WA MDS User Guide

Home and Community Care Program Western Australia

July 2014

This page has been intentionally left blank

Contents

1.0 Purpose of This Guide

The purpose of this document is to provide WA HACC service providers with definitions of HACC service types and guidelines for recording and reporting service types in line with the WA HACC Program's requirements.

2.0 The HACC MDS

The data elements included in the Home and Community Care (HACC) Minimum Data Set (MDS) and defined in the HACC National MDS User Guide Data Dictionary 2.0 are considered to be the minimum information requirements for reporting within the HACC Program.

They relate to:
- The characteristics of care recipients, e.g. sex, date of birth, main language spoken, functional status items
- The circumstances of care recipients, e.g. where they live, whether they have a carer
- The characteristics of carers (if one exists), e.g. date of birth, sex, main language spoken, country of birth
- 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 HACC 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 that is used for planning services and managing the HACC Program.

HACC MDS data is reported on a three monthly basis to the National Data Repository (NDR). For each care recipient (and carer if applicable), service providers must report demographic information and totalled amounts of each type of support provided.

For more in-depth details on all data elements, please refer to the National MDS Guidelines available at:
http://www.health.gov.au/internet/main/publishing.nsf/Content/hacc-mds.htm

2.1 Who Needs to Complete HACC MDS?

All HACC funded service providers who provide support services to **HACC clients** are required to complete the HACC MDS and report to the NDR.

If a service provider is funded to provide a HACC service, but brokers out the delivery of that service to another service provider, they remain responsible for the reporting of that assistance, i.e. the service provider purchasing the support services is the service provider who reports the data to the NDR. The service delivery should be reported as stated in this guide.

2.2 Who Is A HACC Client?

A HACC client is a frail older person or a younger person with an ongoing functional disability which impacts on their ability to manage day-to-day activities. A HACC client must be assessed as eligible by a Regional Assessment Service (RAS) and referred for HACC support. Clients are described as **care recipients** for MDS reporting requirements.

Support through the HACC Program assists clients to remain living in their own home and participate in their community.

Some care recipients may receive support from 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), the people providing this support are known as **carers** and may also be eligible for some support through the HACC Program.

For the purpose of the 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 may be situations where the carer also receives support from the HACC Program due to their own functional disability, i.e. **outside their role as a carer**. If this is the case, the service provider must maintain a separate HACC client record for that person as a care recipient. In addition, any Respite and Counselling/Support Information and Advocacy (Carer) received to support them in their caring role, must continue to be recorded on the record of the person for whom they care.

For example:

Mrs Jones cares for her husband who has dementia and needs assistance with showering and shaving. A HACC service provider supports Mr Jones with Personal care and Mrs Jones with Respite to allow her a break from her caring role. The Respite 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 has shortness of breath and chronic arthritic pain and has been assessed by the RAS as eligible for support to access medical appointments (Transport). The service provider will need to maintain a separate client record for Mrs Jones with the Transport service type recorded. However Mrs Jones' respite is still recorded on Mr Jones' record.

The following table clarifies 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	-

2.3 Statistical Linkage Key

The Statistical Linkage Key (SLK) is considered the 'unique client identifier' used in MDS. The purpose of the SLK is to:

- Maintain privacy and confidentiality of client records (a client's name is not used in MDS).
- To link client records over quarters and gain a long term picture of HACC service usage.
- To link client records between service providers in order to understand patterns of HACC service usage.

The SLK is based on:

- The client' Letters of Name (comprising the second, third and fifth letters of the client's Family Name, and the second and third letters of their First Given Name)
- The client's Date of Birth
- The code for the client's Sex.

For most clients deriving the Letters of name is straight forward. For example:

Client's name: **Brown, Elizabeth**   Letters of name: **RONLI**

Client's name: **MacNamara, Robert**   Letters of name: **ACAOB**

However, there are many names that do not fit this pattern. The appropriate rules are given below:

- **'short' names—the number 2 is substituted for the absent letter(s)**
- Family names or first names with non-alphabetic characters such as hyphens (e.g. Lee-Brown), apostrophes (e.g. O'Rourke), and blanks (e.g. Eu Jin)—ignore these when counting the position of the characters.

For example:

Client's name: **Hua, Jo**   Letters of name: **UA2O2**

Client's name: **Farr, Ben**   Letters of name: **AR2EN**

Client's name: **O'Rourke, John**   Letters of name: **ROROH**

Client's name: **Lee-Brown, Andrew**   Letters of name: **EERND**

The business rules of the National Data Repository require the care recipient's SLK for a record to be populated. Thus, it is mandatory that service providers report the care recipient's and carer's (if there is one) Letters of name, Date of birth and Sex fields. Usually, a service provider's client management system will automatically generate each client's SLK for reporting when the csv file is extracted.

2.4 HACC Service Groups Funded in WA

Service Group 1	Domestic assistance Personal care Social support Respite care Other food services
Service Group 2	Assessment Client care coordination
Service Group 3	Nursing (home and centre) Allied health (home and centre)
Service Group 4	Centre-based day care
Service Group 5	Home modification Goods and equipment
Service Group 6	Meals (home and centre)
Service Group 7	Transport (includes centre-based day care transport)
Service Group 8 (non-MDS reportable)	Other Infrastructure Projects
Service Group 9	Counselling support, information and advocacy (carer and care recipient)
Service Group 10	Home maintenance

HACC support in WA is underpinned by the Wellness philosophy and is delivered in a manner that supports people to develop, retain and/or regain independence in their physical, social and emotional functioning and continue to live autonomously in the community.

The following services are outside the scope of the WA 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 the National HACC Program Guidelines 2007.

2.5 Recording of Service Types

It is important that only HACC funded clients and activity directly related to HACC clients are reported in HACC MDS.

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

HACC MDS recording is continuous and therefore an up-to-date record on each client and the assistance provided to them needs to be kept. It is important to record the HACC support that has actually been delivered, and not to include planned or cancelled service events.

A data record is prepared for each care recipient, or care recipient and carer in the HACC MDS who has received any HACC funded assistance in the reporting period. If a service provider has client records on their client management system that have not been provided with assistance during the three-month collection period, the service provider does not report this client's information. Usually, a service provider's client management system will automatically exclude any clients from a report if they have not received any assistance during that reporting period.

The information which describes the client and their situation does not change very often, so service providers only need to update this if their situation has changed in some way.

