

Personal Alert Victoria –  
Evaluation 2005–06

Recommendations, DHS Comments and  
Actions

November 2006

Published by Aged Care Branch, Victorian Government Department of Human Services, Melbourne, Victoria

September 2006

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# Contents

Summary of Recommendations .....	4
Introduction.....	6
Recommendations, Department of Human Services comment and actions .....	6
Target group and access (Recommendations 1 and 2) .....	6
Recommendation 1 .....	6
Recommendation 2.....	7
Assessment (Recommendations 3, 4, 5 and 6).....	8
Recommendation 3.....	8
Recommendation 4.....	9
Recommendation 5.....	10
Recommendation 6.....	12
Re-assessment - Recommendation 7.....	13
HACC response service - Recommendation 8.....	14
Short-term unit provision - Recommendation 9.....	15
PAV service delivery - Recommendation 10.....	16
PAV unit costs - Recommendation 11 .....	17
PAV service management (Recommendations 12, 13, 14, 15, 16, 17, and 18).....	18
Recommendation 12 .....	18
Recommendation 13.....	19
Recommendation 14 .....	19
Recommendation 15.....	20
Recommendation 16.....	21
Recommendation 17.....	22
Recommendation 18.....	23
Fees policy (Recommendations 19 and 20).....	24
Recommendation 19.....	24
Recommendation 20.....	25
Service system development - Recommendation 21 .....	26

## Summary of Recommendations

The following recommendations are from the Personal Alert Victoria Evaluation 2005-06.

### **Recommendation 1**

That the PAV target group be frail older people and people with a disability, who live alone or are alone for long periods, require daily monitoring, have a history of fall/s and are at risk of falls or have a history of medical emergencies that remain a threat or are at risk of medical emergencies. They must be physically and cognitively able to use the service and willing to use the service appropriately. In addition, a person must be on a low income.

### **Recommendation 2**

To undertake a professional communication strategy to inform health and community service providers, especially general practitioners and the community, about the revised target group for the PAV service and new fee payment arrangements.

### **Recommendation 3**

That the number of authorised PAV assessment agencies that are the PAV gateway be reduced and include: Aged Care Assessment Service (ACAS), community health centres, councils, Royal District Nursing Service (RDNS), nominated district nursing services, community rehabilitation centres and multi purpose services.

### **Recommendation 4**

That the PAV assessment process incorporates an approval and prioritising process undertaken by ACAS, on a regional basis.

### **Recommendation 5**

That clients are assessed as requiring daily monitoring, but they make an informed decision about participating in the daily call following discussion and agreement between the client and assessor and this is documented in a revised client agreement.

### **Recommendation 6**

That the PAV Assessment Record be revised in line with the new target group, eligibility and suitability criteria and integrated with the revised Service Coordination Tool Templates (SCTT) requirements and other relevant tools such as the Aged Care Client Record (ACCR). Also that the PAV Assessment Record be available electronically with the ability to be populated by other information systems.

### **Recommendation 7**

That all PAV clients are reviewed according to the re-assessment criteria, including when their annual payment is due or after a significant call/s for assistance.

### **Recommendation 8**

That the HACC Response Service (HRS) be maintained for PAV clients who cannot provide a contact person and that the practice of no client fee for the call out service is reviewed.

### **Recommendation 9**

That the policy for the short term use (up to six months) of the PAV service cease, but that this is reviewed in two years.

**Recommendation 10**

That the Department of Human Services contract to provide a personal response service via the PAV program be re-tendered to identify who has the ability to provide the highest quality service including alarm units, staffing, infrastructure capacity and back-up system in the most cost efficient manner.

**Recommendation 11**

That a statewide unit price be established for the PAV service provider function.

**Recommendation 12**

That the waiting list management of PAV be transferred to the ACAS.

**Recommendation 13**

That PAV processes are supported by Department of Human Services policy to enable the removal of the service from PAV clients who are no longer suitable or eligible for the service, based on the PAV assessment.

**Recommendation 14**

That service provider feedback is supplied in a timely manner to assessment agencies and designated ACAS approval points regarding installation of the service, call out for assistance, and removal of the service.

**Recommendation 15**

That Department of Human Services requests comprehensive data from PAV service providers and that they provide the data in a timely manner. Link PAV data to HACC Minimum Data Set (MDS).

**Recommendation 16**

Re-tender the PAV service to ensure service provider/s are the most customer focused, competitively priced, accountable and of the highest quality and reliability.

**Recommendation 17**

That the three advisory groups be restructured into one and that there is more streamlined central and regional office administrative management of the service and service providers to ensure high performance of service providers.

**Recommendation 18**

That Department of Human Services increases resources available to the PAV program to address: the proposed ACAS role; re-assessment and review of clients; expansion of the number of alarm units; communication strategy; purchase and trial alternatives to the current PAV technology and devices.

**Recommendation 19**

That a strategy for the implementation of the fees policy is developed covering existing clients, any clients on the waiting list and new clients.

**Recommendation 20**

That the target group pay a 10% annual rental payment for the unit and 25% monthly monitoring fee and existing PAV clients have one year's grace before charged the new co-payment.

**Recommendation 21**

Department of Human Services funds research into which clients would benefit the most from PAV and the impact of PAV on the wider Victorian service system including community care, rehabilitation, hospital care and residential care.

