

HACC in Transition: Data collection for the CHSP and HACC

December 2015

Background: HACC Transition

On 1 July 2016, the HACC Program in Victoria will be split between the State and the Commonwealth based on client age. HACC service providers who deliver services to older people (people aged 65 years and over and 50 and over for Aboriginal and Torres Strait Islander people) will enter a grant agreement with the Commonwealth Department of Health (DoH) to deliver services under the Commonwealth Home Support Programme (CHSP). Providers who deliver services to younger people will continue to have a service agreement with DHHS. Most existing HACC providers are likely to have agreements with both the Commonwealth and the State.

Data collection

Both the CHSP and the State's continuing HACC program will operate client-level data collections. Providers who are funded by both Commonwealth and State will therefore need to participate in two data collections. This bulletin is intended to clarify the situation. However, it is not intended to be an authoritative guide to the CHSP.

CHSP data collection for clients aged 65 years and over

Under the CHSP, reporting will be at the client level through the Commonwealth's Data Exchange (DEX). This new approach to reporting is streamlined, automated and includes a shift in focus of performance measurement from *outputs* to more meaningful information about service delivery *outcomes*. Further information can be found on the web at www.dss.gov.au/chsp or by contacting dssdataexchange.helpdesk@dss.gov.au or phone 1800 020 283.

HACC data collection for clients aged under 65 years

The State's reporting arrangements are essentially unchanged. Your HACC-funded agency should continue to report every quarter to DHHS via the HACC Minimum Data Set (MDS) (email haccmds.data@dhhs.vic.gov.au). The format of the data has not changed, but you only need to include services delivered to clients aged under 65 years (or Indigenous clients aged under 50 years). Queries to the HACC MDS help desk on phone 9096 7255 or email haccmds@dhhs.vic.gov.au.

Timelines for CHSP data

For the CHSP, the Commonwealth's advice is that the first report from providers should cover the 6-month period 1 July to 2016 to 31 December 2016. Thereafter the reports will continue to be 6-monthly.

Comparison between CHSP and HACC data collections

Although both data collections are based on individual client records, there are some important differences.

Table 1: Comparison between CHSP Data Exchange (DEX) data collection and HACC MDS

Note: this table is merely an overview, not a definitive guide.

Feature	HACC MDS (clients 0-64)	CHSP data collection (clients 65years and over)
Frequency of reporting	<ul style="list-style-type: none"> 3-monthly Q1 is 01/07/2016 to 31/09/2016 Q2 is 01/10/2016 to 31/12/2016 Q3 is 01/01/2017 to 31/03/2017 Q4 is 01/04/2017 to 30/06/2017 	<ul style="list-style-type: none"> 6-monthly The first reporting period is 01/07/2016 to 31/12/2016, and data can be entered up until 30/01/2017. For future reporting periods you can enter data any time during a reporting period and it will close 30 days after that. <p>Most providers transitioning to the CHSP will have access to the DEX from 1 July 2016, in line with their new CHSP funding agreement. In the lead-up to this, training and support will be provided by the Commonwealth.</p>
Send data to:	haccmds.data@dhhs.vic.gov.au	For details on entering data into the DEX, go to: https://www.dss.gov.au/grants/programme-reporting/the-dss-data-exchange-technical-specifications
Transmission method	Email attachment in 'csv' format	Your choice of: <ul style="list-style-type: none"> Using a free web-based portal; Storing all client data on your own system and making a system-to-system transfer; or Bulk upload from your system to DEX, in 'xml' format.
Client information management system	Your choice of system, including ACE, provided it can send a properly formatted csv file.	Your choice of: <ul style="list-style-type: none"> Using DEX as your client information management system; or Storing client data on your own system, and uploading to DEX. <p>For details, go to: https://www.dss.gov.au/grants/programme-reporting/the-dss-data-exchange-technical-specifications</p>
Client identifier	SLK	System-generated SLK and unique client ID.
Provider identifier	The entity with a DHHS service agreement and a SAMS ID	The entity with a CHSP service agreement (and an AUSkey account) <p>To be able to enter data securely into the DEX, you will be provided with logon details once you have an executed grant agreement.</p> <p>As for My Aged Care, you will also require an AUSkey account. This will enable you to securely update your organisation's details and information in My Aged Care. The same AUSKey account can</p>

