



Hon Tracy Davis MP
Minister for Communities, Child Safety
and Disability Services

Your reference: 10.4 Petitions
Our reference: MO/13/05444
COM 05793-2013

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04 JUL 2013

Mr Neil Laurie
The Clerk of the Parliament
Queensland Parliamentary Service
Parliament House
Cnr Alice and George Streets
BRISBANE QLD 4000

Dear Mr Laurie

I refer to Petition No. 2061-13 tabled on 4 June 2013 regarding the reinstatement of Home and Community Care Services funding.

From 1 July 2012, as part of the National Health Reforms, the former Home and Community Care program was split based on age. The Queensland Government retained funding and administrative responsibility for services to people under 65 years of age (under 50 years of age for Indigenous Australians) while the Commonwealth Government gained funding and administrative responsibility for services to people over these ages.

The Department of Communities, Child Safety and Disability Services continues to administer the Community Care program, for services to people under 65 years of age. I am sorry to note that the petitioners are concerned that services have recently been closed. I can confirm this is not the case. There has been no reduction in Community Care funding or services to clients. Any changes relating to services for people over 65 years of age are a matter for the Commonwealth Department of Health and Ageing.

In late 2012 and early 2013, a number of Community Care funded organisations, including some Queensland Health Hospital and Health Services and local governments, advised the department that they no longer wished to provide Community Care services and that they would be relinquishing the funding provided for these services.

To ensure that services continued to be provided to clients with minimal disruption, the department worked to identify suitable non-government organisations to take over provision of the relinquished services.

The fundamental principle underpinning the reallocation of the funding to alternative providers was to maintain continuity of service to existing clients and to minimise disruption to the greatest extent possible. For this reason, alternative providers were required to confirm in writing that they had the staff and capacity to accept the transferring clients and to commence service delivery immediately.

The alternative providers were, in most cases, already delivering the same types of services in the same geographic areas as the relinquishing organisations. They are well practised in delivering to the diversity of client needs which includes people with varying levels and types of disability as well as chronic physical and mental health issues.

Interim arrangements have been put in place with these alternative providers to ensure continuity of services for clients, and Service Agreements will be formally varied from 1 July 2013 to ensure the continuation of funding for these services until the end of the Service Agreement period in 2015.

I was also concerned to learn that the petitioners feel private providers are not readily accessible or affordable for many Queenslanders. Community Care funded non-government organisations have a presence in all regions of Queensland and have a long history of delivering Community Care services. Community Care is a subsidy-based program and there has always been an expectation that clients contribute financially for services. In saying this, the *Manual for Queensland Community Care Services* states that an inability to pay cannot be used as a basis for refusing service to people who are assessed as requiring a service.

It should be noted that Queensland Health independently implemented a policy of not charging fees to clients in receipt of Community Care services. However, eligibility for services was assessed using additional criteria, such as all clients in receipt of Community Care services needing to hold a valid health care card.

Clients who have been transitioned to new providers as a result of Hospital and Health Services ceasing to deliver services may be requested to pay a contribution for services, however, I stress that this will only be the case if the client is assessed as having the financial capability to do so.

Departmental officers continue to work closely with the relinquishing organisations and the alternative providers to ensure the transition of services is as seamless as possible and that clients are supported through the changes. If clients feel uncertain or anxious as a result of moving to a new provider, I encourage them to speak with their new provider in the first instance, or alternatively to contact Community Care staff on 3898 0100.

If you require any further information or assistance in relation to this matter, please contact Mr Rhys Turner, Chief of Staff in my office on 3235 4280.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Tracy Davis', with a stylized flourish at the end.

Tracy Davis MP
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and Disability Services