



Victorian Access Points Demonstration Project: Frequently Asked Questions

Question 1: I know of a service being developed called 'Access Points'. What is 'Direct2Care'?

In its initial phase of development you may have had involvement with or heard about a service called Access Points. Access Points is how the Department of Human Services has referred to Direct2Care at the administrative and project level and is a shortened version of 'Access Points Demonstration Project' the term given to this initiative by the Australian Government. Direct2Care is the operational name given to Access Points Demonstration Project sites and is the name by which the service is to be known publicly and within the service system. As well it is also the name which is used in public advertising.

Question 2: How will Direct2Care serve members of the community?

In Victoria, our primary goal is to improve the ease with which older Victorians, younger people with disabilities, their carers, family members and friends find their way around what can sometimes be a confusing system. Direct2Care will be a way people can access initial information, discuss their needs and receive assistance with connecting to services, possibly through a referral.

Direct2Care's function and business processes will complement work already taking place across Victoria on implementing Service Co-ordination through Primary Care Partnerships, to help ensure that for people trying to enter the community care system that there is no wrong door or way to enter the service system.

Direct2Care will also seek to support service providers by serving as a source of information about other services.

Through Direct2care, clients may:

- receive information about services that are available to meet their specific needs
- be directed to other public or private aged and community care services as required
- be eligibility tested for services in the Access Points scope (see below)
- be screened to determine which services they need
- be referred to service agencies with screening information and details about their priority for assessment. This includes service specific assessments such as; Living at Home Assessment, allied health assessment, district nursing clinical assessment or an ACAS comprehensive assessment.

Question 3: For which services will Direct2Care be able to test eligibility?

Service providers are expected to continue with their existing assessment, referral and service coordination practices and commitments. Following contact with Direct2Care and in some cases initial needs identification, people may be eligibility tested for the following programs and services by a Direct2Care worker.

Importantly, being eligible for any of the following programs and services does not guarantee that a person will be provided with a service. Service provision depends on available resources and a person's level of need relative to that of others.

Following the determination of eligibility for any of the services within scope of Direct2Care, a referral, if requested/agreed by the consumer/carer will be made by the Direct2Care worker to the appropriate service/program for a further assessment of need.

Home and Community Care (HACC) Program

- Domestic assistance (home help or housekeeping)
- Personal care
- Nursing (community nursing, home nursing)
- Allied health services (physiotherapy, occupational therapy, podiatry, dietetics, speech therapy, social worker or psychologist)
- Food services (meals on wheels and centre-based meals)
- Planned activity groups (Core and High)
- Property maintenance and minor modifications
- Respite services (Home and & Community, Overnight)
- Linkages packages
- Friendly Visiting/Telelink/Respite/Transport Services provided by volunteers (Volunteer Coordination)
- Community Connections
- Hospital to Home (regional only)

Other State Funded Aged Care Programs

- Personal Alert Victoria (PAV)
- Dementia Services
 - Support and Links Program
 - Support for Carers of People with Dementia Program
- Support for Carers Program (SCP)
- Victorian Eyecare Service (VES)
- Aged Care Assessment Services (ACAS)
- Falls Prevention Program 'Make a Move'
- Seniors Card
- Housing Support for the Aged (HAS)

Commonwealth Funded Community Care Programs

- Aged Care Assessment Services (ACAS)
- Community Aged Care Packages (CACP)
- Residential Respite
- Dementia Support for Assessment (DSA)
- Day Therapy Centre's (DTC)
- Extended Aged Care at Home (EACH)
- Extended Aged Care at Home Dementia (EACH D)

- Department of Veterans Affairs (DVA)
- National Respite for Carer's Program (NRCP)
- Commonwealth Carer's Respite Centre (CCRC)
- Emergency Respite
- Employed Carers
- Overnight Cottages
- Inhome Respite
- National Carers Counseling Program (NCCP)
- Overnight Respite
- Host Family
- Host Home
- Flexible Respite
- Centre Based Respite
- Day Centre (PAGs)
- Dementia Behaviour Management Advisory Service/Psychogeriatric Units (DBMAS/PGU)
- Continence Aids Assistance Scheme (CASS)
- Assistance with Care and Housing for the Aged (ACHA)
- National Aged Care Advocacy Program
- Aged Care Complaints Investigation Scheme (CIS)
- Dementia Education and Support Program
- National ATSI Aged Care Program

Question 4: How will Direct2Care assess clients?

Direct2Care is a phone based service which also offers a walk in function for those who need it. Assessing clients' needs involves a conversation between the worker and the person making the enquiry, whether it be the client directly or someone significant in their lives. The exchange will involve exploring presenting issues and possible solutions.

Victoria will be trialing the Australian Community Care Needs Assessment - Revised (ACCNA-R) and Carers Eligibility and Needs Assessment - Revised (CENA-R) during the demonstration phase as a basis for extended conversation between the worker and the caller. The ACCNA-R aims to provide a nationally consistent approach to broad and shallow needs identification. People who are assessed as being in need of, and potentially eligible for, community care services will then be referred for services. Similarly the CENA-R aims to provide consistent eligibility testing and needs assessment for carers

Some clients may be referred for further assessment (such as ACAS, HACC assessment agency or specialist) before care planning and service responses are determined.

Service providers who receive referrals will continue to prioritise clients as per current business processes and will continue to undertake service-specific assessments to determine the amount and level of service to deliver to the individual client.

Information about [ACCNA-R and CENA-R](#) is available on [The Way Forward](#) website.

Question 5. How will Direct2Care refer people to service providers?

Consumers will continue to be part of the decision-making process and staff at the Direct2Care will work together with consumers to come up with an agreed approach.

