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| Forensic Mental Health in Community Health (FMHiCH) programdata set specificationVersion 1.2 June 2019 |
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Department of Health

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| Forensic Mental Health in Community Health (FMHiCH) programdata set specificationVersion 1.2June 2019 |
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# Introduction

## Context

The Forensic Mental Health Implementation Plan (FMHIP) is a reform element of Victoria’s 10 Year Mental Health Plan. The Forensic Mental Health in Community Health (FMHiCH) program is one of 10 FMHIP initiatives funded in the 2017-18 state budget. FMHiCH is new and is being delivered from the community health platform. FMHiCH will be evaluated during the first three years of operation.

## Background

The Department of Health and Human Services has funded on an ongoing basis, clinical mental health teams in five community health services to provide mental health treatment and therapy to people with a moderate mental illness or disorder in the target cohort. These Community Health Services will collaborate with Corrections Victoria, GPs, Aboriginal Community Controlled Organisations and link with associated Area Mental Health Services to deliver this service.

## Obligation to report

The five lead community health services funded to deliver the FMHiCH program are responsible for recording activity and submitting relevant data as required.

## Audience

The audience for the FMHiCH program data set specification includes:

* funded organisations who deliver FMHiCH program services
* software vendors, who develop and provide software solutions utilised by funded organisations to collect, store and report CHP activity
	+ Victorian Department of Health and Human Services staff (data collection and program managers) responsible for the development and management of data collections and associated documentation.

## Purpose

The purpose of the FMHiCH program data set specification is to provide a common set of concepts, data elements and validation rules that define the basis of the program’s data collection and reporting requirements.

## FMHiCH reporting

FMHiCH data is extracted from agencies’ information systems and submitted to the department every three months as a condition of program funding. See *FMHiCH data transmission protocol* for further information about submission dates.

## Data release and confidentiality

All data collection and reporting requirements administered by the department are required to comply with the *Information Privacy Act 2000* 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 Health Service will be sent to the Victorian Department of Health and Human Services for funding, planning and statistical purposes.

## Changes to FMHiCHP

The following tables will list any future changes to the data elements or reporting process specified in this document.

Table 1 - Changes to FMHiCH data elements

| Issue Date | Item | Change | Comments |
| --- | --- | --- | --- |
|  |  |  |  |

Table 2 - Changes to data collection and reporting process

|  |  |  |  |
| --- | --- | --- | --- |
| Issue Date | Item | Change | Comments |
|  |  |  |  |

## Related documents

|  |
| --- |
| FMHiCH Service guidelines 2019 |
| [CHMDS Large Value Domains](https://www2.health.vic.gov.au/primary-and-community-health/community-health/community-health-program/community-health-data-reporting) |

## Contact Information

For further information regarding the FMHiCH program and data set submission, contact:

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Clare.Carberry@dhhs.vic.gov.au

# Concepts

Concepts for the FMHiCH program data set are grouped into categories for ease of reference.



**Figure 1 – FMHiCH program data set logical structure**

## Client

Concepts related to clients are listed within this category.

### Client

A client is an individual with a moderate mental illness who has a Mental Health Treatment and Rehabilitation condition on their Community Corrections Order or Parole Order and receives mental health treatment and therapy from a Community Health Service contracted under the FMHiCH program.

For more information about client-specific data elements, please see [Section 3, Data element definitions](#_Department_of_Veterans’).

### Asylum seeker

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.

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.

### Individual Healthcare Identifier (IHI)

An Individual Healthcare 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.

### 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

## Episode

An episode of care commences when a referral is accepted, and the client is assessed as eligible for FMHiCH services. It concludes when the client is discharged to Community Correctional Services (CCS) or to an Area Mental Health Service (AMHS) or is to be transferred to another FMHiCH service provider.

All services provided to the client in between commencement and discharge are part of the episode of care. A client can have multiple episodes of care associated with one community correction order (CCO) or parole order.

## Contact

A contact is when a client receives or seeks information and/or a service from a FMHiCH service provider. Contacts are measured as a unit in time (specifically minutes).

Contacts are usually differentiated from administrative and other types of contacts by the need to record data in a client record, however there may be instances where additions/amendments to a client record have not been prompted by a service contact with a client (e.g. noting receipt of test results that require no further action).

### Direct time

Direct time is the time spent (in minutes) in activities directly servicing the registered client e.g. face-to-face, email, video link, telephone communication.

### Indirect time

Duration (in minutes) that has been spent away from a client or clients in essential activities to provide support to a client or clients.

Includes time spent on activities such as:

* Organising case meetings
* Preparing case notes
* Referral
* Clinical supervision, including individual, group and peer
* Preparation for group sessions
* Secondary consultation when two clinicians discuss a client. The time can be counted as indirect service time by both if they are both seeing the client, otherwise if only one is seeing the client then only that provider can count the time.
* Preparation for not attended session (DNA).

### Interpreting time

Organisations are encouraged to collect and report interpreting time to demonstrate, should it be required, how much time is spent providing the interpreting service. For this purpose, it does not matter whether the source of funding was a credit line, a specific grant or another interpreting service. In feedback from the department, interpreting time will be included as an item in the Non-direct care report which is available from the Funded Agency Channel. It is not included in the department’s definition of direct care time.

### Secondary consultation

FMHiCH service providers as a condition of the funding arrangements have organised with a local AMHS access to secondary consultation from the Forensic Clinical Specialist (FCS) funded by the department. Arrangements for secondary consultations agreed at each site between the lead community health service and the AMHS will extend to be available to collaborating GPs. For information about the FCS program please refer to the FCS Initiative Program Guidelines 2016.

## Care plan referral

FMHiCH clinicals will engage with clients to ascertain their mental health and health goals, and work with the client to agree on a care plan. This plan may involve one or more referrals out to other providers (external to the Community Health Services) for mental health, health or other services – all within the overall episode of care.

## Providers

Concepts related to service providers are listed within this category.

### Campus

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

### Campus client identifier

This is a unique identifier of a registered client from a specific campus. The identifier must be unique to the Campus as a minimum.

### 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;
	+ and 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.

# Data element definitions

## Client

### Client—campus client identifier—A(10)

|  |
| --- |
| Identifying and definitional attributes |
| Definition | A numerical identifier that uniquely identifies each client from a campus |
| Value domain attributes |
| Representational attributes |
| Representation class | Identifier | Data type | Number |
| Format | A(10) | Maximum character length | 10 |
| Permissible values | Value | Meaning |
|  | A(10) | The client’s unique identifier for the campus |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| 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.This is to be reported in the following situations:* to identify a client from a campus
* to identify the client for a campus’ service contact

When operating in an integrated health setting, the identifier used should be that of the patient master index (PMI) e.g. hospital UR number except for where health services have different patient master indices and an Organisation wide CMS solution.Individual agencies, establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems. |
| Purpose/context | Program monitoring, service planning, funding and accountability.Used to uniquely identify an individual client for determining number of contacts, and for demographics. |
| Source and reference attributes |
| DHHS Common data dictionary | CCDD v3.0 |
| Definition source | Standards Australia |
| Definition source identifier | Based on Identifier Designation, Australian Standard 4590-2006 (Incorporated Amendment No. 1) Interchange of Client Information, p.11 |
| Value domain source | METeOR |
| Value domain identifier | Based on [270826 Record—identifier, X[X(14)]](http://meteor.aihw.gov.au/content/index.phtml/itemId/459234) |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements | [Campus—campus code](#_Campus—campus_code—NNNN[N]-NN)  |
| Edit/validation rules |  |
| Other related information |  |

### Client—campus code—NNNN[N]-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 4.2: Large-value domains](#_Large-value_domains_1).Examples from the full list: |
|  | 3050-07 | Ballarat Community Health - Bannockburn |  |
|  | 10283-01 | Bendigo Community Health Services - Central |  |
|  | 17968-07 | cohealth - Braybrook |  |
|  |  |  |  |
|  |  |  |  |
| Permissible values | Value | Meaning |
|  | NNNN[N]-NN | The unique campus identifier issued by DHHS |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | A campus code should be issued for every campus by DHHS.Campus code is a numeric code comprised of:* Service provider number (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.  |
| 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](#_Campus) |
| Related data elements | [Campus—campus client identifier](#_Campus—campus_client_identifier—A(1) |
| Edit/validation rules |  |
| Other related information | Values for this data element are contained in a master table |

### 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 | Pension Concession Card |
|  | 3 | DVA Concession Card |
|  | 4 | Commonwealth Seniors Health Card |
| Supplementary values | Value | Meaning |
|  | 9 | not stated/inadequately described |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| 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 3 | Applies to the Department of Veterans’ Affairs pensioner concession card which is equivalent to the Centrelink issued pensioner concession card |

 |
| Purpose/context | Service fees, program monitoring, service planning.Understanding access and service utilisation of priority population groups. |
| Source and reference attributes |
| DHHS Common data dictionary | CCDD v3.0 |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | DHHS |
| Value domain identifier | Based on Concession Cardholder, 2006-09 Primary Health Multi-Purpose Report (V3) p21 |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| 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> |

### 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 4.2: Large-value domains](#_Large-value_domains_1)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  |
| Reporting requirements | Mandatory |
| 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 4.2: Large-value domains](#_Large-value_domains_1) |
| Purpose/context | Program monitoring, service planning.Provides information about client ‘s culturally and linguistically diverse (CALD) characteristics. |
| Source and reference attributes |
| DHHS Common data dictionary | CCDD v3.0 |
| Definition source | METeOR |
| Definition source identifier | [659454 - Person—country of birth, code (SACC 2016) NNNN](http://meteor.aihw.gov.au/content/index.phtml/itemId/459973) |
| Value domain source | METeOR |
| Value domain identifier | [659444 Country code SACC (2016) NNNN](http://meteor.aihw.gov.au/content/index.phtml/itemId/659454) |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information | Supplementary codes of the ABS Standard Australian Classification of Countries (SACC), 1269.0 Second Edition |

