

# Guidelines 2003-04

for the

## Home & Community Care (HACC) Program Quarterly Output Data Collection

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Rural & Regional Health & Aged Care Services Division  
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Agencies funded by the Home & Community Care (HACC) Program in Victoria are required to monitor and record the services they provide. These guidelines will help you to complete the quarterly returns during 2003-04.

***Send the completed forms to:—***

Data Collection & Analysis Team  
Coordinated and Home Care Unit  
Rural & Regional Health & Aged Care Services Division  
Department of Human Services  
10/555 Collins Street  
Melbourne Vic 3000.

***Email address:—***

[acdata.collection@dhs.vic.gov.au](mailto:acdata.collection@dhs.vic.gov.au)

Blank paper forms can be obtained from the same address. If you have any queries please contact us on (03) 9616 7125, or contact the relevant Program Adviser at your regional office of the Department of Human Services.

***Web site:—***

These Guidelines also appear on the Department's Web site for the HACC Program  
<http://www.health.vic.gov.au/agedcare/hacc>

## ***HACC reporting requirements***

The Output Data Collection form is used for reporting the services delivered by your agency each quarter out of funds from the Home & Community Care (HACC) Program. Participating in this data collection is a condition of your agency's Service Agreement with the Department of Human Services.

### ***Collection dates***

Complete a single form covering all three months. Forms must be submitted to DHS by the 15<sup>th</sup> day of the following month. In 2003–04, the due dates will be:

- 15 October 2003 (Q1—for July, August and September data)
- 15 January 2004 (Q2—for October, November and December data)
- 15 April 2004 (Q3—for January, February and March data)
- 15 July 2004 (Q4—for April, May and June data).

### ***What activities should be reported?***

Report all the activities that have been funded by the HACC Program and by client fees. The collection form lists all the HACC activities (formerly called service types). To decide which of these activities should be reported, check your agency's DHS Service Agreement. The Service Agreement will list all the activities funded by HACC, showing the output targets negotiated for 2003-04. Most agencies have been funded for only a few of the possible activities.

Do not report activities that have not actually been funded by the HACC Program. For example, your agency may be carrying out assessments but not have received HACC funding for this, according to the Service Agreement. In this case, Row 3 on the Collection Form should be left blank.

### ***Annual Progress Report***

Note that each agency receiving HACC funds for **Service System Resourcing** or **Flexible Service Response** will need to fill in an annual progress report. The one-page report will be sent out to agencies with the Annual Service Acquittal form in August 2003. It will ask for a short narrative account of progress against specific initiatives funded under either of these headings.

### ***Column 4—Total Outputs***

Agencies are asked to report the total output of each type of HACC service the agency has delivered. The total in Column 4 is defined as the sum of three possible elements:

- **HACC grant:** The output corresponding to the HACC grant for the particular activity (same as in Column 3).
- **Fees revenue:** Outputs that are attributable to revenue from fees raised from HACC clients receiving HACC services.
- **Agency contribution:** Outputs that are attributable to your own agency's additional financial contribution. (This will mainly apply to local councils, many of whom make substantial contributions to home care services out of ratepayer revenue.)

**Exclude** the following from Column 4:

- Services delivered under other government funding arrangements, such as CACPs, Commonwealth Respite for Carers, or the Victorian Community Health Program.
- Services to clients who pay the full cost of the HACC service.

Note that certain services (Planned Activity Groups or Delivered Meals) provided to eligible Veterans are reported in the last 3 rows of Column 4.

The reason for collecting information on the additional outputs in Col. 4 is that it will give a more comprehensive and accurate picture of the extent of HACC services in Victoria. Many councils have complained that their contribution is not recognised in program accounts. **The MAV has agreed that it is desirable to collect systematic information on the full extent of HACC service provision in Victoria that recognises the financial contribution of local government.**

It should be noted that DHS service agreements have no output targets corresponding to fees revenue or agency contribution. As before, agency performance will be monitored only against the HACC targets in your Service Agreement.

