Home and Community Care (HACC) Program
National Minimum Data Set

HACC Data Dictionary

Version 1.0

May 1998

HACC
HOME AND COMMUNITY CARE

Prepared for Commonwealth and State/Territory government HACC Officials by the Australian Institute of Health and Welfare

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Abbreviations

ACAT	Aged Care Assessment Team
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
ASCCSS	Australian Standard Classification of Countries for Social Statistics
ASCL	Australian Standard Classification of Languages
ASGC	Australian Standard Geographical Classification
CACP	Community Aged Care Package
CDEP	Community Development Employment Project
CNMDSA	Community Nursing Minimum Data Set Australia
COPS	Community Options Program
CSDA	Commonwealth/State Disability Agreement
DVA	Department of Veterans' Affairs
HACC	Home and Community Care Program
HACC Officials	Commonwealth and State/Territory government officials responsible for the HACC program
IPP	Information Privacy Principle
ISO/IEC	International Organisation for Standardisation/International Electrotechnical Commission
MDS	Minimum Data Set
NCCS	National Classification of Community Services
NCSDC	National Community Services Data Committee
NCSDD	National Community Services Data Dictionary
NESB	Non-English Speaking Background
NHDD	National Health Data Dictionary
SLA	Statistical Local Area

1. Introduction

1.1 Background

Recent years have seen a number of changes in the Home and Community Care (HACC) program, including those flowing from both administrative developments and the substantial growth in the number and diversity of clients served by the program. The increasing emphasis on home-based rather than institutional care in the provision of services to both younger people with disabilities and frail or disabled older people led to increased interest in the nature, performance and efficiency of the Home and Community Care Program.

As a result of these developments, Commonwealth and State/Territory government officials responsible for the HACC program (HACC Officials) identified the need for a review of the program's data requirements. The Review of HACC Data Requirements was undertaken during 1996. This review was designed to ensure that HACC Officials had access to the data necessary to develop and manage HACC policy, undertake strategic planning for the program, and monitor the performance of the program against agreed output/outcome criteria.

The Review of HACC Data Requirements included the development of a draft HACC Minimum Data Set.[1] The draft Minimum Data Set was accepted by HACC Officials, in principle (subject to further development work), as the basis of a new national HACC data collection to replace the existing HACC Service Provision collection, the HACC User Characteristics Survey and the Community Options Project collections. The Australian Institute of Health and Welfare was contracted to undertake further development work on the draft HACC MDS, commencing in February 1997. The HACC Data Dictionary Version 1.0 is the product of that work.

1.2 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.

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[1] See Brian Elton and Associates *National Review of HACC Data Requirements Final Report: Future Directions*. Commonwealth Department of Health and Family Services, 1996.

1.3 Version 1.0 of the HACC MDS

One of the primary goals set by HACC officials for the new data collection was that the data collected should be client-centred. To this end, the proposed HACC MDS collection is based on individual client unit record files submitted by HACC funded agencies, rather than aggregated data, as in previous national HACC data collections. This approach is designed to support the shift from process oriented information to output/outcome information about the HACC program.

Although the new HACC MDS collection will be 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

At this stage of HACC MDS development, the outcome indicators that are directly measurable by the MDS collection are:

- Use of services by special needs groups; and
- Range and level of services.

During 1998, additional data elements related to a client's need for assistance or level of dependency will be developed for inclusion in the MDS. These data elements will assist with the measurement of the indicator related to the use of services by those most in need. However, as it stands, 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

The HACC Data Dictionary Version 1.0 is the culmination of development work undertaken during 1997. This work was overseen and assisted by a National Steering Committee comprised of Commonwealth and State/Territory government officials responsible for the HACC program and service provider representatives. A list of Steering Committee members is provided at Appendix C.

Many HACC service providers have also provided valuable contributions to Version 1.0 through their participation in extensive field testing conducted during the development phase. A description of the development work and the associated field tests is included in the final report of the project, *HACC MDS Project: Final Report* (AIHW, 1998).

At all times during the development of Version 1.0 of the HACC Data Dictionary, the Steering Committee has been mindful of the need to minimise the data collection burden on HACC service providers. At the same time, the reliability and validity of data is maximised when collected at the level closest to the client. The data elements included in Version 1.0 are designed to be collected by HACC service providers as part of the client service delivery process.

Given the diversity in the types of assistance provided by HACC service providers, it is inevitable that, for some HACC agencies, compliance with the reporting requirements of the HACC MDS collection will involve recording some information that may not be considered essential to their delivery of services to clients. Considerable effort has been made to minimise such instances. Although some information about clients may not have immediate relevance to a client's receipt of assistance from the HACC agency, all data elements included in the HACC MDS are considered essential for the management of the HACC program, at all levels.

The collection, recording and reporting of the information contained in the HACC MDS will be greatly assisted by the use of computerised information systems. Although there are many HACC agencies that do not have computerised information systems, or that do not make extensive use of the computer technology they do have available, the HACC MDS anticipates the growing use of such technology across the HACC field.[2]

1.4 Scope and Limitations of Version 1.0

Version 1.0 of the HACC MDS is a client-centred 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. The data elements defined in this dictionary encompass what is considered by HACC program managers to be the minimum management information requirements related to:

- The characteristics of clients (eg sex, age, Indigenous status);
- The circumstances of clients (eg where clients live, whether they have a carer) and
- The assistance received by clients from the HACC program (eg source of referral, amounts and types of assistance received)

The scope of Version 1.0 of the HACC MDS is, however, limited in the following ways:

- There are no data elements specifically related to the client's need for assistance or level of dependency. The absence of these data elements in Version 1.0 does not reflect the level of importance with which they are viewed. The development of these data

[2] Information on computer use by HACC service providers may be found in Brian Elton and Associates (op cit) and Don *Hindle Classifying the Care Needs and Services Received by HACC Clients*. Report to the Commonwealth Department of Health and Family Services, 1997; both reports reviewed the use of technology by HACC service providers. A further HACC Officials funded consultancy report, the HACC Technology Project, is due for completion later in 1998.

elements was deliberately delayed pending the outcomes of other closely related developmental activities in the HACC program. These included work on new assessment processes and structures in the HACC program and the possible introduction of a community care classification scheme in HACC[3]; both highly likely to impact on the information required to be reported in the HACC MDS collection. The development of data elements related to a client's need for assistance or level of dependency, building on the outcomes of these related projects, has been identified as a priority area of work for the development of Version 2.0 of the HACC MDS.[4]

- For carers who are HACC clients, the same data/collection reporting requirements are generally employed as for other HACC clients.[5] However, only limited information is collected about carers of HACC clients who are not themselves clients of the HACC agency; these items include carer availability, residency status and relationship to care recipient. While the inclusion of this information represents a significant improvement on current HACC data, future developments of the HACC MDS should consider the possibilities for incorporating more extensive carer information, including data about carer's needs and the assistance provided by carers to their care recipients. Future developments should also consider the implementation of a statistical linkage key for carers, which could be used to establish a more accurate count of carers assisted both directly and indirectly through HACC. Such a linkage key could also be used to link records across care dyads, thereby facilitating a more complete picture of the assistance received by carers and their care recipients from the HACC program.
- 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 1.0 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 1.0. The inclusion of further information about HACC funded organisations will be considered in future MDS development.

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[3] See Hindle (op cit) and Lincoln Gerontology Centre *National Framework for Comprehensive Assessment in the HACC Program*, La Trobe University, 1998.

[4] HACC Officials agreed at their November 1997 meeting that work on developing such dependency items should be taken forward.

[5] There are some items on which data are neither appropriate nor collected, such as carer availability and accommodation setting at cessation of services.

- The concept of *client* in Version 1.0 is limited to *individual persons* who receive HACC funded assistance. Other types of 'clients' which exist within the HACC field – such as organisational or group clients - are not within the scope of Version 1.0 of the HACC MDS. For example, assistance provided by one agency to another agency (ie *organisational clients*) with training or service development is not included. Similarly, assistance provided by HACC agencies to groups of people (ie *group clients*) such as carer support groups, group exercise activities or group information sessions is not generally included[6] Further development work on the HACC MDS will consider expanding the definition of *client* to facilitate the inclusion of information about other types of HACC clients.
- 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.

Perhaps the distinction between reflecting and driving practice across the HACC field is most clearly accentuated by the concept of a *HACC client* as embodied in this Data Dictionary. Indeed, the definition of a HACC client for the purposes of the HACC MDS is any person who receives HACC funded assistance from an agency. That is, the HACC MDS collection will account for HACC funds as they *have* been spent, rather than dictate how HACC funds *should* be spent. While the Data Dictionary reiterates in numerous places that the HACC target population comprises frail older persons, younger persons with a disability, and carers, it has no capacity to act as a boundary keeper against cost shifting or the misappropriation of HACC funding to other client groups. Such issues can only be resolved at the higher level of Home and Community Care Program management and policy.

[6] One exception to this is the inclusion of Centre Based Day Care which is essentially a group activity but which the Steering Committee has decided should be included within Version 1.0 of the HACC MDS.

2. Structure

2.1 Format of the Data Dictionary

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 1.0* (1998), *National Health Data Dictionary Version 6.0* (1997), 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 1.0 (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 1.0 are provided at Appendix D.

Specific mention should be made of some enhancements to the standard set of data element attributes, which have been developed specifically for the HACC Data Dictionary Version 1.0. 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 (eg the most recent record of Carer Availability for the client).

2.1.1 Supporting and reporting data requirements

The HACC Data Dictionary Version 1.0 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 Table 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 client'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 client characteristics, client circumstances and service episodes. Data about client characteristics (eg 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 client circumstances (eg living arrangements, carer availability, area of residence) and service episodes (eg dates of entry and exit, source of referral, main 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.

Table 2.1: Data elements by reporting status

	Supporting data requirement	Reporting data requirement
Person role	Reason for HACC client status	Reason for HACC client status
	Family name/surname	
	First given name	
		Letters of name
Person characteristic	Date of birth	Date of birth
	Sex	Sex
	Country of birth	Country of birth
	Main language spoken at home	Main language spoken at home
	Indigenous status	Indigenous status
	Living arrangements	Living arrangements
	Accommodation setting	Accommodation setting
	Government pension/benefit	Government pension/benefit
Location	Area of residence	Area of residence
	Suburb/town/locality name	Suburb/town/locality name
	Postcode	Postcode
	Service delivery setting	
Environment	Carer availability	Carer availability
	Carer residency status	Carer residency status
	Relationship of carer to care recipient	Relationship of carer to care recipient
Event	Source of referral	Source of referral
	Date of entry into HACC service episode	Date of entry into HACC service episode
		Date of last assessment
	Date of receipt of assistance	
	Primary type of assistance received	
	Funding source category	
	Amount of assistance received (time)	
	Amount of assistance received (quantity)	
	Amount of assistance received (cost)	
	Assistance with goods and equipment received	
	Date of exit from HACC service episode	Date of exit from HACC service episode
	Main reason for cessation of services	Main reason for cessation of services
	Accommodation setting after cessation of services	Accommodation setting after cessation of services
Outcome		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

Note: Data element concepts are not included in this listing as they are neither supporting nor reporting data requirements.

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 area of residence 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 area of residence for the client.

2.1.2 Datatypes: elements, concepts and derived

Part of the format used to describe data elements in Version 1.0 of the HACC Data Dictionary differentiates between different types of data elements. This is specified under the data element attribute 'Datatype' (see Appendix D).

There are three distinct datatypes 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, 30 data elements, and 6 derived data elements (see Box 2.1).

Box 2.1: Data elements by datatype (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
- Accommodation setting after cessation of services
- Area of residence
- Carer availability
- Carer residency status
- Country of birth
- Date of birth
- Date of entry into HACC service episode
- Date of exit from HACC service episode
- Government pension/benefit status
- Indigenous status
- Living arrangements
- Main language spoken at home
- Main reason for cessation of services
- Postcode
- Reason for HACC client status
- Relationship of carer to care recipient
- Sex
- Source of referral
- 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 assessment/review
- 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

Data element concepts are included to clarify the concepts underpinning related data elements within the Data Dictionary. These are neither supporting nor reporting requirements in themselves, 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 30 data elements included within the Data Dictionary, 20 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.

2.2 Organisation of the Data Dictionary

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. To date, an information model that is specific to the HACC program has not been developed. Future developments in the HACC MDS may use information modelling techniques to assist with clarifying the program's data requirements in areas not yet covered by the HACC MDS. This may result in a HACC program specific information model that can be used as a basis of future versions of the HACC Data Dictionary.

