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Guide to the quality reporting and compliance requirements of both the Commonwealth HACC Program and the Community Care Supports Program (CCSP)

Developed by New England HACC Development Inc.

This document aims to provide a guide to the quality reporting and compliance requirements of both the Commonwealth HACC Program and the Community Care Supports Program (CCSP).

Disclaimer: Please note this booklet is a guide and while every attempt has been made to provide accurate information, the reporting requirements may change, so please check with your funding provider for current reporting requirements.

The information presented was the best available to the knowledge of the developer at the time.

Developed by: New England HACC Development Inc.
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HACC and Disability reports

Minimum Data Set: The Minimum Data Set Data is a regular collection of information about clients and the services they received. There are two MDS data collections; HACC (Home and Community Care) MDS and Disability Services (DS) MDS.

The HACC MDS is a collection of data about HACC clients (such as their age and living arrangements) and the amount and types of assistance being provided to them through the HACC Program.

The DS MDS also gathers data centred on the service user and their experiences including the amounts and types of services they receive.

The two MDS data collections have a great deal in common, both MDS data collections have a set of nationally significant data items or pieces of information that are collected in all Australian jurisdictions and both have an agreed electronic method of collection and transmission.
(See more at: http://www.adhc.nsw.gov.au/sp/minimum_data_set#sthash.OUxxW430.dpuf)

Critical reporting dates: HACC and disability reports are submitted electronically four times a year according to the schedule below.

Reporting period	Last date for submission	Reference week
1 July – 30 September Quarter 2013/3	25 October	24 – 30 September
1 October – 31 December Quarter 2013/4	25 January	25 – 31 December
1 January – 31 March Quarter 2014/1	25 April	25 - 31 March
1 April – 30 June Quarter 2014/2	25 July	24 – 30 June

HACC Variations in Outputs

Service groups

The Commonwealth HACC Program supports service providers to respond appropriately and flexibly to clients' needs. Service groups have been used in the Commonwealth HACC Program to give service providers capacity to vary the expenditure and outputs they deliver without varying the Program Schedule.

The service groups have been created by grouping service types that are of similar policy intent, are delivered on the ground in a similar way and have a similar unit cost, where possible.

Commonwealth HACC Service Groups

Service Group	Service Type
Service Group One	Domestic Assistance
	Personal Care
	Social Support
	Respite Care
	Other Meal Services
Service Group Two	Assessment
	Client Care Coordination
	Case Management
	Counselling/Support, Information and Advocacy – Carer
	Counselling/Support, Information and Advocacy – Client
Service Group Three	Nursing care
	Allied Health Care
Service Group Four	Centre Based Day Care
Service Group Five	Goods and Equipment
	Home Modifications
	Home Maintenance
	Formal Linen Service
Service Group Six	Meals
Service Group Seven	Transport

Special Conditions

A number of special conditions have been developed to ensure unintended service gaps do not occur in the Commonwealth HACC Program. The special conditions aim to:

- ensure access to services in discreet locations;
- ensure access to services for clients in a special needs groups;
- ensure existing brokerage funding can be utilised by service providers for appropriate service types; and
- ensure access to services for clients under the age of 65 years (50 years for Aboriginal and Torres Strait Islander people), where the split of the HACC Program at 65 years (50 years for Aboriginal and Torres Strait Islander people) may have created unintended service gaps.

In developing the special conditions, consideration was given to the pre-existing arrangements in funding agreements for the joint HACC Program. If there are any special conditions that apply to an activity, these would be set out in Item B of the Program Schedule.

HACC Program Schedule for Aged Care Funding

Reporting requirements for output services: Commonwealth HACC service providers are required to operate within the reporting framework set out in their Aged Care Funding Agreement.

Reporting requirements for Commonwealth HACC service providers who receive funding to deliver output services fall into the following categories:

HACC Minimum Data Set (MDS) Reporting: Service providers will need to report all outputs delivered under the Aged Care Funding Agreement to the MDS. The MDS collection and submission requirements are outlined in the "Home and Community Care Program National MDS User Guide Version 2".

Your organisation will need to provide quarterly HACC MDS information reports, which cover previous quarter.

If your organisation only delivers services in Service Group 6 (Meals), you can submit a modified HACC MDS report and you'll only need to submit reports biannually rather than quarterly.

