

Final Report - Appendix

Assessment, Care Management and Review in Home and Community Care



HACC assessment, care management and review

MAV and DHS survey

HACC Assessment, Care Management and Review

Final Report

Appendix

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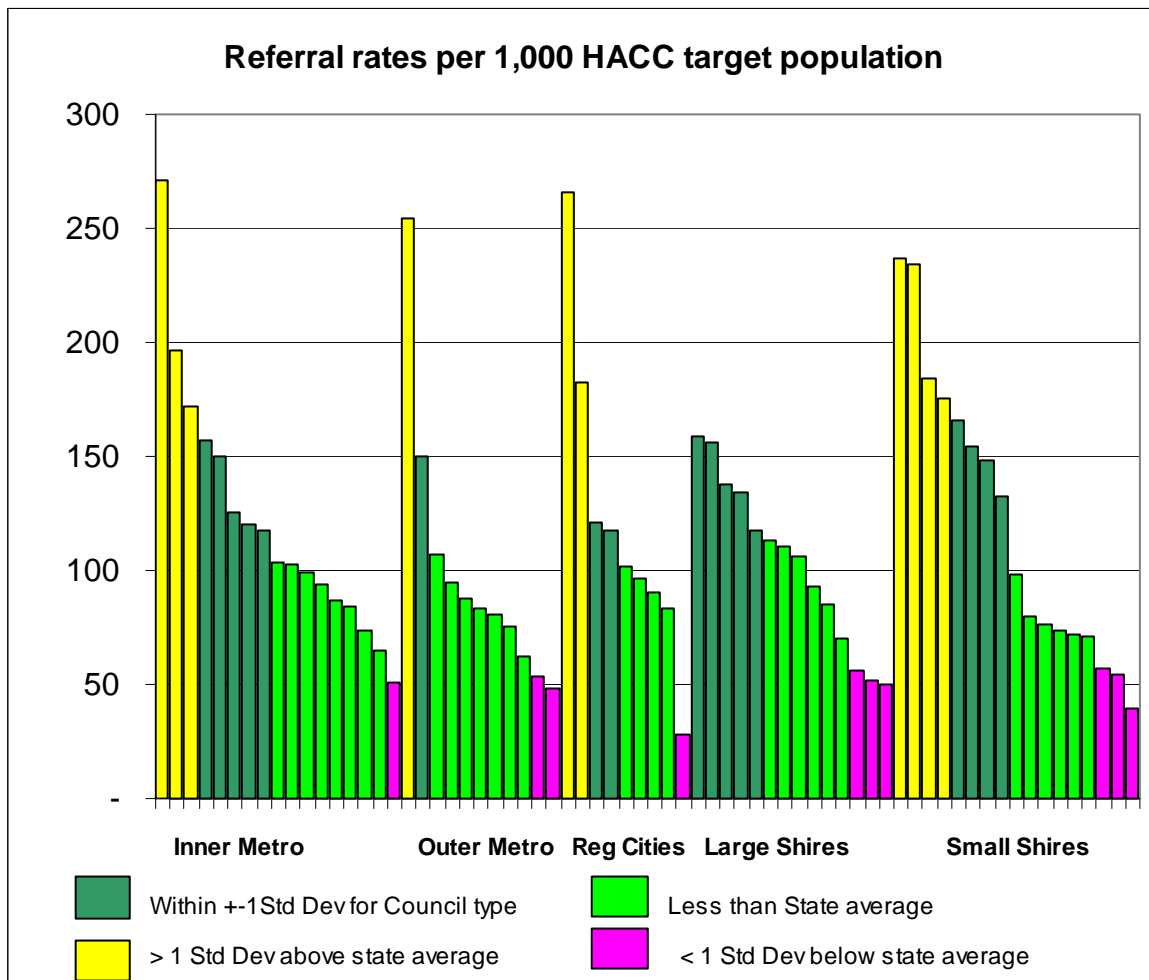
Appendix A

Responses from Local Government Agencies

For easy reference, the table numbering in this Appendix relates to question numbers in the Assessment and Care Management Survey. The Survey is included in the main Final Report as Attachment 3. Some questions where respondents were unable to provide reliable responses these questions have been omitted from this Appendix.

Referrals

Figure Q1.1 Referral rates per 1,000 HACC target population for all Councils



This figure shows the referral rate for 27 Councils was higher than the state average of 114 per 1,000 (yellow and dark green bands), with 10 of these Councils (yellow bands) achieving a rate higher than 169 referrals per 1,000 HACC target population, which is 1 standard deviation above the state average,

Forty-one Councils had a referral rate below the state average (light green and magenta bars), with 10 Councils (magenta bands) having a referral rate less than 59 per 1,000 HACC target population, which is 1 standard deviation below the state average.

Assessments

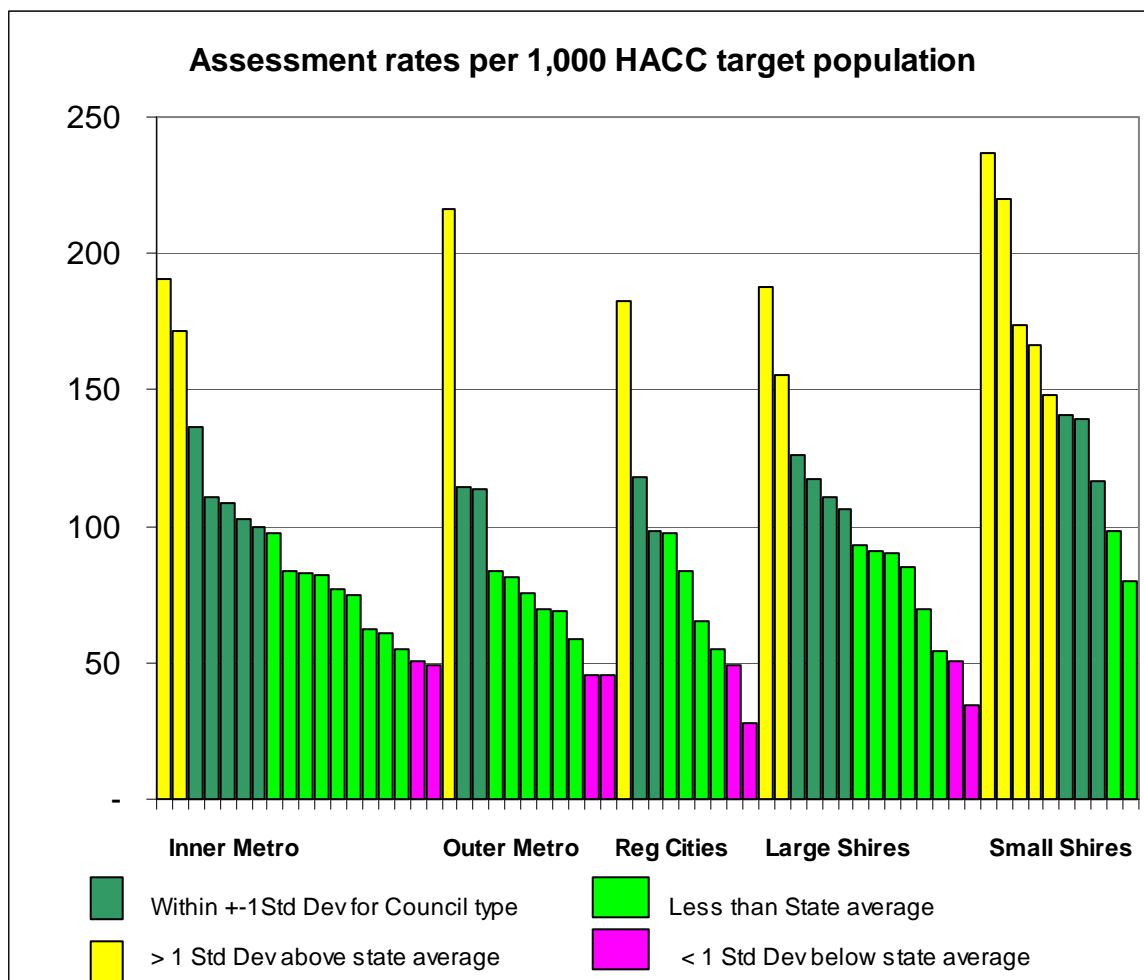
Table Q2 Number of clients assessed by HACC services July-01 to June-02, by Council type

Council type	Maximum	Minimum	Average	Median	Responses
Inner metro	2,840	250	1,407	1,247	18
Outer metro	2,000	301	1,073	1,100	11
Regional City	1,373	103	585	448	9
Large Shire	640	100	332	303	14
Small Shire	1,430	48	302	154	17
Victoria	2,840	48	756	515	69

Table Q2.1 Clients assessed by Council HACC services per 1,000 target group (calculated), by Council type

Council type	Maximum	Minimum	Average	Median	Responses
Inner metro	191	49	94	83	18
Outer metro	216	45	88	75	11
Regional City	183	28	86	84	9
Large Shire	188	34	98	92	14
Small Shire	237	28	113	98	17
Victoria	237	28	98	84	69

Figure 2.2 Assessments per 1,000 HACC target group – all Councils



This details the assessment rate per 1,000 HACC target group for all Councils, and the results have been sorted in order for each type of Council. Yellow and pink bars indicate the values for Councils greater than 1 Standard Deviation higher or lower than the average for Councils across the state, with the green bars showing results for Councils within +/- 1 standard deviation of the state average. Dark green bars are above the State average of 98 per 1,000, and light green bars are below the State average.

