

FAQs on HACC minimum data set v2 and SCTT 2006

DHS Victoria, November 2007

HACC MDS feedback and the Funded Agency Channel

1. Where do I send my HACC data?

Send an email (with the data attached) to haccmds.data@dhs.vic.gov.au

2. How do I know when my HACC data has been received?

Once the DHS HACC data mailbox receives an email, it automatically replies with an acknowledgement. This tells you that the email has been received.

(Note: This acknowledgement does **not** mean that your files have been processed or validated. In fact, even if you have forgotten to attach your data files, your email will be acknowledged.)

3. How do I know the data is okay?

When the repository processes the data file, it sends another email showing the submission log. This tells you how many records were fully accepted, and how many were accepted with warnings.

When any agency's data (or rather, each outlet's data) has been validated and accepted, its client records are added to the overall HACC database for this particular HACC collection period. A copy of the total database is then uploaded onto the DHS Funded Agency Channel. This Web site is refreshed daily during the data collection period.

4. My MDS transmission has been rejected because of duplicate client records. What can I do?

If your transmission contains two or more records with the same statistical linkage key (SLK), the data repository will reject these records. A HACC client record should be uniquely defined by its SLK (that is, a string comprising certain letters of name, date of birth and sex code). You will need to investigate why there are duplicate records with the same SLK.

- It may simply be that a client record has been duplicated in error. If so, you can consolidate the information into one record and delete the other, then create a new report for submission.
- If you have other reasons for duplicating a client record and wish to retain the originals on your system, then you will need to modify the MDS report. After running the HACC MDS extract, consolidate the data into one record, delete the second and adjust the client count in the Header Record accordingly. Do not open or save the file in Excel, because this will modify the file format, and the file will be rejected. To view the file while ensuring that the correct MDS format is retained, you can open the file in either WordPad or Notepad. You may also need to refer to the HACC MDS file template to assist in identifying the position of data items. Refer to the HACC MDS Guidelines to assist with coding or format.

The HACC Data Helpdesk can provide further information.

5. What can I see on the Funded Agency Channel?

You will see a processed version of the data you sent us. The FAC is now an essential link in the HACC data collection and feedback loop. Once an agency's HACC MDS file has been received by the Department, it is processed by the data repository. An extract from the individual agency's data is then posted on the FAC, consisting of about 20 reports. An agency should be able to view their reports within 2 days of their data being accepted.

6. Who can get free access to the FAC?

Every HACC service provider can get registered to see its own data. All DHS regional staff can get registered to view the data for all HACC service providers.

7. How do I register with the FAC?

Visit the Web site at <https://fac.dhs.vic.gov.au/> and obtain your own username and password. Or contact the FAC helpdesk on (03) 9096 2742, or send an email to fac@dhs.vic.gov.au.

Non-DHS staff will need to state the desired level of access, financial or non-financial, as authorised by their CEO or equivalent.

8. I don't fully understand the FAC report 'HACC 19'. Where can I go for help?

Firstly, refer to the footnotes at the foot of the table. For further information, please contact the HACC Data Helpdesk (03) 9096 7255. If the targets look wrong, please discuss them with your DHS regional HACC contact.

9. When an agency is providing both HACC Linkages packages and mainstream HACC services, how does the agency monitor the performance targets in its service agreement?

If your agency is funded to provide Linkages packages, you should report services given to Linkages clients by choosing the activities from the normal range of HACC activity types (Personal Care, Meals, etc.). If your agency also provides services to non-Linkages HACC clients, it may not be possible to distinguish the Linkages clients from the rest in your HACC MDS transmission. In FAC HACC Report 19, it will appear that you have exceeded your targets for some or all activities, because these targets do not include the expected contribution from the Linkages packages.

If you are funded for FSR or SSR and are using these funds to provide direct services for HACC clients, then you should report using whichever of the standard HACC activity types is the best match. For example, if FSR money is used to provide HACC personal care, or to top up other HACC funds for personal care, or to provide an innovative service that can best be described as personal care—then Personal Care is the category to use in the MDS.

