

**Home and Community Care Program**

# **Guidelines to the HACCC Minimum Data Set in Victoria**

**A companion to the  
HACC Data Dictionary v 1.0**

**MDS Version No. 1.5 vic  
Date: 30 September 2003  
Modified for Victoria**

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# 1. INTRODUCTION

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## Victoria's HACC Data Help Desk

**For all queries about the HACC Minimum Data Set, contact the Help Desk.**

The address for data transmissions is:

[haccmds.data@dhs.vic.gov.au](mailto:haccmds.data@dhs.vic.gov.au)

The Victorian HACC Help Desk can be contacted on:

**Phone: (03) 9616 7255**

**Fax: (03) 9616 8680**

Address for general emails to the HACC MDS Help Desk:

[haccmds@dhs.vic.gov.au](mailto:haccmds@dhs.vic.gov.au)

## Postal address

The address for posting diskettes or completed Paper Forms is:

HACC Data Collection & Analysis Team,  
Coordinated & Home Care Unit  
Department of Human Services  
GPO Box 4057  
Melbourne Vic 3001

## Due dates for reporting

According to agency Service Agreements, the due date for quarterly reporting to the Department of Human Services is the 15th day of the month following the end of the quarter. In 2003–04, the due dates will be:

- ❖ 15 October 2003 (for July–August–September data)
- ❖ 15 January 2004 (for October–November–December data)
- ❖ 15 April 2004 (for January–February–March data)
- ❖ 15 July 2004 (for April–May–June data).

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## 1.1 What is the HACC MDS?

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### The HACC MDS is a client-focused data collection.

The HACC Minimum Data Set (MDS) is a national data collection about individual clients, their circumstances and the types and level of assistance they receive from agencies funded under the Home and Community Care (HACC) Program.

Reporting under the HACC MDS is helping build a picture of the range and characteristics of people who receive HACC services throughout Australia. The information is used to improve the design and delivery of home-care services.

### Meaning of a Minimum Data Set

The MDS is only a portion of the information about clients, staff and services that any agency will need to collect in order to operate effectively. For example, the client's actual name and address is essential information for the service provider, but not for government. For government purposes it is quite sufficient to know the client's postcode. Hence the postcode, but not the real name and address, is in the MDS. The MDS can be regarded as **an extract** from this larger set of information. It is the agreed minimum needed by government, academic researchers, and service provider organisations in order to undertake planning, evaluation and policy-making for aged and community care.

### The HACC Data Dictionary

These Guidelines are intended to be used in conjunction with the HACC Data Dictionary (version 1.0, May 1998). The Data Dictionary contains more detailed information about the items and how to use them. Cross-references to the Data Dictionary will be found at the beginning of each section of the guidelines.

### Relation between the HACC MDS and the Service Coordination Tools

All HACC-funded agencies in Victoria are required to participate in the collection of a set of information about clients and potential clients of primary care services. The data items are listed in the Service Coordination Tool Templates. Their purpose is to ensure that all such agencies handle enquiries in a thorough and standardised manner, and are able to make referrals to other agencies with the least inconvenience to consumers.

All items in the HACC MDS have been embedded in the Service Coordination Tool Templates. Many other items in the Templates (such as the client's full name and address, health status, name of GP, etc.) are not in the MDS but are necessary for agencies to collect in order to register, assess and make referrals if required. No such details about clients are required to be transmitted to government. Thus the Templates as a whole should not be regarded as a government data collection.

## HACC MDS data recording is continuous

You need to keep an up-to-date record of each of your HACC-funded clients and record each occasion of service. The client may receive help daily, weekly or irregularly. You should record only the services which have **actually been delivered**, not the planned assistance events.

The demographic information which describes the client and their situation does not change very often. So,

- record this information when you assess the client
- check it when you review/re-assess their situation
- update it if you know their situation has changed in some way.

## HACC MDS data reporting is 3-monthly

Every three months, you are required to report the basic client description, and the type and quantity of services provided. Add up the amounts of assistance the client has received and this gives you a total for each assistance type.

If you have a client on your files who has not had any assistance during the 3 month collection period, then you should not include that client's record in the extract transmitted to the Department.

## Which clients are included?

**If an individual person receives HACC-funded assistance from your agency then the HACC MDS applies to them.**

Most of your HACC clients will be elderly, frail or young disabled people. They are called **Care Recipients**.

Some of your clients will be people who look after someone who is elderly, frail or a younger disabled person. They too are regarded as clients of the HACC Program, and are called **Carers**.

Both Care Recipients and Carers are covered by the HACC MDS.

## How do we count 'anonymous' clients?

'Anonymous' clients can now be included in the MDS in Victoria. If your agency has any client whose full name, address and date of birth are incomplete or absent from the client record, you can now construct an 'anonymous statistical linkage key'. An extract from these records can then be included in the quarterly MDS data. This will solve the problem of missing data in many cases.

The general assumption is that HACC agencies know their clients and are likely to have an ongoing relationship to them. Few clients are really anonymous, because this is not the nature of the services generally funded by the Program. However, in some cases the client may be reluctant to divulge much personal information to the service provider, or to agree to it being included in the extract comprising the MDS.

To exclude these clients from the MDS is to **distort** the overall picture of the population requiring and receiving HACC services. It is particularly unfortunate if those omitted from the official figures are socially marginalised groups, whose demand for services ought to be taken into account in government planning. In many of these cases, creating an Anonymous record will be a satisfactory compromise to ensure that the basic client count is more complete and accurate.

For further information on how to create an Anonymous client record, [see section 1.2 below](#).

### Which individuals are *not* included?

The HACC MDS does **not** include people whose relationship to your agency is more casual or fleeting. The general test is whether good practice would normally require your agency to register and open a formal client record for the person. If you are able to assist the person without opening a formal client record identifying the client and describing the service to be offered them individually, it is probably unnecessary to include them in the MDS. Examples of this are people who attend information sessions or who make initial telephone enquiries about HACC services.

Other cases may not be so clear cut. In the case of a drop-in centre, it is expected that client records would normally be **included** in the MDS. See the discussion on the Anonymous SLK below.

### Which assistance types are used?

Any service you deliver to an individual known client which involves some HACC dollars is to be included in the HACC MDS reporting.

If no HACC funds are involved then the service is not reported to DHS under the HACC MDS. Of course, your agency will probably need to continue recording this information for its own purposes.

Assistance to clients and carers may be provided through the use of **paid staff**, or through the efforts of **volunteers**. Both types of assistance are to be recorded under the HACC MDS.

The assistance you provide to a client is recorded and reported according to the types of assistance (service types or activity types) listed in these Guidelines. The names of the service types in Victoria are the same as those in Victoria's HACC Program Manual (2003) and in your agency's Service Agreement with DHS. The names differ slightly from those in the National HACC MDS Guidelines and in the HACC Data Dictionary. After agencies submit data to the Victorian HACC data repository in DHS, the service types are systematically mapped to their corresponding national names and definitions, before transmission to the national HACC data repository.

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## 1.2 Anonymous client records

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'Anonymous' clients can now be included in the MDS in Victoria. If your agency has any client whose full name, address and date of birth are incomplete or absent from the client record, you can now construct an 'anonymous statistical linkage key'.

An extract from these records can then be included in the quarterly MDS data. The extract should include only the 'Anonymous SLK' and the name and quantity of any HACC services the client has received, Area of Residence (State) and Reason for HACC Client Status. It does **not** need to include the other data items on client or caregiver characteristics.

Some agencies operate drop-in centres or similar services targeted on homeless or marginalized people who may not want to disclose their full details. By using the Anonymous SLK, your agency can describe the services offered to these clients, such as Planned Activity Group, without breaching any confidence or demanding personal details that may alienate the client.

Use of the Anonymous SLK in these cases will ensure that your agency is able to account properly for meeting the output targets in its HACC Service Plan with the Department. That is, you will **solve the problem of missing data** in the HACC outputs reported via the MDS.

One goal of the MDS is to be able to account for **all recurrent HACC funds** spent on services to clients.

However, you should **not** use the Anonymous SLK as a convenient solution to the problem of having a backlog of incomplete client records. Incomplete client records should be progressively fixed up.

### Anonymous SLK format

The Anonymous SLK should be constructed as follows:

- Instead of Letters of Name, substitute a string of 5 nines—that is, 99999.
- For the Date of Birth: Instead of day and month, substitute 1 January. Instead of year of birth, substitute an estimate. That is, the date of birth should take the form 0101yyyy. For example, 01011920, where 1920 is the client's year of birth, or your estimate.
- Sex should be reported in the normal way as 1=Male, 2=Female, 9=Not stated.
- Thus the complete Anonymous SLK should have the form 999990101yyyy9.

### Format for 'not stated' items in Anonymous record

As noted above, an Anonymous client record requires the special SLK, the type and the quantity of HACC services. You must also complete the items Area of Residence (State) and Reason for HACC Client Status, as shown in the table below.

