

Service event—assistance type, HACCC code N[N]

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Service event—assistance type, HACCC code N[N]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Assistance type (HACC)
Synonymous names:	Type of assistance/support
METEOR identifier:	382765
Registration status:	Community Services (retired) , Recorded 16/11/2009
Definition:	The type of assistance that a HACC client receives from a community services department, as represented by a code.
Context:	<p>The HACC MDS data element Primary type of assistance received is one of a cluster of data elements that describe a HACC service event or occasion of service delivery to a client. Agencies need to record the Primary type of assistance received on each service delivery event in order to be able to report the total amount of each type of assistance received by the client during a HACC MDS reporting period. The assistance type(s) that is the primary purpose or focus of a HACC service event should be recorded, regardless of who is providing that service. There may be two or more service delivery events planned and recorded for the one visit by a care worker. Both may be recorded as instances of Primary type of assistance received.</p> <p>Information about the sorts of assistance received by a HACC client is of fundamental importance to program planning and accountability. In conjunction with information about the client's characteristics and circumstances and the total amount of assistance they receive, this information contributes to an understanding of the ways in which HACC-funded agencies have responded to their clients' needs.</p>
Data Element Concept:	Service event—assistance type
Value Domain:	HACC assistance code N[N]

Value domain attributes

Representational attributes

Representation class:	Code																								
Data type:	Number																								
Format:	N[N]																								
Maximum character length:	2																								
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12	Case management
13	Home maintenance
14	Home modification
15	Provision of goods and equipment
16	Formal linen service
17	Transport
18	Counselling/support, information and advocacy (Care Recipient)
19	Counselling/support, information and advocacy (Carer)

Collection and usage attributes

Guide for use: Domestic Assistance

This refers to assistance with domestic chores, including assistance with cleaning, dishwashing, clothes washing and ironing, shopping(unaccompanied) and bill paying. Domestic Assistance may include help with meal preparation where this is not the primary focus of the occasion of service (if meal preparation is the primary focus of an occasion of service this should be recorded as Other Food Services). In remote areas, Domestic Assistance may also include activities such as collection of firewood.

In deciding whether activities such as shopping or bill paying should be recorded as Domestic Assistance or Social Support the agency should use the following rule: if the person accompanies the worker during the activity it should be recorded as Social Support; if the worker is not accompanied by the person, the activity should be recorded as Domestic Assistance.

Domestic Assistance is normally provided in the home. In special situations domestic assistance is delivered at a Centre because it is not feasible to deliver the service in the Client's home. This may be because the Client's home does not include the means to wash clothes. In this case the time to deliver the domestic service will be recorded for the client.

Social Support

This refers to assistance provided by a companion (paid worker or volunteer), either within the home environment or while accessing community services, which is primarily directed towards meeting the person's need for social contact and/or accompaniment in order to participate in community life. Social support includes friendly visiting services, letter writing for the person, shopping and bill paying and banking (when the person is accompanied by the worker), and telephone-based monitoring services. Social support is not normally delivered at or from a fixed facility. Services from a fixed facility would normally be categorised as Centre-Based Day Care.

Social Support is normally provided in the client's home but may include accompanying the client on an excursion or trip. The support is provided to them as an individual and helps them to participate in society. It includes keeping them company, helping them do paper work, taking them shopping, banking or to attend an appointment.

A staff member providing Social Support may sometimes provide some other help while attending the Client. Any other service that is provided to the Client will have social support benefits. However it is only the assistance times which are specifically aimed at delivering social support which should be recorded this way.

Social support is usually provided one-on-one but may also be provided to more than one person, for example, where social support is provided to a frail aged couple, or to support a group of Aboriginal people attending a funeral. Any Social Support provided to the Client in a group-based environment at or from a fixed-base facility away from their residence is recorded as Centre-based Day Care.

Nursing Care

This refers to professional care from a registered or enrolled nurse. It includes times spent recording observations of a client, where this is considered to be part of the nurse's duty of care. Nursing Care should not be used for activities undertaken by registered or enrolled nurses which belong more clearly to one of the other types of assistance specified in this data element. For example, where a nurse undertakes a comprehensive assessment of the client, the appropriate type of assistance to be recorded is Assessment, regardless of the fact that the assessment was undertaken by a registered or enrolled nurse. Similarly, if a nurse provides personal care as the primary focus of an occasion of service, then the type of assistance to be recorded is Personal Care.

