

Aged and Home Care

Form H1: Quarterly Return—Home and
Community Care

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HACC Reporting Requirements

Agencies funded by the Home and Community Care (HACC) Program in Victoria are required to monitor and record the services they provide. The HACC Output Data Collection form is used for reporting the services delivered by your agency each quarter out of funds from the HACC Program. Participating in this data collection is a condition of your agency's Service Agreement with the Department of Human Services.

What activities should be reported?

Report all the activities that have been funded by the HACC Program and client fees. The collection form lists all the HACC activities (formerly called service types). To decide which of these activities should be reported, check your agency's DHS Service Agreement. The Service Agreement will list all the activities funded by HACC, showing the output targets negotiated for 2004–05. Most agencies have been funded for only a few of the possible activities.

Do not report activities that have not actually been funded by the HACC Program. For example, your agency may be carrying out assessments but not have received HACC funding for this, according to the Service Agreement. In this case, line 3 on the Collection Form should be left blank.

Total Outputs—Column 3

Agencies are asked to report the total output of each type of HACC service the agency has delivered. The total in Column 3 is defined as the sum of three possible elements:

- HACC Grant—the output corresponding to the HACC grant for the particular activity.
- Fees Revenue—outputs that are attributable to revenue from fees raised from HACC clients receiving HACC services.
- Agency Contribution—outputs that are attributable to your own agency's additional financial contribution. (This will mainly apply to local councils, many of whom make substantial contributions to home care services out of ratepayer revenue.)

Exclude the following from Column 3:

- Services delivered under other government funding arrangements, such as CACPs, Commonwealth respite for carers, or the Victorian Community Health Program.
- Services to clients who pay the full cost of the HACC service.

The reason for collecting information on the additional outputs in Column 3 is that it will give a more comprehensive and accurate picture of the extent of HACC services in Victoria. Many councils have complained that their contribution is not recognised in program accounts. The Municipal Association of Victoria has agreed that it is desirable to collect systematic information on the full extent of HACC service provision in Victoria that recognises the financial contribution of local government.

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It should be noted that DHS service agreements have no output targets corresponding to fees revenue or agency contribution. As before, agency performance will be monitored only against the HACC targets in your Service Agreement.

Fees Revenue

The HACC Fees Policy requires fees to be collected from HACC clients (depending on the client's income) in the case of most HACC service types. Generally, the fees collected are required to be used by the agency as a source of funds for extra service delivery. The fees raised from one activity can generally be allocated to expanding the same or another activity (details will be recorded in your Service Agreement with DHS). Exceptions to note:

- Assessment and Care Management—Fees are not to be charged. However, fees raised from other activities can be used to expand Assessment and Care Management.
- Delivered Meals—Fees collected from clients should be used to help pay the cost of the meal, and are not to be spent on providing additional meals or other HACC activities.
- Linkages—Fees collected from Linkages clients are to be used for service enhancement for Linkages clients, and not to fund additional packages.
- Volunteer Coordination—No fees are to be charged for services provided solely by volunteers, such as Friendly Visiting.
- If an agency collects only a small amount of fees, the money can be used for service enhancement rather than expansion, if the DHS regional office agrees. This must be documented in the Service Agreement. Such fees should not be reported in this quarterly return, but will be reported in the annual acquittal form.

Alignment with HACC Minimum Data Set

The two Victorian HACC data collections are being brought into close alignment during 2004–05. Several small changes to the output collection have been made accordingly. When the technical issues have been resolved, agencies reporting correctly to the HACC minimum data set will no longer have to report to the output collection. Agencies will be informed when this stage has been reached.

Counting Rule: Group Session

When a HACC service is provided to a group of people, the contact hours should be reported in 'person hours'. Simply add up the hours that *each* client spent in the session. Thus four clients attending a 1-hour session will be counted as four person hours. This accords with the counting rule in the HACC minimum data set.

What if my agency is part of a larger entity?

If your agency is part of a larger organisational entity (such as a metropolitan health service) you may be unsure whether to submit a separate form directly to DHS. Check your DHS Service Agreement. If it has more than one service plan that incorporates a HACC-funded activity, a separate form should be submitted for each such service plan.

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What if delivery has been sub-contracted?

If your agency has a service agreement with DHS but has sub-contracted delivery to another organisation, your agency is still required to provide a quarterly data return.

How are the activities defined?

These guidelines include short definitions of the HACC service activities. For more detail, consult the *Victoria Home and Community Care Program Manual* published by DHS and available on the website <http://www.health.vic.gov.au/hacc/>.

How will the data be used?

