disaster management plans (refer section 5.1.11.2 Exit strategy and service continuity).

Incident notification procedures represent a reactive response to serious incidents, and should be complemented by proactive and systematic risk management activity aimed at minimising the risk of any new incidents.

Preventing and responding to the abuse, assault and neglect of people with disability

The department has developed information about *Preventing and responding to the abuse, assault and neglect of people with a disability*. Funded organisations are encouraged to use the information as a resource when developing and reviewing policies.

Alleged misconduct

A funded organisation that becomes aware of an allegation of misconduct must report it to the relevant authority, such as the Queensland Police Service.

The funded organisation must notify the department when:

- it becomes aware of any allegation of misconduct or dishonesty concerning the funded organisation; or
- it has reported any allegation of misconduct or dishonesty to a relevant authority.

An allegation would be made when there is a reasonable suspicion of misconduct or dishonesty of a serious nature relating to the operation of the funded services, including offences liable to imprisonment against the officers accountable in the funded organisation, or its employees, volunteers, agents or subcontractors in connection with the provision of the funded services.

The funded organisation's obligations in relation to notification of alleged misconduct are set out in the Service Agreement Standard Terms – Clause 4.5(c).

Human Services Quality Standard 1 - Human Resources, Indicator 1.5 details the requirements for funded organisations to have systems in place to identify and manage the likelihood of incidents affecting service users and workers.

5.1.11 Exit strategies

5.1.11.1 Exit strategy – service user level

A funded organisation will occasionally have need to reduce or cease services to a service user (for example, the service user's needs escalate to a level beyond the scope of Queensland Community Care; the service user is receiving a similar service through another government funded program; or the service user is receiving a level of service that exceeds Queensland Community Care guidelines).

Funded organisations must ensure that:

- an exit process, which includes transition arrangements, is in place and is consistently applied
- processes are in place to communicate and interact effectively with the service user
- processes are in place to refer the service user to an appropriate alternative service, if this is required

Queensland Community Care would expect an exit process to occur over a period of time and not unexpectedly.

5.1.11.2 Exit strategy and service continuity – organisation level

Funded organisations must develop an exit strategy to ensure service continuity for service users in the event that the Service Agreement expires or is terminated, or the funded organisation cannot or will not deliver the services (refer Service Agreement Standard Terms – Clause 3.2(b)).

Funded organisations must notify the department at least three (3) months in advance of their intention to cease service delivery and must provide the department with a copy of the exit strategy. The department is responsible for identifying and negotiating with an alternative provider.

The exit strategy should detail a plan for an effective, smooth and efficient handover of services to another funded organisation to ensure that the standard and delivery of the services will not suffer in the transition of service provision.

Developing an exit strategy

The strategy should give consideration to specific requirements for different outputs that the funded organisation delivers. The content of the plan will depend on each funded organisation's individual arrangements and the outcome of any negotiations. In general, an exit strategy may cover the following matters:

- **Service details**

Include position and contact details for all relevant contacts

- **Subcontracting arrangements**

Include position and contact details for subcontractors

- **Organisational information**

Include contact details for other organisations with which the funded organisation has linkages

- **Organisational arrangements**

Include information/description of organisation-specific administrative policies; processes and procedures; operational protocols; sub-contracting arrangements; geographical areas serviced; hours of operation; staff operation of the funded organisation's vehicles; and any additional services provided.

- **Timeframe for transition**

Specify the period required for transition-out in various circumstances

- **Staffing arrangements**

Include staffing details and the basis for which staff are employed, for example, awards. Also include arrangements for transition of staff to a new organisation (if applicable)

- **Property/accommodation**

Include information about accommodation arrangements for premises currently occupied by the funded organisation and what alternative arrangements may be required on termination of the Service Agreement

- **Assets**

The assets register should be attached to the exit strategy.

Include information on how and when the transfer of assets would occur, for example, whether assets would transfer to the department's nominated or agreed third party, or whether assets are to be sold and proceeds paid to the department.