In the absence of a HACC information model, the *National Community Services Information Model Version 1.0* was used as the basic organising principle for the HACC Data Dictionary Version 1.0. Although, in some ways, a HACC model would provide a more specific and relevant reference tool for the HACC MDS, 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.

Although the organisation one usually associates with a dictionary is alphabetical, the data definitions contained in Chapter 3 are organised according to the entity or segment of the *National Community Services Information Model Version 1.0* to which they relate. This organisational method is also used in the *National Community Services Data Dictionary Version 1.0* and will be that used in the next version of the *National Health Data Dictionary* (using the National Health Information Model) due for release in 1998. For easy reference an alphabetic listing of the data elements and data element concepts has also been included in the introductory pages to this dictionary.

2.2.1 The National Community Services Information Model V.1.0

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 *National Community Services Information Model (NCSIM) Version 1.0* is reproduced at the end of this chapter. The data element definitions in Chapter 3 are grouped according to the entity to which they relate. An excerpt from the model that illustrates the entity and sub-entities of the model and related data elements is provided at the beginning of each entity-based grouping of data elements.

Each of the data element definitions in Chapter 3 includes a reference or ID number that links the data element to the segment (or entity) of the model to which it relates.

For example, the data element Living Arrangements has the reference number 3.1.5-1. The components of this reference number locate the data element within the model in the following ways:

- 3 indicates that the data element is located within the Party Characteristics entity
- 3.1 indicates that the data element is located within the Person Characteristic sub-entity within Party Characteristic
- 3.1.5 indicates that the data element is located within the Accommodation/Living Characteristic sub-entity within Person Characteristic
- 3.1.5-1 uniquely identifies this data element within the data dictionary.

National Community Services Information Model
Version 1.0

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PARTY

- PERSON
- AGENCY
- PARTY GROUP
  - FAMILY
  - HOUSEHOLD
  - TARGET GROUP
  - OTHER PARTY GROUP

LOCATION

- ADDRESS
- SETTING
  - SERVICE DELIVERY SETTING
  - OTHER SETTING

NEED

PERSON PARTICIPATION / INDEPENDENCE

Party characteristics

PERSON CHARACTERISTIC

- DEMOGRAPHIC CHARACTERISTIC
- SOCIO-CULTURAL CHARACTERISTIC
- EDUCATIONAL CHARACTERISTIC
- LABOUR CHARACTERISTIC
- ACCOMMODATION / LIVING CHARACTERISTIC
- INCOME CHARACTERISTIC
- LEGAL CHARACTERISTIC
- IMPAIRMENT CHARACTERISTIC
- DISABILITY CHARACTERISTIC
- FUNCTIONAL CHARACTERISTIC
- OTHER PERSON CHARACTERISTIC

PARTY GROUP CHARACTERISTIC

- FAMILY CHARACTERISTIC
  - FAMILY INCOME CHARACTERISTIC
  - OTHER FAMILY CHARACTERISTIC
- HOUSEHOLD CHARACTERISTIC
  - HOUSEHOLD INCOME CHARACTERISTIC
  - OTHER HOUSEHOLD CHARACTERISTIC

AGENCY CHARACTERISTIC

STATE OF WELLBEING

PERSON VIEW

EVENT

PERSON EVENT

- BIRTH EVENT
- LIFE EVENT
- DEATH EVENT

ENVIRONMENTAL EVENT

- ENVIRONMENTAL MODIFICATION EVENT

ECONOMIC TRANSACTION EVENT

- EXPENDITURE
- TRANSFER/SUBSIDY
- REVENUE/RECEIPT

COMMUNITY / FAMILY EVENT

- INFORMAL CARER ASSISTANCE EVENT
- INFORMAL CARE EVENT

HEALTH AND WELFARE SERVICE EVENT

- REFERRAL EVENT
- ASSESSMENT OF ELIGIBILITY FOR SERVICE EVENT
- ENTRY INTO SERVICE EVENT
- ASSESSMENT EVENT
- SERVICE PROVISION EVENT
- CASE MANAGEMENT EVENT
- LEAVE FROM SERVICE EVENT
- EXIT / DISCHARGE FROM SERVICE EVENT
- DETERMINATION OF LEGAL STATUS EVENT
- OTHER HEALTH AND WELFARE SERVICE EVENT

OTHER EVENT

ENVIRONMENT

- TOOLS AND EQUIPMENT
- PERSONAL SUPPORT
- SOCIAL AND CULTURAL ENVIRONMENT
- ECONOMIC AND POLITICAL ENVIRONMENT
- HUMAN-MADE PHYSICAL ENVIRONMENT
- NATURAL ENVIRONMENT

Enabling factors

- RESOURCE
- KNOWLEDGE FACTOR
- AVAILABILITY FACTOR
- ACCESSIBILITY FACTOR

PARTY ROLE

- PERSON ROLE
  - CITIZEN ROLE
  - FAMILY RELATIONSHIP ROLE
  - CARER ROLE
  - RECIPIENT ROLE
  - SERVICE PROVIDER ROLE (Person)
- AGENCY ROLE
  - SERVICE PROVIDER ROLE (Agency)
  - SERVICE FUNDER ROLE
  - SERVICE PURCHASER ROLE
- OTHER ROLE

OUTCOME

HEALTH AND WELFARE PROGRAM

SERVICE

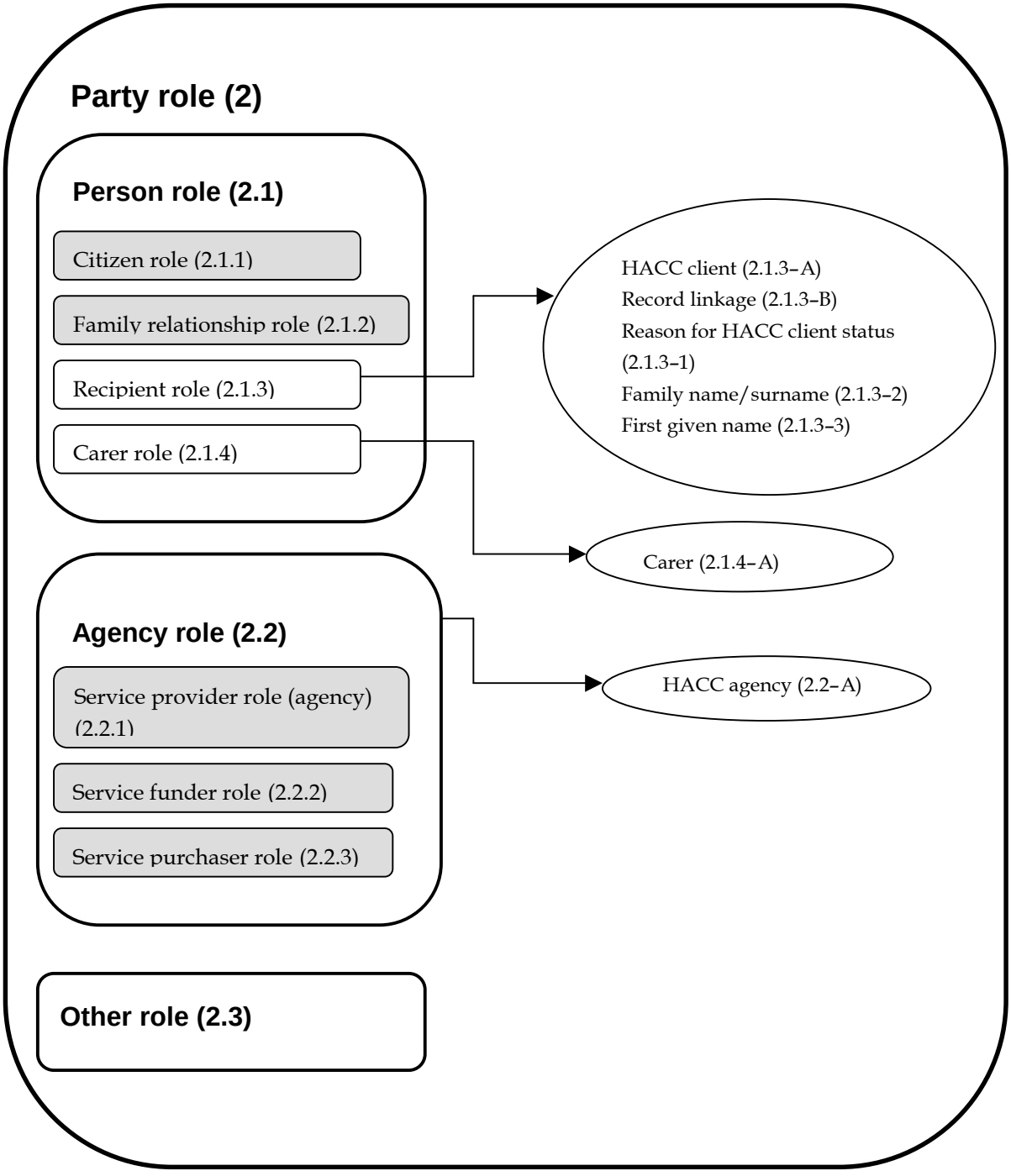
- FEE STRUCTURE
- ACTIVITY

3. Data definitions

This chapter contains definitions of individual data elements, data element concepts and derived data elements included in Version 1.0 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 with an Administrative Status of TRIAL. The status of "trial" indicates that the data definitions have yet to be pilot tested. Once pilot testing has been undertaken, the data definitions will be reviewed for possible reclassification as CURRENT.

The data definitions are presented in an ISO/IEC 11179-based format (see Appendix D for more information) which is also used in the presentation of data definitions in the *National Community Services Data Dictionary Version 1.0, the National Health Data Dictionary Version 5.0, and the Community Nursing Minimum Data Set Australia Version 2.0.* Some enhancements have been made to the standard format used in these other data dictionaries (see Section 2.1 for further comment).

In this chapter, data definitions are grouped according to the entity (or sub-entity) in the *National Community Services Information Model Version 1.0* to which they relate (see Section 2.2 for further comment). Each group is introduced by a header page which illustrates the model entity and sub-entities along with the elements and concepts associated with that part of the model. The NCSIM is located just previous to this chapter for easy visualisation of the whole model in relationship to individual entities.



– Shaded boxes represent entities that have no related data elements in version 1.0 of the HACC Data Dictionary

HACC client [2.1.3-A]

Admin. status: TRIAL *Date:* 01/07/1998

Identifying and definitional attributes

Data element type: DATA ELEMENT CONCEPT

Definition: A person who receives HACC funded assistance from an agency.

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. Thus a person who is a HACC client may be an older person, or a person with a disability, or a carer, or any combination of the above.

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. Future developments in the HACC MDS may involve the inclusion of more information about the agencies themselves (eg staffing, use of volunteers, administration expenditure, etc).

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. Other types of 'clients' which exist within the HACC field – such as organisational or group clients - are not within the scope of Version 1.0 of the HACC MDS. For example, assistance provided by one agency to another agency (ie an organisational client) with training or service development is not included. Similarly, assistance provided by HACC agencies to groups of people (ie group clients) such as carer support groups, group exercise activities or group information sessions is not generally included.

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 essentially *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.

Where an agency provides assistance which could be seen to benefit both a carer and their care recipient – such as domestic assistance or home maintenance – the *client* of the agency should generally be considered to be the care recipient rather than the carer.

Relational attributes

Related data: Is specifically related to the data elements Reason for HACC Client Status, 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 1.0, 1998.

Source organisation:

Comments:

Record linkage [2.1.3-B]

Admin. status: TRIAL *Date*: 01/07/1998

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 is 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:

Reason for HACC client status [2.1.3-1]

Admin. status: TRIAL *Date:* 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The reason why the person receives HACC funded assistance from the agency.

Context: The Home and Community Care (HACC) Program aims to assist frail aged persons, younger persons with a disability, and their carers.

This data element is required for HACC program planning and accountability as it distinguishes those clients who are receiving assistance as a result of their own frailty or disability from those receiving assistance because they are a carer. This information helps to determine the extent and nature of the assistance provided to carers (directly and indirectly) by the HACC program. Such information is important given the pivotal role family members and friends play in assisting frail older persons and younger persons with a disability to remain living at home or within the community.

The data element is not designed to give a comprehensive description of the person's needs and circumstances, but rather indicates the broad basis for the person's receipt of HACC funded support and assistance from the agency.

