

Dental Health Program Data Set (DHPDS) Submission Guidelines

Version 4.2

November 2020

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Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

Available at <https://www2.health.vic.gov.au/primary-and-community-health/dental-health/dental-health-reporting>

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1 Introduction

1.1 Background

The Dental Health Program provides public dental care to eligible Victorians.

The Department of Health & Human Services (DHHS) funds Dental Health Services Victoria (DHSV) to deliver both routine and urgent dental care. Services are delivered through the Royal Dental Hospital Melbourne and 79 clinics across Victoria, operated by community health and public health services.

The Dental Health Program Data Set (DHPDS) is used primarily to fund, monitor and plan dental services to eligible clients.

1.2 Obligation to report

All agencies funded to deliver Dental Health Program services are required to report their service provision to the department.

Further information about reporting obligations and data collection for Victoria's Dental Health Program can be found at <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>.

1.3 Audience

The audience for the DHPDS manual includes:

- DHHS staff (data collection custodians and program managers) responsible for the development and management of data collections and associated documentation
- Dental Health Services Victoria (DHSV)
- software vendors, that develop and provide software solutions for the collection, storage and reporting of data
- funded organisations that deliver public dental services.

1.4 Purpose

The purpose of the DHPDS manual is to provide a common set of concepts, data elements and edit/validation rules which define the basis of data collection and reporting requirements to the Community and Dental Health Program.

1.5 Scope

For reporting purposes, the scope of the DHPDS is outlined below.

Organisations: funded organisations that deliver public dental services.

Clients: client eligibility criteria can be found at the Dental Health website <https://www2.health.vic.gov.au/primary-and-community-health/dental-health/access-public-dental-services>

Services: Services in scope for reporting purposes are:

- All dental assessments and treatments delivered/provided to eligible clients by funded organisations in scope and funded by the Dental Health Program.
- All dental assessments and treatments delivered/provided to clients by funded organisations in scope and funded under the Commonwealth Child Dental Benefits Schedule

1.6 Data release and confidentiality

All data collection and reporting requirements administered by the department are required to comply with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*, and to act compatibly with the *Charter of Human Rights and Responsibilities Act 2006*.

Clients should be informed that some of the information provided to the community dental clinics will be sent to the state government for planning and statistical purposes. This information is de-identified before transmission.

1.7 Transmission/submission specifications

For information regarding transmission/submission specifications, please refer to the transmission protocol available at <https://www2.health.vic.gov.au/primary-and-community-health/dental-health/dental-health-reporting>

1.8 Document history

The following changes have been made in this version of the document:

- Data elements moved from Service to Case
- Updated description of Client—Concession Card and Client—Priority Access

For further detail of these changes, see Appendix 6.4, [Document history](#).

1.9 Contact Information

For further information regarding the DHPDS, contact:

Dental Health Program
Department of Health and Human Services
GPO Box 4541, Melbourne 3001
DentalUnitData@dhhs.vic.gov.au

2 Dental Health Program Concepts

Concepts for the Dental Health Program Data Set are grouped into categories for ease of reference.

2.1 Client

Concepts related to clients are listed within this category.

2.1.1 Age

Age refers to the client's age at a point in time.

Age will be derived as required by the Dental Health Program and calculated as 'Reference date' minus 'Client—date of birth'.

The 'Reference date' could be any date. For example, age at the start of contact with a service provider would be calculated as 'Case—initial contact date' minus 'Client—date of birth'. Age at the start of contact with a service provider is important in determining:

- eligibility
- priority access

2.1.2 Asylum seeker

An asylum seeker is any person who:

- has a current request for protection which is being assessed by the Commonwealth Government; or
- being deemed by the Commonwealth not to be a person owed protection, is seeking either a judicial review (through the courts); or
- is making a humanitarian claim (to Commonwealth minister) for residence.

Asylum seekers can be permitted to reside within the Australian community on one of several different visa types. Different visas carry different entitlements, including work rights and Medicare eligibility. The visa type held by an asylum seeker can change throughout the process of seeking asylum.

Asylum seekers who are Medicare ineligible are those who:

- have applied for asylum after being in Australia for 45 days (45-day rule)
- have been released from mandatory detention on a bridging visa while determination of refugee status is assessed (however, people released from detention who hold a Temporary Protection Visa (TPV) have been assessed as being owed protection and hold full Medicare eligibility)
- have been found not to be owed protection by the Refugee Review Tribunal and are seeking either a judicial or ministerial review and are on a bridging visa that carries no work rights and who are not being provided support by the Red Cross under the Commonwealth-funded Asylum Seeker Assistance Scheme (ASAS)—General Health Scheme.

For more information about refugee and humanitarian visa types, refer to the [Department of Immigration and Border Protection](#).

2.1.3 Homeless

When a person does not have suitable accommodation alternatives they are considered homeless if their current living arrangement:

- is in a dwelling that is inadequate, or
- has no tenure, or if their initial tenure is short and not extendable, or
- does not allow them to have control of, and access to space for social relations.

Clients are considered to be homeless if they are living in any of the following circumstances:

- No shelter or improvised dwelling: includes where dwelling type is no dwelling/street/park/in the open, motor vehicle, improvised building/dwelling, caravan, cabin, boat or tent; or tenure type is renting or living rent-free in a caravan park.
- Short-term temporary accommodation: dwelling type is boarding/rooming house, emergency accommodation, hotel/motel/bed and breakfast; or tenure type is renting or living rent-free in boarding/rooming house, renting or living rent-free in emergency accommodation or transitional housing.
- House, townhouse or flat (couch surfing or with no tenure): tenure type is no tenure; or conditions of occupancy are living with relatives fee free, couch surfing.

Clients are considered to be at risk if they are living in any of the following circumstances:

- Public or community housing (renter or rent free): dwelling type is house/townhouse/flat and tenure type is renter or rent-free public housing, renter or rent-free-community housing.
- Private or other housing (renter, rent-free or owner): dwelling type is house/townhouse/flat and tenure type is renter-private housing, life tenure scheme, owner—shared equity or rent/buy scheme, owner-being purchased/with mortgage, owner-fully owned, rent-free-private/other housing.
- Institutional settings: dwelling type is hospital, psychiatric hospital, disability support, rehabilitation, boarding school, adult correctional facility, youth/juvenile justice detention centre or immigration detention centre.

(Source: [AIHW. Specialist homelessness services. 2015--16](#))

2.1.4 Individual Health Identifier (IHI)

An Individual Health Identifier (IHI) is a numerical identifier that uniquely identifies each individual in the Australian healthcare system.

Individual Healthcare Identifiers are automatically assigned to all individuals registered with Medicare Australia or enrolled in the Department of Veterans' Affairs (DVA) programs. Those not enrolled in Medicare Australia or with the Department of Veterans' Affairs are assigned a temporary number when they next seek healthcare; this is then validated by the Healthcare Identifiers (HI) Service Operator and becomes their unique IHI.

Only the individual, authorised healthcare providers and their authorised staff can access an individual's IHI number.

Each Individual Healthcare Identifier has an Identifier Status; this describes whether verification of the identifier of the individual has occurred and is based on the evidence available of a person's identity:

Verified: All individuals eligible for Medicare or DVA benefits are assigned a verified IHI automatically.

Unverified: For individuals whose identifier cannot be retrieved and who have an IHI created for them at the point of care. This caters, for instance, for newborns and overseas visitors.

Provisional: Individuals who present at the point of care unconscious or unknown may be assigned a provisional IHI by the healthcare provider. This IHI expires after 90 days of inactivity on the assumption the patient will become known and a verified IHI obtained for them, or their IHI will be converted to an unverified IHI.

The IHI number does not change regardless of the person's Identifier Status.

2.1.5 Refugee

A refugee is a person who is outside their country of origin (or habitual residence in the case of stateless persons) and who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is unable or unwilling to avail themselves of the protection to which they are entitled.

Refugee status is determined by the Department of Immigration and Border Protection (Commonwealth) and relates to people who are subject to persecution in their home country and have been identified in conjunction with the United Nations High Commissioner for Refugees (UNHCR) as in need of resettlement (Population Flows: Immigration Aspects, 2004–05 Edition).

Refugee visas can be defined under several sub-categories and programs, including: onshore, offshore, special assistance, emergency rescue, women at risk, and the special humanitarian program. The majority of refugees that settle in Victoria are admitted under the Australian Government's Humanitarian Program

For more information about refugee and humanitarian visa types, refer to the [Department of Immigration and Border Protection](#).

2.1.6 Statistical Linkage Key 581 (SLK)

Record linkage is a process, technique or method that enables the bringing together of two or more records that are believed to belong to the same individual.

A linkage key is a derived variable used to link data for statistical and research purposes which is generated from elements of an individual's personal demographic data and attached to de-identified data relating to the services received by that individual.

A Statistical Linkage Key can be used to uniquely count individuals accessing services from multiple providers that use different information systems.

It is comprised of:

Characters 1–3 3 letters: 2nd, 3rd and 5th letters of surname/family name

Characters 4–5 2 letters: 2nd and 3rd letters of first given name

Characters 6–13 8 digits: date of birth DDMMYYYY

Characters 14 1 digit: Sex at birth code: use only 1 male, 2 female or 9 not stated

Sex at birth code 3—indeterminate and Sex at birth code 4—intersex invalid for the SLK algorithm

- Non-alphabetic characters (e.g. hyphens or apostrophes) should be ignored when counting the position of each character.
- If either name is not long enough to supply the requested letters, substitute the number '2' to reflect the missing letters.

*Note: Sex at birth code used in the SLK is distinct and not to be confused with gender.

2.1.7 Victorian Universal Patient Identifier (VUPI)

Victoria's digital health strategy describes the ability to share clinical information across health providers in order to improve patient safety, improve clinical effectiveness and provide base clinical data that can be shared in the continuation of patient care and be available for research and analysis, including the building of genomic profiles. A major dependency in sharing clinical information is the ability to uniquely identify patients - something not available yet within Victoria - regardless of where health care is being provided.

Recognising the importance of this dependency and the recommendations from the Duckett review, the department has committed to demonstrating the benefits from a unique patient identifier and has commenced a project.

The following design elements/objectives will support a Victorian Universal Patient Identifier (UPI) solution:

- Establish a Victorian UPI solution, and generate a Victorian Unique Patient Identifier (VUPI number) for Victorian healthcare and human services consumers in order to initiate the process of matching and linking common patients across Victoria. The Victorian UPI solution will be an incremental implementation that will target an initial level of patient matching across the state (initially a target of more than 80%) and will be enhanced in stages to increase accuracy.
- Leverage and extend the use of national services to enhance and assist in high quality matching of patients, specifically the distribution of the IHIs across the Victorian Public Health Services (VPHS) and to further facilitate uptake of My Health Record (MHR).

- Enhance security and privacy of patient information across the VPHS and enhance the accuracy of statutory reporting by securing the use of the VUPI number and referencing patient details from a secure source rather than re-distributing this information for extracts and other purposes of this nature into the future.
- Provide governed, consistent and clinically safe methods and business practices for matching and therefore identifying common patients/consumers across the VPHS.
- Establish policies, guides and procedures to ensure that the management of patient identification information is aligned across the VPHS.

It is currently proposed that the Victorian Unique Patient Identifier (VUPI) will not be greater than 15 characters (alpha/numeric).

2.2 Services

Concepts related to services are listed within this category.

2.2.1 Case

A period when an organisation accepts responsibility for a client's dental care and intends to provide clinical assessment and/or treatment to that client.

A case commences at the Case—initial contact date.

A case may be made up of one or more list entries and when a client accepts an offer of care and attends for a visit, one or more courses of care.

Cases may be opened and closed without containing any courses of care – for example, a client may decline an offer of care or contact with the client may be lost before a course of care has commenced.

Each unplanned presentation for care (emergency) is considered a separate case.

Where a client requires both general and denture care in their overall care plan, this will be considered one case.

A case can contain concurrent courses of care.

A case cannot contain multiples of the same type of course of care, except at designated organisations where there are specialist clinics – for example the Royal Dental Hospital Melbourne. Multiples of the same type of course of care may occur within the one case where one specialist clinic internally refers the client to another specialist clinic within the organisation. It does not apply where multiple referrals are received for the one client by an organisation from external service providers.

A case is closed by the organisation when:

- All courses of care relevant to that case are closed; or
- List—reason for removal is recorded as either "Client/carer initiated" or "Agency initiated"; or
- Dental triage—response is recorded as either "Diverted to another service – RDHM", "Diverted to another service – other dental provider" or "Diverted to another service – client declined".

2.2.2 Course

The period when a client receives a clinical assessment and/or treatment.

All dental treatment services are deemed 'Courses'. A course is defined as any period of treatment that has a start date and an end date.

A 'course of care' commences on the client's first attended visit where a clinical assessment and/or treatment is provided. It must contain at least one attended visit and one dental treatment item.

Closing of a course of care is a clinical decision and done in the context of the duty of care of the clinician and the care needs of the client.

2.2.3 Initial Needs Identification

Initial Needs Identification is a process where the underlying issues as well as the presenting issues are uncovered to the best extent possible. It can occur at any stage along the client journey through the service system, and may take more than one day/contact.

2.2.4 Prioritisation

The process by which a client is determined to be eligible for priority access for dental care/treatment.

Priority access is provided to clients who have been identified as belonging to population groups that have poorer oral health or where early access will improve oral health outcomes.

For a list of clients who have priority access to public dental services, please refer to the Dental Health website: <https://www2.health.vic.gov.au/primary-and-community-health/dental-health/access-public-dental-services>.

2.2.5 Recall list

A list of clients who, following a course of care, will be recalled for care within a specified period.

A recall list is maintained by each organisation for children and young people who will be recalled in a specified period of time, dependent on their dental need.

2.2.6 Recall period

The period of time between when a client was due for recall and when they were offered care.

The recall period is calculated as the Service—date of offer minus Case—recall date due

2.2.7 Referral

A request for review/assessment/treatment made on behalf of a client or potential client by a clinician/worker at an approved service provider.

Referrals are made and received via a variety of methods including verbal, written and electronic.

Referrals can be internal or external:

- Internal referrals are those that are sent between clinicians/workers at the same service provider
- External referrals are those that are sent to or received from a clinician/worker external to the service provider.

Note: Clients can also be self-referred.

2.2.8 Visit

An occasion where a client is scheduled to attend and a clinical assessment and/or treatment is intended to be provided.

There are two types of visits:

- Internal visits – where dental care is intended to be provided in a public dental facility, i.e. public dental clinic located in a community health service. Visits provided in an outreach setting are also considered internal visits, e.g. where a clinician who usually provides dental care in a public dental clinic undertakes the clinical assessment for clients at a supported residential service. Internal visits are those where Visit—service delivery setting is all other codes except Code 6 “private dental setting”.
- External visits – where dental care is intended to be provided by a private practitioner in a private dental clinic. External visits are those where Visit—service delivery setting is Code 6 “private dental setting”.

2.2.9 Wait list

A list of clients waiting for dental care.

A wait list is maintained by each service provider for adult clients seeking dental care.

Refer to the Dental Health website for current wait list policies: <https://www2.health.vic.gov.au/primary-and-community-health/dental-health/victorian-public-dental-care-waiting-list>

2.3 Providers

Concepts related to providers are listed within this category.

2.3.1 Campus

A campus is a discrete physical site or virtual site from which a single service provider delivers a dental service. Physical sites have a locality and a physical postcode. A service provider may have one or more campuses.

For services delivered for different consortia through the same physical location, two campuses should be created with the same address.

2.3.2 Campus Client Identifier

An alphanumeric identifier assigned by an organisation to a client in order to uniquely identify that client within the organisation. In a health service setting, this would normally be the hospital UR number. This identifier is commonly generated automatically by a client/patient management system.

2.3.3 Campus Code

A campus code is a unique identifier for a campus which is generated by the department.

The campus code is comprised of three components:

- a component to identify the service provider that the campus belongs to
- a component to identify the service area that the campus services
- a component to identify the virtual or non-virtual site.

It is also used by the department to uniquely identify clients and services reported by a campus.

2.3.4 Service Providers

A service provider is an authorised agency or organisation that provides dental services to clients.

Service providers that provide public dental services will have a unique identifier assigned by the Department of Health and Human Services for the organisation delivering the service.

To enable the analysis of the accessibility of service provision, the geographic location e.g. address, location and postcode of service delivery campuses, must be provided when first setting up Service Provider details with the Department of Health and Human Services.

3 Business Rules

3.1 Business Data Element Timing Summary

The table below provides a summary for each business data element of when it should be reported to the Dental Health Program.

Key

| Symbol | Reporting Obligation |
|--------|--|
| M | Mandatory |
| O | Optional |
| C1 | Report when Case with a course of care (excluding emergency course of care) is present |
| C2 | Report when a course of care (excluding emergency course of care) and an internal visit is present and Campus—campus code is not a specialist clinic (not code 3386-04, 3386-08, 3386-09, 3386-10, 3386-11, 3386-12, 3386-13, 3386-14 or 3386-15). Optional where Campus—campus code is a specialist clinic. |
| C3 | Report when an internal visit is present |
| C4 | Report when Visit—date is present |
| C5 | Report when List—type is recall list(code 2) |
| C6 | Report when Visit—service delivery setting is public dental setting (code 1), or day surgery (code 7). Optional when Visit—service delivery setting is residential (code 2) , offsite (code 4), court/prison setting (code 5), or other setting (code 8) |
| C7 | Report when List—type is wait list (code 1) |
| C8 | Report when Dental triage—category is code 1, 2, 3 or 4 |

| Business Data Element | Case—initial contact date | Case—initial needs identification date | Dental triage—date | List—list start date | List—list end date | Service—date of offer | Care—non-acceptance date | Course of care—voucher date issued | Course of care—voucher date processed | Course of care—start date | Visit—date | Course of care—service end date | Case—end date |
|--|---------------------------|--|--------------------|----------------------|--------------------|-----------------------|--------------------------|------------------------------------|---------------------------------------|---------------------------|------------|---------------------------------|---------------|
| Campus—campus client identifier | M | | | | | | | | | | | | |
| Campus—campus code | | | | | | | | | | | C6 | | |
| Case—end date | | | | | | | | | | | | | M |
| Case—identifier | M | | | | | | | | | | | | |
| Case—initial contact date | M | | | | | | | | | | | | |
| Case—initial needs identification date | | M | | | | | | | | | | | |
| Case—recall date due | C5 | | | | | | | | | | | | |
| Case—service provider number | | | | | | | | | | | | | |
| Case—voucher date issued | | | | | | | | M | | | | | |
| Case—voucher date processed | | | | | | | | | M | | | | |
| Case—voucher identifier | | | | | | | | M | | | | | |
| Client—accommodation type | M | | | | | | | | | | | | |
| Client—caries risk status | | | | | | | | | | | | | C1 |
| Client—community periodontal index | | | | | | | | | | | C2 | | |
| Client—concession card type | M | | | | | | | | | | | | |
| Client—country of birth | M | | | | | | | | | | | | |
| Client—date of birth | M | | | | | | | | | | | | |
| Client—date of birth accuracy | M | | | | | | | | | | | | |
| Client—decayed teeth, deciduous | | | | | | | | | | | C2 | | |

| Business Data Element | Case—initial contact date | Case—initial needs identification date | Dental triage—date | List—list start date | List—list end date | Service—date of offer | Care—non-acceptance date | Course of care—voucher date issued | Course of care—voucher date processed | Course of care—start date | Visit—date | Course of care—service end date | Case—end date |
|--|---------------------------|--|--------------------|----------------------|--------------------|-----------------------|--------------------------|------------------------------------|---------------------------------------|---------------------------|------------|---------------------------------|---------------|
| Client—decayed teeth, permanent | | | | | | | | | | | C2 | | |
| Client—filled teeth, deciduous | | | | | | | | | | | C2 | | |
| Client—filled teeth, permanent | | | | | | | | | | | C2 | | |
| Client—gender identity | M | | | | | | | | | | | | |
| Client—health conditions | M | | | | | | | | | | | | |
| Client—Indigenous status | M | | | | | | | | | | | | |
| Client—Individual health identifier | O | | | | | | | | | | | | |
| Client—locality name | M | | | | | | | | | | | | |
| Client—Medicare card number | O | | | | | | | | | | | | |
| Client—missing teeth, deciduous | | | | | | | | | | | C2 | | |
| Client—missing teeth, permanent | | | | | | | | | | | C2 | | |
| Client—need for interpreter services | M | | | | | | | | | | | | |
| Client—postcode | M | | | | | | | | | | | | |
| Client—preferred language | M | | | | | | | | | | | | |
| Client—priority access | M | | | | | | | | | | | | |
| Client—refugee status | M | | | | | | | | | | | | |
| Client—social conditions | M | | | | | | | | | | | | |
| Client—statistical linkage key 581 (SLK) | M | | | | | | | | | | | | |
| Course of care—end reason | | | | | | | | | | | | M | |
| Course of care—identifier | | | | | | | | | | M | | | |

| Business Data Element | Case—initial contact date | Case—initial needs identification date | Dental triage—date | List—list start date | List—list end date | Service—date of offer | Care—non-acceptance date | Course of care—voucher date issued | Course of care—voucher date processed | Course of care—start date | Visit—date | Course of care—service end date | Case—end date |
|---------------------------------|---------------------------|--|--------------------|----------------------|--------------------|-----------------------|--------------------------|------------------------------------|---------------------------------------|---------------------------|------------|---------------------------------|---------------|
| Course of care—service end date | | | | | | | | | | | | M | |
| Course of care—start date | | | | | | | | | | C3 | | | |
| Course of care—type | | | | | | | | | | M | | | |
| Dental triage—category | | | M | | | | | | | | | | |
| Dental triage—date | | | M | | | | | | | | | | |
| Dental triage—response | | | C8 | | | | | | | | | | |
| List—list end date | | | | | M | | | | | | | | |
| List—list start date | | | | M | | | | | | | | | |
| List—reason for removal | | | | | M | | | | | | | | |
| List—type | | | | M | | | | | | | | | |
| List—wait list type | | | | C7 | | | | | | | | | |
| Referral—referral provider type | M | | | | | | | | | | | | |
| Service—date of offer | | | | | | M | | | | | | | |
| Visit—date | | | | | | | | | | | M | | |
| Visit—dental treatment items | | | | | | | | | | | C4 | | |
| Visit—service delivery setting | | | | | | | | | | | M | | |

4 Data element definitions

Data elements for the Dental Health Program are listed in alphabetic order in each section.