- **Information and records**

Include identification of, and arrangements for the transfer of, all documents that are necessary to enable services similar to the existing service to be provided, to be transferred to the department's nominated or an agreed third party. In particular, the funded organisation should consider arrangements for the transfer of service user records, giving due regard to privacy requirements.

- **Financial records**

All records should be up to date and submitted in accordance with the conditions of the Service Agreement.

- **Telephones**

Arrange for 1800 numbers where applicable.

Incident and disaster management

In developing disaster management and incident management plans, funded organisations should consider the following:

- the safety of service delivery staff

- when and how plans will be effectively communicated to staff, service users, their carers/family and other relevant service outlets

- how the funded organisation will make decisions about maintaining, modifying or ceasing service provision in the context of a potential or actual major incident.

In the event of a major incident, funded organisations are responsible for assessing the risks involved in the continuation of service provision.

Funded organisations must notify the department if they become unable to meet the obligations under the Service Agreement due to a major incident such as a natural disaster. They must also take all reasonable steps to minimise the effect of the major incident on service delivery and recommence services as soon as possible after the disaster.

5.1.12 Recordkeeping

Funded organisations must meet all Australian and Queensland Government requirements for recordkeeping. They must keep accurate records and accounts, including receipts, proof of purchase and invoices, to show how they spend funding and carry out activities.

Funded organisations should have policies and procedures for recordkeeping that specify requirements to:

- maintain up-to-date and accurate records detailing services provided, outcomes achieved and organisation details

- fulfil data reporting obligations under the CCMDS

- ensure adequate security measures are in place, including the storage of any service user related information and files (both paper and electronic) in locked cabinets and, in the case of electronic files, with appropriate data security

- ensure all electronic files are appropriately stored with adequate file back-up and storage mechanisms in place

- keep service user records for a minimum period of seven years following the cessation of service delivery

- keep accurate records of business operations, including financial transactions, for a minimum period of seven (7) years.

It is the funded organisation's responsibility to maintain and secure accurate case notes on all service users. Funded organisations must maintain an assets register that meets relevant taxation and other accounting requirements and standards, in line with the Service Agreement Standard Terms – Clause 11.5.

The funded organisation's obligations to allow the department or its nominated personnel access to its premises and records are set out in the Service Agreement Standard Terms – Clause 12.

5.1.13 Privacy and confidentiality

Service users have a right to privacy, dignity and confidentiality. Funded organisations must comply with all relevant legislation and policies regarding:

- collection, use and disclosure of personal information

- service users' rights to access their personal information.

Funded organisations must have policies and procedures that support privacy and confidentiality. These include:

- respect for each service user's right to privacy, dignity and confidentiality

- consideration of special needs groups

- staff/volunteers being aware of and respecting service users' right to privacy

The Service Agreement Standard Terms – Clause 18 sets out the obligations in regards to the protection of personal information.

Human Services Quality Standard 1 - Governance and management, Indicator 1.7 requires funded organisations to have effective information management systems that maintain appropriate controls of privacy and confidentiality.

5.2   Funding

Funded organisations are accountable for the expenditure of Queensland Government funding. Funding for Queensland Community Care services must be spent in accordance with the terms and conditions of the Service Agreement.

5.2.1 Payments

Funded organisations are paid in accordance with the Service Agreement. This will generally be quarterly in advance as set out in the Funding and Service Details.

Funding is subject to the lodgement of financial and performance reports required under the Service Agreement.

5.2.2 Other contributions and monies earned from activity (including fees)

All other contributions (including donations) and all monies earned through the provision of services

(including fees) must be reported in the financial statements submitted to the department.

5.2.3 Bank accounts

To receive funding for services, funded organisations are required to have a bank account with an authorised deposit-taking institution. The bank account must be controlled solely by the funded organisation and be the operational account for undertaking activities under the Service Agreement.

