Home and Community Care Program

National Minimum Data Set

Victorian modification

USER GUIDE

Version 2.0 vic

June 2006

Incorporating the
Transmission Protocol and
Validation Rules for
MDS v2.0 and MDS v2.01

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Introduction

Background

The Home & Community Care (HACC) Program provides a comprehensive range of basic maintenance and support services for frail aged people, people with a disability and their carers so they can remain living in the community. The program is jointly funded by the Australian Government and the State and Territory governments.

Work on a National HACC Minimum Data Set (MDS) commenced in 1997. Collection began in January 2001 following extensive consultations and pilot testing.

An evaluation of HACC MDS version 1 was finalised in 2003. It was designed to establish the extent to which the HACC MDS was meeting the needs of the HACC Program, from the perspective of government administrators and service providers. The evaluation encompassed data elements, definitions, data quality and data collections arrangements, and offered a range of suggestions for the future direction of the collection. A working group of key stakeholders—the HACC Data Reform Working Group—then examined a range of possible amendments to the HACC MDS v1. Recommendations from this group were accepted by HACC Officials and are reflected in the HACC MDS version 2.0 described here.

Objectives of the HACC Minimum Data Set

The objectives of the HACC Minimum Data Set are:

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

Purpose and structure of the User Guide

This User Guide is designed to assist HACC service providers to create accurate quarterly reports about the characteristics of all clients who receive a HACC-funded service, and about the type and quantity of services provided.

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

The national HACC MDS v2.0 includes all those data elements that HACC providers are required to report consistently on an ongoing basis in all States and Territories.

The national HACC Data Dictionary contains definitions for each of these data elements. It also defines certain data elements and concepts which are not reported via the MDS, but which must be built into an agency's data-collecting system in order to support the elements that are actually reported. An example is the client's full name, which needs to be collected by the service provider but which is not reported to government.

The definitions in the national HACC Data Dictionary are more detailed than those provided in this Guide and are presented in an internationally accepted standard format.[1] The entries in the Data Dictionary are intended to be used as a reference in cases where more information is needed to clarify the meaning of a particular data element.[2]

Victoria's modification of HACC MDS v2

The Victorian Government jointly funds the HACC Program with the Australian Government. The Department of Human Services (DHS) is responsible for HACC Program administration in Victoria. During 2005, the Department developed a DHS Common Client Data Set (CCDS) in order to improve uniformity in the data items collected in key DHS-funded services.

Data collections that are consistent with the DHS Common Client Data Set

Behind the scenes, CCDS version 1 ensures that the core data elements in the following data sets have consistent definitions and code sets:

- The HACC Minimum Data Set version 2
- The Aged Care Assessment Program MDS version 2
- The Community & Women's Health Program data collection
- The Alcohol and Drug Program data collection
- The blood-borne viruses and sexually transmitted infections data collection
- The Service Coordination Tool Templates (SCTT)

Extent of Victoria's modifications to National HACC MDS v2

To accommodate the CCDS, it has been necessary to make some minor modifications to the National HACC MDS Version 2 for use in Victoria.

To enable data to be collected from agencies funded by the Aged Care Support for Carers program, and agencies operating a HACC Response Service, some additional data items (service types) have been added.

To enable data to be collected from another four related programs, a variant of Victoria's HACC MDS version 2, called version 2.01, has been produced. Agencies needing to collect this variant dataset will be given separate documentation by the DHS Aged Care Branch. Version 2.01 contains all the items in version 2. The relevant programs are:

- Community Connections
- Housing Support for the Aged
- Older Persons High Rise Support
- SRS Service Coordination.

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

2 The national HACC Dictionary is published on the Web at http://www.health.gov.au/internet/wcms/publishing.nsf/Content/hacc-mds_v2.htm

The main differences between the National HACC MDS v2 and the Victorian modification are shown in Table 1.

Table 1: Scope of Victorian modifications to National HACC MDS v2

Nature of difference	National HACC MDS v2	Victorian modification
Name changes	Main Language Spoken at Home	Preferred Language
	Carer—Existence of	Carer Availability
	Suburb/town/locality	Residential locality
Extra data elements		Name of software
		Need for Interpreter
	Type of Assistance	Up to 20 additional types (7 types of Allied Health, plus other services)
Code set changes	Functional Status	Re-ordering of items
	Accommodation setting	3 extra codes
	Source of Referral	3 extra codes
	Relationship of Carer	Split by male/female

The documentation on the HACC MDS v2 available from DHS Victoria, including the present document, should be sufficient material for all relevant agencies and their software developers to create correctly formatted files.

Variation from the national HACC Data Dictionary

As a result of these modifications, the Victorian HACC User Guide does not entirely accord with the National HACC Data Dictionary. Where there are differences, such as in code sets, agencies in Victoria should follow the Victorian HACC MDS v2 User Guide (the present document). This User Guide gives page-number references to the National HACC Data Dictionary as found on the Web site of the National HACC Program maintained by the Commonwealth Department of Health and Ageing.

If in doubt, contact Victoria's HACC Data Help Desk, **haccmds@dhs.vic.gov.au**

Overview of HACC MDS v2.0

Who needs to complete the HACC MDS?

Agencies in Victoria who have been funded by DHS under any of the following programs or sub-programs should report via the **HACC MDS version 2.0:**

- The HACC Program
- HACC Response Service
- Aged Care Support for Carers Program.

Agencies who have been funded under any of the following should report via **HACC MDS version 2.01** (see supplementary documentation):

- Community Connections
- Housing & Support for the Aged
- Older Persons High Rise Support Program
- SRS Service Coordination Program.

Check your DHS Service Agreement to see if your agency has been funded under any of the above. If so, quarterly MDS data files should be submitted to the Victorian Data Repository managed by the DHS Rural and Regional Health & Aged Care Services Division and its Aged Care Branch.

Supplementary data-collection guidelines will be distributed to agencies who have been funded by the Support for Carers, Community Connections, or HACC Response Service. These will describe which additional data items to collect and which MDS codes to use.

The Victorian data repository will ensure that all relevant files are mapped to the National HACC MDS format before a copy is submitted to the National HACC data repository.

Agencies with more than one outlet: how to report

Depending on how your agency has organised its client services and its information management systems, you have a choice in how to report to the MDS:

Option 1: The agency transmits a single set of HACC MDS files to DHS. Such an agency may have only one outlet, or it may have several business units delivering HACC services, but the agency will have a unified information management system and therefore undertakes to produce a unified set of client records. The agency will be issued with a single HACC ID number for the purpose of reporting the MDS.

Option 2: The agency comprises more than one outlet or business unit, with more than one client information management system. **The agency opts to transmit more than one set of HACC client records to DHS.** Therefore the agency will be issued with more than one HACC ID number for the purpose of reporting the MDS.

The DHS Aged Care Branch is happy to accommodate **either** of these arrangements, by supplying ID numbers for any agency outlet that needs to submit its own set of MDS files. For advice, agencies should consult the HACC Data Help Desk, and their DHS Regional HACC contact.

Sub-contracting: who reports the client?

If your agency uses its HACC funds to sub-contract (broker) another agency to deliver services to your agency's clients, your agency remains responsible for reporting on those clients to the MDS. It does not matter whether or not the sub-contracted agency itself receives HACC funds from the Department.

In the case of clients who receive services from the HACC Linkages sub-program, the agency that receives Linkages funding directly from DHS should report the services they have purchased out of the Linkages package. If there is a 'maintenance of effort' agreement with a council or other HACC provider, the latter should also be reporting these clients and the services they receive. If all agencies have followed the correct rules, these client records should have the same statistical linkage key, so that the total quantity of HACC services received can be estimated by the data repository.

Feedback to agencies

Once an agency's HACC MDS files are submitted to DHS, the agency is notified that its files have been received. As soon as the files have been processed by the data repository, the agency is told whether the files were successfully validated, or whether particular files or records need to be corrected or re-submitted.

DHS Funded Agency Channel

Your agency can visit the DHS Funded Agency Channel (FAC), a Web site, to view a series of feedback reports on the MDS data files you have submitted. The address for the Funded Agency Channel is https://fac.dhs.vic.gov.au. A user ID is required, and can be supplied free on request.

Comparing agency outputs to targets

In Victoria, all HACC agencies have a Service Agreement with DHS which includes a HACC Service Plan. The Service Plan specifies the agency's output targets for each HACC service type (or activity type).

The MDS is now the only means by which HACC agencies can report their aggregate outputs (hours of service). The MDS replaces the former HACC Quarterly Output Collection. Therefore it is important for the data on hours of output by service type to be accurate.

One of the reports on the DHS Funded Agency Channel (no. 19) shows each agency's most recent MDS data and compares outputs for each HACC-funded activity to the corresponding targets in the agency's service agreement. Agencies should consult this FAC report during and after the data transmission period to check that it is accurate. **Any anomalies, over-performance or under-performance should be discussed with DHS Regional HACC contacts.**

The HACC MDS only describes those activities of an agency that are directly related or attributable to identifiable persons who receive assistance from the agency funded by the HACC Program, or Victoria's Support for Carers Program. As such, the HACC MDS does not describe all activities of an agency. Nor is it necessarily assumed that the activities reported in the MDS will account for all HACC funds spent by the agency.

Who is a HACC client for MDS purposes?

Care recipients and carers

Most people receiving HACC assistance will be frail aged people or people with a disability. They are described here as *care recipients*. Some of these care recipients will have relatives, friends or neighbours who look after them; if the care provided is unpaid and sustained, these people are called *carers*. Carers are officially recognised as part of the HACC Program's target population. The carers of older people are also the principal focus of the DHS Aged Care Support for Carers program.

In Version 2.0 of the HACC MDS, information about the care recipient and their carer (if any) is recorded *on the same client record*.

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

- A care recipient only (if the person has no carer); or
- A care recipient and their carer where this 'dyad' is receiving services funded by HACC or the Support for Carers program.

Your agency should therefore collect information about *both* the care recipient and the carer, where there is a carer.

If the carer is a person who is also receiving HACC services due to their *own* frailty or disability (rather than to assist them in their capacity as a carer), then your agency should be maintaining a separate HACC client record for that person, and submitting it along with all other HACC client records.

For example, consider Mrs Smith, the ageing mother of an adult son with a disability, John Smith. If the HACC program provides Mrs Smith with regular respite for John Smith, this will be reported on John Smith's client record, which will also include key details about his carer, Mrs Smith. Generally the agency would *not* submit a separate record for Mrs Smith.

However, if Mrs Smith herself has been assessed as requiring (for example) HACC personal care, then the agency will maintain and submit a separate client record for Mrs Smith, showing that she receives personal care. It is possible that this record will show that Mrs Smith herself has no carer.

Exclude 'casuals' but include groups

The HACC MDS does not collect information about people who have only a casual or fleeting contact with service providers. Thus, you can **exclude** people making general telephone enquiries, or people who attend information sessions.

If your agency runs a social club or drop-in centre, or an outreach service to homeless people, you should **include all 'regulars'**, even if their full details are not known (see below on how to count 'anonymous' clients).

Groups: In some circumstances the individuals participating in a group should be included; in other cases they should be excluded.

The general rule is: Include anyone for whom your agency has opened (or ought to have opened) a proper client record.

Thus you should **include people attending an ongoing group** funded by HACC (or the Support for Carers program), such as a Planned Activity Group, a social support group, participants in exercise groups run by Allied Health professionals, or a carers' support group with a definite membership, whether short-term or ongoing. (Note that the members of a carers' support group are included via client records in the name of the aged or disabled care recipient.)

Counting 'anonymous' clients

If your agency has a regular client whose personal details are not fully known, it is still possible to create a valid client record. For example, you may run a drop-in centre in which a particular client is known only as 'John'. A record in this anonymous format may also be appropriate when a client is not satisfied with the privacy conferred by the normal de-identified statistical linkage key (SLK). See the data item 'Letters of name' in this User Guide, on how to create an SLK in these circumstances.

Anonymous SLKs should be treated as a last resort, because very little demographic analysis can be performed on such records. Over time, you should try to collect the basic details about each such individual (letters of name, true date of birth, sex). It is important that the existence of marginalised groups such as homeless people should not be invisible to the HACC Program.

What information is collected?

The MDS is not meant to report all the staff time spent on service delivery nor all the funds expended in providing services. Rather, it is designed to collect sufficient information for planning and management purposes.

Below is the list of data elements collected in the HACC MDS v2.0. The elements are described further below.

A. Information about the care recipient—personal details

- First given name[3]
- Surname/family name
- Letters of name
- Date of birth
- Date of birth estimate flag
- Sex
- Australian state/territory identifier
- Residential locality
- Postcode
- Country of birth
- Preferred language
- Indigenous status
- Need for interpreter[4]

[3] The person's full name is not required for reporting, but selected letters are used to form the *Letters of name* for record linkage purposes.
[4] Collected for the DHS Common Client Data Set

B. Information about the care recipient—circumstances

- Living arrangements
- Accommodation setting
- Govt. benefit/pension status
- Department of Veterans' Affairs card status
- Functional status

C. Information about the carer (if one exists)

- Carer availability
- Carer residency status
- Relationship of carer to care recipient
- Carer for more than one person
- First given name[5]
- Surname/family name
- Letters of name
- Date of birth
- Date of birth estimate flag
- Sex
- Country of birth
- Main language spoken at home
- Indigenous status.

A care recipient may have more than one person who could be described as their carer. In these cases you will need to identify the person who provides the most significant help. The MDS does not collect information on more than one carer.

D. Information about the service episode

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

- Date of entry into HACC service episode
- Date of last update
- Date of exit from HACC service episode
- Source of referral
- Main reason for cessation of services.

E. Information about the assistance provided

- Depending on the type of assistance, this may be measured in units of time (hours), number of items, or cost.

Privacy considerations

Privacy considerations are covered by the HACC Confidentiality Statement provided to agencies by DHS. Information collected for the MDS is covered by both Australian Government and Victorian Government privacy legislation. Clients should be informed that some of the information provided to HACC agencies will be sent to the State and

[5] See note 3 above.

Australian governments for planning and statistical purposes. This information is de-identified before transmission. Clients can choose not to have their information included in the MDS.

Assistance types

Any service you deliver to a care recipient or carer that involves some HACC dollars (or DHS Aged Care Support for Carers dollars) is to be included in the HACC MDS reporting.

If no HACC or SCP funds are involved then the service is not reported under the HACC MDS, but your agency may need to record this information for other purposes.

The assistance you provide to a HACC client is recorded and reported according to the types of assistance described in this User Guide.

The assistance may be provided by paid staff, or by volunteers. Both are to be recorded under the HACC MDS.

Collecting vs. reporting the data

Information to be *recorded* by your agency

The term 'recording HACC MDS information' refers to information that an agency keeps about the client, about their situation, and about the services delivered. It may be written on client files or forms, and/or kept in a computer system.

Information to be *reported* by your agency

The term 'reporting HACC MDS information' refers to a sub-set of the HACC information that an agency keeps. At the end of a 3-month collection period, this information is assembled and the amounts of assistance to the client are added up. One person in your agency should make sure this information is sent to the Victorian Department of Human Services, via email.