It is not the purpose of MDS to account for all activities, time and expenditure of HACC service providers. The following activities for example, should not be reported as part of MDS but should be built into 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 in travelling to and from the client's home prior to and after service delivery.**

The information that indicates the type and amount of support a client has received is recorded each time the client receives support. The client may receive HACC support weekly, monthly or just occasionally. However, service providers need to record each occasion of HACC support. This is easier to manage if information is entered regularly into the service provider's client management system. Below are some examples of recording of service types.

Primary Purpose of the Occasion of Support

The primary type of support refers to the service type that is the primary purpose or focus of the occasion of support, as listed in the clients support plan.
Report: The primary type of support received.

An exception to this is where a care recipient is attending a Centre-based day care program for social activities, even if the primary purpose is to provide the carer with respite.
Report as: Centre-based day care.

Where more than one service type is provided as the primary purpose(s) of an occasion of support and included as part of the clients support plan.
Report: Each type of support received.

For example:
- At the assessment the client has 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 also assists the client with hanging out of washing as the client is unable to manage this on their own. The support worker then accompanies the client to assist them with grocery shopping.
  Report as: Personal care, Domestic assistance and Social support.

When an extra service type is provided incidentally to the primary purpose (i.e. not identified in their support plan as part of their assessed need).
Do Not Report: An extra service type provided incidentally to the primary purpose of the occasion of service.

For example:
- A support worker, who assists the client with domestic activities, spends five minutes supporting the client to prepare their own lunch as the client's rheumatoid arthritis is particularly restricting them that day.
  Report as: Domestic assistance.

Travel Time

Support worker travel time should only be reported in MDS when it is an integral part of the actual service delivery for the client.

For example:
- If the support worker and the client travel together to do shopping, banking, bill paying or on a one on one or group social event. Report the hours from time of pick up to time of drop off. No transport trips are reported.
  Report as: Social support.

- If travel is part of an excursion from a Centre-based Day Care.
  Report as: Centre-based day care.

- If garden waste (collected as part of a yard clean-up) is taken to a tip on behalf of a client.
  Report as: Home maintenance.

- If the support worker travels without the client to do shopping, bill paying etc for the client.
  Report as: Domestic assistance.

Support where the client is not present

Activity directly related to the client usually involves the assessor, coordinator or support worker being physically present with the client, however there are some exceptions to this.

Client care coordination (CCC) is the main service type where support may be provided away from the client whereby complex issues or support may be organised over the phone (for more examples see CCC definition on page 20). In the WA HACC Program it is only the RAS that is funded to provide CCC. Some other service types may also involve support provision away from the client at times. For example:

- Completion/ documentation of a client support plan back at the office after a face-to-face assessment by the RAS assessor.

- Travel time and activities which are part of the provision of a Domestic assistance or Home maintenance support service where the client does not accompany the support worker (see above examples under travel time).

Funding

Some HACC service providers may 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 – Veterans' Home Care Program.
Report: Only HACC funded activity.

Cancelled Service Delivery

If the client has not received the support service it should not be reported in MDS. Service providers need to build a certain number of unplanned cancellations into their unit cost.
Do Not Report: Cancelled service delivery.

Volunteers

Hours of service delivered by volunteers are recorded the same as paid employees, i.e. all the service hours are reported in MDS. (The difference between using volunteers and paid workers is reflected in the unit cost).
Report: All activity directly related to HACC clients.

Contracted Service Groups and Types

It is important that all service providers, whether they are contracted by Service Groups or Service Types, provide and report only MDS for the Service Groups or Service Types that they are contracted to provide. If service providers are unsure what they are contracted to provide they should contact their HACC Project Officer.

If a service provider is contracted by Service Groups they have the flexibility to provide and report all service types, within their contracted Service Group/s (see list on page 6). If a service provider is contracted by Service Types they need to provide and report only those service types. Do not report service types that are not contracted.

2.5.1 Recording By Time, Quantity or Cost

Depending on the type of assistance the client has received, service providers 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.

2.5.1(a)   Total amount of type of assistance received (time)
This data element indicates the total amount of HACC funded assistance received by a client during a reporting period for each of the types of assistance that are measured by time. The HACC service types measured in time are:

- Allied health
- Centre-based day care
- Domestic assistance
- Nursing
- Personal care
- Social support

- Assessment
- Client care coordination
- Counselling/support information and advocacy
- Home maintenance
- Other food services
- Respite care

2.5.1(b)   Total amount of type of assistance received (quantity)
This data element indicates the total amount of HACC funded assistance received by a client during a reporting period for each of the types of assistance that are measured in quantity. The HACC service types measured in quantity are:

- Goods and equipment – number of items
- Meals – number of meals delivered
- Transport – number of one-way trips

2.5.1(c)   Total amount of type of assistance received (cost)
This data element indicates the total amount of HACC funded assistance received by a client during a reporting period for those types of assistance that are measured by cost. The HACC service type measured in cost is:

- Home modification – dollar value

2.5.2 Reporting Summary

It is the responsibility of the HACC service providers to ensure their client management system is compatible with the HACC MDS i.e. it collects each of the HACC MDS data items and then creates a correctly-formatted export file for reporting at the end of the collection period.

For technical assistance see the HACC MDS Technical Guidelines and HACC MDS Guidelines available: http://www.health.gov.au/internet/main/publishing.nsf/Content/hacc-mds.htm

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.

- Reporting 'time' - Record the amount in hours and minutes (some software systems may record time as hours and fraction of hours) on each occasion. Time-based services should be recorded as accurately as possible, or to the nearest five minutes. Client hours are then rounded up to the nearest whole hour at the end of three months i.e. at the collection/reporting period.
  - o For example, if the total for a client is 14.25 hours of Domestic assistance during the three-month collection period, it should appear as 15 hours of Domestic assistance in the export file.

- Reporting 'quantity' - Record the amount in whole numbers. For example, number of Meals, number of equipment items, number of one-way Transport trips.

- Reporting 'cost' - Calculate the total spent from HACC funds on behalf of the client, and record it rounded up to the next whole dollar. Record the time taken to do the work, then convert this to a cost using an accurate unit cost.
  - o For example, Mrs P Jones receives Home modification assistance on 23 April 2014 from a service provider. The cost of materials was paid for by the client, Mrs Jones. Any costs for home modifications paid by the client are not reported by the service provider in the HACC MDS. It took two hours to complete the modifications at labour costs (including on costs) of $55 an hour. Only the labour cost is reported for this activity. See below:

Home modification – Mrs P Jones			
Date Provided	Materials provided (cost)	Labour provided (cost)	Total Amount (cost) to Report
23 April 2014	$50.00	$110.00	$110.00

2.6 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 data if necessary.

