

HACC Fees Research Project
A Practical Approach To Fees

Final Report

October 2008

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1 Executive Summary

The HACC Fees Research Project has been funded by the Department Of Ageing Disability and Home Care to explore fees, billing and debt recovery within HACC services and to develop practical options to overcome identified challenges to fair and equitable fee charging. The project is based in the Northern Region of New South Wales encompassing the Far North Coast and New England Local Planning Areas.

The Project's target group is HACC funded services, with an emphasis on Food Services (Meals On Wheels), Home Modification Services and Transport Services and HACC service users, particularly Aboriginal people, financially disadvantaged and people living in remote and isolated areas.

After the formation of the Project's Advisory Group, the Project carried out an extensive research process that involved both surveying clients and services and a consultation process across the Project's regions. The second stage of the research developed two trials at a local level which looked at practical options to overcome issues identified in the first stages of the research process.

The first trial was carried out in Glen Innes, in the New England area of New South Wales. It involved HACC services in the area developing a framework that provided a fee cap across services for multi-service usage clients. The trial period was successful in providing a reduction in fees for clients who currently pay a large amount in HACC fees or who were classified as financially disadvantaged. Another positive outcome of the trial was the beneficial development of inter-service relationships and a forum for sharing of information about clients. Home Care's participation in the trial also served to show that despite a reputation for having an inflexible fee structure, in this type of framework they too had the capacity to request a reduction in fees for their clients. The results from the trials led the Project to recommend that services continue to meet to specifically discuss client fees as this type of forum can provide an informal cap across services and act as a framework for building relationships between services.

The second trial was carried out in Kyogle, in the Far North Coast area of New South Wales. It involved the development of a framework that assists financially disadvantaged clients to access services. The local Community Transport Organisation agreed to provide free medical transport for financially disadvantaged clients for the duration of the trial. The results interestingly showed that while there was not a large proportion of new clients who accessed the service during the trial, a majority of current clients were financially disadvantaged but would normally be paying fees. The results also showed that these clients would spend any extra money they saved on fees on essential items such as food and utilities. These results led the Project to recommend that services should develop at an interagency level, protocols to ensure that clients who are financially disadvantaged are not further disadvantaged by having to pay unaffordable fees.

While some strategies can be implemented at a local level, overwhelmingly services are calling for more direction from the funding body in terms of client fees and therefore a key finding of the Project is the development of more specific guidelines on client fees.

Any fees guideline must ensure that clients are assessed in an appropriate way, both from a cultural perspective and from a position of sensitivity about financial disadvantage. Client fee models must provide a system that empowers, gives dignity and pride to the client, through the client's ability to negotiate with, contribute to and participate in the service. Fees must take a consistent approach but be set at affordable levels and within flexible structures that meet the specific needs of the communities they are serving.

2 Recommendations

1. That services establish a protocol for financial disadvantage at an interagency level

Which includes;

- A definition of financial disadvantage. For example; someone on a pension level income with housing costs or other major medical/pharmaceutical costs
- How to manage financial disadvantage in relation to fees
- Sensitive communication about client fees and within financial assessment
- Advertising reduced fees for financially disadvantaged clients

2. That services meet regularly specifically to discuss mutual clients and their fees

With the potential to;

- Create consistency in fee charging between services in a local area
- Build relationships between services
- Share client financial and fee information between services
- Develop a framework for putting in place fee caps

3. That DADHC Northern region consider investigating further models which would provide one point of financial assessment, billing and fee collection

4. That the DADHC Northern Region HACC Planning Process consider the budget implications for HACC services providing fee relief to clients living in socioeconomically disadvantaged and rural and isolated areas, including Aboriginal communities

5. That DADHC Northern Region provide a copy of the Final Report of the HACC Fees Research Project to the Community Transport Review, the NSW Meals On Wheels Association and the NSW Home Maintenance and Modification State Council

- 6. That the DADHC Northern Region planning process continues to explore, trial and fund HACC service models that improve access for ATSI HACC clients, particularly Community Transport, Food and Home Maintenance and Modifications services**

- 7. That DADHC Northern Region consider funding a longer term research project to further develop and test fee options (2 years)**

- 8. That DADHC Northern Region work in partnership with HACC Development Officers and ATSI HACC Access Workers, to educate HACC services through community care forums/inter-agencies, about the HACC National Guidelines/Service System and common issues identified through IMF Service Reviews, particularly, fees issues that can act as a barrier to the HACC special needs groups accessing services**

3 Other Barriers

Issues affecting the Northern Region at a State or federal level

1. The need for a more specific and in-depth HACC Fees Policy

Which includes;

- A definition of financial disadvantage
- Protocols for assessment of client fees
- Recommended fees for financially disadvantaged
- Recognition of Aboriginal people's disadvantage and cultural differences in fee models
- Protocols for caps within services
- Protocols for caps across services
- Flexibility to allow services to respond to area specific differences and individual client needs

2. The need for the NSW Home Maintenance and Modifications State Council to develop a memorandum of understanding between Aboriginal Housing Organisations/Land Councils and Home Maintenance and Modifications Service

3. That DADHC Northern Region continue to clarify with the Ministry of Transport and Department of Health their roles and responsibilities for providing health related transport to HACC clients

4 Introduction

4.1 Introduction to the Project

The New South Wales Department Of Ageing Disability and Home Care's (DADHC)'s Home and Community Care (HACC) Program has a primary aim to; provide comprehensive, integrated and flexible services to support frail aged, younger disabled and their carers independently at home and in the community. Thereby enhancing their quality of life and preventing or delaying inappropriate admission to long term residential care (www.dadhc.nsw.gov.au).

Within the HACC Program client fees can play an important role in supporting the cost of community care and enhancing services' capacity to deliver services. Most HACC funded agencies charge fees at various levels and must use these fees to provide additional services to the community.

Currently in New South Wales the only framework that service providers have to guide them are *The National Program Guidelines for the Home and Community Care Program (2007)*. These contain a Draft HACC fees policy whose aim is to ensure a fair and equitable approach to user charging within the HACC Program.

Within the target HACC client group are the HACC Special Needs Groups who are recognised for their disadvantage and vulnerability in the community and as requiring greater attention and assistance with accessing services.

For the purpose of the Project the focus within the HACC Special Needs Groups is:

- Aboriginal people
- Financially disadvantaged people
- Remote and isolated communities

In practice it appears that the current fees and billing processes within some HACC service types may exclude some people, particularly within the HACC Special Needs Groups, from services and/or allow people to move into debt. This is an undesirable consequence and may be in conflict with the Draft HACC fees policy.

Furthermore, these practices can undermine the aims of the HACC Program.

Instead of enhancing a client's quality of life and independence in the community, they can create a situation where a client in need is:

- Placed in a position of financial stress by going into debt or not being able to pay for other costs of everyday living
- Refused or denied a service because of inability to pay
- Feeling inadequate or embarrassed because of insensitivity around questions of financial disadvantage or fee collection methods

4.2 Goals of the HACC Fees Research Project

In response to these circumstances Northern Rivers Social Development Council (NRSDC) was commissioned by DADHC to research fees, billing and debt recovery within HACC services and to develop practical options to overcome identified challenges to fair and equitable fee charging.

The project is based in the Northern Region of New South Wales encompassing the Far North Coast and New England Local Planning Areas.

The goals of the HACC Fees Research Project are to examine and report on:

- How HACC services, particularly food services, Home Modification services and Transport Services currently formulate and apply their fees policy
- Ways of managing fees for HACC service types, particularly meals, home modification and transport, to reduce the likelihood that people will incur debt or be excluded from services
- The capacity of people to pay for HACC services and the factors which affect people's capacity to pay, particularly the HACC Special Needs Groups
- Practical ways of dealing with fees within HACC and the development of system responses such as: reduced rates; project budget changes to deal with unpaid fees; fee subsidy
- Implications of these responses for service provision

The primary research activities of the HACC Fees Research Project are to:

- Provide an overview of fees policies currently used by HACC services, in particular meals, HMM and transport, their application and problems
- Undertake a brief review of the literature and practice regarding fees policy for HACC services in other jurisdictions and fees policy in non HACC community service provision
- Use informal and culturally sensitive mechanisms to consult with stakeholders about payment of HACC fees, their capacity to pay and the factors which influence that, and the development of options which services can consider when reviewing their fees policy
- Test the feasibility of a range of options with stakeholders
- Prepare a report that describes and makes recommendation regarding the fee options developed and tested

The Project's target group is:

- HACC funded services, with an emphasis on Food Services (Meals On Wheels), Home Modification Services and Transport Services
- HACC service users, particularly Aboriginal people, financially disadvantaged and people living in remote and isolated areas

4.3 Advisory Group

The Advisory Group for the HACC Fees Research Project was established from stakeholders across the New England and Far North Coast region. The Project was overseen by Graeme Miller, Service Support and Development Officer, DADHC. Meetings were conducted in the office of Northern Rivers Social Development Council, Lismore with tele conferencing available.

Members of the Advisory Group were:

Jenni Beetson-Mortimer, HACC Development Manger, Northern Rivers Social Development Council

Dianne Creighton, ATSI HACC Access Worker, DADHC

Ross Chalmers, Regional Transport Coordinator Mid North Coast, Ministry Of Transport

Cathie Eames, Manager, Meals On Wheels Lismore

Francesca Hart, Project Officer, Northern Rivers Social Development Council

Ruth Hodson, Aboriginal Project and Liaison Officer, Ministry Of Transport

Margaret Lenord, Manager, Inverell Meals On Wheels

Graeme Miller, Service Support and Development Officer, DADHC

Chris Perfrement, Manager, New England Home Maintenance and Modifications Service

Deb Pugh, HACC Development Officer, New England HACC Development INC.

Joyce Schild, Manager, Gunnedah Meals On Wheels

Stacey Sheppard-Smith, Executive Officer, NSW Home Maintenance and Modifications Council

Robyn Smith, Manager, Oxley Community Transport

Lesley Widders, ATSI Worker, Tablelands Community Support

4.4 Significance Of The Study

There are various other research studies being carried out and various different State and Territory examples of HACC client fee policy. However, most are city centric and broad. None, as the HACC Fees Research Project does, looks from a Northern New South Wales regional and rural perspective, at the issues that the most vulnerable within the HACC client group face when confronted with client fees.

Furthermore, the Project has had a unique insight into and comparison of the two often very different fee models that mainstream and Aboriginal Specific Services are offering. These differences often reflect the level of understanding and knowledge of the impact of financial disadvantage on people's capacity to pay.

This Project seeks to highlight the issues and difficulties that both service providers and clients are having with current client fees processes.

- It will inform those who are looking for ways to improve consistency and equity within the service system
- It will provide a background context of other States and Territories fees policies and practice, other research projects and other community care services' fee models
- It will give examples of good practice for those who are seeking to improve service delivery access in particular to the HACC Special Needs Group
- It will provide feedback from innovative practical options trialled at a local level in the community

5 Background

5.1 Financial Disadvantage

Approximately 95% of HACC clients receive a pension of some kind (www.dadhc.nsw.gov.au). The pension is calculated by Centrelink as 25% of the average male weekly earnings. The Brotherhood of St Laurence states that pension rates fall below the poverty line (Brotherhood of St Laurence, July 2002). It would be fair to assume that based on these figures, most HACC clients do not have a large disposable income. However, nearly 80% of HACC clients live in owner occupied dwellings so do not have housing costs (Department Of Human Services, Jan 2002). It must also be considered that home ownership is much lower for indigenous households, where only 34% are recorded as living in owner occupied dwellings (Australian Institute Of Health and Welfare, 18th Oct 2007).

In light of this it is important to understand how poverty and financial disadvantage are classified when assessing the impact of client fees on HACC clients, particularly those in the HACC Special Needs Groups.

Financial disadvantage or poverty is traditionally understood to be those living below the poverty line which is drawn at half the median disposable income (Brady, D., 2003). However, most contemporary academic studies suggest that poverty cannot be defined by simply income, as this gives a limited understanding of financial disadvantage, but that many other relative factors will influence this. These factors can include housing costs, financial stress, perceived disadvantage and lack of access to services (ACOSS, Causes Of Poverty).

Community services can therefore play more than just a service provision role in their client's lives. It is necessary to take this factor into account and ensure there is no exclusion based on client fees. By giving financially disadvantaged clients the opportunity to contribute to services, by setting fees at an appropriate level, you can positively impact on their perceived disadvantage and increase their participation in society.

An individual is socially excluded if he or she does not participate in key activities of the society in which he or she lives (Burchardt, T., 2002)

5.2 Aboriginal People

Neither the State nor Federal Government's policy framework formally addresses the specific needs of Aboriginal communities in relation to HACC client fees. There has not been any explanation of the cultural, historical and contemporary basis for these needs.

Aboriginal people are considerably disadvantaged compared with other Australians. In general Aboriginal households are between 2-3 times more likely to fall below a poverty line (Hunter, B, 2007). Life expectancy for Aboriginal people is 20 years less than for the total Australian population and Aboriginal populations have a higher rate of disabilities compared to the rest of the population (Australian Institute of Health and Welfare, October 2003). Also, Aboriginal communities are more likely to live in remote and isolated communities as a percentage of the population and are believed to be under-represented in HACC services (www.dadhc.nsw.gov.au).

5.2.1 Commonwealth Government Response

In response to these circumstances the Australian Government has stated that it is committed to increasing access to and equity in the provision of community services for Aboriginal communities (www.health.gov.au). It is widely recognised that disability and ageing affects Aboriginal people earlier than other Australians. Planning and eligibility for aged care services is based on Aboriginal people aged 50 years and older compared to 70 years and older for other Australians. As well, older people from Aboriginal and Torres Strait Islander communities have been identified as a special needs group under the Aged Care Act 1997. This means aged care providers must consider the special aged care needs of older Aboriginal and Torres Strait Islander people.

It should be noted that while Aboriginal people are classified as eligible for aged care services at the age of 50, their eligibility for the Aged Pension at an earlier age has not changed. Currently there is no significant reflection in government aged care policy of the financial disadvantage that Aboriginal people face.

5.2.2 State Government Response – Department Of Ageing Disability and Home Care (DADHC)

At a state level DADHC have employed a number of strategies to address Aboriginal people's disadvantage and meet the needs of ageing and disabled Aboriginal people and their carers.

In brief:

- Identification of Aboriginal people within HACC as a special needs group, reflective of the Aged Care Act, 1997 and a general practice within HACC that an Aboriginal person is eligible for aged care services from the age of 45 and over
- The Guidelines for HACC indicate that services should employ strategies to provide access to the special needs groups
- DADHC have funded Aboriginal HACC Access workers and DADHC Aboriginal Service Support Development Officers to assist in planning and providing access to Aboriginal communities
- DADHC have provided resources for the setting up of Aboriginal Specific Services in recognition of Aboriginal people's specific needs and in response to evidence that Aboriginal people are not accessing HACC services in proportions reflective of their need
- DADHC have supported funding of Aboriginal specific positions within mainstream organisations, with often specific funding attached to them. In the Far North Coast area they have done this in Community Transport Organisations and in the New England these positions can be found in HACC Community Options Services
- The Aboriginal Home Care Department and the Aboriginal Referral and Assessment Centre exist established within the broader Home Care framework
- Within the Aboriginal HACC network there are DADHC funded 3 monthly Northern Koori Network meetings for all Aboriginal HACC workers. In the New England Area there is the New England HACC Aboriginal Planning and Advisory Group who have quarterly meetings. In the Far North Coast Area Aboriginal Service providers meet at least bi-monthly. These provide a forum of networking and support for Aboriginal community care workers
- A number of policies, strategies, research projects and initiatives have been delivered by DADHC which are all underpinned by similar aims of improving equity for the Aboriginal community

Such as:

- the 2005 Aboriginal Policy Framework
- the Aboriginal Consultation Strategy '*Consulting Effectively With Aboriginal People*'
- a partnership with the NSW Department of Aboriginal Affairs to implement a 10 year action plan '*Two Ways Together*'
- sponsoring of '*Focus For The Future, A State HACC Gathering*' for Aboriginal managers and coordinators to develop policy and make recommendations on best practice for the Aboriginal community

Despite this DADHC have only one concrete form of measuring Aboriginal people's access to HACC services. The Australian Government and States and Territories have agreed on a number of Key Performance Indicators (KPIs). This allows DADHC to report on the performance of the HACC Program. Number 2 of these KPIs is:

ii. Percentage of Aboriginal and Torres Strait Islander Clients as a proportion of this group in the total population (National Program Guidelines for the Home and Community Care Program 2007)

While this KPI does reflect government's aim to increase access for Aboriginal communities to HACC services, it is unclear at what proportion they expect this to be. It also is a broad indicator of the performance of HACC services as a whole and does not indicate how individual services or even local planning areas will be accountable for servicing their specific Aboriginal populations.

At a regional level DADHC can monitor Aboriginal access during IMF Service Reviews. Services are expected to know what percentage of the local population is from an ATSI background and should have the same percentage of ATSI clients.

5.2.3 Aboriginal Home Care's Fees Working Party

The Aboriginal Home Care Fees Working Party has been established to investigate client fees for Aboriginal clients of Home Care. Currently Aboriginal Home Care has a set fee at \$5 per hour with a cap of \$20 per 4 week period. This is considerably lower than mainstream Home Care's Schedule Of Fees (see 5.4.3 Home Care Service Of NSW). Despite this set fee, anecdotal evidence from the Aboriginal Branch Managers indicates that many Aboriginal clients are not paying for Home Care services. Partly in response to this the Aboriginal Home Care Fees Working Party was established to investigate Aboriginal people's capacity to pay. Their recently released recommendations are as follows;

- Essential services; domestic assistance, personal care and respite, should be fee exempt for low income or pension income Aboriginal clients.
- Other services classified as non-essential provided by Home Care should require a small as yet unset contribution, most probably to be in the order of 10% of the unit cost.

The working party have indicated that they expect that their findings and recommendations could become a benchmark for all Aboriginal services to use when developing their fee policies.

5.2.4 Aboriginal Community Aged Care Packages

Aboriginal Community Aged Care Packages (CACPs) work within the same guidelines as mainstream CACPs. However, their fee structures differ to mainstream CACPs. Some Aboriginal CACP providers ask for fees by donation only. Others indicate that there is a voluntary fee attached that most clients don't pay. One service explained that they offer an incentive based fee paying system. Whereby if clients do contribute, fees are saved by the organisation for when a client requires financial assistance for expenses outside of budgetary guidelines. For example; furniture, medical equipment, funeral expenses. Despite this many people still don't contribute.

5.3 Remote and Isolated Communities

Currently there is no specific recognition within government's current fee policy frameworks of the position of remote and isolated communities.

Remote and isolated communities experience significant disadvantage compared to the rest of the community. They have limited access to health services, lower socioeconomic status and lower life expectancy. A large proportion of the Aboriginal population live in remote, rural and isolated areas (Australian Institute Of Health and Welfare, October 2003). They also have higher costs of everyday living associated with distances from cities. According to the Department Of Health and Ageing (www.health.gov.au) this results in difficulties attracting staff and other resource implications for providing community care services which can impact exponentially on the level of fees services are charging clients. Governments have made attempts to address some of these problems with varying degrees of success.

5.3.1 Rural and Remote Viability Supplement for Community Care Programs

In the 2006 budget the Australian Government announced \$19.4 million over 4 years for a Rural and Remote Viability Supplement for community programs. This supplement does not cover HACC services but does provide a model within community care for providing viability to rural and remote services. Providers of Community Aged Care Programs (CACP), Extended Aged Care at Home (EACH) and EACH Dementia (EACHD) programs located in rural and remote areas of Australia are eligible to receive a daily supplement for each care recipient living in an eligible location.

The Multi Purpose Service (MPS) and Aboriginal and Torres Strait Islander (ATSI) Flexible Care programs located in eligible regions receive a more flexible type of viability funding in the form of a daily supplement for each community care place they are funded to provide.

5.3.2 Research Project: Effective Service Provision In Rural and Remote Areas

The Effective Service provision In Rural and Remote Area Research Project was commissioned by DADHC to conduct research into the difficulties that rural and remote populations face with service provision. The findings indicated that there are major barriers to rural and remote service provision at a state-wide and indeed national level. Rural and remote areas are significantly disadvantaged and there are major challenges to providing effective service to small and dispersed populations. It also found that there are significant and undeniable barriers around access to health and transport services.

5.4 Other Projects and Models

5.4.1 The Way Forward

In 2002-2003 a review of the community care system undertaken by the Commonwealth Government revealed a number of issues that impact on the effectiveness of community services supporting people in their homes.

In response the Commonwealth has released 'A New Strategy for Community Care – The Way Forward', which aims to provide a consistent approach in the areas of access, eligibility, assessment, quality assurance, accountability, fees, planning and information management across community care programs.

One of the actions from this strategy aims to develop a broad national framework of principles around client fees for all community services.

Consultants contracted by the Commonwealth Government in September 2007, released their findings from a nation wide survey of community service providers (Urbis, September 2007).

Relevance of results to the HACC Fees Project:

- 77% of services had HACC funding
- 64% of services had clients who are financially disadvantaged
- 43% of services had clients from rural or remote areas
- 21% of services had ATSI clients

Key Findings:

- 77% of services get less than 10% of revenue from fees, but 53% say income from user fees is essential or very important
- 80% of services said the cost of providing services compared with funding is a problem
- 75% of services said fee levels for individual services are okay but problems arise with multiple service usage
- 72% of services said clients are staying with lower fee charging services when there are more appropriate programs
- 71% of services reported a lack of consistent fee policies as a problem
- 71% of services see clients who can afford to pay but who refuse or avoid paying as a problem
- 67% of services said clients who are more assertive can end up paying less than other clients
- 71% of services said a fees policy should take into account factors other than income
- 93% of services said there should be protocols for setting caps for multiple service users
- 91% of services said there should be government funding adjustments to compensate for financially disadvantaged clients
- 90% of services said there should be guidelines on when to waive fees
- 89% of services said there should be guidelines on how to assess ability to pay
- 85% of services said there should be protocols for distributing income in cases where clients are under a cap across services
- 95% of services said there should be viability supplements for rural and remote areas
- 71% of services said there should be some flexibility for service providers but within government guidelines
- 56% of services think there should not be standard national fee framework
- 66% think there should be a set fee level for tiers of service

While the final report is yet to be released it is understood that recommendations will likely suggest that a national framework be established that largely follows the existing framework of the Draft HACC Fees Policy. It remains to be seen whether it will give service providers more structure and in depth guidance than the existing Draft HACC Fees Policy currently provides.

Another of *The Way Forward's* initiatives to improve access to services will be the development of Access Points or client entry points into the community care system. The function of these Access Points will be to streamline entry into community services, advice on eligibility, initial assessment and facilitation of appropriate referrals. At this stage Access Points will have a role in client assessments however it is unclear what role this will take in terms of specifically assessment for or collection of fees.

5.4.2 Community Aged Care Packages (CACP), Extended Aged Care Packages (EACH) And Transitional Care Projects

Funded by the Commonwealth Government all three programs work on a package of care model. The government provides clear guidelines for charging fees which state that clients should pay a maximum of 17.5% of their pension for a maximum 7 hours package of care, or if self funded no more than 50% of income. This fee can be negotiated for the financially disadvantaged through a 'fee reduction form'. As with HACC Guidelines, CACP principles state that a person's need is based on their need for care not their ability to pay fees. A person in financial hardship is defined as firstly a person who has not owned their own home in the last 2 years and secondly someone who is on a pension. However, the guidelines also state that other unavoidable expenses such as high pharmaceutical or utility bills should be taken into consideration. Unlike HACC services, assessment for these packages of care is initially done at one point of assessment by the Aged Care Assessment Team and then a referral is made to a provider who negotiates the fee to be charged and draws up a contract. In a sense these packages provide a model for a fee cap across services, as regardless of what service you require, within the package's scope, you are charged the same amount. However, unlike HACC services there is a cap on the amount of services or hours you can receive. An addition to these packages is that often the organisation that provides the Package will also have other internal services such as transport, a meals service or a home maintenance and modification service which the client can receive at a subsidised rate or no cost.

The Transitional Care Program's fees are set at a similar level to CACP's or EACH's fees which means that client's expectations of fees across this community care pathway are consistent.

5.4.3 Home Care Service Of New South Wales

The Home Care Service of New South Wales have a new Statewide Standard Fee Policy in response to the Performance Audit of Home Care Services in 2004 (Home Care Standard Fee, August 2007). The main purpose of the standard fee policy is to provide consistent, equitable and transparent processes for the determination and collection of fees.

The key features of the new Standard Fee Policy are:

- Two fee scales related to income: pension (full or partial) or private
- Fees to be indexed
- A pension income client with low levels of service will pay \$10 per hour capped at \$100 per 4 week period
- A client on a private income will pay \$15 per hour, with a fee cap that depends on their level of income
- Verification of income is required

- A safety net allows for clients to make an application for a review on the grounds of hardship which may result in the reduction of fees
- Applications for a review of fees are done by completing a Fee Review Application Form which will take into account other expenses such as pharmaceutical costs
- The regional directors approve a reduction in fees and the duration of the reduction

5.4.4 Veteran's Home Care

Veteran's Home Care is a Department Of Veteran's Affairs program that provides a similar type of service to Home Care; domestic assistance, personal care, home and garden maintenance and respite care, to Gold or White Card holding veterans. It often contracts existing mainstream services to carry out their work.

The key features of the Veteran's Home Care Fees Policy are:

- An eligible veteran will pay \$5 per hour capped at \$10 per week for personal care
- An eligible veteran will pay \$5 per hour capped at \$5 per week for domestic assistance
- An eligible veteran will pay \$5 per hour for each hour of service for home and garden maintenance
- An eligible veteran will make no copayment for respite care
- If a veteran is unable to meet the copayment because of financial hardship they may apply to have their copayment waived
- Veterans seeking a waiver of copayments need to complete a "Application for Waiver of Veteran's Home Care Copayments" which is reviewed by the Department
- Grounds for waiver of fees are
 1. Receiving a full pension and having less than \$40 per fortnight in other income
 2. Having dependent children
 3. Receiving a full pension under the DVA pension hardship provision.

5.4.5 Residential Aged Care

The Department of Health and Ageing has formed a model to ensure access for financially disadvantaged clients to residential care. The Department has set concessional and assisted resident proportions for each region. These beds are for those who are deemed to be suffering financial hardship. Bed proportions are determined by comparing information on the number of people financially disadvantaged aged 70 years and over with the general population aged 70 and over in each region.

In order to make an application for financial hardship and a waiver or reduction in care fees a client must complete a Financial Hardship Application Form, which takes into consideration unavoidable expenses such as pharmaceutical bills and any other relevant reasons. This is then reviewed by the Office Of The Director, Income Testing, Hardship and Client Support Section.

5.4.6 Australia's Child Care System

The Federal Department of Families, Housing, Community Services and Indigenous Affairs provides benefits to all Australian families who are accessing childcare. This is administered by Centrelink and based on income assessment. Once income is assessed by Centrelink, information is provided to the relevant service provider regarding level of fees that each family is to be charged.

The Department also provides, again through Centrelink, an annual rebate of childcare payments based on income.

5.5 Other States and Territories

Most other States and Territories within Australia have developed their own comprehensive HACC client fee policies which are guided by the broader framework of the Draft HACC Fees Policy found in the National Program Guidelines for the Home and Community Care Program (2007). This State and Territory development of clear and more regional specific policy is clearly the intention of the National Program Guidelines for the Home and Community Care Program (2007), however, New South Wales have not yet developed their own framework.

The National Program Guidelines indicate that these more detailed fee policies may include scales of fees for higher and lower income earners and approaches for fee collection. In particular they should address the issues of fee collection for high/multiple service users, how these fees are collected and investigation of appropriate avenues for reimbursing agencies who have forgone income from clients who have already reached their fee cap.

