

Home and Community Care MDS 2009

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Home and Community Care MDS 2009

Identifying and definitional attributes

Metadata item type: Data Set Specification

METEOR identifier: 379878

Registration status: [Community Services \(retired\)](#), Recorded 16/11/2009

DSS type: National Minimum Data Set (NMDS)

Scope: Scope:

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

The HACC MDS is a client-centred data collection designed to support program management and planning by supplying basic information about HACC clients and the services they receive. It is one of several accountability measures designed to assist with planning, monitoring and evaluation of HACC service provision.

The objectives of the Home and Community Care Minimum Data Set (HACC MDS) are:

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

The HACC MDS is also intended to assist service providers in monitoring service provision and in meeting program reporting requirements.

The HACC MDS focuses on information about the clients of HACC funded agencies and the level and type of assistance they receive from the HACC program. The data elements defined in this data set specification encompass:

- the characteristics of care recipients (e.g. sex, age, country of birth, Indigenous status);
- the circumstances of care recipients (e.g. living arrangements, pension status, veteran entitlements and functional status);
- information about the care recipient's carer (e.g. availability, co-residency, relationship of carer to the care recipient and personal details about the carer);
- information about the service episode; and
- the assistance received by care recipients and/or carers from the HACC program (e.g. source of referral, amounts and types of assistance received).

The scope of the HACC MDS data collection is defined by the definition of a HACC funded agency, HACC funded service provision, and the way the assistance is provided to the client. Not all activities of a HACC funded agency are in scope for the HACC MDS data collection.

HACC agencies: All HACC agencies (i.e. HACC-funded organisations or organisational sub-unit that are responsible for the direct provision of HACC-funded assistance to clients) report on their service provision.

HACC-funded service provision: All relevant service provision which is wholly or partially funded by the HACC program is included in the data collection, whether the service is provided by paid or volunteer staff. Brokered service provision is reported by the agency paying for the assistance.

Clients: The definition of a HACC client for the purposes of the HACC MDS is any identified person who receives HACC funded assistance from an agency. People receiving HACC funded services but who are not known to the agency as

individuals are not part of the HACC MDS data collection. Service to anonymous individuals, e.g. in response to general telephone enquiries, or general advocacy work on behalf of clients in general rather than a specific individual client are excluded. Group activities provided for people who are not identified, e.g. group information sessions, are also excluded.

Statistical units:

HACC MDS collection is based on individual client unit record files submitted by HACC funded agencies.

Please refer to the following glossary items:

- [Carer](#)
- [HAAC agency](#)
- [HACC client](#)
- [HACC service episode](#)
- [HACC service event](#)
- [Record linkage](#)

Collection and usage attributes

Collection methods:

Care recipients and carers:

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

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 HACC MDS is a service-by-product collection.

There is no set collection instrument. Agencies may use paper based data collection, an electronic form developed by the Australian Government Department of Health and Ageing, commercial products or in house databases to collect data. Data must be provided to the state or national data repository in an electronic file which is consistent with technical specifications produced by the Australian Government Department of Health and Ageing.

The frequency of the collection is ongoing with quarterly reporting of all in-scope services provided during that quarter.

Implementation start date: 11/05/2006

Comments:

The HACC MDS does not cover all the time spent with clients nor all the funds expended in providing services. In addition, HACC clients can choose not to have their information included in the MDS.

The HACC MDS is designed to reflect rather than drive agency practice. As a result the data generated by the HACC MDS collection may, in certain respects, reflect program level issues, tensions and contradictions.

In Version 2.0 of the HACC MDS, information about the care recipient and their carer (if they have one) is recorded on the same client record. Where a care recipient has more than one carer, the carer who provides the most significant care and assistance is reported.

For the purposes of MDS v2.0 reporting, the care recipient and their carer is the 'client' receiving services. The care recipient or the carer or both can be receiving HACC services.