## Introduction

Maintaining the independence and confidence to continue to live in your own home is the wish for many older people, people with disabilities and their families.

## Recommendations, Department of Human Services comment and actions

### Target group and access (Recommendations 1 and 2)

#### Recommendation 1

That the PAV target group be frail older people and people with a disability, who live alone or are alone for long periods, require daily monitoring, have a history of fall/s and are at risk of falls or have a history of medical emergencies that remain a threat or are at risk of medical emergencies. They must be physically and cognitively able to use the service and willing to use the service appropriately. In addition, a person must be on a low income.

Aim - to ensure that the people with the highest need for a PAV and the least ability to purchase one privately are the key target group. In addition, the person must be physically and cognitively able to operate the service and willing to use the service appropriately.

Rationale:

- The current target group criteria are very broad and include a wide range of people who could benefit from PAV.
- Lengthy waiting time for PAV (19–61 weeks) that is inappropriate for people of greatest need who do not have the means to purchase a service privately.
- Low income people have the least ability to purchase a private personal response system.
- The evidence suggests that a proportion of people are willing to purchase the alarm. Families as well as clients purchase units and there are current PAV clients who could afford to pay for such a service (see section 5 Fees policy).
- Highest percentage of assistance calls is for falls, followed by medical conditions.
- The evidence around the significance of falls shows for the frail aged that the sooner they receive appropriate assistance the better their recovery and less the call on the health system.
- A set age range is not specified as people age at different rates and may experience early onset of ageing, such as among Aboriginal and Torres Strait Islander (ATSI) people.
- Aged Care Branch and Disability Services Division, Department of Human Services, negotiate the disability target group criteria and arrangements to support disability clients' access to PAV.
- Younger people with a disability are encouraged to experience increased community access where PAV is not operational. Other devices such as a mobile phone or the new Mobi-Click may be more appropriate.

Desired outcome - people with the highest need for PAV are the target group and they have appropriate access to the service. In addition the person must be physically and cognitively able to operate the service, willing to use the service appropriately, and be on a low income.

### ***Department of Human Services comment***

- Aged Care Branch and Disability Services support strengthening eligibility criteria as described in recommendation 1. Strengthening the existing eligibility criteria for PAV, to focus more directly on people who are at risk of or who are experiencing falls and/ or medical emergencies, those who are isolated and who require daily monitoring, is a priority for the service. This would promote more appropriate access by people in need. However, further consideration needs to be given to how these criteria may be implemented.
- The LIME Evaluation Report recommended low income eligibility. However, it is not intended that income level or means testing be introduced as an eligibility criterion for PAV at this stage.
- Preliminary Disability Services feedback about access highlights that different access points or criteria for people with a disability are not advantageous as this would seem at odds with streamlined access, and at this time could not be resourced, if demand by Disability Services clients increases with the greater awareness of PAV. However, further discussions will be held with Disability Services, including whether PAV is appropriate for clients.

### ***Department of Human Services actions***

- PAV Statewide Advisory Group Working Group established to investigate and develop revised eligibility and suitability criteria.

## **Recommendation 2**

To undertake a professional communication strategy to inform health and community service providers, especially general practitioners and the community, about the revised target group for the PAV service and new fee payment arrangements.

Aim - that health and community service providers, such as general practitioners (GPs), potential consumers and their carers/families, have a clear understanding of the target group for PAV and the fee or co-payment arrangements for the PAV service.

Rationale:

- There has been high demand for and interest in the 'free' PAV service.
- GPs are a significant source of information provision about PAV, Mount Eliza Personal Assistance Call Service (MEPACS), and Safety Link for clients.
- General health and community service providers and the community need to be made aware of the revised target group eligible for the PAV service, and any new fee or co-payment arrangements for the PAV service.

Desired outcome - health and community service providers, especially GPs and the community, are well informed about the target group changes and fee or co-payment arrangements for the PAV service.

### ***Department of Human Services comment***

- Aged Care Branch supports a communication strategy to general health and community service providers as well as the authorised designated PAV assessment agencies about changes to eligibility criteria. A communication strategy is considered an appropriate management process that will assist with appropriate referrals for assessment, managing client expectations, and is crucial as a precursor to training for authorised PAV assessment agencies.
- A communication strategy will be conducted in line with revision and bedding down of PAV assessment tools, practices, and processes, including any changes to the eligibility criteria for the service.
- As the department does not support a co-payment by the new target group, this component of recommendation 2 will be excluded from a communication strategy to general health and community service providers.

### ***Department of Human Services action***

A communication strategy will be developed for dissemination of information about PAV when service development projects, particularly those relating to eligibility criteria, have been completed. Communication strategy will include information to relevant assessment agencies, GPs and consumers.

## **Assessment (Recommendations 3, 4, 5 and 6)**

### **Recommendation 3**

That the number of authorised PAV assessment agencies that are the PAV gateway be reduced and include: Aged Care Assessment Service (ACAS), community health centres, councils, Royal District Nursing Service (RDNS), nominated district nursing services, community rehabilitation centres and multi purpose services.

Aim - to ensure the PAV gateway is effective, easily understood and provides ease of access for clients.