**Fees revenue:** The HACC Fees Policy requires fees to be collected from HACC clients (depending on the client's income) in the case of most HACC service types. Generally, the fees collected are to be used by the agency as a source of funds for extra service delivery. The fees raised from one activity can generally be allocated to expanding the same or another activity (details will be recorded in your Service Agreement with DHS). Exceptions to note:

- Assessment & Care Management—Fees are not to be charged. However, fees raised from other activities can be used to expand Assessment & Care Management.
- Delivered Meals—Fees collected from clients should be used to help pay the cost of the meal, and are not to be spent on providing additional meals or other HACC activities.
- Linkages—Fees collected from Linkages clients are to be used for service enhancement for Linkages clients, and not to fund additional packages.
- Volunteer Coordination—No fees are to be charged for services provided solely by volunteers, such as Friendly Visiting.
- If an agency collects only a small amount of fees, the money can be used for service enhancement rather than expansion, if the DHS regional office agrees. This must be documented in the Service Agreement. Such fees should not be reported in this quarterly return, but will be reported in the annual acquittal form.

### ***Veterans Home Care***

For agencies with an agreement with DHS to provide Planned Activity Group or Delivered Meals to eligible veterans, see the notes to Rows 19–21 below. Quarterly reporting on the hours of service to eligible Repatriation cardholders, etc., is essential for reimbursement.

### ***Alignment with HACC MDS***

The two Victorian HACC data collections are being brought into close alignment during 2003–04. Several small changes to the Output Collection have been made accordingly. When the technical issues have been resolved, agencies reporting correctly to the HACC Minimum Data Set will no longer have to report to the Output Collection. Agencies will be informed when this stage has been reached.

### ***Counting rule: group sessions***

When a HACC service is provided to a group of people, the contact hours should be reported in 'person hours'. Simply add up the hours that *each* client spent in the session. Thus 4 clients attending a 1-hour session will be counted as 4 person hours. This accords with the counting rule in the HACC MDS.

### ***What if my agency is part of a larger entity?***

If your agency is part of a larger organisational entity (such as a healthcare network) you may be

unsure whether to submit a separate form directly to DHS. Check your DHS Service Agreement. If it has more than one Service Plan that incorporates a HACC-funded activity, a separate form should be submitted for each such Service Plan.

### ***What if delivery has been sub-contracted?***

If your agency has a service agreement with DHS but has sub-contracted delivery to another organisation, your agency is still required to provide a quarterly data return.

### ***How are the activities defined?***

These guidelines include short definitions of the HACC service activities. For more detail, consult the *Victorian Home & Community Care Program Manual* published by DHS and available on the Web site <http://www.health.vic.gov.au/agedcare/hacc/index.htm>

### ***Options for collection and transmission***

There are four methods of collecting the data, and three options for transmitting it to DHS. Choice of a method of collecting the data will depend on the type of agency. For example, home nursing services attached to a non-metropolitan hospital should consider using the AIMS system. AIMS Form 129/H1 is identical in content to the paper form.

<b><i>Method of collection</i></b>	<b><i>Options for transmission to DHS</i></b>	<b><i>Suitable for:</i></b>
Paper form	<ul style="list-style-type: none"><li>• Post it</li><li>• Fax to 9616 8680</li></ul>	Any agency other than a hospital or community health centre
Excel version of paper form (ask us to email it to you)	<ul style="list-style-type: none"><li>• Print it and post it</li><li>• Email to <a href="mailto:acdata.collection@dhs.vic.gov.au">acdata.collection@dhs.vic.gov.au</a></li><li>• Fax to 9616 8680</li></ul>	Any agency other than a hospital or community health centre
In-house electronic form	<ul style="list-style-type: none"><li>• Email to <a href="mailto:acdata.collection@dhs.vic.gov.au">acdata.collection@dhs.vic.gov.au</a></li></ul>	Any agency whose HACC software can produce this form.
AIMS form 129/H1	<ul style="list-style-type: none"><li>• Enter data directly into AIMS Online Entry System via Internet</li></ul>	Hospital
SWITCH	<ul style="list-style-type: none"><li>• Print it and post it</li><li>• Email to <a href="mailto:acdata.collection@dhs.vic.gov.au">acdata.collection@dhs.vic.gov.au</a></li></ul>	Community health centre

If you are using the paper form, post or fax it directly to the Co-ordinated & Home Care Unit of DHS (see the address details at the front of these Guidelines).