To date the following States and Territories have developed their own HACC fee policies, more detailed information on these policies can be accessed from the included web links:

- I. Victoria: Victorian Home and Community Care (HACC) Fees Policy September 2006
http://www.health.vic.gov.au/hacc/prog_manual/index.htm#latest
- II. Tasmania: Fee Guidelines for Community Care Services in Tasmania August 2003
<https://dhhs.tas.gov.au/agency/pro/hacc/documents/FeeGuidelinesNonGov.pdf>
- III. Queensland: Development of a Statewide Fees Policy for HACC Services Workshop Summary
http://www.health.qld.gov.au/hacc/HACC_Standards/HACCworkshop.pdf
- IV. Northern Territory: Northern Territories HACC Fees Policy, HACC Pack 2003
http://www.nt.gov.au/health/comm_svs/aged_dis_ccs/publications/hacc/3-7.rtf
- V. Western Australia: Western Australia Home And Community Care fees Policy July 2007
http://www.health.wa.gov.au/hacc/fees/docs/WA_Fees_Policy_July_2007.pdf

These policies provide a more comprehensive guide for services' fee policy and practice than the National Guidelines framework, therefore providing more consistent messages to their individual state and territory clients and services.

Generally all of the policies have:

- Identified a need to subsidise financially disadvantaged clients formally in their fees policies
- Established financial disadvantage as being determined by income level and other expenses
- Not provided recommendations for fee structures specifically appropriate to Aboriginal communities or remote and isolated communities

- Recommended that a cap should be in place across service, however, they give no clear protocols on how this can be achieved
- Stated that in line with the National Guidelines this cap should not include Meals, Transport and Home Modification Services
- Given recommended fee levels at varying income tiers

Points of interest:

- Some of the more comprehensive policies in states such as Victoria, Tasmania and Western Australia, provide forms for the service provider and consumer, such as income self declaration forms and a form for identifying factors which can reduce the client's capacity to pay fees
- Tasmania has set a cap across services, which for a pensioner is \$10 per week across agencies or the cost of two services. Procedures are that clients are to elect the service provider that they would prefer to invoice them for services. There is a complex tracking instrument detailed, which is designed to monitor client payments and be kept in the client's home. This however, is not being used by the service providers in Tasmania which were contacted by the Project
- Northern Territory's fee policy has set a cap across services of no more than 17.5% of the client's income or pension. There are no comprehensive procedures outlined for coordinating this across services, other than to indicate that services should liaise with other relevant service providers to negotiate on the process for applying the cap and distributing fees between service providers
- Northern Territory's fees policy has also set an absolute benchmark for when a fee is to be waived, this is when a client after paying living expenses is left with less than 15% of the sum of the maximum single basic rate for the Aged Pension
- Northern Territory's documentation provided to clients informs and educates the client about how their contribution will be used and what is done with the money;

*All the money collected from fees will be banked in the(your service name)... Home Help Service bank account. **This money will be used to ...buy more food.. and will mean that more people can receive the service** (Northern Territories HACC Fees Policy, HACC Pack 2003)*

- Western Australia's fees policy clearly states that an income assessment is not to be undertaken until the client's need for service is assessed and service plan developed
- Western Australia has developed a fee cap of \$26 per week. This cap will be reviewed every six months in line with other Australian government community care programs and adjusted in accordance with changes to the full rate of Aged Pension. The cap will be increased in annual increments of 2.5 per cent over a period of three years until parity is achieved with the fees charged by other Australian government community care programs
- Western Australia's fees policy has clear guidelines on eligibility for a fee waiver, based on a situation where a client's expenses are more than 20% of total pension income

6 Methodology

6.1 Advisory Group

Initially an Advisory Group for the HACC Fees Research Project was established consisting of representatives from the two regions. Stakeholders included representation from Aboriginal workers both within and external of HACC, HACC Development Officers in the two regions, DADHC representatives and service representatives from the 3 main services being focused on.

6.2 Survey and Consultations

The first phase of the Project involved two main research methods, surveys and consultations. These involved the collection of both quantitative and qualitative data. This was used to:

- Understand how HACC services, particularly Food Services, Home Modification Services and Transport Services currently formulate and apply their fees policy
- Research the capacity of people to pay for HACC services and the factors which affect people's capacity to pay, particularly the HACC Special Needs Groups
- Inform the development of the trial stage of the Project

Two surveys were developed with the advice of the Advisory Group, copies of which can be found in the Appendix.

The first survey, the *HACC Service Survey* (Appendix 13.3), was distributed by post to all HACC services in the Far North Coast and New England areas. Of a total of 120 surveys distributed, 33 were received back, or 27.5%.

The second survey, the *HACC User Survey* (Appendix 13.2), was distributed in numbers agreed upon with individual service providers, to HACC Transport, Meals On Wheels and Home Maintenance and Modification services in the Far North Coast and New England areas. These services were asked to distribute these surveys to their clients with reply paid envelopes. Of 2155 surveys distributed, 473 were received back, or 22%.

Research was also conducted through a consultation process. This method involved initially identifying what form the consultation process would take with the advice of the Advisory Group and coordinating the implementation of the process.

The consultations that took place were both informal and formal they took place by telephone, email, face to face meetings, attending forums and by giving presentations.

There was an expectation that the Service Survey would illicit a fairly poor response rate due to:

- Feedback from stakeholders that previous past attempts at successfully gaining participation in research projects has been poor
- An expectation that services may feel defensive and threatened by the nature of the research

There was also an expectation that HACC users, particularly those in the HACC Special Needs Groups, would not participate in the survey in large number for the following reasons;

- Language barriers
- A historical based suspicion of completing forms that ask for personal information
- Literacy barriers
- A disability that prevents the person from being able to write
- Remote or isolated location with no near postal services
- Lack of participation from the service provider in forwarding on the survey

This has meant that the consultation process has been heavily relied upon to lend these groups' perspectives to the Project.

It was recognised that the survey process would not reflect perspectives of those who were not accessing HACC services, therefore the consultation process was also relied on to reflect these group's perspectives.

It was also recognised that the sensitive nature of the topic that was being discussed could influence the way that respondents in both surveys answered the questions.

The budgetary restrictions of the project resulted in most of the consultation work for the New England area taking place either by email or telephone, however, one consultation period took place by the Project Officer in person across New England.

The time and resources needed to individually access clients across the broad geographical areas has resulted in the Project being heavily reliant on feedback from stakeholders involved with the client group, rather than actual contact with individual clients. The Project has relied on services and stakeholders giving feedback about their client's experience accessing other services, where they may have often been in an advocating role. The main exception to this was the Project Officer attending Elder Groups in person in the Far North Coast area.

6.3 Fee Trials

(A full report from the Fee Trials can be found in Appendix 13.4)

The second phase of the project developed and trialled practical options at a local level with the goal to assist services to overcome difficulties with current client fee structures and provide greater access to clients.

In consultation with stakeholders and in particular the Advisory Group, two communities were approached to participate in trial. In the New England area, Glen Innes and in the Far North Coast area, Kyogle.

Frameworks and protocols for the trial were developed in consultation with the participating services with an aim to provide clarity, consistency and equity across the following two issues;

- Caps across services – Building on existing care coordination frameworks, develop protocols for providing caps across services for high service usage clients. Including guidelines on; how to implement a cap, when a cap should be applied and appropriate fees for a cap

- Financial disadvantage – Providing definitions of financial disadvantage, guidelines on assessment for financial disadvantage and appropriate fee models for this client group

6.3.1 Fee Cap Across Services Trial

The Fee Cap Across Services Trial involved the following services in the Glen Innes area:

Garden Court Services
Northern Community Care
Home Care Service of NSW
North East Tablelands Community Transport

These services with the Project Officer developed the following protocols for the trial;

- The Trial's duration is 1st February 2008 – 30th April 2008
- For the purpose of the trial only clients with 3 or more HACC services will be eligible to participate, services will identify eligible clients by cross reference
- Those clients identified as meeting the above criteria will be contacted and asked to fill in a Client Questionnaire (see Appendix 13.4 Fee Trials Report)
- The maximum amount that a client participating in the trial can pay per fortnight for HACC services received is \$90, a lower cap of \$60 is set for those clients defined as financially disadvantaged
- Financial disadvantage is defined as having less than \$200 disposable income after paying for HACC services and other additional expenses as recorded in the Client Questionnaire
- Services will initially calculate their share of the client's capped fee by working out the percentage the client currently pays to each service and calculating this into the agreed capped fee. Home Care will request the agreed reduction in fees for the trial's clients through their internal form Application For Review of The Fee Structure. Community Transport's current fees will not be affected by the trial cap, rather other services will absorb the loss of fees were necessary so clients are not charged over the fee cap
- Services will liaise as required to discuss changes in service for clients during the trial's duration (particularly in relation to Community Transport services which are by nature non-recurrent)
- Services to meet throughout the trial to discuss any issues arising
- An evaluation framework was developed that included;
 1. A telephone Client Questionnaire (see Appendix 13.4 Fee Trials Report)
 2. An electronic Service Questionnaire (see Appendix 13.4 Fee Trials Report)
 3. Analysis of results

6.3.2 Financial Disadvantage Trial

The Financial Disadvantage Trial involved the following services in the Kyogle area:

Northern Rivers Community Transport
Kyogle HACC Flexi Service

The services along with the Project Officer developed the following protocols for the trial;

- The trial's duration is for one month, May 2008
- All HACC eligible clients, defined as financially disadvantaged by the trial, will be offered a one month period of free medical transport provided by Northern Rivers Community Transport (NRCT)
- The trial will be administered by Kyogle HACC Flexi Service and NRCT's community offices
- Financial disadvantage is defined as someone on a pension level income with housing costs or other major medical/pharmaceutical costs
- A comprehensive promotional campaign will take place prior to the trial to ensure that all eligible clients, both Aboriginal and non-Aboriginal and all staff involved are aware of the trial.

This will involve;

1. Briefing all relevant administration staff
 2. Letters to all involved drivers informing them of trial
 3. Posters, aimed at mainstream and at Aboriginal communities (see Appendix 13.4 Fee Trial Report) distributed in the communities involved and installed at strategic places
 4. Poster advertised in local newspapers regarding the trial (see Appendix 13.4 Fee Trial Report.)
 5. Flyers in all the cars that are used to transport in the area
- A proforma (See Appendix 13.4 Fee Trial Report) is developed for use by the administration staff involved with the trial to assist with the evaluation process. This records details such as whether the client is a new client or old client, whether the client would have otherwise booked the transport and the normal fee for the trip
 - An evaluation framework for this trial is developed which includes;
 1. Analysis of trial results
 2. Analysis of data relevant to month of May for Year 2007 for comparison
 3. Consultation with staff involved in trial

7 Results of Survey & Consultation Period

(For expanded results of survey see Appendix 13.5 Service Survey Findings and Appendix 13.6 Client Survey Findings)

7.1 Service Survey Findings

The Service Survey findings show that most services have written fee policies and have the ability to give fee relief and waiver. However, it is difficult to capture whether these principles carry through to fees practice, apart from considering the fairly poor participation rates for Aboriginal people and the knowledge that some communities are not being serviced.

The data showed an even representation across the New England and Far North Coast regions.

Most services indicated that they had a written fees policy and all indicated that they charged some form of fees, although the amount and method varied from set to contribution. Most services indicated that when assessing a client's capacity to pay they took more than income into consideration.

A high proportion of services indicated that they could define financial disadvantage, indicating that they could therefore recognise that financial disadvantage was a particular issue to be taken into account for their clients. However, there were widely varying definitions of financial disadvantage given.

Recommendation 1. That services establish a protocol for financial disadvantage at an interagency level
Which includes;
A definition for financial disadvantage

Barrier 1. The need for a more specific and in-depth HACC Fees Policy
Which includes;
A definition of financial disadvantage

A large proportion of services, 71%, reported implementing fee caps across their service in an informal way and more than half of services, 64%, indicated that they had some arrangements with other service providers in their area. Although analysis suggests that this is related more to agreements between services for service to service costs, rather than related to client fees.

Recommendation 2. That services meet regularly specifically to discuss mutual clients and their fees

Barrier 1. The need for a more specific and in-depth HACC Fees Policy
Which includes;
Protocols for caps within services
Protocols for caps across services

Nearly half, 40%, of services indicated that more than one person in their service assesses what a client's fee will be. Only 60% of services indicated that a person's fees are assessed at the time of a formal assessment.

Recommendation 1. That services establish a protocol for financial disadvantage at an interagency level
Which includes;
A definition for financial disadvantage

Barrier 1. The need for a more specific and in-depth HACC Fees Policy
Which includes;
Protocols for assessment of client fees

Nearly half, 45%, of services stated that they had 3% or less Aboriginal participation. Approximately 17% had more than 10% Aboriginal participation, 10% of these services were Aboriginal Specific Services. Interestingly 83% of services said that they use strategies to encourage the HACC Target Groups to access their services and 75% of services reported that their staff had attended Aboriginal Cross Cultural Awareness Training. This could indicate that these strategies alone are not greatly increasing Aboriginal participation in services. As well, 31% reported that there are communities in their geographical area that they don't service.

Barrier 1. The need for a more specific and in-depth HACC Fees Policy
Which includes;
Recommended fees for financially disadvantaged
Recognition of Aboriginal people's disadvantage and cultural differences in fee models
Advertising reduced fees for financially disadvantaged clients

Recommendation 8. That DADHC Northern Region work in partnership with HACC Development Officers and ATSI HACC Access Workers, to educate HACC services through community care forums/inter-agencies, about the HACC National Guidelines/Service System and common issues identified through IMF Service Reviews, particularly, fees issues that can act as a barrier to the HACC special needs groups accessing

65% of services indicated that client fees make up less than 20% of their income, 74% indicated that their service would not be viable without client fees. Indicating that while a large proportion of services' funds are not made up of client fees, they feel that the amount that they do collect is what makes their service viable.

Recommendation 4. That the DADHC Northern Region HACC Planning Process consider the budget implications for HACC services providing fee relief to clients living in socioeconomically disadvantaged and rural and isolated areas, including Aboriginal communities

The contribution of fee income to overall income varies between the two regions. New England services have reported that a larger percentage of their income is made up of client fees. More than 90% of services indicating that 5-40% of income is client fees, compared to the Far North Coast, where 33% indicate that client fees make up less than 5%. Reflective of this, 80% of services in New England

indicated that their services are not viable without client fees, while less than 10% of services in the Far North Coast did the same.

7.2 Client Survey Findings

The Client Survey findings report a low respondent rate from Aboriginal clients, but a fairly high respondent rate of clients on a pension with housing costs. This indicates that the results do not reflect Aboriginal client's capacity to pay or experiences with HACC fees, but may reflect those who have a level of financial disadvantage.

The survey results indicate little hardship with client fees within the current HACC client fees structure. This could reflect a system that is working and fair. It could also reflect clients who feel sensitivity about discussing financial status and ability to pay for services. Importantly, these answers do not reflect those that are not currently accessing HACC services.

A majority of respondents came from the New England region, 62%. A small minority of respondents, less than 5%, classified themselves as Aboriginal or Torres Strait Islander. More than 80% of respondents were over the age of 65 years with more than half, 60%, of respondents reporting a disability.

A large proportion of respondents, 82%, received a full pension and 56% of respondents indicated that they also pay housing costs usually in the form of public rent. Interestingly 77% of respondents also indicated that they would not class themselves as financially disadvantaged, which could reflect sensitivity about discussing financial status.

As well, a large number of clients, 80%, indicated that they would not use services more if they were cheaper. This is despite 40% of Community Transport clients reporting that out of area community transport costs between \$50 and \$100 per trip.

More than 80% of respondents indicated they felt clients should pay for services at an affordable rate, indicating that most support a user pays system and attach some value to contributing.

A large majority paid their bills with no assistance and didn't have a problem doing so, 45% of these paid their fees with cash, 90% of respondents said they had no previous difficulties with paying bills. Which again could be sensitivity in discussing financial hardship.

More than 80% of clients reported that they knew that they could use Community Transport to get to their doctor and 87% knew how to organise this.

Recommendation 1. That services establish a protocol for financial disadvantage at an interagency level
Which includes;
A definition for financial disadvantage

Barrier 1. The need for a more specific and in-depth HACC Fees Policy
Which includes;
Protocols for assessment of client fees
Recommended fees for financially disadvantaged

Recommendation 7. That DADHC Northern Region consider funding a longer term research project to further develop and test fee options (2 years)

7.3 The Consultation Process: Key Findings

7.3.1 Level of Stakeholder Involvement in the Project

There were varied responses to the Project from stakeholders.

There was a definite resistance to the Project from some stakeholders, the reasons are varied:

- Having participated in too many research projects with little follow up consequence, as one Aboriginal worker said *'Aboriginal people are the most researched people on the planet'*
- Scepticism about validity of the Project, usually from those who didn't think there was a problem with client fees
- Lack of time and resources to participate
- Defensiveness about fees policy and inquiries into service's procedures
- An issue with jurisdiction, feeling that DADHC had no right to enquire into what they saw was an internal policy
- Management Committee resistance to their service's involvement in research
- Aboriginal workers reported a feeling of *'burn out'* with the service system as a whole, their comments were usually not specifically directed at the Project:
 - feeling they were constantly making the effort to educate mainstream services, with little comparable effort on the part of mainstream services to educate or take initiatives to provide appropriate access to Aboriginal communities

'For the last 200 years we've had to integrate ourselves into a white system its time mainstream started integrating themselves into ours'

- constantly struggling to work and manage conflicts between their communities and mainstream services
- too much red tape interfering with achieving results
- feeling isolated and unsupported often working as the lone Aboriginal representative or *'black face'* within a mainstream service.

Recommendation 8. That DADHC Northern Region work in partnership with HACC Development Officers and ATSI HACC Access Workers, to educate HACC services through community care forums/inter-agencies, about the HACC National Guidelines/Service System and common issues identified through IMF Service Reviews, particularly, fees issues that can act as a barrier to the HACC special needs groups accessing services

7.3.2 Stakeholder Perceptions of the Issues

The services that saw *client fees as problem for their service* were normally giving fee relief to clients, but were concerned that this was being taken advantage of in the context of no clear procedural guidelines, or were unclear on how to implement fees where historically they hadn't been charged.

Barrier 1. The need for a more specific and in-depth HACC Fees Policy

Some services *saw client fees as a systemic problem* these were generally services that indicated that they were providing access to the HACC Special Needs Group, but that other services weren't. This left them in a situation of either servicing clients who would be more appropriately services by other providers, or constantly advocating on behalf of their clients for fee relief with other services, or paying for services on behalf of the client, either as a contribution or full cost recovery.

Recommendation 1. That services establish a protocol for financial disadvantage at an interagency level

Recommendation 2. That services meet regularly specifically to discuss mutual clients and their fees

Barrier 1. The need for a more specific and in-depth HACC Fees Policy

Recommendation 8. That DADHC Northern Region work in partnership with HACC Development Officers and ATSI HACC Access Workers, to educate HACC services through community care forums/inter-agencies, about the HACC National Guidelines/Service System and common issues identified through IMF Service Reviews, particularly, fees issues that can act as a barrier to the HACC special needs groups accessing services

Other services *did not see any problem with client fees* these were usually services that were either not charging fees at all, such as many Aboriginal Specific Services, or services who did not give fee relief or waiving but felt justified and comfortable with this.

Barrier 1. The need for a more specific and in-depth HACC Fees Policy

Recommendation 8. That DADHC Northern Region work in partnership with HACC Development Officers and ATSI HACC Access Workers, to educate HACC services through community care forums/inter-agencies, about the HACC National Guidelines/Service System and common issues identified through IMF Service Reviews, particularly, fees issues that can act as a barrier to the HACC special needs groups accessing services

7.3.3 Service Providers' current fees policies and practices

Most service providers indicated that they had fee policies that reflect the Draft HACC Fees Policy.

However, through the consultation process the Project identified that HACC services' fees practices are subjective, can reflect a distinct lack of integration and consistency across services and a high level of historical based or cultural driven practice.

This is in direct conflict with the aims of the HACC Program to provide a comprehensive, coordinated, integrated, flexible and timely range of services which support clients to be more independent thereby enhancing their quality of life (National Program Guidelines for the Home and Community Care Program (2007)).

Barrier 1. The need for a more specific and in-depth HACC Fees Policy

Recommendation 3. That DADHC consider investigating further models which would provide one point of financial assessment, billing and fee collection

Recommendation 7 That DADHC Northern Region consider funding a longer term research project to further develop and test fee options (2 years)

There are various reasons behind a service provider's decisions regarding their fee practice:

Concern about viability of their service if they were to give fee relief or waiving

In particular, remote and isolated services, Meals On Wheels services and smaller stand alone services who did not have other funding streams, reported that they were not in a financial position to give fee relief or waiver to financially disadvantaged without viability funding to do so. It could be expected that services feeling financial pressure are going to be inclined to service those clients that can support the viability of their service through collection of their fees. One rural and remote service provider indicated that with rising petrol costs, they were in no other position than to put up fees knowing that they were too high for most people to realistically afford.

Recommendation 4. That the DADHC Northern Region HACC Planning Process consider the budget implications for HACC services providing fee relief to clients living in socioeconomically disadvantaged and rural and isolated areas, including Aboriginal communities

Attitudinal and cultural factors

Some services based their fees policies on individual beliefs, either that clients should not have to pay or should have to pay. Often if a service was not charging fees it was the current coordinator or managers' belief that clients shouldn't have to pay, or a historical decision that had been made and that was too hard to change without the support of a clear Government policy on how to implement fees and at what level. If a service was not giving fee relief there was often a stated belief that everyone should have to pay, or a feeling that giving fee relief lead to inequity. As A Meals On Wheels stakeholder stated:

'if one person on a pension is paying then everyone else should be able to afford it'

As well, there were reports of the pressure (from boards, committees of management or auspicing bodies such as councils) to collect fees. There was also some feedback that some individuals in services used fees *'as a way of selecting which type of clients they provide access to'*.

Barrier 1. The need for a more specific and in-depth HACC Fees Policy

Recommendation 3. That DADHC consider investigating further models which would provide one point of financial assessment, billing and fee collection

Recommendation 8. That DADHC Northern Region work in partnership with HACC Development Officers and ATSI HACC Access Workers, to educate HACC services through community care forums/inter-agencies, about the HACC National Guidelines/Service System and common issues identified through IMF Service Reviews, particularly, fees issues that can act as a barrier to the HACC special needs groups accessing services

Lack of understanding about how to apply guidelines

Many Meals On Wheels Services did not provide fee relief or waiver. Some did not even provide the 3 month DADHC funded fee relief available through their peak body. Reasons for this often involved a belief that they were not funded to do so, and that they were binded by their own guidelines to collect a fee. A majority of services reported that they were purely funded for the administration of the service and that the setting of client fees had a direct correlation with the cost of the 'food package'. Where the cost of the 'food package' increased from the supplier so did client fees, leaving little room for negotiation on fees.

The Meals on Wheels Association also informed the Project that its members are eligible to give ongoing fee relief or waiver through a separate stream of funds raised through fundraising. This needs to be explored further, as no services were aware of this and the limitation of the ongoing nature of this are unclear.

Some also indicated a misinterpretation of the National Program Guidelines for HACC (2007), which indicates that Meals On Wheels, Community Transport and Home Modifications Services are not to be subject to a cap. Some services perceived this to mean that those services were not to give fee relief or waiver.

In contrast to this there was also some support for Meals On Wheels to be included in a cap, as meals were seen as a basic need and fundamental to a package of care.

Other services gave fee relief or waiver but indicated that they did this out of moral principle and were bending the rules to do so.

Recommendation 8. That DADHC Northern Region work in partnership with HACC Development Officers and ATSI HACC Access Workers, to educate HACC services through community care forums/inter-agencies, about the HACC National Guidelines/Service System and common issues identified through IMF Service Reviews, particularly, fees issues that can act as a barrier to the HACC special needs groups accessing services

Lack of accountability to the funding body, lack of incentives and no measured outputs to encourage services to provide access to the HACC Special Needs GroupS

The Projects consultations showed that there is currently little accountability for services to provide access to the HACC Special Needs Groups. Any accountability seemed to be based on individual's ethics and morals. Some (but by no means all), Community Transport services, who are now often by virtue of their multiple funding streams large organisations, appear to rely more on internal structures, policies and culture and feel little need to show accountability.

A DADHC Officer reported that when one New England Community Transport provider was questioned as to why there had been no change in Aboriginal participation in the service after receiving Aboriginal specific funding, the service manager indicated that the funding had gone into the main funding pool as the Manger hadn't realised the service had received it. Another Community Transport provider indicated that they didn't service a rural and remote community because they were *'too far away'*. Another overall comment about the HACC Fees Project by a Community Transport Manager was:

'why is DADHC sticking its nose into other people business again'

Recommendation 8. That DADHC Northern Region work in partnership with HACC Development Officers and ATSI HACC Access Workers, to educate HACC services through community care forums/inter-agencies, about the HACC National Guidelines/Service System and common issues identified through IMF Service Reviews, particularly, fees issues that can act as a barrier to the HACC special needs groups accessing services

Recommendation 4. That the DADHC Northern Region HACC Planning Process consider the budget implications for HACC services providing fee relief to clients living in socioeconomically disadvantaged and rural and isolated areas, including Aboriginal communities

Recommendation 6 That the DADHC Northern Region planning process continues to explore, trial and fund HACC service models that improve access for ATSI HACC clients, particularly Community Transport, Food and Home Maintenance and Modifications services

It was suggested by stakeholders that the funding body should provide incentives to give access to the HACC Special Needs Groups. An example of this was given by the Mid North Coast DADHC Aboriginal Service and Support Officer, services that show they are succeeding in providing access to a local Aboriginal community were given extra Aboriginal Specific funding with close monitoring and accountability attached.

Currently Aboriginal Cross Cultural and Awareness Training is offered by the HACC Development Project in the Far North Coast area to all services and their staff. This is however voluntary and there are no current measures for compulsory attendance. There is no specific training to ensure that all staff working with HACC clients are aware of the HACC Guidelines, the intentions of the HACC Program nor the HACC system in general.

Recommendation 8. That DADHC Northern Region work in partnership with HACC Development Officers and ATSI HACC Access Workers, to educate HACC services through community care forums/inter-agencies, about the HACC National Guidelines/Service System and common issues identified through IMF Service Reviews, particularly, fees issues that can act as a barrier to the HACC special needs groups accessing services

The consultation process suggested that the way that outputs are measured by DADHC does little to encourage services to provide access to the HACC Special Needs Groups. For example, Meals On Wheels outputs are based purely on meals provided. This allows no flexibility to show provision of meals for the HACC Special Needs Groups nor any innovation in meals or nutrition models. Likewise Community Transport outputs count group transport much higher than individual transport, giving little incentive to transport those remote and isolated clients who need individual medical transport.