Services Received

Table 3.1.1 Proportion of clients who received HACC services (incl. Linkages, RDNS) following assessment, by Council type

Council type	Proportion of clients who received HACC services following assessment					Number of Councils
	0-24%	25-49%	50-74%	75-90%	91-100%	
Inner metro	-	-	1	7	5	13
Outer metro	-	-	2	4	4	10
Regional City	-	1	2	4	1	8
Large Shire	-	-	3	2	6	11
Small Shire	-	1	3	6	4	14
Victoria	-	2	11	23	20	56

Single entry point for HACC services

Table Q4 (10) Councils indicating there is one entry point for HACC services, by Council type

Council type	Yes	% Yes	Responses
Inner metro	15	88%	17
Outer metro	10	77%	13
Regional City	7	70%	10
Large Shire	12	86%	14
Small Shire	13	76%	17
Victoria	57	80%	71

Nature of assessments undertaken

Table Q5 Percentage of types of assessments undertaken by Council type

Council type	Service specific	Comprehensive	Specialist	Responses
Inner metro	63	34	3	17
Outer metro	51	47	3	12
Regional City	58	42	0	8
Large Shire	68	32	0	14
Small Shire	56	44	0	16
Victoria	60	39	1	67

Table Q5.1 Proportion of assessments undertaken by Councils which are comprehensive, by Council type

	Proportion of assessments which are comprehensive						Total	% of Councils in type responding
	0%	1% - 25%	25% - 49%	50% - 74%	75% - 90%	91% - 100%		
Inner metro	5	5	3	-	1	3	17	94%
Outer metro	3	2	1	1	2	3	12	92%
Regional City	1	2	3	-	-	2	8	73%
Large Shire	5	4	1	1	1	2	14	82%
Small Shire	6	2	-	1	3	4	16	84%
Victoria	20	15	8	3	7	14	67	86%
Percentage of responding Councils	30%	22%	12%	4%	10%	21%	100%	

Table Q5.2 Proportion of assessments undertaken by Councils which are specialist, by Council type

	Proportion of assessments which are specialist						Total	% of Councils in type responding
	0%	1% - 25%	25% - 49%	50% - 74%	75% - 90%	91% - 100%		
Inner metro	14	2	1	-	-	-	17	94%
Outer metro	10	1	1	-	-	-	12	92%
Regional City	7	1	-	-	-	-	8	73%
Large Shire	13	1	-	-	-	-	14	82%
Small Shire	16	-	-	-	-	-	16	84%
Victoria	60	5	2	-	-	-	67	86%
Percentage of responding Councils	90%	7%	3%	0%	0%	0%	100%	

Table Q5.3 Proportion of assessments undertaken by Councils which are service specific, by Council type

	Proportion of assessments which are service specific						Total	% of Councils in type responding
	0%	1% - 25%	25% - 49%	50% - 74%	75% - 90%	91% - 100%		
Inner metro	3	1	1	2	5	5	17	94%
Outer metro	3	2	1	1	2	3	12	92%
Regional City	1	1	-	2	3	1	8	73%
Large Shire	2	1	1	1	4	5	14	82%
Small Shire	4	3	-	1	1	7	16	84%
Victoria	13	8	3	7	15	21	67	86%
Percentage of responding Councils	19%	12%	4%	10%	22%	31%	100%	

Q6 Qualitative data

The following question was asked of all respondents:

"Under what circumstances would you undertake a comprehensive assessment?"

Routinely for all clients. We work closely with PCP and have used the INI since last November, undergoing change as a result of strengthened assessment procedures

If we are first involved and there are complex client needs

When there is no previous or recent contact. When person/ family is unclear of requirements and needs, or what services might be appropriate. High or complex need, even if there is another agency involved there may be a need to sort through requirements comprehensively

Where multiple issues and high level of care is required.

2. If needs of client are outside scope of program and referral is required. Complex or unclear needs, carer or family dynamics or issue, medically complex clients

Comprehensive assessment is required because our agency provides multiple community services.

Especially for geographically isolated clients who are unlikely to be able to access other service providers. We may do this in conjunction with RDNS.

Do full assessment for every client using CIARR form. We regard this as comprehensive assessment, but it does not match the definition in Attachment 1 of the questionnaire (Council indicated they did no comprehensive assessments).

Tools used for information and referral (in last year)

Table 7.2 Percentage of Councils not using INI, but using the CIARR or other instrument, by Council type

Council type	% CIARR	% Other	Responses
Inner metro	92%	77%	13
Outer metro	88%	38%	8
Regional City	100%	25%	8
Large Shire	100%	38%	8
Small Shire	92%	42%	12
Victoria	94%	47%	49

Table Q7.3 Number of Councils which used the CIARR and/or other screening, intake or referral tools in previous year, by Council type

Council type	Screening, intake or referral tool used				Responses
	CIARR only	CIARR plus own	Own only	None	
Inner metro	3	9	1		13
Outer metro	4	3	0	1	8
Regional City	6	2	0		8
Large Shire	5	3	0		8
Small Shire	7	4	1		12
Victoria	25 <i>51%</i>	21 <i>43%</i>	2 <i>4%</i>	1 <i>2%</i>	49 <i>100%</i>

Table Q8 Use by Councils of various standardised instruments during the assessment process, by Council type

Council type	Standardised instruments used					Total responses
	Barthel	MMSE	An ADL instrument	An IADL instrument	Other(s)	
Inner metro	0	1	3	0	7	11
Outer metro	1	0	0	0	5	6
Regional City	1	1	1	0	4	7
Large Shire	0	0	2	2	5	9
Small Shire	0	0	1	0	2	3
Victoria	2	2	7	2	23	36

Time to assessment and time spent on Assessment

Table Q 9.1 Clients discharged from hospital - average time between Councils accepting a referral and assessing in the home, by Council type

Council type	Within 24 hours	2 – 3 working days	4 – 5 working days	6 – 10 working days	More days	Responses
Inner metro	2	9	3	3	1	18
Outer metro	1	8	2	0	1	12
Regional City	1	6	3	0	0	10
Large Shire	4	9	1	0	0	14
Small Shire	2	12	2	0	0	16
Victoria	10	44	11	3	2	70
<i>Percent</i>	<i>14%</i>	<i>63%</i>	<i>16%</i>	<i>4%</i>	<i>3%</i>	<i>100%</i>

Table Q9.2 Clients other than those discharged from hospitals - average time between Councils accepting a referral and assessing in the home, by Council type

Council type	Within 24 hours	2 – 3 working days	4 – 5 working days	6 - 10 working days	> 10 days	Responses
Inner metro	1	3	8	4	1	17
Outer metro	0	3	4	2	4	13
Regional City	0	6	3	0	1	10
Large Shire	0	10	3	1	0	14
Small Shire	0	11	6	0	0	17
Victoria	1	33	24	7	6	71
<i>Percent</i>	<i>1%</i>	<i>46%</i>	<i>34%</i>	<i>10%</i>	<i>8%</i>	<i>100%</i>

Table Q10.1 Time taken for assessment by proportion of comprehensive assessments

Assessment time (minutes)	Proportion of comprehensive assessments				
	100-75%	74-50%	49-25%	24-5%	4-0%
Intake/ screening	17	15	23	18	21
Face to face assessment	75	70	71	77	70
Other activities	96	103	103	91	80
Total	189	188	196	180	160
Number of Councils	21	3	8	13	23

Table Q10.2 Time taken by Councils for intake/screening (minutes), by Council type

Council type	Maximum	Minimum	Average	Median	Responses
Inner metro	30	15	20	15	18
Outer metro	60	10	25	20	12
Regional City	30	5	20	18	10
Large Shire	30	0	16	15	13
Small Shire	30	0	18	15	16
Victoria	60	0	19	15	69

Figure 10.2 Average time for components of assessment, by Local Government type

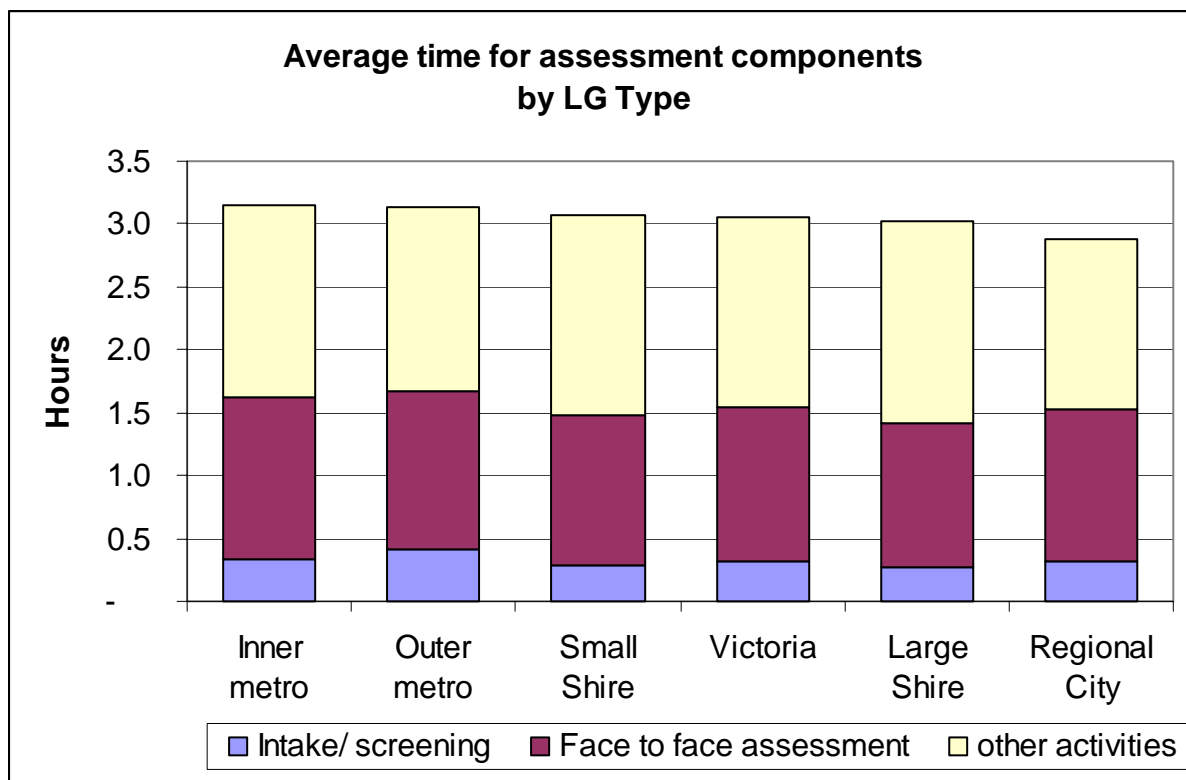


Table Q10.3 Time taken by Councils for face to face assessment (minutes), by Council type

