Resource Allocation and Unit Pricing Outcomes Project 2015

Closure Report

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Introduction

Disability and Community Services commenced the Resource Allocation and Unit Pricing Outcomes Project (the Project) in April 2015. The Project Team’s focus was on the impact of the Resource Allocation and Unit Pricing Framework (the Framework) for clients and service providers, particularly where financial variance was greater than $300 000.

The objectives of the Project included:

• reviewing elements of the Framework with organisations to provide evidence of outcomes achieved as a result of the implementation of the unit pricing model
• reviewing elements of the Framework to improve functionality of the model, and
• ensuring the post project responsibilities of the Resource Allocation and Unit Pricing project have been completed.

The Community Access Guidelines 2013 were also reviewed as part of this process.

The following was out of scope of this project:

• the review of the unit prices
• the review of the translation of unit pricing
• the review of individual or organisational issues
• any requests for additional funding
• any funding relating to the National Disability Insurance Scheme (NDIS).

Disability and Community Services invited 13 service providers to participate in an interview to seek feedback on client and service provider outcomes. In addition to this, all specialist disability service providers were invited to provide written feedback on the outcomes of the Framework.

The Project Team consisted of the following Disability and Community Services staff:

Annie Curtis Area Manager Disability and Community Services South
Kylie Green Community Liaison Advisor, Community Partnership Team South
Steve MacKenzie Manager, Community Partnership Team North
Ebony Slade Project Support Officer (Project Manager)
Jessie Speight Consultant, Individual Funding Unit
Sharon Stewart Community Liaison Advisor, Community Partnership Team South
Jenelle Wells Community Liaison Advisor, Community Partnership Team North West

Background

The Resource Allocation and Unit Pricing Implementation Project was initiated to enable a more open, transparent and sustainable model of funding and service delivery across specialist disability services and some elements of community services (family support) in Tasmania.

Implementation of the Framework stemmed from the Development of a Resource Allocation and Unit Pricing Framework – Phase 2, March 2011 – Final Report that was developed by KPMG. The Final Report made recommendations on the transitioning arrangements required to move to a unit pricing approach.
Implementation of the Framework aimed to:

- Place services on a viable and sustainable footing in order to meet demand
- Improve client access and portability
- Drive accountability for client outcomes
- Achieve fairness and equity of funding allocation, and
- Achieve clarity around the services purchased and provided.

The implementation of unit pricing enabled greater clarity and certainty as to what the Department purchases via funding agreements. The implementation of unit pricing has ensured that historical and local funding arrangements that were in place have been clarified and resolved.

The Resource Allocation and Unit Pricing Implementation Project was officially closed on 28 February 2014 when the Resource Allocation and Unit Pricing Implementation Closure Report was accepted by the Deputy Secretary – Human Services as the Project Sponsor. One of the recommendations of the Resource Allocation and Unit Pricing Implementation Closure Report was to note, “Disability, Housing and Community Services will complete a number of post closure activities (as outlined at 2.6 of the Resource Allocation and Unit Pricing Implementation Closure Report) as part of standard business following the closure of the implementation project”.

The 2015 Project focused on the impact of the Framework for clients and service providers particularly where financial variances was greater than $300 000. In undertaking this project, opportunity presents to focus on key areas of the Resource Allocation and Unit Pricing framework as part of continuous improvement on funding administration by Disability and Community Services Tasmania.

**Methodology**

A number of Disability and Community Services staff participated in a face to face workshop which assisted in informing aspects of the Project. The focus of the workshop was on how the Project Team could capture the outcomes for clients and organisations since the introduction of unit pricing. Discussions at this workshop also encouraged various revisions to the Community Access Guidelines 2013.

On 12 June 2015, the Director Disability and Community Services emailed all specialist disability service providers advising of the commencement of the Project (Attachment 1). Attached to this email was a fact sheet detailing the objectives of the Project, background on the Framework and information on how service providers could provide feedback to the Project Team on the outcomes achieved as a result of the implementation of the unit pricing model.

At the end of July 2015, the Area Manager Disability and Community Services South wrote to 13 specialist disability service providers inviting them to provide feedback on client and organisation outcomes since the translation to unit pricing (Attachment 2).

The Project Team developed a Target Information Collection Worksheet (Attachment 3). The Worksheet and proposed methodology were approved by the Disability and Community Services Executive Group.