A lack of direction from the current Draft HACC Fees Policy Framework

As previously stated, unlike most of the other States and Territories, New South Wales does not have its own Fees Policy framework. The research suggests that the lack of consistency and subjectivity in current fee practices was in part because of a lack of specific guidance from government policies. The consultations showed initial support for the development of a more specific framework, with services still having a degree of flexibility to be able to meet the individual and varying needs of their communities. Stakeholders indicated that the development of such a policy could create:

- Consistency, equity and fairness within fee structures across services
- Consistent expectations for clients and services regarding fees
- Simplicity and formalisation of fee procedures for services
- Opportunities for the development of procedures to set a cap across services
- Opportunities to create greater consistency with other community care programs

Barrier 1. The need for a more specific and in-depth HACC Fees Policy

There are various impacts and varying levels of impact of services' fee practices

Differing ways of communicating fee policies

The Project found that the manner in which services communicate their fee policies has a critical effect on whether a client accesses the service or not. In particular for the HACC Special Needs Groups, the financial burden of paying fees or even the discussion of financial situation can be a highly sensitive and critical issue. Analysing the dynamics of this and the way that fees are approached with these groups appears to have a large bearing on access:

- In the cases where there are no fees for services there is a high level of access by financially disadvantaged and Aboriginal people, indicating that the mere lack of fees has a great impact on access
- Many Community Options Programs and Aboriginal Specific Programs do not charge for services, their justification is that their clients are nearly always financially disadvantaged and would refuse the service if there was a fee attached
- In the cases where a client is at the outset assessed and offered the service and fees are addressed later, access for the Special Needs Groups does not seem to be adversely affected. The basis for this is that the client has an expectation that they will receive the service and is entitled to it before any discussion of finances or fees

- In the cases where client fees are indiscriminately discussed with the client and as a basis for receiving service, barriers of access for the Special Needs Groups are increased. There is evidence to suggest that this is a practice of some services. Some Meals On Wheels Services and many examples within Community Transport, where clients were refused or declined a service because of inability to pay either at the time of assessment, on the bus, or when given details of fees by reception or administration staff.

There were numerous reports to The Project of clients being refused entry to a bus because of inability to pay the fee, even if inability to pay had been discussed and arranged with the office first. Often this is done in ways that are embarrassing and insensitive to the client, for example in front of other clients.

The sensitivity of financial hardship was highlighted in a report from an Aboriginal Community Transport worker. They reported that their efforts in attempting to get reluctant and disadvantaged clients to access the service, were undermined when clients contacting the service were told by reception staff that the service had fees attached.

Recommendation 1. Services establish a protocol for financial disadvantage at an interagency level
Which includes;
Sensitive communication about client fees and within financial assessment
Advertising reduced fees for financially disadvantaged clients

Barrier 1. The need for a more specific and in-depth HACC Fees Policy
Which includes;
Protocols for assessment of client fees

Recommendation 3. That DADHC consider investigating further models which would provide one point of financial assessment, billing and fee collection

Recommendation 5. That DADHC Northern Region provide a copy of the Final Report of the HACC Fees Research Project to the Community Transport Review, the NSW Meals On Wheels Association and the NSW Home Maintenance and Modification State Council

Recommendation 6 That the DADHC Northern Region planning process continues to explore, trial and fund HACC service models that improve access for ATSI HACC clients, particularly Community Transport, Food and Home Maintenance and Modifications services

Numerous financial assessments of clients and varying financial assessment processes

Stakeholders indicated that the sometimes numerous, confusing, inconsistent and intrusive financial assessments that clients may have to face when accessing HACC services can create a barrier of access to service for some people. The issue of financial status can be a sensitive one for any client, this is particularly more so for someone that is financially disadvantaged and or Aboriginal. The client may feel embarrassed by their financial situation, have literacy or language difficulties making it difficult to understand questions that are being asked, a historical based mistrust of governments and assessment processes, or feel too proud to say they cannot afford to pay for the service. Furthermore, they may be

subject to various assessments by providers with differing outcomes on their status of financial disadvantage and eligibility for fee waiver or reduction.

There is anecdotal evidence to show that unless a client is particularly articulate or has an advocate they will often refuse a service, or agree to unaffordable fees when confronted with this type of situation.

Aboriginal stakeholders indicated that Aboriginal people will accept an assessment much more readily if it is done by a culturally appropriate assessor, *'someone they can trust'*. There was the suggestion made on numerous occasions that one way to achieve greater access for the Aboriginal community was through the development of a case management type model of service, which involves a designated case manager/service liaison officer for each Aboriginal community, who assesses all aspects of the clients needs including their capacity to pay and relates this information to other services.

Recommendation 1. Services establish a protocol for financial disadvantage at an interagency level
Which includes;
Sensitive communication about client fees and financial assessment

Barrier 1. The need for a more specific and in-depth HACC Fees Policy
Which includes;
Protocols for assessment of client fees
Recognition of Aboriginal people's disadvantage and cultural difference in fee models

Recommendation 3. That DADHC consider investigating further models which would provide one point of financial assessment, billing and fee collection

Recommendation 6. That the DADHC Northern Region planning process continues to explore, trial and fund HACC service models that improve access for ATSI HACC clients, particularly Community Transport, Food and Home Maintenance and Modifications services

Recommendation 7. That DADHC Northern Region consider funding a longer term research project to further develop and test fee options (2 years)

An individual's link to participation rate of Aboriginal people in mainstream services

Many mainstream services reported a low proportion of Aboriginal clients in relation to statistical proportions in their area. There are many reasons for this detailed in varying sections of the consultation findings. However, an undeniable barrier to access appears to be racist attitudes towards Aboriginal people held by individuals within services. The following comments were made to the Project,

- *'Aboriginal people have their own services'*
- *'I don't know how to go about accessing the Aboriginal community'*
- *'I have made attempts to access the community but they don't want this service'*

Aboriginal stakeholders and mainstream service providers indicated that some service providers were at times afraid of attempting to access the Aboriginal community. It was stated that some service providers brought their personal preconceptions and prejudices about Aboriginal people to the workplace and were providing a model of service that was culturally inappropriate.

Other mainstream services had a reasonable participation rate of Aboriginal people in their service. These were services that seemed to have made genuine attempts to build relationships and trust with the Aboriginal communities they serviced and provide culturally appropriate service models.

Barrier 1. The need for a more specific and in-depth HACC Fees Policy
Which includes;
Protocols for assessment of client fees
Recommended fees for financially disadvantaged
Recognition of Aboriginal people's disadvantage and cultural differences in fee models

Recommendation 8. That DADHC Northern Region work in partnership with HACC Development Officers and ATSI HACC Access Workers, to educate HACC services through community care forums/inter-agencies, about the HACC National Guidelines/Service System and common issues identified through IMF Service Reviews, particularly, fees issues that can act as a barrier to the HACC special needs groups accessing services

Unaffordable fees

There was a general consensus that fees in remote and isolated communities, in particular for transport, are often higher than is affordable.

There was consistent feedback that the cost of health related transport was directly impacting on whether or not clients in the HACC Special Needs Groups were using Community Transport. However, embedded into the cost of the transport for the client was whether they could afford the specialist fees and any other associated costs such as the accommodation and food that are often associated with this type of travel. Services had to take into consideration factors such as petrol costs and whether or not a volunteer was available and who would pay their costs for the trip. It was reported as a result of these fees, clients are often:

- Going into debt with services and paying off costs over a long period of time. This was seen to particularly become an issue when they have multiple or regular appointments
- Driving themselves which is not always appropriate
- Not going to appointments, or in the case of Aboriginal clients, their local health workers are taking them and inappropriately using health resources to provide transport.

Recommendation 4. That the DADHC Northern Region HACC Planning Process consider the budget implications for HACC services providing fee relief to clients living in socioeconomically disadvantaged and rural and isolated areas, including Aboriginal communities

Barrier 3. That DADHC Northern Region continue to clarify with the Ministry of Transport and Department of Health their roles and responsibilities for providing health related transport to HACC clients

Lack of consistency in charging fees across services

The lack of consistency in fee practices creates a situation where clients in similar financial positions are paying differing fees for the same services. This is particularly a problem when services are brokering other services. This is in direct conflict with the principles of The National Program Guidelines for HACC (2007) which states that '*clients with similar levels of income and service usage patterns should be charged equivalent fees for equivalent services*'. The example was given when Community Options broker or pay for Home Care or Meals On Wheels for their clients but do not ask for a client contribution. This can cause rifts and tensions, particularly in smaller communities where there are a smaller number of services and workers, and where clients tend to know each other.

It has also created confused expectations in the community around whether you have to pay a fee for HACC services and who has to pay the fee.

Furthermore, it has also created a situation where clients will stay with a service that they know they can afford or don't have to pay for, rather than moving to a more appropriate one. In particular there were many reports of tension in the interface between CACP and HACC services, as clients were wanting to stay with the more flexible approach that HACC services have to fees, rather than move to a more structured fee model within CACP. However, interestingly the reverse of this was found within Aboriginal communities. Critically, Aboriginal CACPs were found to generally not charge fees and Aboriginal clients responded on the whole very positively to the case management and flexible type of care that a CACP can provide.

Recommendation 2. That services meet regularly specifically to discuss mutual clients and their fees

Barrier 1. The need for a more specific and in-depth HACC Fees Policy

Little formal communication between services

In the Far North Coast area there was found to be little formal communication, cooperation or working relationships between services about how to ensure clients are receiving a cap of any sort across services. There were reported instances of clients going into debt because of various bills, not being able to pay for everyday household expenditure, or not receiving services. Informally, many services ask at time of assessment if other services are being received and many services would not charge a client if they are aware the client is paying for another service. However, there are no clear interagency protocols to indicate how this type of system for caps is to take place, making it a subjective and inconsistent occurrence.

In the New England area there exists Care Coordination Groups, which have the potential to discuss clients, case management, caps across services and billing issues. However, there was little to show that actual caps across services had been implemented more than in the Far North Coast.

Recommendation 2. That services meet regularly specifically to discuss mutual clients and their fees

Barrier 1. The need for a more specific and in-depth HACC Fees Policy
Which includes;
Protocols for caps across services

Differing understandings of financial disadvantage

There is no clear definition of financial disadvantage in the service provider network, nor a clear guideline from government on how to assess for financial disadvantage. This confusion leads to an inconsistent and subjective approach by service providers when assessing for financial disadvantage, they gave varying interpretations of financial disadvantage to the Project such as:

- Low income, Centrelink payments
- A pension recipient with less than 25% after fixed outgoings
- Someone who says they can't make a contribution to service cost
- Assessment of income and other expenditure
- Experiencing severe financial hardship

After someone has been defined as financially disadvantaged by the service, there are then varying practices that determine the fees, if any, this client must pay. Ranging from;

- No fee
- A contribution that the client feels they can afford
- A proportion of the scheduled fee

Recommendation 1. That services establish a protocol for financial disadvantage at an interagency level
Which includes;
A definition for financial disadvantage
How to manage financial disadvantage

Barrier 1. The need for a more specific and in-depth HACC Fees Policy
Which includes;
A definition for financial disadvantage

Recommendation 3. That DADHC consider investigating further models which would provide one point of financial assessment, billing and fee collection

Lack of clarification about services' roles

The Project found that there is a distinct confusion among stakeholders, services and clients about jurisdiction for providing service. This was especially found within Community Transport Service and for Aboriginal clients requiring Home Maintenance and Modification services.

There was consistent reports to the Project of a lack of clarity about whose role it is to provide transport to HACC clients. This confusion seems to have arisen as a result of:

- The many different funding streams for transport within the community
- The various different organisations providing services with this funding
- The varying roles of Community Transport Services in different communities
- A lack of clarity and consistency between HACC and Area Health Services about whose role it is to provide health transport
- A lack of accountability and output measures which discourage certain types of service

Barrier 3. That DADHC Northern Region continue to clarify with the Ministry of Transport and Department of Health their roles and responsibilities for providing health related transport to HACC clients

Recommendation 5. That DADHC Northern Region provide a copy of the Final Report of the HACC Fees Research Project to the Community Transport Review, the NSW Meals On Wheels Association and the NSW Home Maintenance and Modification State Council

One of the premises of the Project was to investigate whether client fees were creating barriers of access for Aboriginal people to access Home Maintenance and Modifications Services. The consultation process found that there were varying levels of difficulties for Aboriginal people who required assistance with home modifications or home maintenance. A major barrier to access is the confusion and inconsistency around who was to provide access to and pay for home maintenance and modifications for those Aboriginal clients who live in Aboriginal Land Council or Aboriginal Community Housing owned homes.

- Some Home Maintenance and Modification services provided service to these clients with either the contribution being paid by the client or the organisation that owned the land
- The Home Maintenance and Modification State Executive clearly stated that their services were not responsible for servicing these group of clients as Aboriginal Land Council or Aboriginal Housing were responsible for these services
- The Land Council clearly stated that it was not responsible for providing these services as they didn't have funding to do so, and that if they were HACC eligible clients then HACC should be providing service
- An Aboriginal DADHC officer suggested that HACC should carry out the work and the Land Council or Community Housing should pay the client contribution.

DADHC's Home Modification Guidelines clearly states that;

'Modification to Department of Housing Homes, Aboriginal Community Housing, Community Housing ... are the responsibility of the owners of those properties'

The problem seems to arise from a history of Aboriginal Land Council and Aboriginal Community Housing raising such low rents that they simply can not afford to meet this responsibility. This can be a sensitive issue for Aboriginal Housing organisations who may feel *'shame faced'* about admitting they don't have the funds to adequately maintain their houses.

It was suggested that the development of a memorandum of understanding be discussed between stakeholders to resolve this issue.

Barrier 2. The need for the NSW Home Maintenance and Modifications State Council to develop a memorandum of understanding between Aboriginal Housing Organisations/Land Councils and Home Maintenance and Modifications Service

A lengthy and complicated process for accessing fee relief

There was an indication from service coordinators that the procedures that they use for giving fee relief or waiver were complicated and lengthy and hence inhibited easy practice and could present barriers to access. This was mainly a comment by Meals On Wheels and Home Care Services, who both have an external to the service approval system for financial disadvantage. It was felt that this sort of system denied the local or intimate knowledge the coordinator had of the client and community. Having HACC services use differing fee structures, billing methods and payment options creates confusion, inflexibility, and inconsistency for services and users.

Barrier 1. The need for a more specific and in-depth HACC Fees Policy

Recommendation 8. That DADHC Northern Region work in partnership with HACC Development Officers and ATSI HACC Access Workers, to educate HACC services through community care forums/inter-agencies, about the HACC National Guidelines/Service System and common issues identified through IMF Service Reviews, particularly, fees issues that can act as a barrier to the HACC special needs groups accessing services

Services reluctant to advertise fee relief or waiver policies

Many services indicated that they were reluctant to advertise policies of fee relief or waiver, as they were concerned that ineligible clients would take advantage of this system. As well, there was a frustration from services that do give fee relief or waiver, that this system is unable to be policed in the absence of clear Government policies. It was commented that with the development of objective assessment for financial disadvantage, services could comfortably advertise the ability for fee relief and waiver within their service.

Barrier 1. The need for a more specific and in-depth HACC Fees Policy
Which includes;
A definition for financial disadvantage
Protocols for assessment of client fees
Recommended fees for financially disadvantaged

Flexibility for service providers

Many services indicated the flexibility they are afforded by a broad framework policy framework has allowed for services to be responsive to individual and community's needs and capacities to pay. Any resistance to a more prescriptive and consistent Government directed fees policy is the fear of undermining this flexibility.

Many Community Options Programs don't charge any fees for clients in recognition that their clients are predominantly disadvantaged. They broker services for their clients from services that clients would normally have difficulty accessing because of fees. One Community Options service indicated that there existed in their region a large amount of pensioners living in demountable homes that they owned but on land that they rented. The service responded to these clients with an assumption that because of their housing situation they were by nature financially disadvantaged and hence didn't require any further proof and no fees were sought.

Most Aboriginal Specific Services do not charge fees or if they do only with a donation or contribution expected. They explain this has allowed them to provide their clients with a service that the client could not normally access because of cost.

Barrier 1. The need for a more specific and in-depth HACC Fees Policy
Which includes;
Flexibility to allow services to respond to area specific differences and individual client needs

Recommendation 7. That DADHC Northern Region consider funding a longer term research project to further develop and test fee options (2 years)

7.3.4 Client's Capacity to Pay

The research showed that there were many factors that had the potential to affect a client's capacity to pay. What was clear was that financially disadvantaged, remote and isolated communities and Aboriginal people, were by nature unable to pay at the same capacity as other HACC clients.

There was a general consensus that those who were; self funded, receiving a part pension or on a full pension with no other major expenses, should be charged a scale of fees which are kept at an affordable level. There was also a general feeling that those whose income was below these levels should either pay a minimal fee, a fee by donation or no fees for services. The research also showed a common theme that most clients are usually happy to contribute what they can afford to the cost of the service particularly if they are aware where their fees are being used.

Recommendation 1. That services establish a protocol for financial disadvantage at an interagency level
Which includes;
A definition for financial disadvantage
How to manage financial disadvantage
Advertising reduced fees for financially disadvantaged clients

Barrier 1. The need for a more specific and in-depth HACC Fees Policy
Which includes;
Recommended fees for financially disadvantaged

For those clients living in remote and isolated communities there was clear indication that the generally higher costs of providing service in these areas should not be passed on to the client but should be resolved at a funding level.

Recommendation 4. That the DADHC Northern Region HACC Planning Process consider the budget implications for HACC services providing fee relief to clients living in socioeconomically disadvantaged and rural and isolated areas, including Aboriginal communities

The consultation process indicated that most Aboriginal stakeholders feel that Aboriginal people's position of disadvantage and significant cultural differences create a general lack of capacity to pay which should be recognised in fees policies. The lack of capacity to pay was reflected in the considerably different approach that Aboriginal Specific Services or Aboriginal coordinators had to client fees compared with most mainstream services. The Project found that the following issues need to be taken into account when developing a fees policy for Aboriginal clients:

- Most Aboriginal people over the age of 60 have had very limited opportunity for earning income and accumulating superannuation as a direct result of past government policies
- Aboriginal people, while eligible for aged care services at an earlier age in recognition of their disadvantage, are not eligible for the Aged Pension at earlier ages
- Often Aboriginal people because of their lack of opportunities for education do not have good financial management skills
- Family structures mean that most older Aboriginal people are financially responsible for many members of the family
- Family and community will always be a priority meaning that there is often little income left for the client
'an Aboriginal Elder will feed their family for the \$5 that is being charged for a meal'
- Changing financial circumstances often due to these family responsibilities mean that making a set commitment to a fee is often difficult

Despite Aboriginal Specific Services offering a culturally appropriate model that Aboriginal people usually feel comfortable accessing, it is noted that in order to provide Aboriginal people with the same opportunities as other Australians, they must have the option to make choices about what sort of care they want and therefore have access to the mainstream resources that they are entitled to.

There were polarised views from Aboriginal stakeholders about whether Aboriginal people should pay fees at all.

For those who didn't feel fees should be charged at all, there was a strong feeling that the clients should not have to pay out of dignity and respect for the client and in recognition of historical disadvantage.

For those who felt that even the most disadvantaged should make a contribution, there was a strong message across the board that this contribution means more than just implementation of a user pays system. These stakeholders also felt that by giving the client the opportunity to negotiate over fees you were showing the client respect, giving them their dignity and allowing them ownership over the service. They commented that in effect the act of allowing an Aboriginal person to decide how much they could afford, empowered them and also gave them responsibility to the service. They remarked that clients were then more likely to discuss the service, make complaints and be at home for when a worker arrived.

An Aboriginal manager who has worked in Aboriginal service delivery for 15 years commented:

'Making a contribution gives them ownership over the service and their dignity'

It was also commented that to confront a history of welfare dependency and give Aboriginal people back their dignity a contribution should be sort:

'Unless clients make a contribution they feel they are getting hand outs'

However, many commented on the difficulties of implementing a fee system within Aboriginal communities:

- It is inappropriate for another member of the community to ask an older person for money
- Many people have been welfare dependant all their life and are not used to having to pay
- Many Aboriginal services were historically set up as no fee paying services
- Many Aboriginal people will simply not be able to afford any fee

When discussing with Aboriginal people directly the issue of client fees for the services they receive, most indicated that for those services that didn't currently charge fees there shouldn't be any, indicating that the expectation was already set. However, when an Aboriginal client was paying a fee or contribution, as long as it was set at an affordable level, they were usually more than happy to do so and often commented on how much they valued the service and commented that it had '*added to their lives*'. Those services that they didn't value, or that they felt '*weren't for Aboriginal People*', or those that they said they couldn't afford, they didn't access.

There was varied response from Aboriginal people as to whether they accessed Community Transport. Those in the Far North Coast were positive about their experiences with Community Transport and this was directly as a result of the role of the Aboriginal Transport Coordinators. They suggested that the Aboriginal Transport Coordinators offered them an entirely different service to the one they had been offered previously by:

- Providing buses to go to funerals
- Understanding that they wouldn't want to go to an appointment alone
- Understanding family and community relationships and helping to visit family members
- Having a connection in common with the client understanding Aboriginal history in the context of dealing with mainstream government and social frameworks
- Explaining about the service in a way they could understand

Clients in New England said they generally used the transport that their local Aboriginal Specific Services offered, their local Health Worker assisted them, or they relied on family or friends.

Recommendation 5. That DADHC Northern Region provide a copy of the Final Report of the HACC Fees Research Project to the Community Transport Review, the NSW Meals On Wheels Association and the NSW Home Maintenance and Modification State Council

Recommendation 6. That the DADHC Northern Region planning process continues to explore, trial and fund HACC service models that improve access for ATSI HACC clients, particularly Community Transport, Food and Home Maintenance and Modifications services

Most Aboriginal people didn't access Meals On Wheels as they indicated that the service model was culturally inappropriate. The fees attached were one factor among many such as;

- Not liking frozen meals
- Preferring to eat socially
- Not always home to receive them,
- Inappropriate when you have family living with you to receive a meal

Those who accessed meals through the funding given to Aboriginal Specific Services had an entirely different response, which reflected the significant differences in service modelling. For example;

- There was only ever a minimal or no fee attached
- Meals were offered in a group setting usually as part of another socialisation activity
- Accounts were set up with local cafes, petrol stations or pubs, the client knew they could go anytime of day that suited them and have a choice of food
- Food boxes were sent to houses with food that the coordinator knew was appropriate to the clients individual needs

Aboriginal clients had varying responses to Home Maintenance and Modification Services there was often some confusion about their eligibility depending on their housing status which reflected consistency with other discussions with stakeholders. Those who had been serviced in their own home commented that while they had been happy to pay for the work, they had either had to save to be able to afford the fee, pay off over time or ask a family member to help with the payment.

Barrier 2. The need for the NSW Home Maintenance and Modifications State Council to develop a memorandum of understanding between Aboriginal Housing Organisations/Land Councils and Home Maintenance and Modifications Service

Most Aboriginal stakeholders agreed that if fees are to be charged to clients the following principles should be followed;

- Any increase in fees or introduction of fees would have to be done on a gradual basis
- If a majority of people are paying others will follow suit
- A fee by contribution or donation is more appropriate in meeting the changing financial situation of Aboriginal people than a set scheduled fee, to make this an even less of sensitive issue contribution could be given in an anonymous envelope
- Aboriginal people will respond more positively to fees if they are aware their fee is being used to enhance the service or provide them with more service. Many services used an incentive based system whereby services use the contributions collected to provide for example; a Christmas Party, or an extra service

Barrier 1. The need for a more specific and in-depth HACC Fees Policy
Which includes;
Protocols for assessment of client fees
Recommended fees for financially disadvantaged
Recognition of Aboriginal people's disadvantage and cultural differences

Recommendation 7. That DADHC Northern Region consider funding a longer term research project to further develop and test fee options (2 years)

8 Fee Trials

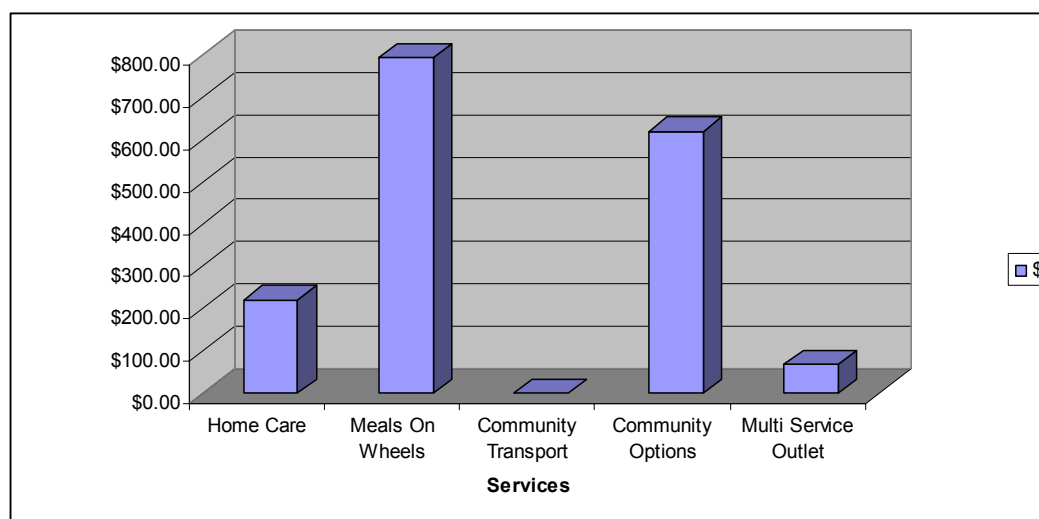
(For a full Fee Trials Report see Appendix 13.4)

8.1 A Fee Cap Across Services - Glen Innes

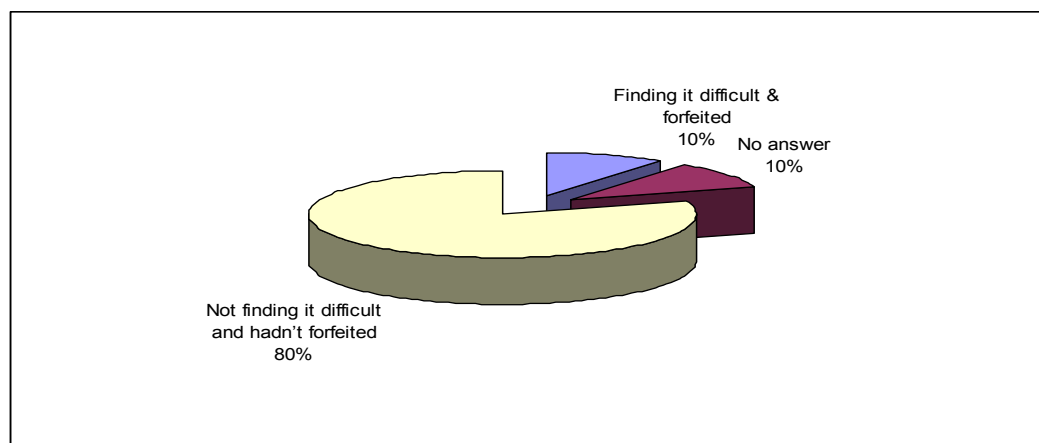
8.1.1 Trial Results Summary

- Total loss in fees to services over the course of the trial

Home Care	\$220.80 (does not include fees for increase in service over the course of the trial that were not adjusted)
Meals On Wheels	\$794
Community Transport	\$0
Community Options	\$618.70 (one off expenses incurred by clients over the course of the trial – where no contribution was charged)
Multi Service Outlet	\$69.20

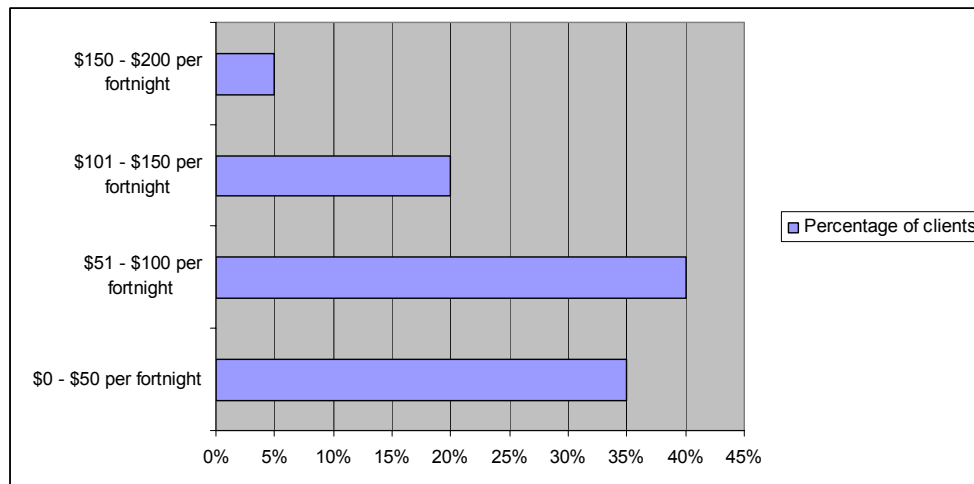


- Results from the pre-trial questionnaire showed that 10% of clients were finding it difficult to pay fees and had forfeited services because of fees. 80% of clients indicated they were not currently finding it difficult to currently pay fees and had not forfeited services because of fees and 10% of clients abstained from answering



