

# Queensland Community Support Scheme

## **PRACTICE MANUAL**

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# 1 Introduction

## 1.1 Overview of the Queensland Community Support Scheme

The Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (the department) administers the Queensland Community Support Scheme (QCSS) initiative as part of the Queensland Government ongoing commitment to enabling economic participation, supporting healthy communities, and reducing social isolation for Queenslanders.

QCSS supports the *Queensland Government Communities 2032* destination of healthy accessible and liveable communities. —Good health and wellbeing rely on access to services and supports, along with community and social infrastructure. Social isolation and loneliness is increasingly acknowledged as a significant contributor to poor physical and mental health and overall community wellbeing.

For some individuals, their overall wellbeing and ability to actively engage in their community is impacted by disability, chronic illness, or mental health condition. —QCSS provides basic care and support aimed at assisting people who experience impairment because of their condition to live independently, and to increase their engagement in their local community.

QCSS forms a part of the broader human and social services system and supports delivered are designed to work in conjunction with these other mainstream and targeted supports and systems.

## 1.2 Principles and Intended Outcomes of the QCSS

The QCSS provides supports to people who have a disability, chronic illness, mental health, or other condition that impacts on their day-to-day functional capacity and ability to participate in the community.

The QCSS is based on the underlying principle that individuals can, and want, to achieve outcomes that are meaningful to them and be responsible for their wellbeing. While the cause of their functional impairment may be long term, support interventions are intended to be time limited and targeted to enhancing an individual's capacity to self-manage and/or be supported effectively through mainstream support systems.

The intended outcome for people being supported through the QCSS is to:

- improved capacity to self-manage and live as independently and safely as possible in their homes
- reduce social isolation through increased opportunities for active and independent participation in their community
- supported engagement with formal and informal supports and/or services in their local community to meet long term and emergent needs

The objectives are achieved through the delivery of Service Types as described in Section 2.4 – Direct Care and Support (T502) and Community Connection Supports (T503) and underpinned by a state-wide access and assessment mechanism.

## 1.3 Service Delivery Framework

The QCSS is underpinned by a person-centred, enabling, and capacity building approach to service delivery. It focuses on improving a person's quality of life and general wellbeing by increasing their ability to be as independent as possible in their home and community.

This approach to service delivery is underpinned by the understanding that an individual, despite their health condition or disability, has the capacity to improve their physical, social and emotional well-being.

The QCSS supports can contribute to improving an individual's capacity for independence and wellbeing through the provision of time limited, low intensity, flexible and tailored supports that consider the individual's unique circumstances and the goals they want to achieve.

Regardless of whether a person has long or short-term support needs, supports are only delivered in accordance with the goals and objectives outlined in that person's support plan, regularly reviewed and adjusted accordingly.

The QCSS forms part of a wider network of supports and services, both formal and informal, with which an individual is also likely to interact. The QCSS is not intended to meet all aspects of a person's care requirements or to duplicate supports and services that are available through other formal and informal support mechanisms.

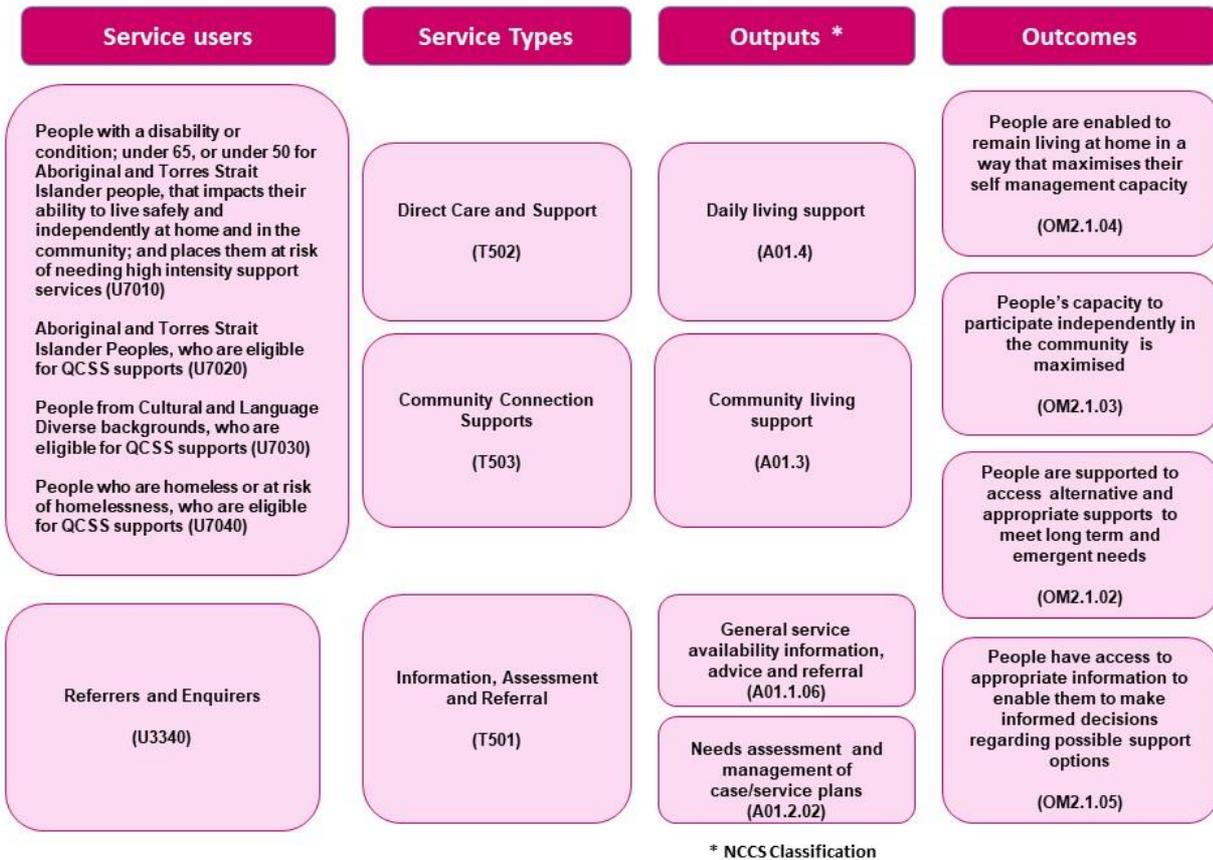
QCSS delivery partners have a significant role in supporting people to identify and actively engage with other services and supports, both formal and informal, that may better meet their needs and support their longer-term independence. This includes, but is not limited to:

- Universal mainstream services (i.e. services/resources that are available to all people in the community, for example hospitals, local library, council or community run activities)
- Neighbourhood centres
- National Disability Insurance Scheme (NDIS)
- Mental health supports and services
- Housing and homelessness supports
- Financial counselling
- Family support services
- Commonwealth Carer support programs
- Hospital and Health Services
- Primary Health Networks
- Aged care services
- Multicultural and refugee resettlement services
- Volunteer, community and social groups

## 1.4 Out of Scope

The QCSS is not able to support people with complex needs who require high levels of support. It is not intended to replace, replicate or fund supports/services provided through other systems such as the NDIS, Queensland Health, Palliative Care, Aged Care, or Housing and Homelessness Services. Refer Section 2.1.4 – Ineligible Persons and Section 2.5 Other Considerations.

## 1.5 Investment Framework



## 1.6 Purpose of Practice Manual

The Queensland Government, through the Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (the department), is responsible for administering the Queensland Community Support Scheme (QCSS).

This manual sets out the intent of the QCSS and the operational requirements for funded organisations.

The manual provides information about:

- planning and delivering supports - including the target group, eligibility and support types
- administering supports - including reporting and accountability
- service outlet and government responsibilities.

At times, the department will review the scheme and update this manual. More information about the QCSS is available on the [department website](#). Any service queries regarding delivery of supports or funding should be directed to your Contract Manager. Refer Appendix E – Contacts.

***This manual should be read in conjunction with your organisation's Service Agreement. If there is a discrepancy between the two documents, the Service Agreement takes precedence.***

## 2 The Service User Pathway and Requirements for Program Effectiveness

All supports should be delivered with diligence and effectiveness and in a professional manner including:

- delivering supports in a manner than promotes privacy, dignity, self- esteem and independence of the service users
- providing service users with access to, and assistance with, the supports based on assessed need.

Achieving positive outcomes for service users is reliant on funded organisations collaborating and coordinating with other organisations, agencies and support opportunities in their local community for the benefit of individuals. You must collaborate and coordinate with other community organisations and government agencies within the service system in which QCSS services are being delivered with a view to delivering the most effective Services for the overall benefit of Service Users. (Service Agreement Standard Terms - Clause 3.4.)

### 2.1 Program Access

<p><b>2.1.1 Access Arrangements</b></p>	<p>All new applicants for QCSS supports must contact the free state-wide telephone and web-based portal; the QCSS Access Point.</p> <p>The QCSS Access Point can be contacted on weekdays, during business hours.</p> <p>The QCSS Access Point is the only service outlet funded to undertake the provision of Information, Assessment and Referral for all persons requesting QCSS supports.</p> <p>This centralised approach to intake and assessment ensures consistent eligibility screening and prioritised access to QCSS supports for all potential service users across the state and ensures that people are referred to the service outlet that is best able to meet their needs.</p> <p>The QCSS Access Point is responsible for:</p> <ul style="list-style-type: none"><li>• determination of eligibility to the QCSS</li><li>• information provision to enquirers requesting support and referral to alternative programs</li><li>• undertaking functional assessment of need for eligible people</li><li>• referral of eligible people to local QCSS funded service outlets with service availability</li><li>• maintaining a mechanism for monitoring service outlet availability</li><li>• managing and prioritising a central register of need for eligible people whose support needs are unable to be met within existing available supports</li><li>• providing education to external stakeholders regarding the QCSS access pathway</li><li>• promotion of the QCSS.</li></ul> <p>The QCSS Access Point is responsible for assessing new applicants as well as people who previously received QCSS supports, formally exited the scheme, and subsequently have identified that they may require further supports.</p>
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<p><b>2.1.2</b> <b>Supported access for special needs groups</b></p>	<p>A small number of applicants requiring QCSS supports may require additional support to access QCSS services. –In particular, Aboriginal and Torres Strait Islander people, people who are homeless or at risk of homelessness, people from culturally diverse backgrounds, people in rural and remote areas, or people otherwise marginalised from mainstream support systems.</p> <p>When a person requesting supports contacts a service outlet directly, and the person has capacity to engage with the access process, the service outlet should redirect and support that person to engage with the QCSS Access Point, for example;</p> <ul style="list-style-type: none"> <li>• providing them with the QCSS Access Point phone number</li> <li>• assisting them to make the call if needed</li> <li>• with the person’s consent, engaging with the QCSS Access Point on their behalf.</li> </ul> <p>In some circumstances the person may not have capacity to engage. This may be due to a range of language, cultural or other barriers. In these instances the service outlet can undertake an eligibility and assessment process.</p> <p>Where this occurs the service outlet is responsible for ensuring that appropriate processes are in place to determine the eligibility of the individual in accordance with these guidelines.</p> <p>In these cases where a service outlet undertakes an eligibility and assessment process directly with the applicant, the service outlet will be able to record the activity as attributable time, regardless of the outcome of the assessment.</p> <p>This also includes when QCSS Access Point may request the service outlet to undertake the functional assessment directly with the applicant. In these instances, the service outlet will be able to record the activity as attributable time, regardless of the outcome of the assessment.</p>
<p><b>2.1.3</b> <b>Eligibility determination</b></p>	<p>QCSS supports are available to people who:</p> <ul style="list-style-type: none"> <li>• are aged 0 – 64 years, or an Aboriginal and Torres Strait Islander person aged 0 – 49 years</li> <li>• have a disability, chronic illness, mental health or other condition that has an ongoing impact on their day to day living and ability to participate in the community *</li> <li>• do not meet NDIS eligibility criteria</li> <li>• are at risk of losing their independence without support, and are not eligible to access similar supports through other means</li> <li>• live in the community, which includes people who are living: <ul style="list-style-type: none"> <li>○ in their own homes, whether owned or rented</li> <li>○ in independent living units, caravan parks, self-care units or boarding houses, or in retirement villages where similar supports are not provided</li> <li>○ without stable accommodation, for example, people who are homeless or transient.</li> </ul> </li> </ul> <p><b>* Eligibility is not based on a diagnosis or defined condition, rather it considers the impact of that condition on the person’s functional capacity and the potential impact that the provision of targeted interventions can have in supporting that person to maximise their independence.</b></p>