The business rules of the Data Repository require the care recipient's statistical linkage key (SLK) in each record to be populated. If there is no valid SLK for the care recipient, the data repository will reject the record. Thus, it is **mandatory** that agencies populate the data fields for the care recipient's Letters of name, Date of birth and Sex code. Some agencies who provide services to carers may not immediately have the required information about the person being cared for. In these cases, for technical reasons, you must populate the care recipient's SLK with the same data as the carer's SLK. There is a flag to indicate that this has been done. Over time, you should attempt to gather the true details (letters of name, etc.) pertaining to the care recipient, as well as the carer.

While it is very desirable that information about both the care recipient and carer be collected, in some instances it may not be possible or appropriate to complete all data elements. If it is not possible to collect all the information on the first occasion, leave the elements blank and fill them in later as information becomes known.

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Recording is continuous

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

Record those services which have actually been delivered, not the planned assistance events.

Much of the basic information about the client (such as Country of Birth) remains unchanged over time. So,

- Record this information when you first assess the person
- Check it when you review their situation; and
- Update it if you know the situation has changed in some way.

Types and quantity of assistance will need to be recorded each time the client is helped, whether daily, weekly or occasionally.

Reporting is 3-monthly

Every three months, report the full set of MDS items. Add up the amounts of assistance provided to give a total for each assistance type. Round off the hours to the next whole number. The exception to the rounding off rule is when reporting the allied health sub groups. The reporting of the allied health sub groups should be made in hours and minutes (to 2 decimal points). For eg., if a client has been provided with 2 hours and 30 minutes of physiotherapy at home for the quarter then this should be reported as 2.5 (hours) physiotherapy at home. Another example, if a client was given 20 minutes counselling at centre for the quarter then this should be reported as 0.33 (hours) at centre.

If no HACC assistance was provided to a particular client in the last three months, do not include this client in the MDS transmission, even if the person remains on the books as a HACC client. (Your software should do this automatically.)

The exception is people registered with the **HACC Response Service**; here the agency *should report every such currently registered client* every quarter, even if the person did not receive a call-out or any other HACC service during the quarter.

Changes from HACC MDS v1.0

HACC MDS v2.0 incorporates a number of significant changes to the MDS data elements in Version 1.

Recording care recipient and carer details

In HACC MDS v1.0 the person's status as a care recipient or carer was identified through the data element *Reason for HACC client status*. Where the person was receiving HACC services to support their role as a carer, the record described the carer but not the care recipient.

In HACC MDS v2.0, information on carers is always recorded together with information on the care recipient as part of a common record. The data element *Reason for HACC client status* has therefore been deleted from MDS v2.0.

If the care recipient has more than one person who can be described as their carer, it is only necessary to collect details about the *primary carer* (the person who provides the most significant care and assistance).

A new data element, *Carer for more than one person*, shows whether a primary carer is providing assistance on a regular basis for more than one aged or disabled person.

Assistance types for carers

HACC MDS v2.0 continues to define Respite care as being a service that provides a break for carers from their caring responsibilities. Therefore Respite should only be coded if the existence of a carer has been reported. If the care recipient has no carer then the service type is not Respite but would normally be Planned Activity Group or Social Support.

The assistance type Counselling/Support, Information and Advocacy has been split into two, according to whether the carer or the care recipient is regarded as the immediate beneficiary. Thus if Mrs Smith is the ageing carer for her adult son John Smith, it is possible that John Smith's client record will show that this 'family dyad' received two service types: (i) Respite, and (ii) Counselling/Support, Information and Advocacy—Carer. If John Smith himself had attended direct counselling sessions, a third service would be reported: (iii) Counselling/Support, Information and Advocacy—Care Recipient.

Agencies funded by the DHS Aged Care Support for Carers Program (SCP) should report against the relevant SCP assistance types. Supplementary guidelines will be distributed to these agencies.

Functional status (dependency)

HACC MDS v2.0 includes 15 data elements describing the care recipient's dependency, functional status or need for assistance. The data elements can be grouped as follows:

- Seven items on need for assistance with activities of daily living (housework, transport, shopping, taking medication, handling money, walking and mobility);
- A screening question plus four items on self care (bathing, dressing, eating and toilet use);
- One item each on communication, memory and behaviour.

Who should report the dependency data?

DHS will inform individual HACC service providers about when they should begin to collect and report the dependency data. Collecting the items is regarded as a by-product of formal client assessment undertaken by HACC agencies. In the long run these data items will be collected for all or most HACC clients.

Definition of primary assistance types

The definitions of the assistance types have been revised.

One assistance type – Counselling/Support, Information and Advocacy – has been split into two: Counselling/Support, Information and Advocacy (Care Recipient), and Counselling/Support, Information and Advocacy (Carer).

The assistance type Case Planning/Review and Coordination has been revised and renamed Client Care Coordination.

The method of counting Goods and Equipment has been amended. Count the number of each type of equipment supplied.

Other new data elements

Five new data elements are described: Date of birth estimate flag, DVA card status, Date of entry into HACC service episode, Date of exit from HACC service episode, and Need for Interpreter.

Other changes to coding and definitions

Version 2.0 incorporates changes to codes and definitions in a number of data elements. These changes have been designed to bring the HACC MDS in line with the National Community Services Data Dictionary Version 3 (2004). As noted, DHS Victoria has also aligned the HACC MDS with its Common Client Data Set. Table 2 gives a summary of new, omitted and revised data elements in HACC MDS v2.0.

Table 2: Changes in HACC MDS v2.0

MDS v1.5 vic	MDS v2.0 vic	Comment
Reason for HACC client status		Omitted
Accommodation setting after cessation of service		Omitted
First given name	First given name	No change
Family name/surname	Family name/surname	No change
Date of birth	Date of birth	No change
Sex	Sex	Coding change
Country of birth	Country of birth	No change
Living arrangements	Living arrangements	No change
Government pension/benefit status	Government pension/benefit status	Coding change
Suburb/town/locality	Residential locality	Name change
Postcode	Postcode	No change
Carer—existence of	Carer availability	Name change
Carer residency status	Carer residency status	No change
Total amount of type of assistance received (time)	Total amount of type of assistance received (time)	No change
Total amount of type of assistance received (quantity)	Total amount of type of assistance received (quantity)	No change
HACC client (data concept)	HACC client (data concept)	Reporting change
Area of residence	State/ territory identifier	Name change
Date of last assessment	Date of last update	Name change
Indigenous status	Indigenous status	No change

Main language spoken at home	Preferred language	Name and coding change
Accommodation setting	Accommodation setting	Coding change

MDS v1.5 vic	MDS v2.0 vic	Comment
Reason for HACC client status		Omitted
Relationship of carer to care recipient	Relationship of carer to care recipient	Coding change
Source of referral	Source of referral	Coding change
Main reason for cessation of service	Main reason for cessation of service	Coding change
Primary type of assistance received	Primary type of assistance received	Definitional and coding changes
Total assistance with goods and equipment received	Total assistance with goods and equipment received	Changes to reporting amounts

MDS v1.5 vic	MDS v2.0 vic	Comment
	Date of birth estimate flag	New element
	SLK Missing Flag	New element
	DVA entitlement	New element
	Functional status	New element
	Need for interpreter	New element
	Carer's letters of name	New element
	Carer's date of birth	New element
	Carer's date of birth estimate flag	New element
	Carer's country of birth	New element
	Carer's preferred language	New element
	Carer's Indigenous status	New element
	Carer for more than one person	New element
	Date of entry into HACC service episode	New element
	Date of exit from HACC service episode.	New element

Layout of the data elements in the User Guide

Each page in the Guide follows a similar structure:

Name of data element

Definition: A brief definition of the data element.

CHANGES This flag highlights any coding changes, reporting changes and new elements included in the HACC MDS since the previous User Guide (Version 1.5 vic).

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

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

Data Dictionary

Cross-reference to the full description in the National HACC Data Dictionary. The Dictionary is published as Part 2 of the National HACC MDS V2 User Guide. Web address:

http://www.health.gov.au/internet/wcms/publishing.nsf/Content/hacc-mds_v2.htm

Cross-reference to the DHS Common Client Data Set (CCDS v1.2)

Data collection details

A. Care recipient—personal details

First given name

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

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

Data Dictionary

See *First given name* in National HACC Data Dictionary v2.0 on page 141.

Surname/ family name

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

Recording this element
• It is important to record the client's name accurately because a few letters are taken from the surname and first given name to make a statistical linkage key. This statistical linkage key keeps the client's data private when it is reported. • Record the name as it would appear on legal or formal documents, e.g. Aged Pension card, Medicare card, Birth Certificate or passport. • If required, check name spelling with referring agencies. • Take care with unusual spelling and unusual names. • Be aware that some people habitually put their surname first on official forms ('Lacombe Lucien'). Make sure you have identified their true surname ('Lacombe'). • In Indigenous communities, a client may not be able to use their name during a period of mourning. You may still be able to use their usual name for the HACC MDS. If not, use the name the client asks you to use during this period.

Data Dictionary

See *Family name/surname* in National HACC Data Dictionary v2.0, page 139.

Letters of name

Definition: A specific combination of letters selected from the care recipient's **Family name/surname** and their **First given name** to assist with record linkage. A record linkage key utilising letters of name, date of birth and sex is used to keep each client's data private once it has been reported.

Reporting this element
• Letters of name is generally done automatically by the software used by the agency. If manual records are kept, use the procedure below. • Letters from the person's *Family name/surname* should be provided first, followed by letters from the client's *First given name.* In the first three spaces record the 2nd, 3rd and 5th letters of the person's family name or surname. In the following two spaces record the 2nd and 3rd letters of the person's *First given name.* • For example: If the person's name is Brown, Elizabeth (i.e. surname, first given name) the *Letters of name* data element should be reported as RONLI. • If either of the person's names includes non-alphabetic characters—for example hyphens (as in Lee-Archer) apostrophes (as in O'Mara) or blank spaces (as in Eu Jin)—these non-alphabetic characters should be ignored when counting the position of each character. • Regardless of the length of a person's name, the *Letters of name* field should always be five characters long. If either the surname or the first given name of the person is not long enough to supply the requested letters (i.e. a surname of less than five letters or a first name of less than three letters) then substitute the number '2' in the *Letters of name* field to reflect the missing letters. The position of a '2' should always correspond to the space that the missing letter would have had within the five-digit field. • For example: If a person's name is Farr, Ben then the *Letters of name* field would be AR2EN because the 2 is substituting for a missing 5th letter of the surname. • Similarly, if the person's name was Hua, Jo then the *Letters of name* field would be UA2O2 because the 2s are substituting for the missing 5th letter of the surname and the missing 3rd letter of the *First given name*. • If a person's surname is missing altogether, record 2s for all three spaces associated with the family name/surname. Thus if the client is known to your agency only as John, the *Letters of name* will be 222OH. • Similarly, if the person's first given name is unknown, substitute 2s for the two spaces associated with the first given name. Thus if the client is known only as Mr Smith, *Letters of name* will be MIH22. • If the client has declined to give their name at all, you can report the *Letters of name* as 22222.

Data Dictionary

See *Letters of name* in National HACC Data Dictionary v2.0, page 166.

Date of birth

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

Reporting this element
• Date of birth is an important part of the Statistical Linkage Key. • Record the person’s date of birth as accurately as possible, including day, month and year of birth. • Dates should be reported in the following format: **dd/mm/yyyy.** Thus **3rd July 1905** is reported as **03/07/1905.** • If the actual date of birth is not known, you should calculate an **estimated date of birth** in the following way: If the age of the person is known, use it 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. The actual or estimated year of birth should then be converted to an estimated date of birth according to the following convention: **01/01/Estimated Year of Birth**. • If the person knows their year of birth, but no other details, you should record the day and month as 1st January. Thus if a person has a year of birth of 1942, but doesn’t know any other details, the date of birth should be recorded as **01/01/1942.** • If you have estimated the date of birth make sure you record this in the *Date of birth estimate flag* element. • If a client was born in the 19th century, make sure you have reported their year of birth correctly, e.g. **1896**.

Data Dictionary

See *Date of birth* in National HACC Data Dictionary v2.0, page125.

Date of birth estimate flag

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

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

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

Code	Description
1	Estimated
2	Not estimated

Data Dictionary

See *Date of birth estimate flag* in National HACC Data Dictionary v2.0, page 127.

DHS CCDS v1.2 item 10

Sex

Definition: The biological sex of the care recipient.

Reporting this element
• You need to report this data element by using the codes “1” and “2”. Take care if your Agency has been recording sex using the words “male” and “female”, or the letters “M” and “F”.   • The additional codes for Indeterminate and Intersex have been added to create consistency with Victoria’s hospital collection, the Victorian Admitted Episode Dataset (VAED).

Code	Description
1	Male
2	Female
3	Indeterminate (Used only for babies under 90 days old.)
4	Intersex
9	**Not stated/inadequately described:** Only use this code if it is not possible to find out from the person (or their carer) their sex or to make an informed judgement about it.

Data Dictionary

See *Sex* in National HACC Data Dictionary v2.0, page 197.

Source: Data definitions in VAED Manual, 14th edition July 2004 p.3–154

DHS CCDS v1.2 item 27

SLK Missing flag

Definition: The **SLK information missing flag** records whether or not the Care Recipient's Letters of name, Date of birth and Sex have been replaced by the Carer's, or vice versa. For example, the flag indicates that the information needed to create the client's Statistical Linkage Key (SLK) has been replaced by information relating to the Carer because the information about the client (the care recipient) was missing.

NEW ITEM This data element was not in the previous MDS.

Reporting this item
• This element must be supplied for all records. It may be generated automatically by the software supporting your data collection. • Three items of data underlie the Client Statistical Linkage Key (SLK): Letters of name, Date of birth, and Sex. Any record submitted **without** this information will be **rejected as invalid** by the HACC data repository. • The HACC MDS version 2 collects information to support two possible SLKs (one for the client, one for the carer). Both should be supplied if available. But if only the Carer SLK information is available, you can copy the Carer SLK information into the blank fields used to generate the Client SLK. The record will then be accepted as valid. • You should supply substitute information only if your agency is unable to obtain the relevant details. For example, some agencies that mainly provide respite services to carers may not have obtained the necessary details about the aged or disabled person being cared for. Other agencies may have full details about the aged or disabled client, and know that the client has a carer, but may not have yet collected details about the carer's name and date of birth. • Over time, your agency should attempt to supply SLK information for both the client and the carer, if there is a carer. (If there is more than one possible carer, choose the principal carer.)

Code	Description
1	**Client SLK information is correct, and there is no carer:** Use this code if the care recipient's *Letters of name, Date of birth* and *Sex* are reported correctly, and there is no carer (i.e. *Carer availability = code 2*).
2	**Both Client SLK and Carer SLK are correct:** Use this code if both the care recipient's and carer's *Letters of name, Date of birth* and *Sex* are reported correctly.
3	**Carer SLK information has replaced missing Client SLK:** Use this code if it has not been possible to obtain the care recipient's *Letters of name, Date of birth* and *Sex,* and the carer's details have been used instead.
4	**Client SLK information has replaced missing Carer SLK:** Use this code if there is a carer but it has not been possible to obtain the carer's *Letters of name, Date of birth* and *Sex,* so the care recipient's details have been used instead. (Check that the item Carer Availability = code 1.)