- The results from the post-trial questionnaire showed that 100% of clients would spend any money they saved on fees on essentials such as food and bills, 80% as well indicated that they would spend the money on family and 40% as well indicated that they would spend the money on extra services. None indicated that they would spend the extra money on savings or social activities
- 100% of clients indicated that they thought the development of a similar framework to the trial is a worthwhile exercise
- 15% of clients were classified by the trial as financially disadvantaged. With these clients having respectively \$66, \$128.80 and \$172.80 disposable income per fortnight for bills, food, personal expenses, emergencies and social activities
- 30% of clients had housing costs, either rent or mortgage.
- Current HACC fees by the trial’s client group are as follows:

35% paid between \$0 - \$50 per fortnight
 40% paid between \$51 - \$100 per fortnight
 20% paid between \$101 - \$150 per fortnight
 5% paid between \$150 - \$200 per fortnight



8.1.2 Post-Trial Evaluation Summary

- Three out of four services responded to the survey
- The main obstacle seen to the success and value of the trial and indeed of any sort of ongoing framework was not having participation from Community Transport

*‘There was too much non-compliance between some of the key-stakeholders involved’
 ‘It was disappointing that the community transport agency didn’t fully participate’*

- All services felt that the trial was a valuable and worthwhile exercise to participate in. It gave financial benefit to clients and was extremely beneficial in providing a forum for exchange of views, strengthening of relationships and sharing of information between services

‘Financial benefit to the clients involved. Excellent inter-agency co-operation between agencies involved. Very beneficial exchange of views and ideas leading to a greater understanding of the work of other agencies and the financial difficulties facing the client group’

‘I really enjoyed the process and felt that it gave the participants an opportunity, especially towards the end of the trial for useful informal communication that I personally found beneficial’

- All services agreed the trial model will inform DADHC Northern Region and other regions of best practice for charging high service usage clients and that developing a model for a fee cap is a valuable and viable exercise for DADHC Northern Region to continue to pursue
- All agencies felt that the impact on the client group provided for the trial period more affordable client fees
- Two out of three services indicated that the financial impact of the trial was affordable for the duration for the trial period only. These services felt that their service relied on client contribution for one ‘to survive’ and two ‘fees charged contribute to the pool of financial resources used to provide additional services to a number of clients’
- One of the services indicated that as they generally reduce fees for this client group there was no real financial impact
- All agencies commented that the administration workload associated with this type of trial would need to be reviewed

8.1.3 Discussion of the results

- Based on the data initially provided by Community Transport regarding current fees for the trial clients, if Community Transport had agreed to reduce their fees for the period of the trial the service would have incurred the following loss:

Community Transport	Client 4 = \$39.20
	Client 20 = \$14
Total Loss to service	\$53.20

- Community Transport failed to participate in providing information to the other services regarding client’s transport that was booked during the course of the trial. This was raised throughout the trial as a serious threat to the validity of the trial by the Project Officer with DADHC, however the service continued to not participate. This results in questions about whether the clients involved in the trial incurred fees over and above the cap during the trial period with Community Transport. Also, it makes it difficult to calculate exactly what losses Community Transport would have incurred if fully participating. Services who completed the post-trial evaluation consistently

stated this lack of participation as the most significant and serious barrier to the success of the trial and any ongoing fee cap framework

- A part-time coordinator was employed by the services participating in the trial to ensure that information in relation to the trial regarding clients and their fees was processed and acted on on an ongoing basis. However, there were still difficulties in communicating and acting on changes to service throughout the trial. The following reasons are seen for the difficulties;
 1. The client group involved, clients receiving 3 or more services, was by nature a complex group with changing needs, there was a case of hospitalisation and 3 cases of services significantly changing during the course of the trial
 2. While Home Care were fully committed to the trial, the inflexible nature of Home Care's fee structure, meant that once a fee reduction had been obtained for the clients involved in the trial if services changed throughout the trial Home Care was unable to change fees accordingly and other services had to absorb costs. As well, Home Care's delayed billing process meant that clients would not in practice necessarily feel the immediate benefit of a set cap per week making it difficult for the client to budget week by week. However, this may resolve with a long term framework
 3. Services were unable to increase client's fees for the period of the trial even to bring them up to the cap as a result of initial undertakings given to clients. This meant that significant increase in service had to be absorbed with no collection of fees on the part of the relevant service. However, it was noted that while fees may increase client income did not, presenting the argument that an increase in service is not always affordable for clients
 4. It was generally a fairly complicated process altering client's fees on a week by week basis, confusing for the client and services and heavy on administration
- It was decided by the services involved in the trial that HACC services, Home Maintenance and Modifications and the TAP program would not be involved in the trial due their one off nature. However, it was noted than in any more extensive trial or ongoing cap framework they would need to be. In fact 4 of the clients involved in the trial received these services but not during the trial period
- There was not a significant amount of clients who firstly received 3 or more services and secondly who then had enough expenditure on HACC fees to reach the cap and therefore benefit from the trial. A number of reasons can be given for this;
 1. The initial screening of clients for eligibility was based on clients that received 3 or more service rather than on total HACC fees paid. If it had been based on total HACC fees paid this would also have created a cap within individual services as well as across services
 2. The cap was set arbitrarily at \$90 and \$60 for financially disadvantaged. If the cap had been set at different levels it would have implications for more or less people benefiting from the trial
 3. The mechanisms for identifying clients with 3 or more services may have not captured the total number of clients in the area using 3 or more services. For example a client using Home Care, Community Transport and Home Modifications would not have been captured

- The division of the cap was calculated on current fees charged by services and therefore services who had already reduced their fee for a client were further having to reduce fees. As well, when the results are examined regarding total loss to services, fees that have already been reduced by services are not included in the calculations. Services that have incurred the biggest loss may appear to do so only because they have not previously reduced fees. For example Meals on

Wheels has the largest loss which could be as a result of historically not reducing or waiving fees rather than a true reflection of loss in comparison to other services. Community Options showed the second largest loss and this was just for one off items purchased during the course of the trial and did not include fees that had already been reduced or waived

- The framework only involved HACC services and no other services with different funding streams. However, there was only one case of a trial client paying for other services. It is unclear of how accurate this is in terms of clients being aware they using other funding for example PADP funding
- There were no Aboriginal clients involved in the trial. This was firstly a result of Aboriginal clients in the area generally only accessing one service provider. As well, based on research completed by the Project the caps would have been set at an unaffordable level for most Aboriginal HACC clients
- The financial assessment and calculations didn't take into consideration factors such as the reduced pension that couples receive, nor accurately whether other costs were household or individual costs. As well, other financial factors were not captured such as whether there were dependants, housing costs such as home repairs, rates or levies which may equal what some clients pay in rent or mortgage
- There was a contradiction in client's answers regarding fee affordability. Initially only 10% of clients indicated that they were finding it difficult to pay for fees and had forfeited a service because of fees, however, in the post trial questionnaire 100% of clients indicated that they would spend any money saved on fees on essential such as food and bills. This indicates both a willingness and culture to pay for services even if it may be reducing ability to pay for essentials. It may also indicate, as has been a common theme during the research done by The HACC Fees Project, sensitivity in actually admitting to financial difficulty

8.1.4 Fee Cap Across Services Trial - Conclusions

A framework for caps across services can provide effective fee relief for multiservice usage clients. For example one of the trial's financially disadvantaged clients currently pays \$163 per fortnight for services and had a remaining \$66 disposable income per fortnight. For the duration of the trial the client saved \$103 per fortnight, therefore increasing disposable income by 156%.

Not only can the framework itself be effective, however, this sort of collaborative approach amongst service providers can develop relationships between providers and encourage sharing of client information. The post trial service evaluation showed that services felt this was of significant benefit to their services and clients.

With these important gains in mind it is recommended that services at a local level continue to meet on a regular basis specifically to discuss mutual clients and their fees. In this way an informal fee cap could continue to be imposed across services. This framework would continue to build relationships between services, but also function as an important forum for sharing of information about client's financial and fee status. Critically, up until the trial most services were largely unaware of what other services were collecting in fees, but also the severe financial disadvantage their clients were at times suffering.

Another important achievement of the trial was to overcome some of the inflexibility of Home Care's fee structure. If a forum continues to exist where a Home Care Coordinator is made aware of the financial situation of a client then they would have information needed to request a reduction in fees for this client.

It would also be critical that a definition for financial disadvantage is set at a local level to ensure that any client who meets the criteria for financial disadvantage was targeted by the group for a reduction in fees. The trial defined financial disadvantage as having less than \$200 disposable income after paying for HACC services and other additional expenses. This definition depends on the collection of fairly comprehensive financial information from each client which most services don't carry out on a day to day basis. It would therefore be recommended that services follow what many other States and Territories, other community care fees models and the Project's Financial Disadvantage Trial use to define financial disadvantage, that is someone on a pension level income with housing costs or other major medical/pharmaceutical costs. Collection of this information should be a fairly simple and a non-time consuming addition to assessment if it is not already collected.

In regards to an ongoing formalised fee cap across services it is clear from the results of the trial that there are a number of issues that need further investigation and clarification. For example;

- Responsibility and funding for administration of a cap framework
- Service's differing methods of billing and fee structure, including Home Care's current inflexibility in relation to fees and billing. The potential for one point of billing to reduce the administration workload and complexity of continually having to alter fees for each service
- Eligibility for a fee cap based on fees rather than number of services
- A fairer and more consistent calculation for division of the cap based on service's usual fees, rather than on a reduced rate that may be currently charged
- The financial impact on certain services with the implementation of this type of framework. In particular in the case of the Glen Innes trial with Meals on Wheels and Community Transport
- Further in depth research regarding setting of cap related to poverty indicators and cultural appropriateness
- A consistent approach to financial assessment to ensure those that can't afford to pay fees are not just paying out of pride. This negatively impacts on their ability to pay for essentials such as food and bills and therefore on their ability to live independently in the community and their quality of life.

Importantly any implementation of a long term formal framework for caps across services would need to be directed by DADHC Northern Region with a one hundred percent guarantee of service compliance. Without this you are relying on the goodwill of individual services and individuals within services therefore leaving room for compromising the validity of the framework.

Furthermore, a longer trial with comparative trials being undertaken in different areas would lend greater validity to the conclusions and allow for further investigation of best practice in relation to a fee cap framework.

Recommendation 1. That services establish a protocol for financial disadvantage at an interagency level
Which includes;
A definition of financial disadvantage. For example someone on a pension level income with housing costs or other major medical/pharmaceutical costs
How to manage financial disadvantage in relation to fees

Recommendation 2. Services meet regularly specifically to discuss mutual clients and their fees

Barrier 1. The need for a more specific and in-depth HACC Fees Policy
Which includes;
Protocols for caps within services
Protocols for caps across services

Recommendation 3. That DADHC consider investigating further models which would provide one point of financial assessment, billing and fee collection

Recommendation 4. That the DADHC Northern Region HACC Planning Process consider the budget implications for HACC services providing fee relief to clients living in socioeconomically disadvantaged and rural and isolated areas, including Aboriginal communities

Recommendation 8. That DADHC Northern Region work in partnership with HACC Development Officers and ATSI HACC Access Workers, to educate HACC services through community care forums/inter-agencies, about the HACC National Guidelines/Service System and common issues identified through IMF Service Reviews, particularly, fees issues that can act as a barrier to the HACC special needs groups accessing services

Recommendation 5. That DADHC Northern Region provide a copy of the Final Report of the HACC Fees Research Project to the Community Transport Review, the NSW Meals On Wheels Association and the NSW Home Maintenance and Modification State Council

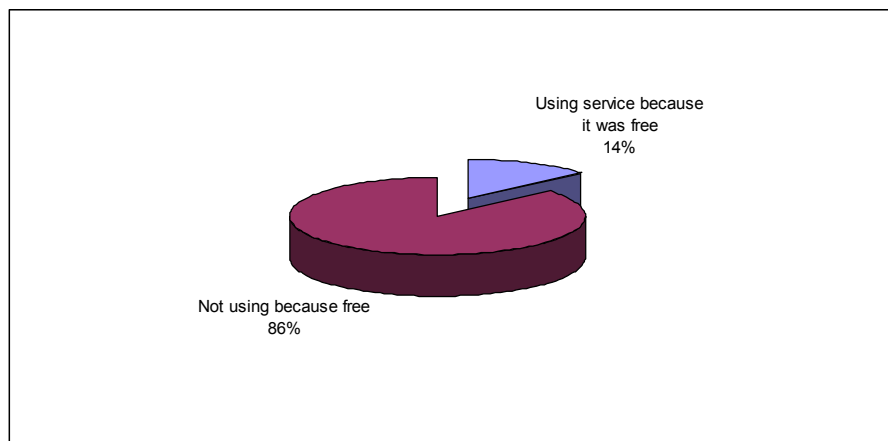
Recommendation 7. That DADHC Northern Region consider funding a longer term research project to further develop and test fee options (2 years)

8.2 Financial Disadvantage Trial – Kyogle

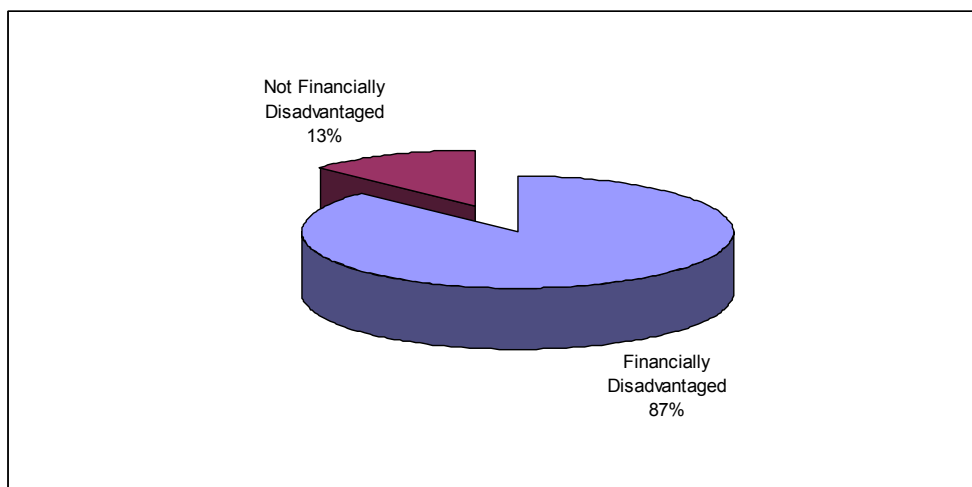
8.2.1 Results

The results below are based on the following understandings:

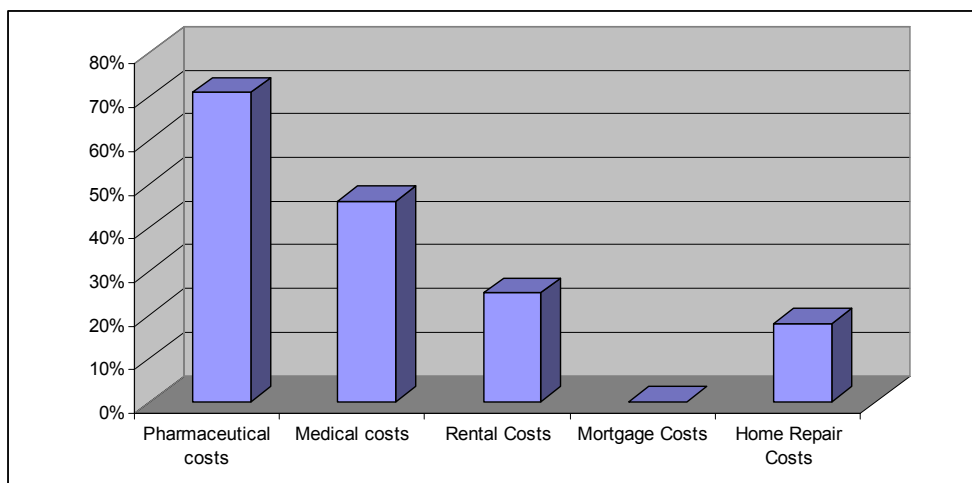
- Financial disadvantage is defined as someone on a pension level income with housing costs or other major medical/pharmaceutical costs
- All HACC eligible clients, defined as financially disadvantaged by the trial, will be offered a one month period of free medical transport provided by Northern Rivers Community Transport (NRCT)
- The results include information asked of all clients contacting the Kyogle Community Transport office accessing community transport for medical transport.
- There were 44 medical related trips booked by Community Transport during the trial period in Kyogle and outer areas, of these there was 1 cancellation
- These 44 trips were for 28 different clients. Of the 28 clients, 89% were current clients and 11% were new clients. However, none of the new clients were accessing the service because of the promotion
- Of the 28 clients, 82% were not contacting Community Transport as a result of promotion of the trial, while 18% of clients were contacting Community Transport as a result of the trial
- 14% of clients indicated that they were contacting the service because it was free.



- 9 clients indicated they had seen advertising for the trial. 3 in the newspaper, 5 had seen posters and 1 through a friend
- Of the 28 clients, 82% were eligible for the free medical transport being offered after being classified as financially disadvantaged



- 71% of clients had high pharmaceutical costs, 46% of clients had high medical costs, 25% of clients had rental costs, none were paying a mortgage and 18% had home repair costs



- 46% of clients indicated they would use the service more if it continues to be free, 14% indicated that they wouldn't and 38% said they didn't know if they would
- Comparison of year data May 2007 with trial period May 2008

May 2008	
No. of trips	43 trips
Lost Revenue	\$735
Fee Revenue	\$18
No. Of Free Trips	38

May 2007	
No. of trips	69 trips
Fee Revenue	\$1063
No. of free trips	3

Trips were down 17.25% in May 2008 compared to May 2007

- As it is unclear whether regardless of the trial the clients who accessed Community Transport during the trial would have been given a reduction or waiver of fees it is useful to compare May 2008 figures. Proportionally if in May 2007 the same amount of trips had been undertaken then \$662.45 revenue would have been collected. This would show a loss in May 2008 of \$644.45 in fee revenue over the trial period. If this was calculated over a year the total loss in revenue would be \$7733.40.

8.2.2 Results Discussion

- There was not a high number of new clients that accessed Community Transport during the trial period. This may be as a result of;
 1. A low amount of unmet need in the community. Clients may be accessing Community Transport for medical trips when they need and prioritising paying for the service as it is seen as essential
 2. A reluctance to publicise in newspapers that reached outside the area, for fear of clients in other areas feeling like they were missing out. One of the main newspapers in Kyogle was not advertised in for this reason
 3. While all attempts were made to access the Aboriginal communities by producing culturally appropriate advertising there may have been language and or literacy barriers
 4. The short timeframe for advertising and distribution before the trial commenced meant that information regarding the trial may not have been fully disseminated or acted upon by clients
 5. The short time frame of the trial did not capture clients who need a longer lead time to book medical appointments
- While it was expected that there would an increase in trips because of the trial, the trip numbers were down 17.25% in May 2008 compared with May 2007. This may be a result of;
 1. A trial that was too short in duration to see the long term effects on numbers this type of fee framework would have
 2. A reflection of the variations in transport use month to month, not able to be captured in a one month trial
- 82% of clients that used the service were financially disadvantaged. It was known at the outset that the area the trial was conducted in was one of high disadvantage. However, what this trial definitively indicates is that a large majority of the clients normally using the service are financially disadvantaged and paying fees in some capacity for the service. It is unclear how many are usually getting a reduction in fees, however, only 3 trips in the same period of May 2007 incurred a nil fee charge for the client

Furthermore, 79% of clients indicated that they were not contacting the service because it was free. These figures need to be examined in the context of understanding that clients may feel embarrassed or a loss of pride in admitting they were ringing because the service was free. In fact a clearer picture can perhaps be seen when analysing that only 14% of clients indicated that they would not use the service more because it was free, 46% indicated that they would use it more and a high 36% indicated that they didn't know if they would. This may indicate, as has been a common theme during the research done by The HACC Fees Project and with the caps across services trial, the sensitivity in actually admitting to financial difficulty

8.2.3 Trial Conclusions

Significantly, the trial was successful in providing more affordable fees to financially disadvantaged current clients, however, it did not capture a large amount of clients who hadn't accessed the service before because of unaffordable fees.

The results show that even with the time and resource constraints of the trial, 14% of current Community Transport clients used the service during the trial because it was free and 86% indicated that they may use the service more if it were free ongoing. Furthermore, 82% of clients who accessed medical transport during the trial period were financially disadvantaged. Most of these clients would normally access the service and would contribute in some capacity, indicating that they view the service as a priority and essential.

Critically, all clients indicated that they would spend any extra money they saved on fees on essentials such as food and bills. This indicates that while clients are willing to and do currently pay fees, this fee can impact on their ability to pay for other essential items and therefore on their independence in the community and quality of life.

It is therefore recommended that at an interagency level, services establish a protocol for financial disadvantage including a definition of financial disadvantage and how to manage financial disadvantage in relation to fees. This would achieve consistency across services in addressing financial disadvantage, break down barriers of access for financially disadvantaged clients and also ensure that financially disadvantaged clients are not paying fees which impact negatively on their ability to pay for other essentials.

The definition used by the trial for financial disadvantage, someone on a pension level income with housing costs or other major medical/pharmaceutical costs, is one that is used by most other States and Territories and other community care models, it is therefore one that is recommended to interagencies as this would create greater consistency across the community care sector.

In relation to Community Transport's role in the trial, what seems significant in the analysis of the trial results is that the lead up time and the trial's duration was not long enough to capture more than a snapshot of how this type of framework would in the long term effect barriers for financially disadvantaged clients to access medical transport.

Furthermore, it would be useful if there were similar trials being conducted in different areas (for example in areas with differing levels of financial disadvantage, different infrastructure and differing community transports' fee structures and practices) for analysis and comparison of results.

As well, in a more comprehensive trial, different avenues for advertising and distribution would need to be investigated to attempt to access clients who have language, literacy or isolation barriers.

Northern Rivers Community Transport must be commended for their commitment and willingness to participate in the trial process. However, for the ongoing success of this type of framework with other transport services, accountability to the funding body to participate must be explored to ensure the trials are not just relying on individual service good will. This could jeopardise any long term sustainability and consistency to breaking down barriers of access for financially disadvantaged clients.

Recommendation 1. Services establish a protocol for financial disadvantage at an interagency level
Which includes;
A definition of financial disadvantage. For example someone on a pension level income with housing costs or other major medical/pharmaceutical costs
How to manage financial disadvantage in relation to fees
Advertising reduced fees for financially disadvantaged clients

Barrier 1. The need for a more specific and in-depth HACC Fees Policy
Which includes;
A definition for financial disadvantage
Protocols for assessment of client fees
Recommended fees financially disadvantaged

Recommendation 5. That DADHC Northern Region provide a copy of the Final Report of the HACC Fees Research Project to the Community Transport Review, the NSW Meals On Wheels Association and the NSW Home Maintenance and Modification State Council

Recommendation 7. That DADHC Northern Region consider funding a longer term research project to further develop and test fee options (2 years)

9 Recommendation: Discussion

That services establish a protocol for financial disadvantage at an interagency level

Which includes;

- A definition of financial disadvantage. For example; someone on a pension level income with housing costs or other major medical/pharmaceutical costs
- How to manage financial disadvantage in relation to fees
- Sensitive communication about client fees and within financial assessment
- Advertising reduced fees for financially disadvantaged clients

Discussion: This would achieve consistency across services in addressing financial disadvantage, in would break down barriers of access for financially disadvantaged clients and also ensure that financially disadvantaged clients are not paying fees which impact negatively on their ability to pay for other essentials. It would also ensure that financially disadvantaged clients are aware they are able to access fee relief or waiver.

The definition used by the trial for financial disadvantage, someone on a pension level income with housing costs or other major medical/pharmaceutical costs, is one that is used by most other States and Territories and other community care models, it is therefore one that is recommended to interagencies as this would create greater consistency across the community care sector.

That services meet regularly specifically to discuss mutual clients and their fees

With the potential to;

- Create consistency in fee charging between services in a local area
- Build relationships between services
- Share client financial and fee information between services
- Develop a framework for putting in place fee caps

Discussion: This would provide a framework for an informal fee cap to be imposed across services. It would also provide a vehicle for building relationships between services, as well as functioning as an important forum for sharing of information about clients financial and fee status. The trial process indicated that most services are largely unaware of what other services are collecting in client fees, but also the severe financial disadvantage clients are at times suffering.

That DADHC Northern region consider investigating further models which would provide one point of financial assessment, billing and fee collection

Discussion: There is a persuasive argument for a radical change to the way current fee frameworks are structured in the HACC setting. By removing the function of client fees from individual services, one point of financial assessment, billing and fee collection would greatly reduce the confusion, inconsistencies and current subjectiveness of fee policy and practice. It would also reduce the current administration cost of supporting a fee framework within each HACC service. There are different models which provide these types of functions and which may be able to be adapted to the HACC sector. One is Australia's Child Care System, Centrelink provides one point of financial assessment and fee level for each client. This could translate to the community care setting where a majority of clients already have contact with Centrelink and have been assessed financially. Another is the development of the Commonwealth Government's Access Points to include a financial assessment, fee setting and billing function.

That the DADHC Northern Region HACC Planning Process consider the budget implications for HACC services providing fee relief to clients living in socioeconomically disadvantaged and rural and isolated areas, including Aboriginal communities

Discussion: A majority of services that were interviewed and surveyed indicated that they would require ongoing financial funding to support a system that gave effective and meaningful fee relief and waiver to clients. Services who normally give fee relief or waiver have adjusted their budgets to do so. Others, such as most Meals On Wheels, who have historically not provided this relief, indicated that there would be a great reduction in service without viability funding. This viability framework could include the reconfiguring of unit costing to take into account the proportion of financially disadvantaged clients in an area.

Furthermore, remote and isolated communities experience significant disadvantage compared to the rest to the community. They have limited access to health services, lower socioeconomic status, lower life expectancy and a large proportion of the Aboriginal population live in these areas. They also have higher costs of everyday living associated with distances from the cities. This negatively impacts on the cost of providing service in these areas and results in higher client fees for a population who is often least able to afford them. The Rural and Remote Viability Supplement provided by the Commonwealth for their for community programs, is a model that could be rolled out across HACC services to assist with the difficulty of providing service in a remote or isolated area.

That DADHC Northern Region provide a copy of the Final Report of the HACC Fees Research Project to the Community Transport Review, the NSW Meals On Wheels Association and the NSW Home Maintenance and Modification State Council

Discussion: This would ensure that issues identified by the Project relating to these services are relayed the appropriate peak body for action.

That the DADHC Northern Region planning process continues to explore, trial and fund HACC service models that improve access for ATSI HACC clients, particularly Community Transport, Food and Home Maintenance and Modifications services

Discussion: The Project's research showed the success of funding service models that are aimed at specifically improving access for ATSI HACC clients. This was significantly seen in ATSI Community Options positions in the New England Area and ATSI transport workers in the Far North Coast Community Transport Services. The innovation and development of these types of access models further into the service system will only further improve outcomes for ATSI clients.