MDS Quarter	Report Services Occurring:	MDS Reporting Due By:
Quarter 1	1 Jan – 31 Mar	15th Business Day in April
Quarter 2	1 Apr – 30 Jun	15th Business Day in July
Quarter 3	1 Jul – 30 Sept	15th Business Day in October
Quarter 4	1 Oct – 31 Dec	15th Business Day in January

Quarterly MDS data is to be emailed to the National Data Repository (NDR) at:

mdssubmission@haccmds.gov.au

On submitting the data, two response emails (within 24 hours) will be received from the NDR. If these response emails are not received, check that the email address used was correct. If there is still no response, contact the:

NDR Helpdesk: Ph: 1800 638 427

2.7 HACC MDS Reporting – Yearly Data Revision Periods (April and August)

Twice a year there is the opportunity to re-submit previously submitted quarterly data and service providers will be informed via their HACC Project Officer. It may be necessary to submit a more up-to-date version of the previously submitted quarterly data due to either a failure to submit data or incorrect or inaccurate data submitted during the normal quarterly reporting period(s).

Revision files will overwrite and replace the existing data that was loaded and stored in the HACC MDS National Data Repository (NDR) for each applicable collection period. Only one file per collection period will be accepted in the revision period therefore, if a service provider submits a new file during the revision period, all relevant records should be included such as:

- All new records previously missed.
- Existing records that have been amended.
- Existing records that have not been amended.
- Exclude any records not required.

Note: Revision files must be sent to: mdsrevisions@haccmds.gov.au during the revision period.

2.8 Other Resources

The National MDS website

For more in-depth details on all data elements, please refer to the National MDS Guidelines available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/hacc-mds.htm

National HACC Program Guidelines 2007

http://www.health.wa.gov.au/HACC/docs/pg_npg.pdf

3.0 Service Type Definitions and Reporting Guidelines

3.1 Allied health (home and centre)

Definition:	Allied health refers to Allied health staff providing individualised support services that promote independence and maintain general physical and mental functioning, including a wide range of specialist services to enhance strength, mobility, and safety. Allied health support includes: • Physiotherapy • Occupational therapy • Podiatry (this is historical, and a non growth area) Allied health support can be provided at a centre although, in WA, most Allied health support services are provided in the home.
Reporting:	**Time** is used to record Allied health either at home or centre (The amount of time recorded for any single service delivery event is to be rounded to the nearest five minutes).
Examples of Service:	• Allied health services provided by Allied health staff in a client's home or at a centre/other facility. • 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.
Report as:	**Allied health (home or centre)**
	• Physiotherapy at home to focus on; o functional mobility (including strength / balance exercises, gait retraining and equipment trial and prescription), o neurological condition (carer education, passive stretching, positioning and equipment trial and advice) o respiratory physiotherapy (active assisted breathing, chronic disease self management coaching). • A physiotherapist assesses a client's functional mobility and designs an exercise program to improve the client's strength and balance. A therapy assistant administers the program with the client twice per week for six weeks. The therapy assistant monitors the client's progress and reports back to the physiotherapist. • Occupational therapy assessment to recommend and prescribe aids, equipment or home modifications which may assist the individual to continue to live safely and independently in their home. Recommendations may include scooters, wheelchairs, personal alarms, rails and ramps. • Occupational therapy to provide clients with information and strategies to reduce falls and teach them simplified

Report as:	techniques to decrease tiredness. **Allied health (home)**
Report as:	• Exercise classes conducted as a regular activity within a Centre-based day care program by a physiotherapist. **Centre-based day care**
Report as:	• Provision of transport to client attending a podiatry appointment. The client is not accompanied at the appointment. **Transport**
Do Not Report:	Physiotherapy and Occupational Therapy as part of a post-acute episode (hospital discharge responsibility).

3.2 Assessment

Definition:	Assessment covers the spectrum of activities associated with client eligibility screening, assessment, reassessment and review when directly attributable to individual care recipients and their carers (if they have one). In WA only Regional Assessment Services (RAS) are contracted to provide Assessment.
Reporting:	**Time** is used to record Assessment (The amount of time recorded for any single service delivery event is to be rounded to the nearest five minutes).
Examples of Service: Report as:	• Initial screening to confirm eligibility • Contacting key people for background information regarding a specific client prior to assessment e.g. hospital discharge staff, referrer, ACAT, and HACC service providers. • Preparation for assessment – reviewing WA Assessment Framework Interface (WAAFI). • Collecting assessment information (face-to-face or over the telephone) • Conducting OSH screen • Development of support plan • Entering information on WAAFI, including file notes • Writing case notes, file notes • Identifying service availability • Client follow up from assessment • Discussion with service provider(s) regarding intake/services for a specific client • Discussion with key people regarding outcome of assessment including referrals e.g. GP, ACAT, social workers, HACC service providers. • Reassessment or review of an existing HACC client where services may or may not continue. • Assessment where the client is eligible for HACC support but is not progressing to HACC service delivery. **Assessment**
Report as:	• Nursing assessment activities, e.g. measurements or observations performed as part of Nursing service delivery to a client. **Nursing**
Report as:	• Allied health assessment activities, e.g. measurements/ observations, performed as part of Allied health service delivery to a client. **Allied health**
Do Not Report:	• Initial screening where a client is determined to be ineligible • Initial assessment and any associated preparation for assessment where the client is determined to be ineligible. Administration tasks and travel time: • Receiving initial referral • Allocation of assessor

	• Data entry onto internal client management system • Arranging/confirming appointment with a client • Preparing letter of 'Outcome of Assessment' • Monitoring of WAAFI for service provider acceptance or non-acceptance of referral. • Assessor travel time to, from and between a client's home
Note:	As part of any activity associated with a client assessment or review, specific information about a client's characteristics and circumstances should be collected and/or updated. This information should be entered or updated in the client management system and the 'Date of Last Update' should reflect the date of this review.