Council type	Maximum	Minimum	Average	Median	Responses
Inner metro	120	60	78	75	18
Outer metro	120	45	75	68	12
Regional City	90	60	72	60	10
Large Shire	120	60	70	60	14
Small Shire	120	45	72	60	17
Victoria	120	45	74	60	71

Table Q10.4 Time taken by Councils for other assessment activities related to specific clients (minutes), by Council type

Council type	Maximum	Minimum	Average	Median	Responses
Inner metro	180	30	92	90	18
Outer metro	180	0	88	75	12
Regional City	270	0	81	60	10
Large Shire	150	30	96	95	12
Small Shire	180	60	95	90	15
Victoria	270	0	91	90	67

Criteria for targeting, measuring need and priority

Table 11.1 Number of Councils which use explicit criteria for assigning priority to clients' levels of need, by Council type

Council type	Yes	% Yes	Responses
Inner metro	14	78	18
Outer metro	11	85	13
Regional City	7	70	10
Large Shire	13	93	14
Small Shire	13	76	17
Victoria	58	81	72

Table 11.2 Number of Councils which use codes 1, 2, 3 as specified to indicate client level of need, by Council type

Council type	Yes	% Yes	Responses
Inner metro	11	61	18
Outer metro	8	62	13
Regional City	4	40	10
Large Shire	7	50	14
Small Shire	4	25	16
Victoria	34	48	71

Table 11.3 Number of Councils which use other criteria to assign priority to clients, by Council type

Council type	Yes	% Yes	Responses
Inner metro	7	50	14
Outer metro	3	38	8
Regional City	2	25	8
Large Shire	3	30	10
Small Shire	4	33	12
Victoria	19	37	52

Table 12.1 For Councils indicating that the number of clients assessed as needing service exceeds service availability, factors taken into account in deciding allocation of service, by Council type

Council type	Client's social situation /carer available	Urgency of providing services	Alternative services available to the client	Amount of care a client will need	Client's financial resources	Length of time services are likely to be needed	Source of the referral	Number of Councils Responding
Inner metro	11	9	6	5	5	0	2	11
Outer metro	13	11	10	8	5	3	3	13
Regional City	6	7	6	5	3	2	1	7
Large Shire	6	5	3	5	1	3	0	7
Small Shire	5	6	7	6	1	4	1	9
Victoria	41	38	32	29	15	12	7	47
% responding "Yes"	87%	81%	68%	62%	32%	26%	15%	

Other responses included:

Risk to client if care not provided	2
Whether staff with specific skills required are available	1
Palliative care needs	1

Table Q13 Number of Councils indicating they set limits on service provided to clients – max/min, by Council type

Council type	Yes	% Yes	Responses
Inner metro	16	89	18
Outer metro	10	77	13
Regional City	7	70	10
Large Shire	11	85	13
Small Shire	7	41	17
Victoria	51	72	71

Q13.1 Qualitative data - "Rationing services"

Council does not maintain a waiting list, we give all clients some services, which may be less than they require (Inner Metro)

Priority is judged on balance between assessment of risk factors and available resources. (Inner Metro)

Council does not have waiting list at present, due to limits placed on services provided (Inner Metro)

In Council Y it is estimated that approx 13,000 would be eligible for a HACC type service. Service is targeted to those referred and assessed as having the highest need. Early

intervention is no longer the focus of service delivery given the low level of funds currently made available by government for community based and home care services (Inner Metro)

Council does not have a waiting list. Rationing of services was tightened 3 years ago. More hours of service have been allocated for priority levels - applied rigorously. (Inner metro)

We place limits on quantity of service provided. All clients get some service, but not as much as they are assessed as needing. (Outer Metro)

We are only able to provide some people with a minimum service that does not meet their needs fully, but prefer this to their being on a waiting list. There is a need for more services (Regional City)

Council gives priority to high and medium care needs, but we also try to ensure all people get some services. Factors considered depend on each case (Regional City)

Limited hours are available across all services. (Small Shire)

Q13.2 Qualitative data - "Service some clients only"

Council has made policy decision to provide only for med and high levels of need, low level on waiting list - 40 -50 people, mainly for home care. Respite care is provided only if overall needs are medium-high (Small Shire)

Have restructured the availability of property maintenance service, if need more need to go to private providers (Small Shire)

High need clients may not have service needs met totally - may need to involve another agency to supplement care. E.g. private agency or carers respite. (Regional City)

Don't provide services at all to low needs clients, if high needs refer for Linkages, etc (Small Shire)

Use detailed priority of access policy which matches hours provided to those with complex needs requiring high needs care, e.g. HC, PC to 12 hours/week, respite 12 hrs/week, HM depends on security and safety needs, PAG 2 sessions/wk (extra provided if short term crisis) (Inner Metro)

Have introduced waiting list, hard to allocate enough services to individuals (Outer Metro)

Q13.3 Qualitative data - "Use waiting lists"

- Have a long waiting list, so tend to provide minimum services rather than maximum so can spread services around to as many clients as possible (Outer Metro)
- We have a reasonable match between new clients coming on and those going off services (Inner Metro)
- We delay assessment until services are available (Outer Metro)

Q13.4 Qualitative data - "Refer on to packages or other services"

- Do not have waiting list, due to mix of full cost recovery and policy of reducing the number of high needs people on HACC services, to CACPs where possible (Regional City)
- Limit low level needs people to HC 1 hr per fortnight, high needs 3 hrs pw max. If services needed are > 3 hrs/wk, then refer to ACAS for a package (Regional City)
- Excess need in a few areas only - Home Maintenance and for CACPs (at least 23 on waiting list for CACPs) (Inner Metro)
- Generally provide a package of services, at around 1-2 hrs GHC per fortnight, 3 hrs PC per week, 1-3 hrs respite per week, depending on other supports available. If have higher needs, refer for case management and a package service (Inner Metro)
- We aim to provide the services required, if we can't meet needs we either share care with another agency or refer on (Small Shire)
- Clients assessed as lowest level of need receive 1.5 hrs/fortnight. High need clients referred to brokerage agencies where possible. (Regional City)

Q13.5 Qualitative data - "Rely on Council resourcing"

Program is 25% over budget. Relies on Council \$ for support. (Regional City)

Assess on client need and availability of services - don't provide set amount of services, and generally don't have a waiting list. Have been able to increase the budget each year, due to increased Council contribution and increased HACC funds (Inner Metro)

Council provides additional funding to meet service demand. (Small Shire)

Council contributes significant amount of money. (Inner Metro)

Q13.6 Qualitative data - "Other comments"

Services required are prioritised according to client need and not the source of referral. (Outer Metro)

Referring body doesn't matter - no priority for GP over individual - depends on individual need. (Inner Metro)

Under review at present, expect to define limits and have guidelines based on need level. Refer high needs clients for Linkages (Outer Metro)

Lack of skilled workers to provide personal care and respite care. (Small Shire)

No waiting list at present (Small Shire)

Reviews

Figure Q14.1 HACC reviews held per 1,000 HACC clients, all Councils

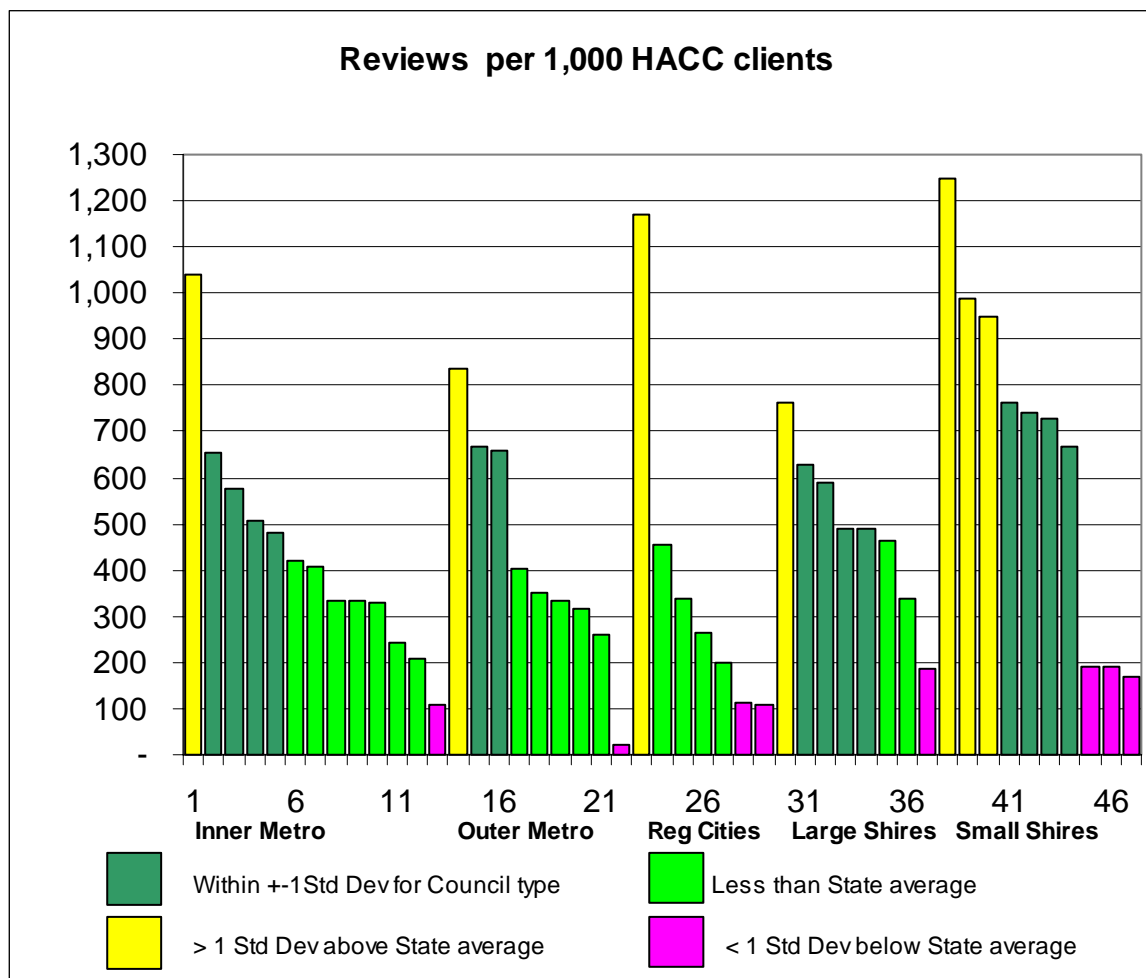


Table Q16 Number of Councils by proportion of clients for whom a review date is set at assessment, by Council type

