

**Home and Community Care (HACC)
Program Western Australia**

MDS WA User Guide

January 2009



**Government of Western Australia
Department of Health**

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THE HACCC MDS

The data elements included in the HACCC Minimum Data Set (MDS) and defined in the HACCC National MDS User Guide Data Dictionary 2.0 are considered to be the minimum information requirements for management within the HACCC program.

They relate to:

- The characteristics of care recipients (e.g. sex, age, indigenous status, functional status items)
- The circumstances of care recipients (e.g. where they live, whether they have a carer)
- The characteristics of carers (e.g. age, sex, indigenous status)
- Information about the service episode (e.g. source of referral, date of entry, date of last update)
- The assistance received by care recipients and carers from the HACCC program (e.g. amounts and types of assistance received).

It is important that valid and accurate data are recorded for all data elements as this provides valuable information to be used for planning future services and managing the HACCC program.

For more in-depth details on all data elements, please refer to the National MDS Guidelines available at the following website:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/hacc-mds.htm>

PURPOSE OF THIS GUIDE

This guide should represent an easy-to-use reference source for MDS. The main focus of the document is to provide definitions of HACCC service type definitions and recording service type guidelines.

WHO NEEDS TO COMPLETE HACCC MDS

All HACCC-funded agencies that provide support services to **HACCC clients** are required to complete the HACCC MDS and report to the National Data Repository (NDR).

When an agency is funded to provide a support service, but brokers out the delivery of that support service to another agency, they remain responsible for the reporting of that assistance, i.e. the agency *purchasing* the support services is the agency that reports the data to the NDR. The service delivery should be reported as stated in this Guide.

WHO IS A HACC CLIENT?

A HACC client is generally defined as a frail older person or a person with a disability, who has an ongoing functional limitation which is impacting on their ability to manage day to day activities. Through accessing HACC support, they are assisted to remain living at home. They are also described as **care recipients**.

Some of these care recipients may receive support from others such as a family member, friend or neighbour to enable them to remain living at home. Where the support provided is ongoing, unpaid (other than a pension or benefit) and not organised by formal services, the people providing this support are known as **carers** and are also eligible for some types of HACC support.

For the purposes of MDS, information about the care recipient and their carer (if there is one) is recorded **on the same client record**.

Therefore, **a client record can be made up of either:**

- A care recipient only (if the person has no carer); or
- A care recipient and their carer where one or both are receiving support through the HACC Program

There can be situations where the carer may also receive support from HACC due to their own frailty or disability, i.e. **outside of their role as a carer**. If this is the case, your agency should maintain a separate HACC client record for that person as a care recipient.

For example:

Mrs Jones cares for her husband who is quite frail and suffering from dementia. A HACC agency provides Mr Jones with Personal Care and Mrs Jones with Respite to allow her a break from her caring role. The Respite Care will be **recorded on Mr Jones’ client record** along with the Personal Care. Mrs Jones’ details, as the carer, must be included on her husband’s client record.

Mrs Jones is also quite frail and assessed as eligible for support, **outside of her role as a carer**, e.g. to get to medical appointments (Transport), then the agency will maintain a **separate client record** for Mrs Jones with the relevant service types recorded.

The following table may clarify how service types should be allocated on each client record.

Client Record	Care Recipient details	Carer Details	Care Recipient Services	Carer Services
1 Mr Jones	Mr Jones details	Mrs Jones details	Personal Care	Respite Care
2 Mrs Jones	Mrs Jones details	-	Transport	-

HACC SERVICE TYPES FUNDED IN WA

- Allied Health (Home and Centre)
- Assessment
- Centre-Based Day Care
- Client Care Coordination
- Counselling Support, Information and Advocacy (for Carer and Care Recipient)
- Domestic Assistance
- Formal Linen Service
- Home Maintenance
- Home Modification
- Meals (Home and Centre)
- Nursing Care (Home and Centre)
- Other Food Services
- Personal Care
- Provision of Goods and Equipment
- Respite Care (for Carer)
- Social Support
- Transport

HACC provides basic support to build and maintain people's skills so that they can carry out essential everyday activities and continue living independently in the community.

The following services are generally outside the scope of the HACC Program and are funded by other government departments and programs:

- Accommodation services
- Acute and post-acute care (early hospital discharge) services
- Rehabilitative services
- Specific disability services
- Services primarily for families in crisis
- Palliative care services

(For more information on service guidelines, refer to pages 9-10 of National HACC Program Guidelines 2007)

The National HACC Program Guidelines 2007 contain a wealth of information of value to service providers.

It is recommended that service providers regularly read the guidelines to ensure they are delivering services in accordance with the guidelines. These are available for download at the Australian Home and Community Care Website at:

http://www.health.gov.au/internet/main/publishing.nsf/Content/hacc-pub_pg_npg.htm

RECORDING OF SERVICE TYPES

When deciding whether and which service type(s) should be recorded as part of HACC MDS, consider the following:

- **Only activity directly related to HACC clients should be reported**

The purpose of MDS is to collect information about HACC clients, including their characteristics, circumstances and the HACC supports that they receive.

