

# Guidelines for use of the HACC Living at home assessment tool

March 2015

The Home and Community Care Program is jointly funded by the Commonwealth and Victorian Governments.

## Introduction

The HACC Living at home assessment tool (HACC assessment tool) and these Guidelines for use have been developed in order to improve the quality and consistency of Living at home assessment across HACC assessment services. The HACC assessment tool and these guidelines have been developed on the assumption that HACC assessors are putting into practice the skills and knowledge described in *Strengthening assessment and care planning: a guide for HACC assessment services* (Department of Health, 2010).

### There are two parts to these guidelines:

**Part 1** describes the structure and features of the tool and how the tool is intended to be used. It details the purpose of each of the domains covered during the face to face assessment.

**Part 2** lists information that is typically collected at intake prior to the home visit. In order to avoid duplication the HACC assessment tool does NOT include intake information.

## PART 1: HACC Assessment Tool

The HACC assessment tool is designed to be used in the provision of a holistic conversational assessment as described in *Strengthening assessment and care planning: a guide for HACC assessment services* (Department of Health, 2010). Information discussed in the assessment will lead to the development of the consumers goal directed care plans including service plans.

The tool comprises six broad domains that can be covered during a face-to-face assessment in the person's home. The tool promotes a conversational, person centred approach that focuses on how the

person is managing, their strengths, interests and motivation to improve their capacity to self-manage. Not every domain needs to be discussed in depth and it is the assessment officer's responsibility to guide the discussion in areas that are of expressed concern to the person or the carer.

The assessment is a skilled conversation between the assessor and the consumer which touches on a number of potential issues and focusses on the consumer's ability to draw on their own resources before commitments to service are made.

### Who is the tool for and how was it developed?

The HACC assessment tool has been produced by the Department of Health and Human Services (DHHS) primarily for HACC assessment services in Victoria. The HDDS HACC assessment tool cannot be altered and its formatting is password protected. However, agencies can use questions or wording to improve or add to their own locally developed assessment tool. The tool has been developed for use as a paper based tool and as an interactive word document

The tool has been developed with input from the HACC Assessment Reference Group and the Assessment Tool Working Group. The tool was piloted in early 2014 and has now been reviewed and finalised for use within HACC Assessment Services. It contains questions from the SCTT 2012, the draft of the National Screening and Assessment Tool developed for the My Aged Care Gateway and other tools listed below:

- Aged Care Assessment Program (ACAP) Comprehensive assessment form
- Broader Needs Assessment tool (Frankston/Mornington PCP)
- Darebin assessment form and guidelines

Use of the HACC assessment tool is not mandated as many HACC assessment services have already

developed their own assessment tool. However if a HACC assessment service does not have an appropriate tool for Living at home assessments or is using the SCTT as their assessment tool then they will be strongly encouraged to use this tool.

## Key Resources

The resources listed below have been developed by the department and the sector to support assessors in conducting living at home assessments. HACC assessors should be familiar with these resources as well as any locally developed resources which support an ASM approach:

- Strengthening assessment and care planning: a guide for HACC assessment services (Department of Health, 2010)  
<http://www.health.vic.gov.au/hacc/assessment.htm>
- Strengthening assessment and care planning: dementia practice guidelines for HACC assessment services (Department of Health, 2012).  
<http://www.health.vic.gov.au/hacc/assessment.htm>
- Goal Directed Care Planning Toolkit: Practical strategies to support effective goal setting and care planning with HACC clients (Kate Pascale and Associates, 2013).  
<http://www.iepcp.org.au/active-service-model-emr-hacc-alliance>  
<http://www.oehcsa.org.au/special-project>

## Features of the assessment tool

This tool is designed as an interactive word file which can be filled in electronically by the user in Word or printed out and completed as a paper based copy.

Each domain is clearly tabbed and there is space affix a label as well as the option of auto population.

A checklist at the front of the tool can be used as a summary (a quick reference point) of the domains covered at the assessment. It also provides space to record notes and referrals agreed to.

Prompts are listed throughout the tool as suggestions to assist you to seek further information from the person.

Assessor rated questions are provided at the end of certain sections so that assessors can document their own judgment based on all the information available on a particular domain. **These questions should not be directly asked of the person.**

Action required tick boxes throughout the tool act as a quick reference point so action areas can be listed and prioritised. This will inform goal setting and care plan

development. Some 'Action required' lines, have space for notes and considerations.

Free text space for assessor notes/observations is included at the end of each section (except for Personal story and Family and social/community networks). This provides the assessor with free text space to record notes from the sections and their own observations e.g. what they may see as a priority for the person.

Free text space (1 page) is provided at the end of the tool to record a summary of the person's strengths and priorities identified throughout the assessment.

A suite of three supplementary screening tools the K-10 (Anxiety and depression checklist), MST (Malnutrition Screening Tool) and the Alcohol, smoking and substance involvement screening tool (ASSIST) are included for use as required in conjunction with the Living at home assessment tool.