Nursing care can be delivered in the client's home or in a centre or other location. If a nurse attends a Client to provide primarily nursing care, and also provides some other unplanned help (eg social support, respite for the Carer, or personal care) then the Agency records this as primarily Nursing Care.

If a nurse attends a Client to provide a service which is not nursing care (eg social support or to act as a substitute Carer for the Client) but incidentally provides some nursing care, then the Agency records this as primarily Social Support or Respite Care.

Service provision may be more costly when delivered by a nurse rather than some other staff members. The HACC MDS focuses on the primary purpose(s) of the client experience of the assistance event and not cost of service delivery. Professional judgement should be used to decide the balance between nursing and other assistance types.

Allied Health Care (also known as paramedical care)

This refers to professional allied health care services, and includes a wide range of specialist services, such as podiatry, occupational therapy, physiotherapy, social work, speech pathology and advice from a dietician or nutritionist.

An Agency may record each type of allied health separately for its own operational and service delivery purposes, but at reporting time a total for all allied health assistance to a client is calculated.

Allied Health Care should not be used for activities undertaken by qualified allied health care workers which belong more clearly to one of the other types of assistance specified in this data element. For example, where an allied health care worker undertakes a comprehensive assessment of the client, the appropriate type of assistance to be recorded is Assessment, regardless of the fact that the assessment was undertaken by a qualified allied health care worker. Similarly, if an allied health care worker provides personal care as the primary focus of an occasion of service, then the type of assistance should be recorded as Personal Care.

If an Agency provides physiotherapy, occupational therapy or other allied health assistance to an individual at a day centre, then this is recorded separately to the allied health received at home.

Allied health assistance (not part of a Centre-based care program) provided to a group of clients at venue other than a centre or person's home, should be recorded as Allied health at other setting.

If an Allied Health agency provides a session of stretching exercises or occupational therapy to a group of clients at a Centre, this will be recorded as part of the centre-based centre program of activities.

Personal Care

This refers to assistance with daily self-care tasks, such as eating, bathing, toileting, dressing, grooming, getting in and out of bed, and moving about the house. In some cases, Personal Care may also include medication monitoring.

Personal Care should only be used where assistance with daily self-care tasks is a primary focus of an occasion of service. It should not be used where assistance with personal care is incidental or secondary to other planned activities. For example, a person attending a day care centre may need assistance with going to

the toilet or with getting in and out of a chair but the primary type of assistance provided to the person on that occasion of service would be Centre Based Day Care.

Personal Care is normally provided in the home. In special situations personal care assistance is delivered at a Centre because it is not feasible to deliver the service in the Client's home. This may be because the Client is homeless, itinerant or living in a temporary shelter and the Centre is able to provide the shower and washing facilities required for Client care.

Centre Based Day Care

This refers to attendance/participation in structured group activities designed to develop, maintain or support the capacity for independent living and social interaction which are conducted in, or from, a centre based setting. Centre Based Day Care also includes group excursions/activities conducted by centre-based staff but held away from the fixed centre.

Centre Based Day refers to assistance (but not including Counselling/Support, Information and Advocacy services) provided to the client to attend/participate in group activities and is conducted in a centre-based setting.

Centre-based Day Care includes the social support provided in a group environment and also light refreshments, excursions, excursion-associated transport and personal assistance (e.g. help with toileting) involved in attendance at the centre. Social support assistance provided to a Client through structured activities in a group environment (but not including Counselling/Support, Information and Advocacy services) is to be recorded as Centre-Based Day Care when it is provided at a fixed-base facility. Social support assistance delivered individually to the Client at a Centre will be recorded as Social Support.

Any Agency which delivers nursing care, allied health or delivers a formal meal to an individual Client at a centre will record this under the relevant type of assistance delivered at a centre. If an Agency provides transport to/from a Centre they will record the transport assistance separately to the centre-based day care assistance. Any transport provided as part of an excursion or activity within the centre's program will not be counted as a separate transport service. If a day centre provides the necessary facilities so that personal care, domestic service and other types of assistance can be delivered to the individual Client, then an Agency may separately record and report these itemised services for each receiving client.

Allied health assistance provided to a group of clients at a centre should be recorded as Centre-based day care.

Meals

This refers to those meals which are prepared and delivered to the client. It does not include meals prepared in the client's home.