Client software—common problems

Note that the HACC Data Help Desk cannot usually offer technical advice about any HACC data collection systems except for the DHS HACC E-form. People using other systems should contact their suppliers.

The HACC E-Form

The HACC data helpdesk regularly handles calls from E-form users having difficulties with such matters as passwords, data entry, and how to email the csv file to the department.

A common presenting problem is that the HACC outlet is no longer able to access their E-form. This problem is generally caused by the fact that the outlet has been moved to a networked computer environment as part of the parent agency's IT upgrade.

10. Why is a networked PC a problem for the E-Form?

The E-form was **not designed** to operate in a network environment. It was designed for use on a stand-alone computer. It is intended to be mainly used by agencies with relatively small numbers of clients, and without their own IT systems.

Generally, a networked PC has been set up according to a certain IT structure and regulations. These structures or regulations could contravene the set-up rules for the E-form. For example, the E-form has been designed to be located on the C:\ drive of the computer, whereas in a network environment, all databases tend to be assigned to the F:\ drive.

Some network environments restrict people from loading external applications. This will affect the use of the E-form.

Most networks have a security system. This may impact on the accessibility of the E-form in terms of password, etc.

12. What advice can we offer an E-Form user thinking of networking their computers?

The agency needs to be aware that the HACC data helpdesk will not be able to provide technical support to any E-form users who have networked their application. (Obviously we will still offer full support on questions of interpreting the HACC MDS, etc.)

Any agency using the E-Form and contemplating an overhaul to its IM/IT systems should be encouraged to **consider an alternative to the E-Form**. The agency could purchase one of the several proprietary HACC software products, or investigate the two DHS-sponsored systems (CRISSP and Health Smart).

13. Is it possible in practice to run the E-Form in a networked environment?

Yes, we are aware of several agencies who have successfully set up the HACC E-Form to operate in a networked environment. This is largely because of the skilled IT support provided within the agency. We would therefore recommend that the HACC service outlet should know what they are doing and have their own IT support in case of problems.

The QDC system

14. Our agency is jointly funded by the HACC and Disability Services programs. Are we obliged to use the QDC system in order to report the HACC MDS?

No, there has never been a requirement to report the HACC MDS via the QDC. You should be aware that the QDC is being subsumed in the CRISSP system during 2007–08. Meanwhile, if you are using QDC to report the HACC MDS, keep doing so.

Reporting Veteran Affairs (DVA) clients

15. When are clients with DVA pensions reported on the HACC MDS?

You need to distinguish two situations:

- Does your agency receive DVA funds from DHS Victoria to support HACC service delivery? Check the service agreement for DVA specific targets.

- Does your agency have a direct agreement with DVA to provide community care services? If so, this is not HACC Program funding. You should *not* count these clients in your HACC MDS reports to DHS. Only the DVA HACC outputs should be reported in the MDS. From July 2007, DVA targets will be included in the HACC reports.

Make sure that the MDS item 'Government Pension/Benefit Status' is completed for **all** HACC clients. This will indicate whether a particular client holds a DVA entitlement card.

HACC MDS counting rules

1. What is the correct method for rounding up hours and minutes?

The rule is: When calculating the 3-monthly total hours for any client, round it up to the nearest whole hour. For example, if a client actually received 10 hours and 20 minutes of Domestic Assistance during the quarter, report it as 11 hours.

The separate entries during the quarter should be accurate to five minutes or better (e.g. 1 hour 20 minutes on Tuesday 1st, 2 hours 15 minutes on Tuesday 8th, etc.).

Check with your software provider to ensure that the rounding up is happening *at the end of the quarter* and not for each service episode. Check your data against the DHS Funded Agency Channel's HACC Report 19 called 'Quarterly Outputs Compared to Targets'.