### 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  |
| Reporting requirements | Mandatory |
| 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, DOB accuracy indicator also needs to indicate which part of date was estimated or unknownWhen date of birth is not stated should be reported as (01011900), DOB accuracy indicator is ‘UUU’  |
| Purpose/context | Program monitoring, service planning.Understanding access and service utilisation of priority population groups. |
| Source and reference attributes |
| DHHS Common data dictionary | CCDD v3.0 |
| Definition source | METeOR |
| Definition source identifier | [287007 - Person—date of birth, DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/287007) |
| Value domain source | METeOR |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes |
| Related concepts | [Client](#_Client_2)[Individual Healthcare Identifier](#_Individual_Health_Identifier) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### 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 | Day, month and year are unknown |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| 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 accurateE – the referred date component is not known but is estimatedU – 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.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. 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 the Dept. |
| Purpose/context | Program monitoring, service planning |
| Source and reference attributes |
| DHHS Common data dictionary | CCDD v3.0Based on Client – date accuracy – AAARefer also to the Australian Standard AS 5017-2002 Health Care Client Identification, p. 30. |
| Definition source | METeOR |
| Definition source identifier | [294429 Date—accuracy indicator, code AAA](http://meteor.aihw.gov.au/content/index.phtml/itemId/294429) |
| Value domain source | METeoR |
| Value domain identifier | [289952 Date – accuracy indicator, Code AAA](http://meteor.aihw.gov.au/content/index.phtml/itemId/294429) |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements | [Client—date of birth](#_Client—date_of_birth—DDMMYYYY) |
| Edit/validation rules |  |
| Other related information |  |

### Client—employment status—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The current employment 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 | Child, not at school |  |
|  | 2 | Student |  |
|  | 3 | Employed |  |
|  | 4 | Unemployed |  |
|  | 5 | Home duties |  |
|  | 6 | Other |  |
| Supplementary values | ***Value*** | *Meaning* |  |
|  | 0 | Not recorded |  |
|  | 9 | Not stated / inadequately described |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | Self-reported employment status of the client. |
| Purpose/context | To enable monitoring of the impact of employment status on client outcomes, to support program evaluation and policy development. |
| Source and reference attributes |
| DHHS Common data dictionary | CCDD v3.0 |
| Definition source | VADC |
| Definition source identifier |  |
| Value domain source | VADC |
| Value domain identifier | Based on Outcomes - employment status [2017] - VADC |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Client—family name—A[X(1-24)]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The family name of the client |
| Value domain attributes |
| Representational attributes |
| Representation class | Identifier | Data type | Number |
| Format | A[X(1-24)] | Maximum character length | 24 |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | First character: A to Z (upper case) Subsequent characters: A to Z (upper case), space, apostrophe, hyphen |
| Purpose/context | Program monitoring, service planning, funding and accountability.Used to uniquely identify an individual client for data linkage. |
| Source and reference attributes |
| DHHS Common data dictionary |  |
| Definition source |  |
| Definition source identifier |  |
| Value domain source |  |
| Value domain identifier |  |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Client—first given name—A[X(1-14)]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The first given name of the client |
| Value domain attributes |
| Representational attributes |
| Representation class | Identifier | Data type | Number |
| Format | A[X(1-14)] | Maximum character length | 15 |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | First character: A to Z (upper case) Subsequent characters: A to Z (upper case), space, apostrophe, hyphen. The first character must be an alpha character. |
| Purpose/context | Program monitoring, service planning, funding and accountability.Used to uniquely identify an individual client for data linkage. |
| Source and reference attributes |
| DHHS Common data dictionary |  |
| Definition source |  |
| Definition source identifier |  |
| Value domain source |  |
| Value domain identifier |  |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### 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 |
|  | 3 | other |
| Supplementary values | Value | Meaning |
|  | 9 | not stated/Inadequately described |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| 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](https://dhhs.authenticated.modelpedia.com.au/PublishedWebsite/ItemDetail.aspx?ConfigurationId=26040&RootConfigurationId=18&ModelId=5B8A8481-0259-4FA0-B803-01E7B307A6CD&ItemId=A8F8E1A1-E54A-4600-8BDC-D798813D0EEA&Target=ctl00_ctl03_CenterTopPane&Theme=25&Version=3.0.6.22_1&IsLatest=Final)', '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 usShould be used if unable to attain gender identity or unknown |

 |
| Purpose/context | Program monitoring, service planning. |
| Source and reference attributes |
| DHHS Common data dictionary |  |
| Definition source | METeOR |
| Definition source identifier | Based on 635994 - Person–gender, code X |
| Value domain source | METeOR |
| Value domain identifier | Based on 635944 - Gender code N |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information | [Australian Government Guidelines for the Recognition of Sex and Gender](https://www.ag.gov.au/Publications/Documents/AustralianGovernmentGuidelinesontheRecognitionofSexandGender/AustralianGovernmentGuidelinesontheRecognitionofSexandGender.PDF) |

### Client—health conditions 1-10—ANNN[N][N]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The client’s health condition or diagnosis, including mental health conditions |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | ANNN[N][N] | Maximum character length | 6 |
| Permissible values instructions | Refer to Refer to [Appendix 4.2: Large-value domains](#_Large-value_domains_1)Examples from the full list: |
| Permissible values | Value | Meaning |
|  | 1301 | Anxiety |
|  | 1303 | Depression |
|  | 1306 | Post-traumatic stress disorder |
|  | 1398 | Mental health, other (excl. drug or alcohol related conditions) |
|  | 1305 | Intellectual disability |
|  | 1001 | Hepatitis |
|  | 1304 | Developmental delay |
|  | 1002 | HIV/AIDS |
|  | 1101 | Cancer(s) |
|  | 1201 | Cholesterol (lipid metabolism disorder) |
|  | 1202 | Diabetes |
|  | 1203 | Diabetes, gestational |
|  | 1204 | Obesity |
|  | 1302 | Dementia |
|  | 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  |
| Reporting requirements | Mandatory to report at least one health condition |
| 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 | Epidemiology, program evaluation, 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 | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information | Values for this data element are contained in a master table |

### Client—history of deliberate self-harm flag—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | An indication of whether the client has a history of deliberate self-harm |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | ***Value*** | *Meaning* |  |
|  | 1 | History of deliberate self-harm |  |
|  | 2 | No history of deliberate self-harm |  |
| Supplementary values | ***Value*** | *Meaning* |  |
|  | 9 | Not stated / inadequately described |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | To enable monitoring of the impact of a history of deliberate self-harm on client outcomes, to support program evaluation and policy development. |
| 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 | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Client—history of suicide attempts flag—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | An indication of whether the client has a history of attempting suicide |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | ***Value*** | *Meaning* |  |
|  | 1 | History of attempting suicide |  |
|  | 2 | No history of attempting suicide |  |
| Permissible values | ***Value*** | *Meaning* |  |
|  | 9 | Not stated / inadequately described |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | To enable monitoring of the impact of a history of attempted suidide on client outcomes, to support program evaluation and policy development. |
| 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 | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Client—homelessness type—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | An indication of the particular type or nature of the client’s homelessness |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | ***Value*** | *Meaning* |  |
|  | 1 | Public place / sleeping rough |  |
|  | 2 | Couch surfing |  |
|  | 3 | Living in car |  |
| Permissible values | ***Value*** | *Meaning* |  |
|  | 8 | Other |  |
|  | 9 | Not stated / inadequately described |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Optional |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | To enable monitoring of the impact of accommodation situation on client outcomes, to support program evaluation and policy development. |
| 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 | [Client](#_Client_2) |
| Related data elements | [Client-usual accommodation type](#_*Client—usual_accommodation_type—NN) |
| Edit/validation rules |  |
| Other related information |  |

### 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  |
| Reporting requirements | Mandatory |
| 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 describedServices 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 planningUnderstanding access and service utilisation of population groups. |
| Source and reference attributes |
| DHHS Common data dictionary | CCDD v3.0 |
| Definition source | METeOR |
| Definition source identifier | [602543 - Person—Indigenous status, Code N](http://meteor.aihw.gov.au/content/index.phtml/itemId/291036) |
| Value domain source | METeOR |
| Value domain identifier | Based on [602545 -Indigenous status, Code N](http://meteor.aihw.gov.au/content/index.phtml/itemId/291036) |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements | [Client—country of birth](#_Client—country_of_birth—NNNN) |
| Edit/validation rules |  |
| Other related information |  |

### Client—individual healthcare 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 healthcare identifier issued by Medicare Australia. |
| Supplementary values | Value | Meaning |
|  | 9 | not stated/inadequately described |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Optional  |
| Collection and usage attributes |
| Guide for use | 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. When a client’s IHI is unknown, or unable to be obtained, since unmatched surname, sex and date of birth, report as ‘Not Stated’All healthcare identifiers use the International Standard ISO 7812-1:2006 that specifies the numbering system for identification cards.The format of the number is as follows:Digits N1-N6: The issuer identification number, which in turn is made up of:N1-N2, Major industry identifier: 80 = healthN3-N5, Country code: 036 = AustraliaN6, Number type: 0 = IHIDigits N7-N15: Individual account identification (9 digits for the unique identifier)Digit N16: Check digitTo 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)<https://www.humanservices.gov.au/health-professionals/forms/hw018>or if Contracting and Information Technology firm to collect data, <https://www.humanservices.gov.au/health-professionals/forms/hw012>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.<https://www.humanservices.gov.au/health-professionals/forms/hw045> |
| Purpose/context | Program monitoring, service planning, funding and accountability. |
| Source and reference attributes |
| DHHS Common data dictionary |  |
| Definition source | METeOR |
| Definition source identifier | [432495 Person—Individual Healthcare Identifier, N(16)](http://meteor.aihw.gov.au/content/index.phtml/itemId/432495) |
| Value domain source | METeOR |
| Value domain identifier | [426832 Identifier N(16)](http://meteor.aihw.gov.au/content/index.phtml/itemId/426832) |
| Relational attributes |
| Related concepts | [Client](#_Client_2)[Individual Healthcare Identifier](#_Individual_Health_Identifier) |
| Related data elements | [Client—date of birth](#_Client—date_of_birth—DDMMYYYY)[Client—Medicare card number](#_Client—Medicare_card_number—N(11)) |
| Edit/validation rules |  |
|  |  |
| Other related information |  |