Data Dictionary See *SLK Missing flag* in National HACC Data Dictionary v2.0, page 202.

Country of birth

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

Reporting this element
• On a paper record, most agencies record the *Country of birth* using text (e.g. writing "Australia" on the client file). For the HACC MDS a 4-digit code is used instead of the name of the country. • On a computerised client record system, use a look-up table or drop-down list to find the right 4-digit code for the person's *Country of birth*. Alternatively, use a printed list of the country names and codes. The code for Australia is "1101". • This information does not change. Once you have recorded it, there is no need to alter it. • If your agency is unable to obtain the care recipient's *Country of birth*, or the person is unable to tell you it, then the code to use is "9999". • CCDS Codeset Source: Standard Australian Classification of Countries (SACC), ABS Catalogue No. 1269.0 with regard to East Timor, Macau and Taiwan 21 Dec 1999.

Data Dictionary

See *Country of birth* in National HACC Data Dictionary v2.0, page 122.

All country codes are in Appendix A of the HACC Data Dictionary.

DHS CCDS v1.2 item 7
Source: Standard Australian Classification of Countries (SACC), ABS Catalogue No. 1269.0 with regard to East Timor, Macau and Taiwan 21 Dec 1999.

Preferred Language (Main language spoken at home)

Definition: The language spoken by the care recipient to communicate with family and friends.

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

Reporting this element
• The language to be recorded is the one the person habitually uses at home. It does not matter how proficient they are in this language. • On a paper record, most agencies record preferred language using text (e.g. writing “English” on the client file). For HACC MDS v2.0 a 4-digit code is used instead of the name of the language. The code for English is “1201”. • With the help of a computer, or using a printed copy of the codes and language names, find the right 4-digit code for the person’s preferred language. • If the client speaks an Aboriginal or Torres Strait Islander language then record: **8000—Aboriginal languages**; or **8400—Torres Strait Islander languages.** • If the client speaks Maori at home, record either “9303 Maori (Cook Island)” or “9304 Maori (New Zealand)”. • If the person speaks an African or Pacific Island language, you will need to look in the small group listed as “Other Languages”. If the person’s language is not one of those listed, then record “0000”. • If the client is non-verbal and makes use of sign languages for communication, then record “9700”. • If your agency is unable to obtain the person’s preferred language, or the person is unable to inform you of it, then the code to use is “9999”. • In some Agencies, different codes have been used to record the language information. Check that you are using the right version of language codes or are able to map from the ones you use to the ones for the HACC MDS v2.0.

Data Dictionary

See *Main language spoken at home* in National HACC Data Dictionary v2.0, page 170. All language codes are in Appendix B in National HACC Data Dictionary v2.0, page 223.

CCDS item 22

Codeset Source: ABS Australian Standard Classification of Languages (ASCL) Catalogue 1267.0.

Need for Interpreter

Definition: This item indicates whether the client or carer requires a language interpreter.

NEW ITEM *This item is in Victoria's Common Client Data Set*

Code	Description
1	Interpreter needed
2	Interpreter not needed
9	Not stated/inadequately described

Reporting this element
• Report the client's or carer's perception of their need for an interpreter. • If the client is deaf and needs and Auslan interpreter, Preferred Language = 9701 should also have been recorded (according to ABS ASCL 1267.0).

Data Dictionary

CCDS item 21

Codeset Source: Based on the National Community Services Data Dictionary, Version 3 p138

Indigenous status

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

Reporting this element
• It is important to record *Indigenous status* for all clients. • The most straight forward way to collect this information is to ask the client: "Are you of Aboriginal or Torres Strait Islander origin?" • The simplest way to record their response is to use a tick box approach. This would look like: No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ A tick can be placed against two boxes to show that the client is of Aboriginal and Torres Strait Islander origin. • The response to this question needs to be translated manually or through a computer system to the codes below:

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

Data Dictionary

See *Indigenous status* in National HACC Data Dictionary v2.0, page 163.

CCDS item 18

B. Care recipient—circumstances

Living arrangement

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

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

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

Data Dictionary

See *Living arrangements* in National HACC Data Dictionary v2.0, page 168.

DHS CCDS Item 20

Accommodation

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

CODING CHANGE Most codes in this element have changed.

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

Code	Description
1	**Private residence—owned/purchasing:** Also use this code if the client lives in a residence owned or being purchased by another member of the household.
2	**Private residence—private rental:** i.e. rented at market rates.
3	**Private residence—public rental:** Includes public housing authorities and community housing associations.
4	**Independent living unit within a retirement village.**
5	**Boarding house/private hotel.**
6	**Short-term crisis, emergency or transitional accommodation facility: I**ncludes night shelters, refuges and hostels for the homeless. Also includes a temporary shelter within an Aboriginal community (previously coded separately).
7	**Supported accommodation or supported living facility:** Includes Supported Residential Service (SRS). Includes domestic-scale supported accommodation facilities. Also use this code for people living in retirement villages and receiving care services.
8	**Institutional setting:** Includes residential aged care facilities (hostels and nursing homes), and psychiatric/mental health community care facilities.
9	**Public place/temporary shelter/homeless**
10	**Private residence rented from an Aboriginal Community**
11	**Alcohol and drug treatment residence**
12	**Prison/remand centre/youth training centre**
13	**Statutory client accommodation** (not prison/remand centre/youth training centre)
15	**Other:** Use this code if the client's accommodation setting does not fit any of the above. Also use this code for clients living in an extended care or rehabilitation facility, a palliative care facility or hospice, or a hospital.
99	**Not stated/inadequately described:** Only use this code if it is not possible to find out the client's accommodation type.

Data Dictionary See *Accommodation setting* in National HACC Data Dictionary v2.0, page 96. DHS CCDS v1.2 item 1

Government pension/benefit status

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

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

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

Data Dictionary

See *Government pension/benefit status* in National HACC Data Dictionary v2.0, page 153.

DHS CCDS item 15

DVA entitlement

Definition: DVA entitlement records whether or not the care recipient is in receipt of a Department of Veterans' Affairs entitlement card, and the level of entitlement held by the person.

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

Reporting this element
• A code of 1, 2 or 3 in this data element should be present in any client record with a code of 2 in *Government pension/benefit status.*
• If the care recipient has no DVA entitlement use code 4.

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

Data Dictionary

See *DVA card status* in National HACC Data Dictionary v2.0, page 137.

DHS CCDS v1.2 item 13

Australian State/Territory identifier

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

NAME CHANGE This element was formally called Area of Residence.

Reporting this element
• Record the State or Territory code which corresponds to the place where the client lives whilst receiving assistance from your Agency. Victoria = 2. • Record where the client lives, and not where your Agency is located. • Three data items (*Australian State/Territory identifier, Residential Locality* and *Postcode*) should relate to the same place for the same client. • Agencies with a catchment covering more than one state or territory should take particular care with this item. • The codes listed below are the only accepted values under the HACC MDS. • Only use Code “9” if you are providing assistance to clients in one of the named “Other Territories”.

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

Data Dictionary See *Australian State/Territory identifier* **in** National HACC Data Dictionary v2, page 110.

Residential locality

Definition: Records the geographic area (suburb, town or locality) in which the care recipient lives whilst receiving HACC services.

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

Data Dictionary

See *Suburb/town/locality* in National HACC Data Dictionary v2.0, page 204.

DHS CCDS item 26, Residential locality

Codeset Source: Aus Standard 5017 (Health Care Client Identification)

Residential Postcode

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

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

Data Dictionary

See *Postcode* in National HACC Data Dictionary v2.0, page 176.

DHS CCDS item 25, Residential Postcode
Source**:** Australia Post Postcode File,
http://www1.auspost.com.au/postcodes/

Functional status

Definition: This element records the extent to which the care recipient is able to perform selected activities of daily living; and whether they have memory or behavioural problems.

It is intended to identify areas in which a person requires assistance with daily living and quantify the extent to which the person needs help from other people to enable them to carry out normal activities of daily living.

NEW ITEM This information was not collected in MDS v1.0.

Reporting this element
• This element records the person's capabilities in the respective activities. The rating for each item should be based on information from the client, and observations made as part of an assessment process, as well other relevant sources e.g. carers, family, and service providers. • Rate what the person is **capable** of doing rather than what they do. The questions ask 'Can you?' rather than 'Do you?' since some people may not, for example, do the housework because their carer does it for them, yet be quite capable of undertaking it themselves. • In rating an item that is irrelevant (for example, when there are no shops in the vicinity or when the person does not use any medication), the score should be based on what the person would be capable of doing if the item were relevant to their situation. • In assessing capability, take into account not only physical function but also cognition (such as problems caused by dementia or an intellectual disability) and behaviour (such as unpredictable or challenging behaviour). • Clients able to complete a task with verbal prompting should **not** be rated as independent (and therefore should be rated as a 2). • Rate the person's functional status when using current aids and appliances. • Items 1–5 are not relevant to children or adolescents. • For item 6 (walking), clients who are in a wheelchair should be rated as 2 if they are independent, meaning they can handle corners etc; otherwise, rate 1. • Questions 14 and 15 (on memory and behaviour) should **not** be asked directly of the client. Your ratings on these items should reflect all the available information, including your interview and observation of the person, notes, referral letter, and information from carers, friends, relatives and referring agencies. • Record Code 9 for unanswered items. • Please note that the set of items on Functional Status is not meant to limit the screening and assessment tools used by agencies, except to the extent that the items which are required for MDS reporting will need to be incorporated into the tools used. • It is recommended that the care recipient's functional status be rated at the start of a service episode following initial assessment, and reassessed when the client's circumstances change or when there is some reason to believe the person's need for assistance has changed.

Activity		Code
1. Housework	Can you do your own housework?	
	• Can do without help or supervision	3
	• Needs some help or supervision	2
	• Completely unable to do	1
2. Mode of transport	Can you get to places out of walking distance?	
	• Without help (can drive your own car, or travel alone on buses or taxis)	3
	• With some help (need someone to help or go with you when travelling)	2
	• Completely unable to travel (unless arrangements are made for a specialised vehicle like an ambulance)	1
3. Shopping	**Can you go out shopping for groceries or clothes** (assuming you have transportation)?	
	• Without help (taking care of all shopping needs yourself)	3
	• With some help (need someone to go with you on all shopping trips)	2
	• Completely unable to do any shopping	1
4. Medication	Can you take your own medicine?	
	• Without help (in the right doses at the right time)	3
	• With some help (e.g. if someone prepares it and/or reminds you to take it)	2
	• Completely unable to take your own medicines without help	1
5. Money	Can you handle your own money?	
	• Without help (write cheques, pay bills etc.)	3
	• With some help (manage day-to-day buying but need help with chequebook and paying bills)	2
	• Completely unable to handle money	1
6. Walking	Can you walk ?	
	• Without help, except for the use of a cane.	3
	• With some help from a person (physical or verbal), or with the use of a walker or crutches. (If in a wheelchair, rate ‘2’ if the person manages independently including cornering.)	2
	• Completely unable to walk. (If in a wheelchair, rate ‘1’ if the person is not independent but must be pushed.)	1
7. Mobility: bed/chair transfers	**Do you ever need help to get in or out of a bed or chair?**	
	• No help needed	3
	• Needs some help (but not heavy lifting)	2
	• Major help needed	1

8. Self-care screen	**Do you need assistance with any areas of self-care, such as bathing, dressing, eating or toileting?**	
	• No (→ skip the 4 self-care items and go to Q13)	2
	• Yes (→ proceed to the 4 self-care items 9–12)	1
9. Bathing	**Can you take a bath or shower?**	
	• Without help	3
	• With some help (e.g. need help getting in or out of the tub)	2
	• Completely unable to bathe without help	1
10. Dressing	**Can you dress yourself?**	
	• Without help	3
	• With some help (e.g. help with buttons etc. but can put on some garments alone)	2
	• Completely unable to dress	1
11. Eating	**Can you eat?**	
	• Without help	3
	• With some help (e.g. help cutting up food, spreading butter, pouring drink)	2
	• Completely unable to eat without help (e.g. spoon feeding)	1
12. Toilet use	**Can you manage the toilet?** (includes on and off, dressing and wiping)	
	• Without help	3
	• With some help	2
	• Completely unable to manage the toilet without help (e.g. needs help to undress and to wipe)	1
13. Communi-cation	**Do you ever need help to communicate (to understand or be understood by others)?** (Note: This is not an item about need for an interpreter, but does cover hearing loss, speech difficulties and cognitive difficulties. Successful use of a hearing aid: rate '3'.)	
	• No	3
	• Yes, sometimes (rate '2' if the person sometimes or often misses the speaker's intent, or needs prompting to find words or finish sentences).	2
	• Yes, always	1
14. Memory problems or confusion	**Does the person have any memory problems or get confused?**	
	• No	2
	• Yes	1
15. Behavioural problems	**Does the person have behavioural problems** (for example, aggression, wandering or agitation)?	
	• No	2
	• Yes	1

C. Information about the carer

Carer availability (carer—existence of)

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

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

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

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

Data Dictionary

See *Carer* in National HACC Data Dictionary v2.0, page 112.

See *Carer—existence of* in National HACC Data Dictionary v2.0, page 114.

DHS CCDS item 5

Carer residency status

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

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

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

Data Dictionary

See *Carer residency status* in National HACC Data Dictionary v2.0, page 119.

DHS CCDS item 6

Relationship of carer to care recipient

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

CODING CHANGE

Reporting this element
• Record this element for all clients with carers, i.e. *Carer availability* has code = 1. • To record an answer to this element, complete the sentence: "The person caring for the client is the client's … mother, husband, etc. ". • A same-sex partner is code 1 or 2. • Other relative (codes 9 and 10) allow for the wide range of family members who may be involved in a caring role with the client. This code includes family members not listed in the codes elsewhere (e.g. uncles, aunts, nephews, nieces, cousins, grandparents, grandchildren, step children, and so on).

Code	Description
0	**Not applicable**
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:** Only use this code if it is not possible to find out the relationship of the carer and care recipient.

Data Dictionary

See *Relationship of carer to care recipient* in National HACC Data Dictionary v2.0, page 191.

DHS CCDS v1.2 item 23

Carer for more than one person

Definition: This item records whether the primary carer is providing assistance on a regular and sustained basis to more than one person.

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

Reporting this element
• Record this element for all carers. • The simplest way to collect this information is to ask the carer: "Do you care for more than one person with a disability or chronic illness?" • Ignore the existence of dependent children, unless disabled.

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

Data Dictionary See *Carer for more than one person* in National HACC Data Dictionary v2.0, page 117.