3.3 Centre-Based Day Care

Definition:	Centre-based day care (CBDC) consists of activities conducted at a centre. CBDC activities; • are planned or scheduled • cater to clients' needs and interests • support independence • support socialisation • may include a broad range of activities Activities can include some group excursions and activities conducted by CBDC staff but held away from the centre, however the majority of activities are held at the centre.
Reporting:	**Time** is used to record Centre-based day care for each client in a group. (The amount of time recorded for any single service delivery event is to be rounded to the nearest five minutes).
Examples of Service: Report as:	• A CBDC program has a purpose built centre which operates five days per week and offers the following activities on various days: patchworking, knitting, mosaics, modified zumba, cooking, wii games and pottery classes. • A CBDC program hires a civic centre/church hall two days per week and offers tai chi, modified aerobics, reminiscing/story telling, and craft time. • Once per fortnight a CBDC program takes clients on an outing to the cinema for the afternoon. The remainder of the program's activities are conducted in the centre. **Centre-based day care**
Examples where other service types may be incidentally provided: Report as:	• Respite provided to a carer by supporting the care recipient at a facility and as part of a regular Centre-based day care program. • Group exercise classes conducted by a physiotherapist as a regular activity within a Centre-based day care program. • While attending a Centre-based day care program a client requires some assistance with toileting. • On occasion, assistance is provided for a client to have a shower whilst attending a Centre-based day care program due to a one off event. • Support/ assistance with taking medication while attending a Centre-based day care program. **Centre-based day care**
 Report as:	• Assistance with activities in a centre-based facility including transport to and from the centre. **Centre-based day care and Transport (2 one-way trips)**
 Report as:	• Assistance with showering at a centre regularly, where facilities may not be adequate at a client's home. **Personal care**

Report as:	• In a remote area, a client with no fixed address regularly attends a Centre-based day care program. At the end of the day's activities, the client is assisted to shower at the centre and also supported to wash any laundry. **Centre-based day care, Personal care and Domestic assistance (time for each service type is mutually exclusive)**
Report as:	• Carer support group conducted for at a Centre-based day care facility. **CSIA (carer)**
Report as:	• A small group of HACC clients who have an interest in art are taken out once a week to an art gallery or exhibition. They have lunch together and are accompanied by a support worker. **Social Support**
Do Not Report:	Meals provided as part of a Centre-based day care program (Full cost recovery to client).

3.4 Client Care Coordination

Definition:	Client care coordination (CCC) is the coordination of a range of services for a client with complex care needs or complex support needs that requires short term intensive liaison between various service providers, health professionals and family members involved in supporting the client and implementing the support plan. In WA only Regional Assessment Services (RAS) are contracted to provide Client care coordination.
Reporting:	**Time** is used to record Client care coordination (The amount of time recorded for any single service delivery event is to be rounded to the nearest five minutes).
Examples of Service:	• Exploring referral options outside of HACC and referral on to alternative support options (where the client is HACC eligible). • Following an assessment a client with complex needs requires referral and extensive discussion with several different service providers. Additionally extensive liaison may occur with non-HACC service providers such as ACATs, mental health teams or social workers. • At reassessment an assessor identifies the client has services from three different service providers and is significantly exceeding HACC Service Provision Level Guidelines. The assessor arranges and conducts a case conference between the three service providers involved to discuss improved coordination of care, potential alternative supports and potential reduction of existing support. • At reassessment an assessor identifies the client's needs significantly exceed HACC Service Provision Level Guidelines. The assessor refers the client for ACAT assessment for possible transition to packaged care and discusses client needs with ACAT.
Report as:	**Client care coordination**
Report as:	• Client review/ reassessment. **Assessment**
Do Not Report:	• Administrative work, e.g. drawing up rosters, processing accounts, completing timesheets, personnel management, or attendance at staff meetings or training programs. • Routine staff meetings to discuss a range of client issues.

3.5 Counselling/Support, Information and Advocacy (Care Recipient and Carer)

Definition:	Counselling/Support, Information and Advocacy (CSIA) is predominantly targeted to carers and in limited circumstances provided to care recipients. It may be provided on an individual basis or in a group dependent on need. **Individual CSIA** involves the provision of counselling and information to address the impact of a diagnosis/disability, or advocacy for clients who require support to exercise their rights. The delivery of individual CSIA is generally provided by a peak-body organisation with expertise in a particular area, for example, Advocare for advocacy, and Alzheimer's Association WA for dementia. Individual CSIA may or may not be contracted as MDS reportable and would generally be short term, time limited support. **Group CSIA** involves support and information sharing in a group setting to assist carers in maintaining their caring role and personal well-being. CSIA groups would usually be low intensity and may be ongoing. The provision of general information is not considered to be CSIA.
Reporting:	**Time** is used to record CSIA (The amount of time recorded for any single service delivery event is to be rounded to the nearest five minutes).
Examples of Service: Report as:	• Support is provided to a client who has been newly diagnosed with dementia to develop strategies to maintain their well-being and independence. • A client requires advocacy support to resolve a complaint about their service provision (Advocare only). **Counselling/support, information and advocacy (care recipient)**
Report as:	• Carer support groups for the carers of HACC eligible clients are held monthly. Each month there is a guest speaker on a topic chosen by the group followed by carers networking and sharing their experiences. **Counselling/support, information and advocacy (carer)**
Do Not Report:	• General support or information provided as part of an initial visit to a new HACC client. • Carer support groups or meetings for unknown (not identified) carers. • Education and training sessions provided for other HACC service providers. • Provision of advice or information by telephone on an ad hoc basis to members of the community (not identified).

Note:	When CSIA is being provided to the carer, it is important that they are recorded as existing i.e. ticking or selecting "client has a carer" in the client management system and completing the carer details.
	The HACC MDS only describes those activities of a HACC funded service provider that are directly related or attributable to identifiable HACC clients who receive HACC-funded assistance from the service provider. 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)

3.6 Domestic Assistance

Definition:	Domestic assistance refers to assistance with everyday household tasks.
Reporting:	**Time** is used to record Domestic assistance (The amount of time recorded for any single service delivery event is to be rounded to the nearest five minutes).
Examples of Service:	• Supporting a client in their own home with identified everyday household tasks that they are unable to manage without assistance. • Supporting a client to maintain their involvement and/or ability to manage their own household tasks. • Supporting a client in their home with occasional tasks such as heavy-cleaning which may only be required on an irregular basis. • Support with household activities that a client is unable to do themselves outside the home such as bill-paying, banking*, shopping where the client does not accompany the support worker. (* Service providers should have a written money policy in place if they perform banking on behalf of a client.) • A client is able to manage some household tasks such as stripping the bed to change the sheets, putting on a load of washing, and most of the smaller dishes to be washed. The support worker assists with the tasks the client is unable to do themselves including hanging the laundry on the line, putting the new sheets on the bed and washing the heavier pots and pans. • A client does the dusting and cleans the bench tops while the support worker vacuums and mops the floors. • Providing access to and/or assistance with washing clothes provided at a centre if a client has no washing machine. • In rural or remote areas, domestic assistance may include assistance with collecting and chopping firewood, or delivering water and washing blankets.
Report as:	**Domestic assistance**
	• Support to participate in activities outside the home such as bill-paying, banking, shopping where the client accompanies the support worker.
Report as:	**Social support**
	• Support to participate in activities outside the home such as bill-paying, banking, shopping where the support worker drives the client to the activity but the client does these tasks alone.
Report as:	**Transport**