4.1 Campus

4.1.1 Campus—campus client identifier—A(10)

Identifying and definitional attributes

Definition An identifier, unique to a client within this organisation or campus.

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|------------|---------------------------------|--------|
| Representation class | Identifier | Data type | Number |
| Format | A(10) | Maximum character length | 10 |

Data element attributes

Reporting attributes

| | |
|----------------------|--------------------------------------|
| Reported by | All service providers |
| Reported for | All clients |
| Reported when | Case—initial contact date is present |

Collection and usage attributes

| | |
|------------------------|--|
| Guide for use | Record the unique identifier for the client, generated from a campus' Client Management System (CMS) or manually generated. When operating in an integrated health setting, the identifier used should be that of the patient master index (PMI) e.g. hospital UR number with the exception of where health services have different patient master indices and an Organisation wide CMS solution. Individual agencies may use their own alphabetic, numeric or alphanumeric coding systems. |
| Purpose/context | Program monitoring, service planning. |

Source and reference attributes

| | |
|-------------------------------------|---|
| DHHS common data dictionary | CCDD v.3.0 |
| Definition source | Standards Australia |
| Definition source identifier | Based on Identifier Designation, Australian Standard 4590-2006 (incorporating Amendment No. 1) Interchange of client information, p. 11 |
| Value domain source | METeOR |
| Value domain identifier | Based on 270826 Identifier X[X(14)] |

Relational attributes

| | |
|----------------------------------|---|
| Related concepts | Campus |
| Related data elements | Campus---campus code Case---initial contact date |
| Edit/validation rules | |
| Other related information | |

4.1.2 Campus—campus code—NNNN[N](9)-NN

Identifying and definitional attributes

Definition The unique identifier assigned to a campus of a Service Provider

Value domain attributes

Representational attributes

| | | | |
|--|---|--|-----------|
| Representation class | Identifier | Data type | Number |
| Format | NNNN[N]-NN | Maximum character length | 5-2 |
| Permissible values instructions | Refer to Appendix 6.3: Large-value domains. Examples from the full list: | | |
| | 6637-01 | Access Health and Community (Manningham CHS & Inner East CHS) | Ashburton |
| | 6637-02 | Access Health and Community (Manningham CHS & Inner East CHS) | Doncaster |
| | 6637-03 | Access Health and Community (Manningham CHS & Inner East CHS) | Hawthorn |
| | 6637-04 | Access Health and Community (Manningham CHS & Inner East CHS) | Richmond |
| Permissible values | Value | Meaning | |
| | NNNN[N]-NN | The unique campus identifier issued by DHHS | |

Data element attributes

Reporting attributes

| | |
|----------------------|---|
| Reported by | All service providers |
| Reported for | All attended client visits where Visit—service delivery setting is Public dental or Day Surgery (Code 1 or 7). Optional where Visit—service delivery setting is code 2, 4, 5, 8 |
| Reported when | Visit—date is present |

Collection and usage attributes

| | |
|------------------------|---|
| Guide for use | A campus code should be issued for every campus by Department of Health and Human Services. Campus code is a numeric code comprised of: <ul style="list-style-type: none"> • Service provider campus ID (4 or 5 digits) • Site identifier (2 digits) Site identifiers will be incremented for each campus from the same Service Provider e.g. 01, 02, 03. They should be used for non-virtual and virtual sites. This would include when treatment is provided through outreach from a main fixed site, for example through domiciliary services at RDHM Special Needs clinic. *Note: This is not required for Private Dental settings, code 6 |
| Purpose/context | Program monitoring, service planning, funding |

Source and reference attributes

| | |
|-------------------------------------|------------------------|
| DHHS common data dictionary | Not applicable |
| Definition source | DHHS |
| Definition source identifier | Master code set |
| Value domain source | DHHS |
| Value domain identifier | SAMS campus identifier |

Relational attributes

| | |
|------------------------------|---|
| Related concepts | Campus |
| Related data elements | Campus—campus client identifier Case—service provider number |

| | |
|----------------------------------|--|
| | Visit--date Visit--service delivery setting |
| Edit/validation rules | <p>D57 Incorrect combination of Case—service provider number and Campus—campus code</p> <p>D58 Campus—campus code must be recorded when Visit—service delivery setting is public dental setting or day surgery setting</p> |
| Other related information | Values for this data element are contained in a master table |

4.2 Case

4.2.1 Case—end date—DDMMYYYY

Identifying and definitional attributes

Definition The date when the case is closed

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|----------|---------------------------------|-----------|
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |

Data element attributes

Reporting attributes

| | |
|----------------------|------------------------------------|
| Reported by | All organisations |
| Reported for | All clients who have a case opened |
| Reported when | Case—end date has occurred |

Collection and usage attributes

| | |
|------------------------|---|
| Guide for use | A case is closed by the organisation when: <ul style="list-style-type: none">• All courses of care relevant to that case are closed.• List—reason for removal is recorded as either "client/carer initiated" or "agency initiated".• Dental triage—response is recorded as either "diverted to another service—RDHM", "diverted to another service—dental agency" or "diverted to another service—client declined". |
| Purpose/context | Program monitoring, service planning |

Source and reference attributes

| | |
|-------------------------------------|--------------------------------------|
| DHHS common data dictionary | CSDD v.1.0 |
| Definition source | DHHS |
| Definition source identifier | |
| Value domain source | METeOR |
| Value domain identifier | 270566 Date DDMMYYYY |

Relational attributes

| | |
|----------------------------------|---|
| Related concepts | Client Case |
| Related data elements | Dental triage—response List—reason for removal |
| Edit/validation rules | New rule Case—end date cannot be in the future |
| Other related information | |

4.2.2 Case—identifier—X[X(14)]

Identifying and definitional attributes

Definition An identifier (ID) unique across all funded organisations, used to distinguish one client case from another

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|------------|---------------------------------|--------|
| Representation class | Identifier | Data type | String |
| Format | X[X(14)] | Maximum character length | 15 |

Data element attributes

Reporting attributes

| | |
|----------------------|--|
| Reported by | All organisations |
| Reported for | All clients who have a case opened |
| Reported when | Case—initial contact date has occurred |

Collection and usage attributes

Guide for use

| | |
|------------------------|---------------------|
| Purpose/context | File administration |
|------------------------|---------------------|

Source and reference attributes

| | |
|-------------------------------------|--|
| DHHS common data dictionary | CSDD v.1.0 |
| Definition source | DHHS |
| Definition source identifier | Based on Case identifier, <i>VINAH6 manual 2010-2011</i> , Section 3: Data Definitions, p. 204 |
| Value domain source | DHHS |
| Value domain identifier | Based on Case identifier, <i>VINAH6 manual 2010-2011</i> , Section 3: Data Definitions, p. 204 |

Relational attributes

| | |
|----------------------------------|---|
| Related concepts | Case |
| Related data elements | Case—initial contact date |
| Edit/validation rules | |
| Other related information | |

4.2.3 Case—initial contact date—DDMMYYYY

Identifying and definitional attributes

Definition The date of first contact for provision of services for a client

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|----------|---------------------------------|-----------|
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |

Data element attributes

Reporting attributes

| | |
|----------------------|-----------------------------------|
| Reported by | All service providers |
| Reported for | All clients who have an open Case |
| Reported when | Case—initial contact date occurs |

Collection and usage attributes

Guide for use Initial Contact is the point at which a consumer, carer or organisation makes their first contact for the provision of services and will most commonly include:

- the provision of service information e.g. services available, eligibility criteria and intake processes
- the provision of other information such as health promotion literature, and/or
- direct access to services via an INI.

The client/client's carer will initiate contact by phone, in person or in writing, with or without a referral.

The organisation will initiate contact where a referral is received directly from the referring service provider or where a client is due for recall.

For further information on service coordination, please refer to:
<https://www2.health.vic.gov.au/primary-and-community-health/primary-care/integrated-care/service-coordination>

Purpose/context Program monitoring, service planning.

Source and reference attributes

| | |
|-------------------------------------|---|
| DHHS common data dictionary | Not applicable |
| Definition source | METeOR |
| Definition source identifier | Based on 270043 Service event—assistance request date, DDMMYYYY |
| Value domain source | METeOR |
| Value domain identifier | 270566 Date, DDMMYYYY |

Relational attributes

| | |
|------------------------------|--|
| Related concepts | Course Recall list Referral Service provider |
| Related data elements | Case—initial needs identification date Client—date of birth List—list start date |
| Edit/validation rules | D09 Case—initial contact date cannot be in the future D15 Case—Initial contact date cannot be before Client—date of birth |

Other related information

4.2.4 Case—initial needs identification date—DDMMYYYY

Identifying and definitional attributes

| | |
|-------------------|--|
| Definition | The date on which the client's initial needs identification is completed by the service provider |
|-------------------|--|

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|----------|---------------------------------|-----------|
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |

Data element attributes

Reporting attributes

| | |
|----------------------|--|
| Reported by | All service providers |
| Reported for | All clients who have an initial needs identification completed |
| Reported when | Case—initial needs identification date occurs |

Collection and usage attributes

| | |
|------------------------|--|
| Guide for use | <p>Initial Needs Identification (INI) is a screening process where the underlying issues as well as the presenting issues are uncovered to the extent possible. It is not a diagnostic process but is a determination of the client's risk, eligibility and priority for service, a balancing for the service capacity and client needs.</p> <p>This is the Victorian Service Coordination Practice INI and should be reported where INI has been completed.</p> <p>Needs identification can occur via phone, face-to-face interaction or written survey intervention. However, needs identification is ongoing and as a client receives care, other needs or circumstances may be identified which require attention by other disciplines. External referral or re-entry onto the waiting list to access the other disciplines may then occur.</p> <p>Where dental services are provided in an integrated health setting, often the INI date is estimated or unknown by the client. When this information is not available, service providers should attempt to provide this as accurately as possible.</p> |
| Purpose/context | Program monitoring, service planning |

Source and reference attributes

| | |
|-------------------------------------|---|
| DHHS common data dictionary | Not applicable |
| Definition source | Service Coordination Practice Manual |
| Definition source identifier | Victorian Service Coordination Practice Manual 2012, p. 5 |
| Value domain source | METeOR |
| Value domain identifier | 270566 Date_DDMMYYYY |

Relational attributes

| | |
|------------------------------|---|
| Related concepts | Initial Needs Identification |
| Related data elements | Case—initial contact date Client—date of birth Client—priority access List—list start date |
| Edit/validation rules | D10 Case—initial needs identification date cannot be in the future D16 Case—initial needs identification date cannot be before Client—date of birth |

Other related information

4.2.5 Case—recall date due—DDMMYYYY

Identifying and definitional attributes

Definition The date on which the client is due to be recalled for care

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|----------|---------------------------------|-----------|
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |

Data element attributes

Reporting attributes

| | |
|----------------------|---|
| Reported by | All service providers |
| Reported for | All clients who are placed on recall list |
| Reported when | Case—initial contact date is present(when List—type is recall list) |

Collection and usage attributes

| | |
|------------------------|--|
| Guide for use | Where the client is to be recalled, the Recall date due is recorded for the client (Where Case—initial contact date equals List—list start date). The Recall date due would be determined by the clinician, in accordance with the client's caries risk status and current recall policy. |
| Purpose/context | Program monitoring, service planning. |

Source and reference attributes

| | |
|-------------------------------------|--------------------------------------|
| DHHS common data dictionary | Not applicable |
| Definition source | DHHS |
| Definition source identifier | |
| Value domain source | METeOR |
| Value domain identifier | 270566 Date DDMMYYYY |

Relational attributes

| | |
|------------------------------|---|
| Related concepts | Recall list |
| Related data elements | Case—initial contact date List—list start date List—type |
| Edit/validation rules | D20 Case—recall date due cannot be before Case—initial contact date D44 Case—recall date due must be present when List—type is recall list |

Other related information

4.2.6 Case—service provider number—NNN[NN]

Identifying and definitional attributes

Definition A number that uniquely identifies the agency or organisation

Value domain attributes

Representational attributes

| | | | |
|--|--|------------------------------------|--------|
| Representation class | Code | Data type | Number |
| Format | NNN[NN] | Maximum character length | 5 |
| Permissible values instructions | Refer to Appendix 6.3: Large-value domains . Examples from the full list: | | |
| Permissible values | Value | Meaning | |
| | 3485 | Albury Wodonga Health | |
| | 6272 | Bairnsdale Regional Health Service | |
| | ... | ... | |
| | 3386 | Dental Health Services Victoria | |
| | ... | ... | |
| | NNN[NN] | And so on | |

Data element attributes

Reporting attributes

Reported by All service providers
Reported for All clients who have an open Course of care
Reported when Case—initial contact date is present

Collection and usage attributes

Guide for use

- Software generated
- The service provider number should match the funded service provider number on the Funding and Service Agreement with DHHS

Purpose/context Program monitoring, service planning, funding and accountability.

Source and reference attributes

DHHS common data dictionary Not applicable

Definition source DHHS
Definition source identifier SAMS agency identifier
Value domain source DHHS
Value domain identifier SAMS agency identifier

Relational attributes

Related concepts [Service Provider](#)

Related data elements [Campus—campus code](#)
[Case—initial contact date](#)
[Course of care—start date](#)
[List—wait list type](#)

Edit/validation rules D52 Case—service provider number must be Dental Health Services Victoria when List—wait list type is not General, Denture or Priority denture.
D57 Incorrect combination of Case—service provider number and Campus—campus code

Other related information

4.2.7 Case—voucher date issued—DDMMYYYY

Identifying and definitional attributes

Definition The date the voucher was issued to the client by the organisation

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|----------|---------------------------------|-----------|
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |

Data element attributes

Reporting attributes

| | |
|----------------------|--------------------------------------|
| Reported by | All organisations |
| Reported for | All clients who are issued a voucher |
| Reported when | Case—voucher date issued occurs |

Collection and usage attributes

| | |
|------------------------|--|
| Guide for use | A record must be generated when a voucher is issued to enable tracking of milestones within the Case, as well as to trigger payment arrangements. Voucher is a generic term used to describe authority for treatment. |
| Purpose/context | Funding, client management, service monitoring, file administration |

Source and reference attributes

| | |
|-------------------------------------|--------------------------------------|
| DHHS common data dictionary | Not applicable |
| Definition source | DHHS |
| Definition source identifier | |
| Value domain source | METeOR |
| Value domain identifier | 270566 Date DDMMYYYY |

Relational attributes

| | |
|------------------------------|---|
| Related concepts | |
| Related data elements | Service—date of offer |
| Edit/validation rules | D07 Case—voucher date issued cannot be in the future D27 Case—voucher date issued cannot be before Service—date of offer |

Other related information

4.2.8 Case—voucher date processed—DDMMYYYY

Identifying and definitional attributes

Definition The date on which a voucher is processed by the agency for reimbursement to the private dental provider

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|----------|---------------------------------|-----------|
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |

Data element attributes

Reporting attributes

| | |
|----------------------|--------------------------------------|
| Reported by | All organisations |
| Reported for | All clients who are issued a voucher |
| Reported when | Case—voucher date processed occurs |

Collection and usage attributes

| | |
|------------------------|---|
| Guide for use | Voucher is a generic term used to describe authority for treatment. |
| Purpose/context | Program monitoring, service planning, funding. |

Source and reference attributes

| | |
|-------------------------------------|--------------------------------------|
| DHHS common data dictionary | Not applicable |
| Definition source | DHHS |
| Definition source identifier | |
| Value domain source | METeOR |
| Value domain identifier | 270566 Date DDMMYYYY |

Relational attributes

| | |
|------------------------------|--|
| Related concepts | |
| Related data elements | Case—voucher date issued |
| Edit/validation rules | D08 Case—voucher date processed cannot be in the future D28 Case—voucher date processed cannot be before Case—voucher date issued |

Other related information

4.2.9 Case—voucher identifier—N(10)

Identifying and definitional attributes

Definition A unique identifier for the voucher

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|------------|---------------------------------|--------|
| Representation class | Identifier | Data type | Number |
| Format | N(10) | Maximum character length | 10 |

Data element attributes

Reporting attributes

| | |
|----------------------|--------------------------------------|
| Reported by | All organisations |
| Reported for | All clients who are issued a voucher |
| Reported when | Case—voucher date issued is present |

Collection and usage attributes

| | |
|------------------------|---|
| Guide for use | Voucher is a generic term used to describe authority for treatment. |
| Purpose/context | Program monitoring, service planning, file administration. |

Source and reference attributes

| | |
|-------------------------------------|----------------|
| DHHS common data dictionary | Not applicable |
| Definition source | DHHS |
| Definition source identifier | |
| Value domain source | DHHS |
| Value domain identifier | |

Relational attributes

| | |
|----------------------------------|---|
| Related concepts | |
| Related data elements | Case—voucher date issued Visit—service delivery setting |
| Edit/validation rules | D70 Case—voucher identifier must be present when Visit—service delivery setting is private dental setting |
| Other related information | |

4.3 Client

4.3.1 Client—accommodation type—N[N]

Identifying and definitional attributes

Definition The type of physical accommodation in which the client usually lives

Value domain attributes

Representational attributes

| Representation class | Code | Data type | Number |
|-----------------------------|--------------|---|--------|
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning | |
| | 1 | Private residence (e.g. house, flat, bedsitter, caravan, boat, independent unit in retirement village), including privately and publicly rented homes, rented from Aboriginal Community and defence force housing | |
| | 2 | Hospital/Psychiatric hospital | |
| | 3 | Residential aged care service | |
| | 4 | Specialist alcohol/other drug treatment residence | |
| | 5 | Specialised mental health community-based residential support service | |
| | 6 | Domestic-scale supported living facility (e.g. group home for people with disability) | |
| | 7 | Boarding/rooming house/hostel or hostel type accommodation, not including aged persons | |
| | 8 | Emergency accommodation/short term crisis/shelter | |
| | 9 | Transitional accommodation facility | |
| | 10 | Home detention/detention centre | |
| | 11 | Prison/remand centre/youth training centre | |
| | 12 | Other accommodation, not elsewhere classified | |
| | 13 | Homeless | |
| Supplementary values | Value | Meaning | |
| | 99 | not stated/inadequately described | |

Data element attributes

Reporting attributes

| | |
|----------------------|--------------------------------------|
| Reported by | All service providers |
| Reported for | |
| Reported when | Case—initial contact date is present |

Collection and usage attributes

| | |
|----------------------|---|
| Guide for use | <p>'Usual' is defined as the type of accommodation the person has been living in for the most amount of time over the past four weeks.</p> <p>If a person stays in a particular place of accommodation for four or more days a week over the period, that place of accommodation would be the person's type of usual accommodation. In practice, receiving an answer to questioning about a person's usual accommodation setting may be difficult to achieve. The place the person perceives as their usual accommodation will often prove to be the best approximation of their type of usual accommodation.</p> <p>Code 8 Emergency accommodation/short term crisis/shelter – accommodation type for the homeless or at risk of homelessness, where an individual needs to leave a dangerous situation, such as domestic or family violence, or if they have to leave their usual residence to access medical treatment.</p> |
|----------------------|---|

- Code 9 Transitional accommodation facility – an intermediate step between emergency crisis shelter and permanent housing. Is for people who are homeless or at risk of homelessness, that provides non-emergency support services, with a goal of maintaining housing and a successful tenancy.
- Code 12 Should be used for any other type of accommodation not specified in other categories.
- Code 13 Should be used if the client is usually homeless and not utilising an emergency, crisis, shelter or transitional accommodation.
- Code 99 Should be used if unknown or unable to be obtained.