Carer's first given name

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

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

Recording this element
• It is important to record the carer's name accurately because a few letters are taken from the first given name and surname to make a statistical linkage key. The statistical linkage key protects the carer's privacy when the data is reported. The success of the key depends on the accuracy of each agency dealing with the person. • Record the name as it would appear on an official document, e.g. pension card, Medicare card, birth certificate or passport. • Some people use a variation on their name (e.g. "Betty" instead of "Elizabeth"), or a nickname, or their middle name instead of their first name. Make sure you record their **formal** first name for the HACC MDS. • Take care with unusual spelling. Initials are **not** enough. The statistical linkage key will not be formed properly and the record will be rejected. • Make sure you have not confused the surname with the given name. Many overseas-born people habitually put their surname first when filling in forms. • In Indigenous communities, special attention is required to sensitively record the person's first given name if it is affected by a death in the community. Because their first name cannot be spoken during the mourning period, they may take on a different first name. If so, you may be able to use the name written on the person's Centrelink card or other document as long as it is not spoken. • Other people may use a different public name during the period of mourning which can be spoken and which can be used on their records. If so, use their temporary public name, if there is no alternative. Do what is best in the circumstances to respect the person's situation.

Data Dictionary See *First given name* in National HACC Data Dictionary v2.0, page 141.

Carer's surname

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

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

Recording this Element
• It is important to record the carer's name accurately because a few letters are taken from the first given name and surname to make a statistical linkage key. The statistical linkage key protects the carer's privacy when the data is reported. The success of the key depends on the accuracy of each agency dealing with the person. • Record the name as it would appear on an official document, e.g. pension card, Medicare card, birth certificate or passport. • Take care with unusual spelling. • In Indigenous communities, a client may not be able to use their name during a period of mourning. You may still be able to use their usual name for the HACC MDS. If not, use the family name the client asks you to use during this period.

Data Dictionary See *Family name/surname* in National HACC Data Dictionary v2.0, page 139.

Carer—letters of name

Definition: A specific combination of letters selected from the carer's **Family name/surname** and their **First given name** to assist with record linkage. A record linkage key utilising letters of name, date of birth and sex is used to keep each carer's data private once it has been reported.

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

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

Data Dictionary See *Letters of name* in National HACC Data Dictionary v2.0, page 166.

Carer's date of birth

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

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

Reporting this element
• The *Date of birth* is an important part of the Statistical linkage key. • Record the person's date of birth as accurately as possible, including day, month and year of birth. • Dates should be reported in the following format: **dd/mm/yyyy**, e.g. **3rd July 1905** is reported as **03/07/1905.** • If the actual date of birth of the person is not known, agencies should calculate an estimated date of birth in the following way. If the age of the person is known, use it to derive the year of birth. If the person's age is not known, an estimate of the person's age should be used to calculate an estimated year of birth. An actual or estimated year of birth should then be converted to an estimated date of birth according to the following convention: 01/01/estimated year of birth. • If the person knows their year of birth, but no other details, again record the day and month as 1st January, e.g. a person who has a year of birth of 1942, but doesn't know any other details, will have their date of birth recorded as **01/01/1942.** • If you have estimated the date of birth make sure you record this in the next element.

Data Dictionary See *Date of birth* in National HACC Data Dictionary v2.0, page 125.

Carer—date of birth estimate flag

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

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

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

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

Data Dictionary See *Date of birth estimate flag* in National HACC Data Dictionary v2.0, page 127.

Carer's sex

Definition: The biological sex of the carer.

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

Reporting this element
• Take care if your Agency has been recording sex using the words "male" and "female", or the letters "M" and "F". You need to report this data element for carers by using the codes "1" and "2".

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

Data Dictionary See *Sex* in National HACC Data Dictionary v2.0, page 197.

Carer's residential locality

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

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

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

Data Dictionary See *Suburb/town/locality* in National HACC Data Dictionary v2.0, page 204.

Carer's postcode

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

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

Reporting this element
• Record the Postcode that applies to the carer's home address. If the carer lives with the client, the postcodes should be the same. • Check these details when reviewing or re-assessing the client or carer. • If not provided as a drop-down list by your software system, use the Australia Post booklet of Postcodes, or the back of the telephone book, or go to the Web site below. • The carer's location information recorded under *Australian State/Territory identifier, Suburb/town/locality* and *Postcode* are expected to relate to the same place.

Data Dictionary

See *Postcode* in National HACC Data Dictionary v2.0, page 176.

Source**:** Australia Post Postcode File, http://www1.auspost.com.au/postcodes/

Carer's country of birth

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

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

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

Data Dictionary

See *Country of birth* in National HACC Data Dictionary v2.0, page 122.

All country codes are in HACC Data Dictionary Appendix A.

Standard Australian Classification of Countries (SACC), ABS Catalogue No. 1269.0 with regard to East Timor, Macau and Taiwan 21 Dec 1999.

Carer's preferred language

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

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

Reporting this element
• The language to be recorded is the one the person habitually uses at home. It does not matter how proficient they are in this language. • Many Agencies record the *Main language spoken at home* using text (e.g. writing "English" on the carer file). For HACC MDS v2.0 a 4-digit code is used instead of the name of the language. The code for English is "1201". • With the help of a computer, or using a current printed copy of the codes and language names, find the right 4-digit code for the person's *Main language spoken at home*. • If the Carer speaks an Aboriginal or Torres Strait Islander language then record. **8000—Aboriginal languages**, or **8400—Torres Strait Islander languages.** • If the person speaks Maori at home, then using the current list you would record either "9303 Maori (Cook Island)" or "9304 Maori (New Zealand)" for them. • If the person speaks an African or Pacific Island language, you will need to look in the small group listed as "Other Languages". If the person's language is not one of those listed, then record "0000 Other Languages". • If the person is non-verbal and makes use of sign languages for communication, then record "9700 Non-verbal" for them. • If your Agency is unable to obtain the person's *Main language spoken at home*, or the person is unable to inform you of it, then the code to use is "9999 Not stated/inadequately described". • In some Agencies, different codes have been used to record the language information. Check that you are using the right version of language codes or are able to map from the ones you use to the ones for the HACC MDS v2.0.

Data Dictionary

See *Main language spoken at home* in National HACC Data Dictionary v2.0, page 170.

All language codes are in HACC Data Dictionary Appendix B.

Source: ABS Australian Standard Classification of Languages (ASCL) Catalogue 1267.0.

Carer's Indigenous status

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

Reporting this element
• It is important to record *Indigenous status* for all carers. • The most straight forward way to collect this information is to ask the carer: "Are you of Aboriginal or Torres Strait Islander origin?" • The simplest way to record their response is to use a tick box approach. This would look like: No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ A tick can be placed against two boxes to show that the carer is of Aboriginal and Torres Strait Islander origin. • The response to this question needs to be translated by a staff member or through a computer system to the codes below:

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

Data Dictionary

See *Indigenous status* in National HACC Data Dictionary v2.0, page 163.

D. Information about the service episode

Source of referral

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

CODING CHANGE The coding has been simplified for this element.

Reporting this element
• It is best to record the *Source of referral* information when the client is referred to the agency, or at initial assessment. • Agencies may find it useful to make a list of the agencies from which they most frequently receive referrals. Assign the relevant MDS code to each. This will help staff to record the right code each time.

Code	Description
1	**Self:** The client has referred themselves to your Agency.
2	**Family, significant other, friend:** The client was referred to your Agency by a family member, friend or neighbour.
3	**GP/medical practitioner—community based:** Excludes referrals from GPs or medical practitioners in a hospital—use code 6 for these referrals.
4	**Aged Care Assessment Team**
5	**Community nursing or health service (e.g. RDNS, and community health centres)**
6	**Hospital:** Excludes referrals from psychiatric hospitals or specialist psychiatric wards or hospitals within hospitals—use code 7 for these.
7	**Psychiatric/mental health service or facility:** Includes psychiatric hospitals, and psychiatric wards within general hospitals, as well as community-based mental health services and community care units for people with mental illness and psychosocial difficulties.
8	**Extended care/rehabilitation facility**
9	**Palliative care facility/hospice:** Includes services and facilities specifically structured to provide palliative care in either community or institutional settings.
10	**Residential aged care facility**
11	**Aboriginal health service**
12	**Other medical/health service**
13	**Disability support service**
14	**Accommodation provider,** housing agency or housing advice service
15	**Other community-based service:** Includes referrals from local councils, ethno specific agencies, migrant resource centres, neighbourhood, houses and schools.
16	**Law enforcement agency:** Includes referrals from police and other law enforcement agencies.

Code	Description
17	**Other:** Use this code if the source of referral does not fit into any of the categories listed above.
99	**Not stated/inadequately described:** Only use this code if it is not possible to find out the source of referral.

Data Dictionary

See *Source of referral* in National HACC Data Dictionary v2.0, page 199.

Date of entry into HACC service episode

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

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

Reporting this element
• Dates should be reported in the following format: **dd/mm/yyyy**, e.g. **1st July 2005** is written as **01/07/2005.** • Generally, the date reported is the earliest date on which either the care recipient or carer received services for the current service episode. Report as follows: For ongoing clients (that is, clients who received HACC services during a previous quarter), your system should re-use the existing *Date of entry into HACC service episode*. For new clients in the reporting period, the Date of Entry should be the earliest *Date of receipt of assistance.* For clients who exited from a service episode and entered a new service episode during the same reporting period, the Date of Entry should be the same as the first *Date of receipt of assistance* for the new service episode. • For those clients receiving fully-funded HACC assistance from your Agency, the *Date of entry into HACC service episode* is the first date the person received any of the types of assistance listed under *Primary type of assistance received.* • For clients receiving assistance partly-funded through the HACC program, the *Date of entry into HACC service episode* is the first date they received HACC-funded assistance from your agency. • In cases of one-off assistance, such as minor home maintenance provided to a client on one day, or a client who received an assessment but has not received further assistance, the *Date of entry into HACC service episode* will be the same as the *Date of exit from HACC service episode* (and both dates will be the same as the *Date of receipt of assistance* for that HACC service event). • The *Date of entry into HACC service episode* need not relate to the same HACC service episode as the *Date of exit from HACC service episode* reported for the client. This is because a client may have exited from a HACC service episode during a HACC MDS reporting period and then re-entered during the same reporting period, remaining a client at the end of the reporting period.

Data Dictionary

See *Date of entry into HACC service episode* in National HACC Data Dictionary v2.0, page 128.

See *Date of receipt of assistance* in National HACC Data Dictionary v2.0, page 135.

See *HACC service episode* in National HACC Data Dictionary v2.0, page 159.

Date of last update

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

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

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

Data Dictionary See *Date of last update* in National HACC Data Dictionary v2.0, page 133.

Date of exit from HACC service episode

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

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

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

Data Dictionary

See *Date of exit from HACC service episode* in National HACC Data Dictionary v2.0, page 131.

See *Date of receipt of assistance* in National HACC Data Dictionary v2.0, page 135.

See *HACC service episode* on page 159.

Main reason for cessation of services

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

CODING CHANGE

This element is a modified combination of the v1 element Main reason for cessation of services, and the v1 element Accommodation setting after cessation of services.

Reporting this element
• This element should be reported for all clients who stopped receiving services during the current reporting period. That is, it should be reported for all clients with a recorded *Date of exit from HACC service episode*. • Where the client has ceased to receive services for more than one reason, the agency should record the main or primary reason for the cessation of service. • You may have a client who has received several short periods of assistance from your agency and has been discharged more than once during the quarter. In this case, report *Main reason for cessation of services* for the most recent period of assistance.

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

Code	Description
8	**Client terminated service:** Use this code if it was the person's choice to cease services and not because of any agency assessment of need or any change in the person's external circumstances. That is, use code 8 if the person would have continued to receive assistance if they had chosen to continue.
9	**Client died**
10	**Other reason:** Use this code only if the circumstances do not reasonably fit any of the above.
99	**Not stated/inadequately described:** Only use this code if the reason for ceasing services is not known.

Data Dictionary

See *Main reason for cessation of services* in National HACC Data Dictionary v2.0, page 173.

E. Counting the assistance provided

For each client, you are required to report a separate total for each of the types of assistance provided by the HACC program over the 3-month reporting period.

Two units of measurement are used, depending on the type of assistance:

- *time* in hours and minutes (or fractions of an hour); or
- *quantity* or number.

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

- Domestic assistance (home care)
- Volunteer social support
- Nursing care received at home
- Nursing care received at centre
- Allied health care received at home
- Allied health care received at centre
- Personal care
- Assessment
- Planned Activity Group
- Respite care
- Property maintenance
- Client care coordination
- Case management
- Counselling/support, information and advocacy (care recipient)
- Counselling/support, information and advocacy (carer).

Quantity is used to record amount of assistance for:

- Number of Meals received at home
- Number of Meals received at centre
- Number of items of Goods and equipment (self-care aids, support and mobility aids, communication aids, aids for reading, medical care aids, car modifications, other goods/equipment).

Counting hours of service

- On each occasion, record how much of each type of HACC assistance was received by the client (or by the carer, if the HACC service was provided to the carer). Be as accurate as is reasonable.
- Generally you should record only the primary type of assistance or main purpose of the visit (e.g. one hour of personal care).
- Note that the hours of each HACC service type delivered to all your agency's clients during the quarter should reconcile to the funded activities and targets in your agency's **DHS Service Agreement**. For example, if your agency was funded to provide only Planned Activity Groups, it would appear anomalous to record that staff had provided some Personal Care to people attending a PAG. Such anomalies should be investigated to see whether the assistance types are being correctly recorded, or whether the agency's service agreement should be amended to reflect what is actually being provided.
- If more than one type of assistance was received by the client in the course of a single visit, the question to ask is: "What was the *main type of assistance* received by this client on this occasion?" or, "What was the *main purpose of the visit* on this occasion?" Generally the answer will be obvious from the nature of the service and the staff who provided it.
- If it was planned for the worker to carry out two different functions during the visit, you can record each of these services separately, but make sure you do not count the time twice. For example: If a client receives an hour of service from your agency, and it was planned that this would comprise a mix of personal care (say, assistance with dressing) and domestic assistance (room cleaning), then this could be recorded as:
    - Personal care = 30 minutes (or 0.5 hours); and
    - Domestic assistance = 30 minutes (or 0.5 hours).
- In the case of domestic assistance and property maintenance, it is likely that the *whole household* benefits from one occasion of service. For example, suppose an older couple are both registered as HACC clients, and are supplied with one hour of home care a week. In this case, you have the choice of two ways of recording:
    - Either split the hour and record 30 minutes on the husband's record and 30 minutes on the wife's record; or
    - Record the whole 60 minutes on the husband's record (or on the wife's). Just make sure that the time is not double-counted.
- For other services, such as meals, it is always necessary to record the number of meals received by each individual.
- If two workers were involved in assisting one client at the same time (e.g. two staff assisting with bathing), you should record only the time taken *from the client's point of view.* That is, **two staff providing one hour of Personal Care is only one hour**, even if the staffing costs were double.
- **Group activities**: When several people attend a Planned Activity Group or any other group event, you should **record the time each individual spent at the event**. Thus if 10 people are in a PAG lasting 3 hours, each client record will show 3 hours of PAG. The number of staff running the group is irrelevant.
- **Travel time** for staff or clients is **not counted**. (However, if the members of a Planned Activity Group were picked up from home to go on an excursion, count the time from pick-up to drop-off.)
- **Accuracy:** On each occasion, record the amount of time in hours and minutes (or fractions of an hour), with an accuracy of 5 minutes or better.
- **Totals:** At the end of each 3-month reporting period, for each client, you will need to calculate a total for each of the types of assistance. ***Quarterly totals should be rounded up to the nearest whole hour except for the Allied Health sub groups.***