Relational and representational attributes

Datatype: Numeric *Representational form:* Code

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

Data domain:

1 Person receives assistance from the agency due to their own frailty, disability or condition.

2 Person is a carer and receives assistance from the agency to support them in their caring role.

3 Person receives assistance from the agency due to their own frailty, disability or condition; *and* to support them in their caring role (ie both of the above).

9 Not stated/inadequately described.

Guide for use: This data element relates to the reason why the person receives support and/or assistance from the agency with the use of HACC funds. It does not relate to the more general circumstances or needs of the person, nor to any assistance received by the person from other agencies.

1 Should be used for people who receive HACC funded assistance because of the effects of their own frailty or disability, or some other condition (such as dementia) which locates them within the HACC target group. This category includes any HACC client who *does not* receive assistance to

support them in a caring role. It can relate to the receipt of any type of HACC funded assistance for which the person is eligible, except respite care which should always be recorded against a carer (that is, the *client* of respite care should always be the carer).

2 Should be used for people who receive HACC funded assistance *because* they are a carer and who receive assistance which is directly targeted toward meeting their needs as a carer. This includes HACC clients who receive respite care (which should always be recorded against the carer). It also includes clients who receive other HACC funded assistance which is aimed at meeting their needs as a carer, such as carer support, counselling, information, individualised training etc. This category would include all able bodied carers who receive HACC funded assistance as well as any frail aged or disabled carer who only receives assistance to support them in their caring role.

3 Should be used for people who receive HACC funded assistance because they are a carer *and* because of the effects of their *own* frailty, disability or condition from the same agency. For example, a frail aged carer may receive HACC funded respite care to help them cope with their dementing partner and receive nursing and podiatry from the same agency to assist them with their own foot condition.

Where an agency provides assistance which could be seen to benefit both a carer and their care recipient – such as domestic assistance or home maintenance – the *client* of the agency should generally be considered to be the care recipient rather than the carer.

Verification rules:

Collection methods: The agency should record this information at the beginning of each HACC Service Episode for the client. The agency should also assess the currency of this information at subsequent assessments/reassessments and should record a new Reason for HACC Client Status if the basis of the person's receipt of HACC services from the agency has changed.

This information should be recorded historically by the agency. That is, the agency should not overwrite information about the person's Reason for HACC Client Status as it changes. Rather the agency should maintain a record of changes in this data about the client over time with each change dated appropriately. The agency will need to be able to track changes over time in the person's Reason for HACC Client Status in order to support the reporting requirements for this data element

Reporting requirements: This data element is required for reporting in the HACC MDS collection for all HACC clients. Information about the person's Reason for HACC Client Status will be used in analysing the total assistance received by the person from the agency within the reporting period. To support this analysis, agencies are required to summarise the reason(s) for which the person received HACC funded assistance from the agency during the reporting period.

If a person has *only* received assistance from the agency in respect of their own frailty, disability or condition during the reporting period, then the agency should report code 1.

If the person has *only* received assistance in respect of their role as a carer of another during the reporting period, then the agency should report code 2.

If the person has received assistance in respect of their own frailty, disability or condition, *and* in respect of their role as a carer of another during the reporting

period, then the agency should report code 3. This is regardless of whether this assistance was received during the same or different HACC Service Episodes within the reporting period.

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.* As the information needed for this data element is provided by the agency and not the client, there should be decreasing usage of this coding option as agencies adjust their information systems and management information practices to accommodate this HACC MDS reporting requirement.

Related data: Qualifies the data elements Carer Availability, Carer Residency Status and Relationship of Carer to Care Recipient.
Is related to the data element concepts Carer and HACC Client.

Administrative attributes

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

Source organisation:

Comments:

Family name/surname [2.1.3-2]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING DATA REQUIREMENT

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 HACC client's 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

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

Data domain: (name)

Guide for use: The agency should record the client'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 recorded for all clients.

Recording of the HACC client'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 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 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 [2.1.3-3]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING DATA REQUIREMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

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

Context: *The HACC client's 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

Datatype:	Alphabetic		*Representational form:*	Text
Field size:	*Min.*	*Max.*	*Representational layout:*	AAAAA…

Data domain: (name)

Guide for use: The agency should record the client'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: This data element should be recorded for all HACC clients.

Recording of the HACC client'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.

Letters of name [2.1.3-4]

Admin. status: TRIAL *Date:* 01/07/1998

Reporting status: REPORTING DATA REQUIREMENT

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 client records across HACC agencies and across HACC MDS reporting periods for statistical purposes. This item 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

Datatype: 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 client'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 client's family name or surname. In the following two spaces the agency should record the 2nd and 3rd letters of the client's first given name.

For example: If the client's name is Brown, Elizabeth (ie surname, first given name) the Letters of Name data element should be reported as RONLI. If the client's name is Thompson, Robert the Letters of Name data element should be reported as HOPOB.

If either of the client'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 (ie 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 client'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 Datatype has been specified as Alphanumeric.

Verification rules:

Collection methods: 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.

Reporting requirements: This data element is required for reporting within the HACC MDS collection. Agencies are required to report Letters of Name for all clients for whom the agency submits a HACC MDS record. 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:

Carer [2.1.4-A]

Admin. status: TRIAL *Date*: 01/07/1998

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 carers 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. Carers are of interest in the HACC MDS when they are HACC clients themselves, and as carers of HACC clients.

At this stage, there is insufficient information included in the HACC MDS to be able to compare HACC carers with "principal" carers identified by the Australian Bureau of Statistics in the Survey of Disability, Ageing and Carers.

The implementation of the data elements Carer Residency Status and Relationship of Carer to Care Recipient recognises that sometimes a client 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 client. 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 attributes

Related data: Is related to the data elements Reason for HACC Client Status, Carer Availability, Carer Residency Status and Relationship of Carer to Care Recipient.

Administrative attributes

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

Source organisation: National Community Services Data Committee.

Comments:

HACC agency [2.2-A]

Admin. status: TRIAL *Date*: 01/07/1998

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 1.0 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 (eg other organisations or groups).

Relational attributes

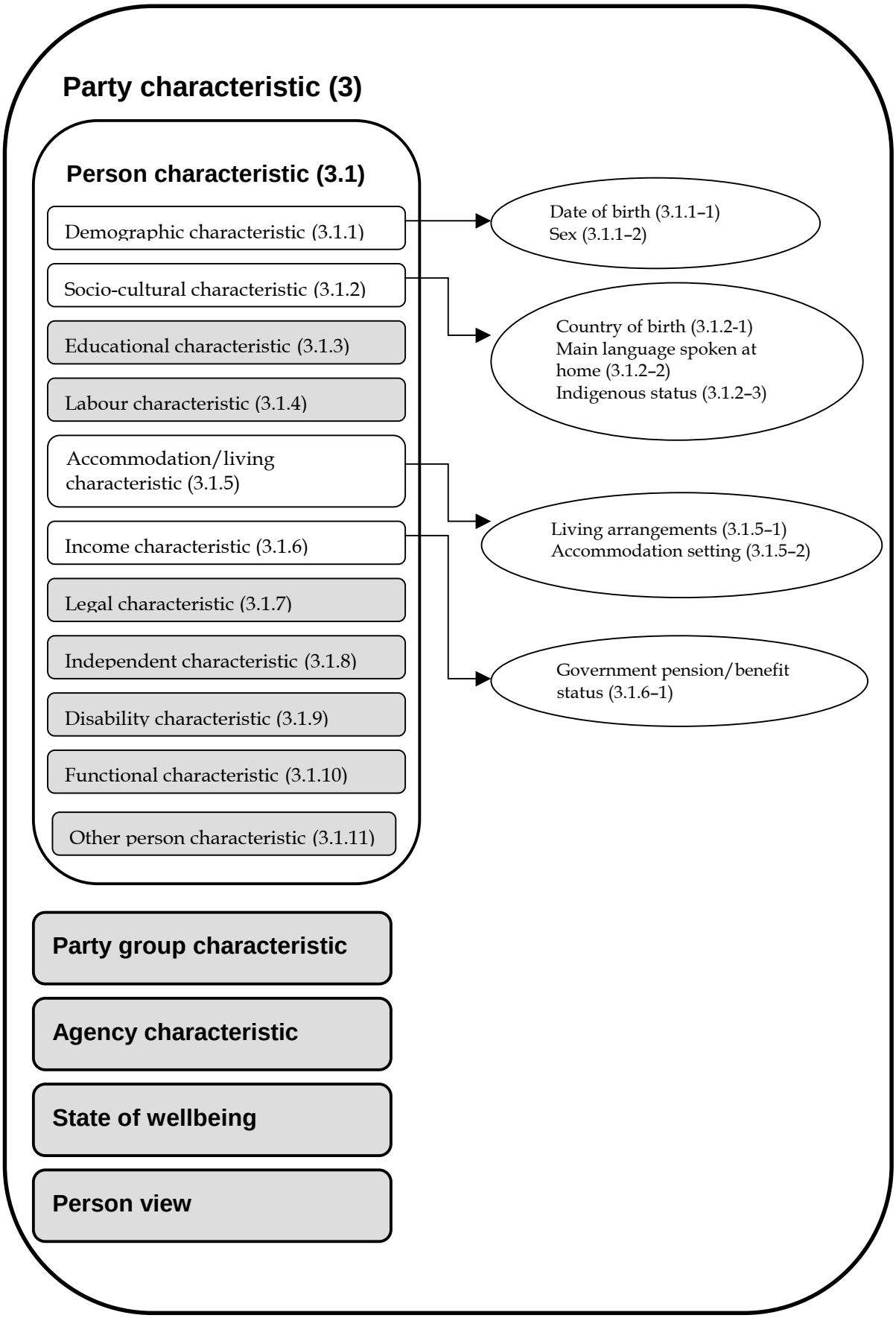
Related data:

Administrative attributes

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

Source organisation:

Comments:



— Shaded boxes represent entities that have no related data elements in version 1.0 of the HACC Data Dictionary

Date of birth [3.1.1-1]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

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

Datatype: 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 recorded for all HACC clients. 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 (see Data domain and Guide for use).

Reporting requirements: This data element is required for reporting within the HACC MDS collection. Agencies are required to report Date of Birth for all clients for whom the agency submits a HACC MDS record.

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:

The National Health Data Committee is currently developing a standard method for identifying estimated dates. The National Community Services Data Dictionary Version 1.0 recommends using the convention 01/01 for an estimated day and month and a 'flag' to indicate when any component of a date of birth is estimated.

Sex [3.1.1-2]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

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 clients' 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

Datatype: 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 recorded for all HACC clients.

Reporting requirements: This data element is required for reporting in the HACC MDS collection. Agencies are required to report Sex for all HACC clients for whom the agency submits a HACC MDS record.

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 includes an "indeterminate" category in the classification of this data element to accommodate the classification of some perinatal clients. At this stage, neither the National Community Services Data Dictionary Version 1.0 nor the HACC Data Dictionary Version 1.0 has included this coding option. This code will be considered for inclusion in future versions of the National Community Services Data Dictionary.

Country of birth [3.1.2-1]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

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

Datatype: 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.

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 recorded for all HACC clients.

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. Agencies are required to report Country of Birth for all clients for whom the agency submits a HACC MDS record.

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: A Dictionary 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 Standard Australian Classification of Countries is due to be 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 1.0 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.

Main language spoken at home [3.1.2-2]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

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

Datatype: Numeric *Representational form:* Code

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

Data domain: Australian Bureau of Statistics' adaptation of the Australian Standard Classification of Languages (ABS Catalogue No. 1267.0, 1997) to accommodate a 2 digit running code. See Appendix A 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 (ie preferred language).

Code *99 Not stated/inadequately described* should be used when the main language spoken at home has not been supplied by the client 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 recorded for all HACC clients 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 client's Main Language Spoken at Home if necessary.

Some agencies may record this information historically so that they can track changes over time. 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.

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 coded using the 2-digit adaptation of the ASCL included in Appendix A. 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 client.

Information provided by the agency about the client's Main Language Spoken at Home will be considered to be at least as recent as the Date of Last Assessment 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 *99 Not stated/inadequately described.*

Related data: Is related to the data elements Country of Birth, Indigenous Status and Date of Last Assessment.

Administrative attributes

Source document: National Community Services Data Dictionary Version 1.0, 1998.
Australian Bureau of Statistics: Adaptation of Australian Standard Classification of Languages to accommodate a 2 digit running code, 1997.
Australian Bureau of Statistics. Australian Classification of Languages. Catalogue No. 1267.0, 1997.