It is not the purpose of MDS to account for all the activities, time and expenditure of the HACC-funded organisations. The following activities, for example, should not be reported as part of MDS but should be built in to the unit costs associated with service delivery:

- General administrative time that is not associated with individual clients
- Overheads associated with delivering HACC services
- Time involved (for care workers) in travelling to and from the client(s) home prior to and after support delivery

Some frequently asked questions in relation to this item are clarified below:

Travel time

Care worker travel time should be reported in MDS when it is an integral part of the actual service delivery for the client(s). For example:

- If the care worker(s) and the client(s) travel together in order to do shopping, banking, bill paying or on a group social excursion this would be included in the Social Support volume.
- If travel is part of an excursion from a CBDC, this would be included in the CBDC volume.
- If rubbish (collected as part of a yard clean-up) is taken to a tip on behalf of a client, this would be recorded as part of the Home Maintenance volume.
- If the care worker travels without the client to do shopping, bill paying etc for the client, this would be included as part of the Domestic Assistance volume.

Support where the client is not present

'Activity directly related to the client' will usually involve the care worker being physically present with the client, but there are some exceptions to this. Client Care Coordination is the prime one, with the care worker carrying out that support away from the client. Some other service type supports may also involve support provision away from the client at times. For example:

- Telephone-based screening processes

- Completion/ documentation of a client support plan back at the office after a face-to-face assessment
- travel time which is part of the provision of a Domestic Assistance or Home Maintenance support service (See above under travel time)

- **Only activity that is HACC-funded should be reported**

Agencies often have more than one funding source. They may be providing HACC services as well as similar services as part of other programs e.g. Department of Veterans' Affairs.

It is imperative, that only HACC-funded clients and activity are identified for reporting in HACC MDS.

- **Alternative reporting mechanisms for non-MDS activity should be agreed between HACC Project Officers and agencies.**
- **Cancelled service delivery should not be reported**

If the client has not received the service (for whatever reason) it should not be reported in MDS. Organisations should usually build into their Unit Cost a certain number of unplanned cancellations.

- **Volunteers**

Hours of service delivered by volunteers are treated the same as paid employees, i.e. all of the service hours are reported in MDS. (The difference between using volunteers and paid workers would be reflected in the Unit Cost).

- **Generally, only contracted service types should be reported (and provided) by each agency**

Agencies need to ensure they are only delivering support services for which they have been contracted to provide. If the situation arises where there is a need to provide additional service types on an ongoing basis, the agency should discuss this with their Project Officer.

Where an agency assesses a client as requiring an ongoing service type support that they are not contracted to provide, they should direct the client to another agency that is funded to provide that service type support.

- **The primary purpose of the activity should usually be reported**

The service type that is the primary purpose of each occasion of service should be recorded.

However, an exception to this is where care recipients are attending a day centre facility for general activities, this should always be recorded as 'Centre-Base Day Care', even if the primary purpose is to provide carers with some respite.

Where more than one service type is provided as the primary purpose(s) of an occasion of service, then more than one service type should be recorded. An example of this is:

At the face to face assessment the client had identified with the assessor some everyday and personal activities that they experience difficulties with and the assistance they require has been outlined in the support plan. Accordingly, on each occasion of service, the support worker assists the client with areas of personal care that the client finds difficult. The support worker then assists the client with hanging out of clothes (domestic assistance) as the client is unable to manage this on their own. The support worker then accompanies the client to assist them with grocery shopping.

Personal Care, Domestic Assistance and Social Support should all be recorded as they are all primary purposes of the visit e.g. 30 minutes of Personal Care, 20 minutes of Domestic Assistance and 1.5 hours of Social Support.

However, when an extra service type is provided incidentally to the primary purpose, it should not be recorded. An example of this is:

A support worker, who is assisting the client with domestic activities, spends a short time supporting the client to prepare their own lunch. This should only be recorded as Domestic Assistance.

Note: *This may indicate a need to review the client and their support plan i.e. a need for Other Food Services support?*

Depending on the type of assistance the client has received you will need to record the amount in terms of **time** using hours and minutes, or **quantity** using a frequency or number, or **cost** using dollars.

Time is used to record amount of assistance for the following service types:

- Allied Health
- Assessment
- Centre-Based Day Care
- Client Care Coordination
- Counselling/Support, Information and Advocacy
- Domestic Assistance
- Home Maintenance
- Nursing Care
- Other Food Services
- Personal Care
- Respite Care
- Social Support

Note: The time taken for staff to travel to and from a client's home to deliver a service should **not** be recorded as part of the service delivery. However, when travel is part of the actual service delivery, for example, going shopping on behalf of a client or accompanying a client to a social group, it should be recorded as part of the total service delivery time.

Quantity is used to record amount of assistance for the following service types:

- Formal Linen Services – *number of deliveries*.
- Provision of Goods and Equipment (self-care aids, support and mobility aids, communication aids, aids for reading, medical care aids, car modifications, other goods and equipment) – *number of items*.
- Meals – *number of meals delivered*.
- Transport – *number of one-way trips*.

Cost is used to record the amount of assistance for the following service type:

- Home Modification – *dollar value*.

Note: Quantities of each service type should be recorded as accurately as possible. This is particularly important for time-based services, which should be estimated and recorded to the **nearest five minutes**.

At the end of each quarterly collection period, the quantities of each service type received by each client should be totalled for reporting to the NDR. For time-based services, the total quantity for each client should be rounded up to the nearest whole hour at this point (N.B. this is usually done automatically by the software).

Note: Client hours are only rounded up to the nearest whole hour once for each collection/reporting period, i.e. at the end of three months.

The Western Australian interpretations of service type definitions and reporting guidelines are detailed on the following pages.