Rationale:

- This number of Department of Human Services PAV authorised assessment agencies ensures ease of access for clients.
- Need to reduce confusion in the service system as to which agencies undertake PAV assessments, for example, Hospital Admission Risk Program projects not included.
- Aboriginal Services where funded for Home and Community Care (HACC) assessment and care management are not included, as they have not undertaken any assessments to date.
- Aboriginal Services could accompany the ACAS or other PAV authorised assessment agencies to assess ATSI clients.
- Community Aged Care Packages (CACPs) providers are not included as their clients are assessed by the ACAS.

Desired outcome - PAV clients have a comprehensive assessment and are on the PAV service within four weeks following assessment, if they choose to be.

### ***Department of Human Services comment***

- This recommendation excludes Aboriginal agencies funded for HACC assessment and care management, and Aged Care Branch does not consider their removal at this time appropriate until investigation into the reasons they have not been doing assessments. It could be related to lack of knowledge, for example, only two agencies were represented at the last round of training, or they consider wait times for PAV too long. The cultural appropriateness of using streamlined services for PAV assessment, and practicality of an Aboriginal service officer accompanying a streamlined service assessment officer on an assessment, are to be ascertained.
- A number of agencies were approved in 2003 when the assessment agency criteria were being introduced that do not meet current criteria. Department of Human Services will investigate the impact and appropriateness of excluding them from assessments prior to accepting this recommendation.

### ***Department of Human Services action***

Confirmation of assessment agency types to be part of the service development work, including project on PAV assessment tools and processes (see below).

## **Recommendation 4**

That the PAV assessment process incorporates an approval and prioritising process undertaken by ACAS on a regional basis.

Aim - all clients have a comprehensive assessment before they receive the PAV service.

Rationale:

- Achieve a single authorised gateway for PAV approval to ensure consistency, equitable and appropriate access, demand management and removal of 'double dipping'.
- Based on the frailty and complex needs of the PAV target group, a comprehensive assessment is required.
- ACAS is a key statewide service that is required to undertake comprehensive assessments for all their clients, which are carried out according to ACAS guidelines and consistent with the definition in the Department of Human Services document *Better Access To Services*.
- ACAS already provides a 'delegated' or authorising function.
- This approach encourages communication, learning and consistency in assessment across assessment agencies, which is in line with the Department of Human Services HACC project on Strategic Directions in Assessment.
- The Commonwealth Department of Veterans Affairs (DVA) personal alarm program operates a successful central approval model.
- It is also recommended that ACAS manage the PAV waiting list (Recommendation 12), which will create a connection, and accountability between PAV authorised assessments and the waiting list.
- The introduction of a PAV fees policy would provide additional PAV resources that could support funding for this recommended ACAS role.

Desired outcome - all PAV clients receive a consistent approach to assessment, which ensures people with the highest need for PAV are on the service

### ***Department of Human Services comment***

- Aged Care Branch, including the ACAS program, support in principle that approval and prioritising of PAV clients could be managed externally to the service provision. However, note that current suitability and eligibility criteria need to be more clearly defined. Further investigation of a potential role in assessment approval and prioritising will be included in service development work managed by Aged Care Branch in line with the impact of recommendation 1.
- Aged Care Branch recommends contracting consultant/s to develop a model, define processes, tasks and test this function. This consultancy can be combined with a revision of assessment tools if required. Work to commence over 2006 as a priority task.

### ***Department of Human Services action***

Work by a Department of Human Services appointed consultant will begin in September 2006 to explore options and develop a possible model for the role and responsibility for approving and prioritising PAV clients (Department of Human Services Request for Quotation 543 PAV assessment tools and processes. Advertised June 2006).

## **Recommendation 5**

That clients are assessed as requiring daily monitoring, but they make an informed decision about participating in the daily call following discussion and agreement between the client and assessor and this is documented in a revised client agreement.

Aim - to ensure clients are fully informed about the benefits and reason for daily monitoring and they make an informed decision about participating in the daily call.

Rationale:

- Almost 50% of clients are currently not on PAV daily monitoring.
- Currently there are over 600 clients per day who miss making the daily call to the service provider.
- Very few clients of private personal response services choose a daily monitoring call option.
- This approach is in line with current government policy ['The Way Forward' and Minister Gavin Jennings speech to Victorian Association of Health and Extended Care (VAHEC) August 2004], which promotes the active involvement of older people in the decisions and plans for their own lives.
- This decision can be thoroughly informed during the assessment
- An agreement form documenting the client's decision is signed by the client, with the service providers providing the service in accordance with the clients' documented decision
- Funds not expended on providing daily monitoring to 100% of PAV clients can be used to expand or further enhance the PAV service.

Desired outcome - PAV clients make an informed and documented decision about whether they have daily monitoring.

### ***Department of Human Services comment***

Department of Human Services recognises there are advantages in giving clients the option of participating in daily monitoring (making their daily call), such as supporting active involvement of people in decisions about their own care, and lessening anxiety about having to make a daily call within a certain time frame every day, or any sense of lessening their independence, and lessening the cost to the department for the monitoring component.

However, this recommendation is not supported due to the following reasons:

- PAV is a monitoring and response service and clients selected to receive it are assessed as needing daily monitoring.
- The evaluation report supports maintaining that people must be assessed as requiring daily monitoring.
- All new clients who have accessed PAV under the implementation of the suitability criteria 'requires daily monitoring' since 2003 are participating in daily monitoring.
- There is added security for clients and families with daily monitoring as reasons for missed daily calls are followed up, minimising potential risks to clients.