Purpose/context Priority access, program monitoring, service planning, funding and accountability.

Source and reference attributes

DHHS common data dictionary CCDD v.3.0
Definition source METeOR
Definition source identifier Based on [270088 Person—accommodation type \(usual\), Code N\[N\]](#)
Value domain source METeOR
Value domain identifier Based on [270683 Accommodation type, Code N\[N\]](#)

Relational attributes

Related concepts Homeless
Related data elements [Client—date of birth](#)
[Client—postcode](#)
[Client—priority access](#)
Edit/validation rules C02 age is too young for aged care accommodation
 AoD85 Client—postcode indicates no fixed address and Client—accommodation type is not homeless
 D40 Where Client—priority access is homeless person, Client—accommodation type must be homeless or Emergency accommodation/short term crisis/shelter
Other related information Values for this data element are contained in a master table

4.3.2 Client—caries risk status—N

Identifying and definitional attributes

Definition A client's risk to dental caries

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|--------------|---------------------------------|--------|
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
| | 1 | Low caries risk | |
| | 2 | Moderate caries risk | |
| | 3 | High caries risk | |

Data element attributes

Reporting attributes

Reported by All service providers

Reported for

Reported when Course of care—service end date is present and Course of care—type is not Emergency

Collection and usage attributes

Guide for use The client's caries risk status is a clinical assessment of the client's level of risk to dental caries.
For further information regarding determining caries risk status, refer to Dental Health Services Victoria.

Purpose/context Client recall, program monitoring, service planning
Determines the recall due date for clients aged under 18 years.

Source and reference attributes

DHHS common data dictionary Not applicable

Definition source DHHS

Definition source identifier

Value domain source DHHS

Value domain identifier

Relational attributes

Related concepts [Recall list](#)
[Recall period](#)

Related data elements [Case—recall date due](#)
[Course of care—type](#)

Edit/validation rules

Other related information

4.3.3 Client—community periodontal index—N

Identifying and definitional attributes

Definition The periodontal status of a client

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|--------------|---|--------|
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
| | 0 | Healthy | |
| | 1 | Bleeding observed, directly or by using mouth mirror, after probing | |
| | 2 | Calculus detected during probing, but all the black band on the probe visible | |
| | 3 | Pocket 4-5 mm (gingival margin within the black band on the probe) | |
| | 4 | Pocket 6 mm or more (black band on the probe not visible) | |
| | 5 | Excluded sextant (less than two teeth present) | |

Data element attributes

Reporting attributes

| | |
|----------------------|---|
| Reported by | All service providers |
| Reported for | Where a course of care (except emergency course of care) and an internal attended visit is present and Campus—campus code is not a specialist clinic. Optional where Campus is a specialist clinic. This may also not be available for some instances where Course of care—type—3 (Denture) |
| Reported when | Visit—date is present and Visit—service delivery setting is not code 6 (private dental setting) |

Collection and usage attributes

| | |
|------------------------|--|
| Guide for use | The client's periodontal status is measured using the World Health Organisation (WHO) Community Periodontal Index (CPI). When children under the age of 15 are examined, pockets should not be recorded, i.e. only bleeding and calculus should be considered. The highest value (excluding Code 5) of the sextants would be reported. For further information, refer to WHO Oral Health Surveys – Basic methods, 4th edition . |
| Purpose/context | Program monitoring, service planning. |

Source and reference attributes

| | |
|-------------------------------------|---|
| DHHS common data dictionary | Not applicable |
| Definition source | World Health Organisation |
| Definition source identifier | Based on WHO Oral Health Surveys – Basic methods, 4th edition |
| Value domain source | World Health Organisation |
| Value domain identifier | Based on WHO Oral Health Surveys – Basic methods, 4th edition |

Relational attributes

| | |
|----------------------------------|---|
| Related concepts | |
| Related data elements | Campus—campus code Client—date of birth Course of care—type Visit—date Visit—service delivery setting |
| Edit/validation rules | D61 Client—community periodontal index must not be code 3—pocket 4-5mm or code 4—pocket 6mm or more, when age at the Course of care—start date is less than 15 |
| Other related information | |

4.3.4 Client—concession card type—N

Identifying and definitional attributes

Definition The type of concession card held by the client

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|--------------|---|--------|
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
| | 0 | No concession card | |
| | 1 | Health care card | |
| | 2 | Pensioner concession card | |
| | 3 | Department of Veterans' Affairs pensioner concession card | |
| | 4 | Commonwealth Seniors Health Card | |
| Supplementary values | Value | Meaning | |
| | 9 | not stated/inadequately described | |

Data element attributes

Reporting attributes

Reported by All service providers
Reported for
Reported when Case—initial contact date is present

Collection and usage attributes

Guide for use This data element relates to the client's concession arrangements. For clients aged 18 and younger, report the concession card type held by the client if they have their own, or the type held by the parent/guardian.

Code 0 "No concession card" can only apply to:

- children aged 0 – 12 years of age
- children and young people up to 18 years of age in out-of-home care provided by DHHS (including kinship and foster care)
- youth justice client in custodial care
- clients who are refugees or asylum seekers
- clients being treated as part of the Child Dental Benefits Schedule

Code 3 Applies to the Department of Veterans' Affairs pensioner concession card which is equivalent to the Centrelink issued pensioner concession card

Purpose/context Eligibility, program monitoring, service planning.

Source and reference attributes

DHHS common data dictionary CCDD v.3.0
Definition source DHHS
Definition source identifier
Value domain source DHHS
Value domain identifier

Relational attributes

Related concepts [Age](#)
Related data elements [Client—date of birth](#)
[Client—priority access](#)

Edit/validation rules

Other related information

Values for this data element are contained in a master table

<https://www.humanservices.gov.au/customer/subjects/concession-and-health-care-cards>

4.3.5 Client—country of birth—NNNN

Identifying and definitional attributes

Definition The country in which the client was born

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|------|---------------------------------|--------|
| Representation class | Code | Data type | Number |
| Format | NNNN | Maximum character length | 4 |

Permissible values instructions Refer to Appendix 6.3: [Large-value domains](#).
Examples from the full list:

| Permissible values | Value | Meaning |
|---------------------------|--------------|------------------------------|
| | 1000 | OCEANIA AND ANTARCTICA |
| | 1101 | Australia |
| | 1101 | Australian Capital Territory |
| | 1101 | Badu Island |
| | 1101 | Bathurst Island |
| | 1101 | Boigu Island |
| | 1101 | Cape Barren Island |
| | 1101 | Christmas Island |

...
NNNN and so on

| Supplementary values | Value | Meaning |
|-----------------------------|--------------|------------------------|
| | 0000 | inadequately described |
| | 0001 | at sea |
| | 0003 | not stated |

Data element attributes

Reporting attributes

Reported by All service providers
Reported for
Reported when Case—initial contact date is present

Collection and usage attributes

Guide for use Code 11xx Where the client is born in Australia, the value domain also includes states of Australia from [Appendix 6.3: Large-value domains](#)
Purpose/context Epidemiology, program monitoring, service planning.
Includes understanding culturally and linguistically diverse (CALD) characteristics of clients

Source and reference attributes

DHHS common data dictionary CCDD v.3.0
Definition source METeOR
Definition source identifier [659454 Person—country of birth, Code \(SACC 2016\) NNNN](#)
Value domain source METeOR
Value domain identifier [659444 Country code SACC \(2016\) NNNN](#)

Relational attributes

Related concepts [Client](#)
Related data elements [Client—indigenous status](#)

| | |
|----------------------------------|---|
| | Client—need for interpreter services Client—preferred language Client—refugee status |
| Edit/validation rules | <p>C33 Use of supplementary codes should be limited for Client—country of birth</p> <p>C34 Antarctica and ‘other purpose codes’ are reported as country of birth</p> <p>C35 Client—Indigenous status is Aboriginal and/or Torres Strait Islander and country of birth is not Australia</p> <p>D33 Client—country of birth cannot be Australia when Client—refugee status is an asylum seeker</p> <p>D34 Client—country of birth cannot be Australia when Client—refugee status is a refugee</p> |
| Other related information | <p>Values for this data elements are contained in master table</p> <p>Supplementary codes of the ABS Standard Australian Classification of Countries (SACC), 1269.0 Second Edition</p> |

4.3.6 Client—date of birth—DDMMYYYY

Identifying and definitional attributes

Definition The date of birth of the client

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|----------|---------------------------------|-----------|
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |

Data element attributes

Reporting attributes

Reported by All service providers

Reported for

Reported when Case—initial contact date is present

Collection and usage attributes

Guide for use Date should be supplied as accurately as possible. Where part of the date of birth is not known, Client—date of birth accuracy also needs to indicate which part of date was estimated or unknown.
When Client—date of birth is not stated it should be reported as (01011900); Client—date of birth accuracy is 'UUU'

Purpose/context Eligibility, prioritisation, program monitoring, service planning.

National reporting requirements Not applicable

Source and reference attributes

DHHS common data dictionary CCDD v.3.0

Definition source METeOR

Definition source identifier [287007 Person—date of birth DDMMYYYY](#)

Value domain source METeOR

Value domain identifier [270566 Date DDMMYYYY](#)

Relational attributes

Related concepts [Age](#)
[Individual Health Identifier](#)
[Statistical Linkage Key 581 \(SLK\)](#)

Related data elements [Case—initial contact date](#)
[Client—date of birth accuracy](#)
[Client—individual health identifier](#)
[Client—statistical linkage key 581 \(SLK\)](#)

Edit/validation rules C10 age indicates very old
C36 Client—date of birth is unrealistic
C37 Client—date of birth cannot be in the future
S23 Client—date of birth cannot be after the Course of care—start date
S25 Client—date of birth cannot be after the List—list start date

Other related information

4.3.7 Client—date of birth accuracy—AAA

Identifying and definitional attributes

Definition An indicator of the accuracy of a date of birth for a registered client

Value domain attributes

Representational attributes

| Representation class | Code | Data type | String |
|---------------------------|--------------|--|--------|
| Format | AAA | Maximum character length | 3 |
| Permissible values | Value | Meaning | |
| | AAA | Day, month and year are accurate | |
| | AAE | Day and month are accurate, year is estimated | |
| | AAU | Day and month are accurate, year is unknown | |
| | AEA | Day is accurate, month is estimated, year is accurate | |
| | AEE | Day is accurate, month and year are estimated | |
| | AEU | Day is accurate, month is estimated, year is unknown | |
| | AUA | Day is accurate, month is unknown, year is accurate | |
| | AUE | Day is accurate, month is unknown, year is estimated | |
| | AUU | Day is accurate, month and year are unknown | |
| | EAA | Day is estimated, month and year are accurate | |
| | EAE | Day is estimated, month is accurate, year is estimated | |
| | EAU | Day is estimated, month is accurate, year is unknown | |
| | EEA | Day and month are estimated, year is accurate | |
| | EEE | Day, month and year are estimated | |
| | EEU | Day and month are estimated, year is unknown | |
| | EUA | Day is estimated, month is unknown, year is accurate | |
| | EUE | Day is estimated, month is unknown, year is estimated | |
| | EUU | Day is estimated, month and year are unknown | |
| | UAA | Day is unknown, month and year are accurate | |
| | UAE | Day is unknown, month is accurate, year is estimated | |
| | UAU | Day is unknown, month is accurate, year is unknown | |
| | UEA | Day is unknown, month is estimated, year is accurate | |
| | UEE | Day is unknown, month and year are estimated | |
| | UEU | Day is unknown, month is estimated, year is unknown | |
| | UUA | Day and month are unknown, year is accurate | |
| | UUE | Day and month are unknown, year is estimated | |
| | UUU | Unknown (day, month and year are unknown) | |

Data element attributes

Reporting attributes

Reported by All service providers

Reported for

Reported when Client—date of birth is present

Collection and usage attributes

Guide for use This data element is valid only for use with dates that are reported/exchanged in the format (DDMMYYYY).
Any combination of the values A, E, U representing the corresponding level of accuracy of each date component of the reported date.

This data element consists of a combination of three codes, each of which denotes the accuracy of one date component:

A – the referred date component is accurate

E – the referred date component is not known but is estimated

U – the referred date component is not known and not estimated.

This data element contains positional fields (DMY) that reflects the order of the date components in the format (DDMMYYYY) of the reported date:

Field 1 (D) – refers to the accuracy of the day component;

Field 2 (M) – refers to the accuracy of the month component;

Field 3 (Y) – refers to the accuracy of the year component.

| Data domain | Date component (for a format DDMMYYYY) | | |
|-------------|--|---------|--------|
| | (D)ay | (M)onth | (Y)ear |
| Accurate | A | A | A |
| Estimated | E | E | E |
| Unknown | U | U | U |

Example 1: A date has been sourced from a reliable source and is known as accurate then the Date accuracy indicator should be informed as (AAA).

Example 2: If only the age of the person is known and there is no certainty of the accuracy of this, then the Date accuracy indicator should be informed as (UUE). That is the day and month are “unknown” and the year is “estimated”.

Example 3: If a person was brought in unconscious to an emergency department of a hospital and the only information available was from a relative who was certain of the age and the birthday's 'month' then the Date accuracy indicator should be informed as (UAA). A year derived from an accurate month and accurate age is always an accurate year.

Note: Where Service providers choose to only use a subset of this code value list within their CMS, only those values would need to be reported to DHHS.

Purpose/context

The Date accuracy indicator can be useful for operational purposes to indicate the level of accuracy that a date has been collected at any point in time

Source and reference attributes

DHHS common data dictionary CCDD v.3.0
 Based on Client—date accuracy—AAA
 Refer also to Australian Standard AS 5017-2006 Health Care Client Identification

Definition source METeOR

Definition source identifier [294429 Date—accuracy indicator. Code AAA](#)

Value domain source METeOR

Value domain identifier [289952 Date—accuracy indicator. Code AAA](#)

Relational attributes

Related concepts [Age](#)

Related data elements [Client—date of birth](#)
[Client—statistical linkage key 581 \(SLK\)](#)

Edit/validation rules

Other related information

4.3.8 Client—decayed teeth, deciduous—N[N]

Identifying and definitional attributes

Definition Number of deciduous teeth that are decayed due to dental caries

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|-------|---------------------------------|--------|
| Representation class | Total | Data type | Number |
| Format | N[N] | Maximum character length | 2 |

Data element attributes

Reporting attributes

| | |
|----------------------|---|
| Reported by | All service providers |
| Reported for | Where a course of care (except emergency course of care) and an internal attended visit is present and Campus—campus code is not a specialist clinic. Optional where campus is a specialist clinic. This may also not be available for some instances where Course of care—type—3 (Denture) |
| Reported when | Visit—date is present and Visit—service delivery setting is not code 6 (private dental setting) |

Collection and usage attributes

| | |
|------------------------|---|
| Guide for use | Measuring decayed teeth is a means to numerically express the caries prevalence and is obtained by calculating the number of decayed teeth. Where a tooth has both decay and filling/s, it is scored as a decayed tooth. Maximum score is 20, meaning all deciduous teeth are decayed. For further information, refer to WHO Oral Health Surveys – Basic methods, 4th edition. |
| Purpose/context | Epidemiology, program monitoring, service planning. Describes the prevalence of dental caries in an individual and contributes to determining the caries risk status of the client. |

Source and reference attributes

| | |
|-------------------------------------|---|
| DHHS common data dictionary | Not applicable |
| Definition source | World Health Organisation |
| Definition source identifier | Based on WHO Oral Health Surveys – Basic methods, 4th edition |
| Value domain source | World Health Organisation |
| Value domain identifier | Based on WHO Oral Health Surveys – Basic methods, 4th edition |

Relational attributes

| | |
|----------------------------------|---|
| Related concepts | |
| Related data elements | Campus—campus code Client—caries risk status Client—decayed teeth, permanent Course of care—type Visit—date Visit—service delivery setting |
| Edit/validation rules | D62 Sum of decayed, filled and missing deciduous teeth must be less than or equal to 20 |
| Other related information | |

4.3.9 Client—decayed teeth, permanent—N[N]

Identifying and definitional attributes

Definition Number of permanent teeth that are decayed due to dental caries

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|-------|---------------------------------|--------|
| Representation class | Total | Data type | Number |
| Format | N[N] | Maximum character length | 2 |

Data element attributes

Reporting attributes

| | |
|----------------------|---|
| Reported by | All service providers |
| Reported for | Where a course of care (except emergency course of care) and an internal attended visit is present and Campus—campus code is not a specialist clinic. Optional where campus is a specialist clinic. |
| Reported when | Visit—date is present and Visit—service delivery setting is not code 6 (private dental setting) |

Collection and usage attributes

| | |
|------------------------|---|
| Guide for use | Measuring decayed teeth is a means to numerically express the caries prevalence and is obtained by calculating the number of decayed teeth. Where a tooth has both decay and filling/s, it is scored as a decayed tooth. Maximum score is 32, meaning all permanent teeth are decayed. For further information, refer to WHO Oral Health Surveys – Basic methods, 4th edition. |
| Purpose/context | Epidemiology, program monitoring, service planning. Describes the prevalence of dental caries in an individual and contributes to determining the caries risk status of the client. |

Source and reference attributes

| | |
|-------------------------------------|---|
| DHHS common data dictionary | Not applicable |
| Definition source | World Health Organisation |
| Definition source identifier | Based on WHO Oral Health Surveys – Basic methods, 4th edition |
| Value domain source | World Health Organisation |
| Value domain identifier | Based on WHO Oral Health Surveys – Basic methods, 4th edition |

Relational attributes

| | |
|----------------------------------|---|
| Related concepts | |
| Related data elements | Campus—campus code Client—caries risk status Client—decayed teeth, deciduous Course of care—type Visit—date Visit—service delivery setting |
| Edit/validation rules | D63 Sum of decayed, filled and missing permanent teeth must be less than or equal to 32 |
| Other related information | |

4.3.10 Client—filled teeth, deciduous—N[N]

Identifying and definitional attributes

Definition Number of deciduous teeth that are filled due to dental caries

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|-------|---------------------------------|--------|
| Representation class | Total | Data type | Number |
| Format | N[N] | Maximum character length | 2 |

Data element attributes

Reporting attributes

| | |
|----------------------|---|
| Reported by | All service providers |
| Reported for | Where a course of care (except emergency course of care) and an internal attended visit is present and Campus—campus code is not a specialist clinic. Optional where campus is a specialist clinic. |
| Reported when | Visit—date is present and Visit—service delivery setting is not code 6 (private dental setting) |

Collection and usage attributes

| | |
|------------------------|--|
| Guide for use | Measuring filled teeth is a means to numerically express the caries prevalence and is obtained by calculating the number of teeth with filling/s. Where a tooth has both decay and filling/s, it is scored as a decayed tooth. For filled teeth, only count those known to be filled due to caries, not other reasons such as due to erosion or fracture. Maximum score is 20, meaning all deciduous teeth are filled. For further information, refer to WHO Oral Health Surveys – Basic methods, 4th edition. |
| Purpose/context | Epidemiology, program monitoring, service planning. Describes the prevalence of dental caries in an individual. |

Source and reference attributes

| | |
|-------------------------------------|---|
| DHHS common data dictionary | Not applicable |
| Definition source | World Health Organisation |
| Definition source identifier | Based on WHO Oral Health Surveys – Basic methods, 4th edition |
| Value domain source | World Health Organisation |
| Value domain identifier | Based on WHO Oral Health Surveys – Basic methods, 4th edition |

Relational attributes

| | |
|----------------------------------|--|
| Related concepts | |
| Related data elements | Campus—campus code Client—caries risk status Client—filled teeth, permanent Course of care—type Visit—date Visit—service delivery setting |
| Edit/validation rules | D62 Sum of decayed, filled and missing deciduous teeth must be less than or equal to 20 |
| Other related information | |

4.3.11 Client—filled teeth, permanent—N[N]

Identifying and definitional attributes

Definition Number of permanent teeth that are filled due to dental caries

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|-------|---------------------------------|--------|
| Representation class | Total | Data type | Number |
| Format | N[N] | Maximum character length | 2 |

Data element attributes

Reporting attributes

| | |
|----------------------|---|
| Reported by | All service providers |
| Reported for | Where a course of care (except emergency course of care) and an internal attended visit is present and Campus—campus code is not a specialist clinic. Optional where campus is a specialist clinic. |
| Reported when | Visit—date is present and Visit—service delivery setting is not code 6 (private dental setting) |

Collection and usage attributes

| | |
|------------------------|--|
| Guide for use | Measuring filled teeth is a means to numerically express the caries prevalence and is obtained by calculating the number of teeth with filling/s. Where a tooth has both decay and filling/s, it is scored as a decayed tooth. For filled teeth, only count those known to be filled due to caries, not other reasons such as due to erosion or fracture. Maximum score is 32, meaning all permanent teeth are filled. For further information, refer to WHO Oral Health Surveys – Basic methods, 4th edition. |
| Purpose/context | Program monitoring, service planning, epidemiology. Describes the prevalence of dental caries in an individual. |

Source and reference attributes

| | |
|-------------------------------------|---|
| DHHS common data dictionary | Not applicable |
| Definition source | World Health Organisation |
| Definition source identifier | Based on WHO Oral Health Surveys – Basic methods, 4th edition |
| Value domain source | World Health Organisation |
| Value domain identifier | Based on WHO Oral Health Surveys – Basic methods, 4th edition |

Relational attributes

| | |
|----------------------------------|--|
| Related concepts | |
| Related data elements | Campus—campus code Client—caries risk status Client—filled teeth, deciduous Course of care—type Visit—date Visit—service delivery setting |
| Edit/validation rules | D63 Sum of decayed, filled and missing permanent teeth must be less than or equal to 32 |
| Other related information | |

4.3.12 Client—gender identity—N

Identifying and definitional attributes

Definition The gender with which the client identifies

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|--------------|-----------------------------------|--------|
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
| | 1 | male | |
| | 2 | female | |
| Supplementary values | Value | Meaning | |
| | 9 | not stated/inadequately described | |

Data element attributes

Reporting attributes

Reported by All service providers

Reported for

Reported when Case—initial contact date is present

Collection and usage attributes

Guide for use Gender identity is defined as a personal conception of oneself as male or female (or other). Gender identity can be the same or different than the sex assigned at birth. When a person's gender identity differs from their sex assigned at birth, they are considered transgender.