Items that **must** be filled in for Anonymous Client Records:

Demographic Item	Valid code required
Area of Residence (code 2= Victoria)	2
Reason for HACC Client Status (1= care recipient)	1 or 2

The anonymous client record should also include responses to all other demographic items. In the event of a 'Not Stated' Response, use the codes in the table below:

Demographic Item	'Not Stated' Response
Country Of Birth	9999
Main Language Spoken at Home	99
Indigenous Status	9
Suburb/Town/Locality	null
Postcode	9999
Living Arrangements	9
Govt. Pension/Benefit Status	99
Carer – Existence of	9
Carer Residency Status	9
Relationship of Carer	99
Accommodation Setting	99
Date of Last Assessment	" " or null
Source of Referral	99
Main Reason for Cessation of Services	0 or null
Accommodation Setting After Cessation of Services	99, 0, or null

Because the format for an Anonymous Statistical Linkage Key effectively de-identifies the client record, it is generally **not necessary to seek the client's consent** in order to include such a record in the HACC MDS file sent to the Department.<sup>1</sup>

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<sup>1</sup> See the *Health Records Act 2001* (Vic) Schedule 1, Health Privacy Principles 2.1 (f) (i) and (iv): "An organisation must not use or disclose health information about an individual for a purpose (the 'secondary purpose') other than the primary purpose for which the information was collected unless at least one of the following paragraphs applies: (f) the use or disclosure is for the purpose of—(i) funding, management, planning, monitoring, improvement or evaluation of health services; or ...(iv) reasonable steps are taken to de-identify the information."

## 2. COMPUTER SYSTEMS TO COLLECT THE MDS

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### Advantages of electronic collection

Agencies are strongly encouraged to consider using a computerised system for collecting and reporting the HACC MDS.

Several off-the-shelf systems are available in Victoria.

One system, the HACC E-Form, has been developed by the Aged Care Branch of the Department of Human Services. It is a basic system that may suit agencies with only limited numbers of HACC clients. It is available free. For information, contact the HACC Data Help Desk on (03) 9616 7255.

Other systems are available, including several designed by private software vendors. A list can be found on the DHS HACC Web site. **The list is not necessarily complete.**

In choosing a system, factors to consider include:

- ❖ Ability to generate the HACC MDS data extract in the correct format, and transmit to DHS via email;
- ❖ Ease of integration with your agency, your workflow patterns, the range of other client services, and the agency's existing IT infrastructure;
- ❖ Price, frequency and cost of upgrades, and ongoing support;
- ❖ Ease of incorporating Victoria's Service Coordination Tool Templates (INI forms);
- ❖ Ability to check the quality and accuracy of data, and to minimise typing by using drop-down lists etc.
- ❖ Ability to handle other functions such as customer billing, staff rosters, and client care plans;
- ❖ Potential for handling electronic inter-agency referrals based on the client record, without the need for re-typing.

### Software upgrades

We recommended that you send us a test report each time you add a patch, install a new version of your HACC MDS software or upgrade your computer. By doing so, you can check if the upgrade has been successful and that your report meets the technical requirements necessary to be accepted by the Repository.

### Emailing your data to the Department

Sending your MDS report by email is the most convenient method for most agencies. Most HACC software systems have the functionality to do so.

Please ensure that the email is sent to the correct data transmission address [haccmds.data@dhs.vic.gov.au] and not to the helpdesk address.

Your email should receive an **auto-reply**. This means that within a very short time of sending your report, you can expect to receive an email saying it was received. If you do not receive a quick reply to your transmission, then we may not have received your data. Contact the helpdesk ASAP.

If you have emailed your report but get a message saying we have not received it, please follow up ASAP by calling the helpdesk.

## 3. DESCRIBING THE CLIENTS AND THEIR CIRCUMSTANCES

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### *Advice*

Record these items during the intake process or as part of the initial assessment.

If the information has been provided by a referring agency, check the details with the client.

Any time you become aware of a change in a client's circumstances, look to see if this requires an update to the record.

If in doubt about how to record the information correctly, make a note and contact the HACC Data Help Desk (03 9616 7255).

## 3.1 Reason for HACC Client Status

<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 2.1.3-1</b>	<b>Pages 20-22</b>

### Definition

**Reason for HACC Client Status** describes two types of HACC client. That is, the term “HACC Client” as used in this data collection applies to two kinds of people: “Care Recipients”, and “Carers”.

Clients called “**care recipients**” are those who receive help because they are frail, disabled or have a condition needing the services offered by the HACC Program.

Clients called “**carers**” are those who receive help from agencies because they themselves care for frail or disabled people.

Both kinds of person are covered by the HACC MDS. A record of their details and the assistance they receive from your agency must be kept and reported under the HACC MDS.

But **not all carers** require the creation of a HACC Client Record in their own right. You should create a client record only for those carers who are in receipt of HACC Respite—Home and Community or HACC Respite—Overnight. (Other people defined as carers are described on the client record of the relevant Care Recipient.)

### Codes to Use

- 1** Person receives assistance from the agency due to their own frailty, disability or condition.
- 2** Person is a carer and receives assistance (HACC Respite) from the agency to support them in their caring role.
- 9** Not stated/inadequately described

Code 3 in the HACC Data Dictionary—‘both carer and care recipient’— should **not** be used.

### Using the Item

- G1. Each client who receives HACC assistance from your agency will be recorded as a **Care Recipient** (code 1) or as a **Carer** (code 2).
- G2. To record this item, ask the question

“Are we helping this person because of their frailty/disability, or because they are caring for someone who is frail/disabled?”

- G3.** If the client is mainly (or only) a **CARE RECIPIENT**, they will be receiving assistance because of their own frailty, disability or condition.
- G4.** They may receive any of the available HACC services (although they would not be receiving respite care).
- e.g. They may be an old person needing help with domestic chores and meal preparation so they can maintain their independence at home, or a person suffering from dementia but cared for by their family.
  - e.g. They may be a young disabled person needing assistance with personal care and transport so they can participate more fully in the community.

These Care Recipient clients will have code 1 recorded for their Reason for HACC Client Status.

- G5.** If a client is mainly (or only) a **CARER**, they will be receiving assistance because they look after someone in the HACC target group (a frail aged or disabled person). The assistance you provide to this carer is to help them cope. You are probably providing respite care to this client, but they may receive other support from your agency, such as attending a Planned Activity Group.
- e.g. The person is the spouse of a client suffering from dementia. If the person receives occasional respite care so they can get out to visit others or can do other activities, record Reason for HACC Client Status = 2.
  - e.g. The person is the parent of a young disabled person and they receive regular respite care so they can have time out and can do some things for themselves. Record Reason for HACC Client Status = 2.
- G6.** If you have a client who is both a carer and care recipient, you need to record the **MAIN** reason why you are helping them. Is it *mainly* because they are a care recipient? Or *mainly* because they are a carer?
- If it is too hard to decide, record them as a care recipient (= code 1).
- e.g. The person is the wife of a client suffering from dementia. The wife also attends a Planned Activity Group, partly as respite and partly for its own sake. Record the Reason for HACC Client Status = 1.
- G7.** Try to use either code 1 or code 2 for this item. Avoid using Code 9 (= Not Stated) unless the Reason for HACC Client Status is really not known.

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## 3.2 Surname/Family Name

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<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 2.1.3-2</b>	<b>Pages 23 - 24</b>

### Definition

The client's Family Name or Surname is the part of the name which says which family they belong to.

### NO CHANGE to the advice in the HACC Data Dictionary

### Using the Item

- G8. Record the client's Family Name or Surname **as accurately as possible**, taking care with spelling.
- G9. Accuracy is important, because a few letters are taken from the surname to make the statistical linkage key. This data linkage key keeps the client's data private when it is reported.
- G10. Some Agencies consult the spelling used on the client's Aged Pension card, Medicare card or other similar documentation.
- G11. Be aware that people from some countries habitually put their surname before their given name when dealing with officialdom.
- G12. In Indigenous communities, a client may not be able to use their name during a period of mourning. You may still be able to use their usual name for the HACC MDS. If not, use whatever name the client asks you to use during this period.

### 3.3 First Given Name

<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 2.1.3-3</b>	<b>Pages 25 - 26</b>

#### Definition

First Given Name is the personal name used by the client.

While a client may have a preferred name, or a nickname, the First Given Name is their **formal personal name**. It is most likely the first name which appears on their birth certificate, passport or other official documents.