### ***Department of Human Services action***

Both service providers are implementing daily monitoring for all PAV clients who entered the service prior to July 2003. As of September 30 2006 16,243 clients or 87.06 per cent are participating in daily monitoring.

## **Recommendation 6**

That the PAV Assessment Record be revised in line with the new target group, eligibility and suitability criteria and integrated with the revised Service Coordination Tool Templates (SCTT) requirements and other relevant tools such as the Aged Care Client Record (ACCR). Also that the PAV Assessment Record be available electronically with the ability to be populated by other information systems.

Aim - to have a PAV Assessment Record that reflects the new target group, eligibility and suitability criteria, including a PAV fee and daily call participation agreement, and is fully integrated with the revised SCTT requirements, for example, ACAS assessment summary.

Rationale:

- The current PAV Assessment Record is broad and identifies those people who would most benefit from a PAV service and not those with the greatest need for PAV.
- The current PAV program resources are unable to service the current target group, for example, wait time of 19–61 weeks.
- The PAV Assessment Record needs to reflect the recommended target group, new eligibility and suitability criteria, PAV fee and daily call participation agreement.
- The Assessment Record needs to link directly to the PAV guidelines with a checklist to tick off other strategies and referrals made and their outcomes.
- The existing process of completing the PAV Assessment Record and SCTT and other required agency forms is very time consuming, thus limiting hours available for other work.
- A SCTT revision process is currently underway.
- To overcome current duplication with the PAV Assessment Record, SCTT and assessment summaries completed by agencies, for example ACAS.

Desired outcome - the PAV Assessment Record addresses the new target group, eligibility and suitability criteria, is integrated with the revised SCTT and other assessment summaries, and is available electronically to ensure efficiency.

### ***Department of Human Services comment***

- Aged Care Branch supports this recommendation in line with support of recommendation 1. Implementation of any eligibility changes for PAV will influence this process. There is a Rural and Regional Health and Aged Care Services (RRHACS) commitment to the encouragement of electronic client information and referral systems that this recommendation supports and follows the PAV electronic referral trial undertaken in 2005.
- As PAV uses SCTT, Aged Care Branch supports a revised assessment record integrated with SCTT. This will ensure clarity and ease of PAV assessment administration.
- Agencies and service providers in the Eastern Metropolitan Region and the North and West Metropolitan Region have completed an electronic referral trial of the PAV assessment record along with SCTT, and feedback is positive.

### ***Department of Human Services action***

PAV tools will be revised as part of the project being undertaken by a consultant to investigate approving and prioritising PAV client assessments (Department of Human Services Request for Quotation 543 PAV assessment tools and processes. Advertised June 2006). An E-referral trial conducted by Aged Care in two Department of Human Services regions has informed the development of electronic assessment records for PAV. E-forms will be developed in conjunction with review of the project referred to above, and further work with the Service Coordination Partnerships Team within the Primary Health Branch.

As an initial step, the existing PAV Assessment Record has been made available electronically to PAV assessment agencies who wish to use it.

### **Re-assessment - Recommendation 7**

That all PAV clients are reviewed according to the re-assessment criteria, including when their annual payment is due or after a significant call/s for assistance.

Aim - to have PAV clients re-assessed at least annually or at other significant times triggered by incident reports and assessment agencies.

Rationale:

- To ensure that PAV clients are those in most need of the service.
- To ensure the person is suitable and eligible for the service.
- To ensure the client is referred to the most appropriate services for their needs.
- The annual review linked to fee payment for the alarm unit will prompt clients to consider if they need to have the service rather than have the expectation that the service will continue regardless of suitability and eligibility.
- The annual review may involve a letter and simple question sheet mailed to the client by the service provider, and a face to face re-assessment if that was indicated by the client's response or other re-assessment criteria.

Desired outcome - PAV clients are reviewed or re-assessed annually.

### ***Department of Human Services comment***

- Aged Care Branch partly supports this recommendation. The component – review when annual payment is made – is not supported, as there will not be introduction of fees.
- Aged Care Branch supports review according to PAV re-assessment criteria, and the criteria already in the PAV program and service guidelines may be strengthened. For example, re-assessment may occur in response to triggers such as inappropriate use, or a significant number of genuine calls for assistance. This is already a component of the PAV program and service guidelines. This issue may be reviewed in line with review and revision of the PAV assessment tools, and roles and responsibilities.
- Aged Care Branch, in consultations in 2003, attempted to implement formal re-assessment every two years for PAV clients. However, during consultations this was considered too resource-intensive without additional funds, and was not implemented. Conducting a PAV assessment relies on a service system already

funded to do assessment, and PAV is just one service option available among a suite of services designed to assist people to maintain their independence at home.

- Capacity to undertake formal re-assessment is not a PAV issue alone, it is a service system assessment issue, and therefore, Aged Care Branch would not support implementation of routine re-assessment for PAV at this time.

### ***Department of Human Services action***

To be considered in Department of Human Services Request for Quotation 543 PAV assessment tools and processes. Advertised June 2006.

### **HACC response service - Recommendation 8**

That the HACC Response Service be maintained for PAV clients who cannot provide a contact person and that the practice of no client fee for the call out service is reviewed.

Aim - to maintain the HACC Response Service (HRS) for PAV clients who cannot provide a contact person.

