

Consumer Directed Care (CDC) Questions and Answers

Eligibility

How do I become eligible to apply for CDC in Packaged Care places?

You must be an existing community care approved provider to be eligible to **apply** for CDC places. Existing approved providers must have (or have applied for) flexible care status to receive an allocation of CDC places.

If you are an existing approved provider and do not have flexible care approved provider status, you will need to complete an Application for Approval to Provide Aged Care.

Can applications be made by an existing approved provider whose status is currently for residential care only?

Yes, however please consider the assessment criteria as outlined in the *Information on Consumer Directed Care Packages*, especially criteria one (1) - Status of Organisation.

Please note that existing residential care approved providers would also need to apply for flexible care status.

What if I am waiting for my flexible care approved provider status to be assessed?

If you have applied to the Department for flexible care approved provider status before 1 May 2010 and are waiting for the outcome of this application, you are considered eligible to apply for CDC places. If you are assessed as eligible for an allocation of CDC places and your approved provider status is still pending, your allocation will be deferred until your approved provider status can be confirmed.

Applicants who are waiting for their flexible care approved provider status must have applied before 31 May 2010.

Why do I need flexible care approved provider status?

CDC places are funded through the Innovative Pool Program; this funding is for flexible care places. As such, you will need flexible care approved provider status even if you are only applying for CDC Low Care places

What if my application for flexible care status is not assessed by 31 May 2010?

CDC applications are assessed based on the organisations merit. If your application for flexible care status has not been finalised and you are offered an allocation of CDC places, the Department may defer the allocation pending your flexible care status.

I'm an approved provider with flexible care status but only deliver EACH and EACHD packages through one service. Am I eligible to apply for an allocation of CDC to other services which only provide CACP?

Yes, flexible care status is linked to the approved provider, not the service. This means that eligible approved providers can apply for an allocation of CDC places for all or some of their services.

I'm an approved provider with flexible care status, but I do not have an allocation of community or flexible care places. Am I eligible to apply?

Yes, the only prerequisite to apply for CDC places is to be an approved provider of flexible care. You do not need to currently have an allocation of community or flexible care places, however please consider the assessment criteria as outlined in the *Information on Consumer Directed Care Packages*, especially criteria one (1) - Status of Organisation.

I have already submitted an application for approved provider status prior to 1 May 2010. Do I need to submit another application?

No, the Department will check that all successful applicants have, or are in the process of obtaining approved provider flexible care status when assessing applications. This will be managed in the Department and you do not need to submit an additional form.

The application form seems similar to the ACAR form, however, there are no information sessions or handbook to assist.

The Invitation to Apply is a tender process and registration is required to ensure probity throughout the process. The ACAR documents have more complex requirements to account for fact that number of places is pre-determined and limited to allocation in line with planning ratio's by ACAR planning region. The CDC application is less complex as places are not restricted in allocation and applications are based on merit, and assessed against the criteria clearly outlined in the information documentation. Applicants need to demonstrate their ability, capacity and experience based on those criteria.

Forms are required to be completed and delivered to Canberra by 31 May2010, this is only 4 weeks.

CDC applications are being conducted as an Invitation to Apply and the application period is in line with Departmental requirements.

Allocation of CDC Places

Are there a set number of 'places' (out of the total 500) available per region/geographical location?

No. Organisations will be assessed on the merit of their application according to the assessment criteria outlined in the *Information on Consumer Directed Care Packages*. The CDC assessment will be looking at the organisations ability to deliver flexible care in the community.

Is this process similar to the ACAR?

No, this is an invitation to apply for places under the Innovative Pool Program. These flexible care places are available in any state or territory, based on merit and are allocated outside of ACAR.

I am an approved provider and have flexible care places allocated in some services/regions but not all, am I only eligible to apply for CDC places in those services/regions I have flexible care places?

Approved provider flexible care status is awarded at the approved provider level, not the service level. You may apply for CDC places in each service/region that you currently operate in, as long as you have flexible care approved provider status.

However, if an approved provider is applying to deliver CDC high care or high care dementia places in existing services, where they do not deliver high care, this may be taken into consideration in assessing suitability.

How many places can I apply for then?

There is no limit on the number of places you can apply for, however consideration will be given to the services experience, service mix and organisational capacity.

As part of the assessment process the Department will assess an organisations ability to deliver the CDC places applied for, and the need for the service location.

How long will CDC places be allocated for?

CDC places will initially be allocated for a 2 year period. (Eg. 2010-11 and 2011-12). During this time an evaluation process will be undertaken to explore the potential for implementing the CDC model more broadly across Australian Government community care programs.

When are CDC places expected to be made operational?

Allocation of CDC places will occur early in the 2010-11 financial year (July-August), and it is expected that providers will commence delivery of CDC places as soon as possible.

Why would providers want to deliver CDC, what is the incentive other than to be involved in this initiative as there is no assistance with set up costs?

Following calls from industry and consumers, a CDC working group that was formed under the Minister's Ageing Consultative Committee (ACC) developed proposals for CDC in the Australian context following calls from industry and consumers. Drawing on the work of this group, the Commonwealth have developed proposals for Consumer Directed Care packages.

The implementation is targeted at existing providers as their existing capacity and infrastructure will support CDC approaches. Evaluation of the CDC initiative will explore the effectiveness of the packages in meeting care recipient/carers' needs, their operation, and the potential for implementing the CDC model more broadly across Australian Government community care programs.

Evaluation

Will the CDC initiative be evaluated?

The Department of Health and Ageing will be conducting an in-depth evaluation of CDC. This evaluation will explore the effectiveness of the packages in meeting care recipient/carers' needs, their operation, and the potential for implementing the CDC model more broadly across Australian Government community care programs.

