



Home and Community Care Minimum Data Set (MDS) Version 2 Implementation

Bulletin No. 3—May 2006

These quarterly bulletins will keep you informed about the implementation of the new version of the HACC minimum data set in Victoria.

Time lines

When	What	Why
Feb-March 2006	Training for MDS v2	<ul style="list-style-type: none"> Sessions were run in all regions. Documentation is on the Victorian HACC Web site: http://www.health.vic.gov.au/hacc/data_collection/index.htm
May 2006	Training re SCTT 2006 and MDS dependency items	<ul style="list-style-type: none"> Sessions are being run for assessment staff in HACC agencies. For information, contact your DHS regional office.
16 June 2006	Send in replacement files for previous quarters	<ul style="list-style-type: none"> You can send in data files to replace earlier quarters. Missing or incorrect data can be fixed.
From 1 July 2006	Test your v2 data	<ul style="list-style-type: none"> The upgraded Vic data repository will be open to test your MDS Version 2 data files.
15 July	Send in your MDS v1 for period April-May-June.	<ul style="list-style-type: none"> Normal quarterly data is due by end of July 2006. Use MDS v1 format.
From July 2006	Start collecting MDS v2	<ul style="list-style-type: none"> Agencies are expected to start collecting MDS v2 from July.
15 Oct 2006	Send in v2 files for first time.	<ul style="list-style-type: none"> Data for the period July-Aug-Sept 2006 can be transmitted in v2 format. Keep using v1 format if you have not yet upgraded.

SCTT 2006 and HACC functional status: information sessions

DHS is running a series of one-day information sessions for all HACC agencies during May and June 2006. The layout and contents of the Service Coordination Tool Templates (SCTT) have been updated. Morning sessions cover SCTT 2006 and the afternoon sessions cover the

collection of HACC dependency data (or client functional status). The afternoon sessions should be attended by assessment staff in all councils, allied health providers, nursing agencies and Linkages providers. For further information, contact your regional HACC staff.

Annual re-submission—due 16 June

Agencies have an opportunity to send in data for any of the previous three periods in 2005-06. Missing or wrong data can be corrected by sending a replacement file. This year, please do so before you send in your April-May-June data, that is, by Friday 16 June.

April-June data—due 15 July

We assume all agencies will still be collecting their HACC MDS in Version 1 at this stage. Please transmit it in v1 format to the usual email address. Due date is 15 July 2006.

Testing your v2 software

Once you have acquired software upgraded to HACC MDS version 2, you will want to send us some test files to ensure that the extract from the client records is being correctly formatted.

The HACC data repository managed by DHS will be able to accept test files from 1 July 2006. But first you need an ID for the test transmission. To get an ID, please send an email to the present **help desk** address, haccmds@dhs.vic.gov.au

Updating your email address

We will be contacting you soon to check your email address. From July 2006, the upgraded HACC data repository in DHS will hold a list of registered email addresses for feedback. Your agency or outlet can nominate more than one email address.

V2 User Guide—on the Web

All documentation about the v2 data set can be downloaded from Victoria's HACC Web site: http://www.health.vic.gov.au/hacc/data_collection/index.htm

Check your data on the DHS Funded Agency Channel

Remember that your HACC MDS files can be viewed on the DHS Funded Agency Channel, a Website. Allow two working days from the date of transmission to DHS. For free registration, call the FAC Helpdesk on 9096 2742. If the HACC data looks wrong, please contact the HACC MDS Help Desk. The FAC Web site is: <https://fac.dhs.vic.gov.au/>

Upgrading your HACC client management system

In order to collect the HACC MDS Version 2, you will need an upgraded version of your HACC client management software. Now is an opportune time to consider whether your existing system is suitable, or whether you should request different functionality, or explore an alternative.

Guide to HACC client management systems

More than a dozen systems for collecting HACC MDS **Version 1** are described in the Comparative Guide on the Victorian HACC Web site http://www.health.vic.gov.au/hacc/data_collection/index.htm. The list is supplied purely as a starting point; agencies wanting further information should contact the vendors. It may also be

useful to talk to other users. The list is not necessarily complete, and none of the products are endorsed or recommended by DHS.

Naturally you will only be interested in products that have been upgraded for HACC MDS v2 and SCTT 2006. The software guide will be updated as we hear about successfully upgraded systems for HACC v2.