## Structure and sequencing

Remember that the assessment process is a discussion in which the views of the consumer should be the central focus. Their thoughts in regard to the different domains will stimulate the questions you may ask to prompt them to think further about the problems they have and how they may be able to solve them. Providing services is not the only solution and should be considered in the context of whatever other resources the customer may have available to them.

There are six domains in the assessment tool. The sequence of these domains will depend on the person's presenting needs and their most pressing issues. Assessors will use their professional judgment in determining which domains will be addressed in which order.

Assessors are not required to ask every single question in each domain or to ask the question in exactly the same way it is written. Some questions or domains might be missed depending on the complexity of the person, their diverse needs, their specific health condition or family circumstances, and the time taken to address these issues.

Some questions may be answered through conversations generated in other parts of the tool. For example, information gathered in the *Personal story* (including *Family/community networks*) domain may assist you to answer questions in other domains without having to ask the specific question again.

Throughout the assessment be mindful of questions which may be particularly sensitive for people to discuss e.g. family violence/elder abuse, finances, legal issues or continence issues. If a person acknowledges that there is an issue but does not wish to discuss it, make a note on the assessment form, and offer written information/brochures with contact details of relevant services for future consideration. Make sure the person knows how and when they can raise it at another time.

## Assessing people with diverse needs

Diversity and cultural needs should be addressed throughout the entire assessment process. Intake workers and assessors should prompt for any cultural or special needs due to diversity at the beginning then adjust the way that the assessment and care planning proceeds accordingly. If the person is from an Aboriginal or CALD background the assessor needs to be aware of intrusive or culturally inappropriate questions. Refer to Section 11 Diversity in practice in *Strengthening assessment and care planning: a guide for HACCC assessment services*.

Consider a referral to an Access and Support worker (with the persons consent) if the person has difficulty with the assessment process and difficulty accessing services.

### The purpose of each domain is described below:

#### Personal story

- To gain a broad understanding of the person's circumstances, their strengths; explore reasons behind the request for assistance; identify priority issues.
- Includes a question about any needs due to diversity
- To identify family and community activities/networks, key relationships in the person's life and their role in providing support. Identifying both the strengths of these relationships and networks and any concerns

#### Health management

- This domain comprises three sections: Health status, Lifestyle factors and Cognition, dementia & depression.
- The purpose of each of these sections is to screen for overall health and specific health concerns, how these impact on the person's everyday activities, what are their strengths, and identify any actions.

#### Managing everyday activities

- To identify how the person is currently managing with everyday tasks – what are the person's strengths and level of motivation to be more independent/self-managing.
- This domain includes the MDS Functional Assessment Summary tool, continence screen, home modification, aids and equipment questions

#### Carer health and wellbeing

- To identify the strengths and sustainability of the care relationship, the impacts of the caring role and if the carer needs additional support or an assessment in their own right. Find out any caring responsibilities that the care recipient may have.

#### Accommodation and safety

- To explore the person's living and accommodations arrangements and how this impacts on the person's capacity to live independently and feel safe at home.
- The Feeling safe section has two 'assessor rated' question. This means that the assessors will need to answer the questions from the conversation/observation/prompting without asking these two questions directly

## Part 2: Intake Information

The assessment tool will guide the assessment process at the home visit. Prior to this visit:

- The intake worker will have collected information about the person and their carer or information will have been received from a SCTT referral (another service referring).
- Further preparation will have occurred to ensure that the home visit achieves the best outcomes. This may include booking an interpreter, checking the appropriate people will be at the assessment, collecting additional information from service providers or various sources to ensure you are as well prepared as you can be.
- Diversity, cultural or special needs may be identified.

Refer to section 5.3 Paving the way to the front door in *Strengthening assessment and care planning: a guide for HACCC assessment services*.

## Intake processes

Every HACC assessment service will have their own specific intake policies and procedures. Typical information collected at initial contact and INI includes:

- Eligibility and priority for assessment
- Consumer details and basic demographics including MDS data, contact details, address, government pension/benefit, preferred language, carer contact details/emergency contacts, OH&S issues regarding access to the property and carer status.
- Communication or cultural needs e.g. interpreter required, needs an Aboriginal worker to attend
- Consent to share information
- Reasons for needing a service and provide information about possible options
- Establish expectations e.g. we will work with you and the people important to you, to support you to stay at home for as long as possible, stay healthy and well and work with you to identify the best solutions.

To avoid duplication between intake and the HACC assessment tool, most of this intake information is **not** contained in the assessment tool. It is assumed that this information is collected and taken to the home assessment to validate and build on.

***NOTE: Your HACC Assessment service needs to map the information collected at Intake with the information collected in the HACC Assessment tool. Consider what documentation you may need to add to the assessment tool to ensure that assessors capture the relevant information at either intake or the home visit.***

For more information about these Guidelines and the HACC Living at home assessment tool please contact:

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

Available at  
<http://www.health.vic.gov.au/hacc/assessment.htm>