Home and Community Care Program

National Minimum Data Set

USER GUIDE

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Australian Government Department of Health and Ageing

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Part 1

User Guide v2.0

Introduction

Background

The HACC Program provides a comprehensive range of basic maintenance and support services for frail aged people, people with a disability and their carers so they can remain in the community.

In response to a number of reviews of the HACC Program that identified the need for improved data collection within the Program, developmental work on a National HACC Minimum Data Set commenced in 1997. Collection of the HACC MDS version 1.0 (MDS v1.0) was initiated in January 2001 following extensive consultations and pilot testing.

A comprehensive evaluation of HACC MDS v1.0 designed to establish the extent to which the HACC MDS was meeting the needs of the HACC Program, from the perspective of government administrators and service providers, was concluded in 2003. The evaluation encompassed data elements, definitions, data quality and data collections arrangements, and provided many suggestions for the future direction of the collection. Following this evaluation a working group of key stakeholders—the HACC Data Reform Working Group—examined a range of possible amendments to the HACC MDS v1.0. Recommendations from this group have been accepted by HACC Officials and are reflected in the HACC MDS version 2.0 (MDS v2.0) described here.

Objectives of the HACC Minimum Data Set

The objectives of the HACC Minimum Data Set are:

- To provide HACC program managers with a tool to access data required for policy development, strategic planning and performance monitoring against agreed output/outcome criteria;
- To assist HACC service providers to provide high quality services to their clients by facilitating improvements in the internal management of HACC-funded service delivery; and
- To facilitate consistency and comparability between HACC data and other aged, community care and health data collections.

Purpose and structure of the User Guide

This User Guide is designed to assist agencies providing HACC assistance to accurately report the required information about their HACC clients, and the services provided, at the end of each reporting period.

- Part 1 of the Guide provides an overview of the HACC MDS v2.0 reporting requirements and a guide to completing each of the data elements in the MDS.

- Part 2 of the Guide comprises the HACC Data Dictionary v2.0.

A Minimum Data Set reflects an agreement to collect and report nationally the prescribed set of data elements that are clearly defined in a Data Dictionary.

The HACC MDS v2.0 includes all those data elements that HACC providers are required to report consistently on an ongoing basis across all States and Territories as part of the national MDS collection.

The Data Dictionary contains definitions for each of these data elements as well as definitions of some other data elements and concepts which, for various reasons, do not have to be reported by providers in the MDS v2.0 collection, but enable reporting of MDS data elements and therefore require a clear and agreed definition.

The definitions provided in the Data Dictionary are more detailed than those provided in Part 1 of this Guide and are presented in an internationally accepted standard format.[*]

The Data Dictionary entries are intended to be used as a reference in those circumstances where more information is needed to clarify the meaning of a particular data element or of particular codes employed to report that element.

[*] Prescribed by the International Organisation for Standardisation and the International Electrotechnical Commission, ISO/IEC Standard 11179 *Specification and Standardisation of Data Elements.*

Overview of HACC MDS v2.0

Who needs to complete the HACC MDS?

All HACC agencies must complete the HACC MDS. For the purpose of MDS reporting, a HACC agency is a HACC-funded organisation or organisational sub-unit that is responsible for the direct provision of HACC-funded assistance to clients.

Regardless of the level at which an organisation is funded, for HACC MDS purposes, a HACC agency is the level of the organisation responsible for direct service provision to clients. In many instances, this means that one HACC-funded organisation will have many HACC agencies (in HACC MDS terms).

Sometimes HACC-funded agencies may contract out or broker the assistance required by their clients to other service providers (HACC or non-HACC). Although the agency may not directly provide the assistance in these cases, the HACC agency paying for the assistance to clients is considered responsible for that assistance and should report on those clients and the assistance they receive in a HACC MDS collection.

The HACC MDS only describes those activities of a HACC-funded agency that are directly related or attributable to identifiable persons who receive HACC-funded assistance from the agency. As such, the HACC MDS does not describe all activities of a HACC-funded agency. Nor is it assumed that the service activities reported in a HACC MDS collection by an agency accounts for all expenditure of HACC funds by the agency.

Who is a HACC client for MDS purposes?

Care recipients and carers

The HACC MDS v2.0 records information about those people who receive HACC-funded assistance from your Agency, their circumstances, details of people who may be looking after them, and the types and level of assistance provided to them.

Most people receiving HACC assistance will be frail aged or people with a disability. They are called care recipients in some of the elements. Some of these care recipients will have people who look after them; if the care provided is unpaid, regular and sustained, these people are called carers. Some carers will be receiving HACC assistance to support them in their caring role, other carers will not be receiving services themselves.

In Version 2.0 of the HACC MDS, information about the care recipient and their carer (if they have one) is recorded on the same client record. For the purposes of MDS v2.0 reporting, the care recipient and their carer is the “client” receiving services. The care recipient or the carer or both can be receiving HACC services.

Thus, a MDS v2.0 HACC record will consist of information on one of the following:

- A care recipient only (person has no carer); or
- A care recipient and their carer where one or both are receiving HACC-funded services.

This means a record of care recipient and carer details, their circumstances and the assistance received from your Agency must be kept and reported for the HACC MDS.

Which people receiving HACC services are not included in the MDS?

Persons receiving HACC services but who are not known to the Agency as individuals are not part of the HACC MDS collection.

For example, individuals may be helped anonymously, or as if unknown to the Agency. This happens when you respond to general telephone enquiries, or conduct some advocacy work on behalf of clients in general rather than a specific individual client.

Individuals may participate in group activities run by your Agency but do so as unknown members of the group. This might be an information session, such as those run for carers support. You may not know who these participants are nor have any details about them recorded. These people are not reported on the HACC MDS.

What information is collected in HACC MDS v2.0?

It is important to note that the MDS is not meant to report all the time spent with clients nor all the funds expended in providing services, rather it is designed to collect sufficient information for planning and management purposes.

Below are the data elements collected in the HACC MDS v2.0. Descriptions of the data elements begin on page 13.

A. Information about the care recipient—personal details

This information is collected by the following data elements:

- First given name*
- Family/surname*
- Letters of name
- Date of birth
- Date of birth estimate flag
- Sex
- Australian state or territory identifier
- Suburb/Town/Locality
- Postcode

* The person's full name is not required for reporting, but selected letters are used to form the *Letters of name* for record linkage purposes.

- Country of birth
- Main language spoken at home
- Indigenous status.

B. Information about the care recipient—circumstances

This information is collected by the following data elements:

- Living arrangements
- Accommodation setting
- Government benefit/pension status
- Department of Veterans' Affairs (DVA) card status
- Functional status
- Functional status—additional items.

C. Information about the carer (if one exists)

This information is collected by the following data elements:

- Carer—existence of
- Carer residency status
- Relationship of carer to care recipient
- Carer for more than one person
- First given name*
- Family/surname*
- Letters of name
- Date of birth
- Date of birth estimate flag
- Sex
- Country of birth
- Main language spoken at home
- Indigenous status
- Australian state or territory identifier
- Suburb/Town/Locality
- Postcode.

* The person's full name is not required for reporting, but selected letters are used to form the *Letters of name* for record linkage purposes.

Sometimes a care recipient may have more than one person who could be described as their carer. In these cases you will need to identify the carer who provides the most significant care and assistance and report this person's details on these carer elements.

D. Information about the service episode

A HACC service episode is the period of time during which the care recipient and/or their carer receives HACC-funded assistance. A HACC service episode will always begin and end with an instance or occasion of HACC-funded assistance.

Information about the service episode is collected by the following data elements:

- Statistical linkage key information missing flag
- Source of referral
- Date of entry into HACC service episode
- Date of last update
- Date of exit from HACC service episode
- Main reason for cessation of services.

E. Information about the assistance provided

This information is collected by the following data elements:

- Total amount of type of assistance received (quantity)
- Total amount of type of assistance received (time)
- Total amount of type of assistance received (cost)
- Total assistance with goods and equipment received.

As you can see from the above, almost all the elements in the HACC MDS v2.0 are used for every care recipient. A core subset of MDS elements are used to record carer details. This means that you need to:

- Keep a record for these care recipients and carers;
- Record all the relevant HACC MDS elements for them; and
- Report their information at the end of each collection period.

Privacy considerations

Privacy considerations should be covered by the HACC Confidentiality Statement provided to agencies by their State/Territory Government. Information collected for the MDS is covered by Australian Government privacy legislation. Clients should be informed that some of the information provided to HACC agencies will be sent to the State and Australian governments for planning and statistical purposes. This information is de-identified before transmission. Clients can choose not to have their information included in the MDS.

Which assistance types are used?

Any service you deliver to a care recipient or carer individual that involves some HACC dollars is to be included in the HACC MDS reporting.

If there are no HACC funds involved then the service is not reported under HACC MDS. However, your Agency is probably recording this information for other purposes.

The assistance may be provided through the use of paid staff, or through the efforts of volunteers. Both types of assistance are to be recorded under the HACC MDS.

The assistance you provide to a HACC client is recorded and reported according to the types of assistance listed in the HACC Data Dictionary (See Part 2 of this Guide).

Collecting and reporting HACC MDS v2.0 data

HACC MDS information recording

The term "recording HACC MDS information" refers to information about the client, about their situation, and about the services delivered. It may be written on client files or forms, and/or kept in a computer system. Some Agencies enter information into a computer system from the paper files.

HACC MDS information reporting

The term "reporting HACC MDS information" means that at the end of a 3-month collection period, all the information about the client required by the HACC MDS is assembled together and the amounts of assistance are added up. One person in your agency will make sure this information is sent to the state/national collection point. Some agencies will do this on their computer system and use email for sending it on. Other agencies will have alternative arrangements.

The business rules of the National Data Repository (NDR) require the care recipient's statistical linkage key (SLK) for a record to be populated. Thus, it is **mandatory** that agencies populate the care recipient's Letters of name, Date of birth and Sex fields. For example, agencies providing services to carers may not be able to obtain information about the person being cared for. In these cases records will be accepted with only the carer's SLK populated in substitution for the care recipient information.

Where assistance has been recorded against a carer, and the carer Letters of name, Date of birth and Sex fields have not been captured, the business rule requires that either the carer fields must be populated or the assistance recorded be removed (where it has been incorrectly recorded against the carer). In these cases the record will be accepted with only the care recipient's details populated in substitution for the carer's.

System flags will be used to identify these records.

While it is desirable that information about the care recipient and carer be collected, in some instances it may not be possible or appropriate to complete all data elements. Agencies should endeavour to accurately report as many elements as possible on the people who receive services. If it is not possible to collect all the information on the first occasion, leave the elements blank and fill them in later as information becomes known.

HACC MDS data recording is continuous

HACC MDS data recording is continuous and therefore you have to keep an up-to-date record on each client and the assistance provided to them.

It is important to record the services which have actually been delivered, not the planned assistance events.

The information which describes the client and their situation does not change very often. So,

- Record this information when you assess the care recipient and their carer (if they have one);
- Check it when you review/re-assess their situation; and
- Update it if you know their situation has changed in some way.

The information that indicates what assistance the client has received is recorded each time the client is helped. The client may receive help daily, weekly or just now and then. However, you need to record each occasion of service. It is easier to manage if information is entered regularly, rather than at the end of the week or reporting period.

HACC MDS data reporting is 3-monthly

Every three months, report the basic care recipient and carer (if applicable) descriptive information. Add up the amounts of assistance that has been provided to give you a total for each assistance type.

You will prepare a data record for each known care recipient, or care recipient and carer, included in the HACC MDS who has received any HACC-funded assistance in the reporting period. If you have continuing clients on your files that have not had any assistance during the 3-month collection period, then you do not need to report their information.

Changes from HACC MDS v1.0

HACC MDS v2.0 incorporates a number of significant changes to the MDS data elements and their reporting described in the previous Guidelines to HACC MDS (Version No: 1.6, April 2004).

Recording care recipient and carer details

In HACC MDS v1.0 the person's status as a care recipient or carer was identified through the data element *Reason for HACC client status*. In those circumstances where the person was receiving HACC services to support their role as a carer, information about the carer was recorded on a separate record to that recording the care recipient details.

In HACC MDS v2.0, information on carers is always recorded with information on the care recipient as part of a common record, i.e. wherever existence of carer is recorded, care recipient details need to be recorded. As a consequence of this change the data element *Reason for HACC client status* has been omitted from MDS v2.0.

HACC MDS v2.0 collects full demographic and circumstance data for the care recipient and a core set of elements for the carer. Both care recipient and carer data is recorded on the same HACC MDS record. If the care recipient has more than one person who can be described as their carer, only record the details of the person who provides the most significant care and assistance (primary carer). In addition, v2.0 of the Data Dictionary introduces a new carer data element, *Carer for more than one person*. This data element will record whether a primary carer is providing assistance on a regular and sustained basis for more than one care recipient.

Assistance types for carers

HACC MDS v2.0 retains the key aspect of Respite care as being a service that provides a break for carers from their caring responsibilities and should only be coded if the existence of a carer has been reported. If the care recipient has no carer then the service type is not respite but normally would be Social Support.

In MDS v2 .0 the assistance type Counselling/Support, Information and Advocacy has been split into two: Counselling/Support, Information and Advocacy (care recipient) and Counselling/Support, Information and Advocacy (carer) in order to capture data on carers receiving this assistance in their own right.

Dependency data elements

The HACC MDS v2.0 includes data elements specifically related to the care recipient's need for assistance or dependency status. These dependency data elements include:

- The nine dependency items that comprise the National HACC Functional Screening Instrument. These items identify the care recipient's degree of independence in respect of: doing housework, transport, shopping, taking medication, handling money, walking, and bathing. It also includes two items that identify memory and behavioural problems. These nine items are to be reported for most care recipients and can be incorporated into the screening and assessment process used in your State or by your agency. Each jurisdiction can determine the client group for whom this data element will be reported.
- Five additional dependency items identifying the care recipient's degree of independence in respect of: communication, dressing, eating, toileting and mobility. Of these items, communication is to be reported if the above nine

items are reported. Jurisdictions can determine whether they report the other items.

Definitions of primary assistance types

The HACC Data Dictionary v2.0 incorporates revised definitions of the assistance types: Nursing, Social Support, Centre-Based Day Care, Counselling/Support, Information and Advocacy, Assessment, and Case Management.

The assistance type, Counselling/Support, Information and Advocacy has been split into two types Counselling/Support, Information and Advocacy (care recipient) and Counselling/Support, Information and Advocacy (carer).

The assistance type Case Planning/Review and Coordination has been revised and renamed Client Care Coordination. In addition, the counting methodology for Goods and Equipment has been amended to enable the total amount of each category of item to be counted.

Other new data elements

Version 2.0 of the HACC Data Dictionary introduces a further five new data elements: *Date of birth estimate flag*, *Statistical linkage key information missing flag*, *DVA card status*, *Date of entry into HACC service episode* and *Date of exit from HACC service episode*. These new data elements are fully described in this Guide.

Other changes to coding and definitions of data elements

Version 2.0 also incorporates changes to codes and definitions in a number of data elements. These changes have been designed to bring the HACC MDS in line with the National Community Services Data Dictionary Version 3 (2004), or, in some cases, to better meet the needs of HACC providers and program managers.

A summary of new, omitted and revised data elements in HACC MDS v2.0 is provided in the following table. In the guide to using the individual data elements provided later in this document, the changes from the previous User Guide v1.6 are flagged with each entry.

Changes in HACC MDS v2.0

MDS v1.6	MDS v2.0	Comment
Reason for HACC client status		Omitted
Accommodation setting after cessation of service		Omitted
First given name	First given name	No change
Family name/surname	Family name/surname	No change
Date of birth	Date of birth	No change
Sex	Sex	No change
Country of birth	Country of birth	No change
Living arrangements	Living arrangements	No change
Government pension/benefit status	Government pension/benefit status	No change
Suburb/town/locality	Suburb/town/locality	No change
Postcode	Postcode	No change
Carer—existence of	Carer—existence of	No change
Carer residency status	Carer residency status	No change
Total amount of type of assistance received (time)	Total amount of type of assistance received (time)	No change
Total amount of type of assistance received (quantity)	Total amount of type of assistance received (quantity)	No change
Total amount of type of assistance received (cost)	Total amount of type of assistance received (cost)	No change
HACC client (data concept)	HACC client (data concept)	Reporting change
Area of residence	Australian state/ territory identifier	Name change
Date of last assessment	Date of last update	Name change
Indigenous status	Indigenous status	Coding change
Main language spoken at home	Main language spoken at home	Coding change
Accommodation setting	Accommodation setting	Coding change
Relationship of carer to care recipient	Relationship of carer to care recipient	Coding change
Source of referral	Source of referral	Coding change
Main reason for cessation of service	Main reason for cessation of service	Coding change
Primary type of assistance received	Primary type of assistance received	Definitional and coding changes
Total assistance with goods and equipment received	Total assistance with goods and equipment received	Changes to reporting amounts

MDS v1.6	MDS v2.0	Comment
	Date of birth estimate flag	New element
	DVA card status	New element
	Functional status	New element
	Additional functional status items	New element
	Statistical linkage key information missing flag	New element
	Carer's letters of name	New element
	Carer's date of birth	New element
	Carer's date of birth estimate flag	New element
	Carer's sex	New element
	Carer's Australian state/ territory identifier	New element
	Carer's Suburb/town/locality	New element
	Carer's Postcode	New element
	Carer's country of birth	New element
	Carer's main language spoken at home	New element
	Carer's Indigenous status	New element
	Carer for more than one person	New element
	Date of entry into HACC service episode	New element
	Date of exit from HACC service episode.	New element

Layout of the data elements in the Guide for Use

Each page in the Guide for Use section follows a similar structure:

Name of data element

Definition: A brief definition of the data element.

CHANGES This flag highlights any coding changes, reporting changes and new elements included in the HACC MDS since the previous User Guide (Version 1.6).

Reporting this element
• The section provides general information on the data element. • It includes key advice and steps to be used in recording and reporting the HACC MDS information. • It tells you how to use each element, and how to collect the information when talking with clients.

Code	**Description**
#	• A list of the codes to be used for the described data element. Take care if there is an indicated change Code. • There is also particular information to assist in coding.

Data Dictionary Cross-reference to the full description in the Data Dictionary section.

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Data collection details

A. Information about the care recipient —personal details

First given name

Definition: **First given name** is the care recipient's first name that precedes the family name/surname.

Recording this element
• 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* is reported to protect the person's privacy. • Although a client may have a preferred name or nickname, the *First given name* is the first formal personal name. • Record the name as it would appear on legal or formal documents, e.g. Aged Pension card, Medicare card, Birth Certificate, Passport or other official documents. • If required, check name spelling with referring agencies. • Take care with unusual spelling and/or unusual names. • If you have only recorded an initial for the *First given name*, try to obtain the person's full first given name. • Make sure that you capture the name that the person uses as their *First given name*. Take care if your client traditionally places their family name before their given name when writing their full name. • Some people use a variation on their name (e.g. "Betty" instead of "Elizabeth"), or a nickname (e.g. "Red" instead of "Harry"), or their middle name instead of their first name. Make sure you record their formal first name for the HACC MDS. • For service delivery purposes, record their preferred name as well. • In Indigenous communities, special attention is required to sensitively record the person's first given name if it is affected by a death in the community. Because their first name cannot be spoken during the mourning period, they may take on a different first name. If so, you may be able to use the name written on the person's Centrelink card or other document as long as it is not spoken. • Other people may use a different public name during the period of mourning which can be spoken and which can be used on their records; however it is a different name to that normally used. If so, use their temporary public name, if there is no alternative. Do what is best in the circumstances to respect the person's situation.

Data Dictionary See *First given name* on page 142.

Family name/surname

Definition: The care recipient's **Family name or surname** is the part of the name which says which family they belong to.

Recording this element
• 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* is reported to protect the person's privacy. • Record the name as it would appear on legal or formal documents, e.g. Aged Pension card, Medicare card, Birth Certificate, Passport or other official documents. • If required, check name spelling with referring agencies. • Take care with unusual spelling and/or unusual names. • Make sure that you capture the name that the client uses as their *Family name/surname*. Take care if your client traditionally places their family name before their given name when writing their full name. • In Indigenous communities, a client may not be able to use their name during a period of mourning. You may still be able to use their usual name for the HACC MDS. If not, use the family name the client asks you to use during this period.

Data Dictionary See *Family name/surname* on page 140.

Letters of name

Definition: 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, date of birth and sex is used to keep each client's data private once it has been reported.

Reporting this element

- Letters of name is generally done automatically by the software used by the agency, but if manual records are kept use the procedure below.
- Letters from the person's *Family name/surname* should be provided first, followed by letters from the client's *First given name.* In the first three spaces record the 2nd, 3rd and 5th letters of the person's family name or surname. In the following two spaces record the 2nd and 3rd letters of the person's *First given name.*
- For example: If the person's name is Brown, Elizabeth (i.e. surname, first given name) the *Letters of name* data element should be reported as RONLI.
- If either of the person's names includes non-alphabetic characters—for example hyphens (as in Lee-Archer) apostrophes (as in O'Mara) or blank spaces (as in Eu Jin)—these non-alphabetic characters should be ignored when counting the position of each character.
- Regardless of the length of a person's name, the *Letters of name* field should always be five characters long. If either the surname or the first given name of the person is not long enough to supply the requested letters (i.e. a surname of less than five letters or a first name of less than three letters) then substitute the number '2' in the *Letters of name* field to reflect the missing letters. The placement of a number '2' should always correspond to the same space that the missing letter would have within the five-digit field.
- For example: If a person's name is Farr, Ben then the *Letters of name* field would be AR2EN because the 2 is substituting for a missing 5th letter of the surname.
- Similarly, if the person's name was Hua, Jo then the *Letters of name* field would be UA2O2 because the 2s are substituting for the missing 5th letter of the surname and the missing 3rd letter of the *First given name*.
- If a person's surname is missing altogether, record 2s for all three spaces associated with the family name/surname. Similarly, if the person's first name is missing altogether substitute 2s for the two spaces associated with the first given name.

Data Dictionary See *Letters of name* on page 167.

Date of birth

Definition: The **Date of birt**h is the date on which the care recipient was born.

Reporting this element
• 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. • Dates should be reported as an 8-digit number in the following format: **dd/mm/yyyy**, e.g. **3rd July 1905** is reported as **03/07/1905.** • If the actual date of birth of the person is not known, agencies should calculate an estimated date of birth in the following way: If the age of the person is known, the age of the person should be used to derive the person's year of birth. If the person's age is not known, an estimate of the person's age should be used to calculate an estimated year of birth. An actual or estimated year of birth should then be converted to an estimated date of birth according to the following convention: 01/01/estimated year of birth. • If the person knows their year of birth, but no other details, again record the day and month as 1st January, e.g. a person who has a year of birth of 1942, but doesn't know any other details, will have their date of birth recorded as **01/01/1942.** • If you have estimated the date of birth make sure you record this in the *Date of birth estimate flag* element. • If a client was born in the 19th century, make sure you record their year of birth correctly, e.g. **1896**.

Data Dictionary See *Date of birth* on page 126.

Date of birth estimate flag

Definition: The **Date of birth estimate flag** records whether or not the care recipient's date of birth has been estimated.

NEW ELEMENT This data element was not in the previous HACC MDS V1.0.

Reporting this element
• If you have estimated the date of birth make sure you record this in the *Date of birth estimate flag* element—Code 1. • If the service user's date of birth has been entered as 01/01 because the exact date of birth was not known, this should be recorded as Code 1.

Code	Description
1	Estimated
2	Not estimated

Data Dictionary See *Date of birth estimate flag* on page 128.

Sex

Definition: The biological sex of the care recipient.

Reporting this element
• Take care if your Agency 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”.

Code	Description
1	Male
2	Female
9	**Not stated/inadequately described:** Only use this code if it is not possible to find out from the person (or their carer) their sex or to make an informed judgement about it.

Data Dictionary See *Sex* on page 198.

Country of birth

Definition: Country of birth refers to the country where the care recipient was born.

Reporting this element
• Most Agencies 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. • With the help of a computer, or using a current printed copy of the codes and country names, find the right 4-digit code for the person's *Country of birth*. The code for Australia is "1101". • This information does not change. Once you have recorded it, there is no need to alter it. • If your Agency is unable to obtain the care recipient's *Country of birth*, or the person is unable to tell you it, then the code to use is "9999".

Data Dictionary

See *Country of birth* on page 123.

All country codes are in Appendix A on page 218.

Main language spoken at home

Definition: The **Main language spoken at home** is the language spoken by the care recipient to communicate with family and friends.

CODING CHANGE *Main language spoken at home* was previously a two-digit code.

Reporting this element

- 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.
- Many Agencies record the *Main language spoken at home* using text (e.g. writing "English" on the client file). For HACC MDS v2.0 a 4-digit code is used instead of the name of the language.

  The code for English is "1201".
- With the help of a computer, or using a printed copy of the codes and language names, find the right 4-digit code for the person's *Main language spoken at home*.
- If the client speaks an Aboriginal or Torres Strait Islander language then record:

  8000—Aboriginal languages; or

  8400—Torres Strait Islander languages.
- If the client speaks Maori at home, record either "9303 Maori (Cook Island)" or "9304 Maori (New Zealand)".
- If the person speaks an African or Pacific Island language, you will need to look in the small group listed as "Other Languages". If the person's language is not one of those listed, then record "0000".
- If the client is non-verbal and makes use of sign languages for communication, then record "9700".
- If your Agency is unable to obtain the person's *Main language spoken at home*, or the person is unable to inform you of it, then the code to use is "9999".
- In some Agencies, different codes have been used to record the language information. Check that you are using the right version of language codes or are able to map from the ones you use to the ones for the HACC MDS v2.0.

Data Dictionary

See *Main language spoken at home* on page 171.

All language codes are in Appendix B on page 224.

Indigenous status

Definition: **Indigenous status** states whether or not a person identifies themselves as of Aboriginal and/or Torres Strait Islander origin.

Reporting this element
• 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 or Torres Strait Islander origin?" • The simplest way to record their response is to use a tick box approach. This would look like: No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ A tick can be placed against two boxes to show that the client is of Aboriginal and Torres Strait Islander origin. • The response to this question needs to be translated manually or through a computer system to the codes below:

Code	Description
1	**Aboriginal but not Torres Strait Islander origin** (Box 2 above)
2	**Torres Strait Islander but not Aboriginal origin** (Box 3 above)
3	**Both Aboriginal and Torres Strait Islander origin** (Box 2 and 3 above)
4	**Neither Aboriginal nor Torres Strait Islander origin** (Box 1 above)
9	**Not stated/inadequately described:** Only use this code if it is not possible to find out information about Indigenous status from the client or to make an informed judgement about it.

Data Dictionary See *Indigenous status* on page 164.

B. Information about the care recipient—circumstances

Living arrangements

Definition: Living Arrangements records whether the care recipient lives alone, or with family members or with other people.

Reporting this element
• Collect this information when you undertake an initial assessment of the client, and update it at follow up/review times. • If a client's living situation changes during the data collection period, report your most current knowledge of their living arrangements. • It is simplest to ask the client: "Do you live alone or with others?" • The client's answer will tell you they live alone, or identify that they live with specific others, e.g. "I live with my daughter". If it is not clear who they live with, ask if it is a family member or not. • The client's interpretation of "family" should be used. Family includes de facto partners, same sex partners, and close and more distant family members.

Code	Description
1	**Lives alone:** This code includes clients who live in their own room or unit in boarding houses, retirement villages, hostels or other group environments.
2	**Lives with family:** Includes de facto and same sex relationships. Also use this code if the client lives in a household which includes both family members and others.
3	**Lives with others.**
9	**Not stated/inadequately described:** Only use this code if it is not possible to find out the client's living arrangements.

Data Dictionary See *Living arrangements* on page 169.

Accommodation setting

Definition: **Accommodation setting** records the type of place in which the care recipient lives.

CODING CHANGE Most codes in this element have changed.

Reporting this element
• When recording this information, ask the following question: "While we are helping this client, what best describes where they live?" • If the client resides in several types of accommodation during a data collection period, record the one that describes where they have lived most of the time. • Private residence includes a wide range of dwelling types, such as houses, flats, units, caravans, mobile homes, boats, marinas, etc. • Coding distinguishes between different types of tenure associated with private residences.

Code	Description
1	**Private residence—owned/purchasing:** Also use this code if the client lives in a residence owned/being purchased by another member of the household.
2	**Private residence—private rental:** i.e. rented at market rates.
3	**Private residence—public rental:** Includes public authorities and community housing associations.
4	**Independent living unit within a retirement village.**
5	**Boarding house/private hotel.**
6	**Short-term crisis, emergency or transitional accommodation facility:** This code includes night shelters, refuges, or hostels for the homeless. This code also includes a temporary shelter within an Aboriginal community (previously coded separately). Use this code only if the client has no other accommodation.
7	**Supported accommodation or supported living facility:** Includes domestic-scale supported living facilities and supported accommodation facilities. Also use this code for people living in retirement villages and receiving care services.
8	**Institutional setting:** Includes residential aged care facilities (hostels and nursing homes), and psychiatric/mental health community care facilities.
9	**Public place/temporary shelter**
10	**Private residence rented from an Aboriginal Community**
11	**Other:** Use this code if the client's accommodation setting does not fit into any of the above. Also use this code for client's living in an extended care/rehabilitation facility, a palliative care facility/hospice or a hospital.
99	**Not stated/inadequately described:** Only use this code if it is not possible to find out the client's accommodation type.

Data Dictionary See *Accommodation setting* on page 97.

Government pension/benefit status

Definition: Government pension/benefit records if the care recipient receives a pension or other benefit from the Australian Government.

Reporting this element
• If the person receives several forms of Australian Government support, record the main one. • If the person has several forms of income, one of which is an Australian Government pension or benefit, then still record the relevant Australian Government pension. • The element is used to record that the person receives a type of Australian pension/benefit and not how much the client depends on this income.

Code	Description
1	**Aged Pension**
2	**Department of Veterans' Affairs Pension**
3	**Disability Support Pension**
4	**Carer Payment (Pension)**
5	**Unemployment related benefits**
6	**Other Government pension or benefit:** Use this code if the person receives a form of Australian Government support which is not listed (i.e. is not an Aged Pension, Veteran Affairs Pension, Disability Support Pension, Carer Payment/Pension, or unemployment related benefit).
7	**No Government pension or benefit:** Use this code if the person receives no Australian Government pension or benefits, or receives a pension from overseas (but no Australian pension). This is also the code to use with all self-funded retirees.
9	**Not stated/inadequately described:** Only use this code if it is not possible to find out the client's pension/benefit status.

Data Dictionary See *Government pension/benefit status* on page 154.

DVA card status

Definition: **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.

NEW ELEMENT This data element was not collected in HACC MDS v1.0.

Reporting this element
• 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.* • If the care recipient has no DVA entitlement use code 4.

Code	Description
1	**DVA gold card**
2	**DVA white card**
3	**Other DVA card**
4	**No DVA card:** This code should be used for care recipients who are not formally recognised by DVA as having any form of DVA entitlement, including those receiving the Aged Pension.
9	**Not stated/inadequately described:** Only use this code if it is not possible to find out the client's DVA card status.

Data Dictionary See *DVA card status* on page 138.

Australian State/Territory identifier

Definition: **Australian State/Territory identifier** records the State or Territory where the care recipient lives.

NAME CHANGE This element was formally called Area of residence.

Reporting this element
• For each client record the State or Territory code which corresponds to where they live whilst receiving assistance from your Agency. • Record where the client lives, and not where your Agency is located, or where a Day Centre is located at which the client receives assistance. • For most Agencies, all/most clients will reside in the one State or Territory. • The client's location information recorded under *Australian State/Territory identifier, Suburb/Town/Locality* and *Postcode* should relate to the same place. • Agencies with a client base drawn from two or more neighbouring States/Territories need to take particular care to record the client's residence in the correct area. • The codes listed below are the only accepted values for reporting *Australian State/Territory identifier* under the HACC MDS. • Take care to only use Code "9" if you are providing assistance to clients in one of the named "Other Territories".

Code	Description
1	**New South Wales**
2	**Victoria**
3	**Queensland**
4	**South Australia**
5	**Western Australia**
6	**Tasmania**
7	**Northern Territory**
8	**Australian Capital Territory**
9	**Other Territories Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory)**

Data Dictionary See *Australian State/Territory identifier* on page 111.

Suburb/town/locality

Definition: Suburb/town/locality records the geographic area in which the care recipient lives whilst receiving HACC services.

Reporting this element
• Agencies are advised to record the name of the suburb, town, or geographical area in which the client lives whilst receiving assistance from the Agency. • There is no need to provide an extended response. If the client lives in a suburb of a city, just record the suburb name: e.g. If the client lives in the suburb of Brighton, just record it as "Brighton". The postcode and state code will indicate if it is the Brighton in Victoria, Queensland, South Australia or Tasmania. • This element should not list a detailed client address. Do not list the Suburb/town/locality as the client's address: e.g. Do not record something like "1 Main Street, Townsville" as the Suburb/Town/Locality. • For clients in rural and remotely located areas, the response for this element might be a district name, or the name of an Aboriginal community, or the name of a large agricultural property. • The client's location information recorded under *Australian State/Territory identifier, Suburb/town/locality* and *Postcode* should relate to the same place.

Data Dictionary See *Suburb/town/locality* on page 205.

Postcode

Definition: **Postcode** records the postal code for the area in which the care recipient lives whilst receiving HACC services.

Reporting this element
• Record the Postcode for all clients when establishing the locality where they are living whilst receiving assistance from the Agency. • Check address details, including Postcode at times of client review, or other convenient times. • Most Agencies have clients who live in areas covered by a small number of Postcodes. This means you can notice an error with Postcode quite easily. • Ask Australia Post for a booklet of Postcodes. Otherwise, use the back of the telephone book for a list of them. • The client's home location information recorded under *Australian State/Territory identifier, Suburb/town/locality* and *Postcode* are expected to relate to the same home.

Data Dictionary See *Postcode* on page 177.

Functional status

Definition: 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 with daily living and quantify the extent to which the person needs other people to enable them to carry out normal activities of daily living in their home and in the community.

NEW ELEMENT This information was not collected in HACC MDS v1.0.

Reporting this element

Reporting this element

- 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.
- Rate what the person is capable of doing rather than what they do. The questions ask 'Can you?' rather than 'Do you?' since some persons may not, for example, do the housework because their carer does it for them, yet be quite capable of undertaking it themselves.
- In rating an item that is irrelevant (for example, the person has no shops in the vicinity or does not use any medication), rate based on what the person would be capable of doing if the item was relevant to their situation.
- In assessing capability, take into account not only physical function but also cognition (such as problems caused by dementia or an intellectual disability) and behaviour (such as unpredictable or challenging behaviour).
- Clients able to complete a task with verbal prompting should not be rated as independent (and therefore should be rated as a 2).
- Rate the person's functional status with current aids and appliances in place.
- Items 1–5 are not relevant to children or adolescents.
- For item 6 (walking), clients who are in a wheelchair should be rated as 2 if they are independent, including corners etc, or 1 if they are not wheelchair independent.
- Questions about the last two items (on memory and behaviour) should not be asked directly of the client. Your ratings on these items should reflect all the available information, including your interview/observation of the person, client notes, referral letter, and information from carer(s), friends, relatives and referring agencies.
- Record Code 9 for unanswered items.
- Please note that this data element is not meant to limit the screening and assessment tools used by agencies, except to the extent that the nine items which are required for MDS reporting will need to be incorporated into the tools used.
- It is recommended that the care recipient's functional status be rated at the start of a service episode either at intake or following initial assessment, and reassessed when the client's circumstances change or when there is some reason to believe the person's need for assistance has changed.
- **Note that some jurisdictions may use a different 3-level coding system for this element.**

Activity	Guide to reporting	Code
Housework	Ask the person, "Can you do your housework.	
	Without help (can clean floors etc)?	3
	With some help (can do light housework but need help with heavy housework)?	2
	Or are you completely unable to do housework?	1
	Not stated/inadequately described	9
Transport	Ask the person, "Can you get to places out of walking distance....	
	Without help (can drive your own car, or travel alone on buses or taxis)?	3
	With some help (need someone to help you or go with you when travelling)?	2
	Or are you completely unable to travel unless emergency arrangements are made for a specialised vehicle like an ambulance	1
	Not stated/inadequately described	9
Shopping	Ask the person, "Can you go out shopping for groceries or clothes (assuming you have transportation)....	
	Without help (taking care of all shopping needs yourself)?	3
	With some help (need someone to go with you on all shopping trips)?	2
	Or are you completely unable to do any shopping?	1
	Not stated/inadequately described	9
Medication	Ask the person, "Can you take your own medicine....	
	Without help (in the right doses at the right time)?	3
	With some help (able to take medication if someone prepares it for you and/or reminds you to take it)?	2
	Or are you completely unable to take your own medicines?	1
	Not stated/inadequately described	9
Money	Ask the person, "Can you handle your own money....	
	Without help (write cheques, pay bills etc)?	3
	With some help (manage day-to-day buying but need help with managing your chequebook and paying bills)?	2
	Or are you completely unable to handle money?	1
	Not stated/inadequately described	9
Walking	Ask the person, "Can you walk....	
	Without help (except for a cane or similar)?	3
	With some help from a person or with the use of a walker, or crutches etc?	2
	Or are you completely unable to walk?	1
	Not stated/inadequately described	9

Activity	Guide to reporting	Code
Bathing/ showering	Ask the person, "Can you take a bath or shower....	
	Without help?	3
	With some help (e.g., need help getting into or out of the tub)?	2
	Or are you completely unable to bathe?	1
	Not stated/inadequately described	9

Do not ask the client these questions. Scoring these items should be based on all information available to you, including interviewing/observing the person, client notes, referral letter, and information from carer(s), friends, relatives and referring agencies.

Activity	Guide to reporting	Code
Memory problems or confusion	Does the person have any memory problems or get confused?	
	Yes	2
	No	1
	Not stated/inadequately described	9
Behavioural problems	Does the person have behavioural problems for example, aggression, wandering or agitation?	
	Yes	2
	No	1
	Not stated/inadequately described	9

Data Dictionary See *Functional status* on page 144.