Note: While service providers may choose to capture many categories of gender identity within their CMS system, the reporting requirement of the department only requires alignment with those codes specified.

- Code 3 Adults and children who identify as non-binary, gender diverse, or with descriptors other than man/boy or woman/girl. Terms such as 'gender diverse', 'non-binary', 'unspecified', 'trans', 'transgender', 'transsexual', 'gender queer', 'pan-gendered', 'androgynous' and 'inter-gender' are variously used to describe the 'Other' category of gender. Some cultures may have their own terms for gender identities outside male and female. The label 'Other' is used because a more descriptive term has not been widely agreed within the general community.
- Code 9 Should be used if unable to obtain gender identity or unknown

Purpose/context Program monitoring, service planning.

Source and reference attributes

DHHS common data dictionary

Definition source METeOR

Definition source identifier [635994 - Person—gender, code X](#)

Value domain source METeOR

Value domain identifier [635994 - Person—gender, code X](#)

Relational attributes

Related concepts

Related data elements [Case—initial contact date](#)

Edit/validation rules

Other related information [Australian Government Guidelines for the Recognition of Sex and Gender](#)

4.3.13 Client—health conditions—1—N—ANNN[N][N]

Identifying and definitional attributes

Definition The client's health condition or diagnosis

Value domain attributes

Representational attributes

| | | | |
|--|---|---|--------|
| Representation class | Code | Data type | Number |
| Format | ANNN[N][N] | Maximum character length | 6 |
| Permissible values instructions | Refer to Appendix 6.3 : Large-value domains . Examples from the full list: | | |
| Permissible values | Value | Meaning | |
| | 1001 | Hepatitis | |
| | 1002 | HIV/AIDS | |
| | 1101 | Cancer(s) | |
| | 1201 | Cholesterol (lipid metabolism disorder) | |
| | 1202 | Diabetes | |
| | 1203 | Diabetes, gestational | |
| | 1204 | Obesity | |
| | 1301 | Anxiety | |
| | 1302 | Dementia | |
| | 1303 | Depression | |
| | 1304 | Developmental delay | |
| | 1305 | Intellectual disability | |
| | 1306 | Post-traumatic stress disorder | |
| | 1398 | Mental health, other (excl. drug or alcohol related conditions) | |
| | NNNN | and so on | |
| Supplementary values | Value | Meaning | |
| | 9098 | Other health condition | |
| | 9099 | No health conditions/healthy | |
| | ANNN[N][N] | ICD code | |

Data element attributes

Reporting attributes

Reported by All service providers

Reported for

Reported when Visit—date is present

Collection and usage attributes

| | | |
|------------------------|--|---|
| Guide for use | Report the client's health conditions starting with the most severe condition. This will help to gain an understanding of the disease/condition profile. Up to 10 health conditions may be reported from the most severe to the least severe. | |
| | Code 9098 | Should be used if the health condition is not covered by the Health condition master code set and the ICD code is unknown |
| | ANNN[N][N] | Can be used to report the client's health condition when the ICD code is known |
| Purpose/context | Program monitoring, service planning | |

Source and reference attributes

| | |
|-------------------------------------|--|
| DHHS common data dictionary | Not applicable |
| Definition source | DHHS |
| Definition source identifier | Master code set |
| Value domain source | DHHS |
| Value domain identifier | Episode Health Conditions-master code set v5.0 |

Relational attributes

| | |
|----------------------------------|--|
| Related concepts | Referral |
| Related data elements | Case—initial contact date |
| Edit/validation rules | |
| Other related information | Values for this data element are contained in a master table |

4.3.14 Client—Indigenous status—N

Identifying and definitional attributes

Definition Whether the client identifies as being of Aboriginal and/or Torres Strait Islander origin

Value domain attributes

Representational attributes

| Representation class | Code | Data type | Number |
|----------------------|-------|--|--------|
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
| | 1 | Aboriginal but not Torres Strait Islander origin | |
| | 2 | Torres Strait Islander but not Aboriginal origin | |
| | 3 | Both Aboriginal and Torres Strait Islander origin | |
| | 4 | Neither Aboriginal nor Torres Strait Islander origin | |
| Supplementary values | Value | Meaning | |
| | 9 | not stated/inadequately described | |

Data element attributes

Reporting attributes

Reported by All service providers
Reported for
Reported when Case—initial contact date is present

Collection and usage attributes

Guide for use Electronic information systems should not use the word “indigenous” or “ATSI”. The words “Aboriginal” and/or “Torres Strait Islander” should be used.
 Clients have a right to self-report their Aboriginal and/or Torres Strait Islander origin and staff should therefore always record the response that the client provides; they should not question or comment on the client’s response. The client’s recorded response should not be altered or annotated in any way to reflect the views of the staff member collecting the information.
 Where the question allows for more than one response, the procedure for coding multiple responses is as follows:
 If the respondent answers 'Yes, Aboriginal' and 'Yes, Torres Strait Islander', then their response should be coded to 'Yes, both Aboriginal and Torres Strait Islander origin'.
 If the respondent answers 'No' and one or more of the following:
 'Yes, Aboriginal'
 'Yes, Torres Strait Islander'
 'Yes, both Aboriginal and Torres Strait Islander'
 then the response should be coded to 'not stated/inadequately described' if the response cannot be clarified with the respondent.
 If the respondent answers 'Yes' to Aboriginal and/or Torres Strait Islander origin, and does not provide any more granular information on this, then Code 1 should be reported.
 If the respondent is capable of responding but declines to respond, or if the question is unable to be asked, or the response is incomplete, use 'not stated/inadequately described'
 Services are encouraged to be familiar with AIHW, best practice guidelines, available here: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442458760>
Purpose/context Program monitoring, service planning, priority access, funding and accountability. Includes understanding of client's Aboriginality

Source and reference attributes

DHHS common data dictionary CCDD v.3.0
Definition source METeOR

| | |
|-------------------------------------|---|
| Definition source identifier | 602543 Person—Indigenous status, Code N |
| Value domain source | METeOR |
| Value domain identifier | 602545 Indigenous status, Code N |

Relational attributes

| | |
|----------------------------------|--|
| Related concepts | Prioritisation |
| Related data elements | Client—country of birth Client—need for interpreter services Client—preferred language Client—priority access Client—refugee status |
| Edit/validation rules | C35 Aboriginal and/or Torres Strait Islander and country of birth is not Australia C46 Aboriginal and/or Torres Strait Islander and preferred language mismatch D35 Client cannot be both an asylum seeker and Aboriginal and/or Torres Strait Islander D36 Client cannot be both a refugee and Aboriginal and/or Torres Strait Islander D41 Where Client—priority access is Aboriginal and/or Torres Strait Islander, Client—Indigenous status must be Aboriginal and/or Torres Strait Islander |
| Other related information | |

4.3.15 Client—individual health identifier-N(16)

Identifying and definitional attributes

| | |
|-------------------|---|
| Definition | A numerical identifier that uniquely identifies each individual in the Australian healthcare system |
|-------------------|---|

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|--------------|---|--------|
| Representation class | Identifier | Data type | Number |
| Format | N(16) | Maximum character length | 16 |
| Permissible values | Value | Meaning | |
| | N(16) | The client's individual health identifier issued by Medicare Australia. | |
| Supplementary values | Value | Meaning | |
| | 9 | not stated/inadequately described | |

Data element attributes

Reporting attributes

| | |
|----------------------|-----------------------|
| Reported by | All service providers |
| Reported for | |
| Reported when | Optional |

Collection and usage attributes

| | |
|------------------------|--|
| Guide for use | <p>The mandatory amount of information required to retrieve the client's IHI from Medicare is a surname, date of birth and sex at birth. Other fields including given name, address and Medicare or DVA number are optional, and will result in improved match results when searching Medicare.</p> <p>When a client's IHI is unknown, or unable to be obtained, since unmatched surname, sex and date of birth, report as 'Not Stated'</p> <p>All healthcare identifiers use the International Standard ISO 7812-1:2006 that specifies the numbering system for identification cards.</p> <p>The format of the number is as follows:</p> <p>Digits N1-N6: The issuer identification number, which in turn is made up of:</p> <ul style="list-style-type: none"> N1-N2, Major industry identifier: 80 = health N3-N5, Country code: 036 = Australia N6, Number type: 0 = IHI <p>Digits N7-N15: Individual account identification (9 digits for the unique identifier)</p> <p>Digit N16: Check digit</p> <p>To obtain IHIs you will need to apply for a Healthcare Provider Identifier–Organisation (HPI-O). To be eligible for a Healthcare Provider Identifier - Organisation (HPI-O), the organisation must provide health-related services and employ an identified healthcare provider (an individual healthcare provider who has registered in the HI Service) who provides healthcare as part of their duties. (Seed or Network Organisation)</p> <p>https://www.humanservices.gov.au/health-professionals/forms/hw018</p> <p>or if Contracting and Information Technology firm to collect data,</p> <p>https://www.humanservices.gov.au/health-professionals/forms/hw012</p> <p>Apply or link an existing PKI Certificate. To access the HI Service electronically, individual healthcare providers, healthcare provider organisations and CSP organisations need the appropriate Department of Human Services Public Key Infrastructure (PKI) certificate.</p> <p>https://www.humanservices.gov.au/health-professionals/forms/hw045</p> |
| Purpose/context | Eligibility, program monitoring, service planning. |

Source and reference attributes

DHHS common data dictionary

| | |
|-------------------------------------|---|
| Definition source | METeOR |
| Definition source identifier | 432495 Person—Individual Healthcare Identifier, N(16) |
| Value domain source | METeOR |
| Value domain identifier | 426832 Identifier N(16) |

Relational attributes

| | |
|------------------------------|---|
| Related concepts | Individual Health Identifier |
| Related data elements | Client—date of birth Client—Medicare card number Client—statistical linkage key 581 (.SLK) |
| Edit/validation rules | AoD22 Client—Individual Healthcare Identifier present when no Medicare number AoD23 Client—Individual Healthcare Identifier present with no Client—Statistical Linkage Key 581 |

Other related information

4.3.16 Client—locality name—A[A(45)]

Identifying and definitional attributes

Definition The name of the locality/suburb of the address the client resides at

Value domain attributes

Representational attributes

| | | | |
|--|--|---------------------------------|--------|
| Representation class | Text | Data type | String |
| Format | A[A(45)] | Maximum character length | 46 |
| Permissible values instructions | Refer to Appendix 6.3: Large-value domains Examples from the full list are below: | | |
| Permissible values | Value | Meaning | |
| | ABBEYARD | Abbeyard | |
| | ABBOTSFORD | Abbotsford | |
| | ... | ... | |
| | MELBOURNE | Melbourne | |
| | ... | ... | |
| | A[A(45)] | and so on | |

Data element attributes

Reporting attributes

Reported by All service providers

Reported for

Reported when Case—initial contact date is present

Collection and usage attributes

Guide for use All locality names should be provided in capital letters.

Purpose/context Program monitoring, service planning.

Source and reference attributes

DHHS common data dictionary ARDD v.1.1

Definition source Standards Australia

Definition source identifier Locality name, Australian Standard 4590–2006, Interchange of client information, p. 53

Value domain source Department of Sustainability and Environment

Value domain identifier VICNAMES

Relational attributes

Related concepts

Related data elements [Case—initial contact date](#)
[Client—postcode](#)

Edit/validation rules AD16 incorrect combination of postcode and locality name

Other related information METeOR: [429889---Person \(address\)---suburb/town/locality name. text X\[X\(45\)\]](#)
Values for this data element are contained in a master table.

4.3.17 Client—Medicare card number—N(11)

Identifying and definitional attributes

| | |
|-------------------|---|
| Definition | Client identifier, allocated by the Health Insurance Commission to eligible persons under the Medicare scheme that appears on a Medicare card |
|-------------------|---|

Value domain attributes

Representational attributes

| | | | |
|--|--|--|--------|
| Representation class | Identifier | Data type | Number |
| Format | N(11) | Maximum character length | 11 |
| Permissible values instructions | Valid: <ul style="list-style-type: none"> • First character can only be a: 2, 3, 4, 5, or 6 • Numeric or all blanks • Check digit (ninth character) is the remainder of the following equation: $[(1\text{st digit} * 1) + (2\text{nd digit} * 3) + (3\text{rd digit} * 7) + (4\text{th digit} * 9) + (5\text{th digit} * 1) + (6\text{th digit} * 3) + (7\text{th digit} * 7) + (8\text{th digit} * 9)]/10.$ • 11th character is the Individual Reference Number (IRN) Invalid codes: <ul style="list-style-type: none"> • Special characters (for example, \$, #) • Alphabetic characters • Zero-filled (if the Medicare Number is not available or not applicable, supplementary values must be used) | | |
| Permissible values | Value | Meaning | |
| | N(11) | The client's Medicare number and individual reference number (IRN), issued by Medicare Australia | |
| Supplementary values | Value | Meaning | |
| | 8 | no Medicare card | |
| | 9 | not stated/inadequately described | |

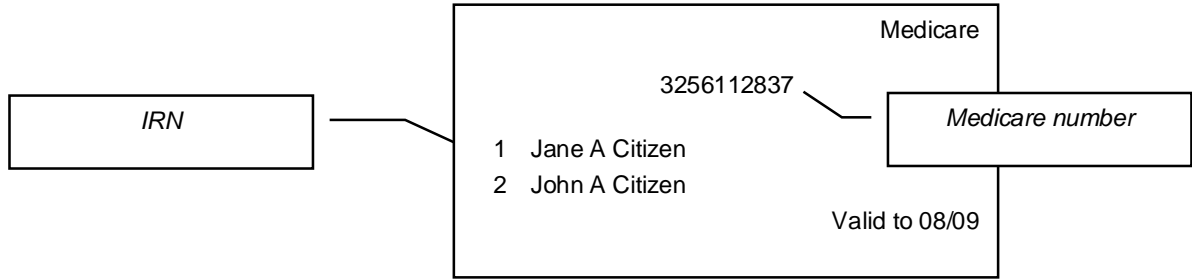
Data element attributes

Reporting attributes

| | |
|----------------------|--|
| Reported by | All service providers |
| Reported for | |
| Reported when | Optional when Case—initial contact date is present |

Collection and usage attributes

Guide for use



Medicare number from the Medicare card, the eleventh character being the Medicare code (the number printed on the Medicare card, to the left of the printed name of the person).

Neonates:

For neonates who have not yet been added to the family Medicare Card, and therefore have no IRN, there are two reporting options:

1. Mother's/family's Medicare Number in the first ten characters and a zero (0) as the eleventh character

Mother/family Medicare Number in the first ten characters and the mother's IRN as the eleventh character.

Purpose/context

Program monitoring, service planning, funding and accountability.

Source and reference attributes

DHHS common data dictionary

| | |
|-------------------------------------|---|
| Definition source | METeOR |
| Definition source identifier | 270101 Person—government funding identifier, Medicare card number N(11) |
| Value domain source | METeOR |
| Value domain identifier | Based on 270694 Medicare card number identifier N(11) |

Relational attributes

Related concepts

Related data elements [Client—date of birth](#)
[Client—individual health identifier](#)
[Client—statistical linkage key 581 \(SLK\)](#)

Edit/validation rules C21 Medicare code is zero and age is not less than 1 year

Other related information

4.3.18 Client—missing teeth, deciduous—N[N]

Identifying and definitional attributes

Definition Number of deciduous teeth that are missing due to dental caries

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|-------|---------------------------------|--------|
| Representation class | Total | Data type | Number |
| Format | N[N] | Maximum character length | 2 |

Data element attributes

Reporting attributes

| | |
|----------------------|---|
| Reported by | All service providers |
| Reported for | Where a course of care (except emergency course of care) and an internal attended visit is present and Campus—campus code is not a specialist clinic. Optional where campus is a specialist clinic. |
| Reported when | Visit—date is present and Visit—service delivery setting is not code 6 (private dental setting) |

Collection and usage attributes

| | |
|------------------------|---|
| Guide for use | Measuring missing teeth is a means to numerically express the caries prevalence and is obtained by calculating the number of missing teeth. For missing teeth, only count those known to be missing due to caries, not other reasons such as exfoliation, un-eruption or orthodontic extraction. Maximum score is 20, meaning all deciduous teeth are missing. For further information, refer to WHO Oral Health Surveys – Basic methods, 4th edition. |
| Purpose/context | Epidemiology, program monitoring, service planning. Describes the prevalence of dental caries in an individual. |

Source and reference attributes

| | |
|-------------------------------------|---|
| DHHS common data dictionary | Not applicable |
| Definition source | World Health Organisation |
| Definition source identifier | Based on WHO Oral Health Surveys – Basic methods, 4th edition |
| Value domain source | World Health Organisation |
| Value domain identifier | Based on WHO Oral Health Surveys – Basic methods, 4th edition |

Relational attributes

| | |
|----------------------------------|---|
| Related concepts | |
| Related data elements | Campus—campus code Client—caries risk status Client—missing teeth, permanent Course of care—type Visit—date Visit—service delivery setting |
| Edit/validation rules | D62 Sum of decayed, filled and missing deciduous teeth must be less than or equal to 20 |
| Other related information | |

4.3.19 Client—missing teeth, permanent—N[N]

Identifying and definitional attributes

Definition Number of permanent teeth that are missing due to dental caries

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|-------|---------------------------------|--------|
| Representation class | Total | Data type | Number |
| Format | N[N] | Maximum character length | 2 |

Data element attributes

Reporting attributes

| | |
|----------------------|---|
| Reported by | All service providers |
| Reported for | Where a course of care (except emergency course of care) and an internal attended visit is present and Campus—campus code is not a specialist clinic. Optional where Campus is a specialist clinic. |
| Reported when | Visit—date is present and Visit—service delivery setting is not code 6 (private dental setting) |

Collection and usage attributes

| | |
|------------------------|---|
| Guide for use | Measuring missing teeth is a means to numerically express the caries prevalence and is obtained by calculating the number of missing teeth. For missing teeth, only count those known to be missing due to caries, not other reasons such as exfoliation, un-eruption or orthodontic extraction. Maximum score is 32, meaning all permanent teeth are missing. For further information, refer to WHO Oral Health Surveys – Basic methods, 4th edition. |
| Purpose/context | Program monitoring, service planning, epidemiology. Describes the prevalence of dental caries in an individual. |