The Worksheet was split into the following components:

- Understanding of Unit Pricing Principles
- All Service Questions
- Questions by Service Type (deleting any non-relevant Service Types)
  - Accommodation Support
Individual Support
Community Access
Respite
Additional Comments
Examples of Evidence for the Project

In practice, there was a mixture in the way service providers responded to these questions. For example, some service providers found responding to the questions in a general conversation easier than going through each individual question. The Project Team were flexible in how they accepted the responses from service providers.

The list of service providers was divided up amongst members of the Project Team who worked in pairs with additional assistance provided by Community Partnership Team members. Meetings were conducted throughout late August and September 2015.

Service providers were provided with a copy of the Worksheet prior to the meeting. This gave the service providers a sense of the topics that would be discussed and gave them an opportunity to gather any evidence they felt related to the implementation of unit pricing eg any documentation that had been changed or updated as a result of unit pricing.

The Project Team recorded responses on the Worksheet or in a Meeting Minute template.

Whilst only a sample of service providers were contacted by the Project, all service providers received the email from the Director Disability and Community Services on 12 June 2015 inviting them to provide feedback on the outcomes of the Framework and/or the Community Access Guidelines by providing a written submission to the Project Team by Friday, 21 August 2015. No written responses were received.

Outcomes

Positives

It was apparent from the service providers that the implementation of unit pricing provided numerous positive outcomes for both providers and their clients. It has provided greater flexibility for clients and service providers, the portability option has increased for clients and it has provided clarity for clients and service providers around funding and what support can be provided.

One service provider noted their casual workforce has reduced as a result of unit pricing which has provided staff with greater job security. Another stated they are able to offer formal training for staff as a result of unit pricing which has resulted in a “more motivated, dedicated workforce who are providing a better quality of service”. This comment by another service provider said, “Additional training opportunities are provided to staff to ensure that staff health and wellbeing remains high. This has resulted in a low turnover of staff which will be important under NDIS”. Another stated, “Stress management and happiness training is offered as we believe if we create a culture of happy staff this impacts on clients wellbeing.”

One service provider stated their service was ‘better off’ as they were able to consolidate their staffing. “This has had a multiplying affect in terms of staff morale (sickness, stress leave) and additional support for clients (eg move from 1:6 to 1:3). Staff and clients were happier.”

A number of positives noted by service providers have also included moving services to larger premises, undertaking building renovations or new infrastructure, investing in outdoor equipment and purchasing vehicles.
The implementation of unit pricing has meant there is less of an administrative burden on both service providers and Disability and Community Services. Service providers noted they still need to budget tightly. Another positive was the need to only complete one Annual Grant Financial Accountability Report (AGFAR) against each service line. This has reduced administrative burden on both the service providers and the Grants Unit.

“The Framework has stopped the practice of ‘hand outs’ and we now feel we [service providers] are all on the same playing field”. This statement tells us that service providers agree that the pricing is transparent, promotes equity and has helped the service provider and funder (Disability and Community Services) to build an open and ethical relationship, which are consistent with the Unit Pricing Principles.

The full roll out of the NDIS comes after a successful trial of the scheme for young people aged 15-24 years. A factor that can be attributed to the success of the trial is service providers were already familiar and experienced in working with a unit price for their services hence they did not need to start from scratch for the trial.

The Project Team were surprised to find the positive outcomes of Resource Allocation and Unit Pricing far outweighed the challenges faced by service providers. Many of the service providers reiterated to the Project Team how the implementation of unit pricing has positioned them well for the future.

Challenges

Service providers highlighted a few challenges during the survey conversations. The main challenge for service providers and clients remains the impacts on community access and supported accommodation services when a client wishes to or needs to retire from community access programs. Requests for an increase in support for aging clients is becoming more common due to the increasing aged population of people accessing specialist disability services. Disability and Community Services continues to raise this critical issue at a policy level with the appropriate agencies, particularly given funding for people over 65 is the primary responsibility of the Australian Government. Whilst it is acknowledged by Disability and Community Services that it is not ideal, issues related to aging and retirements are being dealt with on a case-by-case basis.

In an environment where the focus is on the client, some service providers noted there was a lack of clarity as to the reasons unit pricing was applied to group homes and not individuals. Another service provider voiced their frustration that there was no review of the Framework post translation.