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

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

Source and reference attributes

Origin: AIHW (2005) HACC NMDS User Guide Version 2, 1 July 2005, incorporating the HACC Data Dictionary Version 2

Relational attributes

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Home and Community Care (HACC) assistance received (quantity) cluster	Mandatory	1
1	Service event—assistance received date, DDMMYYYY	Mandatory	1
2	Service event—assistance type, HACC code N[N]	Mandatory	1
3	Service event—amount of assistance, Number N[NN]	Mandatory	1
DSS specific information:			
In the Home and Community Care (HACC) Minimum Data Set (MDS), quantity is used to record amount of assistance for the following assistance types:			
• Meals received at home • Meals received at centre/other • Formal Linen Services (However this is not a recorded assistance type in Queensland) • Transport • Goods and Equipment (self-care aids, support and mobility aids, communication aids, aids for reading, medical care aids, car modifications, other goods/equipment).			
4	Service event—service delivery setting, HACC code [N]	Conditional	1
Conditional obligation:			
This data element is only required to support the reporting of the data elements Total amount of assistance received (time) and Total amount of assistance received (quantity).			
5	Service event—funding source, HACC code N	Mandatory	1
6	Client—amount of assistance (HACC), total assistance N[NN]	Mandatory	0

Seq No.	Metadata item	Obligation	Max occurs
-	Home and Community Care (HACC) assistance received (time) cluster	Mandatory	1
1	Service event—assistance received date, DDMMYYYY	Mandatory	1
2	Service event—assistance type, HACC code N[N]	Mandatory	1
3	Service event—amount of assistance, total hours NNN	Mandatory	1

Conditional obligation:

In the Home and Community Care (HACC) Minimum Data Set (MDS), time is used to record amount of assistance (rather than provision of goods and equipment) for the following assistance types:

- Domestic Assistance
- Social Support
- Nursing Care received at home
- Nursing Care received at centre/other
- Allied Health care received at home
- Allied Health care received at centre/other
- Personal Care
- Centre-based Day Care
- Other Food Services
- Respite Care
- Assessment
- Client Care Coordination
- Case Management
- Home Maintenance
- Counselling/Support, Information and Advocacy (Carer)
- Counselling/Support, Information and Advocacy (Care Recipient).

4	Service event—service delivery setting, HACC code [N]	Mandatory	1
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Conditional obligation:

This data element is only required to support the reporting of the data elements Total amount of assistance received (time) and Total amount of assistance received (quantity).

5	Service event—funding source, HACC code N	Mandatory	1
6	Client—amount of assistance, total hours NNN	Mandatory	1
-	Home and Community Care (HACC) functional status cluster	Mandatory	1
1	Person—dependency in activities of daily living—activity type (HACC), code NN	Mandatory	1
2	Person—ability to perform activities of daily living (HACC), code N	Mandatory	1
3	Person—memory problems/confusions status, yes/no code N	Mandatory	1

DSS specific information:

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

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

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

In the Home and Community Care (HACC) MDS, this data element records

Seq No.	Metadata item	Obligation	Max occurs
	the person's capabilities in the respective activities based on information from the client as well other relevant sources such as carer(s), family, and service providers. The person should be rated on what they are capable of doing rather than what they do. The questions ask 'Can you?' rather than 'Do you?' since some persons may not, for example, do the housework because their carer does it for them, yet be quite capable of undertaking it themselves. In rating an item that is irrelevant (for example, the person has no shops in the vicinity or does not use any medication), base the rating on what the person would be capable of doing if the item was relevant to their situation. In assessing capability, take into account not only physical function but also cognition (such as problems caused by dementia or an intellectual disability) and behaviour (such as unpredictable or challenging behaviour). Clients able to complete a task with verbal prompting should not be rated as independent (and therefore should be rated as a 2). Rate the person's functional status with current aids and appliances in place. Record Code 9 for unanswered items. Memory problems or confusion: Does the person have any memory problems or get confused? Yes No Not stated/inadequately described. All items should be recorded, and in the order listed in Data domain. It is recommended that functional status should be recorded for HACC care recipients at the beginning of each HACC service episode. The agency should also assess the currency of this information at subsequent assessments/re-assessments within a HACC service episode and should update the agency's record of the person's Functional Dependency status if necessary. Note that some jurisdictions may use a different 3-level coding system for this element. Reporting requirements: Agencies should report the most recent functional status that the agency has recorded for the person. Information provided by the agency about the person's functional status will be considered to be at least as up to date as the Date of last update reported for the person. This is in line with the request that agencies assess and update the information they have about a person's functional status at the beginning of each HACC service episode as well as at subsequent assessments/re-assessments within a HACC service episode. This data element is not meant to limit the screening and assessment tools used by agencies, except to the extent that the nine items which are required for MDS reporting will need to be incorporated into the tools used.		