TYPE OF ASSISTANCE Victorian service types	DEFINITION
Domestic Assistance	Domestic Assistance (Home Care) is normally provided in the home, and includes services such as vacuuming, dishwashing, cleaning, clothes washing, shopping, meal preparation and bill paying.
Volunteer Social support	Volunteer Social Support is unpaid work done by volunteers. It covers a range of activities such as friendly visiting, providing transport to clients, helping them do paper work, taking them shopping or to attend an appointment, providing respite care to families of children with disabilities or to frail older people, either in the volunteer's home or in the home of the client.
Nursing care	Nursing comprises professional nursing care provided by a registered nurse who is employed in a nursing capacity. Nursing care can be delivered in the client's home or in a centre or other location.
Allied health care	Allied Health consists of a range of specialist services. This item is used to aggregate the hours of service delivered by any of the sub-categories of Allied Health. It can be delivered in the home or in a centre or other location. A session of stretching exercises or occupational therapy to a group of clients attending a planned activity group will be recorded as part of the PAG hours.
Podiatry	Sub-category of Allied Health
Occupational Therapy	Sub-category of Allied Health
Speech Pathology	Sub-category of Allied Health
Dietetics	Sub-category of Allied Health
Physiotherapy	Sub-category of Allied Health
Audiology	Sub-category of Allied Health
Counselling	Sub-category of Allied Health (undertaken by a social worker or trained counsellor)
Personal care	Personal Care describes assistance with tasks which a person would normally do for themselves but which because of illness, disability or frailty they are unable to perform without the assistance of another person. Examples are bathing, dressing, grooming, toileting, assistance with getting in and out of bed, and assistance with mobility and eating. A person attending a Planned Activity Group may require assistance with going to the toilet or getting in and out of a chair. Do **not** record this as Personal Care; the primary type of assistance should be recorded as Planned Activity Group. In special situations personal care may be delivered at a centre because it is not feasible to deliver the service in the client's home. This may be because the client is homeless, itinerant or living in a temporary shelter and the Centre is able to provide the bathing facilities.
Planned Activity Group—Core	Planned Activity Groups provide a planned program of activities directed at enhancing skills required for daily living. These activities also provide opportunities for social interaction, and respite for carers. The group may meet in a centre, or at a local venue, or go on an excursion. Count the time that each individual attended the PAG, from the time the person arrived at the centre until the session finished. If the group members were picked up from home to go on an **excursion**, count the time from pick-up to drop-off. 'Core' group clients are physically relatively independent and do not require specialist dementia care or personal care to participate in the activities.

Planned Activity Group—High	'High' Planned Activity Group clients require assistance with personal care and/or specially trained staff for moderate to severe dementia care, and/or have behaviour management problems.
Delivered Meals	Meals refers to those meals which are prepared and delivered to the client's home, or served in a community centre. It does not include meals prepared in the client's home (record this as Domestic Assistance). It does not include meals served as part of a Planned Activity Group.
Respite	Respite Care is assistance provided to carers so they may have relief from their caring role and pursue other activities. The motivation defines the activity: a substitute carer is enabling the usual carer to have time out. Respite can be provided in the client's home or in the community. It can be provided in the form of planned regular respite, emergency respite, or occasional respite. It may involve the substitute carer accompanying both the usual carer and the care recipient on an outing or holiday. Respite Care should only be reported if a Carer is recorded in the MDS.
Assessment	A HACC assessment is more than a mere client registration process. It is a broad-based assessment (or re-assessment) of an individual's need for community support services. Needs for both HACC and non-HACC services are identified, plus an assessment of strengths and abilities. Completion of the Functional Status items should form part of the assessment at some stage of the agency's contact. Re-assessments are a critical opportunity to review and update the information on the client record. The *Date of last update* should be changed accordingly.
Case management	Case management refers to the assistance received by a client with complex care needs from a formally identified agency worker—generally an agency funded to provide Linkages or Community Options packages of care. This person will coordinate planning and delivery of services from more than one agency. (Where service delivery involves more than one agency, only the activities of the agreed case manager should be recorded against this type of assistance.) Case Management is generally targeted on clients with complex needs. It may be short term or ongoing. A client receiving case management will be receiving multiple services typically from more than one agency. The range of activities in Case Management comprises two groups: (i) Implementing the care plan; liaison with service providers in the same or another agency dealing with the same client; advocacy to ensure that the client has access to the range of services required; and monitoring and reviewing the care plan or service plan. (ii) Arranging additional services needed by the client by means of brokerage, purchase of services, or 'maintenance of effort' agreements between agencies; organising case conferences if needed; actively monitoring for any change of client or carer circumstances; advocacy and casework (particularly where there is social isolation, cognitive impairment or carer stress); and liaison with other (non-HACC) services involved with the client (such as the GP). An agency funded for Client Care Coordination would be expected to undertake the activities in group (i) above; an agency funded for Case Management would be expected to undertake both group (i) and group (ii) activities.
Client Care Coordination	Client care coordination and case management are distinct activities on the same continuum. Client care coordination can be regarded as a less intensive form of case management. It focuses on coordination activities undertaken to facilitate access by people from Special Needs Groups, such as people from culturally or linguistically diverse backgrounds, Aboriginal people or people with dementia.

	Care coordination is often short term. It involves the following activities: implementing the care plan; liaison with service providers in the same or another agency dealing with the same client; advocacy to ensure that the client has access to the range of services required; and monitoring and reviewing the care plan or service plan. Care coordination is carried out by identified agency staff. Not all service providers will be funded to undertake it. It is an activity directly attributable to individual clients and is unlikely to be provided to every client on every occasion of service. It does not include administrative work (e.g. drawing up rosters, processing accounts, or completing time sheets), personnel management, or attendance at staff meetings or training programs.
Property maintenance	Property Maintenance refers to general repair and care of a client's home or yard. It may include handyman work, repairs, lawn mowing, rubbish removal and repairs to roof or guttering. It includes modifications or renovations to help the client cope with a disabling condition. Examples are the installation of grab rails, ramps, shower rails, special taps and emergency alarms. If the work is undertaken by a contractor on a fee-for-service basis then record an estimate of the time spent.
Provision of goods and equipment	Goods and equipment may be bought for a client, or lent to the client, in order to help with mobility, communication, reading, personal care or health care. (In Victoria, only agencies funded to provide Linkages packages are authorised to spend HACC funds on goods and equipment.)
Counselling/ support, information and advocacy—Care Recipient	This assistance type covers a number of supportive services to help **care recipients** deal with their situation. It includes one-to-one counselling, advice, and information.
Counselling/ support, information and advocacy—Carer	This assistance type covers a number of supportive services to help **carers** deal with their situation. It includes one-to-one counselling, advice, and information. This type of assistance **does not include** 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 agency (HACC or non-HACC); advice, information or ad hoc referral provided by telephone to members of the public; or advocacy undertaken on behalf of groups (e.g. advocating for the rights of younger people with disabilities) which is not directly associated with the needs and situation of an individual client.
Other assistance types	Below are listed other assistance types. They are to be used to report other HACC-like services, on advice from DHS. The additional items will be mapped to the national format by DHS before transmission to the national data repository.
HACC Response Service **(next 6 items)**	A HACC Response Service (HRS) provides a call-out home visit to a consumer of Personal Alert Victoria's alarm service in cases where the consumer lacks a family member or other contact who can respond to a call-out. Agencies with HRS funding must maintain a register of current clients.
HRS Registered Client	Shows whether the person is registered with HRS in the current reporting period. Code 0=no, 1=yes.
HRS Confirmation Call	Shows whether the registered HRS client received a confirmation call, by phone or by home visit, during the quarter. Code 0= no contact, 1=phone call, 2= home visit.

HRS Call-out in Time 1	Shows whether the HRS client received a call-out home visit in time-slot 1 (0900-1700). Report the number of call-outs.
HRS Call-out in Time 2	Shows whether the HRS client received a call-out home visit in time-slot 2 (1700-2000). Report the number of call-outs.
HRS Call-out in Time 3	Shows whether the HRS client received a call-out home visit in time-slot 3 (2000-0600). Report the number of call-outs.
HRS Call-out in Time 4	Shows whether the HRS client received a call-out home visit in time-slot 4 (0600-0900). Report the number of call-outs.
Aged Care Support for Carers Program **(next 6 items)**	The Support for Carers Program (SCP), funded by DHS Aged Care, provides agencies with funds to deliver a variety of services to carers of older people. The services are similar to some of those funded by HACC.
SCP Respite daytime in home	Hours of respite, funded by SCP, which was provided in the care recipient's home by a paid worker, or when the paid respite worker accompanied the care recipient to an activity outside the home.
SCP Respite overnight in home non-active	Hours of overnight respite provided in the care recipient's or paid respite worker's home, in cases where the worker sleeps overnight. For one overnight stay, record 10 hours.
SCP Respite overnight in home active	Hours of overnight respite provided in the care recipient's or paid respite worker's home, in cases where the worker is active overnight ('upright'). For one overnight stay, record 10 hours.
SCP Residential respite	Overnight residential respite provided in a Supported Residential Service (SRS), aged care facility, or registered community respite facility. Report **whole days**. For example, if the stay began at 11.00 am on Thursday and ended at 2.00 pm on Friday, record 1 day.
SCP Counselling and support	Hours spent directly supporting a carer in the form of information, advice and counselling. This can be in the form of one-on-one support, or through carer support groups.
SCP Goods & Equipment ($)	Amount of Aged Care SCP funds, including brokerage funds, spent on purchasing goods and equipment, or meals, to assist the carer or care recipient. Whole dollars.

See *Primary type of assistance received* in National HACC Data Dictionary v2.0, page 178. See *Total amount of type of assistance received (time)* page 212. See *Amount of assistance received (time)* page 105.

Data Dictionary

See Victorian HACC Program Manual

See Guidelines for HACC Response Service

See Guidelines for Aged Care Support for Carers Program

Total assistance with goods and equipment received

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

REPORTING CHANGES

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

Reporting this data element
• Each time an item of equipment or goods is provided to the client, it should be recorded in one of the seven categories A–G listed in the table below. • Items **bought** for the client and items **lent** to the client are reported in the **same way**. • Do not report equipment purchased for home modifications under this item. • If a client is issued with a walking stick, and later with a walking frame, these are both within category B (Support and Mobility Aids). Report as: Support and Mobility Aid : 2 • If a client was issued with a walking stick (cat. B) and a hearing aid (cat. C) in the same 3-month reporting period, this would be reported as: Support and Mobility Aid : 1 Communication Aid: 1 • If your agency has provided **no assistance** for any particular category in this reporting period, the amount of assistance should be reported as 0 for that category. • In the quarterly file extract for Victoria's modification of the HACC MDS, *Goods & Equipment* consists of seven data elements corresponding to the 7 categories listed in the table below. • Your software should do this automatically when creating the data file for transmission.

Data Dictionary

See *Assistance with goods and equipment received* on page 108.

See *Total assistance with goods and equipment received* on page 215.

See HACC Data Dictionary Appendix C for examples of items of equipment in each category.

Category	Description – Goods & Equipment	No. of Items
A. Self-Care Aids	• Eating aids – crockery, cutlery, plate guard • Dressing aids – button hook, clothes tongs, zip pull • Washing aids – bath rails, hoist, seat; shower rails, fitting, seat • Incontinence pad, other urinary appliances, colostomy bag, bowel pad • Toilet chair, commode, frame, conventional toilet use aids; • Cooking aids (excluding eating utensils), special iron; • Other aids for self care.	
B. Support and Mobility Aids	• Callipers, splints, belts, braces, neck collar, corsets • Crutches, walking frame, stick, white cane, sonic beam, etc. • Ankle/knee strap, built-up shoe, etc. • Transporter chair, pusher, tricycle • Wheelchair—manual or motorised • Hoist, patient lifter, scooter, ejector chair, hard-back chair, made to measure chair • Special bed, cushions, pillows for support	
C. Communication Aids	• Hearing aid • Teletext, telephone attachment (e.g. answering machine, flashing light, headpiece, TTY telephone) • Writing aids (mouthstick, writing pad, typewriter, communication board) • Computers, Kurzweil personal reader • Speaking aids, electrolarynx, etc.	
D. Aids for Reading	• Contact lenses, reading/magnifying glasses • Books – braille, large print, talking books, cassette machines • Reading frame, page turners, other reading or sight aids • Intercom, other dwelling modification to aid communication • Other aids for communication	
E. Medical Care Aids	• Breathing pump, oxygen mask, ventilator • Dialysis machine, kidney functioning machine • Heart stimulus machine, pacemaker • Ostomy appliances, stoma appliances (but colostomy bag is Cat. A) • Other aids for medical care	
F. Car Modifications	• Hand controls for accelerator, brake, etc. • Handles, lifters, ramps, etc. • Mirrors, power steering, power windows • Other car modifications – automatic transmission, room for wheelchair	
G. Other Goods or Equipment	• Any goods and equipment not included in the categories above.	

Transmission Protocol HACC MDS v2.0 Victoria

Transmission Protocol HACC MDS v2.0 Victoria

A. Data Transmission Standard

Victorian HACC MDS version 2 csv format

1. Submission File Name Format

Purpose: to uniquely identify a submission file received by the RRHACS Data Repository[6]

CCCCCCCAAAAAYYYYNTTXX.FFF	where	CCCCCCC	=	COLLECTION IDENTIFER
		AAAAA	=	AGENCY IDENTIFIER
		YYYYN		DATA SUBMISSION IDENTIFIER
		TT	=	TRANSMISSION NUMBER
		XX	=	EXPORT FILE PORTION
		FFF	=	FILE EXTENSION i.e. CSV or XML

Example : Agency (ID = 1234) submits a single portion file for the July-Aug-Sept quarter starting 1 July 2006 for a single time in CSV format (i.e. Data Submission ID = 20063, Transmission No =1, Export File Portion = 1).