2. How should group activities be recorded on the MDS?

Group activities are recorded in the same way as a one-to-one service. For example, if 6 clients attended a 4-hour Planned Activity Group session, you should record 4 hours of PAG against each of the 6 clients.

Groups receiving a service funded as **HACC Allied Health** should also be counted in this way – that is, the individual members of the group should each have a HACC record.

3. How should Domestic Assistance (Home Care) be recorded when more than 1 client lives in the household?

If a household comprising a couple (both HACC clients) received 1 hour of Domestic Assistance then you can record it as either 30 minutes each or 60 minutes for one. It is important not to double count. Domestic Assistance and Property Maintenance are the only service types for which this counting rule applies.

Collecting client functional status (dependency)

4. Do all HACC agencies collect the Functional Status data?

No. Not all HACC agencies are required to collect this data. Only HACC assessment agencies, local governments, allied health agencies, nursing agencies and Linkages providers will collect this data.

5. When should the functional status data be collected?

This information should be collected at assessment. It should be collected by assessment officers, usually in the client's home. If the person is receiving an allied health service, the assessment could be done in a centre. The information is **not** collected at intake by intake workers. DHS will be issuing more guidelines on 'Living at Home' assessments during 2008.

6. Is it okay if these items are incomplete?

Yes, incomplete data is acceptable. Your agency may need to collect this information over a period of time as assessment officers develop a relationship with the client. It would be helpful if your software provided gentle warnings each quarter to alert you to incomplete data.

7. When a client's functional status changes, should the previous record be kept?

Yes. In your software, the client's functional status record should have a SAVE or UPDATE function that will allow you to update the record. You should be able to save the new data without losing the previous information about the person's functional status. Previous records should be easily viewed in order to see trends, improvement, decline etc.

8. What does Date of Last Update refer to?

It is the date on which the client's Functional Status was most recently assessed or reviewed. If you have done a re-assessment but found no change to the scores, you should still supply a new Date of Last Update.

It should also be updated when there was a significant change to the caregiving arrangements, such as a different carer. It should **not** be used to record minor administrative changes to the client record.

Collecting the additional items about Carers

9. The MDS v2 has several new items about carers. Must they all be collected?

It is **not** necessary to collect all the additional carer items at once. If the service is going to a care recipient such as an older person living alone, your agency may not have much information about the carer. If so, you should plan to record the additional data as opportunity arises in the course of further contact with the client, such as during assessment and review.

If you only learn about the carer after you have started providing services, it's important to remember to report the carer's existence in the Carer Availability item, as well as providing any other information you have.

10. What if my agency knows about the carer but does not have the care recipient's details?

Some agencies deal mainly with carers, providing respite or other support services. These agencies will probably already have the additional data items for the HACC MDS, such as name, date of birth, and country of birth.

If your agency is in this situation, but you do not have complete information about the care recipient's name and date of birth, you should use the carer's letters of name, date of birth and sex instead of the care recipient's, and then choose code '3 – Carer SLK information has replaced missing Client SLK' in the 'Statistical Linkage Key Missing' flag.

Since incomplete data is acceptable for some items, your client management system should not generate critical warnings or error messages for these additional carer items.

These additional carer items are **not** required for a referral via the SCTT template. Therefore they should not automatically populate a referral form unless consent has been given.

11. What if I know there is a carer but I don't know their name, date of birth or sex?

Sometimes you might know that a client has a carer, but you do not know the basic information about them that enables a Statistical Linkage Key to be generated.

In this situation, you can use the care recipient's letters of name, date of birth, and sex to fill in those items for the carer. If you do this, you also need to choose code 4 – 'Client SLK information has replaced missing Carer SLK' in the 'Statistical Linkage Key Missing' Flag.

But remember – if you later find out this information about the carer and enter it in the system, you will need to change the 'Statistical Linkage Key Missing' flag to 2 – "Both Client SLK and Carer SLK are correct."