3.7 Goods and Equipment

Definition:	Goods and equipment refers to the loan or purchase of a device to assist a client living with a disabling condition to maintain their independence. In WA only TADWA and DSC (CAEP) are contracted to provide goods and equipment. There are seven device categories: • self-care aids • medical care aids • communication aids • car modifications • aids for reading • other goods and equipment • support and mobility aids
Reporting:	**Quantity** is used to record Goods and equipment (Report total number of items in each category).
Examples of Service:	• Provision of walking frame to a client (reported as - support and mobility aids). • Service provider loans a client aids for dressing (reported as self-care aids). • Service provider owns equipment and loans to a client. • Service provider leases equipment and loans equipment to a client. • A client is provided with a walking stick and later a hearing aid in the same reporting period (reported as - support and mobility aid and communication aid). • A client is provided with a walking stick, and later a walking frame. (both reported as - support and mobility aid).
Report as:	**Goods and equipment**
Do Not Report:	Organisation of loan of equipment such as shower chair and toilet seat through hospital for a client discharged from hospital.

3.8 Home Maintenance

Definition:	Home maintenance refers to assistance with minor home repairs and maintenance to a client's home, garden or yard to maintain safety, independence and access for the client within the home.
Reporting:	**Time** is used to record Home maintenance (The amount of time recorded for any single service delivery event is to be rounded to the nearest five minutes).
Examples of Service:	• Enhance the independence of a client through garden modification or redesign. For example, installation of drip irrigation; the replacement of high maintenance and high water consumption plants with water wise and low maintenance plants; raising garden beds to facilitate access and construction of safe pathways. • Assistance with minor house repairs/ maintenance in a client's home to maintain safety, such as changing light globes and batteries for smoke alarms. • Assistance with maintenance outside the home to improve or maintain safety such as weeding, lawn mowing, pruning and removal of garden waste.
Report as:	**Home maintenance**
	• Assistance with collecting/ chopping firewood (rural and remote areas only).
Report as:	**Domestic assistance**
	• Assistance with minor modifications of a client's home, such as installation of handrails.
Report as:	**Home modification**
Note:	If three support workers provide Home maintenance for an hour as part of a team this assistance is reported as three hours.

3.9 Home Modification

Definition:	Home modification refers to minor structural changes to a client's home that will assist the client to retain or improve their independence and mobility in their own home. In WA only TADWA and DSC (CAEP) are contracted to provide home modifications. Home modification should be a shared expense between the service provider and the client.
Reporting:	**Cost** is used to record Home modification (Cost to the service provider, less client contribution = cost reported).
Examples of Service:	• Installation of grab rails, handrails, ramps, shower rails and other similar modifications. • Modifications to standard shower recess to allow a client safe access and independent function - The removal of the shower hob, with retiling to allow for correct drainage will facilitate access either independently or via a wheeled shower chair/commode. Fitting a grab rail and a hand held shower hose will also allow for stability and ease of function. • Installation of rails and ramps to allow safe access to a client's home - Eliminating a raised entry i.e. steps by fitting an appropriate ramp with a non slip surface, kick boards and hand rails will allow for wheelchair, a wheeled walker or a person with a unsteady gait to safely and confidently access their home.
Report as:	**Home modification**
Do Not Report:	Home modification provided through the local hospital upon discharge.
Note:	Contact the Department of Housing for any modifications where a client rents public housing.

3.10 Meals (home and centre)

Definition:	Meals refers to pre-prepared meals that are delivered to a client. It does not include meals prepared for a client in their home, or meals that are provided as part of Centre-based day care.
Reporting:	Quantity is used to record Meals Separate totals must be reported for: • Meals delivered to a client at home. • Meals delivered to a centre (or other setting).
Examples of Service: Report as:	• Meals delivered to a client's home. **Meals (home)**
Do Not Report:	Provision of meals as part of Centre-based day care program (meals are provided at full cost recovery).
Report as:	• Meals delivered to a Centre-based day care facility by Meals on Wheels (MOW) service provider. **Meals (centre)** reported by MOW service provider
Report as:	• Meal preparation as part of a Centre-based day care activity. **Centre-based day care**
Report as:	• Support with menu planning and food preparation in a client's home (client is supported to participate in the activity). **Other food services**
Note:	Meals provided by the HACC Program should be provided to a client 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 transport of meals and is not to offset meal production costs. All HACC clients are expected to cover the cost of the actual meals provided to them.

3.11 Nursing (home and centre)

Definition:	Nursing refers to nursing care provided by a registered or enrolled nurse. It also 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 can be provided at home or at a centre.
Reporting:	**Time** is used to record Nursing either at home or at a centre (The amount of time recorded for any single service delivery event is to be rounded to the nearest five minutes).
Examples of Service:	• Nursing provided by a nurse in a client's home or at a centre/ other facility. • Nursing assessment activities, e.g. measurements/ observations, performed as part of Nursing service delivery to a client. • A nurse liaising with a client's General Practitioner (GP) in order to provide appropriate nursing care. • Specific nursing services such as care of chronic leg ulcers, insulin injections for diabetes, education about control of diabetes. • Community nursing activities where health care advice or education is provided by a nurse on topics such as chronic disease self-management, nutrition, continence, pressure care, or falls prevention. • Taking a client's blood pressure at home.
Report as:	**Nursing (home or centre)**
Do Not Report:	• Nursing provided as part of palliative care services. • Referrals from GPs or consultant specialists to provide an alternative to hospitalising patients who need sub-acute interventions (community nursing).

3.12 Other Food Services

Definition:	Other food services is assistance with the preparation and cooking of a meal, and the provision of advice on nutrition, menu planning, and storage or food preparation. It does not cover the transporting of a meal prepared elsewhere.
Reporting:	**Time** is used to record Other food services (The amount of time recorded for any single service delivery event is to be rounded to the nearest five minutes).
Examples of Service:	• In partnership with a client, assistance with menu planning, food preparation and cooking in the client's home. • The client and support worker plan a week's meals for the client. The client and support worker prepare two different meals, freezing some portions for another evening. The support worker dices the ingredients (due to the client's arthritis) while the client adds the ingredients and stirs over the cook top.
Report as:	**Other food services**
Report as:	• Meals prepared elsewhere and transport to a client's home by a MOW service provider. **Meals (home)**
Report as:	• 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**
Do Not Report:	Provision of meals as part of a Centre-based day care program. (Meals are not reported and must be provided at full cost recovery).