Rationale:

- The target group should not be denied a PAV service on the grounds that they cannot provide a contact person.
- The HRS is working well, except for some remote rural areas where it is difficult to access sub-contracted staff to undertake the role.
- Assessment staff, carers and clients value the service.
- The issues around a fee for HRS were last considered two years ago.
- Client fees could act as an incentive in some regions or areas in regions where it has been difficult to attract HRS providers.
- A client contribution (fee) for call out may reduce the number of missed daily calls.

Desired outcome - the HRS continues to be available for PAV clients and a fee for the service call out is reviewed.

### ***Department of Human Services comment***

Aged Care Branch confirms the value and continuation of HRS and does not support charging client fees for call out.

- The HRS receives HACC program growth funding each year to allow for growth in the service following growth in PAV and the reissuing of PAV alarm units to new clients.
- All Department of Human Services regions have a HRS provider and the HRS is a well-established recurrently funded service. The second last dot point in the rationale above confuses the HRS provider, which is a funded agency, with the engagement of staff to make home visit call outs.

- The HRS was developed as a new service model between 1998 and 2000. Statewide guidelines were developed in consultation with service providers and key stakeholders following detailed examination of the service model.
- Based on this work, the HRS home visit call outs were exempted from the application of the HACC fees policy. The funding for the HRS is used to maintain the client registration process, the capacity to make home visit call outs, for example by engaging and inducting staff, and to make the home visit call outs. Only a minority of HRS clients receive a home visit call out in any given 12-month period. Many never receive a home visit call out. The main service management task is maintaining the capacity to respond to a client. This makes assessment for fees and collection of fees impractical since there is no regular service provision and the assessment and collection cost would definitely outweigh the amount collected, particularly when there are only a small number of PAV clients using HRS.
- There is no connection between engaging staff to make home visit call outs and charging fees, as the HACC fees policy is not used to raise funds for service provision. Workforce shortages in rural areas, which are well documented, are not related to client fees.

### ***Department of Human Services action***

HRS will continue operating without fees to clients. Data about numbers of call outs for missed daily calls and/or response calls by HRS will be provided on a regular basis to Department of Human Services.

## **Short-term unit provision - Recommendation 9**

That the policy for the short-term use (up to six months) of the PAV service cease, but that this is reviewed in two years.

Aim - to service people in the target group who have a long-term need (greater than six months) for a PAV service.

Rationale:

- The allocation of short-term units has not occurred due to the high demand for long-term units and extensive wait time for a unit.
- Short-term units can be purchased from other streams of government funding, for example, Rehabilitation in the Home, Post Acute Care (PAC), carer respite.
- Short-term units can be purchased privately.

Desired outcome - short-term PAV units are not considered but that this is reviewed after two years to establish the effect on the waiting list of changes to the target group and eligibility criteria.

### ***Department of Human Services comment***

Aged Care Branch supports this recommendation.

- This was an intended service component as a result of the 1998 review. The PAV program and service guidelines support short-term access being aimed at clients who have suffered a recent bereavement, are rehabilitating from an inpatient episode, or have early stage dementia.
- Aged Care Branch agrees that the needs of long-term clients and seeking to address long wait times have been given priority over the implementation of short-term access, and service providers source short-term units through a range of other government funded programs, or privately.

### ***Department of Human Services action***

Ceasing of PAV short-term use option to be communicated to relevant Department of Human Services program areas, assessment agencies and service providers as part of communication strategy.

## **PAV service delivery - Recommendation 10**

That the Department of Human Services contract to provide a personal response service via the PAV program be re-tendered to identify who has the ability to provide the highest quality service, including alarm units, staffing, infrastructure capacity and back-up system in the most cost-efficient manner.

Aim - to have PAV service providers who offer the highest quality staffing and infrastructure capacity in terms of telecommunication equipment, accommodation, record keeping, including optimal back-up service should the main service technology, location or equipment fail for any reason.

Rationale:

- There is a market of providers able to provide this radio-based service.
- Highest quality alarm units, staffing, infrastructure capacity and back-up system are vital to provide a responsive, reliable and reputable service to vulnerable clients.
- Both the current service providers have separate, un-staffed, non-operational day to day back-up services compared to other services that have fully operational services as a back-up.
- MEPACS currently has limited infrastructure and future capital redevelopment needs.

Desired outcome - the Department of Human Services PAV service providers have the highest quality service including staffing, infrastructure capacity, including back-up system, and provide the service in the most efficient manner.

### ***Department of Human Services comment***

- The market has consolidated since the last tendering, and there is a market to re-test to achieve the best value for money available to the department to contract PAV service delivery. At least two other major competitors exist.
- Service development relating to assessment will be undertaken prior to making decisions regarding future service delivery.
- Issues relating to asset management and management of replacement funds may need further discussion.

### ***Department of Human Services action***

Both Safety Link and MEPACS have provided asset registers of DHS owned assets to Aged Care.

Department of Human Services is investigating options regarding the provision of PAV. This is occurring in the latter half of 2006.

## **PAV unit costs - Recommendation 11**

That a statewide unit price be established for the PAV service provider function.

Aim - that a statewide competitive unit price is established for the service provider monitoring function.

Rationale:

- The current service providers are funded at different levels for different components of their service, which makes comparisons complex and performance efficiency and effectiveness unclear.
- From information currently available and the information provided during the tender process, the Department of Human Services could establish a statewide unit price to support tender negotiations with service providers.
- A statewide unit price provides a 'level playing field' and greater clarity for direct comparison of competitors.