Another challenge identified is the concept of capacity and how looking at overall funding has been difficult for service providers to manage. For example, service providers should think of the funds as a bucket of money and thus have the flexibility of being utilised across the program to meet the needs of the service and the client base. The concept of capacity has been further exacerbated with the transition to the NDIS and service providers wanting to position themselves.

There were specific service provider issues raised with the Project Team which included a service provider highlighting, “it wasn’t all ‘good news’ with the implementation and that the issue [details have been removed to ensure discretion] caused quite a bit of angst until it was finally resolved”.

This service provider commented, “The introduction of unit pricing was a good reform and positive for clients and service providers. However, there was disappointment/frustration that the translation of therapy services (Allied Health Professionals) did not happen as this would have positioned us very well in the NDIS”.

Service Specific

Accommodation Support

As mentioned previously, the implementation of unit pricing has provided greater flexibility for clients and service providers. In regards to accommodation support, service providers highlighted greater flexibility to move their staff around as required. Service providers advised being able to put on extra shifts on weekends to cope with client preferences and demands. Additional shifts have meant the introduction of new staff who the service providers say have brought with them new ideas and approaches. “Providing more stability in the workforce has increased staff morale”.

The Project Team met with a service provider who advised they had a ‘skinny’ roster system before unit pricing and that with the implementation of unit prices they have increased staffing in their group homes and note they are able to provide more choice to residents and offer different activities. The comment being that, “we are now funded to be self-sufficient rather than having to be topped up”.

Prior to unit pricing, one service provider noted they were unable to offer residents any one to one support, including those times residents were required to attend appointments. “If one resident needed to go to the doctor, all of the residents had to leave home too. Clients can now attend an activity of their choice once a fortnight which was not possible before”.

Service providers have seen an increase in independence and assertiveness of clients as a result of having access to more real life experiences. One service provider stated, “Clients have raised their expectations because they see that more can now happen. We are seeing increased client desire being voiced, particularly in the community access programs. Clients are asking for more experiences”. This service provider advised that, “Unit pricing funding has provided more social opportunity for clients eg camping, holidays”.

The Project Team were told clients are now receiving more individualised support from their supported accommodation service. “One client who had always wanted to go to Melbourne has recently been able to do this. He also went to the casino and attended a football game. This couldn’t have been done before unit pricing. He was able to plan and enjoy this with the additional funding”.

There was a bold comment made by a service provider who stated, “If it were not for unit pricing, we would not exist now”.

Community Access

A service provider advised that due to unit pricing they received community access funding for all residents who were spending one of five days supported at home. Prior to the implementation of unit pricing, this service provider was covering this from their other program areas.

One service provider commented, “Staff had noted the ‘equality’ of unit pricing and that it was a lot fairer than the old system”.

The Community Access Guidelines 2013 have also been reviewed as part of this process. Service providers were given the opportunity to provide feedback on the draft Community Access Guidelines with a closing date of 31 March 2016. The key changes to the Guidelines include:

- Removal of information reflecting the implementation of the Unit Pricing Framework.
- Specification of a 28 day period for filling of vacancies. If a vacancy is not filled within this period, funds will be returned to Disability and Community Services for reallocation.
Inclusion of the requirement to use the ‘Client Moves Form’ to formally communicate vacancies, transfers or changes in Community Access and Accommodation Support arrangements for individuals.

Increased detail relating to Community Access processes and definitions.

The Disability Assessment and Advisory Teams (DAAT) will have greater discretion in reviewing clients funded at the exceptional rate with the inclusion of a timeline for review. The timeline for review should be based on the DAAT clinician’s assessment and subsequent recommendations (e.g. one, two or three years depending on the individual’s situation).

The Project Team recommends the endorsement of the Community Access Guidelines 2016 (Attachment 4) with an effective date of 1 July 2016.

Family Support

The transition of family support services to the Framework was planned to be implemented over three years (2012–15). Due to a number of factors, the Department of Health and Human Services (DHHS) decided not to translate family support services to the Framework.

Factors affecting the decision not to translate family support services to the Unit Pricing Framework include, but are not limited to, the review of the DHHS Grants Management processes, the reforms in Children and Youth Services and the progress of the Joined-Up service delivery system.