That DADHC Northern Region consider funding a longer term research project to further develop and test fee options (2 years)

Discussion: Both the fee trials carried out by the Project were successful in their aims and provided useful and credible data, but limited by resources. A longer term project would be able to explore further the issues raised by the Project.

That DADHC Northern Region work in partnership with HACC Development Officers and ATSI HACC Access Workers, to educate HACC services through community care forums/inter-agencies, about the HACC National Guidelines/Service System and common issues identified through IMF Service Reviews, particularly, fees issues that can act as a barrier to the HACC special needs groups accessing services

Discussion: The research showed that despite most services being open to providing access to the HACC Special Needs Groups there is a group who do not. Some of these do not provide access as a result of lack of awareness of the HACC National Guidelines or a lack of awareness to how to provide service in an appropriate way. These issues can be overcome through further education and development of specific training. However, persistently there are a group of services who limit access to the HACC Special Needs Groups based on discrimination. It would appear that no amount of education will overcome this issue. Most of the services that acted in this way also seemed to feel that there will be no ramifications from the funding body for this behaviour. Perhaps the only way to break down this barrier is direct funding implications when this behaviour is exhibited and through attempts to change the culture of a service as whole rather than focusing on the individual.

10 Other Barriers: Discussion

Issues affecting the Northern Region at a State or federal level

The need for a more specific and in-depth HACC Fees Policy

Which includes;

- A definition of financial disadvantage
- Protocols for assessment of client fees
- Recommended fees for financially disadvantaged
- Recognition of Aboriginal people's disadvantage and cultural differences in fee models
- Protocols for caps within services
- Protocols for caps across services
- Flexibility to allow services to respond to area specific differences and individual client needs

Discussion: The development of such a policy would give the opportunity for greater consistency in the HACC client fee system and would importantly remove the subjectiveness from current fee practices. Services would feel supported in their decisions regarding client fees and have a structure for implementing frameworks such as fee caps across services. It would also ensure that those who are financially disadvantaged are no longer not accessing service as a result of fees and are shown by services a consistent and sensitive approach when discussing financial circumstances. In the case of Aboriginal clients this development would provide an opportunity for greater access to mainstream services.

The need for the NSW Home Maintenance and Modifications State Council to develop a memorandum of understanding between Aboriginal Housing Organisations/Land Councils and Home Maintenance and Modifications Service

Discussion: The Project found that a major barrier for Aboriginal clients accessing Home Maintenance and Modifications Service is the confusion and inconsistency around who is to provide service to and pay for those clients who live in Aboriginal Land Council or Aboriginal Community Housing owned homes. Until this is clarified by the stakeholders this barrier will remain.

That DADHC Northern Region continue to clarify with the Ministry of Transport and Department of Health their roles and responsibilities for providing health related transport to HACC clients

Discussion: The Project found that there is a distinct confusion among stakeholders, services and clients about jurisdiction and responsibility for health related transport. This creates barriers of access and inconsistencies across regions. These barriers will remain until stakeholders re-clarify roles and responsibilities.

11 Conclusion

The HACC Fees Research Project has conclusively found that client fees are a sensitive and emotive issue for both services and HACC clients, in particular those clients who are Aboriginal, financially disadvantaged or remote and isolated.

Services' current practices often reflect individual beliefs or a work culture, rather than any consistent framework. Any discussion with services about fees is often inseparable from issues of accountability for public funding, their service's viability and strong personal convictions related to social justice, equity and fairness.

Services are asking for more direction in the form of specific guidelines from their funding bodies. More direction would have the effect of creating a uniform approach to fees, which would for clients and services create consistent expectations and a level playing field. It would also generate an environment where services feel supported in their decisions. It could have the potential to remove much of the documented sensitivity around client fees.

The consultation process showed that there exists a proportion of clients who are eligible for HACC services, but that are not accessing service because of fees. The consultation process and the trials indicated that there are also a significant amount of clients who are financially disadvantaged, who are accessing and paying for services but have a very low capacity to pay. They are often paying as they either see the service as a priority, because they want to contribute, or as a result of a sense of pride, sensitivity and embarrassment about not admitting to financial hardship.

It is important that through effective, appropriate and sensitive financial assessment, services ensure that a correct fee level is set which doesn't impact negatively on clients' ability to pay for other essentials of life and therefore on the client's independence and quality of life

Fees policies and practices must in the least not detract from the aims of the service that is being provided and in some cases can even be a vehicle for enhancing the primary goals of service. Most importantly for those most disadvantaged and vulnerable clients, appropriate client fee models can contribute to clients participating in society which is a key to overcoming disadvantage (Hunter, B, 2007). Clients through these models are *consuming* and feeling like they have the capacity to purchase goods at whatever level, *producing* in the form of participating in socially valuable activities, *engaging* and *involved* in decision making process within the service and *social interacting* and building relationships.

There are examples of attempts to embrace this approach both within HACC services and in other community services. A majority of Community Options and Aboriginal Specific Services don't charge fees or if they do they are charged at affordable levels. The Australian Childcare System administered by Centrelink provides one point of administration and assessment for everyone using childcare and is charged at consistent levels according to income. Residential Aged Care concessional and assisted resident proportions allocate a set proportion of subsidised beds in each facility according to demographics of the area, these must be filled by the provider with financially disadvantaged clients.

At a local level services can undertake to overcome some of the issues associated with client fees by working together to provide consistency for their financially disadvantaged constituency, through developing protocols around financial disadvantage and ensuring the existence of forums to discuss fees.

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Urbis, *'Findings of Survey of Service Providers (RFI)'*, *Community Care Consumer Fees National Framework - The Way Forward*, September 2007

13 Appendices

13.1 Other States and Territories Fee Models

1. Victoria: Victorian Home and Community Care (HACC) Fees Policy September 2006
 - http://www.health.vic.gov.au/hacc/prog_manual/index.htm#latest
2. Tasmania: Fee Guidelines for Community Care Services in Tasmania August 2003
 - <https://dhhs.tas.gov.au/agency/pro/hacc/documents/FeeGuidelinesNonGov.pdf>
3. Queensland: Development of a Statewide Fees Policy for some HACC Services Workshop Summary
 - http://www.health.qld.gov.au/hacc/HACC_Standards/HACCworkshop.pdf
4. Northern Territory: Northern Territories HACC Fees Policy, HACC Pack 2003
 - http://www.nt.gov.au/health/comm_svs/aged_dis_ccs/publications/hacc/3-7.rtf
5. Western Australia: Western Australia Home And Community Care fees Policy July 2007
 - http://www.health.wa.gov.au/hacc/fees/docs/WA_Fees_Policy_July_2007.pdf

13.2 Client Survey

Please return completed survey to NRSDC in envelope provided

→ *by 10th September*

Dear client,

The Northern Rivers Social Development Council is conducting a survey about the fees that you pay for the Home and Community Care (HACC) services that you receive. If you are unsure about the services that you receive there is a list of the types of HACC services at the beginning of the survey.

This survey will take approximately 10 minutes to fill in. The results of this survey will help us to evaluate whether the current fees that HACC services are charging clients are affordable and equitable.

All the information you provide will be treated confidentially, and in no way will you be able to be identified by the information you give. Your participation in this study is completely voluntary.

You can complete this survey if you are a client or a carer. You only need to fill in one survey, if you have received more than one in the mail it just means you receive more than one service. If any questions are not relevant to you, just leave blank.

If you would like to ask me any questions about this survey, or your participation in this project please contact me on (02) 6622 3030.

Yours sincerely

**Francesca Hart
Project Officer
HACC Fees Research Project
Northern Rivers Social Development Council**

1. Fill in the table below to show what services you use, how often you use them and how much you pay for them?

TYPE OF SERVICE	HOW OFTEN DO YOU USE THE SERVICE Eg. 1 trip per month	HOW MUCH DOES IT COST Eg. \$5 each way for trip
Home Care, including Personal Care (eg.help with showering), Domestic Assistance (eg.housework)		
Meals On Wheels		
Community Transport, including individual transport or bus trips		
Respite (usually provided in your home)		
Social Support Activities (eg. somebody visits you at home, or takes you shopping)		
Community Nursing		
Case Management (somebody helps you coordinate a number of services from different agencies, and keeps track of how they are operating)		
Centre Day Care (eg. group activities at a centre or group outings)		
Podiatry, physiotherapy or other allied health services		
Linen Service		

Do you know what the fees you pay for these services are used for?

Yes () No ()

If the fees were cheaper would you use the services more?

Yes () No ()

Do you think you should have to pay fees for these services?

Yes () No ()

If yes, would you like to pay (tick more than 1 box if appropriate)

- () the full cost of providing the service
- () an amount worked out by how much you can afford
- () a donation
- () a little of at a time when you can
- () be able to pay on pension week
- () other _____

Have you ever refused a service that you were offered?

Yes () No ()

If yes, which service and why? _____

How do you normally pay your bills for these services?

- () Cash
- () Cheque
- () Telephone
- () Direct Debit
- () Internet

- At the bank
- At the post office
- Other _____

Does anybody help you pay your bills for these services?

Yes No

- If yes, who?
- Carer, family or friend
 - Paid worker
 - Volunteer
 - Other _____

Is it difficult for you to physically pay your bills for these services?

Yes No

If yes, what would make it easier? (Please tick any relevant boxes)

- Someone to help you
- Different payment options eg. Pay by direct debit, pay cash
- 1 bill for all services
- Other _____

Have you experienced any difficulty in being able to pay your bills for these services at any time?

Yes No

If yes, what happened? (Please tick any relevant boxes)

- Paid off debt in lump sum
- Paid off debt over time
- Debt was waived or reduced
- Service was stopped
- Ongoing fees were reduced

Below are questions relating to Home Maintenance and Modification

Have you had one of the following items installed in your home in the past 2 years?
(Please tick any relevant boxes)

- A internal grab rail in your toilet or bathroom
- The installation of a hand held shower
- An external handrail to help you with access into your house
- A step ramp at a door entry
- A ramp into the house
- A full bathroom modification

Did you pay anything towards the cost of this work?

Yes No

If yes, did you have difficulty paying?

Yes No

Have you had any of the below maintenance work completed in your home recently?
(please tick relevant boxes)

- The changing of a light globe
- Minor electrical work
- Minor plumbing work
- Minor carpentry work

Other

Did you pay anything towards the cost of this work?

Yes No

If yes, did you have difficulty paying?

Yes No

Below are questions relating to Meals On Wheels

If you receive Meals On Wheels how many meals do you receive?

3 per day

1 per day

3 per week

1 per week

Other, please describe _____

Would you receive more Meals On Wheels meals per week if it was cheaper?

Yes No

Have you refused or cancelled a Meals On Wheels service in the past?

Yes No

If yes, why?

Didn't need service/Situation changed

Couldn't afford service

Didn't like meals

Other _____

Below are questions relating to respite

Have you been able to access respite services in the last 6 months?

Yes No

If you were unable to access respite services was it because of:

Cost

Unavailable Service

Other

Has this respite been planned or crisis/emergency driven?

Planned

Crisis/Emergency

Other

Below are questions relating to medical appointments

Normally how long does it take you to get to your nearest doctor?

Less than 5 minutes

5 minutes to 30 minutes

30 minutes to 1 hour

More than 1 hour

Normally how do you get to your local doctor?

- Drive self
- Doctor does home visits
- Friend or family drives
- Volunteer drives
- Public transport bus or train
- Community Transport Driver or Bus
- Health Worker Drives or organises transport
- Other _____

Have you ever missed a doctor's appointment because you can't get there?

Yes No

If you have specialist or hospital appointments how long does it take you to get to these?

- Less than 5 minutes
- 5 minutes to 30 minutes
- 30 minutes to 1 hour
- More than 1 hour

Normally how do you get to these appointments?

- Drive self
- Doctor does home visits
- Friend or family drives
- Volunteer drives
- Public transport bus or train
- Community Transport Driver or Bus
- Health Worker Drives or organises transport
- Other _____

Have you ever missed a specialist or hospital appointment because you can't get there?

Yes No

Do you know you can use your local Community Transport to get to medical appointments?

Yes No

If yes, do you know how to organise this? Yes No

Below are questions relating to your financial ability to pay for Home and Community Care Services

Do you receive a

- Full Pension
- Part-pension
- Self funded

Would you class yourself as financially disadvantaged?

Yes No

Do you pay for any other community services?

Yes No

If yes, please describe _____

Do you have housing costs?

- Mortgage
- Private Rent
- Public Rent or Land Council

Is anyone dependant on you financially?

Yes No

If yes, Number of dependant children
 Number of dependant adults

Do you have expenses in any of the following areas?

EXPENSE	APPROXIMATE COST PER WEEK
Pharmaceutical or medication costs	
Aids and equipment eg.continence products	
Medical supplies eg. dressings	
Specialist care costs eg. therapy, costs of travelling to specialist	
Food costs above normal eg. because of special food Requirements or geographical considerations)	
Utility costs above normal – telephone, water, power, gas eg. Because of having to use equipment overnight or geographical location	
Transport (due to disability are not able to use own car)	
Health or medical insurance costs high due to disability	
Any other costs	

Demographics

What is your postcode? _____

- Are you Aboriginal or Torres Strait Islander? Yes No
- Is English your first language? Yes No
- Are you over the age of 65? Yes No
- Do you have a disability? Yes No
- Do you have dementia? Yes No
- Do you have a carer? Yes No
- Are you a carer? Yes No
- Are you a veteran? Yes No
- If yes, do you have a DVA Gold or White Card Yes No

13.3 Service Survey

Dear HACC service provider,

RE: SERVICE SURVEY FOR HACC FEES RESEARCH PROJECT

Please find attached a survey that is being distributed to all HACC Service providers in the Far North Coast and New England regions. It relates to information that you have received by email regarding the HACC Fees Research Project that is being carried out by the Northern Rivers Social Development Council.

If you have not received this information email please contact Francesca on 02 66223030

The primary purpose of this survey is to develop an overview of how HACC services in the regions currently formulate and apply their fees policy. The information that you provide in this survey will inform the project's recommendations for best practice HACC client fee modelling in the Far North Coast and New England areas.

The survey will take approximately 20 minutes to complete. Some questions may not be relevant to your service, as this is a general survey across all HACC services. **Participation in this survey is completely voluntary, and you may choose not to answer any question. The Northern Rivers Social Development Council who manages this project is an independent body and will treat this information confidentially. In no way will your service be identifiable in the final outcomes or reports of the project.**

I hope that you will see the value in participating in this survey. Should you wish to discuss any aspect of your participation in this survey please Francesca Hart, Project Officer on 6622 3030.

Yours sincerely

Francesca Hart
Project Officer
HACC Fees Research Project
Northern Rivers Social Development Council

The two questions below are optional, if you do identify your service in this survey all information will be kept confidential and no service will be discriminated against because of the information they have disclosed, or identified in any way in the final outcomes or reports of the project. By identifying your service the information collected in this survey will allow for more in depth analysis of client fees and their impact across the regions.

What is your service's name? (optional)

OR

What is your service's postcode? (optional)

1. What HACC services do you provide?

(Please list/describe) _____

2. Do you provide any other community care services within your organisation?

(Please list/describe) _____

ALL QUESTIONS BELOW RELATE ONLY TO HACC FUNDED SERVICES THAT YOUR SERVICE PROVIDES

3. Do you have a written fees policy?

Yes () No ()

If yes, can you attach a copy of this to the survey?

4. What are the client fees for your service/s? (describe for each HACC service)

5. What does your service take into consideration when deciding how much a client should pay for service? (Tick more than 1 if appropriate)

() Income

() Housing Costs

() Other Factors (Please describe) _____

6. How would your service define financial disadvantage?

7. Do you have a cap on fees?

Yes () No ()

If yes, describe how this works _____

8. Who in your service assesses what a client's fee will be? (Tick more than 1 if appropriate)

- () Manager
 - () Coordinator
 - () Case Manager
 - () Volunteer
 - () Care Worker
 - () Driver
 - () Allied Health Professional
 - () Independent Assessor
 - () Other
- If other, who? _____

9. At what stage of service provision is it assessed how much your client should pay?

- () Formal assessment,
 - () First day of service provision
 - () Other
- If other, when? _____

10. Does your service have the ability to reduce or waive fees?

Yes () No ()

If yes, in what circumstances would you do this? _____

11. Do you have an appeals mechanism or grievance procedure in place for clients regarding fee charges?

Yes () No ()

If yes, please describe process _____

12. How do your clients pay their fees?

On the day () Billed () Other ()

If **on the day** how is the fee collected? _____

If **billed** how can the client pay? _____

If **other** please describe _____

13. Do you have any arrangements with other service providers in your area regarding fees?

Yes () No ()

If yes, please describe _____

14. Have you had clients move into a position of debt with your service?

Yes () No ()

Please describe what actions your service would take in response to this situation _____

15. What percentage of your service's income is made up from client fees?

Less than 5% ()
5 – 20% ()
20 – 40% ()
40 – 60% ()
More than 60% ()

16. Is your service viable without the collection of client fees?

Yes () No ()

17. Is your service having any problems with your current fees practices?

Yes () No ()

If yes, please briefly describe them and outline any ideas on how your fees policy and practice could be best changed to deal with these problems?

18. Do you see any systemic problems with HACC fees in your area?

Yes () No ()

If yes, how do you think HACC services in your area could better manage client fees? _____

19. Does your service use any strategies to encourage the HACC target group, including special needs groups, to access your service?

Yes () No ()

If yes, please describe _____

20. Are there any communities covered in your service's geographic area that you do not provide service to?

Yes () No ()

If yes, what are the reasons? _____

21. Have your staff attended Aboriginal Cross Cultural Awareness Training?

Yes () No ()

*If yes, what percentage would have attended
in the last year? _____
in the last 2 years? _____
prior to that? _____*

22. What percentage of your service's clients are Aboriginal or Torres Strait Islander?

- () less than 1%
- () 1 - 3%
- () 3 - 5%
- () 5 - 7%
- () 7 - 10%
- () more than 10%

23. Is your service an Aboriginal specific service?

Yes () No ()

24. If no, is your service able to access subsidies for financially disadvantaged, Aboriginal or remote and isolated clients?

Yes () No ()

*If yes, where does this funding come from? _____

_____*

*Is this funding one off () or
recurrent ()*

25. Do you think you have used any innovative, service or area specific strategies in your service's fees practices that other services could learn from?

Please describe _____

13.4 Fee Trials Report

HACC Fees Research Project A Practical Approach To Fees

Fee Trials

Framework, results, discussion and conclusions

June 2008

Francesca Hart
Project Officer
Northern Rivers Social Development Council



Acknowledgements

The author would like to acknowledge the following services involved in the trial:

Glen Innes:
Garden Court Services
Northern Community Care
Home Care Service Of NSW

Kyogle:
Northern Rivers Community Transport

Without their; commitment, flexibility, goodwill, generosity with time and financial resources both trials would not have been possible

A Local Response: Framework for the development of fee trials

Goal: To develop and trial practical options to assist services to overcome difficulties with current client fee structures and provide greater access to clients

The development of 2 trials, one in New England and one in Far North Coast, whose outcomes will inform the involved regions and the Department of Ageing Disability and Home Care of best practice for charging client fees.

In consultation with stakeholders the trial frameworks will look for clarity, consistency and equity across the following two issues:

1. Caps across services – Building on existing care coordination frameworks, develop protocols for providing caps across services for high service usage clients. Including guidelines on; how to implement a cap, when a cap should be applied and appropriate fees for a cap
2. Financial disadvantage – Providing definitions of financial disadvantage, guidelines on assessment for financial disadvantage and appropriate fee models for this client group

Scope:

- Two identified smaller size communities that have a representation of community services and the client target group
- Both trials will work within the same framework but will focus on different areas, one focusing on caps across services and the other on financial disadvantage
- The trial is open to any Home and Community Care providers servicing these communities
- The trial is to build on any existing frameworks or agreements already in place in the community

Responsibilities:

The Project Officer is responsible for:

- Developing the trial framework in consultation with the Project's Advisory Group and services participating
- Assisting services with the implementation and monitoring of the trials
- Evaluating the success of the trials

The services participating are responsible for:

- Assisting the Project Officer in developing a viable framework for the trials
- Implementing the trial framework with the assistance of the Project Officer
- Assisting the Project Officer in evaluation of the trial by collecting data and completing evaluation forms

Trial 1.: A Fee Trial For Capping Clients' Fees Across Services

Objectives:

- To trial a practical option in a local community that provides high level service usage HACC clients a fee cap across services

- To develop a framework that reflects the following HACC Fees Policy:

Clients 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. (Draft HACC Fees Policy, National Guidelines for the Home and Community Care Program 2007)

- To implement this framework for a set period of time
- To evaluate the success of this framework in overcoming service's difficulties with current client fee structures and in providing greater access to clients

Development of the framework:

- Glen Innes Severn Council was identified by the HACC Fees Research Project's Advisory Group as a potential community that could carry out a trial that implemented a fee cap across services
- All HACC Services were contacted and asked to attend an information meeting to discuss the possibility of a trial
- HACC services in the area attended an initial information meeting and confirmed interest in participating in the trial
- A series of meetings followed during which protocols for the trial were developed

Services involved:

Garden Court Services
Northern Community Care
Home Care Service of NSW
New England Tablelands Community Transport

Protocols for the trial:

- The Trial's duration is 1st February 2008 – 30th April 2008
- For the purpose of the trial only clients with 3 or more HACC services will be eligible to participate, services will identify by cross reference those eligible clients
- Those clients identified as meeting the above criteria will be contacted and asked to fill in a Client Questionnaire (see Appendix 1.)
- The maximum amount that a client participating in the trial can pay per fortnight for HACC services received is \$90, a lower cap of \$60 is set for those clients defined as financially disadvantaged
- Financial disadvantage is defined as having less than \$200 disposable income after paying for HACC services and other additional expenses as recorded in the Client Questionnaire
- Services will initially calculate their share of the client's capped fee by working out the percentage the client currently pays to each service and calculating this into the agreed capped fee. Home Care will request the agreed reduction in fees for the trial's clients through their internal Application For Review of The Fee Structure. Community Transport's current fees will not be affected by the trial cap, rather other services will absorb the loss of fees were necessary so clients are not charged over the fee cap

- Services to liaise as required to discuss changes in service for clients during the trial's duration (particularly in relation to Community Transport services which are by nature non-recurrent). Service's to meet throughout the trial to discuss any issues arising
- An evaluation framework was developed by the Project Officer in consultation with the stakeholders that included:
 - A telephone Client Questionnaire (see Appendix 2.)
 - An electronic Service Questionnaire (see Appendix 3.)

Other existing fee cap frameworks:

- The HACC Fees Research Project's research indicates that there is an informal and inconsistent way in which many services are capping client fees across services. Often services reduce or waive a clients fee if they are aware a client is paying for other services
- Community Aged Care Packages' Guidelines state that clients should pay a maximum of 17.5% of their pension for a maximum of 7 hours of care, or if self-funded no more than 50% of income (with a single pension currently at \$525.10 per fortnight)
- Home Care's Guidelines state that a pension income client will pay \$10 per hour capped at \$100 per 4 week period (couples \$85), private income clients will pay \$15 per hour capped at between \$270 and \$400 per 4 week period
- Western Australia's 2007 HACC Fees Policy sets out a range of maximum fees that can be charged by services:

Income Range	Fee Cap – maximum amount per week
Pension or income below \$37 836	\$26 per week (or 5% of pension)
Income \$37 836 to \$49 999	\$33 per week
Income more than \$50,000	\$73 per week

- Tasmania's Community Services' Fee Guidelines have set a cap for pensioners at a maximum of \$10 per week (or the cost of 2 or more services per week) and for non-pensioners at a maximum of \$30 per week. The client can elect the service provider that they would prefer to invoice them for services
- Northern Territory's Fee Guidelines state that the combined total that a client pays for all services is no more than 17.5% of pension or income

Results

A total of 20 clients were identified as being eligible for the trial. Of these, 5 clients had current HACC fees which totalled more than the set cap.

The results below are for all 20 clients and are based on the following understandings:

- The current pension rate is \$546.80 per fortnight
- The trial's fee caps were set at \$90 per fortnight and \$60 for financially disadvantaged

- The definition established for financial disadvantage is someone with less than \$200 per fortnight disposable income after HACC fees, housing expenses and medical expenses

The results include information asked of all 20 clients in the pre-trial questionnaire. Only the 5 clients that reached the cap and therefore had their fees reduced completed the post-trial questionnaire and this information is also included below.

Client 1.

- Eligible for financially disadvantaged cap

Pre trial

		Per Fortnight
Income	Pension	\$546.80
HACC Fees	Home Care	\$9
	Meals On Wheels	\$112
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$42
	Total fees Paid	\$163
Other Expenses	Housing Costs	\$128
	Other community services	\$0
	Other	\$160 (debt relating to financial abuse) \$30 medication
	Total other costs	\$174
Disposable Income per fortnight		\$66 **Financially Disadvantaged

Pre-trial Questionnaire:

- Yes Client is finding it difficult to currently pay fees
- Yes Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight	Total for trial
Client's Capped Fee		\$60	
Saving made by client		\$103	\$412
Loss made by service	Home Care	\$2.40	\$9.60
	Meals On Wheels	\$89.60	\$358.40
	Community Transport	\$0	\$0
	Community Options	\$0	\$0
	Multi Service Outlet	\$11	\$44
	\$103	\$412	

Post – trial Questionnaire:

- Yes Client would spend any money they saved on fees on essentials such as food and bills
- Yes Client indicated that the development of a similar framework to the trial is a worthwhile exercise

Client 2.

- Not eligible for cap

Pre trial

Per Fortnight

Income	Pension	\$546.80
HACC Fees	Home Care	\$15
	Meals On Wheels	\$0
	Community Transport	\$10
	Community Options	\$0
	Multi Service Outlet	\$22
	Total fees Paid	\$47
Other Expenses	Housing Costs	\$0
	Other community services	\$100
	Other	\$65.60
	Total other costs	\$165.60
Disposable Income per fortnight		\$334.20

Pre-trial Questionnaire:

- Yes Client is finding it difficult to currently pay fees
 No Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight and for the trial period
Client's Capped Fee		Not eligible
Saving made by client		No savings
Loss made by service	Home Care	\$0
	Meals On Wheels	\$0
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0
		\$0

Client 3.

- Financially Disadvantaged but only eligible for a \$1 reduction in fees per fortnight as spends \$61 on HACC fees per fortnight.

Pre trial

		Per Fortnight
Income	Pension	\$546.80
HACC Fees	Home Care	\$28
	Meals On Wheels	\$0
	Community Transport	\$10
	Community Options	\$0
	Multi Service Outlet	\$33
	Total fees Paid	\$61
Other Expenses	Housing Costs	\$260
	Other community services	\$0.00
	Other	\$97.00
	Total other costs	\$357.00
Disposable Income per fortnight		\$128.80 **Financially Disadvantaged

Pre-trial Questionnaire:

- No Client is finding it difficult to currently pay fees
 No Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight & For trial period
Client's Capped Fee		\$60
Saving made by client		No savings
Loss made by service	Home Care	\$0
	Meals On Wheels	\$0
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0

Client 4.

- Eligible for cap

Pre trial

		Per Fortnight
Income	Pension	\$546.80
HACC Fees	Home Care	\$44
	Meals On Wheels	\$55
	Community Transport	\$26
	Community Options	\$0
	Multi Service Outlet	\$19
	Total fees Paid	\$ 144
Other Expenses	Housing Costs	\$0
	Other community services	\$0
	Other	\$44
	Total other costs	\$44
Disposable Income per fortnight		\$358.80

Pre-trial Questionnaire:

- No Client is finding it difficult to currently pay fees
- No Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight	Total for trial
Client's Capped Fee		\$90	
Saving made by client		\$54	\$216
Loss made by service	Home Care	\$24	\$96
	Meals On Wheels	\$30	\$120
	Community Transport	\$0	\$0
	Community Options	\$0	\$0
	Multi Service Outlet	\$0	\$0
		\$54	\$216

Post – trial Questionnaire:

- Yes Client would spend any money they saved on fees on essential such as food and bills and family
- Yes Client indicated that the development of a similar framework to the trial is a worthwhile exercise

Client 5.

