

Information Sheet

Care Coordination and Supplementary Services program

The **Care Coordination and Supplementary Services (CCSS) Program** was established in 2009-2010 as part of the Commonwealth's Indigenous Chronic Disease Package (ICDP).

The program is about improving the health of Aboriginal and Torres Strait Islander people.

It focusses on targeting one of the five chronic conditions through better access to services. Those conditions are:

- Diabetes
- Cardiovascular disease
- Chronic respiratory disease
- Chronic renal (kidney) disease
- Cancer

The program has two components:

Care coordination:

This is provided by health workers to help patients access services in line with their GP care plan.

The type of care coordination varies. The services may include:

- clinical care
- arranging the right service at the right time
- assisting patients to attend appointments
- ensuring medical records are complete and current

- ensuring regular reviews are undertaken by the patient's primary care providers.

A flexible funding pool (Supplementary Services)

- This service is available for use by *Care Coordinators* to help patients get the health care or access they need. It may include:
- Funding to help a patient access an urgent and/or essential allied health service or appointment with a specialist
- Funding for approved medical aids
- Funding for transport to access a service, where it is not available through another funding source.

Medicare Locals

All 61 Medicare Locals are funded for the CCSS program and a growing number of Medicare Locals are working with the Indigenous health sector in planning and delivering this important program.

CCSS ensures that eligible patients of both mainstream and Indigenous Health Services/ Aboriginal Community Controlled Health Organisations (ACCHOs) have access to care coordination.

Medicare Locals in some instances are subcontracting to organisations such as mainstream and Indigenous Health Services/ ACCHOs or other relevant organisations to provide care coordination services.

Service Delivery Principles:

Medicare Locals are required to consider the following service delivery principles established by the National Indigenous Reform Agreement (Closing the Gap) when implementing the CCSS Program:

- **Indigenous Engagement:** Engagement with Aboriginal and Torres Strait Islander people and communities should be central to the design and delivery of programs and services.
- **Access:** Programs and services should be physically and culturally accessible to Aboriginal and Torres Strait Islander people, recognising the diversity of urban, regional and remote needs
- **Accountability:** Programs and services should have regular and transparent performance
- Mainstream and Indigenous Health Services and those involved in the Aboriginal Community Health Organisations (ACCHOs) have access to care coordination.

www.amlalliance.com.au

Ground Floor, Minter Ellison Building
25 National Circuit, Forrest ACT 2603
PO Box 4308 Manuka ACT 2603
t 02 6228 0800 f 02 6228 0899
ABN 56 157 818 883