DHHS may re-engage with Lead Agencies and relevant service providers, at a time when it is more practical to implement the Framework for family support services.

Individual Support

The responses from service providers around the implementation of the Framework for individual support were mixed, ranging from one service provider who stated that the price per hour for weekdays is fine but is not for weekends and another service provider who noted they did not see a change to this program area.

Whilst another service provider stated they find it hard to provide support on weekends at the unit price, they have developed a formula which helps ensure they do not run at a loss. The service provider stated, “It is hard to provide support on the weekends but we have developed a formula that helps make sure we don’t run at a loss. For example, we have one package with weekend support that runs at a loss but another where support is provided during the week that provides enough margin to support the weekend support”.

On the contrary, another service provider has advised they are unable to offer services to clients who wish to receive support exclusively on weekends. One service provider is unable to accept any more clients and is turning them away.

In 2013, a change to the payments of individual support packages occurred. This change would see service providers receiving quarterly payments in advance instead of in arrears. It was highlighted to the Project Team by one service provider that there is an increased burden on them in relation to the quarterly payments. For example, when a client is on holiday the service provider is required to complete paperwork to return the funding. However, an opposing opinion to this was, “Payments which are now quarterly in advance work fine – it is much better than the old invoice based system”.

It was noted that the implementation of unit pricing for individual support has improved portability for clients. “Having the ISPs so portable is empowering for both the client and the organisation as either can
easily arrange a transfer.” Another positive noted is that interactions between service providers and the Gateway Services are now very clear.

Another issue highlighted was around rural or remote areas where clients often have limited opportunities for social interaction. “These packages often require significant travel time which makes supporting the packages unsustainable”.

Service providers, through other forums and not necessarily through this review, have expressed issues with not having a variable unit price for individual support. However, it should be noted that despite encouragement Disability and Community Services have not received any specific evidence from service providers to support their issues.

The Framework has provided more individualised support and one service provider mentioned, “Unit Pricing has allowed us far more flexibility which means we are able to do more with clients. The funding allows 1:1 support rather than 1:2 or 1:3. People can go on holidays or participate in activities they want”.

**Respite**

Whilst service providers did not mention any specific outcomes due to the implementation of unit pricing relating to respite services, there were specific service provider issues raised with the Project Team.

If current issues are not resolved, the sustainability of respite services will be an area of concern. As will the impact of the NDIS on centre based respite services and the changing client demands on respite. The issues highlighted concerned consideration of alternative respite options as well as the sustainability of centre based models based on the number of beds provided.

**Influences on Prices**

**Indexation**

The Government endorses a position that organisations are provided an adequate level of indexation to meet emerging cost increases arising from general wage and non-wage increases.

Unit prices were developed using a build up of core cost components. Each of those components is subject to a range of different inflation rates, where labour costs are expected to move in line with award rate increases and non-labour costs move in line with cost inflation.

In response to these cost increases, unit funding needs to increase on a weighted average basis to ensure that funding to cost neutrality is maintained. The annual rate in labour and cost increases should be based on the increase for the twelve months prior to annual unit prices being published.

The calculated annual unit price indexation rate should apply to all unit costed services. In theory this blanket application may result in a small variation between costs incurred and funding being introduced for some service types that have different labour to non-labour cost mixes, or whose staff profiles result in different cost increases from those assumed.

Although this difference is likely to be minimal it does indicate that the unit prices being paid should periodically be re-validated as other issues such as changing models of best practice may also have impacted on the unit cost. The prices are adjusted annually to reflect movements in wages and prices in accordance with the annual DHHS indexation allocation.

For the financial years of 2009–10 and 2010–11, annual indexation of 3.3 per cent was provided to service providers. However, this was reduced in 2011–12 to 2.25 per cent. In view of the financial situation faced by the State, the Government continues to offer indexation at a rate of 2.25 per cent (as in the 2016–17 Budget).
The below table highlights the financial difference between the 2016–17 Unit Prices for a 4 Bed Group Home if an indexation of three per cent was offered to community sector organisations.