Council type	Proportion of clients for whom review date is set						Number	Percent > 50%
	0%	1-24%	25-49%	50-74%	75-90%	91-100%		
Inner metro	2	-	-	-	-	16	18	89
Outer metro	-	-	-	-	2	10	12	100
Regional City	-	1	1	1	2	4	9	78
Large Shire	-	-	-	-	-	14	14	100
Small Shire	-	2	-	-	1	14	17	88
Victoria	2	3	1	1	5	58	70	
Percent of Councils	3%	4%	1%	1%	7%	84%	100%	93

Table Q17 Number of Councils by proportion of clients for whom the set review date is met, by Council type

Council type	Proportion of clients for whom review date is met						Number	Percent ≥ 50%
	0%	1-24%	25-49%	50-74%	75-90%	91-100%		
Inner metro	3	3	3	5	2	1	17	47
Outer metro	-	4	3	3	1	0	11	36
Regional City	-	4	1	2	1	1	9	44
Large Shire	-	3	5	1	2	2	13	38
Small Shire	-	3	2	3	3	5	16	69
Victoria	3	17	14	14	9	9	66	
<i>Percent of Councils</i>	5%	26%	21%	21%	14%	14%	100%	48

Table Q18 Number of Councils by type of criteria taken into account for reviews on an “as needed” basis, by Council type

Council type	Health status	Client or family request	High client need	Carer situation	Living alone	High care being provided	Involves >1 service, complex management	Able to adjust future care level
Inner metro	15	14	11	11	7	5	6	2
Outer metro	10	10	9	6	7	5	7	2
Regional City	10	8	7	7	5	6	2	4
Large Shire	10	9	9	8	6	7	4	3
Small Shire	13	13	12	9	9	5	6	4
Victoria	58	54	48	41	34	28	25	15
Proportion “Yes”	85%	79%	71%	60%	50%	41%	37%	22%

Number of responses: 68

“Other” responses: 37

Q18 Qualitative Data: Selection of comments

All factors mentioned are considered important.

Where a number of services/agencies are involved, review would be ongoing especially for high need clients.

See reviews as very important, as client needs are changing over time

Client’s safety and support structures are taken into account. Often OH&S issues affecting clients or carer comments trigger review.

Clients who receive multiple services reviewed more frequently, often in conjunction with other providers.

Set review dates but demands on Assessment Officer's time means we can only respond to needs based reviews. There are concerns with this situation as we rely on monitoring and feedback from direct care staff, families and others. This can mean that some clients are at risk if changing care needs are not reported.

Team leader meetings held to discuss client concerns raised by staff or other agencies

Most important are client/family request and feedback from worker

Follow up carers who alert to changes in health or resources

ACAS or other agency does assessment/ review, and provide advice re service levels required

No annual reviews are able to be done, we respond to carer feedback if raised and follow up only as needed

General capacity to network is important to ensure we review those with changed circumstances

Resources available mean only limited amounts of routine reassessment can be performed.

Moving towards more routine re-assessment or review, record review as review if done

Reviews done "on incidents (e.g. in/out of hospital). Plan to introduce routine assessment: Low need - annually, Medium - 6 monthly, High - 3 monthly, unless done earlier on incident.

Not possible to review every client annually

Review when become aware of changed needs, otherwise services stay unchanged

Table Q19 Councils indicating the time that normally elapses before a review is undertaken, by Council type

Council type	1 month	3 months	6 months	12 months	Over 12 months	Responses
Inner metro		1	1	7	9	18
Outer metro				3	9	12
Regional City				3	7	10
Large Shire			1	7	6	14
Small Shire	1	1	3	6	6	17
Victoria	1	2	5	26	37	71
Proportion	1%	3%	7%	37%	52%	100%

	< 6 months	6 months	12 months	1 - 2 years	2-5 years	Total
No. of Councils	3	5	26	18	5	57
Proportion	5%	9%	46%	32%	9%	100%
Cumulative	5%	14%	60%	91%	100%	

Table Q20.1 Number of Councils by proportion of those reviewed in the past 12 months whose care was left the same, by Council type

Council type	Proportion reviewed – care left the same					Number
	0-24%	25-49%	50-74%	75-90%	91-100%	
Inner metro	1	2	4	5	1	13
Outer metro	1	1	5	1	1	9
Regional City	1	4	1	1	-	7
Large Shire	-	1	2	5	4	12
Small Shire	-	1	6	6	1	14
Victoria	3 5%	9 16%	18 33%	18 33%	7 13%	55 100%

Table Q20.2 Number of Councils by proportion of those reviewed in the past 12 months whose care was increased, by Council type

Council type	Proportion reviewed – care increased					Number
	0-24%	25-49%	50-74%	75-90%	91-100%	
Inner metro	8	3	2	-	-	13
Outer metro	6	2	1	-	-	9
Regional City	1	4	1	1	-	7
Large Shire	10	2	-	-	-	12
Small Shire	9	3	1	1	-	14
Victoria	34 62%	14 25%	5 9%	2 4%	- 0%	55 100%

Table Q20.3 Number of Councils by proportion of those reviewed in the past 12 months whose care was reduced, by Council type

Council type	Proportion reviewed – care reduced					Number
	0-24%	25-49%	50-74%	75-90%	91-100%	
Inner metro	12	-	-	1	-	13
Outer metro	8	1	-	-	-	9
Regional City	7	-	-	-	-	7
Large Shire	10	2	-	-	-	12
Small Shire	13	-	-	-	-	13
Victoria	50 93%	3 6%	- 0%	1 2%	- 0%	54 100%

Table Q20.4 Number of Councils by proportion of those reviewed in the past 12 months whose care was discontinued, by Council type

Council type	Proportion reviewed – care discontinued					Number
	0-24%	25-49%	50-74%	75-90%	91-100%	
Inner metro	13	-	-	-	-	13
Outer metro	9	-	-	-	-	9
Regional City	6	1	-	-	-	7
Large Shire	12	-	-	-	-	12
Small Shire	12	-	-	-	-	12
Victoria	52	1	-	-	-	53
	<i>98%</i>	<i>2%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>100%</i>

Main issues for Council HACC services in relation to reviews

Table Q21 Main issue for Council HACC services in relation to reviews, by Council type

	Resources	Priority to new clients, service delivery	Inadequate services to meet needs	Travel time	Assessment staff available, training	More reviews needed	Computer systems, assessment tools	Level of Council funds	Focus on high needs, not low needs	Clients concerned re service reduction	Councils responding
Inner metro	17	7	4			6	2	3	3	2	18
Outer metro	12	7	5	1	5		1				12
Regional City	10	2	2	1	2	2			1	1	10
Large Shire	12	1	2	4			3				14
Small Shire	15	2		5	2			2			17
Victoria	66	19	13	11	9	8	6	5	4	3	71
<i>Proportion</i>	<i>93%</i>	<i>27%</i>	<i>18%</i>	<i>15%</i>	<i>13%</i>	<i>11%</i>	<i>8%</i>	<i>7%</i>	<i>6%</i>	<i>4%</i>	

Others:

Case coordination resources needed (x2)

Language and cultural requirements, explaining review process

Inability to undertake reviews for younger people with a disability

DVA standards - 6 monthly reviews, method

Paper work requirements

Q21 Qualitative data - selected illustrative comments

Impossible to achieve for all HACC clients. Have in situ process to undertake reviews using PC workers/PAG staff - formal debriefing sessions. Have monitoring forms and fortnightly session with A.O. for area. Not cost effective to visit Priority 4 or 5 clients because of low service levels. Focus is on high need clients.

Capacity to undertake reviews limited by resourcing level, emphasis on getting on services, not reviewing. How to efficiently handle change in client's situation - get appropriate information, computer systems to support

Time available to do reviews, compared with assessments. Clients' expectations of services following assessment and review - not able to provide what is needed, ditto when client needs change and can't provide services

Resourcing for reviews. New tools (INI) are more in depth and take longer time to review, although being more comprehensive are better. An emerging issue is that RDNS may no longer undertake PC assessments, which will add to resources required

Not have resources to review all clients annually, introduced phone reviews for low priority clients. Training for direct care staff to monitor and report back on clients - ongoing. Undertaking annual OH&S audit – needs a home visit, training HC workers in risk assessment to do this

Inability to provide reviews for families with young people with disabilities - not able to alter service levels as needs change. No resources to do regular reviews

Time to do reviews - assessment takes priority. 2. Increasing needs of clients - require more service than is available. 3. Language and cultural issues - arranging interpreters, explaining new concepts, working out how best to provide services.

Volume of work from new referrals and brokerage. Need at least one more assessment worker. Urgent need to review younger people with a disability. Don't review long term, ongoing clients

Unable to do as many reviews as would like. 2. Can't change service levels even when increase required - 30% of clients need higher service levels. 3. As don't do many reviews, client assumes service level is permanent. This reflects poorly professionally and on the organisation.

Lack of resources for assess and case management when trying to keep up with new referrals, staff changes and clients moving in and out of programs. Hard to schedule reviews when trigger is only a date.

Rural geographic - all reviews take longer due to travel time involved. Need higher staff resources than in urban areas to achieve same service level.