Ref. Commonwealth HACC Program Manual item 5.3.3 Home and Community Care Minimum Data Sets (MDS) Information Reporting.

Output Variation Reports (OVRs): To reduce reporting burden on service providers, HACC MDS information will be used to pre-populate OVRs, which will be use to track service delivery levels. You will need to provide information where your organisation's delivered outputs vary from those required under your funding agreement.

Organisations receiving an annual total of $100,000 (GST exclusive) or more in Commonwealth HACC funding in a single program schedule will need to submit an OVR for each funded HACC region twice a year, one as a progress report and the other as an annual report. Organisations receiving an annual total of less than $100,000 (GST exclusive) in a single program schedule are only required to submit OVRs on an annual basis. *Ref. Commonwealth HACC Program Manual item 5.3.3 Output Variation Reports (OVRs)*

Financial Accountability Reports (FARs): You will need to provide separate FARs for each HACC region for which your organisation receives funding. Organisations receiving an annual total of $100,000 (GST exclusive) or more in Commonwealth HACC funding in a single program schedule will need to submit a progressive and an annual FAR. If your organisation receives an annual total of less

than $100,000 (GST exclusive) in Commonwealth HACC funding in a single program schedule you will only need to submit an annual FAR. *Ref. Commonwealth HACC Program Manual item 5.3.1 Financial Accountability Reports (FARs)*

Final Report: A final report will be required at the end of a service provider's funding agreement or if the funding agreement is terminated for any reason. In most cases the final report will be a combination of the annual Financial Accountability Report and the annual Output Variation Report. *Ref. Commonwealth HACC Program Manual item 5.3.4 Final Report*

Flexibility: The Aged Care Funding Agreement allows service providers flexibility in its delivery of services within a region. There is no scope for flexibility across regions. Within a region providers have flexibility to move between service types and to include services that they may not necessarily be funded to provide, in their outputs and then to include this in the OVR as well. Flexibility is allowed within service groups and across service groups.

Within service groups flexibility: Service providers are able to move some outputs and related funding to other service types within the service group, regardless of whether they are specifically funded for that service type or not. This is subject to the conditions set out below:

> 1. Service providers must deliver no less than 70 per cent of the outputs for each funded service type listed in the Program Schedule
> 2. Service providers must deliver no less than 95 per cent of the total outputs for each funded service group listed in the Program Schedule

Across service groups flexibility: Service providers are able to move some outputs and related funding across to another service group, regardless of whether they are specifically funded for that service type or not. This is subject to the conditions set out below:

> 1. Service providers may only move the equivalent of up to 5 per cent of outputs/funding across service groups; AND
> 2. Service Group 5 is excluded from this flexibility; AND
> 3. This flexibility must not contradict the flexibility employed within service groups.

These areas of flexibility are designed to enable the service provider to meet the short term needs of clients and are not intended to change the funding arrangements in the longer term.

The service types and service groups are detailed in chapter 3.2 of the program manual. Funded service types and service groups are set out in the service provider's Program Schedule.

Where service providers have special conditions identified in their Program Schedule, service providers are required to deliver the services as stipulated in the special conditions prior to applying the flexibility provisions as outlined above. Special conditions take precedent to the flexibility provisions.

Example: A service provider's Program Schedule states that they are funded for 100 hours of personal care. In this example, the service provider is able to flexibly deliver those services as follows: The service provider delivers 70 hours of personal care in the financial year so that they meet the minimum 70 per cent outputs for this funded service type. As the personal care service type is in Service Group 1, the service provider also chooses to deliver 25 hours of social support to best meet their clients' needs. By moving 25 hours from personal care to another service type in Service Group 1, the service provider delivers a total of 95 hours in Service Group 1, meeting the minimum 95 per cent of the total outputs for Service Group 1. Also based on client need, the service provider chooses to deliver the equivalent of 5 hours of personal assistance. *Ref. Commonwealth HACC Program Manual item 5.4.2 Variations in Outputs*

Community Care Supports Program (CCSP)

From 1 July 2013 service providers are required to report on their progress in achieving the milestones which are fundamental to the implementation of ADHC's quality reform requirements. Quality Framework Reporting (QFR) has been developed to assist organisations in reviewing service performance and progress against implementing the quality requirements and meeting the NSW DSS. The requirement to complete and submit a QFR is part of your Funding Agreement with ADHC.