#### NO CHANGE to the advice in the HACC Data Dictionary

#### Using the Item

- G13. Record the client's First Given Name **as accurately as possible**, taking care with spelling. An initial is not enough.
- G14. Accuracy is important, because a few letters are taken from the first given name to make the statistical linkage key. Some clients use a variation on their name (e.g. "Betty" instead of "Elizabeth"), or a nickname (e.g. "Red" instead of "Harry"), or their middle name instead of their first name. Make sure you record their formal first name for the HACC MDS.
- G15. Make sure that you capture the name that the client uses as their First Given Name. Be aware that people from some countries habitually put their surname before their given name when dealing with officialdom.
- G16. For service delivery purposes, record their preferred name as well.
- G17. In Indigenous communities, special attention is required to sensitively record a client's first given name if it is affected by a death in the community. They may take on a different first name which cannot be spoken during the mourning period. If so, you may be able to use the name written on the client's Centrelink card or other document as long as it is not spoken. Other clients may use a different public name during the period of mourning which can be spoken and which can be used on their records, but is a different name to that normally used. If so, use their temporary public name, if there is no alternative. Simply do what is best in the circumstances to respect the client's situation.

## 3.4 Date of Birth

<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 3.1.1-1</b>	<b>Pages 34 - 35</b>

### Definition

The date of birth is the recorded date on which the client was born. If no accurate record is available then data of birth will be an estimated date.

NO CHANGE to the advice in the HACC Data Dictionary.

### Using the Item

- G18.** Record the client's date of birth **as accurately as possible**, including day, month and full year of birth.

The Date of Birth is an important part of the statistical linkage key. Dates should be written down in the following way: dd/mm/yyyy

- A date of birth of 3<sup>rd</sup> July 1905 is written as 03/07/1905.

- G20.** If the client knows their age but not their date of birth, then record their date of birth as 1<sup>st</sup> January for the calculated year of birth.

- A client who is 75 during Data Collection 2001/1 will have a calculated date of birth of 1st January 1926, ie 01/01/1926.

- G21.** If the client knows their year of birth, but no other details, again record the day and month as 1<sup>st</sup> January.

- A client who has a year of birth of 1942, but doesn't know any other details, will have their date of birth recorded as 1st January 1942, ie 01/01/1942.

- G22.** Many members of the Aboriginal and Torres Strait Island communities will have a date of birth which is 1 January or 1 July of the year of their birth. In many cases the year of birth is not known accurately. Record their date of birth as best as you can from the information the client gives you.

- G23.** You may need to estimate the year of birth from significant events in the client's life. They may have been born in the year of a major flood, fire or time of political change.

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## 3.5 Sex

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<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 3.1.1-2</b>	<b>Pages 36 - 37</b>

### Definition

The Sex code is used to identify the biological sex of the client, either Male or Female.

NO CHANGE to the advice in the HACC Data Dictionary.

### Codes to Use

- 1 Male
- 2 Female
- 9 Not stated / inadequately described

### Using the Item

- G24. Only use code "9" if it is not possible to find out from the client (or their carer) their sex or to make an informed judgement about it.
- G25. Take care if your agency has been recording sex using the words "male" and "female", or the letters "M" and "F". You need to report this data item for clients by using the codes "1" and "2".

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## 3.6 Area of Residence

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<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 4.1-1</b>	<b>Pages 54 - 56</b>

### Definition

The Area of Residence code records the State or Territory where the client lives.

**CODE CHANGE:** Agencies should report an Area of Residence item which consists of a single digit code to identify a client's State or Territory of residence (code 2 for Victoria). There will be no reporting of a client's statistical local area (SLA).

This supersedes the instructions in the HACC Data Dictionary, in which the item **Area of Residence** is composed of a State/Territory code, joined to an SLA code.

### Codes to use

The codes listed below are the *only* accepted values for reporting Area of Residence at this stage.

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

### Using the Item

- G26. For each client, record the State or Territory code which corresponds to where they live whilst receiving assistance from your agency.
- G27. Make sure you are recording where the client lives, and not where your agency is located.
- G28. It is expected that the Area of Residence will correspond to the client's home location as recorded under Suburb/Town/Locality and Postcode.
- G29. Agencies whose catchment covers two or more neighbouring States/Territories should take particular care to assign the client's residence to the correct area.
- G30. Take care to only use Code "9" if you are indeed delivering assistance to clients in one of the named "Other Territories".

## 3.7 Suburb/Town/Locality

<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 4.1-2</b>	<b>Pages 57 - 58</b>

### Definition

The Suburb / Town / Locality details the geographic area in which the client lives.

NO CHANGE to the advice in the HACC Data Dictionary.

### Using the Item

- G31.** You should record the name of the suburb, town, or geographical area in which the client lives whilst receiving assistance from the agency.
- G32.** There is no need to provide an extended response. If the client lives in a suburb of a city, just record the suburb name.
- e.g. If the client lives in the suburb of Brighton, just record it as "Brighton". The postcode and state code will indicate if it is the Brighton in Victoria, Queensland, South Australia or Tasmania.
- G33.** For clients in rural areas, the correct response might be a district name, or the name of an Aboriginal community, or the name of a large agricultural property.
- G34.** Do **not** record the client's full address here.
- e.g. Do **not** record "21 High Street, Malvern" as the Suburb/Town/Locality.
- G35.** Do **not** record other text here.
- e.g. Do **not** use this text field to record "Key is under the doormat" or "Daughter's mobile phone number is 041 ...".
- G36.** Area of Residence, Suburb/Town/Locality and Postcode are expected to relate to the same home.

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## 3.8 Postcode

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<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 4.1-3</b>	<b>Pages 59 - 60</b>

### Definition

The Postcode code states the postal code for the area in which the client lives.

NO CHANGE to the advice in the HACC Data Dictionary.

### Using the Item

- G37. Record the Postcode for all clients when establishing their home address.
- G38. Check address details, including Postcode, when reviewing or re-assessing the client.
- G39. Most Agencies have clients who live in areas covered by a small number of Postcodes. This means you can notice an error with Postcode quite easily.
- G40. Ask Australia Post for a booklet of Postcodes, or use the back of the telephone book.
- G41. Area of Residence, Suburb/Town/Locality and Postcode are expected to relate to the same home.

## 3.9 Country of Birth

<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 3.1.2-1</b>	<b>Pages 38 - 39</b>

### Definition

Country of birth refers to the specific country in which the person was born.

The version of the Australian Bureau of Statistics Country codes to be used is:

Standard Australian Classification of Countries (SACC, ABS catalogue item number 1269.0). The valid version is dated 1998, with Revision 2.01, effective from 21/12/1999.

This revision has updated the codes for East Timor, Macau and Taiwan.

**CODE CHANGE: Supersedes HACC Data Dictionary:** The HACC MDS will use the above-listed codes *instead of* the version referred to in the HACC Data Dictionary on page 38 under "Data item search". To obtain a copy of this, refer to the Health & Aged Care web page:

<http://www.hacc.health.gov.au/mds/index.htm>

or contact the Victorian HACC Help Desk.

### Using the Item

- G42.** Most Agencies record the Country of Birth using text (e.g. writing "Australia" on the client file). For HACC MDS a 4-digit code is used instead of the name of the country.
- G43.** With the help of a computer, or using a printed copy of the codes and country names, find the right 4-digit code for the client's Country of Birth.
- The code for Australia is "1101".
- G44.** If your agency is unable to obtain the client's Country of Birth, or the client is unable to tell you it, then the code to use is "9999".

## 3.10 Main Language Spoken at Home

<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 3.1.2-2</b>	<b>Pages 40 - 42</b>

### Definition

The Main Language Spoken At Home is the language spoken by the client to communicate with family and friends.

### Background

The HACC MDS bases its language codes on those prepared and published by the Australian Bureau of Statistics (ABS). For HACC MDS collection, a simplified subset of the ABS codes is used. To obtain a copy of this, Agencies are requested to refer to the Commonwealth Department of Health & Ageing web page:

<http://www.health.gov.au/acc/hacc/index.htm>

or contact Victoria's HACC Help Desk on 03 9616 7255.

**Supersedes HACC Data Dictionary:** The HACC MDS uses a simplified subset of the standard referred to in the HACC Data Dictionary on page 40 under "Data Domain". Do not use the version recorded in the HACC Data Dictionary at Appendix A, pages 131–133, which is now *out of date*.

A simplified version of the Australian Indigenous Language codes is to be used. The codes to use are:

**86 – Aboriginal Languages**  
**98 – Torres Strait Islander Languages**

### Using the Item

- G45. The language to be recorded is the one the client habitually uses at home. It does not matter how proficient they are in this language.
- G46. With the help of a computer, or using a printed copy of the codes and language names, find the right 2-digit code for the client's Main Language Spoken at Home.
- The code for English is "02".
- G47. If the client speaks an Aboriginal or Torres Strait Islander language then record
- 86 – Aboriginal Languages, or

- 98 – Torres Strait Islander Languages.
- G48. If your client speaks an African or Pacific Island language, you will need to look in the small group listed as "Other Languages". If the client's language is not one of those listed, then record "97" Other Languages.
- G49. If the client speaks Maori at home, then using the current list you would record either "89 Maori (Cook Island)" or "90 Maori (New Zealand)".
- G50. If the client is non-verbal and makes use of sign languages for communication, then record "00".
- G51. If your agency is unable to obtain the client's Main Language Spoken at Home, or the client is unable to inform you of it, then the code to use is "99".
- G52. Some Agencies, and some computer systems, use different codes to record the language information. Check that you are using the right version of language codes or are able to map from the ones you use to the ones for the HACC MDS.