Thus the Submission File Name = HACC12342006311.CSV

[6] Data repository managed by DHS Rural and Regional Health and Aged Care Services Division

2. CSV File format

ITEM NUMBER	HEADER RECORD (REPORTED ONCE PER SUBMISSION)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
1	COLLECTION IDENTIFER	Alphanumeric	"AAAAAAA" literally, "HACC"	3	6	Must be in prescribed format
2	VERSION IDENTIFIER	NUMERIC	999 literally, "200"	3	3	Must be in prescribed format. 200 stands for v2.0.0
3	RECORD TYPE	Alphanumeric	"AAAAAA" literally, "HEADER"	6	6	Must be in prescribed format
4	AGENCY IDENTIFIER	Numeric	99999	4	5	Must be valid agency id
5	DATA COLLECTION IDENTIFIER	Alphanumeric	"YYYY/N"	6	6	Must be in prescribed format and valid collection id
6	TRANSMISSION NUMBER	Numeric	99	1	2	Must be a number > 0
7	EXPORT FILE PORTION	Alphanumeric	XX Default = 1	1	2	
8	NUMBER OF CLIENT RECORDS FOLLOWING	Numeric	99999	1	5	Must be a number > 0
9	NAME OF SOFTWARE	Alphanumeric	"AAAAAAAAAAAX"	1	50	
10	END HEADER MARKER	Alphanumeric	"AAAAAAAAA", literally, "ENDHEADER"	9	9	Must be in prescribed format

ITEM NUMBER	CLIENT RECORD (Reported once per client)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
11	COLLECTION IDENTIFER	Alphanumeric	"AAAAAAA" literally, "HACC"	3	6	Must be in prescribed format
12	VERSION IDENTIFIER	NUMERIC	999 literally, "200"	3	3	Must be in prescribed format. 200 stands for v2.0.0
13	RECORD TYPE	Alphanumeric	"AAAAAA" literally, "CLIENT"	6	6	Must be in prescribed format
14	LETTERS OF NAME	Alphanumeric	"XXXXX"	5	5	Must be in prescribed SLK format eg.,X22X2, XXX22, 222XX or blank
15	DATE OF BIRTH	Date	"dd/mm/yyyy"	10	10	Must be in prescribed date format. Year of birth must not be before 1895 or blank
16	DATE OF BIRTH ESTIMATE FLAG	Numeric	9	1	1	Must be a number (either 1 or 2) or blank
17	SEX	Numeric	9	1	1	Must be a number (either 1, 2, 3, 4 or 9)
18	COUNTRY OF BIRTH	Numeric	9999	4	4	Must be a valid country code. If data is unavailable use 9999
19	PREFERRED LANGUAGE	Numeric	9999	4	4	Must be a valid language code. If data is unavailable use 9999
20	NEED FOR INTERPRETER	Numeric	9	1	1	Must be a number (either 1,2 or 9)
21	INDIGENOUS STATUS	Numeric	9	1	1	Must be a number (either 1,2,3,4 or 9)
22	STATE/TERRITORY IDENTIFIER	Numeric	9	1	1	Must be a number (Vic=2)

ITEM NUMBER	CLIENT RECORD (Reported once per client)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
23	RESIDENTIAL LOCALITY	Alphanumeric	"AAA ..."	1	46	Must be a valid suburb, town, locality or blank
24	RESIDENTIAL POSTCODE	Numeric	9999	4	4	Must be a valid postcode. If data is unavailable use 9999
25	SLK MISSING FLAG	Numeric	9	1	1	Must be a number (either 1, 2, 3 or 4)
26	LIVING ARRANGEMENT	Numeric	9	1	1	Must be a valid code. If data is unavailable use 9
27	GOVT. PENSION/BENEFIT STATUS	Numeric	9	1	1	Must be a valid code. If data is unavailable use 9
28	DVA ENTITLEMENT	Numeric	9	1	1	Must be a valid code. If data is unavailable use 9
29	ACCOMMODATION	Numeric	99	1	2	Must be a valid code. If data is unavailable use 99
30	CARER AVAILABILITY	Numeric	9	1	1	Must be a number (1 or 2). If data is unavailable use 9
31	CARER – LETTERS OF NAME	Alphanumeric	"XXXXX"	5	5	Must be in prescribed SLK format e.g. X22X2, XXX22, 222XX or blank
32	CARER – DATE OF BIRTH	Date	"dd/mm/yyyy"	10	10	Must be in prescribed date format. Year of birth must not be before 1895 or blank
33	CARER – DATE OF BIRTH ESTIMATE FLAG	Numeric	9	1	1	Must be a number (either 1 or 2) or blank
34	CARER - SEX	Numeric	9	1	1	Must be a number (either 1, 2 or 9) or blank

ITEM NUMBER	CLIENT RECORD (Reported once per client)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
35	CARER – COUNTRY OF BIRTH	Numeric	9999	4	4	Must be a valid country code. If data is unavailable use 9999
36	CARER – PREFERRED LANGUAGE	Numeric	9999	4	4	Must be a valid language code. If data is unavailable use 9999
37	CARER – INDIGENOUS STATUS	Numeric	9	1	1	Must be a number (either 1,2,3,4 or 9)
38	CARER – STATE/TERRITORY IDENFIER	Numeric	9	1	1	Must be in the correct number ID
39	CARER - RESIDENTIAL LOCALITY	Alphanumeric	“AAA …”	1	46	Must be a valid suburb, town, locality or blank
40	CARER - POSTCODE	Numeric	9999	4	4	Must be a valid postcode. If data is unavailable use 9999
41	CARER RESIDENCY STATUS	Numeric	9	1	1	Must be a number (1 or 2). If data is unavailable use 9
42	RELATIONSHIP OF CARER TO CARE RECIPIENT	Numeric	9	1	2	Must be a valid code. If data is unavailable use 9
43	CARER FOR MORE THAN ONE PERSON	Numeric	9	1	1	Must be a number (1, 2 or 9)
44	DATE OF LAST UPDATE	Date	“dd/mm/yyyy”	10	10	Must be in prescribed date format.
45	SOURCE OF REFERRAL	Numeric	99	1	2	Must be a valid code. If data is unavailable use 99
46	DATE OF ENTRY INTO HACC SERVICE EPISODE	Date	“dd/mm/yyyy”	10	10	Must be in prescribed date format.

ITEM NUMBER	CLIENT RECORD (Reported once per client)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
47	DATE OF EXIT FROM HACC SERVICE EPISODE	Date	"dd/mm/yyyy"	10	10	Must be in prescribed date format.
48	MAIN REASON FOR CESSATION OF SERVICES	Numeric	99	1	2	Must be a valid code. If data is unavailable use 99 or null

ITEM NUMBER	CLIENT RECORD	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
	Services Received (total calculated per client for reporting period)					
49	DOMESTIC ASSISTANCE (hours)	Numeric	9999	1	4	Must be a number or null
50	VOL. SOCIAL SUPPORT (hours)	Numeric	9999	1	4	Must be a number or null
51	NURSING RECEIVED AT HOME (hours)	Numeric	9999	1	4	Must be a number or null
52	NURSING RECEIVED AT CENTRE (hours)	Numeric	9999	1	4	Must be a number or null
53	PODIATRY AT HOME (hours)	Decimal	9999.99	1	6	Must be a number or null
54	OCCUPATIONAL THERAPY AT HOME (hours)	Decimal	9999.99	1	6	Must be a number or null
55	SPEECH PATHOLOGY AT HOME (hours)	Decimal	9999.99	1	6	Must be a number or null
56	DIETETICS AT HOME (hours)	Decimal	9999.99	1	6	Must be a number or null
57	PHYSIOTHERAPY AT HOME (hours)	Decimal	9999.99	1	6	Must be a number or null
58	AUDIOLOGY AT HOME (hours)	Decimal	9999.99	1	6	Must be a number or null
59	COUNSELLING AT HOME (hours)	Decimal	9999.99	1	6	Must be a number or null
60	ALLIED HEALTH CARE RECEIVED AT HOME - TOTAL TIME (Hours)	Numeric	9999	1	4	Must be a number or null
61	PODIATRY AT CENTRE (hours)	Decimal	9999.99	1	6	Must be a number or null
62	OCCUPATIONAL THERAPY AT CENTRE (hours)	Decimal	9999.99	1	6	Must be a number or null
63	SPEECH PATHOLOGY AT CENTRE (hours)	Decimal	9999.99	1	6	Must be a number or null
64	DIETETICS AT CENTRE (hours)	Decimal	9999.99	1	6	Must be a number or null
65	PHYSIOTHERAPY AT CENTRE (hours)	Decimal	9999.99	1	6	Must be a number or null

ITEM NUMBER	CLIENT RECORD	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
66	AUDIOLOGY AT CENTRE (hours)	Decimal	9999.99	1	6	Must be a number or null
67	COUNSELLING AT CENTRE (hours)	Decimal	9999.99	1	6	Must be a number or null
68	ALLIED HEALTH CARE RECEIVED AT CENTRE (hours)	Numeric	9999	1	4	Must be a number or null
69	PERSONAL CARE (hours)	Numeric	9999	1	4	Must be a number or null
70	PLANNED ACTIVITY GROUP, CORE (hours)	Numeric	9999	1	4	Must be a number or null
71	PLANNED ACTIVITY GROUP, HIGH (hours)	Numeric	9999	1	4	Must be a number or null
72	MEALS RECEIVED AT HOME (no. of meals)	Numeric	999	1	3	Must be a number or null
73	MEALS RECEIVED AT CENTRE (no. of meals)	Numeric	999	1	3	Must be a number or null
74	RESPITE (hours)	Numeric	9999	1	4	Must be a number or null
75	ASSESSMENT (hours)	Numeric	9999	1	4	Must be a number or null
76	CASE MANAGEMENT (hours)	Numeric	9999	1	4	Must be a number or null
77	CLIENT CARE COORDINATION (hours)	Numeric	9999	1	4	Must be a number or null
78	PROPERTY MAINTENANCE (hours)	Numeric	9999	1	4	Must be a number or null
79	PROVISION OF GOODS AND EQUIPMENT - Self Care Aids	Numeric	9	1	3	Must be a number or null
80	PROVISION OF GOODS AND EQUIPMENT - Supporting and Mobility Aids	Numeric	9	1	3	Must be a number or null
81	PROVISION OF GOODS AND EQUIPMENT - Communication Aids	Numeric	9	1	3	Must be a number or null

ITEM NUMBER	CLIENT RECORD	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
82	PROVISION OF GOODS AND EQUIPMENT - Aids for reading	Numeric	9	1	3	Must be a number or null
83	PROVISION OF GOODS AND EQUIPMENT - Medical Care Aids	Numeric	9	1	3	Must be a number or null
84	PROVISION OF GOODS AND EQUIPMENT - Car modifications	Numeric	9	1	3	Must be a number or null
85	PROVISION OF GOODS AND EQUIPMENT - Other goods/equipment	Numeric	9	1	3	Must be a number or null
86	COUNSELLING/SUPPORT, INFORMATION AND ADVOCACY – CARE RECIPIENT (hours)	Numeric	9999	1	4	Must be a number or null
87	COUNSELLING/SUPPORT, INFORMATION AND ADVOCACY - CARER (hours)	Numeric	9999	1	4	Must be a number or null
88	FUNCTIONAL STATUS - Housework	Numeric	9	1	1	Must be 1, 2, 3 or 9
89	FUNCTIONAL STATUS – Transport	Numeric	9	1	1	Must be 1, 2, 3 or 9
90	FUNCTIONAL STATUS – Shopping	Numeric	9	1	1	Must be 1, 2, 3 or 9
91	FUNCTIONAL STATUS – Medication	Numeric	9	1	1	Must be 1, 2, 3 or 9
92	FUNCTIONAL STATUS - Money	Numeric	9	1	1	Must be 1, 2, 3 or 9
93	FUNCTIONAL STATUS – Walking	Numeric	9	1	1	Must be 1, 2, 3 or 9
94	FUNCTIONAL STATUS – Mobility	Numeric	9	1	1	Must be 1, 2, 3 or 9
95	FUNCTIONAL STATUS – Self-care screen	Numeric	9	1	1	Must be 1 or 2
96	FUNCTIONAL STATUS - Bathing	Numeric	9	1	1	Must be 1, 2, 3 or 9
97	FUNCTIONAL STATUS – Dressing	Numeric	9	1	1	Must be 1, 2, 3 or 9

ITEM NUMBER	CLIENT RECORD	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
98	FUNCTIONAL STATUS - Eating	Numeric	9	1	1	Must be 1, 2, 3 or 9
99	FUNCTIONAL STATUS – Toilet	Numeric	9	1	1	Must be 1, 2, 3 or 9
100	FUNCTIONAL STATUS – Communication	Numeric	9	1	1	Must be 1, 2, 3 or 9
101	FUNCTIONAL STATUS – Memory	Numeric	9	1	1	Must be 1 or 2
102	FUNCTIONAL STATUS – Behaviour	Numeric	9	1	1	Must be 1 or 2
103	HRS Registered Client	Numeric	9	1	1	Must be 0 or 1
104	HRS Confirmation Call	Numeric	99	1	2	Must be 0, 1, 2 or 9
105	HRS Call-out in Time 1	Numeric	99	1	2	Must be a number or null
106	HRS Call-out in Time 2	Numeric	99	1	2	Must be a number or null
107	HRS Call-out in Time 3	Numeric	99	1	2	Must be a number or null
108	HRS Call-out in Time 4	Numeric	99	1	2	Must be a number or null
109	SCP Respite daytime in home	Numeric	9999	1	4	Must be a number or null
110	SCP Respite overnight in home non-active	Numeric	9999	1	4	Must be a number or null
111	SCP Respite overnight in home active	Numeric	9999	1	4	Must be a number or null
112	SCP Respite residential	Numeric	9999	1	4	Must be a number or null
113	SCP Counselling and support	Numeric	9999	1	4	Must be a number or null
114	SCP Goods and equipment cost (whole $)	Numeric	99999	1	5	Must be a number or null
115	END CLIENT MARKER	Alphanumeric	"AAAAAAAAAX" literally, "ENDCLIENT"	9	10	

B. HACC MDS Version 2 Validation Rules for Victoria

1. Invalid submissions

An MDS file will be deemed an invalid submission and rejected by the Victorian data repository (VDR) if any of the following occur:

- Files not in csv or xml format
- Files with incorrect collection period heading
- Files with incorrect agency ID
- The number of clients indicated in the record header does not correspond to the number of records in the file.

The agency will be asked to re-submit the whole file.

2. Rejected Client Records

The VDR will delete a client record from the file if any of the following occur:

- The value or code in the following data items does not correspond to the prescribed codes or format:
  - letters of name
  - date of birth
  - sex
  - post code

- No services are recorded for the quarter

- More than 1000 hours or negative hours recorded for any of the service activities that are measured by hours

- More than 300 meals or a negative number of meals recorded for meals delivered at home or at centre

- Duplicate client records.

3. Deletion of information within the client record

The VDR will delete some information from a client record if any of the following occur:

- Incorrect date format in any date fields (except for date of birth: refer to above rule on Rejected Records)
- Incorrect value or code in any other data fields.

After these deletions the VDR will process the remaining records as normal. The agency will be notified of the deletions and asked to fix the problem for future transmissions.

4. Correction of information within the client record

The VDR will correct some information in a client record if any of the following occur:

- Where appropriate, some data fields with blank values will be substituted with the value 9 or 99 or 9999 (refer to list below).

After these corrections the VDR will process the records as normal. The agency will be notified of the corrections and asked to fix the problem for future transmissions.

5. Suggestions for software design: Logical checks for data validation

These checks should be built into the agency's client information management system.

