

HACC Needs Identification for use with NEF

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Date of needs identification

HACC Linkage Key

Proposed date of review



Department of Health
Government of Western Australia



HACC Needs Identification version 2

FOR USE WITH NATIONAL ELECTRONIC FORM (NEF)

The HACC Needs Identification form is endorsed by the Aged Care Policy Directorate, Department of Health, as an instrument for screening and generic needs identification for clients in the Home and Community Care Program in Western Australia.

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SECTION A: CLIENT DETAILS

Use BLOCK (CAPITAL) letters

Surname/family name

--

First given name

--

Preferred name

--

Address

Street number and name		
Suburb/Town	State	Postcode
Mailing address		

Contact telephone number(s)

--

E-Mail

--

Date of birth (DD/MM/YYYY)

/	/
---	---

Date of birth estimated

Yes **No**

Gender (please tick)

Male

Female

**Preferred language/
communication issues**

--

**Interpreter
required**

Y / N

**Carer details
(1st emergency contact)**

Name, contact telephone number, relationship to care recipient
--

**Next of kin details
(2nd emergency contact)**

Name, contact telephone number, relationship to care recipient
--

General Practitioner details

Name, contact telephone number

Office Use Only	Date
Name	Agency
Signature	Telephone

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Agency and service specific information

<i>Office Use Only</i>	Date
Name	Agency
Signature	Telephone

SECTION B: ELIGIBILITY FOR HACC SERVICES

Complete this section after assessing the client against the Client Functional Screening items in Section C: NEF Information

- a **Does the client have an ongoing functional disability?** Yes No
Section C may need to be completed before this item can be answered.
- b **Does the client live in the community?** Yes No
The HACC Program definition for residence in the community excludes Commonwealth funded residential care.

If the answer is yes to both a and b, the client is eligible for HACC services.

- c **Describe the services or assistance that the client requires.**

- d **Has another service provider conducted a HACC Needs Identification for the client?**

Yes No

If yes, seek further details.

Name of agency, contact details, approximate date of screen/assessment

If the client has a Carer, complete this section and the Carer Information in Section C: NEF Information

If a care recipient is eligible to receive services funded under the HACC Program, then that person's carer is eligible for HACC funded respite and counselling, support information and advocacy services. However, if the identified carer is eligible for other HACC funded service types in his or her own right, a separate HNI should be completed for that person.

- a **Describe the services or assistance that the carer seeks.**

If HACC funded respite and counselling, support information and advocacy services can be provided to the carer, complete the following item and the Carer Information in Section 6: NEF Information.

- b **Has another service provider completed a Carer Supplement for you?**

Yes No

If yes, then seek further details.

Name of agency, contact details, approximate date of completion

Office Use Only	Date
Name	Agency
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HACC Linkage Key

Agency and service specific information

<i>Office Use Only</i>	Date
Name	Agency
Signature	Telephone

SECTION C: NEF INFORMATION

Client Details

Client SLK Information Missing

1 First Given Name

2 Family Name

3 Date of Birth DD MM YYYY

4 Tick if Date of Birth is Estimated

5 Gender

6 SLK

7 Area of Residence

<input type="checkbox"/> 1 – Australian Capital Territory	<input type="checkbox"/> 4 – Other Territories	<input type="checkbox"/> 7 – Tasmania
<input type="checkbox"/> 2 – New South Wales	<input type="checkbox"/> 5 – Queensland	<input type="checkbox"/> 8 – Victoria
<input type="checkbox"/> 3 – Northern Territory	<input type="checkbox"/> 6 – South Australia	<input type="checkbox"/> 9 – Western Australia

8 Suburb/Town/Locality

9 Post Code

10 Country of Birth

11 Main Language

12 Indigenous Status

- Aboriginal but not Torres Strait Islander origin
- Torres Strait Islander but not Aboriginal origin
- Both Aboriginal and Torres Strait Islander origin
- Neither Aboriginal nor Torres Strait Islander origin
- Not stated/inadequately described

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Client Circumstances

13 Does the Client have a Carer?

- 1 – Has a carer
- 2 – Has no carer
- 3 – Not stated/inadequately described

14 Living Arrangements

- 1 – Lives alone
- 2 – Lives with family
- 3 – Lives with others
- 4 – Not stated/inadequately described