### Client—justice accused identifier (JAID)—N(6-16)

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The client’s justice accused identifier (JAID)  |
| Value domain attributes |
| Representational attributes |
| Representation class | Identifier | Data type | Number |
| Format | N(6-16) | Maximum character length | 16 |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | This identifier will be supplied by Community Correctional Services upon referral to the Community Health Service |
| Purpose/context | Linkage of program data to Corrections data for evaluation purposes. |
| Source and reference attributes |
| Definition source | DHHS |
| Definition source identifier |  |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Client—level of education—NN

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The highest level of completed education achieved by the client |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | NN | Maximum character length | 2 |
| Permissible values  | ***Value*** | *Meaning* |  |
|  | 01 | Postgraduate Degree Level |  |
|  | 02 | Graduate Diploma and Graduate Certificate Level |  |
|  | 03 | Bachelor Degree Level |  |
|  | 04 | Advanced Diploma and Diploma Level |  |
|  | 05 | Certificate Level |  |
|  | 06 | Senior Secondary Education (e.g. Year 12, Senior Secondary Certificate of Education) |  |
|  | 07 | Junior Secondary Education (e.g. Year 10) |  |
|  | 08 | Primary Education |  |
|  | 09 | Pre-primary Education |  |
|  | 10 | Other education |  |
|  | 88 | No education |  |
| Supplementary values | ***Value*** | *Meaning* |  |
|  | 99 | Not stated / inadequately described |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | The highest level of educational attainment is the highest qualification reported by a person in any field of study, or the highest year of school completed, whichever is the higher.The recommended question wording for this metadata item is as follows:'What is the highest level of education you/the person/(name) has completed?' |
| Purpose/context | To enable monitoring of the impact of educational level on client outcomes, to support program evaluation and policy development. |
| Source and reference attributes |
| DHHS Common data dictionary | CCDD v3.0 |
| Definition source | METeOR |
| Definition source identifier |  |
| Value domain source | METeOR |
| Value domain identifier | Based on [Person—level of highest educational attainment, code NN](http://meteor.aihw.gov.au/content/index.phtml/itemId/321069) |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Client—living arrangement—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Whether a patient/client usually resides alone or with others |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values  | ***Value*** | *Meaning* |  |
|  | 1 | Lives alone |  |
|  | 2 | Lives with family |  |
|  | 3 | Lives with others |  |
|  | 4 | Lives with family (inc. dependents) |  |
| Supplementary values | ***Value*** | *Meaning* |  |
|  | 9 | Not stated / inadequately described |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | If a client’s living situation changes during the data collection period, report your most current knowledge of their living arrangements. The client’s interpretation of “family” should be used. Family includes de facto partners, same sex partners, and close and more distant family members. |
| Purpose/context | To enable monitoring of the impact of living arrangements on client outcomes, to support program evaluation and policy development. |
| Source and reference attributes |
| DHHS Common data dictionary | CCDD v3.0 |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | DHHS |
| Value domain identifier | Based on [Living arrangement - N - VD - 10003658](https://dhhs.modelpedia.com.au/PublishedWebsite/LatestFinal/D6CA1069-6A7E-4C5C-A588-0DA20029551C/Item/73C00979-1398-4C2C-B058-BF3CEC227649) |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### 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 4.2: Large-value domains](#_Large-value_domains_1)Examples from the full list: |
| Permissible values | Value | Meaning |
|  | TOORAK | Toorak |
|  | ABBOTSFORD | Abbotsford |
|  | … | …  |
|  | MELBOURNE | Melbourne |
|  | … | … |
|  | A[A(45)] | And so on |
| Supplementary values | Value | Meaning |
|  |  | unknown |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | All locality names should be provided in capital letters. |
| Purpose/context | 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](http://maps.land.vic.gov.au/lassi/VicnamesUI.jsp) |
| Relational attributes |
| Related concepts |  |
| Related data elements | [Client—postcode](#_Client—postcode—NNNN) |
| Edit/validation rules |  |
| Other related information | METeOR: [429889 Address—suburb/town/locality name, text X[X(45)]](http://meteor.aihw.gov.au/content/index.phtml/itemId/429889) |

### Client—marital status—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Current marital 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 | Never married |  |
|  | 2 | Widowed |  |
|  | 3 | Divorced |  |
|  | 4 | Separated |  |
|  | 5 | Married |  |
|  | 6 | De facto |  |
| Supplementary values | ***Value*** | *Meaning* |  |
|  | 9 | Not stated / inadequately described |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | This data element relates to the client usually living with a partner in a registered or de facto marriage. It relates to the current status of the client. |
| Purpose/context | To enable monitoring of the impact of marital status on client outcomes, to support program evaluation and policy development. |
| Source and reference attributes |
| DHHS Common data dictionary | CCDD v3.0 |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | DHHS |
| Value domain identifier | Based on [Client - marital status [v3.0] - CC (Std) - DE - 10001556](https://dhhs.modelpedia.com.au/PublishedWebsite/LatestFinal/D6CA1069-6A7E-4C5C-A588-0DA20029551C/Item/307150D1-AD85-4976-896A-A7982997C96B) |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### 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, which 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:* 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:

[(1st digit \* 1) + (2nd digit \* 3) + (3rd digit \* 7) + (4th digit \* 9) +(5th digit \* 1) + (6th digit \* 3) + (7th digit \* 7) + (8th digit \* 9)]/10.* 11th character is the Individual Reference Number (IRN)

Invalid codes:* 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  |
| Reporting requirements | Optional |
| Collection and usage attributes |
| Guide for use*IRN* | Medicare32561128371. Jane A Citizen
2. John A Citizen

Valid to 08/09*Medicare number*Medicare number from the Medicare card, the eleventh character being the IRN (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
2. 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)](http://meteor.aihw.gov.au/content/index.phtml/itemId/270694) |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements | [Client—date of birth](#_Client—date_of_birth—DDMMYYYY)[Client—individual healthcare identifier](#_Client—individual_health_identifier) |
| Edit/validation rules |  |
| Other related information |  |

### 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 | Value | Meaning |
|  | 1 | interpreter services required |
|  | 2 | interpreter services not required |
| Supplementary values | Value | Meaning |
|  | 9 | not stated/inadequately described |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| 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 attained. |

 |
| Purpose/context | Program monitoring, service planning, funding and accountability.Provides information about client‘s culturally and linguistically diverse (CALD) characteristics. |
| Source and reference attributes |
| DHHS Common data dictionary | CCDD v3.0 |
| Definition source | METeOR |
| Definition source identifier | [304294 - Person—interpreter service required, yes/no, Code N](http://meteor.aihw.gov.au/content/index.phtml/itemId/304294) |
| Value domain source | METeOR |
| Permissible values source | Based on [270732 yes/no, Code N](http://meteor.aihw.gov.au/content/index.phtml/itemId/270732) |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements | [Client—country of birth](#_Country_of_Birth—NNNN)[Client—Indigenous status](#_Client—-Indigenous_status—N)[Client—preferred language](#_Client—preferred_language—NNNN) |
| Edit/validation rules |  |
| Other related information |  |

### Client—occupation—A(50)

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The job in which the client is principally engaged |
| Value domain attributes |
| Representational attributes |
| Representation class | Text | Data type | String |
| Format | A(50) | Maximum character length | 50 |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | Self-reported occupation of the client. |
| Purpose/context | To enable monitoring of the impact of employment and socioeconomic status on client outcomes, to support program evaluation and policy development. |
| Source and reference attributes |
| DHHS Common data dictionary | CCDD v3.0 |
| Definition source | METeOR |
| Definition source identifier |  |
| Value domain source | METeOR |
| Value domain identifier | Based on [350899 Person—occupation](http://meteor.aihw.gov.au/content/index.phtml/itemId/350899) |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements | [Client](#_Client_2)—employment status |
| Edit/validation rules |  |
| Other related information |  |

### Client—out-of-home care history flag—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | An indication of whether the client has a history of out-of-home care |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | ***Value*** | *Meaning* |  |
|  | 1 | No history of out-of-home care |  |
|  | 2 | History of out-of-home care |  |
| Supplementary values | Value | Meaning |  |
|  | 9 | not stated/inadequately described |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | Children and young people are usually placed in out-of-home care when:* A family needs support
* In cases of family conflict
* If there is a significant risk of harm or abuse in the family home
 |
| Purpose/context | To enable monitoring of the impact of a history of out-of-home care on client outcomes, to support program evaluation and policy development. |
| 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 | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### 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 | Code | Data type | Number |
| Format | NNNN | Maximum character length | 4 |
| Permissible values instructions | Refer to [DHHS](http://auspost.com.au/business-solutions/postcode-data.html) for a full list of valid postcodes |
| Supplementary values | Value | Meaning |
|  | 0097 | no fixed abode |
|  | 9988 | unknown |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| 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).Postcodes belonging to PO Boxes are not permitted.**Examples:**