Output funding means that DHS sets a standard price for each kind of HACC activity (for example, \$25.79 per hour for Respite—Home and Community). DHS will then enter into a Service Agreement with each agency that specifies the number of hours of a given activity that the agency intends to provide during the year. It is therefore important for both the agency and the Department to have accurate data on the agency's actual output in terms of hours of service and numbers of clients receiving that service.

Note however, that the Department's periodic payments to the agency are not directly influenced by fluctuations in this quarterly data collection. Instead, there will be an annual reconciliation between the output targets and the actual output; this may lead to an adjustment of funding. For details, see the Victorian Home and Community Care Program Manual. It can be found on the web site at http://www.health.vic.gov.au/hacc/prog_manual/index.htm.

On receiving the quarterly data, the Department will produce periodic analyses which will be fed back, in summary form, to service providers. The information will show the actual levels of HACC services throughout Victoria, and similar analyses.

This data is also used for planning purposes and for meeting the HACC programs reporting obligations to the State and Commonwealth. Data used from this collection is reported at an aggregate level and no individual or agency is identified.

Return of Forms

Hospitals are to submit the HACC Output Data Collection form to the Department via the AIMS OnLine Entry System by the *15th day following the end of the quarter*. A tick in the *Completed* field indicates to the department that the form is complete with all validation rules satisfied and appropriate approvals for release obtained.

For 2004–05, the due dates are:

- 15 October 2004—for July, August and September data
- 15 January 2005—for October, November and December data
- 15 April 2005—for January, February and March data
- 15 July 2005—for April, May and June data.

Correction of Forms

Where an error is detected for data previously submitted to the Department, then a correction can be submitted. If, for example, you detect an error in the Quarter 1 return whilst preparing the Quarter 2 return, you should submit the Quarter 2 return plus resubmit the corrected Quarter 1 return. Tick the box that indicates that this is an amended quarterly return. You can send in a corrected form at any time between the due dates.

How to Complete the Form

Number of Clients Assisted (Column 2)

A client is a person directly assisted with HACC services by your agency. The number of individuals is a count of clients serviced by the hospital during the quarter. Each client is to be counted once only. That is, if the same person received a nursing visit on three occasions, count them as one individual.

If a household has two or more individuals who are HACC clients of your agency (for example, an elderly couple), and the one occasion of service benefits the whole household (for example, home care), count only one individual. Likewise, if the occasion of service is respite for the caregiver of an aged or disabled person, count only one individual (that is, do not count the family caregiver as well.) However, if two people in a household each receive an occasion of service in their own right (for example, personal care), count two individuals.

Number of Hours—what to include

The unit of service defined for most activities in *an hour of direct service*. It records the total time used in *direct* service delivery and *excludes* staff travel time incurred in getting to or from a person's home. The following may be *included* as hours spent on direct service:

- Hours of face-to-face contact with the client.
- Some tasks undertaken in the client's absence where those tasks are essential components of the direct service. (For example, time spent by a property maintenance worker in purchasing materials for repairs, or building a ramp in a workshop. Time spent by an allied health worker making a prosthetic device for the client. Time spent by a home care worker or personal care worker shopping on behalf of the client).
- The completion of case notes by nursing and allied health workers.
- Telephone calls to the client where the phone call is a substitute for a home visit or a necessary part of service provision (for example, counselling, daily reminder calls, and some allied health services).
- For home nursing delivered by bush nursing centres, if the direct hours provided by nursing staff included non-nursing duties, all these hours can be reported as direct nursing hours.

Generally, the number of hours recorded would usually correspond to the amount of time for which the client was invoiced (if a fee as charged).

For linkages services, hours should include all hours or linkages-funded direct services provided to clients (whether provided directly by the linkages agency or purchased from another agency) plus hours of case management.

Allied Health

This activity includes six paramedical professions, namely podiatry, physiotherapy, occupational therapy, speech pathology, dietetics and trained counselling (social worker or psychologist). Record only those allied health services funded by HACC. Record activities in the nature of clinical assessment, treatment, therapy or professional advice. Allied health services may be provided in either the home or a centre.

Group sessions are to be reported in 'person hours', for example, a one-hour session attended by four people will equal four person hours. (This is a change from the previous rule, in which one hour spent with an individual client and a one-hour group session were both recorded as one hour of service.) Note: this rule applies only to group sessions conducted under the HACC program.

Record two data items:

- the number of separate individuals who received allied health care;
- the total hours of allied health care funded by the HACC grant, fees revenue, and /or additional agency contribution, (counted in person hours if a group session).

Assessment and Care Management

Assessment and Care Management is an activity that can include:

- Holistic assessment of an individual's need for community support services. Needs for both HACC and non-HACC services are identified.
- Development and implementation of a care plan.
- Monitoring the effectiveness of the care plan in meeting the person's needs.
- Regular review and re-assessment of the person's needs.