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## 3.11 Indigenous Status

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<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 3.1.2-3</b>	<b>Pages 43 - 45</b>

### Definition

Indigenous Status states whether or not a person is of Aboriginal and/or Torres Strait Islander origin.

CODE CHANGE: The codes to be used for Indigenous Status have been changed from those listed in the HACC Data Dictionary.

### Codes to use

- 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
- 9 Not stated/ inadequately described

### Using the Item

G53. It is important to record Indigenous Status for **all** clients.

G54. The most straight forward way to collect this information is to ask the client:

**“Are you of Aboriginal or Torres Strait Islander origin?”**

## 3.13 Living Arrangements

<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 3.1.5-1</b>	<b>Pages 46 - 47</b>

### Definition

The Living Arrangements code states whether a person lives alone, with family members or other people.

NO CHANGE to the advice in the HACC Data Dictionary.

### Codes to use

- 1** Lives alone
- 2** Lives with family
- 3** Lives with others
- 9** Not stated/ inadequately described

### Using the Item

- G55.** Try to collect this information when you undertake an initial assessment of the client, or at follow up review times.
- G56.** If a client's living situation changes during the data collection period, report your most current knowledge.
- G57.** It is simplest to ask the client:

"Do you live alone or with others?"
-------------------------------------

- G58.** The client's own interpretation of "family" should be used. Family includes de facto partners, same-sex partners and close and more distant family members.
- G59.** If the client lives in a household which includes both family members and others, record this as **2 - Lives with family**
- G60.** If the client lives in a boarding house, retirement village or other such group environment, but otherwise has their own room or unit, record **1 – Lives alone**.

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## 3.14 Government Pension / Benefit Status

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<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 3.1.6-1</b>	<b>Pages 51 – 52</b>

### Definition

The Government Pension/Benefit Status code records if a client receives a pension or other benefit from the Australian government. Overseas pensions are not recorded.

CODE CHANGE : Two items have been added to the codes in the HACC Data Dictionary—code 11 DVA Gold Card holder, and code 12 DVA White Card holder. One item has been **deleted**—code 2 Veterans Affairs Pension.

### Codes to use

- 1 Age Pension
- 3 Disability Support Pension
- 4 Carer Payment (Pension)
- 5 Unemployment related benefits
- 6 Other government pension or benefit
- 7 No government pension or benefit
- 11 DVA Gold Card holder (Veterans)
- 12 DVA White Card holder (Veterans)
- 99 Not stated/ inadequately described

## Using the Item

- G61.** This item refers to **Australian** government pensions or benefits.
- G62.** If a client receives several forms of Australian government support, record the **main** one.
- G63.** If a client has several forms of income, one of which is an Australian government pension or benefit, then still record the relevant Australian government pension. Treat a part-pension as a pension.
- G64.** If the client receives a Veterans' Affairs Pension, **enquire whether the person holds a DVA Gold Card or a White Card**. If so, record this. (This information is essential if your agency wants reimbursement from DHS for providing certain services to eligible veterans under the Veterans Home Care program.)
- G65.** For a client who is a **child**, record:
- 3** Disability support pension
- if relevant. Otherwise, record 99 = not applicable.
- G66.** If a client receives a form of Australian government support which is not listed (ie is not an Aged Pension, Veterans' Affairs Pension, Disability Support Pension, Carer Payment/Pension, or unemployment related benefit) then record:
- 6** Other government pension or benefit
- G67.** If a client receives no Australian government pension or benefits, or receives a pension from overseas (but no Australian pension) then record:
- 7** No government pension or benefit.

This is also the code to use with all **self-funded retirees**.

## 3.15 Accommodation Setting

**Cross Reference to HACC Data Dictionary version 1.0, May 1998:**

**Item Number 3.1.5-2**

**Pages 48 - 50**

### Definition

Accommodation Setting states the type of place in which the client lives.

CODE CHANGE: The Table of Codes listed below must be used *instead of* the codes listed in the HACC Data Dictionary on pages 48–49. The main codes which have altered are Codes 4, 12, 13 and 18.

### Codes to use

- 1 Private residence – owned/purchasing
- 2 Private residence – private rental
- 3 Private residence – public rental
- 4 Private residence – mobile home
- 5 Independent living unit within a retirement village
- 6 Boarding house/private hotel
- 7 Short term crisis, emergency or transitional accommodation facility (e.g. night shelters, refuges, hostels for the homeless, halfway houses)
- 8 Domestic-scale supported living facility (e.g. group home for people with a disability)
- 9 Supported accommodation facility (e.g. hostel for people with disabilities, or Supported Residential Service in Victoria)
- 10 Residential aged care facility (nursing home or aged care hostel)
- 11 Psychiatric/mental health community care facility
- 12 Public place/temporary shelter
- 13 Private residence rented from Aboriginal Community
- 14 Temporary shelter within an Aboriginal Community
- 19 Other
- 99 Not stated / inadequately described

### Using the Item

G68. When recording this information, ask the following question:

“While we are helping this client, what best describes where they live?”

- G69. If the client has changed address during the period your agency has been delivering services, record the accommodation type which describes where they have lived **during most of this collection period**.
- G70. If a client owns their own home, then record their accommodation setting as **1 – private residence owned/purchasing**.
- G71. However, if they own their own home and it is *mobile* (e.g. a caravan or a houseboat) then record their accommodation setting as **4 – private residence – mobile home**.
- G72. If a client rents their residence then record their accommodation setting as follows:
- **If it is** rented privately, **record** code 2.
  - If it is rented from a public housing authority, or from a community housing association, then record code 3.
  - If it is rented from an Aboriginal Community or from an Aboriginal Community housing association , then record code 13.
- G73. If a client is homeless or lives in a temporary shelter, then record their accommodation setting as follows:
- If it is a temporary shelter, humpy or lean-to within an **Aboriginal Community**, then record code 14.
  - If it is a temporary shelter anywhere else, record code 12.
- G74. If the accommodation setting does not fit into any of the listed choices, record **code 19 - Other**.
- G75. If you are delivering services to a client who is living in an **extended care/rehabilitation facility**, a palliative care facility/hospice or a hospital, then record **code 19 – Other**.
- G76. If a client lives permanently in a tin shed on an Aboriginal Community then it should be recorded as **code 1 – Private residence – owned/purchasing**.

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## 3.16 Carer – existence of

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<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 5.2-1</b>	<b>Pages 66 - 68</b>

### Definition

The **Carer – existence of** code identifies whether a client receives care assistance from another person or not.

NAME CHANGE: This item is the same as the item called 'Carer Availability' in the HACC Data Dictionary.

### Codes to use

- 1 Has a carer
- 2 Has no carer
- 9 Not stated/ inadequately described

### Using the Item

- G77. This item is **not required for clients who are mainly Carers** (as per Reason for HACC Client Status). Thus, if you have recorded the person as being a Carer in the item Reason for HACC Client Status, do **not** enquire whether the person has a carer.
- G78. This question is about people who help the client in an unpaid capacity, whether as family, friend or neighbour. The help may be occasional or regular. However, if the person is a volunteer supplied and supervised by an organised group, they are **not** regarded as a carer for the purposes of this data item.
- G79. To obtain an answer to this item, ask the client the question:

"Do you have someone who helps look after you?"

**G80.** A client may in fact have several carers who share the job. This item does not reflect the number of carers, simply whether the client has a carer or not. If an elderly client has care provided by both their spouse and their son, the response to this item will be:

**1** Yes, has a carer

**G81.** Similarly, for a young disabled client, if care is shared between both parents, the response will be:

**1** Yes, has a carer

**G82.** If a client has a **paid** carer or a formally arranged **volunteer** carer, the response is recorded as:

**2** Has **no** carer.

This is because the focus of the item is on the existence of informal arrangements with family members, friends and neighbours. A paid carer does not fit this definition, and neither does a volunteer organised by an outside agency.

**G83.** In many situations several clients (typically a married couple) look after each other. Both may be receiving HACC-funded assistance, but each could be regarded as the other's carer. In this case, for each client the following would most likely apply:

- Each client is recorded as a Care Recipient, ie Reason for HACC Client Status = 1 (care recipient, receiving assistance due to their own frailty, condition or disability).
- Each client would be recorded as having a Carer, ie Carer – existence of = 1 (has a Carer).

## 3.17 Carer Residency Status

<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 5.2-2</b>	<b>Pages 69 - 71</b>

### Definition

The Carer Residency Status code states whether the carer lives with the person for whom they care or not.

NO CHANGE to the advice in the HACC Data Dictionary.

