

HACC Assessments in Victoria: How to record via the HACC minimum data set

Advice to HACC Assessment Services

Service providers in Victoria who are HACC Assessment Services are expected to use the HACC minimum data set (MDS) to record those clients who received a Living at Home Assessment and to include this information in the normal quarterly extracts of the MDS.

The DHS HACC and Assessment Unit will undertake to provide customised feedback to agencies during the next few months, in order to standardise the quality of the data.

The aim of this document is to:

- Bring to your attention the existing HACC MDS reporting requirements and provide guidance on reporting Living At Home Assessment in the HACC MDS
- Clarify the relevant material in the [HACC MDS Victorian User Guide](#)
- Describe the proposed feedback to agencies on their assessment data, and
- Indicate issues which require further development through consultation.

Reporting requirements re the HACC MDS

All agencies funded to provide HACC services are required in their Service Agreement to report client and service data via the HACC MDS. Assessment is a nationally recognised HACC service type, and as such Victorian providers have always been required to collect data on it through the HACC MDS.

While compliance and data quality issues related to reporting assessment activity on the HACC MDS have not been a priority for the department in the past, the introduction of the Assessment Framework provides an important opportunity to focus on this area. In practice, this means the department will be providing a higher level of support to help Assessment Services improve the quality of their reporting.

Definition of a Living at Home Assessment

The HACC [Assessment Framework](#) sets out program policy for assessment as a HACC funded activity. It describes in detail the requirements for the delivery of a **Living at Home Assessment** which includes a home-based holistic assessment of need and service-specific assessments as key components. The Assessment Framework is the key reference guiding MDS reporting of Living at Home Assessments.

The HACC [Assessment Framework](#) document was published after the [HACC MDS User Guide](#) and therefore provides more detail, and more up to date information, about assessment than the User Guide. This document is intended to expand and clarify the reporting instructions in the User Guide in the light of the Assessment Framework.

Why focus on Assessment data now?

Collecting good quality data is a by-product of the assessment process itself, and will enable agencies to monitor their own progress in implementing the Assessment Framework. At a state-wide level, the data will provide a baseline view of assessment practice that will support future work. Because there has never previously been a focus on quality of assessment data, we do not currently have a reliable baseline. For example, in the first half of 2007-08, 14 per cent of agencies now designated as Assessment Services did not report any assessment

activity on the MDS at all. Of those who did report, a number reported a very small quantity of hours and assessments that, on a common sense level, seems unlikely to be accurate.

Improved MDS assessment data will support future developmental work to implement the Assessment Framework, including the development of a funding model. However it is important to note that HACC MDS data will be only one source of information used in the development of a funding model, and that the limitations of what it can tell us about historical assessment activity will have to be acknowledged. Further consultation with the sector will also be a key part of funding model development.

Data will be used to support future consultations

Because 2008-09 is the first year of Assessment Framework implementation, we fully expect to see a great deal of variation in assessment hours reported across the state. The workflow regarding assessment is known to follow different models in different agencies. The important thing is to be consistent with how you record assessments within your own organisation.

Whatever the differences between agencies, your data will be very valuable, as long as each record indicates that the client received a Living at Home Assessment and had their Functional Status recorded. According to the HACC MDS User Guide, the following data items must be recorded whenever a client receives a Living at Home Assessment:

- Hours of Assessment
- Date of Last Update
- Functional Status items.

When we analyse this data in the coming months, the likely variations in recorded hours or minutes of assessment per client will inform future consultations to define good practice and to refine MDS reporting guidelines. The MDS items on assessment will also be combined with other data (such as client demographics, living arrangements, caregiving arrangements, functional dependency profile, and mix of services received) to build up a more nuanced picture of the role of assessment in client outcomes in HACC. This will be of great value in informing the future work that needs to be done, in consultation with agencies and skilled assessors.