Reporting HACC assessments, case management, care coordination

12. How should client assessments be reported on the MDS?

If your DHS service agreement includes funds for HACC Assessment and Care Management, and if you have carried out a *broad needs-based assessment* of the client, the time spent should be reported under the MDS name of Assessment.

If you are *not* funded for Assessment and Care Management but you undertook a *service-specific assessment* (for Nursing, Allied Health, or whatever the relevant service type is) then you should record the time spent in assessment under the name of that service type (e.g. nursing, allied health). The time spent doing the service-specific assessment is not recorded separately but counts towards the hours of nursing, domestic assistance, etc., in your agency's Service Agreement with DHS.

If the person merely went through an initial intake and screening process that did not result in a broad needs-based assessment or the commencement of a HACC service, do not report an assessment at all.

13. When is Case Management reported on the MDS?

We would expect to see Case Management reported for all clients who are receiving a Linkages Package. Case Management includes time spent on client assessment, care planning, service coordination and case closure.

Some agencies use their Flexible Service Response funding to undertake case management for clients. If this is your situation you should record it as hours of Case Management.

If you are funded for HACC Assessment and Care Management, you can report the care management component of your activities under the HACC MDS item Client Care Coordination.

Reporting Flexible Service Response (FSR) & Service System Resourcing (SSR).

14. How should we report FSR & SSR funding?

If you are funded for Flexible Service Response (FSR) or Service System Resourcing (SSR) and are using these funds to provide direct services for HACC clients, then you should report using whichever of the standard HACC activity types is the best match. For example, if FSR money is used to provide HACC personal care, or to top up other HACC funds for personal care, or to provide an innovative service that can best be described as personal care—then Personal Care is the category to use in the MDS.

However, if SSR funds are not being used for direct service delivery to clients, then these funds are simply not counted. The MDS is not intended to account for an agency's total HACC funding.

Reporting Meals at Centre

15. We have a lot of casual clients at a centre-based meals program. How do we report to the MDS?

This can be difficult. The MDS was not designed to collect information about casual clients. One method is to create an 'anonymous client record' and enter the total number of meals given to people without a proper client record. Talk to your DHS regional contact.

Reporting Volunteer Coordination

16. How should Volunteer Coordination be reported on the MDS?

It is reported as Volunteer Social Support. You record the length of time the client receives a direct service. For example, if it is a dog walking service, you would count from the time of the volunteer's arrival at the client's home (say 2 pm) to the volunteer's final departure (3 pm). In this example, record 1 hour of Volunteer Social Support. Do not include staff time or the volunteer's time spent in travel to and from the client's home, or attendance at training sessions or administrative tasks.

Since the MDS is not a time-and-motion study, it is enough to ask volunteers to *estimate* the hours of client contact.

17. How can hours of Social Support by volunteers be reconciled with my agency's performance target in the Service Agreement, which is about the Coordinator's paid hours?

It is true that the target does not correspond to the reported outputs for Volunteer Social Support. Nevertheless, the information about hours of service to individual clients is very useful in terms of planning, service development and accountability.

18. We use Volunteer Coordination funding to run a community transport service. How can we report this on the HACC MDS?

Report it as hours of Volunteer Social Support (assuming that the drivers are volunteers). Count the hours or minutes of each trip provided to a HACC client. To do this, you will need to create a client record for each regular passenger, and update it. An *estimate* of the duration of trips for each client during the quarter is sufficient. If all or most of the passengers are casuals, you will need to discuss the problem with your DHS HACC regional contact.

19. Our agency runs a Telelink service. How do we report it?

Report it under Volunteer Social Support. Report the hours of service to each client in the Telelink group. (In your service agreement, the funds will be described as Volunteer Coordination—Other.)

Anonymous client records

20. What is an anonymous client record?

This is a special type of client record. It can be used when the client has refused to allow their data to be forwarded to the Department of Human Services. It can also be used when the service is provided to clients whose identity is unknown (e.g. at a drop-in centre for homeless people).