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

 |
| Purpose/context | 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](http://auspost.com.au/about-us/assignment-postcodes.html) [Postcode locality reference file](https://www2.health.vic.gov.au/about/publications/researchandreports/postcode-locality-reference) |
| Relational attributes |
| Related concepts |  |
| Related data elements | [Client—locality name](#_Client—locality_name—A[A(45)]) |
| Edit/validation rules |  |
| Other related information | METeOR: [611398 - Address—Australian postcode, code (Postcode data file) {NNNN}](http://meteor.aihw.gov.au/content/index.phtml/itemId/611398))METeOR: [611391 - Address—Australian postcode, code (Postcode data file) {NNNN}](http://meteor.aihw.gov.au/content/index.phtml/itemId/611391)) |

### 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 4.2: Large-value domains](#_Large-value_domains_1)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  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | 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.Preferred language should be captured at the most appropriate detailed level based on the information given by the client. |
| Purpose/context | Program monitoring, service planning.Provides information about client‘s culturally and linguistically diverse (CALD) characteristics. |
| Source and reference attributes |
| DHHS Common data dictionary | CCDD v3.0 |
| Definition source | METeOR |
| Definition source identifier | Based on [659407 Person—preferred language, code (ASCL 2016) N{NNN}](http://meteor.aihw.gov.au/content/index.phtml/itemId/659337) |
| Value domain source | METeOR |
| Value domain identifier | Based on [659404 Language code (ASCL 2016) N{NNN}](http://meteor.aihw.gov.au/content/index.phtml/itemId/659337) |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements | [Client—country of birth](#_Client—country_of_birth—NNNN)[Client—Indigenous status](#_Client—-Indigenous_status—N)[Client—need for interpreter services](#_Client—need_for_interpreter) |
| Edit/validation rules |  |
|  |  |
| Other related information |  |

### 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 |
|  | 3 | client is currently an asylum seeker |
| Supplementary values | Value | Meaning |
|  | 9 | not stated/inadequately described |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | 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).

|  |  |
| --- | --- |
| 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 enasyd |
| Code 2 | To be used when client is not currently a refugee nor an 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 attained. |

  |
| Purpose/context | Program monitoring, service planning, funding and accountability.Provides information about client ‘s culturally and linguistically diverse (CALD) characteristics. |
| Source and reference attributes |
| DHHS Common data dictionary | CCDD v3.0 |
| Definition source | *Migration Act 1958* (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 | [Client](#_Client_2)[Asylum seeker](#_Asylum_seeker)[Refugee](#_Refugee) |
| Related data elements | [Client—country of birth](#_Client—country_of_birth—NNNN)[Client—Indigenous status](#_Client—-Indigenous_status—N)[Client—need for interpreter services](#_Client—need_for_interpreter)[Client—preferred language](#_Client—preferred_language—NNNN) |
| Edit/validation rules |  |
| Other related information |  |

### 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 4.2: Large-value domains](#_Large-value_domains_1)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  |
| Reporting requirements | Optional |
| Collection and usage attributes |
| Guide for use | Report the client’s social conditions starting with the most severe condition. This will help to gain an understanding of the disease/condition profile.Up to 10 social conditions may be reported from the most severe to the least severe.

|  |  |
| --- | --- |
| Code 9098 | Should be used if the social condition is not covered by the Social condition master code set |

 |
| Purpose/context | Program monitoring, service planning.Understanding access and service utilisation of priority population groups. |
| 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 | Client |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information | Values for this data element are contained in a master table |

### Client—support person, additional—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | A record of whether a person, such as a family member, friend or neighbour has been identified as an additional support person for the client in their current treatment context |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | ***Value*** | *Meaning* |  |
|  | 0 | Self |  |
|  | 1 | Spouse/partner |  |
|  | 2 | Parent/step-parent |  |
|  | 3 | Child/step-child |  |
|  | 4 | Other relative/family member |  |
|  | 5 | Friend/neighbour |  |
|  | 6 | Employer |  |
|  | 8 | Case worker |  |
| Supplementary values | ***Value*** | *Meaning* |  |
|  | 7 | Other |  |
|  | 9 | Not stated / inadequately described |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Optional |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | To enable monitoring of the impact of the availability of a support person on client outcomes, to support program evaluation and policy development. |
| Source and reference attributes |
| DHHS Common data dictionary | CCDD v3.0 |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | DHHS |
| Value domain identifier | [VADC Contact - relationship to person of concern](https://dhhs.modelpedia.com.au/PublishedWebsite/LatestFinal/D6CA1069-6A7E-4C5C-A588-0DA20029551C/Item/941E27C1-62A4-41BC-A286-0F13D42D5006) |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Client—support person, primary—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | A record of whether a person, such as a family member, friend or neighbour has been identified as a primary support person for the client in their current treatment context |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | ***Value*** | *Meaning* |  |
|  | 0 | Self |  |
|  | 1 | Spouse/partner |  |
|  | 2 | Parent/step-parent |  |
|  | 3 | Child/step-child |  |
|  | 4 | Other relative/family member |  |
|  | 5 | Friend/neighbour |  |
|  | 6 | Employer |  |
|  | 8 | Case worker |  |
| Supplementary values | ***Value*** | *Meaning* |  |
|  | 7 | Other |  |
|  | 9 | Not stated / inadequately described |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | To enable monitoring of the impact of the availability of a support person on client outcomes, to support program evaluation and policy development. |
| Source and reference attributes |
| DHHS Common data dictionary | CCDD v3.0 |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | DHHS |
| Value domain identifier | [VADC Contact - relationship to person of concern](https://dhhs.modelpedia.com.au/PublishedWebsite/LatestFinal/D6CA1069-6A7E-4C5C-A588-0DA20029551C/Item/941E27C1-62A4-41BC-A286-0F13D42D5006) |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Client—usual accommodation type—NN

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Type of accommodation in which the client usually lives |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | NN | 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 |  |
|  | 2 | Hospital/Psychiatric hospital |  |
|  | 3 | Residential aged care service |  |
|  | 4 | Specialised 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' hostel |  |
|  | 8 | Emergency accommodation/short term crisis/shelter |  |
|  | 9 | Transitional accommodation facility |  |
|  | 10 | Other supported accommodation |  |
|  | 11 | Prison/remand centre/youth training centre |  |
|  | 12 | Homeless |  |
|  | 13 | Other accommodation, not elsewhere classified |  |
| Supplementary values | ***Value*** | *Meaning* |  |
|  | 98 | not applicable |  |
|  | 99 | not stated / inadequately described |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | 'Usual' is defined as the type of accommodation the person has lived in for the most amount of time over the past three months prior to presentation.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 strictly in accordance with the above definition may be difficult to achieve. The place the person perceives as their usual accommodation will often prove to be the best approximation. |
| Purpose/context | To enable monitoring of the impact of accommodation situation on client outcomes, to support program evaluation and policy development. |
| Source and reference attributes |
| DHHS Common data dictionary | CCDD v3.0 |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | METeOR |
| Value domain identifier | Based on [270088 - Person–accommodation type (usual), code N[N]](http://meteor.aihw.gov.au/content/index.phtml/itemId/270088) |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements | [Client—locality name](#_Client—postcode—NNNN)[Client—postcode](#_Client—postcode—NNNN) |
| Edit/validation rules |  |
| Other related information |  |

## Contact

### Contact—contact date—DDMMYYYYHHMM

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date and time of service contact between a health service provider and the client |
| Value domain attributes |
| Representational attributes |
| Representation class | Date/time | Data type | Date/Time |
| Format | DDMMYYYYHHMM | Maximum character length | 12 |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | Requires services to record the date of each service contact, including the same date where multiple visits are made on one day (except where the visits may be regarded as a continuation of the one service contact).The same date should be recorded for multiple visits on the one day.Contacts received via asynchronous methods e.g. email, written, the contact date will be the date of the service provider response.Remote contacts should be reported for assessments and consults conducted over the phone or webcam. |
| Purpose/context | Program evaluation |
| Source and reference attributes |
| DHHS Common data dictionary | Not applicable |
| Definition source | METeOR |
| Definition source identifier | Based on [270122 - Service contact—service contact date, DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270122) |
| Value domain source | METeOR |
| Value domain identifier | Based on [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes |
| Related concepts | [Contact](#_Contact) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Contact—discipline—NN