### 2016–17 Figures for 4 Bed Group Home

<table>
<thead>
<tr>
<th>House Configuration</th>
<th>Unit Price based on 2.25% Indexation per house ($)</th>
<th>Unit Price based on 2.25% Indexation per place ($)</th>
<th>Unit Price based on 3.3% Indexation per house ($)</th>
<th>Unit Price based on 3.3% Indexation per place ($)</th>
<th>Difference between 2.25% &amp; 3.3% per house ($)</th>
<th>Difference between 2.25% &amp; 3.3% per place ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 No sleep</td>
<td>336,700.27</td>
<td>84,175.07</td>
<td>350,744.99</td>
<td>87,686.25</td>
<td>14,044.73</td>
<td>3,511.18</td>
</tr>
<tr>
<td>Tier 1 Sleep</td>
<td>361,642.24</td>
<td>90,410.56</td>
<td>376,727.37</td>
<td>94,181.84</td>
<td>15,085.13</td>
<td>3,771.28</td>
</tr>
<tr>
<td>Standard Sleep</td>
<td>476,936.30</td>
<td>119,234.07</td>
<td>496,830.67</td>
<td>124,207.67</td>
<td>19,894.37</td>
<td>4,973.59</td>
</tr>
<tr>
<td>Standard Active</td>
<td>624,198.67</td>
<td>156,049.67</td>
<td>650,235.77</td>
<td>162,558.94</td>
<td>26,037.10</td>
<td>6,509.28</td>
</tr>
<tr>
<td>Complex Sleep</td>
<td>663,960.67</td>
<td>165,990.17</td>
<td>691,656.36</td>
<td>172,914.09</td>
<td>27,695.69</td>
<td>6,923.92</td>
</tr>
<tr>
<td>Complex Active</td>
<td>811,232.88</td>
<td>202,808.22</td>
<td>845,071.71</td>
<td>211,267.93</td>
<td>33,838.83</td>
<td>8,459.71</td>
</tr>
</tbody>
</table>

### Rounding of Unit Prices

Rounding up the unit prices to whole numbers occurred for 2012–13 and 2013–14. From 2014, the unit prices have been allocated to two decimal places. While the impact is marginal, this has had an impact on the integrity of the unit prices.

### Equal Remuneration Order

A census undertaken in 2012 by the Department indicated that the ERO impacts on approximately 9 100 Social and Community Services (SACS) workers.

In 2016–17, supplementary funding of approximately $25.5 million will be provided to support community sector organisations to meet the costs associated ERO implementation.

The Tasmanian Government will contribute approximately $21.2 of this supplementary funding in 2016–17 and the Australian Government will contribute the remaining $4.3 million.

A significant proportion of community sector organisations that receive ERO supplementation deliver disability services. Accordingly, a proportion of funding for the ERO will progressively transfer (as clients and agreements transition) to the NDIA, as part of Tasmania’s contribution to the NDIS.

The proportion of ERO funding that will transition under the NDIS is not separately identifiable in the 2016–17 Budget as the applicable proportion of ERO funding will only transfer as actual clients transition to the NDIS.

In addition to the State contribution, the Australian Government funds a proportion of ERO costs under the National Partnership Agreement on Pay Equity for the Social and Community Sector (NPA SACS) for 2012–13 to 2015–16. A new NPA SACS is being developed for 2016–17 to 2018–19 that will build on the current agreement with minimal changes.
While ERO is not built into the unit prices, the only impact for DCS beyond administration is where new service providers enter the service system. Where they were not involved in the ERO census consideration of how ERO is applied for these services is undertaken on a case by case basis.

**National Disability Insurance Agency**

There are differences in prices for properties funded under the NDIS and Disability and Community Services. The below table provides a sample of the price differences for six property types funded as supported accommodation.

A property funded as a two bed standard sleep in 2016–17 receives $372,879.14 or $186,439.57 per place from Disability and Community Services. The same property under the NDIS receives $386,111.44 or $193,055.72 per place. This is a difference of $6,616.15 per place.

Taking a two bed complex sleep into consideration, Disability and Community Services provides funding of $482,747.13 or $241,373.57 per place. NDIS provides a package of $499,942.56 or $249,971.28 per place. This is a difference of $8,597.71.

There are no prices in the NDIS for a two bed standard active or two bed complex active.

The difference in funding for a 4 bed Complex Active of -$30,941.87 is worth highlighting as this will have a substantial impact on specialist disability service providers in to the future.