It is important to count separately the meals provided to a client at home, and the meals provided at a Centre (or other setting). Separate totals must be reported in this case.

Other Food Services

This refers to assistance with the preparation and cooking of a meal in the client's home and the provision of advice on nutrition, storage or food preparation. It does not cover the delivery of a meal prepared elsewhere.

Assistance with meal preparation may also be part of Domestic Assistance received by the client. Other Food Services should only be used when assistance with meal preparation is the primary focus of the occasion of service.

Respite Care

This refers to assistance received by a carer from a substitute carer who provides supervision and assistance to their care recipient (even though the carer may still be present). Respite care is provided by the HACC program to carers in order to give them relief from their caring role. Respite Care should only be recorded if there is a carer reported on the MDS record. If the care recipient has no carer then the service type is not respite but normally would be Social Support.

Respite care should only be recorded when the primary purpose of the occasion of service is to relieve the carer of their caring responsibilities. At times, and especially in the early stages of respite care arrangements, the carer may choose to remain with their care recipient in the presence of the substitute carer for both their own reassurance and that of the care recipient. This situation is usually transitional or temporary and should be recorded as Respite Care if the primary purpose of the activity is to give the client (carer) some relief from their caring role. A person providing respite care (i.e. substitute carer) may assist with other activities as part of substituting for the usual carer (e.g. washing dishes or helping the care recipient with personal care tasks).

It may, at times, be difficult for an agency to decide whether the primary focus of an occasion of service is respite or social support. This is often because in order to provide the carer with an effective break from their caring role, the care recipient may need to be taken out to participate in social activities. As a general rule, an occasion of service should be recorded as Respite Care rather than Social Support when:

- the substitute carer comes into the home with the aim of enabling the carer to go out of the home; or
- when a substitute carer accompanies both the carer and care recipient on an outing or holiday, or
- when the care recipient is taken on outing by the substitute carer without being accompanied by the carer where the primary purpose is to provide the carer respite from their caring responsibilities.

Where a carer receives an explicit individual HACC-funded service from an Agency, the time spent receiving this service will be recorded using the appropriate assistance type. If a substitute carer is required to enable the Carer to receive these individual services, then the substitute care will be recorded as Respite Care.

Assessment

This refers to assessment and re-assessment activities that are directly attributable to individual care recipients. This includes assessment activities associated with client intake procedures and the determination of eligibility for service provision. It also includes more comprehensive assessments of a person's need for assistance and capacity to undertake tasks of daily living, as well as Occupational Health and Safety (OH&S) assessments undertaken by the agency in relation to service delivery. Not all these activities are necessarily undertaken face-to-face with the client.

While most agencies will undertake some form of assessments, the extent and nature of assessment activities will vary from agency to agency, and across different agency types. For example, while a community nursing agency may undertake a full comprehensive assessment of all clients, a transport, meals or home modification agency may assess a client only in terms of basic information needed for the delivery of that service (e.g. client details, what does the client require from the agency, special needs, etc.).

Within the HACC MDS, assessments associated with client intake are considered to be a critical data collection point in terms of recording basic information about the client's characteristics and circumstances (i.e. Date of birth, Sex, Main language spoken at home, Carer – existence of, Accommodation setting, etc). Subsequent assessments and reassessments undertaken by the agency are also considered a critical opportunity for agencies to assess the currency of the information they have recorded about the client and to update this where necessary.

Client care coordination and case management are distinct activities on the same continuum of service delivery. Client care coordination is less intensive form of case management.

Client care coordination focuses on coordination activities undertaken to facilitate access to HACC services for clients who need help to gain access to more than one service, for example, HACC special needs group clients. The assistance to access services is often short term.

Client care coordination involves the following activities: implementing the care

plan; liaison with service providers in the same or another agency dealing with the same client; advocacy to ensure that the client has access to the range of services required; and monitoring and reviewing the care plan or service plan.

Care coordination is an activity carried out by identified agency staff. Not all service providers will undertake it.

It is an activity directly attributable to individual clients and is unlikely to be provided to every client on every occasion of service.

Client care coordination service activity does not include administrative work (e.g. drawing up rosters, processing accounts, or completing time sheets), personnel management, or attendance at staff meetings or training programs.