### Codes to use

- 1** Co-resident carer
- 2** Non-resident carer
- 9** Not stated/ inadequately described

### Using the Item

**G84.** This item is to be recorded for all clients **with** Carers, and for all clients who **are** Carers.

**G85.** This item is not to be reported for clients who do not have Carers.

**G86.** To obtain an answer to this item:

Ask a Care Recipient client: "Does your carer live with you?"  
Ask a Carer Client: "Do you live with the person you care for?"

**G87.** The available responses are:

- 1** (Yes) co-resident carer, meaning the client and carer share a home
- 2** (No) non-resident carer, meaning the client and carer live separately.

**G88.** Where a client has several carers, use the Carer who does most of the caring if the two carers live apart.

**G89.** A young disabled client, cared for equally by her parents, and all co-resident, will have a response:

- 1** co-resident carer

**G90.** A client may sometimes stay overnight at the Carer's home, or the Carer may stay over at the client's home, but the Carer is not co-resident. The response in this situation would be:

**2** non-resident carer.

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## 3.18 Relationship of Carer to Care Recipient

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<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 5.2-3</b>	<b>Pages 72 - 74</b>

### Definition

This code defines the relationship between the carer and the person for whom they care.

NO CHANGE to the advice in the HACC Data Dictionary.

### Codes to use

- 1 Wife/ female partner
- 2 Husband/ male partner
- 3 Mother
- 4 Father
- 5 Daughter
- 6 Son
- 7 Daughter-in-law
- 8 Son-in-law
- 9 Other female relative
- 10 Other male relative
- 11 Friend/ neighbour – female
- 12 Friend/ neighbour - male
- 99 Not stated/ inadequately described

### Using the Item

- G91.** This item is to be recorded for all clients with Carers, and for all clients who are Carers.
- G92.** This item is not to be reported for clients who do not have Carers.
- G93.** To record an answer to this item, consider the question, "What is the relationship of the Carer to the Care Recipient?" If the Carer is the *daughter* of the Care Recipient, use Code 5.
- G94.** Codes **1** and **2** include married, *de facto* and same-sex partners who are carers.
- G95.** Code **9 – Other female relative**, allows for the wide range of female family members who may be involved in a caring role with the client. This code therefore includes the female family members not listed in the codes elsewhere (e.g. aunts, nieces, female cousins, grandmothers, female grandchildren, step daughters and so on).
- G96.** Similarly, code **10 – Other male relative**, covers the range of male family members who may act as carers. This code includes the male family members not listed in the codes elsewhere (e.g. uncles, nephews, male cousins, grandfathers, male grandchildren, step sons and so on).

## 3.19 Source of Referral

<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 9.5.1-1</b>	<b>Pages 78 - 79</b>

### Definition

Source of Referral identifies the person or organisation that referred the client to your agency.

**CODE CHANGE:** The Table of Codes listed below is to be used instead of the codes listed in the HACC Data Dictionary on page 78.

### Codes to use

<b>1</b>	Self
<b>2</b>	Family, significant other, friend
<b>3</b>	GP/medical practitioner - community based
<b>4</b>	Specialist aged or disability assessment team/service (e.g. ACAT)
<b>5</b>	Comprehensive HACC assessment authority
<b>6</b>	Community nursing service
<b>7</b>	Hospital (public)
<b>8</b>	Psychiatric/mental health service or facility
<b>9</b>	Extended care/rehabilitation facility
<b>10</b>	Palliative care facility/hospice
<b>11</b>	Government residential aged care facility
<b>12</b>	Aboriginal health service
<b>13</b>	Carelink centre
<b>14</b>	Other community-based government medical/health service
<b>15</b>	Other government medical/health service
<b>16</b>	Other government community-based services agency
<b>17</b>	Hospital (private)
<b>18</b>	Non government residential aged care facility
<b>19</b>	Other non government medical/health service
<b>20</b>	Other non government community-based service
<b>21</b>	Law enforcement agency
<b>22</b>	Other
<b>99</b>	Not stated / inadequately described

## Using the Item

- G97.** It is best to record the Source of Referral when referred to the client, or first in contact with the client or during an initial assessment. It may be difficult to obtain this information later.
- G98.** Agencies may find it useful to make a list of the agencies from which they most frequently receive referrals. For each of these referring agencies, note down what the relevant Source of Referral code would be. This will help staff to record the right code each time.
- G99.** If a client has referred themselves to your agency, then record
- 1** Self
- G100.** If a client is referred to your agency by a family member, by a close friend or neighbour, then record
- 2** Family, significant other, friend
- G101.** Note that in the codes, there is a distinction between government and non-government agencies. You need to take care to use the right one in each case. If for instance a client is referred from a privately operated nursing home, then record:
- 18** Non government residential aged care facility
- If it were a nursing home managed by a public hospital, then the code would be
- 11** Government residential aged care facility
- G102.** A client may be referred from a specialist facility or a specialist unit within a hospital. Note the codes listed for:
- Psychiatric / mental health service or facility – code **8**
- Extended care / rehabilitation facility – code **9**
- Palliative care facility / hospice – code **10**
- G103.** If a client is referred from a non-specialist unit in a hospital (not one of those covered by codes 8 - 10), then record
- 7** – Hospital (public), or
- 17** – Hospital (private).
- G104.** If a client is referred to your agency by an Aboriginal Health Service, then record:
- 12** Aboriginal Health Service
- G105.** If a client is referred to your agency by a Carelink service, then record:
- 13** Carelink Centre
- G106.** Codes 14, 15, 16, 19, 20 and 22 are used to distinguish between other types of agencies not already identified in the codes. They distinguish between

government and non-government agencies, between community-based and institutional agencies, and between health and non-health services.

If a client is referred by a Community Health Service/Centre, then record

**14** Other community-based government medical/health service

If a client is referred by the local school, then record

**16** Other government community-based services agency if it is a government school, or code **20** if a private school.

**G107.** If the client were referred by the Police, then record code 21 – Law enforcement agency.

**G108.** If the source of referral for a client does not fit into any of the categories listed, then record

**22** Other.

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## 3.20 Date of Last Assessment

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<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 9.5.4-1</b>	<b>Pages 84 - 85</b>

### Definition

Date of Last Assessment identifies the last date on which the client was assessed by the agency.

NO CHANGE to the advice in the HACC Data Dictionary.

### Using the Item

- G109.** Agencies are required to report this date in the format ddmmyyyy. For instance, 2<sup>nd</sup> April 2003 should be reported as 02042003.
- G110.** Only the **most recent** assessment or re-assessment should be reported at the end of each Collection period. For reporting purposes, it does not matter if the most recent assessment occurred during the current Collection period or previously.
- G111.** Use the opportunity of a re-assessment to check other client details, such as Carer—Existence Of.
- G112.** Also record the number of hours/minutes under Primary Type of Assistance each time an assessment or re-assessment is done.
- G113.** **What is an assessment?—** A rigorous definition of a HACC Assessment cannot be given here. The main point is that an assessment is **more than** the mere client intake and registration process. It does more than just determine whether the person falls within the HACC target group. An assessment funded under the activity type Assessment & Care Management should assess the person's need for community support services, both HACC and non-HACC, and should assess the person's strengths and abilities from the point of view of maximising their independence. It should result in the development of a care plan. See the Victorian HACC Manual section 7.3.

## 3.21 Main Reason for Cessation of Services

<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 9.5.8-2</b>	<b>Pages 112 - 114</b>

### Definition

The **Main Reason for Cessation of Services** states why a client no longer receives help from your agency.

You should report **Main Reason for Cessation of Services**:

- if you know a client has stopped receiving assistance during this collection period, *and*
- if you know the main reason underlying the change.

**CODE CHANGE:** A new code (11) has been added. Also, the labelling of Codes 1, 2, 3, 4, and 5 in the HACC Data Dictionary has been slightly altered to distinguish between the code definitions.

### Codes to use

- 1 Client no longer needs assistance from agency.**  
The client may be managing on their own, or making use of other forms of assistance (including HACC agencies), or the original problem has been resolved or no longer exists.
- 2 Client moved to residential, institutional or supported accommodation setting.**  
The client no longer needs assistance from the agency because they have moved to a residential or institutional care setting (such as a hospital or residential aged care facility) or to a supported accommodation facility (e.g. group home for persons with a disability).
- 3 Client's needs have increased – other service provider required.**  
The client's needs have increased to the point where your agency is no longer the most appropriate service provider. The client has been referred to another community care provider or program (e.g. Linkages or CACP).
- 4 Services terminated due to budget/staffing constraints.**  
Client's needs have not changed but the agency can no longer provide assistance due to budget or staff constraints.
- 5 Services terminated due to Occupational Health and Safety (OHS) reasons**  
Your agency has terminated the service to the client for reasons to do with occupational health and safety of workers or volunteers.
- 6 Client moved out of area**
- 7 Client died**
- 8 Client terminated service**
- 9 Other**

**11 Transferred to Veterans Home Care**

The client no longer receives HACC Services (including Planned Activity Group and Delivered Meals) and has been transferred to the national Veterans Home Care (VHC) Service that provides home care, personal care, home and garden maintenance and in-home respite services for veterans.