Source and reference attributes

| | |
|-------------------------------------|---|
| DHHS common data dictionary | Not applicable |
| Definition source | World Health Organisation |
| Definition source identifier | Based on WHO Oral Health Surveys – Basic methods, 4th edition |
| Value domain source | World Health Organisation |
| Value domain identifier | Based on WHO Oral Health Surveys – Basic methods, 4th edition |

Relational attributes

Related concepts

Related data elements

- [Campus—campus code](#)
- [Client—caries risk status](#)
- [Client—missing teeth, deciduous](#)
- [Course of care—type](#)
- [Visit—date](#)
- [Visit—service delivery setting](#)

Edit/validation rules D63 Sum of decayed, filled and missing permanent teeth must be less than or equal to 32

Other related information

4.3.20 Client—need for interpreter services—N

Identifying and definitional attributes

Definition Whether an interpreter service is required by or for the client

Value domain attributes

Representational attributes

| Representation class | Code | Data type | Number |
|-----------------------------|--------------|-----------------------------------|--------|
| Format | N | Maximum character length | 1 |
| Permissible values | <i>Value</i> | <i>Meaning</i> | |
| | 1 | Interpreter services required | |
| | 2 | Interpreter services not required | |
| Supplementary values | <i>Value</i> | <i>Meaning</i> | |
| | 9 | not stated/inadequately described | |

Data element attributes

Reporting attributes

Reported by All service providers
Reported for
Reported when Case—initial contact date is present

Collection and usage attributes

Guide for use

| | |
|--------|---|
| Code 1 | Use this code where interpreter services are required. The interpreter service relates to language, including verbal language, nonverbal language and languages other than English. Persons requiring interpreter services for any form of sign language should be coded as 'interpreter required'. |
| Code 2 | Use this code where interpreter services are not required. |
| Code 9 | Should only be used when interpreter services requirement is unknown or unable to be obtained. |

Purpose/context Program monitoring, service planning, funding and accountability. Includes understanding culturally and linguistically diverse (CALD) characteristics of clients

Source and reference attributes

DHHS common data dictionary CCDD v.3.0
Definition source METeOR
Definition source identifier [304294 Person—interpreter service required, yes/no, Code N](#)
Value domain source METeOR
Value domain identifier Based on [270732 yes/no, Code N](#)

Relational attributes

Related concepts
Related data elements [Case—initial contact date](#)
[Client—country of birth](#)
[Client—Indigenous status](#)
[Client—preferred language](#)
[Client—refugee status](#)
Edit/validation rules C47 Client—preferred language is English yet stated as needing interpreter
Other related information

4.3.21 Client—postcode—NNNN

Identifying and definitional attributes

Definition The Australian numeric descriptor for the postal delivery area, aligned with locality, suburb or place the client resides at

Value domain attributes

Representational attributes

| | | | |
|--|--|---------------------------------|--------|
| Representation class | Identifier | Data type | Number |
| Format | N(4) | Maximum character length | 4 |
| Permissible values instructions | Refer to DHHS for a full list of valid postcodes | | |
| Supplementary values | Value | Meaning | |
| | 0097 | no fixed abode | |
| | 9988 | unknown | |

Data element attributes

Reporting attributes

Reported by All service providers
Reported for
Reported when Case—initial contact date is present

Collection and usage attributes

Guide for use All postcodes should be represented using four digits. Any three-digit postcodes should include a leading zero (see the Darwin example below). Examples include:

| Code | Description |
|-------------|--|
| 3056 | postcode for BRUNSWICK, VIC |
| 0800 | postcode for DARWIN, NT |
| 1000 | should be used for clients that are homeless |

Purpose/context Program monitoring, service planning.

Source and reference attributes

DHHS common data dictionary ARDD v.1.1
Definition source Standards Australia
Definition source identifier Based on Postcode, Australian Standard 4590–2006, Interchange of client information, Section, p. 53
Value domain source DHHS
Value domain identifier DHHS Postcode locality reference file

Relational attributes

Related concepts

Related data elements [Case—initial contact date](#)
[Client—locality name](#)

Edit/validation rules AD16 incorrect combination of postcode and locality name

Other related information METeOR: Address—Australian postcode, code (Postcode datafile) NNNN – 611398
METeOR: Address—Australian postcode, code (Postcode datafile) NNNN - 611391
Values for this data element are contained in a master table

4.3.22 Client—preferred language—NNNN

Identifying and definitional attributes

Definition The language (including sign language) most preferred by the client for communication

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|------|---------------------------------|--------|
| Representation class | Code | Data type | Number |
| Format | NNNN | Maximum character length | 4 |

Permissible values instructions Refer to Appendix 6.3: [Large-value domains](#).
Examples from the list hierarchy to Level 3:

| Permissible values | Value | Meaning |
|-----------------------------|--------------|------------------------------------|
| | 1000 | NORTHERN EUROPEAN LANGUAGES |
| | 1100 | Celtic |
| | 1101 | Gaelic (Scotland) |
| | 1102 | Irish |
| | 1103 | Welsh |
| | 1199 | Celtic, nec |
| | 1200 | English |
| | 1201 | English |
| | NNNN | and so on |
| Supplementary values | Value | Meaning |
| | 0000 | inadequately described |
| | 0002 | not stated |

Data element attributes

Reporting attributes

| | |
|----------------------|--------------------------------------|
| Reported by | All service providers |
| Reported for | |
| Reported when | Case—initial contact date is present |

Collection and usage attributes

| | |
|------------------------|--|
| Guide for use | <p>The Australian Standard Classification of Languages (ASCL) has a three-level hierarchical structure. The most detailed level of the classification consists of base units (languages) which are represented by four-digit codes. The second level of the classification comprises narrow groups of languages (the Narrow group level), identified by the first two digits. The most general level of the classification consists of broad groups of languages (the Broad group level) and is identified by the first digit. The classification includes Australian Indigenous languages and sign languages.</p> <p>Preferred language should be captured at the most appropriate detailed level based on the information given by the client.</p> |
| Purpose/context | <p>Program monitoring, service planning, service provision.</p> <p>Includes understanding culturally and linguistically diverse (CALD) characteristics of clients</p> |

Source and reference attributes

| | |
|-------------------------------------|--|
| DHHS common data dictionary | CCDD v.3.0 |
| Definition source | METeOR |
| Definition source identifier | Based on 659407 Person—preferred language, code (ASCL 2016) N{NNN} |
| Value domain source | METeOR |
| Value domain identifier | Based on 659404 Language code (ASCL 2016) N{NNN} |

Relational attributes

Related concepts

Related data elements [Case—initial contact date](#)
[Client—Indigenous status](#)
[Client—need for interpreter services](#)

Edit/validation rules C46 Aboriginal and/or Torres Strait Islander and preferred language mismatch
C47 Client—preferred language is English yet stated as needing interpreter

Other related information Values for this data elements are contained in a master table

4.3.23 Client—priority access—1-N— N[N]

Identifying and definitional attributes

Definition Identifies clients who have priority access to dental care

Value domain attributes

Representational attributes

| | | | |
|---------------------------------------|--|---|--------|
| Representation class | Code | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible value instructions | The permissible values below are arranged in a hierarchical order. Choose all priority access groups that apply. | | |
| Permissible values | Value | Meaning | |
| | 0 | No priority | |
| | 1 | Eligible child or young person | |
| | 2 | Child or young person in out-of-home care | |
| | 3 | Youth justice client in custodial care | |
| | 4 | Aboriginal and/or Torres Strait Islander person | |
| | 5 | Asylum seeker | |
| | 6 | Refugee | |
| | 7 | Registered client of mental health services | |
| | 8 | Registered client of intellectual disability services | |
| | 9 | Homeless person | |
| | 10 | Eligible pregnant woman | |

Data element attributes

Reporting attributes

Reported by All service providers

Reported for

Reported when Case—initial contact date is present

Collection and usage attributes

Guide for use In the event the client identifies with more than one priority access group, choose all priority access groups that apply.

Code 1 Applies to all children aged 0 – 12 years; and young people aged 13 – 17 years who are health care or pensioner concession card holders or dependants of concession card holders or receiving treatment under the Child Dental Benefits Schedule (CDBS)

Code 2 Applies to children and young people up to 18 years of age in out-of-home care provided by DHHS (including kinship and foster care)

Code 3 Applies to youth justice clients in custodial care

Code 7 Applies to registered clients of mental health services, supported by a letter of recommendation from their case manager

Code 8 Applies to registered clients of intellectual disability services, supported by a letter of recommendation from their case manager or staff of special developmental schools

Code 9 Applies to homeless people and people at risk of homelessness. Determining whether a client is at risk of homelessness may require some discretion and judgement by organisation staff

Purpose/context Priority access, program monitoring, service planning.
Determines whether a client should be placed on a waitlist or be offered the next available appointment for dental care.

Source and reference attributes

| | |
|------------------------------|----------------|
| DHHS common data dictionary | Not applicable |
| Definition source | DHHS |
| Definition source identifier | |
| Value domain source | DHHS |
| Value domain identifier | |

Relational attributes

| | |
|---------------------------|---|
| Related concepts | Age Asylum seeker Homeless Prioritisation Refugee |
| Related data elements | Case—initial contact date Client—accommodation type Client—concession card type Client—date of birth Client—Indigenous status Client—refugee status |
| Edit/validation rules | D38 Where Client—priority access is refugee, Client—refugee status must be refugee. D39 Where Client—priority access is asylum seeker, Client—refugee status must be asylum seeker. D40 Where Client—priority access is homeless person, Client—accommodation type must be Homeless or Emergency accommodation/short term crisis/shelter D41 Where Client—priority access is Aboriginal and/or Torres Strait Islander, Client—Indigenous status must be Aboriginal and/or Torres Strait Islander |
| Other related information | Values for this data element are contained in a master table For further information on the priority access policy, please refer to the Dental Health website: https://www2.health.vic.gov.au/primary-and-community-health/dental-health/ |

4.3.24 Client—refugee status—N

Identifying and definitional attributes

Definition The current refugee status of the client

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|--------------|---|--------|
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
| | 1 | Client is a current refugee | |
| | 2 | Client is not a current refugee nor asylum seeker | |
| Supplementary values | Value | Meaning | |
| | 9 | not stated/inadequately described | |

Data element attributes

Reporting attributes

Reported by All service providers
Reported for
Reported when Case—initial contact date is present

Collection and usage attributes

Guide for use Refugee status is determined by the Australian Government Department of Immigration and Border Protection (DIBP) and relates to people who are subject to persecution in their home country and have been identified in conjunction with the United Nations High Commissioner for Refugees (UNHCR) as in need of resettlement (Population Flows: Immigration Aspects, 2004–05 Edition).

- Code 1 To be used if client currently is a refugee.
A refugee is a person who is outside their country of origin (or habitual residence in the case of stateless persons) and who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is unable or unwilling to avail themselves of the protection to which they are entitled
- Code 2 To be used when client is not currently a refugee nor asylum seeker
- Code 3 To be used if the person seeking protection as a refugee is still waiting to have his/her claim assessed
An asylum seeker is deemed to be any person who:
has a current request for protection which is being assessed by the Commonwealth Government or being deemed by the Commonwealth not to be a person owed protection, is seeking either a judicial review (through the courts) or is making a humanitarian claim (to Commonwealth minister) for residence.
- Code 9 Should be used when refugee status is unknown or unable to be obtained.

Dental care may be complicated by past experiences of torture or trauma that impacts on oral healthcare before arrival in Australia, for example torture involving the mouth and teeth, and sexual assault. For information on refugee oral health, refer to the Refugee Health Network fact sheet: <http://refugeehealthnetwork.org.au/refugee-oral-health-working-with-refugee-and-asylum-seeker-clients/>

Purpose/context Priority access, program monitoring, service planning, priority access, funding and accountability.
Includes understanding culturally and linguistically diverse (CALD) characteristics of clients

Source and reference attributes

| | |
|-------------------------------------|---|
| DHHS common data dictionary | CCDD v.3.0 |
| Definition source | <i>Migration Act 1958</i> (Cth) , Compilation number 134, Section 5H, page 49 |
| Definition source identifier | Federal Register of Legislation |
| Value domain source | DHHS |
| Value domain identifier | Not applicable |

Relational attributes

| | |
|----------------------------------|--|
| Related concepts | Asylum seeker Refugee |
| Related data elements | Case---initial contact date Client---country of birth Client---Indigenous status Client---need for interpreter services Client---preferred language Client---priority access |
| Edit/validation rules | D33 Client---country of birth cannot be Australia when Client---refugee status is an asylum seeker D34 Client---country of birth cannot be Australia when Client---refugee status is a refugee D35 Client cannot be both an asylum seeker and Aboriginal and/or Torres Strait Islander D36 Client cannot be both a refugee and Aboriginal and/or Torres Strait Islander D38 Where Client---priority access is refugee, Client---refugee status must be refugee |
| Other related information | |

4.3.25 Client—social conditions 1-10—N(4)

Identifying and definitional attributes

Definition The client's social condition or diagnosis

Value domain attributes

Representational attributes

| | | | |
|--|--|--|--------|
| Representation class | Code | Data type | Number |
| Format | NNNN | Maximum character length | 4 |
| Permissible values instructions | Refer to Appendix 6.3: Large-value domains . Examples from the full list: | | |
| Permissible values | Value | Meaning | |
| | 5007 | alcohol, tobacco, other drugs - alcohol- other person | |
| | 5008 | alcohol, tobacco, other drugs - prescription drugs- other person | |
| | 5009 | alcohol, tobacco, other drugs - non-prescription drugs- other person | |
| | 5010 | alcohol, tobacco, other drugs - illicit drugs- other person | |
| | 5011 | alcohol, tobacco, other drugs - ice- other person | |
| | 5100 | personal relationships - personal relationships, not further defined | |
| | 5101 | personal relationships - spouse/partner | |
| | 5102 | personal relationships - parents and in-laws | |
| | 5103 | personal relationships - children | |
| | 5104 | personal relationships - other family member | |
| | NNNN | And so on | |
| Supplementary values | Value | Meaning | |
| | 9098 | Other social condition | |
| | 9099 | No relevant social conditions | |

Data element attributes

Reporting attributes

| | |
|----------------------|--------------------------------------|
| Reported by | All service providers |
| Reported for | |
| Reported when | Case—initial contact date is present |

Source and reference attributes

| | |
|-------------------------------------|--|
| DHHS common data dictionary | Not applicable |
| Definition source | DHHS |
| Definition source identifier | Social conditions-draft list |
| Value domain source | DHHS |
| Value domain identifier | Episode Health Conditions-master code set v5.0 |

Relational attributes

| | |
|----------------------------------|--|
| Related concepts | Referral |
| Related data elements | Case—initial contact date |
| Edit/validation rules | |
| Other related information | Values for this data element are contained in a master table |

4.3.26 Client—statistical linkage key 581 (SLK)—AAAAADDMMYYYYN

Identifying and definitional attributes

Definition A key that enables two or more records belonging to the same client to be brought together

Value domain attributes

Representational attributes

Representation class Code **Data type** String

Format AAAAADDMMYYYY **Maximum character length** 14
N

| Permissible values | Value | Meaning |
|--------------------|-----------------|---|
| | characters 1–3 | 2nd, 3rd and 5th letters of surname/family name |
| | characters 4–5 | 2nd and 3rd letters of first given name |
| | characters 6–13 | date of birth |
| | characters 14 | sex at birth code |

Data element attributes

Reporting attributes

Reported by All service providers

Reported for

Reported when

Collection and usage attributes

Guide for use The statistical linkage key should be generated using the second, third and fifth characters of a person’s family name, the second and third letters of the person’s given name, the day, month and year when the person was born and the sex of the person at birth, concatenated in that order. Sex at birth code: use only 1 male, 2 female or 9 not stated—Sex at birth code 3—invalid for the SLK algorithm.
*Note: Sex at birth code used in the SLK is distinct and not to be confused with gender.
When the client’s first name or surname is three letters or less in length, use the number 2 instead. Example: Ms Jane To, bom 3/12/1980 has the SLK of T22AN031219802
If date of birth is not known or cannot be obtained, provision should be made to collect or estimate age. Collected or estimated age would usually be in years for adults and to the nearest three months (or less) for children aged less than two years. Additionally, a date accuracy indicator should be reported in conjunction with all estimated dates of birth.
Default for missing SLK values is:
99999010119009 only to be used if Date of birth is equal to ‘01011900’

Purpose/context Supports statistical linkage through anonymous linking of client and service data.

Source and reference attributes

DHHS common data dictionary CCDD v.3.0

Definition source METeOR

Definition source identifier [349895 Record—linkage key code 581](#)

Value domain source METeOR

Value domain identifier [349887 Linkage code 581 XXXXXDDMMYYYYN](#)

Relational attributes

Related concepts [Statistical Linkage Key 581 \(SLK\)](#)

Related data elements [Client—date of birth](#)
[Client—date of birth accuracy](#)

Edit/validation rules

Other related information

4.4 Course of care

4.4.1 Course of care—end reason—N[N]

Identifying and definitional attributes

Definition The main reason the client's current services have ended

Value domain attributes

Representational attributes

| Representation class | Code | Data type | Number |
|-----------------------------|--------------|--|--------|
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning | |
| | 1 | care plan/proposed treatment completed | |
| | 2 | change in main treatment type | |
| | 3 | change in the delivery setting | |
| | 5 | transferred to another service provider | |
| | 6 | ceased to participate against advice | |
| | 7 | ceased to participate without notice | |
| | 8 | ceased to participate involuntary (service requested they leave) | |
| | 9 | ceased to participate at expiation | |
| | 10 | ceased to participate by mutual agreement | |
| | 11 | drug court and/or sanctioned by court diversion service | |
| | 12 | imprisoned, other than drug court sanctioned | |
| | 13 | client died | |
| | 51 | hospitalised/medical condition | |
| Supplementary values | Value | Meaning | |
| | 98 | other | |
| | 99 | not stated/inadequately described | |

Data element attributes

Reporting attributes

| | |
|----------------------|--|
| Reported by | All service providers |
| Reported for | All clients that have stopped receiving services |
| Reported when | Course of care—service end date is present |

Collection and usage attributes

Guide for use This element should be reported for all clients who have stopped receiving services. That is, it should be reported for all clients with a recorded Service—service end date. Where the client ceased to receive services for more than one reason, the agency should record the main or primary reason for the cessation of service.

| | |
|--------|--|
| Code 1 | To be used when all of the immediate goals of the Care Plan/Proposed treatment have been fulfilled. |
| Code 2 | A treatment service event will end if, prior to the completion of the existing treatment, there is a change in the main treatment type |
| Code 3 | A course of care may end if, prior to the completion of the existing treatment, there is a change in the service delivery setting. |

- Code 5 The service provider is no longer the most appropriate and the client is transferred/referred to another service. For example, transfers could occur for clients between non-residential and residential services or between residential services and a hospital. Excludes situations where the original treatment was completed before the client transferred to a different provider for other treatment (use Code 1).
- Code 51 The client ceases to receive services because of a medical condition or hospitalisation.
- Code 6 The client ceases to participate in the course of care despite advice from staff that such an action is against the client's best interest.
- Code 7 The client ceases to receive services without notifying the service provider of their intention to no longer participate.
- Code 8 The client's participation is ceased by the service provider due to non-compliance with the rules or conditions of the program.
- Code 9 The client has fulfilled their obligation to satisfy expiation requirements as part of a police diversion scheme and chooses not to continue with the course of care.
- Code 10 The client ceases to participate by mutual agreement with the service provider even though the Care plan/Proposed treatment has not been completed. This may include situations where the client has moved out of the area.
- Code 11 Applies to drug court and/or court diversion service clients who are sanctioned back into jail for non-compliance with the program.
- Code 12 Applies to clients who are imprisoned for reasons other than Code 11.
- Code 13 The client was deceased.
- Code 98 Other than one of the categories provided here.

Purpose/context Program monitoring, service planning.

Source and reference attributes

DHHS common data dictionary Not applicable
Definition source DHHS
Definition source identifier Master code set
Value domain source DHHS
Value domain identifier

Relational attributes

Related concepts [Course](#)
Related data elements [Course of care—service end date](#)
Edit/validation rules D64 Course of care—end reason is present, but there is no Course of care—service end date
D65 Course of care—service end date is present, but there is no Course of care—end reason
Other related information Values for this data element are contained in a master table

4.4.2 Course of care—identifier—N[N(14)]

Identifying and definitional attributes

Definition A unique identifier used to distinguish one client course of care from another

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|------------|---------------------------------|--------|
| Representation class | Identifier | Data type | Number |
| Format | N[N(14)] | Maximum character length | 15 |

Data element attributes

Reporting attributes

| | |
|----------------------|--|
| Reported by | All service providers |
| Reported for | All clients who have a course of care opened |
| Reported when | Course of care—start date is present |

Collection and usage attributes

Guide for use

Purpose/context Program monitoring, service planning.