- Not eligible for cap

Pre trial

		Per Fortnight
Income	Pension	\$546.80
HACC Fees	Home Care	\$16
	Meals On Wheels	\$
	Community Transport	\$28.50
	Community Options	\$0
	Multi Service Outlet	\$
	Total fees Paid	\$44.50
Other Expenses	Housing Costs	\$0
	Other community services	\$0
	Other	\$28
	Total other costs	\$28
Disposable Income per fortnight		\$474.30

Pre-trial Questionnaire:

- No Client is finding it difficult to currently pay fees
- No Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight and for the trial
Client's Capped Fee		Not eligible
Saving made by client		No savings
Loss made by service	Home Care	\$0
	Meals On Wheels	\$0
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0

Client 6.

- Not eligible for cap

Pre trial

		Per Fortnight
Income	Pension	\$546.80
HACC Fees	Home Care	\$0
	Meals On Wheels	\$0
	Community Transport	\$15
	Community Options	\$0
	Multi Service Outlet	\$10
	Total fees Paid	\$15
Other Expenses	Housing Costs	\$180
	Other community services	\$0
	Other	\$40
	Total other costs	\$220
Disposable Income per fortnight		\$311.80

Pre-trial Questionnaire:

- No answer given Client is finding it difficult to currently pay fees
- No answer given Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight and for the trial
Client's Capped Fee		Not eligible
Saving made by client		No savings
Loss made by service	Home Care	\$0
	Meals On Wheels	\$0
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0

Client 7.

- Eligible for financially disadvantaged cap

Pre trial

		Per Fortnight
Income	Pension	\$546.80
HACC Fees	Home Care	\$32.00
	Meals On Wheels	\$60.50
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$23.50
	Total fees Paid	\$ 116.00
Other Expenses	Housing Costs	\$240
	Other community services	\$0
	Other	\$18
	Total other costs	\$258.00
Disposable Income per fortnight		\$172.80 **Financially Disadvantaged

Pre-trial Questionnaire:

- No Client is finding it difficult to currently pay fees
- No Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight	For the trial
Client's Capped Fee		\$60	
Saving made by client		\$56	\$224
Loss made by service	Home Care	\$17.60	\$70.40
	Meals On Wheels	\$33.50	\$134.00
	Community Transport	\$0	\$0
	Community Options	\$0	\$0
	Multi Service Outlet	\$4.90	\$19.60
		\$56	\$224

Post – trial Questionnaire:

- Yes Client would spend any money they saved on fees on extra services, essential such as food and bills and family
- Yes Client indicated that the development of a similar framework to the trial is a worthwhile exercise

Client 8.

- Not eligible for cap

Pre trial

		Per Fortnight
Income	Pension	\$546.80
HACC Fees	Home Care	\$12
	Meals On Wheels	\$0
	Community Transport	\$0
	Community Options	\$3
	Multi Service Outlet	\$0
	Total fees Paid	\$15
Other Expenses	Housing Costs	\$200
	Other community services	\$0
	Other	\$12
	Total other costs	\$212
Disposable Income per fortnight		\$319.80

Pre-trial Questionnaire:

- No Client is finding it difficult to currently pay fees
- No Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight and for the trial
Client's Capped Fee		Not eligible
Saving made by client		No savings
Loss made by service	Home Care	\$0
	Meals On Wheels	\$0
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0

Client 9.

- Not eligible for cap

Pre trial

		Per Fortnight
Income	Pension	\$546.80
HACC Fees	Home Care	\$9.40
	Meals On Wheels	\$0
	Community Transport	\$10
	Community Options	\$0
	Multi Service Outlet	\$62
	Total fees Paid	\$81.40
Other Expenses	Housing Costs	\$0
	Other community services	\$0
	Other	\$10
	Total other costs	\$10
Disposable Income per fortnight		\$455.40

Pre-trial Questionnaire:

No Client is finding it difficult to currently pay fees
 No Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight and for the trial
Client's Capped Fee		Not eligible
Saving made by client		No savings
Loss made by service	Home Care	\$0
	Meals On Wheels	\$0
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0

Client 10.

➤ Not eligible for cap

Pre trial

		Per Fortnight
Income	Pension	\$546.80
HACC Fees	Home Care	\$30
	Meals On Wheels	\$0
	Community Transport	\$26
	Community Options	\$0
	Multi Service Outlet	\$0
	Total fees Paid	\$56
Other Expenses	Housing Costs	\$0
	Other community services	\$0
	Other	\$194
	Total other costs	\$194
Disposable Income per fortnight		\$296.80

Pre-trial Questionnaire:

No Client is finding it difficult to currently pay fees
 No Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight and for the trial
Client's Capped Fee		Not eligible
Saving made by client		No savings
Loss made by service	Home Care	\$0
	Meals On Wheels	\$0
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0

Client 11.

➤ Not eligible for cap

Pre trial

	Per Fortnight
--	---------------

Income	Pension	\$546.80
HACC Fees	Home Care	\$14.65
	Meals On Wheels	\$22
	Community Transport	\$8
	Community Options	\$0
	Multi Service Outlet	\$0
	Total fees Paid	\$44.65
Other Expenses	Housing Costs	\$0
	Other community services	\$0
	Other	\$42
	Total other costs	\$42
Disposable Income per fortnight		\$460.15

Pre-trial Questionnaire:

- No Client is finding it difficult to currently pay fees
 No Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight and for the trial
Client's Capped Fee		Not eligible
Saving made by client		No savings
Loss made by service	Home Care	\$0
	Meals On Wheels	\$0
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0

Client 12.

- Not eligible for cap

Pre trial

		Per Fortnight
Income	Self funded	\$?
HACC Fees	Home Care	\$12
	Meals On Wheels	\$0
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0
	Total fees Paid	\$12
Other Expenses	Housing Costs	\$0
	Other community services	\$0
	Other	\$62
	Total other costs	\$62
Disposable Income per fortnight		\$?

Pre-trial Questionnaire:

- No Client is finding it difficult to currently pay fees
 No Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight and for the trial
Client's Capped Fee		Not eligible
Saving made by client		No savings
Loss made by service	Home Care	\$0
	Meals On Wheels	\$0
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0

Client 13.

- Not eligible for cap

Pre trial

		Per Fortnight
Income	Pension	\$546.80
HACC Fees	Home Care	\$24
	Meals On Wheels	\$0
	Community Transport	\$26
	Community Options	\$10
	Multi Service Outlet	\$0
	Total fees Paid	\$60
Other Expenses	Housing Costs	\$0
	Other community services	\$0
	Other	\$46
	Total other costs	\$46
Disposable Income per fortnight		\$440.80

Pre-trial Questionnaire:

- No Client is finding it difficult to currently pay fees
- No Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight and for the trial
Client's Capped Fee		Not eligible
Saving made by client		No savings
Loss made by service	Home Care	\$0
	Meals On Wheels	\$0
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0

Client 14.

- Not eligible for cap

Pre trial

		Per Fortnight
Income	Pension	\$546.80
HACC Fees	Home Care	\$26
	Meals On Wheels	\$55
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0
	Total fees Paid	\$81
Other Expenses	Housing Costs	\$54
	Other community services	\$0
	Other	\$10
	Total other costs	\$64
Disposable Income per fortnight		\$401.80

Pre-trial Questionnaire:

- No Client is finding it difficult to currently pay fees
 No Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight and for the trial
Client's Capped Fee		Not eligible
Saving made by client		No savings
Loss made by service	Home Care	\$0
	Meals On Wheels	\$0
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0

Client 15.

- Not eligible for cap

Pre trial

		Per Fortnight
Income	Pension	\$546.80
HACC Fees	Home Care	\$8
	Meals On Wheels	\$27.50
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0
	Total fees Paid	\$35.50
Other Expenses	Housing Costs	\$185.00
	Other community services	\$0
	Other	\$4
	Total other costs	\$189.00
Disposable Income per fortnight		\$322.30

Pre-trial Questionnaire:

- No Client is finding it difficult to currently pay fees
 No Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight and for the trial
Client's Capped Fee		Not eligible
Saving made by client		No savings
Loss made by service	Home Care	\$0
	Meals On Wheels	\$0
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0

Client 16.

- Not eligible for cap

Pre trial

		Per Fortnight
Income	Self funded	\$?
HACC Fees	Home Care	\$36
	Meals On Wheels	\$22.80
	Community Transport	\$0
	Community Options	\$10
	Multi Service Outlet	\$2.50
	Total fees Paid	\$71.30
Other Expenses	Housing Costs	\$0
	Other community services	\$0
	Other	\$26
	Total other costs	\$26
Disposable Income per fortnight		\$?

Pre-trial Questionnaire:

- No Client is finding it difficult to currently pay fees
- No Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight and for the trial
Client's Capped Fee		Not eligible
Saving made by client		No savings
Loss made by service	Home Care	\$0
	Meals On Wheels	\$0
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0

Client 17.

- Not eligible for cap

Pre trial

		Per Fortnight
Income	Pension	\$546.80
HACC Fees	Home Care	\$10

	Meals On Wheels	\$80
	Community Transport	\$0
	Community Options	\$10
	Multi Service Outlet	\$0
	Total fees Paid	\$100
Other Expenses	Housing Costs	\$?
	Other community services	\$?
	Other	\$?
	Total other costs	\$? *
Disposable Income per fortnight		\$? *

*Unable to ascertain because of cognitive deficits. Case Management involved indicated that from their understanding the client would not have high other expenses and therefore would not be eligible for cap.

Pre-trial Questionnaire:

- No Client is finding it difficult to currently pay fees
- No Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight and for the trial
Client's Capped Fee		Not eligible
Saving made by client		No savings
Loss made by service	Home Care	\$0
	Meals On Wheels	\$0
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0

Client 18.

- Eligible for cap

Pre trial

		Per Fortnight
Income	Pension	\$546.80
HACC Fees	Home Care	\$40
	Meals On Wheels	\$80
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$5
	Total fees Paid	\$125
Other Expenses	Housing Costs	\$0
	Other community services	\$0
	Other	\$185
	Total other costs	\$185.00
Disposable Income per fortnight		\$236.80

Pre-trial Questionnaire:

- No Client is finding it difficult to currently pay fees
- No Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight	For the trial
Client's Capped Fee		\$90	

Saving made by client per fortnight		\$35	\$140
Loss made by service per fortnight	Home Care	\$11.20	\$44.80
	Meals On Wheels	\$22.40	\$89.60
	Community Transport	\$0	\$0
	Community Options	\$0	\$0
	Multi Service Outlet	\$1.40	\$5.60
		\$35	\$140

Post – trial Questionnaire:

- Yes Client would spend any money they saved on fees on extra services, essential such as food and bills, or family
- Yes Client indicated that the development of a similar framework to the trial is a worthwhile exercise

Client 19.

- Not eligible for cap

Pre trial

		Per Fortnight
Income	Pension	\$546.80
HACC Fees	Home Care	\$10
	Meals On Wheels	\$51.30
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0
	Total fees Paid	\$61.30
Other Expenses	Housing Costs	\$?
	Other community services	\$?
	Other	\$?
	Total other costs	\$?*
Disposable Income per fortnight		\$?*

*Unable to ascertain because of cognitive deficits. Case Management involved indicated that from their understanding the client would not have high other expenses and therefore would not be eligible for cap.

Pre-trial Questionnaire:

- No answer given Client is finding it difficult to currently pay fees
- No answer given Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight and for the trial
Client's Capped Fee		Not eligible
Saving made by client		No savings
Loss made by service	Home Care	\$0
	Meals On Wheels	\$0
	Community Transport	\$0
	Community Options	\$0
	Multi Service Outlet	\$0

Client 20.

- Eligible for cap

Pre trial

		Per Fortnight
Income	Pension	\$546.80
HACC Fees	Home Care	\$0
	Meals On Wheels	\$57
	Community Transport	\$26
	Community Options	\$0
	Multi Service Outlet	\$20
	Total fees Paid	\$103
Other Expenses	Housing Costs	\$0
	Other community services	\$0
	Other	\$110
	Total other costs	\$110
Disposable Income per fortnight		\$333.80

Pre-trial Questionnaire:

- No Client is finding it difficult to currently pay fees
- No Client has forfeited a service because of the cost of fees

Trial Period

		Per fortnight	The trial period
Client's Capped Fee		\$90	
Saving made by client per fortnight		\$23	\$92
Loss made by service per fortnight	Home Care	\$0	\$0
	Meals On Wheels	\$23	\$92
	Community Transport	\$0	\$0
	Community Options	\$0	\$0
	Multi Service Outlet	\$0	\$0
		\$23	\$92

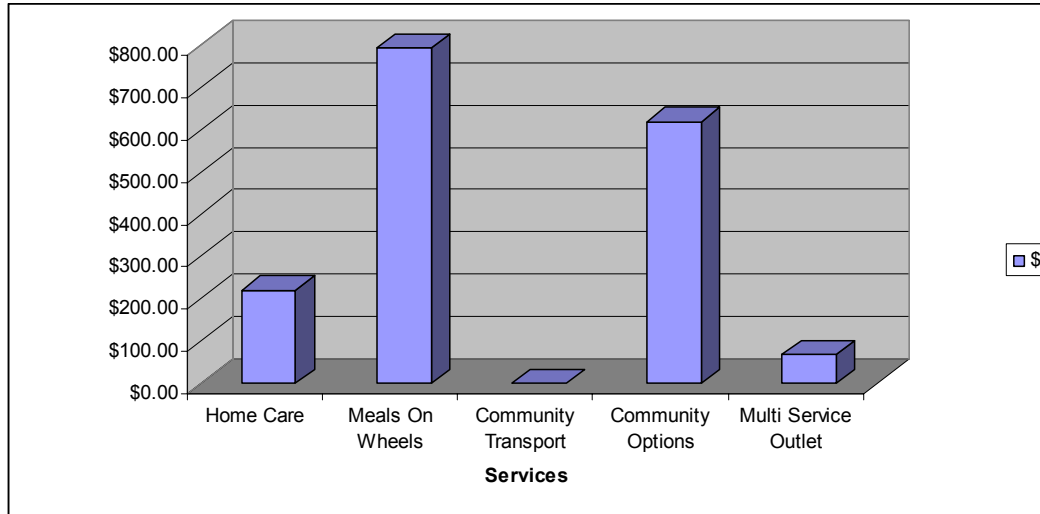
Post – trial Questionnaire:

- Yes Client would spend any money they saved on fees on essentials such as food and bills or on family
- Yes Client indicated that the development of a similar framework to the trial is a worthwhile exercise

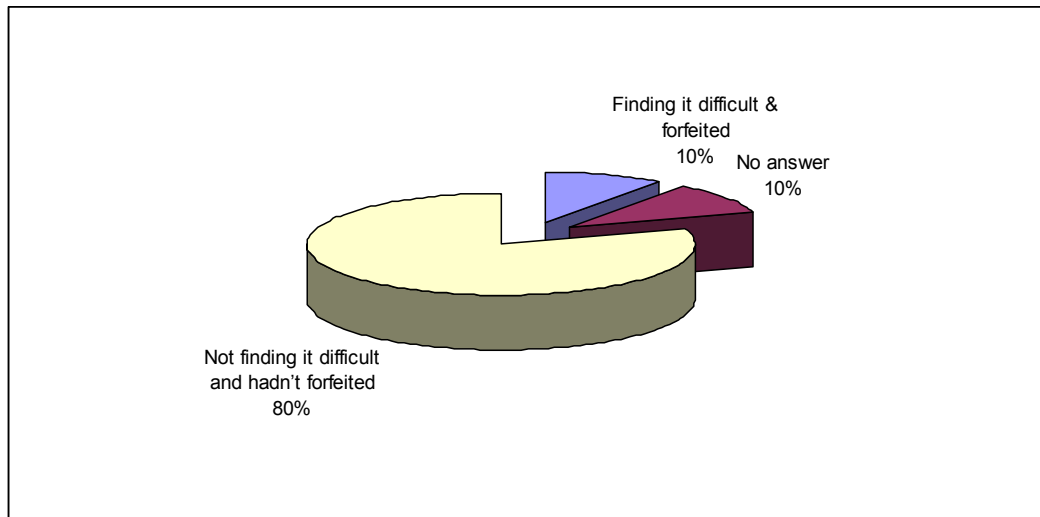
Summary

- Total loss in fees to services over the course of the trial

Home Care	\$220.80 (does not include fees for increase in service over the course of the trial that were not adjusted)
Meals On Wheels	\$794
Community Transport	\$0
Community Options	\$618.70 (one off expenses incurred by clients over the course of the trial – where no contribution was charged)
Multi Service Outlet	\$69.20

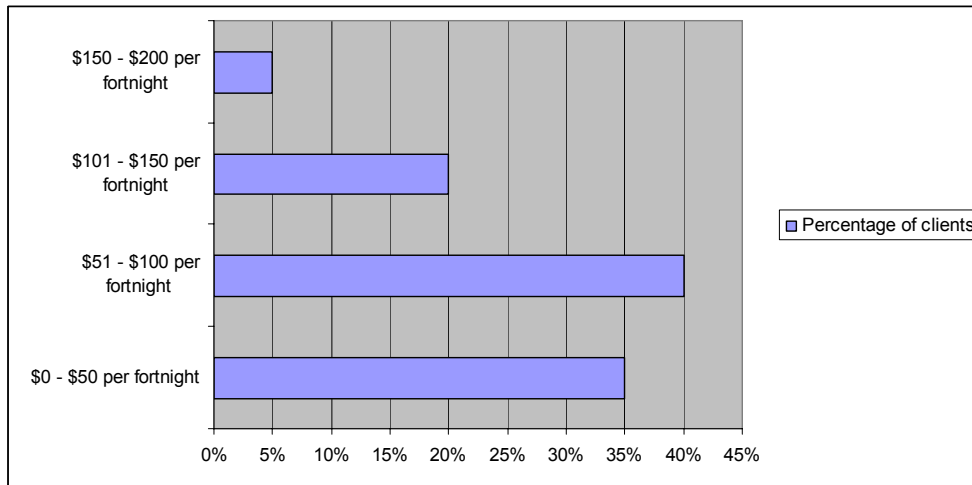


- Results from the pre-trial questionnaire showed that 10% of clients were finding it difficult to pay fees and had forfeited services because of fees. 80% of clients indicated they were not currently finding it difficult to currently pay fees and had not forfeited services because of fees and 10% of clients abstained from answering.



- The results from the post-trial questionnaire showed that 100% of clients would spend any money they saved on fees on essentials such as food and bills, 80% as well indicated that they would spend the money on family and 40% as well indicated that they would spend the money on extra services. None indicated that they would spend the extra money on savings or social activities.
- 100% of clients indicated that they thought the development of a similar framework to the trial is a worthwhile exercise.
- 15% of clients were classified by the trial as financially disadvantaged. With these clients having respectively \$66, \$128.80 and \$172.80 disposable income per fortnight for bills, food, personal expenses, emergencies and social activities.
- 30% of clients had housing costs, either rent or mortgage.
- Current HACC fees by the trial's client group are as follows:

35% paid between \$0 - \$50 per fortnight
 40% paid between \$51 - \$100 per fortnight
 20% paid between \$101 - \$150 per fortnight
 5% paid between \$150 - \$200 per fortnight



Post-Trial Evaluation Summary

See Appendix 3. for full results.

- 3 out of 4 services responded to the survey
- The main obstacle seen to the success and value of the trial and indeed of any sort of ongoing framework was not having participation from Community Transport
 - 'There was too much non-compliance between some of the key-stakeholders involved'*
 - 'It was disappointing that the community transport agency didn't fully participate'*
- All services felt that the trial was a valuable and worthwhile exercise to participate. It gave financial benefit to clients and was extremely beneficial in providing a forum for exchange of views, strengthening of relationships and sharing of information between services
 - 'Financial benefit to the clients involved. Excellent inter-agency co-operation between agencies involved. Very beneficial exchange of views and ideas leading to a greater understanding of the work of other agencies and the financial difficulties facing the client group'*
 - 'I really enjoyed the process and felt that it gave the participants an opportunity, especially towards the end of the trial for useful informal communication that I personally found beneficial'*
- All services agreed the trial model will inform DADHC and other regions of best practice for charging high service usage clients and that developing a model for a fee cap is a valuable and viable exercise for DADHC to continue to pursue
- All agencies felt that the impact on the client group provided for the trial period more affordable client fees
- 2 out of three services indicated that the financial impact of the trial was affordable for the duration for the trial period only. These services felt that their service relied on client contribution for 1. 'to survive' and 2. 'fees charged contribute to the pool of financial resources used to provide additional services to a number of clients'
- 1 of the services indicated that as they generally greatly reduce fees for this client group there are no real financial impact

- All agencies commented that the administration workload associated with this type of trial would need to be reviewed

Discussion

Pre-trial

- Services initially planned to include in the trial clients who received 2 or more services. Cross referencing indicated that this would involve approximately 80 clients. Service's decided this was an unworkable amount to include in the trial so changed the eligibility of the trial to clients receiving 3 or more services. This resulted in 20 clients being identified in the Glen Innes area who received 3 or more services.
- Services identified clients with 3 or more services by firstly cross referencing client lists from community options and the multi service outlet, then cross referencing this with Home Care and current Community Transport clients.
- Services developed the Client Questionnaire on the basis of examples of other States and Territories examples of financial assessment. The also thought it was valid to collect comprehensive information regarding current community care fees. As well, initially information was collected from the client group regarding whether they were finding it difficult to pay current fees and whether services had been forfeited because of the cost of fees.
- The maximum cap was set by the services after discussion regarding the maximum amount payable in client fees through Community Aged Care Packages, which is a maximum 17.5% of income. With the current pension rate set at \$546.80 per fortnight this calculates at approximately \$96 per fortnight. Initially the cap was set at \$100 per fortnight however after analysis of the client group statistics showed that a number of clients would miss out on a reduction of fees if this was the case, so was revised down to \$90 per fortnight.
- The lower cap was set arbitrarily at \$60 per fortnight in recognition by the services that a number of clients had significant expense in relation to housing or other medical costs and would therefore be in a position of financial disadvantage and unable to afford the \$90 cap.
- The definition for financial disadvantage was agreed on arbitrarily by the services after discussion on opinions regarding how much disposable income was needed to pay for food, bills and social expenses. Calculations on clients eligibility was based on information collected in the initial client questionnaire.
- Services agreed that the division of the cap between services would be calculations based on percentage of current total fee that each service is collecting. It was noted that once Home Care's reduced fee was established it would be unfeasible to alter this during the duration of the trial. Furthermore, Community Transport indicated that as a service they would be unable to reduce fees because of viability issues, it was agreed that Community Transport would collect fees as normal and other services would absorb the costs.
- Services met on average fortnightly to discuss issues related to the trial. Normally this involved revisions to client's service plan. Community Transport agreed to inform at these meeting if any client on the trial's client list had booked transport for the following 2 weeks so that fee calculations could take this into consideration and the client wouldn't be overcharged.

Trial period and post trial period

- Based on the data initially provided by Community Transport regarding current fees for the trial clients, if Community Transport had agreed to reduce their fees for the period of the trial the service would have incurred the following loss:

Community Transport	Client 4 = \$39.20
	Client 20 = \$14

Total Loss to service	\$53.20
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- Community Transport failed to participate in providing information to the other services regarding client's transport that was booked during the course of the trial. This was raised throughout the trial as a serious threat to the validity of the trial by the Project Officer with DADHC, however the service continued to not participate. This results in questions about whether the clients involved in the trial incurred fees over and above the cap during the trial period with Community Transport. Also, it makes it difficult to calculate exactly what losses Community Transport would have incurred if fully participating. Services who completed the post-trial evaluation consistently stated this lack of participation as the most significant and serious barrier to the success of the trial and any ongoing fee cap framework
- A part-time coordinator was employed by the services participating in the trial to ensure that information in relation to the trial regarding clients and their fees was processed and acted on on an ongoing basis. However, there were still difficulties in communicating and acting on changes to service throughout the trial. The following reasons are seen for the difficulties;
 2. The client group involved, clients receiving 3 or more services, was by nature a complex group with changing needs, there was a case of hospitalisation and 3 cases of services significantly changing during the course of the trial
 5. While Home Care were fully committed to the trial, the inflexible nature of Home Care's fee structure, meant that once a fee reduction had been obtained for the clients involved in the trial if services changed throughout the trial Home Care was unable to change fees accordingly and other services had to absorb costs. As well, Home Care's delayed billing process meant that clients would not in practice necessarily feel the immediate benefit of a set cap per week making it difficult for the client to budget week by week. However, this may resolve with a long term framework
 6. Services were unable to increase client's fees for the period of the trial even to bring them up to the cap as a result of initial undertakings given to clients. This meant that significant increase in service had to be absorbed with no collection of fees on the part of the relevant service. However, it was noted that while fees may increase client income did not, presenting the argument that an increase in service is not always affordable for clients
 7. It was generally a fairly complicated process altering client's fees on a week by week basis, confusing for the client and services and heavy on administration
- It was decided by the services involved in the trial that HACC services, Home Maintenance and Modifications and the TAP program would not be involved in the trial due their one off nature. However, it was noted than in any more extensive trial or ongoing cap framework they would need to be. In fact 4 of the clients involved in the trial received these services but not during the trial period
- There was not a significant amount of clients who firstly received 3 or more services and secondly who then had enough expenditure on HACC fees to reach the cap and therefore benefit from the trial. A number of reasons can be given for this;
 1. The initial screening of clients for eligibility was based on clients that received 3 or more service rather than on total HACC fees paid. If it had been based on total HACC fees paid this would also have created a cap within individual services as well as across services
 2. The cap was set arbitrarily at \$90 and \$60 for financially disadvantaged. If the cap had been set at different levels it would have implications for more or less people benefiting from the trial
 3. The mechanisms for identifying clients with 3 or more services may have not captured the total number of clients in the area using 3 or more services. For example a client using Home Care, Community Transport and Home Modifications would not have been captured
- The division of the cap was calculated on current fees charged by service and therefore services who had already reduced their fee for a client were further having to reduce fees. As well, when the results are examined regarding total loss to services, fees that have already been reduced by services are not included in the calculations. Services that have incurred the biggest loss may appear to do so only because they have not previously reduced fees. For example Meals on Wheels has the largest loss which could be as a result of historically not reducing or waiving fees rather than a true reflection of loss in comparison to other services. Community Options showed the second largest loss and this was just for

one off items purchased during the course of the trial and did not include fees that had already been reduced or waived

- The framework only involved HACC services and no other services with different funding streams. However, there was only one case of a trial client paying for other services. It is unclear of how accurate this is in terms of clients being aware they using other funding for example PADP funding
- There were no Aboriginal clients involved in the trial. This was firstly a result of Aboriginal clients in the area generally only accessing one service provider. As well, based on research completed by the Project the caps would have been set at an unaffordable level for most Aboriginal HACC clients
- The financial assessment and calculations didn't take into consideration factors such as the reduced pension that couples receive, nor accurately whether other costs were household or individual costs. As well, other financial factors were not captured such as whether there were dependants, housing costs such as home repairs, rates or levies which may equal what some clients pay in rent or mortgage
- There was a contradiction in client's answers regarding fee affordability. Initially only 10% of clients indicated that they were finding it difficult to pay for fees and had forfeited a service because of fees, however, in the post trial questionnaire 100% of clients indicated that they would spend any money saved on fees on essential such as food and bills. This indicates both a willingness and culture to pay for services even if it may be reducing ability to pay for essentials. It may also indicate, as has been a common theme during the research done by The HACC Fees Project, sensitivity in actually admitting to financial difficulty

Conclusion

A framework for caps across services can provide effective fee relief for multiservice usage clients. For example one of the trial's financially disadvantaged clients currently pays \$163 per fortnight for services and had a remaining \$66 disposable income per fortnight. For the duration of the trial the client saved \$103 per fortnight, therefore increasing disposable income by 156%.