Resources (staff) for reviews and available time. IT records - need better software. Develop better systems for regular reviews, proper recording of reviews that have been undertaken

Increased funding for assessment. Grant 16988 - Council contributes 38344. Council contributions for preventative work. Will need to reassess all of these. Better to review each year, comparative needs then allocate services or reduce to allow others to access services available. May reduce services -warning to people.

Resourcing for reviews and obtained skilled staff. Reliance on direct care staff monitoring and feedback (varies with workers). Need to do reviews more frequently – resources needed

Table Q22.1 Staff directly involved in intake (No of persons), by Council type

Council type	Maximum	Minimum	Average	Median	Responses
Inner metro	13	1	4.6	3.5	18
Outer metro	11	1	4.0	4	11
Regional City	24	0	6.5	3	10
Large Shire	7	0	2.5	2.5	14
Small Shire	6	1	2.4	2	17
Victoria	24	0	3.8	2	70

Table Q22.2 Staff directly involved in assessment (No of persons), by Council type

Council type	Maximum	Minimum	Average	Median	Responses
Inner metro	10	2	5.6	5	18
Outer metro	7	2	4.2	4	12
Regional City	20	2	5.3	3	10
Large Shire	4	1	2.2	2	14
Small Shire	3	1	1.9	2	17
Victoria	20	1	3.8	3	71

Table Q23 Staff dedicated to assessment only (No of persons), by Council type

Council type	Maximum	Minimum	Average	Median	Responses
Inner metro	8	0	2.8	3	18
Outer metro	4	0	1.7	1.5	12
Regional City	6	0	2.0	2	10
Large Shire	3	0	1.1	1	14
Small Shire	3	0	1.1	1	16
Victoria	8	0	1.8	1	70

Table Q23.1 Number of EFTs allocated to assessment, by Council type

Council type	Maximum	Minimum	Average	Median	Responses
Inner metro	8	1	3.5	3.1	18
Outer metro	5.1	1	2.8	2.6	12
Regional City	7.5	0.3	2.7	2.4	10
Large Shire	2.1	0.5	1.2	1	14
Small Shire	2.5	0.2	0.9	1	17
Victoria	8	0.2	2.2	2	71

Number of current HACC clients per Assessment EFT

Table Q23.2 HACC clients per assessment EFT, by Council type

	Maximum	Minimum	Average	Median	Responses
Inner metro	1,080	208	500	450	14
Outer metro	1,556	207	640	478	11
Regional City	808	187	480	454	8
Large Shire	835	243	550	582	10
Small Shire	1,115	167	460	344	12
Victoria	1,556	167	530	454	55

Table Q23.3 Distribution of Councils by number of HACC clients per assessment EFT, by Council type

	0-250	251-500	501-750	751-1,000	1,000 +	No of Councils
Inner metro	1	7	5	0	1	14
Outer metro	1	5	2	1	2	11
Regional City	1	4	2	1	0	8
Large Shire	1	3	4	2	0	10
Small Shire	2	6	2	1	1	12
Victoria	6 11%	25 45%	15 27%	5 9%	4 7%	55 100%

Formal qualifications of Assessment staff**Table Q25 Formal qualifications of assessment staff (number of staff)**

	Inner metro	Outer metro	Regional City	Large Shire	Small Shire	Victoria	%
Nursing	20	14	17	15	12	78	28
Welfare/social studies	17	9	14	4	8	52	19
Social work	28	13	1	2	2	46	17
Disability studies	11	8	2	1	2	24	9
Allied health	5	1	7	1	0	14	5
Social science	7	2	0	3	1	13	5
HACC Assessment				2	1	3	1
Aged Care Certificate 4			1	1		2	1
Teaching	2					2	1
Office Management	2					2	1
Psychology	1					1	0
OH&S	1					1	0
Physical Sciences	1					1	0
Early Childhood Development		1				1	0
Occupational Therapy	1					1	0
Number qualified	107	49	47	34	30	267	96
<i>% qualified</i>	<i>97%</i>	<i>100%</i>	<i>94%</i>	<i>97%</i>	<i>91%</i>	<i>96%</i>	
No qualifications	3		3	1	3	10	4
Total	110	49	50	35	33	277	100
% Assessment Officer staff	40%	18%	18%	13%	12%	100%	

Notes to Figure 25.2:

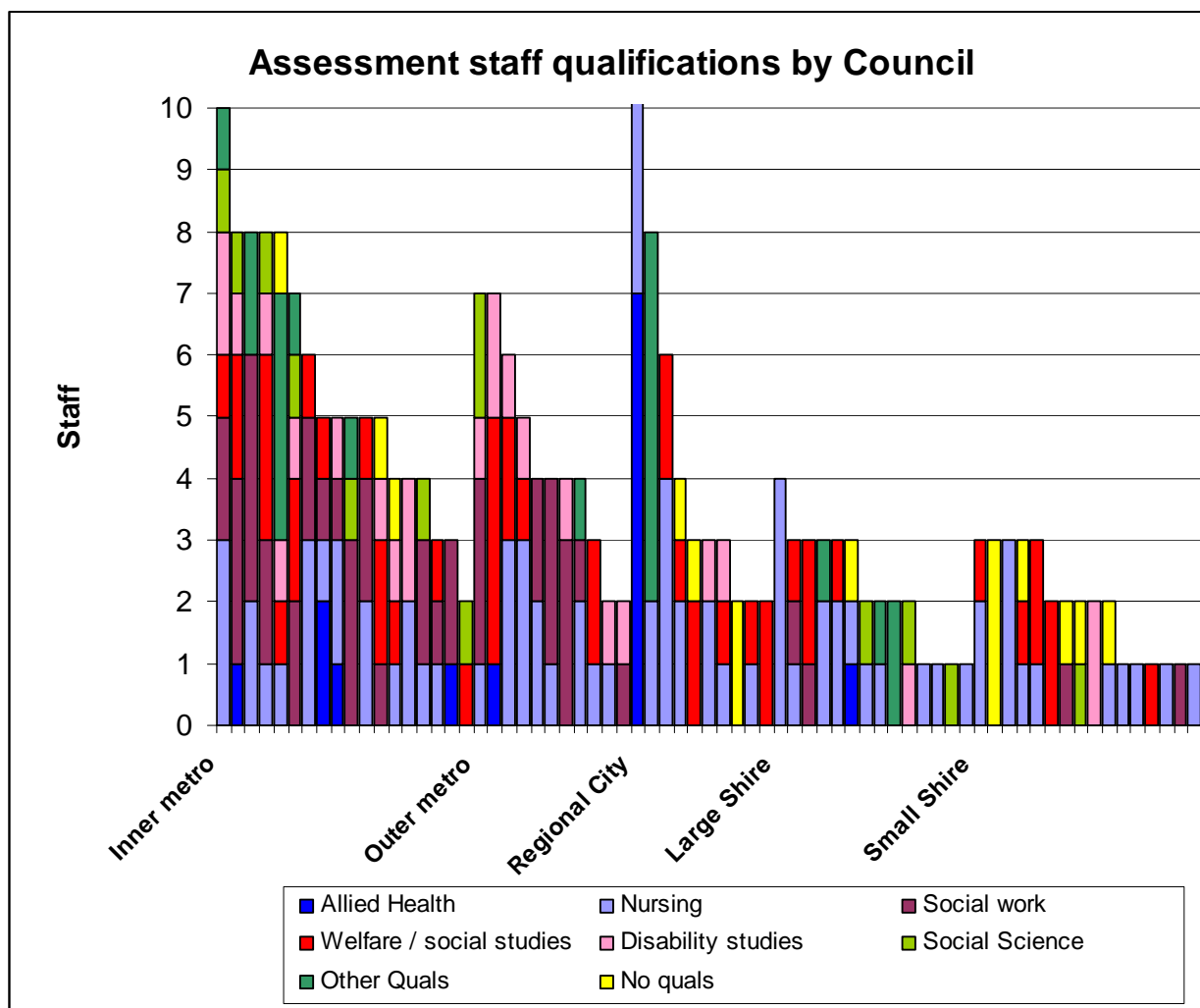
1 To aid clarity, the following colours have been used:

- Blue shades Allied health and nursing qualifications
- Red shades Social work, welfare and social studies, disability studies
- Green shades Social science, other qualifications
- Yellow No formal qualifications

2 One Regional City Council had a total of 20 staff involved in Assessment, with the following qualifications:

Allied Health - 7, Nursing - 5, Social work - 1, Welfare/social studies - 4, other qualifications - 2 and no qualifications - 1.