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Specifies the professional discipline of the clinical worker providing the service during the specific contact. |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | NN | Maximum character length | 2 |
| Permissible values | ***Value*** | *Meaning* |  |
|  | 01 | Aboriginal mental health worker |  |
|  | 02 | Exercise physiologist |  |
|  | 03 | General practitioner |  |
|  | 04 | Mental health allied health assistant |  |
|  | 05 | Mental health occupational therapist |  |
|  | 06 | Mental health social worker |  |
|  | 07 | Mental health speech therapist |  |
|  | 08 | Peer worker |  |
|  | 09 | Psychiatric Registrar |  |
|  | 10 | Psychiatrist |  |
|  | 11 | Psychologist |  |
|  | 12 | Registered psychiatric nurse |  |
| Supplementary values | ***Value*** | *Meaning* |  |
|  | 88 | Other |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | Where more than one discipline is involved in the same contact, report the lead discipline or the one with the most involvement |
| Purpose/context | Program evaluation |
| Source and reference attributes |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | DHHS |
| Value domain identifier |  |
| Relational attributes |
| Related concepts | [Contact](#_Contact) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Contact—direct time—N[N][N]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Duration (in minutes) of direct service time that an individual or group receives for a treatment or service |
| Value domain attributes |
| Representational attributes |
| Representation class | Total | Data type | Number |
| Format | N[N][N] | Maximum character length | 3 |
| Permissible values | Value | Meaning |
|  | >=0  | Value greater or equal to zero  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | The time that has been spent in direct contact with a client or clients during service provision. Includes face-to-face, remote video link, email and extended telephone communication with a client or clients for the provision of a health service. |
|  | The time **must be recorded as minutes** NOT hours, e.g. for 1 hour of direct service provision you would record this as 60 (minutes). |
| 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 | DHHS |
| Value domain source | DHHS |
| Value domain identifier | DHHS |
| Relational attributes |
| Related concepts | [Contact](#_Contact) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Contact—episode identifier—X(1-15)

|  |
| --- |
| Identifying and definitional attributes |
| Definition | A numerical identifier, unique to an episode across all campuses/services within an organisation |
| Value domain attributes |
| Representational attributes |
| Representation class | Identifier | Data type | Number |
| Format | X(1-15) | Maximum character length | 15 |
| Permissible values | Value | Meaning |
|  | X(1-15) | The unique identifier for the episode of service |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | Record the unique identifier for the episode, generated from a Client Management System (CMS) or manually generated.Individual agencies, establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems. |
| Purpose/context | Program monitoring, service planning, funding and accountability. |
| Source and reference attributes |
| DHHS Common data dictionary | CSDD v1.0 |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | Common Service Data Dictionary v1.0 |
| Value domain identifier |  |
| Relational attributes |
| Related concepts | [Episode](#_Statistical_Linkage_Key) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Contact—indirect time—N[N][N]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Duration (in minutes) that has been spent away from a client or clients in essential activities to provide support to a client or clients. |
| Value domain attributes |
| Representational attributes |
| Representation class | Total | Data type | Number |
| Format | N[N][N] | Maximum character length | 3 |
| Permissible values | Value | Meaning |
|  | >=0  | Value greater or equal to zero  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Optional |
| Collection and usage attributes |
| Guide for use | Includes time spent on activities such as:* + - Organising case meetings
		- Preparing or reviewing case notes
		- Referral
		- Clinical supervision, including individual, group and peer
		- Preparation for group sessions that are not Health Promotion sessions
		- Secondary consultation when two clinicians discuss a client. The time can be counted as indirect service time by both if they are both seeing the client, otherwise if only one is seeing the client then only that provider can count the time.
		- Preparation for not attended session (DNA).
 |
|  | The time **must be recorded as minutes NOT hours**, e.g. for 1 hour of indirect service provision you would record this as 60 (minutes).If there was no indirect activities for that particular contact then the value should be 0 (zero), not null or an empty field. |
| 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 | DHHS |
| Value domain source | DHHS |
| Value domain identifier | DHHS |
| Relational attributes |
| Related concepts | [Contact](#_Contact) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Contact—interpreting time—N[N][N]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Duration (in minutes) of interpreting time associated with this individual contact or session |
| Value domain attributes |
| Representational attributes |
| Representation class | Total | Data type | Number |
| Format | N[N][N] | Maximum character length | 3 |
| Permissible values | Value | Meaning |
|  | >=0  | Value greater or equal to zero  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | If no interpreter was used then the value should be 0 (zero) not null or an empty field.The time **must be recorded as minutes NOT hours**, e.g. for 1 hour of interpreting service provision you would record this as 60 (minutes).The amount of time the interpreter is present for the client could be longer than the actual contact time.If you have entered a value for this data element make sure you have selected in the data element ‘Need for Interpreter Services’ 1 ‘Interpreter services required’.This data element provides information about the utilisation of interpreting services. |
| Purpose/context | Used for reconciliation of Interpreter funding activity 28048—Language Services. |
| Source and reference attributes |
| DHHS Common data dictionary | Not applicable |
| Definition source | DHHS |
| Definition source identifier | DHHS |
| Value domain source | DHHS |
| Value domain identifier | DHHS |
| Relational attributes |
| Related concepts | [Contact](#_Contact) |
| Related data elements |  |
| Edit/validation |  |
| Other related information |  |

### Contact—location type—NN

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Specifies where the contact occurred, in terms of the clinical worker providing the service. In the case of contacts by telephone, this will usually differ from the location of the client at the time the service is received. |
| Value domain attributes  |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | NN | Maximum character length | 2 |
| Permissible values | ***Value*** | *Meaning* |  |
|  | 1 | Community health service |  |
|  | 2 | Community based mental health service |  |
|  | 3 | Mental Health Inpatient Service |  |
|  | 4 | Clients own environment |  |
|  | 5 | Non-psychiatric hospital |  |
|  | 7 | Emergency Department |  |
|  | 8 | Public Hospital (Excl. MH Ward) |  |
|  | 9 | Private Psychiatric Hospital |  |
|  | 10 | Private Practitioner's rooms |  |
|  | 11 | Psych Disability Rehab Service (PDRSS) |  |
|  | 12 | Community Care Unit (CCU) |  |
|  | 13 | Aged persons mental health residential service |  |
|  | 14 | Generic aged care residential service |  |
|  | 15 | Alcohol and drug treatment service |  |
|  | 16 | Prevention and recovery centre (PARC) |  |
|  | 18 | Educational institutions |  |
|  | 19 | Child first/family services |  |
|  | 22 | Housing and/or support agency |  |
|  | 23 | Police facilities |  |
|  | 24 | Courts |  |
|  | 25 | Prison |  |
|  | 26 | Community Correctional Services |  |
| Supplementary values | ***Value*** | *Meaning* |  |
|  | 99 | Other |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | Program evaluation |
| Source and reference attributes |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | DHHS |
| Value domain identifier | [Triage minimum dataset: Volume 2](https://www2.health.vic.gov.au/about/publications/formsandtemplates/Triage-minimum-dataset-Volume-2) |
| Relational attributes |
| Related concepts | [Contact](#_Contact) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Contact—medium—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Specifies the way in which a contact was made with a client |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | ***Value*** | *Meaning* |  |
|  | 1 | Direct / in person |  |
|  | 2 | Telephone / teleconference |  |
|  | 3 | SMS |  |
|  | 4 | Email |  |
|  | 5 | Video / videoconference |  |
| Supplementary values | ***Value*** | *Meaning* |  |
|  | 8 | Other |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | Program evaluation |
| Source and reference attributes |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | DHHS |
| Value domain identifier |  |
| Relational attributes |
| Related concepts | [Contact](#_Contact) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Contact—secondary consultation—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | A record of any secondary consultation with a specialist undertaken during the contact  |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | ***Value*** | *Meaning* |  |
|  | 1 | Consultation with Forensic Clinical Specialist |  |
|  | 2 | Psychiatrist |  |
|  | 3 | Other specialist/consultant |  |
| Supplementary values | ***Value*** | *Meaning* |  |
|  | 8 | Other |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Optional |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | Program evaluation |
| Source and reference attributes |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | DHHS |
| Value domain identifier |  |
| Relational attributes |
| Related concepts | [Contact](#_Contact_1) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

## Referral

### Referral—date referral sent—DDMMYYYY

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date the referral was sent from the Community Health Service to the external provider or service |
| Value domain attributes |
| Representational attributes |
| Representation class | Date | Data type | Date/Time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | Program evaluation |
| Source and reference attributes |
| DHHS Common data dictionary | Not applicable |
| Definition source | METeOR |
| Definition source identifier | S[ervice](file:///C%3A/Users/jzik2006/Downloads/sc_pracmanual2%20%281%29.pdf) event-assisstance request date, DDMMYYYY-270043 |
| Value domain source | METeOR |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes |
| Related concepts | [Care plan referral](#_Care_plan_referral) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Referral—episode identifier—X(1-15)

|  |
| --- |
| Identifying and definitional attributes |
| Definition | A numerical identifier, unique to an episode across all campuses/services within an organisation |
| Value domain attributes |
| Representational attributes |
| Representation class | Identifier | Data type | Number |
| Format | X(1-15) | Maximum character length | 15 |
| Permissible values | Value | Meaning |
|  | X(1-15) | The unique identifier for the episode of service |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | Record the unique identifier for the episode, generated from a Client Management System (CMS) or manually generated.Individual agencies, establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems. |
| Purpose/context | Program monitoring, service planning, funding and accountability. |
| Source and reference attributes |
| DHHS Common data dictionary | CSDD v1.0 |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | Common Service Data Dictionary v1.0 |
| Value domain identifier |  |
| Relational attributes |
| Related concepts | [Care plan referral](#_Care_plan_referral) |
|  | [Episode](#_Statistical_Linkage_Key) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Referral—referral out provider type—N[N]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The provider type of the referral source or destination |
| 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 |
|  | 22 | ACSO-COATS |
|  | 23 | Youth service (non-AOD) |
|  | 24 | Indigenous service (non-AOD) |
|  | 25 | Extended care/rehabilitation facility |
|  | 26 | Palliative care service |
|  | 27 | Police (not diversion) |
|  | 28 | Public dental provider - community dental agency |
|  | 29 | Royal Dental Hospital Melbourne |
|  | 30 | Private Dental Provider |
|  | 31 | Early childhood service |
|  | 32 | Maternal and Child Health Service |
|  | 33 | Community nursing service |
|  | 34 | Emergency relief |
|  | 35 | Family support service (excl family violence) |
|  | 36 | Family violence service |
|  | 37 | Gambling support service |
|  | 38 | Maternity services |
|  | 39 | Peer support/self-help group |
|  | 40 | Private allied health provider |
|  | 41 | Centres Against Sexual Assault (CASA) |
|  | 42 | Financial counsellor |
|  | 43 | Sexual health service |
|  | 44 | Medical specialist |
| Supplementary values | Value | Meaning |
|  | 98 | Other |
|  | 99 | not stated/inadequately described |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | It is best to record the Referral information when the client is referred to an agency. It may be difficult to obtain this information later.To assist staff, agencies may find it useful to make a list of the agencies from which they most frequently send referrals and note the corresponding Source of Referral code.Report the Referral starting with the most relevant or urgent one first. This will help to gain an understanding of the client profile.Up to 10 referral out provider type may be reported each instance, from the most important to the least. |
| Purpose/context | Program monitoring, service planning.Source of referral is important in assisting analysis of inter-service client flow. |
| Source and reference attributes |
| DHHS Common data dictionary | CSDD v.1.0Based on Referral (in/out)—referral service type |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | DHHS |
| Value domain identifier |  |
| Relational attributes |
| Related concepts | [Care plan referral](#_Care_plan_referral) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