Functional status—additional items

Definition: This element records the extent to which the care recipient is able to perform selected activities of daily living.

It is intended to identify areas in which a person requires assistance with daily living in addition to those areas included in the National HACC Functional Screening Instrument.

NEW ELEMENT This information was not collected in HACC MDS v1.0

Reporting this element
• If Functional status (previous data element) is reported, the communication item of this element should be reported in the HACC MDS v2.0 collection. The remaining items are optional at this stage. • As with Functional status, 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. • In assessing capability, take into account not only physical function but also cognition (such as problems caused by dementia or an intellectual disability) and behaviour (such as unpredictable or challenging behaviour). • Clients able to complete a task with verbal prompting should not be rated as independent (and therefore should be rated as a 2). • Rate the person's functional status with current aids and appliances in place. • Record Code 9 for unanswered items. • Please note that this data element is not meant to limit the screening and assessment tools used by agencies, except to the extent that the nine items which are required for MDS reporting will need to be incorporated into the tools used. • It is recommended that the care recipient's functional status be rated at the start of a service episode either at intake or following initial assessment, and reassessed when the client's circumstances change or when there is some reason to believe the person's need for assistance has changed. • **Note that some jurisdictions may use a different 3-level coding system for this element.**

Activity	Guide to reporting	Code
Communication	Ask the person, "Do you ever need help to communicate (to understand or be understood by others)?"	
	No	3
	Yes, sometimes	2
	Yes, always	1
	Not stated/inadequately described	9
Dressing	Ask the person, "Can you dress yourself…	
	Without help	3
	With some help	2
	Or are you completely unable to dress yourself?	1
	Not stated/inadequately described	9
Eating	Ask the person, "Can you eat…	
	Without help	3
	With some help	2
	Or are you completely unable to eat without help?	1
	Not stated/inadequately described	9
Toileting	Ask the person, "Can you manage the toilet…	
	Without help	3
	With some help	2
	Or are you completely unable to manage the toilet without help?	1
	Not stated/inadequately described	9
Getting out of bed/moving around	Ask the person, "Do you ever need help to get out of bed, or move around at home (or places away from home)?"	
	No	3
	Yes, sometimes	2
	Yes, always	1
	Not stated/inadequately described	9

Data Dictionary See *Functional status—additional items* on page 148.

C. Information about the carer

Carer—existence of

Definition: Carer—existence of identifies whether a care recipient receives informal care assistance from another person or not.

CODING CHANGE Read the instructions carefully because the reporting in HACC MDS v2.0 differs from v1.0.

Reporting this element
• Report this element for <u>all</u> care recipients. • This element is about people who may be family, friends or neighbours who help the client informally with managing their lives. This help should be regular and sustained. • To obtain an answer to this element, ask the client the question: "Do you have someone who helps look after you?" If the reply is yes, (and provided the carer is not a paid carer—see below) record code 1 (has a carer). • A client may in fact have several carers who share the caring role. This element does not reflect the number of carers, simply whether the client has a carer or not. If an elderly client has care provided by both their spouse and their son, record code 1. • Similarly, for a young disabled client, if care is shared between both parents, record code 1. • The focus of this element is on the existence of informal arrangements with family members, friends and neighbours. If the client has no-one in the role of family carer or other unpaid or informal carer, record code 2 (has no carer). Do not record the existence of a paid carer, such as a HACC-funded worker or a privately funded personal care worker, or a formally arranged volunteer carer.

Code	Description
1	**Has a carer**
2	**Has no carer**
9	**Not stated/inadequately described:** Only use this code if it is not possible to find out if the client has a carer or not.

Data Dictionary

See *Carer* on page 113.

See *Carer—existence of* on page 115.

Carer residency status

Definition: **Carer residency status** identifies whether or not the carer lives with the person for whom they care.

Reporting this element
• Record this element for all clients with carers, i.e. *Carer—existence of* has a code of 1. • To obtain an answer to this element: Ask a client: "Does your carer live with you?" • If the answer is yes, record code 1 (co-resident carer), meaning the client and carer share a home; if the answer is no, record code 2 (non-resident carer), meaning the client and carer live separately. • In some cases a care recipient will have more than one person who could be described as their carer. In these cases you will need to identify the carer who provides the most significant care and assistance and report this person's details on this and the following carer elements. • A young disabled client, cared for equally by his/her parents, and all co-resident, will have a response of code 1 (co-resident carer). • A client may stay over at the carer's home, or the carer may stay over at the client's home, but the carer is not co-resident. The response in this situation would be code 2 (non-resident carer).

Code	Description
1	**Co-resident carer**
2	**Non-resident carer**
9	**Not stated/inadequately described:** Only use this code if it is not possible to find out the residency status of the carer.

Data Dictionary See *Carer residency status* on page 120.

Relationship of carer to care recipient

Definition: Relationship of carer to care recipient records the relationship between the carer and the person for whom they care.

CODING CHANGE The codes in this element have been simplified in HACC MDS v2.0.

Reporting this element
• Record this element for all clients with carers, i.e. *Carer—existence of* has a code of 1. • To record an answer to this element, complete the sentence: For a care recipient: "The carer is their …..mother/husband/parent/spouse/etc". • Spouse/partner includes married, de facto and same sex partners who are carers. • Other relative (code 5) allows for the wide range of family members who may be involved in a caring role with the client. This code includes family members not listed in the codes elsewhere (e.g. uncles, aunts, nephews, nieces, cousins, grandparents, grandchildren, step children, and so on).

Code	Description
1	**Spouse/partner**
2	**Parent**
3	**Son or daughter**
4	**Son-in-law or daughter-in-law**
5	**Other relative**
6	**Friend/neighbour**
9	**Not stated/inadequately described:** Only use this code if it is not possible to find out the relationship of the carer and care recipient.

Data Dictionary See *Relationship of carer to care recipient* on page 192.

Carer for more than one person

Definition: Whether a primary carer is providing assistance on a regular and sustained basis to more than one care recipient.

NEW ELEMENT This information was not collected in HACC MDS v1.0.

Reporting this element
• It is important to record this element for all carers. • The simplest way to collect this information is to ask the carer: "Do you care for more than one person with a disability or chronic illness?"

Code	Description
1	**Yes**
2	**No**
9	**Not stated/inadequately described:** Only use this code if it is not possible to find out if the carer is caring for more than one person.

Data Dictionary See *Carer for more than one person* on page 118.

Carer's first given name

Definition: **First given name** is the first name that precedes the carer/'s family name/surname.

NEW ELEMENT This information about carers was not collected in HACC MDS v1.0.

Recording this element
• 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* is reported to protect the person's privacy. • Although a carer may have a preferred name or nickname, the *First given name* is their formal personal name. • Record the name as it would appear on legal or formal documents, e.g. Aged Pension card, Medicare card, Birth Certificate, Passport or other official documents. • If required, check name spelling with referring agencies. • Take care with unusual spelling and/or unusual names. • If you have only recorded an initial, try to obtain the person's full first given name. • Make sure that you capture the name that the person uses as their *First given name*. Take care if your carer traditionally places their family name before their given name when writing their full name. • For service delivery purposes, record their preferred name as well. • Some people use a variation on their name (e.g. "Betty" instead of "Elizabeth"), or a nickname (e.g. "Red" instead of "Harry"), or their middle name instead of their first name. Make sure you record their formal first name for the HACC MDS. • In Indigenous communities, special attention is required to sensitively record the person's first given name if it is affected by a death in the community. Because their first name cannot be spoken during the mourning period, they may take on a different first name. If so, you may be able to use the name written on the person's Centrelink card or other document as long as it is not spoken. • Other people may use a different public name during the period of mourning which can be spoken and which can be used on their records; however it is a different name to that normally used. If so, use their temporary public name, if there is no alternative. Do what is best in the circumstances to respect the person's situation.

Data Dictionary See *First given name* on page 142.

Carer's family name/surname

Definition: The carer's **Family name or surname** is the part of the name that says which family they belong to.

NEW ELEMENT This information about carers was not collected in HACC MDS v1.0.

Recording this Element
• 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* is reported to protect the person's privacy. • Record the name as it would appear on legal or formal documents, e.g. Aged Pension card, Medicare card, Birth Certificate, Passport or other official documents. • If required, check name spelling with referring agencies. • Take care with unusual spelling and/or unusual names. • Make sure that you capture the name that the carer uses as their *Family name/surname*. Take care if your carer traditionally places their family name before their given name when writing their full name. • In Indigenous communities, a client may not be able to use their name during a period of mourning. You may still be able to use their usual name for the HACC MDS. If not, use the family name the client asks you to use during this period.

Data Dictionary See *Family name/surname* on page 140.

Carer—letters of name

Definition: 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.

NEW ELEMENT This information about carers was not collected in HACC MDS v1.0.

Reporting this Element
• Letters of name is generally done automatically by the software used by the agency, but if manual records are kept, use the procedure below. • Letters from the person's *Family name/surname* should be provided first, followed by letters from the person's *First given name.* In the first three spaces record the 2nd, 3rd and 5th letters of the person's family name or surname. In the following two spaces record the 2nd and 3rd letters of the person's *First given name.* • For example: If the person's name is Brown, Elizabeth (i.e. surname, first given name) the *Letters of name* data element should be reported as RONLI. • If either of the person's names includes non-alphabetic characters – for example hyphens (as in Lee-Archer) apostrophes (as in O'Mara) or blank spaces (as in Eu Jin) – these non-alphabetic characters should be ignored when counting the position of each character. • Regardless of the length of a person's name, the *Letters of name* field should always be five characters long. If either the surname or the first given name of the person is not long enough to supply the requested letters (i.e. a surname of less than five letters or a first name of less than three letters) then substitute the number '2' in the *Letters of name* field to reflect the missing letters. The placement of a number '2' should always correspond to the same space that the missing letter would have within the five digit field. • For example: If a person's name is Farr, Ben then the *Letters of name* field would be AR2EN because the 2 is substituting for a missing 5th letter of the surname. • Similarly, if the person's name was Hua, Jo then the *Letters of name* field would be UA2O2 because the 2s are substituting for the missing 5th letter of the surname and the missing 3rd letter of the *First given name*. • If a person's surname is missing altogether, record 2s for all three spaces associated with the family name/surname. Similarly, if the person's first name is missing altogether, substitute 2s for the two spaces associated with the first given name.

Data Dictionary See *Letters of name* on page 167.

Carer's date of birth

Definition: The **Date of birth** is the date on which the carer was born.

NEW ELEMENT This information about carers was not collected in HACC MDS v1.0.

Reporting this element
• 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. • Dates should be reported as an 8-digit number in the following format: **dd/mm/yyyy**, e.g. **3rd July 1905** is reported as **03/07/1905.** • If the actual date of birth of the person is not known, agencies should calculate an estimated date of birth in the following way. If the age of the person is known, the age of the person should be used to derive the person's year of birth. If the person's age is not known, an estimate of the person's age should be used to calculate an estimated year of birth. An actual or estimated year of birth should then be converted to an estimated date of birth according to the following convention: 01/01/estimated year of birth. • If the person knows their year of birth, but no other details, again record the day and month as 1st January, e.g. a person who has a year of birth of 1942, but doesn't know any other details, will have their date of birth recorded as **01/01/1942.** • If you have estimated the date of birth make sure you record this in the next element. • If the person was born in the 19th century, make sure you record their year of birth correctly, e.g. **1896**.

Data Dictionary See *Date of birth* on page 126.

Carer—date of birth estimate flag

Definition: The **Date of birth estimate flag** records whether or not the carer's date of birth has been estimated.

NEW ELEMENT This information about carers was not collected in HACC MDS v1.0.

Reporting this element
• If you have estimated the date of birth, make sure you record this in the *Date of birth estimate flag* element—Code 1. • If the service user's date of birth has been entered as 01/01 because the exact date of birth was not known, this should be recorded as Code 1.

Code	Description
1	**Estimated**
2	**Not estimated**

Data Dictionary See *Date of birth estimate flag* on page 128.

Carer's sex

Definition: The biological sex of the carer.

NEW ELEMENT This information about carers was not collected in HACC MDS v1.0.

Reporting this element
• Take care if your Agency 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".

Code	Description
1	**Male**
2	**Female**
9	**Not stated/inadequately described:** Only use this code if it is not possible to find out from the carer their sex or to make an informed judgement about it.

Data Dictionary See *Sex* on page 198.

Carer's Australian State/Territory identifier

Definition: **Australian State/Territory identifier** records the State or Territory where the carer lives.

NEW ELEMENT This information about carers was not collected in HACC MDS v1.0.

Reporting this element
• For each carer record the State or Territory code which corresponds to where they live whilst receiving assistance from your Agency. • Record where the carer lives, and not where your Agency is located. • For most Agencies, all/most carers will reside in the one State or Territory. • The carer's location information recorded under *Australian State/Territory identifier, Suburb/Town/Locality* and *Postcode* should relate to the same place. • Agencies with a client base drawn from two or more neighbouring States/Territories need to take particular care to record the carer's residence in the correct area. • The codes listed below are the only accepted values for reporting *Australian State/Territory identifier* under the HACC MDS. • Take care to only use Code "9" if you are providing assistance in one of the named "Other Territories".

Code	Description
1	**New South Wales**
2	**Victoria**
3	**Queensland**
4	**South Australia**
5	**Western Australia**
6	**Tasmania**
7	**Northern Territory**
8	**Australian Capital Territory**
9	**Other Territories Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory)**

Data Dictionary See *Australian State/Territory identifier* on page 111.

Carer's suburb/town/locality

Definition: **Suburb/town/locality** records the geographic area in which the carer lives whilst receiving HACC services.

NEW ELEMENT This information about carers was not collected in HACC MDS v1.0.

Reporting this element
• Agencies are advised to record the name of the suburb, town, or geographical area in which the carer lives whilst receiving assistance from the Agency. • There is no need to provide an extended response. If the carer lives in a suburb of a city, just record the suburb name: e.g. If the carer lives in the suburb of Brighton, just record it as "Brighton". The postcode and state code will indicate if it is the Brighton in Victoria, Queensland, South Australia or Tasmania. • This element should not list a detailed carer address. Do not list the Suburb/town/locality as the carer's address: e.g. Do not record something like "1 Main Street, Townsville" as the Suburb/Town/Locality. • For carers in rural and remotely located areas, the response for this element might be a district name, or the name of an Aboriginal community, or the name of a large agricultural property. • The carer's location information recorded under *Australian State/Territory identifier, Suburb/town/locality* and *Postcode* should relate to the same place.

Data Dictionary See *Suburb/town/locality* on page 205.

Carer's postcode

Definition: **Postcode** records the postal code for the area in which the carer lives whilst receiving HACC services.

NEW ELEMENT This information about carers was not collected in HACC MDS v1.0.

Reporting this element
• Record the Postcode for all carers when establishing the locality where they are living whilst receiving assistance from the Agency. • Check address details, including Postcode at times of review, or other convenient times. • Most Agencies have carers who live in areas covered by a small number of Postcodes. This means you can notice an error with Postcode quite easily. • If not provided as part of your software system, use the Australia Post booklet of Postcodes, or the back of the telephone book. • The carer's location information recorded under *Australian State/Territory identifier, Suburb/town/locality* and *Postcode* are expected to relate to the same place.

Data Dictionary See *Postcode* on page 177.

Carer's country of birth

Definition: Country of birth refers to the country where the carer was born.

NEW ELEMENT This information about carers was not collected in HACC MDS v1.0.

Reporting this element
• Most Agencies 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. • With the help of a computer, or using a current printed copy of the codes and country names, find the right 4-digit code for the person's *Country of birth*. The code for Australia is "1101". • This information does not change. Once you have initially recorded it, there is no need to alter it. • If your Agency is unable to obtain the person's *Country of birth*, or the person is unable to tell you it, then the code to use is "9999".

Data Dictionary

See *Country of birth* on page 123.

All country codes are in Appendix A on page 218.

Carer's main language spoken at home

Definition: The **Main language spoken at home** is the language spoken by the carer to communicate with family and friends.

NEW ELEMENT This information about carers was not collected in HACC MDS v1.0.

Reporting this element

- 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.
- Many Agencies record the *Main language spoken at home* using text (e.g. writing "English" on the carer file). For HACC MDS v2.0 a 4-digit code is used instead of the name of the language.

  The code for English is "1201".
- With the help of a computer, or using a current printed copy of the codes and language names, find the right 4-digit code for the person's *Main language spoken at home*.
- If the Carer speaks an Aboriginal or Torres Strait Islander language then record.

  8000—Aboriginal languages, or

  8400—Torres Strait Islander languages.
- If the person speaks Maori at home, then using the current list you would record either "9303 Maori (Cook Island)" or "9304 Maori (New Zealand)" for them.
- If the person speaks an African or Pacific Island language, you will need to look in the small group listed as "Other Languages". If the person's language is not one of those listed, then record "0000 Other Languages".
- If the person is non-verbal and makes use of sign languages for communication, then record "9700 Non-verbal" for them.
- If your Agency is unable to obtain the person's *Main language spoken at home*, or the person is unable to inform you of it, then the code to use is "9999 Not stated/inadequately described".
- In some Agencies, different codes have been used to record the language information. Check that you are using the right version of language codes or are able to map from the ones you use to the ones for the HACC MDS v2.0.

Data Dictionary

See *Main language spoken at home* on page 171.

All language codes are in Appendix B on page 224.

Carer's Indigenous status

Definition: **Indigenous status** states whether or not a person identifies themselves as being of Aboriginal and/or Torres Strait Islander origin.

Reporting this element
• 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 or Torres Strait Islander origin?" • The simplest way to record their response is to use a tick box approach. This would look like: No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ A tick can be placed against two boxes to show that the carer is of Aboriginal and Torres Strait Islander origin. • The response to this question needs to be translated by a staff member or through a computer system to the codes below:

Code	Description
1	**Aboriginal but not Torres Strait Islander origin** (Box 2 above)
2	**Torres Strait Islander but not Aboriginal origin** (Box 3 above)
3	**Both Aboriginal and Torres Strait Islander origin** (Box 2 and 3 above)
4	**Neither Aboriginal nor Torres Strait Islander origin** (Box 1 above)
9	**Not stated/inadequately described:** Only use this code if it is not possible to find out information about Indigenous status from the client or to make an informed judgement about it.

Data Dictionary See *Indigenous status* on page 164.

D. Information about the service episode

Statistical linkage key information missing flag

Definition: **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.

NEW ELEMENT This data element was not collected in HACC MDS v1.0.

Reporting this element
• 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. • Using substitute information should only be used if it is not possible to obtain the relevant details. For example, agencies providing services to carers may not be able to obtain information about the person being cared for. • This element must be provided for all records. It may be generated by the software supporting your data collection and reporting. • If the element is recorded manually use the codes below.

Code	Description
1	**Care recipient SLK information is correct:** Use this code if the care recipient's *Letters of name, Date of birth* and *Sex* are reported correctly and there is no carer (i.e. code 2 for *Carer—existence of*).
2	**Both care recipient and carer SLK information is correct:** Use this code if both the care recipient's and carer's *Letters of name, Date of birth* and *Sex* are reported correctly.
3	**Care recipient SLK information has been replaced by the carer SLK information: Use this code if it has not been possible to obtain the care recipient's** *Letters of name, Date of birth* and *Sex,* **and the carer's details have been used instead.**
4	**Carer SLK information has been replaced by the care recipient SLK information: Use this code if it has not been possible to obtain the carer's** *Letters of name, Date of birth* and *Sex,* **the carer recipient's details have been used instead, and assistance has been recorded for the carer.**

Data Dictionary See *Statistical linkage key information missing flag* on page 203.

Source of referral

Definition: **Source of referral** identifies the person or organisation that referred the client to your agency.

CODING CHANGE The coding has been simplified for this element.

Reporting this element
• It is best to record the *Source of referral* information when the client is referred to the agency, or when first in contact with the client or during an initial assessment. It may be difficult to obtain this information later. • To assist staff agencies may find it useful to make a list of the agencies from which they most frequently receive referrals and note the corresponding *Source of referral* code.

Code	Description
1	**Self:** The client has referred themselves to your Agency.
2	**Family, significant other, friend:** The client was referred to your Agency by a family member, friend or neighbour.
3	**GP/medical practitioner—community based:** Excludes referrals from GPs or medical practitioners in a hospital—use code 6 for these referrals.
4	**Aged Care Assessment Team**
5	**Community nursing or health service**
6	**Hospital:** Excludes referrals from psychiatric hospitals or specialist psychiatric wards or hospitals within hospitals—use code 7 for these.
7	**Psychiatric/mental health service or facility:** This code includes psychiatric hospitals, and psychiatric wards and facilities within hospitals, as well as community-based mental health services and community care units for people with mental illness and psychosocial difficulties.
8	**Extended care/rehabilitation facility**
9	**Palliative care facility/hospice:** Includes services and facilities specifically structured to provide palliative care in either community or institutional settings.
10	**Residential aged care facility**
11	**Aboriginal health service**
12	**Other medical/health service**
13	**Other community-based service:** Includes referrals from schools.
14	**Law enforcement agency:** Includes referrals from police and other law enforcement agencies.
15	**Other:** Use this code if the source of referral does not fit into any of the categories listed above.
99	**Not stated/inadequately described:** Only use this code if it is not possible to find out the source of referral.

Data Dictionary See *Source of referral* on page 200.

Date of entry into HACC service episode

Definition: The **Date of entry into HACC service episode** identifies the date on which the client started receiving HACC-funded assistance.

NEW ELEMENT Previously agencies were not required to report this element.

Reporting this element

- Dates should be reported as an 8-digit number in the following format: **dd/mm/yyyy**, e.g. **1st July 2005** is written as **01/07/2005.**
- Generally, the date reported is the earliest date on which either the care recipient or carer received services for the current service episode. Report as follows:

  For on-going clients, there is no need to re-enter the date, the system will use the existing *Date of entry into HACC service episode*.

  For new clients in the reporting period, report the earliest *Date of receipt of assistance.*

  For clients who exited from a service episode and entered a new service episode during the same reporting period, report the *Date of receipt of assistance* for the new service episode.
- For those clients receiving fully-funded HACC assistance from your Agency, the *Date of entry into HACC service episode* is the first date the person received any of the types of assistance listed under *Primary type of assistance received*.
- For clients receiving assistance partly-funded through the HACC program, the *Date of entry into HACC service episode* is the first date they received HACC-funded assistance from your agency.
- In cases of one-off assistance, such as minor home maintenance provided to a client on one day, or a client who received an assessment but has not received further assistance, the *Date of entry into HACC service episode* will be the same as the *Date of exit from HACC service episode* (and both dates will be the same as the *Date of receipt of assistance* for that *HACC service event*).
- The *Date of entry into HACC service episode* need not relate to the same HACC service episode as the *Date of exit from HACC service episode* reported for the client. This is because a client may have exited from a HACC service episode during a HACC MDS reporting period and then re-entered during the same reporting period and remains a client at the end of the reporting period.

Data Dictionary

See *Date of entry into HACC service episode* on page 129.

See *Date of receipt of assistance* on page 136.

See *HACC service episode* on page 160.

Date of last update

Definition: The **Date of last update** identifies the last date on which information about the care recipient was updated by the agency.

NAME CHANGE This element was formerly called Date of last assessment.

Reporting this element
• 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. • Dates should be reported as an 8-digit number in the following format: **dd/mm/yyyy**, e.g. **1st July 2005** is reported as **01/07/2005.** • Agencies are advised to check their client's details and update if necessary when undertaking an assessment or re-assessment of their situation and needs. • *Date of last update* should be updated whenever assessment as a primary service type is recorded. However, recording *Date of last update* is not dependent on an assessment under primary service type being recorded. Review and updating of information about the client or their circumstances can occur without assessment as a primary service type being recorded. • Only the latest update is to be reported at the end of a Collection period. For reporting purposes, it does not matter if the latest update occurred during the current Collection period or previously.

Data Dictionary See *Date of last update* on page 134.

Date of exit from HACC service episode

Definition: The **Date of exit from HACC service episode** identifies the date on which the client stopped receiving HACC-funded assistance.

NEW ELEMENT Previously agencies were not required to report this element.

Reporting this element
• Dates should be reported as an 8-digit number in the following format: **dd/mm/yyyy**, e.g. **1st July 2005** is written as **01/07/2005.** • The *Date of exit from HACC service episode* is the latest *Date of receipt of assistance* for a person no longer receiving services. • Over a period of time a client may have entered and exited an agency on more than one occasion, or received multiple completed services within a reporting period. In these cases, report the latest *Date of exit from HACC service episode* recorded for the client. • Now that the MDS reports on the care recipient and carer in the same client record, the *Date of exit from HACC service episode* applies to the last services provided to the care recipient or carer. For example, if a care recipient ceased receiving services but the carer continued with services then the service episode would not be considered to have ended. In this case ongoing services could only be provided if the carer was a HACC-eligible client. • In the absence of information that a person is a continuing client, the agency should record a *Date of exit from HACC service episode* if six-weeks have elapsed with no service provision since the latest recorded *Date of receipt of assistance*.

Data Dictionary

See *Date of exit from HACC service episode* on page 132.
See *Date of receipt of assistance* on page 136.
See *HACC service episode* on page 160.

Main reason for cessation of services

Definition: The **Main reason for cessation of services** states why a client no longer receives help from your agency.

CODING CHANGE This element is now a modified combination of the previous Main reason for cessation of services, and Accommodation setting after cessation of services.

Reporting this element
• This element should be reported for all clients who stopped receiving services during the current reporting period. That is, it should be reported for all clients with a recorded *Date of exit from HACC service episode*. • Where the client has ceased to receive services for more than one reason, the agency should record the main or primary reason for the cessation of service. • You may have a client who receives several short periods of assistance from your Agency and at the end of each assistance period they are discharged. If this occurs several times within the collection period then report *Main reason for cessation of services* for the last such period of assistance.

Code	Description
1	**Client no longer needs assistance—improved status:** Use this code if the client is able to manage without any formal assistance, e. g. they are managing on their own, or with the help of informal carers (family or friends), or only needed temporary assistance.
2	**Client no longer needs assistance from agency—improved status:** Use this code if the client no longer needs assistance from your agency but does need some formal assistance from another agency. For example, a person's condition has improved and they longer require nursing care but need formal assistance from other service provider(s).
3	**Client's needs have not changed but agency cannot or will no longer provide assistance:** Use this code if there is a change because of the agency, e.g. the agency has ceased to provide assistance to the client because of the agency's resource limitations, or the agency no longer considers it safe for the agency's workers (or volunteers) to continue to assist the client. If the client's level of need/dependency increased and they were referred to another agency or program, code 3 should be used.
4	**Care recipient moved to residential aged care.**
5	**Care recipient moved to other institutional setting.**
6	**Care recipient moved to other community-based service:** Use this code if the agency can no longer provide the necessary assistance because the person's dependency or need for assistance has increased and they are referred to a more appropriate source of community care, including a Community Aged Care Package provider or a Community Options (or Linkages) project. If the person's increased level of need for assistance/dependency has resulted in admission to a residential aged care facility (nursing home or hostel) code 4 should be used.

Code	Description
7	**Care recipient moved out of area:** Use this code if the agency ceases to assist the person because their residential location has changed, and not because of any change in the person's need for assistance.
8	**Care recipient terminated service:** Use this code if it was the person's choice to cease services and not because of any agency assessment of need or change in the person's external circumstances. That is, if the person had not made this choice they would have continued to receive assistance from the agency.
9	**Client died.**
10	**Other reason:** Use this code only if the primary reason for ceasing services was not any of the above.
99	**Not stated/inadequately described:** Only use this code if the reason for ceasing services is not known.

Data Dictionary See *Main reason for cessation of services* on page 174.

E. Information about the assistance provided

The HACC MDS requires you to report the total amount of assistance the client receives over the reporting period. You are required to report a separate total for each of the types of assistance provided by the HACC program.

As no single unit of measurement is appropriate to all types of assistance, agencies will be required to report total amounts using a unit of measurement appropriate to the type of assistance.

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

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

- Domestic assistance
- Social support
- Nursing care received at home
- Nursing care received at centre/other
- Allied health care received at home
- Allied health care received at centre/other
- Personal care
- Assessment
- Centre-based day care
- Other food services
- Respite care
- Home maintenance
- Client care coordination
- Counselling/support, information and advocacy (care recipient)
- Counselling/support, information and advocacy (carer).

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

- Meals received at home
- Meals received at centre/other
- Formal linen services
- Transport
- Goods and equipment (self-care aids, support and mobility aids, communication aids, aids for reading, medical care aids, car modifications, other goods/equipment).

Cost is used to record the amount of assistance for:

- Home modification.

How to record and report amount of assistance received

1. Record each type of assistance and how much of each type of assistance received by the care recipient, or if a carer exists, to the care recipient and carer, each time you help them. Record the amount of assistance received on a given day as accurately as feasible and sensible.

   If a number of types of assistance received by the client in a single visit, the question to ask is:

   > "What was the main type of assistance received by this client on this occasion?"
   >
   > or
   >
   > "What was the main purpose for helping the client on this occasion?"

   In most cases, record only the primary type of assistance or main purpose of the visit. If the worker performed two functions you can record each of these services separately, make sure you do not count the time twice:

   For example:

   > If client Xavier receives an hour of service from your Agency, and this is made up of 30 minutes of personal care, and 30 minutes of cleaning and washing, then this could be recorded by the Agency as:
   >
   > > Personal care = 30 minutes (or 0.5 hours); and
   > >
   > > Domestic Care Amount of Assistance = 30 minutes (or 0.5 hours).

   If two care recipients each share the benefits of some assistance, then the amount may be recorded for one of them, or shared equally between them. Agencies should make a judgement about which way of doing this suits them and shows the real situation for the clients:

   For example:

   > Husband (William) and Wife (Vivian) are both eligible to receive HACC-funded assistance as care recipients. They each receive one meal per week, and share the benefits of one hour of domestic assistance each week.
   >
   > > For William, this will be recorded as: **Meals Amount of Assistance = 1 Meal** for each such event.
   > > For Vivian, similarly it will be counted as **Meals Amount of Assistance = 1 Meal**.
   > > As they share the benefits of domestic assistance, an Agency may record this as:
   > >
   > > > 30 minutes (or 0.5 hours) per week for each of William and Vivian,
   > > > **or**
   > > >
   > > > 60 minutes of Domestic Assistance for just one of them each week.
   >
   > **Just make sure only 1 hour of domestic assistance is recorded each week.**

Sum the amounts of assistance provided to the client for each of the types of assistance. This gives a collection total for each assistance type.

Total amounts i.e. the 3-month aggregates are reported rounded up to the next hour, whole number, or dollar amount. However, individual occasions of service should be recorded to an accuracy of five minutes. Be sure to count separately the services delivered in the client's home setting and those delivered in a group setting such as a day centre. This is because for Meals, Nursing Care and Allied Health, separate totals are reported as follows:

- Total Amount of Nursing Care Received at Home
- Total Amount of Nursing Care Received at a Centre or other setting
- Total Amount of Allied Health Received at Home
- Total Amount of Allied Health Received at a Centre or other setting
- Total Amount of Meals Received at Home
- Total Amount of Meals Received at a Centre or other setting.

Report the totals at the end of the collection period.

Total amount of type of assistance received (time)

Definition: 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.

DEFINITION CHANGES

There are revised definitions for Nursing, Social Support, Centre-Based Day Care, Counselling/Support, Information and Advocacy, Assessment, Case Management, and Care Planning/Review and Coordination (now called Client Care Coordination)

Counselling/Support, Information and Advocacy are split into care recipient and carer assistance types.

Reporting this element

- For each reporting period you will need to calculate a total for each of the types of assistance (listed below) that have been measured in hours and minutes (some software systems may record time as hours and fraction of hours).
- Record how much of the assistance types measured by time provided to a client on a given occasion of service.
- Record the amount in hours and minutes (or fraction of an hour) on each occasion. It is a good idea to record amounts of such assistance as accurately as possible, or in multiples of 5 minutes.
- If possible, use a work sheet or tally sheet. This helps you to note down the date of each assistance event to the client, and to write down how long you were with the client.
- At reporting time, the total of the recorded duration periods can be calculated from the work sheets.
- Totals are reported at the end of the collection period (3 months) as whole hours. If recording manually, total the hours and minutes for an assistance type and round it up to the next whole hour.
- Separate records of services need to be maintained for clients who occasionally or regularly receive either nursing care or allied health at a site other than home. This is because at reporting time your Agency will need to report for each client who received either nursing care or allied health:

  Total nursing care received at home

  Total nursing care received at a centre or other setting

  Total allied health received at home

  Total allied health received at a centre or other setting.

Assistance type	Description and guide to reporting
Domestic Assistance	• Domestic assistance is normally provided in the home, and includes services such as dishwashing, house cleaning, clothes washing, shopping (unaccompanied) and bill paying.
Social support	• Social Support refers to assistance provided by a companion (paid worker or volunteer), either within the home environment or while accessing community services, which is primarily directed towards meeting the person's need for social contact and/or accompaniment in order to participate in community life. Social support includes friendly visiting. • A staff member providing Social Support may sometimes provide some other help while attending the client. • For example, client Geoffrey receives Social Support fortnightly to provide company and help him with doing paperwork and other needs. The regular service provider John usually helps Geoffrey with some minor chores, such as hanging washing on the line, or wiping the kitchen bench. The primary purpose of the service provided by John to Geoffrey is Social Support, and is recorded as such (not as Domestic Assistance). • Any other service which is provided to the client will have social support benefits. However, it is only the assistance times which are **specifically aimed** at delivering social support which should be recorded this way. • For example, client Grace receives domestic assistance weekly. Grace enjoys the company of her regular service provider Joan and they usually have a cup of tea together. The primary purpose of the service provided by Joan is Domestic Assistance, and is recorded as this (not as Social Support). • Any Social Support provided to the client in a group-based environment at or from a fixed base facility away from their residence is recorded as Centre-based Day Care.
Nursing care at home **Nursing care at a centre or other setting**	• Nursing care is defined as health care provided to a client by a registered or enrolled nurse. • Nursing care can be delivered in the client's home or in a centre or other location. • If a nurse attends a client to provide nursing care, and also provides some other help (e.g. social support, respite for the carer, or personal care) then the Agency records this as **primarily** Nursing Care. If a nurse attends a client to provide a service which is not nursing care (e.g. social support or to act as a substitute carer) but incidentally provides some nursing care, then the Agency records this as **primarily** Social Support or Respite Care. • Service provision may be more costly when delivered by a nurse rather than some other staff members. The HACC MDS focuses on client experience of the assistance event and not cost of service delivery. Professional judgement should be used to decide the balance between nursing and other assistance types.

Assistance type	Description and guide to reporting
Allied health care at home **Allied health care at a centre or other setting**	• Allied Health consists of a wide range of specialist services, including podiatry, occupational therapy, physiotherapy, social work etc. • An Agency may record each type of allied health separately for its own operational and service delivery purposes. But at reporting time a total for all allied health assistance to a client is calculated. • Physiotherapy, occupational therapy or other allied health assistance provided by an agency to an individual client at a day centre, should be recorded separately to the allied health received at home. • Allied health assistance (not part of a Centre-based care program) provided to a group of clients at a venue other than a centre or person's home, should be recorded as Allied health at other setting. • If an allied health agency provides a session of stretching exercises or occupational therapy to a group of clients attending a centre-based program, this will be recorded as part of the centre-based day centre program of activities**.**
Personal care	• Personal Care is normally provided in the home, and includes helping the client with daily self-care tasks (e.g. eating, bathing, grooming etc.). It may include medication monitoring. • In special situations personal care assistance may be delivered at a Centre because it is not feasible to deliver the service in the client's home. This may be because the client is homeless, itinerant or living in a temporary shelter and the Centre is able to provide the shower and washing facilities required for client care.
Assessment	• Assessment refers to assessment and re-assessment activities that are directly attributable to individual care recipients. • While most agencies will undertake some form of assessments, the extent and nature of assessment activities will vary from agency to agency, and across different agency types. • Assessment includes activities associated with intake procedures and the determination of eligibility for service provision. It also includes more comprehensive assessments of a person's need for assistance and is not merely the initial registration and associated administrative procedures. • Not all these activities are necessarily undertaken face-to-face. • It is a good idea to record as much of the HACC MDS data as possible during assessment. Assessments associated with client intake are considered to be a critical data collection point in terms of recording basic information about the client's characteristics and circumstances (i.e. *Date of birth, Sex, Main language spoken at home, Carer—existence of, Accommodation setting*, etc). • Subsequent assessments and reassessments undertaken by the agency are also considered a critical opportunity for agencies to assess the currency of the information they have recorded about the client and to update this where necessary. Any time assessment activity is undertaken on behalf of the client, the *Date of last update* should be changed to reflect this work.

Assistance type	Description and guide to reporting
Centre-based day care	• Centre-based day care refers to assistance provided to the client to attend/participate in group activities and is conducted in a centre-based setting. It includes group excursions/activities conducted by centre staff but held away from the centre. • Centre-based Day Care includes the social support provided in a group environment and also light refreshments, excursions, excursion-associated transport and personal assistance (e.g. help with toileting) involved in attendance at the centre. • Social support assistance provided to a Client through structured activities in a group environment (but not including Counselling/Support, Information and Advocacy services) is to be recorded as Centre-Based Day Care when it is provided at a fixed-base facility. • Social support assistance delivered individually to the Client at a Centre will be recorded as Social Support. • The Agency which provides these centre-based services will record them as hours and minutes for the client. This time is counted from when the client arrives at the centre until their departure. Any Agency which delivers nursing care, allied health or delivers a formal meal to an individual client at a centre will record this under the relevant type of assistance delivered at a centre. If Agency A provides a full-day program (e.g. 7 hours) of social support activities to its Client Samuel, and has a formal lunch meal delivered for Samuel by Agency B, and Agency C provides some allied health to Samuel individually at the centre (e.g. 30 minutes duration) then these Agencies will record this situation as follows for Samuel: Agency A records *7 hours* **Centre-based day care** Agency B records *1* **Meal at a centre** Agency C records *30 minutes (or 0.5 hours)* **Allied health at Centre** • If an Agency provides transport to/from a Centre they will record the transport assistance separately to the centre-based day care assistance. • Any transport provided as part of an excursion or activity within the centre's program will not be counted as a separate transport service. • If a day centre provides the necessary facilities so that personal care, domestic service and other types of assistance can be delivered to the individual client, then an Agency may separately record and report these itemised services for each receiving client. They will be recorded as personal care, domestic care for each receiving client.
Other food services	• Other Food Services means any assistance provided during preparation/cooking of a meal at the client's home. It also includes advice on nutrition, food storage or preparation. It does not cover the delivery of a meal prepared elsewhere. • Record the provision of any services which fit the definition of **Other Food Services** using hours and minutes (or fraction of hour) as the unit of measure.