Critical reporting dates: Service providers are required to submit their Quality data to ADHC at six monthly intervals over five stages as outlined below. For more information please refer to the Quality Framework Reporting (QFR) fact sheet (PDF).

Stage	Open date for submission	Close date for submission
Stage 1 - 30 June 2013	1 July 2013 (Hunter Providers in the NDIS launch site) 18 July 2013 (Providers in rest of NSW)	28 September 2013*
Stage 2 - 31 December 2013	15 January 2014	28 February 2014
Stage 3 - 30 June 2014	1 July 2014	14 August 2014
Stage 4 - 31 December 2014	15 January 2015	28 February 2015
Stage 5 - 30 June 2015	1 July 2015	14 August 2015

(See more at: http://www.adhc.nsw.gov.au/sp/quality/adhcs_quality_requirements#sthash.wO1PMxSi.dpuf)

For service providers' receiving only Community Care Support Program (CCSP) funding (previously funded through the Home and Community Care (HACC) program) the requirement to comply with Community Care Common Standards (CCCS) will continue to apply until 30 June 2015.

The ADHC quality reform requirements will apply from 1 July 2015. It is therefore optional for providers with only CCSP funding to complete the QFR. CCSP funded providers may wish to start preparing for the new quality requirements in ADHC's Funding Agreement in order to be well positioned in the new disability service system. CCSP providers that elect to prepare now for the new quality requirements are encouraged to access the QFR and enter their information as a means of tracking progress. ADHC funded Non-Government CCSP providers will continue to have access to the quality subsidy from 1 July 2015 to support organisations as the ADHC Quality requirements become applicable. Please refer to Supports and resources for more information about the supports that are available to service providers to implement the quality requirements.

(See more at: http://www.adhc.nsw.gov.au/sp/quality/adhcs_quality_requirements#sthash.wO1PMxSi.dpuf)

National Disability Services (NDS)

Financial reporting requirements: On behalf of members, NDS sought clarification from the Department for Communities and Social Inclusion (DCSI) about the financial reporting required of non-government service providers, now that they have moved to three-year agreements. (Information provided on the 4 October 2012)

DCSI has confirmed that the following applies to all new three-year agreements:

- 6 monthly expenditure reports due 31 January and 31 July
- A financial acquittal by 30 September
- Audited financial statements by 30 November

(Accessed online 13 March 2014: http://www.nds.org.au/news/article/1975)

Table – Submission deadlines and reporting periods

Date of Submission	Reporting Period	Reporting Activity
31 July	1 April – 30 June	HACC MDS Quarterly Report
30 September	1 July – 30 June	Annual FARs Annual OVRs
31 October	1 July – 30 September	HACC MDS Quarterly Report
31 January	1 October – 31 December	HACC MDS Quarterly Report
31 March	1 July – 31 December	Progressive FARs* Progressive OVRs*
30 April	1 January – 31 March	HACC MDS Quarterly Report
Within 30 days of termination of the schedule	Whole preceding financial year or any part of a financial year not previously reported against	Final FARs Final OVRs

*Progressive reports are only required for providers who receive annual funding of $100,000 or more (GST exclusive) in a single program schedule.

For more information on the reporting requirements for output services please refer to your Aged Care Funding Agreement. *Ref. Item F. of your Program Schedule for Aged Care Funding.*

(Accessed online 13/03/2014: http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-hacc-outputservices.htm)

Milestones Payment Schedule January 2014 to September 2015

The following table sets out the due dates for the milestones (including goods and services and submissions of report s and plans your organisation must meet under this agreement. (Schedule Version: 29 March 2012). *Ref. Item F. of your Program Schedule for Aged Care Funding.*