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

Comments:

This definition currently uses an ABS 2 digit code that is mappable to 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 2-digit code listing is contained in Appendix A, however, it is currently under review by the ABS pending analysis of the 1996 census data.

The three data elements included in Version 1.0 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.

Indigenous status [3.1.2-3]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

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/AIHW, 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

Datatype: Numeric *Representational form:* Code

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

Data domain:

10 Indigenous (not further defined)

- 11 Aboriginal but not Torres Strait Islander origin
- 12 Torres Strait Islander but not Aboriginal origin
- 13 Both Aboriginal and Torres Strait Islander origin

20 Non Indigenous (not further defined)

- 24 Neither Aboriginal nor Torres Strait Islander origin

99 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 11, 12, 13 and 24. *Agencies should use this more detailed coding level to collect information about Indigenous status* (see Collection Methods).

24 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).

Two additional coding options (codes 10 and 20) have been included on an *interim* basis to accommodate the reporting of information about the person's Indigenous Status that does not distinguish between Aboriginal origin and Torres Strait Islander origin. These codes have been included to improve the quality of data available on Indigenous persons in the *short to medium term* (see

Reporting Requirements). Codes 10 and 20 should only be used when more detailed information is not available.

Verification rules:

Collection methods: This data element should be recorded for all HACC clients.

Agencies should always collect this information in a way that supports the coding options 11, 12, 13 and 24. 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, eg.

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. Agencies are required to report Indigenous Status for all HACC clients for whom the agency submits a HACC MDS record.

Where the higher level of detail has been collected by the agency, Indigenous Status should be reported using the codes 11, 12, 13, 24 and 99.

To date, however, many data collections have not differentiated between Aboriginal and Torres Strait Islander origin. Commonly, the question asked has been " Does the person (client) identify themselves as an Aboriginal or Torres Strait Islander?" and the possible responses have been Yes/No or Yes/No/Not known.

If transferring data from these collections, it may not be possible to classify to the more detailed level of classification specified in the data domain. In these cases the agency should use either of the two additional coding options, *10 Indigenous (not further defined)* or *20 Non-Indigenous (not further defined).*

That is, where a Yes response has been recorded the appropriate coding is *10 Indigenous (not further defined).* Where a No response is recorded the appropriate coding is *20 Non-Indigenous (not further defined).* Where a Not known response has been recorded the appropriate coding *is 99 Not stated/Inadequately described*. If the question has not been answered or if a person's origins are not known, the appropriate coding for the HACC MDS is *99 Not stated/Inadequately described*.

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 1.0, 1998.

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 and should not be coded as such. While the ABS is currently reviewing the issue of Indigenous status, a final decision relating to its meaning will not be made until 2001. Pending such a decision, South Sea Islanders should continue to be coded as *24 Neither Aboriginal nor Torres Strait Islander.*

The additional coding options included in the HACC MDS Indigenous Status data element (ie. *10 Indigenous (not further defined)* and *20 Non-Indigenous (not further defined)*) are not included in the National Community Services Data Dictionary. However, they have been included in the HACC MDS to support reporting of this data element from administrative records that have not yet changed to the desired collection standard. The inclusion of these coding options is recommended by the Australian Bureau of Statistics when information about the person's Indigenous Status is being transcribed from such administrative collections.

Living arrangements [3.1.5-1]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether the person 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 Availability, Carer Residency Status and Accommodation Setting.

Relational and representational attributes

Datatype: 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 person 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 clients 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.

Some agencies may record this information historically so that they can track changes over time. 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 most recent Living Arrangements that the agency has recorded for the client.

Information provided by the agency about the client's Living Arrangements will be considered to be at least as recent as the Date of Last Assessment 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 Assessment.

Administrative attributes

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

Source organisation:

Comments:

The HACC MDS data element Living Arrangements includes a different classification than the data element of the same name in the National Community Services Data Dictionary (NCSDD) Version 1.0, 1998.

In the NCSDD Version 1.0, the classification of Living Arrangements is:

1 Lives alone
2 Lives with family member(s) and/or carer (including foster family)
3 Lives in special purpose accommodation (including nursing home, hospital, special purpose accommodation for people with a disability such as a group home, hostel, congregate care etc)
4 Lives with other members of community (for instance, sharing with friends, boarding house, non-special purpose hostel etc)
9 Inadequately described/Not stated

The HACC MDS Version 1.0 includes the following data elements (not currently included in the NCSDD) Accommodation Setting, Carer Availability and Carer Residency Status. These data elements provide some of the information that is incorporated in the above NCSDD classification.

Although the concurrent development of the NCSDD Version 1.0 and the HACC MDS Version 1.0 facilitated the development of consistent definitions in many areas, it was not possible to resolve all areas of inconsistency prior to the publication of the National Community Service Data Dictionary Version 1.0. Future development work on both data dictionaries should address any current inconsistencies.

Accommodation setting [3.1.5-2]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

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

Datatype: Numeric *Representational form:* CODE

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

Data domain:

1 Private residence – owned/purchasing

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 (eg night shelters, refuges, hostels for the homeless, halfway houses)

7 Domestic-scale supported living facility (eg group home for people with a disability)

8 Supported accommodation facility (eg hostels for people with disabilities, Supported Residential Services or Facilities (Vic and SA))

9 Residential aged care facility (nursing home or aged care hostel)

10 Psychiatric/mental health community care facility

11 Public place/temporary shelter

12 Other

99 Not stated/inadequately described

Guide for use: This item should be used to 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.

7 Refers to community living settings in which clients reside in a facility that provides support in some way by staff or volunteers. This category includes group homes for people with disabilities, cluster apartments where a support worker lives on site, community residential apartments, congregate care arrangements, etc Domestic–scale supported living settings may or may not have 24 hour supervision and care. Independent living units in retirement villages should be coded to 4 and community psychiatric facilities should be coded to 10.

8 Refers to settings in which clients reside in an accommodation facility which provides board or lodging for a number of people and which has support services provided on what is usually a 24 hour basis by rostered care workers. Supported accommodation facilities include hostels for people with disabilities as well as government regulated Supported Residential Services/Facilities (Victoria and South Australia only). Code 8 should be used for larger supported accommodation facilities (usually more than 10 people) that provide 24 hour supervision or care. Smaller supported accommodation facilities (ie less than 10 people) which may or may not have 24 hour supervision or care should be coded to 7. Aged care hostels should be coded to 9 Residential aged care facility (nursing home or aged care hostel).

10 Refers to community care units which provide accommodation and non-acute care and support on a temporary basis to people with mental illness or psychosocial disabilities.

11 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.

Verification rules:

Collection methods: This data element should be recorded for all HACC clients 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.

Some agencies may record this information historically so that they can track changes over time. 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 requirement: 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 Assessment 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 Accommodation Setting after Cessation of Services, Service Delivery Setting and Date of Last Assessment.

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 item 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.

Government pension/benefit status [3.1.6-1]

Admin. status: TRIAL Date: 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

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, carers and people with disabilities.

Relational and representational attributes

Datatype: Numeric *Representational form:* Code

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

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

99 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 item 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 clients 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.

Some agencies may record this information historically so that they can track changes over time. 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 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 Assessment 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*.

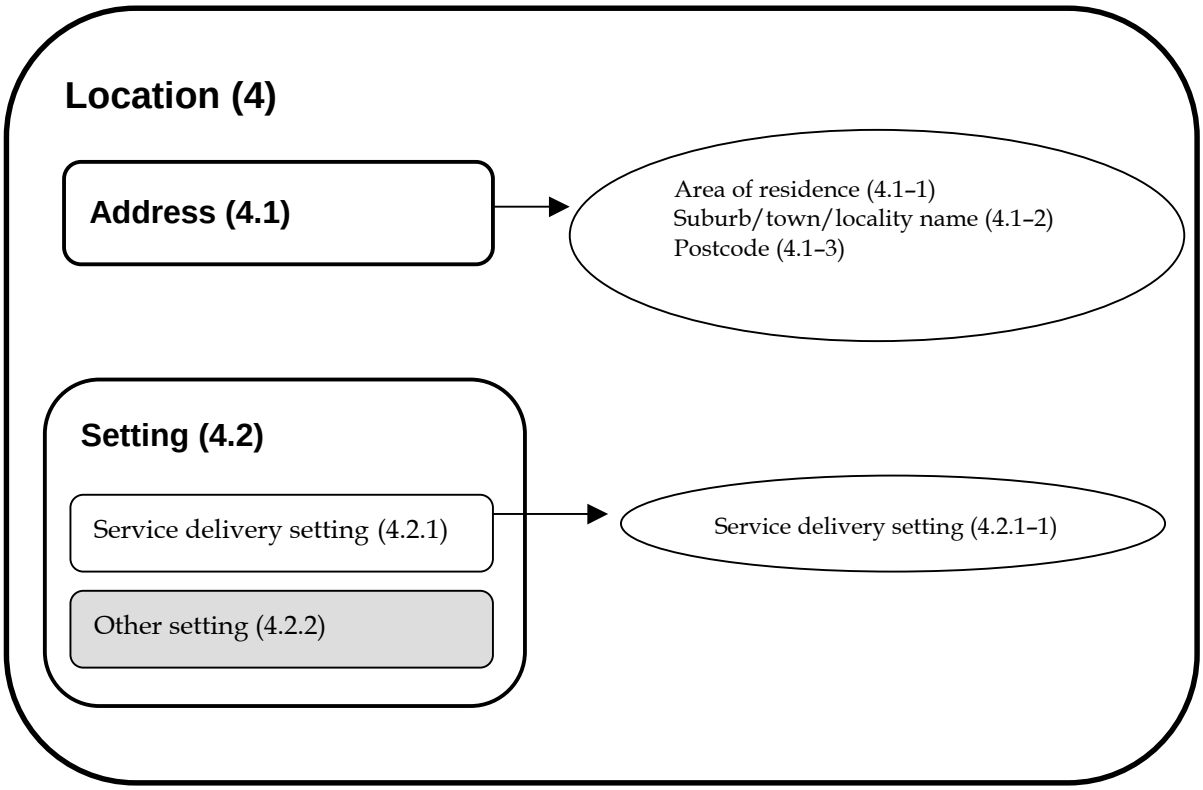
Related data: Is related to the data element Date of Last Assessment.

Administrative attributes

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

Source organisation:

Comments:



— Shaded boxes represent entities that have no related data elements in version 1.0 of the HACC Data Dictionary

Area of residence [4.1-1]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

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

Context: Area of Residence is important in the analysis of the spatial distribution of HACC clients 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.

The preferred standard for collecting and reporting information about Area of Residence uses a 1-digit State/Territory code in conjunction with a 4-digit Statistical Local Area (SLA). A code identifying each State and Territory within Australia is required because Statistical Local Areas are not unique across the country. In order to uniquely identify the geographic location of the residence of a HACC client, then, agencies must use a State/Territory code in conjunction with SLA.

It is anticipated that many HACC agencies will have difficulty providing the SLA for a client's Area of Residence without more sophisticated computerised assistance with the task than is currently available to them. Consequently, the HACC MDS also includes an alternative reporting strategy based on the data elements Suburb/Town/Locality Name and Postcode. Where agencies cannot provide the client's Area of Residence in the specified 5-digit format, the Suburb/Town/Locality Name and Postcode can be used as an alternative (though lesser) reporting standard.

Relational and representational attributes

Datatype: Numeric *Representational form:* Code

Field size: *Min.* 1 *Max.* 5 *Representational layout:* NNNNN

Data domain: Australian Standard Geographical Classification (ASGC)

N- State/Territory code (1-digit); in conjunction with
NNNN - Statistical Local Area (SLA) code (4 digits).

The 1-digit State/Territory codes are as follows:

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)

The 4-digit Statistical Local Area (SLA) should be coded or derived from the residential address using the most up-to-date version of the Australian Standard Geographical Classification (ASGC) available for the data collection reference year.

Guide for use: The State/Territory of the person's area of residence should be assigned using the 1-digit codes listed above.

The 4 digit SLA code should be derived from the client's address (see Comment) by using the Australian Standard Geographical Classification (ASGC). Coding to SLA is preferably done by matching the client's full residential address with the ABS National Localities Index to obtain the correct SLA code. The ASGC and the National Localities Index are updated annually by the Australian Bureau of Statistics with a date of effect of 1 July each year. The most up-to-date edition available for the data collection reference year should be used.

The agency should record the SLA for the address at which the person resides while receiving services from the agency. The SLA should not relate to a postal address different from the physical address at which the person is residing.

When the client lives in a public place or temporary shelter, the agency should provide the SLA code for the street (or nearest street) on which the person lives.