Assistance type	Description and guide to reporting
Respite Care	• Respite Care is assistance provided to Carers so they may have relief from their caring role and pursue other activities or interests. • Respite Care should only be recorded if there is a carer reported on the MDS record. If the care recipient has no carer then the service type is not respite but normally would be Social Support.
Client care coordination	• Client care coordination and case management are distinct activities on the same continuum of service delivery. Client care coordination is a less intensive form of case management. • Client care coordination focuses on coordination activities undertaken to facilitate access to HACC services for clients who need help to gain access to more than one service, for example, HACC special needs group clients. The assistance to access services is often short term. • Client care coordination involves the following activities: implementing the care plan; liaison with service providers in the same or another agency dealing with the same client; advocacy to ensure that the client has access to the range of services required; and monitoring and reviewing the care plan or service plan. • Care coordination is an activity carried out by identified agency staff. Not all service providers will undertake it. • It is an activity directly attributable to individual clients and is unlikely to be provided to every client on every occasion of service. • Client care coordination service activity does not include administrative work (e.g. drawing up rosters, processing accounts, or completing time sheets), personnel management, or attendance at staff meetings or training programs.
Case management	• Case Management comprises active assistance received by a client from a formally identified agency worker (case manager or care coordinator) who coordinates the planning and delivery of a suite of services to the individual client. (Where service delivery involves more than one agency, only the activities of the agreed case manager should be recorded against this type of assistance.) • Case Management is generally targeted on clients with complex needs. It may be short term or ongoing. • A client receiving case management will be receiving multiple services typically from more than one agency • The case manager will carry out the same range of activities as the care coordinator (implementing the care plan; liaison with service providers in the same or another agency dealing with the same client; advocacy to ensure that the client has access to the range of services required; and monitoring and reviewing the care plan or service plan). • The additional key elements of Case Management are: Arranging additional services needed by the client by means of brokerage, purchase of services, or 'maintenance of effort' agreements between agencies; organising case conferences if needed; actively monitoring for any change of client or carer circumstances; advocacy and casework (particularly where there is social isolation, cognitive impairment or carer stress); and liaison with other (non-HACC) services involved with the client (such as the GP).

Assistance type	Description and guide to reporting
Home Maintenance	• Home Maintenance refers to assistance with the maintenance and repair of the person's home, garden or yard to keep their home in a safe and habitable condition. • Home maintenance includes minor dwelling repairs and maintenance, such as changing light bulbs, carpentry and painting, or replacing tap washers as well as some more major dwelling repairs such as installing a new roof, replacing guttering or roof retiling. Home maintenance also includes garden maintenance, such as lawn mowing and the removal of rubbish. • If the work is undertaken by a contractor on a fee-for-service basis then record an estimate of the time spent.
Counselling/ support, information and advocacy (care recipient) **Counselling/ support, information and advocacy (carer)**	• Counselling/Support, Information and Advocacy covers a number of supportive services to help clients and carers deal with their situation. It includes dementia support and counselling and Carer support and counselling, normally provided on a one-to-one basis. • The service types are typically provided as one-on-one counselling, advice, and information but can be provided in a group setting. Record a counselling/support/information/advocacy type of assistance for a client whether it was conducted one-on-one, or in a group setting, for the benefit of a single named client. • Use Counselling/Support, Information and Advocacy (care recipient) if provided primarily for the person requiring care services and Counselling/support, information and advocacy (carer) if the carer is the main recipient of the assistance. • Counselling/Support, Information and Advocacy (Care Recipient) refers to assistance with understanding and managing situations, behaviours and relationships associated with the person's need for care, including advocacy and the provision of advice, information and training • Counselling/Support, Information and Advocacy (Carer) refers to assistance with understanding and managing situations, behaviours and relationships associated with the caring role, including advocacy and the provision of advice, information and training. • It also includes professional support to Carers in accessing and using general community services (advocacy) and one-to-one training or advice given to the Carer to assist them as well as the provision of information. • This type of assistance does not include: group activities conducted by a HACC agency where individual client records are not routinely kept; education, information or training provided by a HACC agency to another organisation, group or agency (HACC or non-HACC); advice or information provided by telephone advice or referral services on an ad hoc basis to members of the community; or advocacy undertaken on behalf of groups (e.g. advocating for the rights of younger people with disabilities) which is not directly associated with the needs and situation of an individual client.

Data Dictionary

See *Primary type of assistance received* on page 179.
See *Total amount of type of assistance received (time)* page 213.
See *Amount of assistance received (time)* page 106.

Total amount of type of assistance received (quantity)

Definition: 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.

Reporting this element
• For each reporting period you will need to calculate a total for each of the types of assistance that have been measured in quantity. These Assistance types are described below. • Record how much of the assistance types listed below have been provided to a client on a given occasion of service. • Record the amount in whole numbers: number of meals, number of formal linen services, number of one-way transport trips. • Use work sheets or tally sheets (on paper or in a computer system) to record each item of assistance to the client. Note down the date of the meal/trip/linen service each time it is delivered. • At reporting time (if using a manual system), add up how many of each assistance type has been provided to the client. Report the total for each client for each assistance type.

Assistance type	Description and guide to reporting
Meals provided at home **Meals provided at centre or other setting**	• Refers to those meals which are prepared and delivered to the client. It does not include meals prepared in the client's home. • It is important to count separately the meals provided to a client at home, and the meals provided at a Centre (or other setting). Separate totals must be reported for each case. • The HACC MDS does not ask about the quality of the meals provided, or the numbers of special diets provided, or whether the client ate or enjoyed the meal. This information may be required for operational and quality management purposes but is not part of the HACC MDS reporting requirements.
Formal linen services	• A Formal Linen service means that both the linen and the laundry services are provided to the client, and the cleaning of the linen is done elsewhere. Washing of clothes and other household linen may be undertaken as part of Domestic Assistance. Formal Linen Service should only be recorded when linen is both provided and laundered. • The counting mode is the number of collections or distributions of linen that are made to an individual client. If there is a weekly collection of dirty linen and replacement with clean linen, this counts as a single Formal Linen Service per week.

Assistance type	Description and guide to reporting
Transport	• Transport refers to assistance with transportation either directly (e.g. a ride in a vehicle provided or driven by an agency worker or volunteer) or indirectly (e.g. taxi vouchers or subsidies). • Transport is counted as the number of one-way trips. A trip from home to the shops is counted as one trip. The return journey is another transport trip. • A single trip should be recorded for each HACC client whether they are transported individually or in a group. • If a worker collects a client from home and drops them off at a shopping complex and then picks them up from the complex, this counts as 2 one-way trips. • For each reporting period add up how many one-way trips have been delivered to each client and report that total number.

Data Dictionary

See *Primary type of assistance received* on page 179.

See *Amount of assistance received (quantity)* page 103.

See *Total amount of type of assistance received* (*quantity)* page 210.

Total amount of type of assistance received (cost)

Definition: 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.

Reporting this element
• Home Modification is the only type of assistance measured in cost in v2.0 of the HACC MDS. • Keep a work sheet for all home modification expenditure so that the total for a client can be calculated at reporting time. • Any costs for modifications passed to the client or another Agency will not be reported by your Agency under the HACC MDS. • If you have recorded the time it took to do the work, then convert this to an estimated cost using a reasonable hourly rate for the worker. • At reporting time, calculate the total spent from HACC funds on behalf of the client, and report it rounded up to the next whole dollar.

Assistance type	Description and guide to reporting
Home Modification	• Home Modification refers to structural changes to the client's home so they can continue to live and move safely about the house. It will often include the fitting of rails, ramps, alarms or other safety and mobility aids. • Home modification does not include repairs to the house but does include explicit changes to improve safety or accessibility for the client. • If a client receives any home modification assistance it is reported as a cost. This is home modification work which is paid for from your Agency's HACC funds. These costs may include both the labour costs and the materials cost or only some part of this.

Data Dictionary

See *Primary type of assistance received* on page 179.

See *Amount of assistance received (cost)* page 101.

See *Total amount of type of assistance received (cost)* page 207.

Total assistance with goods and equipment received

Definition: The goods and equipment provided (by purchase or loan) to the person by a HACC agency during a reporting period.

REPORTING CHANGES

In HACC MDS v2.0 you are required to report the total number of items provided in each equipment category (in the previous MDS only the first ten types of items were reported).

Reporting this data element
• Each time an item of equipment or goods is provided to the client, it should be recorded in one of the categories listed below. • It does not matter if the Agency lends or purchases the item for the client, it will still be recorded using these categories. • Do not report equipment purchased for home modifications under this item. • If a client is issued with a walking stick, and later with a walking frame, both in the category of Support and Mobility Aid, this will be reported as: Support and Mobility Aid 2. • If a client were issued with a walking stick and later a hearing aid in the same reporting period, this would be reported as: Support and Mobility Aid 1. Communication Aid 1. • Where the agency has provided no assistance of a given category to the client within the reporting period, the amount of assistance should be reported as 0.

Category	**Description**
Self-Care Aids	• These aids assist the client in their day-to-day routines of cooking/eating and personal hygiene. Examples include special crockery/cutlery, bath rails/shower rails, buttonhooks, bowel and urinary appliances etc.
Support and Mobility Aids	• These aids assist the client with ease of mobility as well as supportive mechanisms while at rest. Support aids include callipers, splints, special beds, cushions/pillows etc, while mobility aids include belts, braces, crutches, wheelchairs (manual and motorised) etc.
Communication Aids	• These aids help the client with their inter-personal interaction and are inclusive of telephone attachments, writing aids, speaking aids (electrolarynx), intercom etc.
Aids for Reading	• These are reading-specific aids provided to clients and comprise of items like magnifying/reading glasses, braille books, reading frames etc.
Medical Care Aids	• Aids in this category assist clients with specific medical conditions. Included are breathing pumps, pacemakers, Ostomy/stoma appliances etc.

Category	Description
Car Modifications	• These aids allow clients access to safe and comfortable transportation, either as the driver or passenger of the vehicle. They are inclusive of accelerator/brake/mirror and other driver related controls as well as other modifications like automatic transmission and room for wheelchair etc.
Other Goods/ Equipment	• Includes any goods and equipment not included in the categories above.

Data Dictionary

See *Assistance with goods and equipment received* on page 109.

See *Total assistance with goods and equipment received* on page 216.

See Appendix C page 227 for examples of items of equipment in each category.

Part 2

Data Dictionary v2.0

Introduction to HACC Data Dictionary v2.0

Background

The HACC Program provides a comprehensive range of basic maintenance and support services for frail aged people, people with a disability and their carers so they can remain in the community. In response to a number of reviews of the HACC Program, in which the need for improved data collection within the Program was identified, developmental work on a National HACC Minimum Data Set (MDS) commenced in 1997. Collection of the HACC MDS Version 1 was initiated in January 2001 following extensive consultations and pilot testing.

A formal evaluation of the HACC MDS v 1.0 was commissioned by the HACC Outcomes Section, Commonwealth Department of Health and Ageing in December 2002 and completed in May 2003.* This evaluation was designed to establish the extent to which the MDS was meeting the needs of the HACC Program, from the perspective of government administrators, service providers. The evaluation encompassed data elements, definitions, data quality and data collections arrangements, and involved extensive consultation with stakeholders including HACC providers. Recommendation from this evaluation and the cumulative feedback from HACC service user and program managers were the subject of review by the HACC Data Reform Working Group over 2003–2004. The considerations of the DRWG have culminated in version 2.0 of the HACC Data Dictionary described herein.

Objectives of the HACC MDS

The objectives of the HACC Minimum Data Set are:

- To provide HACC program managers with a tool to access data required for policy development, strategic planning and performance monitoring against agreed output/outcome criteria;
- To assist HACC service providers to provide high quality services to their clients by facilitating improvements in the internal management of HACC-funded service delivery; and,
- To facilitate consistency and comparability between HACC data and other aged, community care and health data collections.

The HACC MDS is a client-centered data set†. That is, it focuses on information about the clients of HACC-funded agencies and the level and type of assistance they receive from the HACC program.

* Evaluation of HACC Minimum Data Set Version 1: Final Report. Lincoln Gerontology Centre, 2003.

† For the purposes of the MDS, client includes a frail older person or person with a disability receiving HACC-funded assistance (care recipient) and their carer (if they have one). The care recipient or the carer, or both can be receiving HACC-funded services.

Although the HACC MDS is a central component in the HACC program's accountability framework, it should be recognised that it is only one of several accountability measures designed to assist with planning, monitoring and evaluation of HACC service provision.

Defining and measuring outcomes in HACC and other related community care program areas is a complex and difficult task. A range of program outcome indicators have been identified for the HACC program. These include:

- Appropriateness of care
- Quality of care
- Effectiveness of care
- Use of services by special needs groups
- Use of services by those most in need
- Range and level of services
- Individual costs
- Project costs
- Efficient program management.

The outcome indicators that are directly measurable by the MDS Version 2.0 collection are:

- Use of services by special needs groups
- Range and level of services
- Use of services by those most in need.

The MDS also contributes, to varying degrees, to the measurement of the following outcome indicators:

- Appropriateness of care
- Effectiveness of care
- Individual costs
- Project costs
- Efficient program management.

Version 2.0 of the HACC MDS

The data elements included in the HACC MDS and defined in this Dictionary encompass what is considered by HACC program managers to be the minimum management information requirements related to:

- The characteristics of care recipients (e.g. sex, age. indigenous status)
- The circumstances of care recipients(e.g. where clients live, whether they have a carer)
- The characteristics and circumstances of carers (e.g. age, sex, indigenous status)
- The assistance received by care recipients and carers from the HACC program (e.g. source of referral, amounts and types of assistance received).

HACC MDS v 2.0 is the result of the development of Version 1.0 in response to ongoing user feedback since its introduction. Some changes to the MDS had already been incorporated in the Guidelines for Use of the HACC MDS V 1.6 but not incorporated into a revised Data Dictionary. Other changes reflect recommendations of the HACC DRWG which had the task of reviewing version 1 over 2003 and 2004. Version 2.0 incorporates a number of changes from Version 1.0 and these are described below.

Differences between Version 1.0 and Version 2.0

Reporting care recipient and carer details

A HACC client is defined as a frail older person or person with a disability receiving HACC-funded assistance (care recipient), or if the person has a carer, their carer can be a HACC client if they are receiving HACC services to support them in their caring role. In Version 1.0 of the MDS, if a person was receiving HACC services to support their role as carer, agencies were required to record information about the care recipient and the carer on separate records. The person's status as a care recipient or carer was identified through the data element Reason for Client Status. Moreover, HACC MDS v 1.0 business rules mandated that respite care could only be recorded on the carer record. The requirement to establish a separate carer record and the respite rule proved to be significant problems for agencies and lead to poor quality carer data being collected in the HACC MDS v 1.0.

In Version 2.0 of the HACC MDS information about the care recipient and their carer (if they have one) is recorded on the same HACC record. For the purposes of MDS v2.0 reporting the care recipient and the carer (if they have one) is the 'client' receiving services. The care recipient or the carer or both can be receiving HACC services.

Thus, a MDS v2.0 HACC client record will consist of information on one of the following:

- A care recipient only (person has no carer)
- A care recipient and their carer where one or both are receiving HACC-funded services.

The main changes in MDS v 2.0 for reporting care recipient and carer details are as follows:

- **Linking care recipient and carer information:** In Version 2.0 of the HACC MDS information on the carer is recorded with that of the care recipient as a single record, i.e. wherever existence of carer is recorded, care recipient and carer details need to be recorded. As a consequence of this change the data element Reason for HACC client status has been omitted from Version 2.0 of the Data Dictionary.
- **Information on the Carer:** Version 2.0 of the HACC MDS will collect a core set of elements on the care recipients and carers: *Letters of name, Date of birth, Date of birth estimate flag* (see below), *Sex, Country of birth, Main language spoken at home, Indigenous status, Australian State/Territory identifier, Suburb/town/locality,* and *postcode* together with *Carer residency status* and *Relationship of carer to care recipient*. In addition, there is a new carer data element, *Carer for more than one person*. This data element will record whether a primary carer is providing assistance on a regular and sustained basis for more than one care recipient.
- **Assistance type for carer:** Version 2.0 of the HACC Dictionary retains the key aspect of Respite Care as a service that provides carers with respite from their caring responsibilities and should only be reported if a care recipient has a carer. If the care recipient has no carer then the service type is not respite but would normally be social support.

Functional status data elements

The HACC MDS Version 2.0 includes data elements specifically related to the care recipient's need for assistance or level of dependency. These data elements include:

- The nine dependency items that comprise the National HACC Functional Screening Instrument. This screening instrument comprises items that assess the person's ability to perform selected activities of daily living: housework, traveling, shopping, taking medication, handling money, walking and bathing. It also includes two items relating to memory and behavioural problems.
- Five additional data items to report on the degree of independence with communication, dressing, eating, toileting and mobility. The inclusion of these items in the HACC Data Dictionary is specifically to provide dependency data comparable to the proposed 2006 Census questions and data collected by other community programs.

Definitions of primary assistance types

The HACC Data Dictionary v 2.0 incorporates revised definitions of the assistance types: Nursing, Social Support, Centre-Based Care, Counselling/Support, Information and Advocacy; Assessment, Case Planning/Review and Coordination (now called Client Care Coordination) and Case Management.

The assistance type, Counselling/Support, Information and Advocacy has been split into two types Counselling/Support, Information and Advocacy (care recipient) and Counselling/Support, Information and Advocacy (carer) in order to capture data on carers receiving this assistance type in their own right.

The counting methodology for Goods and Equipment has been amended to enable the total amount of each category of item to be counted.

Other new data elements

Version 2.0 of the HACC Data Dictionary introduces three further new data elements: *Date of birth estimate flag* to indicate if the date of birth has been estimated; *DVA card status*, to report whether or not the person is in receipt of a Department of Veterans' Affairs entitlement, and the level of entitlement held by the person; and *Statistical linkage key information missing flag* to indicate if the carer's *Letters of name, date of birth* and *sex* have been substituted for the care recipient's or vice versa.

Other changes to coding and definitions of data elements

Version 2.0 incorporates changes from Version 1.0 to codes and definitions in a number of data elements. In the main these changes have been designed to bring the HACC Data Dictionary in line with the National Community Services Data Dictionary Version 3 (2004) or in some cases to better meet the needs of HACC providers and program managers.

Some of the modifications have already been introduced in later versions of Guidelines to HACC MDS which is the companion to HACC Data Dictionary v 1.0, other changes are more recent and have not been previously published. Data concepts and data elements that have been revised since v 1.0 are included in the listing of all changes below.

Summary of new, omitted and revised data elements in HACC MDS v 2.0

New data elements:

- Date of birth estimate flag
- DVA card status
- Functional status
- Additional functional status items
- Carer's letters of name
- Carer's date of birth
- Carer's date of birth estimate flag
- Carer's country of birth
- Carer's main language spoken at home
- Carer's Indigenous status
- Carer for more than one person
- Statistical linkage key information missing flag
- Date of entry into HACC service episode
- Date of exit from HACC service episode.

Omitted Data Elements

- Reason for HACC client status
- Accommodation setting after cessation of service.

Modified data concept and elements

- HACC client (reporting change)
- Indigenous status (code change)
- Main language spoken at home (code change)
- Primary assistance type (code changes)
- Area of residence (name change: now Australian state/ territory identifier)
- Carer availability (name change: now Carer—existence of)
- Relationship of carer to care recipient (code change)
- Source of referral (code change)
- Main reason for cessation of service (code change)
- Primary type of assistance received (code and definitional changes)
- Total assistance with goods and equipment received (changes to reporting amounts)

Limitations of Version 2.0

- Information about the assistance received by HACC clients is limited to the extent that HACC agencies are asked to record the *Primary type of assistance received by* a client on any single service delivery event. Inevitably, some level of descriptive detail is lost when an agency has to make a decision about what to record as the primary type of assistance. However, given the complexity and variability of service delivery to clients, both within and between agencies, some way of summarising descriptive information in a consistent and comparable way is needed. The requirement to report on the primary type of assistance seeks to achieve a balance between the need to accurately record the type of assistance a person receives and the amount of time and resources required to record this information.
- Information about the setting of service delivery to clients in Version 2.0 is limited to nursing care, allied health care and meals assistance. At this stage, information about the Service delivery setting for all other types of assistance is not required by HACC program managers.
- There are no data elements that describe the organisations that the HACC program funds. That is, data elements that describe the staffing, use of volunteers, legal status, organisational structure, hours of opening etc are not included in Version 2.0.
- The concept of client in Version 2.0 is limited to an individual care recipient or care recipient and carer who receive HACC-funded assistance. Other types of 'clients' which exist within the HACC field—such as organizations—are not within the scope of Version 2.0 of the HACC MDS. For example, assistance provided by one agency to another agency (i.e. organisational clients) with

training or service development is not included. Assistance provided by HACC agencies to groups of people (i.e. group clients) where the individual clients are anonymous is similarly not reported.

- Some assistance provided to individual clients is also excluded where the requirement to record and report on these clients in the HACC MDS collection would be inappropriate. In particular, assistance provided to anonymous clients (such as those that access ad hoc assistance from a telephone based information, advice and referral agency) is not included as it would be intrusive and inappropriate to expect such clients to provide the range of personal information contained within the MDS. This exception does not apply to agencies (such as those providing meals, transport, or home modification and maintenance) which provide assistance to known individual clients but which may have only recorded minimal client details to date.
- Finally, in assessing the scope and limitations of the HACC Data Dictionary and the HACC MDS, it should be remembered that the HACC MDS is designed, for the most part, to **reflect** rather than drive agency practice. While promoting consistent standards for the collection and reporting of data across the HACC field, neither the Data Dictionary nor the HACC MDS collection is in a position to resolve policy or program level issues and tensions. As a result the data generated by the HACC MDS collection may, in certain respects, embody these tensions and contradictions rather than ameliorate them.

Structure of the Data Dictionary

Format

The presentation of data element definitions in the HACC Data Dictionary is primarily based on the international standards for defining data elements issued by the International Organisation for Standardisation and the International Electrotechnical Commission, ISO/IEC Standard 11179 *Specification and Standardisation of Data Elements*. The *National Community Services Data Dictionary Version 3* (2004), *National Health Data Dictionary Version 12 (NHDC* 2003), and the *Community Nursing Minimum Data Set Version 2.0* (1998) are also based on the ISO/IEC Standard 11179. The application of this international standard across data dictionaries and data collections in the health and community services fields adds to the completeness, integrity and consistency of data definitions and consequently to the quality and utility of national data definitions.

Collectively, the format describes a set of attributes for data definitions that comprise a set of "metadata" standards applicable to each data definition. Metadata may be defined as data describing the identifying, definitional, relational and representational attributes of data definitions (Australian Institute of Health and Welfare, *National Community Services Data Dictionary Version 1.0,* 1998, p.A-3).

The ISO/IEC 11179 is a six part standard consisting of:

- Part 1 Framework for the specification and standardisation of data elements
- Part 2 Classification of concepts for the identification of domains
- Part 3 Basic attributes of data elements
- Part 4 Rules and guidelines for the formulation of data definitions
- Part 5 Naming and identification principles for data elements
- Part 6 Registration of data elements.

The format used in the HACC Data Dictionary Version 2.0 (and in the other data dictionaries mentioned above) is based largely on Part 3 of the standard. Definitions for each of the data element attributes used in the HACC Data Dictionary Version 2.0 are provided at Appendix D.

Specific mention should be made of some enhancements to the standard set of data element attributes, which were developed specifically for the HACC Data Dictionary Version 1.0.and are retained in this version. Two additional data element attributes have been included:

Reporting status

This field indicates the functional status of the data element in relation to the reporting requirements of the HACC MDS collection. This data element attribute distinguishes between *supporting data requirements*, *reporting data requirements*, and *supporting and reporting data requirements* (see Section 2.1.1 for further comment on the distinction between supporting and reporting data elements).

Reporting requirements

This field details how the data element should be reported within the HACC MDS collection (as opposed to the actual capture of the data which is covered under *collection methods*). *Reporting requirements* includes, for example, instructions about which record for the data element should be reported when more than one record may exist in a database and not all records are required (e.g. the most recent record of *Carer—existence of*).

Supporting and reporting data requirements

The HACC Data Dictionary Version 2.0 contains all of the data elements that are required to be reported in the HACC MDS collection. It also contains specifications for those data elements that need to be recorded on the information systems of HACC agencies in order to support the reporting requirements of other data elements. That is, the HACC Data Dictionary contains the specifications for both *supporting* and *reporting* data requirements. (See Box 2.1).

Data elements which are *supporting data requirements only* are those that do not need to be reported directly as part of the HACC MDS collection, but which the agency needs to record to enable the reporting of other data elements. For example, a person's *Family name/surname* and *First given name* are not reported within the HACC MDS collection, but they are required to enable the agency to report *Letters of name*. Similarly, the data elements which relate to individual service events (such as date, primary type, amount, etc) are not reported within the HACC MDS collection but are essential to calculating the total amount of assistance received by a person over the reporting period.

Data elements which are *reporting data requirements only* are those which are derived from other data elements for reporting purposes. For example, *Letters of name* is not directly collected by the agency but is derived for reporting purposes from *Family name/surname* and *First given name.* Similarly, the data elements which relate to the total amount of assistance received by the person during a reporting period are not recorded directly, but are derived for reporting purposes from those data elements that relate to individual service events.

Data elements which are *supporting and reporting data requirements* are those which the agency needs to both record on an ongoing basis and report as part of the HACC MDS collection. The same codes are used for recording and reporting this data and the specifications for recording and reporting these data elements are either identical or very similar.

Supporting and reporting data requirements relate to the care recipient or carer characteristics, circumstances and service episodes. Data about the person's characteristics (e.g. date of birth, sex, country of birth) are basically stable over time and are simply reported by the agency just as they have been recorded. However, data about the person's circumstances (e.g. living arrangements, address) and service episodes (e.g. dates of entry and exit, referral source, reason for cessation) can change over time and across service episodes. An agency may, therefore, have different values for these types of data elements recorded on their information system for the same client during the reporting period.

The changeability of circumstance and episode data has necessitated greater specificity in these data elements about *when* they should be collected by the agency and *which* of potentially multiple records should be reported in the HACC MDS. For example, the agency should record the client's *Suburb/town/locality name* at the beginning of each service episode and should update this information during subsequent assessments/reassessments where necessary. At the end of the reporting period, the agency should report the most recent available record of *Suburb/town/locality name* for the client.

Data elements, data concepts and derived data elements

The format used to describe data elements in Version 2.0 of the HACC Data Dictionary differentiates between different types of data elements (see the data element attribute 'Data type' in Appendix E).

There are three distinct data types which describe the elements included within the HACC Data Dictionary. These are *data element concepts*, *data elements* and *derived data elements*. The HACC Data Dictionary contains a total of 6 data element concepts, 35 data elements, and 6 derived data elements (Box 2.1).

Data element concepts are included to clarify the concepts underpinning related data elements within the Data Dictionary. These are neither supporting nor reporting requirements, but define the higher level concepts that many of the individual data elements describe. Dictionary entries for data element concepts are presented in a more limited format than other data elements.

Data elements included within the Data Dictionary specify particular pieces of information which need to be collected by HACC agencies and in some cases need to be reported as part of the HACC MDS collection. Of the 39 data elements included within the Data Dictionary, 29 are *supporting and reporting data requirements* and 10 are *supporting data requirements* only.

Derived data elements are data which are not collected directly but which are calculated or derived from other information specified for collection by HACC agencies in order to meet HACC MDS reporting requirements. The 6 derived data elements included within the HACC Data Dictionary are *reporting data requirements* only.

Box 2.1: Data elements by data type (alphabetical)

Data element concepts

Carer
HACC agency
HACC client
HACC service episode
HACC service event
Record linkage

Data elements *(supporting and reporting data requirements)*

Accommodation setting
Additional functional status items
Australian State/Territory identifier
Carer—existence of
Carer for more than one person
Carer residency status
Country of birth
Date of birth
Date of entry into HACC service episode
Date of exit from HACC service episode
DVA card status
Date of birth estimate flag
Functional status
Government pension/benefit status
Indigenous status
Living arrangements
Main language spoken at home
Main reason for cessation of services
Postcode
Relationship of Carer to care recipient
Sex
Source of referral
Statistical linkage key information missing flag
Suburb/town/locality name

Data elements *(supporting data requirements)*

Amount of assistance received (cost)
Amount of assistance received (quantity)
Amount of assistance received (time)
Assistance with goods and equipment received
Date of receipt of assistance
Family name/surname
First given name
Funding source
Primary type of assistance received
Service delivery setting

Derived data elements *(reporting data requirements)*

Date of last update
Letters of name
Total amount of type of assistance received (cost)
Total amount of type of assistance received (quantity)
Total amount of type of assistance received (time)
Total assistance with goods and equipment received

Note: The data elements, *Australian State/Territory identifier, Country of birth, Date of birth, Date of birth estimate flag, Letters of name, Indigenous status, Main language spoken at home, Postcode , Sex, Statistical linkage key information missing flag* and *Suburb/town/locality name* are reported for both the care recipient and carer—if a carer exists.

Organisation of the Data Dictionary

For easy reference, the data definitions in the HACC Data Dictionary Version 2.0 are presented in alphabetical order. Alphabetical listing is consistent with the *National Community Services Data Dictionary Version 3.0* and is used in the latest version of the *National Health Data Dictionary* (v *12)*. However, the data definitions have also been mapped on the National Community Services Information Model (NCSM) Version 1.0. An information model provides a framework for the organisation of information and the development of data, as well as the design of new information systems. The use of the *National Community Services Information Model Version 1.0* assists with ensuring compatibility between future developments in the HACC MDS and the processes and outcomes of future developments in the *National Community Services Information Model Version 1.0* (1998). This is consistent with the objective of the HACC MDS of facilitating

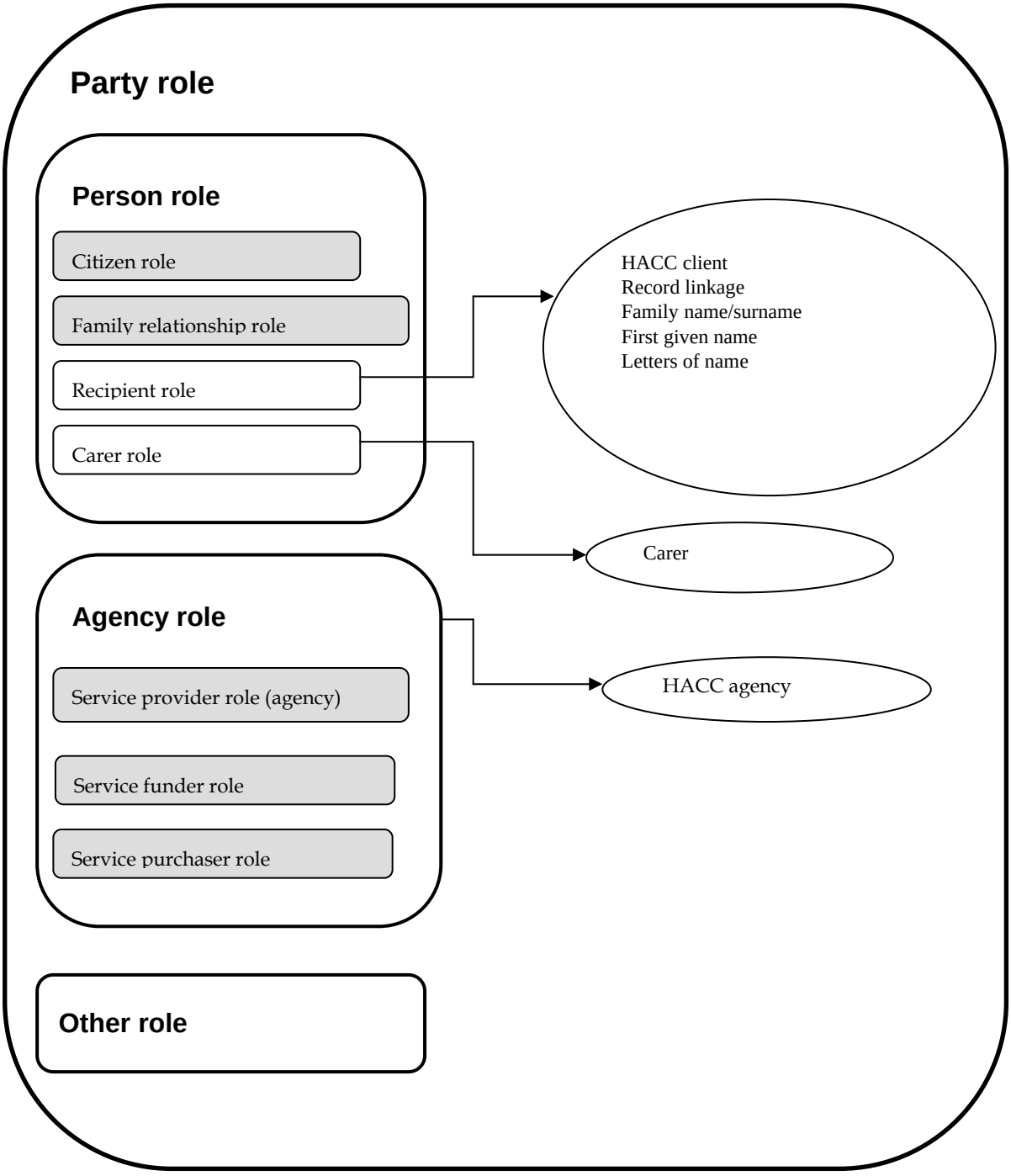
consistency and comparability between HACC data and other aged, community care and health data collections.

The National Community Services Information Model v1.0

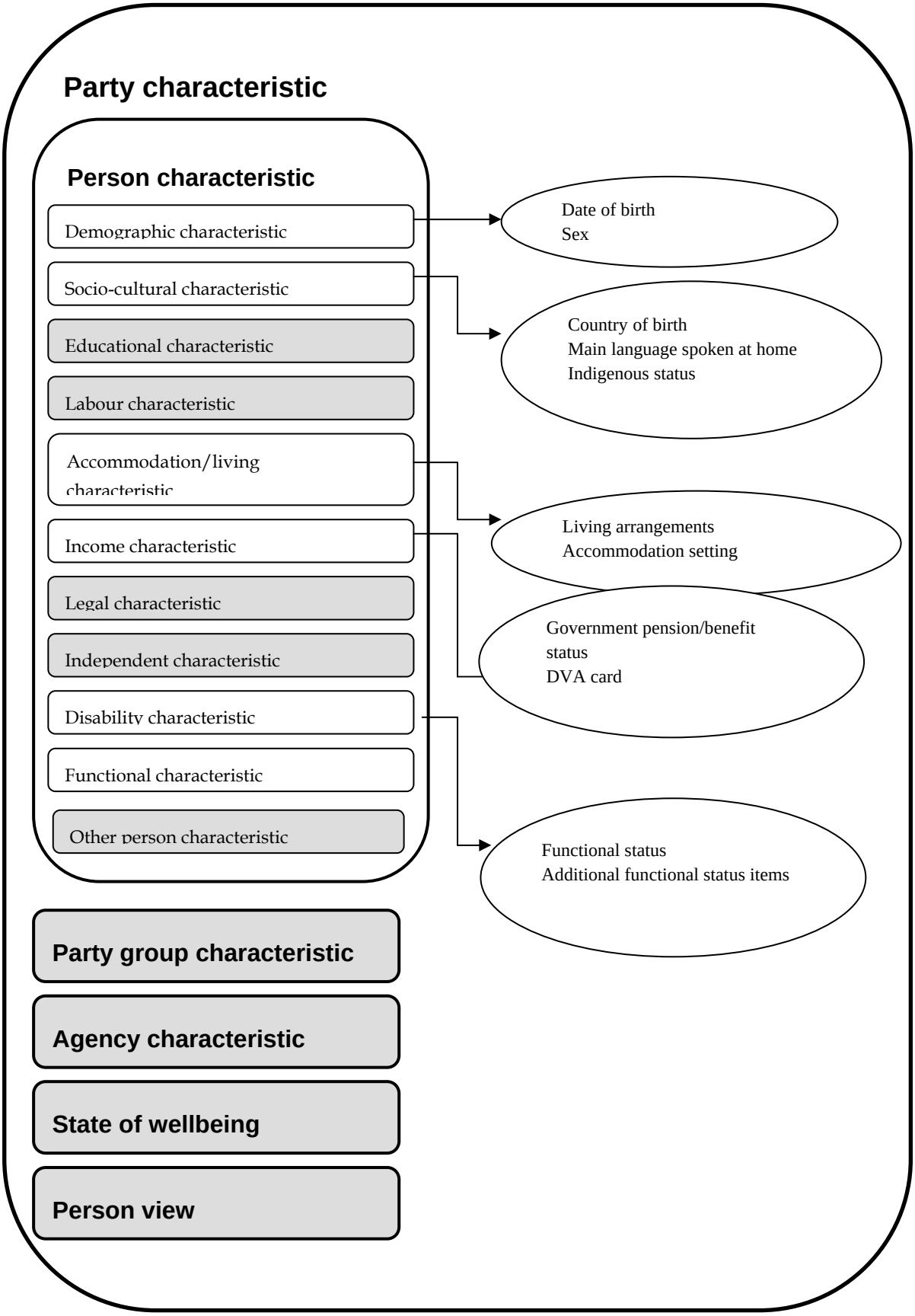
The National Community Services Information Model Version 1.0 was developed by the Australian Institute of Health and Welfare during 1997, in consultation with the National Community Service Information Model Working Group. The Working Group comprised a subset of the National Community Services Data Committee (NCSDC). The NCSDC is, in turn, a subcommittee of the National Community Services Information Management Group (NCSIMG). Membership of the NCSIMG includes representatives of all signatories to the National Community Services Information Agreement, including Commonwealth, State and Territory government departments responsible for community services, the Australian Bureau of Statistics and the Australian Institute of Health and Welfare.