## Service (Episode)

### Service—campus client identifier—A(10)

|  |
| --- |
| Identifying and definitional attributes |
| Definition | A numerical identifier that uniquely identifies each client from a campus |
| Value domain attributes |
| Representational attributes |
| Representation class | Identifier | Data type | Number |
| Format | A(10) | Maximum character length | 10 |
| Permissible values | Value | Meaning |
|  | A(10) | The client’s unique identifier for the campus |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| 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.This is to be reported in the following situations:* to identify a client from a campus
* to identify the client for a campus’ service contact

When operating in an integrated health setting, the identifier used should be that of the patient master index (PMI) e.g. hospital UR number except for where health services have different patient master indices and an Organisation wide CMS solution.Individual agencies, establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems. |
| Purpose/context | Program monitoring, service planning, funding and accountability.Used to uniquely identify an individual client for determining number of contacts, and for demographics. |
| Source and reference attributes |
| DHHS Common data dictionary | CCDD v3.0 |
| Definition source | Standards Australia |
| Definition source identifier | Based on Identifier Designation, Australian Standard 4590-2006 (Incorporated Amendment No. 1) Interchange of Client Information, p.11 |
| Value domain source | METeOR |
| Value domain identifier | Based on [270826 Record—identifier, X[X(14)]](http://meteor.aihw.gov.au/content/index.phtml/itemId/459234) |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements | [Campus—campus code](#_Campus—campus_code—NNNN[N]-NN)  |
| Edit/validation rules |  |
| Other related information |  |

### Service—campus code—NNNN[N]-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 4.2: Large-value domains](#_Large-value_domains_1).Examples from the full list: |
|  | 3050-07 | Ballarat Community Health - Bannockburn |  |
|  | 10283-01 | Bendigo Community Health Services - Central |  |
|  | 17968-07 | cohealth - Braybrook |  |
|  |  |  |  |
|  |  |  |  |
| Permissible values | Value | Meaning |
|  | NNNN[N]-NN | The unique campus identifier issued by DHHS |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | A campus code should be issued for every campus by DHHS.Campus code is a numeric code comprised of:* Service provider number (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.  |
| 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](#_Campus) |
| Related data elements | [Campus—campus client identifier](#_Campus—campus_client_identifier—A(1) |
| Edit/validation rules |  |
| Other related information | Values for this data element are contained in a master table |

### Service—comprehensive assessment outcome—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | A record of the outcome of the client’s initial comprehensive assessment at the commencement of the episode |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | ***Value*** | *Meaning* |  |
|  | 1 | Treatment plan initiated |  |
|  | 7 | Unable to make initial contact |  |
|  | 8 | Client refused assessment / did not consent / disengaged |  |
|  | 9 | No mental health treatment required |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory when the client has been discharged (i.e. **discharge date** is not null) |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | Program evaluation |
| Source and reference attributes |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | DHHS |
| Value domain identifier |  |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Service—date CCS referral received—DDMMYYYY

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date the referral from Community Correctional Services is received by the Community Health Service |
| Value domain attributes |
| Representational attributes |
| Representation class | Date | Data type | Date/Time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | Program evaluation |
| Source and reference attributes |
| DHHS Common data dictionary | Not applicable |
| Definition source | METeOR |
| Definition source identifier | S[ervice](file:///C%3A/Users/jzik2006/Downloads/sc_pracmanual2%20%281%29.pdf) event-assisstance request date, DDMMYYYY-270043 |
| Value domain source | METeOR |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Service—date comprehensive assessment sent to CCS—DDMMYYYY

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date the comprehensive assessment report is sent back to Community Correctional Services |
| Value domain attributes |
| Representational attributes |
| Representation class | Date | Data type | Date/Time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory when the client has been discharged (i.e. **discharge date** is not null) |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | Program evaluation |
| Source and reference attributes |
| DHHS Common data dictionary | Not applicable |
| Definition source | METeOR |
| Definition source identifier | S[ervice](file:///C%3A/Users/jzik2006/Downloads/sc_pracmanual2%20%281%29.pdf) event-assisstance request date, DDMMYYYY-270043 |
| Value domain source | METeOR |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Service—discharge date—DDMMYYYY

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date when the client’s current episode of service ended |
| Value domain attributes |
| Representational attributes |
| Representation class | Date | Data type | Date/Time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory once the client has been discharged |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | Program evaluation |
| Source and reference attributes |
| DHHS Common data dictionary | Not applicable |
| Definition source | METeOR |
| Definition source identifier | 270160 Service episode-episode end date, DDMMYYYY |
| Value domain source | METeOR |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes |
| Related concepts | [Client](#_Client_2)[Episode](#_Statistical_Linkage_Key) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Service—discharge reason—NN

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The reason for ending the client’s episode of service |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 2 |
| Permissible values | Value | Meaning |
|  | 1 | Completed treatment/therapy |
|  | 2 | Did not complete treatment/therapy |
|  | 3 | Disengaged |
|  | 4 | Incarcerated/on remand |
|  | 5 | Step-up to Area Mental Health Service |
|  | 6 | No mental health treatment required |
|  | 7 | Unable to make initial contact |
|  | 8 | Refused |
|  | 9 | Admission to hospital/rehabilitation |
|  | 10 | Deceased |
|  | 11 | Moved out of area |
|  | 12 | Supervision transferred to another CCS office |
|  | 88 | Other |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory when the client has been discharged (i.e. **discharge date** is not null) |
| Collection and usage attributes |
| Guide for use | TBA |
| Purpose/context | Data linkage and program evaluation. |
| Source and reference attributes |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | DHHS |
| Value domain identifier |  |
| Relational attributes |
| Related concepts | [Client](#_Client_2)[Episode](#_Statistical_Linkage_Key) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Service—episode identifier—X(1-15)

|  |
| --- |
| Identifying and definitional attributes |
| Definition | A numerical identifier, unique to an episode across all campuses/services within an organisation |
| Value domain attributes |
| Representational attributes |
| Representation class | Identifier | Data type | Number |
| Format | X(1-15) | Maximum character length | 15 |
| Permissible values | Value | Meaning |
|  | X(1-15) | The unique identifier for the episode of service |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | Record the unique identifier for the episode, generated from a Client Management System (CMS) or manually generated.Individual agencies, establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems. |
| Purpose/context | Program monitoring, service planning, funding and accountability. |
| Source and reference attributes |
| DHHS Common data dictionary | CSDD v1.0 |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | Common Service Data Dictionary v1.0 |
| Value domain identifier |  |
| Relational attributes |
| Related concepts | [Episode](#_Statistical_Linkage_Key) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Service—HoNOS score – initial—NN

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Specifies the first HoNOS (Health of the Nation Outcome Scales) score measured for a given episode of service. |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | NN | Maximum character length | 2 |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory when HoNOS was measured at least once |
| Collection and usage attributes |
| Guide for use | Report the total score for the scale, not the individual items.The Health of the Nation Outcome Scales (HoNOS) is a clinician rated instrument comprising 12 simple scales measuring behaviour, impairment, symptoms and social functioning for those in the 18 - 64 years old age group.Each of the 12 items is rated between 0-4, so the valid range is 0 – 48. When recording individual scores, the convention is to record 9 where information is not available – however this should not be added to the total HoNOS score as reported for this data element. For further information see:<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/outcome-measurement-faq><https://www.amhocn.org/publications/health-nation-outcome-scales-honos>  |
| Purpose/context | Program evaluation |
| Source and reference attributes |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | DHHS |
| Value domain identifier |  |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Service—HoNOS score – final—NN