Service providers and assessors who receive a referral will continue to receive information through Service Coordination Tool Templates (ScTT) and may also receive additional information, as reflected in the items covered by the ACCNA-R (pending client consent). The intent is to reduce the incidence of clients being asked the same questions over again on contact with the service provider. Existing practice requirements, as documented within the Victorian Service Coordination Practice Manual are to be maintained.

Referral protocols between Direct2Care, and key service providers and assessment agencies will be developed and more information will be provided about as it becomes available.

Question 6. How will Direct2Care know which providers have vacancies and can accept new clients?

The Access Point Demonstration Projects are studying this issue and will develop procedures for the demonstration period. Service provider capacity (including wait list management and protocols for making referrals) is being considered.

Question 7. Is using Direct2Care the only way people can gain access to the community care system?

No, clients and carers will not be excluded from accessing services through any of the existing channels. Victoria prefers that people continue to access services through familiar channels and require service providers to continue to provide entry points for consumers. The 'no wrong door' principles for the Victorian service system are to be upheld, even with the addition of a highly visible entry point to the system which is reflected in this initiative.

Question 8: What does an Access Point Demonstration Project involve?

An Access Point Demonstration Project (APDP) is a service which is known and easily accessible for people that are seeking services and support but do not know what is available, if they are eligible or how to go about getting access to the services they require. It will function in a demonstration mode initially under the operational name of 'Direct2Care' and consists of four phases of development. The activities Victoria will undertake during the life of the project include:

- **mapping** how people in Victoria currently enter community care and what processes and infrastructure support these pathways.
- **designing** a model based on learning's from the mapping report which details the proposed functions and selection criteria for APDP candidate agencies.
- **selecting** two demonstration sites in the community that will test APDP models.
- **developing** and **documenting** baseline functional capabilities and business processes that will be demonstrated at the APDP sites.

- **operationalising** proposed Access Points functions at the chosen demonstration sites.
- **reviewing** and **evaluating** the effectiveness and capacity of such a site within the Victorian service setting.

The Victorian model for APDPs may appear different to the work being undertaken across other states. The Victorian model is built on existing achievements with the Service Co-ordination initiative conducted by Primary Care Partnerships.

Details are outlined in the documents "Diagrammatic overview of Victorian Model" and "Consumer Pathway", available at <http://www.health.vic.gov.au/agedcare/services/accesspoints.htm#phase1>

Question 9: Why 'Demonstration' Projects?

Demonstrations sites are required to ascertain if the model is the best way to improve access to community aged care services. These sites will test:

- The volume of inquiry an Access Point could be expected to receive from the community.
- The range of inquiries made and the intensity of work effort that is required to respond to them.
- Business processes and protocols that need to be developed.
- The skills, education levels and competencies required from staff that would provide Access Point services.
- The funding required for providing this service to the community.

Question 10: Where will the Direct2Care sites be located in Victoria?

- There will be 2 demonstration sites in Victoria, one in the Eastern Metropolitan and one in the Grampians region. The Eastern Metropolitan site is located in the Knox Ozone pPrecinct and is currently providing services to this region. In both regions, the Access Point Demonstration Projects will consolidate Carelink services to develop a new service which incorporates and broadens Carelink's role and functions. 'Direct2Care' is the name by which this service is known within these regions.

Question 11: Why incorporate Carelink into the Direct2Care Project?

- Carelink already performs some of the core functions of the proposed service - including provision of information and some assisted referral to services
- An opportunity exists to further integrate Carelink's infrastructure and resources with Victoria's community care system and subsequently add value to both.
- Avoids duplication of the provision of information and assistance
- Carelink and Access Point demonstration project functions will be consolidated to create an added value service at the nominated demonstration sites. The service will be known as Direct2Care
- The demonstration sites will be evaluated to determine the best on-going service model for Victoria.

Question 12: How does Direct2Care relate to work being done on the Primary Care Partnerships strategy in Victoria?

- The objective and functions for Direct2Care complement the Service Co-ordination work that has been achieved through the implementation of the Primary Care Partnerships Strategy.
- The Service coordination reform of the PCPs aim to place consumers at the centre of service delivery - ensuring that they have access to the services they need, opportunities for early intervention and health promotion and improved health outcomes. Service coordination is facilitated by Primary Care Partnerships where agencies come together to agree on how they will coordinate their services so that consumers experience a health system that works together. The Direct2Care projects share this philosophy and approach.
- Existing requirements and responsibilities for agencies that are members of PCPs will not change with the addition of the Direct2Care service to the system.
- No wrong door is a basic principle underpinning Victoria's approach to Direct2Care, as well as the Commonwealth's *The Way Forward* strategy for Community Care. This means that if people go to an agency that may not service their needs directly, they will receive guidance to engaging with a service that does. Therefore, it is important that agencies continue their service coordination work and that implementing Direct2Care does not change this in any way, nor are their responsibilities diminished.
- More information about Primary Care Partnerships can be found at <http://www.health.vic.gov.au/pcps/>

Question 13: How does Direct2Care relate to work already done or under way in Victoria on health and community care reform?

- Access Point Demonstration Projects (called Direct2Care in Victoria) are being jointly developed and implemented by the Australian Government and States and Territories. Their development and implementation is a key project in the Australian Government's reforms of the community care system: A New Strategy for Community Care – The Way Forward.
- Principles developed jointly by the Victorian and Australian government departments guide the planning, development and implementation of the demonstration projects. The principles related to the work under way mean that the projects will:
 - complement the implementation of the Victorian HACC Assessment Framework.
 - add value to Victoria's agenda on health and community care reform.
 - be an incremental enhancement on what is already in place across Victoria.
 - avoid duplication
 - not change existing agency practice and responsibilities where they are members of PCPs and engaged in Service Coordination
 - provide an opportunity to implement service coordination in agencies funded to deliver Australian Government programs that are within scope.