	<p>In addition, a person must:</p> <ul style="list-style-type: none"> <li>• be an Australian citizen, or a permanent resident of Australia, permanently residing in Queensland; or</li> <li>• hold a Special Category Visa (subclass 444) (SCV) and a current Australian Medicare Card; or</li> <li>• hold a Refugee or Humanitarian Visa.</li> </ul>
<p><b>2.1.4 Ineligible Persons</b></p>	<p>The QCSS is not intended to support people with complex needs that require high levels of support. Nor is it intended to replace or duplicate supports/services provided through other systems such as the NDIS, Primary health care networks, Queensland Health, Aged Care, Mental Health Services, or Housing and Homelessness Services, or to replace mainstream services or informal supports that may be utilised to meet a person’s support needs.</p> <p><u>Persons eligible for NDIS</u>  QCSS services are not available to persons who have applied for and been determined as eligible for the NDIS. In addition: -</p> <ul style="list-style-type: none"> <li>• Persons requesting access to the QCSS who have a permanent disability are required to test and determine their eligibility with the NDIS prior to accessing the QCSS.</li> <li>• The NDIS Access requirements are located on the <a href="#">NDIS website</a>. NDIS <a href="#">Local Area Coordinators</a> are able to assist with NDIS application processes.</li> <li>• Persons who have been determined to be eligible for the NDIS and/or have a NDIS Plan are not able to access any supports through QCSS.</li> <li>• On occasion, a QCSS service user may, as a result of a change in their disability or diagnosis, become eligible for the NDIS.</li> <li>• Where a service outlet is supporting a person who was previously ineligible for the NDIS, but they believe may now be eligible, the service outlet should support the person with accessing their Local Area Coordinator to assist them to have their NDIS eligibility status re-assessed.</li> <li>• From the day a person is determined to be NDIS eligible, they are no longer eligible for the QCSS and should be exited from service delivery and reporting.</li> </ul> <p><u>Persons requiring Post-Acute Care</u>  Queensland Health through Hospital and Health Services is the lead agency for the provision of post-acute / hospital care in the home and similar services for a person discharged from hospital.</p> <p>Post-acute care is defined as time-limited support required by a person following an acute episode or illness and includes convalescent care, and rehabilitation support. Support should be requested through their local Hospital and Health Services.</p> <p><u>Persons requiring Palliative Care</u>  Queensland Health is the lead agency for the provision of care and support to persons requiring palliative care.</p> <p>While service users who are in receipt of, or eligible for, palliative care can continue to receive QCSS supports, QCSS is not an urgent / crisis support service, and is</p> <ul style="list-style-type: none"> <li>• unable to deliver supports immediately on referral; and</li> <li>• unable to deliver support where clinical oversight of care is required.</li> </ul>

	<p>QCSS can be provided to persons requiring palliative care in instances where:</p> <ul style="list-style-type: none"> <li>• the support requested is not similar or the same as the support they are entitled to or receiving through Queensland Health palliative care supports</li> <li>• the supports delivered remain in the scope of the QCSS requirements within this manual</li> <li>• appropriate clinical oversight is provided by Queensland Health or other service systems as required; and</li> <li>• they are not able to obtain the support through any other means.</li> </ul> <p><u>Persons living in Supported Accommodation settings</u> QCSS supports are not available to persons:</p> <ul style="list-style-type: none"> <li>• receiving accommodation support services, where the service receives government funding to deliver the same or similar supports as those provided by the QCSS; or</li> <li>• living in a retirement village or similar accommodation setting where their contract includes services similar to those provided by the QCSS.</li> </ul> <p><u>Persons receiving support through My Aged Care</u> QCSS funded supports are not available to people who:</p> <ul style="list-style-type: none"> <li>• who are eligible for aged care services; or</li> <li>• receive aged care services through Commonwealth My Aged Care arrangements, either as community or residential care.</li> </ul> <p><u>Persons in Queensland as temporary visitors</u> QCSS funded supports are not available to people who are in Queensland on holiday or a short stay living arrangement.</p>
<p>2.1.5 Eligibility considerations for children</p>	<p>When determining the appropriateness of QCSS supports for children, consideration should be given to whether the day-to-day care needs of the child would ordinarily be met by the family or carer. This includes all personal care, domestic support, and general day to day care of the child.</p> <p>In cases where a child has reached an age where it is not common practice for a family member or carer to provide certain supports, such as shower assistance or personal care to a teenager or young adult, support can be offered in line with assessed need and application of access priority guidelines.</p> <p>Children with a disability are likely to require specialist and developmental support, which is not able to be provided by the QCSS. In these situations, families should be referred to the NDIS or other government departments such as Queensland Health, mental health services and the Department of Education or other providers of specialist services for children.</p>

## 2.2 Assessment and Referral Processes

<b>2.2.1 Assessment</b>	<p>The QCSS Access Point undertakes an assessment to determine eligibility for and appropriateness of QCSS supports.</p> <p>The information obtained from the QCSS Access Point referral should provide the service outlet with the identified needs, goals and objectives of the service user.</p> <p>The service outlet then uses this information to work with the person to further identify their goals and start planning their supports.</p> <p>The completeness of information collected from the QCSS Access Point during the intake process may vary depending on the person’s capacity.</p> <p>Where the QCSS Access Point believes they are unable to effectively determine eligibility or assess the person’s needs, and the appropriateness of QCSS to meet those needs, they may request that a service outlet undertake part, or all, of the eligibility and assessment screening processes directly with the service user.</p> <p>Where this is required, the service outlet undertaking this activity is able to claim the time taken to undertake this activity as attributable time, regardless of the outcome of the assessment.</p>
<b>2.2.2 Service availability</b>	<p>To maximise referral effectiveness, the QCSS Access Point maintains a mechanism for service outlets to identify if they have supports available for new service users.</p> <p>A service outlet is required to advise the QCSS Access Point on a fortnightly basis, or as availability of supports change, if it has the ability within contract to deliver supports to new service users.</p> <p>If there is no change to availability, the report is still required to be submitted fortnightly and should state there has been no change.</p> <p>This ensures potential service users can be referred appropriately and in a timely manner, and that supports are allocated as efficiently and effectively as possible.</p> <p>The QCSS Access Point will monitor that service outlets update their availability at a minimum of every 14 days and will provide this information to the department as part of the Access Point reporting on system effectiveness.</p> <p>The QCSS Access Point will provide technical assistance, where appropriate, to service outlets regarding the process/system to report availability of supports.</p>

<p><b>2.2.3</b> <b>Referral/s</b></p>	<p>On completion of the eligibility and functional assessment processes, the QCSS Access Point will refer the eligible service user, with their consent, to the most appropriate service outlet in the person’s local area that has availability to provide the required supports.</p> <p>The QCSS Access Point referrals are made across all funded QCSS service outlets equitably and in accordance with service user choice and availability of supports. Referral decisions are based on:</p> <ul style="list-style-type: none"> <li>• the service user’s choice of service outlet</li> <li>• service outlet availability, in the service user’s local area</li> <li>• if there is more than one service outlet with availability for the same service type within a geographical area, service user referrals will be distributed amongst these service outlets equitably, in rotation.</li> </ul>
<p><b>2.2.4</b> <b>Register of need</b></p>	<p>When a person is deemed eligible for QCSS supports by the QCSS Access Point but there are no supports available in the person’s geographic area, the QCSS Access Point will maintain a register of need.</p> <p>To ensure effective management and responsiveness of the register of need, the QCSS Access Point has the responsibility for actively managing a triage process that includes regular contact and review of client needs at least every three months to ensure appropriate referrals and linkages can be made. Contact includes:</p> <ul style="list-style-type: none"> <li>• update them on support availability</li> <li>• confirm if the service user still requires QCSS supports</li> <li>• ascertain if the needs of the service user have changed and if they require information or linking to access more appropriate services.</li> </ul> <p>When availability in the service delivery network is identified, the QCSS Access Point will make contact with service user/s on the register of need to ensure that QCSS supports are still required, and make the appropriate referral to the service outlet.</p>

## 2.3 Service Commencement

<p><b>2.3.1</b> <b>Service outlet intake</b></p>	<p>When a service outlet receives a referral from the QCSS Access Point, it is required within five business days to:</p> <ul style="list-style-type: none"><li>• contact the QCSS Access Point to confirm receipt, and acceptance or non-acceptance* of the referral.</li><li>• contact the service user, or their nominated representative, to arrange an initial visit for support planning.</li></ul> <p>It is expected that in most instances a service outlet would finalise the support planning processes with a person within 10 business days of initial contact and begin delivery of supports once the support plan has been finalised and agreed to by all relevant parties.</p> <p>Where a referral is made from the QCSS Access Point to a service outlet that has availability as per the service availability mechanism and is contracted to deliver supports to the geographic location in which the service user is located, the referral must be accepted. Refer 2.2.2.</p> <p>* Where the service outlet determines the referral cannot be accepted, this decision needs to be discussed with the QCSS Access Point prior to formalising a non-acceptance of the referral.</p>
<p><b>2.3.2</b> <b>Support planning</b></p>	<p>The support plan should focus on the person’s strengths and abilities, and on building their capacity, rather than creating dependency on service supports.</p> <p>The support plan should include opportunities for early intervention and self-help strategies and, where appropriate and with the person’s consent, draw on information gathered from other agencies or key supports, such as their informal/family supports, health or mental health services.</p> <p>Support planning should be a collaborative process between the service outlet, the service user, and where applicable, their carer, informal support network and other providers/agencies with whom the service user is engaged (e.g. community mental health).</p> <p>When developing the support plan, consideration should be given to supports that can assist in ensuring the sustainability of the service user’s carer/informal support network.</p> <p>The service outlet is responsible for ensuring the person and their carer have the information they require to make informed choices and for supporting the person to make decisions that will best assist them to meet their support plan goals and objectives.</p>

### 2.3.3 Developing & Reviewing the Support Plan

Support planning is the link between the functional assessment and the QCSS supports that are to be delivered to the person, and should build on the information gathered during the Access Point eligibility and assessment process as provided as part of the referral.