Not only can the framework itself be effective, however, this sort of collaborative approach amongst service providers can develop relationships between providers and encourage sharing of client information. The post trial service evaluation showed that services felt this was of significant benefit to their services and clients.

With these important gains in mind it is recommended that services at a local level continue to meet on a regular basis specifically to discuss mutual clients and their fees. In this way an informal fee cap could continue to be imposed across services. This framework would continue to build relationships between services, but also function as an important forum for sharing of information about client's financial and fee status. Critically, up until the trial most services were largely unaware of what other services were collecting in fees, but also the severe financial disadvantage their clients were at times suffering.

Another important achievement of the trial was to overcome some of the inflexibility of Home Care's fee structure. If a forum continues to exist where a Home Care Coordinator is made aware of the financial situation of a client then they would have information needed to request a reduction in fees for this client.

It would also be critical that a definition for financial disadvantage is set at a local level to ensure that any client who meets the criteria for financial disadvantage was targeted by the group for a reduction in fees. The trial defined financial disadvantage as having less than \$200 disposable income after paying for HACC services and other additional expenses. This definition depends on the collection of fairly comprehensive financial information from each client which most services don't carry out on a day to day basis. It would therefore be recommended that services follow what many other States and Territories, other community care fees models and the Project's Financial Disadvantage Trial use to define financial disadvantage, that is someone on a pension level income with housing costs or other major medical/pharmaceutical costs. Collection of this information should be a fairly simple and a non-time consuming addition to assessment if it is not already collected.

In regards to an ongoing formalised fee cap across services it is clear from the results of the trial that there are a number of issues that need further investigation and clarification. For example;

- Responsibility and funding for administration of a cap framework

- Service's differing methods of billing and fee structure, including Home Care's current inflexibility in relation to fees and billing. The potential for one point of billing to reduce the administration workload and complexity of continually having to alter fees for each service
- Eligibility for a fee cap based on fees rather than number of services
- A fairer and more consistent calculation for division of the cap based on service's usual fees, rather than on a reduced rate that may be currently charged
- The financial impact on certain services with the implementation of this type of framework. In particular in the case of the Glen Innes trial with Meals on Wheels and Community Transport
- Further in depth research regarding setting of cap related to poverty indicators and cultural appropriateness
- A consistent approach to financial assessment to ensure those that can't afford to pay fees are not just paying out of pride. This negatively impacts on their ability to pay for essentials such as food and bills and therefore on their ability to live independently in the community and their quality of life.

Importantly any implementation of a long term formal framework for caps across services would need to be directed by DADHC with a one hundred percent guarantee of service compliance. Without this you are relying on the goodwill of individual services and individuals within services therefore leaving room for compromising the validity of the framework.

Furthermore, a longer trial with comparative trials being undertaken in different areas would lend greater validity to the conclusions and allow for further investigation of best practice in relation to a fee cap framework.

Trial 2.: A Fee Trial For Financial Disadvantage

Objectives:

- To trial a fee mechanism in a local community that will provide greater access to service for financially disadvantaged clients and provide services with a guide for appropriate charging of these clients
- To develop the trial framework to reflect the following HACC Fees Policy:

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

With the explanation that:

HACC funded agencies should reduce or waive the fee for any service where the client is assessed as not having the capacity to pay the full fee applying to their circumstances.

For example, waiving fees may be appropriate where the client has very high medical or pharmaceutical costs which take up a large proportion of his/her income, or if a person is forced to pay a high proportion of his/her income on rent. (Draft HACC Fees Policy, National Guidelines for the Home and Community Care Program 2007)

- To implement this framework for a set period of time
- To evaluate the success of this framework in overcoming service's difficulties with current client fee structures in providing greater access to clients

Development of the framework:

- Kyogle Shire was identified by the HACC Fees Research Project Advisory Group as a potential community that could carry out a trial that explores fees for financially disadvantaged clients
- All HACC Services in the Kyogle area were contacted and asked to attend an information meeting to discuss the possibility of a trial
- HACC services in the area attended a series of meetings to discuss the potential for and form that the trial would take
- Protocols were developed with the main stakeholders involved

Services Participating:

Northern Rivers Community Transport
Kyogle HACC Flexi Service

Protocols for the trial:

- The trials duration is for one month, May 2008
- All HACC eligible clients, defined as financially disadvantaged by the trial, will be offered a one month period of free medical transport provided by Northern Rivers Community Transport (NRCT).
- The trial will be administered by Kyogle HACC Flexi Service and NRCT's community offices
- Financial disadvantage is defined as someone on a pension level income with housing costs or other major medical/pharmaceutical costs
- A comprehensive promotional campaign will take place prior to the trial to ensure that all eligible clients, both Aboriginal and non-Aboriginal and all staff involved are aware of the trial.

This will involve;

- Briefing all relevant administration staff
 - Letters to all involved drivers informing of trial
 - Posters, one aimed at mainstreamer and one aimed at Aboriginal communities (see Appendix 4. & 5.) distributed in the communities involved and installed at strategic places
 - Poster advertised in local newspapers regarding the trial (see Appendix 5.)
 - Flyers in all the cars that are used to transport in the area
- A proforma (See Appendix 6.) is developed for use by the administration staff involved with the trial to assist with the evaluation process. This records details such as whether the client is a new client or old client, whether the client would have otherwise booked the transport and the normal fee for the trip
 - An evaluation framework for this trial will be developed with services involved and the Project's Advisory Group.

Other existing frameworks for financial disadvantage:

- The HACC Fees Research Project's research indicates that many HACC services in the Far North Coast and New England areas currently provide varying forms of fee relief and waiver to financially disadvantaged clients. The way in which services define financial disadvantage, assess for financial disadvantage and charge financially disadvantaged clients is often done informally and inconsistently

- Western Australia's HACC Fees Policy has clear guidelines on how to treat financially disadvantaged clients. Key Features of the Income Assessment process are:
 - An income assessment is not completed until the client's need for service is assessed and service plan developed
 - A fee can only be determined after considering the client's income and factors that affect the client's ability to pay
 - Clients are asked to complete an Income Assessment Form and then can request to complete a Fee Reduction/ Fee Waiver Form. Notably if a client has expenses that total 20% or more of their income then they are considered for a fee reduction or waiver.
- Tasmania's Community Services' Fee Guidelines have established procedures for managing fee reductions and/or waivers. An expenditure benchmark has been set at \$48 per fortnight, any client with expenses over this are eligible for fee relief or waiver.
- The Victorian Home and Community Care (HACC) Fees Policy states that fees may be reduced or waived where a consumer who is receiving all relevant assistance would still experience hardship in paying fees. Fees are determined by setting fees within income brackets. Income is determined by calculating income and then subtracting any additional costs.
- The Home Care Service of NSW has two fee scales related to income: pension or private. A pension fee is set at \$10 per hour capped at \$100 per month. A safety net allows for clients to make an application for a review of the fee on hardship grounds. This review is done externally to the branch by the Regional Director through evaluation of a Fee Review Application Form. The Fee Review Application Form requires a summary of gross income and expenses related to the client's disability or frailty. Example for expenses taken into account includes; pharmaceutical expenses above the subsidy amounts, oxygen bottles, continence pads not otherwise covered by subsidy.
- Aboriginal Home Care have newly released a draft framework for a fees policy that would apply to all Aboriginal clients of Home Care. Essential services; domestic assistance, personal care and respite, will be fee exempt for low income or pension Aboriginal clients. Other services classified as non-essential provided by Home Care will require a small as yet unset contribution, most probably to be in the order of 10% of the unit cost.

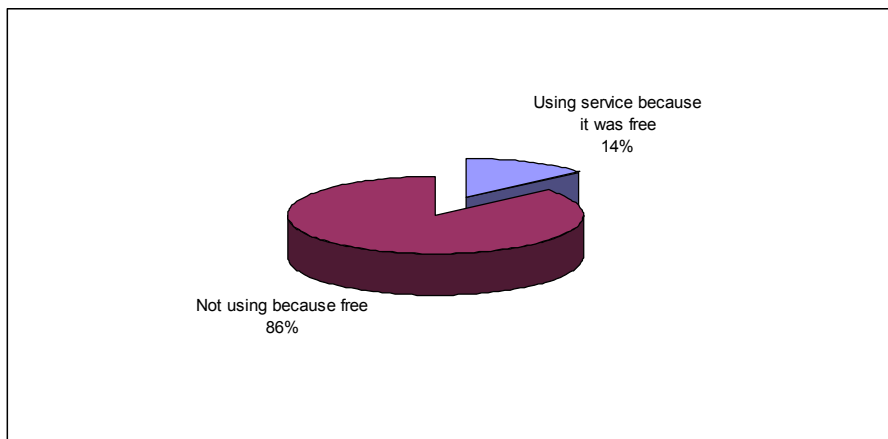
Results

The results below are based on the following understandings:

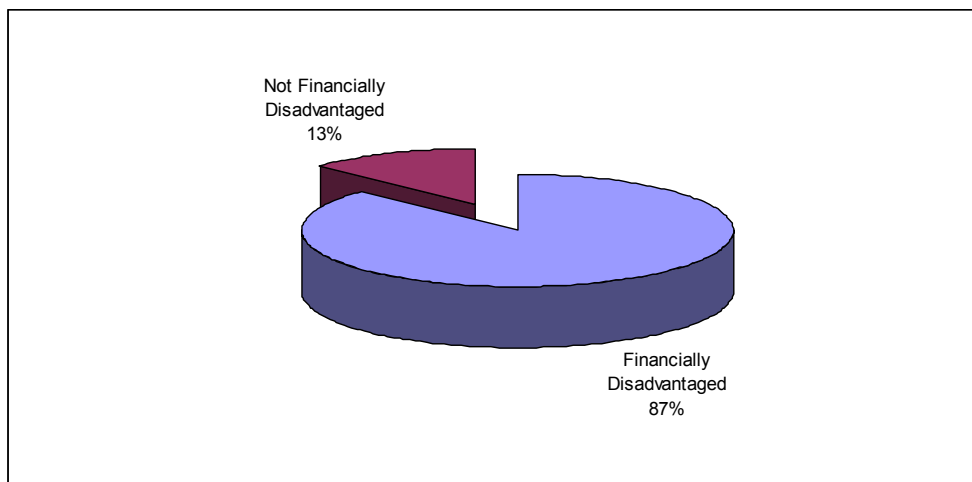
- Financial disadvantage is defined as someone on a pension level income with housing costs or other major medical/pharmaceutical costs
- All HACC eligible clients, defined as financially disadvantaged by the trial, will be offered a one month period of free medical transport provided by Northern Rivers Community Transport (NRCT)

The results include information asked of all clients contacting the Kyogle Community Transport office accessing community transport for medical transport.

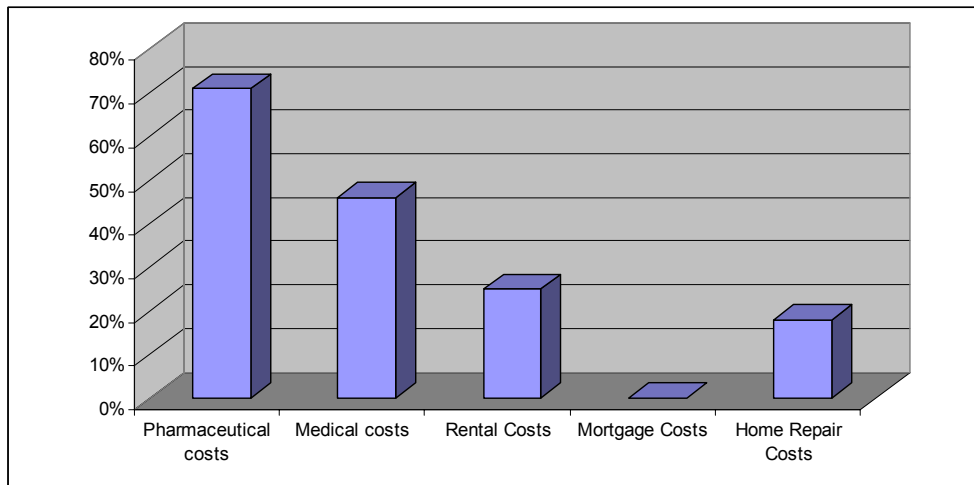
- There were 44 medical related trips booked by Community Transport during the trial period in Kyogle and outer areas, of these there was 1 cancellation
- These 44 trips were for 28 different clients. Of these 28 clients, 89% were current clients and 11% were new clients. However, none of these new clients were accessing the service because of the promotion
- Of these 28 clients, 82% were not contacting Community Transport as a result of promotion of the trial, while 18% of clients were contacting Community Transport as a result of the trial
- 14% of clients indicated that they were contacting the service because it was free.



- 9 clients indicated they had seen advertising for the trial. 3 in the newspaper, 5 had seen posters and 1 through a friend
- Of the 28 clients, 82% were eligible for the free medical transport being offered after being classified as financially disadvantaged



- 71% of clients had high pharmaceutical costs, 46% of clients had high medical costs, 25% of clients had rental costs, none were paying a mortgage and 18% had home repair costs



- 46% of clients indicated they would use the service more if it continues to be free, 14% indicated that they wouldn't and 38% said they didn't know if they would

- Comparison of year data May 2007 with trial period May 2008

May 2008	
No. of trips	43 trips
Lost Revenue	\$735
Fee Revenue	\$18
No. Of Free Trips	38

May 2007	
No. of trips	69 trips
Fee Revenue	\$1063
No. of free trips	3

Trips were down 17.25% in May 2008 compared to May 2007

- As it is unclear whether the clients who accessed Community Transport during the trial would have anyway been given a reduction or waiver of fees it is useful to compare May 2008 figures. Proportionally if in May 2007 the same amount of trips had been undertaken then \$662.45 revenue would have been collected. This would show a loss in May 2008 of \$644.45 in fee revenue over the trial period. If this was calculated over a year the total loss in revenue would be \$7733.40.

Discussion

- There was not a high number of new clients that accessed Community Transport during the trial period. This may be as a result of;
 1. A low amount of unmet need in the community. Clients may be accessing Community Transport for medical trips when they need and prioritising paying for the service as it is seen as essential

2. A reluctance to publicise in newspapers that reached outside the area, for fear of clients in other areas feeling like they were missing out. One of the main newspapers in Kyogle was not advertised in for this reason
 3. While all attempts were made to access the Aboriginal communities by producing culturally appropriate advertising there may have been language and or literacy barriers
 4. The short timeframe for advertising and distribution before the trial commenced meant that information regarding the trial may not have been fully disseminated or acted upon by clients
 5. The short time frame of the trial did not capture clients who need a longer lead time to book medical appointments
- While it was expected that there would be an increase in trips because of the trial, the trip numbers were down 17.25% in May 2008 compared with May 2007. This may be a result of;
1. A trial that was too short in duration to see the long term effects on numbers this type of fee framework would have
 2. A reflection of the variations in transport use month to month, not able to be captured in a one month trial
- 82% of clients that used the service were financially disadvantaged. It was known at the outset that the area the trial was conducted in was one of high disadvantage. However, what this trial definitively indicates is that a large majority of the clients normally using the service are financially disadvantaged and paying fees in some capacity for the service. It is unclear how many are usually getting a reduction in fees, however, only 3 trips in the same period of May 2007 incurred a nil fee charge for the client.

Furthermore, 79% of clients indicated that they were not contacting the service because it was free. These figures need to be examined in the context of understanding that clients may feel embarrassed or a loss of pride in admitting they were ringing because the service was free. In fact a clearer picture can perhaps be seen when analysing that only 14% of clients indicated that they would not use the service more because it was free, 46% indicated that they would use it more and a high 36% indicated that they didn't know if they would. This may indicate, as has been a common theme during the research done by The HACC Fees Project and with the caps across services trial, the sensitivity in actually admitting to financial difficulty.

Conclusion

Significantly, the trial was successful in providing more affordable fees to financially disadvantaged current clients, however, did not capture a large amount of clients who hadn't accessed the service before because of unaffordable fees.

The results show that even with the time and resource constraints of the trial, 14% of current Community Transport clients used the service during the trial because it was free and 86% indicated that they may use the service more if it were free ongoing. Furthermore, 82% of clients who accessed medical transport during the trial period were financially disadvantaged. Most of these clients would normally access the service and would contribute in some capacity, indicating that they view the service as a priority and essential.

Critically, all clients indicated that they would spend any extra money they saved on fees on essentials such as food and bills. This indicates that while clients are willing to and do currently pay fees, this fee can impact on their ability to pay for other essential items and therefore on their independence in the community and quality of life.

It is therefore recommended that at an interagency level, services establish a protocol for financial disadvantage including a definition of financial disadvantage and how to manage financial disadvantage in relation to fees. This would achieve consistency across services in addressing financial disadvantage, break

down barriers of access for financially disadvantaged clients and ensure that financially disadvantaged clients are not paying fees which impact negatively on their ability to pay for other essentials.

The definition used by the trial for financial disadvantage, someone on a pension level income with housing costs or other major medical/pharmaceutical costs, is one that is used by most other States and Territories and other community care models, it is therefore one that is recommended to interagencies as this would create greater consistency across the community care sector.

In relation to Community Transport's role in the trial, what seems significant in the analysis of the trial results is that the lead up time and the trial's duration was not long enough to capture more than a snapshot of how this type of framework would in the long term effect barriers for financially disadvantaged clients to access medical transport.

Furthermore, it would be useful if there were similar trials being conducted in different areas (for example in areas with differing levels of financial disadvantage, different infrastructure and differing community transports' fee structures and practices) for analysis and comparison of results.

As well, in a more comprehensive trial, different avenues for advertising and distribution would need to be investigated to attempt to access clients who have language, literacy or isolation barriers.

Northern Rivers Community Transport must be commended for their commitment and willingness to participate in the trial process. However, for the ongoing success of this type of framework with other transport services, accountability to the funding body to participate must be explored to ensure the trials are not just relying on individual service good will. This could jeopardise any long term sustainability and consistency to breaking down barriers of access for financially disadvantaged clients.

Appendix

1. Client Questionnaire

A partnership in the Glen Innes Community
Garden Court, Northern Community Care,
North East Tablelands Community Transport, Home Care Service of NSW

CONFIDENTIAL

Client Questionnaire for the Glen Innes Client Fees Trial

INTRODUCTION

The Home and Community Care Services (HACC) in the Glen Innes area are working together by participating in a research trial. The goal of the trial is to see whether a system can be developed that reduces the amount of fees paid by clients who receive multiple services.

You have been asked to fill in this form as you have been identified as a client who usually receives three or more HACC services. If you agree to fill in this form you will be participating in the trial. **As a result of participating in this trial your fees will either stay the same or be reduced, they will in no circumstances be increased.** The trial runs from the 1st February 2008 to the 30th April 2008. The only change you may notice over this period is a reduction in the amount of fees that you are invoiced or asked for by your service provider. The information that you provide in this form will be kept confidential between the services participating in this trial and used only for the purposes of this trial.

If at any time you decide you do not want to participate in the trial or you have any further questions or complaints regarding this trial please contact the Project Officer or your relevant service provider.

Project Officer, Northern Rivers Social Development Council Francesca Hart 6622 3030
Garden Court, Robyn Condon 6730 2430
Northern Community Care, Janine Johnson or Susie Dunn 6739 0400
Home Care Service Of NSW, Grahame Walsh 6774 8900
North East Tablelands Community Transport, Bob Sharwood 6732 4666

PERSONAL DETAILS

Client Details:

Surname or: _____
Family Name
Given Names: _____

Home Address: _____ Postcode: _____

Telephone: _____

Age Group: 0-15 → Complete this form based on parental income
 16 yrs or over → Complete this form based on client income

CLIENT CONSENT

Do you agree to participate in the trial and give permission for your information to be discussed between the agencies participating in the trial?

Yes
 No

Client's Name Date

Client's Signature Date

INCOME DETAILS

Q1. Is your income:
 Full pension
 Part pension
 Self-funded

Q2. Do you have costs in the following areas:

Additional Costs due to disability/other factors	Average Weekly Cost \$	Is this short-term cost Please tick	Is this Long-term cost Please tick
--	------------------------	-------------------------------------	------------------------------------

<ul style="list-style-type: none"> • Housing costs, either rent or mortgage 	\$		
<ul style="list-style-type: none"> • Medication/drug costs • Alternative therapies • Aids and equipment, including continence products • Specialist care, (e.g., occupational therapy, physiotherapy, extensive podiatry) • Special clothing • Special foods (e.g., dietary supplements) • Medical supplies 	\$ \$ \$ \$ \$ \$ \$		
<ul style="list-style-type: none"> • Home modification costs • Specialist care related costs - such as transport or accommodation when travelling to another location to see medical specialist 	\$ \$		
<ul style="list-style-type: none"> • Health or medical insurance • Fees for other non HACC services 	\$ \$		
<ul style="list-style-type: none"> • Other • • 	\$ \$ \$		
<ul style="list-style-type: none"> • Total additional Costs 	\$		

SERVICE INFORMATION

Q3. Which HACC providers do you receive services from?

- Garden Court
- Northern Community Care
- North East Tablelands Community Transport
- Home Care Service of NSW

Services Included in Fee Cap			
Activity Name	Unit of Service	Current Fees Paid for Services	
		Per fortnight	Provider
Meals On Wheels	Per meal	\$	
Shopping Trip	Per hour	\$	
Transport	Per trip	\$	
Domestic Assistance	Per hour	\$	
Food Services (meal prep)	Per hour	\$	
Respite Care	Per hour	\$	
Social Support	Per hour	\$	
Nursing Care	Per hour	\$	
Personal Care	Per hour	\$	
Centre Based Day Care	Per occasion	\$	
Allied Health Care	Per hour	\$	
Home Maintenance	Per hour	\$	
Total		\$	
Sub Total Per Agency		*	\$
		*	\$
		*	\$
		*	\$

Q.4 Are you finding it difficult to pay your current fees?

- Yes
- No

Q.5 Have you ever forfeited services because of the cost of fees?

- Yes
 No

Your total HACC Service Fee under the trial will be:	
Maximum amount of fees payable under the fee CAP	\$ 90 per fortnight
Total amount you currently pay for services per fortnight	\$ _____
Taking into consideration your current financial situation the total you will pay for your services per fortnight for the duration of the trial is	\$ _____
This will be collected by the following providers	
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

2. Post-trial Client Questionnaire

HACC Fees Research Project

Evaluation of the Capped Fees Trial – Glen Innes

Post Trial Client Questionnaire

Client ID: _____

You have participated in a trial to see whether a system can be developed that reduces the amount of fees paid by clients who receive multiple services. We would appreciate your feedback on this trial by answering the following questions. Your answers will be kept confidential between the services participating in this trial and used only for the purposes of this trial.

- Have you noticed a change in your fees during the trial (you may notice further on down the track with your for example Home Care bills)?
 Yes
 No

Comments:

2. If your fees were reduced on a permanent basis how would you spend the extra money?

- Extra Services which ones _____
- Essentials eg. Food/Bills
- Social Activities
- Family
- Savings
- Other _____

3. Overall do you think that trying to develop a system to reduce the amount of fees that clients pay for services is a worthwhile exercise?

- Yes
- No

Comments:

4. Do you have any other comments about the trial?

3. Post-trial electronic Service Survey Results

Post-trial Service Survey for the Caps Across Services Trial – Glen Innes

Survey answers including comments from the 3 services who responded

Respondent 1.
1. Generally speaking do you think the trial was successful in its goal to: "Trial a practical option in a local community that provides high level service usage HACC clients a fee cap across services"
Disagree
<i>Comment:</i> There was too much non-compliance between some of the key stakeholders involved.
2. Do you think the 'Fee Cap Across Services Trial' was a valuable and worthwhile exercise for your service to participate in?
Agree
<i>Comment:</i> Whilst I believe this trial lost it's validity due to non-compliance, it also reinforced the need of such a cap to best meet the needs of the clientele.
3. Do you think the 'Fee Cap Across Services Trial' provided a greater opportunity for services in the Glen Innes Area to work in a collaborative and cooperative manner?
Agree
<i>Comment:</i> In principle it did, although having all services on side would have made the trial more useful
4. Do you think the 'Fee Cap Across Services Trial' helped to develop, build or strengthen relationships between services in the Glen Innes Area?
Agree
5. Do you think the 'Fee Cap Across Services Trial' provided an opportunity for an increase in sharing of information about clients in the Glen Innes Area?
Agree
6. Do you think the 'Fee Cap Across Services Trial' enhanced your understanding of the impact of client fees on high service usage clients?
Agree
7. Do you think the 'Fee Cap Across Services Trial' will change the way that you charge high service usage clients in the future?
Disagree
<i>Comment:</i> MOW and other services offered depend on the client contribution to survive. It is also part of our funding agreement to receive client contribution.
8. Do you think the 'Fee Cap Across Services Trial' provides a model that will inform DADHC and other regions of best practice for charging high service usage clients?
Agree
9. What impact do you think the trial has had on the targeted client group (Clients using 3 or more HACC services)?
Has provided only for the duration of the trial more affordable client fees
10. Financially what impact did the trial have on your organisation?
Affordable for the trial period only
11. How has participating in the trial impacted on your organisation's administration workload?
An impact sustainable for the trial period only
<i>Comment:</i> A person had to have their hours increased for the full period of the trial, thus would not be sustainable ongoing.
12. Do you think the trial targeted the appropriate client group (Clients in the Glen Innes Area receiving 3 or more HACC services)?
Yes
13. Do you think the fee cap was set at the right level (\$90 per fortnight, \$60 per fortnight for financially disadvantaged)?
Yes

14. Do you think the definition established for financial disadvantage was fair (Client's with less than \$200 per fortnight disposable income after paying for HACC fees and housing or medical expenses)?

No

Comment: This did not take into consideration those people who are paying rates for their own home or those who may be paying a mortgage.

15. Do you think the division of the capped fee was calculated fairly across services?

Yes

16. What elements of the trial were most successful?

No Response

17. What elements of the trial could have been done better?

Ensuring that all service providers are willing to participate or discuss with DADHC or their funding provider and have it reinforced that they MUST participate.

18. Do you think all other service providers involved in the trial were:

	Strongly Agree	Agree	Disagree	Strongly Disagree
Fully committed				X
Contributed equally				X

Comments:

19. What is your service's intention to continue with the framework established by the trial (assuming that all other services had intentions to continue)?

Won't continue with fee cap but will continue with parts of the framework

20. What are the barriers for the long term sustainability of a fee cap across services?

The work load that is associated in this role. A person would need to be employed full time in order to monitor all clients and all service providers. There would have to be funding associated with this position to cover the loss to those services that rely on client contributions.

21. Do you think that developing a model for a fee cap across services is a valuable and viable exercise for DADHC to continue to pursue?

Yes

22. Do you have any further comments regarding the trial process or suggestions for improving the development of future trials?

No Response

Respondent 2.

1. Generally speaking do you think the trial was successful in its goal to: "Trial a practical option in a local community that provides high level service usage HACC clients a fee cap across services"

Agree

Comment: Agreed in principal. However, not all HACC funded service agreed to participate.

2. Do you think the 'Fee Cap Across Services Trial' was a valuable and worthwhile exercise for your service to participate in?