3.13 Personal Care

Definition:	Personal care refers to support with daily self-care activities. The primary focus of this support should be on enabling a client to regain and/or retain their independence in self-care. Personal care is usually provided in a client's home but can be provided at a centre, particularly if facilities at the client's home are inadequate, unsafe or the client is homeless.
Reporting:	**Time** is used to record Personal care (The amount of time recorded for any single service delivery event is to be rounded to the nearest five minutes).
Examples of Service:	• Supporting a client with aspects of daily self-care in which they are experiencing difficulties e.g. showering, toileting, and dressing, in the client's home. • Support to get in and out of the shower and assistance with washing back and feet – where the client can't reach. The client washes all other body areas which they can reach. • Support with the aspects of getting dressed a client has difficulty with, particularly pulling tops/jumpers over their head, doing up buttons and putting on shoes and socks. • Support with grooming, such as combing hair where a client cannot reach behind their head, or shaving where a client applies the shaving cream but their hands are not steady enough to use the razor so the support worker provides assistance. • Basic foot care such as trimming toe nails where a client has no foot or nail conditions (see HACC basic foot and nail care policy for further information). • Support with medication administration and prompting (when it is the primary purpose of occasion of service) (see medications policy for further information). • Support with showering at a centre when facilities may not be adequate at a client's home. • Support with daily self-care tasks e.g. showering, toileting, provided by an enrolled nurse.
Report as:	**Personal care**
	• Support /assistance with toileting whilst attending a Centre-based day care program. • Support/ assistance with taking medication whilst attending a Centre-based day care program. • Occasional assistance for a client to have a shower whilst attending a Centre-based day care program due to a continence condition.
Report as:	**Centre-based day care**

3.14 Respite Care

Definition:	Respite care provides carers with a break from their caring role. The support worker provides support to the care recipient so the carer can take a break.
Reporting:	**Time** is used to record Respite care (The amount of time recorded for any single service delivery event is to be rounded to the nearest five minutes).
Examples of Service:	• Support/assistance provided by a support worker, in or outside the home, for a carer to have a break from their caring role. • A support worker accompanies both the carer and care recipient on an outing to enable the carer to take a break. • A support worker assists the care recipient with some of their daily self-care tasks as part of substituting for the usual carer. • Support to participate in social activities for care recipient, but with the primary purpose of providing respite to allow the carer to take a break from their caring role.
Report as:	**Respite care**
	• A support worker comes into the home to support the care recipient whilst the carer attends a carer support group run by a HACC service provider.
Report as:	**Respite care and CSIA (carer)**
	• Respite provided to a carer by supporting the care recipient in a group setting at a facility as part of a regular Centre-based day care program.
Report as:	**Centre-based day care**
	• A family member looks after the care recipient to allow the carer to attend a carer support group run by a HACC service provider.
Report as:	**CSIA (carer)**
Note:	Any meal costs associated with outings should be paid by the client and not reported. When Respite care is recorded in MDS, the existence of a carer must also be noted on that client's record and all carer details recorded.

3.15 Social Support

Definition:	Social support is provided to support individuals to engage in social activities and participate in their community. Social support may be provided individually or in small groups.
Reporting:	**Time** is used to record Social support (The amount of time recorded for any single service delivery event is to be rounded to the nearest five minutes).

Examples of Service:	• Support to participate in community activities or events of interest to the client, such as;
	    o volunteering at an animal refuge,
	    o attending a community yoga class,
	    o participating in a local choir,
	    o attending a book club at the bookstore-café
	• Support provided to a small group of clients who share an interest in gardening, where they participate in tending to a plot in the local community garden growing fruit and vegetables. Activities are planned by the group and include plot design, trips to the garden centre for supplies, planting, and maintenance.
	• Support to keep up with essential activities such as bill-paying, banking, shopping, attending a medical appointment – when the client and support worker do the activities together.
	• Support to participate in social activities for the care recipient, but with a secondary purpose of providing respite for the carer.

Report as:	**Social Support**
	• Support to keep up with essential activities outside the home such as bill-paying, banking, shopping – when the support worker is not accompanied by the client.
Report as:	**Domestic assistance**
	• Supporting a client with essential activities outside the home such as bill paying, banking, and shopping – when the support worker drives the client to shops / bank but the client does the activities alone.
Report as:	**Transport**
	• Support with social activities in a group setting as part of a regular Centre-based day care program.
Report as:	**Centre-based day care**
Note:	Any support worker's travel time with a client is included in the Social support time recorded. However, the time taken for the support worker to travel to and from a client's home to provide Social support is not recorded. Travel costs of the support worker are incorporated into the unit cost.

	Any meal costs associated with outings should be paid by the client and not reported.

3.16 Transport

Definition:	Transport services support clients to remain living independently in the community by providing access to community activities and services, including social activities, shopping and medical appointments. HACC Transport is provided within the following four distance categories: Up to 10km, 11km to 30km, 31km to 60km, and 61km to 99km, with fees charged in line with the WA HACC Fees Policy.
Reporting:	**Quantity** is used to record Transport Transport is reported as one-way trips. A single trip should be recorded for each client whether they are transported individually or in a group.
Examples of Service: Report as:	• Provision of transport to a client to attend a doctor's appointment – the client is not accompanied at the appointment. • Provision of transport to a client to attend a podiatry appointment – the client is not accompanied at the appointment. • Provision of transport to a client going shopping – the client is not accompanied whilst shopping. • Provision of transport to a client so they may visit their sister who lives in another suburb. **Transport**
 Report as:	• Transport for a client where their carer accompanies them for any reason. **Transport** (for client only)
      Report as:	• Provision of transport to clients attending a Centre-based day care program. • Provision of transport as part of an occasional 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 and Centre-based day care**
 Report as:	• Provision of transport and support to a client going shopping – support worker accompanies the client whilst shopping. **Social support**
 Report as:	• Provision of transport as part of a Centre-based day care excursion. **Centre-based day care**
Do Not Report:	Transport funded under any other program, including the Patient Assisted Transport Scheme (PATS).