Verification rules:

Collection methods: This data element should be recorded for all HACC clients 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 Area of Residence if necessary.

Some agencies may record this information historically so that they can track changes over time. 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 requirement*:* This data element is required for reporting in the HACC MDS. Agencies are required to report the most recent Area of Residence that the agency has recorded for the client.

Rather than report the client's Area of Residence according to the preferred standard (ie. State/Territory and SLA), some agencies may only have the capacity to report the client's Suburb/Town/Locality Name and Postcode. These two data elements are included in the HACC MDS as a lesser reporting standard for Area of Residence. However, wherever possible agencies should be moving towards the preferred 5-digit standard specified in this data element.

The Area of Residence reported for the client will be considered to be at least as recent as the Date of Last Assessment reported for the client. This is in line with the request that agencies assess and update the information they have about a client's Area of Residence 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 Assessment.

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 1.0 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.

Due to the difficulties that many HACC agencies are likely to have with allocating SLAs to their clients' residential addresses, the HACC MDS provides the alternative of reporting the client's residential Suburb/Town/Locality Name and Postcode. However, this is considered a lesser standard as Suburb/Town/Locality Name plus Postcode is insufficient information to accurately allocate an SLA code in some instances. Approximately 5% of all localities cross one or more SLA boundaries and are referred to as "split localities". SLA codes for "split localities" can only be accurately allocated when full address information is available.

Suburb/town/locality name [4.1-2]

Admin. status: TRIAL *Date:* 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

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 Area of Residence). 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

Datatype: 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 recorded for all HACC clients 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.

Some agencies may record this information historically so that they can track changes over time. 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: The reporting of this data element is an alternative within the HACC MDS collection, for those agencies who are not in a position to report the Statistical Local Area (SLA) of the client's residence. When the HACC agency cannot provide the client's Area of Residence in the preferred 5-digit standard, the agency can report the geographic location of the client's residence by using the data elements Postcode plus Suburb/Town/Locality Name. If this alternative is chosen by the agency, both the Postcode data element and the Suburb/Town/Locality Name data element should be reported for the client to enable more accurate allocation of SLA centrally.

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 Assessment 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 Area of Residence and Date of Last Assessment.
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 1.0 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.

Postcode [4.1-3]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

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

Context: In conjunction with the data element Suburb/Town/Locality Name, the data element Postcode 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 Area of Residence). 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

Datatype: 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 clients 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.

Some agencies may record this information historically so that they can track changes over time. 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: The reporting of this data element is an alternative within the HACC MDS collection, for those agencies who are not in a position to report the Statistical Local Area (SLA) of the client's residence When the HACC agency cannot provide the client's Area of Residence in the preferred 5-digit standard, the agency can report the geographic location of the client's residence by using the data elements Postcode plus Suburb/Town/Locality Name. If this alternative is chosen by the agency, both the Postcode data element and the Suburb/Town/Locality Name data element should be reported for the client to enable more accurate allocation of SLA centrally.

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 Assessment 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 Area of Residence and Date of Last Assessment.
Note: This data element is a lesser standard than Area of Residence.

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 1.0 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.

Service delivery setting [4.2.1-1]

Admin. status: TRIAL *Date:* 01/07/1998

Reporting status: SUPPORTING DATA REQUIREMENT

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 Events. 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

Datatype: 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 (ie 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

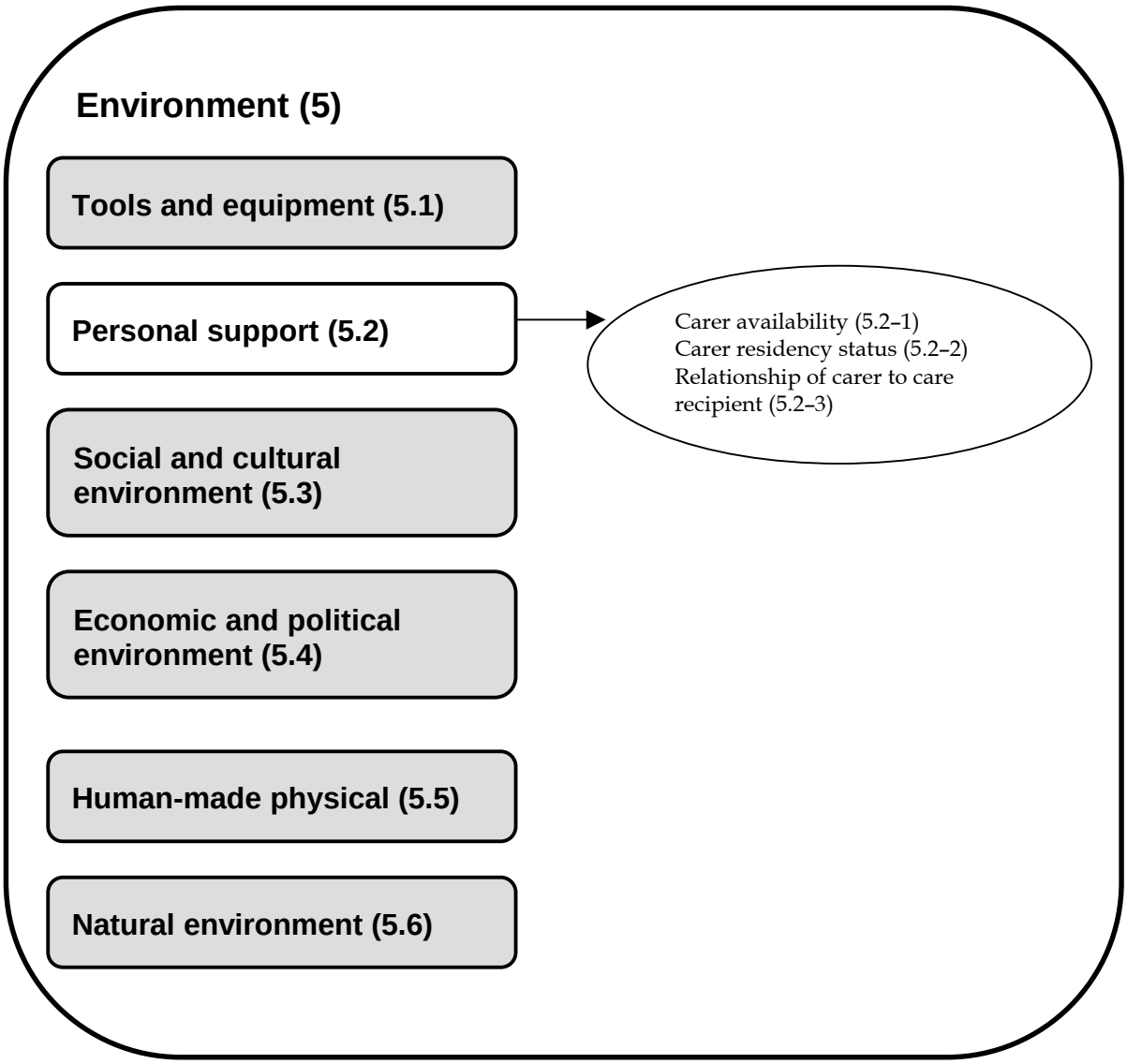
Source document: Developed for the HACC Data Dictionary Version 1.0, 1998.

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.



— Shaded boxes represent entities that have no related data elements in version 1.0 of the HACC Data Dictionary

Carer availability [5.2-1]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

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 client has a carer, the data element Carer Availability identifies when HACC funded assistance provided to a client may also indirectly assist their carers.

Relational and representational attributes

Datatype: 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 client's circumstances. It is not intended to reflect whether a client 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 client and/or their carer or significant other should be used as the basis for determining whether the client 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 client about the availability 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 availability 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: A client record with a value for Carer Availability should also have a value of either 1 or 3 but not 2 in Reason for HACC Client Status.

Collection methods: This data element only applies to HACC clients who receive assistance from the agency because of their own frailty, disability or condition. That is, this data element *does not relate to clients who are carers* and who only receive assistance from the agency to help them in their caring role (ie. code 2 in Reason for HACC Client Status).

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 Availability if necessary.

Some agencies may record this information historically so that they can track changes over time. 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 for any client who receives assistance from the agency because of their own frailty, disability or condition. This data element is *not* required for reporting for any client who is a carer and who only receives assistance from the agency to help them in their caring role (ie. code 2 in Reason for HACC Client Status).

Agencies are required to report the most recent Carer Availability that the agency has recorded for the client.

Information provided by the agency about the person's Carer Availability will be considered to be at least as up to date as the Date of Last Assessment 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 Availability 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 qualified by the data element Reason for HACC Client Status.

Is related to the data element Date of Last Assessment.
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 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.

Although the concurrent development of the CNMDSA Version 2.0 and the HACC MDS Version 1.0 facilitated the development of consistent definitions in many areas, it was not possible to resolve all areas of inconsistency prior to the publication of Version 2.0 of the Community Nursing Minimum Data Set. Future development work on both data dictionaries should address any current inconsistencies.

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 (ie 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 residency status [5.2-2]

Admin. status: TRIAL *Date:* 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

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 client 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

Datatype: 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 always be used to record whether the carer lives with the person for whom they care, regardless of whether the client of the agency is the carer or the care recipient.

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 client 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 client and/or their carer(s) 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.

Verification rules: A value for this data element should be present in any client record with a value of 1 in Carer Availability and/or a value of 2 or 3 in Reason for HACC Client Status.

A client 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 client who *has a carer* (ie Carer Availability code 1). The agency should also record this data element for any client who *is a carer* and who receives HACC funded assistance from the agency to support them in a caring role (ie Reason for HACC Client Status codes 2 and 3).

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.

Some agencies may record this information historically so that they can track changes over time. 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 within the HACC MDS collection for any HACC client who *has a carer* (ie Carer Availability code 1). It is also required for reporting for any HACC client who *is a carer* and who receives HACC funded assistance from the agency to support them in a caring role (ie Reason for HACC Client Status codes 2 and 3).

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 Assessment 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 elements Carer Availability and Reason for HACC Client Status.
Is related to the data elements Living Arrangements and Date of Last Assessment.
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.

Relationship of carer to care recipient [5.2-3]

Admin. status: TRIAL *Date:* 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

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 caregiving 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

Datatype: Numeric *Representational form:* Code

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

Data domain:

1	Wife/female partner
2	Husband/male partner
3	Mother
4	Father
5	Daughter
6	Son
7	Daughter-in-law
8	Son-in-law
9	Other relative - female
10	Other relative - male
11	Friend/neighbour – female
12	Friend/neighbour - male
99	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 (ie code 7). Similarly, if a man were caring for his disabled son, then the agency would record that the carer is the father of the care recipient (ie code 4).

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 item Relationship of Carer to Care Recipient the agency would record *7 Daughter-in-law*. If the agency's client was the daughter-in-law (ie the carer) who was receiving assistance to help her care for her mother-in-law, the agency would again record *7 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.

Codes 1 and 2 include 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 Availability and/or in any client record with a value of 2 or 3 in Reason for HACC Client Status.

Collection methods: The agency should record this data element at the beginning of each HACC Service Episode for any client who *has a carer* (ie Carer Availability code 1). The agency should also record this data element for any client who *is a carer* and who receives HACC funded assistance from the agency to support them in a caring role (ie Reason for HACC Client Status codes 2 and 3).

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 Relationship of Carer to Care Recipient if necessary.

Some agencies may record this information historically so that they can track changes over time. 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 within the HACC MDS collection for any HACC client who *has a carer* (ie Carer Availability code 1). It is also required for reporting for any HACC client who *is a carer* and who receives HACC funded assistance from the agency to support them in a caring role (ie Reason for HACC Client Status codes 2 and 3).

Agencies are required to report the most recent Relationship of Carer to Care Recipient that the agency has recorded for the person. This information is to be

related to the same person to which the data element Carer Residency Status relates.

Information provided by the agency about the Relationship of Carer to Care Recipient will be considered to be at least as up to date as the Date of Last Assessment reported for the person. This is in line with the request that agencies assess and update the information they have about the Relationship of Carer to Care Recipient 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 elements Carer Availability and Reason for HACC Client Status.
Is related to the data elements Carer Residency Status and Date of Last Assessment.
Is related to the data element concept Carer.