Queries in relation to recording any of these service types should be addressed through email to: haccwa@health.wa.gov.au

OTHER RESOURCES

The National MDS website:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/hacc-mds.htm>

HACC MDS REPORTING PROCESS

HACC MDS reporting occurs on a quarterly basis by the fifteenth business day of the reporting month. Reporting as early as possible in the month ensures that there is sufficient time to make corrections and re-submit if/ as required.

Quarterly MDS data should be sent to the National Data Repository (NDR) at:

mdssubmission@haccmds.gov.au

At the same time, service providers should 'cc' a copy of the MDS data to the HACC mailbox:

haccwa@health.wa.gov.au

On submitting your data, **you should receive two response emails** (within 24 hours) **from the NDR**.

If you do not receive these response emails from the NDR, check that the email address you used was correct. If you are sure it was correct but you have had no response, you should contact the [NDR Helpdesk](#):

Ph: 1800 638 427

You should also receive an email from HACC WA within a week, which will include an attached summary of your data. **You should check this summary to ensure that your reported volumes look correct.**

ALLIED HEALTH

Definition:

Allied Health refers to professional Allied Health staff providing care services that promote independence and maintain general physical and mental functioning, including a wide range of specialist services to enhance nutrition, strength, mobility, and safety:

- Podiatry
- Social work
- Occupational therapy
- Speech pathology
- Physiotherapy
- Advice **from** a dietician or nutritionist

Allied Health can be provided at a centre although, in WA, most Allied Health services are provided at home.

Reporting: Allied Health is reported in hours at either home or centre.

ALLIED HEALTH

DESCRIPTION/ EXAMPLES OF SERVICE PROVIDED	REPORT AS
Allied Health services provided by an Allied Health professional in the client's home or at a centre/ other facility	Allied Health (Home or Centre)
Allied Health service provided by Allied Health professional one-on-one to client whilst attending a Centre-Based Day Care program	Allied Health (Centre) + Centre-Based Day Care
Allied Health assessment activities (e.g. measurements/ observations) performed as part of Allied Health service delivery to client in a client's home or in a centre	Allied Health (Home or Centre)
Physiotherapy services in client's home to check mobility and provide instruction in walking aid use	Allied Health (Home)
Provision of transport to client attending a non-HACC-funded podiatry appointment. The client is <u>not accompanied</u> at the appointment	Transport
Exercise classes conducted as a regular activity within a Centre-Based Day Care program	Centre-Based Day Care
Menu and cooking advice provided at home	Other Food Service
Physiotherapy and Occupational Therapy as part of a post-acute episode	Do not record (hospital discharge responsibility)
Physiotherapy and Occupational Therapy as part of the Personal Enablement Program (PEP) in client's home. <i>Note: PEP is a specialised HACC funded program</i>	Allied Health (Home)

ASSESSMENT

Definition:

Assessment covers the spectrum of activities associated with client intake and review when directly attributable to individual care recipients and their carers (where they have them).

This includes:

- Screening for eligibility using either the HACC Needs Identification (HNI) or approved equivalent form
- In-depth face-to-face assessments using a wellness capacity building approach to identify a person's specific support needs
- Development of support plans, with the client, that focus on building the client's capacity to undertake activities of daily living and optimise their independence
- Falls risk assessments
- Occupational Safety and Health (OSH) assessments undertaken by the agency in relation to service delivery and
- Reassessment of the ongoing needs of the care recipient and their carer (if there is one)

N.B. should be performed as required and based on assessment/goals of support plan or, at the very least, on an annual basis.

As part of any activity associated with client intake or review, specific information about client characteristics and circumstances (as per the HNI) should be collected or updated. These should then be entered or updated in the MDS software and the 'Date of Last Update' should reflect the date of this review.

Note: *Assessment is only reported in MDS if the person is a HACC client, i.e. they are assessed as HACC- eligible*

Reporting:

Assessment is reported in hours.

ASSESSMENT

DESCRIPTION/EXAMPLES OF SERVICE PROVIDED	REPORT AS
<u>Initial screening</u> to determine HACC eligibility - <u>is assessed as eligible</u>	Assessment
<u>Initial screening</u> to determine HACC eligibility - <u>is assessed as not eligible</u>	Do not record
<u>Initial screening</u> to determine HACC eligibility is <u>performed by a Nurse</u> – <u>is assessed as eligible</u> (and starts to <u>receive direct care services</u>)	Assessment + (<i>relevant direct care services</i>)
<u>Initial screening</u> to determine HACC eligibility <u>performed by Agency 1 over the telephone</u> – <u>is assessed as eligible</u> but is <u>referred to Agency 2 for a face to face assessment to determine specific support needs and development of a support plan</u>	Assessment by Agency 1 + 2
<u>Face to face assessment to confirm need for support service and to determine type and level of support required. Determines client's functional limitations, their abilities, and capacities and other needs and/or resources. Includes the development of a goal orientated support plan established in partnership with the client and/or carer</u>	Assessment
Client <u>review / re-assessment</u> - <u>remains HACC eligible</u>	Assessment
Client <u>review / re-assessment</u> - is deemed <u>no longer HACC eligible</u>	Assessment
<u>Face to face (post-screening) assessment</u> of clients that includes <u>in-depth history taking, examination, observation and measurement/testing</u>	Assessment
<u>OHS assessment</u> of client's home prior to delivery of home based services	Assessment
<u>Nursing assessment activities</u> (e.g. measurements/ observations) performed <u>as part of Nursing Care service delivery</u> to client	Nursing Care
Initial screening to determine HACC eligibility – is assessed as eligible but not a high priority and is waitlisted	Assessment
Development of a support plan in partnership with the client	Assessment
Assessment of the client's functional and cognitive capacity and limitations, and other needs, strengths, abilities, and resources	Assessment

CASE MANAGEMENT

From July 1 2009 Case Management will not be a funded service in Western Australia.