Feature	HACC MDS (clients 0-64)	CHSP data collection (clients 65years and over)
		be used for both systems.
Outlet identifier	<p>You should keep using your HACC Outlet ID.</p> <p>A HACC provider can request one or more outlet IDs for MDS reporting purposes. These generally denote separate locations or semi-autonomous service teams.</p>	No specific identifier is required for the DEX; an outlet is the location from where a service is primarily being delivered.
Service types	<ul style="list-style-type: none"> • Domestic assistance • Personal care • etc. <p>Up to 12 HACC service types</p>	<p>CHSP Service Types</p> <p>Victorian HACC services will be mapped to the new CHSP service type structure as part of the transition activities currently underway.</p>
Which service types to report?	Report those activities with output targets in your DHHS HACC service agreement.	The DEX will automatically display a drop-down list of CHSP activities which your organisation is able to report against.
Mandatory data items	See HACC MDS guidelines	<p>'Priority requirements' are a limited set of client demographic data that is entered, only once, for each client. More information is available at:</p> <p>https://www.dss.gov.au/grants/programme-reporting</p>
Optional data items	Not a HACC MDS concept	<p>Under the Partnership approach, service providers can choose to report an optional, extended data set to DoH, including outcomes data, in exchange for regular and relevant reports.</p> <p>There are five broad categories of DEX Report:</p> <ul style="list-style-type: none"> • Administrative data summary reports • Strategic intelligence data reports • Funding Agreement feedback reports • Data mining reports • Self-service reports. <p>More information is available at: www.dss.gov.au/grants/programme-reporting</p>

Questions and answers

Q1: Do we need to make changes to our reporting arrangements, or can we just continue to use the HACC MDS? Does a change in reporting arrangements mean a change in our software?

All new CHSP-funded providers should plan on the basis that from 1 July 2016 they will have different reporting arrangements. One option is to use the free DEX web-based portal to store and report client data. Alternatively, you can modify your own client management system for reporting arrangements. If you are considering changes to your own management system, you should discuss this with your software vendor sooner rather than later. For more information on how data can be entered into the DEX go to <https://www.dss.gov.au/grants/programme-reporting/the-dss-data-exchange-technical-specifications>

As usual in these situations, it will be more cost effective to you if you get together with other users of your client management system in a users' group, agree on what needs to be changed in your system and approach your vendor collectively to negotiate the timing and cost of any necessary changes.

In any case the HACC MDS will continue to be used for clients aged under 65 years (under 50 years for Aboriginal or Torres Strait Islander people) funded by the Victorian government.

Q2: Will support be provided to assist with transitioning to the new CHSP reporting arrangements?

A number of resources are currently available, such as the DEX system protocols, previous webinars and training tools. See the Commonwealth's website at <https://www.dss.gov.au/grants/programme-reporting>

Further information for service providers in Victoria transitioning to the CHSP will be provided in the coming months.

Q3: Will ACE users still be able to report their HACC MDS (under 65) to the department?

Yes, existing users of ACE will still be able to use it to report their under 65 HACC MDS data to the department. However, the department has no plans to upgrade ACE to meet the Commonwealth's reporting requirements for the CHSP.

Q4: Will DHHS continue to support ACE?

Yes, the department's HACC MDS help desk (9096 7255 or email haccmds@dhhs.vic.gov.au) will continue to handle queries with regard to HACC clients aged 0-64. There will be no change in the level of support provided to ACE users.

Q5: Where can we direct queries related to HACC Transition?

If you have any questions regarding the HACC Transition please email DHHS at HACCtransition@dhhs.vic.gov.au where one of the team members from DHHS Central Office will endeavour to respond as soon as possible.

You may also email any questions or comments on the CHSP to the Commonwealth Department of Health at Vic.HACC.Transition@health.gov.au

To receive this publication in an accessible format phone 03 9096 7664 using the National Relay Service 13 36 77 if required, or email HACCtransition@dhhs.vic.gov.au

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