4 [Person—behavioural problems status, yes/no code N](#) Mandatory 1

DSS specific information:

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

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

For the Home and Community Care (HACC) MDS, do not ask the Client this question. Scoring for this element should be based on all information available to you, including interviewing, observing the person, Client notes, referral letter, and information from carer(s), friends, relatives and referring agencies.

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

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

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

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

Record Code 9 for unanswered items.

Behavioural problems:

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

Yes

No

Not stated/inadequately described.

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

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

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

Reporting requirements:

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

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

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

Seq No.	Metadata item	Obligation	Max occurs
-	Home and Community Care (HACC) goods and equipment received cluster	Mandatory	1
1	Service event—assistance received date, DDMMYYYY	Mandatory	1
2	Service event—assistance type, HACC code N[N]	Mandatory	1
3	Service event—service delivery setting, HACC code [N]	Mandatory	1
Conditional obligation:			
This data element is only required to support the reporting of the data elements Total amount of assistance received (time) and Total amount of assistance received (quantity).			
4	Service event—funding source, HACC code N	Mandatory	1
5	Service event—type of goods and equipment received, code N	Mandatory	0
6	Service episode—type of goods and equipment received, code N	Mandatory	0
-	Home and Community Care (HACC) total assistance received (cost) cluster	Mandatory	1
1	Service event—assistance received date, DDMMYYYY	Mandatory	1
2	Service event—assistance type, HACC code N[N]	Mandatory	1
3	Service event—amount of assistance, total Australian currency N[N(8)]	Mandatory	1
Conditional obligation:			
In the Home and Community Care (HACC) Minimum Data Set (MDS), cost is used to record the amount of assistance for the following assistance type:			
• Home Modification.			
4	Service event—service delivery setting, HACC code [N]	Mandatory	1
Conditional obligation:			
This data element is only required to support the reporting of the data elements Total amount of assistance received (time) and Total amount of assistance received (quantity).			
5	Service event—funding source, HACC code N	Mandatory	1
6	Client—amount of assistance, total Australian currency N[N(8)]	Mandatory	1
-	Date—estimate indicator, code N	Mandatory	1
-	Informal carer—co-residency status, code N	Mandatory	1
Conditional obligation:			
Recorded if the HACC client has a carer (see <i>Person—informal carer existence indicator, code N</i>).			
DSS specific information:			
The data element Carer residency status helps to establish a profile of the characteristics of informal carers assisted either directly or indirectly by the HACC program. As such it increases our knowledge about the dynamics and patterning of the provision of informal care to and by clients of the HACC program. In particular, whether the Carer lives with the person for whom they care or not is one indication of the level of informal support available to HACC clients and of the intensity of care provided by the Carer. Future developments of the HACC MDS will include more information about the level and type of assistance provided by carers.			