Source and reference attributes

| | |
|-------------------------------------|--|
| DHHS common data dictionary | CSDD v.1.0 Based on Episode—identifier |
| Definition source | DHHS Health Data Standards & Systems |
| Definition source identifier | Based on Episode identifier, 180-181 |
| Value domain source | DHHS Health Data Standards & Systems |
| Value domain identifier | Based on Episode identifier, VINAH manual 11th edition, Section 3: Data Definitions, pp. 180-181 |

Relational attributes

| | |
|----------------------------------|---|
| Related concepts | Course |
| Related data elements | Course of care—start date |
| Edit/validation rules | |
| Other related information | |

4.4.3 Course of care—service end date—DDMMYYYY

Identifying and definitional attributes

Definition The date when the client's services ended for the identified need

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|----------|---------------------------------|-----------|
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |

Data element attributes

Reporting attributes

| | |
|----------------------|--|
| Reported by | All service providers |
| Reported for | All clients who have a course of care opened |
| Reported when | Course of care—service end date has occurred |

Collection and usage attributes

| | |
|------------------------|--|
| Guide for use | To end a course of care, a Course of care—end reason must be entered. The end date applies to the completion of the last interaction with the client. In situations where the client has had no contact with the service provider for three months, nor is there a plan in place for further contact, the date of the last visit should be used. |
| Purpose/context | Program monitoring, service planning |

Source and reference attributes

| | |
|-------------------------------------|---|
| DHHS common data dictionary | CSDD v.1.0 Based on Episode—end date |
| Definition source | METeOR |
| Definition source identifier | 270160 Service episode—episode end date, DDMMYYYY |
| Value domain source | METeOR |
| Value domain identifier | 270566 Date_DDMMYYYY |

Relational attributes

| | |
|------------------------------|--|
| Related concepts | Course |
| Related data elements | Course of care—end reason |
| Edit/validation rules | D03 Course of care—service end date cannot be in the future D31 For each Course of care, Visit—date cannot be after Course of care—service end date D64 Course of care—end reason is present, but there is no Course of care—service end date D65 Course of care—service end date is present, but there is no Course of care—end reason S11 Course of care—service end date cannot be before Course of care—start date |

Other related information

4.4.4 Course of care—start date—DDMMYYYY

Identifying and definitional attributes

Definition The date when the course of care is opened

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|----------|---------------------------------|-----------|
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |

Data element attributes

Reporting attributes

| | |
|----------------------|--|
| Reported by | All service providers |
| Reported for | All clients who have a course of care opened |
| Reported when | Course of care—start date and Visit—date are present |

Collection and usage attributes

| | |
|------------------------|---|
| Guide for use | The Course of care—start date equals the first Visit—date |
| Purpose/context | Program monitoring, service planning, client management. |

Source and reference attributes

| | |
|-------------------------------------|---|
| DHHS common data dictionary | CSDD v.1.0 Based on episode—start date |
| Definition source | DHHS |
| Definition source identifier | |
| Value domain source | METeOR |
| Value domain identifier | 270566 Date_DDMMYYYY |

Relational attributes

| | |
|------------------------------|---|
| Related concepts | Course |
| Related data elements | Course of care—service end date Service—date of offer Visit—date |
| Edit/validation rules | D26 For each course of care, Course of care—start date cannot be before Service—date of offer D29 For each course of care, Visit—date cannot be before Course of care—start date D55 Course of care—start date cannot occur unless a Visit—date is present S13 Course of care—start date cannot be in the future |

Other related information

4.4.5 Course of care—type—N

Identifying and definitional attributes

Definition The nature of the course of care to be provided to the client

Value domain attributes

Representational attributes

| Representation class | Code | Data type | Number |
|----------------------|-------|--------------------------|--------|
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
| | 1 | General | |
| | 2 | Emergency | |
| | 3 | Denture | |

Data element attributes

Reporting attributes

| | |
|----------------------|--|
| Reported by | All service providers |
| Reported for | All clients who have a course of care opened |
| Reported when | Course of care—start date is present |

Collection and usage attributes

| | |
|------------------------|---|
| Guide for use | The course of care type is determined by the care needs of the client. |
| | Code 1 General course of care is for treatment provided on natural teeth and soft tissues, where a comprehensive examination is undertaken and a care plan is developed. |
| | Code 2 Emergency course of care is for treatment provided for an unplanned presentation by the client for emergency care, where the client has been triaged as requiring emergency care. This includes unplanned presentations in between scheduled appointments for another course of care and during the defined period following a course of care. |
| | Code 3 Denture course of care is for prosthetic treatment provided. |
| Purpose/context | Program monitoring, service planning, client management. |

Source and reference attributes

| | |
|-------------------------------------|----------------|
| DHHS common data dictionary | Not applicable |
| Definition source | DHHS |
| Definition source identifier | |
| Value domain source | DHHS |
| Value domain identifier | |

Relational attributes

| | |
|----------------------------------|---|
| Related concepts | Course |
| Related data elements | Course of care—start date Dental triage—date List—list start date |
| Edit/validation rules | D67 There cannot be List—list start date present when Course of care—type is emergency D72 Where Dental triage—date is present, Course of care—type must be emergency. |
| Other related information | Values for this data element are contained in a master table |

4.5 Dental triage

4.5.1 Dental triage—category—N

Identifying and definitional attributes

Definition The category assigned for clients who are dental triaged for emergency care

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|--------------|---------------------------------|--------|
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
| | 1 | Offer of care within 24 hours | |
| | 2 | Offer of care within 1 week | |
| | 3 | Offer of care within 2 weeks | |
| | 4 | Offer of care within 4 weeks | |
| | 5 | Not an emergency | |

Data element attributes

Reporting attributes

Reported by All service providers
Reported for All clients who receive dental triage for emergency care
Reported when Dental triage—date is present

Collection and usage attributes

Guide for use When the client is triaged as not needing emergency care, report code 5.
Purpose/context Program monitoring, service planning

Source and reference attributes

DHHS common data dictionary Not applicable
Definition source DHHS
Definition source identifier
Value domain source DHHS
Value domain identifier

Relational attributes

Related concepts

Related data elements [Dental triage—date](#)
[Dental triage—response](#)

Edit/validation rules

Other related information Values for this data element are contained in a master table

4.5.2 Dental triage—date—DDMMYYYY

Identifying and definitional attributes

Definition The date on which the client was dental triaged for emergency care

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|----------|---------------------------------|-----------|
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |

Data element attributes

Reporting attributes

| | |
|----------------------|--|
| Reported by | All service providers |
| Reported for | All clients who receive dental triage for emergency care |
| Reported when | Dental triage—date occurs |

Collection and usage attributes

Guide for use

| | |
|------------------------|---|
| Purpose/context | Program monitoring, service planning, client management |
|------------------------|---|

Source and reference attributes

| | |
|-------------------------------------|--------------------------------------|
| DHHS common data dictionary | Not applicable |
| Definition source | DHHS |
| Definition source identifier | |
| Value domain source | METeOR |
| Value domain identifier | 270566 Date DDMMYYYY |

Relational attributes

Related concepts

| | |
|------------------------------|---|
| Related data elements | Case—initial contact date Course of care—type Dental triage—category Dental triage—response List—list start date Service—date of offer |
|------------------------------|---|

Edit/validation rules

D05 Dental triage—date cannot be in the future
D17 Dental triage—date cannot be before Case—initial contact date
D22 Service—date of offer cannot be before Dental Triage—date
D66 There cannot be List—list start date present when Dental—triage date is present
D72 Where Dental triage—date is present, Course of care—type must be emergency

Other related information

4.5.3 Dental triage—response—N

Identifying and definitional attributes

Definition The response to the dental triage category

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|--------------|---|--------|
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
| | 1 | Offered appointment at this service – agency determined | |
| | 2 | Offered appointment at this service – client determined | |
| | 3 | Diverted to another service – RDHM | |
| | 4 | Diverted to another service – other dental provider | |
| | 5 | Diverted to another service – client declined | |
| | 6 | Offered placement on waitlist or priority access | |

Data element attributes

Reporting attributes

| | |
|----------------------|--|
| Reported by | All service providers |
| Reported for | All clients who receive dental triage for emergency care and Dental triage—category = 1, 2, 3 or 4 |
| Reported when | Dental triage—date is present |

Collection and usage attributes

| | | |
|------------------------|--------------------------------------|--|
| Guide for use | Code 1 | The agency offered the client an appointment either within or outside the assigned category timeframe, as determined by the agency |
| | Code 2 | The agency offered the client an appointment within the assigned category timeframe, however the client declined and was subsequently offered another appointment outside the assigned category timeframe |
| | Code 3 | The agency cannot offer an appointment within the assigned category timeframe, and therefore diverts the client to RDHM who may be able to offer an appointment within the assigned timeframe |
| | Code 4 | The agency cannot offer an appointment within the assigned category timeframe, and therefore diverts the client to another community dental agency who may be able to offer an appointment within the assigned timeframe |
| | Code 5 | The agency cannot offer an appointment within the assigned category timeframe and therefore diverts the client to another service, however the client declined |
| | Code 6 | The assigned category was no offer of care – not an emergency |
| Purpose/context | Program monitoring, service planning | |

Source and reference attributes

| | |
|-------------------------------------|----------------|
| DHHS common data dictionary | Not applicable |
| Definition source | DHHS |
| Definition source identifier | |
| Value domain source | DHHS |
| Value domain identifier | |

Relational attributes

Related concepts

Related data elements [Dental triage—date](#)

| | |
|----------------------------------|--|
| Edit/validation rules | Dental triage---category X45 Dental triage—response must be populated with valid code and format when Dental triage—date is present D73 Dental triage—response must not be present when Dental triage—category is 0 – not an emergency |
| Other related information | Values for this data element are contained in a master table |

4.6 List

4.6.1 List—list end date—DDMMYYYY

Identifying and definitional attributes

Definition The date the client is removed from a wait list or recall list

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|----------|---------------------------------|-----------|
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |

Data element attributes

Reporting attributes

| | |
|----------------------|--|
| Reported by | All service providers |
| Reported for | All clients on either a wait list or recall list |
| Reported when | List—list end date occurs |

Collection and usage attributes

| | |
|------------------------|---|
| Guide for use | Please refer to the Dental Health website for further information on wait list and recall policy: https://www2.health.vic.gov.au/primary-and-community-health/dental-health/ |
| Purpose/context | Program monitoring, service planning. |

Source and reference attributes

| | |
|-------------------------------------|--------------------------------------|
| DHHS common data dictionary | Not applicable |
| Definition source | DHHS |
| Definition source identifier | |
| Value domain source | METeOR |
| Value domain identifier | 270566.Date_DDMMYYYY |

Relational attributes

| | |
|------------------------------|---|
| Related concepts | Recall list Recall period Wait list |
| Related data elements | Case—initial contact date List—list start date List—reason for removal Service—date of offer |
| Edit/validation rules | New rule List—list end date cannot be before Case—initial contact date D12 List—list end date cannot be in the future D49 Where List—reason for removal is care offered, List—list end date must equal Service—date of offer D51 List—list end date cannot be recorded unless List—list start date has been recorded. S17 List—list end date cannot be before List—list start date X55 List—list end date is mandatory when List—reason for removal is recorded |

Other related information

4.6.2 List—list start date—DDMMYYYY

Identifying and definitional attributes

Definition The date the client is placed on a wait list or recall list

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|----------|---------------------------------|-----------|
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |

Data element attributes

Reporting attributes

| | |
|----------------------|---|
| Reported by | All service providers |
| Reported for | All clients where List—type is not null |
| Reported when | List—list start date occurs |

Collection and usage attributes

| | |
|------------------------|---|
| Guide for use | A list start date is required if the client is placed on a waiting list or recall list Please refer to the Dental Health website for further information on wait list policy: https://www2.health.vic.gov.au/primary-and-community-health/dental-health/victorian-public-dental-care-waiting-list |
| Purpose/context | Program monitoring, service planning. |

Source and reference attributes

| | |
|-------------------------------------|--|
| DHHS common data dictionary | Not applicable |
| Definition source | METeOR |
| Definition source identifier | 428485 Public dental waiting list episode-listing date of care, DDMMYYYY |
| Value domain source | METeOR |
| Value domain identifier | 270566 Date_DDMMYYYY |

Relational attributes

| | |
|------------------------------|---|
| Related concepts | Recall list Recall period Wait list |
| Related data elements | Case—initial contact date Course of care—type Dental triage—date List—list end date List—type |
| Edit/validation rules | D19 List—list start date cannot be before Case—initial contact date D51 List—list end date cannot be recorded unless List—list start date has been recorded D66 List—list start date cannot be present when Dental—triage date is present D67 List—list start date cannot be present when Course of care—type is emergency S18 List—list start date cannot be in the future |

Other related information

4.6.3 List—reason for removal—N

Identifying and definitional attributes

Definition The reason why the client was removed from a wait list or recall list

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|--------------|---------------------------------|--------|
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
| | 1 | Care offered | |
| | 2 | Clinical priority | |
| | 3 | Client/carer initiated | |
| | 4 | Agency initiated | |

Data element attributes

Reporting attributes

| | |
|----------------------|--|
| Reported by | All service providers |
| Reported for | All clients on either a wait list or recall list |
| Reported when | List—list end date is present |

Collection and usage attributes

| | | |
|------------------------|--------------------|--|
| Guide for use | Code 1 | Client was removed from list and care offered |
| | Code 2 | Includes where a client has received emergency care, and the clinician has deemed that the client requires further immediate care and removes the client from the list earlier than anticipated. |
| | Code 3 | Where a client makes contact with the agency and requests to be removed from a list. |
| | Code 4 | Where an administrative error needs to be corrected, i.e. there are duplicate records for a client or the client was not meant to be placed on the wait list. |
| Purpose/context | Program monitoring | |

Source and reference attributes

| | |
|-------------------------------------|----------------|
| DHHS common data dictionary | Not applicable |
| Definition source | DHHS |
| Definition source identifier | |
| Value domain source | DHHS |
| Value domain identifier | |

Relational attributes

| | |
|----------------------------------|--|
| Related concepts | Recall list Wait list |
| Related data elements | List—list end date Service—date of offer |
| Edit/validation rules | D49 Where List—reason for removal is care offered, List—list end date must equal Service—date of offer |
| Other related information | Refer to the Dental Health website for further information on wait list policy: https://www2.health.vic.gov.au/primary-and-community-health/dental-health/victorian-public-dental-care-waiting-list Values for this data element are contained in a master table |

4.6.4 List—type—N

Identifying and definitional attributes

Definition The type of list the client is on

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|--------------|---------------------------------|--------|
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | <i>Value</i> | <i>Meaning</i> | |
| | 1 | Wait list | |
| | 2 | Recall list | |

Data element attributes

Reporting attributes

Reported by All service providers
Reported for All clients on either a wait list or recall list
Reported when List—list start date is present

Collection and usage attributes

Guide for use

Purpose/context Program monitoring, service planning, client recall.

Source and reference attributes

DHHS common data dictionary Not applicable
Definition source DHHS
Definition source identifier
Value domain source DHHS
Value domain identifier

Relational attributes

Related concepts [Recall list](#)
[Wait list](#)

Related data elements [List—list start date](#)
[List—wait list type](#)

Edit/validation rules

Other related information

4.6.5 List—wait list type—N[N]

Identifying and definitional attributes

Definition The type of wait list the client is on

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|--------------|---------------------------------|--------|
| Representation class | Code | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning | |
| | 1 | General | |
| | 2 | Denture | |
| | 3 | Priority denture | |
| | 4 | RDHM Special Needs | |
| | 5 | RDHM Oral Surgery | |
| | 6 | RDHM Oral Medicine | |
| | 7 | RDHM Endodontics | |
| | 8 | RDHM Orthodontics | |
| | 9 | RDHM Periodontics | |
| | 10 | RDHM Paedodontics | |
| | 11 | RDHM Fixed Prosthodontics | |
| | 12 | RDHM Removable Prosthodontics | |
| | 13 | RDHM Day Surgery | |

Data element attributes

Reporting attributes

Reported by All service providers
Reported for All clients where List—type is wait list
Reported when List—list start date is present

Collection and usage attributes

Guide for use

Purpose/context Program monitoring, service planning.

Source and reference attributes

DHHS common data dictionary Not applicable
Definition source DHHS
Definition source identifier
Value domain source DHHS
Value domain identifier

Relational attributes

Related concepts [Service Provider](#)
[Wait list](#)

Related data elements [Case—service provider number](#)
[List—list start date](#)
[List—type](#)

Edit/validation rules D52 Case—service provider number must be Dental Health Services Victoria when List—wait list type is not General, Denture or Priority denture.

Other related information Values for this data element are contained in a master table

4.7 Referral

4.7.1 Referral—referral provider type—N[N]

Identifying and definitional attributes

Definition The provider type of the referral source

Value domain attributes

Representational attributes

| Representation class | Code | Data type | Number |
|-----------------------------|--------------|---|---------------|
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning | |
| | 1 | Self | |
| | 2 | Family, significant other, friend | |
| | 3 | GP/Medical Practitioner | |
| | 4 | Hospital | |
| | 5 | Psychiatric/mental health service or facility | |
| | 6 | Alcohol and other drug treatment service | |
| | 7 | Other community/health care service | |
| | 8 | Correctional service | |
| | 9 | Police diversion | |
| | 10 | Court diversion | |
| | 11 | Legal service | |
| | 12 | Child protection agency | |
| | 13 | Community support groups/agencies | |
| | 14 | Centrelink or employment service | |
| | 15 | Housing and homelessness service | |
| | 16 | Telephone & online services/referral agency e.g. direct line | |
| | 17 | Disability support service | |
| | 18 | Aged care facility/service | |
| | 19 | Immigration department or asylum seeker/refugee support service | |
| | 20 | School/other education or training institution | |
| | 21 | ACSO-COATS | |
| | 22 | Youth service (non-AoD) | |
| | 23 | Indigenous service (non-AoD) | |
| | 24 | Extended care/rehabilitation facility | |
| | 25 | Palliative care service | |
| | 26 | Police (not diversion) | |
| | 27 | Public dental provider - community dental agency | |
| | 28 | Royal Dental Hospital Melbourne | |
| | 29 | Private Dental Provider | |
| | 30 | Early childhood service | |
| | 31 | Maternal and Child Health Service | |
| | 32 | Community nursing service | |
| | 33 | Emergency relief | |
| | 34 | Family support service (excl family violence) | |
| | 35 | Family violence service | |

| | | |
|-----------------------------|--------------|---|
| | 36 | Gambling support service |
| | 37 | Maternity services |
| | 38 | Peer support/self-help group |
| | 39 | Private allied health provider |
| | 40 | Centres Against Sexual Assault (CASA) |
| | 41 | Financial counsellor |
| | 42 | Sexual health service |
| | 43 | Medical specialist |
| | 44 | Early Childhood Intervention Service (ECIS) |
| Supplementary values | Value | Meaning |
| | 98 | Other |
| | 99 | not stated/inadequately described |

Data element attributes

Reporting attributes

| | |
|----------------------|--------------------------------------|
| Reported by | All service providers |
| Reported for | All clients |
| Reported when | Case—initial contact date is present |

Collection and usage attributes

| | |
|------------------------|---|
| Guide for use | Code 98 Use this code if the source of referral does not fit into any of the categories listed above. For further information on service coordination, please refer to: https://www2.health.vic.gov.au/primary-and-community-health/primary-care/integrated-care/service-coordination |
| Purpose/context | Program monitoring, Service planning |

Source and reference attributes

| | |
|-------------------------------------|--|
| DHHS common data dictionary | CSDD v.1.0 Based on Referral (in/out)—referral service type |
| Definition source | DHHS |
| Definition source identifier | Master code set |
| Value domain source | DHHS |
| Value domain identifier | |

Relational attributes

| | |
|----------------------------------|--|
| Related concepts | Referral |
| Related data elements | Case—initial contact date |
| Edit/validation rules | |
| Other related information | Values for this data element are contained in a master table |

4.8 Service

4.8.1 Service—date of offer—DDMMYYYY

Identifying and definitional attributes

Definition The date on which the client is offered care, either by phone, in person or letter.