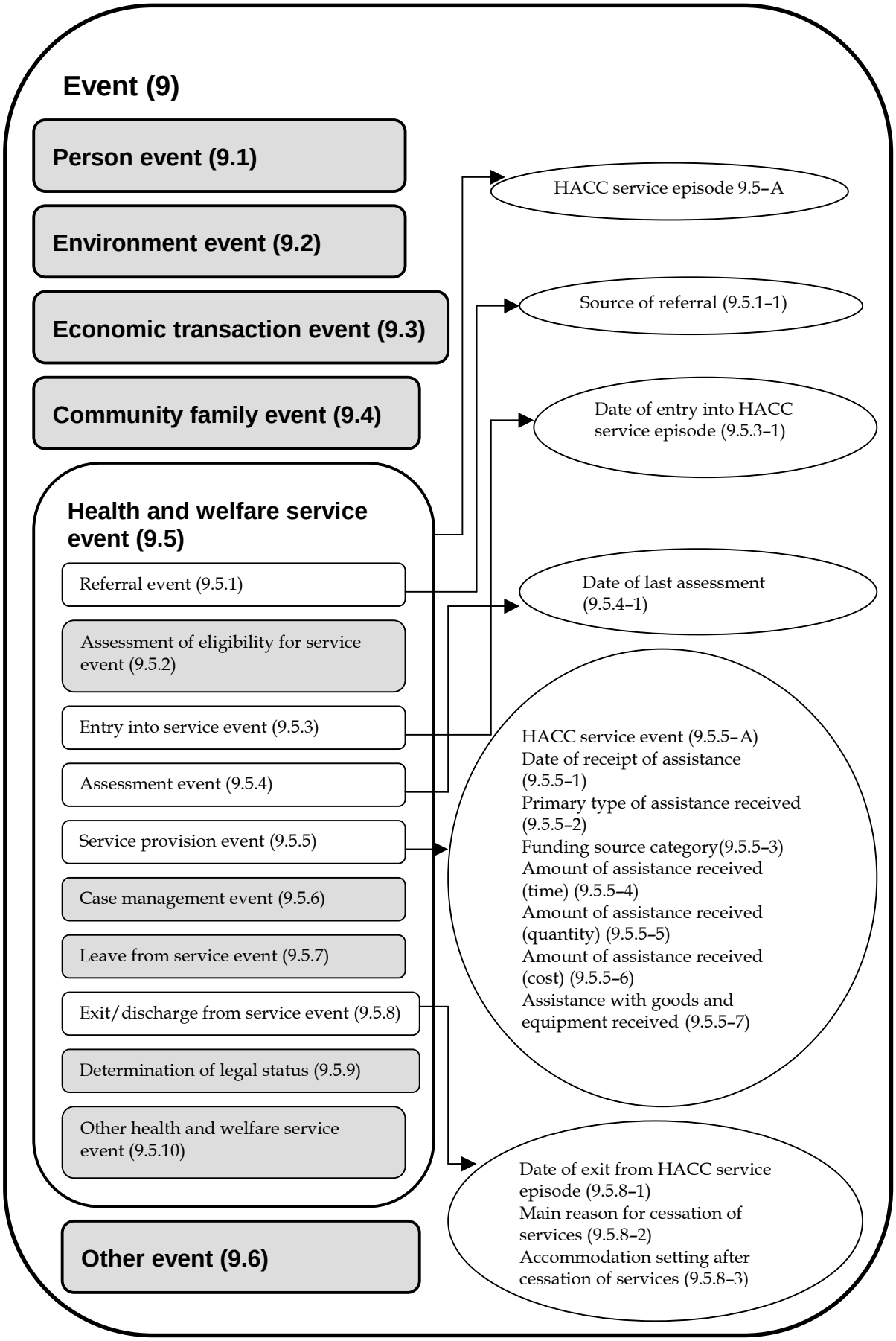
Administrative attributes

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.



— Shaded boxes represent entities that have no related data elements in version 1.0 of the HACC Data Dictionary

HACC service episode [9.5-A]

Admin. status: TRIAL *Date*: 01/07/1998

Identifying and definitional attributes

Data element type: DATA ELEMENT CONCEPT

Definition: A period of time during which the person 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 Episodes 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 (ie 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 (ie 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 (ie 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 (ie the first HACC Service Event) will vary across agencies. For many agencies the beginning of a HACC Service Episode will involve *Assessment* or *Case Planning/Review and 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, Main Reason for Cessation of Services, and Accommodation Setting after Cessation of Services.

Administrative attributes

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

Source organisation:

Comments:

Source of referral [9.5.1-1]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

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

Datatype: Numeric *Representational form:* Code

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

Data domain:

1	Self
2	Family, significant other
3	GP/medical practitioner – community based
4	Specialist aged or disability assessment team/service (eg ACAT)
5	Comprehensive HACC Assessment Authority
6	Community nursing service
7	Other community service – health
8	Other community service – non-health
9	Acute care hospital
10	Psychiatric/mental health service or facility
11	Extended care/rehabilitation facility
12	Palliative care facility/hospice
13	Residential aged care facility (nursing home or aged care hostel)
14	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.

4 Includes referrals from Aged Care Assessment Teams (ACATs) and other specialist disability or aged assessment teams. If an ACAT or other specialist assessment team/service is also a Comprehensive HACC Assessment Authority and has referred the person to the agency in that capacity, then the referral should be coded to 6.

5 Refers to an agency that is a designated Comprehensive HACC Assessment Authority (to be established in 1998/99).

9 Excludes referrals from psychiatric hospitals or specialist psychiatric wards or facilities within hospitals (code to 11).

10 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.

11 Includes referrals for persons who have been in-patients of an extended care or rehabilitation facility, whether freestanding or based within a hospital.

12 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.

Source organisation:

Comments:

The National Community Services Data Dictionary (NCSDD) Version 1.0 includes the data element Source of Referral. However, the classification for this data element differs from that specified in the HACC MDS data element of the same name. Although the concurrent development of the NCSDD Version 1.0 and the HACC MDS Version 1.0 facilitated the development of consistent definitions in many areas, it was not possible to resolve all areas of inconsistency prior to the publication of the National Community Service Data Dictionary Version 1.0. Future development work on both data dictionaries should address any current inconsistencies.

The NCSDD classification for Source of Referral is as follows:

1 self

2 family/friends

3 medical/hospital/health service

4 telephone crises referral

5 non-government community service agency

6 community services department/other government department

7 psychiatric/psychological service

8 other

9 not specified/inadequately described

The more detailed coding included in the HACC MDS data element Source of Referral is required to provide a picture of the pathways to the HACC program. For example, code 3 in the NCSDD data element does not make the distinction between community and institutional health services that is required in HACC. Separate coding of ACATs and Comprehensive HACC Assessment Authorities is also required in the HACC program.

Date of entry into HACC service episode [9.5.3-1]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

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

Datatype: 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 first HACC funded assistance from the agency on July 1, 1998 the Date of Entry into HACC Service Episode should be recorded as 01/07/1998.

Verification rules:

Collection methods: This data element should be recorded for all HACC clients at the beginning of each HACC 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 will be 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 period of assistance.

For any client whose assistance from the agency is not fully funded through the HACC program (ie 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 period of

assistance, was funded by the HACC program. In all instances, the Date of Entry into HACC Service Episode will be the same date as the first HACC funded Date of Receipt of Assistance recorded for the period of assistance for the client.

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 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 (eg Date of Entry into HACC Service Episode, Date of Exit from HACC Service Episode, Date of Receipt of Assistance).

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 an agency on more than one occasion. Agencies are required to report the most recent 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 ensure 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. 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 an ongoing client as at the end of the reporting period

Date of last assessment [9.5.4-1]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: REPORTING DATA REQUIREMENT

Identifying and definitional attributes

Data element type: DERIVED DATA ELEMENT

Definition: The last date on which the agency undertook an assessment of the person.

Context: The data element Date of Last Assessment is included in Version 1.0 of the HACC MDS to locate information about the client's circumstances in time.

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 Assessment 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 Assessment 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 Availability, Carer Residency Status, Relationship of Carer to Care Recipient, Area of Residence, Suburb/Town/Locality Name, Postcode, Accommodation Setting and Government Pension/Benefit Status.

Relational and representational attributes

Datatype: Numeric *Representational form:* Date

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

Data domain: Is derived from the following data elements:

- Date of Receipt of Assistance
- Primary Type of Assistance Received

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, 1998 the Date of Last Assessment would be reported as 01/07/1998.

The Date of Last Assessment is the most recent Date of Receipt of Assistance that the agency recorded for the client where the Primary Type of Assistance Received was *Assessment.*

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 undertook an assessment of the client (ie the last Date of Receipt of Assistance where the Primary Type of Assistance Received was *Assessment*)

Once the record linkage process has been undertaken, the agency record with most recent Date of Last Assessment 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 and Primary Type of Assistance Received.
Is related to the data elements Main Language Spoken at Home, Living Arrangements, Carer Availability, Carer Residency Status, Relationship of Carer to Care Recipient, Area of Residence, 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 Assessment is a key piece of information that facilitates analysis by providing a clearly defined basis for the selection of data (ie the most recently recorded information) where conflicting values are recorded in the linked file.

HACC service event [9.5.5-A]

Admin. status: TRIAL *Date:* 01/07/1998

Identifying and definitional attributes

Data element type: DATA ELEMENT CONCEPT

Definition: An instance or occasion of HACC funded assistance received by the person 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)*
- and, 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 is funded from other sources (eg 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 Events 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:

Date of receipt of assistance [9.5.5-1]

Admin. status: TRIAL *Date:* 01/07/1998

Reporting status: SUPPORTING DATA REQUIREMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The date on which the person 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 Events. 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

Datatype: 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, 1998 the Date of Receipt of Assistance should be recorded as 01/07/1998.

Verification rules:

Collection methods: The date recorded should reflect the date on which the person received any type of assistance (as specified in the data element Primary Type of Assistance Received) from the agency. Where the client receives more than one occasion of service on the same day, the agency should separately record each occasion of service against the same date.

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 Events (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 (ie 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 Assessment, 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:

Primary type of assistance received [9.5.5-2]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING DATA REQUIREMENT

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 data element Primary Type of Assistance Received 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 Events.

However, 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. 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.

Relational and representational attributes

Datatype: Numeric *Representational form:* Code

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

Data domain:

1 Domestic assistance

2 Social support

3 Nursing care

4 Allied health care

5 Personal care

6 Centre-based day care

7 Meals

8 Other food services

9 Respite care

10 Assessment

11 Case management

12 Case planning/review and coordination

13 Home maintenance

14 Home modification

15 Provision of goods and equipment

16 Formal linen service

17 Transport

18 Counselling/support, information and advocacy

Guide for use:

1 *Domestic Assistance* refers to assistance with domestic chores, including assistance with cleaning, dishwashing, clothes washing and ironing, shopping 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 8 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.

2 *Social Support* refers to assistance provided by a companion (paid worker or volunteer), either within the home environment or while accessing community services or facilities, 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.

3 *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 which 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.

4 *Allied Health Care* (also known as paramedical care) refers to professional allied health care services, including podiatry, occupational therapy, physiotherapy, speech pathology and advice from a dietician or nutritionist.

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.

5 *Personal Care* refers to assistance with daily self-care tasks, such as eating, bathing, toiletting, 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 the primary focus of an occasion of service. It should not be used where assistance with personal care is incidental or secondary to other 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.

6 *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 a centre-based setting. Centre Based Day Care also includes outings and day trips organised and conducted by a day care centre.

7 *Meals* refers to the receipt of a prepared and delivered meal.

8 *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.

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.

9 *Respite Care* refers to assistance received by a carer from a substitute carer who provides supervision and assistance to their care recipient in their absence.

Respite care is provided by the HACC program to carers in order to give them some time away from the person for whom they care. As such, the clients of respite care services should always be carers. Assistance received by the client (ie carer) should be coded as 9 Respite Care when:

- A substitute carer takes the place of the usual carer; and
- Any other activities undertaken as part of substituting for the usual carer are incidental or secondary to the primary purpose of providing respite to the carer.

Respite care should only be recorded when the *primary* purpose of the occasion of service is to substitute for the usual carer. 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 carer recipient. This situation is usually transitional or temporary and should be recorded as 9 Respite Care if the primary purpose of the activity is to give the client (carer) some time away from their caring role.

A person providing respite care (ie substitute carer) may assist with other activities as part of substituting for the usual carer (eg washing dishes or helping the care recipient with personal care tasks). Agency policy related

to the worker's 'duty of care' while substituting for the usual carer may, at times, limit the extent and nature of this additional activity.