Desired outcome - a statewide unit price is developed.

### ***Department of Human Services comment***

- Department of Human Services has information from the current two service providers in relation to recurrent unit cost breakdown for monitoring and a non-recurrent unit cost for purchase and installation. The unit costs are different for each service provider. However, this information provides the department with some basis for negotiating and establishing a unit cost with future service provider/s.
- Preparation for potential re-tendering will incorporate discussion and consideration of Department of Human Services tendering for a service with an already established unit price, or establishing one during the tendering process. This recommendation should therefore be deferred pending the re-tendering process.

### ***Department of Human Services action***

The establishment of a statewide unit price will be considered in further discussions about PAV.

## **PAV service management (Recommendations 12, 13, 14, 15, 16, 17, and 18)**

### **Recommendation 12**

That the waiting list management of PAV be transferred to the ACAS.

Aim - to have effective PAV waiting list management linked to the PAV assessment process.

Rationale:

- The current service providers hold and manage the waiting list for the PAV program, which provides them with free access to government funded pre-assessed clients to whom they sell their private alarm service, albeit at a discounted price.
- This arrangement could be perceived as providing an incentive to maintain waiting lists and a disincentive to trigger either a review or re-assessment of clients. Theoretically, this may result in the removal of the PAV service from existing clients, leading to re-installation and a reduction in waiting lists, which means less opportunity to sell their private alarm service.
- This arrangement is not accounted for in the Department of Human Services contract with the service providers.
- This arrangement is contrary to government competition policy.
- The ACAS has proven expertise in the areas of waiting list management for other services, for example CACPs, Extended Aged Care at Home (EACH).
- This recommendation combines with Recommendation 4 and achieves a vital link between PAV authorised assessment and waiting list management.
- By locating this role with the ACAS, there is greater integration of PAV at the regional and sub-regional levels.
- This arrangement provides an opportunity for information analysis and feedback from ACAS to local authorised assessment agencies, for example, number of allocated units, number on waiting list, numbers per local government area, anomalies, trends etc.
- Provides an opportunity for improved statewide information and advice about PAV as ACAS have a statewide meeting structure where issues could be raised.

Desired outcome - the PAV waiting list is managed expertly and separately to service providers and is directly linked to the assessment process.

### ***Department of Human Services comment***

- As with recommendations 4 and 6, Aged Care Branch recommends contracting consultant/s to consult with stakeholders and develop a service model, investigate and define processes, tasks and conduct a trial. Where systems have already been developed to manage waiting lists, this may not need to be tested.

### ***Department of Human Services action***

Work by a department-appointed consultant will begin in September 2006 to explore options and develop a possible model for the role and responsibility for approving and prioritising PAV clients (Department of Human Services Request for Quotation 543 PAV assessment tools and processes. Advertised June 2006). The project will include investigating the options for managing waiting lists.

### **Recommendation 13**

That PAV processes are supported by Department of Human Services policy to enable the removal of the service from PAV clients who are no longer suitable or eligible for the service, based on the PAV assessment.

Aim - to be able to remove the PAV service from a client when the client is assessed as no longer eligible or suitable.

Rationale:

- Most clients are not re-assessed or reviewed and when they are it is rare for the service to be removed, even if a client is no longer eligible or suitable.
- Some people who are no longer suitable or eligible for the PAV service remain on the service due to unavailability of more suitable services.

Desired outcome - only people who are eligible and suitable, according to the assessment criteria, are in receipt of the PAV service.

### ***Department of Human Services comment***

- Processes for the removal of the service from PAV clients who are no longer suitable or eligible for the service based on a PAV assessment are outlined in the *PAV program and service guidelines* (2003) to the extent that the responsibilities and processes of the service provider, assessment officer and client and contact are identified.
- Department of Human Services accepts this recommendation, and will investigate the level of clarity required for these processes. This may be able to be addressed as a specific item in training for assessment officers and/or in revisions of PAV policy and client documentation.

### ***Department of Human Services action***

Discussion about refining and reinforcing protocols for re-assessment and removal of PAV service where indicated by re-assessment addressed at PAV Statewide Advisory Group. To be reinforced at assessment update and training information sessions.

### **Recommendation 14**

That service provider feedback is supplied in a timely manner to assessment agencies and designated ACAS approval points regarding installation of the service, call out for assistance, and removal of the service.

Aim - to have a good communication loop between service providers, assessment agencies and ACAS approval process on the key areas of installation, call out and removal of service.

Rationale:

- Service providers have a responsibility to inform assessment agencies and designated ACAS approval points when installation has been completed.
- Assessment agencies have a responsibility to clients to offer other options or referrals to appropriate alternative services if PAV is not available in the immediate term.
- Assessment agencies need to be well informed about client call out for assistance to re-assess clients.

Assessment agencies need to be well informed about their referrals to PAV to adequately plan and refer clients to other services.

Desired outcome - assessment agencies, designated ACAS approval points and staff are well informed about the outcome and delivery of the PAV service for the clients they have referred to the service.

### ***Department of Human Services comment***

- Aged Care Branch supports this recommendation, as this is an important coordination issue. Assessment agencies require confirmation that an assessment has been received by the service provider and advice about when the PAV client actually accesses the service. Lack of this communication does not allow them to close the referral loop, or assist them with their care plans.
- This is a responsibility of service providers and they have assured Aged Care Branch that they are working on improving communication.
- The e-referral trial has contributed to efficiencies and effectiveness of undertaking these responsibilities.

