

Post Acute Care (PAC)

Document date September 2008

Program External program

Program code Each Post Acute Care program has its own individual program code (financial program).

Definition PAC provides individually tailored packages of care to patients, from acute or sub acute public hospitals, who require additional community support following a hospital episode of care. The program is designed to assist recuperation and facilitate independence or transition to continuing care in the community.

The PAC program aims to prevent hospital readmission and is intended to be a short term intervention.

Services are also available from Emergency Departments to avert some inpatient admissions.

RDNS requests funding according to assessed need and RDNS classification (see below).

<i>Client need</i>	<i>History of HACC services to client</i>	<i>Appropriate funding</i>	<i>Ongoing care options at completion of PAC episode</i>
Post acute need	No immediate HACC service prior to hospital episode	<ul style="list-style-type: none"> PAC funding to support acute care needs resulting from the hospital episode HACC funding if new basic maintenance and support needs for HACC-eligible clients are identified (ie. care needs not related to the hospital episode) 	<ul style="list-style-type: none"> HACC services if client is eligible negotiate additional PAC funding if acute need is continuing GP care self care self-funded care (FFS)
	Received HACC services immediately prior to hospital episode	<ul style="list-style-type: none"> PAC funding to support additional acute care needs resulting from the hospital episode HACC funding for pre-existing needs 	<ul style="list-style-type: none"> HACC services for ongoing needs negotiate additional PAC funding if acute need is continuing

Note: PAC programs **may** fund support and maintenance care needs of HACC-eligible clients who do not have a PAC need in the event of a service delivery delay for the HACC program, to expedite their discharge from hospital.

Responsibility As per the table above.
PAC – RALLY Healthcare.
HACC – RDNS General.

continued

Referrals	<p><i>To</i> RALLY Healthcare or directly via RDNS District Nurse Liaison.</p> <p><i>From</i> PAC Coordinators or via RDNS District Nurse Liaison.</p>
Type of service	<p>Provision of personal care and nursing visits to eligible clients.</p> <p>See also <i>Appendix 1 – RDNS position on drain and peg tubes/catheter care.</i></p>
Eligibility/criteria for accepting referral	<p>The purchaser determines eligibility; however the PAC program is only available to clients being discharged from public Acute or Sub Acute hospitals.</p> <p><i>Overseas visitors</i> Not applicable.</p>
Health insurance	<p>Clients who hold private hospital insurance and who have been an inpatient of a public hospital are also eligible for PAC funding.</p>
Fees	<p>Fee for Service rates are charged to the PAC program purchaser.</p> <p>Continuity of Care HACC visits are charged to the client as per the HACC fee schedule.</p>
Liaison charge	<p>Nil applicable.</p>
Consumables	<p>The PAC Program is responsible; however they may ask the client or a Case Manager to pay for consumables if applicable.</p>
Continuity of care/Core	<p>For HACC eligible clients receiving HACC services prior to admission to hospital, these services will be maintained at existing levels during and following the PAC episode at no charge to the PAC program. Where additional services are required for post acute care, they will be charged to the PAC program.</p> <p>For clients with no record of service prior to admission to hospital, who are HACC-eligible and whose needs relate to basic maintenance and support and not the hospital episode, these services will be charged to the client as per the HACC fee schedule.</p> <p>For clients with no record of service prior to admission to hospital and who have a post acute care need only, these services will be charged to the PAC program.</p>
Access responsiveness	<p>As required according to need and as negotiated according to purchaser request.</p>
RDNS policy reference	<p>CP-BO6 <i>Determining client fees</i></p> <p>CP-B07 <i>Billing fee for service programs</i></p> <p>CP-B11 <i>Discharging a client</i></p> <p>CP-B01b <i>Admitting a client</i></p>

continued

Contract/agreement	Development of service agreements are the responsibility of RALLY Healthcare.
<i>Contract responsibility</i>	CEO
<i>Contact responsibility</i>	RALLY Healthcare
<i>Expiry date</i>	As per individual contract
Other programs permitted	HACC (see <i>Continuity of care/Core</i> , above) CACP CF DVA clients are eligible for PAC program funding. These clients should be registered on the PAC program while the PAC episode of care is current, and then transferred to DVA-funded care following completion of the PAC episode. Linkages TAC
Comments	
Reference/source of information	www.health.vic.gov.au/pac DHS contacts at Metropolitan Health and Aged Care Services Division, Ambulatory and Continuing Care Service: Carol Pyke Ph: 9096 1335 E-mail: Carol.pyke@dhs.gov.vic.au John Masci Ph: 9096 2169 E-mail: John.masci@dhs.gov.vic.au

Reviewer:	HACC Non-HACC Committee	Last review date:	September 2008
Authoriser:	GM/DON	Next review date:	July 2011