

Community Connection Data Collection (HACC MDS v2.01 modification)

This document describes the additional data items that comprise the HACC Minimum Data Set version 2.01. The items are to be used by Victorian agencies funded by the following programs managed by the Aged Care Branch in the Department of Human Services:

- Community Connection
- Housing Support for the Aged
- Older Persons High-Rise Support
- SRS Service Coordination and Support

Department of Human Services, December 2005

Core data elements

The core data elements comprise the items in the HACC MDS Version 2.0 (as modified by DHS Victoria). They are described in the HACC MDS v2 User Guide:

http://www.health.vic.gov.au/hacc/downloads/word/mds2_userguide.doc

Additional data elements

Two data elements describing clients are additional to those in the HACC MDS v2.0: –

Dependent children

Code	Description
0	Not applicable
1	Living with dependent children
2	Not living with dependent children
3	No dependent children
9	Not stated/inadequately described

Source: Based on National Community Services Data Dictionary Version 3 p.182.

Disability type

Code	Description
0	No disability
1	Intellectual disability
2	Physical or sensory
3	Acquired Brain Injury
4	Neurological including dementia
5	Psychiatric
6	Drug and Alcohol
7	Chronic health disorder
8	Other
99	Not stated/inadequately described

Source: Adapted from CSTDA MDS: Primary Disability Group

Reporting this element

Select only one disability type for each client. Where the person has more than one disability, report their *primary* disability.

For psychiatric disability, one would normally expect there to be a confirmed diagnosis.

“Other” (code 8) should only be selected where the person has a disability that is not covered by the listed types. Do not select this to describe issues that are not actually disabilities (for example, social isolation or gambling addiction).

Examples of disability groups

Code	Description	
0	No disability	
1	Intellectual disability	Effects appearing in the developmental period (age 0–18) associated with impairments of mental functions, difficulties in learning and performing certain daily life skills, and limitations of adaptive skills in the context of community environments compared to others of the same age. Includes Down Syndrome, tuberous sclerosis, cri-du-chat syndrome, Autism, Developmental Delay, Specific Learning and Attention Deficit Disorder (ADD).
2	Physical or sensory	Physical: Conditions that are attributable to a physical cause or that impact on the ability to perform physical activities. Includes paraplegia, quadriplegia, muscular dystrophy, motor neurone disease, neuromuscular disorders, cerebral palsy, absence or deformities of limbs, spina bifida, arthritis, back disorders, ataxia, bone formation or degeneration, scoliosis. Deaf-blind: A dual sensory impairment associated with severe restrictions in communication. Vision disability: Encompasses blindness and vision impairment <i>not corrected by glasses or contact lenses</i> . Hearing disability: Encompasses deafness, hearing impairment, hearing loss. Speech disability: Encompasses speech loss, impairment or difficulty in being understood.
3	Acquired Brain Injury	Characteristically, multiple disabilities arising from damage to the brain acquired after birth, resulting in deterioration in cognitive, physical, emotional or independent functioning. Can be a result of an accident, stroke, brain tumour, infection, poisoning, lack of oxygen, degenerative neurological disease, alcohol or substance abuse.
4	Neurological including dementia	Applies to impairments of the nervous system occurring after birth, such as epilepsy, and organic dementias (e.g. Alzheimer’s Disease) and conditions such as multiple sclerosis and Parkinson’s Disease.
5	Psychiatric	Recognisable symptoms and behaviour patterns frequently associated with distress that may impair personal functioning in normal social activity. Includes the typical effects of conditions such as schizophrenia, affective disorders, anxiety disorders, personality disorders, stress, psychosis, depression and adjustment disorders.
6	Drug and Alcohol	Does not include ABI related to alcohol or drug abuse. For this type of ABI select 3 above.
7	Chronic health disorder	For example, diabetes, heart disease, arthritis, cancer, and some respiratory problems.
8	Other	Disabilities not covered by the above groups.
99	Not stated/inadequately described	

Source: QDC Data Guide v1.2

Counting the type of assistance received

Each client record should contain information on the type and quantity of services provided to the client during the previous three months. HACC MDS v2.01 has an extended list of service types for the use of agencies funded by the four programs described below.

Community Connection Program (CCP)

The CCP, funded by HACC and DHS Aged Care, funds agencies to make contact with people and link them into appropriate services. Clients are homeless or living in insecure or unsuitable low-cost accommodation, and have unmet complex needs associated with disability, social isolation and other disadvantage. Five CCP service types are described below.