**99 Not stated/inadequately described**

The parts of the **code names which are shown in bold** in the list of codes above are suggested for use on computer screens, in look up tables in computer systems and for paper forms used in data collection.

**Using the Item**

G114. To record a response to this item consider the question:

"Has the client stopped receiving services from us during the collection period?"

If **YES**, then ask "What was the main reason for this?"

G115. You may have a client who receives several short periods of assistance from your agency and at the end of each assistance period they are discharged. If this occurs several times within the collection period then report Main Reason for Cessation of Services for the **last such period**.

G116. Code 1 "Client no longer needs assistance from agency" covers a range of circumstances. If the client is managing on their own, or with the help of informal carers, or only needed temporary assistance, then record:

**1 Client no longer needs assistance from agency**

G117. If the client's needs have altered so that they would be more suitably assisted by another HACC agency, or other community-based agency, then record

**1 Client no longer needs assistance from agency**

G118. If a Carer no longer receives assistance from your agency *because of a change in the carer's own circumstances* then record a response which reflects this.

e.g. If the carer has moved to another town, then record the appropriate response, in this case: code **6 - Client moved out of area**

G119. If the Carer no longer receives assistance from your agency because of *a change in circumstances of the person they care for, then in most cases the response will be code 1*.

e.g. If the care recipient has been moved to an institutional care setting or has died, then record **code 1 - Client no longer needs assistance from agency**

G120. If your agency is unable to provide assistance to a client due to budget constraints, or because you are unable to provide staff with the appropriate skills, then record:

**4 Services terminated due to budget/staffing constraints.**

G121. If your agency is unable to deliver assistance to a client as it would place a staff member in an unsafe environment, then record:

**5 Services terminated due to Occupational Health and Safety (OHS) reasons.**

## 3.22 Accommodation Setting After Cessation of Services

<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 9.5.8-3</b>	<b>Pages 115 - 118</b>

### Definition

The Accommodation Setting After Cessation of Services code identifies the nature of the place in which the client lives after they stop receiving services from the agency.

**CODE CHANGE:** The Table of Codes listed below is to be used **instead of** the codes listed in the HACC Data Dictionary on pages 115–116. This change has affected every code and the match between codes and code names.

### Codes to use

The following listed codes are the *only* ones to use.

- |  |
|--|
| <ol style="list-style-type: none"> <li>1 Private residence – owned/purchasing</li> <li>2 Private residence – private rental</li> <li>3 Private residence – public rental</li> <li>4 Private residence – mobile home</li> <li>5 Independent living unit within a retirement village</li> <li>6 Boarding house/private hotel</li> <li>7 Short term crisis, emergency or transitional accommodation facility (e.g. night shelters, refuges, hostels for the homeless, halfway houses)</li> <li>8 Domestic-scale supported living facility (e.g. group home for people with a disability)</li> <li>9 Supported accommodation facility (e.g. hostels for people with disabilities, Supported Residential Services or Facilities (Vic or SA))</li> <li>10 Residential aged care facility (nursing home or aged care hostel)</li> <li>11 Psychiatric/mental health community care facility</li> <li>12 Public place/temporary shelter</li> <li>13 Private residence rented from Aboriginal Community</li> <li>14 Temporary shelter within an Aboriginal Community</li> <li>15 Hospital</li> <li>16 Extended care / rehabilitation facility</li> </ol> |
|--|

- |    |                                     |
|----|-------------------------------------|
| 17 | Palliative care facility / hospice  |
| 18 | Not applicable – client died        |
| 19 | Other                               |
| 20 | Not Known                           |
| 99 | Not stated / inadequately described |

### Using the Item

- G122. If the client has stopped receiving assistance from your agency during the current quarterly data collection period, then this item is to be recorded.
- G123. Do **not** report this item for clients who were regarded as still being 'on the books' at the end of the data collection period.
- G124. Do not report this item for clients who are primarily Carers (i.e. people whose Reason for HACC Client Status is "2").
- G125. You may have a client who has received several short periods of assistance from your agency and been discharged at the end of each such occasion of care. If this occurs several times within the collection period then report Accommodation Setting After Cessation of Services for the **last such period**
- G126. When recording this information, ask the following questions:

"Has the client stopped receiving assistance from this agency?"  
If **YES**, then "Do we know where they live now?"

- G127. You may not know, and may not be able to find out, the type of accommodation setting the client moves to after ceasing to receive services from your agency.  
If so, then record the response **code 20 - Not Known**.
- G128. If the type of accommodation setting that the client moves to is not readily classified under one of the listed options, record **code 19 - Other**.
- G129. If the client no longer receives assistance because they died during the Data Collection period, then  
Record **code 18 - Not applicable - client died**.

- G130. If a client owns their own home, then record their accommodation setting as **1 – private residence owned/purchasing**.
- G131. If the client's home is a permanent tin shed on an Aboriginal Community, record it as **1 – private residence owned/purchasing**.
- G132. If a client has a privately owned home but it is *mobile* (e.g. a caravan or houseboat) then record their accommodation setting after cessation of services as **4 – Private residence – mobile home**.
- G133. If a client rents their residence then record their accommodation setting as follows:
- If it is rented privately, record code 2.
  - If it is rented from a public authority or from a community housing association then record code 3.
  - If it is rented from an Aboriginal Community or an Aboriginal Community housing association, then record code 13.
- G134. If a client is homeless or lives in a temporary shelter, then record their accommodation setting as follows:
- If it is a temporary shelter, humpy or lean-to within an Aboriginal Community, then record code 14.
  - If it is a temporary shelter anywhere else, record code 12.

## 4. ITEMS COUNTING AMOUNTS OF ASSISTANCE

### 4.1 Primary Type of Assistance Received

**Cross Reference to HACC Data Dictionary version 1.0, May 1998:**

Item Number 9.5.5-2

Pages 90 - 97

**Codes for Victorian agencies:** For HACC agencies in Victoria, the Table of Codes listed below must be used instead of the codes listed in the HACC Data Dictionary on pages 90–97.

The HACC Program in Victoria has a slightly different set of Activity Types from the set described in the HACC Data Dictionary. Since Victorian agencies are funded according to these Victorian activity types, confusion will be avoided if agencies use the definitions below in order to report to the Minimum Data Set. After collection, the data repository will map these definitions to the national definitions for the purpose of contributing to the national HACC data collection.

#### Definitions for Victoria

CODE	TYPE OF ASSISTANCE	DEFINITION
<b>1</b>	<b>Home Care</b>	Home Care is normally provided in the home, and includes services such as vacuuming, dishwashing, cleaning, clothes washing, shopping, meal preparation and bill paying.
<b>2</b>	<b>Volunteer Social support</b>	Volunteer Social Support is unpaid work done by volunteers. It covers a range of activities such as friendly visiting, providing transport to clients, helping them do paper work, taking them shopping or to attend an appointment, providing respite care to families of children with disabilities or to frail older people, either in the volunteer's home or in the home of the client.
<b>3</b>	<b>Nursing care</b>	Nursing comprises professional nursing care provided by a registered nurse who is employed in a nursing capacity.
<b>4</b>	<b>Allied health care</b>	Allied Health consists of a range of specialist services, including podiatry, occupational therapy, physiotherapy, dietetics, and speech pathology. (Counselling provided by a social worker or psychologist should be recorded as Code 15, even if the person is funded as an Allied Health worker.)
<b>5</b>	<b>Personal care</b>	<p>Personal Care describes assistance with tasks which a person would normally do for themselves but which because of illness, disability or frailty they are unable to perform without the assistance of another person. Examples are bathing, dressing, grooming, toileting, assistance with getting in and out of bed, and assistance with mobility and eating.</p> <p>A person attending a Planned Activity Group may require assistance with going to the toilet or getting in and out of a chair. Do <b>not</b> record this as Personal Care; the primary type of assistance should be recorded as Planned Activity Group.</p>
<b>6</b>	<b>Planned Activity Group—Core</b>	Planned Activity Groups provide a planned program of activities directed at enhancing skills required for daily living. These