If you are using an in-house electronic form, please make sure the file to be transmitted is in one of the following formats: MS Excel, Word, Word Pad or Note Pad.

You can fill in an Excel version of the form directly on screen, then email it to us, or print it out and post it.

Hospitals and others using AIMS can enquire about the new Internet-based AIMS Online Entry System via the Web address <http://aimsinfo.health.vic.gov.au/index.htm>

Community Health Centres can use the SWITCH data-management system to generate the quarterly HACC Output Data report. Make sure you set the correct dates for the start and end of the 3-month period. The report can be sent to DHS by email, or on diskette or as a paper print-out (see the front of these Guidelines for the address).

### ***Send a copy to your regional DHS office***

As well as sending the quarterly report to DHS central office, you should send a copy to the relevant regional office.

### ***Is there an electronic option?***

Yes, we can email you a copy of the form in Excel Version 7 for Win95 for you to fill out and return by email. Start by sending us an email (see address above) requesting a copy of the Excel form. It is also available for downloading directly from the HACC web site.

### ***Can corrections be made after submitting the form?***

Yes. Errors or omissions can be rectified by simply sending in a new form to replace the old one. If, for example, you detect an error in the Quarter 1 form (due 15 October) whilst preparing the Quarter 2 form (15 January), you should send in the Q2 form, plus the corrected form for Q1. Tick the box which indicates that this is an amended quarterly return. You can send in a corrected form at any time between the due dates.

### ***How will the data be used?***

Output funding means that DHS sets a standard price for each kind of HACC activity (e.g. \$24.64 per hour for Respite—Home & Community). DHS will then enter into a Service Agreement with each agency that specifies the number of hours of a given activity that the agency intends to provide during the year. It is therefore important for both the agency and the Department to have accurate data on the agency's actual output in terms of hours of service and numbers of clients receiving that service.

Note, however, that the Department's periodic payments to the agency are not directly influenced by fluctuations in this quarterly data collection. Instead, there will be an annual reconciliation between the output targets and the actual output; this may lead to an adjustment of funding. For details, see the *Victorian Home & Community Care Program Manual*.

On receiving the quarterly data, the Department will produce periodic analyses which will be fed back, in summary form, to service providers. The information will show the actual levels of HACC services throughout Victoria, and similar analyses.

## ***How to complete the form***

### ***Agency Name***

The full legal name of the agency submitting the return (as shown on your Service Agreement).

### ***Agency Code***

You may use either the code number described as the SAMS Agency ID number assigned by your DHS Regional Office, or the code number used for the HACC Minimum Data Set.

### ***Quarter***

Please write down the quarter that applies to the data in the form.

## ***Number of clients assisted***

**(Column 2, Rows 1,2,3,4 etc.):** The number of clients should relate to the hours reported in Column 3. A client is a person directly assisted with HACC services by your agency. The number of clients should be an unduplicated count. That is, if the same person received a nursing visit on three occasions during the quarter, you count them as one individual.

If a household has two or more individuals who are HACC clients of your agency (e.g. an elderly couple), and the one occasion of service benefits the whole household (e.g. home care), count only one individual. Likewise, if the occasion of service is Respite for the caregiver of an aged or disabled person, count only one individual (that is, do not count the family caregiver as well). However, if two people in a household each receive an occasion of service in their own right (e.g. personal care), count two individuals.