The bank account does not need to be used exclusively for Queensland Community Care funding. However, funded organisations must be able to track funding relating to the provision of Queensland Community Care services described in the Funding and Service Details. Funded organisations must notify the department in writing of any changes to bank account details.

5.2.4 Underspends

Funded organisations must ensure that Queensland Community Care funding is spent or committed within the financial year in which it is paid. This must be reported by the funded organisation in its financial statements to the department (refer section 5.3.1 Financial statements and reports).

The department will not fund any overspends.

Identifying unspent funding

The department will use a funded organisation's mid-year and end-of-year financial statements to identify unspent funding. The funded organisation should explain the reasons for any unspent funds. If the department identifies an excessive level of unspent funds, it will advise the funded organisation of how to manage these.

Managing unspent funding

Where a funded organisation has unspent funds, the department may:

- require the funded organisation to refund the unspent funding
- authorise the funded organisation to retain the unspent funding and to spend some or all of it for an approved purpose
- adjust a payment or instalment of future funding to take account of the unspent amount
- agree to a carryover of unspent funding from one reporting period to the next, where the funding is to be used for the same purpose

Requesting a carryover of unspent funding

If a funded organisation wishes to carry over unspent funding to the next financial year, it must request permission during the end of financial year acquittal process. The department will provide instructions for how to do this. Any unspent funding that is permitted to be carried over must be spent in the following financial year.

5.2.5 Insurance

Funded organisations are required to arrange and maintain the level of insurance that will cover its obligations under the Service Agreement Standard Terms – Clause 20, including:

- public liability insurance for at least $10 million on a per claim basis
- contents insurance for any Funded Assets, other than motor vehicles, for the full replacement value
- comprehensive motor vehicle insurance for all Funded Assets that are motor vehicles
- any other insurance as appropriate.

Organisations are not required to provide the department with copies of insurance policies or

Certificates of Currency. However, the department may request copies, if required.

5.2.6 Assets and capital

Occasionally the department invites applications from funded organisations for funding for assets that are necessary for, or enhance the delivery of, Queensland Community Care services.

Funded Assets, whether purchased wholly or partly with departmental funding, need to be properly identified, recorded, managed, and protected from loss or damage. Funded organisations' obligations are set out in the Service Agreement Standard Terms – Clause 11. See also the *Community Care Asset Management Guidelines* for further information.

Funded organisations that receive funding for major capital items, including land and buildings, enter into a Capital Funding Agreement with the department and, in most cases, sign a Bill of Mortgage. Major capital items are to be managed in accordance with the terms and conditions of these agreements. The department provides further advice on a case by case basis.

5.2.7 Acknowledgment of funding

Funded organisations (and subcontractors if appropriate) are required to formally acknowledge the Queensland Government's contribution of funding for the provision of services.

The funding must be acknowledged in:

- publications, including annual reports
- any promotional materials relating to the Queensland Community Care services.

Funding acknowledgment on promotional materials

Any acknowledgment in promotional material (hard copy or electronic) about Queensland Community Care services must use an authorised Queensland Coat of Arms, which must be obtained from the department. The Queensland Coat of Arms cannot be used for any other purpose and cannot be transferred to any other organisation or person.

The Queensland Coat of Arms may not be used on:

- uniforms
- vehicles or other assets
- staff identification cards
- any other item that may falsely imply a Queensland Government endorsement, approval, guarantee or sponsorship of the organisation or its services
- materials where it may be perceived that the use is primarily promoting the funded organisation and not Queensland Community Care services.

The permission to use the Queensland Coat of Arms ceases immediately if the Service Agreement is terminated or expires. The department may also, by notice in writing, revoke its permission to use the Queensland Coat of Arms if a funded organisation or subcontractor has not complied with the above requirements.

Verbally acknowledging funding

A funded organisation may verbally acknowledge the funding where published materials are not used, for example, in a radio broadcast or at an event.

