

August 2011

HACC MDS counting rules for Assessment and Care Coordination

HACC Assessment Services in Victoria are expected to use the HACC minimum data set (MDS) to record information about those clients who have received a living at home assessment, and those who have received client care coordination.

This fact sheet summarises the rules to be followed so that all the 'countable hours' of assessment and care coordination are properly identified and reported through the HACC MDS. It defines what activities are included in the unit price for assessment. See also the document *Assessment activity in HACC: Funding model for testing*, which was distributed to all HACC assessment services in December 2009.

1. Intake

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

Many HACC assessment services continue the intake phase beyond IC/INI and begin the assessment process over the phone. In these circumstances a HACC Assessment Service (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.

2. Assessment

Client assessment should be reported in hours/minutes against the Assessment item in the HACC 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** (for example, 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 HACC 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 managers).
- Count time spent **making inter-agency referrals** consequent on the assessment (for example, time spent emailing SCTT referrals or phoning service providers to get them to act on the referral).

3. Client Care Coordination

Client care coordination should be reported in hours/minutes in the HACC MDS. Count the time spent by assessment officers in direct and non-direct client contact as follows:

- Count time spent organising and attending care planning meetings with other agencies (or with substantially independent business units of your agency) due to multiple agency involvement with a particular client (using the SCTT Care Coordination Plan template).
- Count time spent attending meetings (face to face or teleconference) to monitor and review the client's care coordination plan.
- Count time spent assisting the client to access other necessary services both within and outside the HACC Program.

4. Functions or activities not counted in the MDS

4.1 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 Assessment Framework Section 1.2.1). Funding for this function is included in unit prices of all HACC activities.

4.2 Travel

Don't 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 a countable hour and should not be reported for MDS purposes.

4.3 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:
 - o HR
 - o policy development
 - o protocol development
 - o reviewing or revising policy or procedure manuals
 - o quality reviews and quality assurance activities
 - o contact with DH or DHS
- Professional development activities
- Attending interagency/PCP/Alliance meetings for the purposes of regional networking and system coordination
- Staff meetings
- Supervision sessions.

5. Date of Last Update

See page 58 of the MDS User Guide.

Date of Last Update should be updated whenever an assessment worker has added a further significant piece of information to the client record regarding the client's functional status, need for assistance, or progress against the care plan. You should not update this item at any other time. In particular it should not reflect some merely administrative update, such as a correction to the address or carer details. Our main purpose for gathering the Date of Last Update is to determine the number and frequency of Living at Home Assessments and home-based re-assessments done during the year.

6. Functional Status

See pages 37-39 of the MDS User Guide.

All of the functional status items should be recorded whenever a Living at Home Assessment or re-assessment is performed. Items should not be left blank or show code 9 ('don't know/not answered/not applicable').

However, it is not necessary to explicitly ask the client every question in the MDS User Guide, nor is it necessary to use the exact form of question in the User Guide. For example, during a Living at Home Assessment, the assessor may observe that a client needs to use a walker and can thus avoid asking the 'walking' question. The assessor may also be using other assessment tools that can provide the information to complete the HACC MDS functional status items. Good records will also mean that changes over time in client functional status can be analysed.

Feedback from the Department of Health

See the quarterly HACC reports on assessment and care coordination on the Funded Agency Channel. There are reports for each individual HAS and reports for all local government areas.

For further information contact

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