It may, at times, be difficult for an agency to decide whether the primary focus of an occasion of services is respite or social support. This is often because in order to provide the carer with an effective break from their care recipient, 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 9 Respite Care when:

- the substitute carer comes into the home with the aim of enabling the carer to go out of the home; and
- when a substitute carer accompanies both the carer and care recipient on an outing or holiday.

As a general rule an occasion of service should be coded 2 Social Support when the care recipient is taken on an outing by the substitute carer without being accompanied by the carer. In this case, the care recipient is the client.

10 *Assessment* refers to all assessment and re-assessment activities which are directly attributable to individual clients. 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 client'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.

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 (eg 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 (ie date of birth, sex, address, language spoken at home, carer availability, 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.

11 *Case Management* refers to assistance received by a client from an agency worker who has been formally designated as responsible for ensuring the coordinated and appropriate delivery of services from more than one agency to a client with complex care needs.

While this kind of service activity type is largely undertaken by Community Options (COPs) and Linkages projects, some other agencies also provide assistance with Case Management to their clients. In determining whether an agency is providing Case Management to a client, the following factors should be considered:

- Case Management must involve or potentially involve more than one agency in the delivery of services to a client; and

- the assignment of a 'case manager' must be the result of a formal agreement between the client, the case manager and other parties involved or potentially involved in the client's care plan.

Accordingly, Case Management should only be used where a client receives assistance from an agency worker who is formally responsible for managing the planning, coordinating, monitoring and reviewing of the provision of services and supports to that client across a range of agencies.

Where a COPs or Linkages agency also provides other types of assistance to a client directly from within their own agency, this assistance should be recorded according to the service activity that the client has received on a given occasion of service. For example, if a client receives Domestic Assistance directly from a worker of a COPs or Linkages project, then this should be recorded as such by the agency.

Day-to-day case coordination activities undertaken on behalf of an individual client within a single agency should be included under Case Planning/Review and Coordination.

12 *Case Planning/Review and Coordination* refers to activities which relate to the coordination, planning and delivery of services which are directly attributable to an individual client. This includes the development, monitoring and review of individual case/service plans, as well as organisational and case coordination activities associated with service delivery to the client. While these activities will often not involve direct client contact, they should be directly related to the planning and delivery of services to an individual client.

This type of assistance does not include general administrative work related to the agency as a whole (eg drawing up rosters or processing accounts) nor does it include workers' (or volunteers') completion of tasks related to their employment (eg completing time sheets or attendance at staff meetings or training programs).

13 *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.

14 *Home Modification* refers to assistance with modifications or renovations to the person's home to help them cope with a disabling condition.

Home modification includes modifications such as grab rails, hand rails, ramps, shower rails, appropriate tap sets, installation of emergency alarms and other minor renovations.

15 *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 includes 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. A code list for Goods and Equipment is provided at Appendix B.

16 *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 as the primary Type of Assistance when linen is both provided and laundered.

17 *Transport* refers to assistance with transportation either directly (eg a ride in a vehicle provided or driven by an agency worker or volunteer) or indirectly (eg taxi vouchers or subsidies).

18 *Counselling/Support, Information and Advocacy* refers to assistance with understanding and managing situations, behaviours and relationships associated with the person's need for care and/or the caring role, 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, 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 (eg training on safe ways to lift a person) as well as the provision of information (eg other services available in the area).

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 (eg 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 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 *7 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 (*10 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.

In general, however, the growth in multi-service type agencies and the increasing emphasis on responding flexibly to clients' needs, mean that formal funding categories have limited descriptive usefulness at the HACC Service Event level for an individual client.

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).

R*eporting 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 Assessment, Total Amount by Type of Assistance Received (Time), Total Amount by Type of Assistance Received (Quantity), Total Amount by Type 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:

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.

Inevitably, some level of descriptive detail about the occasion of service is lost when a decision about what to record as the primary type of assistance is made when recording this information. 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. This data element definition 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. This data definition takes into account the likely uses to which such information would be put by program planners and funders and by the agencies themselves.

This data element is used in conjunction with Date of Receipt of Assistance, Service Delivery Setting, Funding Source Category and all data elements relating to amounts of assistance received. These data elements combine to identify the amount of any particular type of HACC funded assistance received by a client on any given HACC Service Event. Recording the amount of all types of assistance received during each service delivery event (rather than the primary type of assistance) is generally beyond the capacity or interest of most agencies. Furthermore, this level of detail is not currently required by HACC program managers.

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 1.0 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 1.0 of the HACC MDS.

Funding source category [9.5.5-3]

Admin. status: TRIAL *Date:* 01/07/1998

Reporting status: SUPPORTING DATA REQUIREMENT

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 Events. 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

Datatype: 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 includes 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 (ie either 1 or 2 in Funding Source Category) are considered to be HACC Service Events 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 (ie 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.

Amount of assistance received (time) [9.5.5-4]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING DATA REQUIREMENT

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.

At this stage of HACC MDS development, agencies are not required to report information about individual HACC Service Events. However, 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

Datatype: Numeric *Representational form:* Quantitative value

Field size: *Min.* 3 *Max.* 5 *Representational layout:* NN.NN (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 respite care
- Other food services

- Respite care
- Assessment
- Case management
- Case planning/review and coordination
- Home maintenance
- Counselling/support, information and advocacy

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 15 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:

Comments:

Amount of assistance received (quantity) [9.5.5-5]

Admin. status: TRIAL *Date:* 01/07/1998

Reporting status: SUPPORTING DATA REQUIREMENT

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.

At this stage of HACC MDS development, agencies are not required to report information about individual HACC Service Events. However, 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

Datatype: Numeric *Representational form:* Quantitative value

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

Data domain: Amount in quantity (recorded as a 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. 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 (cost) [9.5.5-6]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING DATA REQUIREMENT

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.

At this stage of HACC MDS development, agencies are not required to report information about individual HACC Service Events. However, 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

Datatype: 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 1.0 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 (ie Date of Receipt of Assistance, Primary Type for 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:

Assistance with goods and equipment received [9.5.5-7]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING DATA REQUIREMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The goods or equipment provided to the person (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.

At this stage of HACC MDS development, agencies are not required to report information about individual HACC Service Events. However, 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 of goods or equipment received on each occasion of service delivery, the agency will be able to report on all the types of goods and equipment received by the client during a HACC MDS reporting period.

Relational and representational attributes

Datatype: Numeric *Representational form:* Quantitative value

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

Data domain: See code list for Goods and Equipment at Appendix B.

Guide for use:

Verification rules:

Collection methods: The agency should record the type of 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.

Where the client receives more than one of the *same* type of good or equipment (eg several packets of incontinence pads) on the same occasion, the agency should only record this once. Where the client receives *different* types of goods or equipment on the same occasion, the agency should separately record each type of goods or equipment against the same date.

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 identify all the

types 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.

Source organisation:

Comments:

This data element does not record an *amount* of assistance with goods and equipment in the same way that an amount is recorded for the other types of assistance provided by HACC agencies (ie in time, quantity or cost). Rather this data element indicates the *type* of goods or equipment that the agency provides to the person on an occasion of service delivery. Agencies will be able to report up to a maximum of 10 different types of goods and/or equipment that they have provided to the client during each reporting period (see Total Assistance with Goods and Equipment Received).

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.

Date of exit from HACC service episode [9.5.8-1]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

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 and Accommodation after 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

Datatype: 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, 1998 the Date of Exit from HACC Service Episode should be recorded as 01/07/1998.

Verification rules:

Collection methods: The agency should collect this information for the end of each HACC Service Episode for the client. For any client whose receipt of assistance from the agency is fully funded through the HACC program, the Date of Exit from HACC Service Episode will be the last date on which the person received any of the types of assistance listed under the data element Primary Type of Assistance Received, within a period of assistance.

Clients of HACC funded agencies may also receive assistance (of the same or different types) that is funded from a source other than the HACC program. In these circumstances, the Date of Exit from HACC Service Episode is the last

date on which the assistance they received from the agency, within a period of assistance, was funded by the HACC program. In all instances, the Date of Exit from HACC Service Episode will be the same date as the last HACC funded Date of Receipt of Assistance recorded for the period of assistance for the client.

At times, an agency may not know for some time that a particular service delivery event is, in fact the last time the person will receive assistance from the agency in that HACC Service Episode. For example, a client may go to stay with a relative and an agency may have put the person 'on hold' or on 'suspension' for what is expected to be a temporary absence. However, some time later the agency may be informed that the client will not be returning home and that the agency's assistance will no longer be needed. In such situations the agency will need to identify the last Date of Receipt of Assistance recorded for the client and record that date as the Date of Exit from HACC Service Episode.

Regardless of the process and/or time at which the agency determines that the person is no longer a HACC client of the agency, the agency should record the last date on which the person received HACC funded assistance from the agency as the 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 an agency on more than one occasion. Agencies are required to report the most recent Date of Exit from HACC Service Episode that the agency has recorded for the client.

The Date of Exit from HACC Service Episode reported for the person will be analysed in conjunction with the data elements Main Reason for Cessation of Services and Accommodation Setting after Cessation of Services. As such, 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 and Accommodation Setting after 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 and Accommodation Setting after 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.

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 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.

Main reason for cessation of services [9.5.8-2]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The main reason that the person 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 and Accommodation Setting after Cessation of Services, 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

Datatype: Numeric *Representational form:* Code

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

Data domain:

1 Client no longer needs assistance from agency – problem resolved (or no longer exists) or client is managing on their own and/or with other forms of assistance

2 Client no longer needs assistance from agency –moved to residential or institutional care setting (eg hospital, residential aged care facility) or to supported accommodation/living facility (eg group home for persons with a disability)

3 Client's needs have increased to the point where the agency is no longer the most appropriate service provider – referred to other community care provider/program (eg COPs, CACP)

4 Client's needs have not changed but agency can no longer provide assistance due to budget constraints

5 Agency terminated service to client for worker (or volunteer) occupational health and safety reasons

6 Client moved out of area

7 Client died

8 Client terminated service

9 Other

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 Includes situations where the client'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 informal carers (family, friends etc) and/or from other formal community care services (including other HACC agencies). Excludes situations where the client no longer needs assistance from the agency because they have died (code to 7) or because they have moved out of the agency's geographic area of coverage (code to 6) or because they have moved into a nursing home or hostel or hospital (code to 2). Includes situations where a carer no longer requires assistance as a result of the death of their care recipient.

2 Includes situations where the agency's assistance is no longer needed (or can no longer be provided) because the client has moved into an institutional or residential care setting or a supported accommodation care setting.

3 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 2 should be used.

4 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. This would usually be associated with a review of the relative need of all agency clients in order to decide on which clients have priority. 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.

5 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 (eg 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 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 and the client's Accommodation Setting after Cessation of Service.

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 most recent 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 and the Accommodation Setting after Cessation of Services 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 Exit from HACC Service Episode.
Is related to the data element Accommodation Setting after Cessation of Services.
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:

Accommodation setting after cessation of services [9.5.8-3]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: SUPPORTING AND REPORTING DATA REQUIREMENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The setting in which the person resides immediately after they cease to receive services from the agency.

Context: The HACC program aims to assist frail elderly persons and people with disabilities to remain living in the community. Changes in a person's accommodation setting at the end of a HACC Service Episode gives some indication of the relationship between the receipt of HACC funded assistance and the HACC program's goal of helping people to remain living in community-based settings. Of particular interest to the HACC program is the movement of clients from community based settings into residential or institutional care settings. This data element will be used in conjunction with the data element Main Reason for Cessation of Services to gain a greater understanding of the circumstances surrounding client movements out of the care provided by HACC funded agencies. The data element Accommodation Setting after Cessation of Services will also be compared with the data element Accommodation Setting to give an indication of the extent to which changes in accommodation setting are associated with exiting from the care and assistance provided by the HACC program.

Relational and representational attributes

Datatype: Numeric *Representational form:* Code

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

Data domain:

1 Private residence (eg house, flat, caravan, boat)

2 Independent living unit in a retirement village

3 Boarding house/private hotel

4 Short term crisis, emergency or transitional accommodation facility (eg night shelters, refuges, hostels for the homeless, halfway houses)

5 Domestic-scale supported living facility (eg group home for people with disabilities)

6 Supported accommodation facility (eg hostel for people with disabilities, Supported Residential Services or Facilities (Vic and SA))

7 Acute care hospital

8 Extended care/rehabilitation facility

9 Palliative care facility/hospice

10 Residential aged care facility (nursing home or aged care hostel)

11 Psychiatric/mental health facility

12 Public place/temporary shelter

13 Not applicable – client died.

14 Other

15 Not known

99 Not stated/inadequately described

Guide for use: This item should be used to record the accommodation setting of the person directly following the end of a HACC Service Episode. The item should not be used to reflect subsequent events. For example, a person who is hospitalised and subsequently moves to a Residential Aged Care Facility (nursing home or hostel) where they then die, should be recorded under 7 (Acute care hospital) for this data element.