The funded organisation must use the following words in these situations: 'This initiative / activity / project / organisation…'

- 'received / is supported by funding from the Queensland Government'
- 'was jointly funded by the Queensland Government and…'
- 'received funding from… *(in descending order of funding provided)* and the Queensland Government'

Inviting the Minister

Funded organisations may wish to invite the Minister to attend and speak at significant public events relating to Queensland Community Care services, such as launches, openings, conferences and other ceremonies. Funded organisations should contact the department to discuss.

5.3 Reporting

Funded organisations are required to operate within an accountability framework. This allows the department to collect information about what is being achieved. The reporting requirements have been developed to reduce wherever possible the reporting burden on service outlets, while still allowing effective management of public funds.

The reporting framework for Queensland Community Care services contains the following elements:

- **Financial statements and reports** – To facilitate acquittal of expenditure, providing assurance and evidence that public funds have been spent for their intended purpose

- **Community Care Minimum Data Set (CCMDS) reports** – For data collection purposes and to enable the department to conduct service delivery analysis

- **Performance reports** – To provide additional information in a narrative format, on an exception basis, about service delivery activities

- **NDIS Readiness report** (if required) – To provide service user information to support the implementation of the National Disability Insurance Scheme and planning for future Community Care services.

5.3.1 Financial statements and reports

Funded organisations must submit the following statements and reports to the department during the term of the Service Agreement:

- A **Financial Acquittals** – Periodic report must be completed every 6 months in the form of a Special Purpose Financial Report. A sample is provided at: http://www.communities.qld.gov.au/resources/funding/service-agreements/special-purpose-fin.xls. A Financial Acquittals – Periodic report is not required when organisation funding is less than $50,000.

- **Financial Statements** including:
  - an audited financial report in the form of a General Purpose Financial Report **or** a Special Purpose Financial Report prepared at organisation level, **and**
  - an Annual Acquittal Statement in the form of a Special Purpose Financial Report. A sample is provided at: http://www.communities.qld.gov.au/resources/funding/service-agreements/special-purpose-fin.xls-

Submission requirements

All financial information provided for a particular financial year should relate only to that financial year.

Funded organisations must prepare their accounts in accordance with the Australian Statements of Accounting Concepts and Australian Accounting Standards and must include an independent audit report.

Responsible officers from the funded organisation are required to sign the director's statement/declaration. A responsible officer is a person authorised to execute documents on behalf of the funded organisation and legally bind it.

Dates for submission of financial statements and reports

Reports are required as follows:

Financial statement/report	Period	Due date
Financial Acquittals - Periodic (*Organisation funding $50,000 and over*)	1 July – 31 December	28 January
	1 January – 30 June	28 July
Financial Statements as specified in the Service Agreement Funding and Service Details - Community Care Clause 7.	1 July – 30 June	In accordance with the lodgement period of the organisation's incorporating legislation, or if not stated, within six (6) months of the end of the organisation's financial year

Templates and submission details

Templates and details for where to submit are available at:

http://www.qld.gov.au/community/community-organisations-volunteering/community-care-reporting/

Audit requirements

Funded organisations must incorporate any funding provided under the Service Agreement as a required segment in their audited financial statements.

The segment note must comply with Australian Accountability Standard (AASB) 114 Segment Reporting (as amended) and is to be audited accordingly.

In cases where the segment note is not the preference of a funded organisation, an individual audited income and expenditure statement for Queensland Community Care funding may be submitted.

5.3.2 Reporting to the Community Care Minimum Data Set (CCMDS)

The Community Care Minimum Data Set (CCMDS) is a set of agreed data items collected by all organisations funded to provide Queensland Community Care services. The CCMDS is the primary source of data on Queensland Community Care services and is used to:

- describe who uses the services, and the type and nature of services provided

- monitor the performance of funded organisations against the Queensland Community Care Service Agreement

- evaluate the effectiveness of the services against the objectives of Queensland Community Care

- implement NDIS transition arrangements

- plan for future service provision

Funded organisations, through their service outlets, are required to record CCMDS data on a quarterly basis, for individual service users receiving Queensland Community Care services. The quarters are the reporting periods ending 31 March, 30 June, 30 September, and 31 December. Funded organisations are not required to submit CCMDS reporting relating to the Information, education and training (statewide) output.