The support plan should clearly identify:

- the person's goals and objectives, both for direct care and support and community connection supports
- what they hope to achieve with the support they receive
- how they would like the service outlet to work with them to meet those goals
- the range and hours of supports to be provided
- any fees or costs associated. Refer Section 3.
- the expected outcomes and timeframes for review.

All supports identified should clearly link to the person's goals and desired outcomes for the period of time outlined in the support plan. The person's level and hours of support are based on the:

- initial QCSS Access Point assessment of need
- person's goals and desired outcomes as outlined in their support plan
- extent to which interventions will facilitate longer term independence
- review of a person's support plan.

A support plan is a living document and should be reviewed, updated and adapted as the person's needs, goals and objectives change.

The service outlet must formally review each person's support plan at least every six months, or more frequently if:

- a person's goals have been achieved
- a person's needs or circumstances change
- the supports being provided are no longer appropriate
- the person or their carer requests a review be undertaken.

Any changes in the supports or hours of support a person receives should be recorded in the person's support plan and the plan updated as soon as possible.

The service outlet must provide the person and their carer or representative with a copy of their current support plan and the outcome of the review process or re-assessment.

The support plan review may result in an increase or decrease in the level of support provided or a change in the type of supports the person may require to meet their goals.

A person's needs may also change to a point where the level of support required is beyond the scope of the QCSS. In these instances, the service user should be referred elsewhere for more appropriate support.

Where a review indicates that a person's support should be reduced or ceased, it is expected that an exit strategy be put in place, and that supports would not be reduced or ceased without discussion and agreement with the service user, and their carer, where appropriate.

	<p>The service outlet must ensure that:</p> <ul style="list-style-type: none"> <li>• an exit process, which includes transition arrangements, is in place and is consistently applied</li> <li>• processes are in place to communicate and interact effectively with the person and their carer</li> <li>• processes are in place to refer the person to an appropriate alternative service, if this is required.</li> </ul> <p>The time taken to undertake the support plan development can be recorded as deliverable time, up to a maximum of three hours (180 minutes) for new service users only.</p> <p>The time taken to undertake the review can be recorded as deliverable time, up to a maximum of 1.5 hours (90 minutes) per review.</p> <p><b>Fees should not be charged to the service user for time spent in undertaking support planning processes.</b></p> <p><i>Appendix D contains links to publicly available resources and tools on Goal Based Service Planning and other useful links.</i></p>
<p><b>2.3.4</b> Support planning for special needs groups</p>	<p>Within the eligible target population there are people who may experience access barriers or require a more specialised targeted response within their support plan.</p> <p>Service outlets are required to recognise that each individual is unique and ensure that supports are delivered in a way that considers the person’s cultural background, language, values, beliefs and life experiences.</p> <p>The concept of special needs groups is not intended to be used as a principle for prioritising access to supports for one person over another, and the same principles of prioritisation should be applied to this group of people as to other potential QCSS service users.</p>
<p><b>2.3.5</b> Support limitations</p>	<p>The QCSS is a low intensity scheme, and the maximum amount of support a person can receive in a quarter is 65 hours, which equates to a maximum of five hours of support per week.</p> <p>Hours of support provided should be based on a service user’s goals and attainment of those goals, not on an average or the maximum amount of support allowed for under the program. Some service users may need as little as one hour of support per fortnight, others may need four hours per week.</p> <p>Support provision in excess of five hours per week (65 hours per quarter) should only be considered where:</p> <ul style="list-style-type: none"> <li>• the additional supports are within the scope of QCSS</li> <li>• the additional supports are responding to an emergent issue where the absence of additional support/s will result in the service user being at risk</li> <li>• the higher levels of support are not ongoing, are clearly defined in the support plan and include an end date and support reduction strategy.</li> </ul> <p>Service outlets are required to report quarterly to the department:</p>

	<ul style="list-style-type: none"> <li>• how many service users they are supporting that are receiving more than 65 hours of support per quarter</li> <li>• to provide a rationale as to why this is occurring</li> <li>• provide strategies that are being implemented to reduce the levels of supports to within the requirements of the QCSS.</li> </ul>
<p><b>2.3.6</b> <b>Delivery mechanisms</b></p>	<p>QCSS supports can be delivered:</p> <ul style="list-style-type: none"> <li>• on a face-to-face, one-on-one basis</li> <li>• on a face-to-face basis in smaller group settings where appropriate, (e.g. a staff member assisting two or more service users to access a community facility/service such as the local library)</li> <li>• on a technology-based basis, for example use of SMS alerts to remind service users of appointments</li> <li>• by other methods that achieve the identified service user goals.</li> </ul>
<p><b>2.3.7</b> <b>Resource prioritisation</b></p>	<p>The QCSS is a block funded scheme and as such, funding is not allocated to an individual or transferrable from one service outlet to another.</p> <p><b>Assessing Priority</b> A person’s priority for QCSS supports is based on the degree to which providing the support will increase the person’s ability to live independently, within the scope of support that can be offered through the QCSS.</p> <p>It is the responsibility of the organisation to allocate resources in a way that provides the most benefit to the greatest number of people.</p> <p>The allocation of resources should be based on the assessment of each person’s situation and whether their needs can be met through other more appropriate means or a combination of QCSS and other supports.</p> <p>Factors that should be considered include:</p> <ul style="list-style-type: none"> <li>• whether the QCSS is the most appropriate service for the person seeking assistance</li> <li>• whether support can be provided through any other mechanism</li> <li>• whether the level and type of support required is in the scope of the QCSS (up to five hours of support per week / 65 hours per quarter)</li> <li>• the vulnerability of the person to further deterioration in the absence of supports being provided</li> <li>• the potential to improve the person’s functional ability and support independence in their home and community</li> <li>• the likelihood of the support that is able to be provided being able to assist the person to attain their goals and objectives</li> <li>• the safety of the individual, carer and staff</li> <li>• how the support will assist the carer to continue in their caring role</li> <li>• the effect that providing supports to a particular person would have on other existing and prospective persons (i.e. how this affects equity of supports and best use of resources).</li> </ul>

<p><b>2.3.8</b>  <b>Service users requiring change to service outlet</b></p>	<p>People already in receipt of QCSS supports who require referral to another QCSS funded service outlet must be referred to the QCSS Access Point for re-referral to the most appropriate service outlet in the local area.</p> <p>The existing service outlet should, with the client’s consent, provide all relevant information directly to the QCSS Access Point, to enable the QCSS Access Point to refer the person to the new service outlet.</p> <p>Should a person choose to change service outlet or move out of the geographic area their current service outlet is funded to provide supports in, they are not guaranteed support, as service provision is based on service availability and priority of need.</p>
<p><b>2.3.9</b>  <b>Achievement of support plan goals</b></p>	<p>QCSS supports to a service user may cease for a number of reasons including:</p> <ul style="list-style-type: none"> <li>• achievement of support plan goals and objectives</li> <li>• service user choice</li> <li>• increased needs that can no longer be met within the scope of the QCSS</li> <li>• becoming eligible for the NDIS or other government funded program</li> <li>• turning 65 years old, or 50 years old for Aboriginal and Torres Strait Islander people</li> <li>• moving out of the geographic area.</li> </ul> <p><b>Achievement of support plan</b></p> <p>It is expected that the majority of QCSS service users will only require time limited or episodic support to achieve the goals and objectives outlined in their support plan and will be able to build their capacity over relatively short periods of time to live independently in their home and community without ongoing QCSS supports, or with reduced support.</p> <p>If a review of a service user’s support plan shows they have achieved their desired outcomes and no longer require QCSS support, the service user should be supported to transition out as soon as possible so that other people who require support are able to access it as soon as it is practical to do so.</p> <p>An Exit Plan should be developed in collaboration with the service user and other relevant parties to ensure all stakeholders are aware of the service outlet’s intent to exit the service user and when this will occur.</p>

## 2.4 Service Support Types

All support activities should be clearly articulated within the support plan.

For the purpose of recording and reporting delivered supports, activities should be classified as either Direct Care and Supports or Community Connection Supports.

All planned supports should be framed within a context of promoting independence and wellness, “doing with” not “doing for”, and enhancing a service user’s capacity to increase or maintain their independence in their home and community.

<p><b>2.4.1</b> <b>Information Assessment and Referral (T501)</b></p>	<p>The QCSS Access Point is the only service outlet funded to undertake Information Assessment and Referral. Refer section 2.1.1 and section 2.2.1.</p>
<p><b>2.4.2</b> <b>Direct Care and Supports (T502)</b></p>	<p>Direct Care and Supports are supports that can be delivered in the home, in the community or at agreed venues. They are delivered by support workers in accordance with the person’s support plan and with the intention of increasing or maintaining a person’s independence.</p> <p>Supports may include:</p> <ul style="list-style-type: none"> <li>• Assisting the person to undertake regular household activities such as to plan and prepare meals, cleaning, laundry and other household chores</li> <li>• Assisting with personal care activities, such as bathing, dressing and personal grooming</li> <li>• Assistance with managing household correspondence, making appointments, placing reminder calls, helping to manage paperwork and bills</li> <li>• Assistance to access essential services in the community such as shopping, bank or post office services</li> <li>• Support to get to and participate in appointments with health care and support services, including making and maintaining appointments where they are unable to do so without support</li> <li>• Support to assist the service user to participate in community and social activities, including attending with the person, and transport as appropriate</li> <li>• Activities that build the person’s capacity to do things for themselves, such as helping them to use the internet and develop skills and confidence to order their groceries for home delivery, rather than a paid worker shopping for them</li> <li>• Prompts and reminders without a support worker needing to be present in the person’s home (e.g. a scheduled phone call or text message to remind them to do a specific task)</li> <li>• Essential yard maintenance to ensure safety in accessing and mobility around the home external environment. This includes ensuring safe access to essential external items such as the washing line and outdoor bins.</li> </ul> <p><i>One-Off Supports</i></p> <ul style="list-style-type: none"> <li>• Additional ad-hoc supports may be considered where it is identified that the</li> </ul>