Note that Client care coordination and Case management are similar to the ACAP data element Care coordination Level 1 and Level 2 respectively, except that Level 2 Care coordination describes a time-limited or bridging intervention.

Case Management comprises active assistance received by a client from a formally identified agency worker (case manager or care coordinator) who coordinates the planning and delivery of a suite of services to the individual client. (Where service delivery involves more than one agency, only the activities of the agreed case manager should be recorded against this type of assistance.)

Case Management is generally targeted on clients with complex needs. It may be short term or ongoing.

A client receiving case management will be receiving multiple services typically from more than one agency.

The case manager will carry out the same range of activities as the care coordinator (implementing the care plan; liaison with service providers in the same or another agency dealing with the same client; advocacy to ensure that the client has access to the range of services required; and monitoring and reviewing the care plan or service plan).

The additional key elements of Case Management are: Arranging additional services needed by the client by means of brokerage, purchase of services, or 'maintenance of effort' agreements between agencies; organising case conferences if needed; actively monitoring for any change of client or carer circumstances; advocacy and casework (particularly where there is social isolation, cognitive impairment or carer stress); and liaison with other (non-HACC) services involved with the client (such as the GP).

Home Maintenance

This refers to assistance by the agency with the maintenance and repair of the person's home, garden or yard to keep their home in a safe and habitable condition. Home maintenance includes minor dwelling repairs and maintenance, such as changing light bulbs, carpentry and painting, or replacing tap washers as well as some more major dwelling repairs such as replacing guttering or other roof repairs. Home maintenance also includes garden maintenance, such as lawn mowing and the removal of rubbish.

If the work is undertaken by a contractor on a fee-for-service basis then record an estimate of the time spent.

Home Modification

This refers to structural changes to the person's home so they can continue to live and move safely about the house. These include modifications such as grab rails, hand rails, ramps, shower rails, appropriate tap sets, installation of emergency alarms, other safety and mobility aids, and other minor renovations.

If a client receives any home modification assistance it is reported as a cost. This is home modification work which is paid for from your Agency's HACC funds. These costs may include both the labour costs and the materials cost or only some part of this.

Provision of Goods and Equipment

This refers to the loan or purchase of goods and equipment to assist the person to cope with a disabling condition and/or maintain their independence.

Goods and equipment items assist the Client's mobility, communication, reading, personal care or health care. They include a wide range of items such as incontinence pads, dressing aids, wheelchairs, appliances (eg washing machines, microwave ovens). In remote indigenous communities this may also include the purchase of firewood. "Purchase" also refers to HACC contributions to the purchase of such items.

It does not matter if the Agency lends or purchases the item for the client, it will still be recorded using these codes. Each time an item of equipment or goods is provided to the client, it should be recorded under one of the seven listed headings: Self-care aids, Support and mobility aids, Communication aids, Aids for reading, Medical-care aids, Car modifications, and Other.

Formal Linen Service

This refers to the provision and laundering of linen, usually by a separate laundry facility or hospital. Washing of clothes and other household linen may be undertaken as part of Domestic Assistance. Formal Linen Service should only be recorded when linen is both provided and laundered.

The counting mode is the number of collections or distributions of linen that are made to an individual client. If there is a weekly collection of dirty linen and replacement with clean linen, this counts as a single Formal Linen Service per week.

Transport refers to assistance with transportation either directly (e.g. a ride in a vehicle provided or driven by an agency worker or volunteer) or indirectly (e.g. taxi vouchers or subsidies). Transport is assistance provided so that the client may get out of their house and do chores, attend other activities or community centres, and participate in the community.

Transport

Transport service is counted as one-way trips. A single trip should be recorded for each HACC client whether they are transported individually or in a group. A trip from home to the shops is counted as one trip. The return journey is another transport trip. If a worker collects a client from home and takes them to the shops and then picks them up to return home, this counts as two one-way trips. For each reporting period add up how many one-way trips have been delivered to each client and report that total number.

Counselling/Support, Information and Advocacy (Care Recipient)

This refers to assistance with understanding and managing situations, behaviours and relationships associated with the person's need for care, including advocacy and the provision of advice, information and training.

Counselling/Support, Information and Advocacy includes dementia support and counselling and carer support and counselling, normally provided on a one-to-one basis. It also includes professional support to individual clients in accessing and using general community services (advocacy) and one-to-one training or advice given to the client to assist them to cope with their situation as well as the provision of information (e.g. other services available in the area).