Program Schedule for Aged Care Funding – Milestones/Payment Schedule			
Milestone Type	**Activity (if applicable)**	**Milestone requirements and details**	**Due Date**
F.18 Payment	New England Region, NSW	Third payment of funding for 2013/2014 for the delivery of activity between 01 January 2014 and 31 March 2014	07 January 2014
F.19 Progress Report	All activities described in this Program Schedule	Submission of second quarterly home and community care MDS information reporting for 2013-2014 which meets the requirements of this agreement	31 January 2014 or any earlier date required by the National State Data Repository
F.20 Progress Report	All activities described in this Program Schedule	Unless specified otherwise in the program manual, submission of a progressive output report for the period 01 July 2013 to 31 December 2013 which meets the requirements of this agreement	31 March 2014
F.21 Financial Accountability Report	All activities described in this Program Schedule	Unless specified otherwise in the program manual, submission of a progressive financial accountability report for the period 01 July 2013 to 31 December 2013 which meets the requirements of this agreement	31 March 2014

Milestone Type		Activity (if applicable)	Milestone requirements and details	Due Date
F.22	Payment	New England Region, NSW	Final payment of funding for 2013-2014 for the delivery of the activity between 01 April 2014 and 30 June 2014	07 April 2014
F.23	Progress Report	All activities described in this Program Schedule	Submission of third quarterly home and community care MDS information reporting for 2013-2014 which meets the requirements of this agreement	30 April 2014 or any earlier date required by the National State Data Repository
F.24	Payment	New England Region, NSW	First payment of funding for 2014-2015 for the delivery of activity between 01 July 2014 and 30 September 2014	07 July 2014
F.25	Progress Report	All activities described in this Program Schedule	Submission of final quarterly home and community care MDS information reporting for 2013-2014 which meets the requirements of this agreement	31 July 2014 or any earlier date required by the National State Data Repository
F.26	Progress Report	All activities described in this Program Schedule	Submission of annual output variation report for the period 01 July 2013 to 30 June 2014 which meets the requirements of this agreement	30 September 2014
F.27	Financial Accountability Report	All activities described in this Program Schedule	Submission of annual financial; accountability report for the period 01 July 2013 to 30 June 2014 which meets the requirements of this agreement	30 September 2014
F.28	Payment	New England Region, NSW	Second payment of funding for 2014-2015 for the delivery of activity between 01 October 2014 and 31 December 2014	07 October 2014
F.29	Progress Report	All activities described in this Program Schedule	Submission of first quarterly home and community care MDS information reporting for 2014-2015 which meets the requirements of this agreement	31 October 2014 or any earlier date required by the National State Data Repository
F.30	Payment	New England Region, NSW	Third payment of funding for 2014-2015 for the delivery of activity between 01 January 2015 and 31 March 2015	07 January 2015

	Milestone Type	Activity (if applicable)	Milestone requirements and details	Due Date
F.31	Progress Report	All activities described in this Program Schedule	Submission of second quarterly home and community care MDS information reporting for 2014-2015 which meets the requirements of this agreement	31 January 2015 or any earlier date required by the National State Data Repository
F.32	Progress Report	All activities described in this Program Schedule	Unless specified otherwise in the program manual, submission of a progressive output report for the period 01 July 2014 to 31 December 2014 which meets the requirements of this agreement	31 March 2015
F.33	Financial Accountability Report	All activities described in this Program Schedule	Unless specified otherwise in the program manual, submission of a progressive financial accountability report for the period 01 July 2014 to 31 December 2014 which meets the requirements of this agreement	31 March 2015
F.34	Payment	New England Region, NSW	Final payment of funding for 2014-2015 for the delivery of the activity between 01 April 2015 and 30 June 2015	07 April 2015
F.35	Progress Report	All activities described in this Program Schedule	Submission of third quarterly home and community care MDS information reporting for 2014-2015 which meets the requirements of this agreement	30 April 2015 or any earlier date required by the National State Data Repository
F.36	Progress Report	All activities described in this Program Schedule	Submission of final quarterly home and community care MDS information reporting for 2014-2015 which meets the requirements of this agreement	31 July 2015 or any earlier date required by the National State Data Repository
F.37	Progress Report	All activities described in this Program Schedule	Submission of annual output variation report for the period 01 July 2014 to 30 June 2015 which meets the requirements of this agreement	30 September 2015
F.38	Financial Accountability Report	All activities described in this Program Schedule	Submission of annual financial; accountability report for the period 01 July 2014 to 30 June 2015 which meets the requirements of this agreement	30 September 2015
F.39	Other Report	All activities described in this Program Schedule	Submission of final report which meets the requirements of this agreement	Within business days of termination of all or part of this agreement