**2016–17 Figures for Group Homes**

<table>
<thead>
<tr>
<th>House Configuration</th>
<th>Unit Price per house ($)</th>
<th>Unit Price per place ($)</th>
<th>NDIA Price per house ($)</th>
<th>NDIA Price per place ($)</th>
<th>Difference Price per place ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 bed Standard Sleep</td>
<td>372,879.14</td>
<td>186,439.57</td>
<td>386,111.44</td>
<td>193,055.72</td>
<td>6,616.15</td>
</tr>
<tr>
<td>2 bed Complex Sleep</td>
<td>482,747.13</td>
<td>241,373.57</td>
<td>499,942.56</td>
<td>249,971.28</td>
<td>8,597.71</td>
</tr>
<tr>
<td>4 bed Standard Sleep</td>
<td>476,936.05</td>
<td>119,234.01</td>
<td>493,939.68</td>
<td>123,484.92</td>
<td>4,250.91</td>
</tr>
<tr>
<td>4 bed Complex Active</td>
<td>811,232.45</td>
<td>202,808.11</td>
<td>687,464.96</td>
<td>171,866.24</td>
<td>-30,941.87</td>
</tr>
<tr>
<td>5 bed Standard Sleep</td>
<td>570,943.35</td>
<td>114,188.67</td>
<td>591,232.20</td>
<td>118,246.44</td>
<td>4,057.77</td>
</tr>
<tr>
<td>5 bed Complex Active</td>
<td>876,959.63</td>
<td>175,391.93</td>
<td>755,445.60</td>
<td>151,089.12</td>
<td>-24,302.81</td>
</tr>
</tbody>
</table>
Recommendations


2. Letter to be sent from Director Disability and Community Services to the 13 specialist disability service providers thanking them for their involvement in the Project, noting the biggest outcome from this is the review of the Community Access Guidelines.

Attachments

1. Email and Fact Sheet from Director Disability and Community Services to all specialist disability service providers advising of the commencement of the Project – dated 12 June 2015 (available on request)

2. Copy of letter from Area Manager Disability and Community Services South to 13 specialist disability service providers inviting them to provide feedback on client and organisation outcomes since the translation to unit pricing – dated 23 July 2015 (available on request)

3. Target Information Collection Worksheet (available on request)

4. Community Access Guidelines 2016 (available on request)

5. Draft letter from Director Disability and Community Services to the 13 specialist disability service providers thanking them for their involvement in the Project, noting the biggest outcome from this is the review of the Community Access Guidelines (pending endorsement of Project Report).

Glossary

| Accommodation Support | The Disability Services Act (2011) (DSA) defines supported accommodation as, “premises at which a person with disability resides permanently or temporarily and that are owned, leased or occupied, in whole or in part, by a disability service provider”. The DSA also defines an accommodation support service as “a service which provides accommodation to persons with disability, or provides the support needed to enable a person with disability to remain in the persons existing accommodation”.

Supported accommodation services fall broadly into a number of accommodation types:

- Large residential support (>20 places) – Disability and Community Services provides funding for three large residential facilities that are located in the North, North West and South of the state. Each facility provides 24-hour residential support in a congregate setting of more than 20 beds. A range of residential and vocational/day services, and/or respite services are provided on the one site.

- Small residential support services and hostel-type accommodation (generally greater than seven and less than 20 places). Disability and Community Services provides funding for two small residential / hostel facilities. Each facility provides 24-hour residential support in a congregate setting of more than seven and less than 20 beds. A range of residential and vocational/day services are provided on the one site.

- Group homes (usually <7 places) – provide combined accommodation and community-based residential support to people in a residential setting. |
setting. Usually no more than six people are located in any one house, although this can vary. Group homes are generally staffed 24 hours a day, and the support varies according to the needs of the residents. The accommodation provider is responsible for the overall tenancy arrangements of the property such as the lease, as well as the overall support of the people living in the house.

- In-home accommodation support – involves individual in-home support and/or programming services for people with disability to enable the person to live independently in the community. Support is provided based on the individual goals and may include support with budgeting, cooking and shopping or other areas of skill development. The person’s accommodation may be privately owned, rented, or otherwise provided, but generally is independent of the service provider providing the in-home support service.

