

SERVICE COORDINATION KEY MESSAGES and FAQs FOR HACC AGENCIES

Updated: December 2003

What is Service Coordination?

Since 1999-2000 the vehicle for service coordination in the community care sector has been the Primary Care Partnerships (PCP). HACC agencies including local government are a key part of the PCP strategy, alongside Aged Care Assessment teams, community health services, primary mental health, alcohol and drug services and GP divisions.

Service coordination aims to better identify the initial needs of consumers including early intervention opportunities; to facilitate coordinated care planning & coordination, including referral and to reduce duplication in service responses.

Service coordination is the practices, processes and protocols and systems for dealing with public enquiries, the collection of a common set of information on consumer intake, and common standards for making referrals.

The key elements of service coordination are

- Initial contact (IC)
- Initial needs identification (INI: broad screening)
- Assessment
- Care planning (Better Access To Services Framework, A Policy and Operational Framework, Primary Care Partnerships, June 2001:13)

What are the Service Coordination Tool Templates designed to achieve?

The Service Coordination Tool Templates (SCTT) have been designed to assist with three out of the four service coordination elements: Initial Contact, Initial Needs Identification and Care Planning.

The Service Coordination Tool Templates are not assessment tools and therefore do not replace your agency's assessment processes. Assessment builds on the information that has been collected at intake directly from the client, or information received on the SCTT tools from referring agencies. Assessment will go into further depth weighting, interpreting, validating and collecting information specific to your client and your agency's role in the client's care.

Part of the task in determining how service coordination will operate for your agency in your local area, is to identify how your intake and assessment processes may change to take account of information collected and received on the SCTT tools.

What do HACC agencies have to do to implement Service Coordination?

Whether or not your agency is a member of a PCP, all HACC agencies are required to implement Service Coordination and use the Service Coordination Tool Templates. These tool templates are the successor to the CIARR. Agencies are expected to have implemented the Service Coordination Tool Templates by January 2004.

Implementing Service Coordination is not just a matter of adopting a different set of forms. Steps to implementation include:

1. Examine and review practices, processes, protocols and systems for intake, registration and assessment to incorporate the common data items and information that are required to be shared through the new service coordination processes.
2. Use the mandated SCTT tool templates (see below) when referring a client to other HACC and primary care agencies. Use the optional tools as agreed through local protocols with PCPs and other agencies. Optional tools will also be used as appropriate to individual client circumstances.
3. Accept all new referrals from other agencies on SCTT tools ie. HACC agencies will no longer have their own agency-specific referral form.

Which tools are HACC agencies required to use?

HACC agencies that are members of PCPs will have local protocols which describe how the tools are to be used. The following expectations are the minimum expectation for all HACC agencies.

All Agencies

HACC agencies are mandated to use the following tool templates at a minimum when referring on to other agencies:

- Consumer Information
- Summary and Referral Information
- Consumer Consent
- Consumer Information Brochure: Your Information: It's Private.

Agencies receiving Assessment and Care Management funding

HACC agencies receiving funding for Assessment and Care Management are required to collect the information in the following additional tools as part of their assessment and care management processes

- Living Arrangements Profile
- Functional Screen Profile
- Service Coordination Plan (for clients with multi agency involvement or complex needs).

Consumer Consent

The Consumer Consent form needs to be completed to obtain consent to specified use/disclosure of information. This is a requirement of the Victorian Privacy legislation. A copy of the Consumer Information Brochure (Your Information: It's Private) must be provided with the consent form.

A copy of the completed consent form should be given to the consumer and the original held in your agency's files. However the consent form does not need to be sent on to the agency with the referral. Indication that consent has been gained is identified in the Summary and Referral Form.

Supplementary Profiles

Health Conditions, Health Behaviours and Psycho-social profiles are to be used as agreed through local protocols within each PCP or for HACC agencies that are not members of PCPs, as appropriate to client needs.

It is highly recommended that the Nutritional Risk Screening and the Falls component of the Health Condition is used during a HACC assessment because of the nature of the client group.

You are not required to use all the profiles for all clients. In fact in many cases this would not be appropriate practice.

Not all items in each profile will need to be completed for all clients. Only fill out items that are relevant. Many items in the Consumer Information and Living Arrangements form are HACC MDS items.

Service Coordination Tool Template Guidelines

DHS has produced a set of Service Coordination Guidelines which explains how to complete each Tool. The Guidelines can be downloaded from the web. See details below under *Access to Tools and Guidelines*.

Any agency that is not able to download these Guidelines from the Web should contact their regional HACC contact who will assist them to obtain a copy.

Supply of hard copies of the SCTT tools

DHS recognise that implementation of the SCTT requires careful review of the information management systems, intake and assessment and referral processes. In the short term the HACC program has committed to assisting HACC agencies with the transition to the new forms by providing multiple copies of the forms.

In the long term, costs to photocopy, print or make carbon copies of the forms will be incurred by agencies as determined by the practice and protocols put in place to support the use of the tools and replace existing forms. In the long term, most referrals will be electronic and this will eliminate the requirement to reproduce hard copy of client information for referral purposes.

Copies of the SCTT tool templates will be supplied in separate 'pads' (each pad contains 50 copies; supplementary profiles will come in pads of 25) to minimise wastage. Agencies can order the tools to suit their needs. Carbonised copies will only be provided for the Consent form and the Summary and Referral form. Please see the FAQs below for the rationale behind this approach.