Figure 25.2 Assessment staff qualifications



Arrangements for provision of assessments

Table Q27.1 Do you have an understanding with any other agencies that they will make assessments for your services at your request

Council type	Yes	% Yes	Responses
Inner metro	11	61%	18
Outer metro	6	50%	12
Regional City	5	50%	10
Large Shire	7	50%	14
Small Shire	2	12%	17
Victoria	31	44%	71

Table Q27.4 Do you have an understanding with any other agencies that you will perform assessments for uptake of their services

Council type	Yes	% Yes	Responses
Inner metro	2	11%	18
Outer metro	5	42%	12
Regional City	7	70%	10
Large Shire	6	43%	14
Small Shire	7	41%	17
Victoria	27	38%	71

Table Q 27.2 No. of assessments they make per year

Council type	Maximum	Minimum	Average	Sum	Responses
Inner metro	280	30	130	780	6
Outer metro	130	35	80	220	3
Regional City	100	10	50	190	4
Large Shire	60	6	40	180	5
Small Shire	50	50	50	50	1
Victoria	280	6	70	1,410	19

Table Q27.3 Type of assessment they undertake

Council type	Service-specific	Compre-hensive	Comp and Specialist	Specialist	Responses
Inner metro	4	1	2	3	11
Outer metro	1	2	2	1	6
Regional City	2	1	1	0	5
Large Shire	1	3	2	0	7
Small Shire	2	0	0	0	2
Victoria	10	7	7	4	31

Others included 1 Comprehensive and Service Specific, and arrangements with a range of service providers

Table Q 27.5 No. of assessments per year you do for others

Council type	Maximum	Minimum	Average	Sum	Responses
Inner metro	300	300	300.0	300	1
Outer metro	100	30	65.0	130	2
Regional City	100	10	46.3	185	4
Large Shire	45	6	28.2	141	5
Small Shire	120	20	67.5	270	4
Victoria	300	6	64.1	1,026	16

Table Q 27.6 Type of assessment done

Council type	Service-specific	Comp and Service Specific	Comprehensive	Specialist	Responses
Inner metro	0	0	1	0	2
Outer metro	2	2	0	1	5
Regional City	4	1	1	0	7
Large Shire	3	1	1	0	6
Small Shire	5	0	0	1	7
Victoria	14	4	3	2	27

Others included 1 Hospital to Home assessment arrangement, and arrangements through the PCP with a range of service providers

Table Q28 Number of Councils by proportion of new users who are re-assessed on presentation, by Council type

Council type	Proportion of new users re-assessed on presentation						Number
	0%	1-24%	25-49%	50-74%	75-90%	91-100%	
Inner metro	2	1	1	2	-	11	17
Outer metro	-	-	-	-	2	9	11
Regional City	1	-	-	1	-	5	7
Large Shire	1	3	-	-	1	7	12
Small Shire	2	-	-	-	3	10	15
Victoria	6 10%	4 6%	1 2%	3 5%	6 10%	43 68%	63 100%

Table Q30 Average number of clients referred by a Council for assessment between July-01 and June-02

Council type	Clinical/ health	ACAS	Psychiatric	Alcohol/ drug	Other	Total clients	Responses
Inner metro	159	83	9	2	110	360	8
Outer metro	137	124	16	2	102	380	11
Regional City	62	58	9	1	71	200	7
Large Shire	16	29	4	5	23	80	11
Small Shire	34	28	5	2	12	80	15
Victoria	76	59	8	2	57	200	52
Proportion	38%	29%	4%	1%	28%	100%	

Impact from establishment of PCP

Table Q31 Has the establishment of a PCP had an impact on assessment - simplified access for clients

Council type	Yes	% Yes	Responses
Inner metro	1	6	18
Outer metro	2	17	12
Regional City	1	10	10
Large Shire	0	0	14
Small Shire	2	13	16
Victoria	6	9	70

Table 31.2 Has the establishment of a PCP had an impact on assessment - reduced your workload

Council type	Yes	% Yes	Responses
Inner metro	0	0	18
Outer metro	0	0	12
Regional City	0	0	10
Large Shire	0	0	14
Small Shire	0	0	16
Victoria	0	0	70

Table 31.3 Has the establishment of a PCP had an impact on assessment - coordination between HACC-funded agencies

Council type	Yes	% Yes	Responses
Inner metro	9	50	18
Outer metro	7	58	12
Regional City	4	40	10
Large Shire	4	29	14
Small Shire	7	44	16
Victoria	31	44	70

Table 31.4 Has the establishment of a PCP had an impact on assessment - referrals within the network

Council type	Yes	% Yes	Responses
Inner metro	9	50	18
Outer metro	7	58	12
Regional City	3	33	9
Large Shire	2	14	14
Small Shire	6	38	16
Victoria	27	39	69

Q31 Qualitative Data - Selected comments

- Clients still confused and service system fragmented.
- Council A has not participated in PCP. Viewed as DHS shifting costs and regional planning responsibility to local level.
- Not yet, trialling INI and referral protocols in pilot project
- General comment - PCP does not seem to have had any effect. Have been involved with small projects such as INI, but haven't seen any change.
- Expect to be simplified more in future as introduce INI: time more, but less repetition
- Share more information between providers now - assists in assessment
- PCP very adhoc at moment. Some (agencies) are picking up the INI
- Benefits yet to be felt. Expect service coordination to be more time consuming.
- Overall comment is that it is hard to be positive about PCP. Shire B is a small Council and PCP has imposed a huge workload. There are limited benefits and it has stifled other initiatives. It is a new system on top of other systems.
- Not a lot on the ground yet
- Little impact on assessment as yet, but expect it will when we attend training and use tools, early 2003
- Developing an IT solution for region through PCP
- Seen improvement last 6 months
- Best practice already in place

- Potential for improvement here from the work we are doing
- A strength of PCP - facilitated cooperative relationships between agencies.
- Colocation of HACC/ACAS services - PCP initiative
- Improved information sharing and smoothed pathways between agencies - got to know each other better.
- Different agencies are part of PCP, good for communication and undoing the protective stance brought about by CCT
- Coordination has always been very good - no effect from PCP
- PCP brought players together. Better understanding of what's out there and what's available.
- Use INI and referral protocol, takes more time but better, more comprehensive information available. Has reduced assessment time, less repetition is better for clients
- Networking better, better informed re services available, requirements
- Still not getting referrals from GPs, increased number from medical services
- Greater awareness of other providers. Electronic referral system
- \$45m invested for no outcome so far. Will implement and support INI but will it have same experience as CIARR where not everyone picked it up?
- Undoing of the impact of the previous CCT days - wider and preventative view of the service network now
- Specific projects: comprehensive assessment tool, INI, forms re referral and feedback
- Large number of meetings. Nothing is flowing to grass roots. Confusion remains about where clients go for services. No flow on benefits to clients.

Table Q32 Do you expect the establishment of the PCP to have more impact in the next 12 months

Council type	Yes	% Yes	Responses
Inner metro	15	88	17
Outer metro	11	92	12
Regional City	9	90	10
Large Shire	12	86	14
Small Shire	9	60	15
Victoria	56	82	68

Recent changes and problems

Table Q33 Have you made significant changes to assessment practice in the past 2 years

Council type	Yes	% Yes	Responses
Inner metro	15	83	18
Outer metro	12	100	12
Regional City	8	80	10
Large Shire	11	79	14
Small Shire	10	59	17
Victoria	56	79	71

Q33 Qualitative data

- Expanded POA tool and tightened to prevent budget blow out. Expanded role of A.O. to include supervision and support of carers and rostering staff. Divided into 4 geographical area - allocated hours to each pod (team).
- Introduction of OH&S officer. Introduced 5 geographically based teams and multi-skilled Assess staff. All now have Cert 4 in Disability.
- Introduction of intake worker - diverts to appropriate services early where needed. Use of laptops for HV, enter data directly to HACC system - good client acceptance, not a need be a barrier if well trained and skilled. Not compulsory if client's preference. OH&S - lighter laptops
- Reintegration of service system after CCT (assessment, service planning back to one team). Portfolio areas for team members (e.g. OH&S, respite, brokerage, private care provision). Disability project worker -accessibility. OH&S environment checklist tool, WorkSafe model for assessment staff
- Strengthened priority of access and introduced a priority of access assessment tool. Referral systems strengthened
- Introduction of intake worker - diverts to appropriate services early where needed. Use of laptops for HV, enter data directly to HACC system - good client acceptance, not a need be a barrier if well trained and skilled. Not compulsory if client's preference. OH&S - lighter laptops
- Workplace redesign - have 90 CACP packages. Integrated model. New positions responsible for CACP and HACC assess + staff management + case mgmt - seamless service. 2. One stop shop approach. 3. Inc staff competency plus career path.
- Increased size of assessment team at Council cost. Improved salary conditions. Established intake position. Routinely review all priority 1 and 2 clients. Established bimonthly review of all clients. Improved separate OH&S checklist for client environment
- Divided service into geographical teams. Advantages - inc consistency of staffing for clients, decreased costs as less travel, rostering and assessment staff have better relationship with clients and other service providers.
- Established intake officer who makes appointments and inputs client data, freeing up more time for A.O to do assessments.
- Work more closely to HACC guidelines. Include OH&S issues in assessment.

<p>Increased time allocated to rural assessments on properties</p> <ul style="list-style-type: none"> • Developed more refined questions for intake, got better information more quickly. Negative response to introducing phone reviews by clients, but rely on direct care staff input (save travel time) • Enabled experienced home care staff to attend training for Assessment and Care Management, and use then 1 day per week each

Changes planned in next year

Table Q34 Changes to assessment planned in next 12 months

Council type	Yes	% Yes	Responses
Inner metro	16	94	17
Outer metro	11	92	12
Regional City	9	90	10
Large Shire	11	85	13
Small Shire	14	82	17
Victoria	61	88	69

Table Q 34.1 Changes expected (numbers)

Council type	IT / record-keeping	Organisation of team	Content of formal assessment	Other	Responses
Inner metro	14	7	10	11	17
Outer metro	11	4	5	4	12
Regional City	5	6	2	4	10
Large Shire	8	8	4	5	13
Small Shire	13	8	7	0	17
Victoria	51	33	28	24	69

Table Q 34.2 Changes expected (percentage)

Council type	IT / record-keeping	Organisation of team	Content of formal assessment	Other	Responses
Inner metro	82	41	59	65	17
Outer metro	92	33	42	33	12
Regional City	50	60	20	40	10
Large Shire	62	62	31	38	13
Small Shire	76	47	41	0	17
Victoria	74	48	41	35	69

Q34 Qualitative Data - comments on resource Implications

- Can do this within available resources, but still do not have face to face reviews
- Need increased staff resources, either for assessment or for administrative support. IT support and software. Council already makes substantial contribution (\$128k) above the grant provided (\$52K)
- Need DHS to fund software providers for modules to link INI and existing packages. Resources needed to ensure agencies can communicate electronically - not well regarded in this area - past negative experience with poor IT systems
- More \$ especially for transport costs. Technology failings eg no mobile phone coverage in many areas.
- Extra A.O. position. Change to electronic data collection with introduction of service coordination tool. More office space.
- Cost of upgrading IT system to include INI information (\$7k+), use of laptops to reduce re-entry and photocopying of INI for clients. Need at least 1 more f/t assessment officer
- Plan to introduce lap tops/palm held for assessment staff (capital cost). Need link software to provide data directly to existing systems (cost and training). Plan to utilise freed up resources to add to face to face assessment and review capacity
- High need clients require significant amount of care coordination. Additional assessment \$ required to deliver highest quality of care and coordination.
- Time involved by staff in retraining. Training for assessment staff using the VUT assessment module developed
- Need more staff to provide dedicated intake person, increase assessment and review capacity
- Increased office space, more good A.O. staff, \$ for IT technology improvements.