4.0 Data Elements, Definitions and Recording Data Elements

Recording a client's details:
Note: This is not a comprehensive list. For further information see:
http://www.health.gov.au/internet/main/publishing.nsf/Content/hacc-mds.htm

Data element	Definition	Recording this element
First given name	First given name is the care recipient's first name that precedes the family name/surname.	It is important to record the person's name accurately as selected letters are used to form the element Letters of name. Letters of name, together with Date of birth and Sex enable statistical linkage. Only the Letters of name are reported to protect the person's privacy.
Family name/surname	The care recipients Family name or surname is the part of the name which says which family they belong to.	It is important to record the person's name accurately as selected letters are used to form the element Letters of name. Letters of name, together with Date of birth and Sex enable statistical linkage. Only the Letters of name are reported to protect the person's privacy.
Letters of name	A specific combination of letters selected from the care recipient's Family name/surname and their First given name to assist with record linkage. A record linkage key utilising letters of name, data of birth and sex is used to keep each client's data private once it has been reported.	Letters of name is usually populated automatically by the client management software used by the service provider.
Date of birth	The Date of birth is the date on which the care recipient was born.	Date of birth is an important part of the Statistical Linkage Key. Record the person's date of birth as accurately as possible, including day, month and year of birth.
Date of birth estimate flag	The Date of birth estimate flag records whether or not the care recipient's date of birth has been estimated.	If you have estimated the date of birth make sure you record this in the Date of birth estimate flag element—Code 1.

Sex	The biological sex of the care recipient.	Take care if your client management system has been recording sex using the words "male" and "female", or the letters "M" and "F". You need to report this data element for clients by using the codes "1" and "2". Usually the client management system will automatically code sex as "1" and "2" when the csv file is exported for reporting.
Country of Birth	Country of birth refers to the country where the care recipient was born.	Most service providers record the Country of birth using text, e.g. writing "Australia" on the client file. For the HACC MDS a 4-digit code is used instead of the name of the country. Usually the client management system will automatically code this when the csv file is exported for reporting.
Main language spoken at home	The Main language spoken at home is the language spoken by the care recipient to communicate with family and friends.	The language to be recorded is the one the person habitually uses at home. It does not matter how proficient they are in this language.
Indigenous status	Indigenous status states whether or not a person identifies themselves as of Aboriginal and/or Torres Strait Islander origin.	It is important to record Indigenous status for all clients. The most straight forward way to collect this information is to ask the client: "Are you of Aboriginal and/or Torres Strait Islander origin?"
Living arrangements	Living arrangements records whether the care recipient lives alone, or with family members or with other people.	This information is collected at the initial assessment of the client. It should be updated by a service provider if a clients living arrangement changes.
Accommodation setting	Accommodation setting records the type of place in which the care recipient lives.	When recording this information, consider the following question: "While we are supporting this client, what best describes where they live?"
Government pension/benefit status	Government pension/benefit status records if the care recipient receives a pension or other benefit from the Australian Government.	If the client receives several forms of Australian Government support, record the main one.

DVA card status	DVA card status records whether or not the care recipient is in receipt of a Department of Veterans' Affairs entitlement, and the level of entitlement held by the person.	A code of 1, 2 or 3 in this data element should be present in any client record with a code of 2 in Government pension/benefit status.
Australian State/Territory identifier	Australian State/Territory identifier records the State or Territory where the care recipient lives.	For each client record the State or Territory code which corresponds to where they live whilst receiving HACC support from your organisation.
Suburb/town/locality	Suburb/town/locality records the geographic area in which the care recipient lives whilst receiving HACC support.	Service providers should record the name of the suburb, town, or geographical area in which the client lives whilst receiving HACC Support.
Postcode	Postcode records the postal code for the area in which the care recipient lives whilst receiving HACC support.	Record the correct corresponding Postcode (as per Australia Post classifications) for all clients when establishing the suburb/town/locality where they are living whilst receiving support.
Functional status	This element records the extent to which the care recipient is able to perform selected activities of daily living; and whether they have memory or behavioural problems. It is intended to identify areas in which a person requires assistance to enable them to carry out activities of daily living in their home and in the community.	This element records the person's capabilities in the respective activities. The rating for each item should be based on information from the client as well other relevant sources, e.g. carer(s), family, and service providers.
Functional status - additional items	This element records the extent to which the care recipient is able to perform additional selected activities of daily living. It is intended to identify additional areas in which a person requires assistance with daily living.	This element records the person's capabilities in the respective activities. The rating for each item should be based on information from the client as well other relevant sources, e.g. carer(s), family, and service providers.
Carer - existence of	Carer—existence of identifies whether a care recipient receives informal care assistance from another person or not.	Report this element for all care recipients.

Carer residency status	Carer residency status identifies whether or not the carer lives with the person for whom they care.	Record this element for all clients with carers, i.e. Carer—existence of has a code of 1.
Relationship of carer to care recipient	Relationship of carer to care recipient records the relationship between the carer and the person for whom they care.	Record this element for all clients with carers, i.e. Carer—existence of has a code of 1.
Carer for more than one person	Whether a primary carer is providing assistance on a regular and sustained basis to more than one care recipient.	Record this element for all clients with carers, i.e. Carer—existence of has a code of 1.
Carer's first given name	First given name is the first name that precedes the carer/'s family name/surname.	It is important to record the carer's name accurately as selected letters are used to form the element Letters of name. Letters of name, together with Date of birth and Sex enable statistical linkage. Only the Letters of name are reported to protect the person's privacy.
Carer's family name/surname	The carer's Family name or surname is the part of the name that says which family they belong to.	It is important to record the carer's name accurately as selected letters are used to form the element Letters of name. Letters of name, together with Date of birth and Sex enable statistical linkage. Only the Letters of name are reported to protect the person's privacy.
Carer - letters of name	A specific combination of letters selected from the carer's Family name/surname and their First given name to assist with record linkage. A record linkage key utilising letters of name, date of birth and sex is used to keep each carer's data private once it has been reported.	Letters of name is usually populated automatically by the client management software used by the service provider.
Carer's date of birth	The Date of birth is the date on which the carer was born.	The Date of birth is an important part of the Statistical linkage key. Record the person's date of birth as accurately as possible, including day, month and year of birth.