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|----------|---------------------------------|-----------|
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |

Data element attributes

Reporting attributes

| | |
|----------------------|------------------------------------|
| Reported by | All service providers |
| Reported for | All clients who are offered care |
| Reported when | Service—date of offer has occurred |

Collection and usage attributes

| | |
|------------------------|--|
| Guide for use | Enter the date that the client was offered emergency, general or other care, either by phone, letter or in person. Includes where care is offered as part of the wait list or recall process. |
| Purpose/context | Program monitoring, Service planning. |

Source and reference attributes

| | |
|-------------------------------------|--------------------------------------|
| DHHS common data dictionary | Not applicable |
| Definition source | DHHS |
| Definition source identifier | |
| Value domain source | METeOR |
| Value domain identifier | 270566 Date_DDMMYYYY |

Relational attributes

| | |
|------------------------------|---|
| Related concepts | Course Recall list Recall period Wait list |
| Related data elements | Case—initial contact date Case—voucher date issued Course of care—start date Dental triage—date List—list end date List—reason for removal |
| Edit/validation rules | D01 Service—date of offer cannot be in the future D18 Service—date of offer cannot be before Case—initial contact date D22 Service—date of offer cannot be before Dental Triage—date D24 For each waiting/recall period, Service—date of offer cannot be before List—list end date D26 For each course of care, Course of care—start date cannot be before Service—date of offer D27 For each voucher, Case—voucher date issued cannot be before Service—date of offer |

D49 Where List—reason for removal is care offered, List—list end date must equal Service—date of offer

D50 Service—date of offer must be recorded when List—reason for removal is care offered

Other related information

4.9 Visit

4.9.1 Visit—date—DDMMYYYY

Identifying and definitional attributes

Definition The date on which the client received or was scheduled to receive treatment

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|----------|---------------------------------|-----------|
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |

Data element attributes

Reporting attributes

| | |
|----------------------|-----------------------|
| Reported by | All service providers |
| Reported for | All client visits |
| Reported when | Visit—date occurs |

Collection and usage attributes

| | |
|------------------------|---|
| Guide for use | Record this date for all scheduled appointments, when the client attends the scheduled appointment. |
| Purpose/context | Program monitoring, service planning. |

Source and reference attributes

| | |
|-------------------------------------|---|
| DHHS common data dictionary | CSDD v.1.0 Based on Event—(start) date |
| Definition source | DHHS |
| Definition source identifier | |
| Value domain source | METeOR |
| Value domain identifier | 270566.Date_DDMMYYYY |

Relational attributes

| | |
|------------------------------|---|
| Related concepts | Visit |
| Related data elements | Course of care—start date Course of care—service end date Visit—dental treatment items Visit—service delivery setting |
| Edit/validation rules | D14 Visit—date cannot be in the future D29 For each course of care, Visit—date cannot be before Course of care—start date D31 For each course of care, Visit—date cannot be after Course of care—service end date |

Other related information

4.9.2 Visit—dental treatment items—NNN[AA]

Identifying and definitional attributes

Definition Dental assessment, diagnostic and treatment services provided to a client.

Value domain attributes

Representational attributes

| | | | |
|--|---|--------------------------------------|--------|
| Representation class | Code | Data type | String |
| Format | NNN[AA] | Maximum character length | 5 |
| Permissible values instructions | Refer to Appendix 6.3: Large-value domains . Examples from the full list: | | |
| Permissible values | Value | Meaning | |
| | 011 | Comprehensive oral examination | |
| | 012 | Periodic oral examination | |
| | 013 | Oral Examination – limited | |
| | 014 | Consultation | |
| | 015 | Consultation - extended (30 minutes) | |
| | 016 | Consultation by referral | |
| | ... | ... | |
| | NNN[AA] | And so on | |

Data element attributes

Reporting attributes

| | |
|----------------------|-----------------------|
| Reported by | All service providers |
| Reported for | All client visits |
| Reported when | Visit—date is present |

Collection and usage attributes

| | |
|------------------------|---|
| Guide for use | This can be repeated as many times as necessary. |
| Purpose/context | Used to determine treatment provided to patients. Program monitoring, service planning. |

Source and reference attributes

| | |
|-------------------------------------|--|
| DHHS common data dictionary | Not applicable |
| Definition source | DHHS |
| Definition source identifier | |
| Value domain source | Derived from the Australian Dental Association Schedule of Dental Services |
| Value domain identifier | |

Relational attributes

| | |
|------------------------------|--|
| Related concepts | Visit |
| Related data elements | Visit—date Visit—service delivery setting |

Edit/validation rules

| | |
|----------------------------------|--|
| Other related information | Values for this data element are contained in a master table |
|----------------------------------|--|

4.9.3 Visit—service delivery setting—N

Identifying and definitional attributes

Definition The setting in which the dental care is provided

Value domain attributes

Representational attributes

| | | | |
|-----------------------------|--------------|--|--------|
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
| | 1 | Non-residential facility (incl. public dental) | |
| | 2 | Residential facility | |
| | 3 | Home | |
| | 4 | Off site | |
| | 5 | Court/Prison | |
| | 6 | Private dental setting | |
| | 7 | Day surgery setting | |
| Supplementary values | Value | Meaning | |
| | 8 | Other | |

Data element attributes

Reporting attributes

| | |
|----------------------|-----------------------|
| Reported by | All service providers |
| Reported for | All client visits |
| Reported when | Visit—date is present |

Collection and usage attributes

| | |
|------------------------|--|
| Guide for use | The setting in which the dental service is actually delivered to the client irrespective of whether or not this is the same as the usual location of the service provider, as represented by a code. |
| Code 1 | This code refers to any non-residential centre that provides dental services, including public dental settings. (excluding day surgery) |
| Code 2 | Used where the dental care is provided in a supported residential service (SRS) or community residential unit (CRU) |
| Code 3 | This code refers to the client's own home or usual place of residence. |
| Code 4 | This code refers to an off-site environment, excluding a client's home or usual place of residence and court/prison that is not covered by Codes 1, 2, 6, 7, where service is provided. Mobile public dental service providers would usually provide treatment within this setting. |
| Code 5 | This code refers to providing the service in a Courtroom, or Prison setting. |
| Code 6 | Used where dental care is provided in private dental setting. |
| Code 7 | Used where dental care is provided during day surgery. |
| Code 8 | This code should be used for all other settings including telehealth. |
| Purpose/context | Program monitoring, service planning. |

Source and reference attributes

| | |
|-------------------------------------|-----------------|
| DHHS common data dictionary | Not applicable |
| Definition source | DHHS |
| Definition source identifier | Master code set |
| Value domain source | DHHS |

Value domain identifier

Relational attributes

Related concepts [Visit](#)

Related data elements [Visit--date](#)

[Visit--dental treatment items](#)

Edit/validation rules

Other related information Values for this data element are contained in a master table

5 Edit/Validation Rules

5.1 Rule interpretation

The purpose of edit/validation rules is to improve the quality of the captured data by applying standard logic across a data set.

The following table specifies all relevant edit/validation rules to the DHPDS.

Notes for below:

Key for source of National (other) edit/validation rules:

- A National Admitted Patient Data—Request Specifications and Edits for 2006–07
- C HACC—MDS v. 2.0 Business Rules Summary, February 2006
- G Non-Admitted Patient Emergency Department Care Data—Request Specifications and Edits for 2006–07
- * Indicates the edit is based on the logic of a national edit, rather than replicating the national edit.

Key for status:

| Error Classification | Action | Description | Example |
|----------------------|--|---|--|
| Fatal | Reject submission – agency to correct immediately and resubmit | Transmission file does not meet specifications or has referential data integrity issues | <ul style="list-style-type: none"> • Incorrect file format • Primary key violations |
| Critical Rejection | Reject – Agency to check and correct before next submission | Incorrect data | <ul style="list-style-type: none"> • Client is reported as Neither Aboriginal nor Torres Strait Islander origin and having priority access to care as Aboriginal and/or Torres Strait Islander person |
| Warning | Accept – Agency to check and possibly correct | Data received is unusual, but possible | <ul style="list-style-type: none"> • Client’s country of birth is recorded as Antarctica |

5.2 Edit/validation rule specification

| ID | Edit name/description | Data elements | Pseudo-code/rule | Source | Status |
|-------|--|--|--|-----------------------------|--------------------|
| AD16 | Incorrect combination of postcode and locality name | Client—locality name Client—postcode | Combination of postcode and locality name is not listed in the ARDD v.1 Appendix 3: Large-value domains file | DHHS | Critical Rejection |
| AoD22 | Client—Individual Healthcare Identifier present when no Medicare number | Client—individual health identifier Client—Medicare card number | Client—individual health identifier ≠ [null or 9] and Client—Medicare card number = null | VADC | Warning |
| AoD23 | Client—Individual Healthcare Identifier present with no Client—Statistical Linkage Key 581 | Client—individual health identifier Client—statistical linkage key581 | Client—individual health identifier ≠ null and Client—statistical linkage key = null | VADC | Warning |
| AoD85 | Client—postcode indicates no fixed address and Client—accommodation type is not homeless | Client—postcode Client—accommodation type | Client—postcode = 1000 and Client—accommodation type ≠ 13 | VADC | Critical Rejection |
| C02 | Age is too young for aged care accommodation | Client—date of birth Client—accommodation type | Client—accommodation type = 3 and Age at Case—initial contact date ≤ 45 | DHHS | Warning |
| C10 | Age indicates very old | Client—date of birth | Age at Case—initial contact date > 100 | national (other G) | Warning |
| C21 | Medicare code is zero and age is not less than 1 year | Client—Medicare card number Client—date of birth | Age at Case—initial contact date ≥ 1 and 11th character of Client—Medicare card number = 0 | DHHS | Critical Rejection |
| C33 | Use of supplementary codes should be limited for Client—country of birth | Client—country of birth | Client—country of birth = [0000 or 0001 or 0003] | national (other A*) | Warning |
| C34 | Antarctica and 'other purpose codes' are reported as country of birth | Client—country of birth | Client—country of birth = 1600 | national (other G) | Warning |
| C35 | Client—Indigenous status is Aboriginal and/or Torres Strait Islander and country of birth is not Australia | Client—country of birth Client—Indigenous status | Client—Indigenous status = [1 or 2 or 3] and Client—country of birth ≠ [11xx] | national (other A,G) | Warning |
| C36 | Client—date of birth is unrealistic | Client—date of birth | Age at Case—initial contact date ≥ 124 | national (other A*, C*, G*) | Critical Rejection |
| C37 | Client—date of birth cannot be in the future | Client—date of birth | Client—date of birth > today | national (other C) | Critical Rejection |

| ID | Edit name/description | Data elements | Pseudo-code/rule | Source | Status |
|-----|--|---|---|--------|--------------------|
| C46 | Aboriginal and/or Torres Strait Islander and preferred language mismatch | Client—Indigenous status Client—preferred language mismatch | Client—Indigenous status = [1 or 2 or 3 or 3] and Preferred language ≠ [8xxx or 1201 or 9601 or 97xx] | DHHS | Critical Rejection |
| C47 | Preferred language is English yet stated as needing interpreter | Client—need for interpreter services Client—preferred language | Client—preferred language = 1201 and Client—Need for interpreter services ≠ 2 | DHHS | Warning |
| D01 | Service—date of offer cannot be in the future | Service—date of offer | Service—date of offer > today | DHHS | Critical Rejection |
| D03 | Course of care—service end date cannot be in the future | Course of care—service end date | Course of care—service end date > today | DHHS | Critical Rejection |
| D05 | Dental triage—date cannot be in the future | Dental triage—date | Dental triage—date > today | DHHS | Critical Rejection |
| D07 | Case—voucher date issued cannot be in the future | Case—voucher date issued | Course of care —voucher date issued > today | DHHS | Critical Rejection |
| D08 | Case—voucher date processed cannot be in the future | Case—voucher date processed | Course of care —voucher date processed > today | DHHS | Critical Rejection |
| D09 | Case—initial contact date cannot be in the future | Case—initial contact date | Case—initial contact date > today | DHHS | Critical Rejection |
| D10 | Case—initial needs identification date cannot be in the future | Case—initial needs identification date | Case—initial needs identification date > today | DHHS | Critical Rejection |
| D12 | List—list end date cannot be in the future | List—list end date | List—list end date > today | DHHS | Critical Rejection |
| D14 | Visit—date cannot be in the future | Visit—date | Visit—date > today | DHHS | Critical Rejection |
| D15 | Case—initial contact date cannot be before Client—date of birth | Client—date of birth Case—Initial contact date | Case—initial contact date < Client—date of birth | DHHS | Critical Rejection |
| D16 | Case—initial needs identification date cannot be before Client—date of birth | Client—date of birth Case—initial needs identification date | Case—initial needs identification—date < Client—date of birth | DHHS | Critical Rejection |
| D17 | Dental triage—date cannot be before Case—initial contact date | Dental triage—date Case—initial contact date | Dental triage—date < Case—initial contact date | DHHS | Critical Rejection |

| ID | Edit name/description | Data elements | Pseudo-code/rule | Source | Status |
|-----|---|---|---|--------|--------------------|
| D18 | Service—date of offer cannot be before Case—initial contact date | Service—date of offer Case—initial contact date | Care—date of offer < Case—initial contact date | DHHS | Critical Rejection |
| D19 | List—list start date cannot be before Case—initial contact date | Case—initial contact date List—list start date | List—list start date < Case—initial contact date | DHHS | Critical Rejection |
| D20 | Case—recall date due cannot be before Case—initial contact date | Case—initial contact date Case—recall date due | Case—recall date due < Case—initial contact date | DHHS | Critical Rejection |
| D22 | Service—date of offer cannot be before Dental Triage—date | Service—date of offer Dental triage—date | Service—date of offer < Dental Triage—date | DHHS | Critical Rejection |
| D24 | For each waiting/recall period, Service—date of offer cannot be before List—list end date | Service—date of offer List—list end date | Service—date of offer < List— list end date | DHHS | Critical Rejection |
| D26 | For each course of care, Course of care—start date cannot be before Service—date of offer | Service—date of offer Course of care—start date | Course of care—start date < Service—date of offer | DHHS | Critical Rejection |
| D27 | For each voucher, Case—voucher date issued cannot be before Service—date of offer | Service—date of offer Case—voucher date issued | Case—voucher date issued < Service—date of offer | DHHS | Critical Rejection |
| D28 | For each voucher, Case—voucher date processed cannot be before Case—voucher date issued | Case—voucher date issued Case—voucher date processed | Course of care— voucher date processed < Course of care— voucher date issued | DHHS | Critical Rejection |
| D29 | For each course of care, Visit—date cannot be before Course of care—start date | Course of care—start date Visit—date | Visit—date < Course of care—start date | DHHS | Critical Rejection |
| D31 | For each course of care, Visit—date cannot be after Course of care—service end date | Course of care—service end date Visit—date | Course of care—service end date < Visit—date | DHHS | Critical Rejection |
| D33 | Client—country of birth cannot be Australia when Client—refugee status is an asylum seeker | Client—refugee status Client—country of birth | Client—refugee status = 3 and Client—country of birth = [11xx] | DHHS | Warning |

| ID | Edit name/description | Data elements | Pseudo-code/rule | Source | Status |
|-----|---|--|--|--------|--------------------|
| D34 | Client—country of birth cannot be Australia when Client—refugee status is a refugee | Client—refugee status Client—country of birth | Client—refugee status = 1 and Client—country of birth = [11xx] | DHHS | Warning |
| D35 | Client cannot be both an asylum seeker and Aboriginal and/or Torres Strait Islander | Client—refugee status Client—Indigenous status | Client—refugee status = 3 and Client—Indigenous status = [1, 2 or 3] | DHHS | Critical Rejection |
| D36 | Client cannot be both a refugee and Aboriginal and/or Torres Strait Islander | Client—refugee status Client—Indigenous status | Client—refugee status = 1 and Client—Indigenous status = [1, 2 or 3] | DHHS | Critical Rejection |
| D38 | Where Client—priority access is refugee, Client—refugee status must be refugee. | Client—priority access Client—refugee status | Client—priority access = 6 and Client—refugee status ≠ 1 | DHHS | Critical Rejection |
| D39 | Where Client—priority access is asylum seeker, Client—refugee status must be asylum seeker. | Client—refugee status Client—priority access | Client—priority access = 5 and Client—refugee status ≠ 3 | DHHS | Critical Rejection |
| D40 | Where Client—priority access is homeless person, Client—accommodation type must be Homeless or Emergency accommodation/short term crisis/shelter | Client—accommodation type Client—priority access | Client—priority access = 9 and Client—accommodation type ≠ [8 or 13] | DHHS | Critical Rejection |
| D41 | Where Client—priority access is Aboriginal and/or Torres Strait Islander, Client—Indigenous status must be Aboriginal and/or Torres Strait Islander | Client—Indigenous status Client—priority access | Client—priority access = 4 and Client—Indigenous status ≠ [1 or 2 or 3] | DHHS | Critical Rejection |
| D44 | Case—recall date due must be present when List—type is recall list | List—type Case—recall date due | List—type = 2 and Case—recall date due = [null] | DHHS | Critical Rejection |
| D49 | Where List—reason for removal is care offered, List—list end date must equal Service—date of offer | Service—date of offer List—list end date List—reason for removal | List—reason for removal = 1 and List—list end date ≠ Service—date of offer | DHHS | Critical Rejection |
| D50 | Service—date of offer must be recorded when List—reason for removal is care offered. | Service—date of offer List—reason for removal | List—reason for removal = 1 and Service—date of offer = [null] | DHHS | Critical Rejection |

| ID | Edit name/description | Data elements | Pseudo-code/rule | Source | Status |
|-----|--|--|---|--------|--------------------|
| D51 | List—list end date cannot be recorded unless List—list start date has been recorded. | List—list start date List—date removed from list | List—list end date ≠ [null] and List—list start date= [null] | DHHS | Critical Rejection |
| D52 | Case—service provider number must be Dental Health Services Victoria when List—wait list type is not General, Denture or Priority denture. | Case—service provider number List—wait list type | List—wait list type = [4,5,6,7,8,9,10, 11, 12 or 13] and Case—service provider number ≠ 3386 | DHHS | Critical Rejection |
| D55 | Course of care—start date cannot occur unless a Visit—date is present | Course of care—start date Visit—date | Course of care—start date ≠ First Visit—date | DHHS | Critical Rejection |
| D57 | Incorrect combination of Case—service provider number and Campus—campus code | Case—service provider number Campus—campus code | Combination of Case—service provider number and Campus—campus code is not listed in Master code set | DHHS | Critical Rejection |
| D58 | Campus—campus code must be recorded when Visit—service delivery setting is public dental setting or day surgery setting | Campus—campus code Visit—service delivery setting | Visit—service delivery setting = 1 or 7 and Campus—campus code = [null] | DHHS | Critical Rejection |
| D61 | Client—community periodontal index must not be code 3—pocket 4-5mm or code 4—pocket 6mm or more, when age at the course of care—start date is less than 15 | Case—initial contact date Client—date of birth Client—community periodontal index | Case—initial contact date minus Client—date of birth ≤ 15 and Client—community periodontal index = [3 or 4] | DHHS | Critical Rejection |
| D62 | Sum of decayed, filled and missing deciduous teeth must be less than or equal to 20 | Client—decayed teeth, deciduous Client—filled teeth, deciduous Client—missing teeth, deciduous | Client—decayed teeth, deciduous + Client—filled teeth, deciduous + Client—missing teeth, deciduous > 20 | DHHS | Critical Rejection |
| D63 | Sum of decayed, filled and missing permanent teeth must be less than or equal to 32 | Client—decayed teeth, permanent Client—filled teeth, permanent Client—missing teeth, permanent | Client—decayed teeth, permanent + Client—filled teeth, permanent + Client—missing teeth, permanent > 32 | DHHS | Critical Rejection |

| ID | Edit name/description | Data elements | Pseudo-code/rule | Source | Status |
|-----|--|---|---|------------------------------|--------------------|
| D64 | Course of care—end reason is present, but there is no Course of care—service end date | Course of care—service end date Course of care—end reason | Course of care—service end date = [null] and Course of care—end reason ≠ [null] | DHHS | Critical Rejection |
| D65 | Course of care—service end date is present, but there is no Course of care—end reason | Course of care—service end date Course of care—end reason | Course of care—service end date ≠ [null] and Course of care—end reason = [null] | DHHS | Critical Rejection |
| D66 | There cannot be List—list start date present when Dental—triage date is present. | Dental—triage date List—list start date | Dental—triage date ≠ [null] and List—list start date ≠ [null] | DHHS | Critical Rejection |
| D67 | There cannot be List—list start date present when Course of care—type is emergency. | Course of care—type List—list start date | Course of care—type = 2 and List—list start date ≠ [null] | DHHS | Critical Rejection |
| D70 | Case—voucher identifier must be present when Visit—service delivery setting is private dental setting. | Case—voucher identifier Visit—service delivery setting is private dental setting | Case—voucher identifier = [null] and Visit—service delivery setting = 6 | DHHS | Critical Rejection |
| D72 | Where Dental triage—date is present, Course of care—type must be emergency | Course of care—type Dental triage—date | Dental triage—date ≠ [null] and Course of care—type ≠ 2 | DHHS | Critical Rejection |
| S11 | Course of care—service end date cannot be before Course of care—start date | Course of care—service end date Course of care—start date | Course of care—service end date < Course of care—start date | National (other A, C*) | Critical Rejection |
| S13 | Course of care—start date cannot be in the future | Course of care—start date | Course of care—start date > today | DHHS | Critical Rejection |
| S17 | List—list end date cannot be before List—list start date | List—list end date | List—list end date < List—list start date | DHHS | Critical Rejection |
| S18 | List—list start date cannot be in the future | List—list start date | List—list start date > today | DHHS | Critical Rejection |
| S23 | Client—date of birth cannot be after the Course of care—start date | Client—date of birth Course of care—start date | Client—date of birth > Course of care—start date | National (other A, B, C, D*) | Critical Rejection |
| S25 | Client—date of birth cannot be after the List—list start date | Client—date of birth | Client—date of birth ≤ List—list start date | DHHS | Critical Rejection |

| ID | Edit name/description | Data elements | Pseudo-code/rule | Source | Status |
|----------|--|---|--|--------|--------------------|
| X55 | List—list end date is mandatory when List—reason for removal is recorded | List—list end date List—reason for removal | List—list end date = [null] and List—reason for removal ≠ [null] | DHHS | Critical Rejection |
| New rule | Case—end date cannot be in the future | Case—end date | Case—end date > today | DHHS | Critical Rejection |
| New rule | List—list end date cannot be before Case—initial contact date | List—list end date Case—initial contact date | List—list end date < Case—initial contact date | DHHS | Critical Rejection |