Case Management will no longer be funded in WA. Funds previously allocated to Case Management should be transferred to provision of Client Care Coordination and, likewise, activity previously recorded and reported as Case Management should be recorded and reported as Client Care Coordination.

CENTRE-BASED DAY CARE

Definition:

Centre-Based Day Care refers to group activities conducted in a centre based setting, i.e. at, or from, a fixed facility. It is designed to develop, maintain or support a client to regain or retain skills which actively supports independent living and social interaction. These can include group excursions and activities conducted by centre-based staff but held away from the centre. Care recipients may attend Centre-Based Day Care programs as part of a respite plan for the carer (this will always be reported as CBDC).

Note:

- Meals provided as part of a Centre-Based Day Care program should be provided at full cost recovery to the client. They should **not** be incorporated in the contract and should **not** be reported to the NDR through the HACCC MDS. The Service Specification Schedule (SSS) should **not** identify these meals.
- Any transport associated with getting clients to and from the centre should be reported separately as Transport.

Reporting:

Centre-Based Day Care is reported in hours for each client in a group.

CENTRE-BASED DAY CARE

DESCRIPTION/EXAMPLES OF SERVICE PROVIDED	REPORT AS
Assistance provided to support <u>group activities</u> in a <u>centre-based facility</u>	Centre-Based Day Care
Assistance provided to support <u>group activities</u> in a <u>centre-based facility</u> including assistance to attend the centre through provision of transport to/ from the centre	Centre-Based Day Care Transport
Support/ assistance to <u>provide social contact/ interaction</u> in a group setting - <u>at a facility</u> and <u>as part of a regular Centre-Based Day Care program</u>	Centre-Based Day Care
Support/ assistance to <u>provide social contact/ interaction</u> in group setting outside the home - <u>not at a facility (on some occasions)</u> but <u>as part of a regular Centre-Based Day Care program</u>	Centre-Based Day Care

Support/assistance to provide social contact/interaction in a group setting outside the home – not at a facility (a regular outing/excursion) but as part of a regular Centre-Based Day Care program, with clients also transported to and from their homes.	Centre-Based Day Care (excursion hours) Transport (to and from client's home)
Respite provided to carer through support for care recipient (<u>social contact/ interaction</u>) in a group setting - <u>at a facility</u> and <u>as part of a regular Centre-Based Day Care program</u>	Centre-Based Day Care
<u>Exercise classes</u> conducted as a regular activity within a <u>Centre-Based Day Care program</u>	Centre-Based Day Care
Whilst attending a <u>Centre-Based Day Care program</u> a client requires <u>some assistance with toileting</u>	Centre-Based Day Care
Support/ assistance with <u>taking medication</u> whilst attending a <u>Centre-Based Day Care program</u>	Centre-Based Day Care
<u>Hairdressing</u> performed for client whilst attending a <u>Centre-Based Day Care program</u>	Centre-Based Day Care
Assistance with <u>showering at a centre</u> when facilities may not be adequate at client's home	Personal Care
<u>A mobile</u> Centre-Based Day Care program where a bus takes care recipients on regular and planned outings or where staff activities and equipment are set up in different locations and days as part of a regular and planned Centre-Based Day Care program	Centre-Based Day Care
Agency 1 funds and operates <u>Centre-Based Day Care</u> at Agency 2	Centre-Based Day Care (by Agency 1)
Agency 3 and 4 transport and provide staff to support their clients to attend a <u>combined Centre-Based Day Care program</u>	Centre-Based Day Care and Transport (by Agency 3 & 4)
Agency 3 and 4 <u>transport</u> clients to a <u>Centre-Based Day Care program</u> at Agency 1	Transport (by Agency 3 & 4) Centre-Based Day Care (by Agency 1)
<u>Carer support group</u> conducted for known HACC clients (carers) at a <u>Centre-Based Day Care facility</u>	CSIA (carers)
<u>Meal provided as part of a Centre-Based Day Care program</u>	Not reported – provided at full cost recovery
<u>MOW agency delivers meals to the Centre-Based Day Care facility for HACC eligible clients</u>	Meals (Centre) by MOW agency

CLIENT CARE COORDINATION

Definition:

Client Care Coordination (CCC) is activity associated with the implementation of the client support plan. It may involve the facilitation of access to support services and/ or the coordination of appropriate support services for the client.

Importantly, the reporting of Client Care Coordination in MDS infers a level of complexity in the client and/ or their support plan such that more than one service type from more than one provider (HACC or non-HACC) is being accessed and/ or provided.

Where access is being facilitated, this will usually involve access to external support including other HACC providers, non-HACC providers, other programs or other types of community support. It will usually involve clients with special needs requiring a higher level of support to access appropriate services or clients with needs that will be more appropriately met elsewhere. This form of CCC is more likely to be short-term, as once access to the appropriate supports is achieved, the coordinating HACC organisation may no longer be involved.

Where services are being coordinated by a HACC organisation, this will usually involve more than one support service type from the provider and/ or other HACC providers. It may also involve liaison with other HACC providers or non-HACC providers in order to ensure provision of more effective supports for the client. In these situations, support is likely to be more ongoing.