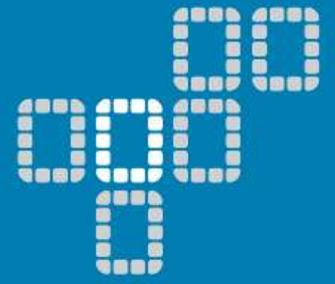| Carer - date of birth estimate flag	The Date of birth estimate flag records whether or not the carer's date of birth has been estimated.	If you have estimated the date of birth, make sure you record this in the Date of birth estimate flag element—Code 1.
Carer's sex	The biological sex of the carer.	Take care if your client management system has been recording sex using the words "male" and "female", or the letters "M" and "F". You need to report this data element for carers by using the codes "1" and "2". Usually the client management system will automatically code sex as "1" and "2" when the csv file is exported for reporting.
Carer's Australian State/Territory identifier	Australian State/Territory identifier records the State or Territory where the carer lives.	For each carer record the State or Territory code which corresponds to where they live.
Carer's suburb/town/locality	Suburb/town/locality records the geographic area in which the carer lives.	Service providers should record the name of the suburb, town, or geographical area in which the carer lives.
Carer's postcode	Postcode records the postal code for the area in which the carer lives.	Record the correct corresponding Postcode (as per Australia Post classifications) for all carers when establishing the suburb/town/locality where they are living.
Carer's country of birth	Country of birth refers to the country where the carer was born.	Do not record the Country of birth using text, e.g. writing "Australia" on the carer file. For the HACC MDS a 4-digit code is used instead of the name of the country. Usually the client management system will automatically code this when the csv file is exported for reporting.
Carer's main language spoken at home	The main language spoken at home is the language spoken by the carer to communicate with family and friends.	The language to be recorded is the one the person habitually uses at home. It does not matter how proficient they are in this language.
Carer's Indigenous status	Indigenous status states whether or not a person identifies themselves as of Aboriginal and/or Torres Strait Islander origin.	It is important to record Indigenous status for all carers. The most straight forward way to collect this information is to ask the carer: "Are you of Aboriginal and/or Torres Strait Islander origin?"

Statistical linkage key information missing flag	Statistical linkage key information missing flag records whether or not the care recipient's Letters of name, Date of birth and Sex have been substituted for the carer's, or vice versa.	This element records whether care recipient or carer Letters of name, Date of birth and Sex have been substituted to enable the acceptance of a record by the National Data Repository.
Source of referral	Source of referral identifies the general classification of the person or organisation that referred the client to the HACC program.	It is best to record the Source of referral information when the client is referred to the HACC program or during an initial assessment. It may be difficult to obtain this information later.
Date of entry into HACC service episode	The Date of entry into HACC service episode identifies the date on which the client started receiving HACC-funded support.	Dates should be reported as an 8-digit number in the following format: dd/mm/yyyy, e.g. 1st July 2013 is written as 01/07/2013.
Date of last update	The Date of last update identifies the last date on which information about the care recipient was updated by the service provider.	This element is important in the HACC MDS linkage process: if there is a difference in client details when records are linked, details associated with the latest update are taken as the most accurate.
Date of exit from HACC service episode	The Date of exit from HACC service episode identifies the date on which the client stopped receiving HACC-funded support.	Dates should be reported as an 8-digit number in the following format: dd/mm/yyyy, e.g. 1st July 2013 is written as 01/07/2013.
Main reason for cessation of services	The Main reason for cessation of services states why a client no longer receives support from your organisation.	This element should be reported for all clients who stopped receiving support during the current reporting period. That is, it should be reported for all clients with a recorded Date of exit from HACC service episode.

5.0 Frequently Asked Questions

Questions:	Answers:
Do we report time taken for staff to travel to and from a client's home to deliver a service?	No. It is part of the unit cost.
Are meals that are provided as part of Centre-based day care reported?	No. In WA meals provided as part of CBDC are not reported.
Do we report travel when it is part of the actual service delivery, e.g. going shopping on behalf of a client or accompanying a client on a social outing?	No. The trips are not recorded. It should be recorded as part of the total service delivery hours. Hours are recorded from the time a client is picked up to the time a client is dropped off.
How and when do we round up the 'time' to report an occasion of service?	Quantities of each service type should be recorded as accurately as possible. This is particularly important for time-based services, which should be recorded to the nearest five minutes for each occasion of support. 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. (N.B. this is usually done automatically by the client management system).
Who reports Assessment?	In WA, only Regional Assessment Services are funded to conduct and report Assessment. Assessment is no longer provided by individual service providers.
If a client has a face-to-face assessment and is assessed as not eligible for HACC support, do we record this in MDS?	No.
Do we report Client care coordination?	Only Regional Assessment Services are funded to conduct and report Client care coordination. Client care coordination is no longer provided by individual service providers. 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.
Do we report CSIA now we are no longer contracted for Client care coordination?	No. CSIA is not to be reported to account for any minor coordination of client support. CSIA should be reported in accordance with guidelines on page 21 of this guide.
Is Case management a funded service type in WA?	No. This service type ceased to be funded in WA in 2009.

When do we report to the NDR?	NDR reporting is on a three monthly basis. At the end of each quarterly collection period, the quantities of each service type provided to each client are to be totalled for reporting to the NDR. See page 11 of this guide for further information.
What happens after we send the csv file to the NDR?	If the 'header' details are correct in the csv file you will receive an initial 'validation' report from the NDR stating that your file has been received. You will receive either a 'successful' or 'partially successful' validation report. This report advises the service provider of how many records were received and accepted. On the same validation report the service provider will be advised of data errors that need to be corrected in their client management system. The report will outline what the errors are and whose client record needs to be corrected. These errors should be corrected immediately and a new csv file should be extracted and submitted within the 15 business day reporting period.
Can I correct the data errors and resubmit my csv file?	Yes. It is advisable to correct the errors immediately and resubmit the file. This can only be done if the NDR reporting period is open i.e. before the reporting deadline.
What are common data errors?	The top five error codes with descriptions are listed below: Code 121 - Data Integrity Problem - Postcode and Locality fields do not form a valid combination - not in the HACC MDS postcode database. Code 120 - Data Integrity Problem - Locality not in the HACC MDS postcode database. Code 300 - Business Rule Problem - at least one of the functional screening questions have been answered but not all have been completed. Code 123 - Business Rule Problem - The file submitted contains one or many client records that have the Carer Existence of with a value of '1' indicating the existence of a Carer but no Carer details have been submitted in the file for the indicated client. If a Carer exists then Carer SLK data must be sent. Code 117 - Data Integrity Problem - Client record contains an invalid reference value. This field has not been recorded for this client record. Attention to detail is vital when entering the correct spelling of the location and the correct postcode and completion of all HACC MDS variables.

What if I correct the data errors and don't have time to resubmit for that quarter?	Submit the corrections in the revision period (see page 11 of this guide for further information).
Is there an opportunity to re-submit revised data?	Yes. Twice a year (April and August) each year the NDR open for a Revision Period when revised data can be lodged. See page 11 of this guide for further information.
What if I can't locate the errors or interpret the NDR validation report?	Ring either the HACC MDS Helpdesk on 1800 638 427 or seek assistance via your HACC Project Officer.

Delivering a **Healthy WA**