	<p>supports will result in an increase in the service user’s independence and wellbeing and have a corresponding reduction in the requirement for support worker interventions.</p> <ul style="list-style-type: none"> <li>• In consideration of the additional costs of the provision of these supports, they should only be implemented where not available through other programs, and where there is a clearly identified benefit.</li> </ul> <p><i>One-off Supports</i> may include:</p> <ul style="list-style-type: none"> <li>• one-off specialist assessments through an allied health professional where the assessment relates directly to the goals of the person’s support plan, if this cannot be accessed through any other means</li> <li>• minor home modifications (*), including grab rails, handrails, shower rails, and installation of specialist taps or other items that help the person to become more independent in their home and do not require structural change to the home.</li> </ul> <p>* The service user is responsible for the cost of materials, QCSS will assist in meeting the labour costs and arranging the modifications.</p> <p>Refer to section 2.5.1 out-of-scope activities.</p>
<p><b>2.4.3 Community Connection Supports (T503)</b></p>	<p>Community Connection Supports are aimed at assisting the service user to build capacity for independence through community participation and stronger informal and formal supports and networks.</p> <p>Where a service outlet identifies that the needs of a service user can be better met through other programs or supports, they should provide relevant information and linking support to assist them to access other services.</p> <p>Service outlets should look for opportunities to network in local communities to gather and share information about support services other than the QCSS, and build relationships that will enable ease of access to these services for people.</p> <p>Community Connection Supports include but are not limited to:</p> <ul style="list-style-type: none"> <li>• assisting people to identify goals to increase independence and ensuring these are included in their support plans</li> <li>• Supporting people to engage or re-engage with health and mental support services as appropriate</li> <li>• supporting people to engage with interests and activities in their local community, this may include: local clubs, social networks or interest groups that assist in reducing social isolation and enhance their participation in the community</li> <li>• connecting people to other supports and services in their community that can assist with meeting the person’s wholistic needs and achieving the goals and outcomes in their support plan.</li> </ul>

<p><b>2.4.4</b> Mode of service delivery</p>	<p>Funded organisations can provide support:</p> <ul style="list-style-type: none"> <li>• directly through their service outlet/s</li> <li>• through a subcontracting arrangement. Refer to the Service Agreement Standard Terms – clause 22</li> <li>• through a brokerage arrangement. Refer Service Agreement - Funding and Service Details – clause 4.9</li> <li>• a combination of all three modes above.</li> </ul>
<p><b>2.4.5</b> Temporary break in supports</p>	<p>Existing service users may, from time to time, require a temporary break in supports. This may be for a variety of reasons including hospitalisation, travel/holidays, or family visiting who are able to provide supports.</p> <p>These events should be viewed as temporary breaks in support, rather than a cessation of support.</p> <p>QCSS supports can be reinstated by the service outlet without needing to be re-assessed for eligibility.</p> <p>The person’s support plan may need to be reviewed if their support needs have changed, if the break in support is as a result of a hospitalisation/acute episode, and consideration given to whether their support needs are best met by the QCSS or if a referral to alternative programs is more suitable.</p>
<p><b>2.4.6</b> Limitations or cessation of supports due to WH&amp;S or other concerns</p>	<p>Limitations on what types of supports and how a service is provided should only apply if the requested supports:</p> <ul style="list-style-type: none"> <li>• are out of scope of the QCSS</li> <li>• may put a service user or support worker at risk.</li> </ul> <p>In many cases, the workplace will be the service user’s home. Organisations are responsible for addressing the safety of employees and volunteers delivering supports.</p> <p>In situations where the organisation believes the delivery of supports present unacceptable risks to employees or service users, supports can be restricted, modified or ceased. This should be discussed with the service user.</p>

<p><b>2.4.7</b> <b>Re-allocation of support hours due to cessation of supports</b></p>	<p>When a service user’s supports are ceased, those supports will become available within the service outlet’s contracted hours. If, as a result of the service user ceasing supports, the service outlet’s availability status changes i.e. from “at capacity” to “supports available”, the priority for the re-allocation of those supports is:</p> <ul style="list-style-type: none"> <li>• service users on the QCSS Access Point register of need</li> <li>• existing service users requiring additional supports</li> <li>• new service users referred by the QCSS Access Point.</li> </ul> <p>If the service outlet identifies an existing service user that requires additional hours of support, the service outlet must first contact the QCSS Access Point to confirm if there are any service users on the register of need that require supports.</p> <p>If there is a service user on the register of need, this person should be referred to the service outlet by the QCSS Access Point.</p> <p>If there are no service users on the register of need, the service outlet can allocate the additional hours of support to the existing service user.</p> <p>If there are no service users on the register of need and no existing service users requiring additional supports, the service outlet is required to update its availability status on the Service Availability Register to enable the QCSS Access Point to make any future referrals for new service users.</p>
<p><b>2.4.8</b> <b>Re-accessing supports</b></p>	<p>People who have exited the QCSS (i.e. have gone through an exit interview or equivalent), are required to re-enter the scheme through the QCSS Access Point.</p> <p>The QCSS Access Point will assess the person’s current needs and, if they are deemed eligible for the QCSS, refer them to the most appropriate service outlet in their local area.</p> <p>When a person re-enters the QCSS, their referral to a service outlet is based on their current assessed needs, priority and the availability of supports within a service outlet.</p> <p>There is no guarantee that a person will be able to access the same service outlet for support, or the same level of support.</p>

## 2.5 Other Considerations

<p><b>2.5.1</b> <b>Out of scope activities</b></p>	<p>Services and supports outside the scope of the QCSS include:</p> <ul style="list-style-type: none"> <li>• treatment and support for acute illness including convalescent, post-acute care and support, or rehabilitation services *</li> <li>• specialist palliative clinical care services*</li> <li>• provision of clinical or primary health support services such as nursing care, counselling, psychology, psychiatry and other medical care provided through health services</li> <li>• medical aids, appliances and devices, such as oxygen tanks or continence pads, which are to be provided as a result of a medical diagnosis or surgical intervention and which would be covered under the Health Care system (e.g. Medical Aids Subsidy Scheme)</li> <li>• household items or general household repairs which are not related to improvement of functional impairment or a service user’s ability to remain living as independently as possible in the home (e.g. general household goods, furniture or appliances)</li> <li>• major home modifications which are considered to be significant structural changes to a home, such as ramp installations and complex bathroom renovations</li> <li>• accommodation services, including re-housing and services to people in supported accommodation</li> <li>• overnight support or care</li> <li>• emergency responses, including crisis supports</li> <li>• forensic cleaning services</li> </ul> <p><i>* Refer Section 2.1.4 .</i></p>
<p><b>2.5.2</b> <b>Mental Health system interface</b></p>	<p>QCSS service users who are in receipt of, or eligible for, clinical mental health services or community mental health services, can receive QCSS supports in instances where:</p> <ul style="list-style-type: none"> <li>• the person is living in the community</li> <li>• the person does not have a long term or permanent psychosocial disability, whose needs are intended to be met through the NDIS</li> <li>• the support requested is not similar or the same as the support they are entitled to or receiving through other services</li> <li>• the support is not outside the scope of the QCSS and adheres to the requirements within this Manual</li> <li>• the person is not able to obtain the support through any other means.</li> </ul>
<p><b>2.5.3</b> <b>Service users with increasing support needs</b></p>	<p>In some cases a support plan review may show that a person’s support needs have increased beyond the level of support that can be provided within the scope of the QCSS. In these instances, a service outlet should work with the service user to transition them to the most appropriate service or program as quickly as possible. This ensures that the service user’s needs are being met in a timely and effective manner and that supports remain available for new QCSS eligible people whose needs can be met within the scope of the scheme.</p> <p>It is not the responsibility of the QCSS Access Point to conduct a re-assessment unless the person has exited the QCSS and is wishing to re-access support. If a person requires a re-assessment of their functional capacity to determine their</p>

	<p>ongoing support needs, this can be conducted by the service outlet, or by a suitably qualified assessor, who can be engaged through a brokerage or subcontracting arrangement if the service outlet does not have a suitably qualified employee to undertake the assessment. The hours taken to undertake the assessment are considered to be reportable hours and should be recorded on the service user's OMS.</p>
<p><b>2.5.4</b> <b>Ageing Service users</b></p>	<p>When a person turns 65 years old, or 50 years old for an Aboriginal and Torres Strait Islander person, they are no longer eligible for QCSS funded support and will need to apply for ongoing support through the Australian government aged care system.</p> <p>The Australian Government aged care system provides support based on a person's assessed need. In most instances, people will be able to access more support than through the QCSS, particularly as their support needs increase as they age.</p> <p>To minimise disruption and delays in QCSS service users transitioning to the aged care system, the service outlet should:</p> <ul style="list-style-type: none"> <li>• ensure that the person is aware that QCSS support can only be provided until they turn 65 years old, or 50 years old for Aboriginal and Torres Strait Islander people</li> <li>• provide the person with information about how to access and apply for services through the aged care system at least 6 months prior to their transition date</li> <li>• actively support the person to engage with the aged care system.</li> </ul>

## 3 Fees

All people in receipt of QCSS supports should contribute, where possible, to the cost of their support through fees.

It is the responsibility of organisations to develop a clearly accessible guide to fees, and to collect these fees. All fees collected must be re-invested into the provision of QCSS supports.

### 3.1 Principles

The following outlines the fee principles that service outlets are required to adhere to, to ensure a fair and equitable approach to people who access QCSS supports:

Number	Principle
1	Fees should be charged to all people who are assessed as having capacity to pay. This should be done in accordance with a scale of fees appropriate to the person's level of income, amount of supports they use and any changes in circumstances.
2	Inability to pay cannot be used as a basis for refusing a service to people who are assessed as requiring supports.
3	Organisations should charge the full cost of the supports where a person has received or is receiving compensation payments intended to cover the cost of community support.
4	People with similar levels of income and service usage patterns should be charged equivalent fees for equivalent supports.
5	Solicited donations for supports should be considered to be equivalent to fees and are subject to all provisions of this policy.
6	Fees charged should not exceed the actual cost of delivering the support.
7	Fees should not be charged for time taken in support planning and plan reviews.
8	Fee collection should be administered efficiently and the cost of administration of fees should be less than the income received from fees.
9	The revenue from fees must be used to enhance and/or expand QCSS supports to eligible people.
10	Organisations should clearly document and make publicly available their procedures for determining fees, including the assessment criteria.
11	The procedures to determine and collect fees should take into account the situation of special needs groups.
12	Assessing a person's capacity to pay fees should be as simple and unobtrusive as possible, with any information obtained treated confidentially.
13	People and their advocates have the right of appeal against a given fee determination.

## 3.2 Principles Explanatory Notes

### Fee Levels (Principles 1, 3, and 4)

A fees scale outlines upper limits that can be charged for a quantity of service. The charges should take into account that service users have different income levels. Typically, there should be a scale that applies to people on low incomes and a different scale for those on higher incomes.

Fee scales need to ensure equitable and consistent treatment of service users through charging the same fees for the same supports, and the same fees for service users in similar financial and service need circumstances.

### Waiver of Fees (Principle 2)

Organisations should reduce or waive the fee for any support where the service user is assessed as not having the capacity to pay the full fee applying to their circumstances.

For example, waiving of fees may be appropriate where the service user has very high medical or pharmaceutical costs that take up a large proportion of income, or if a service user is forced to pay a high proportion of income on rent.

### Administration of Collection of Fees (Principle 8)

Organisations need to establish efficient administrative procedures for the collection of fees. These approaches will need to address the issue of fees collection from high/multiple service users.

### Use of Fee Revenue (Principle 9)

All income collected through fees is to be used to expand and/or enhance QCSS supports. This will be monitored through the financial reporting process.

