

SERVICE COORDINATION KEY MESSAGES FOR HACC AGENCIES

Updated: April 2005

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 were 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 are available 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.

An Order Form for the SCTT pads is available through your HACC regional contact. The regional contact will also be required to approve agency orders before sending them on to the distributor which is Australia Post.

Access to the Tools and Guidelines

The SCTT tools and Guidelines can be downloaded from the DHS web-site <http://www.health.vic.gov.au/pcps/coordination/tooltemp.htm> . 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.

If you have any queries about the above information, please contact:

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