An Order Form for the SCTT pads will be provided to agencies through your HACC regional contact. The regional contact will also be required to approve agency orders before sending them on to the distributor. The same distributor, GBM Logic (now HPA) will supply the SCTT tools.

Access to the reprint of hard copies of the tools will be restricted in order to ensure that all HACC agencies have equitable access.

- Agencies will only be able to order a maximum of 300 copies. (This equates to a maximum 6 pads of 50. See the Order Form for details).
- If agencies have already received the maximum order of the carbonised version of the tools they are not entitled to access the reprint, ie. the printed pads.

The distributors GBM Logic (now HPA) will be informed of these guidelines.

Access to the Tools and Guidelines

The SCTT tools and Guidelines can be downloaded from the DHS web-site www.dhs.vic.gov.au/phkb. Follow the links to PCP strategy and then to Service Coordination.

Microsoft and Access e-forms are also available for download off the web site. The forms are also available on a CD Rom.

Contact Pip Lyons: Ph 9616 6141 Pip.Lyons@dhs.vic.gov.au

Frequently Asked Questions

Do we need to update our client record to reflect data required by the SCTT tools?

No. The new service coordination processes should be used for all new clients. Existing records will be updated over time through client reviews or reassessment.

Do we have to use the SCTT tools for all our intake processes?

HACC agencies will have various different approaches to intake depending on whether they are in a paper based or electronic environment. Agencies are not required to use the SCTT tools for all their intake processes. However, agencies are encouraged to review their business practices to ensure that they eliminate duplication between their current intake tools/forms and the SCTTs and to eliminate the need to re-enter information into the SCTTs if making a referral. An important aspect of the implementation of service coordination is that you use the relevant SCTT tools when referring out to other agencies.

In the past, DHS supplied carbonised copies of the CIARR. Why is DHS not going to continue this practice?

The CIARR was carbonised so that clients could have a record of their assessment, and so that the client could show this information to any new providers, hence minimising duplication of information giving.

One of the principles behind the PCP Service Coordination initiative is that the onus should be on the system, not the client, to minimise duplicate information giving and assessment. Standardised tools mean that, with client consent, specified agencies are permitted to pass information to each other so that clients no longer have to do this. Hence, one of the reasons for carbonised forms is no longer relevant.

The second reason for carbonisation of the CIARR was to leave a record of the assessment with the client. Clients should be informed in writing of the outcome of their assessment and have access to information collected during the assessment. However, the extent to which agencies might want carbonisation of the SCTT form to do this, will depend on the practices, processes and protocols they decide is most useful and efficient to achieve this. Different agencies will employ different practices.

Information in the privacy brochure (and in the SCTT consent form) stipulate that clients must have access to their information if they request it. The Privacy brochure does not indicate that a copy of all the information collected must be left in the home.

Implementing service coordination means considering what is the critical information that consumers require and how that information is best communicated to them. Leaving the suite of completed tool templates with a consumer may not be 'best practice.' For example, the tools are not customised to specify your agency's service type and service delivery arrangements. This needs an agency specific form.

In order to assist agencies that have begun to implement service coordination business practices based on the availability of carbonised copies of the SCTT, and the needs of small HACC agencies who are starting to implement service coordination, carbonised copies of the Summary and Referral forms will be available throughout the transition phase. Carbonised copy of the consent form will also be produced to assist with the transition to service coordination and the requirements of the 2001 Health Records Act.

As stated in earlier communication via Frequently Asked Questions and the HACC Manual the provision of hard copy forms will be a transitional measure. In the medium term agencies are expected to cover the cost of printing, photocopying or carbonising forms as

determined by the practices they put in place to support service coordination. In the long term, most referrals will be electronic, thus eliminating the requirement to reproduce hard copy of client information for referral purposes.

It is important that HACC agencies consider their longer term strategies for managing service coordination and identify how the SCTT tools will be used to best meet the needs of their intake, assessment and referral processes. Most small HACC agencies will receive their referrals on the SCTT and only make a limited number of referral themselves so the need for hard copy should be manageable.

How will the Koori specific CIARR be replaced?

Most Aboriginal agencies are not members of PCPs so will not necessarily be informed of the new service coordination initiatives. Aboriginal HACC agencies are currently using an Aboriginal version of the Aboriginal Client Information and Referral Form (CIARR) which is an assessment tool as well as a client information and referral record.

Aboriginal agencies will be invited to participate in a HACC Service Development project which will commence in 2004. This project will identify any cultural issues arising from use of the SCTT tools with Koori clients and areas of overlap between the Service Coordination Tool Templates (SCTT) and the existing (CIARR).

As this project will not commence until February 2004, Koori agencies are not required to commence using the SCTT until both the Service Development project and training has occurred.

DHS assistance with Service Coordination implementation

There are some HACC agencies such as small CALD agencies or regional HACC agencies that may not be members of a PCP and therefore require assistance and training in service coordination. In the first instance agency training should be discussed with your regional HACC agency liaison officer and the regional PCP advisor. As service coordination works best where there is local agreement on common processes and practices, training is best carried out at the local or regional level in the first instance. However some agencies such as the Koori agencies or small programs such as the Community Connections program may want to discuss more specific training needs with Central Office.

Who do I contact for assistance?

Please contact your regional HACC Liaison officer if you have any concerns, comments, queries or specific needs in relation to Service Coordination implementation.