Counselling/Support, Information and Advocacy (Carer)

This refers to assistance with understanding and managing situations, behaviours and relationships associated with the caring role, including advocacy and the provision of advice, information and training.

Counselling/Support, Information and Advocacy includes a number of supportive services to help clients and carers deal with their situation. normally provided on a one-to-one basis. They are typically provided as one-on-one counselling, advice, and information but can be provided in a group setting. Counselling/Support, Information and Advocacy includes dementia support and counselling and carer support and counselling. It also includes professional support to carers in accessing and using general community services (advocacy).

Record a counselling/support/information/advocacy type of assistance whether it

was conducted one-on-one, or in a group setting, for the benefit of a single named client.

This type of assistance does not include:

- group activities conducted by a HACC agency where individual client records are not routinely kept;
- education, information or training provided by a HACC agency to another organisation, group or agency (HACC or non-HACC);
- advice or information provided by telephone advice or referral services on an ad hoc basis to members of the community; or
- advocacy undertaken on behalf of groups (e.g. advocating for the rights of younger people with disabilities) which is not directly associated with the needs and situation of an individual client.

Data element attributes

Collection and usage attributes

Guide for use:

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

Self-care aids

Support and mobility aids

Communication aids

Aids for reading

Medical care aids

Car modifications

Other goods/equipment not included in the above categories.

Self-care aids:

01 Eating aids – crockery, cutlery, plate guard, bowl guard

02 Dressing aids – button hook, clothes tongs, zip pull

03 Washing aids – bathrails/hoist/seat, shower rails/fitting/seat

04 Bag, urinal, incontinence pad, urethral, urinary appliances

05 Bowel appliances – colostomy bag, bowel pad

06 Toilet chair, commode, frame, conventional toilet use aids

07 Cooking aids (excl. eating utensils), special iron

10 Other aids for self care

Support and mobility aids:

11 Callipers, splints

12 Belts, braces, neck collar, corsets

13 Crutches for support, walking frame/stick

14 Ankle/knee strap, built up shoe, foot/leg support NEC

15 Transporter chair, pusher, tricycle

16 Wheelchair manual or unspecified

17 Wheelchair, motorised

18 Henry lifter, hoist, patient lifter Scooter

19 Ejector chair, hard-back chair, made to measure chair, chair NEC

20 Special bed, cushions/pillows for support

Mobility aids for blind person:

23 White cane

24 Sonic beam, laser cane, optacon

25 Guide dog

26 bars/hooks/rails/straps, attached to walls, etc., for support and mobility

30 Other aids for support or mobility

Communication aids:

31 Aid, hearing

32 Teletext

33 Telephone attachment or adaptation (e.g. answering service, flashing light,

headpiece, TTY telephone)
34 Writing aids (mouthstick, writing pad, typewriter, communication board)
35 Computers – Kurzweil personal reader, communication
36 Speaking aids - electrolarynx

Aids for reading:

37 Contact lenses, reading/magnifying glasses
38 Braille books/items/watch
39 Books, large print/talking, cassette recorders/players
40 Reading frame, page turners, reading aids not associated with loss of sight
41 Other reading or sight aids
42 Dwelling modification to aid communication – intercom
43 Other aids for communication

Medical care aids:

44 Breathing pumps – oxygen masks, ventilator
45 Dialysis machine, kidney functioning machines
46 Heart stimulus/functioning machines, pacemaker
47 Ostomy appliances/Stoma appliances, excluding colostomy bag
49 Other aids for medical care

Car modifications:

50 Accelerator/brake/controls, hand – car modifications
51 Handles/lifter/rails/ramps – car modifications
52 Mirrors/steering/windows, power – car modifications
53 Other car modifications – automatic transmission, room for wheelchair

Other goods/equipment:

54 Other goods/equipment NEC

Collection methods:

This data element is designed to record the activity or type of assistance that is the primary purpose or focus of a HACC service event. On any single service delivery event a person may receive several types of assistance from an agency. However, for each HACC service event, the agency is asked to nominate the type of assistance that was the main or primary focus of that occasion of service. For example, a person receiving a home delivered meal from an agency funded to provide meals or food services may also, as part of that HACC service event, receive some social support. However, for the purposes of recording the primary type of assistance the person received on this occasion, the agency should record Meals. Similarly, when visiting a person to undertake an assessment of a person's need for assistance, an agency worker may also provide the person with some information about other services available or make some suggestions about appropriate ways to manage their condition. However, if the primary focus of the occasion of service was assessment, this type of assistance (Assessment) should be recorded for that occasion of service.