		<p>activities also provide opportunities for social interaction, and respite for carers. The group may meet in a centre, at a local venue, or go on outings.</p> <p>'Core' group clients are physically relatively independent and do not require specialist dementia care or personal care to participate in the activities.</p>
<b>7</b>	<b>Planned Activity Group—High</b>	'High' group clients require assistance with personal care and/or specially trained staff for moderate to severe dementia care, and/or have behaviour management problems.
<b>8</b>	<b>Delivered Meals</b>	Meals refers to those meals which are prepared and delivered to the client's home, or served in a community centre. It does not include meals prepared in the client's home. It does not include meals served as part of a Planned Activity Group.
<b>9</b>	<b>Respite—Home &amp; Community</b>	Respite Care is assistance provided to carers so they may have relief from their caring role and pursue other activities. The motivation is essential: a substitute carer is being provided so the usual carer gains time out. Respite can be provided in the client's home or in the community. It can be provided in the form of planned regular respite, emergency respite, or occasional respite. It may involve the substitute carer accompanying both the usual carer and the care recipient on an outing or holiday.
<b>10</b>	<b>Respite—Overnight</b>	Overnight respite is provided in the client's or paid carer's home. It includes occasions where the worker sleeps overnight, while being available to respond to a call for assistance. (Where the client requires regular assistance at night, and therefore the worker cannot normally be sleeping during the shift, the appropriate activity to record is Respite—Home & Community, or Personal Care.)
<b>11</b>	<b>Assessment</b>	A HACC assessment is more than a mere client registration process. It is a holistic assessment (or re-assessment) of an individual's need for community support services. Needs for both HACC and non-HACC services are identified, plus an assessment of strengths and abilities.
<b>12</b>	<b>Case management</b>	Case management refers to the assistance received by a client with complex care needs from a formally identified agency worker—generally an agency funded to provide Linkages or Community Options packages of care. This person will coordinate planning and delivery of services from more than one agency.
<b>13</b>	<b>Property maintenance</b>	Property Maintenance refers to general repair and care of a client's home or yard. It may include handyman work, repairs, lawn mowing, rubbish removal and repairs to roof or guttering. It includes modifications or renovations to help the client cope with a disabling condition. Examples are the installation of grab rails, ramps, shower rails, special taps and emergency alarms.
<b>14</b>	<b>Provision of goods and equipment</b>	Goods and equipment may be bought for a client, or lent to the client, in order to help the client's mobility, communication, reading, personal care or health care. (In Victoria, only agencies funded to provide Linkages packages are authorised to spend HACC funds on goods and equipment.)
<b>15</b>	<b>Counselling/ support, information and advocacy</b>	This assistance type covers a number of supportive services to help clients and carers deal with their situation. It includes one-on-one counselling, advice, and information.

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## 4.2 Advice on workflow

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To report the amount of assistance received by each client under the HACC MDS, follow the following steps.

1. Record each type of assistance provided to each client.
2. If several types of assistance have been provided to the same client in the one visit, then decide which was the **PRIMARY** type of assistance. This is the main purpose for the visit or occasion of service.
3. Record how much assistance has been provided to the client each time you help them.
  - Record assistance events as they occur. Your records will be more accurate that way.
  - Record the amount of assistance delivered on a given day as accurately as feasible and sensible.
  - The Amount of Assistance Received is the term used in the HACC Data Dictionary for day-by-day assistance events.
  - The unit for measuring amounts of assistance can be time (hours/minutes), quantity (number of meals), or type of goods and equipment. The appropriate unit depends on the type of assistance.
1. At the end of the 3-month collection period, sum up the amounts of assistance provided to the client for each of the types of assistance. Totals should be **rounded up** to the next whole hour or whole number.
2. For Nursing, Meals, and Allied Health, be sure that you have recorded whether each occasion of service was delivered in the client's home or delivered in a group setting such as a day centre.
3. Report the totals at the end of the collection period.
  - The Total Amount of Service Received is the name used in the HACC Data Dictionary for each calculated total.

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## 4.3 Deciding the main type of assistance

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- G135. If a number of types of assistance are provided to the client in a single visit, the question to ask is:

“What was the **main type of assistance** provided to the client on this occasion?”

*or*

“What was the **main purpose** for helping the client on this occasion?”

Record a quantity of assistance for the type of assistance you give as an answer.

- G136. You may find that a visit to a client is made up of several different services. Agencies are advised to focus on the Primary Type of Assistance.
- G137. However, sometimes you may prefer to record each of these services separately. Just make sure you do not count the allotted time twice.
- e.g. If client Xavier receives an hour of service from your agency, and this is made up of 30 minutes of personal care, and 30 minutes of room cleaning and washing, then this sixty minutes could be recorded by the agency as:
- G138. Personal Care: Amount of Assistance = 30 minutes, and  
Home Care: Amount of Assistance = 30 minutes.
- G139. If two clients each share the benefits of some assistance, then the amount may be recorded for one of them, or shared equally between them. Agencies should make a judgement about which way of doing this suits them and shows the real situation for the clients.
- e.g. Husband (William) and Wife (Vivian) are both eligible to receive HACC-funded assistance. They each receive one meal per week, and share the benefits of one hour of domestic assistance (home care) each week.

For William, this will be recorded as: **Meals Amount of Assistance = 1 Meal** for each such event.

For Vivian, similarly it will be counted as **Meals Amount of Assistance = 1 Meal**.

Because they share the benefits of Home Care, your agency may record:

- 30 minutes for William and 30 minutes for Vivian, *or*
- 60 minutes for William and nothing for Vivian, *or*
- 60 minutes for Vivian and nothing for William.

*Just make sure only 60 minutes is recorded each week.*

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## 4.4 Counting the Total Amounts of Assistance

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<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 12-1</b>	<b>Pages 120 -122</b>

### Background

If a client receives any of the following listed assistance types, then an amount measured in hours and minutes needs to be recorded:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>▪ Home Care</li> <li>▪ Vol. Social support</li> <li>▪ Nursing at home</li> <li>▪ Nursing at a centre</li> <li>▪ Allied health care at home</li> <li>▪ Allied health care at a centre</li> <li>▪ Personal Care</li> </ul> | <ul style="list-style-type: none"> <li>• Respite—Home &amp; Community</li> <li>• Respite—Overnight</li> <li>• Assessment</li> <li>• Case management</li> <li>• Property Maintenance</li> <li>• Counselling, support, information and advocacy</li> </ul> |
|---|--|

If a client receives Delivered Meals, then the total amount of assistance will be reported as a single whole number for each assistance type.

- Meals delivered at Home
- Meals delivered at a Centre or other setting

## Using the Item

- G140. Record how much of the above-listed assistance types have been provided to a client on a given occasion of service.
- G141. For each occasion, record the amount in minutes, or hours and minutes. (But for Meals, record number of meals.)
- G142. For each occasion, multiples of 5 minutes can be used (e.g. 25 min, 30 min, 35 min) or a more exact time can be entered. Computerised systems can easily handle exact entries.
- G143. Use a work sheet or tally sheet (on paper or in a computer system) if you can. This helps you to note down the date of each assistance event to the client, and to write down how long you were with the client.
- G144. At reporting time, the total of the recorded duration periods can be calculated from the work sheets, or summed up automatically by the computer.
- G145. Totals are reported at the end of the 3-monthly collection period as **whole hours**. When you have totalled the hours and minutes for an assistance type, round it up to the next whole hour.
- G146. For clients who receive nursing, allied health or meals, the record should show whether each occasion of service was delivered in the home or at a centre.

## Home Care

- G147. In special situations, home care (called domestic assistance in the national definitions) is delivered at a Centre because it is not feasible to deliver the service in the client's home. This may be because the client's home does not include the means to wash clothes. In this case the time to deliver the domestic service will be recorded for the client.

## Volunteer Social Support

- G148. A volunteer providing Volunteer Social Support may sometimes provide other help while attending the client.

For example, client Geoffrey receives Volunteer Social Support fortnightly to provide company and help with paperwork. The regular service provider John usually helps Geoffrey with some minor chores, such as hanging washing on the line, or wiping the kitchen bench.

- The primary purpose of the service provided by John to Geoffrey is Volunteer Social Support, and is recorded as such (not as Home Care).

- G149. Any social support provided to the client in a group-based environment away from their residence is recorded as **Planned Activity Group** (refer to advice on Using the Item under that type of assistance).

### Nursing Care

- G150. Nursing care can be delivered in the client's home or in a centre or other location.
- G151. If a nurse attends a client to provide nursing care, and also provides some other help (e.g. social support, respite for the carer, or personal care) then the agency records this as *primarily* Nursing Care.
- G152. If a nurse attends a client *primarily* to provide a service which is not nursing (such as personal care or respite for a family caregiver) but incidentally provides some nursing care, this should be recorded as Personal Care or Respite Care.

### Allied Health

- G153. An agency may want to record each type of allied health separately for its own operational purposes (e.g. podiatry, physiotherapy). But at reporting time, a total for all allied health assistance to a client is calculated.
- G154. For a client who receives podiatry, physiotherapy, etc., the record should show whether each occasion of service was delivered in the home or at a centre. These services are summed separately as:
- Total Amount of Allied Health at Home, *and*
  - Total Amount of Allied Health at a Centre.
- G155. If an Allied Health professional provides a session of stretching exercises or occupational therapy to a **group of clients at a centre**, this should be recorded as part of the Planned Activity Group's program of activities.

### Personal Care

- G156. In special situations personal care may be delivered at a Centre because it is not feasible to deliver it in the client's home. This may be because the client is homeless, itinerant or living in a temporary shelter and the Centre is able to provide a shower and washing facilities.
- This assistance would be recorded as minutes of Personal Care for the client.
  - However, if a person attending a Planned Activity Group requires assistance with going to the toilet or getting in or out of a chair, this should not be recorded as Personal Care but included as part of the client's attendance at the Group.