From 1 July 2016, CCMDS is to be uploaded into the Online Acquittal Support Information System (OASIS). www.communities.qld.gov.au/gateway/funding-and-grants/online-acquittal-support-information-system-oasis

Information on the CCMDS collection and submission requirements is provided on the Queensland Community Care website (refer Appendix B in this manual).

5.3.3 Performance reports

Funded organisations receiving $50,000 or more in Queensland Community Care funding must submit performance reports on a six-monthly basis. Organisations must use the performance reporting templates attached to the Funding and Service Details, or as available on the Queensland Community Care website.

There are three different types of performance reports:

- ***Performance Issues Report***

This report applies to organisations funded to deliver all Queensland Community Care outputs, with the exception of Information, education and training (statewide).

This report must be completed if a service outlet has exceeded the level of variation in outputs allowed under the Service Agreement (for more information refer section 5.3.5 Output and geographic variation in this manual).

- ***Information, Education and Training (statewide) Performance Report***

These reports apply to organisations funded to deliver the Information, education and training (statewide) output.

- ***Access Point Performance Framework reports***

These reports apply to organisations funded to provide Access Point services.

Dates for submission of performance reports

Where performance reports are required, they must be submitted by the following dates:

Performance reports		
Organisation funding amount	**Period**	**Due date**
$50,000 and over	1 July – 31 December	28 January
	1 January – 30 June	28 July

Templates are available at http://www.qld.gov.au/community/community-organisations-volunteering/community-care-reporting/

5.3.4 NDIS Readiness reporting (if required)

Since late 2013, the majority of Queensland Community Care funded organisations have been requested to provide the department with additional service user information on a quarterly basis.

The information includes the service user's name and address, as well as detail about the nature of the condition/s that contribute to the service user's need for support.

The information is essential for two purposes:

1. planning and preparation for the NDIS, including identifying service users who will potentially be eligible for the NDIS and preparing them for transition to the new scheme
2. planning for future services to people who will not be eligible for the NDIS.

Further information needs may also be identified as the planning and preparation for NDIS continues.

Service outlets that are required to submit this information will receive a request from Queensland Community Care via email.

NDIS Readiness report (if required)		
Organisation funding amount	**Period**	**Due date**
All	1 July – 30 September	28 October
	1 October – 31 December	28 January
	1 January – 31 March	28 April
	1 April – 30 June	28 July

5.3.5 Output and geographic variation

Output Flexibility

The department allows a certain level of variation in the delivery of outputs so that funded organisations can respond appropriately and flexibly to service users' needs. This arrangement provides funded organisations with the flexibility to vary service delivery without needing to vary the Service Agreement.

The variation is allowed only at the individual service outlet level and applies to the delivery of outputs within a single financial year.

Any variation would be an operational arrangement to meet a particular short-term need and is not to be a permanent change to the outputs outlined in the Funding and Service Details.

The variance is allowed within and across service types. Service types have been created by grouping outputs that are of a similar nature and have broadly similar costs.

Service types	Outputs
Service type 1 – Home care services	Domestic assistance Personal care Social support Respite care Other food services
Service type 2 – Coordinated care	Assessment Client care coordination Case management Counselling/support, information and advocacy
Service type 3 – Clinical and specialist care	Nursing care Allied health care (received at home or centre)
Service type 4 – Centre based day care	Centre based day care
Service type 5 – Home modification	Home modification Goods and equipment Home maintenance
Service type 6 – Meals	Meals (received at home, centre or other)
Service type 7 – Transport	Transport
Service type 8 - Service system development	Information, education and training services (statewide)

Provided a service outlet delivers 100% of the total quantity of outputs it is required to deliver within each single financial year, flexibility is allowed as follows:

- **Within service types**

  – A service outlet may transfer up to 30% of the specified quantity of an output to other outputs within the same service type, whether or not they are funded for those outputs.