In order to assist the evaluation, providers will be expected to participate in evaluation activities, which could include a range of reporting activities, facilitating evaluator access to care recipients and carers, and participation in focus groups, interviews or telephone surveys.

What happens to the care recipient's care when the initial CDC allocation period is complete?

CDC places are being allocated under the Innovative Pool program for the first 2 years. Evaluation of CDC will inform future directions for CDC in Community Care. Clients will not be left without care, and provisions will be put in place to ensure care recipients will have continuity of services.

How does CDC work?

How will CDC packages be paid?

CDC in Packaged care will be funded by the Australian Government through allocation of non-ongoing flexible care places in the Innovative Pool Program. Unlike current packaged care programs, CDC packages will be paid directly

by the Department. Approved providers will be required to complete a monthly claim form to the Department to receive monthly subsidy payments.

Providers will be paid a subsidy in respect of each allocated CDC place for which there is an approved care recipient receiving care.

What are the subsidy rates?

There will be three levels of subsidy depending on the assessed level of care to be provided. These three levels will align with the subsidy levels of the current Packaged Care Programs. Further information can be found on page 12 of the *Information on Consumer Directed Care Packages*.

What is meant by SERVICE in Part B of the application form?

A service has a physical location and may deliver various care types from its location.

Each service will have a service ID, but note there may be more than one service in a region.

If a service covers more than one region, please make note of that in your application.

This needs to be identified in Part B of the application.

Would it be possible for consumers to use their individual budget to pay for services to be provided by informal caregivers (friends, neighbours and family)?

The CDC informal and formal support services should be designed to complement and supplement the assistance and support provided by family/carers, friends and social and community networks. Under CDC, family members and friends should not be paid.

How many application forms do I need to complete?

One application form should be completed per approved provider. This is regardless of how many States, regions etc in which you are applying for places.

How will CDC Respite packages work?

An annual budget of \$4,200, to be held and administered by the Centre, will be allocated for each participating carer. Carers will then be able to direct the Centre to spend their respite budget on the respite services of his or her choice.

What can I charge as an administration fee for CDC packages?

The amount should be transparent and agreed between the service provider and the care recipient, dependent on the level of administration provided. The remainder of the allocated budget is available to the care recipient to direct to services of their choice.

The case study in the CDC documentation includes a cost of \$20 for Meals on Wheels for 4 days, the current cost is \$8 per meal. Under CDC High care payment for food (except enteral feeds) is the responsibility of the care recipient (or his or her representative)

This is just an example, costs of services would need to be determined and included in the individuals' budget. Arrangements around the purchasing of food where a service provider will do meal preparation, as per the specified care and services, is exactly the same arrangements as currently exist in packaged care programs which state - *'The approved provider, the care recipient, the carer (where appropriate) and the care provider may agree that Meals on Wheels is the preferred meals option, instead of assistance with the preparation of meals and eating'. In this situation, the care recipient may be asked to contribute to the cost of the food, as outlined in Section 11 – Access to Services and Equipment. This may be in addition to the normal fees and should be negotiated in the same way as other fees.* Under CDC, Meals on wheels is a service choice that could be purchased from the CDC budget.

Under the support services listed for CDC High Care and High Care Dementia it states that maintenance therapy should be provided as part of the package, however, intensive long term therapy services should not be included as part of the package when a care recipient is unable to claim through their private health insurance (if held)". This appears to be different to arrangements in other existing programs.

This is the same as existing arrangements; please refer to pages 93 and 104 of the *Draft Community Packaged Care Guidelines*. The main consideration is maintenance therapies as opposed to intensive long term rehabilitation.

Case managers "will typically have appropriate formal qualifications, generally nursing and allied health", where is the funding for this employment coming from? Many other types of professionals are able to be effective case managers.

This is an existing requirement under the *Draft Community Packaged Care Guidelines* - this requirement will also apply for CDC packages.

If care recipients are choosing informal support, will these workers have police checks, ABNs, Insurance, Superannuation, etc? If so who is responsible for ensuring this?

This is the same as existing arrangements. Approved providers will maintain responsibilities relating to staff and volunteers as outlined in *The Accountability Principles 1998*, *The Aged Care Act 1997* and any relevant State and Territory Governments OHS legislation.

Will providing services that are not assessed as being required cause dependencies? Should we rather have an assessment system or case mix that determines the needs versus wants?

Assessed need is still the centre of negotiating and developing a care plan for a care recipient. As outlined in the information, CDC packages support the principle that Care Recipients and carers and providers should be provided with a range of support to make informed decisions and practice CDC, including education and advocacy.

It is discussed in p. 20 that at least one responsible person or agency... reasonably near and continuously on call, is required to give emergency assistance when needed.

The 'reasonably near' could be an issue in a large city or outback Australia and the role the emergency person will play needs to be clear.

This is an existing requirement under the Draft Community Packaged Care Guidelines - this requirement will also apply for CDC packages.

Sending Applications

Can I please have further information on how to send my application?

Applications **must** be lodged by "Applications Closing Date" (2pm local Canberra time on 31 May 2010).

Applications **must** be in a sealed package, marked as follows (*Tender box address*)

Applications **must** be hand delivered by an employee, agent or representative of the Tenderer or courier contracted by the Tenderer.

Applications should be addressed to the Tender Box, not the departmental contact officer.

NOTE: The Tender Box is accessible for deliveries between the hours of 8:30am and 5:00pm Monday to Friday (public holidays excepted).

Late Applications

Applications received after the Closing Date, **will not** be accepted for evaluation.

Posted Faxed and Email Applications

Posted, faxed and emailed Applications will not be accepted.