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Specifies the last HoNOS (Health of the Nation Outcome Scales) score measured for a given episode of service. |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | NN | Maximum character length | 2 |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory when HoNOS was measured more than once |
| Collection and usage attributes |
| Guide for use | Report the total score for the scale, not the individual items.The Health of the Nation Outcome Scales (HoNOS) is a clinician rated instrument comprising 12 simple scales measuring behaviour, impairment, symptoms and social functioning for those in the 18 - 64 years old age group.Each of the 12 items is rated between 0-4, so the valid range is 0 – 48. When recording individual scores, the convention is to record 9 where information is not available – however this should not be added to the total HoNOS score as reported for this data element. For further information see:<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/outcome-measurement-faq><https://www.amhocn.org/publications/health-nation-outcome-scales-honos> |
| Purpose/context | Program evaluation |
| Source and reference attributes |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | DHHS |
| Value domain identifier |  |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Service—mental health conditions 1-5—ANN[NN]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The client's mental health conditions and/or diagnoses (by severity)  |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | ANNN[N][N] | Maximum character length | 5 |
| Permissible values | Value | Meaning |
|  | F430 | Acute Stress Disorder |
|  | F432 | Adjustment Disorder |
|  | F4000 | Agoraphobia |
|  | F10 | Alcohol-Induced Disorder |
|  | F15 | Amphetamine, Caffeine or Other Stimulant-Induced Disorder |
|  | F5002 | Anorexia Nervosa, Binge-eating/purging type |
|  | F5001 | Anorexia Nervosa, Restricting type |
|  | F602 | Antisocial Personality Disorder |
|  | F419 | Anxiety Disorder |
|  | F90 | Attention-Deficit/Hyperactivity Disorder |
|  | F840 | Autism Spectrum Disorder |
|  | F606 | Avoidant Personality Disorder |
|  | F31 | Bipolar I Disorder |
|  | F318 | Bipolar II Disorder |
|  | F4522 | Body Dysmorphic Disorder |
|  | F603 | Borderline Personality Disorder |
|  | F23 | Brief Psychotic Disorder |
|  | F502 | Bulimia Nervosa |
|  | F12 | Cannabis-Induced Disorder |
|  | F8081 | Childhood-Onset Fluency Disorder (Stuttering) |
|  | F1410 | Cocaine Use Disorder |
|  | F14 | Cocaine-Induced Disorder |
|  | F05 | Delirium, not induced by alcohol and other psychoactive substances |
|  | F22 | Delusional Disorder |
|  | F02 | Dementia - Other / Major Neurocognitive Disorder |
|  | F03 | Dementia - Unspecified |
|  | F01 | Dementia - Vascular / Probable Major Vascular Neurocognitive Disorder |
|  | F607 | Dependent Personality Disorder |
|  | F481 | Depersonalization/Derealization Disorder |
|  | F33 | Depressive Disorder - Recurrent Episode |
|  | F32 | Depressive Disorder - Single Episode |
|  | F82 | Developmental Coordination Disorder |
|  | F942 | Disinhibited Social Engagement Disorder |
|  | F348 | Disruptive Mood Dysregulation Disorder |
|  | F919 | Disruptive, Impulse-Control or Conduct Disorder |
|  | F449 | Dissociative Disorder |
|  | F652 | Exhibitionistic Disorder |
|  | F6810 | Factitious Disorder |
|  | F650 | Fetishistic Disorder |
|  | F6581 | Frotteuristic Disorder |
|  | F630 | Gambling Disorder |
|  | F649 | Gender Dysphoria |
|  | F88 | Global Developmental Delay |
|  | F16 | Hallucinogen-Induced Disorder |
|  | F604 | Histrionic Personality Disorder |
|  | F4521 | Illness Anxiety Disorder |
|  | F18 | Inhalant Use Disorder |
|  | F79 | Intellectual Disability (Intellectual Developmental Disorder) |
|  | F632 | Kleptomania |
|  | F809 | Language / Communication Disorder |
|  | F6081 | Narcissistic Personality Disorder |
|  | F89 | Neurodevelopmental Disorder |
|  | F42 | Obsessive-Compulsive Disorder |
|  | F605 | Obsessive-Compulsive Personality Disorder |
|  | F111 | Opioid Use Disorder |
|  | F11 | Opioid-Induced Disorder |
|  | F913 | Oppositional Defiant Disorder |
|  | F191 | Other (or Unknown) Substance Use Disorder |
|  | F19 | Other (or Unknown) Substance-Induced Disorder |
|  | F06 | Other mental disorders due to brain damage / dysfunction / physical disease |
|  | F508 | Other Specified Feeding or Eating Disorder |
|  | F99 | Other Specified Mental Disorder |
|  | F28 | Other Specified Schizophrenia Spectrum and Other Psychotic Disorder |
|  | F410 | Panic Disorder |
|  | F600 | Paranoid Personality Disorder |
|  | F659 | Paraphilic Disorder |
|  | F654 | Pedophilic Disorder |
|  | F34 | Persistent Depressive Disorder (Dysthymia) |
|  | F07 | Personality and behavioural disorders due to brain disease, damage and dysfunction |
|  | F609 | Personality Disorder |
|  | F161 | Phencyclidine Use Disorder |
|  | F40298 | Phobia - Other |
|  | F3291 | Postnatal Depression |
|  | F531 | Postpartum Psychosis |
|  | F431 | Posttraumatic Stress Disorder |
|  | F631 | Pyromania |
|  | F941 | Reactive Attachment Disorder |
|  | F250 | Schizoaffective Disorder, Bipolar type |
|  | F251 | Schizoaffective Disorder, Depressive type |
|  | F601 | Schizoid Personality Disorder |
|  | F209 | Schizophrenia |
|  | F2081 | Schizophreniform Disorder |
|  | F21 | Schizotypal Personality Disorder |
|  | F13 | Sedative, Hypnotic, or Anxiolytic-Induced Disorder |
|  | F940 | Selective Mutism |
|  | F930 | Separation Anxiety Disorder |
|  | F52 | Sexual Dysfunction/Disorder |
|  | F6551 | Sexual Masochism Disorder |
|  | F6552 | Sexual Sadism Disorder |
|  | F51 | Sleep Disorder |
|  | F8089 | Social (Pragmatic) Communication Disorder |
|  | F4010 | Social Anxiety Disorder (Social Phobia) |
|  | F451 | Somatic Symptom Disorder |
|  | F81 | Specific Learning Disorder |
|  | F800 | Speech Sound Disorder |
|  | F959 | Tic Disorder |
|  | F17 | Tobacco Use Disorder |
|  | F952 | Tourette's Disorder |
|  | F651 | Transvestic Disorder |
|  | F09 | Unspecified Mental Disorder Due to Another Medical Condition |
|  | F29 | Unspecified Schizophrenia Spectrum and Other Psychotic Disorder |
|  | F653 | Voyeuristic Disorder |
| Supplementary values | Value | Meaning |
|  | Z71.1 | No Diagnosis Identified |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory to report at least one mental health condition, when the client has been discharged (i.e. **discharge date** is not null) |
| Collection and usage attributes |
| Guide for use | Report the client’s mental health conditions and/or diagnosis (by severity), as advised by CCS and/or after the client has undergone comprehesive assessment (including self-reported).Up to 5 mental health conditions may be reported from the most severe to the least severe.This set of mental health conditions was developed in consultation with clinicians from the FMHiCH program service providers. As clinical terminology was preferred over a classification/coding taxonomy, the descriptors are sourced from the Diagnostic and Statistical Manual of Mental Disorders (DSM–5), whilst the codes are ICD-10. |
| Purpose/context | Epidemiology, program evaluation, 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 | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Service—MHARS assessment flag—A

|  |
| --- |
| Identifying and definitional attributes |
| Definition | An indication of whether an assessment has been performed by the Mental Health Advice and Response Service (MHARS) prior to referral of the client to the Community Health Service |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | String |
| Format | A | Maximum character length | 1 |
| Permissible values | ***Value*** | *Meaning* |  |
|  | Y | An assessment has been completed |  |
|  | N | An assessment has not been completed |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory when the client has been discharged (i.e. **discharge date** is not null) |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | Program evaluation |
| 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 | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Service—referring CCS office—NN

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The Community Correctional Services office which referred the client to the Community Health Service |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | NN | Maximum character length | 2 |
| Permissible values | Value | Meaning |
|  | 01 | Bairnsdale |
|  | 02 | Ballarat |
|  | 03 | Bayside |
|  | 04 | Bendigo |
|  | 05 | Broadmeadows |
|  | 06 | Carlton |
|  | 07 | Collingwood |
|  | 08 | Coolaroo |
|  | 09 | Cranbourne |
|  | 10 | Dandenong |
|  | 11 | Frankston |
|  | 12 | Heidelberg |
|  | 13 | Horsham |
|  | 14 | Melton |
|  | 15 | Morwell |
|  | 16 | Pakenham |
|  | 17 | Reservoir |
|  | 18 | Rosebud |
|  | 19 | Sale |
|  | 20 | South Morang |
|  | 21 | Sunshine |
|  | 22 | Warragul |
|  | 23 | Werribee |
|  | 24 | Wonthaggi |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use | TBA |
| Purpose/context | Source of referral is important in assisting analysis of inter-service client flow and program evaluation. |
| Source and reference attributes |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | DHHS |
| Value domain identifier |  |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Service—tobacco use at commencement—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | An indication of whether the client used tobacco at the commencement of the episode of service |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | ***Value*** | *Meaning* |  |
|  | 1 | Daily |  |
|  | 2 | Occasional |  |
|  | 3 | Ex-smoker |  |
|  | 4 | Non-smoker/never smoked |  |
|  | 5 | Not asked |  |
|  | 6 | Refused to answer |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory when the client has been discharged (i.e. **discharge date** is not null) |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | Program evaluation, reporting for DHHS Outcomes Framework and Victorian Public Health and Wellbeing Outcomes Framework |
| 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 | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Service—tobacco use on discharge—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | An indication of whether the client used tobacco at the end of the episode of service |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | ***Value*** | *Meaning* |  |
|  | 1 | Daily |  |
|  | 2 | Occasional |  |
|  | 3 | Ex-smoker |  |
|  | 4 | Non-smoker/never smoked |  |
|  | 5 | Not asked |  |
|  | 6 | Refused to answer |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory when the client has been discharged (i.e. **discharge date** is not null) |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | Program evaluation, reporting for DHHS Outcomes Framework and Victorian Public Health and Wellbeing Outcomes Framework |
| 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 | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Service—treatment goal—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | An overall indication of whether the client’s treatment goal has been achieved at the end of an episode of service |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | ***Value*** | *Meaning* |  |
|  | 1 | Treatment goal achieved |  |
|  | 2 | Treatment goal partially achieved |  |
|  | 3 | Treatment goal not achieved |  |
|  | 7 | Unable to make initial contact  |  |
|  | 8 | Client refused assessment/did not consent/disengaged |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory when the client has been discharged (i.e. **discharge date** is not null) |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | Program evaluation |
| 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 | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Service—screening outcome—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | A record of the outcome of the initial screening of the client for suitability of treatment under the Forensic Mental Health in Community Health program |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | ***Value*** | *Meaning* |  |
|  | 1 | No mental health treatment required |  |
|  | 2 | For comprehensive assessment – priority |  |
|  | 3 | For comprehensive assessment – wait list |  |
|  | 7 | Unable to make initial contact |  |
|  | 8 | Client refused assessment / did not consent / disengaged |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory when the client has been discharged (i.e. **discharge date** is not null) |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | Program evaluation |
| Source and reference attributes |
| Definition source | DHHS |
| Definition source identifier |  |
| Value domain source | DHHS |
| Value domain identifier |  |
| Relational attributes |
| Related concepts | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