To some extent the type of agency and/or the specified purposes for which an agency is funded will determine the Primary type of assistance received by a client of that agency. For example, an agency worker taking a client to a medical appointment may provide both transport and social support. In practice, a Community Transport agency may be more likely to record the primary purpose of this service event as Transport while a Neighbour Aid agency may be more likely to record it as Social Support.

The type of assistance received by a client during a HACC service event affects the unit of measurement used to record the amount of assistance received on the HACC service event (see *Amount of assistance received (time)*, *Amount of assistance received (quantity)*, *Amount of assistance received (cost)* and *Assistance with goods and equipment received*).

Reporting requirements:

This data element is not required for reporting in the HACC MDS collection. However, agencies are required to record this information on their information systems in order to report the data elements *Total amount of assistance received (time)*, *Total amount of assistance received (quantity)*, *Total amount of assistance received (cost)*, and *Total assistance with goods and equipment received* during a reporting period.

Comments:

In determining the list of assistance types and their definitions for HACC MDS V1, the National Steering Committee gave consideration to the recommendations of the National Review of HACC Data Requirements Final Report (Brian Elton & Associates 1996) and to the National Classifications of Community Services Version 1.0 (AIHW 1997). Some further changes were made to the list of service activities prior to the release of the HACC Data Dictionary Version 1.0 in May 1998, as a result of additional feedback from pilot testing and other considerations relating to the internal structuring of the MDS collection. The service activity list incorporated some distinctions in the setting of the receipt of service where this was considered of significance to program management information needs, and where such reporting was not considered to place an undue burden on service providers.

The types of assistance contained in this data element are mappable to the National Classification of Community Services (NCCS) Version 1.0 with the exception of Allied Health Care. The inclusion of Allied Health Care in the NCCS is under development by the National Community Service Data Committee for the next version of the NCCS. The principles underpinning the data element Primary type of assistance received are also consistent with those underpinning the NCCS. Both classifications follow the rule of nominating the primary activity and both exclude general administrative activity from the classification.

At this stage of HACC MDS development, the definition of a HACC client is limited to individual persons. That is, it does not include other types of clients of HACC agencies, such as other organisations or groups of persons. Some HACC-funded agencies are specifically funded to provide services such as training and service development support or to conduct support groups. These agencies are not required to report in a HACC MDS collection based on Version 2.0 of the HACC Data Dictionary.

Some agencies do not receive specific funding for these types of activities, but nonetheless provide some of these services, on occasions. These agencies are also not required to report on services provided to these clients in a HACC MDS collection.

In addition, some individual persons who receive HACC-funded assistance are also excluded from the HACC MDS collection. When an agency provides services such as telephone-based information, advice or referral services it is considered inappropriate to require the collection and reporting of data on their clients at the level of detail required in the HACC MDS. When agencies provide assistance to groups of persons where membership of the group is ad hoc or variable and where the keeping of individual client records would be intrusive or inappropriate, the agencies are also not required to include these clients in a HACC MDS collection.

The exclusion of these types of HACC clients and HACC-funded assistance does not imply that they are less important. Future developments in the HACC MDS may include further data elements that will enable more comprehensive reporting of clients and service activities than is possible within the scope of Version 2.0 of the HACC MDS.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Reference documents: National Classification of Community Services, Version 1.0, 1997.

Relational attributes

Implementation in Data Set Specifications: [Home and Community Care \(HACC\) assistance received \(quantity\) cluster](#)
[Community Services \(retired\)](#), Recorded 16/11/2009
Implementation start date: 01/07/2009

[Home and Community Care \(HACC\) assistance received \(time\) cluster](#)
[Community Services \(retired\)](#), Recorded 16/11/2009
Implementation start date: 01/07/2009

[Home and Community Care \(HACC\) goods and equipment received cluster](#)
[Community Services \(retired\)](#), Recorded 16/11/2009
Implementation start date: 01/07/2009

[Home and Community Care \(HACC\) total assistance received \(cost\) cluster](#)
[Community Services \(retired\)](#), Recorded 16/11/2009
Implementation start date: 01/07/2009