An anonymous client record is reported as 22222 (for MDS version 2) or 99999 (for version 1) in the "Letters of name" field. Depending on your client management system (the software you are using to report the MDS), the string of 2s or 9s could be automatically generated when you identify the client as anonymous.

If your software does not generate the 2s or 9s automatically in the "Letters of name" field, the way to create an anonymous client record is to put the numbers "22222" (for version 2) or "99999" (for version 1) in the "Letters of name" field.

You need to report anonymous clients so that the hours of service you provide them can be counted. We strongly **discourage** agencies from creating 'anonymous' records just for staff convenience, such as not having fully registered a client or sought the consent of a client. Ensure that your information system does not default to 'non-consent' automatically.

Consent and confidentiality of client data

21. Do we need to obtain the client's consent before including an extract from their data in the HACCC MDS?

As part of client intake, your agency's HACCC clients should be **informed** about the data-collection process and the steps taken to safeguard their data. A client may request that their data be excluded from this process. If so, this client record should be excluded from the quarterly MDS transmission. However, there is no requirement for obtaining a person's formal, signed consent in order for data to be included in the national HACCC MDS.

To inform people, we have suggested that agencies use the following as a **Confidentiality Statement**:

"Please note that [this organisation] is required to pass on some of the information it collects about the people who receive services funded under the Home & Community Care (HACCC) Program [and/or the Aged Care Support for Carers Program, as relevant]. The information will be used for planning purposes, to ensure that resource levels are adequate and that the right services are available to meet demand. Some of the information we obtain from you will be sent to the Victorian Department of Human Services that administers the HACCC program. The Department has adopted information privacy principles and uses strict security measures to prevent unauthorised access to the database. The Department of Human Services will forward this information to the Commonwealth Department of Health and Aged Care for statistical purposes. It cannot be used to affect your entitlements or access to HACCC or other services. You have the right to look at any records about you held by our agency and to request correction of anything which is wrong or out of date. We assure you that no information which could identify you individually (or any family member or friend acting as carer) is forwarded to either State or Commonwealth departments. The limited information that we send is used only in order to improve overall services for all community care clients. Please let us know if you have any queries about this process, or if you do not wish material derived from your record to be included in the information that we normally send to the Department of Human Services."

22. Do we need to obtain the client's consent when filling out the SCTT forms?

Yes, if the SCTT is used for **referrals**. One of the SCTT forms is labelled 'Consumer Consent to Share Information'. As the title suggests, this form must be used if you want to forward the identifying information gathered in the SCTT forms to another service provider. This is because the SCTT forms contain the client's and/or the carer's real name, address and other personal information.

SCTT 2006: Functional Profile and Functional Assessment Summary

23. What are the key changes to SCTT 2006 re HACC data?

The Functional Profile: This has been revised and simplified. The template will be used by a broad range of agencies as a screening tool for detecting a possible need for assistance with domestic care or daily living activities.

Functional Assessment Summary Tool: This is a new tool to be used after a person has had an assessment (usually at home, or in a centre). It is completed after the agency has carried out an assessment. It records a greater depth of information on the person's functional status.

24. Must all HACC agencies fill in the Functional Assessment Summary?

No. The purpose of the form is to convey information to another agency about the level of dependency of a person your agency has assessed. Therefore you should fill in the SCTT Functional Assessment Summary Tool only if:

- your agency is authorised to do these HACC assessments (see above);
- you have actually done an assessment of the client's functional status; and
- you are making a referral.

Agencies funded under certain other DHS programs (such as Aged Care Assessment Services, Disability Services and HARP) will also use this tool.

These data items map to Victoria's HACC MDS Functional Status data items. So the Functional Assessment Summary can be used as a source of data for the HACC MDS version 2.

25. Can the information in the Functional Profile be mapped to the Functional Assessment Summary?

No. A referral to another agency would never contain both templates. You would send one or the other, not both.

