

# 1 Introduction

## 1.1 Background

In May 2001, the Australian Institute of Health and Welfare (AIHW) was contracted by the Department of Health and Aged Care (DHAC) to undertake a project aimed at developing a new draft application form and supporting data dictionary for the Continence Aids Assistance Scheme (CAAS). The existing application form was in need of updating to reflect minor changes in the scheme introduced from 1 July 2001. It was also recognised that the application form could be improved to make the eligibility criteria and the application process clearer to potential applicants and to health professionals involved in assessing applicants.

This document is the final report from that project, incorporating:

- The draft Application Form and Application Guidelines for CAAS (Section 2);
- Version 1.0 of the CAAS Data Dictionary (Section 3); and
- A report on the review of the data collection and data storage systems used by PQ Lifestyles in June 2001 (Section 4).

The objective of the CAAS Data Dictionary is largely to support the new application form and to provide detailed definitions of data elements required to be collected for the purposes of managing CAAS and for reporting on CAAS clients.

## 1.2 CAAS

The aim of CAAS is to assist people of working age with permanent incontinence resulting from a permanent disability to defray the cost of continence management. It is intended to complement the State and Territory government schemes that predate CAAS.

CAAS was first introduced by the Commonwealth Government in 1993. At that time it was administered separately by a number of independent, mostly state-based non-government agencies. In December 1995, the Department of Health and Family Services called for tenders for national administration of CAAS under a single contract. The Paraplegic and Quadriplegic Association of Queensland (PQAQ), through its commercial arm, PQ Lifestyles, won the tender for the contract period of 1 January 1997 to 30 June 1999. The contract with PQ Lifestyles has since been extended, and is current now until June 2002.

PQ Lifestyles initially administered CAAS through subcontracting arrangements with the previous State based providers. Since July 1999 the processing of orders has been centralised in the Queensland office of PQ Lifestyles and warehousing and delivery of orders subcontracted to Fauldings Health Care.

CAAS currently provides a subsidy of up to \$460 per annum per client on the purchase of continence aids. The subsidy is not paid directly to the client. Instead, eligible clients can purchase up to \$460 worth of approved continence aids per year,

through the service administrator (currently PQ Lifestyles). Unspent money cannot be carried over by clients into the following financial year. The amount of subsidy available to clients in their first year is calculated on a pro-rata basis depending on the date they enter the scheme (as of 1 July 2001, this is counted from the date of receipt of a completed eligible application and associated proof documentation).

PQ Lifestyles is required to administer the program (including approval of eligible applicants), supply the clients with client requested continence aids under a schedule agreed to by DHAC, maintain accurate records and report to DHAC regularly.

PQ Lifestyles is required to collect particular information from applicants, for the purposes of managing and administering CAAS and reporting to DHAC. The application form and supporting documentation (documentation from Centrelink regarding eligibility for the Disability Support Pension (DSP) or Mobility Allowance, the health assessment from a health professional and, in some cases, an assessment from Health Services Australia) are the main sources of information.

Other than client information, PQ Lifestyles is also required to collect information relating to client orders (type and amount), client 'expenditure' against their subsidy allocation, dispatch information, complaints, number of phone calls to the telephone help line (which is the same as order line) and financial information.

PQ Lifestyles are also interested in undertaking more analysis of the data in the future than has been the case to date. This will be facilitated by the change in data systems from the two current separate systems to one integrated system. They are particularly interested in examining purchasing patterns of clients and ways to make the program more efficient.

As part of the project to develop an application form and data dictionary the AIHW was required to review the current data collection and data storage systems used by PQ Lifestyles. The report on this review is provided in Section 4 of this report.

### **1.3 Development of the application form and data dictionary for CAAS**

The main steps involved in the development of the application form and associated data dictionary for CAAS were:

- Review current application form and associated application guidelines in consultation with DHAC, PQ Lifestyles and Health Services Australia (Health Services Australia provides expert advice in cases where eligibility based on the medical condition of the applicant is unclear);
- Review the current data collection and data storage systems used by PQ Lifestyles (see Section 4);
- Clarify the eligibility criteria for CAAS;
- Determine the information needs of DHAC in relation to CAAS (i.e. what do they want to know about CAAS clients and what is the primary source of this information);

- Determine the information needs of PQ Lifestyles (i.e. what do they need to know to manage CAAS and for reporting purposes, and what is the primary source of this information);
- Determine how best to present the eligibility criteria to make the assessment process clearer for health professionals;
- Review the documentation relating to CAAS (such as the previous reviews of CAAS, a recent cabinet submission, PQ Lifestyles' monthly, quarterly and annual reports and PQ Lifestyles' contract with DHAC); and
- Examine related data collections such as the Home and Community Care Minimum Data Set (HACC MDS), the Commonwealth and State Disability Agreement Minimum Data Set (CSDA MDS), the Aged Care Assessment Program Minimum Data Set (ACAP MDS), the Community Aged Care Packages National Minimum Data Set (CACP MDS), the *National Community Services Data Dictionary Version 2* (NCSDD V2), and the ABS Survey of Disability, Ageing and Carers, 1998.

#### **1.4 Issues encountered during development**

A number of issues arose whilst drafting the new application form and application guidelines for CAAS. These are outlined below:

- One of the main difficulties encountered while trying to define key data concepts and data elements was the lack of clear and concise program objectives and a target population group for CAAS. This led to some inconsistencies and a lack of clarity in some of the eligibility criteria for CAAS:
  - In particular the health conditions that are considered eligible are not consistent or clearly articulated. This has led to some difficulties in interpretation of what is an eligible 'health condition' by PQ Lifestyles and Health Services Australia.
  - The eligibility criteria relating to income support/benefit seems inconsistent. It includes that a person must be eligible for the Disability Support Pension (which has a means test as well as a 20 point disability check) OR in receipt of Mobility Allowance (which has no means test and is related to inability to utilise public transport without assistance). Similarly there is a lack of clarity around the eligibility of veterans and whether they need to also be eligible for the Disability Support Pension or Mobility Allowance.
  - Hours worked in relation to applicants aged 65 years or over. It is not specified if this requirement is for an average number of hours over a specific time period, or what that time period may be.
- Related to the first dot point, reporting requirements of DHAC are not linked to performance indicators per se. It was therefore not easy to clearly articulate the information requirements of DHAC.
- Lack of clarity regarding the appropriate proof required to support an eligible application.

- Some of the terms used in the past were very confusing (for example, 'left scheme'). DHAC resolved this with PQ Lifestyles for reporting in the future.
- The issue of how to count and ultimately treat clients who may have died or no longer use the scheme arose while trying to define a 'client'. A possible method of managing these clients was developed during discussions between DHAC and PQ Lifestyles (see report of the review in Section 4).
- The current application form is laid out in such a way as to act as a screening tool for people filling out the form. It was agreed that it would be more efficient to provide greater detail in the guidelines for both applicants and health professionals. Hopefully this will reduce the number of ineligible people applying for CAAS.
- Changing eligibility criteria in regard to health condition. Parkinson's disease and dementia were included during the development of the application form and Data Dictionary. DHAC decided that mention of dementia as an 'ineligible disease' should be removed from the application guidelines. However, it will not be mentioned as an 'eligible disease' either. Parkinson's disease is now to be specifically mentioned as an 'eligible disease' in the application guidelines.