It should be noted that most HACC clients receive only one direct care HACC service type* within a year. Whilst some degree of coordination may still occur, this would generally be considered as part of administrative costs and incorporated into the unit cost to provide the service. It would not be reported as Client Care Coordination.

If organisations are unsure whether the degree of complexity or special needs of their clients warrants the provision and reporting of CCC, they should discuss this with their Project Officer.

** WA HACC MDS 2007/08 indicates only half of all HACC clients received more than one direct care service type within the year.*

CLIENT CARE COORDINATION

DESCRIPTION/EXAMPLES OF SERVICE PROVIDED	REPORT AS
Coordination of a range of services for a client with a mental health issue that requires short term intensive liaison between various agency workers and community mental health teams	Client Care Coordination
Coordinating support services for a non-English speaking client (facilitated by an interpreter) who requires several different services from different agencies	Client Care Coordination
Administrative work (e.g. drawing up rosters, processing accounts, booking/or cancelling services with brokered agencies or completing time sheets), supporting direct support staff, personnel management, or attendance at staff meetings or training programs	Do not report
A case conference between different providers to facilitate service provision for a specific client with special needs	Client Care Coordination
Routine staff meeting to discuss a range of client issues	Do not report
Client review/ reassessment	Assessment
Implement a support plan requiring broader <u>liaison</u> with <u>other service providers</u> and agency workers with respect to the ongoing needs of the client	Client Care Coordination
Ongoing planning involving active monitoring of a complex client's needs by way of liaison with specialist providers, health professionals and other service providers, workers and organisations	Client Care Coordination
Respond to the changing needs of a complex client and when appropriate link with specialist services and other providers and initiate changes and outcomes that arise	Client Care Coordination
Acting as the contact point with a complex client's GP and providing feedback to other service providers and specialist individuals involved in service provision	Client Care Coordination
Client's family place an administration/guardianship application for the client. Advocare or other HACC agency provides support to the client to challenge the application	CSIA (care recipient)
Liaison and referral to non-HACC community organisations on behalf of the client (particularly where there is social isolation, cognitive impairment or carer stress)	Client Care Coordination
Management of a client's exit from services to a higher level of support/residential care	Client Care Coordination

COUNSELLING/SUPPORT, INFORMATION AND ADVOCACY (Care Recipient and Carer)

Definition:

Counselling/Support, Information and Advocacy (CSIA) covers a number of support services to help clients and carers deal with their situation.

The service types can be provided either face to face or over the telephone and are typically provided as one-on-one counselling, advice, and information but can be conducted in a group setting.

Note: Counselling does not need to be provided by a trained counsellor.

Care Recipient

CSIA (Care Recipient) refers to assistance with understanding and managing situations, behaviours and relationships associated with the person's need for care. It also includes support for care recipients in accessing and using general community services (advocacy) as well as provision of training, advice and information.

Carer

CSIA (Carer) refers to assistance with understanding and managing situations, behaviours and relationships associated with the caring role. It also includes support for carers in accessing and using general community services (advocacy) as well as provision of training, advice and information to assist them in their caring role.

Note: when CSIA is being received by the carer, it is important that they are recorded as existing i.e. ticking or selecting "client has a carer" in the client management software and completing the carer details.

Reporting:

CSIA is reported in hours.

COUNSELLING/SUPPORT, INFORMATION AND ADVOCACY (Care Recipient and Carer)

DESCRIPTION/EXAMPLES OF SERVICE PROVIDED	REPORT AS
<u>Information</u> provided to an individual client about their condition (e.g. early dementia) and <u>advice given</u> on management and strategies to maintain independence and safety at home	CSIA (care recipient)
One-on-one support, with <u>advocacy</u> component, provided to a client in order to assist their participation within the community e.g. sort through issue with Centrelink	CSIA (care recipient)
Support/ assistance to do tasks outside the home but within the community such as <u>bill-paying, banking, shopping</u> (when client present)	Social Support
<u>Interpreting and cultural support</u> provided to CALD or ATSI client dealing with a mainstream service	CSIA (care recipient)
Carer support groups for known HACC clients (carers)	CSIA (carer)
Client's family place an administration/guardianship application for the client. Advocare or HACC agency provides support to the client to challenge the application	CSIA (care recipient)
Carer support groups for unknown (not identified) carers	Do not report
Education and training sessions provided for other HACC Agencies	Do not report
Provision of advice or information by telephone on an ad hoc basis to members of the community (not identified)	Do not report

Note: The HACC MDS only describes those activities of a HACC funded agency that are directly related or attributable to identifiable HACC persons who receive HACC funded assistance from the agency.

As such, CSIA activities should only be reported in the HACC MDS where the service is directly provided to a known (identified) HACC client (care recipient or carer).

DOMESTIC ASSISTANCE

Definition: Domestic Assistance refers to assistance with everyday household tasks.

Reporting: Domestic Assistance is reported in hours.