### Transparency of User Charging Arrangements (Principle 10)

Organisations should develop a written statement regarding use of fees revenue, the fees to be charged for any supports provided by the funded organisation and payment procedures. This should be provided to all service users. All service users should be informed of the fees applicable to them at the time of commencement of supports.

### Assessment of Capacity to Pay (Principle 12)

Organisations should be able to obtain from service users the information required to assess their capacity to pay. The information obtained should not be shared or used for any other purposes and must be stored in a manner that maintains confidentiality.

The assessment of the capacity to pay should be undertaken in respect of the person who benefits from the support delivered.

Allowances not treated as income for tax purposes (for example, carer allowance or mobility allowance) should not be taken into consideration as income.

### Complaints and Appeals Mechanism (Principle 13)

Organisations should establish a complaints and appeals mechanism that enables existing and potential service users to appeal against the level of fees charged. Service users are to be informed of this mechanism. If a complaint cannot be resolved, the organisation is to advise the person where the complaint can be taken for review.

## 4 Organisation and Departmental Requirements

Organisations funded to deliver QCSS supports have a vital role in enabling their service users to continue living independently in their home and community.

Organisation responsibilities are outlined in the Service Agreement – Standard Terms and the Service Agreement – Funding and Service Details, and in the [Human Services Quality Framework \(HSQF\)](#) located on the department's website.

### 4.1 Quality

The Human Services Quality Framework (HSQF) is the department's quality framework for service outlets and includes a set of common standards, known as the Human Services Quality Standards (HSQS). These standards provide a baseline for measuring the quality of service delivery that service outlets must adhere to, including management practices.

The six Human Services Quality Standards:

- Standard 1 - Governance and management
- Standard 2 - Service access
- Standard 3 - Responding to individual need
- Standard 4 - Safety, well-being and rights
- Standard 5 - Feedback, complaints and appeals
- Standard 6 - Human resources.

More detailed information on the [HSQF](#) and [HSQS](#) is available on the department's website.

### 4.2 Hours of Operation

#### 4.2.1 Service Outlets

Organisations are to ensure that service outlets are able to respond to inbound referrals and existing service users support within a reasonable timeframe during standard business hours.

Organisations should have capacity to deliver supports outside of business hours and on weekends where appropriate to meet service user goals.

The QCSS is not considered to be a crisis service and as such QCSS funded organisations are not expected to provide emergency supports or 24 hour service coverage.

#### 4.2.2 QCSS Access Point

The QCSS Access Point should be contactable on weekdays during business hours, including on all public holidays that are not state-wide or national.

## 4.3 Variation of Contracted Supports

Organisations are funded for each service outlet to deliver Direct Care and Support and/or Community Connection Supports. The details of the level of funding and required hours of support is specified in the Funding Schedule for each service outlet in a table similar to that below:

Service User code	Service type code *	Output	Quantity per annum	Number of Service Users	Funding amount per annum (excl. GST)
7010	T502	A01.3	8,500 hours	NA	\$593,215**
7010	T503	A01.4	1,500 hours	NA	\$145,830**
				<b>Total amount</b>	<b>\$739,045</b>

\*T502 Direct Care and Support  
 \*T503 Community Connection Supports  
 \*\*Metro (urban) unit cost for each service type applied

### 4.3.1 Flexibility of Supports

The department allows variation in the delivery of supports so that organisations can respond appropriately and flexibly to the needs of service users. This arrangement provides organisations with the flexibility to vary service delivery without the need to vary the Service Agreement.

Within a single quarter, a service outlet that is funded to provide both Direct Care and Support and Community Connection Supports can move up to 10 per cent of the contracted hours of support from one service type to the other without having to provide rationale in the Performance Report.

The 10 per cent is calculated from the service type the hours of support are being moved from, for example:-

- Service outlet is contracted for 8,500 hours per annum (2,125 hours per quarter) of Direct Care and Supports, and 1,500 hours per annum (375 hours per quarter) of Community Connection Supports. They can deliver up to 212 hours per quarter of contracted Direct Care and Supports as Community Connection supports (noting that the output metric for Community Connection supports are at a higher rate).

If a service outlet is contracted to deliver only Direct Care and Supports or Community Connection Supports, support hours can only be used to deliver the funded service type.

Where the variation of the hours of support delivered is greater than 10 per cent, either through movement between service types, under delivery or over delivery; the service outlet is required to submit a Performance Report. Any variation would be a short-term operational arrangement to meet particular service user goals and is not to be a permanent change to the outputs outlined in the Funding and Service Details.

Where an organisation has more than one service outlet, outputs cannot be transferred across outlets.

### Example

Service Outlet A is contracted to deliver:

- 8,500 hours of Direct Care and Supports per annum; or 2,125 hours per quarter
- 1,500 hours of Community Connection Supports per annum, or 375 hours per quarter.

In *Quarter 1*, the service outlet reports delivery of 1,700 hours of Direct Care and Supports and 500 hours of Community Connection Supports.

The Service Outlet has under-delivered Direct Care and Supports by more than 10 per cent; ( $1700/2125 \times 100 = 80$  per cent) and over-delivered Community Connection Supports by more than 10 per cent ( $500/375 \times 100 = 133$  per cent).

The service outlet is required to submit a Performance Report for *Quarter 1* providing information to support this variation in delivery of supports.

In *Quarter 2*, the service outlet reported delivery of 2,100 hours of Direct Care and Supports and 390 hours of Community Connection Supports; a total of 2,490 hours. There is a variance in the delivery of both Direct Care and Supports and Community Connection Supports, however as the variance is less than 10 per cent for both support types, the service outlet is not required to submit a Performance Report .

### 4.3.2 Under Delivery of Contracted Supports

Within a single quarter, if a service outlet delivers less than 90 per cent of its contracted hours of support for one or more funded service types, a Performance Report is required to be submitted to provide information to explain the variation in actual hours of support delivered against contracted hours of support.

### Example

Service Outlet A is contracted to deliver:

- 8,500 hours of Direct Care and Support per annum; or 2,125 hours per quarter
- 1,500 hours of Community Connection Supports per annum, or 375 hours per quarter.
- 

In Quarter 1, the service outlet reported delivery of 2,140 hours of Direct Care and Support and 420 hours of Community Connection Supports.

As there is a variation of greater than 10 per cent for the Community Connection Supports contracted, a Performance Report is required to be submitted for this difference.

## 4.4 Recording and Reporting Delivered Services

Organisations are responsible for ensuring they have systems and processes in place to enable the accurate reporting of activity data for individual service users, which is reported through the Outcome Measurement System (OMS).

When determining which service type the activity should be reported against, it should be against the service type that was the primary purpose of the support activity for that instance of support.

For example:

- if the activities undertaken were to assist the service user with domestic tasks or to attend an appointment or activity in the community, the support time is recorded as Direct Care and Support
- if the activities undertaken were to assist a service user to actively identify and engage with interests, supports and activities in their local community that assists in reducing social isolation and enhance their participation in the community, including active referral to formal supports, the support time is recorded as Community Connection Support.

Where a single episode of support involves activities related to both support activities, where practicable the support time should be reported against the two service types.

#### Reporting Example

*A service user is isolated with limited family / friend networks locally but has expressed an interest in art. The service provider helps identify a volunteering opportunity at a local art gallery and facilitates access by liaising with the volunteer coordinator to determine the appropriateness of the position. The service provider assists the service user to meet with the volunteer coordinator and identify suitable volunteer activities. It is identified the service user will also need a support worker to help them get to their first rostered volunteer session to gain confidence; a total of 60 minutes.*

*A support worker attends a service user's house and spends 30 minutes supporting them to get ready to attend their first rostered volunteer session. The support worker then transports the service user to the art gallery, supports them in their first hour of their volunteer session. The service user is confident to remain at the gallery and continue with their volunteering duties with the assistance of gallery staff and volunteers. A total of 120 minutes including travel time to the gallery.*

*60 minutes recorded as Community Connection Supports (identifying and facilitating access)  
120 minutes recorded as Direct Care and Support (support to engage).*

When determining whether the time taken in the delivery of QCSS supports should be reported in the OMS for a service user, the following table provides a guideline of activities that are to be included or excluded.

Included Activities	Excluded Activities
<p><b>Time spent with service user</b></p> <ul style="list-style-type: none"> <li>• Development of the support plan for new service users (up to 3 hours)</li> <li>• Direct service delivery in the home and community including service user visits</li> <li>• Documentation of service delivery undertaken in home or in the community</li> <li>• Review of a support plan and development of revised support plan following (up to 90 mins; 6 mthly)</li> <li>• Telephone calls on behalf of service user in service user's presence</li> <li>• Service exit planning where appropriate.</li> </ul> <p><b>Time spent working on behalf of the service user</b></p> <ul style="list-style-type: none"> <li>• Support liaison directly related to a service user and related to meeting outcomes of the support plan. This may include contact with other service providers, Government, and other key stakeholders such as family or carer</li> <li>• Telephone liaison such as making referrals to other services directly related to the service user's support plan</li> <li>• Activities directly related to a service user that are recorded in a service user's record of service.</li> </ul>	<ul style="list-style-type: none"> <li>• Travel time to/from service user</li> <li>• Case conference not directly attributed to a specific service user</li> <li>• Non service user office administration and conditions, staff meal breaks, data collection, training, quality and practice improvement, human resource management, service development, meeting quality requirements, invoicing, rostering, run sheets on call assignments</li> <li>• Staff development e.g. supervision, field communication, internal/external meetings and time taken to attend these, development and research</li> <li>• Preparing and organising equipment and consumables not directly related to an individual service user</li> <li>• Administration of partnership / brokerage / sub-contracting arrangements</li> <li>• Cost of the goods (e.g. hand rails, light bulbs) required to complete minor home modifications.</li> </ul>

For data elements, reporting processes and additional information refer to the QCSS-OMS Technical Specification.

## 4.5 Subcontracting and Brokerage Arrangements

Organisations are responsible for ensuring that people receive the supports they require in a timely manner and that these goods and/or services are of a high quality.

Organisations can provide support:

- directly through their service outlet/s
- through a subcontracting arrangement. Refer to Service Agreement Standard Terms - clause 22
- through a brokerage arrangement. Refer to Service Agreement - Funding and Service Details – clause 4.9
- a combination of all three modes above.

### 4.5.1 Subcontracting

Subcontracting is defined as an arrangement where the organisation contracts with another entity or individual to undertake the delivery of contracted supports on their behalf, where this arrangement is of an ongoing or long-term arrangement.

If an organisation wishes to enter into a subcontracting arrangement, it must inform the department of its intention to subcontract service provision and must obtain written approval prior to commencing any

subcontracting arrangement. An organisation's obligations for subcontracting are further set out in the Service Agreement Standard Terms - clause 22.

Under a subcontracting arrangement, organisations remain responsible for the delivery of QCSS supports and are responsible for all reporting requirements, including Outcome Measurement System (OMS) reporting and for the safety of clients and quality of supports provided.

#### 4.5.2 Brokerage

Brokerage is a delivery mechanism where funding can be used to purchase one off, or short term supports/services and or goods from an external agency/business/organisation, where a QCSS service outlet cannot provide this directly.