15 Government pension/benefits

- 1 – Aged Pension
- 2 – Carer Payment (Pension)
- 3 – Disability Support Pension
- 4 – No government pension or benefit
- 5 – Not stated/inadequately described
- 6 – Other government pension or benefit
- 7 – Unemployment related benefits
- 8 – Veterans' Affairs Pension

16 DVA card

- 1 – DVA gold card
- 2 – DVA white card
- 3 – No DVA card
- 4 – Not stated/inadequately described
- 5 – Other DVA card

17 Accommodation Setting

- 1 – Boarding house/private hotel
- 2 – Independent living unit within a retirement village
- 3 – Institutional setting
- 4 – Not stated/inadequately described
- 5 – Other
- 6 – Private residence – owned/purchasing
- 7 – Private residence – private rental
- 8 – Private residence – public rental
- 9 – Private residence rented from Aboriginal Community
- 10 – Public place/temporary shelter
- 11 – Short term
- 12 – Supported accommodation

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Client Functional Screening - Domestic and Self Care Functions

(Use this form as a checklist for the functional areas to explore in-depth with the client)

- 18 Can you do your housework?
- Completely unable to do housework?
 - With some help (can do light housework but need help with heavy housework)?
 - Without help (can clean floors etc)?
- 19 Can you get to places out of walking distance?
- Completely unable to travel unless emergency arrangements are made for a specialised vehicle like an ambulance?
 - With some help (need someone to help you or go with you when travelling)?
 - Without help (can drive your own car, or travel alone on buses or taxis)?
- 20 Can you go out shopping for groceries or clothes (assuming you have access to transport?)
- Completely unable to any shopping?
 - With some help (need someone to go with you on all shopping trips)?
 - Without help (taking care of all shopping needs yourself)?
- 21 Can you take your own medicine?
- Completely unable to take your own medicines?
 - With some help (able to take medication if someone prepares it for you and/or reminds you to take it)?
 - Without help (in the right doses at the right time)?
- 22 Can you handle your own money?
- Completely unable to handle money?
 - With some help (manage day-to-day buying but need help with managing your cheque book and paying bills)?
 - Without help (write cheques, pay bills etc)?
- 23 Can you walk?
- Completely unable to walk?
 - With some help from a person or with the use of a walker, or crutches etc?
 - Without help (except for a cane or similar)?
- 24 Can you take a bath or shower?
- Completely unable to bathe?
 - With some help (eg, need help getting into or out of the tub)?
 - Without help?

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Client Functional Screening – Cognition and Behaviour

The client should not be asked to answer the following questions. The items should be completed on the basis of all information available to you, including your judgement, referral information, client notes or information from a carer or relative.

- 25 Does the client have memory problems or get confused?
- Yes
 - No
- 26 Does the client have any behavioural problems?
- Yes
 - No

Further comments:

Client Functional Screening – Domestic and Self Care Functions (continued)

- 27 Do you ever need help to communicate?
- No
 - Yes, always
 - Yes, sometimes
- 28 Can you dress yourself?
- Completely unable to dress yourself?
 - With some help?
 - Without help?
- 29 Can you manage your eating?
- Completely unable to eat without help?
 - With some help?
 - Without help?

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**Client Functional Screening - Domestic & Self Care Functions
(continued)**

- 30 Can you manage your toilet use?
- Completely unable to manage the toilet without help?
 - With some help?
 - Without help?
- 31 Do you ever need help to get out of bed or move around at home (or places away from home)?
- No
 - Yes, always
 - Yes, sometimes

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(The next six (6) questions are not reported in the NEF but form part of the HACC assessment as best practice)

Can you use the telephone?

- No
- Yes, always
- Yes, sometimes

Can you prepare your own food?

- No
- Yes, always
- Yes, sometimes

Can you do your laundry (not including ironing)?

- No
- Yes, always
- Yes, sometimes

Can you climb or descend stairs?

- No
- Yes, always
- Yes, sometimes

Can you manage your grooming?

- No
- Yes, always
- Yes, sometimes

Can you manage your bowels (faecal continence) and your bladder (urinary continence)?

- No
- Yes, always
- Yes, sometimes

Further comments:

Office Use Only	Date
Name	Agency
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Carer Support

	Always available	Sometimes available	Not available
Do you currently get regular help from a family member or an unpaid carer for domestic and/or self care tasks? ^④	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)
<i>If assistance is sometimes or always available, provide brief description</i>			
	Yes	Limited	No
If you currently get help from a family member or an unpaid carer, is this help likely to be ongoing? ^④	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)

If the client gets regular ongoing support go to Q32 otherwise go to Q47.

