

HACC MDS Frequently Asked Questions

September 2010



Frequently Asked Questions

Where to send the data and how to get feedback

1. Where do I send my HACC data?

Attach your .csv HACC data file to an email and send it to haccmds.data@health.vic.gov.au

2. How do I know when my HACC data has been received?

The haccmds data mailbox automatically sends an acknowledgement reply to your email address, when it receives an email from you. This tells you that the email has been received, and also includes other instructions. For example, it asks you to contact the HACC MDS help desk if you have not received a submission log within two days of submitting your file.

Please remember the acknowledgement means only that your email was received. If you forgot to attach your data files, your email will still be acknowledged.

3. How do I know if the data is okay?

After your file has been processed by our repository, the repository will email a submission log to the contacts listed. The submission log will be an attachment to the email. It will tell you how many records were fully accepted, how many were accepted with warnings, and if there are any Critical Errors.

When any agency's data (or rather, each outlet's data) has been validated and accepted, its client records are added to the overall HACC database for this particular HACC collection period. A copy of the total database is then uploaded onto the Department of Human Services [Funded Agency Channel](#). This Web site is refreshed frequently during the data collection period.

4. I am not receiving submission logs, just the acknowledgement email. What do I need to do?

There are some different reasons for this:

- We do not have your email address listed in the repository.

The submission logs are emailed to nominated addresses stored within the repository.

If you are not receiving submission logs, it is because we have not got your email address.

To get your email address added to the repository, send an email to haccmds@health.vic.gov.au, and include the names and email addresses of the people who you would like added.

- There is a problem with the mail server – either at our end or yours.

You can contact the HACC MDS help desk to check that we received your emails; we will try to send you an email again.

- Your file has not been processed.

You can check the address that you sent your email to, and you can call the help desk so that we can work out where the problem is.

Whatever the reason, if you have not received a submission log within two days of emailing it please contact the HACC MDS help desk.

5. I have changed jobs. Who do I contact to stop receiving HACC emails?

Please send an email to haccmds@health.vic.gov.au, and let us know the email addresses of the people who should stop receiving HACC notifications.

6. My submission log listed “duplicate client records” under Critical Errors. What should I do?

If a submitted file contains two or more records with the same statistical linkage key (SLK), the data repository will reject these records. A HACC client record should be uniquely defined by its SLK (that is, a string comprising certain letters of name, date of birth and sex code). You will need to investigate why there are duplicate client records with the same SLK.

A client record may have been duplicated in error. If so, you can consolidate the information into one record and delete the other, then extract a new report for submission.

If you have other reasons for duplicating a client record, please contact the HACC MDS Help Desk.

7. What can I see on the Funded Agency Channel (FAC)?

If you select 'My Agency' on the FAC, then select the link to 'HACC Reports', you will see a processed version of the data you sent us. The FAC is now an essential link in the HACC data collection and feedback loop. Once an agency's HACC MDS file has been received by the Department, it is processed by the data repository. An extract from the individual agency's data is then posted on the FAC, consisting of about 20 reports. An agency should be able to view its reports within 2 days of the data being accepted.

8. Who can get access to the Funded Agency Channel (FAC)?

Managers and staff of HACC service providers can become registered to use the site. Departmental staff can also get registered to view the data for all HACC service providers. Access to the FAC is free of charge.

9. How do I register with the Funded Agency Channel (FAC)?

Visit the Web site at <http://www.dhs.vic.gov.au/funded-agency-channel/home> and follow the registration prompts.

Non-government staff will need to state the desired level of access (financial or non-financial) as authorised by the Chief Executive Officer or equivalent of their Agency.

10. Please explain Funded Agency Channel report 'HACC 19 – Quarterly Outputs Compared To Targets'.

Firstly, read the footnotes below the table. The footnotes describe the columns of information. The last two columns of information display how your Agency is tracking against where it should be tracking for the year to date. For example, after reporting the October to December quarter, you will be able to see what percentage of half of the Annual Target your Agency is meeting.