- If the client has no carer (Carer Availability=2) then responses to all carer data items should be blank. Conversely, if there is a carer (Carer Availability=1), all carer data items should be populated.
- If the client is still receiving HACC services at the end of the collection period, the Date of Exit from HACC Services and the Main Reason for Cessation of Services should both be blank.
- If the client has stopped receiving HACC services, there should be a date for Date of Exit from HACC Services, and the Main Reason for Cessation of Services should be coded accordingly.
- If the answer to the Self-care Screen (Functional Status) is No (=2), then Bathing, Dressing, Eating and Toilet in Functional Status should be blank.
- Future dates should not be acceptable.
- Date of birth must not be before 01/01/1895.
- Date of birth must not be after or the same as Date of Entry into HACC Service Episode.
- Date of birth must not be after or the same as Date of Last Assessment.
- Postcodes must be a valid Australian Postcode.
- The Residential Locality (suburb or locality name) should match the Postcode. A list can be obtained from the Australia Post site at http://www1.auspost.com.au/postcodes/

6. Data items that the VDR will populate with 9 or 99 or 9999 if left blank

- Country of birth
- Preferred language
- Need for interpreter
- Indigenous status
- Postcode
- Living arrangement
- Govt. Pension/benefit status
- DVA entitlement
- Accommodation
- Carer availability
- Carer – country of birth
- Carer – preferred language
- Carer – indigenous status
- Carer – postcode
- Carer residency status
- Carer for more than one person
- Source of referral

Carer's data items will be cross checked with Carer Availability Status (=1), before auto populating the blank fields.

Transmission Protocol HACC MDS v2.0.1 Victoria

Transmission Protocol HACC MDS v2.0.1 Victoria

A. Data Transmission Standard

Victorian HACC MDS version 2 csv format

1. Submission File Name Format

Purpose: to uniquely identify a submission file received by the RRHACS Data Repository[7]

CCCCCCCAAAAAYYYYNTTXX.FFF	where	CCCCCCC	=	COLLECTION IDENTIFER
		AAAAA	=	AGENCY IDENTIFIER
		YYYYN	=	DATA SUBMISSION IDENTIFIER
		TT	=	TRANSMISSION NUMBER
		XX	=	EXPORT FILE PORTION
		FFF	=	FILE EXTENSION i.e. CSV or XML

Example : Agency (ID = 1234) submits a single portion file for the July-Aug-Sept quarter starting 1 July 2006 for a single time in CSV format (i.e. Data Submission ID = 20063, Transmission No =1, Export File Portion = 1).

Thus the Submission File Name = HACC12342006311.CSV

[7] Data repository managed by DHS Rural and Regional Health and Aged Care Services Division

1. CSV File format

ITEM NUMBER	HEADER RECORD (REPORTED ONCE PER SUBMISSION)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
1	COLLECTION IDENTIFER	Alphanumeric	"AAAAAAA" literally, "HACC"	3	6	Must be in prescribed format
2	VERSION IDENTIFIER	NUMERIC	999 literally, "201"	3	3	Must be in prescribed format. 201 stands for v2.0.1
3	RECORD TYPE	Alphanumeric	"AAAAAA" literally, "HEADER"	6	6	Must be in prescribed format
4	AGENCY IDENTIFIER	Numeric	99999	4	5	Must be valid agency id
5	DATA COLLECTION IDENTIFIER	Alphanumeric	"YYYY/N"	6	6	Must be in prescribed format and valid collection id
6	TRANSMISSION NUMBER	Numeric	99	1	2	Must be a number > 0
7	EXPORT FILE PORTION	Alphanumeric	XX Default = 1	1	2	
8	NUMBER OF CLIENT RECORDS FOLLOWING	Numeric	99999	1	5	Must be a number > 0
9	NAME OF SOFTWARE	Alphanumeric	"AAAAAAAAAAAX"	1	50	
10	END HEADER MARKER	Alphanumeric	"AAAAAAAAA", literally, "ENDHEADER"	9	9	Must be in prescribed format

ITEM NUMBER	CLIENT RECORD (Reported once per client)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
11	COLLECTION IDENTIFER	Alphanumeric	"AAAAAAA" literally, "HACC"	3	6	Must be in prescribed format
12	VERSION IDENTIFIER	NUMERIC	999 literally, "201"	3	3	Must be in prescribed format. 201 stands for v2.0.1
13	RECORD TYPE	Alphanumeric	"AAAAAA" literally, "CLIENT"	6	6	Must be in prescribed format
14	LETTERS OF NAME	Alphanumeric	"XXXXX"	5	5	Must be in prescribed SLK format eg.,X22X2, XXX22, 222XX or blank
15	DATE OF BIRTH	Date	"dd/mm/yyyy"	10	10	Must be in prescribed date format. Year of birth must not be before 1895 or blank
16	DATE OF BIRTH ESTIMATE FLAG	Numeric	9	1	1	Must be a number (either 1 or 2) or blank
17	SEX	Numeric	9	1	1	Must be a number (either 1, 2, 3, 4 or 9)
18	COUNTRY OF BIRTH	Numeric	9999	4	4	Must be a valid country code. If data is unavailable use 9999
19	PREFERRED LANGUAGE	Numeric	9999	4	4	Must be a valid language code. If data is unavailable use 9999
20	NEED FOR INTERPRETER	Numeric	9	1	1	Must be a number (either 1,2 or 9)
21	INDIGENOUS STATUS	Numeric	9	1	1	Must be a number (either 1,2,3,4 or 9)
22	STATE/TERRITORY IDENTIFIER	Numeric	9	1	1	Must be a number (Vic=2)
23	RESIDENTIAL LOCALITY	Alphanumeric	"AAA ..."	1	46	Must be a valid suburb, town, locality or blank

ITEM NUMBER	CLIENT RECORD (Reported once per client)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
24	RESIDENTIAL POSTCODE	Numeric	9999	4	4	Must be a valid postcode. If data is unavailable use 9999
25	SLK MISSING FLAG	Numeric	9	1	1	Must be a number (either 1, 2, 3 or 4)
26	LIVING ARRANGEMENT	Numeric	9	1	1	Must be a valid code. If data is unavailable use 9
27	GOVT. PENSION/BENEFIT STATUS	Numeric	9	1	1	Must be a valid code. If data is unavailable use 9
28	DVA ENTITLEMENT	Numeric	9	1	1	Must be a valid code. If data is unavailable use 9
29	ACCOMMODATION	Numeric	99	1	2	Must be a valid code. If data is unavailable use 99
30	CARER AVAILABILITY	Numeric	9	1	1	Must be a number (1 or 2). If data is unavailable use 9
31	CARER – LETTERS OF NAME	Alphanumeric	"XXXXX"	5	5	Must be in prescribed SLK format e.g. X22X2, XXX22, 222XX or blank
32	CARER – DATE OF BIRTH	Date	"dd/mm/yyyy"	10	10	Must be in prescribed date format. Year of birth must not be before 1895 or blank
33	CARER – DATE OF BIRTH ESTIMATE FLAG	Numeric	9	1	1	Must be a number (either 1 or 2) or blank
34	CARER - SEX	Numeric	9	1	1	Must be a number (either 1, 2 or 9) or blank
35	CARER – COUNTRY OF BIRTH	Numeric	9999	4	4	Must be a valid country code. If data is unavailable use 9999
36	CARER – PREFERRED LANGUAGE	Numeric	9999	4	4	Must be a valid language code. If data is unavailable use 9999

ITEM NUMBER	CLIENT RECORD (Reported once per client)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
37	CARER – INDIGENOUS STATUS	Numeric	9	1	1	Must be a number (either 1,2,3,4 or 9)
38	CARER – STATE/TERRITORY IDENFIER	Numeric	9	1	1	Must be in the correct number ID
39	CARER - RESIDENTIAL LOCALITY	Alphanumeric	“AAA …”	1	46	Must be a valid suburb, town, locality or blank
40	CARER - POSTCODE	Numeric	9999	4	4	Must be a valid postcode. If data is unavailable use 9999
41	CARER RESIDENCY STATUS	Numeric	9	1	1	Must be a number (1 or 2). If data is unavailable use 9
42	RELATIONSHIP OF CARER TO CARE RECIPIENT	Numeric	9	1	2	Must be a valid code. If data is unavailable use 9
43	CARER FOR MORE THAN ONE PERSON	Numeric	9	1	1	Must be a number (1, 2 or 9)
44	DATE OF LAST UPDATE	Date	“dd/mm/yyyy”	10	10	Must be in prescribed date format.
45	SOURCE OF REFERRAL	Numeric	99	1	2	Must be a valid code. If data is unavailable use 99
46	DATE OF ENTRY INTO HACC SERVICE EPISODE	Date	“dd/mm/yyyy”	10	10	Must be in prescribed date format.
47	DATE OF EXIT FROM HACC SERVICE EPISODE	Date	“dd/mm/yyyy”	10	10	Must be in prescribed date format.
48	MAIN REASON FOR CESSATION OF SERVICES	Numeric	99	1	2	Must be a valid code. If data is unavailable use 99 or null

ITEM NUMBER	CLIENT RECORD	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
	Services Received (total calculated per client for reporting period)					
49	DOMESTIC ASSISTANCE (hours)	Numeric	9999	1	4	Must be a number or null
50	VOL. SOCIAL SUPPORT (hours)	Numeric	9999	1	4	Must be a number or null
51	NURSING RECEIVED AT HOME (hours)	Numeric	9999	1	4	Must be a number or null
52	NURSING RECEIVED AT CENTRE (hours)	Numeric	9999	1	4	Must be a number or null
53	PODIATRY AT HOME (hours)	Decimal	9999.99	1	6	Must be a number or null
54	OCCUPATIONAL THERAPY AT HOME (hours)	Decimal	9999.99	1	6	Must be a number or null
55	SPEECH PATHOLOGY AT HOME (hours)	Decimal	9999.99	1	6	Must be a number or null
56	DIETETICS AT HOME (hours)	Decimal	9999.99	1	6	Must be a number or null
57	PHYSIOTHERAPY AT HOME (hours)	Decimal	9999.99	1	6	Must be a number or null
58	AUDIOLOGY AT HOME (hours)	Decimal	9999.99	1	6	Must be a number or null
59	COUNSELLING AT HOME (hours)	Decimal	9999.99	1	6	Must be a number or null
60	ALLIED HEALTH CARE RECEIVED AT HOME - TOTAL TIME (Hours)	Numeric	9999	1	4	Must be a number or null
61	PODIATRY AT CENTRE (hours)	Decimal	9999.99	1	6	Must be a number or null
62	OCCUPATIONAL THERAPY AT CENTRE (hours)	Decimal	9999.99	1	6	Must be a number or null
63	SPEECH PATHOLOGY AT CENTRE (hours)	Decimal	9999.99	1	6	Must be a number or null
64	DIETETICS AT CENTRE (hours)	Decimal	9999.99	1	6	Must be a number or null
65	PHYSIOTHERAPY AT CENTRE (hours)	Decimal	9999.99	1	6	Must be a number or null
66	AUDIOLOGY AT CENTRE (hours)	Decimal	9999.99	1	6	Must be a number or null
67	COUNSELLING AT CENTRE (hours)	Decimal	9999.99	1	6	Must be a number or null

ITEM NUMBER	CLIENT RECORD	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
68	ALLIED HEALTH CARE RECEIVED AT CENTRE (hours)	Numeric	9999	1	4	Must be a number or null
69	PERSONAL CARE (hours)	Numeric	9999	1	4	Must be a number or null
70	PLANNED ACTIVITY GROUP, CORE (hours)	Numeric	9999	1	4	Must be a number or null
71	PLANNED ACTIVITY GROUP, HIGH (hours)	Numeric	9999	1	4	Must be a number or null
72	MEALS RECEIVED AT HOME (no. of meals)	Numeric	999	1	3	Must be a number or null
73	MEALS RECEIVED AT CENTRE (no. of meals)	Numeric	999	1	3	Must be a number or null
74	RESPITE (hours)	Numeric	9999	1	4	Must be a number or null
75	ASSESSMENT (hours)	Numeric	9999	1	4	Must be a number or null
76	CASE MANAGEMENT (hours)	Numeric	9999	1	4	Must be a number or null
77	CLIENT CARE COORDINATION (hours)	Numeric	9999	1	4	Must be a number or null
78	PROPERTY MAINTENANCE (hours)	Numeric	9999	1	4	Must be a number or null
79	PROVISION OF GOODS AND EQUIPMENT - Self Care Aids	Numeric	9	1	3	Must be a number or null
80	PROVISION OF GOODS AND EQUIPMENT - Supporting and Mobility Aids	Numeric	9	1	3	Must be a number or null
81	PROVISION OF GOODS AND EQUIPMENT - Communication Aids	Numeric	9	1	3	Must be a number or null
82	PROVISION OF GOODS AND EQUIPMENT - Aids for reading	Numeric	9	1	3	Must be a number or null
83	PROVISION OF GOODS AND EQUIPMENT - Medical Care Aids	Numeric	9	1	3	Must be a number or null
84	PROVISION OF GOODS AND EQUIPMENT - Car modifications	Numeric	9	1	3	Must be a number or null
85	PROVISION OF GOODS AND EQUIPMENT - Other goods/equipment	Numeric	9	1	3	Must be a number or null

ITEM NUMBER	CLIENT RECORD	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
86	COUNSELLING/SUPPORT, INFORMATION AND ADVOCACY – CARE RECIPIENT (hours)	Numeric	9999	1	4	Must be a number or null
87	COUNSELLING/SUPPORT, INFORMATION AND ADVOCACY - CARER (hours)	Numeric	9999	1	4	Must be a number or null
88	FUNCTIONAL STATUS - Housework	Numeric	9	1	1	Must be 1, 2, 3 or 9
89	FUNCTIONAL STATUS – Transport	Numeric	9	1	1	Must be 1, 2, 3 or 9
90	FUNCTIONAL STATUS – Shopping	Numeric	9	1	1	Must be 1, 2, 3 or 9
91	FUNCTIONAL STATUS – Medication	Numeric	9	1	1	Must be 1, 2, 3 or 9
92	FUNCTIONAL STATUS - Money	Numeric	9	1	1	Must be 1, 2, 3 or 9
93	FUNCTIONAL STATUS – Walking	Numeric	9	1	1	Must be 1, 2, 3 or 9
94	FUNCTIONAL STATUS – Mobility	Numeric	9	1	1	Must be 1, 2, 3 or 9
95	FUNCTIONAL STATUS – Self-care screen	Numeric	9	1	1	Must be 1 or 2
96	FUNCTIONAL STATUS - Bathing	Numeric	9	1	1	Must be 1, 2, 3 or 9
97	FUNCTIONAL STATUS – Dressing	Numeric	9	1	1	Must be 1, 2, 3 or 9
98	FUNCTIONAL STATUS - Eating	Numeric	9	1	1	Must be 1, 2, 3 or 9
99	FUNCTIONAL STATUS – Toilet	Numeric	9	1	1	Must be 1, 2, 3 or 9
100	FUNCTIONAL STATUS – Communication	Numeric	9	1	1	Must be 1, 2, 3 or 9
101	FUNCTIONAL STATUS – Memory	Numeric	9	1	1	Must be 1 or 2
102	FUNCTIONAL STATUS – Behaviour	Numeric	9	1	1	Must be 1 or 2
103	HRS Registered Client	Numeric	9	1	1	Must be 0 or 1
104	HRS Confirmation Call	Numeric	99	1	2	Must be 0, 1, 2 or 9
105	HRS Call-out in Time 1	Numeric	99	1	2	Must be a number or null
106	HRS Call-out in Time 2	Numeric	99	1	2	Must be a number or null
107	HRS Call-out in Time 3	Numeric	99	1	2	Must be a number or null