Checklist of useful features for HACC software

- Customer service to solve day to day problems and manage upgrades.
- Ease of creating and modifying HACC client records.
- Ease of updating the hours of service to any client, with links between staff rosters, client care plans, and billing systems.
- Ease of extracting and transmitting the HACC MDS.
- Inbuilt error-checking and ability to generate useful reports.
- Ease of making and updating a client care plan, given your agency's team structure and the staff who have access to the client record.
- Ease of handling different service types and client categories, especially if your clients are funded from more than one government program.
- Ability to generate the Service Coordination Tool Templates 2006, populated with client information already held in your agency's data base; ability to save, print or email selected material for the purpose of referral.
- Ability to send and receive e-referrals, integrated into the system to avoid duplicated data entry.
- Ease of generating multiple referrals for one client.
- Ability to plug into Web-based service directories when making client referrals.
- Ability to link computers in a network. Ability for staff to do data entry in the field.
- Software that supports data sharing between mobile computers and a head-office server.
- Compliance with HL-7 messaging standards.
- Ability to migrate existing v1 client records to an upgraded v2 system.

CRISSP and the HealthSmart Patient & Client Management System

The HACC MDS v2 will be embedded in two new client management systems that are under development by DHS: CRISSP, and the Patient & Client Management System (P&CMS). One version of the P&CMS is being designed for stand-alone community health centres. It will be progressively rolled out from 2007. See <http://www.health.vic.gov.au/healthsmart/pcms/patmen.htm>

CRISSP Release 2 is scheduled for January 2007. Among other things, it is intended to suit agencies that receive funds from both the HACC Program and Victoria's Disability Services Program, replacing the QDC.

E-Form: The present HACC E-Form will not be upgraded. People who are thinking about using CRISSP or other systems should continue using the E-Form until they have an alternative MDS v2 system.

Who Gets HACC—new edition on Web

We have published another analysis of Victoria's HACC client characteristics, *Who Gets HACC 2003-04*. Copies are being posted out to HACC agencies in Victoria. It can also be viewed on the HACC Web site (see "What's new") <http://www.health.vic.gov.au/hacc/index.htm> Among the new material is an analysis of client pathways and turnover in various types of HACC service.

Overview of MDS version 2

HACC MDS Version 2 is essentially an expansion of Version 1. It has three main areas of difference from Version 1:

Carers: Information about the carer (if any) will be recorded on the care recipient's record. That is, for the purposes of the MDS v2, a HACC client is defined as a frail aged or younger disabled person. (In MDS version 1, a carer could be defined as a client in their own right, when the service received was respite; alternatively, carer details could be recorded on the care recipient's record. This ambiguity led to confusion and poor quality data.) **A few extra items** about carers will be collected, in order to produce a more complete picture of the contribution made by family carers in supporting older and disabled people.

Dependency items: A set of 14 items measuring the client's functional status or level of dependency will be collected. These items are quite similar to the items currently found in the Functional Screen in Victoria's Service Coordination Tool Templates. Collecting the dependency data is regarded as a by-product of a broad needs-based HACC assessment, carried out by assessment officers in HACC agencies.

Other changes: A few new data elements will be collected (Date of birth estimate flag, DVA entitlement card, Date of entry into HACC service episode, and Date of exit from HACC service episode). Definitions of service types have been revised, and minor changes to some existing code sets have also been made. The data elements have been made consistent with the DHS Common Client Data Set, for the convenience of agencies also required to report data to the Community & Women's Health Program, the Alcohol & Drug Treatment Program or the Aged Care Assessment Program.

Community Connections and Aged Care Support for Carers: Agencies with funding from these sources will now use the HACC MDS v2 to report to DHS. This is explained in the HACC MDS User Guide. For more information, contact the HACC data help desk on 9096-7255.

About the HACC Program

The HACC Program is jointly funded and managed by the Commonwealth Government and the Victorian Government. It is a major provider of essential community care services to frail aged people and younger people with disabilities and their carers. Services include domestic assistance (home care), personal care, home nursing, delivered meals, property maintenance, planned activity groups, assessment and care management, and allied health services. The budget for 2005–06 in Victoria was \$410.1 million, of which \$359.4 million was cost-shared in a 60:40 ratio by the Commonwealth and Victorian governments, and \$50.8 million was an additional Victorian Government contribution. Local government authorities in Victoria are also significant contributors to expenditure (as well as being major providers). Fees collected from consumers of HACC services are re-invested in extra service provision.

HACC Data Help Desk in Victoria
We have moved to 50 Lonsdale St!
(on the 12th floor)

Phone (03) 9096 7255
Email haccmds@dhs.vic.gov.au

Fax (03) 9096 9162

Email your data to: haccmds.data@dhs.vic.gov.au

Post diskettes to:
HACC Data Collection
Coordinated & Home Care
Department of Human Services
GPO 4057
Melbourne Vic 3001