Seq No.	Metadata item	Obligation Max occurs
	A co-resident carer is a person who provides care and assistance on a regular and sustained basis to a person who lives in the same household. A non-resident or visiting carer is a person who provides care and assistance on a regular and sustained basis to someone who lives in a different household.	
	The process of identifying a single person who provides the most significant care and assistance is similar to that used by the Australian Bureau of Statistics in the 2003 Survey of Disability, Ageing and Carers to identify 'principal carers'. However, reliable comparisons of ABS 'principal carers' and carers identified in the HACC MDS cannot be made without the inclusion of additional information in the HACC MDS about the types of assistance needed by care recipients and provided by carers. Future developments in the HACC MDS will take this issue into consideration.	
	Verification rules:	
	A value for this data element should be present in any client record with a value of 1 in Carer—existence of.	
	A record with the value 1 in this data element should not have a value of 1 in the data element Living arrangements.	
	The agency should record this data element at the beginning of each HACC service episode for any care recipient who has a carer (i.e. Carer—existence of code 1).	
	The agency should assess the currency of this information at subsequent assessments/re-assessments within any given HACC service episode and should update the agency's record of Carer residency status if necessary.	
	Reporting requirements:	
	This data element is required for reporting within the HACC MDS collection for any HACC client who has a Carer (i.e. Carer—existence of code 1).	
	Agencies are required to report the most recent Carer residency status that the agency has recorded for the client. This information is to be related to the same person to which the data element Relationship of carer to care recipient relates.	
	Information provided by the agency about Carer residency status will be considered to be at least as up to date as the Date of last update reported for the person. This is in line with the request that agencies assess and update the information they have about Carer residency status at the beginning of each HACC service episode as well as at subsequent assessments/re-assessments within any given HACC service episode.	
	If the agency's system or records do not provide sufficient information to accurately report on this data element, the agency should use code 9 Not stated/inadequately described.	

Conditional obligation:

Recorded if the HACC client has a carer (see *Person—informal carer existence indicator, code N*).

DSS specific information:

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

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

Reporting requirements:

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

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

This element is similar to the DE Informal carer – number of care recipients (NRCP), code N[N], collected in the NRCP MDS (#308603). Rather than a Yes/No item, that DE collects the number of recipients in the ranges 1,2,3+. It also recommends a further list of required items for collection.

Related data:

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

Is related to the data element concept Carer.

- [Informal carer—relationship to care recipient, code N](#)

Mandatory 1

Conditional obligation:

Recorded if the HACC client has a carer (see *Person—informal carer existence indicator, code N*).

DSS specific information:

Information about the relationship the carer has to the person for whom they care assists in establishing a profile of informal caring relationships and the assistance provided by the HACC program to maintain and support those relationships. As such it increases our knowledge about the dynamics of caring

and provides an insight into the gender and inter-generational patterns of informal caregiving in the community. The inclusion of this information in the HACC MDS enables useful comparisons between caring relationships supported by the HACC program and those reported in the national population data from the ABS Survey of Disability, Ageing and Carers.

The agency should record this data element at the beginning of each HACC service episode for any client who has a carer (i.e. Carer's existence of code 1).

The agency should also assess the currency of this information at subsequent assessments/re-assessments within a HACC service episode and should update the agency's record of the Carer for more than one person if necessary.

Reporting requirements:

This data element is required for reporting within the HACC MDS collection for any HACC client who has a carer (i.e. Carer's existence of code 1).

Agencies are required to report the most recent information about caring for more than one person that the agency has recorded for the person.

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

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

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

The process of identifying a single person who provides the most significant care and assistance is similar to that used by the Australian Bureau of Statistics in the 2003 Survey of Disability, Ageing and Carers to identify 'principal carers'. However, reliable comparisons of ABS 'principal carers' and Carers identified in the HACC MDS cannot be made without the inclusion of additional information in the HACC MDS about the types of assistance needed by care recipients and provided by Carers. Future developments in the HACC MDS will take this issue into consideration.

- [Person \(address\)—Australian postcode, code \(Postcode datafile\) {NNNN}](#)

Mandatory 1

DSS specific information:

In the Home and Community Care MDS, this data element refers to the postal

code for the geographic location of the person's residence whilst receiving HACC services.

In conjunction with the data element Suburb/town/locality name, the data element Postcode is included in the HACC MDS as a means of reporting information about the geographic location of the residence of a HACC client. The preferred standard for reporting this information is by using a statistical local area (SLA) in conjunction with a state/territory code (see Australian state/territory identifier). However, as some HACC agencies may have difficulty allocating SLA codes to the residential locations of their clients without more computerised assistance than is currently available to them, agencies are given the option of reporting this information by using the lesser standard of Postcode plus Suburb/town/locality name.