Multi-funded agencies

26. Our agency is funded by both the Community Health Program and HACC. How are we expected to report?

Many agencies find that they are in this situation, receiving funds from more than one government program that are essentially pooled and used to pay staff costs, etc.

Assuming that HACC funds, after pooling, are going only to people eligible for HACC services, you could use a formula based on the percentage of HACC funds in the pool. If 50 percent of your program funding is HACC then you could report a random 50 percent of the clients as HACC. Alternatively, you could modify your information management system so that all relevant clients are reported as HACC clients but the hours of HACC service to each client are reduced by, say, 50 percent. The general effect should be to ensure that reported hours of output are consistent with the hours of input described in your HACC service agreement.

HACC Annual Acquittal

27. Will the HACC Annual Data Acquittal Report be continuing?

Yes, an annual data acquittal report will continue to be required. A single total amount collected from client fees should be reported. The 2006-07 version of the Data Acquittal form will be available in August 2007. You should return the form to your agency's DHS regional contact by 30 September 2007.

Reporting Dates

28. What if I am not sure about the client's date of birth (or the carer's)?

If the client or carer don't know their date of birth, you should find out (or estimate) their age and work out the year of birth. Then enter the date as **01/01/Estimated Year of Birth**. You will also need to select 1 "Estimated" on the "Date of Birth Estimate flag".

It is important not to let your computer default this date to 01/01/1900. Even if only a few of these slip through, it can make it look like we have lots of HACC clients in Victoria aged over 100, which is not correct.

It's also important to make sure that you have the year right when you enter any date of birth – so if a client was born in **1938**, make sure your computer does not make this 2038 by default. Otherwise it will look like your client has a negative age! In 2006-07 we had hundreds of clients who seemed to have negative ages.

Finally, if you later find out the correct date of birth, and update your records, don't forget to change the "Date of Birth estimate flag" to 2 – "Not estimated".

29. If I have already scheduled a future date for a client, should I report that?

No. You should only report things that have already happened – you should never report service provision or anything else that has been scheduled but has not yet occurred.

In particular, watch out for the two new dates in version 2: "Date of entry into HACC service episode" and "Date of exit from HACC service episode". You should only report the **actual** dates on which the client started and stopped being a HACC client – not the planned dates.

These dates should **never** be in the future. Sometimes you might also need to check that they don't contradict other information – for example, the "Date of entry into HACC service episode" should be earlier than (or the same as) the "Date of last update".

30. What do I do when someone stops being my agency's client?

When you stop providing services to a client, you should record the "Date of exit from HACC service episode" as the last date of receipt of assistance. You should also report the relevant reason in the 'Main reason for cessation of services' item.

It's important to report *both* the date and the reason. You shouldn't report one without the other.

Reporting Pensions and Benefits

31. *What do I do when my client is on a pension or some other benefit?*

If a care recipient has a pension or benefit, you should check exactly which one before choosing an option for the 'Government Pension/Benefit Status' MDS item. In particular, you should be aware that according to Centrelink, no one under 60 will be on the Aged Pension, and that no one under 16 can be on the Disability Support Pension.

If the care recipient is not on a Pension but the carer is, you do **not** need to report the carer's pension. In this situation, you would choose code 7 – 'No Government pension or benefit'.

Reporting about Language and Interpreters

32. *When do I report that my client needs an interpreter?*

A care recipient may require an interpreter if they prefer to speak a language other than English when arranging or receiving care. If so, you should report this using the 'Need for interpreter' item.

If you record that a care recipient's preferred language is English, you should not report that they need an interpreter. If they need an interpreter, you should report the relevant language using the 'Preferred Language' item.

It is important to ensure that your computer system does not default to recording that the clients needs an interpreter. It would be sensible to include a warning in your computer system letting you know when the record says both that an interpreter is needed and that the preferred language is English. Logically this cannot be true.