### Service—step down from AMHS flag—A

|  |
| --- |
| Identifying and definitional attributes |
| Definition | An indication of whether the client is being referred to the Community Health Service as a ‘step down’ – i.e. immediatley following treatment by an Area Mental Health Service |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | String |
| Format | A | Maximum character length | 1 |
| Permissible values | ***Value*** | *Meaning* |  |
|  | Y | Step-down from AMHS |  |
|  | N | Direct referral from CCS (no step-down from AMHS) |  |
| Data element attributes |
| Reporting attributes  |
| Reporting requirements | Mandatory |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | Program evaluation |
| 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 | [Client](#_Client_2) |
| Related data elements |  |
| Edit/validation rules |  |
| Other related information |  |

##

# Appendices

## Data element summary and submission guidelines

These tables show all data elements by logical group, in alphabetical order.

### Client (one record per client)

The quarterly data submission should contain the client’s current/latest client data; it is acknowledged that this may change over time and thus be different to that previously reported for the same client.

Clients should be reported when there has been any activity for that client (episode, contact or referral) during the reporting period, or when any episode, contact or referral data for that client has been updated since the last submission.

| CSV filename | Data element | Data type | Mandatory status | CSV column header |
| --- | --- | --- | --- | --- |
| CLIENT | campus client identifier | Number  | Mandatory | CAMPUS\_CLIENT\_ID |
| campus code | Number  | Mandatory | COMMUNITY\_HEALTH\_SERVICE |
| concession card type | Number  | Mandatory | CONCESSION\_CARD\_TYPE |
| country of birth | Number  | Mandatory | COUNTRY\_OF\_BIRTH |
| date of birth | Date/Time | Mandatory | DATE\_OF\_BIRTH |
| date of birth accuracy | Number  | Mandatory | DATE\_OF\_BIRTH\_ACCURACY |
| employment status | Number  | Mandatory | EMPLOYMENT\_STATUS |
| family name | String | Mandatory | FAMILY\_NAME |
| first given name | String | Mandatory | FIRST\_GIVEN\_NAME |
| gender identity | Number  | Mandatory | GENDER\_IDENTITY |
| health conditions 1-10 | Number  | Mandatory | HEALTH\_CONDITIONS\_1 - HEALTH \_CONDITIONS\_10 |
| history of deliberate self-harm flag | Number  | Mandatory | HISTORY\_OF\_DELIBERATE\_SELF\_HARM\_FLAG |
| history of suicide attempts flag | Number  | Mandatory | HISTORY\_OF\_SUICIDE\_ATTEMPTS\_FLAG |
| homelessness type | Number  | Optional | HOMLESSNESS\_TYPE |
| indigenous status | Number  | Mandatory | INDIGENOUS\_STATUS |
| individual healthcare identifier | Number  | Optional | INDIVIDUAL\_HEALTHCARE\_IDENTIFIER |
| justice accused identifier (JAID) | Number  | Mandatory | JUSTICE\_ACCUSED\_IDENTIFIER |
| level of education | Number  | Mandatory | LEVEL\_OF\_EDUCATION |
| living arrangement | Number  | Mandatory | LIVING\_ARRANGEMENT |
| locality name | String | Mandatory | LOCALITY\_NAME |
| marital status | Number  | Mandatory | MARITAL\_STATUS |
| Medicare card number | Number  | Optional | MEDICARE\_CARD\_NUMBER |
| need for interpreter services | Number  | Mandatory | NEED\_FOR\_INTERPRETER\_SERVICES |
| occupation | String | Mandatory | OCCUPATION |
| out-of-home care history flag | Number  | Mandatory | OUT\_OF\_HOME\_CARE\_HISTORY\_FLAG |
| postcode | Number  | Mandatory | POSTCODE |
| preferred language | Number  | Mandatory | PREFERRED\_LANGUAGE |
| refugee status | Number  | Mandatory | REFUGEE\_STATUS |
| social conditions 1-10 | Number  | Optional | SOCIAL\_CONDITIONS\_1 - SOCIAL\_CONDITIONS\_10 |
| support person, additional | Number  | Optional | SUPPORT\_PERSON\_ADDITIONAL |
| support person, primary | Number  | Mandatory | SUPPORT\_PERSON\_PRIMARY |
| usual accommodation type | Number  | Mandatory | USUAL\_ACCCOMODATION\_TYPE |

### Contact (one record per contact)

Contact records are only required where there has been a contact recorded for a client.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CSV filename** | **Data element** | **Data type** | **Mandatory status** | **CSV column header** |
| CONTACT | contact date | Date/Time | Mandatory | CONTACT\_DATE |
| discipline | Number  | Mandatory | DISCIPLINE |
| direct time | Number  | Mandatory | DIRECT\_TIME |
| episode identifier | Number  | Mandatory | EPISODE\_IDENTIFIER |
| indirect time | Number  | Optional | INDIRECT\_TIME |
| interpreting time | Number  | Mandatory | INTERPRETING\_TIME |
| location type | Number  | Mandatory | LOCATION\_TYPE |
| medium | Number  | Mandatory | MEDIUM |
| secondary consultation | Number  | Optional | SECONDARY\_CONSULTATION |

### Referral (one record per care plan referral)

Referral records are only required where there has been a referral recorded for a client.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CSV filename** | **Data element** | **Data type** | **Mandatory status** | **CSV column header** |
| REFERRAL | date referral sent | Date/Time | Mandatory | DATE\_REFERRAL\_SENT |
| episode identifier | Number | Mandatory | EPISODE\_IDENTIFIER |
| referral out provider type | Number | Mandatory | REFERRAL\_OUT\_PROVIDER\_TYPE |

### Episode (one record per episode of service)

The quarterly data submission should contain episodes where the ‘**date CCS referral received**’ falls within the quarterly reporting period, or where any previously reported episode’s data has been updated since the last submission.

| CSV filename | Data element | Data type | Mandatory status | CSV column header |
| --- | --- | --- | --- | --- |
| EPISODE | campus client identifier | Identifier | Mandatory | CAMPUS\_CLIENT\_ID |
| campus code | Identifier | Mandatory | CAMPUS\_CODE |
| comprehensive assessment outcome | Code | Mandatory[[1]](#footnote-2) | COMPREHENSIVE\_ASSESSMENT\_OUTCOME |
| date CCS referral received | Date | Mandatory | DATE\_CCS\_REFERRAL\_RECEIVED |
| date comprehensive assessment sent to CCS | Date | Mandatory1 | DATE\_COMPREHENSIVE\_REFERRAL\_SENT\_TO\_CCS |
| discharge date | Date | Mandatory1 | DISCHARGE\_DATE |
| discharge reason | Code | Mandatory1 | DISCHARGE\_REASON |
| episode identifier | Identifier | Mandatory | EPISODE\_IDENTIFIER |
| HoNOS score - initial | Code | Mandatory[[2]](#footnote-3) | HONOS\_SCORE\_AT\_COMMENCEMENT |
| HoNOS score - final | Code | Mandatory[[3]](#footnote-4) | HONOS\_SCORE\_ON\_DISCHARGE |
| mental health conditions 1-5 | Code | Mandatory1 | MENTAL\_HEALTH\_CONDITION\_1 - MENTAL\_HEALTH\_CONDITION\_5 |
| MHARS assessment flag | Code | Mandatory1 | MHARS\_ASSESSMENT\_FLAG |
| referring CCS office | Code | Mandatory | REFERRING\_CCS\_OFFICE |
| tobacco use at commencement | Code | Mandatory1 | TOBACCO\_USE\_AT\_COMMENCEMENT |
| tobacco use on discharge | Code | Mandatory1 | TOBACCO\_USE\_ON\_DISCHARGE |
| treatment goal | Code | Mandatory1 | TREATMENT\_GOAL |
| screening outcome | Code | Mandatory1 | SCREENING\_OUTCOME |
| step down from AMHS flag | Code | Mandatory | STEP\_DOWN\_FROM\_AMHS\_FLAG |

##

## Large-value domains

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

Large-value domains that relate to the FMHiCH program data set 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](http://www.abs.gov.au/ausstats/abs%40.nsf/mf/1269.0)
* Client-health conditions

To be published via CMHDS website –refer to Episode health conditions-draft list 2017\_05.xlsx 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](http://www.abs.gov.au/ausstats/abs%40.nsf/mf/1267.0)
* Service-presenting reason for attendance

To be published via CMHDS website –refer to Reasons for Attendance-draft list 2017\_04.xlsx

Master code set v4.0

* Service—service provider number
* Campus—campus code
1. Mandatory when the client has been discharged (i.e. **discharge date** is not null) [↑](#footnote-ref-2)
2. Mandatory when HoNOS was measured at least once [↑](#footnote-ref-3)
3. Mandatory when HoNOS was measured more than once [↑](#footnote-ref-4)