- **Across service types**

  – Service providers may transfer up to 5% of the aggregate quantity of outputs for a service type to a service type where there is at least one output funded.

  Specific conditions attached to this flexibility:

  - service type 5 – Home modification is excluded from this flexibility
  - outputs cannot be transferred to a service type that does not have at least one funded output

Example:

Organisation ABC is funded to deliver 100 hours of personal care through its service outlet XYZ. The service outlet delivers 70 hours of personal care in the financial year.

XYZ is not funded for social support, but because both the social support and personal care outputs are in service type 1 – Home care services, the service outlet is also able to deliver 25 hours of the social support to best meet the assessed needs of its service users.

XYZ is also funded for allied health care in service type 3 – clinical and specialist care. In response to assessed service user need, the service outlet transfers the 5% of outputs remaining from service type 1 to service type 3 in order to deliver five hours of nursing care.

Geographic flexibility

Queensland Community Care organisations are funded to deliver services in nominated Statistical Areas[5], as specified in the Funding and Service Details.

Funded organisations are allowed a level of flexibility to deliver services beyond the areas specified in the Service Agreement, where this is the most suitable response to service user need and best use of resources. The flexibility extends only to neighbouring areas. For example:

● A service outlet near the border of the Jimboomba Statistical Area transports service users to shopping and medical facilities in the Beaudesert Statistical Area because they are the closest facilities.

● A service outlet offers a culturally specific centre-based day care service. A small number of eligible people of that cultural background live just across the border of the Statistical Area in which the service outlet operates. The service outlet is able to offer services to the service users, as it is the most appropriate service for their needs.

Geographic flexibility is subject to the following conditions:

● Services must still be provided to every geographic area specified in the Service Agreement, unless otherwise negotiated with the department.

● Service users in the geographic area specified in the Service Agreement must not be disadvantaged.

● The service outlet is providing a service that best meets the service users' needs.

Monitoring of flexibility

Flexibility will be monitored through the reporting framework, with the department assessing the degree of variation from the contracted quantity.

5.3.6 – Funding for Meals on Wheels (MOW) services

Queensland Community Care provides a contribution to the cost of delivering MOW services to people under 65 years of age. MOW organisations will enter into a short form service agreement with the department. Organisations are required to acquit the funds at the end of the financial year by submitting a Director's Certification, available on the Queensland Community Care website.

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[5] As defined under the Australian Statistical Geography Standard.

Chapter 6 – Government responsibilities

6.1   Funding

6.1.1 Growth

Growth funding is an investment in new or expanded services for service users. Growth funding for Queensland Community Care services is subject to the annual State Budget process.

6.1.2 Indexation

Indexation is the annual adjustment of base funding to funded organisations to take account of consumer price indexation increases. Indexation is subject to the annual State Budget process.

6.1.3 One-off funding

From time to time the department may approve one-off funding. Funded organisations must report actual expenditure of any one-off funding during the relevant financial year. Unspent funds must be returned to the department unless the department agrees to a carry-over.

Appendix A – Glossary of Terms

Asset
A resource controlled by a funded organisation and from which future economic benefits (service potential) are expected to flow to the funded organisation.

Carer
In accordance with the Queensland *Carers (Recognition) Act 2008*, a carer is defined as an individual who provides, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of disability, frailty, chronic illness or pain, requires assistance with everyday tasks. Also, a grandparent is a carer of his or her grandchild if the child lives with the grandparent and the grandparent is the primary care-giver and decision-maker for the child.

Commonwealth Home Support Programme (CHSP)
Provides basic maintenance and support services to eligible service users aged over 65 years, or over 50 years for Aboriginal and Torres Strait Islander people.

Community Care Access Point
A telephone service that provides information about Queensland Community Care services and advice on eligibility; conducts an initial assessment of a person's needs; and facilitates referrals to service outlets.

department, the
the Department of Communities, Child Safety and Disability Services

Funded asset
An Asset funded wholly or partly by the department. Includes an asset purchased to replace such an asset.