The NCSDC was established primarily to develop and maintain the *National Community Services Data Dictionary* and relevant minimum data sets in all areas of community services. The NCSDC has a coordinating role to ensure national consistency of data definitions and standards in quality control. The development of the National Community Service Information Model was seen by the NCSDC as the first step in improving the quality and consistency of national community services information.

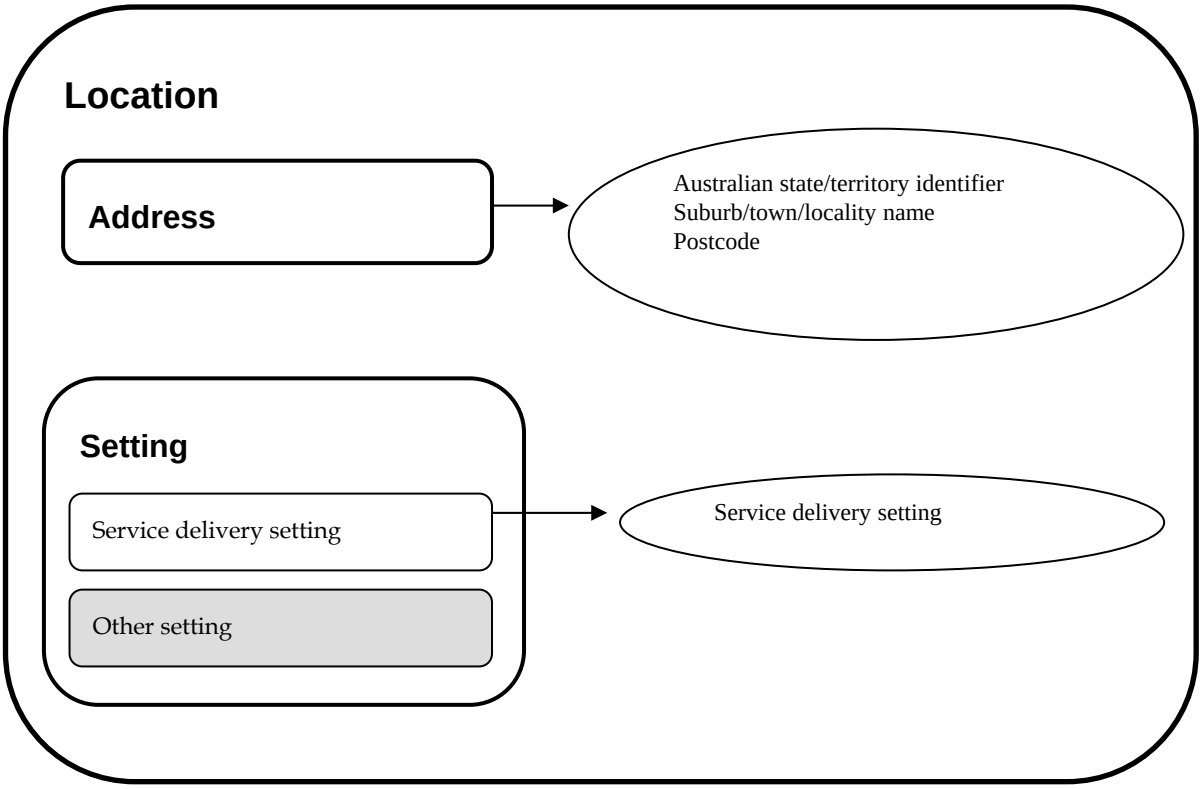
The entities and associated sub-entities of the National Community Services Information Model (NCSIM) Version 1.0 are reproduced on the following pages. The data elements related to these entities and sub-entities are also listed in the figures.



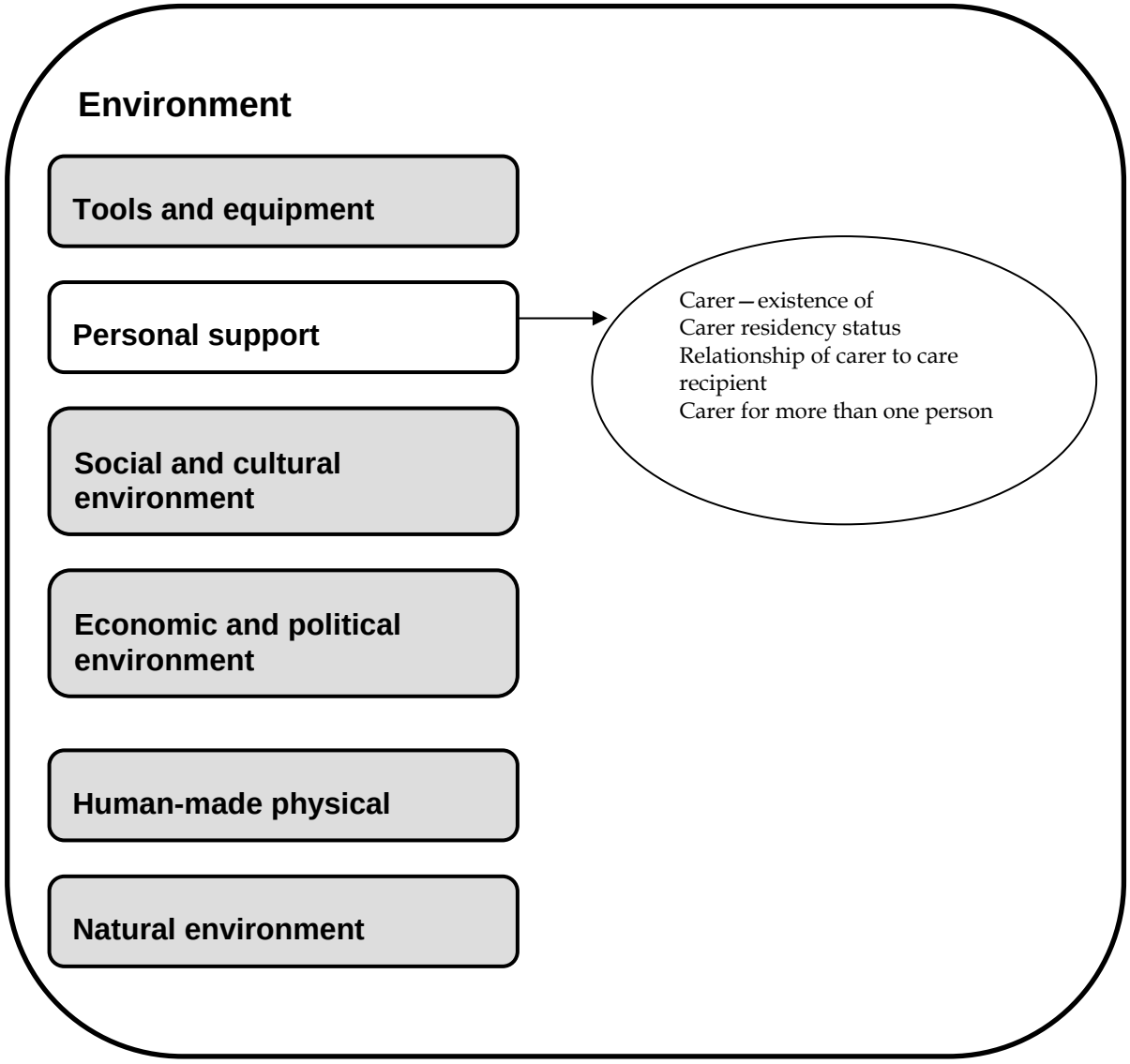
– Shaded boxes represent entities that have no related data elements in Version 2.0 of the HACC Data Dictionary



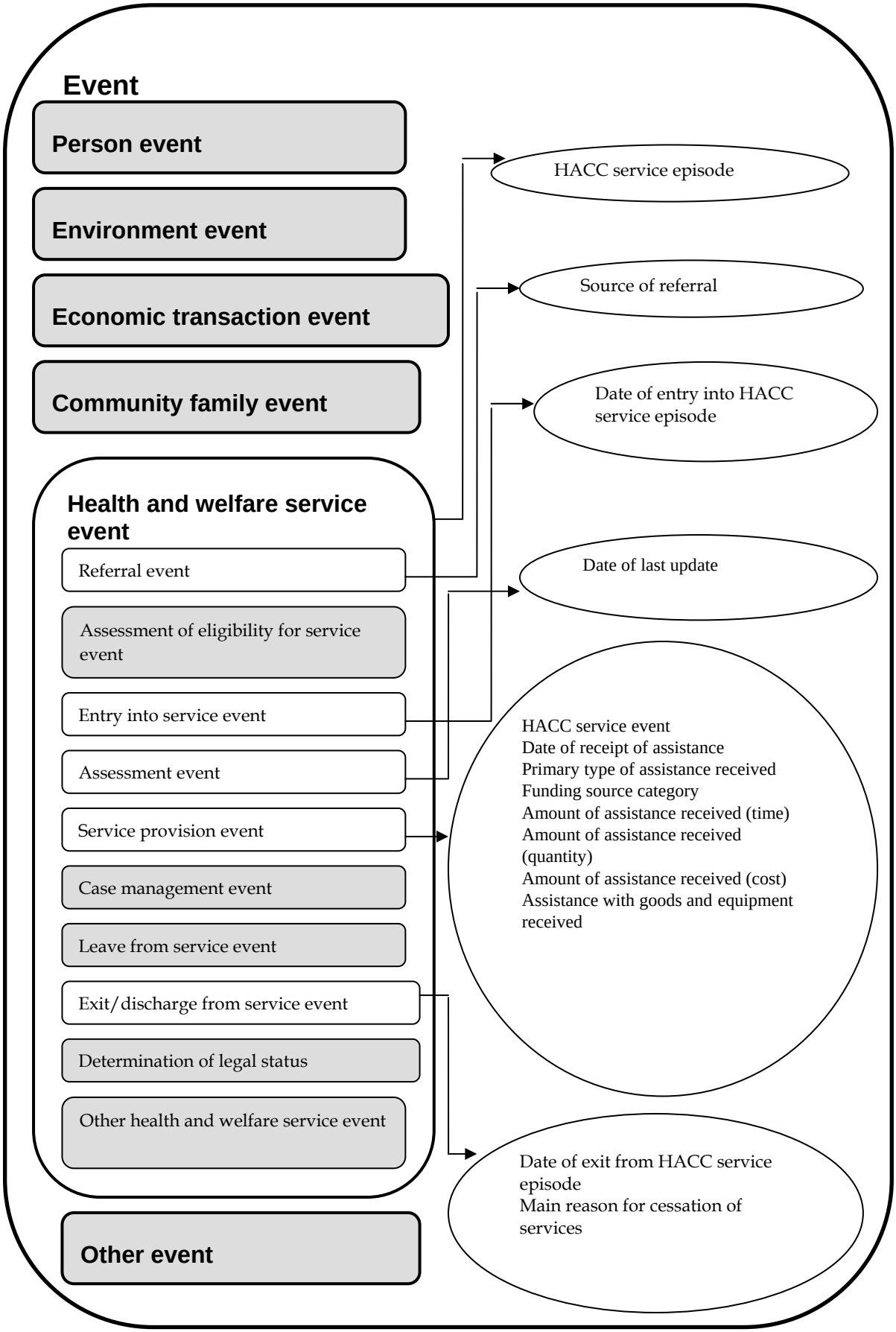
Shaded boxes represent entities that have no related data elements in Version 2.0 of the HACC Data Dictionary



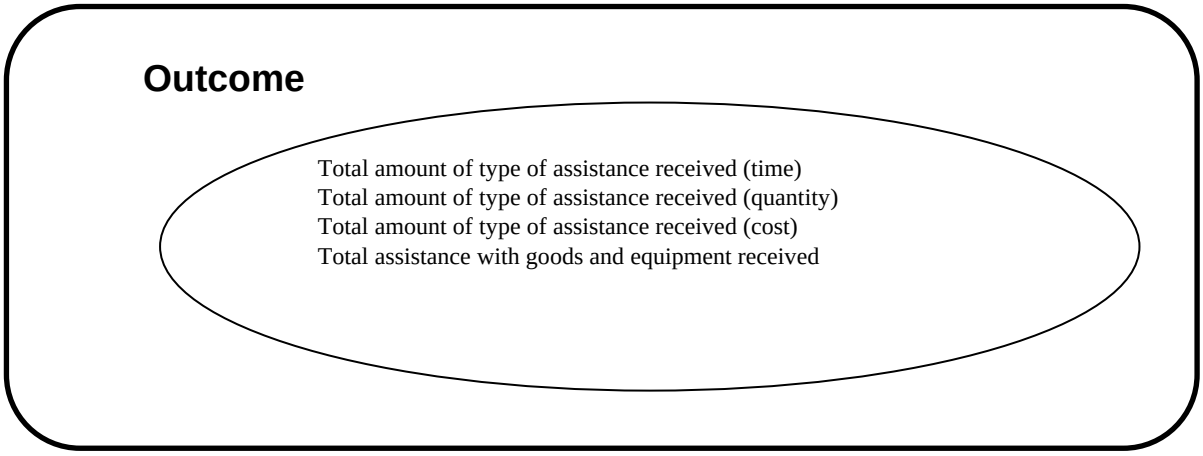
Shaded boxes represent entities that have no related data elements in Version 2.0 of the HACC Data Dictionary



— Shaded boxes represent entities that have no related data elements in Version 2.0 of the HACC Data Dictionary



Shaded boxes represent entities that have no related data elements in Version 2.0 of the HACC Data Dictionary



— Shaded boxes represent entities that have no related data elements in Version 2.0 of the HACC Data Dictionary

Data definitions

This section contains definitions of individual data elements, data element concepts and derived data elements that are required in order to complete Version 2.0 of the HACC National Minimum Data Set. These data definitions have been endorsed by Commonwealth and State/Territory government officials responsible for the HACC program.

The data definitions are presented in an ISO/IEC 11179-based format (see Appendix E for more information) which is also used in the presentation of data definitions in the *National Community Services Data Dictionary Version 3.0,* the *National Health Data Dictionary Version 12.0,* and the *Community Nursing Minimum Data Set Australia Version 2.0.*

Data definitions are presented in alphabetical order.

Accommodation setting

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The setting in which the person lives.

Context: The relationship between housing and the care needs of frail older people and people with disabilities is an area of considerable policy importance. Recent reviews have identified insecure housing as a risk factor in premature entry into residential care among frail older people and the possibility that it may be associated with more limited access to community based services.

For people living in private residences, the type of tenure associated with the *Accommodation setting* in which they live can be an important determinant of access to appropriate services and assistance. While Australia's aged population is characterised by high levels of home ownership, a significant minority of older Australians continue to be housed as either public or private market tenants. These differences in tenure often reflect marked disparities in levels of disposable income and financial security. Renters on the private market in particular may be at a disadvantage if facing both high housing costs and limited security of tenure.

Collecting information about *Accommodation setting* also gives an indication of the type and variety of settings to which agencies deliver their services when they are providing in-home assistance.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** 2 ***Representational layout:*** NN

Data domain:

1	Private residence – owned/purchasing (includes mobile home)
2	Private residence – private rental
3	Private residence – public rental
4	Independent living unit within a retirement village
5	Boarding house/private hotel
6	Short term crisis, emergency or transitional accommodation facility (includes Temporary shelter within an Aboriginal community)
7	Supported accommodation or supported living facility (includes Domestic-scale supported living facility and Supported accommodation facility)

8 Institutional setting

9 Public place/temporary shelter

10 Private residence rented from Aboriginal Community

11 Other

99 Not stated/inadequately described

Guide for use: Record the *Accommodation setting* in which the person lives while receiving services from the agency.

If the person routinely receives services from the agency in more than one type of *Accommodation setting* (for example, a group house on some days of each week and at the family home on other days of the week) the agency should record the type of *Accommodation setting* for the place in which the person receives services most of the time.

1-3 Refer to private residences which include a wide range of dwelling types, such as houses, flats, units, caravans, mobile homes, boats, marinas, etc. These coding options distinguish between different types of tenure associated with the residence; that is, whether the residence is owned or being purchased by the person (or another member of the household), or whether the residence is a private (market) or public rental residence. People living in a private residence rented from an Aboriginal Community should be coded 10.

4 Includes persons living in self-care or independent-living units within a retirement village, irrespective of the type of tenure the person holds over the residence. Persons living in a retirement village with the provision of care services should be coded to 7, Supported community accommodation.

6 Includes temporary or short-term accommodation provided in response to crisis or emergency situations (e.g. night shelters, refuges, hostels for the homeless), or to facilitate a transition between institutional-type settings and independent community living (e.g. halfway houses). These settings often provide some form of support services—such as meals, counselling, information or advocacy—but are not intended to function as a permanent or ongoing accommodation option. This code should only be used when the person has no other usual *Accommodation setting*.

7 Includes community living settings or accommodation facilities in which clients are provided with support in some way by staff or volunteers. This category includes domestic-scale living facilities (such as group homes for people with disabilities, cluster apartments where a support worker lives on site, community residential apartments, congregate care arrangements, etc.) which may or may not have 24 hour supervision and care. Independent living units in retirement villages should be coded 4 and community psychiatric facilities should be coded 8.

This category also includes larger-scale supported accommodation facilities providing 24-hour supervision and support services by rostered care workers such as hostels for people with disabilities and government-regulated Supported Residential Services/Facilities (Victoria and South Australia only). Aged care hostels should be coded to 8.

8 Includes residential aged care facilities (hostels and nursing homes), and psychiatric/mental health community care facilities (community care units which provide accommodation and non-acute care and support on a temporary basis to people with mental illness or psychosocial disabilities).

9 Includes public places such as streets and parks, as well as temporary shelters such as bus shelters or camps and accommodation outside legal tenure arrangements, such as squats. Temporary shelters within an Aboriginal Community should be coded 6.

11 Includes all other types of settings.

Verification rules:

Collection methods: This data element should be recorded for all HACC care recipients at the beginning of each *HACC service episode*. The agency should also assess the currency of this information at subsequent assessments/re-assessments within any given *HACC service episode* and should update the agency's record of the person's *Accommodation setting* if necessary.

Reporting requirements: This data element is required for reporting in the HACC MDS collection. Agencies are required to report the most recent *Accommodation setting* that the agency has recorded for the person.

Information provided by the agency about the person's *Accommodation setting* will be considered to be at least as up to date as the *Date of last update* reported for the person. This is in line with the request that agencies assess and update the information they have about a person's *Accommodation setting* at the beginning of each *HACC service episode* as well as at subsequent assessments/re-assessments within a *HACC service episode*.

If the agency's system or records do not provide sufficient information to accurately report on this data element, the agency should use code *99 Not stated/inadequately described*.

Related data: Is related to the data elements *Service delivery setting* and *Date of last update.*

Administrative attributes

Source document: National Classification of Community Services Version 1.0, 1997.
National Community Services Data Dictionary Version 1.0, 1998.

Source organisation: Australian Institute of Health and Welfare.
National Community Services Data Committee

Comments: In the classification of settings included in the National Classification of

Community Services Version 1.0, aged care hostels are included in Class 205 (Supported accommodation facility) and nursing homes are included in Class 402 (Special-purpose residential facility). For the purposes of the HACC MDS, nursing homes and aged care hostels have been grouped together as Residential Aged Care Facilities under Class 402. This is in line with the recent Commonwealth government restructuring of aged care services which combines nursing homes and aged care hostels into a single category called Residential Aged Care Facility. The Australian Institute of Health and Welfare has been informed of this decision in the HACC MDS and is aware of the need to review the classification to accommodate recent aged care policy developments.

The data domain for this element is mappable to the National Community Services Data Dictionary data element Type of Usual Accommodation. However, there remains some discrepancy between the use of 'usual' in the NCSDD and the use of 'while receiving services' in the HACC MDS.

Amount of assistance received (cost)

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The amount of assistance received by the person on a *HACC service event* (measured by cost).

Context: The data element *Amount of assistance received (cost)* is one of a cluster of data elements that describe a *HACC service event* or one occasion of service delivery to a client. As no single unit of measurement is appropriate to all types of assistance provided by the HACC program, agencies will be required to record an amount of assistance using a unit of measurement appropriate to the *primary* type of assistance provided on each service delivery event.

Amount of assistance received (cost) is used in conjunction with *Date of receipt of assistance*, *Primary type of assistance received* and *Funding source category* to describe a *HACC service event* which involves the receipt of a type of assistance which is measured in dollars within the HACC MDS.

This data element is one of the basic building blocks that will enable HACC agencies to calculate and report the total amounts of HACC-funded assistance received by their clients during a HACC MDS reporting period. By recording the amount of assistance received on each occasion of service delivery, the agency will be able to add up the total amount of each type of assistance received by the client during a HACC MDS reporting period.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Quantitative value

Field size: ***Min*** 1 ***Max*** 5 ***Representational layout:*** $$$$$

Data domain: Amount in cost (recorded in dollars)

Guide for use: This data element should be used to record an amount for any *HACC service event* involving the receipt of a type of assistance which is measured by cost. In Version 2.0 the only type of assistance that is measured in cost is:

- Home Modification

For any *HACC service event* involving Home Modification the agency should record the amount of assistance received by the client in whole dollars. The amount should represent either the total cost if the project was fully funded by the HACC program, or the HACC contribution to the total cost.

Verification rules:

Collection methods: The amount of assistance received by the client should be recorded for each *HACC service event*, that is, for each occasion on which the client receives HACC-funded Home Modifications from the agency. Where the completion of a Home Modification job involves work on more than one day, the agency should record the details of the *HACC service event* (i.e. *Date of receipt of assistance*, *Primary type of assistance received*, *Amount of assistance received (cost)* and *Funding source category*) against the date on which the job was completed.

Reporting requirements: This data element is not required for reporting in the HACC MDS collection. However, this data element must be collected in order to report *Total amount of type of assistance received (cost)* as it identifies the amounts that need to be added together by the agency to derive the total amount of Home Modification assistance received by the client during a reporting period.

Related data: Is used in the derivation of the data element, *Total amount of type of assistance received (Cost)*.
Is used in conjunction with the data elements *Date of receipt of assistance*, *Primary type of assistance received* and *Funding source* category.
Is related to the data element concept *HACC service event*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments:

Amount of assistance received (quantity)

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The amount of assistance received by the person on a *HACC service event* (measured by quantity).

Context: The data element *Amount of assistance received (quantity)* is one of a cluster of data elements that describe a *HACC service event* or one occasion of service delivery to a client. As no single unit of measurement is appropriate to all types of assistance provided by the HACC program, agencies will be required to record an amount of assistance using a unit of measurement appropriate to the *primary* type of assistance provided on each service delivery event.

Amount of assistance received (quantity) is used in conjunction with *Date of receipt of assistance*, *Primary type of assistance received* , *Service delivery setting* and *Funding source category* to describe a *HACC service event* which involves the receipt of any of the types of assistance which are measured in quantity within the HACC MDS.

This data element is one of the basic building blocks that will enable HACC agencies to calculate and report the total amounts of HACC-funded assistance received by their clients during a HACC MDS reporting period. By recording the amount of assistance received on each occasion of service delivery, the agency will be able to add up the total amount of each type of assistance received by the client during a HACC MDS reporting period.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** 2 ***Representational layout:*** NN

Data domain: Amount in quantity (recorded as number)

Guide for use: This data element should be used to record an *amount* for any *HACC service event* involving the receipt of a type of assistance which is measured by *quantity*. The types of assistance that the agency should measure by quantity are:

- Meals (number of meals)
- Formal linen services (number of deliveries/collections)
- Transport (number of one-way trips)

For any *HACC service event* involving one of these types of assistance the agency should record amount as the number of that type of assistance

received by the client on that *HACC service event*.

The agency should record an amount of assistance with Meals as the number of meals that the person receives on each service delivery event (regardless of what constitutes a meal). At times a client may have several meals delivered at the same time (eg frozen meals). In these instances, the number of meals delivered at the same time should be recorded.

The agency should record an amount of assistance with Formal Linen Services as a number of deliveries/collections. Each *HACC service event* involving the provision of Formal Linen Services should be reported as one delivery/collection.

The agency should record an amount of assistance with Transport as a number of one-way trips for each service delivery event. A single trip should be recorded for each HACC client whether they are transported individually or in a group. For each reporting period add up how many one- way trips have been delivered to each client and report that total number.

When indirect transport assistance is provided (eg taxi vouchers) this should also be recorded in terms of the number of one way trips received by the client through the provision of the indirect assistance.

Verification rules:

Collection methods: The amount of assistance received by the client should be recorded for each *HACC service event*, that is, for each occasion on which the client receives HACC-funded assistance from the agency. Where the client receives more than one service delivery event on the same day, the agency should separately record each service delivery event (and the relevant amount of assistance) against the same date.

For occasions of service delivery involving the receipt of meals, the amount (quantity) should be recorded in conjunction with the service delivery setting (see *Service delivery setting*). That is agencies should be able to distinguish between:

- Meals *received at home*, and
- Meals *received at centre/other*.

This is to enable agencies to meet the reporting requirements for Meals assistance (see *Total amount of type of assistance received (quantity)*).

Reporting requirements: This data element is not required for reporting in the HACC MDS collection. However, this data element must be collected in order to report *Total amount of type of assistance received (quantity)* as it identifies the amounts that need to be added together by the agency to derive the total amount of each type of assistance received by the client during a reporting period.

Related data: Is used in the derivation of the data element, *Total amount of type of assistance received (quantity)*.
Is used in conjunction with the data elements *Date of receipt of assistance*, *Primary type of assistance received, Service delivery setting* and *Funding source category*.

Is related to the data element concept *HACC service event*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments:

Amount of assistance received (time)

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The amount of assistance received by the person on a *HACC service event* (measured by time).

Context: The data element *Amount of assistance received (time)* is one of a cluster of data elements that describe a *HACC service event* or one occasion of service delivery to a client. As no single unit of measurement is appropriate to all types of assistance provided by the HACC program, agencies will be required to record an amount of assistance using a unit of measurement appropriate to the primary type of assistance provided on each service delivery event.

Amount of assistance received (time) is used in conjunction with *Date of receipt of assistance*, *Primary type of assistance received* , *Service delivery setting* and *Funding source category* to describe a *HACC service event* which involves the receipt of any of the types of assistance which are measured in hours and minutes within the HACC MDS.

This data element is one of the basic building blocks that will enable HACC agencies to calculate and report the total amounts of HACC-funded assistance received by their clients during a HACC MDS reporting period. By recording the amount of assistance received on each occasion of service delivery, the agency will be able to add up the total amount of each type of assistance received by the client during a HACC MDS reporting period.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Quantitative value

Field size: ***Min*** 1 ***Max*** 7 ***Representational layout:*** HHHH.MM (hours.mins)

Data domain: Amount in time (recorded in hours and minutes)

Guide for use: This data element should be used to record an amount for any *HACC service event* involving the receipt of a type of assistance which is measured by time. The types of assistance that the agency should measure in time are:

- Domestic assistance
- Social support
- Nursing care
- Allied health care
- Personal care

- Centre-based day care
- Other food services
- Respite care
- Assessment
- Client care coordination
- Home maintenance
- Counselling/support, information and advocacy (care recipient)
- Counselling/support, information and advocacy (carer)

For any *HACC service event* involving one of these types of assistance the agency should record the amount of assistance received by the client in hours and minutes. The amount of assistance recorded for any single service delivery event should be rounded to the nearest 5 minutes or to a higher level of accuracy if the agency can support it.

The field specification allows for the recording of hours and minutes separated by a full stop. For example, for a service delivery event lasting two hours and forty five minutes the agency would record 2.45. For a service delivery event lasting fifteen minutes the agency would record 0.15.

Verification rules:

Collection methods: The amount of assistance received by the client should be recorded for each *HACC service event*, that is, for each occasion on which the client receives HACC-funded assistance from the agency. Where the client receives more than one service delivery event on the same day, the agency should separately record each service delivery event (and the relevant amount of assistance) against the same date.

For occasions of service delivery involving the receipt of nursing care or allied health care, the amount (time) should be recorded in conjunction with the *Service delivery setting* (see *Service delivery setting*). That is agencies should be able to distinguish between:

- Nursing care *received at home*, and
- Nursing care *received at centre/other*; and
- Allied health care *received at home*, and
- Allied health care *received at centre/other*.

This is to enable agencies to meet the reporting requirements for these types of assistance (see *Total amount of type of assistance received (time)*).

Reporting requirements: This data element is not required for reporting in the HACC MDS collection. However, this data element must be collected in order to report *Total amount of type of assistance received (time)* as it identifies the amounts that need to be added together by the agency to derive the total amount of each type of assistance received by the client during a reporting period.

Related data: Is used in the derivation of the data element *Total amount of type of assistance received (time)*.
Is used in conjunction with the data elements *Date of receipt of assistance*, *Primary type of assistance received*, *Service delivery setting* and *Funding source category*.
Is related to the data element concept *HACC service event*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Assistance with goods and equipment received

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The goods or equipment provided to the client (by purchase or loan) on a *HACC service event*.

Context: The data element *Assistance with goods and equipment received* is one of a cluster of data elements that describe a *HACC service event* or one occasion of service delivery to a client. *Assistance with goods and equipment received* is used in conjunction with *Date of receipt of assistance, Primary type of assistance received and Funding source category* to describe a *HACC service event* which involves the provision of goods or equipment to a client.

This data element is one of the basic building blocks that will enable HACC agencies to report the total HACC-funded assistance received by their clients during a HACC MDS reporting period. By recording the type and amount of goods or equipment received on each occasion of service delivery, the agency will be able to report the total goods and equipment received by the client during a HACC MDS reporting period.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Quantitative value

Field size: ***Min*** 2 ***Max*** 21 ***Representational layout:*** NNNNNN…..

Data domain: Amount of the category/ies of the goods/equipment (recorded as number).

Guide for use: The number of goods/equipment received by the client should be recorded in the following categories:

- Self-care aids
- Support and mobility aids
- Communication aids
- Aids for reading
- Medical care aids
- Car modifications
- Other goods/equipment not included in the above categories.

See Appendix C for a list of the goods and equipment in the various categories.

Verification rules:

Collection methods: The agency should record the type and amount of all goods or equipment received by the client (on loan or by purchase with HACC

funds) on each *HACC service event*. Agencies should include goods and equipment even where these have been funded only in part by the HACC program.

Do not include equipment purchased for home modifications in this item.

Reporting requirements: This data element is not required for reporting in the HACC MDS collection. However, this data element must be collected in order to report *Total assistance with goods and equipment received* as it enables the agency to total each of the categories of goods and equipment received by the client during the HACC MDS reporting period.

Related data: Is used in the derivation of the data element *Total assistance with goods and equipment received*.
Is used in conjunction with the data elements *Date of receipt of assistance*, *Primary type of assistance received* and *Funding source category*.
Is related to the data element concept *HACC service event*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998 and modified in Version 2.0, 2005.

Source organisation:

Comments: This type of assistance was initially included in the HACC MDS as the *purchase* of goods and equipment and was to be measured in cost. This was subsequently changed to the *provision* of goods and equipment to reflect the widespread agency practice of *lending* goods and equipment rather than making an outright purchase of goods and/or equipment for one particular client.

Australian State/Territory identifier

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The geographic location of the person's residence.

Context: *Australian State/Territory identifier* is important in the analysis of the spatial distribution of HACC care recipients and the services they receive. The data element allows for the comparison of HACC client groups with the HACC target population by geographic area and assists with establishing service provision targets for HACC regions. It also identifies HACC clients living outside the HACC funding region of the agency.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** 1 ***Representational layout:*** N

Data domain:

1	New South Wales
2	Victoria
3	Queensland
4	South Australia
5	Western Australia
6	Tasmania
7	Northern Territory
8	Australian Capital Territory
9	Other territories (Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory)

Guide for use: The State/Territory of the person's geographic location should be assigned using the 1-digit codes from the Australian Standard Geographic Classification listed above.

Verification rules:

Collection methods: This data element should be recorded for all HACC care recipients at the beginning of each *HACC service episode*. The agency should also assess the currency of this information at subsequent assessments/re-assessments within any given *HACC service episode* and should update the agency's record of the person's *Australian State/Territory identifier* if necessary.

Reporting requirements: This data element is required for reporting in the HACC MDS for the care recipient. Agencies are required to report the most recent *Australian state/territory identifier* that the agency has recorded for the person.

The *Australian state/territory identifier* reported will be considered to be at least as recent as the *Date of last update* reported for the client. This is in line with the request that agencies assess and update the information they have about a person's *Australian State/Territory identifier* at the beginning of each *HACC service episode* as well as at subsequent assessments/re-assessments within any given *HACC service episode*.

Related data: Is related to the data elements *Suburb/town/locality name*, *Postcode* and *Date of last update*.

Administrative attributes

Source document: National Community Services Data Dictionary Version 1.0, 1998.
Australian Bureau of Statistics. Australian Standard Geographic Classification (ASGC).
Australian Bureau of Statistics. National Localities Index.

Source organisation: National Community Services Data Committee.
Australian Bureau of Statistics.

Comments: The HACC MDS Version 2.0 does not include all data elements for full Address information. A complete implementation of Address, including the related data elements, is currently under development in co-ordination with Standards Australia, ABS, the National Health Data Committee and the National Community Services Data Committee. Once national standards are developed, the HACC MDS will take these standards into account for future versions of the HACC MDS.

Carer

Admin. status: CURRENT ***Date:*** 01/07/2005

Identifying and definitional attributes

Data element type: DATA ELEMENT CONCEPT

Definition: A person such as a family member, friend or neighbour, who provides regular and sustained care and assistance to another person without payment other than a pension or benefit.

The definition excludes formal care services such as care or assistance provided by paid workers or volunteers arranged by formal services.

Context Informal care and support networks play a critical role in community service provision, especially in caring for frail older persons and people with disabilities living within the community. Not only are informal carers responsible for maintaining people with often high levels of functional dependence within the community, but the absence of an informal carer has been identified as a significant risk factor in contributing to institutionalisation among the HACC target population.

Increasing recognition of the needs of carers and the role they play has also prompted greater interest in collecting more reliable and detailed information about carer and the relationship between informal care and the provision of and need for formal services.

Since its inception, the HACC program has included carers in the target group for the program. As well as directly assisting carers with their caring role, the HACC program also indirectly assists carers through the assistance provided to the persons for whom they care.

In Version 2.0 of the HACC MDS the carer's information is reported with that of the care recipient as a single record, i.e. wherever existence of carer is recorded, care recipient details need to be recorded.

The implementation of the data elements relating to carers recognises that sometimes a care recipient may have more than one person who could be described as their carer. In such cases, implementing these data elements involves identifying the carer who provides the most significant care and assistance to the care recipient. The process of identifying a single person who provides the most significant care and assistance is similar to that used by the Australian Bureau of Statistics in the 1993 Survey of Disability, Ageing and Carers to identify "principal carers". However, reliable comparisons of ABS "principal carers" and carers identified in the HACC MDS cannot be made without the inclusion of additional information in the HACC MDS about the types of assistance needed by care recipients and provided by carers. Future developments in the HACC MDS will take this issue into consideration.

Relational and representational attributes

Related data: Is related to the data elements, *Carer-existence of, Carer residency status, Relationship of carer to care recipient, Carer for more than one person, Country of birth, Date of birth, Date of birth estimate flag, First name, Family name/surname, Indigenous status, Main language spoken at home* and *Sex*.

Administrative attributes

Source document: National Community Services Data Dictionary Version 1.0, 1998.

Source organisation: National Community Services Data Committee.

Comments:

Carer—existence of

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether someone, such as a family member, friend or neighbour, has been identified as providing regular and sustained care and assistance to the person without payment other than a pension or benefit.

Context: Recent years have witnessed a growing recognition of the critical role that informal support networks play in caring for frail older people and younger people with disabilities within the community. Not only are informal carers responsible for maintaining people with often high levels of functional dependence within the community, but the absence of an informal carer has been identified as a significant risk factor contributing to institutionalisation among the HACC target population.

Increasing interest in the needs of carers and the role they play has prompted greater interest in collecting more reliable and detailed information about carers and the relationship between informal care and the provision of and need for formal services.

As well as directly assisting carers with their caring role, the HACC program also indirectly assists carers through the assistance provided to the persons for whom they care. By identifying when a care recipient has a carer, the data element *Carer – existence of* identifies when HACC-funded assistance provided to a care recipient may also indirectly assist their carers.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** ***1*** ***Representational layout:*** N

Data domain:

1 Has a carer

2 Has no carer

9 Not stated/inadequately described.

Guide for use: This data element is purely *descriptive* of a care recipient's circumstances. It is not intended to reflect whether a care recipient is considered by the service provider to need a carer or not; or whether an identified carer is considered by the service provider to be capable of undertaking the caring role.

In line with this, the expressed views of the care recipient and/or their carer or significant other should be used as the basis for determining whether the care recipient is recorded as having a carer or not.

A carer is someone who provides a significant amount of care and/or assistance to the person on a regular and sustained basis. Excluded from the definition of carers are paid workers or volunteers organised by formal services (including paid staff in funded group houses).

When asking a care recipient about the existence of a carer, it is important for agencies to recognise that a carer does not always live with the person for whom they care. That is, a person providing significant care and assistance to the client does not have to live with the client in order to be called a carer.

The presence of a carer should also be distinguished from living with someone else. Although in many instances a co-resident will also be a carer, this is not necessarily the case. The data element *Living arrangements* is designed to record information about person(s) with whom the client may live.

Verification rules:

Collection methods: This data element should be recorded at the beginning of each *HACC service episode*. The agency should also assess the currency of this information at subsequent assessments/re-assessments within any given *HACC service episode* and should update the agency's record of the client's *Carer – existence of* if necessary.