For further information, please contact the HACC MDS Help Desk. If your targets look incorrect, please discuss this with your Regional HACC Program Advisor.

11. My agency provides both Linkages Packages and general HACC Services. How do we monitor our performance targets set in our Service Agreement?

If your agency is funded to provide Linkages packages, you should report services to your Linkages clients by choosing the activities from the normal range of HACC activity types (Personal Care, Meals, etc.). If your agency also provides services to non-Linkages HACC clients, it may not be possible to distinguish the Linkages clients from the rest in your HACC MDS transmission. The HACC Report 19 on the Funded Agency Channel will display that you have exceeded your targets for some or all activities, because these targets do not include the expected services delivered from the Linkages packages.

12. My agency's Service Agreement says we have funds for HACC Flexible Service Response or Service System Resourcing. How are we supposed to report against these in the MDS?

If you are funded for Flexible Service Response or Service System Resourcing and are using these funds to provide direct services to HACC clients, then you should report using whichever of the standard HACC activity types is the best match. For example, if you use the funding:

- to provide HACC personal care, or
- to top up other HACC funds for personal care, or
- to provide an innovative service that can best be described as personal care

—then Personal Care is the item to record this as in the MDS.

Advice with your HACC software

We can only offer technical advice to people using the ACE system (HACC version).

For problems with any other software system, please contact your Vendor.

Of course, we can help any agency with interpretation of the HACC data items, reporting requirements, and so on.

HACC E-Form is no longer available

The HACC E-Form was created to enable agencies to record and report the services delivered to clients. It was a basic solution for smaller agencies to collect HACC MDS version 1. Larger agencies have always been expected to use something more capable of meeting their information management needs.

There will be no upgrades of the e-Form. If you are still using the e-Form, please contact the HACC MDS Help Desk. Submissions using e-Form will no longer be accepted after the end of 2010.

Most e-Form users have made the transition to ACE. This software is a client information and management system. It was originally designed for use by Aged Care Assessment Teams, and then further developed to enable collection of HACC Minimum Data Set version 2.

The QDC system

1. Our agency is jointly funded by the HACC and Disability Services programs. Do we have to use the QDC system to report the HACC MDS?

No, there has never been a requirement to report the HACC MDS via the QDC. The CRISSP system that was developed during 2007–08 is capable of recording and reporting both QDC and HACC MDS. Meanwhile, if you are using QDC to report the HACC MDS, keep doing so.

Veteran Affairs (DVA) clients

1. Can DVA clients receive HACC services?

Yes. Where a DVA client meets the HACC eligibility criteria, “...frail older people, younger people with disabilities and their carers” – they are eligible to receive HACC services.

2. When are clients with DVA pensions reported on the HACC MDS?

To decide, you need to identify two situations:

Does your agency receive funds from DH Victoria to support HACC service delivery to DVA clients? Check the service agreement for DVA specific targets. If so, services to these DVA clients should be included among your other HACC clients and reported in the HACC MDS.

Does your agency have a direct agreement with DVA to provide community care services? If so, this is not HACC Program funding. You should not count these clients in your HACC MDS reports to DH.

Make sure that the two MDS items ‘Government Pension/Benefit Status’ and ‘DVA entitlement’ are completed for all HACC clients. This will indicate whether a particular client holds a DVA entitlement card.

HACC MDS counting rules

1. Do we need to round up the hours?

The old rule was to round up a client’s service-delivery time to the nearest whole hour, at the end of the quarter.

Since 2006 the data repository has been capable of handling decimal fractions of an hour. Rounding up is no longer necessary.

We would encourage you to report the time for each service type more precisely. For example, if a particular client actually got 3½ hours of domestic assistance in the quarter, report it as 3.5 hours.

However, you may choose to keep rounding up the hours.