Only assessment and care management services purchased by the HACC program should be reported. Check your agency's service agreement to see whether the agency has been contracted to provide assessment and care management by the HACC program. Record the accumulated whole hours of services delivered during the three-month period.

Assessment and care management is expected to be client focused, independent of a service provider perspective and broader in scope and orientation than a service specific or clinical assessment.

Record two data items:

- the number of separate individuals who received an assessment or care management;
- the total hours of assessment and care management (funded by the HACC grant, fees revenue, and/or additional agency contribution).

Delivered Meals

Record this activity only if your agency has received a HACC subsidy for delivered meals. Count only those meals eligible for a HACC subsidy, whether delivered to a client's home or served in a centre.

Do *not* count meals serviced during a planned activity group. These meals are not eligible for the delivered meal subsidy because the cost of meals is already included in the unit price of planned activity groups.

Record two items:

- the number of separate individuals who received delivered meals;
- the number of meals delivered during the three-month period (funded by the HACC grant, fees revenue, and/or additional agency contribution).

Flexible Service Response

Formerly called 'Innovative Service Response', this activity type will vary according to your agency's service agreement with DHS. This activity is not funded by output, but has nevertheless been included in the data collection for planning purposes.

Flexible service response (FSR) is used to develop and implement service models that cannot easily be accommodated within the current HACC activity framework. Any activity funded under FSR should be viewed as transitional. Over time, agencies will be required to review their service model with the aim of integrating it into existing HACC activities or informing the development of new or redefined HACC activities.

Community connections (accommodation) and the HACC response service are funded under the category of flexible service response and service system resourcing, but are not to be reported here. They have separate DHS data collections.

Record two items:

- the number of clients who received a service;
- the total hours of services provided (funded by the HACC grant, fees revenue, and/or additional agency contribution).

Home Care

Home Care services can include vacuuming, cleaning, dishwashing, making beds, laundry, ironing, shopping, bill paying and meal preparation, plus some cyclical tasks such as spring-cleaning.

Record two data items:

- the number of separate individuals who received home care;
- the total hours of home care (funded by the HACC grant, fees revenue, and/or additional agency contribution).

Linkages

Linkages (or Community Options) is a service based on case management with the availability of brokerage funds for purchase of additional services for consumers whose needs cannot be met by mainstream HACC services.

Record the number of separate individuals who were provided linkages funded services or equipment during the three-month period.

In counting the number of whole hours of linkages service, you should include hours of case management, hours of service provided directly by your agency, and hours of service purchased by your agency but provided by another. Note that fees collected from linkages clients are to be used to enhance service quality, not to fund extra packages.

Record two data items:

- the number of clients who received services funded by a linkages package during the quarter;
- the hours of service provided to clients out of the grant received for linkages packages.

Nursing

Nursing comprises professional nursing care provided by a registered nurse who is employed in a nursing capacity. Services include direct clinical care such as catheter and colostomy care, oxygen therapy, medication, injections and dressings, clinical assessment and the provision of education and information. Nursing may be provided either at home or in a centre. Nursing does not include services provided by an individual with a nursing qualification who is employed in a non-nursing capacity, such as a coordinator of a planned activity group. Record the accumulated whole hours of services delivered during the three-month period.

Record two data items:

- the number of separate individuals who received nursing;
- the total hours of nursing (funded by the HACC grant, fees revenue, and/or additional agency contribution).

Property Maintenance

Property Maintenance refers to assistance with maintenance and repair of the client's home, garden or yard to keep their home in a safe and habitable condition. Examples are minor repairs to the dwelling, changing light globes, replacing tap washers, carpentry and painting, unblocking drains, replacing guttering, lawn mowing and the removal of rubbish. Home modification refers to assistance with modifications or renovations to the client's home to help them cope with a disabling condition. Examples are the installation of grab rails, ramps, shower rails, special taps and emergency alarms.

Record two data items:

- the number of separate individuals who received property maintenance (and home modification);
- the total hours of property maintenance and modification (funded by the HACC grant, fees revenue, and/or additional agency contribution).

Personal Care

Personal Care describes assistance with tasks that a person would normally do for themselves but which because of illness, disability or frailty they are unable to perform without the assistance of another person. Examples of personal care are bathing, dressing, grooming, toileting, assisting with getting in and out of bed, and assistance with mobility and eating.

A person attending a planned activity group may require assistance with going to the toilet or getting in and out of a chair. Do not record this as personal care since it should be recorded as part of the output for the planned activity group.

Record two data items:

- the number of separate individuals who received personal care;
- the total hours of personal care (funded by the HACC grant, fees revenue, and/or additional agency contribution).