Agree

3. Do you think the 'Fee Cap Across Services Trial' provided a greater opportunity for services in the Glen Innes Area to work in a collaborative and cooperative manner?

Agree

Comment: Participation of all HACC funded services in Glen Innes would have been beneficial

4. Do you think the 'Fee Cap Across Services Trial' helped to develop, build or strengthen relationships between services in the Glen Innes Area?

Strongly Agree

Comment: Certainly with those agencies that participated

5. Do you think the 'Fee Cap Across Services Trial' provided an opportunity for an increase in sharing of information about clients in the Glen Innes Area?

Agree

6. Do you think the 'Fee Cap Across Services Trial' enhanced your understanding of the impact of client fees on high service usage clients?

Strongly Agree

7. Do you think the 'Fee Cap Across Services Trial' will change the way that you charge high service usage clients in the future?

Agree

Comment: Qualified agreement. This agency's fee structure is set at State level and any variation requires the approval of senior officer at Regional level.

8. Do you think the 'Fee Cap Across Services Trial' provides a model that will inform DADHC and other regions of best practice for charging high service usage clients?

Agree

9. What impact do you think the trial has had on the targeted client group (Clients using 3 or more HACC services)?

Has provided only for the duration of the trial more affordable client fees

10. Financially what impact did the trial have on your organisation?

Affordable for the trial period only

11. How has participating in the trial impacted on your organisation's administration workload?

An impact sustainable for the trial period only

12. Do you think the trial targeted the appropriate client group (Clients in the Glen Innes Area receiving 3 or more HACC services)?

Yes

13. Do you think the fee cap was set at the right level (\$90 per fortnight, \$60 per fortnight for financially disadvantaged)?

Yes

14. Do you think the definition established for financial disadvantage was fair (Client's with less than \$200 per fortnight disposable income after paying for HACC fees and housing or medical expenses)?

Yes

15. Do you think the division of the capped fee was calculated fairly across services?

Yes

Comment: The agencies involved in the trial subsidised the agency that did not participate.

16. What elements of the trial were most successful?

Financial benefit to the clients involved. Excellent inter-agency co-operation between the agencies involved. Very beneficial exchange of views and ideas leading to a greater understanding of the work of other agencies and the financial difficulties facing the client group.

17. What elements of the trial could have been done better?

No Response

18. Do you think all other service providers involved in the trial were:

	Strongly Agree	Agree	Disagree	Strongly Disagree
Fully committed	X			
Contributed equally	X			

Comments:

19. What is your service's intention to continue with the framework established by the trial (assuming that all other services had intentions to continue)?

Will continue with fee cap in its current form

Comment: Will continue with the clients involved in the trial at this stage pending publication of the trial outcomes and decisions taken at regional level.

20. What are the barriers for the long term sustainability of a fee cap across services?

Current fee policy.

21. Do you think that developing a model for a fee cap across services is a valuable and viable exercise for DADHC to continue to pursue?

Unsure

Comment: The fees charged contribute to the pool of financial resources used to provide additional services to a greater number of clients. Any large scale reduction will lessen the ability to achieve this.

22. Do you have any further comments regarding the trial process or suggestions for improving the development of future trials?

No Response

Respondent 3.

1. Generally speaking do you think the trial was successful in its goal to: "Trial a practical option in a local community that provides high level service usage HACC clients a fee cap across services"

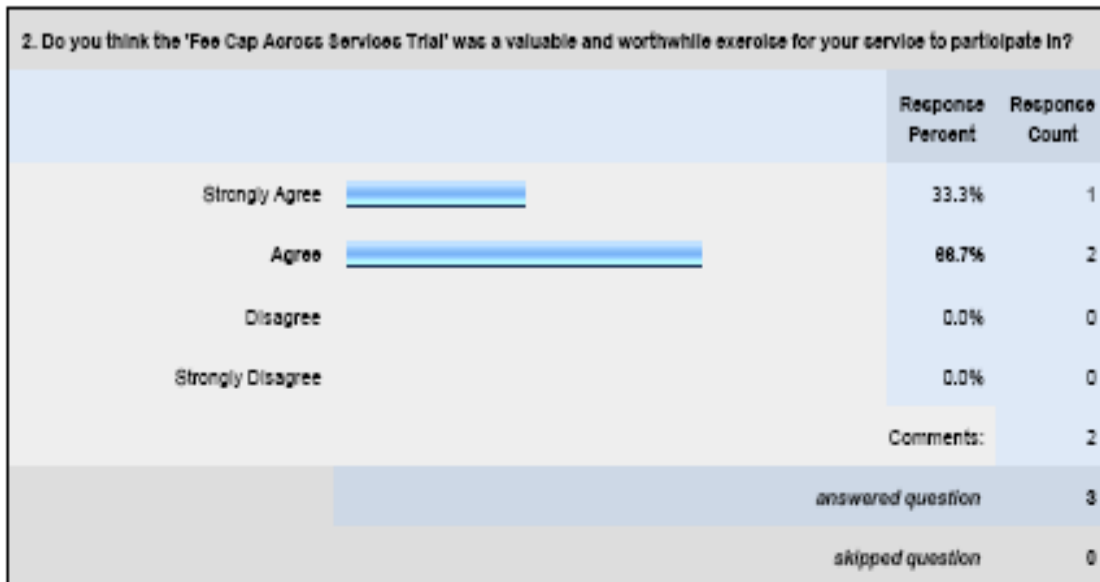
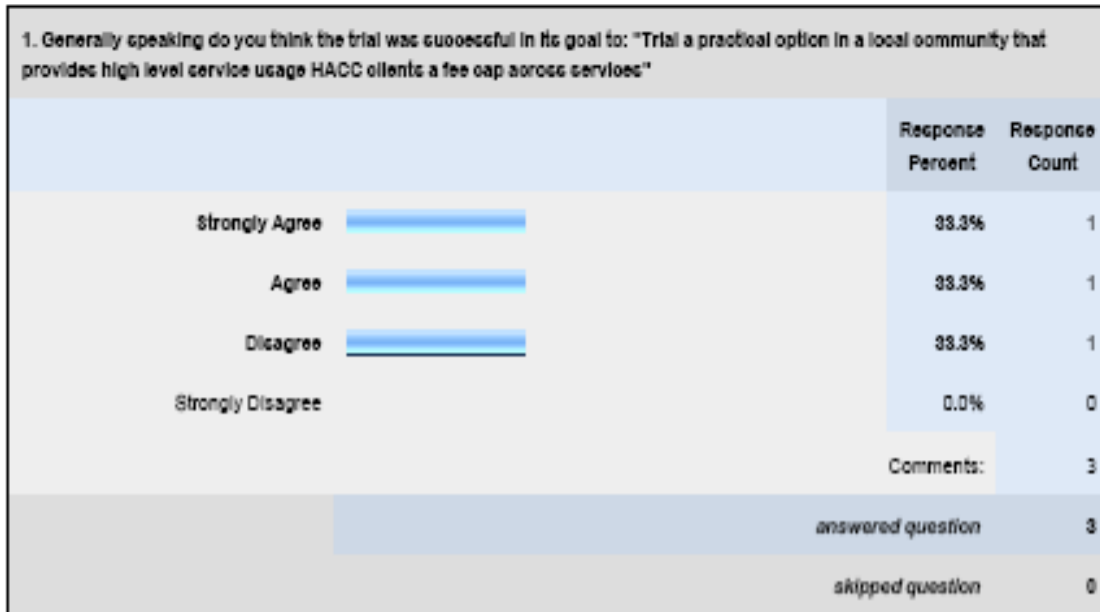
Strongly Agree

<i>Comment:</i> It was disappointing that the community transport agency didn't fully participate.
2. Do you think the 'Fee Cap Across Services Trial' was a valuable and worthwhile exercise for your service to participate in?
Strongly Agree
<i>Comment:</i> As it is a constant problem for our clients, most of whom have financial hardship it was really good to not only be able to reduce fees for a period of time but to all work closely together during the process.
3. Do you think the 'Fee Cap Across Services Trial' provided a greater opportunity for services in the Glen Innes Area to work in a collaborative and cooperative manner?
Agree
4. Do you think the 'Fee Cap Across Services Trial' helped to develop, build or strengthen relationships between services in the Glen Innes Area?
Agree
5. Do you think the 'Fee Cap Across Services Trial' provided an opportunity for an increase in sharing of information about clients in the Glen Innes Area?
Strongly Agree
6. Do you think the 'Fee Cap Across Services Trial' enhanced your understanding of the impact of client fees on high service usage clients?
Agree
7. Do you think the 'Fee Cap Across Services Trial' will change the way that you charge high service usage clients in the future?
<i>Comment:</i> As the COPS project we always ask for 10% and reduce down to no contribution if the client can't afford service. This probably won't change unless a consistent approach is implemented.
8. Do you think the 'Fee Cap Across Services Trial' provides a model that will inform DADHC and other regions of best practice for charging high service usage clients?
Agree
<i>Comment:</i> I believe it to be more beneficial than the current DADHC policy whereby new users to Home Care are often forced to choose the level of service they can afford rather than the level of service that they require. I believe that provision for flexibility must always be available at a service coordination level to reduce or waive fees for those people who genuinely can't afford them for reasons other than high health related expenses.
9. What impact do you think the trial has had on the targeted client group (Clients using 3 or more HACC services)?
Has provided only for the duration of the trial more affordable client fees
10. Financially what impact did the trial have on your organisation?
Affordable ongoing
<i>Comment:</i> No real impact as our practice is to prioritise service delivery on relative need which means that client's often pay minimal fees.
11. How has participating in the trial impacted on your organisation's administration workload?
An impact that would be sustainable ongoing
<i>Comment:</i> We employed a person on a casual basis for the period of the trial. I believe that we could sustain the increased workload on longterm basis but may need to have some additional casual hours. The process would possibly need some refinement to be sustainable long term.
12. Do you think the trial targeted the appropriate client group (Clients in the Glen Innes Area receiving 3 or more HACC services)?
Yes
<i>Comment:</i> Yes. Although some clients could easily reach the cap with Home Care and transport.
13. Do you think the fee cap was set at the right level (\$90 per fortnight, \$60 per fortnight for financially disadvantaged)?
Yes
14. Do you think the definition established for financial disadvantage was fair (Client's with less than \$200 per fortnight disposable income after paying for HACC fees and housing or medical expenses)?
Yes
15. Do you think the division of the capped fee was calculated fairly across services?
Yes
16. What elements of the trial were most successful?
No Response
17. What elements of the trial could have been done better?
No Response
18. Do you think all other service providers involved in the trial were:

	Strongly Agree	Agree	Disagree	Strongly Disagree
Fully committed		X		
Contributed equally		X		
<i>Comments:</i> I agree that all providers with the exception of community transport were fully committed and all willingly contributed. I think NCC /GISC had a greater level of contribution simply because we had the resources to employ someone to do the surveys and compile the data.				
19. What is your service's intention to continue with the framework established by the trial (assuming that all other services had intentions to continue)?				
<i>Comment:</i> We have already commenced using part of the survey to assist clients in determining their disposable income. This format seems to be generally accepted by and helpful to the client base.				
20. What are the barriers for the long term sustainability of a fee cap across services?				
The effect it would have on viability of some services eg transport and MOW. The additional staff resources required. The difficulty for Home Care, within their billing system to reduce/amend fees each fortnight. The possibility of new/more HACC funded services in the area who may be reluctant to participate and would also increase administration requirements.				
21. Do you think that developing a model for a fee cap across services is a valuable and viable exercise for DADHC to continue to pursue?				
Yes				
<i>Comment:</i> I think that it is necessary, but would prefer it to be national to include programs like NRCP.				
22. Do you have any further comments regarding the trial process or suggestions for improving the development of future trials?				
I really enjoyed the process and felt that it gave the participants an opportunity, especially towards the end of the trial for useful informal communication that I personally found beneficial.				

Summary Of Results

HACC Research Glen Innes Trial





3. Do you think the 'Fee Cap Across Services Trial' provided a greater opportunity for services in the Glen Innes Area to work in a collaborative and cooperative manner?

	Response Percent	Response Count
Strongly Agree	0.0%	0
Agree	100.0%	3
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Comments:		2
<i>answered question</i>		3
<i>skipped question</i>		0



4. Do you think the 'Fee Cap Across Services Trial' helped to develop, build or strengthen relationships between services in the Glen Innes Area?

	Response Percent	Response Count
Strongly Agree	33.3%	1
Agree	66.7%	2
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Comments:		1
<i>answered question</i>		3
<i>skipped question</i>		0

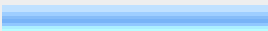
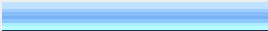
5. Do you think the 'Fee Cap Across Services Trial' provided an opportunity for an increase in sharing of information about clients in the Glen Innes Area?

	Response Percent	Response Count
Strongly Agree 	33.3%	1
Agree 	66.7%	2
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Comments:		0
answered question		3
skipped question		0

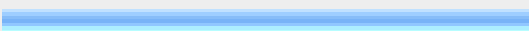
8. Do you think the 'Fee Cap Across Services Trial' enhanced your understanding of the Impact of client fees on high service usage clients?

	Response Percent	Response Count
Strongly Agree 	33.3%	1
Agree 	66.7%	2
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Comments:		0
answered question		3
skipped question		0

7. Do you think the 'Fee Cap Across Services Trial' will change the way that you charge high service usage clients in the future?

	Response Percent	Response Count
Strongly Agree	0.0%	0
Agree 	50.0%	1
Disagree 	50.0%	1
Strongly Disagree	0.0%	0
Comments:		3
answered question		2
skipped question		1

8. Do you think the 'Fee Cap Across Services Trial' provides a model that will inform DACHC and other regions of best practice for charging high service usage clients?

	Response Percent	Response Count
Strongly Agree	0.0%	0
Agree 	100.0%	3
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Comments:		1
answered question		3
skipped question		0


9. What impact do you think the trial has had on the targeted client group (Clients using 3 or more HACC services)?		
	Response Percent	Response Count
Has provided long term more affordable client fees	0.0%	0
Has provided only for the duration of the trial more affordable client fees	100.0%	3
Has not changed the affordability of client fees	0.0%	0
Has for the duration of the trial had a negative impact on client fees	0.0%	0
Has had a long term negative impact on client fees	0.0%	0
Other	0.0%	0
Comments:		0
answered question		3
skipped question		0

10. Financially what impact did the trial have on your organisation?		
	Response Percent	Response Count
Unaffordable for the trial period	0.0%	0
Affordable for the trial period only	66.7%	2
Affordable ongoing	33.3%	1
Other	0.0%	0
Comments:		1
answered question		3
skipped question		0



11. How has participating in the trial impacted on your organisation's administration workload?			
		Response Percent	Response Count
No noticeable impact		0.0%	0
An impact sustainable for the trial period only		88.7%	2
An impact that would be sustainable ongoing		33.3%	1
Other		0.0%	0
	Comments:		2
	answered question		3
	skipped question		0

12. Do you think the trial targeted the appropriate client group (Clients in the Glen Innes Area receiving 3 or more HAAC services)?			
		Response Percent	Response Count
Yes		100.0%	3
No		0.0%	0
Unsure		0.0%	0
	Comments:		1
	answered question		3
	skipped question		0


13. Do you think the fee cap was set at the right level (\$90 per fortnight, \$80 per fortnight for financially disadvantaged)?

	Response Percent	Response Count
Yes 	100.0%	3
No	0.0%	0
Unsure	0.0%	0
Comments:		0
answered question		3
skipped question		0

14. Do you think the definition established for financial disadvantage was fair (Client's with less than \$200 per fortnight disposable income after paying for HACC fees and housing or medical expenses)?

	Response Percent	Response Count
Yes 	88.7%	2
No 	33.3%	1
Unsure	0.0%	0
Comments:		1
answered question		3
skipped question		0

15. Do you think the division of the capped fee was calculated fairly across services?

	Response Percent	Response Count
Yes 	100.0%	3
No	0.0%	0
Unsure	0.0%	0
Comments:		1
answered question		3
skipped question		0

16. What elements of the trial were most successful?		Response Count
		1
	answered question	1
	skipped question	2

17. What elements of the trial could have been done better?		Response Count
		1
	answered question	1
	skipped question	2

18. Do you think all other service providers involved in the trial were:					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Response Count
Fully committed	33.3% (1)	33.3% (1)	0.0% (0)	33.3% (1)	3
Contributed equally	33.3% (1)	33.3% (1)	0.0% (0)	33.3% (1)	3
				Comments:	1
				answered question	3
				skipped question	0

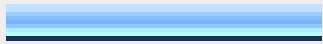
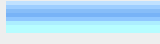
19. What is your service's intention to continue with the framework established by the trial (assuming that all other services had intentions to continue)?

	Response Percent	Response Count
Will continue with fee cap in its current form	60.0%	1
Will continue with fee cap but with modifications	0.0%	0
Won't continue with fee cap but will continue with parts of the framework	60.0%	1
Won't continue any part of the trial	0.0%	0
	Comments:	2
	answered question	2
	skipped question	1

20. What are the barriers for the long term sustainability of a fee cap across services?

	Response Count
	3
	answered question
	3
	skipped question
	0

21. Do you think that developing a model for a fee cap across services is a valuable and viable exercise for DADHC to continue to pursue?

	Response Percent	Response Count
Yes 	88.7%	2
No	0.0%	0
Unsure 	33.3%	1
Comments:		2
answered question		3
skipped question		0

22. Do you have any further comments regarding the trial process or suggestions for improving the development of future trials?

	Response Count
	1
answered question	1
skipped question	2

4. Poster –
Mainstream



Do you have high medical or pharmaceutical costs?
Or do you have high housing costs?
e.g. renting, mortgage, home repairs?
IF SO...

You may be eligible for
Northern Rivers Community Transport's

FREE TRAVEL MONTH OF MAY

Am I Eligible?

**If you have difficulty accessing public transport
and you are:**

- A Senior (over 65 or over 45 if Aboriginal or Torres Strait Islander)
- A person with a disability that affects your mobility (permanent or temporary)
- A Carer

Where Can I Go?

**To Medical Appointments within the Lismore, Kyogle and
Richmond Valley areas;**

e.g. Doctor/Specialist, Dentist, Pathology, X-ray,
Optometrist, Podiatrist, Physiotherapy.

Longer distance by individual assessment.

How Do I Book?

Please contact your local branch

Bonalbo ph: 6665 1230 Kyogle ph: 6632 3751

5. Poster – Aboriginal Specific



NRCT



Do you have high medical or pharmaceutical costs?
Or do you have high housing costs?
e.g. renting, mortgage, home repairs?
IF SO...

You may be eligible for
Northern Rivers Community Transport's

FREE TRAVEL MONTH OF MAY

Am I Eligible?

**If you have difficulty accessing public transport
and you are:**

- A Senior (over 65 or over 45 if Aboriginal or Torres Strait Islander)
- A person with a disability that affects your mobility (permanent or temporary)
- A Carer

Where Can I Go?

**To Medical Appointments within the Lismore, Kyogle and
Richmond Valley areas;**

e.g. Doctor/Specialist, Dentist, Pathology, X-ray,
Optometrist, Podiatrist, Physiotherapy.
Longer distance by individual assessment.

How Do I Book?

Please contact your local branch

Bonalbo ph: 6665 1230 Kyogle ph: 6632 3751

6.Proforma Initial Booking Sheet

KYOGLE FREE MONTH OF MAY PROMOTION

We have a special Promotion on at the moment. Do you mind if I ask you a few short questions to help us collect information?

Questions	
1. Are you a current client?	yes <input type="checkbox"/> no <input type="checkbox"/>
2. Are you calling as a result of our advertising of Free Month of May?	yes <input type="checkbox"/> no <input type="checkbox"/> if no, inform client of Promotion and go to Q.5 to assess Promotion eligibility
3. If so, where did you hear about it?	Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Posters <input type="checkbox"/> CT Driver <input type="checkbox"/> Friend <input type="checkbox"/> Other please specify:
4. Is it because the service is free that you are calling?	yes <input type="checkbox"/> no <input type="checkbox"/>
5. What particular category/categories do you fit into?	High pharmaceutical costs? <input type="checkbox"/> High Medical costs? <input type="checkbox"/> Housing: Rental? <input type="checkbox"/> Mortgage? <input type="checkbox"/> Home repairs? <input type="checkbox"/>
6. If this service continued to be free would you use it more?	yes <input type="checkbox"/> no <input type="checkbox"/> Don't know <input type="checkbox"/>

OFFICE USE ONLY:

Please tick whatever outcomes are applicable

1. Trip booked
2. Trip outside May
3. Not enough Drivers
4. Not enough Fleet Cars
5. Comments

13.5 Service Survey Findings

Summary

The Service Survey findings show that most services have written fee policies and have the ability to give fee relief and waiver. However, it is difficult to capture whether these principles carry through to fees practice, apart from considering the fairly poor participation rates for Aboriginal people and that some communities are not being serviced.

The data showed an even representation across the New England and Far North Coast regions.

Most services indicated that they had a written fees policy and all indicated that they charged some sort of fees although the amount and method varied, from set to contribution. Most services indicated that when assessing a client's capacity to pay they took more than income into consideration.

A high proportion of services indicated that they could define financial disadvantage, indicating that they could therefore recognise that financial disadvantage was a particular issue to be taken into account for their clients. However, there were widely varying definitions of financial disadvantage given.

A large proportion of services, 71%, reported implementing caps across their service and more than half of services, 64%, indicated that they had some arrangements with other service providers in their area, although initial analysis suggests that this is related more to agreements between services for service to service costs, rather than related to client fees.

Nearly half, 40%, of services indicated that more than one person in their service assesses what a client's fee will be and only 60% of services indicated that a person's fees are assessed at the time of a formal assessment. This could be seen to question the appropriateness in terms of sensitivity and consistency of financial assessment processes.

Almost all of services said they had the ability to reduce or waive fee, however, there is little way of knowing whether this is put into practice except by analysing Aboriginal participation in services. Nearly half, 45%, of services stated that they had 3% or less Aboriginal participation, approximately 17% had more than 10% Aboriginal participation while 10% of services were Aboriginal Specific Services. Interestingly 83% of services said that they use strategies to encourage the HACC target group to access their services and 75% of services reported that their staff had attended Aboriginal Cross Cultural Awareness Training, which could indicate that these strategies alone are not greatly increasing Aboriginal participation in services. As well, 31% reported that there are communities in their geographical area that they don't service.

While 65% of services indicated that client fees make up less than 20% of their income, 74% indicated that their service would not be viable without client fees. This similar result was found in the survey results of *'The Way Forward'*, which indicates that beliefs about viability are not always grounded in financial statistics but may be based in a defence of the client fee paying system (3.4.1 The Way Forward).

However, New England services have reported that a larger percentage of their income is made up of client fees, more than 90% indicating that 5-40% of income is client fees, compared to the Far North Coast, where 33% indicate that client fees make up less than 5%. Reflective of this 80% of services in New England indicated that their service is not viable without client fees, while less than 10% of services in the Far North Coast did the same.

Statistics

- 55% of services were located in the New England Region and 45% in the Far North Coast
- 83% of services indicated that they had a service specific fee policy
- 100% of services indicated that they charged some sort of fees even if by contribution
- 95% of services indicated that they took more than income into consideration when assessing a client's capacity to pay fees
- 76% of services provided a definition for financial disadvantage although definition varied greatly
- 71% of services said they capped fees in some capacity
- 64% of services indicated that they had arrangements with other service providers regarding fees
- 40% of services indicated that more than one person in their service assesses what a clients fee will be
- 60% of services indicated that the assessment of a client's fees is made at a formal assessment
- 90% of services said they had the ability to reduce or waive fees
- 79% of services have an appeals mechanism or grievance procedure
- 65% of services have had clients move into a position of debt with their service
- 65% of services said client fees make up less than 20% of their income
- 74% of services indicated that their service is not viable without the collection of fees
- 84% of services reported that they had no current problems with their current fee practices
- 65% reported that they do not see any systemic problems with HACC fees in their area
- 83% of services said they used strategies to encourage the HACC target group
- 31% of services indicated that there were communities that they didn't service
- 75% of services stated that their staff had attended Aboriginal Cross Cultural and Awareness Training
- 45% of services had less than 3% Aboriginal participation, while 35% stated that they had more than 7% Aboriginal participation
- 10% of services were Aboriginal Specific Services
- 55% of services said they were able to access subsidies for financially disadvantaged, Aboriginal people or remote and isolated communities
- 66% of services have not used any innovative strategies in their service's fees practices

13.6 Client Survey Findings

Summary

The Client Survey findings report a low respondent rate from Aboriginal clients, but a fairly high respondent rate of clients on a pension with housing costs. This would indicate that the results are not reflective of Aboriginals clients capacity to pay or experiences with HACC fees, but may reflect those who have a level of financial disadvantage. The survey paints a picture of little hardship with client fees within the current HACC client fees.

This could be reflective of a system that is working and fair, or a reflection of clients who felt sensitivity about discussing financial status and ability to pay for services and hence these factors influenced their answers. However, it must be considered that these answers do not reflect those that are not accessing HACC services.

A majority of respondents came from the New England region, 62%. A small minority of respondents, less than 5% classified themselves as Aboriginal or Torres Strait Islander. More than 80% of respondents were over the age of 65 years with more than half, 60%, of respondents reporting a disability.

A large proportion of respondents, 82%, received a full pension and 56% of respondents indicated that they also pay housing costs usually in the form of public rent. However, interestingly 77% of respondents also indicated that they would not class themselves as financially disadvantaged, which could indicate the sensitivity of discussing financial status.

As well, a large number of clients, 80%, indicated that they would not use services more if they were cheaper. This is despite 40% of Community Transport clients reporting that out of area community transport costs between \$50 and \$100 per trip.

More than 80% of respondents thought that you should have to pay for services at an affordable rate, indicating that most support a user pays system.

A large majority paid their bills with no assistance and didn't have a problem doing so, 45% of these paid their fees with cash, 90% of respondents said they had no previous difficulties with paying bills.

More than 80% of clients reported that they knew that they could use Community Transport to get to their doctor and 87% knew how to organise this.

Statistics

- 62% of respondents came from the New England region
- Less than 5% of respondents identified themselves as Aboriginal or Torres Strait Islander
- 82% of respondents reported receiving a full pension
- 77% of respondents indicated that they would not class themselves as financially disadvantaged
- 85% of respondents indicated that they also pay for other community services
- 56% of respondents pay housing costs by way of private rent
- 6% of respondents reported having financial dependents
- More than 80% of respondents were over the age of 65 years
- More than 60% of respondents reported having disability
- Respondents used the range of HACC services in fairly equal proportions
- Most respondents (60%) recorded local community transport costing between \$3 and \$20 per trip
- Almost half (40%) of respondents recorded out of area community transport costing between \$50 and \$100 per trip
- More than half of respondents said they didn't know what their fees were used for
- Approximately 80% of respondents answered 'no' when asked if they would use services more often if they were cheaper
- More than 80% of respondents thought you should have to pay for services, almost half of these respondents thought that this should be determined as 'an amount worked out by how much you can afford'
- 90% of respondents indicated that they hadn't refused a service in the past, those 10% that had refused indicated that the services refused were mostly Meals On Wheels, 44% of these did so because they no longer needed the service, or their situation had changed
- Almost 45% of respondents paid their fees with cash
- 75% of respondents said they independently paid their bills
- 12% of respondents indicated they had difficulty paying their bills, 59% of these respondents indicated that someone to help them would make bill paying easier
- More than 90% of respondents indicated that they had not experienced difficulty paying their bills, 52% of these had paid their bill off over time
- More than 80% of respondents knew they could use Community Transport to get to their nearest Doctor, of those who knew 87% of these also knew how to organise it.