Please note that each separate entry during the quarter should be accurate to five minutes or better (e.g. 1 hour 20 minutes on Tuesday 1st, then 2 hours 15 minutes on Tuesday 8th, etc.). Rounding up should only be done after the total has been calculated at the end of the quarter. It should be done automatically by your software.

Check with your software vendor or IT administrator to ensure that any rounding up is happening at the end of the quarter and not for each service episode.

Check your data against the Funded Agency Channel’s HACC Report 19 called ‘Quarterly Outputs Compared to Targets’.

2. How should group activities be recorded on the MDS?

Group activities are recorded in the same way as a one-to-one service. For example, if 6 clients attended a 4-hour Planned Activity Group session, you should record 4 hours of PAG against each of the 6 clients.

Groups receiving a service funded as HACC Allied Health should also be counted in this way – that is, the individual members of the group should each have a HACC record.

3. How should hours of Domestic Assistance be recorded when more than 1 client lives in the household?

If a household comprising a couple (where both are HACC clients) received 1 hour of Domestic Assistance then you can record it as either 30 minutes each or 60 minutes for one. It is important not to double count. Domestic Assistance and Property Maintenance are the only service types for which this counting rule applies.

4. How do we report a client who is being attended by two different staff from two different HACC service providers at the same time?

Suppose a Physiotherapist from the Community Health Centre and a Personal Carer from the local Council are working with a care recipient for one hour (so that the Personal Carer can learn the physio exercises to practice with the care recipient).

In recording the time spent with the care recipient, each agency would record one hour. The Community Health Centre would record one hour of Physiotherapy, and the local Council would record one hour of Personal Care. Each agency would need to maintain a client record for the care recipient.

If you are unsure how to record time for any situation, please contact the HACC MDS Help Desk.

Client functional status (dependency)

1. Which HACC agencies should collect the Functional Status data?

Designated HACC Assessment Services (HAS) and Linkages agencies should all collect the functional status data on all clients. Other agencies are also encouraged to collect the data if they wish.

2. When should the functional status data be collected?

This information should be collected as part of an assessment. It should be collected by assessment officers, usually in the client's home. If the person is receiving an allied health service, the assessment could be done in a centre. The information is not to be collected at intake by intake officers.

3. Is it OK if these 14 items are incomplete?

Yes, it is OK for these items to be incomplete. Your agency may need to collect this information over a period of time as you develop a relationship with the client. It would be helpful if your software provided gentle warnings each quarter to alert you to the fact that there was incomplete data.

4. When a client's functional status changes, should the previous record be kept?

Yes. In your software, the client's functional status record should have a SAVE or UPDATE function that will allow you to update the record. You should be able to save the new data without losing the previous information about the person's functional status. Previous records should be easily viewed in order to see trends, improvement, decline etc. This is so that your agency can benefit from a review of the client's progress over time.

5. What does Date of Last Update refer to?

It is the date on which the client's Functional Status was most recently updated or reviewed. If you have done a re-assessment but found no change to the scores, you should still supply a new Date of Last Update.

This date should also be updated when there was a significant change to the care giving arrangements, such as a different carer. It should not be used to record minor administrative changes to the client record.

Data about Carers

1. The MDS v2 has several items about carers. Must they all be collected?

It is not necessary to collect all the additional carer items at once. If the service is delivered to a care recipient such as an older person living alone, your agency may not have much information about the carer. If so, you should plan to record the additional data as opportunity arises in the course of further contact with the client, such as during assessment and review.

If you learn about the carer after you start providing services, remember to update the client record with the carer's existence in the Carer Availability item, as well as providing any other information you have.

2. What if my agency knows about the carer but does not have the care recipient's details?

Some agencies deal mainly with carers, providing respite or other support services. These agencies will probably already have the additional carer items for the HACC MDS, such as name, date of birth, and country of birth.