Reporting requirements: Agencies are required to report the most recent *Carer – existence of* that the agency has recorded for the client.

Information provided by the agency about the person's *Carer – existence of* will be considered to be at least as up to date as the *Date of last update* reported for the person. This is in line with the request that agencies assess and update the information they have about the client's *Carer – existence of* at the beginning of each *HACC service episode* as well as at subsequent assessments/re-assessments within any given *HACC service episode*.

If the agency's system or records do not provide sufficient information to accurately report on this data element, the agency should use code 9 Not stated/inadequately described.

Related data: Qualifies the data elements *Carer residency status* and *Relationship of Carer to care recipient*.
Is related to the data element *Date of last update*.
Is related to the data element concept *Carer*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments: The date element *Carer – existence of*, uses the same categories as the NCSDD V3, 2005.

The National Health Data Dictionary (NHDD) includes a data element named Carer Availability which is used within the Community Nursing Minimum Data Set (CNMDSA). However, there are significant

differences in the CNMDSA data element and the HACC MDS data element of the same name. These differences relate to differences in the information needed (and considered appropriate for collection) by community nurses and that needed (and considered appropriate for collection) by the broader range of HACC-funded agencies. There are also differences in the scope of information collected through this data element in both data sets. The HACC MDS includes a separate data element *Carer residency status* which provides information about whether the person identified as the main or primary *Carer* lives with the person with whom they care or not. This information is included within the classification used by the CNMDSA Carer Availability data element.

The CNMDSA data element is also intended to relate more directly to the agency's assessment process. As such, it relies on the service provider's assessment as to whether a client is in need of a *Carer*, and the service provider's assessment as to whether a 'potential' *Carer* is capable or willing to undertake the caring role. While this may be appropriate to a community nursing context, it is considered inappropriate to apply these same assumptions and expectations to the broader HACC field.

Future developments in the HACC MDS and the CNMDSA may need to see the data elements converge more; or may require a much clearer distinction between the two given their distinct and largely incompatible intentions (i.e. client reported availability versus a service provider assessment of availability, need and adequacy).

The resolution of these inconsistencies will be a priority for future developments of the HACC MDS and the CNMDSA. The resolution of such inconsistencies is particularly important as the HACC program is a major source of funding for many community nursing agencies and these agencies are required to report on the data elements included in the HACC MDS.

Carer for more than one person

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether or not a primary carer is providing assistance on a regular and sustained basis to more than one care recipient.

Context: Carers who are caring for more than one person are more likely to be experiencing stress and require more assistance in negotiating support from agencies.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** 1 ***Representational layout:*** N

Data domain:

1 Yes

2 No

9 Not stated/inadequately described

Guide for use: This element should be collected by asking the carer: "Do you care for more than one person with a disability or chronic illness?

Verification rules:

Collection methods: The agency should record this data element at the beginning of each *HACC service episode* where a carer has been identified (i.e. code 1 recorded for *Carer – existence of*).

The agency should also assess the currency of this information at subsequent assessments/re-assessments and update the agency's record if necessary.

Reporting requirements: This data element is required for reporting in the HACC MDS collection in those circumstances where a where a carer has been identified (i.e. *Carer – existence of* code 1).

If the agency's system or records do not provide sufficient information to accurately report on this data element, the agency should use code *9 Not stated/inadequately described*.

Related data: Is related to the data elements *Carer residency status*, *Relationship of carer to care recipient*, and *Date of last update*.
Is related to the data element concept *Carer*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 2.0, 2005.

Source organisation:

Comments: This element is collected in the NRCP MDS.

Carer residency status

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether or not the *Carer* lives with the person for whom they care.

Context: The data element *Carer residency status* helps to establish a profile of the characteristics of informal carers assisted either directly or indirectly by the HACC program. As such it increases our knowledge about the dynamics and patterning of the provision of informal care to and by clients of the HACC program. In particular, whether the *Carer* lives with the person for whom they care or not is one indication of the level of informal support available to HACC clients and of the intensity of care provided by the *Carer*. Future developments of the HACC MDS will include more information about the level and type of assistance provided by carers.

A HACC care recipient may have more than one family member or friend providing them with care and assistance. In such circumstances, the data element *Carer residency status* relates to the *Carer* who is identified as providing the most significant amount and type of care and assistance.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** 1 ***Representational layout:*** N

Data domain:

1 Co-resident carer

2 Non-resident carer

9 Not stated/inadequately described

Guide for use: This data element should be used to record whether the carer lives with the person for whom they care when a carer has been recorded for the Data Element, *Carer—existence of.*

A co-resident carer is a person who provides care and assistance on a regular and sustained basis to a person who lives in the same household. A non-resident or visiting carer is a person who provides care and assistance on a regular and sustained basis to someone who lives in a different household.

If a care recipient has both a co-resident (eg a spouse) and a visiting carer (eg a daughter or son), the coding response to *Carer residency status* should be related to the carer who provides the most significant care and assistance related to the client's capacity to remain living at

home. The expressed views of the care recipient and/or their carer(s) or significant other should be used as the basis for determining which carers should be considered to be the primary or principal carers in this regard.

Verification rules: A value for this data element should be present in any client record with a value of 1 in *Carer—existence of*.

A record with the value 1 in this data element should not have a value of 1 in the data element *Living arrangements*.

Collection methods: The agency should record this data element at the beginning of each *HACC service episode* for any care recipient who has a carers (i.e. *Carer – existence of* code 1).

The agency should assess the currency of this information at subsequent assessments/re-assessments within any given *HACC service episode* and should update the agency's record of *Carer residency status* if necessary.

Reporting requirements: This data element is required for reporting within the HACC MDS collection for any HACC client who has a *Carer* (i.e. *Carer – existence of* code 1).

Agencies are required to report the most recent *Carer residency status* that the agency has recorded for the client. This information is to be related to the same person to which the data element *Relationship of carer to care recipient* relates.

Information provided by the agency about *Carer residency status* will be considered to be at least as up to date as the *Date of last update* reported for the person. This is in line with the request that agencies assess and update the information they have about *Carer residency status* at the beginning of each *HACC service episode* as well as at subsequent assessments/re-assessments within any given *HACC service episode*.

If the agency's system or records do not provide sufficient information to accurately report on this data element, the agency should use code 9 Not stated/inadequately described.

Related data: Is qualified by the data element *Carer – existence of*.
Is related to the data elements *Living arrangements* and *Date of last update*.
Is related to the data element concept *Carer*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments: The process of identifying a single person who provides the most significant care and assistance is similar to that used by the Australian Bureau of Statistics in the 1993 Survey of Disability, Ageing and Carers to identify 'principal carers'. However, reliable comparisons of ABS 'principal carers' and carers identified in the HACC MDS cannot be made without the inclusion of additional information in the HACC MDS about the types of assistance needed by care recipients and provided by

carers. Future developments in the HACC MDS will take this issue into consideration.

Country of birth

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The country in which the person was born.

Context: *Country of birth* is important in the study of access to services by different population sub-groups. *Country of birth* may be used in conjunction with other data elements, such as *Main language spoken at home*, to derive more sophisticated measures of access to services by culturally and linguistically diverse sub-groups of the HACC client population.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min*** 4 ***Max:*** 4 ***Representational layout:*** NNNN

Data domain: The Standard Australian Classification of Countries 4-digit (individual country) level. ABS Catalogue No. 1269.0. See Appendix A for listing of codes.

Code *9999* should be used when the country of birth has not been supplied by the client upon request or where insufficient information has been supplied by the client to code the data element.

Guide for use: Agencies can use either the main structure of the ABS classification or the more detailed coding index when coding the client's country of birth.

A country is treated as a single unit for classification purposes, even where the country contains other discrete political entities such as states.

Verification rules:

Collection methods: This data element should be reported for the care recipient, and their carer if applicable, at the beginning of each *HACC service episode*.

Agencies may collect country of birth in a variety of ways. Some agencies may obtain the person's country of birth by using a question that contains a predetermined list of countries accompanied by an "other (please specify)" category. Other agencies may use an open ended question asking the person to specify their country of birth. Regardless of the exact format used by the agency, *Country of birth* should be collected in such a way as to allow the information to be coded using the Standard Australian Classification of Countries. A question that only asks the person to identify whether they were born in

either an 'English speaking' or 'non-English speaking' country will not provide sufficient information to code the person's country of birth.

Reporting requirements: This data element is required for reporting in the HACC MDS collection.

If the agency's system or records do not provide sufficient information to accurately report on this data element, the agency should use code *9999 Not stated/inadequately described*.

Related data: Is related to the data elements *Main language spoken at home* and *Indigenous status*.

Administrative attributes

Source document: Australian Bureau of Statistics: Australian Standard Classification of Languages, 1997.

National Community Services Data Dictionary Version 1.0, 1998.

Source organisation: Australian Bureau of Statistics.

National Community Services Data Committee.

Comments: The Standard Australian Classification of Countries was published by the Australian Bureau of Statistics in June 1998. This is a revised version of the previous Australian Standard Classification of Countries for Social Statistics (ASCCSS). The revised version retains the four-digit format but has an updated main structure and coding index.

The three data elements included in Version 2.0 of the HACC MDS that are considered relevant to measuring cultural diversity are *Country of birth*, *Main language spoken at home* and *Indigenous status*. Traditionally, the most widely used method for identifying and measuring multicultural phenomena in Australia has been to categorise people as being of Non-English Speaking Background (NESB).

A decision was made in May 1996 by a Ministerial Council of the Commonwealth and State governments to discontinue the official use of NESB as a measure of cultural diversity. This decision was made following strong criticism of NESB by a House of Representatives Standing Committee on Community Affairs inquiry into migrant access and equity in its report to Parliament, *A Fair Go For All: Report on Migrant Access and Equity*.

The Australian Bureau of Statistics is currently working to develop new and more relevant methods of measuring social, cultural and economic disadvantage in Australia's multicultural society. The following information is summarised from the ABS Discussion Paper: *Australian Bureau of Statistics plans to develop and promote statistical standards for the collection of data on cultural diversity in statistical and administrative settings, August 1997*. The ABS is pursuing a two-pronged approach:

- A key measure based either on First Language Spoken or *Main language spoken at home*; and
- A range of other measures of potential disadvantage based on ABS statistical standards.

It is intended that the range of measures (second approach) will be

adopted as part of a set of Best Practice Guidelines that use a multi-dimensional approach to measure disadvantage by focussing on areas of vulnerability, and recognise that language background is only the starting point for examining issues of disadvantage.

Vulnerability factors include: First Language Spoken, *Main language spoken at home*, Proficiency in Spoken English, *Country of birth*, Country of birth of Mother, Country of birth of Father, Year of Arrival in Australia (Period of Residence in Australia), *Sex*, Age, *Indigenous status*, Religious Affiliation, and Visa Category.

When the outcome of ABS's development work is known, the HACC MDS will be reviewed to ensure that relevant data elements are included for the purpose of identifying and measuring cultural diversity and associated potential disadvantage within the HACC program.

Date of birth

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The date of birth of the person.

Context: This data element is required to derive age for demographic analyses; for analysis of service utilisation by age group; and for comparisons across populations. Although year of birth generally provides sufficient information to derive age for such analyses, the greater level of detail provided by *Date of birth* is required to facilitate *Record linkage* for statistical purposes in the HACC program. After the *Record linkage* process is completed the client's *Date of birth* will be encrypted and replaced by the client's age (in years) for subsequent analyses.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Date

Field size: ***Min*** 10 ***Max*** 10 ***Representational layout:*** DD/MM/YYYY

Data domain: Valid date.

Guide for use: This data element should always be recorded as an 8-digit valid date comprising day, month, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, agencies should use zeros to ensure that the date contains the required 8-digits. For example, for a person born on the 1st of July, 1926, their date of birth would be recorded and reported as 01/07/1926.

If the actual date of birth of the person is not known, agencies should calculate an estimated date of birth in the following way. If the age of the person is known, the age of the person should be used to derive the person's year of birth. If the person's age is not known, an estimate of the person's age should be used to calculate an estimated year of birth. An actual or estimated year of birth should then be converted to an estimated date of birth according to the following convention: 01/01/estimated year of birth.

It is important that agencies do not record estimated dates of birth by using '00' for the day, month or year as this would not be considered a valid date by the system processing the data.

Verification rules:

Collection methods: This data element should be reported for both care recipients and their carer, if applicable, at the beginning of each *HACC service episode*.

If the actual date of birth of the person is not known, an estimate of the

person's date of birth should be recorded in the manner described above.

Reporting requirements:	This data element is required for reporting within the HACC MDS collection.
Related data:	Is related to the data element concept *Record linkage*. Is used in conjunction with the data elements *Letters of name* and *Sex*.

Administrative attributes

Source document:	National Community Services Data Dictionary Version 1.0, 1998.
Source organisation:	National Community Services Data Committee.
Comments:	

Date of birth estimate flag

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether or not the person's date of birth has been estimated.

Context: Date of birth is one component of the statistical linkage key, used to statistically reduce multiple counting of service users across service types and reporting periods. Date of birth is also used to generate service users' ages. Reporting that a date of birth is estimated makes it possible to reduce underestimation of total service user numbers and overestimation of service users' ages.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** 1 ***Representational layout:*** N

Data domain: 1 Estimated

2 Not estimated

Guide for use: If the service user's date of birth has been entered as 01/01, because the exact date of birth was not known, then the date estimate flag box should be ticked.

Collection methods: This data element should be reported for the care recipient, and their carer if applicable, at the beginning of each *HACC service episode*.

Reporting requirements: This data element is required for reporting within the HACC MDS collection.

Related data: Is used in conjunction with *Date of birth*.

Administrative attributes

Source document: National Community Services Data Dictionary v 3.0 (2004)

Source organisation: Australian Institute of Health and Welfare.

Comments:

Date of entry into HACC service episode

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The date on which a period of delivery of HACC-funded assistance to the person begins.

Context: *Date of entry into HACC service episode* (in conjunction with *Date of exit from HACC service episode*) gives some indication of length of stay of clients in the HACC program and of the intensity of service provision. The data element *Date of entry into HACC service episode* also locates information about the client's *Source of referral* in time. In conjunction with the data element *Date of exit from HACC service episode*, it can also be used to identify the number of HACC clients as at the end of the HACC MDS reporting period.

Future developments in HACC MDS reporting may require HACC agencies to report on the services received by their clients within each *HACC service episode* rather than within the HACC MDS reporting period. Thus, this data element is likely to have extended uses in the future.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 10 ***Max:*** 10 ***Representational layout:*** DD/MM/YYYY

Data domain: Valid date

Guide for use: This data element should always be recorded as an 8-digit valid date comprising day, month, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, agencies should use zeros to ensure that the date contains the required 8-digits. For example, for a person who received their first HACC-funded assistance from the agency on July 1, 2005 the *Date of entry into HACC service episode* should be recorded as 01/07/2005.

Verification rules:

Collection methods: Generally, the *Date of entry into HACC service episode* is the earliest date on which the care recipient or carer received services for the current service episode. Report as follows:

- For on-going clients, there is no need to re-enter the date, the system will use the existing *Date of entry into HACC service episode*
- For new clients in the reporting period, report the first *Date of receipt of assistance*

- For clients who exited from a service episode and entered a new service episode during the same reporting period, report the Date of receipt of assistance for the new service episode.

For any client whose assistance from the agency is fully-funded through the HACC program, the *Date of entry into HACC service episode* is the first date on which the person received from the agency any of the types of assistance listed under the data element *Primary type of assistance received*, within a *HACC service episode*. For any client whose assistance from the agency is not fully funded through the HACC program (i.e. funded in part from a source other than the HACC program), the *Date of entry into HACC service episode* is the first date on which the assistance they received from the agency, within the *HACC Service Episode,* was funded by the HACC program, i.e. the *Date of entry into HACC service episode* will be the same date as the first HACC-funded *Date of receipt of assistance* recorded.

At times, an agency may only provide the client with one-off assistance. For example, a client may only require assistance with minor home maintenance that is provided on one day. Alternatively, a client may have only received an assessment from an agency but has not gone on to receive any further assistance. In these circumstances (and provided the client is not receiving other on-going services), the *Date of entry into HACC service episode* will be the same as the *Date of exit from HACC service episode*. Furthermore, both dates will be the same as the *Date of receipt of assistance* recorded by the agency for that *HACC service event*. Despite being the same date, the agency should record the date in every relevant role that it plays in relation to the client's involvement with the agency (e.g. *Date of entry into HACC service episode*, *Date of exit* from *HACC service episode*, *Date of receipt of assistance*).

Reporting requirements: This data element is required for reporting in the HACC MDS collection. Over a period of time a client may have entered and exited an agency on more than one occasion. Agencies are required to report the latest *Date of entry into HACC service episode* that the agency has recorded for the client.

The data element *Source of referral* will be analysed in conjunction with the data element *Date of entry into HACC service episode*. The agency should ensures that the *Source of referral* reported for the client relates to the beginning of the same *HACC service episode* as the *Date of entry into HACC service episode* reported for the client.

Related data: Is related to the data elements *Date of receipt of assistance* and *Funding source category*.
Is supplemented by the data element *Source of referral*.
Is used in conjunction with the data element *Date of exit* from *HACC service episode*.
Is related to the data element concept *HACC service episode*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments: *Date of entry into HACC service episode* is defined in terms of an episode of

assistance funded by the HACC program. This is essential in terms of program accountability to provide an indication of the intensity of services provided by the HACC program and the length of stay within the program for HACC clients. However, because the data generated on length of stay and intensity of service provision is specific to the HACC program, this imposes a limitation on the use of the data in terms of overall patterns of services consumed by individuals (which may be funded through several sources). This is not only unavoidable but an intrinsic part of the HACC MDS. However, it does mean that considerable further developments will be required in both HACC and related service systems before the dedicated aim of client centred service and client centred information systems can be achieved.

The *Date of entry into HACC service episode* need not relate to the same *HACC service episode* as the *Date of exit from HACC service episode* reported for the client. This is because a client may have exited from a *HACC service episode* during a HACC MDS reporting period and then re-entered during the same reporting period and remains a client at the end of the reporting period.

Date of exit from HACC service episode

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The date on which a period of delivery of HACC-funded assistance to the person ends.

Context: *Date of exit from HACC service episode* (in conjunction with *Date of entry into HACC service episode*) gives some indication of length of stay of clients in the HACC program and of the intensity of service provision. The data element *Date of exit from HACC service episode* also locates information about the client's *Main reason for cessation of services* in time. In conjunction with the data element *Date of entry into HACC service episode*, it can also be used to identify the number of HACC clients as at the end of the HACC MDS reporting period.

Future developments in HACC MDS reporting may require HACC agencies to report on the services received by their clients within each *HACC service episode* rather than within the HACC MDS reporting period. Thus, this data element is likely to have extended uses in the future.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Date

Field size: ***Min:*** 10 ***Max:*** 10 ***Representational layout:*** DD/MM/YYYY

Data domain: Valid date.

Guide for use: This data element should always be recorded as an 8-digit valid date comprising day, month, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, agencies should use zeros to ensure that the date contains the required 8-digits. For example, for a person who received their last HACC-funded assistance from the agency on July 1, 2005 the *Date of exit from HACC service episode* should be recorded as 01/07/2005.

Verification rules:

Collection methods: *Date of exit from HACC service episode* is the latest *Date of receipt of assistance* for a person no longer receiving services. In the absence of information that a person is a continuing client, the agency should record a *Date of exit from HACC service episode* if six-weeks have elapsed with no service provision since the latest recorded *Date of receipt of assistance*.

Over a period of time a client may have entered and exited an agency on more than one occasion, or received multiple completed services within a

reporting period. In these cases, report the latest *Date of exit from HACC service episode* recorded for the client.

The agency should collect this information for clients whose receipt of assistance is fully-funded through the HACC program, and for clients of HACC-funded agencies also receiving assistance (of the same or different types) funded from a source other than the HACC program.

Reporting requirements: This data element is required for reporting in the HACC MDS collection.

The *Date of exit from HACC service episode* reported for the person will be analysed in conjunction with the data element *Main reason for cessation of services*. The agency should ensure that the *Date of exit from HACC service episode* reported for the person relates to the end of the same service episode as the *Main reason for cessation of services* reported for the person.

Related data: Is related to the data element *Date of receipt of assistance* and *Funding source category*.
Is supplemented by the data elements *Main reason for cessation of services.*
Is used in conjunction with the data element *Date of entry into HACC service episode*.
Is related to the data element concept *HACC service episode*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998, and modified for Version 2.0, 2005.

Source organisation:

Comments: The *Date of exit from HACC service episode* need not relate to the same *HACC service episode* as the *Date of entry into HACC service episode* reported for the client. This is because a client may have exited from a *HACC service episode* during a HACC MDS reporting period and then re-entered during the same reporting period and remains a client at the end of the reporting period. That is, at the end of a HACC MDS reporting period, the client is in the middle of an incomplete *HACC service episode*. Where the *Date of exit from HACC service episode* reported for the client is before the *Date of entry into HACC service episode* reported for the client, the person will be counted as a client as at the end of the reporting period.

Date of exit from HACC service episode is defined in terms of an episode of assistance funded by the HACC program. This is essential in terms of program accountability to provide an indication of the intensity of services provided by the HACC program and the length of stay within the program for HACC clients. However, because the data generated on length of stay and intensity of service provision is specific to the HACC program, this imposes a limitation on the use of the data in terms of overall patterns of services consumed by individuals (which may be funded through several sources). This is not only unavoidable but an intrinsic part of the HACC MDS. However, it does mean that considerable further developments will be required in both HACC and related service systems before the dedicated aim of client-centred service and client-centred information systems can be achieved.

Date of last update

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DERIVED DATA ELEMENT

Definition: The last date on which the agency reviewed and updated the information they have recorded about the care recipient's characteristics and circumstances.

Context: One of the major uses of HACC MDS data is to enable the description and analysis of the characteristics and circumstances of HACC clients. As some information about clients in the HACC MDS can change over time it is necessary to have some way of identifying the currency of this information. The client's *Date of last update* will be taken as an indication of the last time that the agency has reviewed and updated the information they have recorded about the client's characteristics and circumstances. That is, this information will be assumed to be at least as recent as the last *Date of last update* reported for the client.

While agency practice tends to differ, most clients undergo some form of assessment process when they first become involved with the agency. This process may vary from a relatively simple assessment of eligibility or need for assistance to a comprehensive functional assessment of the person's ability to undertake tasks of daily living. Agency practice related to the timing and process for re-assessing clients also varies. Although the extent and nature of assessment processes vary depending on the type of assistance provided by the agency, this process does serve as a primary point of data capture/update about the client.

When an agency undertakes an assessment of client needs and the adequacy and appropriateness of service provision, the agency should also record or update information about the client's circumstances. This includes information about the person's *Living arrangements*, *Main language spoken at home*, *Carer—existence of*, *Carer residency status*, *Relationship of Carer to care recipient* , *Australian state/territory identifier*, *Suburb/town/locality name*, *Postcode* , *Accommodation setting*, *Government pension/benefit status,* and functional status.

Whenever Assessment as a primary service type is recorded the *Date of last update* should be updated, however it is likely that review and updating of information about the client or their circumstances can occur without assessment as a primary service type being recorded; recording an entry under *Date of last update* is not dependent on an Assessment under primary service type being recorded.

Relational and representational attributes

Data type:	Numeric				***Representational form:***	Code
Field size:	***Min:***	10	***Max:***	10	***Representational layout:***	DD/MM/YYYY

Data domain: Derived from *Date of receipt of assistance.*

Guide for use: This data element should always be recorded as an 8-digit valid date comprising day, month, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, agencies should use zeros to ensure that the date contains the required 8-digits. For example, for a person who was last assessed by the agency on July 1, 2005 the *Date of last update* would be reported as 01/07/2005.

Verification rules:

Collection methods: This data element is derived for reporting purposes only.

Reporting requirements: This data element is required for reporting in the HACC MDS collection. Agencies are required to report the last date on which the agency reviewed and updated information on the care recipient or their circumstances.

Once the *Record linkage* process has been undertaken, the agency record with most recent *Date of last update* for the client will be taken as the source of the most up-to-date information about the client's circumstances.

Related data: Is derived from the data elements *Date of receipt of assistance*.

Is related to the data elements *Main language spoken at home*, *Living arrangements*, *Carer –existence of*, *Carer residency status*, *Relationship of Carer to care recipient* , *Australian state/territory identifier*, *Postcode* , *Suburb/town/locality name*, *Accommodation setting* and *Government pension/benefit status*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments: Once records have been linked, the *Date of last update* is a key piece of information that facilitates analysis by providing a clearly defined basis for the selection of data (i.e. the most recently recorded information) where conflicting values are recorded in the linked file.

Date of receipt of assistance

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The date on which the client receives assistance from the agency.

Context: The data element *Date of receipt of assistance* is one of a cluster of data elements that describe a *HACC service event* or one occasion of service delivery to a client. At this stage of HACC MDS development, agencies are not required to report information about individual *HACC service event*s. However, recording the date each time the person receives assistance from the agency is necessary for the calculation of the total amount of assistance received by the person during a HACC MDS reporting period.

Information on the total amount of assistance received by HACC clients in a specified time period is important for program planning and accountability. In conjunction with later developments in the HACC MDS concerning client need or dependency, this information will provide an indication of the appropriateness and adequacy of services as well as information on equity in service provision across client groups and geographic areas.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 10 ***Max:*** 10 ***Representational layout:*** DD/MM/YYYY

Data domain: Valid date.

Guide for use: This data element should always be recorded as an 8-digit valid date comprising day, month, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, agencies should use zeros to ensure that the date contains the required 8-digits. For example, for a person who received HACC-funded assistance from the agency on July 1, 2005 the *Date of receipt of assistance* should be recorded as 01/07/2005.

Verification rules:

Collection methods: The date recorded should reflect the date on which the HACC client received the assistance specified in the data element *Primary type of assistance received* from the agency.

Reporting requirements: This data element is not required for reporting in the HACC MDS collection. However, this data element is necessary for calculating and reporting the total assistance received by a client during a reporting

period, as it identifies which *HACC service event*s (and associated amounts and types of assistance received) should be included. In addition, the first and last *Date of receipt of assistance* in any period of HACC assistance to a client (i.e. a *HACC service episode*) are required to be reported as the *Date of entry into HACC service episode* and the *Date of exit from HACC service episode*.

Related data: Is used in the derivation of the data elements *Date of last update*, *Total amount of type of assistance received (time)*, *Total amount of type of assistance received (quantity)*, *Total amount of type of assistance received (cost)* and *Total assistance with goods and equipment received.*
Is used in conjunction with the data elements *Primary type of assistance received*, *Amount of assistance received (time), Amount of assistance received (quantity), Amount of assistance received (cost)*, *Assistance with goods and equipment received*, *Service delivery setting*, and *Funding source category*.
Is related to the data elements *Date of entry into HACC service episode* and *Date of exit from HACC service episode*.

Is related to the data element concept *HACC service event*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments:

DVA card status

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether or not the person is in receipt of a Department of Veterans' Affairs entitlement, and the level of entitlement held by the person

Context: This data element helps to identify sub-groups of particular policy interest, such as veterans and people with disabilities.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** 1 ***Representational layout:*** N

Data domain:

1	DVA gold card
2	DVA white card
3	Other DVA card
4	No DVA card
9	Not stated/inadequately described

Guide for use: Code 4 should be used for care recipients who are not formally recognised by DVA as having any form of DVA entitlement, including those receiving the Aged Pension.

Verification rules: One of the values 1, 2 or 3 in this data element should be present in any client record with a value of 2 in *Government pension/benefit status*.

Collection methods: This data element should be recorded for all HACC care recipients at the beginning of each *HACC service episode*. The agency should also assess the currency of this information at subsequent assessments/re-assessments within a *HACC service episode* and should update the agency's record of the person's DVA entitlement if necessary.

Reporting requirements: This data element is required for reporting in the HACC MDS collection. Agencies are required to report the most recent DVA entitlement status that the agency has recorded for the person.

Information provided by the agency about the person's DVA entitlement status will be considered to be at least as up to date as the *Date of last update* reported for the person. This is in line with the request that agencies assess and update the information they have about a person's pension/benefit status at the beginning of each *HACC service episode* as well as at subsequent assessments/re-assessments within a *HACC service episode*.

If the agency's system or records do not provide sufficient information to accurately report on this data element, the agency should use code *9 Not stated/inadequately described*.

Related data: Is qualified by the data element *Government pension/benefit status,* and is related to the data element *Date of last update***.**

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 2.0, 2005.

Source organisation:

Comments:

Family name/surname

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The name a person has in common with other members of her/his family, as distinguished from her/his first name.

Context: *The full name is not required for HACC MDS reporting purposes*. However, selected letters of the *Family name/surname* (2nd, 3rd and 5th), in combination with selected letters of the First Given Name, *Date of birth* and *Sex*, are required for *Record linkage* for statistical purposes only (see data element concept *Record linkage*).

Relational and representational attributes

Data type:	Alphabetic character	***Representational form:***	Text
Field size:	***Min:*** ***Max:***	***Representational layout:***	AAAAA….

Data domain: (name)

Guide for use: This is collected for the care recipient and carer where a carer exists.

The agency should record the person's full *Family name/surname* on their information systems. The field length for this data element is at the discretion of information system designers.

Verification rules:

Collection methods: This data element should be reported for both care recipients and their carer, if applicable, at the beginning of each *HACC service episode*.

Recording of the person's *Family name/surname* is required in order to support the reporting of selected letters of that name in the HACC MDS collection (see data element *Letters of name*). The provision of these selected letters is necessary for the linkage of HACC client records for statistical purposes only. As such it is important that agencies have consistent processes for recording names.

Often people use a variety of names, including legal names, married/maiden names, nicknames, assumed names, traditional names, etc. Even small differences in recording—such as the difference between MacIntosh and McIntosh— can make *Record linkage* impossible. To minimise discrepancies in the recording and reporting of name information, agencies should ask the person for their full (formal) *First given name* and *Family name/surname*. These may be different from the name that the person may prefer the agency workers to use in personal dealings. Agencies may choose to separately record the preferred names that the person wishes to be used by agency workers.

In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a result of this practice, agencies should always ask the person to specify their *First given name* and their family name or surname separately. These should then be recorded as *First given name* and *Family name/surname* as appropriate, regardless of the order in which they may be traditionally given.

Reporting requirements: This data element is not required for reporting in the HACC MDS collection. However, agencies are required to record this information on their information systems in order to provide the letters of the person's surname which are required for *Record linkage* purposes (see data element *Letters of name*).

Related data: Is related to the data element concept *Record linkage*.
Is used in the derivation of the data element *Letters of name*

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments: No national standards currently exist for appellations. Standards Australia is proposing to develop such standards although no time frame for this development is known as yet.

First given name

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The person's first name that precedes the *Family name/surname.*

Context: The full name is not required for HACC MDS reporting purposes. However, selected letters of the *First given name* (2nd and 3rd), in combination with selected letters of the *Family name/surname*, *Date of birth* and *Sex* are required for *Record linkage* for statistical purposes only (see data element concept *Record linkage*).

Relational and representational attributes

Data type:	Alphabetic		***Representational form:***	Text
Field size:	***Min:***	***Max:***	***Representational layout:***	AAAAA

Data domain: (name)

Guide for use: This data element should be reported for both care recipients and their carer, if applicable, at the beginning of each *HACC service episode*.

The agency should record the person's full *First given name* on their information systems. The field length for this data element is at the discretion of information system designers.

Verification rules:

Collection methods: Recording of the person's *First given name* is required in order to support the reporting of selected letters of that name in the HACC MDS collection (see data element *Letters of name*). The provision of these selected letters is necessary for the linkage of HACC client records for statistical purposes only. As such it is important that agencies have consistent processes for recording client names.

Often people use a variety of names, including legal names, married/maiden names, nicknames, assumed names, traditional names, etc. Even small differences in recording - such as the difference between Thomas and Tom - can make *Record linkage* impossible. To minimise discrepancies in the recording and reporting of name information, agencies should ask the person for their full (formal) *First given name* and *Family name/surname*. These may be different from the name that the person may prefer the agency workers to use in personal dealings. Agencies may choose to separately record the preferred name that the person wishes to be used by agency workers.

In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a

result of this practice, agencies should always ask the person to specify their *First given name* and their family or surname separately. These should then be recorded as *First given name* and *Family name/surname* as appropriate, regardless of the order in which they may be traditionally given.

Reporting requirements: This data element is not required for reporting in the HACC MDS collection. However, agencies are required to record this information on their information systems in order to provide the letters of the person's first name which are required for *Record linkage* purposes (see data element *Letters of name*).

Related data: Is related to the data element concept *Record linkage*.
Is used in the derivation of the data element *Letters of name*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments: No national standards currently exist for appellations. Standards Australia is proposing to develop such standards although no time frame for this development is known as yet.

Functional status

Admin. status: CURRENT *Date:* 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The extent to which the person is able to perform selected activities of daily living; and whether they have memory or behavioural problems.

Context: Assessment of functional status identifies areas in which a person requires assistance with daily living and quantifies the extent to which the person needs other people to enable them to carry out normal activities of daily living in their home and in the community.

A common approach to the measurement of dependency is desirable if HACC clients are to receive the services appropriate to their needs. These items were taken from the National HACC Functional Screening Instrument which was developed to identify those clients who require further assessment to determine their level of dependency. Identification of the dependency level of clients facilitates the analysis of need for assistance commonly provided by other government programs. The functional status items recorded in the MDS enable comparisons of levels of dependency of HACC clients with population data such as that obtained through the ABS Disability, Ageing and Carers Survey and the Census.

Relational and representational attributes

Data type:	Numeric	*Representational form:*	Code
Field size:	*Min:* 9 *Max:* 9	*Representational layout:*	NNNN….
Data domain:	Housework		
	Transport		
	Shopping		
	Medication		
	Money		
	Walking		
	Bathing or showering		
	Memory problems or confusion		
	Behavioural problems		

Guide for use: This element records the person's capabilities in the respective activities based on information from the client as well other relevant sources such

as carer(s), family, and service providers.

The person should be rated on what they are capable of doing rather than what they do. The questions ask 'Can you?' rather than 'Do you?' since some persons may not, for example, do the housework because their carer does it for them, yet be quite capable of undertaking it themselves. In rating an item that is irrelevant (for example, the person has no shops in the vicinity or does not use any medication), base the rating on what the person would be capable of doing if the item was relevant to their situation.

In assessing capability, take into account not only physical function but also cognition (such as problems caused by dementia or an intellectual disability) and behaviour (such as unpredictable or challenging behaviour). Clients able to complete a task with verbal prompting should not be rated as independent (and therefore should be rated as a 2).

Rate the person's functional status with current aids and appliances in place. For item 6 (walking), clients who are in a wheelchair should be rated as 2 if they are independent, including corners etc, or 1 if they are not wheelchair independent.

Items 1–5 are not relevant to children or adolescents.

Questions about the last two items (on memory and behaviour) should not be asked directly of the client. Ratings on these items should be based on other available information, including interview/observation of the person, client notes, referral letter, and information from carer(s), friends, relatives and referring agencies.

Record Code 9 for unanswered items.

	Code
Housework: Ask the client, "Can you do your housework....	
Without help (can clean floors etc)?	3
With some help (can do light housework but need help with heavy housework)?	2
Or are you completely unable to do housework?	1
Not stated/inadequately described.	9
Transport: Ask the client, "Can you get to places out of walking distance....	
Without help (can drive your own car, or travel alone on buses or taxis)?	3
With some help (need someone to help you or go with you when travelling)?	2
Or are you completely unable to travel unless emergency arrangements are made for a specialised vehicle like an ambulance?	1
Not stated/inadequately described.	9
Shopping: Ask the client, "Can you go out shopping for groceries or clothes (assuming you have transportation)....	
Without help (taking care of all shopping needs yourself)?	3

With some help (need someone to go with you on all shopping trips)?	2
Or are you completely unable to any shopping?	1
Not stated/inadequately described.	9

Medication: Ask the client, "Can you take your own medicine....

Without help (in the right doses at the right time)?	3
With some help (able to take medication if someone prepares it for you and/or reminds you to take it)?	2
Or are you completely unable to take your own medicines?	1
Not stated/inadequately described.	9

Money: Ask the client, "Can you handle your own money....

Without help (write cheques, pay bills etc)?	3
With some help (manage day-to-day buying but need help with managing your chequebook and paying bills)?	2
Or are you completely unable to handle money?	1
Not stated/inadequately described.	9

Walking: Ask the client, "Can you walk....

Without help (except for a cane or similar)?	3
With some help from a person or with the use of a walker, or crutches etc?	2
Or are you completely unable to walk?	1
Not stated/inadequately described.	9

Bathing/showering: Ask the client, "Can you take a bath or shower….

Without help?	3
With some help (eg, need help getting into or out of the tub)?	2
Or are you completely unable to bathe?	1
Not stated/inadequately described.	9

Memory problems or confusion: Does the person have any memory problems or get confused?

Yes	2
No	1
Not stated/inadequately described.	9

Behavioural problems: Does the person have behavioural problems, for example aggression, wandering or agitation?

Yes	2
No	1
Not stated/inadequately described.	9

Verification rules:

Collection methods: All items should be recorded, and in the order listed in Data domain.

It is recommended that functional status should be recorded for HACC care recipients at the beginning of each *HACC service episode*. The agency should also assess the currency of this information at subsequent assessments/re-assessments within a *HACC service episode* and should update the agency's record of the person's Functional Dependency status

if necessary.

Note that some jurisdictions may use a different 3-level coding system for this element.

Reporting requirements: Agencies should report the most recent functional status that the agency has recorded for the person.

Information provided by the agency about the person's functional status will be considered to be at least as up to date as the *Date of last update* reported for the person. This is in line with the request that agencies assess and update the information they have about a person's functional status at the beginning of each *HACC service episode* as well as at subsequent assessments/re-assessments within a *HACC service episode*.

Related data: Is related to the data element *Date of last update*.
Complemented by *Functional status – additional items.*

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 2.0, 2005.

Source organisation:

Comments: This data element is not meant to limit the screening and assessment tools used by agencies, except to the extent that the nine items which are required for MDS reporting will need to be incorporated into the tools used.