<table>
<thead>
<tr>
<th>Combined Rate</th>
<th>Combined Rate is the funding rate developed under the Resource Allocation and Unit Pricing Framework for a Community Access placement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Access</td>
<td>Community Access services are delivered to individuals with disability who have varying support needs. Services are provided through a range of activities and programs. The programs accessed depend on the individual goals and aspirations of the individual, as identified through the assessment process. Activities and programs can be delivered on a one-one basis, in a group setting, in a centre-based setting, or in the community. Whilst Community Access requirements will vary from individual to individual, programs are generally delivered six hours a day, five days per week, for 47 weeks per year. Community Access programs should be designed with an outcomes focus with the aim to maximise opportunities for social participation in the local community and should be delivered in accordance with the Principles and Standards under the <em>Disability Services Act 2011</em>.</td>
</tr>
<tr>
<td>Community Access Vacancy</td>
<td>Community Access Vacancy is a vacancy that arises within Community Access services funded by Disability and Community Services within the framework of the Tasmanian <em>Disability Services Act 2011</em>. Vacancies may arise for a number of reasons, including requests for transfer, changes in support requirements, changes in accommodation requirements and the departure or death of a client.</td>
</tr>
<tr>
<td>Community Partnership Teams</td>
<td>Community Partnership Teams (CPTs) operate within Disability and Community Services and provide liaison with the community sector, contract management including negotiating and monitoring Funding Agreements, implementing key government policy and program initiatives, and responding to complaints and risk management issues.</td>
</tr>
<tr>
<td>Disability Assessment and Advisory Teams</td>
<td>Disability Assessment and Advisory Teams (DAATs) operate within Disability and Community Services and provide specialist advice, assessment, intervention and education to individuals with disability, their families, carers and others. Specialist services may include psychology, nursing, social work, occupational therapy and speech pathology, amongst others.</td>
</tr>
<tr>
<td>Exceptional Rate</td>
<td>Exceptional Rate is the funding rate developed under the Resource Allocation and Unit Pricing Framework for Community Access clients who have been...</td>
</tr>
</tbody>
</table>
accessed as requiring support above the level provided under the combined funding rate. The Exceptional Rate applies to individuals who have been assessed as having higher level support needs that are such that they are not able to participate in any activities without constant one-to-one supervision.

**Gateway Services**

Gateway Services are services funded by the Department of Health and Human Services (DHHS) to provide advice on generic and specialist disability services available. Gateway Services also provide assessment for eligibility and support needs, coordination of services and information services.

**Grants Unit**

Grants Unit operates within the Human Services Group. This Unit is responsible for the administration of Funding Agreements with Service Providers including preparation of agreements, processing of grant payments and monitoring compliance with the terms of the funding agreement.

**Individual Funding Unit**

Individual Funding Unit (IFU) operates within Disability and Community Services to fund individuals or service providers to provide services that will assist individuals with disability to live and participate in their communities and to exercise greater independence and control in their daily lives. The IFU coordinates the IFU Allocation Committee at which the Gateway Services present priorities for any new Community Access funding allocations.

**Relinquishment**

Relinquishment is where an individual or Person Responsible surrenders their Community Access package/days. When an individual wishes to relinquish their package/days it is to be placed in writing by the service provider and signed by the individual within twenty eight (28) days of non-attendance. A vacancy can then be declared with the Gateways or a service provider may choose to relinquish the vacancy where they no longer want to maintain their current level of service provision or where they no longer have capacity to support more individuals.

**Resource Allocation and Unit Pricing**

Resource Allocation and Unit Pricing Framework is the pricing framework used by Disability and Community Services where a ‘unit’ of service is defined and the price of the unit of service is based on the total average cost per unit of output. Disability and Community Services uses a ‘fully distributed cost’ model of unit pricing which means the unit price includes fixed costs, variable costs and overheads.

**Respite**

Respite is a period of rest and/or recovery.

In disability services respite can be provided for carers for regular short periods, such as having a support worker stay with the client an afternoon a week so that the carer can leave the house, or providing a period of overnight support away from the home so that the carer can rest and revitalize.

Emergency respite can also be provided by some service providers.

**Service Provider**

Service provider is an individual or group of individuals, body or incorporation funded by DHHS to provide disability support services other than disability support services provided by carers.

**Unit of Service**

Unit of Service is one FTE placement which equals service delivery of six hours per day, five days per week for 47 weeks per year (in the case of
Community Access Services). Partial units of service are pro rata based on reductions in the amount of days required to deliver a service appropriate to an individual client’s needs or preferences.