If your agency is in this situation, but you do not have complete information about the care recipient's name and date of birth, you should use the carer's letters of name, date of birth and sex instead of the care recipient's, and then choose code "3 – Carer SLK information has replaced missing Client SLK" in the "Statistical Linkage Key Missing" flag.

Since incomplete data is acceptable for some items, your client management system should not generate critical warnings or error messages for these additional carer items.

These additional carer items are not required for a referral via the SCTT template. Therefore they should not automatically populate a referral form unless consent has been given.

3. What if I know there is a carer but I don't know their name or date of birth?

Sometimes you might know that a client has a carer, but you do not know the basic information about them that enables a Statistical Linkage Key to be generated.

In this situation, you can use the care recipient's letters of name, date of birth, and sex to fill in those items for the carer. If you do this, you also need to choose code 4 – "Client SLK information has replaced missing Carer SLK" in the "Statistical Linkage Key Missing" element.

Please remember – if you later find out this information about the carer and enter it in the system, you will need to change the SLK Missing element to 2 – "Both Client SLK and Carer SLK are correct."

In many cases, your software will do this automatically for you.

Reporting HACC assessment, case management, care coordination

1. Who should report doing Assessments?

Report hours of assessment if your agency is a designated HACC Assessment Service (HAS) and you have carried out a broad needs-based assessment or a service-specific assessment of the client. For more explanation of the counting rules, see [HACC Assessments in Victoria: How to record via the HACC MDS](#).

But if your agency is not a HAS, and you undertook a service-specific assessment for planned activity group, allied health, or nursing services, then you should record the time spent in assessment under the name of the relevant service type (e.g. PAG, allied health or nursing). The time spent doing the service-specific assessment is not recorded separately in the HACC MDS.

2. Who should report doing Case Management?

Report case management if:

Your agency is funded to deliver Linkages packages, or

Your agency is a HAS with funding for a pilot project on short-term case management.

3. Who should report doing Client Care Coordination?

Report care coordination if:—

Your agency is a designated HAS, or

Your agency has funding for Care Coordination—Access and Support, and you have spent time supporting a client to gain access to services provided by other HACC agencies and related services.

If in doubt, refer to your service agreement and talk to your regional HACC contact.

Flexible Service Response (FSR) & Service System Resourcing (SSR).

1. How should we report FSR & SSR funding?

If you are funded for Flexible Service Response (FSR) or Service System Resourcing (SSR) and are using these funds to provide direct services for HACC clients, then you should report using whichever of the standard HACC activity types is the best match. For example, if FSR money is used to provide HACC personal care, or to top up other HACC funds for personal care, or to provide an innovative service that can best be described as personal care—then Personal Care is the category to use in the MDS.

However, if SSR funds are not being used for direct service delivery to clients, then these funds are simply not counted. The MDS is not intended to account for an agency's total HACC funding. Please contact your Regional Program Advisor about how to report your use of these funds to them.

Reporting Meals at Centre

1. We have a lot of casual clients at a centre-based meals program. How do we report to the MDS?

This can be difficult. The MDS was not designed to collect information about casual clients. One method is to create an 'anonymous client record' and enter the total number of meals given to people without a proper client record. Talk to your DH regional contact or the HACC MDS help desk.

Reporting Volunteer Coordination

1. We receive funding for a Volunteer Coordinator. How should Volunteer Coordination be reported on the MDS?

It is reported as Volunteer Social Support. We want you to report the value of your Volunteer Coordinator's work, not their work time. This value is reflected in how many hours clients are spending with volunteers.

Remember that the HACC MDS is a client focussed data collection. You record the length of time the client receives a direct service, here meaning the time that a client spends with a Volunteer.

For example, if it is a dog walking service, you would count from the time of the volunteer's arrival at the client's home (say 2 pm) to the volunteer's final departure (3 pm). In this example, record 1 hour of Volunteer Social Support. Do not include the volunteer's time spent in travel to and from the client's home, attendance at training sessions or administrative tasks.