## ***Number of Hours—what to include***

The unit of service defined for most activities is *an hour of direct service*. It records the total time used in *direct* service delivery and *excludes* staff travel time incurred in getting to or from a person's home. The following may be *included* as hours spent on direct service:

- Hours of face-to-face contact with the client.
- Some tasks undertaken in the client's absence where those tasks are essential components of the direct service. (For example, time spent by a Property Maintenance worker in purchasing materials for repairs, or building a ramp in a workshop. Time spent by an Allied Health worker making a prosthetic device for the client. Time spent by a Home Care worker or Personal Care worker shopping on behalf of the client.)
- The completion of case notes by Nursing and Allied Health workers.
- Telephone calls to the client where the phone call is a substitute for a home visit or a necessary part of service provision (e.g. counselling, daily reminder calls, and some Allied Health services).
- For home nursing delivered by Bush Nursing Centres, if the direct hours provided by nursing staff include non-nursing duties, all these hours can be reported as direct nursing hours.

The general rule is that the number of hours recorded should correspond to the amount of time for which the client was invoiced (if a fee was charged).

For Linkages services, hours should include all hours of Linkages-funded direct services provided to clients (whether provided directly by the Linkages agency or purchased from another agency) plus hours of case-management.

## **Rows 1&2: Allied Health**

This activity includes 6 paramedical professions, namely Podiatry, Physiotherapy, Occupational Therapy, Speech Pathology, Dietetics and Trained Counselling (social worker or psychologist). Record only those allied health services actually funded by HACC. Record activities in the nature of clinical assessment, treatment, therapy or professional advice. Allied Health services may be provided in either the home or a centre.

Group sessions are to be reported in 'person hours'—for example, a one-hour session attended by four people will equal 4 person hours. (This is a change from the previous rule, in which one hour spent with an individual client and a one-hour group session were both recorded as one hour of service.)

*Record three data items:*

*Col.2: The number of separate individuals who received allied health care;*

*Col.3: The contact hours (counted in person hours, if a group session) spent providing allied health care funded by the HACC grant,*

*Col.4: The total hours of allied health care (funded by the HACC grant, fees revenue, and/or*

*additional agency contribution).*

### **Row 3: Assessment & Care Management**

Assessment and Care Management is an activity that can include:

- Holistic assessment of an individual's need for community support services. Needs for both HACC and non-HACC services should be identified.
- Development and implementation of a care plan.
- Monitoring the effectiveness of the care plan in meeting the person's needs.
- Regular review and re-assessment of the person's needs.

Only Assessment and Care Management services as defined and funded by the HACC program should be reported. Check your agency's Service Agreement to see whether the agency has been contracted to provide Assessment & Care Management by the HACC program. Record the accumulated whole hours of services delivered during the three-month period.

*Record three data items:*

*Col.2: the number of separate individuals who received an assessment or care management;*

*Col.3: the hours spent doing assessment and care management (funded by the HACC grant),*

*Col.4: the total hours of assessment and care management (funded by the HACC grant, fees revenue, and/or additional agency contribution).*

### **Rows 4&5: Delivered Meals**

Record this activity only if your agency has received a HACC subsidy for Delivered Meals. Count only those meals eligible for a HACC subsidy, whether delivered to a client's home or served in a centre.

**Meals at a Centre:** Do *not* count meals served during a Planned Activity Group. (These meals are not eligible for the Delivered Meals subsidy, because the cost of meals is already included in the unit price of Planned Activity Groups.)

*Record two data items:*

*Col.2: the number of separate individuals who received delivered meals;*

*Col.4: the number of meals delivered during the three-month period (funded by the HACC grant, fees revenue, and/or additional agency contribution).*

### **Row 6: Flexible Service Response**

Formerly called 'Innovative Service Response', this activity type will vary according to your agency's Service Agreement with DHS. This activity is not funded by output, but has nevertheless been included in the data collection for planning purposes.