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

The Australia Post postcode book is updated more than once a year as postcodes are constantly changing. Agencies should use the most up-to-date postcode book available for the HACC MDS reporting period.

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

Reporting requirements:

This data element is an alternative within the HACC MDS collection to reporting the Statistical Local Area (SLA) of the client's residence.

The agency should report the most recent postcode recorded for the client. Information provided by the agency about the client's postcode will be considered to be at least as recent as the Date of last update reported for the person. This is in line with the request that agencies assess and update the information they have about a person's postcode at the beginning of each HACC service episode as well as at subsequent assessments/re-assessments within each HACC service episode.

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

- [Person \(address\)—suburb/town/locality name, text A\[A\(49\)\]](#)

Mandatory 1

DSS specific information:

In the Home and Community Care MDS, this data element refers to the full name of the suburb/town/locality in which the Care Recipient lives whilst receiving HACC services.

In conjunction with the data element Postcode, the data element *Suburb/town/locality name* is included in the HACC MDS as an alternative means of reporting information about the geographic location of the residence of a HACC client. The preferred standard for reporting this information is by using a statistical local area (SLA) in conjunction with a state/territory code (see *Australian state/territory identifier*). However, as some HACC agencies may have difficulty allocating SLA codes to the residential locations of their clients without more computerised assistance than is currently available to them, agencies are given the option of reporting this information by using the alternative standard of *Postcode plus Suburb/town/locality name*.

Reporting requirements:

The agency should report the most recent Suburb/town/locality name recorded for the client.

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

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

Seq No.	Metadata item	Obligation	Max occurs
-	Person (name)—family name, text X[X(39)]	Mandatory	2
DSS specific information:			
The HACC client's full name is not required for HACC MDS reporting purposes. However, selected letters of the Family Name/Surname (2nd, 3rd and 5th), in combination with selected letters of the First Given Name, Date of Birth and Sex, are required for record linkage for statistical purposes only (see data element concept Record Linkage).			
Context: The HACC client's full name is not required for HACC MDS reporting purposes. However, agencies are required to record this information on their information systems in order to provide the specific letters of the person's surname which are required. Selected letters of the Family Name/Surname (2nd, 3rd and 5th), in combination with selected letters of the First Given Name, Date of Birth and Sex, are required for record linkage for statistical purposes only (see data element concept Record Linkage).			
Comments: No national standards currently exist for appellations. Standards Australia is proposing to develop such standards although no time frame for this development is known as yet.			
-	Person (name)—given name, text X[X(39)]	Mandatory	2
DSS specific information:			
The HACC client's full name is not required for HACC MDS reporting purposes. However, selected letters of the First Given Name (2nd and 3rd), in combination with selected letters of the Family Name/Surname, Date of Birth and Sex are required for record linkage for statistical purposes only (see data element concept Record Linkage).			
Comments: No national standards currently exist for appellations. Standards Australia is proposing to develop such standards although no time frame for this development is known as yet.			
-	Person—Australian state/territory identifier, code N	Mandatory	1
DSS specific information:			
Australian State/Territory identifier is important in the analysis of the spatial distribution of HACC care recipients and the services they receive. The data element allows for the comparison of HACC client groups with the HACC target population by geographic area and assists with establishing service provision targets for HACC regions. It also identifies HACC clients living outside the HACC funding region of the agency.			
-	Person—Commonwealth government payment type, code N	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Person—country of birth, code (SACC 2008) NNNN	Mandatory	1
DSS specific information:			
The three data elements included in Version 2.0 of the HACC MDS that are considered relevant to measuring cultural diversity are Country of birth, Main language spoken at home and Indigenous status.			
-	Person—date of birth, DDMMYYYY	Mandatory	1
-	Person—Department of Veterans' Affairs entitlement status, health care card, code N	Mandatory	1
DSS specific information:			
This data element helps to identify sub-groups of particular policy interest, such as veterans and people with disabilities.			
Code 4 should be used for care recipients who are not formally recognised by DVA as having any form of DVA entitlement, including those receiving the Aged Pension.			
One of the values 1, 2 or 3 in this data element should be present in any client record with a value of 2 in Government pension/benefit status.			
This data element should be recorded for all HACC care recipients at the beginning of each HACC service episode. The agency should also assess the currency of this information at subsequent assessments/re-assessments within a HACC service episode and should update the agency's record of the person's DVA entitlement if necessary.			
This data element is required for reporting in the HACC MDS collection. Agencies are required to report the most recent DVA entitlement status that the agency has recorded for the person.			
Information provided by the agency about the person's DVA entitlement status will be considered to be at least as up to date as the Date of last update reported for the person. This is in line with the request that agencies assess and update the information they have about a person's pension/benefit status at the beginning of each HACC service episode as well as at subsequent assessments/re-assessments within a HACC service episode.			
If the agency's system or records do not provide sufficient information to accurately report on this data element, the agency should use code 9 Not stated/inadequately described.			
-	Person—Indigenous status, code N	Mandatory	1
-	Person—informal carer existence indicator, code N	Mandatory	1
DSS specific information:			
This data element should be recorded at the beginning of each HACC service			