Since the MDS is not a time-and-motion study, it is enough to ask volunteers to estimate the hours of client contact.

2. How can hours of Social Support by volunteers be reconciled with my agency's performance target in the Service Agreement, which is about the Coordinator's paid hours?

It is true that the target does not correspond to the reported outputs for Volunteer Social Support. Nevertheless, the information about hours of service to individual clients is very useful in terms of planning, service development and accountability.

3. We use Volunteer Coordination funding to run a community transport service. How can we report this on the HACC MDS?

Report it as hours of Volunteer Social Support (assuming that the drivers are volunteers). Count the hours or minutes of each trip provided to a HACC client. To do this, you will need to create a client record for each regular passenger, and update it. An estimate of the duration of trips for each client during the quarter is sufficient. If all or most of the passengers are casuals, you will need to discuss the problem with your DHS HACC regional contact.

4. Our agency runs a Telelink service. How do we report this?

This service should be reported under Volunteer Social Support. For each client, record the hours of service. (In your service agreement, the funds will be described as Volunteer Coordination—Other.)

Consent and confidentiality of client data

1. Do we need to obtain the client's consent before including an extract from their data in the HACC MDS?

As part of client intake, your agency's HACC clients should be informed about the data-collection process and the steps taken to safeguard their data. A client may request that their data be excluded from this process. If so, this client record should be excluded from the quarterly MDS transmission. However, there is no requirement for obtaining a person's formal, signed consent in order for their data to be included in the national HACC MDS.

To inform people, we have suggested that agencies use the following as a Confidentiality Statement:

"Please note that [this organisation] is required to pass on some of the information it collects about the people who receive services funded under the Home & Community Care (HACC) Program [and/or the Aged Care Support for Carers Program, as relevant]. The information will be used for planning purposes, to ensure that resource levels are adequate and that the right services are available to meet demand. Some of the information we obtain from you will be sent to the Victorian Department of Human Services that administers the HACC program. The Department has adopted information privacy principles and uses strict security measures to prevent unauthorised access to the database. The Department of Human Services will forward this information to the Commonwealth Department of Health and Aged Care for statistical purposes. It cannot be used to affect your entitlements or access to HACC or other services. You have the right to look at any records about you held by our agency and to request correction of anything which is wrong or out of date. We assure you that no information which could identify you individually (or any family member or friend acting as carer) is forwarded to either State or Commonwealth departments. The limited information that we send is used only in order to improve overall services for all community care clients. Please let us know if you have any queries about this process, or if you do not wish material derived from your record to be included in the information that we normally send to the Department of Human Services."

2. Do we need to obtain the client's consent when filling out the SCTT forms?

Yes, if the SCTT is used for referrals. One of the SCTT forms is labelled 'Consumer Consent to Share Information'. As the title suggests, this form must be used if you want to forward the identifying information gathered in the SCTT forms to another service provider. This is because the SCTT forms contain the client's and/or the carer's real name, address and other personal information.

SCTT 2009: Functional Assessment Summary

1. What is the Functional Assessment Summary?

This is part of the Service Coordination Tool Templates (SCTT 2009) and should be used after a person has had an assessment at home or in a community health centre.

2. Must all HACC agencies fill in the Functional Assessment Summary?

No. The purpose of the form is to convey information to another agency about the level of dependency of a person your agency has assessed. Therefore you should fill in the SCTT Functional Assessment Summary only if:

- your agency is a designated HACC Assessment Service;
- you have actually done an assessment of the client's functional status; and
- you are making a referral

Agencies funded under certain DHS programs (such as Aged Care Assessment Services, Disability Services and HARP) will also use this tool.

These data items map to Victoria's HACC MDS Functional Status data items. So the Functional Assessment Summary can be used as a source of data for the HACC MDS version 2.