Functional status—additional items

Admin. status:	CURRENT	***Date:***	01/07/2005
Reporting status:	SUPPORTING AND REPORTING DATA ELEMENT		

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The extent to which the person is able to perform selected activities of daily living.

Context: Assessment of functional dependency identifies areas in which a person requires assistance with daily living and quantifies the extent to which the person needs other people to enable them to carry out normal activities of daily living in their home and in the community.

A common approach to the measurement of dependency is desirable if HACC clients are to receive the services appropriate to their needs. Identification of the dependency level of clients facilitates the analysis of need for assistance commonly provided by other government programs. The functional status items recorded in the MDS enable comparisons of levels of dependency of HACC clients with population data such as that obtained through the ABS Disability, Ageing and Carers Survey and the Census.

Relational and representational attributes

Data type:	Numeric	***Representational form:***	Code
Field size:	***Min:*** 5 ***Max:*** 5	***Representational layout:***	NNNNN

Data domain: Communication

Dressing

Eating

Toileting

Getting out of bed/moving around at home (or away from home)

Guide for use: This element records the person's capabilities in the respective activities based on information from the client as well other relevant sources e.g. carer(s), family, and service providers.

In assessing capability, take into account not only physical function but also cognition (such as problems caused by dementia or an intellectual disability) and behaviour (such as unpredictable or challenging behaviour). Clients able to complete a task with verbal prompting should not be rated as independent (and therefore should be rated as a 2).

Rate the person's functional status with current aids and appliances in place.

Record Code 9 for unanswered items.

	Code
Communication: Ask the client, "Do you ever need help to communicate (to understand or be understood by others)?	
No	3
Yes, sometimes	2
Yes, always	1
Not stated/inadequately described.	9
Dressing: Ask the client, "Can you dress yourself....	
Without help?	3
With some help?	2
Or are you completely unable to dress yourself?	1
Not stated/inadequately described.	9
Eating: Ask the client, "Can you eat....	
Without help?	3
With some help?	2
Or are you completely unable to eat without help?	1
Not stated/inadequately described.	9
Toileting: Ask the client, "Can you manage the toilet....	
Without help?	3
With some help?	2
Or are you completely unable to manage the toilet without help?	1
Not stated/inadequately described.	9
Getting out of bed/moving around at home (or away from home): Ask the client, "Do you ever need help to get out of bed, or move around at home (or at places away from home)?	
No	3
Yes, sometimes	2
Yes, always	1
Not stated/inadequately described.	9

Verification rules:

Collection methods: Items should be recorded in the order listed in Data domain.

This data element should be recorded for HACC care recipients at the beginning of each *HACC service episode*. The agency should also assess the currency of this information at subsequent assessments/re-assessments within a *HACC service episode* and should update the agency's record of the person's Functional Dependency status if necessary.

Reporting requirements: If *Functional status* (previous data element) for a care recipient is reported, the agency should also report the communication item from this element. The other four items are optional and the HACC Official of any jurisdiction may formally notify of their decision to opt out of collecting the additional dependency items on dressing, eating, toileting and

mobility.

Agencies are required to report the most recent functional dependency status that the agency has recorded for the person.

Information provided by the agency about the person's functional dependency status will be considered to be at least as up to date as the *Date of last update* reported for the person. This is in line with the request that agencies assess and update the information they have about a person's functional status at the beginning of each *HACC service episode* as well as at subsequent assessments/re-assessments within a *HACC service episode*.

Note that some jurisdictions may use a different 3-level coding system for this element.

Related data: Is related to the data element *Date of last update*.
Supplements the data element *Functional status*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 2.0, 2005.

Source organisation:

Comments: This data element is not meant to limit the screening and assessment tools used by agencies, except to the extent that the items reported in the MDS will need to be incorporated into the tools used.

Funding source category

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The source of funding for the delivery of assistance to the person.

Context: The data element *Funding source category* is one of a cluster of data elements that describe a *HACC service event* or one occasion of service delivery to a client. At this stage of HACC MDS development, agencies are not required to report information about individual *HACC service event*s. However, the HACC MDS is designed to collect information about all clients of a HACC-funded agency who have received HACC-funded assistance from that agency during a specified period. Many HACC-funded agencies also receive funding from other sources. Thus, a HACC-funded agency may, on one occasion, provide assistance to a person with HACC funds and, on another occasion, provide assistance to the same person with other funds or with both HACC and other funds.

In order to be able to identify which of their clients should be included in a HACC MDS collection, an agency that is not solely funded by the HACC program will need to be able to identify clients who have received HACC-funded assistance during the reporting period. Even when HACC is the only program source of funding for an agency, there may be instances when a particular service event for an individual client is not funded by the HACC program (eg DVA, contract fees, etc). By recording the *Funding source category* for each occasion of assistance provided, the agency will be able to identify HACC clients and the amounts and types of HACC-funded assistance they have received from the agency during a reporting period.

A client of a HACC-funded agency who has not received any HACC-funded assistance from that agency during a specified reporting period should not be included in a HACC MDS collection.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** 1 ***Representational layout:*** N

Data domain:

1 HACC funds only

2 HACC and other funds

3 Other funds only

Guide for use: This data element should be used to record the *Funding source category* for each service delivery event.

1 Should be used when the service delivery event is solely funded by the HACC program. HACC funds include fees and contributions paid by HACC clients.

2 Should be used when the service delivery event is funded by HACC and some other source (including compensation payments).

3 Should be used when the service delivery event is solely funded by a source other than the HACC program.

Service delivery events which are either fully or partly funded by the HACC program (i.e. either 1 or 2 in *Funding source category*) are considered to be *HACC service event*s for the purposes of the HACC MDS.

When a service delivery event is fully funded from sources other than HACC (eg compensation, DVA, CSDA, etc) it is not a *HACC service event* and should not be included within the HACC MDS collection.

Verification rules:

Collection methods: This data element should be recorded for each occasion of service delivery. The data element *Funding source category* is required as a screen or filter for agencies to determine which of their clients (and what assistance they have received from the agency) should be included in a HACC MDS collection.

Reporting requirements: This data element is not required for reporting in the HACC MDS collection. The data element *Funding source category* should be used to identify clients who have received HACC-funded assistance during a reporting period; and to identify service delivery events which have been funded through the HACC program. Agencies will only be required to report on clients who have received HACC-funded occasions of service within the reporting period in the HACC MDS collection. Moreover, agencies should only use service delivery events which were either fully or partly HACC-funded (i.e. HACC service events) in determining the total HACC-funded assistance that the client has received during the reporting period.

Related data: Is used in the derivation of the data elements *Total amount of type of assistance received (time), Total amount of type of assistance received (quantity), Total amount of type of assistance received (cost)* and *Total assistance with goods and equipment received.*
Is used in conjunction with *Date of receipt of assistance, Primary type of assistance received, Amount of assistance received (time), Amount of assistance received (quantity), Amount of assistance received (cost), Assistance with goods and equipment received,* and *Service delivery setting.*
Is related to the data element concepts *HACC Client, HACC service event* and *HACC service episode*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments: The HACC MDS is not designed to collect information about agency expenditure or total resource use. The inclusion of this data element is

designed to facilitate identification of HACC clients and the HACC-funded assistance they have received during a reporting period. This data element is directed toward agencies using the HACC MDS as the basis of their information systems that may be used for clients and services that are not HACC funded.

The categorisation used in this data element is broader than what individual agencies may wish to use. Agencies may use more specific or detailed funding source categories (eg by project) for their own internal management and planning purposes. In formulating agency specific categories, however, the agency should ensure that they can still meet the reporting requirements included within this data element. That is, the agency should maintain the capacity to distinguish HACC-funded assistance from assistance funded from other sources. The capacity to do so is critical to the capacity of the agency to adequately and accurately meet the reporting requirements of the HACC MDS.

Government pension/benefit status

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether or not the person is in receipt of an income support payment from the Commonwealth government in the form of a government pension or benefit.

Context: Information about clients' receipt of a government pension or benefit is an indicator of the extent of financial disadvantage among HACC clients. *Government pension/benefit status* can be used as such an indicator because of the means testing involved in determining eligibility for Commonwealth pensions and benefits. Information about the type of Government pension or benefit also helps to identify HACC client sub-groups of particular policy interest, such as veterans, *Carer*s and people with disabilities.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** 1 ***Representational layout:*** N

Data domain:

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

Guide for use: This data element does not assume that the pension or benefit is the person's main or only source of income. This element is designed to reflect the receipt of either a full or part Commonwealth government pension or benefit. Where the person receives a government pension or benefit as a supplement to other income (eg wages, superannuation, etc.) they should still be regarded as receiving a pension/benefit and coded accordingly.

Code 6 should be used for clients who are in receipt of income from participation in a Community Development Employment Project (CDEP).

Persons who do not receive a Government pension or benefit should be

recorded under option 7. Persons whose only source of income is a superannuation pension should be recorded as receiving no government pension or benefit.

Verification rules:

Collection methods: This data element should be recorded for all HACC care recipients at the beginning of each *HACC service episode*. The agency should also assess the currency of this information at subsequent assessments/re-assessments within a *HACC service episode* and should update the agency's record of the person's *Government pension/benefit status,* if necessary.

Reporting requirements: This data element is required for reporting in the HACC MDS collection. Agencies are required to report the most recent *Government pension/benefit status* that the agency has recorded for the person.

Information provided by the agency about the person's *Government pension/benefit status* will be considered to be at least as up to date as the *Date of last update* reported for the person. This is in line with the request that agencies assess and update the information they have about a person's pension/benefit status at the beginning of each *HACC service episode* as well as at subsequent assessments/re-assessments within a *HACC service episode*.

If the agency's system or records do not provide sufficient information to accurately report on this data element, the agency should use code 99 Not stated/inadequately described.

Related data: Is related to the data elements *DVA card status* and *Date of last update.*

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments:

HACC agency

Admin. status: CURRENT *Date:* 01/07/2005

Identifying and definitional attributes

Data element type: DATA ELEMENT CONCEPT

Definition: A HACC-funded organisation or organisational sub-unit that is responsible for the direct provision of HACC-funded assistance to clients.

Context: Regardless of the level at which an organisation is funded, a HACC agency, for HACC MDS purposes, is the level of the organisation responsible for direct service provision to clients. In many instances, this means that one HACC-funded organisation will have many HACC agencies (in HACC MDS terms). The HACC agency level is the level at which information about HACC clients and the HACC-funded assistance they receive is to be recorded and reported in a HACC MDS collection.

Sometimes, HACC-funded agencies may contract out or broker the assistance required by their clients to other service providers (HACC or non-HACC). Although the agency may not directly provide the assistance in these cases, the HACC agency paying for the assistance to clients is considered responsible for that assistance and should report on those clients and the assistance they receive in a HACC MDS collection.

There are no data elements in Version 2.0 of the HACC MDS that are specifically related to the HACC agency. An agency identifier that uniquely identifies the reporting outlet will be centrally allocated to each HACC agency required to report in a HACC MDS collection.

The HACC MDS describes those activities of a HACC-funded agency that are directly related or attributable to individual persons who receive HACC-funded assistance from the agency. As such, the HACC MDS does not describe all activities of a HACC-funded agency. Nor is it assumed that the service activities reported in a HACC MDS collection by an agency accounts for all expenditure of HACC funds by the agency. The HACC MDS is only one of the planning and accountability tools used in the HACC program. Other planning and accountability mechanisms (eg audited financial statements, the HACC Service Standards Instrument and the Service Provision Planning process) continue to play an important role in the monitoring and management of the HACC program.

Future developments in the HACC MDS may include more information about the agency itself (eg staffing, volunteers, hours of opening etc) and about services provided to clients who are not individual persons (e.g. other organisations or groups).

Relational attributes

Related data:

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments:

HACC client

Admin. status: CURRENT *Date:* 01/07/2005

Identifying and definitional attributes

Data element type: DATA ELEMENT CONCEPT

Definition: A HACC client is defined as a frail older person or person with a disability receiving HACC-funded assistance (care recipient), or if the person has a carer, their carer can be a HACC client if they are receiving HACC services to support them in their caring role. .

In Version 2.0 of the HACC MDS information about the care recipient and their carer (if they have one) is recorded on the same HACC record. For the purposes of MDS v2.0 reporting the care recipient and the carer (if there is one) are the 'client' receiving services. The care recipient or the carer or both can be receiving HACC services. See Guide for use below.

Context: The HACC program provides funding to assist frail older persons and persons with disabilities to remain living at home. The HACC program also provides funding to assist the carers of those people, in their caring role. The HACC MDS is a client-centred data set. That is, the information that is required to be recorded and reported by HACC agencies is structured around the people they assist with the use of HACC funds.

Not all clients of a HACC-funded agency are HACC clients for the purposes of the HACC MDS. Many HACC-funded agencies also receive funding from other sources. Some clients of these agencies may receive no assistance funded by the HACC program. Furthermore, a client that receives HACC-funded assistance on one occasion may receive assistance that is not HACC funded on another occasion from the same agency.

The HACC MDS collection is limited to persons who have received HACC-funded service delivery events (HACC service events) from an agency within the HACC MDS reporting period. Consequently, in a HACC MDS collection, HACC-funded agencies may not be required to report on all their clients, nor on all the assistance they provide to their clients. Only those clients who have received HACC-funded assistance within the reporting period are to be included in the HACC MDS collection. Only HACC service events are to be used in calculating the total amounts of HACC-funded assistance received by the HACC Client within the reporting period. At this stage of HACC MDS development, the definition of a HACC client is limited to individual persons or care recipients and carers. Other types of 'clients' which exist within the HACC field – such as organisations - are not within the scope of Version 2.0 of the HACC MDS. For example, assistance provided by one agency to another agency (i.e. organisational clients) with training

or service development is not included. Assistance provided by HACC agencies to groups of people (i.e. group clients) where the individual clients are anonymous is similarly not reportable.

Some assistance provided to individual clients is also excluded where the requirement to record and report on these clients in the HACC MDS collection would be inappropriate. In particular, assistance provided to anonymous clients (such as those that access ad hoc assistance from a telephone based information, advice and referral agency) is not included as it would be intrusive and inappropriate to expect such clients to provide the range of personal information contained within the MDS. This exception does not apply to agencies (such as those providing meals, transport, or home modification and maintenance) which provide assistance to known individual clients but which may have only recorded minimal client details to date.

Relational and representational attributes

Guide for use: The recording unit for the HACC MDS is the care recipient and their carer (if they have one). Information should be recorded for the care recipient (frail older person or person with a disability) and their carer (if they have one). The care recipient or the carer, or both can be receiving HACC services.

Thus, a HACC record will consist of information on one of the following:

- A care recipient only (person has no carer)
- A care recipient and their carer (one or both receiving HACC-funded services)

Related data: Is specifically related to the data elements*, Carer, Funding source category* and the data element concept *HACC service event*. However, all data elements in the HACC MDS are related to a *HACC client*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 2.0, 2005

Source organisation:

Comments:

HACC service episode

Admin. status: CURRENT ***Date:*** 01/07/2005

Identifying and definitional attributes

Data element type: DATA ELEMENT CONCEPT

Definition: A period of time during which the care recipient or their carer receives HACC-funded assistance from an agency.

Context: The concept of a *HACC service episode* (and associated data elements) is necessary for the analysis of the length of stay of clients in the HACC program. In conjunction with information about the amount and type of assistance received by HACC clients, information about the length of *HACC service episode*s also gives some indication of the intensity of assistance provided by HACC agencies.

In the HACC MDS, a client's *HACC service episode* always begins and ends with dates that mark the first and last time that the person received HACC-funded assistance from the agency. That is, a *HACC service episode* will always begin and end with a *HACC service event* (see data element concept *HACC service event*).

The first time a client receives a *HACC service event* within a given period of receipt of assistance (i.e. service episode) should be recorded as the *Date of entry into HACC service episode*. The last time a client receives a *HACC service event* within a given period of receipt of assistance (i.e. service episode) should be recorded as the *Date of exit from HACC service episode*. These two data elements are used within the HACC MDS to locate in time information about the circumstances of a person's entry and exit from a *HACC service episode* (i.e. source of referral, main reason for cessation, etc).

The pathway or process followed by a person entering or exiting from a HACC service episode varies from one agency to another and from one type of assistance to another. It cannot be assumed, for example, that every HACC client has undergone an assessment (or the same type of assessment) before entering a HACC service episode. At times, a client may receive services from an agency on the basis of a referral from an established source with which the agency has well-developed referral protocols. At other times, a client who has been previously assisted by the agency may begin to receive services again without undergoing the same level of assessment on entry into a subsequent HACC service episode.

Non-standardised procedures are a characteristic of the HACC program that allows for variations appropriate to the very diverse and complex nature of HACC service provision and the circumstances of individual clients. Thus, the HACC MDS has not assumed that any standard sequence of events applies to all HACC service episodes.

Rather, the definition of a HACC service episode allows for the receipt of any of the types of assistance specified in the data element Primary type of assistance received to serve as a trigger for the beginning of a HACC service episode. That is, the service activity associated with the beginning of a HACC service episode (i.e. the first HACC service event) will vary across agencies. For many agencies the beginning of a HACC service episode will involve Assessment or Client care coordination; for others the beginning of the HACC service episode will involve the provision of another service activity type (eg Meals or Transport).

While agency policies and practices will impact upon the determination of a HACC service episode to some extent (eg different policies for taking clients 'off the books') the basic feature across agencies remain the first and the last HACC service events received by a client within a period of receipt of assistance. Establishing greater consistency in the determination of HACC service episodes would require a program level approach to standardising entry and exit procedures across the HACC program.

Relational attributes

Related data: Is related to the data element concept *HACC service event*.
Is qualified by the data element *Funding source category*.
Is derived from the data elements *Date of entry into HACC service episode* and *Date of exit from HACC service episode*.
Is related to the data elements *Source of referral* and *Main reason for cessation of services*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments:

HACC service event

Admin. status: CURRENT ***Date:*** 01/07/2005

Identifying and definitional attributes

Data element type: DATA ELEMENT CONCEPT

Definition: An instance or occasion of HACC-funded assistance received by a HACC client from an agency.

Context: In the HACC MDS a *HACC service event* is described by a cluster of data elements that provide information about:

- when the service delivery event occurred (*Date of receipt of assistance*)
- the type of assistance received by the client (*Primary type of assistance received*)
- how much assistance was received by the client (*Amount of assistance received (time) , Amount of Assistance Received (Quantity), Amount of assistance received (cost)* and *Assistance with Goods and Equipment Received*)
- for some types of assistance, where the assistance was received (*Service delivery setting*).

In order to be able to identify when a service delivery event was a *HACC service event*, an additional data element, *Funding source category*, is also included in the HACC MDS. As many HACC-funded agencies also receive funding from other sources, the inclusion of this data element on their information systems will enable HACC-funded service delivery events to be distinguished from assistance provided to clients with other sources of income. Even when the HACC program is the only source of program funding for the agency, the agency may provide some assistance to clients that are funded from other sources (e.g. compensation payments, contract fees, Department of Veterans Affairs, clients paying full cost).

At this stage of development, the HACC MDS does not require agencies to report data on each individual *HACC service event*. However, recording information about each *HACC service event* is essential to the agency's capacity to report the total assistance received by each of their HACC clients during a reporting period. Thus, these data elements are basic *building blocks* for the provision of information that is required for HACC MDS reporting.

The primary identifier of a *HACC service event* is the date on which it occurred. At times, a client may receive assistance on more than one occasion on the same day. However, as agencies are not required to report on the number of *HACC service event*s during a reporting period, this lack of specificity does not present undue problems for the HACC MDS. Where assistance is provided on more than one occasion on the same day, agencies are asked to record each occasion separately against

the same date.

Relational attributes

Related data: Is qualified by the data element *Funding source category*.

Is related to the data elements *Date of receipt of assistance, Primary type of assistance received , Amount of assistance received (time) , Amount of assistance received (quantity) , Amount of assistance received (cost), Assistance with goods and equipment received, Service delivery setting, Total amount of type of assistance received (time), Total amount of type of assistance received (quantity), Total amount of type of assistance received (cost), Total assistance with goods and equipment received.*

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments:

Indigenous status

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether or not the person identifies themselves as being of Aboriginal and/or Torres Strait Islander origin.

Context: Significant health disadvantage is experienced by Indigenous Australians across all age groups and for almost all diseases and conditions for which information is available (ABS/AIWA, The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 1997). Given these gross inequalities in health status – and their likely impact on the need for and use of health and community services – there is a strong case for ensuring that information on the *Indigenous status* of clients is collected in the HACC program for planning, program accountability and service delivery purposes.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** 1 ***Representational layout:*** N

Data domain:

1 Aboriginal but not Torres Strait Islander origin

2 Torres Strait Islander but not Aboriginal origin

3 Both Aboriginal and Torres Strait Islander origin

4 Neither Aboriginal nor Torres Strait Islander origin

9 Not stated/inadequately described *(not for use in primary data collections)*

Guide for use: The Australian Bureau of Statistics standard for the collection of information about *Indigenous status* includes codes 1, 2, 3 and 4.

4 Includes any person who is not of Indigenous Australian origin. South Sea Islanders should be coded under this category as per the explanation below (see Comment).

Verification rules:

Collection methods: This data element should be reported for both care recipients and their carer, if applicable, at the beginning of each *HACC service episode*.

Agencies should always collect this information in a way that supports the coding options 1, 2, 3 and 4. That is, information about *Indigenous status* should be collected in sufficient detail to distinguish between people of Aboriginal and Torres Strait Islander origin.

The one question format for collecting data on *Indigenous status* in the HACC program is as follows:

Where the person is present: "Are you of Aboriginal or Torres Strait Islander origin?", or where the person is not present and someone who knows the person very well responds for them, "Is the person of Aboriginal or Torres Strait Islander origin?"

The ABS recommends collection of responses in tick boxes, e.g.

No	[ ]
Yes, Aboriginal	[ ]
Yes, Torres Strait Islander	[ ]

Persons of both Aboriginal and Torres Strait Islander origin are to be instructed to tick both boxes, enabling the responses to be appropriately coded. Responses to this question should not be based on the perceptions of anyone other than the client or their advocate.

Reporting requirements: This data element is required for reporting in the HACC MDS collection.

Non-Indigenous status should not be taken as default in the presence of no other evidence.

Related data: Is related to the data elements *Country of birth* and *Main language spoken at home*.

Administrative attributes

Source document: Australian Bureau of Statistics: Interim Standard for Statistics on *Indigenous status*. (ABS Directory of concepts and standards for social, labour and demographic statistics, 1995).

National Community Services Data Dictionary Version 3.0, 2005.

Source organisation: Australian Bureau of Statistics.
National Community Services Data Committee.

Comments: Some HACC service providers may find it difficult to ask a question about a person's indigenous status. Furthermore, some Indigenous persons may be reluctant to answer a question about their Indigenous status because previous experience has led them to believe that identifying as an Indigenous person may disadvantage them. Without assistance with implementing this data element the data provided may be of low validity and reliability.

Australia has two groups of Indigenous peoples – Aboriginal peoples and the Torres Strait Islander people. An Aboriginal or Torres Strait Islander person is defined by a decision of the High Court of Australia in Commonwealth v Tasmania (1983) 46 ALR 625. This definition states that "An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives".

While this definition has three components (descent, self-identification and community acceptance) it is recognised that it is not possible to collect the three components of the definition in a single question. The

Australian Bureau of Statistics recommends that the focus of a single question should be the first component of the definition – descent.

Self-reporting of descent is not the same as self-reporting of identity but because of the absence of a second identity question, some respondents will interpret the original question to mean both descent and identification. What identification (in the context of the data element *Indigenous status*) should measure is the person's self-assessed historical and cultural affiliation.

There has been some controversy over the issue of whether South Sea Islanders should be included within the definition of Indigenous Australians. To date the ABS position on this issue is that South Sea Islanders are not Indigenous. South Sea Islanders should continue to be coded as *4 Neither Aboriginal nor Torres Strait Islander*.

Letters of name

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DERIVED DATA ELEMENT

Definition: A specific combination of letters selected from the person's *Family name/surname* and their *First given name* to assist with *Record linkage*.

Context: *The person's full name is not required for HACC MDS reporting purposes*. However, agencies are required to report selected letters of the person's family name/surname and first given name. These will be used in combination with the person's date of birth and sex in order to link care recipient and carer records across HACC agencies and across HACC MDS reporting periods for statistical purposes. This element specifies the exact combination of letters from the person's family name/surname and first given name that agencies will be required to report for each of their clients for whom a HACC MDS record is submitted.

The provision of letters of a person's name can be a sensitive issue because of privacy and confidentiality concerns. The use of this information will be in accordance with the Information Privacy Principles contained in the Commonwealth Privacy Act and letters from the person's name will only be used for linking records for statistical purposes. Moreover, once the records are linked, these letters will be replaced by an encrypted code.

Relational and representational attributes

Data type: Alphanumeric ***Representational form:*** Text

Field size: ***Min:*** 5 ***Max:*** 5 ***Representational layout:*** AAAAA *(may include numeric characters where necessary)*

Data domain: 2nd, 3rd and 5th letters of the person's *Family name/surname*; and 2nd and 3rd letters of the person's *First given name*.

Guide for use: The specified field size for *Letters of name* is 5 characters long. Letters from the person's *Family name/surname* should be provided first, followed by letters from the client's *First given name.* In the first three spaces, the agency should record the 2nd, 3rd and 5th letters of the person's family name or surname. In the following two spaces the agency should record the 2nd and 3rd letters of the person's *First given name.*

For example: If the person's name is Brown, Elizabeth (i.e. surname, first given name) the *Letters of name* data element should be reported as RONLI. If the person's name is Thompson, Robert the *Letters of name* data element should be reported as HOPOB.

If either of the person's names includes non-alphabetic characters – for

example hyphens (as in Lee-Archer) apostrophes (as in O'Mara) or blank spaces (as in Eu Jin) – these non-alphabetic characters should be ignored when counting the position of each character.

Regardless of the length of a person's name, the *Letters of name* field should always be five characters long. If either the surname or the *First given name* of the person is not long enough to supply the requested letters (i.e. a surname of less than five letters or a first name of less than three letters) then agencies should substitute the number '2' in the *Letters of name* field to reflect the missing letters. The placement of a number '2' should always correspond to the same space that the missing letter would have within the five digit field.

For example: If a person's name is Farr, Ben then the *Letters of name* field would be AR2EN because the 2 is substituting for a missing 5th letter of the surname.

Similarly, if the person's name was Hua, Jo then the *Letters of name* field would be UA2O2 because the 2s are substituting for the missing 5th letter of the surname and the missing 3rd letter of the *First given name.*

If a person's surname is missing altogether the agency should record 2s for all three spaces associated with the *Family name/surname*. Similarly, if the person's first name is missing altogether the agency should substitute 2s for the two spaces associated with the *First given name.*

A number (rather than a letter) is used for such substitutions in order to clearly indicate that an appropriate corresponding letter from the person's name has not been available. For this reason the Data type has been specified as Alphanumeric.

Verification rules: The names from which *Letters of name* are derived should be recorded by the agency in line with the specifications detailed in the data elements *Family name/surname* and First Given Name

Collection methods: This data element should be reported for both care recipients and their carer, if applicable, at the beginning of each *HACC service episode*.

Reporting requirements: This data element is required for reporting within the HACC MDS collection. Agencies are required to report *Letters of name* for all HACC care recipients and carers where existence of a carer is recorded. Once the *Record linkage* process is completed, the letters of the client's name will be replaced by an encrypted code.

Related data: Is derived from the data elements *Family name/surname* and *First given name.*
Is used in conjunction with the data elements *Date of birth* and *Sex*.
Is related to the data element concept *Record linkage*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments:

Living arrangements

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether the care recipient lives with other related or unrelated persons.

Context: A person's *Living arrangements* can have a significant impact on their ability to continue living within their community. Living alone, in particular, has been identified as being a significant risk factor associated with institutionalisation among the frail elderly.

The data element *Living arrangements* functions as an indicator of social support and social isolation by giving some sense of the level of informal support to which a person may have access. The person's *Living arrangements* will be analysed with reference to other data elements that also indicate the availability of informal and other support, such as *Carer – Existence of*, *Carer residency status* and *Accommodation setting*.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** 1 ***Representational layout:*** N

Data domain:

1	Lives alone
2	Lives with family
3	Lives with others
9	Not stated/inadequately described

Guide for use: This data element should be used to record the living arrangements of the care recipient while receiving services from the agency. If the person's household includes both family and non-family members, the person should be recorded as living with family. 'Living with family' should be considered to include defacto and same sex relationships.

On occasion, difficulties can arise in deciding the living arrangements of a person due to their type of accommodation (for example, boarding houses, hostels, group homes, retirement villages, residential aged care facilities, etc.). In these circumstances the person should be regarded as living alone, except in those instances in which they are sharing their own private space/room within the premises with a significant other (eg partner, sibling, close friend, etc).

Verification rules: A value of 1 should not be present in a client record with a value of 1 in the data element *Carer residency status*.

Collection methods: This data element should be recorded for all HACC care recipients at the beginning of each *HACC service episode*. The agency should also assess the currency of this information at subsequent assessments/reassessments within a *HACC service episode* and should update the agency's record of the client's living arrangements if necessary.

Reporting requirements: This data element is required for reporting in the HACC MDS collection. Agencies are required to report the most recent *Living arrangements* that the agency has recorded for the care recipient.

Information provided by the agency about the care recipient's Living arrangements will be considered to be at least as recent as the *Date of last update* reported for the person. This is in line with the request that agencies assess and update the information they have about a person's living arrangements at the beginning of each *HACC service episode* as well as at subsequent assessments/re-assessments within each *HACC service episode*.

If the agency's system or records do not provide sufficient information to accurately report on this data element, the agency should use code *9 Not stated/inadequately described*.

Related data: Is related to the data elements *Accommodation setting*, *Carer residency status* and *Date of last update*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0 1998.

Modified for the HACC Data Dictionary Version 2.0, 2005

Source organisation:

Comments: The HACC MDS data element *Living arrangement*s is the same as that in the National Community Services Data Dictionary Version 3.0, 2004.

Main language spoken at home

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The language reported by the person as the main language spoken by the person in her or his home (or most recent private residential setting) on a regular basis, to communicate with other residents of his or her home and regular visitors.

Context: Data on *Main language spoken at home* are regarded as an indicator of "active" ethnicity and are useful in the study of inter-generational language retention. The availability of such data will help planners and providers of Home and Community Care services to effectively target the geographic areas or population groups that may require particular assistance in accessing or using HACC services. It may also be used for the investigation and development of language services such as interpreter/translation services.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 4 ***Max:*** 4 ***Representational layout:*** NNNN

Data domain: The Australian Standard Classification of Languages (ABS Catalogue No. 1267.0, 1997). See Appendix B for listing of codes.

Guide for use: For persons living in non-private dwellings (such as group houses, boarding houses, hostels, etc) this data element should be used to record the person's language of greatest competence (i.e. preferred language).

Code 9999 *Not stated/inadequately described* should be used when the *Main language spoken at home* has not been supplied by the person upon request or where insufficient information has been supplied by the client to code the data element.

Verification rules:

Collection methods: This data element should be reported for both care recipients and their carer, if applicable, at the beginning of each *HACC service episode*. The agency should also assess the currency of this information at subsequent assessments/re-assessments within a *HACC service episode* and should update the agency's record of the person's *Main language spoken at home* if necessary.

Agencies may collect *Main language spoken at home* in a variety of ways. Some agencies may use a question that contains a predetermined list of

languages accompanied by an "other (please specify)" category. Other agencies may use an open ended question asking the person to specify their *Main language spoken at home*. Regardless of the exact format used by the agency *Main language spoken at home* should be collected in such a way as to allow the information to be recorded using the 4-digit code of the ASCL included in Appendix B. A question that simply identifies a person's proficiency in English will not provide sufficient information to code *Main language spoken at home* for the HACC MDS collection.

Reporting requirements: This data element is required for reporting in the HACC MDS collection. Agencies are required to report the most recent *Main language spoken at home* that the agency has recorded for the care recipient and carer.

Information provided by the agency about the person's *Main language spoken at home* will be considered to be at least as recent as the *Date of last update* reported for the person. This is in line with the request that agencies assess and update the information they have about a person's *Main language spoken at home* at the beginning of each *HACC service episode* as well as at subsequent assessments/re-assessments within each *HACC service episode*.

If the agency's system or records do not provide sufficient information to accurately report on this data element, the agency should use code *9999 Not stated/inadequately described*.

Related data: Is related to the data elements *Country of birth*, *Indigenous status* and *Date of last update*.

Administrative attributes

Source document: National Community Services Data Dictionary Version 3.0, 2004. Australian Classification of Languages. ABS Catalogue No. 1267.0, 1997.

Source organisation: National Community Services Data Committee. Australian Bureau of Statistics.

Comments: This definition uses the 4-digit code contained in the Australian Bureau of Statistics, Australian Standard Classification of Languages Cat. No. 1267.0. The code set allows for coding of sign languages and other non-verbal languages. The code listing is contained in Appendix B.

The three data elements included in Version 2.0 of the HACC MDS that are considered relevant to measuring cultural diversity are *Country of birth*, *Main language spoken at home* and *Indigenous status*. Traditionally, the most widely used method for identifying and measuring multicultural phenomena in Australia has been to categorise people as being of Non-English Speaking Background (NESB).

A decision was made in May 1996 by a Ministerial Council of the Commonwealth and State governments to discontinue the official use of NESB as a measure of cultural diversity. This decision was made following strong criticism of NESB by a House of Representatives Standing Committee on Community Affairs inquiry into migrant access and equity in its report to Parliament, A Fair Go For All: Report on Migrant Access and Equity.

The Australian Bureau of Statistics is currently working to develop new and more relevant methods of measuring social, cultural and economic disadvantage in Australia's multicultural society. The following information is summarised from the ABS Discussion Paper: *Australian Bureau of Statistics plans to develop and promote statistical standards for the collection of data on cultural diversity in statistical and administrative settings, August 1997*. The ABS is pursuing a two-pronged approach:

- A key measure based either on First Language Spoken or *Main language spoken at home*; and
- A range of other measures of potential disadvantage based on ABS statistical standards.

It is intended that the range of measures (second approach) will be adopted as part of a set of Best Practice Guidelines that use a multi-dimensional approach to measure disadvantage by focussing on areas of vulnerability, and recognise that language background is only the starting point for examining issues of disadvantage.

Vulnerability factors include: First Language Spoken, *Main language spoken at home*, Proficiency in Spoken English, Country of birth, Country of birth of Mother, Country of birth of Father, Year of Arrival in Australia (Period of Residence in Australia), *Sex*, Age, *Indigenous status*, Religious Affiliation, and Visa Category.

When the outcome of the ABS's development work is known, the HACC MDS will be reviewed to ensure that relevant data elements are included for the purpose of identifying and measuring cultural diversity and associated potential disadvantage within the HACC program.

Main reason for cessation of services

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The main reason that the client ceased to receive services from the agency.

Context: This data element provides information about the circumstances surrounding the ending of a client's receipt of HACC-funded assistance from an agency. In conjunction with Source of Referral, this data element contributes to a general understanding of the patterns of client movement into and out of the care and support of HACC agencies. *Main reason for cessation of services* also gives some indication of the impact on client turnover of factors relating to the agency's operations and to changes in client needs and circumstances.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** 2 ***Representational layout:*** NN

Data domain:

1	Client no longer needs assistance—improved status
2	Client no longer needs assistance from agency—improved status
3	Client's needs have not changed but agency cannot or will no longer provide assistance
4	Care recipient moved to residential aged care
5	Care recipient moved to other institutional setting
6	Care recipient moved to other community-based service
7	Care recipient moved out of area
8	Care recipient terminated service
9	Client died
10	Other reason
99	Not stated/inadequately described

Guide for use: Where the client has ceased to receive services for more than one reason, the agency should record the main or primary reason for the cessation of service.

1 The client no longer needs formal assistance. Includes situations where the care recipient's needs for assistance from the agency have reduced to the point where they can manage on their own, or where

needed assistance is being provided by an informal carer(s) (family, friends etc), or only needed temporary assistance.

2 The client no longer needs assistance from the agency but needs some formal assistance from another agency. For example, a person's condition has improved and they longer require nursing care but need formal assistance from other service provider(s).

3 .Includes situations where the client's need for assistance has not changed but the agency has ceased to provide assistance to the client because of the agency's resource limitations. Where the main reason the client ceased to receive services from the agency was because the client's increased level of need/dependency led to a referral to another agency or program that provides a higher level of community care, code 3 should be used.

This code also includes situations where the main reason the agency ceases to assist the client is because the agency no longer considers it safe for the agency's workers (or volunteers) to continue to assist the client. Safety issues may relate to the physical setting of service delivery (e.g. unsafe or unsanitary dwelling) or to concerns with the physical or emotional wellbeing of the worker (or volunteer) due to the client's behaviour.

6 Includes situations where the client's increasing dependency or need for assistance has reached the point where the agency can no longer provide the necessary assistance and the client is referred to a more appropriate source of community care. This includes referrals to a Community Aged Care Package provider or a Community Options (or Linkages) project. Where the client's increased level of need for assistance/dependency has resulted in, or contributed to, the client's admission to a residential aged care facility (nursing home or hostel) code 4 should be used

7 Includes situations where the client ceased to receive assistance from the agency because the client moved out of the geographic area of coverage of the agency. That is, the reason the agency ceases to assist the client is primarily because of a change in client's residential location and not because of any change in their need for assistance.

8 Includes situations where the decision to cease receiving assistance from the agency was made by the client. That is, it was the client's choice and not the result of any agency assessment of need or change in the client's external circumstances. If the client had not made this choice they would have continued to receive assistance from the agency.

Verification rules: The client record should include a value for *Date of exit from HACC service episode*.

Collection methods: This data element should be recorded for clients who cease to receive HACC-funded assistance from the agency on what is considered to be a permanent basis. The client's *Main reason for cessation of services* should be recorded in conjunction with the client's *Date of exit* from *HACC service episode*.