TYPE OF ASSISTANCE	DEFINITION	Unit
CCP Assertive Outreach	<p>Assertive outreach refers to the activity of actively ‘seeking out’ and engaging with clients in their own environment, rather than waiting for the person to request a service or waiting for another agency to make a referral. Activities to be recorded as Assertive Outreach include visiting various accommodation facilities, homeless services, and public spaces (eg. pension SRS, rooming houses, squats, caravan parks, homeless meals programs, parks, and the like). Assertive outreach may also involve re-engaging with an existing client who has become withdrawn. Not all clients will receive this type of support.</p> <p>In some cases, an assertive outreach activity will result in locating more than one client. Count the time (15 minute increments) involved in locating and engaging the individual client.</p>	Hours
CCP Care Coordination	<p>Care coordination is a central activity of CCP. It comprises activities associated with actively assisting clients to access appropriate mainstream and specialist services. It involves a client centred approach to assessment of client need, facilitated referral and advocacy, and practical support (such as transport) to enable clients to access services. It also involves follow-up and monitoring of referrals, and regular review of client needs and priorities. Care coordination will often be undertaken in conjunction with expenditure of flexible care funds.</p> <p>Count the time spent on behalf of the individual client. Do not count housing assistance or group social support activities that are defined separately below.</p>	Hours
CCP Flexible Care Funds	<p>Amount of CCP flexible care funds spent on goods or services in accordance with program guidelines to assist the client to link to existing services, meet an immediate or critical need including housing relocation/establishment costs, assist in client engagement, and support an innovative/collaborative response to meet a need where there is a lack of responsiveness by existing services. Count total dollars.</p>	Dollars
CCP Housing Assistance	<p>Assistance provided specifically to the client to obtain housing (emergency, transitional, long term), to maintain housing, or to avoid eviction or loss of tenancy. Includes assistance to relocate following closure of the client’s accommodation, assistance to apply for public housing, advocacy to the Office of Housing or other landlord, and referral to SAAP and similar housing agencies. Count hours.</p>	Hours
CCP Group Social Support	<p>Refers to specific group activities organised by the CCP agency to overcome social isolation or to enhance skills of daily living. These activities may occur in a variety of locations. Count the time that each individual participated in the group, including time to pick up and drop off the client where applicable.</p> <p>Do not include referral to, or assistance to access, a social, recreational or similar group program provided by another service or privately. This type of activity should be recorded as CCP – Care Coordination.</p>	Hours

Housing Support for the Aged Program (HSAP)

The HSAP, funded by DHS Aged Care, funds agencies to provide care coordination and housing assistance to older people with complex care needs and a history of homelessness who are entering public housing or who are at risk of losing their public housing tenancy. Four HSAP service types are described below.

TYPE OF ASSISTANCE	DEFINITION	Unit
HSAP Assertive Outreach	Assertive outreach refers to the activity of actively 'seeking out' and engaging with clients in their own environment, rather than waiting for the client to request a service or waiting for a referral, for example, door knocking or letter boxing on a public housing estate. This may also include assertive outreach to re-engage with an existing client who has become withdrawn. Only a small number of clients will receive this service – most HSAP clients will be referred by CCP or OOH. In some cases, an assertive outreach activity will result in locating more than one client. Count the time (15 minute increments) involved in locating and engaging each individual client.	Hours
HSAP Care Coordination	Care coordination is the central activity of HSAP and refers to activities associated with actively assisting clients to access appropriate mainstream and specialist services, including social support and recreation. It involves a client-centred approach to assessment of client need, facilitated referral and advocacy, and practical support (such as transport) to enable clients to access services. It also involves follow-up and monitoring of referrals as appropriate and regular review of client needs and priorities. Care coordination will often be undertaken in conjunction with expenditure of flexible care funds. Count hours and minutes in 15-minute increments. Do not count housing assistance defined separately below.	Hours
HSAP Housing Assistance	Refers to assistance provided specifically to the client to establish housing, avoid eviction/loss of tenancy, or to secure housing (emergency, transitional, long term). Includes advocacy to OOH, assistance to apply for public housing transfer, and assistance to relocate in the event of eviction. Count hours.	Hours
HSAP Flexible Care Funds	Amount of HSAP flexible care funds spent on purchasing goods and services in accordance with program guidelines to assist the client to link to existing services, meet an immediate critical or pressing need including housing establishment costs, assist in client engagement, and support an innovative/collaborative response to meet a need where there is a lack of responsiveness by existing services. Count total dollars.	Dollars

Older Persons High Rise Support Program

The OP High Rise Support Program, funded by DHS Aged Care, funds agencies to have an on-site worker at inner-city older persons high rise public housing towers, in order to link tenants into appropriate services and reduce isolation. Five service types are described below.