Multi-funded agencies

1. Our agency is funded by both the Community Health Program and HACC. How are we expected to report?

Many agencies are receiving funds from more than one government program, such as HACC and community health, but are running a single set of services. Information management arrangements should ensure that reported hours of output are consistent with the hours of input described in your HACC service agreement.

Assume that the HACC funds (after pooling), are going only to your clients eligible for HACC services. You could then use a formula based on the percentage of HACC funds in the pool. If 50% of your program funding is HACC, then it is appropriate to report 50% of the clients as HACC.

Alternatively, you could modify your information management system. Any relevant clients are reported as HACC clients but the hours of HACC service to each client are reduced by an appropriate percentage. Using the example above, this would be by 50%.

HACC Annual Fee Report: September

An annual data acquittal report will continue to be required for HACC agencies. A single total amount of Annual Fees collected from clients should be reported. The form will be available in August each year. You should return the form to your agency's DH regional contact by 30 September.

Dates

1. What if I am not sure about the client's (or carer's) date of birth?

When you are unable to determine the exact date of birth of a client or their carer, it is appropriate to estimate. Work out the year that they were born (approximately) and enter the date of birth as 01/01/Estimated Year of Birth. You will also need to select "Estimated" on the Date of Birth Estimate flag.

It is important to ensure that when estimated, an appropriate date is selected. If your information management system has a default date, please switch it off.

If you later find out the correct date of birth, and update your records, remember to change the Date of Birth estimate flag to 2 – "Not estimated".

2. I have created a schedule for service delivery to our clients for the next month. Can I enter this schedule as a record of service delivery?

No. You should only report what has actually happened, not what is planned to happen in the future. A cancelled or postponed visit to a client should not corrupt the data recorded in the MDS as hours actually delivered.

3. How are the following items used?

"Date of entry into HACC service episode"

"Date of exit from HACC service episode"

These items are intended to show the actual dates on which the client started and stopped being a HACC client – not the planned dates.

These dates should never be in the future. You may also need to check that they don't contradict other information – for example, the "Date of entry into HACC service episode" should be earlier than (or the same as) the "Date of last update".

4. What do I do when someone stops being my agency's client?

When you stop providing services to a client, you should record the "Date of exit from HACC service episode" as the last date of receipt of assistance.

You should also report the relevant reason in the 'Main reason for cessation of services' item.

Pensions and Benefits

1. Do I need to report the pension or other benefit that a client is receiving?

Yes, where you know that a client is receiving a pension or benefit, you should report this. Check exactly which type, in order to select the best option for the 'Government Pension/Benefit Status' MDS item.

According to Centrelink, no-one under 60 will be on the Aged Pension, and no-one under 16 can be on the Disability Support Pension.

If the care recipient is not on a Pension but the carer is, you do not need to report the carer's pension. In this situation, you would select – 'No Government pension or benefit'.

Language and Interpreters

1. When do I report that my client needs an interpreter?

A care recipient may require an interpreter if they prefer to speak a language other than English when arranging or receiving care.

Please check that your information management system does not default to recording a need for an interpreter. If you can, it would be sensible to include a warning in your computer system letting you know when you report both that an interpreter is needed and that the preferred language is English.

Reporting Respite

1. We receive funding for Respite. How do we report this?

HACC Respite Funding

If your agency has funding for HACC Respite, please report against the single item – Respite. The time is recorded in hours.

Aged Care Support for Carers Program Funding

If your agency has funding from this program, please use the HACC MDS to report.

For SCP Respite daytime in home, SCP Respite overnight in home non-active, SCP Respite overnight in home active – the time is recorded in hours and minutes.

For SCP Residential Respite, the time is recorded in whole days.

SCP Counselling and Support includes both one-to-one contacts and group support for carers. This time is recorded as hours and minutes.

SCP Goods and Equipment is recorded in whole dollars. This is for the purchase of items, or for use in brokerage funds, to assist the carer or care recipient.