Given that HACC clients can have multiple episodes of care over time, some agencies may choose record this information historically. Historical recording refers to the practice of maintaining a record of changes over time where each change is accompanied by the appropriate date. Although this level of system capability is desirable (and may be necessary for future HACC MDS reporting) this level of system capability is not assumed in the HACC MDS at this point in time.

Reporting requirements: This data element is required for reporting in the HACC MDS collection. Over a period of time a client may have entered and exited from an agency on more than one occasion. The *Main reason for cessation of services* should be reported for the latest *Date of exit* from *HACC service episode* that the agency has recorded for the client.

Information provided by the agency about the person's *Main reason for cessation of services* will be considered to relate to the same *HACC service episode* as the *Date of exit* from *HACC service episode*.

If the agency's system or records do not provide sufficient information to accurately report on this data element, the agency should use code *99 Not stated/inadequately described*.

Related data: Is related to the data element *Date of exit from HACC service episode*.
Is related to the data element concept *HACC service episode.*

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments:

Postcode

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The postal code for the geographic location of the person's residence whilst receiving HACC services.

Context: In conjunction with the data element *Suburb/town/locality name*, the data element *Postcode* is included in the HACC MDS as a means of reporting information about the geographic location of the residence of a HACC client. The preferred standard for reporting this information is by using a statistical local area (SLA) in conjunction with a state/territory code (see *Australian state/territory identifier*). However, as some HACC agencies may have difficulty allocating SLA codes to the residential locations of their clients without more computerised assistance than is currently available to them, agencies are given the option of reporting this information by using the lesser standard of *Postcode* plus *Suburb/town/locality name*.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 4 ***Max:*** 4 ***Representational layout:*** NNNN

Data domain: Valid Australia Post postal code.

Guide for use: The agency should record the postcode for the address at which the person resides while receiving services from the agency. The postcode should not relate to a postal address different from the physical address at which the person is residing.

The Australia Post postcode book is updated more than once a year as postcodes are constantly changing. Agencies should use the most up-to-date postcode book available for the HACC MDS reporting period.

The agency should record the postcode for the address at which the person resides while receiving services from the agency. The postcode should not relate to a postal address different from the physical address at which the person is residing.

Verification rules:

Collection methods: This data element should be recorded for all HACC care recipients at the beginning of each *HACC service episode*. The agency should also assess the currency of this information at subsequent assessments/re-assessments within any given *HACC service episode* and should update the agency's record of the client's postcode if necessary.

Reporting This data element is an alternative within the HACC MDS collection to

requirements: reporting the Statistical Local Area (SLA) of the client's residence.

The agency should report the most recent postcode recorded for the client. Information provided by the agency about the client's postcode will be considered to be at least as recent as the *Date of last update* reported for the person. This is in line with the request that agencies assess and update the information they have about a person's postcode at the beginning of each *HACC service episode* as well as at subsequent assessments/re-assessments within each *HACC service episode*.

Related data: Is used in conjunction with the data element *Suburb/town/locality name*.
Is related to the data elements *Australian state/territory identifier* and *Date of last update*.

Administrative attributes

Source document: National Community Services Data Dictionary Version 1.0, 1998.
Australia Post. Postcode Book.

Source organisation: National Community Services Data Committee.
Australia Post

Comments: The HACC MDS Version 2.0 does not include all data elements for full Address information. A complete implementation of Address, including the related data elements, is currently under development in coordination with Standards Australia, ABS, the National Health Data Committee and the National Community Services Data Committee. Once national standards are developed, the HACC MDS will take these standards into account for future versions of the HACC MDS.

Primary type of assistance received

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The primary type of assistance that the person receives from the agency during a service delivery event.

Context: The HACC MDS data element *Primary type of assistance received* is one of a cluster of data elements that describe a *HACC service event* or occasion of service delivery to a client. Agencies need to record the *Primary type of assistance received* on each service delivery event in order to be able to report the total amount of each type of assistance received by the client during a HACC MDS reporting period. The assistance type(s) that is the primary purpose or focus of a *HACC service event* should be recorded, regardless of who is providing that service. There may be two or more service delivery events planned and recorded for the one visit by a care worker. Both may be recorded as instances of *Primary type of assistance received*.

Information about the sorts of assistance received by a HACC client is of fundamental importance to program planning and accountability. In conjunction with information about the client's characteristics and circumstances and the total amount of assistance they receive, this information contributes to an understanding of the ways in which HACC-funded agencies have responded to their clients' needs.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** 2 ***Representational layout:*** NN

Data domain: Domestic assistance

Social support

Nursing care

Allied health care

Personal care

Centre-based day care

Meals

Other food services

Respite care

Assessment

Client care coordination

Case management

Home maintenance

Home modification

Provision of goods and equipment

Formal linen service

Transport

Counselling/support, information and advocacy (Care Recipient)

Counselling/support, information and advocacy (Carer)

Guide for use:

Domestic Assistance refers to assistance with domestic chores, including assistance with cleaning, dishwashing, clothes washing and ironing, shopping (unaccompanied) and bill paying. Domestic Assistance may include help with meal preparation where this is not the primary focus of the occasion of service (if meal preparation is the primary focus of an occasion of service this should be recorded as Other Food Services). In remote areas, Domestic Assistance may also include activities such as collection of firewood.

In deciding whether activities such as shopping or bill paying should be recorded as Domestic Assistance or Social Support the agency should use the following rule: if the person accompanies the worker during the activity it should be recorded as Social Support; if the worker is not accompanied by the person, the activity should be recorded as Domestic Assistance.

Domestic Assistance is normally provided in the home. In special situations domestic assistance is delivered at a Centre because it is not feasible to deliver the service in the Client's home. This may be because the Client's home does not include the means to wash clothes. In this case the time to deliver the domestic service will be recorded for the client.

Social Support refers to assistance provided by a companion (paid worker or volunteer), either within the home environment or while accessing community services, which is primarily directed towards meeting the person's need for social contact and/or accompaniment in order to participate in community life. Social support includes friendly visiting services, letter writing for the person, shopping and bill paying and banking (when the person is accompanied by the worker), and telephone-based monitoring services. Social support is not normally delivered at or from a fixed facility. Services from a fixed facility would normally be categorised as Centre-Based Day Care.

Social Support is normally provided in the client's home but may include accompanying the client on an excursion or trip. The support is provided to them as an individual and helps them to participate in society. It includes keeping them company, helping them do paper work, taking them shopping, banking or to attend an appointment.

A staff member providing Social Support may sometimes provide some other help while attending the Client. Any other service that is provided to the Client will have social support benefits. However it is only the assistance times which are specifically aimed at delivering social support which should be recorded this way.

Social support is usually provided one-on-one but may also be provided to more than one person, for example, where social support is provided to a frail aged couple, or to support a group of Aboriginal people attending a funeral. Any Social Support provided to the Client in a group-based environment at or from a fixed-base facility away from their residence is recorded as Centre-based Day Care.

Nursing Care refers to professional care from a registered or enrolled nurse. It includes times spent recording observations of a client, where this is considered to be part of the nurse's duty of care. Nursing Care should not be used for activities undertaken by registered or enrolled nurses who belong more clearly to one of the other types of assistance specified in this data element. For example, where a nurse undertakes a comprehensive assessment of the client, the appropriate type of assistance to be recorded is Assessment, regardless of the fact that the assessment was undertaken by a registered or enrolled nurse. Similarly, if a nurse provides personal care as the primary focus of an occasion of service, then the type of assistance to be recorded is Personal Care.

Nursing care can be delivered in the client's home or in a centre or other location. If a nurse attends a Client to provide primarily nursing care, and also provides some other unplanned help (eg social support, respite for the *Carer*, or personal care) then the Agency records this as primarily Nursing Care.

If a nurse attends a Client to provide a service which is not nursing care (eg social support or to act as a substitute *Carer* for the Client) but incidentally provides some nursing care, then the Agency records this as primarily Social Support or Respite Care.

Service provision may be more costly when delivered by a nurse rather than some other staff members. The HACC MDS focuses on the primary purpose(s) of the client experience of the assistance event and not cost of service delivery. Professional judgement should be used to decide the balance between nursing and other assistance types.

Allied Health Care (also known as paramedical care) refers to professional allied health care services, and includes a wide range of specialist services, such as podiatry, occupational therapy, physiotherapy, social work, speech pathology and advice from a dietician or nutritionist.

An Agency may record each type of allied health separately for its own operational and service delivery purposes, but at reporting time a total for all allied health assistance to a client is calculated.

Allied Health Care should not be used for activities undertaken by qualified allied health care workers which belong more clearly to one of the other types of assistance specified in this data element. For example,

where an allied health care worker undertakes a comprehensive assessment of the client, the appropriate type of assistance to be recorded is Assessment, regardless of the fact that the assessment was undertaken by a qualified allied health care worker. Similarly, if an allied health care worker provides personal care as the primary focus of an occasion of service, then the type of assistance should be recorded as Personal Care.

If an Agency provides physiotherapy, occupational therapy or other allied health assistance to an individual at a day centre, then this is recorded separately to the allied health received at home.

Allied health assistance (not part of a Centre-based care program) provided to a group of clients at venue other than a centre or person's home, should be recorded as Allied health at other setting.

If an Allied Health agency provides a session of stretching exercises or occupational therapy to a group of clients at a Centre, this will be recorded as part of the centre-based centre program of activities.

Personal Care refers to assistance with daily self-care tasks, such as eating, bathing, toileting, dressing, grooming, getting in and out of bed, and moving about the house. In some cases, Personal Care may also include medication monitoring.

Personal Care should only be used where assistance with daily self-care tasks is a primary focus of an occasion of service. It should not be used where assistance with personal care is incidental or secondary to other planned activities. For example, a person attending a day care centre may need assistance with going to the toilet or with getting in and out of a chair but the primary type of assistance provided to the person on that occasion of service would be Centre Based Day Care.

Personal Care is normally provided in the home. In special situations personal care assistance is delivered at a Centre because it is not feasible to deliver the service in the Client's home. This may be because the Client is homeless, itinerant or living in a temporary shelter and the Centre is able to provide the shower and washing facilities required for Client care.

Centre Based Day Care refers to attendance/participation in structured group activities designed to develop, maintain or support the capacity for independent living and social interaction which are conducted in, or from, a centre based setting. Centre Based Day Care also includes group excursions/activities conducted by centre-based staff but held away from the fixed centre.

Centre Based Day refers to assistance (but not including Counselling/Support, Information and Advocacy services) provided to the client to attend/participate in group activities and is conducted in a centre-based setting.

Centre-based Day Care includes the social support provided in a group environment and also light refreshments, excursions, excursion-associated transport and personal assistance (e.g. help with toileting) involved in attendance at the centre. Social support assistance provided to a Client through structured activities in a group environment (but not including Counselling/Support, Information and Advocacy services) is

to be recorded as Centre-Based Day Care when it is provided at a fixed-base facility. Social support assistance delivered individually to the Client at a Centre will be recorded as Social Support.

Any Agency which delivers nursing care, allied health or delivers a formal meal to an individual Client at a centre will record this under the relevant type of assistance delivered at a centre. If an Agency provides transport to/from a Centre they will record the transport assistance separately to the centre-based day care assistance. Any transport provided as part of an excursion or activity within the centre's program will not be counted as a separate transport service. If a day centre provides the necessary facilities so that personal care, domestic service and other types of assistance can be delivered to the individual Client, then an Agency may separately record and report these itemised services for each receiving client.

Allied health assistance provided to a group of clients at a centre should be recorded as Centre-based day care.

Meals refers to those meals which are prepared and delivered to the client. It does not include meals prepared in the client's home.

It is important to count separately the meals provided to a client at home, and the meals provided at a Centre (or other setting). Separate totals must be reported in this case.

Other Food Services refers to assistance with the preparation and cooking of a meal in the client's home and the provision of advice on nutrition, storage or food preparation. It does not cover the delivery of a meal prepared elsewhere.

Assistance with meal preparation may also be part of Domestic Assistance received by the client. Other Food Services should only be used when assistance with meal preparation is the primary focus of the occasion of service.

Respite Care refers to assistance received by a carer from a substitute carer who provides supervision and assistance to their care recipient (even though the carer may still be present). Respite care is provided by the HACC program to carers in order to give them relief from their caring role. Respite Care should only be recorded if there is a carer reported on the MDS record. If the care recipient has no carer then the service type is not respite but normally would be Social Support.

Respite care should only be recorded when the primary purpose of the occasion of service is to relieve the carer of their caring responsibilities. At times, and especially in the early stages of respite care arrangements, the carer may choose to remain with their care recipient in the presence of the substitute carer for both their own reassurance and that of the care recipient. This situation is usually transitional or temporary and should be recorded as Respite Care if the primary purpose of the activity is to give the client (carer) some relief from their caring role. A person providing respite care (i.e. substitute carer) may assist with other activities as part of substituting for the usual carer (e.g. washing dishes or helping the care recipient with personal care tasks).

It may, at times, be difficult for an agency to decide whether the primary focus of an occasion of service is respite or social support. This is often because in order to provide the carer with an effective break from their caring role, the care recipient may need to be taken out to participate in social activities. As a general rule, an occasion of service should be recorded as Respite Care rather than Social Support when:

- the substitute carer comes into the home with the aim of enabling the carer to go out of the home; or
- when a substitute carer accompanies both the carer and care recipient on an outing or holiday, or
- when the care recipient is taken on outing by the substitute carer without being accompanied by the carer where the primary purpose to provide the carer respite from their caring responsibilities.

Where a carer receives an explicit individual HACC-funded service from an Agency, the time spent receiving this service will be recorded using the appropriate assistance type. If a substitute carer is required to enable the Carer to receive these individual services, then the substitute care will be recorded as Respite Care.

Assessment refers to assessment and re-assessment activities that are directly attributable to individual care recipients. This includes assessment activities associated with client intake procedures and the determination of eligibility for service provision. It also includes more comprehensive assessments of a person's need for assistance and capacity to undertake tasks of daily living, as well as Occupational Health and Safety (OH&S) assessments undertaken by the agency in relation to service delivery. Not all these activities are necessarily undertaken face-to-face with the client.

While most agencies will undertake some form of assessments, the extent and nature of assessment activities will vary from agency to agency, and across different agency types. For example, while a community nursing agency may undertake a full comprehensive assessment of all clients, a transport, meals or home modification agency may assess a client only in terms of basic information needed for the delivery of that service (e.g. client details, what does the client require from the agency, special needs, etc.).

Within the HACC MDS, assessments associated with client intake are considered to be a critical data collection point in terms of recording basic information about the client's characteristics and circumstances (i.e. *Date of birth*, *Sex*, *Main language spoken at home*, *Carer – existence of*, *Accommodation setting*, etc). Subsequent assessments and reassessments undertaken by the agency are also considered a critical opportunity for agencies to assess the currency of the information they have recorded about the client and to update this where necessary.

Client care coordination focuses on coordination activities undertaken to facilitate access to HACC services for clients who need help to gain access to more than one service, for example, HACC special needs group clients. The assistance to access services is often short term.

Client care coordination and case management are distinct activities on

the same continuum of service delivery. Client care coordination is a less intensive form of case management.

Client care coordination involves the following activities: implementing the care plan; liaison with service providers in the same or another agency dealing with the same client; advocacy to ensure that the client has access to the range of services required; and monitoring and reviewing the care plan or service plan.

Care coordination is an activity carried out by identified agency staff. Not all service providers will undertake it.

It is an activity directly attributable to individual clients and is unlikely to be provided to every client on every occasion of service.

Client care coordination service activity does not include administrative work (e.g. drawing up rosters, processing accounts, or completing time sheets), personnel management, or attendance at staff meetings or training programs.

Note that Client care coordination and Case management are similar to the ACAP data element Care coordination Level 1 and Level 2 respectively, except that Level 2 Care coordination describes a time-limited or bridging intervention.

Case Management comprises active assistance received by a client from a formally identified agency worker (case manager or care coordinator) who coordinates the planning and delivery of a suite of services to the individual client. (Where service delivery involves more than one agency, only the activities of the agreed case manager should be recorded against this type of assistance.)

Case Management is generally targeted on clients with complex needs. It may be short term or ongoing.

A client receiving case management will be receiving multiple services typically from more than one agency

The case manager will carry out the same range of activities as the care coordinator (implementing the care plan; liaison with service providers in the same or another agency dealing with the same client; advocacy to ensure that the client has access to the range of services required; and monitoring and reviewing the care plan or service plan).

The additional key elements of Case Management are: Arranging additional services needed by the client by means of brokerage, purchase of services, or 'maintenance of effort' agreements between agencies; organising case conferences if needed; actively monitoring for any change of client or carer circumstances; advocacy and casework (particularly where there is social isolation, cognitive impairment or carer stress); and liaison with other (non-HACC) services involved with the client (such as the GP).

Home Maintenance refers to assistance by the agency with the maintenance and repair of the person's home, garden or yard to keep their home in a safe and habitable condition. Home maintenance includes minor dwelling repairs and maintenance, such as changing light bulbs,

carpentry and painting, or replacing tap washers as well as some more major dwelling repairs such as replacing guttering or other roof repairs. Home maintenance also includes garden maintenance, such as lawn mowing and the removal of rubbish.

If the work is undertaken by a contractor on a fee-for-service basis then record an estimate of the time spent.

Home Modification to structural changes to the person's home so they can continue to live and move safely about the house. These include modifications such as grab rails, hand rails, ramps, shower rails, appropriate tap sets, installation of emergency alarms, other safety and mobility aids, and other minor renovations.

If a client receives any home modification assistance it is reported as a cost. This is home modification work which is paid for from your Agency's HACC funds. These costs may include both the labour costs and the materials cost or only some part of this.

Provision of Goods and Equipment refers to the loan or purchase of goods and equipment to assist the person to cope with a disabling condition and/or maintain their independence.

Goods and equipment items assist the Client's mobility, communication, reading, personal care or health care. They include a wide range of items such as incontinence pads, dressing aids, wheelchairs, appliances (eg washing machines, microwave ovens). In remote indigenous communities this may also include the purchase of firewood. "Purchase" also refers to HACC contributions to the purchase of such items.

It does not matter if the Agency lends or purchases the item for the client, it will still be recorded using these codes. Each time an item of equipment or goods is provided to the client, it should be recorded under one of the seven listed headings: Self-care aids, Support and mobility aids, Communication aids, Aids for reading, Medical-care aids, Car modifications, and Other.

Formal Linen Service refers to the provision and laundering of linen, usually by a separate laundry facility or hospital. Washing of clothes and other household linen may be undertaken as part of Domestic Assistance. Formal Linen Service should only be recorded when linen is both provided and laundered.

The counting mode is the number of collections or distributions of linen that are made to an individual client. If there is a weekly collection of dirty linen and replacement with clean linen, this counts as a single Formal Linen Service per week.

Transport *r*efers to assistance with transportation either directly (e.g. a ride in a vehicle provided or driven by an agency worker or volunteer) or indirectly (e.g. taxi vouchers or subsidies). Transport is assistance provided so that the client may get out of their house and do chores, attend other activities or community centres, and participate in the community.

Transport is counted as one-way trips. A single trip should be recorded

for each HACC client whether they are transported individually or in a group. A trip from home to the shops is counted as one trip. The return journey is another transport trip. If a worker collects a client from home and takes them to the shops and then picks them up to return home, this counts as two one-way trips. For each reporting period add up how many one- way trips have been delivered to each client and report that total number.

Counselling/Support, Information and Advocacy (Care Recipient) refers to assistance with understanding and managing situations, behaviours and relationships associated with the person's need for care, including advocacy and the provision of advice, information and training.

Counselling/Support, Information and Advocacy includes dementia support and counselling and carer support and counselling, normally provided on a one-to-one basis. It also includes professional support to individual clients in accessing and using general community services (advocacy) and one-to-one training or advice given to the client to assist them to cope with their situation as well as the provision of information (e.g. other services available in the area).

Counselling/Support, Information and Advocacy (Carer) refers to assistance with understanding and managing situations, behaviours and relationships associated with the caring role, including advocacy and the provision of advice, information and training.

Counselling/Support, Information and Advocacy includes a number of supportive services to help clients and carers deal with their situation. normally provided on a one-to-one basis. They are typically provided as one-on-one counselling, advice, and information but can be provided in a group setting. Counselling/Support, Information and Advocacy includes dementia support and counselling and carer support and counselling. It also includes professional support to carers in accessing and using general community services (advocacy).

Record a counselling/support/information/advocacy type of assistance whether it was conducted one-on-one, or in a group setting, for the benefit of a single named client.

This type of assistance does not include:

- group activities conducted by a HACC agency where individual client records are not routinely kept;
- education, information or training provided by a HACC agency to another organisation, group or agency (HACC or non-HACC);
- advice or information provided by telephone advice or referral services on an ad hoc basis to members of the community; or
- advocacy undertaken on behalf of groups (e.g. advocating for the rights of younger people with disabilities) which is not directly associated with the needs and situation of an individual client.

Verification rules:

Collection methods: The data element Primary type of assistance received is designed to record the activity or type of assistance that is the primary purpose or focus of a HACC service event. On any single service delivery event a

person may receive several types of assistance from an agency. However, for each HACC service event, the agency is asked to nominate the type of assistance that was the main or primary focus of that occasion of service. For example, a person receiving a home delivered meal from an agency funded to provide meals or food services may also, as part of that HACC service event, receive some social support. However, for the purposes of recording the primary type of assistance the person received on this occasion, the agency should record Meals. Similarly, when visiting a person to undertake an assessment of a person's need for assistance, an agency worker may also provide the person with some information about other services available or make some suggestions about appropriate ways to manage their condition. However, if the primary focus of the occasion of service was assessment, this type of assistance (Assessment) should be recorded for that occasion of service.

To some extent the type of agency and/or the specified purposes for which an agency is funded will determine the Primary type of assistance received by a client of that agency. For example, an agency worker taking a client to a medical appointment may provide both transport and social support. In practice, a Community Transport agency may be more likely to record the primary purpose of this service event as Transport while a Neighbour Aid agency may be more likely to record it as Social Support.

The type of assistance received by a client during a *HACC service event* affects the unit of measurement used to record the amount of assistance received on the *HACC service event* (see *Amount of assistance received (time)*, *Amount of assistance received (quantity)*, *Amount of assistance received (cost)* and *Assistance with goods and equipment received*).

Reporting requirements: This data element is not required for reporting in the HACC MDS collection. However, agencies are required to record this information on their information systems in order to report the data elements *Total amount of assistance received (time), Total amount of assistance received (quantity), Total amount of assistance received (cost),* and *Total assistance with goods and equipment received* during a reporting period.

Related data: Is used in the derivation of the data element *Date of last update*, *Total amount by type of assistance received (time), Total amount by type of assistance received (quantity), Total amount of assistance received (cost),* and *Total assistance with goods and equipment received.*

Is used in conjunction with the data elements *Date of receipt of assistance*, *Amount of assistance received (time)*, *Amount of assistance received (quantity)*, *Amount of assistance received (cost)*, *Assistance with goods and equipment received*, *Service delivery setting*, and *Funding source category*.

Is related to the data element concept *HACC service event*.

Administrative attributes

Source document: National Classification of Community Services, Version 1.0, 1997.

Source organisation: Australian Institute of Health and Welfare

Comments: In determining the list of assistance types and their definitions for HACC MDS V1, the National Steering Committee gave consideration to the

recommendations of the National Review of HACC Data Requirements Final Report (Brian Elton & Associates 1996) and to the National Classifications of Community Services Version 1.0 (AIHW 1997). Some further changes were made to the list of service activities prior to the release of the HACC Data Dictionary Version 1.0 in May 1998, as a result of additional feedback from pilot testing and other considerations relating to the internal structuring of the MDS collection. The service activity list incorporated some distinctions in the setting of the receipt of service where this was considered of significance to program management information needs, and where such reporting was not considered to place an undue burden on service providers.

The types of assistance contained in this data element are mappable to the National Classification of Community Services (NCCS) Version 1.0 with the exception of Allied Health Care. The inclusion of Allied Health Care in the NCCS is under development by the National Community Service Data Committee for the next version of the NCCS. The principles underpinning the data element Primary type of assistance received are also consistent with those underpinning the NCCS. Both classifications follow the rule of nominating the primary activity and both exclude general administrative activity from the classification.

At this stage of HACC MDS development, the definition of a HACC client is limited to individual persons. That is, it does not include other types of clients of HACC agencies, such as other organisations or groups of persons. Some HACC-funded agencies are specifically funded to provide services such as training and service development support or to conduct support groups. These agencies are not required to report in a HACC MDS collection based on Version 2.0 of the HACC Data Dictionary.

Some agencies do not receive specific funding for these types of activities, but nonetheless provide some of these services, on occasions. These agencies are also not required to report on services provided to these clients in a HACC MDS collection.

In addition, some individual persons who receive HACC-funded assistance are also excluded from the HACC MDS collection. When an agency provides services such as telephone-based information, advice or referral services it is considered inappropriate to require the collection and reporting of data on their clients at the level of detail required in the HACC MDS. When agencies provide assistance to groups of persons where membership of the group is ad hoc or variable and where the keeping of individual client records would be intrusive or inappropriate, the agencies are also not required to include these clients in a HACC MDS collection.

The exclusion of these types of HACC clients and HACC-funded assistance does not imply that they are less important. Future developments in the HACC MDS may include further data elements that will enable more comprehensive reporting of clients and service activities than is possible within the scope of Version 2.0 of the HACC MDS.

Record linkage

Admin. status: CURRENT *Date:* 01/07/2005

Identifying and definitional attributes

Data element type: DATA ELEMENT CONCEPT

Definition: The bringing together of two or more records that are thought to belong to the same person.

Context: The linkage of client records can be for two purposes:
1 To facilitate the provision of care or assistance, treatment, case management or administrative purposes relating to individual clients; or
2 For statistical purposes, including planning, accountability or research.

The proposed use of *Record linkage* in the HACC program falls into the second category. Statistical *Record linkage* is seen as one way of improving the measurement of client focussed outcomes. As a minimum, the use of *Record linkage* is designed to make it possible to count the number of HACC clients (without counting the same client more than once) and the services they receive from the HACC program.

Record linkage for statistical purposes, as in the HACC program, does not need to achieve a 100% matching of client records. The linkage of records only has to be sufficiently reliable to draw valid statistical conclusions. Statistical "linkage keys" are most commonly comprised of some combination of standard personal information. This standard personal information is then compared across all client records to identify when two or more records appear to belong to the same person. The "linkage key" in the HACC MDS is comprised of the data elements *Letters of name*, *Date of birth* and *Sex*. Once records are linked, the linkage key will be replaced by an encrypted code.

The linkage of client records, even for statistical purposes, raises some privacy concerns. The *Record linkage* process in the HACC program will be consistent with the Information Privacy Principles (IPPs) contained in the Commonwealth Privacy Act (1988). Stringent ethical safeguards and procedures will circumscribe the HACC *Record linkage* process to protect client records from unauthorised access and to ensure that information is used only for purposes for which it was intended.

In the HACC context, the HACC National Service Standards establish a basic framework related to the privacy and confidentiality of client records. Consistent with these standards a client's consent is required for the release of client information by service providers to other parties. With the introduction of *Record linkage* in the HACC program, a client's consent to the release of information must be informed by the knowledge that information will be used for statistical purposes as well

as for purposes related to their own care needs.

Relational attributes

Related data: Is related to the data elements *First given name*, *Family name/surname*, *Letters of name*, *Date of birth* and *Sex*

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments:

Relationship of carer to care recipient

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The relationship of the carer to the person for whom they care.

Context: Information about the relationship the carer has to the person for whom they care assists in establishing a profile of informal caring relationships and the assistance provided by the HACC program to maintain and support those relationships. As such it increases our knowledge about the dynamics of caring and provides an insight into the gender and inter-generational patterns of informal care giving in the community. The inclusion of this information in the HACC MDS enables useful comparisons between caring relationships supported by the HACC program and those reported in the national population data from the ABS Survey of Disability, Ageing and Carers.

A HACC client may have more than one family member or friend providing them with care and assistance. In such circumstances, the data element *Relationship of Carer to care recipient* relates to the carer who is identified as providing the most significant amount and type of care and assistance.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** 2 ***Representational layout:*** NN

Data domain:

1	Spouse/partner
2	Parent
3	Son or daughter
4	Son-in-law or daughter-in-law
5	Other relative
6	Friend/neighbour
9	Not stated/inadequately described

Guide for use: This data element should always be used to record the relationship of the carer to the person for whom they care, regardless of whether the client of the agency is the carer or the person for whom they care.

For example, if a woman were caring for her frail aged mother-in-law, the agency would record that the carer is the daughter-in-law of the care recipient (i.e. code 4). Similarly, if a man were caring for his disabled

son, then the agency would record that the carer is the parent of the care recipient (i.e. code 2).

Because relationships are reciprocal, or mirror images of one another, the agency should take care to always record the relationship in the same direction, regardless of whether the client of the agency is the carer or the care recipient.

That is, if an agency was completing a record for a HACC client whose carer was her daughter-in-law then for the element *Relationship of Carer to care recipient* the agency would record Code *4* (Daughter-in-law). If the agency's client was the daughter-in-law (i.e. the carer) who was receiving assistance to help her care for her mother-in-law, the agency would again record Code *4* (Daughter-in-law) for the data element.

If a person has more than one carer (eg a spouse and a son), the coding response to *Relationship of Carer to care recipient* should relate to the carer who provides the most significant care and assistance related to the person's capacity to remain living at home. The expressed views of the client and/or their carer or significant other should be used as the basis for determining which carer should be considered to be the primary or principal *Carer* in this regard.

Code 1 includes defacto and same sex partnerships.

Verification rules: A value should be present in this data element in any client record with a value of 1 in *Carer – existence of*.

Collection methods: The agency should record this data element at the beginning of each *HACC service episode* for any client who has a carer (i.e. *Carer – existence of* code 1).

The agency should also assess the currency of this information at subsequent assessments/re-assessments within a *HACC service episode* and should update the agency's record of the *Carer for more than one person* if necessary.

Reporting requirements: This data element is required for reporting within the HACC MDS collection for any HACC client who has a carer (i.e. *Carer – existence of* code 1).

Agencies are required to report the most recent information about caring for more than one person that the agency has recorded for the person.

Information provided by the agency about the *Carer for more than one person* will be considered to be at least as up to date as the *Date of last update* reported for the person. This is in line with the request that agencies assess and update the information they have about the *Carer* at the beginning of each *HACC service episode* as well as at subsequent assessments/re-assessments within any given *HACC service episode*.

If the agency's system or records do not provide sufficient information to accurately report on this data element, the agency should use code *99 Not stated/inadequately described*.

Related data: Is qualified by the data element *Carer – existence of*.

Is related to the data element *Date of last update*.
Is related to the data element concept *Carer*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments: The process of identifying a single person who provides the most significant care and assistance is similar to that used by the Australian Bureau of Statistics in the 1993 Survey of Disability, Ageing and Carers to identify "principal carers". However, reliable comparisons of ABS "principal carers" and *Carer*s identified in the HACC MDS cannot be made without the inclusion of additional information in the HACC MDS about the types of assistance needed by care recipients and provided by *Carer*s. Future developments in the HACC MDS will take this issue into consideration.

Service delivery setting

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The setting in which the person receives assistance from the agency on a service delivery event.

Context: The data element *Service delivery setting* is one of a cluster of data elements that describe a *HACC service event* or one occasion of service delivery to a client. At this stage of HACC MDS development, agencies are not required to report information about individual *HACC service event*s. However, the *Service delivery setting* is required to be recorded by HACC agencies for each service delivery event when the *Primary type of assistance received* is one of the following:

- Nursing Care
- Allied Health Care
- Meals.

Information about the *Service delivery setting* for these types of assistance is required to support the reporting of the data elements *Total amount of type of assistance received (time)* and *Total amount of type of assistance received (quantity).*

Information about the types of setting in which people receive HACC services is important in evaluating the ways in which the HACC program responds to the needs of clients. Recording the setting in which services are delivered indicates the extent to which support and assistance are provided to a client in their usual place of residence as opposed to those provided in other settings to which a person may need to specifically travel.

Future developments in the HACC MDS may require information about the setting in which services are delivered to clients for other types of assistance provided by HACC agencies.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** 1 ***Representational layout:*** N

Data domain:

1	Home
2	Centre/other

Guide for use: 1 Should be used when nursing care, allied health care or meals are provided to a person in the place where they reside. Home should

be considered to encompass any place where the person is living during the period of service receipt from the agency, irrespective of whether that place is a private residence, community facility or institutional setting.

2 Refers to the provision of nursing care, allied health care or meals to people in non-residential centre based settings such as day centres, senior citizen's centres, community health centres, medical clinics, multipurpose centres and community support centres. This category also includes provision of nursing care, allied health care and meals to people in an everyday location such as a school or workplace and any which are not considered to be the person's home for the purposes of the HACC MDS. It also includes the receipt of nursing care, allied health care or meals assistance within the private home of a paid care provider.

Verification rules:

Collection methods: This data element should be collected for any *HACC service event* for which the *Primary type of assistance received* is nursing care, allied health care or meals. Agencies are not required to collect information about the *Service delivery setting* for any other types of assistance.

Where the primary focus of a service event is nursing care, allied health care or meals, the agency should record *Service delivery setting* in conjunction with the other information that the agency is required to collect about the service delivery event (i.e. *Date of receipt of assistance*, *Primary type of assistance received*, *Funding source category* and *either Amount of assistance received (time) or Amount of assistance received (quantity)*).

Reporting requirements: This data element is not required for reporting within the HACC MDS collection. However, it is required to support the reporting of the data element *Total amount of assistance received (time)* and *Total amount of assistance received (quantity)*. For nursing care, allied health care and meals, agencies will be required to report total amounts of assistance received in the following format:

- Nursing care *received at home*
- Nursing care *received at centre/other*
- Allied health care *received at home*
- Allied health care *received at centre/other*
- Meals *received at home*
- Meals *received at centre/other*.

Related data: Is used in the derivation of the data elements *Total amount of type of assistance received (time)* and *Total amount of type of assistance received (quantity)*.
Is used in conjunction with the data elements *Date of receipt of assistance*, *Primary type of assistance received,* Amount *of assistance received (time), Amount of assistance received (quantity)* and *Funding source category*.
Is related to the data element *Accommodation setting*.
Is related to the data element concept *HACC service event*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments: The classification for *Service delivery setting* in the HACC MDS can be partially mapped to the National Classification of Community Services (NCCS) by reference to the data element *Accommodation setting*. For service delivery events received by a client at *home*, cross referencing to the data element *Accommodation setting* provides sufficient information about the client's home to enable mapping to the NCCS.

Sex

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The biological sex of the person.

Context: The *Sex* of the person is required for demographic analyses of care recipient and carer patterns of service utilisation in the HACC program. The *Sex* of the person is also used in conjunction with the person's *Letters of name* and *Date of birth* for *Record linkage* purposes.

Relational and representational attributes

Data type: ***Numeric*** ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** 1 ***Representational layout:*** N

Data domain:

1 Male

2 Female

9 Not stated/inadequately described

Guide for use: Coding for this data element is based on the biological distinction between male and female. Where uncertainty exists about the *Sex* of the person (eg for transvestites or transsexuals) the *Sex* to be recorded is to be based on the sex nominated by the person themselves or on the observations/judgement of the interviewer. Although this may lead to some error, it is considered preferable to any offence that may be caused by a question that suggests that there is some doubt about the person's sex or sexuality.

Coding option 9 should only be used when the person has not provided this information upon request and/or the service provider is unable to make an informed judgement about the person's sex.

Verification rules:

Collection methods: This data element should be reported for both care recipients and their carer, if applicable, at the beginning of each *HACC service episode*.

Reporting requirements: This data element is required for reporting within the HACC MDS collection.

If the agency's system or records do not provide sufficient information to accurately report on this data element, the agency should use code *9 Not stated/inadequately described*.

Related data: Is used in conjunction with the data elements *Letters of name* and *Date of birth*.

Is related to the data element concept *Record linkage*.

Administrative attributes

Source document: Australian Bureau of Statistics: A directory of concepts and standards for social, labour and demographic statistics, 1995.

National Community Services Data Dictionary Version 1.0, 1998.

Source organisation: Australian Bureau of Statistics.
National Community Services Data Committee.

Comments: The ABS advises that the correct term for this data element is '*Sex*'. The term '*Sex*' refers to the biological distinction between males and females. The term 'gender' refers to the socially expected/perceived dimensions of behaviour associated with males and females – masculinity and femininity. Although the Australian Bureau of Statistics (ABS) makes a clear distinction between *Sex* and gender, the ABS considers *Sex* to be a reliable indicator of gender for those who wish to analyse data in terms of social and economic behaviour. ABS surveys only collect data on *Sex* and the meaning, description and use of the concept is generally standard across all ABS data collections.

The National Health Data Dictionary and the National Community Services Data Dictionary Version 3.0 include an "indeterminate" category in the classification of this data element to accommodate the classification of some perinatal clients. At this stage the HACC Data Dictionary Version 2.0 has not included this coding option.

Source of referral

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The individual or organisation that referred the person to the agency.

Context: The inclusion of the data element *Source of referral* in the Home and Community Care (HACC) MDS reflects an increasing interest in the patterns of interaction between the HACC program and other related programs and sectors in the health and community care fields. This information helps to give a picture of the pathway that clients of HACC agencies follow en route to receiving assistance from the program. This information also assists HACC agencies to gain a clearer understanding of the relationships that they have with other service providers and any gaps that may exist in their local or regional networks.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** 2 ***Representational layout:*** NN

Data domain:

1	Self
2	Family, significant other, friend
3	GP/medical practitioner—community based
4	Aged Care Assessment Team
5	Community nursing or health service
6	Hospital
7	Psychiatric/mental health service or facility
8	Extended care/rehabilitation facility
9	Palliative care facility/hospice
10	Residential aged care facility
11	Aboriginal health service
12	Other medical/health service
13	Other community-based service
14	Law enforcement agency
15	Other
99	Not stated/inadequately described

Guide for use:

2 Includes any referrals made from relatives and friends.

3 Excludes referrals made by general practitioners or medical practitioners from a hospital.

6 Excludes referrals from psychiatric hospitals or specialist psychiatric wards or facilities within hospitals (code to 7).