6 Appendices

6.1 Abbreviations

| | |
|--------|--|
| ABS | Australian Bureau of Statistics |
| ACSO | Australian Community Support Organisation |
| AoD | Alcohol and Other Drug |
| ARDD | Address reference data dictionary |
| ASAS | Asylum Seeker Assistance Scheme |
| ASCL | Australian Standard Classification of Languages |
| ATSI | Aboriginal and Torres Strait Islander |
| CALD | Culturally and linguistically diverse |
| CASA | Centres Against Sexual Assault |
| CDBS | Child Dental Benefits Schedule |
| CCDD | Common client data dictionary |
| CHDAP | Community Health Data Alignment Project |
| CMS | Client Management System |
| CPI | Community Periodontal Index |
| CRU | Community Residential Unit |
| CSDD | Common service data dictionary |
| CTH | Commonwealth |
| DHHS | Department of Health and Human Services |
| DHPDS | Dental Health Program Data Specification |
| DHSV | Dental Health Services Victoria |
| DIBP | Department of Immigration and Border Protection |
| DVA | Department of Veterans' Affairs |
| ECIS | Early Childhood Intervention Service |
| GP | General Practitioner |
| HACC | Home and Community Care |
| HI | Healthcare Identifier |
| HPI-O | Healthcare Provider Identifier - Organisation |
| ICD | International Statistical Classification of Diseases and Related Health Problems |
| ID | Identifier |
| IHI | Individual Health Identifier |
| INI | Initial needs identification |
| IRN | Individual Reference Number |
| MDS | Minimum data set |
| METeOR | Metadata online repository |

| | |
|-------|--|
| MHR | My Health Record |
| PKI | Public Key Infrastructure |
| PMI | Patient Master Index |
| RDHM | Royal Dental Hospital Melbourne |
| SAMS | Service Agreement Management System |
| SLK | Statistical Linkage Key |
| SRS | Supported Residential Service |
| TPV | Temporary Protection Visa |
| UNHCR | United Nations High Commissioner for Refugees |
| UPI | Universal Patient Identifier |
| VADC | Victorian Alcohol and Drug Collection |
| VINAH | Victorian Integrated Non-Admitted Health Minimum Dataset |
| VPHS | Victorian Public Health Services |
| VUPI | Victorian Universal Patient Identifier |
| WHO | World Health Organisation |

6.2 Data element summary table

This table shows all data elements in alphabetical order. The CRDD column indicates what DHHS common or reference data dictionary (CRDD) the data element originated from or is based on.

| Data element | Data element type | CRDD | CRDD Page number |
|-----------------------------------|-------------------|--------------|------------------|
| Accommodation type | Client | Client v3.0 | 54 |
| Campus client identifier | Campus | | |
| Campus code | Campus | | |
| Caries risk status | Client | | |
| Category | Dental triage | | |
| Community periodontal index | Client | | |
| Concession card type | Client | Client v3.0 | 68 |
| Country of birth | Client | Client v3.0 | 70 |
| Date | Dental triage | | |
| Date | Visit | | |
| Date of birth | Client | Client v3.0 | 76 |
| Date of birth accuracy | Client | Client v3.0 | 74-75 |
| Date of offer | Service | | |
| Decayed teeth, deciduous | Client | | |
| Decayed teeth, permanent | Client | | |
| Dental treatment items | Visit | | |
| End date | Case | | |
| End reason | Course of care | | |
| Filled teeth, deciduous | Client | | |
| Filled teeth, permanent | Client | | |
| Gender identity | Client | | |
| Health conditions | Client | Client v3.0 | 150-151 |
| Identifier | Case | | |
| Identifier | Course of care | Service v1.0 | 87 |
| Indigenous status | Client | Client v3.0 | |
| Individual health identifier | Client | | |
| Initial contact date | Case | | |
| Initial needs identification date | Case | Service v1.0 | |
| List end date | List | Service v1.0 | 105 |
| List start date | List | Service v1.0 | 108 |
| Locality name | Client | Address v1.1 | 39 |
| Medicare card number | Client | Client v3.0 | 103 |

| Data element | Data element type | CRDD | CRDD Page number |
|-----------------------------------|-------------------|--------------|------------------|
| Missing teeth, deciduous | Client | | |
| Missing teeth, permanent | Client | | |
| Need for interpreter services | Client | Client v3.0 | 111 |
| Postcode | Client | Address v1.1 | 48 |
| Preferred language | Client | Client v3.0 | 114-115 |
| Priority access | Client | | |
| Reason for removal | List | | |
| Recall date due | Case | | |
| Referral provider type | Referral | Service 1.0 | 168 |
| Refugee status | Client | Client v3.0 | |
| Response | Dental triage | | |
| Service delivery setting | Visit | | |
| Service end date | Course of care | Service | 84 |
| Service provider number | Case | | |
| Social conditions | Client | | |
| Start date | Course of care | Service | |
| Statistical linkage key (SLK) 581 | Client | Client v3.0 | |
| Type | Course of care | | |
| Type | List | | |
| Voucher date issued | Case | | |
| Voucher date processed | Case | | |
| Voucher identifier | Case | | |
| Wait list type | List | | |

6.3 Large-value domains

To reduce the size of this document, and to facilitate use of the large-value domains, these tables are presented in an Excel file which accompanies this document.

Large-value domains that relate to the Dental Health Data Collection are:

- Client—country of birth (1269.0 - Standard Australian Classification of Countries (SACC), 2016) - <http://www.abs.gov.au/ausstats/abs@.nsf/mf/1269.0>
- Client—health condition
To be published via DHPDS website
Master Code set v5.0
- Client—locality name, postcode - Locality name, postcodes - Australian Standard 4590–2006, Interchange of client information. DHHS postcode locality reference file – <https://www2.health.vic.gov.au/about/publications/researchandreports/postcode-locality-reference>
- Client—preferred language (1267.0 - Australian Standard Classification of Languages (ASCL), 2016) - <http://www.abs.gov.au/ausstats/abs@.nsf/mf/1267.0>
- Case—service provider number
- Campus—campus code
- Visit—dental treatment items
- Edit/validation rule reference table: Case—service provider number and Campus—campus code valid combinations

6.4 Document History

| Version | Issue Date | Changes |
|---------|---------------|--|
| 1.0 | February 2011 | First Release |
| 2.0 | August 2014 | <ol style="list-style-type: none"> 1. Amendments to concepts: <ol style="list-style-type: none"> a. Recall period – definition and guide for use updated. 2. Deletion of concept diagram/model <ol style="list-style-type: none"> a. Deletion of Scenario 4: Child client with Medicare teen dental voucher & restorative treatment needs, placed on recall 3. Amendments to Data Element Summary tables. <ol style="list-style-type: none"> a. Addition of Referral (in)—reason for referral to the Data element summary table – had previously been omitted. b. Amendments to the key (symbols C2, C5, C9) and addition of C14 for the Business Data Element Timing Summary table c. Addition of Referral (in)—reason for referral to the Business Data Element Timing Summary table – had previously been omitted. d. Changes to Dental triage—response in the Business Data Element Timing Summary table, previously code M, now code C14. 4. Deletion of data elements: <ol style="list-style-type: none"> a. Client—cultural background. b. Client—dentate status. 5. Amendments to data elements: <ol style="list-style-type: none"> a. Client—accommodation – permissible values updated, notes for data collection manager added. b. Client—community periodontal index – reporting attributes and guide for use updated. c. Client—concession card type – guide for use updated. d. Client—country of birth – source and reference attributes updated, notes for data collection manager added e. Client—decayed teeth, deciduous – reporting attributes updated. f. Client—decayed teeth, permanent – reporting attributes updated. g. Client—filled teeth, deciduous – reporting attributes updated. h. Client—filled teeth, permanent – reporting attributes updated. i. Client—health conditions – permissible values updated, notes for data collection manager added. j. Client—Indigenous status – guide for use updated. k. Client—local government area –definition and guide for use updated, notes for data collection manager added l. Client—locality name - element name, definition and guide for use updated, notes for data collection manager added m. Client—missing teeth, deciduous – reporting attributes updated. n. Client—missing teeth, permanent – reporting attributes updated. o. Client—postcode –definition and guide for use updated, notes for data collection manager added. p. Client—preferred language –source and reference attributes updated, notes for data collection manager added. |

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| | | <ul style="list-style-type: none"> q. Client—priority access – codes updated, guide for use updated, notes for data collection manager added. r. Client—prosthetic status lower – reporting attributes updated. s. Client— prosthetic status upper – reporting attributes updated. t. Client—school – value format changed, permissible values updated, notes for data collection manager added. u. Care—offer non-acceptance reason - notes for data collection manager added v. Course of care—fee indicator – permissible values updated, notes for data collection manager added. w. Course of care—reason closed – guide for use updated, notes for data collection manager added. x. Course of care—type – permissible values updated, notes for data collection manager added y. Dental treatment item—provider type – permissible values updated, definition and guide for use updated, notes for data collection manager added. z. Dental treatment item—provider registration type - notes for data collection manager added aa. Dental triage—category – permissible values updated, notes for data collection manager added bb. Dental triage—response – permissible values updated, reporting attributes updated, notes for data collection manager added cc. Case—identifier – definition updated. dd. Initial contact—type – guide for use updated, notes for data collection manager added. ee. List—reason for removal - notes for data collection manager added ff. Referral (in)—community dental agency identifier - notes for data collection manager added gg. Referral (in)—reason for referral - notes for data collection manager added hh. Referral (in)—source of referral - notes for data collection manager added ii. Referral (out)—community dental agency identifier - notes for data collection manager added jj. Referral (out)—service referred to – permissible values and guide for use updated, notes for data collection manager added. kk. Visit—clinic site – permissible values updated, reporting attributes updated, notes for data collection manager added. ll. Visit—date – reporting attributes updated. mm. Visit—dental treatment items – reporting attributes updated, notes for data collection manager added. nn. Visit—identifier – reporting attributes updated, format and maximum character length revised to allow up to 2 characters oo. Visit—private practitioner locality name – reporting attributes updated. pp. Visit—private practitioner postcode – reporting attributes updated. |

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| | | <ul style="list-style-type: none"> qq. Visit—setting – reporting attributes updated, notes for data collection manager added. rr. Wait list—type - notes for data collection manager added 6. Amendment to Edit/validation rules: Key for status <ul style="list-style-type: none"> a. Addition of error categories 7. Amendments to Edit/validation rule specification table: <ul style="list-style-type: none"> a. Deletion of Critical Correction category from Key b. Deletion of rules C37, C47, D56, D59, D60 c. Addition of rules D66, D67, D70, D72, D73, X11, X41, X42, X46, X55, X56, X57, X64, X71, X73, X74 d. Changes to rule D02, D25, D38, D39, D40, D41, D43, D44, D45, D48, D53, D54, D58, D59, D61, D64, D65 e. Reordering of rules into alphanumeric order 8. Amendment to Abbreviations table <ul style="list-style-type: none"> a. Deletion of values not present in document 9. Large-Value Domains tables updated to reflect contemporary values |
| 3.0 | June 2017 | <ul style="list-style-type: none"> 1. Administrative changes: <ul style="list-style-type: none"> a. Contact information updated. b. References to Department of Health replaced with Department of Health and Human Services (DHHS). c. URLs for departmental web pages updated. d. Updated document structure to align with VADC e. Update client elements on Data element summary table f. Updated abbreviations table with those used in client registration elements 2. Deletion of data elements: <ul style="list-style-type: none"> a. Client—asylum seeker b. Client—local government area c. Client—prosthetic status lower d. Client—prosthetic status upper e. Client—school f. Client—sex 3. Amendments to data elements: <ul style="list-style-type: none"> a. Client—accommodation – updated to align with VADC b. Client—caries risk – removed reference to episodes c. Client—community periodontal index – removed reference to visit attendance element d. Client—concession card type – aligned with CHMDS and master code set e. Client—country of birth – updated to align with VADC f. Client—date of birth – updated to align with VADC g. Client—date of birth accuracy – updated to align with VADC h. Client—decayed teeth, deciduous – removed reference to visit attendance element |

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| | | <ul style="list-style-type: none"> i. Client—decayed teeth, permanent – removed reference to visit attendance element j. Client—filled teeth, deciduous – removed reference to visit attendance element k. Client—filled teeth, permanent – removed reference to visit attendance l. Client—funded organisation client identifier – moved to Campus section and renamed m. Client—health conditions – updated to align with CHMDS and master code set n. Client—Indigenous status – updated to align with VADC o. Client—locality name – updated to align with VADC p. Client—missing teeth, deciduous – removed reference to visit attendance element q. Client—missing teeth, permanent – removed reference to visit attendance element r. Client—need for interpreter services – updated to align with VADC s. Client—postcode – updated to align with VADC t. Client—preferred language – updated to align with VADC u. Client—priority access – updated terminology to use Aboriginal and Torres Strait Islander v. Client—refugee status – updated to align with VADC w. Client—statistical linkage key 581 – updated to align with VADC x. Updated all client elements to remove reference to episode in Reported when field. y. Updated all client elements to display Related attributes, and Edit/Validation Rules <p>4. Added data elements:</p> <ul style="list-style-type: none"> a. Client—gender identity – added b. Client—individual health identifier – added c. Client—Medicare card number – added <p>5. Updated Concepts section to align with VADC</p> <ul style="list-style-type: none"> a. Added Individual Health Identifier (IHI) b. Aligned Record linkage to Statistical Linkage Key 581 c. Aligned Asylum seeker to VADC d. Aligned Refugee to VADC |
| 4.0 | July 2017 | <p>1. DHHS feedback changes from Release 3.0</p> <ul style="list-style-type: none"> a. SLK Element to reference sex at birth should not be confused with Gender b. Updated Individual Health identifier and Medicare card number elements to be Optionally reported-when initial contact date is present c. Updated Refugee status element value 2 to mean client is not a current refugee nor asylum seeker d. Updated Client—Priority access to “Choose all that apply” |

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| | | <p>e. Updated Client—health conditions to 1-N-ANNN[N][N] and added 9099 value for healthy/no conditions</p> <p>2. Deleted data elements:</p> <ul style="list-style-type: none"> a. Care—offer non acceptance date b. Care—offer non acceptance reason c. Course of care—fee indicator d. Dental treatment item—provider type e. Dental treatment item—provider registration type f. Episode—end date g. Episode—identifier h. Initial contact—type i. Referral (in) —community dental agency identifier j. Referral (in) —identifier k. Referral (in) —reason for referral l. Referral (out) —acknowledgement m. Referral (out) —community dental agency identifier n. Referral (out) —date referred for care o. Referral (out) —identifier p. Referral (out) —service referred to q. Visit—client attendance r. Visit—identifier s. Visit—private practitioner locality name t. Visit—private practitioner post code <p>3. Amendments to data elements:</p> <ul style="list-style-type: none"> a. Care—date of offer updated to Service—date of offer b. Case—initial contact date updated to Case—initial contact date and aligned where possible to CHMDS c. Initial needs identification—date updated to Case—initial needs identification date and aligned where possible to CHMDS d. Recall—date due updated to Case—recall date due and removed reference to Episode and Initial Contact type e. Organisation—identifier aligned to CHMDS Case—service provider number f. Course of care—reason closed aligned to VADC master code set and renamed Course of care—end reason. g. Course of care—end date aligned to VADC where possible and renamed Course of care—service end date h. Course of care—start date removed the reference to client attendance i. Episode—voucher date issued has been renamed Case—voucher date issued and removed reference to episode j. Episode—voucher date processed has been renamed Case—voucher date processed k. Episode—voucher identifier has been renamed Case—voucher identifier |

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| | | <ul style="list-style-type: none"> l. Dental triage—category updated the code set to make it extensible and to use 0 for No Emergency m. List—date removed from list renamed to List—list end date to align with VADC n. List—date placed on list renamed to List—list start date to align with VADC o. Wait list—type renamed to List—wait list type p. Client—funded organisation client identifier renamed to Campus—campus client identifier and aligned to VADC q. Visit—clinic site aligned to VADC and renamed Campus—campus code r. Referral (in) —source of referral aligned to VADC element where possible and to use master code set. Renamed Referral—referral provider type and removed reference to Initial contact—type s. Visit—date removed reference to non-attended visits t. Visit—dental treatment items removed reference to client attendance u. Visit—setting updated to align with VADC and renamed Visit—service delivery setting. Updated to use master code set. v. Updated all non-client elements to remove references to Episodes or data elements that are now removed w. Updated all non-client elements to display related information and edit/validation rules x. Updated all non-client elements to reference service providers and not organisations y. Updated all client and non-client elements to reference updated data element names and concepts <p>4. Updated Concepts section to align with VADC/CHMDS:</p> <ul style="list-style-type: none"> a. Added another client concept of VUPI b. Added Initial needs identification c. Aligned Course of care with Course d. Added Service providers e. Added Campus f. Added Campus Client identifier g. Added Campus code <p>5. Administration changes</p> <ul style="list-style-type: none"> a. Updated non-client elements on data element summary table b. Updated large value domains for updated code sets c. Updated Abbreviations used in non-client data elements and concepts |
| September 2017 | 4.0 | <ul style="list-style-type: none"> 1. Added data elements <ul style="list-style-type: none"> a. Client—social conditions 2. Amended validation rules <ul style="list-style-type: none"> a. Removed rules C45, D04, D06, D11 D13, D21, D23, D25, D30, D32, D37, D42, D43, D45, D46, D47, D48, D48a, D48b, DD53, D54, X1-X54, X56-74. |

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| | | <ul style="list-style-type: none"> b. Added rules AoD22, AoD23, AoD85C02, C21, C37, C46, C47, S11, S13, S17, S18, S23, S25, New rule Case—end date cannot be in the future, New rule List—list end date cannot be before Case—initial contact date |
| July 2018 | 4.1 | <ul style="list-style-type: none"> 1. Updated data element descriptions: <ul style="list-style-type: none"> a. Campus—campus client identifier Updated Guide for use b. Client—individual health identifier, Client—health conditions, Client—social conditions Updated Reporting attributes 2. Updated chapter numbering |
| November 2019 | | <ul style="list-style-type: none"> 1. Moved Initial contact date, Initial needs identification date, Service provider number and Recall date due, from Service to Case 2. Client—concession card and Client—priority access: <ul style="list-style-type: none"> a. updated description of children in Out-of-home care to include kinship and foster care for clarity b. updated description of youth justice clients in custodial care to remove the upper age limit of 18 years of age |