Please use HACC MDS Version 2

HACC Assessment Services need to use software that supports HACC MDS Version 2. This is because *Date of Last Update* and *Functional Status* items were only introduced with version 2 of the MDS. The majority of agencies have already upgraded. For advice about moving to HACC MDS version 2, please contact Wai Chea (9096 8192) or Adina Hamilton (9096 2796).

Counting hours of assessment

See pages 62-65 of the [MDS User Guide](#).

Hours of assessment should therefore be recorded whenever (and only when) a Living At Home Assessment is carried out, whether as a first assessment or a face-to-face re-assessment. Refer to Part 2 of the [Assessment Framework](#) as a guide to what is included. For example, all time spent generating the client's care plan may be reported, including non-face-to-face time. If possible (depending on software) the hours of assessment should not be rounded when submitted to the HACC MDS, but should be reported as **decimal fractions** (e.g. 45 minutes = 0.75 hours).

Agencies should not report the time spent on separate administrative processes or brief telephone reviews, as these are not Living At Home Assessments.

A Living At Home Assessment should also be distinguished from care coordination and/or case management. Care coordination and case management can be reported separately on the

HACC MDS (see pp. 65-66 of the [User Guide](#)). See pp. 11-12 of the [Assessment Framework](#) for more information about client care coordination.

Date of Last Update

See page 58 of the [MDS User Guide](#).

Date of Last Update can be interpreted, in practice, as "Date of Assessment". The *Date of Last Update* should be updated whenever a Living at Home Assessment is performed, whether as a first assessment or a re-assessment.

You **should not** update this item at any other time. In particular it should not reflect some merely administrative update, such as a correction to the address or carer details.

Our main purpose for gathering the *Date of Last Update* is to determine the number and frequency of Living at Home Assessments and home-based re-assessments done during 2008-09.

Functional Status

See pages 37-39 of the [MDS User Guide](#).

All of the functional status items should be recorded whenever a Living at Home Assessment or re-assessment is performed. Items should not be left blank or show code 9 ("don't know/not answered/not applicable").

However, it is not necessary to explicitly ask the client every question in the MDS User Guide, nor is it necessary to use the exact form of question in the User Guide. For example, during a Living at Home Assessment, the assessor may observe that a client needs to use a walker and can thus avoid asking the "walking" question. The assessor may also be using other assessment tools that can provide the information to complete the HACC MDS functional status items.

In analysing the data, our intention will be to compare the functional status of the HACC client group with population data from the Australian Bureau of Statistics and other sources. It is therefore important that each record has complete information on all 14 items. Good records will also mean that changes over time in client functional status can be analysed.

Feedback reports from DHS

In the first quarter of 2008-09, the Department will develop a standard report that summarises the assessment data reported by each HACC Assessment Service. This will cover:

- Number of clients receiving a Living at Home Assessment in the quarter
- Total hours of assessment reported, and average hours per client
- Number and proportion of clients by score on each functional status item.

We will also perform basic quality checks each quarter – for example, checking that the "Date of Last Update" item has been updated during the quarter if assessment hours are recorded for that client. Feedback on data quality will be supplied with each agency report.

Each HACC Assessment Service will be emailed a copy of its own report every quarter. This will assist you to monitor your own data quality, assessment activity and client status. On receipt of the first report, agencies will be invited to provide feedback about content and format, and this will be used to refine future reports. Ultimately the reports will be accessible through the DHS Funded Agency Channel. Agencies will only receive their own data, although DHS regional staff will also have access to statewide and region-wide data.

Time lines

	Event	Timing	Comments
1	Agencies start collecting assessment data for MDS	1 July 2008	Assessment data should be integrated with normal MDS data files.
2	Agencies transmit MDS data	15 October 2008	Due date for standard MDS collection period July–Aug–Sept.
3	DHS gives data feedback	November 2008	Customised reports will be sent back to Assessment Services
4	Agencies transmit MDS data	15 January 2009	Next quarterly MDS data due.
5	Revised counting rules	February 2009	DHS will issue revised counting rules for assessment, if indicated by the data analysis.
6	Draft funding model	TBD	