A service outlet can utilise up to 10 per cent of its total yearly funding, or the percentage agreed to between the department and the funded organisation, as stipulated in its Service Agreement or agreed to in writing by the department, for brokerage.

An organisation is not required to seek written or verbal consent from the department to broker services unless it is intending to exceed the 10 per cent threshold of total funding to broker services.

An organisation's obligations for brokerage are further set out in Appendix B – Brokerage Guidelines.

Under a brokerage arrangement, organisations remain responsible for the delivery of QCSS supports and are responsible for all reporting requirements, including Outcome Measurement System (OMS) reporting and for the safety of clients and quality of supports provided.

### 4.6 Service Continuity

Organisations must develop an exit strategy to ensure support continuity for service users in the event that the Service Agreement expires or is terminated, or where the service outlet cannot, or will not, deliver the supports. Refer Service Agreement Standard Terms – clause 3.2(b).

An organisation must notify the department at least three months in advance of its intention to cease delivering supports and must provide the department with a copy of its exit strategy. The department is responsible for identifying and negotiating with an alternative provider.

The exit strategy must include a plan for an effective, smooth and efficient handover of supports to another service outlet, to ensure that the standard and delivery of the supports provided will not diminish in the transition of service users from one service outlet to another.

#### 4.6.1 Developing an Exit Strategy

The exit strategy must include specific requirements for different supports that the service outlet delivers. The content of the exit plan will depend on each organisation's individual arrangements and the outcome of any negotiations with the department.

In general, an exit strategy should include:

- service details – position and contact details for all relevant contacts
- subcontracting arrangements – position and contact details for subcontractors
- organisational information – contact details for other organisations with which the organisation has linkages
- service provision details – number of service users requiring support, the types of support they require, hours of support required and date of last support plan review
- organisational arrangements – information or description of organisation-specific administrative policies, procedures and processes, operational protocols, any subcontracting arrangements, geographical areas serviced, hours of operation, staff operating the provider's vehicles, and any

- additional supports provided
- timeframe for transition – specify the period required for transition-out in various circumstances
  - staffing arrangements – staffing details and the employment arrangements for staff, e.g. awards, etc. and any arrangements to transition staff to a new organisation, if applicable
  - property/accommodation – information about accommodation arrangements for premises currently occupied by the service outlet and what alternative arrangements may be required on termination of the Service Agreement
  - assets – copy of the assets register, including information on how and when the transfer of assets would occur, for example, whether assets would transfer to the department’s nominated or agreed third party, or whether assets are to be sold and proceeds paid to the department
  - information and records – identification of, and arrangements for the transfer of, all documents that are necessary to enable supports similar to the existing supports to be provided, to be transferred to the department’s nominated or an agreed third party. In particular, the service outlet should consider arrangements to transfer service users’ records, giving due regard to privacy requirements
  - financial records – up-to-date financial records that have been submitted in accordance with the conditions of the Service Agreement
  - telephones – arrangements for any 1800 numbers, where applicable.

## 4.7 Funding

Funded organisations are accountable for the expenditure of Queensland Government funding. Funding for the QCSS must be spent in accordance with the terms and conditions of the Service Agreement.

The organisation (legal entity) receives funding for QCSS supports based on each service outlet. An organisation may have more than one service outlet providing support to service users in different geographic localities.

### 4.7.1 Payments

Payments are made to organisations in accordance with the Service Agreement & Funding Schedule. Refer to Service Agreement Standard Terms – clause 6, and Funding Schedule – item 8. The release of payments is subject to submission of reports as noted in Section 5.

### 4.7.2 Other Contributions

All other contributions including donations and all monies earned through providing supports, including fees and service user contributions, must be reported in the financial statements submitted to the department.

### 4.7.3 Bank accounts

To receive funding, the organisation must have a bank account with an approved financial institution. The bank account must be controlled solely by the organisation and be the operational account for undertaking activities under the Service Agreement.

The bank account does not need to be used exclusively for QCSS funding. However, organisations must be able to track funding relating to the QCSS supports described in the Funding and Service Details section of the Service Agreement. Organisations must notify the department in writing of any changes to bank account details, as outlined in the Service Agreement.

### 4.7.4 Unspent Funds

Organisations must ensure that QCSS funding is spent or committed within the financial year in which it is paid. The organisation must report this in its financial statements to the department.

The department will use an organisation’s financial statements to identify any unspent funding and the organisation should explain the reasons for any unspent funds. If the department identifies an excessive level of unspent funds, it will advise the organisation of how to manage these.

Where an organisation has unspent funds, the department may:

- require the organisation to refund the unspent funding to the department
- authorise the retention of the unspent funding and to spend some or all of it for an approved purpose
- adjust a payment or instalment of future funding to take account of the unspent amount
- agree to a carryover of unspent funding from one reporting period to the next, where the funding is to be used for the same purpose.

#### 4.7.5 Carry over of Unspent Funds

If an organisation wishes to carry over unspent funding to the next financial year, it must request permission in writing during the end of financial year acquittal process. The department will provide instructions for how to do this. Any unspent funding that is permitted to be carried over must be spent in the following financial year.

#### 4.7.6 Overspends

An organisation is expected to incur the cost of any overspends and work within the stipulations of its Service Agreement and contracted level of funding. The department will not fund any overspends.

#### 4.7.7 Growth Funding

Growth funding for the QCSS is subject to the annual state budget process. This growth funding should be treated as an investment in new or expanded supports for service users.

#### 4.7.8 Indexation

Indexation for recurrent funding is based on the availability of indexation in the state budget process. It does not always occur annually and represents a contribution by government to assist the organisation to meet increased costs. The department will advise in writing when indexation is applied.

### 4.8 Assets and Capital

Occasionally the department invites applications from organisations for funding for assets that are necessary for, or enhance the delivery of, the QCSS.

Funded assets, whether purchased wholly or partly with departmental funding, must be properly identified, recorded, managed, and protected from loss or damage. Obligations relating to assets and capital are set out in the Service Agreement Standard Terms – clause 11.

Organisations that receive funding for major capital items, including land and buildings, enter into a capital funding agreement with the department and, in most cases, sign a bill of mortgage. Major capital items must be managed in accordance with the terms and conditions of these agreements. The department will provide further advice on a case-by-case basis.

### 4.9 Insurance

Organisations must arrange and maintain the level of insurance that will cover the obligations under the Service Agreement Standard Terms – clause 20, including:

- public liability insurance for at least \$10 million on a per claim basis
- contents insurance for any funded assets, other than motor vehicles, for the full replacement value
- comprehensive motor vehicle insurance for all funded assets that are motor vehicles
- any other insurance as appropriate.

Organisations are not required to provide the department with copies of insurance policies or certificates of currency, but these should be provided to the department on request.

## 4.10 Acknowledging Funding

Organisations and subcontractors, as appropriate, are required to formally acknowledge the Queensland Government's contribution of funding for the QCSS.

The funding must be acknowledged in:

- publications, including annual reports
- any promotional materials relating to the QCSS.

### 4.10.1 Funding acknowledgment on Promotional Materials

Any acknowledgment in promotional material (hard copy or electronic) about the QCSS must use an authorised Queensland Coat of Arms, which must be obtained from the department. The Queensland Coat of Arms cannot be used for any other purpose and cannot be transferred to any other organisation or person.

The Queensland Coat of Arms may not be used on:

- uniforms
- vehicles or other assets
- staff identification cards
- any other item that may falsely imply a Queensland Government endorsement, approval, guarantee or sponsorship of the organisation or its services
- materials where it may be perceived that the use is primarily promoting the funded organisation and not the QCSS.

The permission to use the Queensland Coat of Arms ceases immediately if the Service Agreement is terminated or expires. The department may also, by providing written notice, revoke its permission to use the Queensland Coat of Arms if an organisation or subcontractor has not complied with the above requirements.

### 4.10.2 Verbally Acknowledging Funding

An organisation may verbally acknowledge the funding where published materials are not used, for example, in a radio broadcast or at an event.

The following words must be used in these situations:

- 'This initiative / activity / project / organisation...'
- 'received / is supported by funding from the Queensland Government'
- 'was jointly funded by the Queensland Government and...'
- 'received funding from... (in descending order of funding provided) and the Queensland Government'.

## 4.11 Audit Requirements

Please refer to Service Agreement – Funding and Service Details Funding Schedule item 7.3 for the data, statements and reports you are to submit.

## 4.12 Record Keeping

Organisations must meet all Commonwealth and Queensland Government requirements for record keeping, including keeping accurate records and accounts of receipts, proof of purchase and invoices, to show how they spend QCSS funding and carry out activities.

Organisations should have policies and procedures for record keeping that specify requirements to:

- maintain up-to-date and accurate records detailing supports provided, outcomes achieved and

- organisation details
- fulfil data reporting obligations under the QCSS Outcome Measurement System (QCSS-OMS)
- ensure adequate security measures are in place, including the storage of any service user related information and files (both paper and electronic) in locked cabinets and, in the case of electronic files, with appropriate data security
- ensure all electronic files are appropriately stored with adequate file back-up and storage mechanisms in place
- keep service user records for a minimum period of seven years following the cessation of service delivery
- keep accurate records of business operations, including financial transactions, for a minimum period of seven years.

It is the responsibility of the organisation to maintain and secure accurate case notes on all service users. Organisations must maintain an assets register that meets relevant taxation and other accounting requirements and standards, in line with the Service Agreement Standard Terms – clause 11.5. An organisation is obligated to allow the department, or its nominated personnel, access to its premises and records, as set out in the Service Agreement Standard Terms – clause 12.

### 4.13 Complaints and Disputes

Service users, or their representative have the right to provide feedback or make a complaint about the supports they receive.

Organisations must have an appropriate and accessible complaints process in place. In most cases the service outlet or organisation is best placed to resolve a complaint and alleviate the service user's concerns.

Service users who are dissatisfied with the management of their complaint by the service outlet or organisation, or who do not wish to raise the complaint with the provider of their supports, can phone 13QGOV (13 74 68) or use the alternative contact options available on the [Queensland Government](#) website or on the [department website](#).

Service outlets must not discontinue supports, refuse access, or otherwise take recrimination against any person because they have made a complaint.

Organisations are also responsible for resolving complaints relating to subcontractors. Should a complaint regarding a subcontractor be escalated to the department for resolution, the organisation will retain responsibility for liaison with the department and for ensuring that the subcontractor complies with all reasonable requests, directions, and monitoring requirements made by the department.

The Service Agreement Standard Terms – clause 3.5 sets out the obligations in regard to dealing with complaints.

### 4.14 Privacy and Confidentiality

Service users have a right to privacy, dignity and confidentiality. Organisations must comply with all relevant legislation and policies regarding:

- collection, use and disclosure of personal information
- service users' rights to access their personal information.

Organisations must have policies and procedures that support privacy and confidentiality. These include:

- respect for each service user's right to privacy, dignity and confidentiality
- consideration of special needs groups
- staff/volunteers being aware of and respecting service users' right to privacy.

The Service Agreement Standard Terms – clause 18 sets out the obligations in regard to the protection of personal information.

## 4.15 Service Users Not Responding to a Scheduled Visit

Organisations need to develop policies and procedures regarding the issue of service users not responding to scheduled visits.