Funded organisation
A body that receives government funding to provide Queensland Community Care services to eligible service users. The services are delivered through a service outlet/s.

CCMDS
Community Care Minimum Data Set. The agreed set of data that is collected from all providers of Queensland Community Care services.

HSQF
Human Services Quality Framework. The department's quality framework for funded organisations.

HSQS
Human Services Quality Standards. The HSQS underpin the Human Services Quality Framework.

ONI
Ongoing Needs Identification. The tool used to assess potential service users for eligibility for Queensland Community Care services

Responsible officer	A person authorised to execute documents on behalf of a funded organisation and legally bind it (for example, Chief Executive Officer, Chief Financial Officer, Chairperson).
Service Agreement	Funded organisations must enter into a Service Agreement with the department in order to obtain funding. The Service Agreement comprises two parts: • Service Agreement – Standard Terms • Service Agreement – Funding and Service Details
Service outlet	The service delivery arm of a funded organisation that delivers Queensland Community Care services. A funded organisation may deliver services through one or more service outlets.
Service user	A person aged under 65 years, or under 50 years for Aboriginal and Torres Strait Islander people, with functional limitations as a result of moderate, severe or profound disability, or a condition which restricts his or her ability to carry out activities of daily living, and who is receiving Queensland Community Care services.
WHS	Work Health and Safety
YLYC	Your Life Your Choice. Refers to the department's self-directed funding approach, which enables people with disability and their families to design and manage their own disability supports.

Appendix B – Useful resources

Publications

Productivity Commission inquiry – Disability Care and Support http://www.pc.gov.au/inquiries/completed/disability-support/report

Websites

Queensland Community Care
www.qld.gov.au/communitycare

Department of Communities, Child Safety and Disability Services
www.communities.qld.gov.au

National Disability Insurance Agency
www.ndis.gov.au

Queensland Community Care Service Availability Register
www.serviceavailabilityregister.com.au

Legislation, policies and guidelines

Carers (Recognition) Act 2008
https://www.legislation.qld.gov.au/LEGISLTN/ACTS/2008/08AC070.pdf

Disability Services Act 2006
https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/D/DisabServA06.pdf

Human Services Quality Framework
http://www.communities.qld.gov.au/gateway/funding-and-grants/human-services-quality-framework

Community Care Minimum Data Set (CCMDS)
http://www.qld.gov.au/community/community-organisations-volunteering/community-care-minimum-data-set-reporting/

Queensland Community Care *Making a complaint* brochure
http://www.qld.gov.au/community/documents/community-organisations-volunteering/making-a-complaint-factsheet.pdf

National Partnership Agreement on Remote Service Delivery
http://www.federalfinancialrelations.gov.au/content/npa/other/remote_service_delivery/national_partnership.pdf

National Partnership Agreement on Transitioning Responsibilities for Aged Care and Disability Services
http://www.federalfinancialrelations.gov.au/content/npa/health_reform/transitioning_responsibilities/national_partnership.pdf

Ongoing Needs Identification (ONI)
http://www.qld.gov.au/community/community-organisations-volunteering/community-care-oni/

The Guide for Community Care Service Providers on how to respond when a client does not respond to a scheduled visit http://webarchive.nla.gov.au/gov/20140803085353/http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-commcare-guide.htm

Preventing and responding to the abuse, assault and neglect of people with a disability
http://www.communities.qld.gov.au/disability/support-and-services/for-service-providers/preventing-and-responding-to-abuse-neglect-and-exploitation

Your Life Your Choice
http://www.communities.qld.gov.au/disability/key-projects/your-life-your-choice

Appendix C – Contacts

For general enquiries email communitycare-admin@communities.qld.gov.au or phone (07) 3109 7003.

Alternatively, contact your Department of Communities, Child Safety and Disability Services contract manager directly.