**Community Connections** (accommodation) and the **HACC Response Service** are funded under the categories of Flexible Service Response and Service System Resourcing, but are **not to be reported here**. They have separate DHS data collections.

*Record three data items:*

*Col.2: the number of clients who received a service;*

*Col.3: the hours spent providing a service (funded by the HACC grant),*

*Col.4: the total hours of service provided (funded by the HACC grant, fees revenue, and/or additional agency contribution).*

## **Row 7: Home Care**

Home Care services can include vacuuming, cleaning, dishwashing, making beds, laundry, ironing, shopping, bill paying and meal preparation, plus some cyclical tasks such as spring cleaning.

*Record three data items:*

*Col.2: the number of separate individuals who received home care;*

*Col.3: the hours spent doing home care (funded by the HACC grant),*

*Col.4: the total hours of home care (funded by the HACC grant, fees revenue, and/or additional agency contribution).*

## **Row 8: Linkages**

Linkages (or Community Options) is a service based on case management with the availability of brokerage funds for purchase of additional services for consumers whose needs cannot be met by mainstream HACC services.

### ***Definition of clients***

Record the number of separate individuals who were provided Linkages-funded services or equipment during the three-month period.

### ***Definition of Linkages direct hours***

In counting the number of whole hours of Linkages service, you should include hours of case management, hours of service provided directly by your agency, and hours of service purchased by your agency but provided by another. Note that fees collected from Linkages clients are to be used to enhance service quality, not to fund extra packages.

*Record two data items:*

*Col.2: the number of clients who received services funded by a Linkages package during the quarter;*

*Col.3: the hours of service provided to clients out of the grant received for Linkages packages.*

## **Rows 9&10: Nursing**

Nursing comprises professional nursing care provided by a registered nurse who is employed in a nursing capacity. Services include direct clinical care such as catheter and colostomy care, oxygen therapy, medication, injections and dressings, clinical assessment and the provision of education and information. Nursing may be provided either at home or in a centre. Record the accumulated whole hours of services delivered during the three-month period.

*Record three data items:*

*Col.2: the number of separate individuals who received nursing;*

*Col.3: the hours spent doing nursing (funded by the HACC grant),*

*Col.4: the total hours of nursing (funded by the HACC grant, fees revenue, and/or additional agency contribution).*

**Note for Bush Nursing Centres** (but not Bush Nursing Hospitals):—If the direct hours provided by nursing staff include non-nursing duties, all these hours can be reported as direct nursing hours.

## **Row 11: Property Maintenance**

Property Maintenance refers to assistance with maintenance and repair of the client's home, garden or yard to keep their home in a safe and habitable condition. Examples are minor repairs to the dwelling, changing light bulbs, replacing tap washers, carpentry and painting, unblocking drains, replacing guttering, lawn mowing and the removal of rubbish. Home modification refers to assistance with

modifications or renovations to the client's home to help them cope with a disabling condition. Examples are the installation of grab rails, ramps, shower rails, special taps and emergency alarms.

*Record three data items:*

*Col.2: the number of separate individuals who received Property Maintenance (and Home Modification);*

*Col.3: the hours spent doing Property Maintenance and Modification (funded by the HACC grant),*

*Col.4: the total hours of Property Maintenance and Modification (funded by the HACC grant, fees revenue, and/or additional agency contribution).*

## **Row 12: Personal Care**

Personal Care describes assistance with tasks which a person would normally do for themselves but which because of illness, disability or frailty they are unable to perform without the assistance of another person. Examples of personal care are bathing, dressing, grooming, toileting, assistance with getting in and out of bed, and assistance with mobility and eating.

A person attending a Planned Activity Group may require assistance with going to the toilet or getting in and out of a chair. Do not record this as Personal Care, since it should be recorded as part of the output of the Planned Activity Group.