It is important that service users and their family members are aware of policies and procedures that will ensure a timely and appropriate response to situations where a service user may be at risk.

## 4.16 Notification of Incidents or Misconduct

Organisations must minimise the risk of harm to service users, staff members and volunteers from the supports they deliver and from the environment in which they deliver supports.

Organisations must notify the department of any major incident within one business day of the organisation becoming aware of it.

The organisation's obligations in relation to notification of major incidents are set out in the Service Agreement Standard Terms – clause 4.5(d).

### **Defining a major incident**

A major incident is an incident that occurs as a result of, or during, the delivery of QCSS supports. A major incident includes:

- incidents which affect, or are like to affect, the delivery of these supports
- incidents that may relate to the supports or service user that require an emergency response, including fire, natural disaster, bomb threat, hostage situations, death or serious injury of any person\*, or criminal activity
- incidents that may relate to service users who are subject to interventions by the department, staff and/or carers.

*\*The death of a service user, staff member, subcontractor or volunteer does not, in itself, constitute a major incident. However, if the death involves circumstances that are out of the ordinary then it may constitute a major incident, for example:*

- the death occurred in unusual circumstances
- a service user dies and the standard of supports provided may have been a contributing factor
- the death has an obvious and direct correlation to the supports the person was receiving
- the death is reportable by law.

A serious injury to a service user, staff member, subcontractor or volunteer does not, in itself, constitute a major incident. However, if the serious injury involves circumstances that are out of the ordinary then it may constitute a major incident, for example:

- the serious injury occurred in unusual circumstances
- a serious injury results in the hospitalisation of a service user, staff member, subcontractor or volunteer
- a service user is seriously injured and the standard of services provided may have been a contributing factor
- the serious injury has an obvious and direct correlation to the supports the person was receiving
- the serious injury is reportable by law.

This list is not exhaustive. Organisations are expected to use their judgement in considering the sensitivity of individual incidents and whether it is appropriate to notify the department.

### **If a major incident occurs**

If a major incident does occur as a result of, or during, the delivery of QCSS supports, organisations are expected to:

- respond to the immediate needs of the individual and re-establish a safe environment
- advise senior staff members
- immediately notify the department.

The department may request documentation from the organisation showing how it managed/will manage the major incident. Therefore, organisations may wish to develop incident management plans and disaster management plans.

Incident notification procedures represent a reactive response to serious incidents, and should be complemented by a proactive and systemic risk management activity aimed at minimising the risk of any new incidents.

### **Alleged misconduct**

An organisation that becomes aware of an allegation of misconduct must report it to the relevant authority, such as the Queensland Police Service.

The organisation must notify the department when:

- it becomes aware of any allegation of misconduct or dishonesty concerning the organisation
- it has reported any allegation of misconduct or dishonesty to a relevant authority.

An allegation would be made when there is reasonable suspicion of misconduct or dishonesty of a serious nature relating to the operation of the funded supports, including offences liable to imprisonment against the officers accountable in the organisation, or its employees, volunteers, agents or subcontractors in connection with the provision of the funded supports.

An organisation's obligations in relation to notification of alleged misconduct are set out in the Service Agreement Standard Terms – clause 4.5(c).

## 5 Performance Reporting

### 5.1 Overview

Organisations are required to operate within an accountability framework that includes reporting to the department about funding and outcomes.

The reporting framework for the QCSS includes:

- financial statements - to facilitate acquittal of expenditure, providing assurance and evidence that public funds have been spent for their intended purpose
- performance reports - to provide additional information in a narrative format, on an exception basis, about the delivery of QCSS supports
- QCSS Outcome Measurement System (QCSS-OMS) reports - to enable the department to analyse the delivery of QCSS supports and manage contracts.

### 5.2 Financial Statements and Reports

Financial statement and report requirements are outlined in the Service Agreement.

The templates for all reports can be found on the department's website.

Dates for submission of financial statements and performance reports are as follows:

Statement/report	Period	Due date
Directors' Certification	1 July – 30 September	28 October
	1 October – 31 December	28 January
	1 January – 31 March	28 April
	1 April – 30 June	28 July
Financial Statements as specified in the Service Agreement – Funding and Service Details	1 July – 30 June	Refer Funding Schedule 7.2
Annual Acquittal statement	1 July – 30 June	Refer Funding Schedule 7.2

### 5.3 Performance Reports – Service Outlets

The QCSS requires 3 separate performance reports.

Reports are required to be submitted as follows:

Statement/report	Period	Due date
Outcome Measurement System Data	1 July – 30 September	28 October
Refer to the OMS Technical	1 October – 31 December	28 January

Specification for reportable data elements	1 January – 31 March	28 April
	1 April – 30 June	28 July
Performance Reports  Refer Funding Schedule 7.3 for details	1 July – 30 September	28 October
	1 October – 31 December	28 January
	1 January – 31 March	28 April
	1 April – 30 June	28 July
Brokerage Report  Refer Funding Schedule 7.3 for details	1 July – 30 September	28 October
	1 October – 31 December	28 January
	1 January – 31 March	28 April
	1 April – 30 June	28 July

### 5.3.1 OMS

The QCSS Outcome Measurement System (OMS) is a set of agreed data elements collected by all organisations funded to provide QCSS supports.

The OMS is the primary source of data for the QCSS and is used to:

- describe who uses the supports, and the type and nature of supports provided to individuals
- monitor the performance of funded organisations against the QCSS Service Agreement
- evaluate the effectiveness of the supports against the objectives of the QCSS
- plan for future service provision.

The OMS Technical Specification is available on the [department website](#).

### 5.3.2 Performance Report

The Performance report is a qualitative report, provided quarterly, that provides information in relation to:

- if you deliver under or over 10 per cent of the outputs under item 6.2 of the Funding Schedule during the reporting period
- if you exceed the variation in outputs allowed under clause 4.8 of the Funding and Service Details
- if you provide more than 65 hours of outputs to an individual service user(s) during the reporting period.

### 5.3.3 Brokerage Report

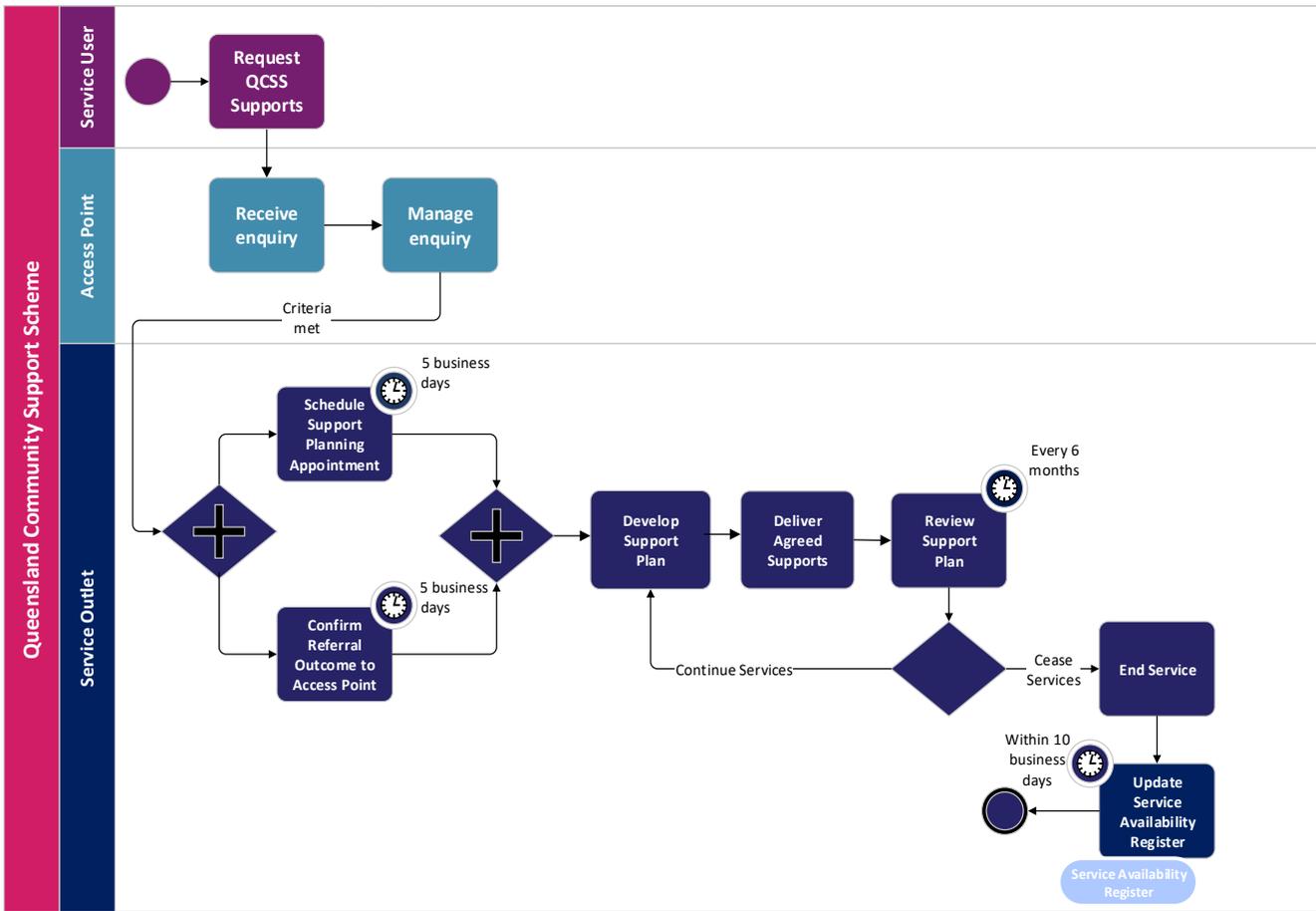
The Brokerage report is a qualitative report, provided quarterly, that provides information in relation to all services delivered where you have brokered your obligations during the reporting period.