Table Q35 Greatest problems confronting your HACC assessment role, now/ near future (numbers)

Council type	Resources	Volume of persons requiring assessment	Staffing (availability / training / quality)	Organisation – internal (IT / forms / procedures)	Ensuring access and equity	Coordination – external	Other	Responses
Inner metro	15	13	11	9	9	7	7	16
Outer metro	11	11	7	7	5	4	3	12
Regional City	8	7	5	4	1	2	3	9
Large Shire	13	11	10	7	6	1	2	14
Small Shire	16	11	10	10	4	4	2	17
Victoria	63	53	43	37	25	18	17	68

Table Q 35.1 Greatest problems confronting your HACC assessment role, now/ near future (percent)

Council type	Resources	Volume of persons requiring assessment	Staffing (availability / training / quality)	Organisation – internal (IT / forms / procedures)	Ensuring access and equity	Coordination – external	Other	Responses
Inner metro	94	81	69	56	56	44	44	16
Outer metro	92	92	58	58	42	33	25	12
Regional City	89	78	56	44	11	22	33	9
Large Shire	93	79	71	50	43	7	14	14
Small Shire	94	65	59	59	24	24	12	17
Victoria	93	78	63	54	37	26	25	68

Q35 Qualitative data - Other issues

- Increased workload with personal care assessments not now done by RDNS - significant impact on capacity
- Burn out!
- Volume of work to be done, resources and staffing are the major problems
- Hours available for assessment and reviews
- Backfill for staff being trained
- Shortage of direct care staff, which impacts on the ability to provide the required services as determined by the assessment
- Telephone assessment are done for DVA by Rally Health (Private arm of RDNS). Do not include OH&S assess. Are 25% of client base. Time consuming and costly for A.O.s to then go out and do OH&S assessment in home.
- A.O.s are becoming more involved in case management because of packages. Is not part of their role.
- Case managers of CACPs usually manage around 30 high need complex clients. HACC A.O.s manage on average of 400 clients. Estimate that 10% of HACC clients are at CACPS level of case management. The aged care \$ presents as the haves and have nots in direct care services and care coordination. A large proportion of CACPs clients are over managed and under serviced. Suggest that when a client is assessed as being at a CACPs level of care and has a current 2624, the \$\$\$ should follow the client.
- Change to the external environment of aged and disability care services - introduction of packages and Federal-State policies and resourcing levels
- Providing a significant amount of case management for clients not on CACPs/ Linkages programs
- The levels of accountability and requests for information
- Need common HACC assessment training course
- Need more accurate sharing of info from hospitals and GPs.
- Need better coordination with acute services re discharge planning
- Low status of HACC. People with qualifications don't want to work in it - better money elsewhere. HACC seen as just a cleaning service - poor relation to brokerage agencies.
- Rural isolation - cannot always find home care workers to provide services to clients assessed as eligible.
- OH&S. 2. Community expectations are changing - move away from new facilities to people services. People moving into area have higher expectations about what the Council should do for them. 3. Litigation due to inadequate documentation.
- Distance between clients.
- In addition new hardware and software is required with limited or no funding from government
- Difference between DVA and HACC software systems - need to standardise so can use INI and reduce costs

Appendix B

Responses from non Local Government Agencies

For easy reference, the table numbering in this Appendix relates to question numbers in the Assessment and Care Management Survey. The Survey is included in the main Report as Attachment 3. Some questions where respondents were unable to provide reliable responses these questions have been omitted from this Appendix.

A Assessment

Table Q1 Number of people referred to service between July-01 and June-02

Service type	Maximum	Minimum	Average	Median	Responses
Victoria LG	4,042	60	921	681	68
Total non-LG	5,308	30	924	432	18

Table Q2 Number of clients assessed July-01 to June-02

Service type	Maximum	Minimum	Average	Median	Responses
Victoria LG	2,841	48	756	515	69
Total non-LG	2,128	26	550	369	17

Table Q3.1 Percentage of assessed clients who subsequently received HACC (including Linkages, RDNS)

Service type	Maximum	Minimum	Average	Responses
Victorian LG	100	26	83	56
Total non-LG	100	3	67	18

Table Q3.2 Percentage of assessed clients who subsequently received CACPs

Service type	Maximum	Minimum	Average	Responses
Victorian LG	15	0	3	56
Total non-LG	30	0	6	18

Table Q3.3 Percentage of assessed clients who subsequently received DVA

Service type	Maximum	Minimum	Average	Responses
Victorian LG	25	0	5	56
Total non-LG	20	0	6	18

Table Q3.4 Percentage of assessed clients who subsequently received Post-Acute Care

Service type	Maximum	Minimum	Average	Responses
Victorian LG	15	0	3	13
Total non-LG	21	0	7	18

3.5 Percentage of assessed clients who subsequently received Private services

Service type	Maximum	Minimum	Average	Responses
Victorian LG	10	0	1	56
Total non-LG	60	0	5	17

3.6 Percentage of assessed clients who subsequently received 'Other' services

Service type	Maximum	Minimum	Average	Responses
Victorian LG	53	0	2	56
Total non-LG	93	0	15	16

5 Type of assessments undertaken by agencies

Service type	Service specific	Comprehensive	Specialist	Responses
Victorian LG (% of assessments)	59.7	39.1	1.1	67
non-LG (N of agencies)	10	13	6	17

5.1 Comprehensive assessments as a proportion of agencies' total assessments

Service type	<25%	25% - 49%	50% - 74%	75% - 90%	91% - 100%	Total	% agency type responding
Victorian LG	15	8	3	7	14	47	70
Vic LG %	32%	17%	6%	15%	30%	100%	
Total non-LG	8	1	1	1	6	17	89
Vic non-LG %	47%	6%	6%	6%	35%	100%	

5.2 Specialist assessments as a proportion of agencies' total assessments

Service type	<25%	25% - 49%	50% - 74%	75% - 90%	91% - 100%	Total	% agency type responding
Victorian LG	65	2				67	91
Vic LG %	97%	3%				100%	
Total non-LG	13	0	0	0	2	15	79
Vic non-LG %	87%	0%	0%	0%	13%	100%	

5.3 Service specific assessments as a proportion of agencies' total assessments

Service type	<25%	25% - 49%	50% - 74%	75% - 90%	91% - 100%	Total	% agency type responding
Victorian LG	21	3	7	15	21	67	91
Vic LG %	31%	4%	10%	22%	31%	100%	
Total non-LG	8	0	2	0	6	16	84
Vic non-LG %	50%	0%	12%	0%	38%	100%	

7 Number of agencies using the INI at time of survey

Service type	Using	% Yes	Not using	Intro. INI within 12 months	% to use INI in 12 months	Responses
Victoria LG	23	32%	49	44	93%	72
Total non-LG	4	21%	15	15	100%	19

7.2 If not using INI, usage of the CIARR or other instrument in the past year

Service type	Use CIARR	% CIARR	Other instrument	% Other	Responses
Victoria LG	46	94%	23	47%	49
non-LG	11	73%	9	60%	15

7.3 Use of CIARR and/or other screening, intake or referral instruments in previous year

Service type	CIARR only	CIARR & own	Own only	None	Responses
Victoria LG	25	21	2	1	49
Victoria LG %	51%	43%	4%	2%	100%
non-LG	4	7	2	0	13
non-LG %	31%	54%	15%	0%	100%

8 Assessment tools used by agencies

Service type	Barthel	MMSE	An ADL instrument	An IADL instrument	Other(s)	Responses
Victoria LG	2	2	7	2	23	36
Vic LG %	6%	6%	19%	6%	64%	
non-LG	1	2	13	4	8	18
non-LG %	6%	11%	72%	22%	44%	

9.1 Clients discharged from hospital - average time between accepting a referral and being assessed in the home

Service type	Within 24 hours	2 – 3 working days	4 – 5 working days	6 – 10 working days	More days	Responses
Victoria LG	10	44	11	3	2	70
Vic LG %	14%	63%	16%	4%	3%	
Total non-LG	5	4	5	1	1	16
Total non-LG %	31%	25%	31%	6.5%	6.5%	

9.2 Other referrals - average time between accepting a referral and assessing in the home

Service type	Within 24 hours	2 – 3 working days	4 – 5 working days	6 – 10 working days	More days	Responses
Victoria LG	1	33	24	7	0	71
Vic LG %	1%	46%	34%	10%	0%	
non-LG	2	7	2	3	2	16
non-LG %	12.3%	44%	12.3%	19%	12.3%	

10 Average time (in minutes) spent on total assessment

Service type	Maximum	Minimum	Average	Median	Responses
Victoria LG	390	60	178.0	170	71
non-LG	360	90	211*	175	18

10.1 Time for intake/ screening

Service type	Maximum	Minimum	Average	Median	Responses
Victoria LG	60	0	19	15	69
Total non-LG	120	0	33	30	19

10.2 Time for face-to-face assessment

Service type	Maximum	Minimum	Average	Median	Responses
Victoria LG	120	45	74	60	71
Total non-LG	120	5	73	80	19

10.3 Time for other activities related to specific clients

Service type	Maximum	Minimum	Average	Median	Responses
Victoria LG	270	0	90.8	90	67
Total non-LG	270	0	98*	90	18

*One of the agencies is a specialised service that accounted for the majority of the time reported as spent on other activities related to specific client needs. The inclusion of this agency skewed the results for the overall time spent by all agencies on both other activities (by 50%) and overall assessment (by 20%). Therefore, this agency was excluded from the calculations in Tables 10 and 10.3.