DOMESTIC ASSISTANCE

DESCRIPTION/ EXAMPLES OF SERVICE PROVIDED	REPORT AS
Supporting the client in their own home with identified everyday household tasks that they are unable to manage without assistance	Domestic Assistance
Facilitating the client to maintain their involvement and/or ability to manage their own household tasks	Domestic Assistance
Supporting the client in their home with occasional tasks such as heavy-cleaning which may only be required on an irregular basis	Domestic Assistance
Assistance with collecting and chopping firewood (rural and remote areas only)	Domestic Assistance
Providing access to and/or assistance with washing clothes provided at a centre if client has no washing machine	Domestic Assistance
Support client with preparation of a sandwich whilst primarily assisting with everyday household tasks	Domestic Assistance
Assistance with delivering water and washing blankets (remote areas only)	Domestic Assistance
Washing and feeding pets (not a HACC funded service)	Do not report
Support/assistance to do <u>activities that the client is unable to do themselves outside the home</u> such as <u>bill-paying, banking*</u> , <u>shopping</u> – <u>worker</u> does tasks <u>alone</u>	Domestic Assistance
Support/assistance to do <u>activities outside the home</u> such as <u>bill-paying, banking, shopping</u> – client and worker do <u>together</u>	Social Support
Support/assistance to do <u>activities outside the home</u> such as <u>bill-paying, banking, shopping</u> – worker <u>drives</u> client but <u>client</u> does activity <u>alone</u>	Transport
Assistance with window cleaning inside and out	Domestic Assistance

***Note:** Agencies should have a written money policy in place if they perform banking on behalf of clients

FORMAL LINEN SERVICE

Definition:

Formal Linen Service refers to the provision and laundering of linen, usually by a separate laundry facility or hospital.

Reporting:

Formal Linen Service is reported in quantity (number of collections). When used linen is collected from a client's home and replaced with fresh linen this is considered to be one collection.

FORMAL LINEN SERVICE

DESCRIPTION/EXAMPLES OF SERVICE PROVIDED	REPORT AS
Client's used linen is picked up for washing and fresh linen is provided	Formal Linen Service
Client's linen provided and laundered by an individual facility (hospital)	Formal Linen Service
Client's linen laundered by care worker in the client's home	Domestic Assistance
Client's linen taken to a Laundromat or centre to be laundered	Domestic Assistance

GOODS AND EQUIPMENT

Definition:

Provision of Goods and Equipment (PGE) refers to the loan or purchase of goods and equipment to assist the person cope with a disabling condition and maintain their independence. There are seven (7) categories:

- self-care aids
- support and mobility aids
- communication aids
- aids for reading
- medical care aids
- car modifications
- other goods and equipment

Reporting:

Provision of Goods and Equipment is reported in quantity (report total number of items in each category).

PROVISION OF GOODS AND EQUIPMENT

DESCRIPTION/EXAMPLES OF SERVICE PROVIDED	REPORT AS
Provision of walking frame to client	Provision of Goods and Equipment – support and mobility aids
Agency loans client aids for dressing	Provision of Goods and Equipment – self-care aids
Agency recommends that client purchase a walking frame, which client does subsequently from private organisation	Do not record
Organisation of loan of equipment such as shower chair and high toilet seat through hospital for a client discharged from hospital	Do not record
HACC funded agency owns equipment and loans to client	Provision of Goods and Equipment
HACC funded agency leases equipment and then loans equipment to client	Provision of Goods and Equipment

HOME MAINTENANCE

Definition:

Home Maintenance refers to assistance with minor home repairs and maintenance of the person’s home, garden or yard to maintain **safety**, independence and access of the client within the home.

Reporting:

Home Maintenance is reported in hours.

Note: *If three workers provide Home Maintenance services for an hour as part of a team then this assistance is reported as three hours.*

HOME MAINTENANCE

DESCRIPTION/EXAMPLES OF SERVICE PROVIDED	REPORT AS
Assistance with minor house repairs/ maintenance in the client’s home such as <u>changing light globes</u> and <u>batteries for smoke alarms</u>	Home Maintenance
Assistance with maintenance outside the home such as <u>weeding</u> , <u>lawn mowing</u> , <u>pruning</u> , <u>gutter cleaning</u> and <u>removal of rubbish</u>	Home Maintenance
Assistance with collecting/ chopping firewood (rural and remote areas only)	Domestic Assistance
Assistance with <u>window cleaning inside and out</u>	Domestic Assistance
Assistance with minor modifications of client’s home such as installation of handrails	Home Modification

HOME MODIFICATION

Definition:

Home Modification refers to minor structural changes to a client's home that will facilitate the client to retain their independence and mobility in their own home.

Home Modification should be a shared expense between the agency and the client.

Reporting:

Home Modification is reported as a cost to the agency [total cost minus client contribution].

HOME MODIFICATION

DESCRIPTION/EXAMPLES OF SERVICE PROVIDED	REPORT AS
Installation of grab rails, handrails, ramps, shower rails and other similar modifications.	Home Modification
Home modification provided through the local hospital upon discharge	Do not record

Note: Homeswest should be contacted for any modifications to Homeswest properties.

MEALS (Centre and Home)

Definition:

Meals refer to those meals that are delivered to the client. It does not include meals prepared for the client in the client's home.

Reporting:

Separate totals must be reported for:

Meals delivered to a client at home

Meals delivered to a Centre (or other setting).

Note: Meals provided by the HACC Program should be provided to clients at **full cost recovery** (client pays for meal) whether provided in the home, centre or as part of Centre-Based Day Care. The subsidy from the HACC Program assists with **costs associated with the delivery of meals** and is **not to offset meal production costs**. HACC clients are expected to cover the cost of the actual meals provided to them.