### ***Department of Human Services action***

Protocols and e-forms will be developed in the context of work being undertaken by Department of Human Services around SCTT, coordinated assessment and service development work within PAV.

## **Recommendation 15**

That Department of Human Services requests comprehensive data from PAV service providers and that they provide the data in a timely manner. Link PAV data to HACC Minimum Data Set (MDS).

Aim - Department of Human Services to proactively monitor PAV service provider activity via comprehensive data provided in a timely manner by service providers and linked to HACC MDS.

Rationale:

- Insufficient data is requested from service providers by Department of Human Services, for example, source of referral by agency type, client length of stay (LOS) on the service beyond two years, full pension status.
- Current PAV Annual MDS reporting is incomplete, although service providers have had two years' notice to provide minimal data.
- Limited data collection and analysis minimises the understanding of the performance of the PAV service and the client group it serves.
- The PAV data and HACC MDS are currently unlinked and unable to provide collated information on this common target group.

Desired outcome - PAV service providers are monitored through the timely provision of comprehensive requested data and this data is linked to the HACC MDS.

### ***Department of Human Services comment***

- Aged Care Branch supports this recommendation.
- The MDS will need to be updated to enable gathering of additional information, including number of people not on daily monitoring, number of missed daily calls, and assessment agency name/type.
- Integration of the HACC MDS with the PAV MDS is a data development goal of Aged Care Branch.

### ***Department of Human Services action***

Department of Human Services Aged Care Branch to explore links between PAV MDS and HACC MDS Version 2.

## **Recommendation 16**

Re-tender the PAV service to ensure service provider/s are the most customer-focused, competitively priced, accountable and of the highest quality and reliability.

Aim - that the PAV service is re-tendered and seeks service provider/s that are customer-focused, competitively priced, accountable and of the highest quality and reliability.

Rationale:

- There is a market of providers able to provide the required radio-based service.
- PAV service providers are for-profit businesses that justify a tendering process.
- The key target group is vulnerable and requires specialised understanding and a responsive service to meet their needs.
- Department of Human Services requires their funded services to be efficient and effective and provide value for money.
- Department of Human Services and the community expect services to be accountable and of the highest quality.

Desired outcome - PAV service provider/s are customer-focused, responsive, competitively priced, accountable and of the highest quality and reliability.

### ***Department of Human Services comment***

- While it is evident that the private market has consolidated since PAV was tendered and the range of private providers of radio-based services has increased, the department will consider a range of options for the future provision of PAV.
- The department has the PAV client as the focus of any decisions about the future provision of PAV and will consider infrastructure, staffing, customer focus and accountability to ensure the service is provided in the most efficient manner and at a competitive price.
- A range of service development work in relation to assessment tools, practices, and processes is occurring during 2006 and this will have an impact on future service provision directions.

### ***Department of Human Services action***

Options for the provision of PAV are being considered by the department in late 2006.

## **Recommendation 17**

That the three advisory groups be restructured into one and that there is more streamlined central and regional office administrative management of the service and service providers to ensure high performance of service providers.

Aim - that the Department of Human Services PAV program organisational structures are streamlined and central and regional office staff jointly engage with the management and development of the service to achieve greater accountability.

Rationale:

- There are multiple (three) advisory structures.
- Many issues continue for the PAV program despite the input of the three advisory groups.

Department of Human Services PAV management structures are multi-layered which enables poor accountability from service providers.

Desired outcome - a streamlined advisory group created which has an impact on the positive development and issue resolution for the program, with stronger joint central office and regional office involvement with the administrative management of the service and service providers.

### ***Department of Human Services comment***

- Streamlining the advisory groups into one statewide group will need to be investigated, and Aged Care Branch will consult with members of the advisory groups before accepting this recommendation.
- Aged Care Branch agrees in principle with this recommendation as the different responsibilities and communication points in the department have resulted in gaps in information. However, it would be beneficial to clarify what components and responsibilities should be streamlined and clarified, so that there is a clear

understanding between Department of Human Services, service providers and assessment officers.

- Streamlining certain aspects could well improve accountability. Department of Human Services regions need to be consulted further on this recommendation.

### ***Department of Human Services action***

These issues will be discussed at the PAV Statewide Advisory Group and with Department of Human Services regions.

## **Recommendation 18**

That Department of Human Services increases resources available to the PAV program to address the proposed ACAS role; re-assessment and review of clients; expansion of the number of alarm units; communication strategy; purchase and trial alternatives to the current PAV technology and devices.

Aim - that Department of Human Services increases funding to the PAV program to address a range of needs critical to the recommended new parameters of the program and future technology developments.

Rationale:

- It is vital to have expert waiting list management of the service to ensure equitable access and minimal waiting time for the target group who are frail older people with complex needs.
- Clients require a comprehensive assessment and ACAS is a key statewide service with expertise to undertake this level of assessment.
- There are over 2,000 people on the waiting list.
- It is reported that a number of PAV clients are unsuitable or the service is no longer appropriate for them.
- Very few reviews or re-assessments have been undertaken with PAV clients due to lack of requests from service providers, workload issues and other priorities.
- Current PAV clients do not pay any fee for the service, including people with a capacity to pay.
- To assist in keeping waiting time for the service following assessment to four weeks.
- The ageing population and the target group are increasing.
- There are new products (Mobi-Click) and technology on the market and soon to enter the market (Telstra A GPS and Telstra 'device') that offer features and functions that could benefit the target group but which need to be trailed prior to full commitment to these devices.