5 Refers to community living settings in which clients reside in a facility that provides support in some way by staff or volunteers on either a live in or rostered basis. This category includes group homes for people with a disability, cluster apartments where a support worker lives on site, community residential apartments, congregate care arrangements, etc. Supported independent living settings may or may not have 24 hour supervision and care. Independent living units in retirement villages should be coded to 2 and community psychiatric facilities should be coded to 11.

6 Refers to settings in which clients reside in an accommodation facility which provides board or lodging for a number of clients and which has support services provided on what is usually a 24-hour basis by rostered care workers. Supported accommodation facilities include hostels for people with disabilities as well as government regulated Supported Residential Services/Facilities (Victoria and South Australia only). Code 6 should be used for larger supported accommodation facilities (usually more than 10 people) which may or may not have 24 hour supervision or care. Smaller supported accommodation facilities (ie less than 10 people) which may or may not have 24 hour care or supervision should be coded to 5. Aged care hostels should be coded to 11 Residential aged care facility.

7 Includes both public and private acute care hospitals, but excludes psychiatric hospitals or wards (code to 11), extended care/rehabilitation facilities (code to 8), and palliative care facilities/hospices (code to 9) which may be co-located with an acute care hospital.

8 Includes extended care and rehabilitation facilities that are co-located with an acute care hospital.

9 Includes palliative care facilities and hospices that are co-located with an acute care hospital.

11 Includes psychiatric hospitals and psychiatric wards and facilities co-located with hospitals and community care units that provide accommodation and non-acute care and support on a temporary basis to people with mental illness or psychosocial disabilities

12 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.

13 Should only be used when the reason for cessation of services was that the client died (ie code 6 in Main reason for Cessation of Services).

15 Should be used when the agency does not know the person's accommodation setting immediately after exit from the HACC Service Episode. For example, code 15 should be used if the person changes their place of residence without informing the agency of their whereabouts, and, after a period of attempted contact, the agency decides to formally remove the person from their client list.

Verification rules: A value for this data element should exist in any client record with a Date of Exit from HACC Service Episode.
A value of 13 for this data element should be accompanied by a value of 6 in Main reason for Cessation of Services and/or a value of 2 in Reason for HACC Client Status.

Collection methods: This data element only applies to HACC clients who were receiving assistance from the agency because of their own frailty, disability or condition. That is, this data element *does not relate to clients who are carer*s and who were only receiving assistance from the agency to help them in their caring role (ie. code 2 in Reason for HACC Client Status).

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 or ongoing basis. This data element should be recorded in conjunction with the client's Date of Exit from HACC Service Episode and the client's Main Reason for Cessation of Services.

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 for any client who was receiving assistance from the agency because of their own frailty, disability or condition. This data element is *not* required for reporting for any client who is a carer and who was only receiving assistance from the agency to help them in their caring role (ie. code 2 in Reason for HACC Client Status).

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 data element Accommodations Setting after Cessation of Services should be reported for the most recent Date of Exit from HACC Service Episode that the agency has recorded for the client.

Information provided by the agency about the client's Accommodation Setting after Cessation of Services will be considered to relate to the same HACC service episode as the Date of Exit from HACC Service Episode reported for the person and the Main Reason for Cessation of Services.

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 Exit from HACC Service Episode
Is related to the data elements Main Reason for Cessation of Services and Accommodation Setting.

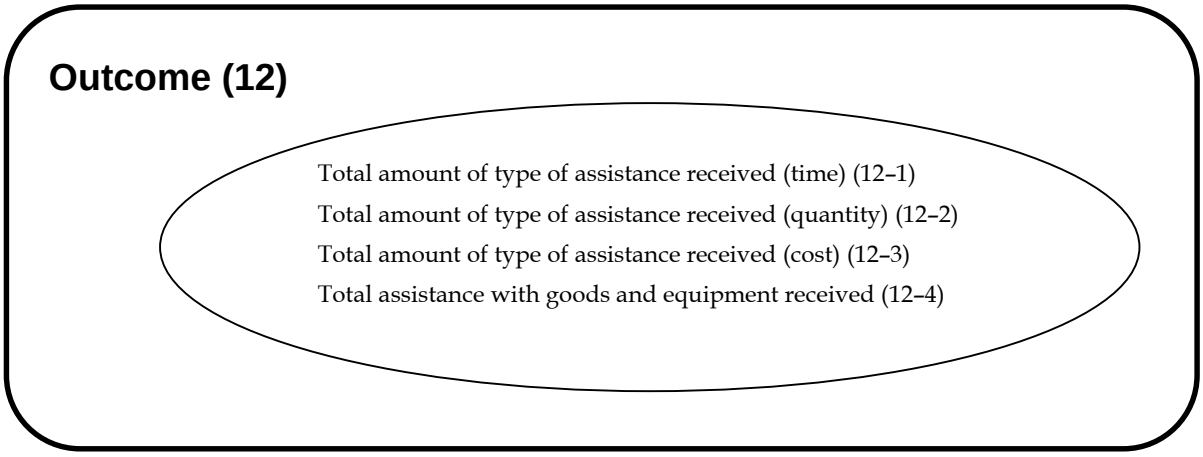
Administrative attributes

Source document: National Classifications of Community Services, Version 1.0, 1997.

Source organisation: Australian Institute of Health and Welfare

Comments:

In the classification of settings included in the National Classification of Community Services (NCCS) 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 (ie under Class 402 in the NCCS). This is in line with the recent policy shift to group 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.



— Shaded boxes represent entities that have no related data elements in version 1.0 of the HACC Data Dictionary

Total amount of type of assistance received (time) [12-1]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: REPORTING DATA REQUIREMENT

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

Datatype: 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 (ie HACC Service Events).

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 delivery 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 respite care
- Other food services
- Respite care
- Assessment
- Case management
- Case planning/review and coordination
- Home maintenance
- Counselling/support, information and advocacy

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 (ie 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 amount of type of assistance received (quantity)[12-2]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: REPORTING DATA REQUIREMENT

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

Datatype: 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 by quantity 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 (quantity) 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 (that is, only HACC Service Events).

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 the total amount received by service delivery 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 (ie 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 (cost) [12-3]

Admin. status: TRIAL *Date:* 01/07/1998

Reporting status: REPORTING DATA REQUIREMENT

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

Datatype: 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)
- Funding Source Category

Guide for use: Home Modification is the only type of assistance measured in cost within Version 1.0 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.

Funding Source Category allows the agency to include only those service delivery events which were funded either wholly or partially through the HACC program (that is, only HACC Service Events).

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. The agency is required to report a total amount of assistance received for types of assistance measured by cost. In Version 1.0 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 assistance with goods and equipment received [12-4]

Admin. status: TRIAL *Date*: 01/07/1998

Reporting status: REPORTING DATA REQUIREMENT

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 data element does not record an *amount* of assistance with goods and equipment in the same way that an amount is recorded for the other types of assistance provided by HACC agencies (ie in time, quantity or cost). Rather this data element specifies the different types of goods or equipment that the agency has provided to the person by either purchase or loan during the HACC MDS reporting period. Agencies are able to report up to a maximum of 10 different types of goods and/or equipment that they have provided to the client during each reporting period.

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

Datatype: Numeric *Representational form:* Code

Field size: *Min.* 2 *Max.* 30 *Representational layout:* NN.NN.NN.NN…..

Data domain: Is derived from the data elements:

- Date of Receipt of Assistance
- Primary Type of Assistance Received
- Assistance with Goods and Equipment Received
- Funding Source Category

Guide for use: The agency should use the data elements listed above to report on the total 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 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 (that is, only HACC Service Events).

The field size allows for a maximum of ten types of goods and equipment to be reported for a client as a total of all such assistance received during a HACC MDS reporting period. Each type of goods or equipment received by the client during the HACC MDS reporting period should be represented by the appropriate code from the code list at Appendix B (See Assistance with Goods and Equipment Received). Each 2 digit code should be followed by a full stop. 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 00 (ie 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 all of the types 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.

This data element allows the agency to report up to a maximum of ten different types of goods and equipment received by the person during the reporting period. If the person has received no HACC funded goods or equipment during the reporting period then the agency should report the total as 00 (ie zero).

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.

Source organisation:

Comments:

Appendix A: Code list for Main Language Spoken at Home

(01-10)	**Northern European Languages**
01	Danish
02	English
03	German
04	Irish
05	Netherlandic
06	Norwegian
07	Swedish
08	Welsh
09	Yiddish
10	Northern European Languages, nfd
(11-17)	**Southern European Languages**
11	French
12	Greek
13	Italian
14	Maltese
15	Portuguese
16	Spanish
17	Southern European Languages, nfd
(18-37)	**Eastern European Languages**
18	Albanian
19	Armenian
20	Bosnian
21	Bulgarian
22	Croatian
23	Czech
24	Estonian
25	Finnish
26	Hungarian
27	Latvian
28	Lithuanian
29	Macedonian
30	Polish
31	Romanian
32	Russian
33	Serbian
34	Slovak
35	Slovene
36	Ukrainian
37	Eastern European Languages, nfd

(38-43)	**Southwest Asian and North African Languages**
38	Arabic (including Lebanese)
39	Assyrian (including Aramaic)
40	Hebrew
41	Persian
42	Turkish
43	Southwest Asian and North African Languages, nfd
(44-53)	**Southern Asian Languages**
44	Bengali
45	Gujarati
46	Hindi
47	Kannada
48	Punjabi
49	Shinhalese
50	Tamil
51	Telugu
52	Urdu
53	Southern Asian Languages, nfd
(54-66)	**Southeast Asian Languages**
54	Bisaya
55	Burmese
56	Cebuano
57	Hmong
58	Indonesian
59	Khmer
60	Lao
61	Maly
62	Tagalog (Filipino)
63	Thai
64	Timorese
65	Vietnamese
66	Southeast Asian Languages, nfd
(67-74)	**Eastern Asian Languages**
67	Cantonese
68	Hakka
69	Hokkien
70	Japanese
71	Korean
72	Mandarin
73	Teochew
74	Eastern Asian Languages, nfd

(75-86)	**Australian Indigenous Languages**
75	Alyawarr (Alywarra
76	Arrernte (Aranda)
77	Burarra
78	Kriol
79	Kuurinji (Gurindji)
80	Pintupi
81	Pitjantjatjara
82	Tiwi
83	Walmajarri (Walmadjari)
84	Warlpiri
85	Wik-Mungkan
86	Australian Indigenous Languages, nfd
(87-95)	**Other Languages**
87	Afrikaans
88	Fijian
89	Gilbertese
90	Mauritian Creole
91	Samoan
92	Somali
93	Swahili
94	Tongan
95	Other Languages, nfd
97	Non Verbal (including sign languages eg. Auslan, Makaton)
99	Not stated/Inadequately described

Source: Australian Bureau of Statistics, Adaptation of Australian Standard Classification of Languages (ASCL) (Cat. No. 1267.0, 1997) to accommodate a 2 digit naming code.

Note: Not stated/inadequately described has been grouped into code 99 for consistency with other HACC data dictionary code lists.

There are 86 individual languages in this 2 digit adaptation. In the ASCL, 159 languages are separately identified.

Appendix B: Code list for Goods and Equipment

01-10	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
11-30	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
23-25	*Mobility aids for blind persons*
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
31-43	COMMUNICATION AIDS
31	Aid, hearing
32	Teletext
33	Telephone attachment or adaptation (eg answering service, flashing light, headpiece,
34	Writing aids (mouthstick, writing pad, typewriter, communication board)
35	Computers – Kurzweil personal reader, communication
36	Speaking aids - electrolarynx
37-41	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

44-49 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

50-53 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

54-57 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 C: National Steering Committee – HACC MDS Project

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Sue Turner
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Everard Altus
Northern Domiciliary Care
South Australia

Jeanette Antrum
Meals on Wheels Association
New South Wales

Appendix D: 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 admin. status may change. 'TRIAL' status indicates that the data element is subject to trialing or pilot-testing before full endorsement is given (ie. 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, eg. 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 codeset 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, eg. 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 datatype) 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 calender 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 (eg. 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', '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.