MEALS (Centre and Home)

DESCRIPTION/EXAMPLES OF SERVICE PROVIDED	REPORT AS
Provision of meals as part of Centre-Based Day Care program	Do not record meal - provided at <i>full cost recovery</i>
Meals delivered to the client's home	Meals (Home)
Meals delivered to a Centre-Based Day Care facility by Meals on Wheels (MOW) agency	Meals (Centre) - reported by MOW agency
Support client with preparation of a sandwich whilst primarily assisting with everyday household tasks	Domestic Assistance
Meal preparation (remote community that may involve collection or hunting) as part of a Centre-Based Day Care activity	Centre-Based Day Care Do not record meal
Provision of meals as part of a Centre-Based Day Care excursion	Centre-Based Day Care Do not record meal
Support with menu planning, and food preparation in client's home (client needs to be involved in the activity)	Other Food Services

NURSING CARE

Definition:

Nursing Care refers to professional nursing care provided by a registered or enrolled nurse. It incorporates education and community nursing activities such as chronic disease self management strategies and includes time spent recording observations of a client, where this is considered to be part of the nurse's duty of care. Nursing Care can be provided at home or at a centre.

Reporting: Nursing Care is reported in hours either at Home or at Centre.

NURSING CARE

DESCRIPTION/EXAMPLES OF SERVICE PROVIDED	REPORT AS
<u>Nursing services</u> provided by a <u>Nursing professional</u> in the clients home or at a centre/ other facility	Nursing Care (Home or Centre)
<u>Initial screening to determine HACC eligibility performed by a Nurse</u> – is assessed as eligible	Assessment
Nursing assessment activities (e.g. measurements/ observations) performed as part of <u>Nursing Care service delivery to client</u>	Nursing Care
Nursing provided as part of palliative care services	Do not record
A nurse liaising with the client's General Practitioner in order to provide appropriate support services	Nursing Care
Nursing provided as part of the Personal Enablement Program (PEP) in client's home. <i>Note: PEP is a specialised HACC funded program</i>	Nursing Care
<u>Referrals from GPs or consultant specialists</u> to provide an alternative to hospitalising patients who need sub-acute interventions (community nursing)	Do not record
<u>Specific Nursing services</u> such as care of chronic leg ulcers (diabetes), insulin injections for diabetes, education about control of diabetes	Nursing Care
<u>Community nursing activities such as chronic disease self management, nutrition, continence, pressure care, falls prevention</u>	Nursing Care
Taking client's blood pressure at home	Nursing Care

Note: HACC should not be providing services that are a hospital responsibility as part of an extended care service.

OTHER FOOD SERVICES

Definition:

Other Food Services refers to assistance with the preparation and cooking of a meal in the client's home and the provision of advice on nutrition, menu planning, and storage or food preparation.

Other Food Services should only be used when assistance with meal preparation is the primary purpose of the occasion of service.

It does not cover the delivery of a meal prepared elsewhere.

Reporting:

Other Food Services is reported in hours.

OTHER FOOD SERVICES

DESCRIPTION/EXAMPLES OF SERVICE PROVIDED	REPORT AS
In partnership with the client, as planned support, assistance with menu planning, food preparation and cooking in client's home (as primary purpose)	Other Food Services
Support client with preparation of a sandwich whilst primarily assisting with everyday household tasks	Domestic Assistance
Meals delivered to client's home by Meals on Wheels (MOW) agency	Meals (Home)
Assistance to/ training of a group of clients to cook a meal as part of a Centre-based day care program	Centre-based day care
Provision of meals as part of a Centre-based day care program	Do not record – meal provided at full cost recovery

PERSONAL CARE

Definition:

Personal Care refers to support with daily self care activities such as feeding, showering, toileting, dressing, grooming, getting in and out of bed, mobilising and transfers. The primary focus of this support should be on enabling the individual to regain and/or retain their independence in self care.

Personal Care is normally provided in the client's home but can be provided at a centre, particularly if facilities at the client's home are inadequate.

Reporting:

Personal Care is reported in hours.

PERSONAL CARE

DESCRIPTION/EXAMPLES OF SERVICE PROVIDED	REPORT AS
Supporting clients with aspects of <u>daily self-care</u> in which they are experiencing difficulties (e.g. showering, toileting, dressing) in the client's home	Personal Care
' <u>Tuck-in</u> ' services, i.e. client assisted in/ out of bed at night/ in morning	Personal Care
Support with <u>medication administration and prompting</u> (when it is the <u>primary purpose</u> of occasion of service)	Personal Care
Support with <u>showering at a centre</u> when facilities may not be adequate at client's home	Personal Care
Safety monitoring of clients with dementia e.g. social visits	Social Support
Support with <u>daily self-care tasks</u> (e.g. showering, toileting) provided by an <u>enrolled nurse</u>	Personal Care
Support /Assistance given with toileting <u>whilst attending a Centre-Based Day Care program</u>	Centre-Based Day Care
Support/ assistance with <u>taking medication</u> whilst attending <u>a Centre-Based Day Care program</u>	Centre-Based Day Care
<u>Hairdressing</u> performed for client whilst attending <u>a Centre-Based Day Care program</u>	Centre-Based Day Care

RESPITE CARE

Definition:

Respite Care provides carers with temporary relief from their caring responsibilities. The support worker acts as a substitute carer, providing supervision and assistance to the care recipient.

In providing supervision and assistance to the care recipient, a secondary service such as social support is often provided.

Note: Any accommodation and/or meal costs associated with outings or overnight trips should be covered by the carer.

Reporting:

Respite Care is reported in hours.