ITEM NUMBER	CLIENT RECORD	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
108	HRS Call-out in Time 4	Numeric	99	1	2	Must be a number or null
109	SCP Respite daytime in home	Numeric	9999	1	4	Must be a number or null
110	SCP Respite overnight in home non-active	Numeric	9999	1	4	Must be a number or null
111	SCP Respite overnight in home active	Numeric	9999	1	4	Must be a number or null
112	SCP Respite residential	Numeric	9999	1	4	Must be a number or null
113	SCP Counselling and support	Numeric	9999	1	4	Must be a number or null
114	SCP Goods and equipment cost (whole $)	Numeric	99999	1	5	Must be a number or null
115	CCP Dependent Children	Numeric	9	1	1	Must be 0, 1, 2, 3 or 9
116	CCP Disability Type	Numeric	99	1	2	Must be a number or null
117	CCP Assertive Outreach (hours)	Numeric	9999	1	4	Must be a number or null
118	CCP Care Coordination (hours)	Numeric	9999	1	4	Must be a number or null
119	CCP Flexible Care Funds (whole $)	Numeric	99999	1	5	Must be a number or null
120	CCP Housing Assistance (hours)	Numeric	9999	1	4	Must be a number or null
121	CCP Group Social Support (hours)	Numeric	9999	1	4	Must be a number or null
122	HSAP Assertive Outreach (hours)	Numeric	9999	1	4	Must be a number or null
123	HSAP Care Coordination (hours)	Numeric	9999	1	4	Must be a number or null
124	HSAP Flexible Care Funds (whole $)	Numeric	99999	1	5	Must be a number or null
125	HSAP Housing Assistance (hours)	Numeric	9999	1	4	Must be a number or null
126	OPHR Assertive Outreach (hours)	Numeric	9999	1	4	Must be a number or null
127	OPHR Care Coordination (hours)	Numeric	9999	1	4	Must be a number or null
128	OPHR Flexible Care Funds (whole $)	Numeric	99999	1	5	Must be a number or null
129	OPHR Housing Assistance (hours)	Numeric	9999	1	4	Must be a number or null

ITEM NUMBER	CLIENT RECORD	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
130	OPHR Group Social Support (hours)	Numeric	9999	1	4	Must be a number or null
131	SRS Care Coordination (hours)	Numeric	9999	1	4	Must be a number or null
132	SRS Housing Assistance (hours)	Numeric	9999	1	4	Must be a number or null
133	SRS Group Social Support (hours)	Numeric	9999	1	4	Must be a number or null
134	END CLIENT MARKER	Alphanumeric	"AAAAAAAAAX" literally, "ENDCLIENT"	9	10	

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An MDS file will be deemed an invalid submission and rejected by the Victorian data repository (VDR) if any of the following occur:

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- Files with incorrect agency ID
- The number of clients indicated in the record header does not correspond to the number of records in the file.

The agency will be asked to re-submit the whole file.

2. Rejected Client Records

The VDR will delete a client record from the file if any of the following occur:

- The value or code in the following data items does not correspond to the prescribed codes or format:
  - letters of name
  - date of birth
  - sex
  - post code

- No services are recorded for the quarter

- More than 1000 hours or negative hours recorded for any of the service activities that are measured by hours

- More than 300 meals or a negative number of meals recorded for meals delivered at home or at centre

- Duplicate client records.

3. Deletion of information within the client record

The VDR will delete some information from a client record if any of the following occur:

- Incorrect date format in any date fields (except for date of birth: refer to above rule on Rejected Records)
- Incorrect value or code in any other data fields.

After these deletions the VDR will process the remaining records as normal. The agency will be notified of the deletions and asked to fix the problem for future transmissions.

4. Correction of information within the client record

The VDR will correct some information in a client record if any of the following occur:

- Where appropriate, some data fields with blank values will be substituted with the value 9 or 99 or 9999 (refer to list below).

After these corrections the VDR will process the records as normal. The agency will be notified of the corrections and asked to fix the problem for future transmissions.

5. Suggestions for software design: Logical checks for data validation

These checks should be built into the agency's client information management system.

- If the client has no carer (Carer Availability=2) then responses to all carer data items should be blank. Conversely, if there is a carer (Carer Availability=1), all carer data items should be populated.
- If the client is still receiving HACC services at the end of the collection period, the Date of Exit from HACC Services and the Main Reason for Cessation of Services should both be blank.
- If the client has stopped receiving HACC services, there should be a date for Date of Exit from HACC Services, and the Main Reason for Cessation of Services should be coded accordingly.
- If the answer to the Self-care Screen (Functional Status) is No (=2), then Bathing, Dressing, Eating and Toilet in Functional Status should be blank.
- Future dates should not be acceptable.
- Date of birth must not be before 01/01/1895.
- Date of birth must not be after or the same as Date of Entry into HACC Service Episode.
- Date of birth must not be after or the same as Date of Last Assessment.
- Postcodes must be a valid Australian Postcode.
- The Residential Locality (suburb or locality name) should match the Postcode. A list can be obtained from the Australia Post site at http://www1.auspost.com.au/postcodes/

6. Data items that the VDR will populate with 9 or 99 or 9999 if left blank

- Country of birth
- Preferred language
- Need for interpreter
- Indigenous status
- Postcode
- Living arrangement
- Govt. Pension/benefit status
- DVA entitlement
- Accommodation
- Carer availability
- Carer – country of birth
- Carer – preferred language
- Carer – indigenous status
- Carer – postcode
- Carer residency status
- Carer for more than one person
- Source of referral

Carer's data items will be cross checked with Carer Availability Status (=1), before auto populating the blank fields.

Statistical Linkage Key Format - HACC MDS v2.0 and v2.01 Vic

The format of the statistical linkage key is a string comprising 14 characters with positions set as follows:

Position	Format	Derived From
1-3	A combination of alphabetic characters and/or the digit 2	**FAMILY NAME/SURNAME**
4-5	A combination of alphabetic characters and/or the digit 2	**FIRST GIVEN NAME**
6-13	Numeric characters comprising a valid date string.	**DATE OF BIRTH**
14	Numeric value comprising any of 1, 2, 3, 4 or 9 but no other digit accepted	**SEX**

The three parts of the statistical linkage key are to be extracted from Agency HACC MDS Systems as individual components and ***reported as three individual components***, according to the Victorian HACC MDS v2.0 Data Transmission Standard.

The three components are:

Letters of Name, in turn derived from the Client's Family Name and First Given Name, **Date of Birth and Gender**

Deriving Letters of Name

Agencies MUST provide, for each client being reported, the five LETTERS OF NAME (composed of letters identified according to the steps outlined below) or with allowed use of the digit 2 to replace missing letters.

For each Client about whom HACC MDS data is to be reported, the Client's Family Name and First Given Name should have been recorded in full (refer to HACC MDS v2 User Guide for more specific advice).

The Letters of Name is based on selected letters from the data items Family Name and First Given Name.

Basic Steps

(A) Obtain required three letters from FAMILY NAME/ SURNAME

(B) Obtain required two letters from FIRST GIVEN NAME

(C) Concatenate results of Steps A and B to form LETTERS OF NAME

Step A – Letters from Family Name

Three characters need to be derived from the FAMILY NAME to contribute to the LETTERS OF NAME.
To derive letters from FAMILY NAME/SURNAME, the basic steps are:

1. Remove any non-alphabetic characters from the FAMILY NAME (i.e. remove spaces, apostrophes, hyphens, full stops) to form the resultant Family Name.
   In the example of Mary Samson (Figure 1), the FAMILY NAME is "SAMSON". There is no need to remove any non-alphabetic characters in this case.

   If the Client's FAMILY NAME were O'Brien then the apostrophe would need to be removed, leading to a resultant Family Name of "OBRIEN".
2. If there are less than five letters in the resultant Family Name, fill the remaining empty spots up to the fifth place with the digit "2".
   If the stated FAMILY NAME is "WANG", the 5th spot must be filled with digit 2, forming "WANG2" as resultant Family Name.
3. Select the 2nd, 3rd and 5th letters from the resultant Family Name letters.
   In the example of Mary Samson (Figure 1), the letters to select from "SAMSON" are "AMO".

   For a client with "WANG2" as the resultant Family Name, the selected letters will be "AN2".

   For a client with "OREILLY" as the resultant Family Name, the selected letters will be "REL".

Step B – Letters from First Given Name

Two characters need to be derived from the FIRST GIVEN NAME to contribute to the LETTERS OF NAME.
To derive letters from FIRST GIVEN NAME, the basic steps are:

1. Remove any non-alphabetic characters from the FIRST GIVEN NAME (i.e. remove spaces, apostrophes, hyphens, full stops) to form the resultant First Given Name.
   In the example of Mary Samson (Figure 1), the FIRST GIVEN NAME is "MARY".
   There are no non-alphabetic characters to remove in this case.

   If the Client's FIRST GIVEN NAME were "SUE-LAYNE", then the resultant First Given Name is "SUELAYNE" with the full stop and space both removed.
2. If there are less than three letters in the resultant First Given Name, fill the remaining empty spots with the digit "2" until the third spot is filled.
   If the FIRST GIVEN NAME is "JO", the third spot must be filled with the digit "2", forming a resultant First Given Name of "JO2".
3. Select the 2nd and 3rd letters from the resultant First Given Name letters.
   In the example of Mary Samson (Figure 1), the letters to select from "MARY" are "AR".
   For a client with resultant First Given Name of "JO", the selected letters will be "O2".
   For a client with resultant First Given Name of "SUELAYNE", the selected letters will be "UE".

Step C - Concatenate the Selected Letters

The LETTERS OF NAME is a combination of the selected three letters from FAMILY NAME/SURNAME followed by the selected two letters from FIRST GIVEN NAME.
In the example in Figure 1, the LETTERS OF NAME is AMOAR.

"AMO" (from "SAMSON") + "AR" (from "MARY") = AMOAR.

For a client with name "JO WANG", the LETTERS OF NAME is AN2O2.

"AN2" (from "WANG") + "O2" (from "JO") = AN2O2.

Single Name Only Available

If either the FAMILY NAME / SURNAME or the FIRST GIVEN NAME is completely absent, then the relevant part of the LETTERS OF NAME is replaced by a string of digits of value 2 to indicate "Not Stated".
If a client only had the name "ALISTAIR" as their FAMILY NAME, then their LETTERS OF NAME would be LIT22, based on:

"LIT" (from "ALISTAIR") + "22" (to represent absent "FIRST GIVEN NAME") = LIT22

Initial Only for Name

If you have only recorded an initial for the Client's name (eg for their First Given Name), attempt to obtain the Client's full name.
If you are unable to expand on the single initial recorded for the Client's First Given Name or Full Name, then treat it as a missing name.
That is, replace the missing part of their name with a string of 2s.

eg If the Client's First Given Name is recorded as "J." and it is not possible to expand it, then "22"will be recorded for the required first given name part of Letters of Name.

Examples of Family Name Components

The table below shows examples of the three characters obtained from example client Family Names.

Recorded FAMILY NAME	Resultant Family Name Characters	Selected LETTERS OF FAMILY NAME
SAMSON	SAMSO	AMO
O'REILLY	OREIL	REL
NG	NG222	G22
ST. JOHN	STJOH	TJH
PYE-JONES	PYEJO	YEO
LA PEROUSE	LAPER	APR

Table 1 Selected Letters of Family Name

Examples of First Given Name Components

The table below shows examples of the two characters obtained from example client First Given Names.

Recorded FIRST GIVEN NAME	Resultant First Given Name	Selected LETTERS OF FIRST GIVEN NAME
MARY	MAR	AR
JO	JO2	O2
H'IN	HIN	IN
AMANDA	AMA	MA
J-ENTO	JEN	EN
MICHELLE	MIC	IC

Table 2 Selected Letters of First Given Name

Examples of Letters of Name Component

LETTERS OF NAME is composed of the selected letters of the FAMILY NAME and the FIRST GIVEN NAME. The table below shows the results of the three step process previously outlined for example clients.

Client Name	LETTERS OF NAME
MARY SAMSON	**AMO + AR = AMOAR**
JO O'REILLY	**REL + O2 = RELO2**
H'IN NG	**G22 + IN = G22IN**
AMANDA ST.JOHN	**TJH + MA = TJHMA**
ST. JOHN ST.JOHN	**TJH + TJ = TJHTJ**
J-ENTO PYE-JONES	**YEO + EN = YEOEN**
MICHELLE LA PEROUSE	**APR + IC = APRIC**

Example of Statistical Linkage Key

The HACC MDS statistical linkage key makes use of specified letters from a client's name, supplemented with their date of birth and the code for sex (refer Figure 1 for illustration of this).

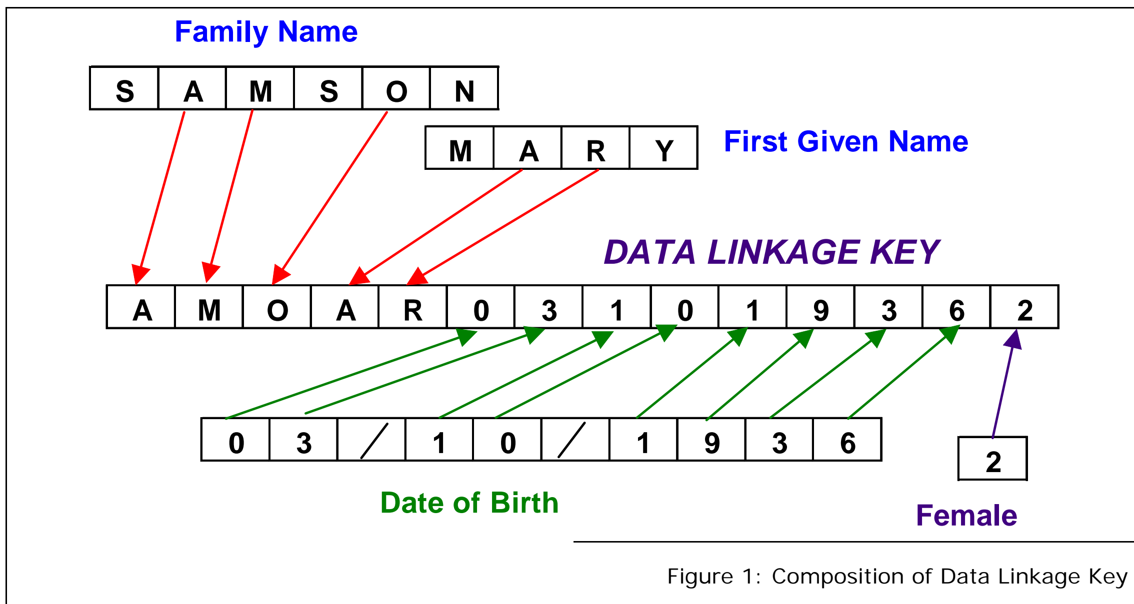

Figure 1: Composition of Data Linkage Key