Respite—Home and Community

The purpose of respite services is to support the caring relationship by providing carers with a break from their caring responsibilities. The care recipient may be a frail older person or a person of any age with a disability. Respite can be provided in a consumer's home or in the community. It can be provided in the form of planned regular respite, emergency respite, crisis respite, and occasional respite. It may involve the substitute carer accompanying both the usual carer and the care recipient on an outing or holiday.

For the purposes of this data collection, the caregiver and the frail or disabled person is counted as one client. In the HACC minimum data set version 1, the client is defined as the caregiver. However, this will not make a practical difference, as long as the caregiver and care recipient are counted as one client only.

Record two data items:

- the number of separate individuals who received respite;
- the total hours of respite care (funded by the HACC grant, fees revenue, and/or additional agency contribution).

Respite—Overnight

Overnight respite is provided in the client's or paid carer's home. It includes occasions where the worker sleeps overnight, while being available to respond to a call for assistance. Where the client requires *regular* assistance at night, and therefore the worker cannot normally be sleeping during the shift, the appropriate activity to purchase is Respite—Home and Community, or Personal Care.

Record two data items:

- the number of clients who received overnight respite;
- the total hours of overnight respite (funded by the HACC grant, fees revenue, and/or additional agency contribution).

Note: Although overnight respite is purchased by DHS in 10-hour blocks, one 10-hour block should be recorded as 10 hours.

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Planned Activity Groups

Planned Activity Groups focus on maintaining an individual's ability to live at home and in the community, by providing a planned program of activities directed at enhancing skills required for daily living. These activities also provide opportunities for support and social interaction as well as respite and support for carers. The group may meet in a centre, at a local venue, or go on outings.

For Planned Activity Groups, the unit of service is the *person hour*. It is the hours of *direct* service received by the clients and excludes time spent travelling to and from the group or its regular venue. The amount of hours is calculated on a per-person basis and is *not* equivalent to the opening hours of the venue. Simply add up the hours that each client spent in the session. For instance, if three clients attend the session for four hours and two clients attend for three hours, you should record a total of 18 person hours ($3 \times 4 = 12$) + ($2 \times 3 = 6$).

A Planned Activity Group may have received HACC funding to deliver a mixture of two kinds or levels of activity. In case of doubt, the DHS service plan should be consulted to determine what output targets have been agreed.

- 'Core' person hours are defined as hours of service devoted to clients who are physically relatively independent and do not require specialist dementia care or personal care to participate in the activities.
- 'High' person hours are defined as hours of service devoted to clients who require assistance with personal care and/or who require specially trained staff for moderate to severe dementia care, and/or who have behaviour management problems.

Record two data items:

- the number of separate clients who attend a planned activity group during the quarter;
- the total number of person hours provided (funded by the HACC grant, fees revenue, and/or additional agency contribution).

Volunteer Coordination

The types of service funded through volunteer coordination are: respite (including the host carer program provided by Interchange for families of children with disabilities), friendly visiting, telelink (reported separately), carer support programs, and stand-alone transport services that use volunteer drivers.

In column 3 of the form, you should report the accumulated hours of unpaid work done by volunteers who assist in providing a range of services such as friendly visiting, providing transport to clients, providing respite care to families of children with disabilities, or to frail older people, either in the volunteer's home or in the home of the older person.

If the volunteers are running a small group, you should count 'person hours'. See the definition under planned activity group.

Note: You no longer need to report 'Coordinated Hours' (the hours of paid employment by a volunteer coordinator spent on recruiting, training and coordinating volunteers).

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Record two data items:

- The number of individual clients assisted by the volunteers. (Do *not* record the number of volunteers).
- The total hours of service received by clients through the unpaid work of volunteers, attributed to the HACC grant and any additional agency contribution. (Fees are not charged for clients of volunteer coordination services.) One hour spent with an individual client is counted as one-person hour. A one-hour group session for four clients run by a volunteer will be counted as four person hours. If two volunteers jointly run such a group, the total person hours will be unchanged.

Telelink

Agencies with funding for Telelink services should report their outputs here. Telelink services conduct regular group telephone sessions as a form of social support for people in the HACC target population, such as isolated elderly people. Telelink is funded by the HACC activity Volunteer Coordination, and is a name registered with Telstra. HACC contributes to the cost of each connection to the conference call.

Record two data items:

- The number of Telelink group sessions that were held during the quarter. (That is, if the same group held three sessions during the quarter, record three group sessions.)
- The number of individual telephone connections that were made for the participants in these groups during the quarter. (That is, if the same four people participated in two group sessions during the quarter, record eight connections. If four people participated in one session and another four people in another, record eight connections.)

Name and telephone number of a contact for queries

The contact person should be capable of answering a phone query about data items.