Carer SLK Information Missing

32 Carer First Given Name

33 Carer Family Name

Carer Address

34 Carer Date of Birth DD MM YYYY

35 Tick if Date of Birth is Estimated

36 Carer Gender

37 Carer SLK

38 Area of Residence

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 – Australian Capital Territory | <input type="checkbox"/> 4 – Other Territories | <input type="checkbox"/> 7 – Tasmania |
| <input type="checkbox"/> 2 – New South Wales | <input type="checkbox"/> 5 – Queensland | <input type="checkbox"/> 8 – Victoria |
| <input type="checkbox"/> 3 – Northern Territory | <input type="checkbox"/> 6 – South Australia | <input type="checkbox"/> 9 – Western Australia |

39 Suburb/Town/Locality

40 Post Code

41 Country of Birth

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Carer Information (continued)

42 Main Language

--

- 43 Indigenous Status
- Aboriginal but not Torres Strait Islander origin
 - Torres Strait Islander but not Aboriginal origin
 - Both Aboriginal and Torres Strait Islander origin
 - Neither Aboriginal nor Torres Strait Islander origin
 - Not stated/inadequately described

- 44 Does the carer live with the care recipient?
- 1 – (No) Non-resident Carer
 - 2 – (Yes) Co-resident Carer
 - 3 – Not stated/inadequately described

- 45 Relationship of carer to care recipient
- | | |
|--|--|
| <input type="checkbox"/> 1 – Friend/neighbour | <input type="checkbox"/> 5 – Son or daughter |
| <input type="checkbox"/> 2 – Not stated/inadequately described | <input type="checkbox"/> 6 – Son-in-law or daughter-in-law |
| <input type="checkbox"/> 3 – Other relative | <input type="checkbox"/> 7 – Spouse/partner |
| <input type="checkbox"/> 4 – Parent | |

- 46 Does the carer care for more than one person?
- Yes
 - No

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Service Information

47 Source of Referral for Current or Most Recent Service Episode

- | | |
|--|---|
| <input type="checkbox"/> 1 – Aboriginal health service | <input type="checkbox"/> 9 – Not stated/inadequately described |
| <input type="checkbox"/> 2 – Aged Care Assessment Team | <input type="checkbox"/> 10 – Other |
| <input type="checkbox"/> 3 – Community nursing | <input type="checkbox"/> 11 – Other community-based service |
| <input type="checkbox"/> 4 – Extended care | <input type="checkbox"/> 12 – Other medical/health service |
| <input type="checkbox"/> 5 – Family/significant other | <input type="checkbox"/> 13 – Palliative care facility/hospice |
| <input type="checkbox"/> 6 – GP/medical practitioner | <input type="checkbox"/> 14 – Psychiatric/mental health service |
| <input type="checkbox"/> 7 – Hospital | <input type="checkbox"/> 15 – Residential aged care facility |
| <input type="checkbox"/> 8 – Law enforcement agency | <input type="checkbox"/> 16 – Self |

48 Date of Last Update
 (Date of last assessment or review) DD MM YYYY

49 Date of Entry into HACC Service Episode
 (Date first received service) DD MM YYYY

50 Date of Exit from HACC Service Episode DD MM YYYY

Office Use Only	Date
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SECTION D: INFORMATION SHARING

CLIENT

Read the following statement to the client.

It may be necessary to provide information about you to other individuals and agencies to ensure the most appropriate community care and support services can be provided to you. In addition, de-identified client demographic and service provision information is routinely provided to the HACC Program for planning purposes. You can withdraw your consent to the sharing of your personal information at any time.

Statement has been explained to the client

 Yes No

Variations made by client

CARER

Read the following statement to the carer.

It may be necessary to provide information about you to other individuals and agencies to ensure the most appropriate community care and support services can be provided to you and the person for whom you provide care. In addition, de-identified demographic and service provision information is routinely provided to the HACC Program for planning purposes. You can withdraw your consent to the sharing of your personal information at any time.

Statement has been explained to the carer

 Yes No

Variations made by carer

Office Use Only	Date
Name	Agency
Signature	Telephone