## **Row 13: Respite—Home and Community**

The purpose of respite services is to support the caring relationship by providing carers with a break from their caring responsibilities. The care recipient may be a frail older person or a person of any age with a disability. Respite can be provided in a consumer's home or in the community. It can be provided in the form of planned regular respite, emergency respite, crisis respite, and occasional respite. It may involve the substitute carer accompanying both the usual carer and the care recipient on an outing or holiday.

### ***Definition of 'client'***

The dyad comprising the family caregiver and the frail or disabled person is counted as *one client*. In the HACC MDS Version 1, the client is defined as the caregiver. However, this will not make a practical difference, as long as the caregiver and care recipient are counted as one client only.

*Record three data items:*

*Col.2: the number of clients who received respite;*

*Col.3: the hours spent doing respite care (funded by the HACC grant),*

*Col.4: the total hours of respite care (funded by the HACC grant, fees revenue, and/or additional agency contribution).*

## **Row 14: Respite—Overnight**

Overnight respite is provided in the client's or paid carer's home. It includes occasions where the worker sleeps overnight, while being available to respond to a call for assistance. (Where the client requires *regular* assistance at night, and therefore the worker cannot normally be sleeping during the shift, the appropriate activity to purchase is Respite—Home & Community, or Personal Care.)

*Record three data items:*

*Col.2: the number of clients who received overnight respite;*

*Col.3: the hours spent doing overnight respite (funded by the HACC grant),*

*Col.4: the total hours of overnight respite (funded by the HACC grant, fees revenue, and/or additional agency contribution).*

*Note: Although overnight respite is purchased by DHS in 10-hour blocks, one 10-hour block should*

*be recorded as 10 hours.*

## **Row 15: Planned Activity Group—Core**

## **Row 16: Planned Activity Group—High**

Planned Activity Groups focus on maintaining an individual's ability to live at home and in the community, by providing a planned program of activities directed at enhancing skills required for daily living. These activities also provide opportunities for support and social interaction as well as respite and support for carers. The group may meet in a centre, at a local venue, or go on outings.

*Definition of 'Person Hours':* For Planned Activity Groups, the unit of service is the Person Hour. It is the hours of *direct* service received by the clients and excludes time spent travelling to and from the group or its regular venue. The amount of hours is calculated on a per-person basis and is *not* equivalent to the opening hours of the venue. Simply add up the hours that *each* client spent in the session. For instance, if three clients attend the session for four hours and two clients attend for three hours, you should record a total of 18 person hours ( $3 \times 4 = 12$ ) + ( $2 \times 3 = 6$ ).

*Definition of 'core' and 'high' person hours:* A Planned Activity Group may have received HACC funding to deliver a mixture of two kinds or levels of activity. In case of doubt, the DHS Service Plan should be consulted to determine what output targets have been agreed.

- 'Core' person hours are defined as hours of service devoted to clients who are physically relatively independent and do not require specialist dementia care or personal care to participate in the activities.
- 'High' person hours are defined as hours of service devoted to clients who require assistance with personal care and/or who require specially trained staff for moderate to severe dementia care, and/or who have behaviour management problems.

*Record three data items:*

*Col.2: the number of clients who attended a Planned Activity Group during the quarter;*

*Col.3: the number of person-hours provided (funded by the HACC grant),*

*Col.4: the total number of person-hours provided (funded by the HACC grant, fees revenue, and/or additional agency contribution).*

## **Row 17: Volunteer Co-ordination**

The types of service funded through Volunteer Co-ordination are: Respite (including the Host Carer Program provided by Interchange for families of children with disabilities), Friendly Visiting, Telelink (reported separately), Carer Support programs, and stand-alone transport services that use volunteer drivers.

In Columns 3&4 of the form you should report the accumulated hours of unpaid work done by volunteers who assist in providing a range of services such as friendly visiting, providing transport to clients, providing respite care to families of children with disabilities, or to frail older people, either in the volunteer's home or in the home of the older person.

If the volunteers are running a small group, you should count 'person hours'. See the definition under Planned Activity Group.