episode. The agency should also assess the currency of this information at subsequent assessments/re-assessments within any given HACC service episode and should update the agency's record of the client's Informal carer availability if necessary.

Reporting requirements:

Agencies are required to report the most recent Informal carer availability that the agency has recorded for the client.

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

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

The data element Informal carer availability, uses the same categories as the NCSDD V3, 2005.

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

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

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

The resolution of these inconsistencies will be a priority for future developments

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

- [Person—letters of given and family name, text XXXXX](#)

Mandatory 1

DSS specific information:

This data element is required for reporting within the HACC MDS collection. Agencies are required to report Letters of Name for all clients for whom the agency submits a HACC MDS record. Once the record linkage process is completed, the letters of the client's name will be replaced by an encrypted code.

The person's full name is not required for HACC MDS reporting purposes. However, agencies are required to report selected letters of the person's Family Name/Surname and First Given Name. These will be used in combination with the person's Date of Birth and Sex in order to link client records across HACC agencies and across HACC MDS reporting periods for statistical purposes

The names from which Letters of Name are derived should be recorded by the agency in line with the specifications detailed in the data elements Family Name/Surname and First Given Name.

The provision of letters of a person's name can be a sensitive issue because of privacy and confidentiality concerns. The use of this information will be in accordance with the Information Privacy Principles contained in the Commonwealth Privacy Act and letters from the person's name will only be used for linking records for statistical purposes. Moreover, once the records are linked, these letters will be replaced by an encrypted code.

- [Person—living arrangement, code N](#)
- [Person—main language other than English spoken at home, code \(ASCL 2005\) NN{NN}](#)

Mandatory 1

Mandatory 1

DSS specific information:

- [Person—residential setting, code N](#)

Mandatory 1

DSS specific information:

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

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

- [Person—sex, code N](#)
- [Record—last update date, DDMMYYYY](#)
- [Record—statistical linkage key information missing flag, code N](#)
- [Referral—referral source, code N\[N\]](#)
- [Service episode—episode end date, DDMMYYYY](#)

Mandatory 1

Mandatory 1

Mandatory 1

Mandatory 1

Mandatory 1

DSS specific information:

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

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

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

- [Service episode—episode start date, DDMMYYYY](#)

Mandatory 1

DSS specific information:

The date on which a period of delivery of HACC-funded assistance to the person

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

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

Valid date

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

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

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

For new clients in the reporting period, report the first Assistance received date

For clients who exited from a service episode and entered a new service episode during the same reporting period, report the Assistance received date for the new service episode.

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

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

Seq Metadata item**Obligation Max
occurs****No.**

Reporting requirements:

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

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

- [Service episode—service cessation reason \(HACC\), code N\[N\]](#)

Mandatory 1