## 5.4 Performance Reviews

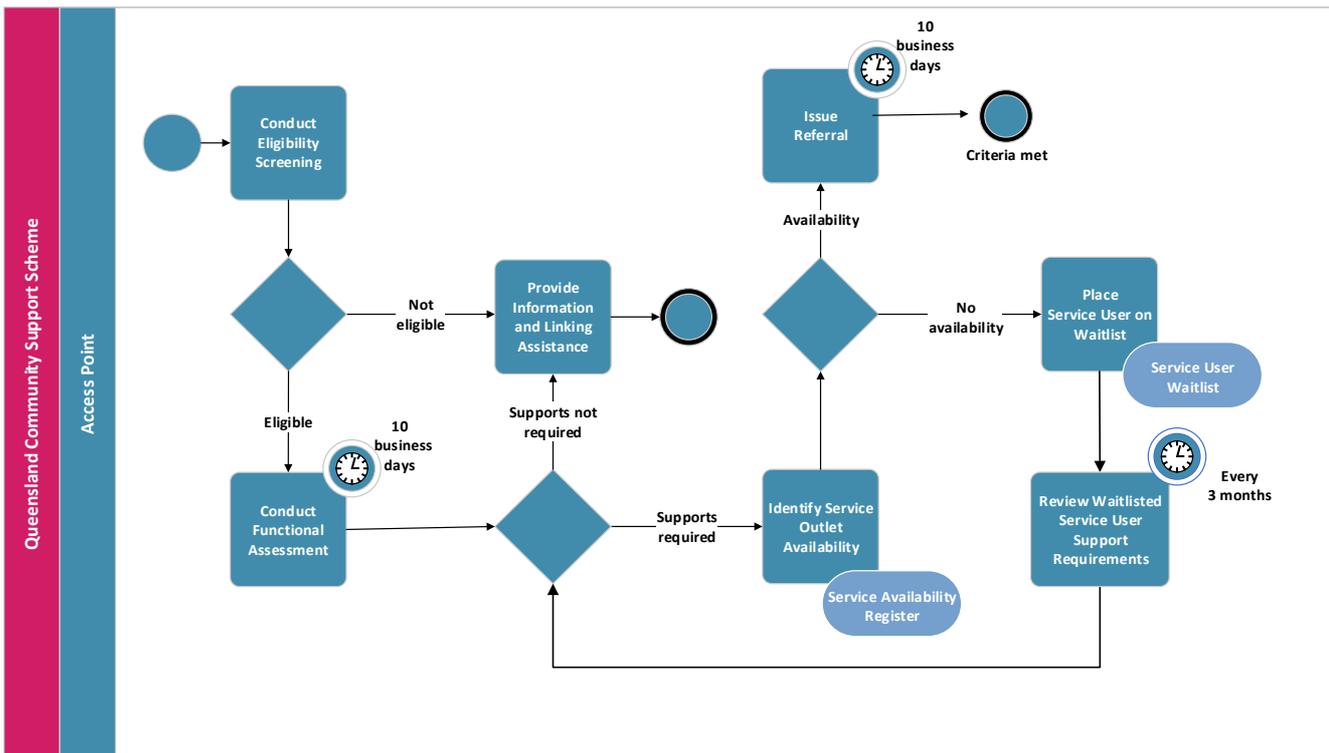
The Department may conduct a performance review of your organisation or specific outlet, as per clause 12 of the Service Agreement – Standard Terms. This may include attendance by departmental officers at your outlet/s.

# Appendix A – Business Processes

## Service User Experience



## Access Point Process



## Appendix B – Brokerage Guidelines

Brokerage funding provides the opportunity for greater flexibility and timeliness in service delivery as well as greater choice and control for people over the types of support they can receive through the Queensland Community Support Scheme (QCSS).

These guidelines should be read in conjunction with this QCSS Practice Manual and the Outcomes Measurement System (OMS) Technical Specification which outlines in detail the scope and intent of the QCSS and provide further clarity about eligibility, what QCSS funding can be used to purchase and the reporting requirements for QCSS service outlets.

Brokerage funding can be used to purchase one off, or short term supports/services and or goods from an external agency/business/organisation, where a QCSS service outlet cannot provide this directly.

The purchase of any supports/services and or goods through brokerage must be linked to the goals and objectives outlined in a service user's support plan.

The use of brokerage funding should only comprise a part of a range of strategies to support the person to achieve required support plan outcomes and is intended to be used only when publicly provided or other funded services are not available or where the service outlet is unable to provide these services/supports or goods directly themselves.

Brokerage arrangements can only be entered into with the consent of the service user. The terms and conditions of the brokerage arrangement need to be clearly articulated within the service users support plan and also between the funded QCSS service outlet and the brokered service provider.

When utilising brokerage funding as a delivery mechanism, the QCSS organisation needs to ensure that the intended expenditure is the best use of resources to meet the identified service user outcomes and that the supports/services or goods are within the scope and intent of the QCSS, and meet QCSS Service Agreement requirements.

Brokerage arrangements can only be put in place for a maximum of three months. Provision of supports/services by another provider that are not one-off in nature or are likely to extend past three months require the QCSS funded organisation to enter into a subcontract arrangement with the other service provider. All subcontracting arrangements require departmental approval and need to adhere to the Service Agreement. Refer to Service Agreement - Standard Terms Clause 22 located on the QCSS website for further information regarding subcontracting arrangements.

Examples of brokered services/supports or goods:

- Purchase of services in remote communities where there is the potential for a variable demand level from service users, and where brokerage provides a more flexible, responsive approach
- Purchase of one-off Allied Health assessment(s) to assess a person's safety at home to enable them to live independently without ongoing supports (e.g. to access materials and trades people for minor home modifications or to repair doors/locks in order to keep the home environment safe)
- Purchase of one-off or episodic home maintenance assistance (e.g. yard maintenance or mowing)
- Purchase of supports/services or goods to address safety or community access issues for people in the community (e.g. purchase of equipment that may assist a person to more safely and independently access the community)
- Purchase of direct support services either in home or in the community that are episodic, short term or one-off in nature (e.g. transport to appointments or social events, domestic assistance or personal care that is episodic, short term or one off in nature).

### **Limits on Expenditure**

Service outlets can utilise up to 10 per cent of their total yearly funding or the percentage agreed to between the department and the funded organisation as stipulated in their Service Agreement or agreed to in writing by the Department upon request.

QCSS service outlets are expected to cover the cost of administering brokerage funds within the general administrative costs of the service.

Brokerage funds are not to be used to reimburse a worker already employed within the service. Brokerage funds are not to be used for any other funded initiative or service type provided by the organisation for other programs or for services that can be provided through other government funded agencies.

Supports/services which are ongoing in nature do not fall within the parameters of QCSS brokerage and may not be used for the employment of staff or the subcontracting of services that form part of the existing service agreement with the department to another organisation or agency.

### **Accountability**

QCSS organisations:

- are required to ensure that brokerage funds adhere to these brokerage guidelines, this Queensland Community Support Scheme Practice Manual and the QCSS Service Agreement and associated Funding Schedule
- are required to develop policy and procedures for managing demand for brokerage in accordance with these guidelines, Service Agreement requirements, and this Practice Manual
- must, in accordance with their Funding Schedule requirements, report to the department every six months on the amount of brokerage that has been utilised over that period as a total and also provide a breakdown of how much brokerage was used for each service type
- must contact the department for approval to exceed the nominated brokerage amount outlined in the Service Agreement. Failure to do so will result in the issuing of a Breach notice
- are responsible for the service provision of the agencies, organisations or businesses they broker to and for appropriately managing any complaints a service user may have in regard to services/goods they may have received through the brokered provider
- should have a complaints management system whereby people in receipt of QCSS supports can file a complaint not only about the services directly provided to them by the QCSS service outlet but also in regard to brokered services.

## Appendix C – Glossary of Terms

Term	Definition
Assessment Tool	A functional assessment tool used to determine eligibility and assess potential service users for QCSS supports.
Asset	A resource controlled by a funded organisation from which future economic benefits (service potential) are expected to flow to that organisation
Brokerage	Purchasing of low cost one off or short term (maximum of 3 months) goods or services that an organisation is unable to provide directly to achieve the goals and outcomes of a person's support plan
Carer	An individual who, in a non-contractual and unpaid capacity, provides ongoing care or assistance to another person who, because of disability, frailty, chronic illness or pain, requires assistance with everyday tasks. Also includes grandparent carer where their grandchild lives with them and is the primary care-giver and decision-maker for the child
Department	The Queensland Department of Communities, Housing and Digital Economy
Funded asset	An asset funded wholly or partly by the department, including an asset purchased to replace such an asset
Funded organisation/ organisation	A body that receives government funding to provide QCSS supports to eligible service users
HSQF	Human Services Quality Framework – the department's quality framework that applies to service outlets in Queensland
HSQS	Human Services Quality Standards – the standards that underpin the Human Services Quality Framework in Queensland
MASS	Medical Aids Subsidy Scheme
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
QCSS	Queensland Community Support Scheme
OMS	Outcome Measurement System – the agreed set of data collected from all QCSS funded organisations
QCSS Access Point	Centralised state-wide free phone based service that provides information, access and referrals for the Queensland Community Support Scheme (QCSS)

Term	Definition
Service user	A person in receipt of QCSS supports
Register of Need	A list of people who have been assessed as eligible by Access Point but there are no supports available in the person's geographical area
Responsible officer	A person authorised to execute documents on behalf of a funded organisation and legally bind it, for example Chief Executive Officer, Chief Financial Officer, Chairperson
Service Agreement	A contract between the department and the funded organisation that includes Standard Terms, and Funding and Service Details
Service outlet	The service delivery arm of a funded organisation that delivers Queensland Community Support Scheme (QCSS) supports. A funded organisation may deliver supports through one or more service outlets
Service type	Service type is the output under which an organisation reports the type of supports received by the service user. QCSS has 3 service types, Direct Care and Support (T502), Community Connection Supports (T503) and Information, Assessment and Referral (T501) Only the QCSS Access Point is funded for Information Assessment and Referral (T501) as the funded centralised intake and referral service for QCSS
Supports	Supports are the activities a service outlet puts in place to assist in the achievement of the goals of the person's support plan
Mainstream supports	Supports that can be accessed by the general population

## Appendix D – Useful resources

### **Department of Communities, Housing and Digital Economy**

[www.chde.qld.gov.au](http://www.chde.qld.gov.au)

### **Carer Gateway**

Ph: 1800 422 737

[www.carergateway.gov.au](http://www.carergateway.gov.au)

### **Carers (Recognition) Act 2008 (Qld)**

[www.legislation.qld.gov.au/view/html/inforce/current/act-2008-070](http://www.legislation.qld.gov.au/view/html/inforce/current/act-2008-070)

### **Disability Services Act 2006 (Qld)**

[www.legislation.qld.gov.au/view/html/inforce/current/act-2006-012](http://www.legislation.qld.gov.au/view/html/inforce/current/act-2006-012)

### **Home Assist Secure**

<https://www.qld.gov.au/housing/buying-owning-home/maintenance-modifications/maintenance-assistance/home-assist-secure>

### **Human Services Quality Framework**

[www.dsdsatsip.qld.gov.au/our-work/human-services-quality-framework](http://www.dsdsatsip.qld.gov.au/our-work/human-services-quality-framework)

### **My Aged Care**

Ph: 1800 200 422

[www.myagedcare.gov.au](http://www.myagedcare.gov.au)

### **National Disability Insurance Agency**

[www.ndis.gov.au](http://www.ndis.gov.au)

### **Palliative care**

<https://www.qld.gov.au/health/support/end-of-life/care/palliative>

### **Person-centred, goal-based planning**

[Pascale, K \(2013\). The Goal Directed Care Planning Toolkit: Practical strategies to support effective goal setting and care planning with HACC clients. Eastern Metropolitan Region \(EMR\) HACC Alliance, Outer Eastern Health and Community Services Alliance, Melbourne, Vic](#)

## Appendix E – Contacts

Please contact the Queensland Community Support Scheme Contract Management team on **(07) 3033 3819** or [QCSSadmin@chde.qld.gov.au](mailto:QCSSadmin@chde.qld.gov.au) if you have questions about your QCSS Service Agreement or this manual.

For QCSS Access Point information, eligibility and assessment service, phone **1800 600 300**.