B Criteria for targeting, measuring need and priority

11.1 Use of explicit criteria for assigning priority to clients - levels of need

Service type	Yes	% Yes	Responses
Victoria LG	58	81%	72
Total non-LG	14	74%	19

11.3 Use of other criteria to assign priority to clients

Service type	Yes	% Yes	Responses
Victoria LG	19	37%	52
Total non-LG	10	71%	14

12 Number of clients assessed as needing service exceed service availability

Service type	Yes	% Yes	Responses
Victoria LG	47	65%	72
Total non-LG	17	89%	19

12.1 For those responding yes, factors taken into account in deciding allocation of service

Service type	Client's social situation / carer available	Urgency of providing services	Alternative services available to the client	Amount of care a client will need	Client's financial resources	Length of time services are likely to be needed	Source of the referral	Responses
Victoria LG	41	38	32	29	15	12	7	47
LG % Yes	87%	81%	68%	62%	32%	26%	15%	
non-LG	14	15	14	11	2	6	5	17
non-LG % Yes	82%	88%	82%	65%	12%	35%	29%	

13 Number and Proportion of services that set limits on service provided to clients

Service type	Yes	% Yes	Responses
Victoria LG	51	72%	71
Total non-LG	12	63%	19

C Review procedures

14 Number of clients that were reviewed between July-01 and June-02

Service type	Maximum	Minimum	Average	Median	Responses
Victoria LG	2,086	30	519	404	60
Total non-LG	1070	32	252	80	8

15 Review/ reassessment of clients' continuing need for service

Service type	Routinely	% Routinely	As needed	% as needed	Number of responses
Victoria LG	36	51%	69	97%	71
Total non-LG	13	77%	13	77%	17

16 Percentage of clients for whom the service sets a review date at assessment

Service type	< 25%	25-49%	50-74%	75-90%	91-100%	Responses
Victoria LG	5	1	1	5	58	70
Total non-LG	1	2	1	0	11	15

17 Percentage of set dates that are met

Service type	< 25%	25-49%	50-74%	75-90%	91-100%	Responses
Victoria LG	20	14	14	9	9	66
Total non-LG	3	0	4	2	5	14

18 Criteria taken into account by agencies reviewing clients on an "as needed" basis,

Service type	Health status	Client or family request	High client need	Carer situation	Living alone	High care being provided	Involves 2+ services, complex management	Able to adjust future care level	Responses
Victoria LG	58	54	48	41	34	28	25	15	68
LG % "Yes"	85%	79%	71%	60%	50%	41%	37%	22%	
non-LG	11	8	9	8	6	5	6	3	14
non-LG % "Yes"	79%	57%	64%	57%	43%	36%	43%	21%	

19 Time that normally elapses before a review is undertaken

Service type	1 month	3 months	6 months	12 months	Other	Responses
Victoria LG	1	2	5	26	37	71
Vic LG %	1%	3%	7%	37%	52%	100%
non-LG	2	9	3	1	3	18
% non-LG	11%	50%	17%	5%	17%	100%

20 Proportion of those reviewed in the past 12 months that had care changed (averages for service types)

Service type	Discontinued	Reduced	Stayed same	Increased	Responses
Victoria LG	4.4%	8.0%	66.1%	21.4%	55
Rural non-LG	10%	20%	56%	15%	5
Metro non-LG	11%	5%	55%	33%	6
Total non-LG	11%	9%	56%	24%	100%

D Assessment team**22.1 Staff directly involved in Intake (No of persons)**

Service type	Maximum	Minimum	Average	Responses
Victoria LG	24	0	3.8	70
Total non-LG	13	0	3.8	17

22.2 Staff directly involved in Assessment (Number of persons)

Service type	Maximum	Minimum	Average	Responses
Victoria LG	20	1	3.8	71
Total non-LG	60*	1	5.4	15

*Rural: The rural and total averages in Tables 23 and 24 exclude one provider (District Nursing) that does not have any dedicated assessment staff. They nominated all nurses (60) as being directly involved in assessment.

23 Staff dedicated to assessment only (No of persons)

Service type	Maximum	Minimum	Average	Responses
Victoria LG	8	0	1.8	70
Total non-LG	17	1	4.4	11

24 Number of EFTs allocated to assessment

Service type	Maximum	Minimum	Average	Responses
Victoria LG	8.0	0.2	2.2	71
Total non-LG	11.5	0.2	5.5	16

25 Formal Qualifications of assessment staff

Qualification	Non LG	Non LG %	LG	LG %
Nursing	57	64%	78	28.2%
Welfare / social studies	4	4%	52	18.8%
Social work	8	9%	46	16.6%
Disability studies	4	4%	24	8.7%
Allied health	15	17%	14	5.1%
Social science	1	1%	13	4.7%
HACC Assessment	0	0%	3	1.1%
Aged Care Certificate 4	0	0%	2	0.7%
Teaching	0	0%	2	0.7%
Office Management	0	0%	2	0.7%
Psychology	0	0%	1	0.4%
OH&S	0	0%	1	0.4%
Physical Sciences	0	0%	1	0.4%
Early Childhood Development	0	0%	1	0.4%
Occupational Therapy	0	0%	1	0.4%
Number qualified	89	100%	267	96.4%
No qualifications	0	0	10	3.6%
Total	89	100%	277	100%

E Arrangements with other service providers

27.1 Number of services that have assessments undertaken by other agencies

Service type	Yes	% Yes	Responses
Victoria LG	31	44%	71
Total non-LG	5	29%	17

27.1.1 Number of assessments made by other agencies per year

Service type	Maximum	Minimum	Average	Sum	Responses
Victoria LG	280	6	74.3	1411	25
Total non-LG	25	5	12	36	3

27.1.2 Type of assessment undertaken by other agencies

Service type	Service specific	Comprehensive	Specialist	Comp & Specialist	Responses
Victoria LG	10	7	4	7	31
non-LG	1	3	0	1	5

*1 agency provided all three types of assessment

27.2 Number of services that undertake assessments for other agencies

Service type	Yes	% Yes	Responses
Victoria LG	27	38%	71
Total non-LG	11	58%	19

27.2.1 Number of assessments undertaken for others per year

Service type	Maximum	Minimum	Average	Sum	Responses
Victoria LG	300	6	64.1	1026	16
Total non-LG	391	3	79	474	6

27.2.2 Type of assessment undertaken for others

Service type	Service specific	Comprehensive	Comp & Specialist	Service specific & specialist	Specialist	Responses
Victoria LG	14	3	4	0	2	27
non-LG	5	1	0	1	3	10

28 Clients re-assessed on presentation

Service type	<25%	25% - 49%	50% - 74%	75% - 90%	91% - 100%	Total
Victorian LG	10	1	3	6	43	63
Vic LG %	16%	2%	5%	10%	68%	100%
non-LG	3	0	1	2	12	18
non-LG %	17%	0%	5%	11%	67%	100%

29 Reason given for reassessment

Service type	Total Non-LG	Non-LG %	Victorian LG	LG %
OH&S	11	58%	60	98%
Eligibility and priority of need	12	63%	51	84%
Domestic care requirements	0	0%	50	82%
Personal care requirements	2	11%	45	74%
Nutrition	0	0%	38	62%
Review needs, specific requirements, data	7	37%	12	20%
Respite	0	0%	7	12%
Transport	0	0%	7	12%
HM	0	0%	5	8%
Social support	2	11%	4	7%

Service type	Total Non-LG	Non-LG %	Victorian LG	LG %
PAG	0	0%	4	7%
Fees	0	0%	2	3%
Safety	1	5%	2	3%
Alarms	1	5%	2	3%
Establish contact	0	0%	1	2%

31.1 Number of services that have found PCPs to simplify access for clients

Service type	Yes	% Yes	Responses
Victoria LG	6	9%	70
non-LG	3	23%	13

31.2 Number of services that have found PCPs to reduce workload

Service type	Yes	% Yes	Responses
Victoria LG	0	0%	70
non-LG	0	0%	15

31.3 Number of services that have found PCPs to impact on coordination between HACC-funded agencies

Service type	Yes	% Yes	Responses
Victoria LG	31	44%	70
non-LG	6	40%	15

31.4 Number of services that have found PCPs to impact on referrals within the network

Service type	Yes	% Yes	Responses
Victoria LG	27	39%	69
non-LG	6	38%	16

32 Number of services that expect PCPs to have more impacts in the next 12 months

Service type	Yes	% Yes	Responses
Victoria LG	56	82%	68
Total non-LG	16	89%	18

F Recent changes and problems

33 Number of services that have made changes to assessment practice in the past 2 years, separate to INI

Service type	Yes	% Yes	Responses
Victoria LG	56	79%	71
Total non-LG	9	50%	18

34 Number of services that have planned changes to assessment in the next 12 months

Service type	Yes	% Yes	Responses
Victoria LG	6	9%	70
Total non-LG	15	83%	18

34.1 Expected changes (numbers)

Service type	IT/Record Keeping	Organisation of team	Content of formal assessment	Other	Responses
Victoria LG	51	33	28	24	69
Total non-LG	10	7	4	1	15

34.2 Expected changes (percentage)

Service type	IT/Record Keeping	Organisation of team	Content of formal assessment	Other	Responses
Victoria LG	74%	48%	41%	35%	69
Total non-LG	67%	47%	27%	7%	15

35 Greatest problems confronted by the HACC assessment officers' roles, now and in the near future (numbers)

Service type	Resources	Volume of persons requiring assessment	Staffing (availability/training/quality)	Organisation – Internal (IT/forms/procedures)	Ensuring access and equity	Coordination - external	Other	Responses
Victoria LG	63	53	43	37	25	18	17	68
Total non-LG	14	12	11	7	8	2	0	18

36 Greatest problems confronted by the HACC assessment officers' roles, now and in the near future (percentage)

Service type	Resources	Volume of persons requiring assessment	Staffing (availability/training/quality)	Organisation – Internal (IT/forms/procedures)	Ensuring access and equity	Coordination - external	Other	Responses
Victoria LG	93%	78%	63%	54%	37%	26%	25%	68
Total non-LG	78%	67%	61%	39%	44%	11%	0%	18