7 Includes psychiatric hospitals and psychiatric wards and facilities within hospitals, as well as community-based mental health services and community care units for people with mental illness and psychosocial difficulties.

8 Includes referrals for persons who have been in-patients of an extended care or rehabilitation facility, whether freestanding or based within a hospital.

9 Includes services and facilities specifically structured to provide palliative care in either community or institutional settings.

Verification rules:

Collection methods: This data element should be recorded for all HACC clients at the beginning of each *HACC service episode*. *Source of referral* should be recorded by the agency each time the person begins a period of HACC-funded assistance from the agency and should be recorded in conjunction with a *Date of entry into HACC service episode*.

Given that HACC clients can have multiple episodes of care over time, some agencies may choose record this information historically. Historical recording refers to the practice of maintaining a record of changes over time where each change is accompanied by the appropriate date. Although this level of system capability is desirable (and may be necessary for future HACC MDS reporting) this level of system capability is not assumed in the HACC MDS at this point in time.

Reporting requirements: This data element is required for reporting in the HACC MDS collection. Agencies are required to report the *Source of referral* that is related to the client's most recent entry into a *HACC service episode*.

Information provided by the agency about the person's *Source of referral* will be considered to relate to the same *HACC service episode* as the *Date of entry into HACC service episode* reported for the person.

If the agency's system or records do not provide sufficient information to accurately report on this data element, the agency should use code 99 Not stated/inadequately described.

Related data: Supplements the data element *Date of entry into HACC service episode*.

Is related to the data element concept *HACC service episode*

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998. Codes modified in Version 2.0.

Source organisation:

Comments: The coding included in the HACC MDS v 2.0 data element *Source of referral* is required to provide a picture of the pathways to the HACC program. It is more detailed than the coding for the data element Referral source in the National Community Services Data Dictionary (NCSDD) Version 3.0 but the HACC MDS coding is mappable to the NCSDD v3.0.

Statistical linkage key information missing flag

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: 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.

Context: The business rules of the National Data Repository require the care recipient's Statistical linkage key for a record to be populated. Thus, it is mandatory that agencies report the care recipient's and carer's (if there is one) *Letters of name, Date of birth* and *Sex* fields. In cases where either the care recipient's or the carer's details are not obtainable, one can be substituted for the other. This element records the accuracy of the *Letters of name, Date of birth* and *Sex* fields transmitted by an agency.

Relational and representational attributes

Data type: ***Numeric*** ***Representational form:*** Code

Field size: ***Min:*** 1 ***Max:*** 1 ***Representational layout:*** N

Data domain:

1	Care recipient SLK information is correct
2	Both care recipient and carer SLK information is correct
3	Care recipient SLK information has been replaced by the carer SLK information
4	Carer SLK information has been replaced by the care recipient SLK information

Guide for use:

3	This code should be used if it has not been possible to obtain the care recipient's *Letters of name, Date of birth* and *Sex*, and the carer's details have been substituted.
4	Use this code if it has not been possible to obtain the carer's *Letters of name, Date of birth* and *Sex*, the carer recipient's details have been substituted, and assistance has been recorded for the carer.

Verification rules:

Collection methods: This data element should be reported for the care recipient and carer (if there is one) record at the beginning of each *HACC service episode*.

Substitute information should only be used if it is not possible to obtain the relevant details of the care recipient or carer (if there is one). For example, agencies providing services to carers may not be able to obtain information about the person being cared for.

Reporting requirements:	This data element is required for reporting within the HACC MDS collection. It may be generated by the software supporting data collection and reporting.
Related data:	Is related to the data element concept *Record linkage*.

Administrative attributes

Source document: HACC Data Dictionary Version 2.0, 2005.

Source organisation:

Comments:

Suburb/town/locality name

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: SUPPORTING AND REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The name of the geographic area in which the person lives.

Context: In conjunction with the data element *Postcode*, the data element *Suburb/town/locality name* is included in the HACC MDS as an alternative means of reporting information about the geographic location of the residence of a HACC client. The preferred standard for reporting this information is by using a statistical local area (SLA) in conjunction with a state/territory code (see *Australian state/territory identifier*). However, as some HACC agencies may have difficulty allocating SLA codes to the residential locations of their clients without more computerised assistance than is currently available to them, agencies are given the option of reporting this information by using the lesser standard of *Postcode* plus *Suburb/town/locality name*.

Relational and representational attributes

Data type:	Alphabetic	***Representational form:***	Text
Field size:	***Min:*** 1 ***Max:*** 40	***Representational layout:***	AAAAA…

Data domain:

Guide for use: The agency should record the name of the suburb or town/city or locality in which the person lives while receiving services from the agency. A Suburb/Town/Locality may be a town, city, suburb or commonly used location name such as a large agricultural property or Aboriginal community. The Australian Bureau of Statistics has suggested that a maximum field length of 40 characters should be sufficient to record the vast majority of locality names.

Verification rules:

Collection methods: This data element should be reported for care recipients at the beginning of each *HACC service episode*. The agency should also assess the currency of this information at subsequent assessments/re-assessments within any given *HACC service episode* and should update the agency's record of the client's *Suburb/town/locality name* if necessary.

Reporting requirements: The agency should report the most recent *Suburb/town/locality name* recorded for the client.

Information provided by the agency about the client's *Suburb/town/locality name* will be considered to be at least as recent as the *Date of last update* reported for the person. This is in line with the request

that agencies assess and update the information they have about a person's *Suburb/town/locality name* at the beginning of each *HACC service episode* as well as at subsequent assessments/re-assessments within each *HACC service episode*.

Related data: Is used in conjunction with the data element *Postcode*.
Is related to the data elements *Australian state/territory identifier* and *Date of last update*.

Note: This data element is a lesser standard than Area of Residence.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments: The HACC MDS Version 2.0 does not include all data elements for full Address information. A complete implementation of Address, including the related data elements, is currently under development in co-ordination with Standards Australia, ABS, the National Health Data Committee and the National Community Services Data Committee. Once national standards are developed, the HACC MDS will take these standards into account for future versions of the HACC MDS.

Total amount of type of assistance received (cost)

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DERIVED DATA ELEMENT

Definition: The total amount of each type of assistance received by the person from the agency during the reporting period (measured by cost).

Context: *Total amount of type of assistance received (cost)* is one of three data elements which allow agencies to calculate and report total amounts of assistance received by a client during a HACC MDS reporting period. Agencies are required to report a separate total for each of the types of assistance provided by the HACC program. As no single unit of measurement is appropriate to all types of assistance, agencies will be required to report total amounts using a unit of measurement appropriate to the type of assistance.

This data element relates to the total amount of HACC-funded assistance received by a client during a reporting period for any type of assistance that is measured in cost.

Information about the total amount of assistance provided to clients by HACC-funded agencies facilitates interstate and cross regional comparisons of HACC service provision and comparisons between different client sub-populations. To a limited extent, this data element also provides information about the outcome associated with using HACC funding to help meet the needs of a client. Future developments in the HACC MDS may include additional information about HACC program outcomes.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min*** 1 ***Max*** 6 ***Representational layout:*** $$$$$ (total cost)

Data domain: Is derived from the data elements:

- *Date of receipt of assistance*
- *Primary type of assistance received*
- *Amount of assistance received (cost)*
- *Service delivery setting*
- *Funding source category*

Guide for use: Home Modification is the only type of assistance measured in cost within Version 2.0 of the HACC MDS. The agency should calculate the total amount of Home Modification received by the client throughout the reporting period. Each of the data elements listed above will be necessary in calculating the total amounts of assistance received.

Date of receipt of assistance allows agencies to select service delivery events that were provided within the HACC MDS reporting period.

Primary type of assistance received allows agencies to identify service delivery events that relate to the same type of assistance (in this instance, Home Modification).

Amount of assistance received (cost) indicates the amount of assistance (in cost) that was received by the person on each occasion of service delivery.

Service delivery setting allows agencies to separately identify meals provided to a person at home and those provided at a centre or other setting.

Funding source category allows the agency to include only those service delivery events which were funded either wholly or partially through the HACC program (i.e. *HACC service event*s).

Each total will have a field length of between 1 and 6 digits. The total amount of assistance provided should be reported in whole dollars. Where the agency has provided no assistance of a given type to the client within the reporting period, the amount of assistance should be reported as zero.

Verification rules:

Collection methods: This data element is derived for reporting purposes only. The information required to calculate *Total amount by type of assistance received (cost)* should have been recorded by the agency on an ongoing basis during the reporting period using the cluster of data elements specified in the Data Domain (see above).

Reporting requirements: This data element is required for reporting in the HACC MDS collection. In Version 2.0 of the HACC MDS the only type of assistance measured in cost is:

- Home modification

The agency should calculate the total amount of Home Modification received by the person by adding together the costs of all HACC-funded Home Modifications received by the client during the reporting period. Where the client has received no assistance with Home Modifications within the reporting period the agency should report the total amount as zero.

The agency should calculate and report the total cost of Home Modifications received by the client during the reporting period regardless of whether or not the person remains a client of the agency at the end of the reporting period.

Related data: Is derived from the data elements *Date of receipt of assistance*, *Primary type of assistance received*, *Amount of assistance received (cost)*, and *Funding source category*.
Is related to the data element concept *HACC service event*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments:

Total amount of type of assistance received (quantity)

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DERIVED DATA ELEMENT

Definition: The total amount of each type of assistance received by the person from the agency during the reporting period (measured by quantity)

Context: *Total amount of type of assistance received (quantity)* is one of three data elements which allow agencies to calculate and report total amounts of assistance received by a client during a HACC MDS reporting period. Agencies are required to report a separate total for each of the types of assistance provided by the HACC program. As no single unit of measurement is appropriate to all types of assistance, agencies will be required to report total amounts using a unit of measurement appropriate to the type of assistance.

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 quantity. It also provides information about *Service delivery setting* for assistance provided with meals.

Information about the total amount of assistance provided to clients by HACC-funded agencies facilitates interstate and cross regional comparisons of HACC service provision and comparisons between different client sub-populations. To a limited extent, this data element also provides information about the outcome associated with using HACC funding to help meet the needs of a client. Future developments in the HACC MDS may include additional information about HACC program outcomes.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Quantitative value

Field size: ***Min*** 1 ***Max*** 3 ***Representational layout:*** NNN (total number)

Data domain: Is derived from the data elements:

- *Date of receipt of assistance*
- *Primary type of assistance received*
- *Amount of assistance received (quantity)*
- *Service delivery setting*
- *Funding source category*

Guide for use: The agency should calculate a total for each of the types of assistance that have been measured in hours and minutes throughout the reporting period. Each of the data elements listed above will be necessary in calculating the total amounts of assistance received. The data element

Service delivery setting is only required in relation to Meals assistance.

Date of receipt of assistance allows agencies to select service delivery events that were provided within the HACC MDS reporting period.

Primary type of assistance received allows agencies to identify service delivery events that relate to the same type of assistance.

Amount of assistance received (quantity) indicates the amount of assistance that was received by the person on each occasion of service delivery.

Service delivery setting allows agencies to separately identify meals provided to a person at home and those provided at a centre or other setting.

Funding source category allows the agency to include only those service delivery events which were funded either wholly or partially through the HACC program (i.e. *HACC service event*s).

The types of assistance measured by quantity are Meals, Formal Linen Services and Transport. The agency should record the total amount of *Meals* assistance received by the person during the reporting period as the *total number of meals received*, regardless of the number of deliveries involved in providing those meals. The agency should record the total amount of assistance with *Formal Linen Services* received by the person during the reporting period as the *total number of deliveries/collections*. The agency should record the total amount of assistance with *Transport* received by the person during the reporting period as the *total number of one-way trips*.

Each total will have a field length of between 1 and 3 digits. Where the agency has provided no assistance of a given type to the client within the reporting period, the amount of assistance should be reported as zero.

Verification rules:

Collection methods: This data element is derived for reporting purposes only. The information required to calculate *Total amount by type of assistance received (quantity)* should have been recorded by the agency on an ongoing basis during the reporting period using the cluster of data elements specified in the Data Domain (see above).

Reporting requirements: This data element is required for reporting in the HACC MDS collection. The agency is required to report a total amount of assistance received for each of the types of assistance measured by quantity (listed below). For meals assistance, agencies are required to report a total amount received by service setting (see *Amount of assistance received (quantity)* and *Service delivery setting*).

- Meals received at home
- Meals received at centre/other
- Formal linen services
- Transport.

The agency should calculate a separate total for each type of assistance by adding together the amount (quantity) of HACC-funded assistance received by the person on each relevant occasion of service delivery

during the reporting period.

For example: if Mrs Brown received a home delivery of 14 meals each Monday over a period of 8 weeks during February and March, then for a reporting period covering January 1 to June 30 the agency would report a total amount of 112 meals received at home (i.e. 14 meals received on 8 separate occasions of service).

If Mrs Brown had also received other types of assistance measured by quantity during the reporting period, the agency would calculate and report totals for these in the same way. Where the client has received none of a given type of assistance within the reporting period the agency should report the total amount as zero.

The agency should calculate and report a total amount for each type of assistance received by the client during the reporting period regardless of whether or not the person remains a client of the agency at the end of the reporting period.

Related data: Is derived from the data elements *Date of receipt of assistance*, *Primary type of assistance received*, *Amount of assistance received (quantity)*, *Service delivery setting* and *Funding source category*.
Is related to the data element concept *HACC service event*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments:

Total amount of type of assistance received (time)

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DERIVED DATA ELEMENT

Definition: The total amount of each type of assistance received by the person from the agency during the reporting period (measured by time)

Context: *Total amount of type of assistance received (time)* is one of three data elements which allow agencies to calculate and report total amounts of assistance received by a client during a HACC MDS reporting period. Agencies are required to report a separate total for each of the types of assistance provided by the HACC program. As no single unit of measurement is appropriate to all types of assistance, agencies will be required to report total amounts using a unit of measurement appropriate to the type of assistance.

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 time. It also provides information about *Service delivery setting* for assistance provided with nursing care and allied health care.

Information about the total amount of assistance provided to clients by HACC-funded agencies facilitates interstate and cross-regional comparisons of HACC service provision and comparisons between different client sub-populations. To a limited extent, this data element also provides information about the outcome associated with using HACC funding to help meet the needs of a client. Future developments in the HACC MDS may include additional information about HACC program outcomes.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Quantitative value

Field size: ***Min*** 1 ***Max*** 4 ***Representational layout:*** 9999 (total hours)

Data domain: Is derived from the data elements:

- *Date of receipt of assistance*
- *Primary type of assistance received*
- *Amount of assistance received (time)*
- *Service delivery setting*
- *Funding source category*

Guide for use: The agency should calculate a total for each of the types of assistance that have been measured in hours and minutes throughout the reporting period. Each of the data elements listed above will be

necessary in calculating the total amounts of assistance received. The data element *Service delivery setting* is only required in relation to Nursing Care and Allied Health Care.

Date of receipt of assistance allows agencies to select service delivery events that were provided within the HACC MDS reporting period.

Primary type of assistance received allows agencies to identify service delivery events that relate to the same type of assistance.

Amount of assistance received (time) indicates the amount of assistance (in hours and minutes) that was received by the person on each occasion of service delivery.

Service delivery setting allows agencies to separate nursing care and allied health care according to whether they were delivered to the person at home or at a centre or other setting.

Funding source category allows the agency to include only those service delivery events which were funded either wholly or partially through the HACC program (i.e. *HACC service event*s).

Each total will have a field length of between 1 and 4 digits. The total amount of each type of assistance provided should be rounded to the nearest whole hour. Total amounts of less than 30 minutes should be rounded to one hour. Where the agency has provided no assistance of a given type to the client within the reporting period, the amount of assistance should be reported as zero.

Verification rules:

Collection methods: This data element is derived for reporting purposes only. The information required to calculate *Total amount by type of assistance received (time)* should have been recorded by the agency on an ongoing basis during the reporting period using the cluster of data elements specified in the Data Domain (see above).

Reporting requirements: This data element is required for reporting in the HACC MDS collection. The agency is required to report a total amount of assistance received for each of the types of assistance measured by time (listed below). For nursing care and allied health care, agencies are required to report a total amount of assistance received by service setting (see *Amount of assistance received (time)* and *Service delivery setting*).

- Domestic assistance
- Social support
- Nursing care *received at home*
- Nursing care *received at centre/other*
- Allied health care *received at home*
- Allied health care *received at centre/other*
- Personal care
- Centre-based day care
- Other food services
- Respite care
- Assessment
- Client care coordination

- Home maintenance
- Counselling/support, information and advocacy (Care Recipient)
- Counselling/support, information and advocacy (Carer).

The agency should calculate a separate total for each type of assistance by adding together the amounts of HACC-funded assistance received by the person on each relevant occasion of service delivery during the reporting period.

For example: if Mrs Brown received 2 hours of Home Maintenance on January 15, 1 hour of Home Maintenance on April 2 and another 1 ½ hours of Home Maintenance on June 10, then for a reporting period covering January 1 to June 30 the agency would report a total amount of Home Maintenance as 5 hours (i.e. 4 ½ hours rounded to the nearest whole hour).

If Mrs Brown had also received other types of assistance measured by time during the reporting period, the agency would calculate and report totals for these in the same way. Where the client has received none of a given type of assistance within the reporting period the agency should report the total amount as zero.

The agency should calculate and report a total amount of time for each type of assistance received by the client during the reporting period regardless of whether or not the person remains a client of the agency at the end of the reporting period.

Related data: Is derived from the data elements *Date of receipt of assistance*, *Primary type of assistance received*, *Amount of assistance received (time)*, *Service delivery setting* and *Funding source category*.
Is related to the data element concept *HACC service event*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

Source organisation:

Comments:

Total assistance with goods and equipment received

Admin. status: CURRENT ***Date:*** 01/07/2005

Reporting status: REPORTING DATA ELEMENT

Identifying and definitional attributes

Data element type: DERIVED DATA ELEMENT

Definition: The goods and equipment provided (by purchase or loan) to the person by a HACC agency during a reporting period.

Context: This item allows the agencies to calculate and report the total amount of each category of goods/equipment received by a client during a HACC MDS reporting period. Agencies are required to report a total for each category of goods/equipment.

Information about the types of goods and equipment provided to clients by HACC-funded agencies facilitates interstate and cross-regional comparisons of HACC service provision and comparisons between different client sub-populations. To a limited extent, this data element also provides information about the outcome associated with using HACC funding to help meet the needs of a client. Future developments in the HACC MDS may include additional information about HACC program outcomes.

Relational and representational attributes

Data type: Numeric ***Representational form:*** Code

Field size: ***Min:*** 3 ***Max:*** 21 ***Representational layout:*** NNNNNN……...

Data domain: Is derived from the data elements:

- *Date of receipt of assistance*
- *Primary type of assistance received*
- *Service delivery setting*
- *Funding source category*

Guide for use: The agency should use the data elements listed above to report on the total amount and type of assistance with goods and equipment that the person has received from the agency within the reporting period.

Date of receipt of assistance allows agencies to select service delivery events that were provided within the HACC MDS reporting period.

Primary type of assistance received allows agencies to identify service delivery involving the receipt of Goods and Equipment.

Assistance with goods and equipment received indicates the amount and type of goods or equipment received by the person on each occasion of service delivery.

Funding source category allows the agency to include only those goods and equipment whose provision was funded either wholly or partially

through the HACC program (i.e. only *HACC service event*s).

The field size allows the total amount of each category of goods/equipment to be reported received by a client during a HACC MDS reporting period. The total amount received by the client for each of the seven categories of goods/equipment should be reported in the following order:

- Self-care aids
- Support and mobility aids
- Communication aids
- Aids for reading
- Medical care aids
- Car modifications
- Other goods/equipment not included in the above categories.

Three digits should be coded for each category. Where the agency has provided no assistance of a given category to the client within the reporting period, the amount of assistance should be reported as 000 (i.e. zero).

Verification rules:

Collection methods: This data element is derived for reporting purposes only. The information required to complete *Total assistance with goods and equipment received* should have been recorded by the agency on an ongoing basis during the reporting period using the cluster of data elements specified in the Data Domain (see above).

Reporting requirements: This data element is required for reporting in the HACC MDS collection. The agency is required to report the amount all of categories of HACC-funded goods and equipment that the person has received from the agency (through either purchase or loan) during the reporting period. Agencies should include goods and equipment even where these have been funded only in part by the HACC program.

Related data: Is derived from the data elements *Date of receipt of assistance*, *Primary type of assistance received*, *Assistance with goods and equipment received* and *Funding source category*.
Is related to the data element concept *HACC service event*.

Administrative attributes

Source document: Developed for the HACC Data Dictionary Version 1.0, 1998, modified for Version 2.0, 2005.

Source organisation:

Comments:

Appendix A: Code list for Country of birth

Australia (incl. External Territories)	1101	Australia
	1102	Norfolk Island
	1103	Australian External Territories, nec
New Zealand	1201	New Zealand
Melanesia	1301	New Caledonia
	1302	Papua New Guinea
	1303	Solomon Islands
	1304	Vanuatu
Micronesia	1401	Guam
	1402	Kiribati
	1403	Marshall Islands
	1404	Micronesia, Federated States of
	1405	Nauru
	1406	Northern Mariana Islands
	1407	Palau
Polynesia (excl. Hawaii)	1501	Cook Islands
	1502	Fiji
	1503	French Polynesia
	1504	Niue
	1505	Samoa
	1506	Samoa, American
	1507	Tokelau
	1508	Tonga
	1511	Tuvalu
	1512	Wallis and Futuna
	1599	Polynesia (excludes Hawaii), nec
Antarctica	1601	Adélie Land (France)
	1602	Argentinian Antarctic Territory
	1603	Australian Antarctic Territory
	1604	British Antarctic Territory
	1605	Chilean Antarctic Territory
	1606	Queen Maud Land (Norway)
	1607	Ross Dependency (New Zealand)

United Kingdom	2101 Channel Islands 2102 England 2103 Isle of Man 2104 Northern Ireland 2105 Scotland 2106 Wales
Ireland	2201 Ireland
Western Europe	2301 Austria 2302 Belgium 2303 France 2304 Germany 2305 Liechtenstein 2306 Luxembourg 2307 Monaco 2308 Netherlands 2311 Switzerland
Northern Europe	2401 Denmark 2402 Faeroe Islands 2403 Finland 2404 Greenland 2405 Iceland 2406 Norway 2407 Sweden
Southern Europe	3101 Andorra 3102 Gibraltar 3103 Holy See 3104 Italy 3105 Malta 3106 Portugal 3107 San Marino 3108 Spain
South Eastern Europe	3201 Albania 3202 Bosnia and Herzegovina 3203 Bulgaria 3204 Croatia 3205 Cyprus 3206 Former Yugoslav Republic of Macedonia (FYROM) 3207 Greece 3208 Moldova 3211 Romania 3212 Slovenia 3213 Serbia and Montenegro

Eastern Europe	3301	Belarus
	3302	Czech Republic
	3303	Estonia
	3304	Hungary
	3305	Latvia
	3306	Lithuania
	3307	Poland
	3308	Russian Federation
	3311	Slovakia
	3312	Ukraine
North Africa	4101	Algeria
	4102	Egypt
	4103	Libya
	4104	Morocco
	4105	Sudan
	4106	Tunisia
	4107	Western Sahara
	4199	North Africa, nec
Middle East	4201	Bahrain
	4202	Gaza Strip and West Bank
	4203	Iran
	4204	Iraq
	4205	Israel
	4206	Jordan
	4207	Kuwait
	4208	Lebanon
	4211	Oman
	4212	Qatar
	4213	Saudi Arabia
	4214	Syria
	4215	Turkey
	4216	United Arab Emirates
	4217	Yemen
Mainland South-East Asia	5101	Burma (Myanmar)
	5102	Cambodia
	5103	Laos
	5104	Thailand
	5105	Viet Nam
Maritime South-East Asia	5201	Brunei Darussalam
	5202	Indonesia
	5203	Malaysia
	5204	Philippines
	5205	Singapore
	5206	East Timor

Chinese Asia (includes Mongolia)	6101	China (excludes SARs and Taiwan Province)
	6102	Hong Kong (SAR of China)
	6103	Macau (SAR of China)
	6104	Mongolia
	6105	Taiwan
Japan and the Koreas	6201	Japan
	6202	Korea, Democratic People's Republic of (North)
	6203	Korea, Republic of (South)
Southern Asia	7101	Bangladesh
	7102	Bhutan
	7103	India
	7104	Maldives
	7105	Nepal
	7106	Pakistan
	7107	Sri Lanka
Central Asia	7201	Afghanistan
	7202	Armenia
	7203	Azerbaijan
	7204	Georgia
	7205	Kazakhstan
	7206	Kyrgyz Republic
	7207	Tajikistan
	7208	Turkmenistan
	7211	Uzbekistan
Northern America	8101	Bermuda
	8102	Canada
	8103	St Pierre and Miquelon
	8104	United States of America
South America	8201	Argentina
	8202	Bolivia
	8203	Brazil
	8204	Chile
	8205	Colombia
	8206	Ecuador
	8207	Falkland Islands
	8208	French Guiana
	8211	Guyana
	8212	Paraguay
	8213	Peru
	8214	Suriname
	8215	Uruguay
	8216	Venezuela
	8299	South America, nec

Central America	8301	Belize
	8302	Costa Rica
	8303	El Salvador
	8304	Guatemala
	8305	Honduras
	8306	Mexico
	8307	Nicaragua
	8308	Panama
Caribbean	8401	Anguilla
	8402	Antigua and Barbuda
	8403	Aruba
	8404	Bahamas
	8405	Barbados
	8406	Cayman Islands
	8407	Cuba
	8408	Dominica
	8411	Dominican Republic
	8412	Grenada
	8413	Guadeloupe
	8414	Haiti
	8415	Jamaica
	8416	Martinique
	8417	Montserrat
	8418	Netherlands Antilles
	8421	Puerto Rico
	8422	St Kitts and Nevis
	8423	St Lucia
	8424	St Vincent and the Grenadines
	8425	Trinidad and Tobago
	8426	Turks and Caicos Islands
	8427	Virgin Islands, British
	8428	Virgin Islands, United States
Central and West Africa	9101	Benin
	9102	Burkina Faso
	9103	Cameroon
	9104	Cape Verde
	9105	Central African Republic
	9106	Chad
	9107	Congo
	9108	Congo, Democratic Republic of
	9111	Côte d'Ivoire
	9112	Equatorial Guinea
	9113	Gabon
	9114	Gambia
	9115	Ghana
	9116	Guinea
	9117	Guinea-Bissau
	9118	Liberia
	9121	Mali
	9122	Mauritania
	9123	Niger
	9124	Nigeria
	9125	Sao Tomé and Principe
	9126	Senegal
	9127	Sierra Leone
	9128	Togo

Southern and East Africa	9201	Angola
	9202	Botswana
	9203	Burundi
	9204	Comoros
	9205	Djibouti
	9206	Eritrea
	9207	Ethiopia
	9208	Kenya
	9211	Lesotho
	9212	Madagascar
	9213	Malawi
	9214	Mauritius
	9215	Mayotte
	9216	Mozambique
	9217	Namibia
	9218	Réunion
	9221	Rwanda
	9222	St Helena
	9223	Seychelles
	9224	Somalia
	9225	South Africa
	9226	Swaziland
	9227	Tanzania
	9228	Uganda
	9231	Zambia
	9232	Zimbabwe
	9299	Southern and East Africa, nec
Supplementary Codes for Inadequate Data	9998	Other, Not Elsewhere Classified
	9999	Not Stated, Inadequately Described

Source: Australian Bureau of Statistics, Standard Classification of Countries (SACC) (Cat. No. 1269.0, 1998; revisions 2.01, 1999 and 2.02, 2004).

Appendix B: Code List for Main language spoken at home

Northern European Languages	1201	English
	1501	Danish
	1101	Gaelic (Scotland)
	1301	German
	1102	Irish
	1401	Netherlandic
	1503	Norwegian
	1504	Swedish
	1103	Welsh
	1303	Yiddish
Southern European Languages	2901	Basque
	2301	Catalan
	2101	French
	2201	Greek
	2401	Italian
	2501	Maltese
	2302	Portuguese
	2303	Spanish
Eastern European Languages	3901	Albanian
	3902	Armenian
	3401	Belorussian
	3501	Bosnian
	3502	Bulgarian
	3503	Croatian
	3601	Czech
	3201	Estonian
	3202	Finnish
	3301	Hungarian
	3101	Latvian
	3102	Lithuanian
	3504	Macedonian
	3602	Polish
	3904	Romanian
	3402	Russian
	3505	Serbian
	3603	Slovak
	3506	Slovene
	3403	Ukrainian

South West Asian and North African Languages	4201	Amharic
	4202	Arabic (including Lebanese)
	4203	Assyrian (including Aramaic)
	4204	Hebrew
	4101	Kurdish
	4102	Pashto
	4103	Persian
	4205	Tigrinya
	4301	Turkish
Southern Asian Languages	5201	Bengali
	5202	Gujarati
	5203	Hindi
	5101	Kannada
	5204	Konkani
	5102	Malayalam
	5205	Marathi
	5206	Nepali
	5207	Punjabi
	5208	Sindhi
	5211	Sinhalese
	5103	Tamil
	5104	Telugu
	5212	Urdu
South East Asian Languages	6501	Bisaya
	6101	Burmese
	6502	Cebuano
	6201	Hmong
	6503	Ilokano
	6504	Indonesian
	6301	Khmer
	6401	Lao
	6505	Malay
	6506	Tagalog (Filipino)
	6402	Thai
	6507	Tetum
	6508	Timorese
	6302	Vietnamese
Eastern Asian Languages	7101	Cantonese
	7102	Hakka
	7103	Hokkien
	7201	Japanese
	7301	Korean
	7104	Mandarin
	7105	Teochew
	7106	Wu
Australian Indigenous Languages	8000	Aboriginal Languages
	8400	Torres Strait Islander Languages

Other Languages	9202	Afrikaans
	9301	Fijian
	9302	Gilbertese
	9205	Mauritian Creole
	9303	Maori (Cook Island)
	9304	Maori (New Zealand)
	9306	Nauruan
	9501	Papuan Languages
	9308	Samoan
	9208	Somali
	9211	Swahili
	9311	Tongan
	0000	Other Languages, nec
	9700	Non Verbal (incl. sign languages e.g. Auslan, Makaton)
	9999	Not stated/Inadequately described

Source: Australian Bureau of Statistics, Adaptation of Australian Standard Classification of Languages (ASCL) (Cat. No. 1267.0, 1997).

Appendix C: Code list for Goods and Equipment

Self-care aids	01	Eating aids – crockery, cutlery, plate guard, bowl guard
	02	Dressing aids – button hook, clothes tongs, zip pull
	03	Washing aids – bathrails/hoist/seat, shower rails/fitting/seat
	04	Bag, urinal, incontinence pad, uredome, urinary appliances
	05	Bowel appliances – colostomy bag, bowel pad
	06	Toilet chair, commode, frame, conventional toilet use aids
	07	Cooking aids (excl. eating utensils), special iron
	10	Other aids for self care
Support and mobility aids	11	Callipers, splints
	12	Belts, braces, neck collar, corsets
	13	Crutches for support, walking frame/stick
	14	Ankle/knee strap, built up shoe, foot/leg support NEC
	15	Transporter chair, pusher, tricycle
	16	Wheelchair manual or unspecified
	17	Wheelchair, motorised
	18	Henry lifter, hoist, patient lifter Scooter
	19	Ejector chair, hard-back chair, made to measure chair, chair NEC
	20	Special bed, cushions/pillows for support
	23	White cane
	24	Sonic beam, laser cane, optacon
	25	Guide dog
	26	Bars/hooks/rails/straps, attached to walls, etc., for support and mobility
	30	Other aids for support or mobility
Communication aids	31	Aid, hearing
	32	Teletext
	33	Telephone attachment or adaptation (e.g. answering service, flashing light, headpiece, TTY telephone)
	34	Writing aids (mouthstick, writing pad, typewriter, communication board)
	35	Computers – Kurzweil personal reader, communication
	36	Speaking aids - electrolarynx
Aids for reading	37	Contact lenses, reading/magnifying glasses
	38	Braille books/items/watch
	39	Books, large print/talking, cassette recorders/players
	40	Reading frame, page turners, reading aids not associated with loss of sight
	41	Other reading or sight aids
	42	Dwelling modification to aid communication – intercom
	43	Other aids for communication

Medical care aids	44	Breathing pumps – oxygen masks, ventilator
	45	Dialysis machine, kidney functioning machines

	46	Heart stimulus/functioning machines, pacemaker
	47	Ostomy appliances/Stoma appliances, excluding colostomy bag
	49	Other aids for medical care
Car modifications	50	Accelerator/brake/controls, hand – car modifications
	51	Handles/lifter/rails/ramps – car modifications
	52	Mirrors/steering/windows, power – car modifications
	53	Other car modifications – automatic transmission, room for wheelchair
Other goods/equipment	54	Other goods/equipment NEC

Source: This code list has been adapted from the code list used by the Australian Bureau of Statistics in the 1993 Survey of Disability, Ageing and Carers to record aids and appliances used by survey respondents.

Appendix D: National Steering Committee HACC MDS Project

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Appendix E: Adoption of ISO/IEC 11179-based standards

Data element attributes

Admin. Status: The operational status (TRIAL, CURRENT, SUPERSEDED) of the data element or data element concept and the date from which this status is effective. All data elements in Version 1.0 of the HACC Data Dictionary have a status of TRIAL and an Admin. Status date of 1 July 1998. As data element definitions are reviewed and revised their administrative status may change. 'TRIAL' status indicates that the data element is subject to trialing or pilot-testing before full endorsement is given (i.e. before it becomes CURRENT).

Reporting status: The functional status of the data element in relation to the reporting requirements for the data element. Possible values are SUPPORTING DATA REQUIREMENT, SUPPORTING AND REPORTING DATA REQUIREMENT, and REPORTING DATA REQUIREMENT. This data element attribute draws a distinction between data that are not required to be reported but need to be recorded in order to support the reporting of other data elements (SUPPORTING DATA REQUIREMENT); data that are derived from other data elements for reporting purposes (REPORTING DATA REQUIREMENT); and data that need to be recorded in order to support the specific reporting requirements of the same data, e.g. most recent record of the data element (SUPPORTING AND REPORTING DATA REQUIREMENT). See Section 2.1.1 for further comment.

Identifying and definitional attributes

Name: A single or multi-word designation assigned to a data element. This appears in the heading for each unique data definition in the Dictionary.

Data element type: A data element may be either:

a. a DATA CONCEPT – a concept which can be represented in the form of a data element, described independently of any particular representation. For example, '*HACC client*', '*HACC service event*' and '*Carer*'.

b. a DATA ELEMENT – a unit of data for which the definition, identification, representational and permissible values are specified by means of a set of attributes. For example, '*Sex*', '*Date of birth*' and '*Age'*.

c. a DERIVED DATA ELEMENT – a unit of data for which the definition, identification, representational and permissible values are derived from other data elements.

Definition: A statement that expresses the essential nature of a data element and its differentiation from all other data elements.

Context: A designation or description of the application environment or discipline in which a name is applied or from which it originates. In the HACC Data Dictionary Version 1.0 this field is also used to provide the justification for inclusion of the data element.

Relational and representational attributes

Data type: The type of symbol, character of other designation used to represent a data element. Values include integer, numeric, alphanumeric and alphabetic. For example, the data type for '*Sex*' is numeric drawn from a domain or code set in which the numeric characters 1 = Male and 2 = Female (see Data domain below).

Representational form: Name or description of the form of representation for the data element. Valid values for the Dictionary include 'CODE', 'QUANTITATIVE VALUE', 'DATE' etc. For example, the representational form for 'Source of Referral' is 'CODE' because the form of representation is individual numbers that each equate to a different data domain value, e.g. 4 = GP/medical practitioner – community based (see also Data domain below).

Field size (minimum and maximum): The minimum and maximum number, respectively, of storage units (of the corresponding data type) to represent the data element value. For example, a data element value expressed in dollars may require a minimum field size of one character (1) up to a maximum field size of six characters ($$$$$$).

Representational layout: The layout of characters in data element values expressed by a character string representation. Examples include 'DDMMCCYY' for calendar date, 'N' for a 1-digit numeric field, '$$$$$$' for data elements about cost, etc.

Data domain: The set of representations of permissible instances of the data element, according to the representational form, layout, data type and maximum size specified in the corresponding attributes. The set can be specified by name (such as valid date), by reference to a source (such as the ABS Australian Classification of Languages), or by enumeration of the representation of the instances (for example, for '*Sex*' values are 1 = Male, 2 = Female).

Guide for use: Additional comments or advice on the interpretation or application of the attribute 'data domain' (this attribute has no direct counterpart in the ISO/IEC Standard 11179 but has been included to assist in clarification of issues relating to the classification of data elements).

Verification rules: The rules and/or instructions applied for validating and/or verifying data elements occurring in actual communication and/or databases, in addition to the formal screening based on the requirements laid down in the basic attributes.

Collection methods: Comments and advice concerning the actual capture of data for the particular data element, including guidelines on the design of questions for use in collecting information, treatment of 'not stated' or non-response, etc. (this attribute is not specified in the ISO/IEC Standard 11179 but has been added to cover important issues about the actual collection of data).

Reporting requirements: Comments and advice concerning the reporting of the data element, as opposed to the actual capture of the data for the particular data element. For example, instructions on which record for the data element should be reported when more than one record may exist in a data base and not all records are required (e.g. the most recent record of *Carer* Availability for the client).

Related data: A reference between the data element, data element concept or derived data element and any related data, including the type of relationship. Examples include: 'relates to the data element', 'supplements the data element', 'is derived from the data element', 'and is used in conjunction with the data element' etc.

Administrative attributes

Source document:	The document from which definitional or representational attributes originate.
Source organisation:	The organisation responsible for the source document (this attribute is not specified in the ISO/IEC Standard 11179 but has been added for completeness).
Comments:	Remarks on the data element.