Note: You no longer need to report 'Coordinator Hours' (the hours of paid employment by a Volunteer Coordinator spent on recruiting, training and coordinating volunteers).

*Record three data items:*

*Col.2: The number of individual clients assisted by the volunteer. (Do not record the number of volunteers.)*

*Col.3: The hours of service received by clients through the unpaid work of volunteers, attributed to the HACC grant for Volunteer Coordination. (One hour spent with an individual client is counted as one person-hour. A one-hour group session for 4 clients run by a volunteer will be counted as 4 person-hours. If two volunteers jointly run such a group, the total person-hours will be unchanged.)*

*Col.4: The total hours of service received by clients through the unpaid work of volunteers, attributed to the HACC grant and any additional agency contribution. (Fees are not charged for clients of Volunteer Coordination services.)*

## **Row 17: Telelink**

Agencies with funding for Telelink services should report their outputs here. Telelink services conduct regular group telephone sessions as a form of social support for people in the HACC target population, such as isolated elderly people. Telelink is funded by the HACC activity Volunteer Coordination, and is a name registered with Telstra. HACC contributes to the cost of each connection to the conference call.

*Record two data items:*

*Col.2: The number of Telelink group sessions that were held during the quarter. (That is, if the same group held three sessions during the quarter, record three group sessions.)*

*Col.3: The number of individual telephone connections that were made for the participants in these groups during the quarter. (That is, if the same four people participated in two group sessions during the quarter, record eight connections. If four people participated in one session and another four people in another, record eight connections.)*

## **Veterans Home Care**

Rows 19–21 concern agencies who provided HACC services to eligible veterans out of DVA funds administered by DHS. The Department of Veterans' Affairs has an agreement to transfer funds to the HACC Program managed by DHS. In turn, DHS pays agencies in accordance with their agreed targets for the provision of two types of HACC service—Planned Activity Groups, and Delivered Meals. Agencies must report their outputs in both of the HACC data collections—this Quarterly Output Collection, and the HACC Minimum Data Set. The QOC will show the aggregate output and the MDS will show the individual clients who held a Gold or White repatriation card and received meals or attended a PAG.

To determine a person's eligibility for DVA-funded meals or Planned Activity Group attendance, consult Appendix 1 of Victoria's HACC Manual.

### **Row 19: DVA Planned Activity Group—Core**

### **Row 20: DVA Planned Activity Group—High**

See the description of PAGs in Rows 15 and 16 above. Planned Activity Groups focus on maintaining an individual's ability to live at home and in the community, by providing a planned program of activities directed at enhancing skills required for daily living. These activities also provide opportunities for support and social interaction as well as respite and support for carers. The group may meet in a centre, at a local venue, or go on outings.

*Record three data items:*

*Col.2: the number of eligible Gold Repatriation cardholders who attended a Planned Activity Group during the quarter;*

*Col.3: the number of eligible White Repatriation cardholders who attended a Planned Activity Group during the quarter;*

*Col.4: the number of person-hours provided (funded by DHS on behalf of DVA).*

## **Rows 21: DVA Delivered Meals**

Record this activity only if your agency has an agreement with DHS to provide DVA-funded meals to eligible veterans (that is, eligible Gold or White repatriation cardholders).

*Record two data items:*

*Col.2: the number of separate individuals who received delivered meals;*

*Col.4: the number of meals delivered during the three-month period (funded by DHS on behalf of DVA).*

## **Row 22—Amended returns**

You can send in a new form for a previous quarter if errors are discovered or better data becomes available. Tick the box to show that this is an amended return.

## **Name of a contact for queries**

The contact person should be capable of answering a phone query about data items. Note: Your agency's Chief Executive Officer is no longer required to sign the form. However, DHS will assume that the contents of the form have been approved as accurate by your CEO.

If you experience any problems, please contact your Program Adviser at your Regional Office of the Department of Human Services, or contact head office on 9616 7125.