## Planned Activity Groups, Core and High

- G157. Social support provided to a client through structured activities in a group environment is to be recorded as **Planned Activity Group**.
- G158. Social support delivered individually to the client (and usually delivered at home by a volunteer) will be recorded as **Volunteer Social Support**.
- G159. Planned Activity Groups include the social support provided in a group environment and also a meal or light refreshments, excursions, excursion-associated transport and personal assistance (e.g. help with toileting) involved in attendance at the centre.
- G160. Excursions or outings which are organised by the Centre are recorded even though the clients go elsewhere for the activities.
- G161. The agency which runs the Planned Activity Group should maintain client records showing the **amount of time spent by each client attending the Group**. This will not necessarily be the same as the opening hours of the centre, because some clients may arrive late or leave early. The time is counted from when the client arrives at the centre until their departure. It does not include the client's travel time from home to and from the centre. However, time spent in travel that is integral to an excursion or activity organised by the PAG should be counted as part of the client's attendance at the PAG.
- G162. If a nurse or allied health professional provides nursing care or allied health to an individual client attending a PAG, the time should be recorded on the client's record as Nursing or Allied Health delivered at a centre.
- G163. If a main meal is provided to people attending a PAG, it should not be recorded as a Delivered Meal. However, if there was an arrangement for a particular client at a PAG to receive a meal subsidised by HACC as a Delivered Meal, this would be recorded as such.

If agency A provides a full-day program (e.g. 7 hours) of social support activities to its client Samuel, and has a formal lunch meal delivered for Samuel by agency B, and agency C provides some allied health to Samuel individually at the centre (e.g. 20 minutes duration) then these Agencies will record this situation as follows for Samuel:

- Agency A records *7 hours* Planned Activity Group.
- Agency B records *1 Meal* at a Centre.
- Agency C records *20 minutes* Allied Health at Centre.

- G164. Time spent in travel that is integral to an excursion or activity organised by the PAG should be counted as part of the client's attendance at the PAG.
- G165. If a day centre provides the necessary facilities so that personal care or other types of assistance can be delivered to an individual client, then the agency may separately record and report these itemised services for each such client. Record them (in minutes) as personal care, etc., for each receiving client.

### Respite—Home and Community

- G166. If a substitute carer comes to the home to release the Carer to do other things, the agency should record the number of hours/minutes of Respite Care provided to the Carer. That is, the agency should make out a HACC client record for the Carer (HACC Client Status = 2), and enter these quantities on it. Do not record the service as Respite or Social Support for the Care Recipient.
- G167. Respite—Home & Community can also involve the worker accompanying the family caregiver and the care recipient on an outing.
- G168. If the hours of HACC-funded Respite have been supplemented by the Carer paying full cost for additional time, make sure that only the HACC-funded portion is reported for the purposes of the MDS.
- G169. Where a Carer receives an explicit individual HACC-funded service from an agency (e.g. Assessment, Counselling, or Case Management) the time spent receiving this service should be entered on the Carer Client record using these assistance types.

If a substitute carer is supplied to enable the Carer Client to receive these individual services, then the hours/minutes **of substitute care will be recorded as Respite Care for the Carer.**

## Respite—Overnight

- G170. If a paid worker comes to the home to provide overnight respite for the Carer, the agency should record the number of hours of **Respite Care provided to the Carer**. That is, the agency should make out a HACC client record for the Carer (HACC Client Status = 2), not the Care Recipient, and enter these quantities on it.

## Assessment

- G171. It is a good idea to record or confirm as much of the HACC MDS data as possible during the initial assessment. Also, check and update the client's record when undertaking a re-assessment.
- G172. Record and update the Date of Last Assessment accordingly (refer section 3.20).

## Case Management

- G173. Case management involves or potentially involves more than one agency in the delivery of services to a client. The assignment of a "case manager" must be the result of a formal agreement between the client, the case manager and other parties potentially involved in the client's care plan.
- G174. Only the agreed case manager will record assistance against the case management type of assistance. Normally the case manager will be employed by an agency with funding to deliver Linkages or Community Options packages.

## Property Maintenance

- G175. Record the time taken to carry out the job.
- G176. Time taken to purchase materials for a Property Maintenance job can be included in time spent on the job. (The client is expected to pay for any materials.)
- G177. If the work is undertaken by a contractor on a fee-for-service basis then record an estimate of the time spent. One method is to convert the contractor's bill in dollars by the HACC unit price for Property Maintenance, to give an estimate in hours (e.g. \$68 bill divided by \$34 per hour gives 2 hours).
- G178. Examples of Property Maintenance include minor repairs to a dwelling, replacing tap washers, lawn mowing and rubbish removal. Also covered are home modifications such as installation of grab rails and ramps to assist a person cope with a disabling condition.

## Counselling / Support, Information and Advocacy

- G179. Record a counselling/support/information/advocacy type of assistance for a Client only if it was conducted one-on-one, or for the benefit of a single named Client.
- G180. If the information was imparted to a group rather than to an individual, do not record it as Counselling/Info/Advocacy.
- G181. This assistance may be provided to both Care Recipients and Carers.

## Delivered Meals

- G182. For Meals, count the individual **number of meals** delivered to the client during the 3-month collection period.
- G183. If your agency supplies meals that are eaten at a centre, and the meals have received the Delivered Meals subsidy, you must make out individual client records, and keep them updated. (Note that meals served to a Planned Activity Group do not generally receive the meals subsidy and should not be reported as Delivered Meals.)
- G184. For each client, your agency should report:
- Total no. of meals received at home
  - Total no. of meals received at a centre

## 4.7 Total Assistance with Goods and Equipment Received

<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 12-4</b>	<b>Pages 128 -129</b>
<b>Appendix B</b>	<b>Pages 135 - 136</b>

**CODE CHANGE** The summary list of goods and equipment codes listed below will be used instead of those listed in the HACC Data Dictionary, Appendix B, pages 135 – 136.

Use the codes listed below for Goods and Equipment.

Code No.	Code Label	Code Definition
10	<b>Self-Care Aids</b>	These aids assist the client in their day-to-day routines of cooking, eating and personal hygiene. Examples are special crockery, cutlery, shower rails, buttonhooks.
20	<b>Support and Mobility Aids</b>	Aids mentioned here provide the client with ease of mobility as well as supportive mechanisms while at rest. Support aids include callipers, splints, special beds, cushions, pillows. Mobility aids include belts, braces, crutches, wheelchairs (manual and motorised).
30	<b>Communication Aids</b>	These aids help the client with their inter-personal interaction. Include telephone attachments, writing aids, speaking aids (electrolarynx), intercom etc.
40	<b>Aids for Reading</b>	Magnifying/reading glasses, braille books, reading frames etc.
50	<b>Medical Care Aids</b>	Aids described in this category serve to provide assistance to clients with specific medical conditions. They include breathing pumps, pacemakers, Ostomy/Stoma appliances etc.
60	<b>Car Modifications</b>	Includes aids for driver or passenger, such as modified accelerator, brake or mirror as well as modifications like automatic transmission and room for wheelchair etc.
70	<b>Other Goods/Equipment</b>	All other items.

## Using the Item

- G185. In Victoria, only Linkages agencies are expected to report this activity.
- G186. It does not matter if the agency lends or purchases the item for the Client; it should still be recorded using these codes.
- G187. Each time an item of equipment or goods is provided to the Client, it should be recorded with one of the listed codes.
- G188. If a client is issued with a walking stick, and later with a walking frame, both code 20, this will be reported as:
- 20 – Support and Mobility Aid (e.g. walking stick)
  - 20 – Support and Mobility Aid (e.g. walking frame)
- G189. If a client is issued with a walking stick and later a hearing aid, then this would be reported as
- 20 - Support and Mobility Aid (e.g. walking stick)
  - 30 - Communication Aid (e.g. hearing aid)

## 5. ITEMS NOT TO BE REPORTED

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The data items listed in this section are described in the HACC Data Dictionary but will not be reported at this stage.

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### 5.1 SLA Code

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The SLA Code will not be reported.

Refer to [section 3.6](#) on how to report Area of Residence.

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### 5.2 Date of Entry into HACC Service Episode

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<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 9.5.3-1</b>	<b>Pages 81 - 83</b>

Date of Entry into HACC Service Episode is now merely a Supporting Item. Agencies may record it for their own operational purposes but it is not to be reported as part of the HACC MDS.

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### 5.3 Date of Exit from HACC Service Episode

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<b>Cross Reference to HACC Data Dictionary version 1.0, May 1998:</b>	
<b>Item Number 9.5.8-1</b>	<b>Pages 109 - 111</b>

Date of Exit from HACC Service Episode is now merely a Supporting Item. Agencies may record it for their own operational purposes but it is not to be reported as part of the HACC MDS.