Note:

- **When Respite Care is recorded in MDS, the existence of a carer must also be noted on that client record and all carer details recorded.**
- *If overnight respite is provided, the entire amount of time should be reported.*
- *Overnight centre-based respite care is not funded in the HACC program.*

RESPITE CARE

DESCRIPTION/EXAMPLES OF SERVICE PROVIDED	REPORT AS
Support/ assistance for <u>carer to have a break from caring responsibilities</u> by provision of <u>alternative care for care recipient</u> in the home	Respite Care
Support/ assistance given to care recipient (outside of the home environment) in order to give the <u>carer a break from caring responsibilities</u>	Respite Care
Support/ assistance given to care recipient (outside of the home environment) in order to facilitate <u>social contact / interaction for the care-recipient</u>	Social Support

Respite provided to carer through support for care recipient (<u>social contact/ interaction</u>) in a group setting - <u>at a facility</u> and <u>as part of a regular program</u>	Centre-Based Day Care
A support worker accompanies both the carer and care recipient on an outing or holiday in order to <u>relieve the carer of their full 'caring' responsibilities</u>	Respite Care
A support worker assists the care recipient with some of their daily self-care tasks as part of substituting for the usual carer	Respite Care
Family member looks after the care recipient to allow the carer to attend a carer support group run by a HACC Agency	CSIA (carer)
A support worker comes into the home to support the care recipient whilst the carer attends a carer support group run by the same or another HACC Agency	Respite Care (carer) CSIA (carer)

SOCIAL SUPPORT

Definition:

Social Support refers to assistance provided within the home environment or while accessing community services. Social Support is primarily about meeting a person's need for social contact and participation in community life when they are experiencing isolation and loss of community connections, and can be provided one on one or in groups.

Note:

- Any transport time is incorporated into the Social Support volume ie going shopping with the client. However, the time taken for staff to travel to the client's home **before** providing Social Support and then again from the client's home **after** providing Social Support should **not be** recorded.
- Transport **costs** are incorporated into Unit Costs.
- Any accommodation and/ or meal costs associated with outings or overnight trips should be covered by the client.

Reporting:

Social Support is reported in hours.

SOCIAL SUPPORT

DESCRIPTION/EXAMPLES OF SERVICE PROVIDED	REPORT AS
Support/ assistance in or outside of the client's home in order to facilitate <u>social contact</u>	Social Support
Support/ assistance with essential <u>activities in the home</u> that are <u>community or socially-oriented</u> such as <u>paperwork and letter writing</u>	Social Support
Support/ assistance to keep up with essential <u>activities outside the home</u> but <u>within the community</u> such as bill-paying, banking, shopping, sitting in a waiting room with a client attending a medical appointment – when client and worker do activities <u>together</u>	Social Support
Support/ assistance to keep up with essential <u>activities outside the home</u> such as <u>bill-paying, banking, shopping</u> – when <u>worker</u> does activities <u>alone</u>	Domestic Assistance

Supporting the client with essential <u>activities outside the home</u> such as <u>bill-paying, banking, shopping</u> – when worker <u>drives</u> client to shops/ bank but <u>client</u> does activities <u>alone</u>	Transport
Support/ assistance to <u>facilitate social contact/ interaction</u> in a group setting outside the home - <u>not at a facility</u> and <u>not as part of a Centre-Based Day Care program</u>	Social Support
Support/ assistance to <u>facilitate social contact/ interaction</u> in a group setting outside the home - <u>at a facility</u> and <u>as part of a regular Centre-Based Day Care program</u>	Centre-Based Day Care
Support/ assistance to <u>facilitate social contact/ interaction</u> in group setting outside the home - <u>not at a facility (on some occasions)</u> but <u>as part of a regular Centre-Based Day Care program</u>	Centre-Based Day Care
Safety monitoring of clients with dementia e.g. social visits	Social Support
Support/ assistance by <u>telephone</u> for <u>social contact</u> purposes e.g. Telecross	Social Support
Support/assistance in or outside of home in order to facilitate <u>social contact for care-recipient</u> , but with secondary purpose of providing respite for carer	Social Support
Support/assistance in or outside of home facilitating social contact for care-recipient, but with <u>primary purpose of providing respite for carer</u>	Respite Care (carer)
Support/ assistance, with an <u>advocacy component</u> , provided to care-recipient in order to assist their functioning within the community e.g. sort through issue with Centrelink	CSIA (care recipient)

TRANSPORT

Definition:

Transport services enable clients to remain living independently in the community by providing access to community activities and services. This can include social, shopping and medical purposes. Transport can be provided directly by an agency or via taxi vouchers.

Reporting:

Transport is reported as one-way trips. A single trip should be recorded for each HACC client whether they are transported individually or in a group.

TRANSPORT

DESCRIPTION/EXAMPLES OF SERVICE PROVIDED	REPORT AS
Provision of transport to client attending a doctor's appointment - client is <u>not accompanied</u> at the appointment	Transport
Provision of transport to clients attending Centre-Based Day Care program	Transport + Centre-Based Day Care
Transportation of a client along with their carer	Transport for client only
Provision of transport to client attending a non-HACC-funded allied health appointment - client is <u>not accompanied</u> at the appointment	Transport
Provision of transport to client going shopping - client is <u>not accompanied</u> whilst shopping	Transport
Provision of transport/ companionship and support to client going shopping –worker accompanies client whilst shopping	Social Support
Provision of transport as part of a Centre-Based Day Care excursion	Centre-Based Day Care
Provision of transport as part of Centre-Based Day Care excursion when clients are picked up from/ dropped off at home, i.e. not via Centre-Based Day Care facility	Transport Centre-Based Day Care
Travel funded under the Patient Assisted Transport Scheme (PATS)	Do not record