

# MDS counting rules for HACCC assessment services

health

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## HACCC MDS counting rules for Assessment and Care Coordination

HACCC Assessment Services in Victoria are expected to use the HACCC minimum data set (MDS) to record time spent with clients who have received a living at home assessment including time spent in client care coordination.

This fact sheet is an update from the MDS Counting Rules for HACCC Assessment Service (August 2011). It includes

- the rules to be followed so that all the 'countable hours' of intake, assessment and care coordination are properly identified and reported through the HACCC MDS
- a description of functions and activities that are not counted and reported through the MDS because they are included in the unit price for assessment
- how to report if assessors are unsure if an activity comes under assessment or care coordination.

### Intake

Reception and time taken establishing eligibility/priority setting (IC/INI) **cannot** be counted as Assessment. All HACCC organisations must provide this service, and the funding for it has been included in the unit price of all HACCC activities (See Framework for Assessment in the HACCC Program, 2007, Section 1.2.1).

Many HACCC assessment services continue the intake phase beyond IC/INI and begin the assessment process over the phone. In these circumstances a HAS can count that portion of the intake **which is part of the assessment itself**.

The rule is that the first 15 minutes of IC/INI **will not** be counted as assessment for MDS purposes. **After the first 15 minutes**, any time spent on assessment can be counted as assessment activity.

### Assessment

Client assessment should be reported in hours/minutes against the Assessment item in the HACCC MDS. Count the time spent by assessment officers as follows:

- Count time spent in face to face, phone, email or other **contact with the client**, for the purpose of assessment, care planning or review.
- Count time spent writing up **case notes** about this client.
- Count time spent in face to face, phone, email or other **contact with other agencies or people** (e.g. the family) regarding a particular client, if this forms part of the assessment or the development of the care plan. Include time spent in secondary consults and case conferences.
- Count client contact time spent **with interpreters** and other specialist expertise **paid for by your HAS** in order to meet a specific client need. Do **not** record time by other professionals funded by another agency or program, such as ONCall interpreters. Do **not** record time spent with the client by another agency's occupational therapist or other professional funded by the HACCC or Community Health programs.
- Count time spent implementing a service-specific care plan (that is, time spent by your assessment staff in **communicating the care plan to direct care staff** or their supervisor).
- Count time spent **making inter-agency referrals** identified in the care plan (e.g. time spent making SCTT referrals).

## Client Care Coordination

Client care coordination should be reported in hours/minutes in the HACC MDS. Care coordination describes activities undertaken following a Living at Home Assessment for a subgroup of people with complex needs and circumstances who have multi-agency involvement in their care. Client Care coordination for this group is an extension of the care planning process for people who cannot coordinate their own care.

- Count the time spent by assessment officers in direct and non-direct client contact as follows:
- Count time spent developing the client's Shared support plan, as well as organising and attending inter-agency care planning meetings, using the SCTT Shared Support Plan template (formerly called the Care Coordination Plan).
- Count time spent with the client, carer or other agencies eg attending inter-agency meetings to monitor and review the client's shared support plan.
- Count time spent assisting the client to access other necessary services both within and outside the HACC Program as part of the implementation of the Shared support plan.

**If there is uncertainty about whether time spent in care planning or care plan implementation should be counted under care coordination or assessment, report the time under the assessment activity as a default.**

## Functions or activities not counted in the MDS

### Reception, Initial Contact (IC) and Initial Needs Identification (INI)

The HACC Program does not separately fund reception or eligibility/priority setting (IC/INI). This is a function that all HACC organisations must provide (see Framework for Assessment in the HACC Program 2007, Section 1.2.1). Funding for this function is included in unit prices of all HACC activities.

### Travel

Do not count staff travel time to or from the client's home, or travel to meetings. These costs are built into the assessment unit price. That is, the standard price paid for an hour of assessment already includes an allowance for travel costs, whether measured as travel time or kilometres. Because travel is included in the unit price structure, it is not countable time and should not be reported for MDS purposes.

### Agency functions

Do not count time spent in the following agency functions. The cost of providing these functions and activities is built into the Assessment unit price.

- Management functions:
  - HR
  - policy development
  - protocol development
  - reviewing or revising policy or procedure manuals
  - quality reviews and quality assurance activities
  - contact with Department of health
- Professional development activities
- Attending interagency/PCP/Alliance meetings for the purposes of regional networking
- Staff meetings
- Supervision sessions.

For queries contact your regional PASA.

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