Desired outcome - additional resources are available for the PAV program to address the proposed ACAS role; re-assessment or review of clients; expansion of the number of alarm units; publicity on the fee structure for current PAV clients; research into the key target group; purchase and trial alternatives to the current PAV technology and devices.

### ***Department of Human Services comment***

While the department agrees in principle to the benefits of provision of additional resources to PAV to support a potential waiting list and prioritising management role, expansion of units, research, trialling of alternative technology for this client base, there is no source of ongoing growth funding for PAV. The program depends on government policy directions and annual budgets.

### ***Department of Human Services action***

Growth of funds allocation to PAV of \$500,000 recurrent announced in the State Budget in May 2006 will provide an additional 1,200 PAV units. Consideration of possible additional costs involved in improving PAV assessment tools and processes will be included in service development project (Department of Human Services Request for Quotation 543 PAV assessment tools and processes. Advertised June 2006).

## **Fees policy (Recommendations 19 and 20)**

### **Recommendation 19**

That a strategy for the implementation of the fees policy is developed covering existing clients, any clients on the waiting list and new clients.

Aim - to develop a strategy on the new target group and the new fee or co-payment, in relation to:

- people already on the PAV service
- on the waiting list for PAV
- on the waiting list but have purchased a 'discounted' private service from one of the service providers
- new clients.

Rationale:

- Current clients accepted the service under different conditions, which needs to be taken into account.
- There are 2,284 people on the waiting list (March 2005).
- There are 1,020 people on the private 'discounted' service (and on the waiting list for PAV).
- There is a new recommended target group.
- There is a new fee or co-payment recommendation for the target group to pay.
- Current PAV clients do not pay any fee for the service including people with a capacity to pay (identified by assessors).
- People are willing to pay for the 'discounted' option (see service provider data); almost 50% on the waiting list at March 2005 purchased a 'discounted' option.
- To assist in keeping waiting time to four weeks following assessment in alignment with the high needs of the target group.

The ageing population and the target group are both increasing.

Desired outcome - there is a strategy in place to address current PAV clients, people on the PAV waiting list and new clients, in relation to the new target group and the new fee or co-payment for the PAV service.

### ***Department of Human Services comment***

- This recommendation is not accepted by Department of Human Services.

### ***Department of Human Services action***

No action required.

## **Recommendation 20**

That the target group pay a 10% annual rental payment for the unit and 25% monthly monitoring fee and existing PAV clients have one year's grace before charged the new co-payment.

Aim - to introduce a low-cost personal response service for the target group, improve equitable access for the target group and to increase PAV program resources to expand and enhance the PAV service.

Rationale:

- The target group cannot afford to pay 100% for the service, which is around \$200+ for the unit rental and \$30 per month monitoring fee.
- By introducing a co-payment for the service, clients (and families) will be motivated to use the service appropriately and terminate the service when no longer suitable or required.
- Existing clients are in receipt of the service under other conditions, which needs to be taken into account.
- Co-payment can be reduced by negotiation to consider individual factors, for example, payment of private rental, high medical costs.
- Having a fees policy is in line with other Department of Human Services and Aged Care Branch programs, for example HACC, Community Health, and Victorian Eyecare Service.
- People are willing to pay for the 'discounted' option (see service provider data); almost 50% on the waiting list at March 2005 purchased a 'discounted' option.
- People currently using the PAV service who do not meet the low income eligibility criteria can remain on the service and make a co-payment in line with Option 2 for the medium or high level income group after the one-year grace period if they wish to keep the service.

Desired outcome - there will be additional resources to improve the equitable access for the target group and expand and enhance the PAV service, for example, fund the recommended ACAS role.

### ***Department of Human Services comments***

As with Department of Human Services response to recommendation 19, Aged Care Branch does not support this recommendation.

### ***Department of Human Services action***

No action required.

## **Service system development - Recommendation 21**

Department of Human Services funds research into which clients would benefit the most from PAV and the impact of PAV on the wider Victorian service system including community care, rehabilitation, hospital care and residential care.

Aim - that Department of Human Services is well informed about which clients would benefit the most from PAV and the impact of PAV on the wider service system.

Rationale:

- Lack of evidence about who the target group for PAV should be.
- Lack of evidence about the impact of PAV on the wider service system.
- Ensure the service is targeted to the 'right' people.
- For optimal management of waiting times and access.
- To sustain growth funding.

Desired outcome - the Aged Care Branch has evidence to support the target group for the PAV program and its impact on the wider service system in order to secure its future growth.

### ***Department of Human Services comment***

- Aged Care Branch recognises that evidence to strengthen support for PAV clients could be beneficial.
- Aged Care Branch and Disability Services to discuss option of research into benefits to younger people with a disability.
- Assessing PAV service impact on the wider service system would require a consultancy, and requires further consideration and discussion of the benefits of undertaking this research.

### ***Department of Human Services action***

Research agenda, including PAV service impact, to be considered in 2006-07 and beyond. To be discussed at PAV Statewide Advisory Group, within Aged Care Branch and with relevant program areas.