TYPE OF ASSISTANCE	DEFINITION	Unit
OPHR Assertive Outreach	<p>Assertive outreach refers to the activity of actively 'seeking out' and engaging with clients in their own environment, rather than waiting for the client to request a service or for a referral. This includes door knocking, letter boxing, and following up neighbour concerns. This may also include assertive outreach to re-engage with an existing client who has become withdrawn. Not all clients will receive this type of support.</p> <p>In some cases, an assertive outreach activity will result in locating more than one client. Count the time (15 minute increments) involved in locating and engaging each individual client.</p>	Hours
OPHR Care Coordination	<p>Care coordination refers to activities associated with actively assisting clients to access appropriate mainstream and specialist services. It involves a client centred approach to assessment of client need, facilitated referral and advocacy, and practical support (such as transport) to enable clients to access services. It also involves follow-up and monitoring of referrals as appropriate and regular review of client needs and priorities. Care coordination will often be undertaken in conjunction with expenditure of flexible care funds.</p> <p>Do not count housing assistance or group social support activities defined separately below.</p>	Hours
OPHR Housing Assistance	<p>Refers to assistance directed specifically to assist a client to establish housing, avoid eviction/loss of tenancy, or to secure alternative housing where this is unavoidable. Includes advocacy to OOH and assistance to transfer to alternative public housing, or referral to a housing service. Count hours.</p>	Hours
OPHR Flexible Care Funds	<p>Amount of OP High Rise flexible care funds spent on purchasing goods or services in accordance with program guidelines to assist client to link to existing services, meet an immediate critical/pressing need including housing establishment/relocation costs, assist in client engagement, and support an innovative/collaborative response to meet a need where there is a lack of responsiveness by existing services. Count total dollars.</p>	Dollars
OPH Group Social Support	<p>Refers to specific group activities organised by the OP High Rise Program to overcome social isolation or to enhance skills of daily living. These activities may occur in a variety of locations.</p> <p>Count the time that each individual participated in the group, including time to pick-up and drop-off where applicable.</p> <p>Do not include referral to, or assistance to access, a social, recreational or similar group program provided by another service or privately. This type of activity should be recorded as OP High Rise – Care Coordination.</p>	Hours

SRS Service Coordination & Support Program

The Supported Residential Services Service Coordination & Support Program, funded by DHS Aged Care, funds agencies to provide on-site worker support to residents of selected Supported Residential Services in order to link residents into appropriate services and reduce isolation. Three service types are described below.

TYPE OF ASSISTANCE	DEFINITION	Unit
SRS Care Coordination	<p>Care coordination refers to activities associated with actively assisting clients to access appropriate mainstream and specialist services. It involves a client centred approach to assessment of client need, facilitated referral and advocacy, and practical support (such as transport) to enable clients to access services. It also involves follow-up and monitoring of referrals as appropriate and regular review of client needs and priorities.</p> <p>Count hours. Do not count housing assistance or group social support activities as defined in the two following service types.</p>	Hours
SRS Housing Assistance	<p>Refers to assistance provided specifically to the client to avoid eviction or to relocate to alternative or more appropriate housing. Includes assistance to relocate following closure of the SRS, assistance to apply for public housing, advocacy to the SRS proprietor, and referral to SAAP and similar housing agencies. Count hours.</p>	Hours
SRS Group Social Support	<p>Refers to specific group activities organised by the SRS SC & Support service to overcome social isolation or to enhance skills of daily living. These activities may occur in the SRS or external locations.</p> <p>Count the time that each individual participated in the group, including time to pick-up and drop-off where applicable.</p> <p>Do not include referral to, or assistance to access, a social, recreational or similar group program provided by another service or privately. This type of activity should be recorded as SRS SC & Support – Care Coordination.</p>	Hours