

Client characteristics meta-data in residential aged care

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Abbreviations

2624 form	Aged Care Application and Approval form (2624)
ABS	Australian Bureau of Statistics
ACAP MDS V2.0	Aged Care Assessment Program Minimum Data Set Version 2.0
ACAT	Aged Care Assessment Team
ACCMIS	Aged and Community Care Management Information System
AIHW	Australian Institute of Health and Welfare
CACP	Community Aged Care Packages
DoHA	Commonwealth Department of Health and Ageing
DVA	Department of Veterans' Affairs
HACC	Home and Community Care
NCSD	<i>National Community Services Data Dictionary Version 2, 2000</i>
NHDD	<i>National Health Data Dictionary Version 10, 2001</i>
NMDS	National Minimum Data Set
SPARC	System for Payment of Aged Residential Care

Main recommendations

This report aims to facilitate cross-program analysis of client characteristics data, by completing a 'stocktake' of data items relating to client characteristics in primary data collection forms used in the residential aged care program. Client characteristics are basic socio-demographic variables such as *Date of birth*, *Sex* and *Country of birth*. Each data item has been assessed for consistency and mappability with national standards and other related national program data collections.

In the short-term it is proposed that the four recommendations listed below be implemented to improve the quality and policy relevance of data collected, reported and analysed for the residential aged care program. More detail about these recommendations is included in Section 2.

For the long-term, modifications have also been suggested to improve data items on residential aged care forms and achieve greater consistency with national standards and across all the forms. Suggested long-term modifications are summarised in Section 3 of this report.

Recommendation 1: Date of birth, sex and full name information on the Resident Entry Record form

Include guidelines for the reporting of *Date of birth*, *Sex*, *First given name* and *Family name/surname* on the Resident Entry Record form, to ensure that information is reported according to national standards. These changes will make identifying information on the Resident Entry Record form consistent with both national standards and the next version of the 2624 form (that will include ACAP MDS V2.0 reporting requirements). Improved consistency in the way data is reported on the two forms will assist in the manual matching of the Resident Entry Record to the 2624 form. In turn, this may assist to minimise any incorrect matching of forms and electronic records that may occur.

Recommendation 2: Accommodation setting

Include the following codes for *Accommodation setting* in future versions of the ACAP MDS, HACC MDS, and CACP data collection:

- Independent living within a retirement village
- Supported living within a retirement village
- Other supported accommodation

In relation to ACAP, CACP and HACC, these codes could serve to more clearly identify people living in retirement villages that are receiving support services (they are currently identified as people living in 'supported accommodation', which includes other types of accommodation). This recommendation assumes an ongoing policy interest in the support provided by aged and community care programs to people living in a retirement village setting.

Recommendation 3: Income information on the Resident Entry Record

Load data relating to questions 5 and 6 from the Resident Entry Record onto the Aged and Community Care Management Information System (ACCMIS) for the purposes of data analysis. Currently, data from the 2624 is used to provide information about the pension status of aged care residents (Centrelink/Veterans' Affairs or Self-funded retiree). The ACAP MDS Version 2.0 will be implemented from January 2003, and will replace client characteristics information currently reported on the 2624. The ACAP MDS Version 2.0 does not include information about client income, therefore data from the Resident Entry Record could be used to provide this information, including whether the person is a full-, part- or non-pensioner, and the type of pension they may receive (Centrelink or DVA).

Recommendation 4: ACAP MDS Version 2.0 data

Load all data included as a reporting requirement for the ACAP MDS Version 2.0 onto ACCMIS so that these data are available for analysis of the characteristics of the residential aged care population. Version 2.0 of the ACAP MDS is due for implementation in January 2003, and will be incorporated into the next version of the Aged Care Application and Approval (2624) form.

1 Introduction

1.1 Structure and purpose of this report

This report is a deliverable (Project 3) under the Schedule for Aged and Community Care Data Development under the Memorandum of Understanding between the Commonwealth Department of Health and Ageing (DoHA) and the Australian Institute of Health and Welfare (AIHW). The purpose of this report is to facilitate cross-program analysis of client characteristics data, by completing a 'stocktake' of data items relating to client characteristics in primary data collection forms used in the residential aged care program. Client characteristics are basic socio-demographic variables such as *Date of birth*, *Sex* and *Country of birth* (see Section 3 for a full listing). Each data item has been assessed for consistency and mappability with national standards and other related national program data collections.

Four short-term recommendations have been made to revise some data collection and reporting requirements to achieve greater comparability across programs, to improve the data's ability to inform policy issues, and to improve data collection and reporting methods. This report includes a discussion of the usefulness and relevance of these data on client characteristics to current policy issues and debates. The main policy areas discussed include:

- the potential for record linkage between residential aged care and other programs;
- types of accommodation settings and geographic locations in which people live prior to entry into residential aged care;
- income status across all programs; and
- informal support networks available to older people in the community, prior to entry into residential aged care;
- cultural and linguistic diversity across all programs;
- insurance characteristics across all programs.

Short-term recommendations are summarised at the beginning of this report, and discussed in Section 2.

Longer-term modifications have also been suggested in relation to some data items on residential aged care forms, which are aimed at improving quality and consistency with national standards. Data collected on the forms are generally used for administrative purposes only, and are not collected for the purposes of analysis for national reports on clients of residential aged care. These modifications may be incorporated into the forms at some point in the future, perhaps in conjunction with other revisions. Longer-term modifications are summarised in Section 3 and are detailed in Appendix A.

1.2 Residential aged care forms included in this report

The residential aged care forms included in the scope of this report include:

Forms completed and submitted by residential aged care service providers:

- Resident Entry Record (Version 2721 (0005))
- Application for Classification (Version 2568 (9907))
- Residential Aged Care Payment Claim form (Revised 04/00)

Forms completed and submitted by Aged Care Assessment Teams:

- Aged Care Application and Approval form (2624 (0011))
- Respite Care – 21 Day Extension form (2670 (9711))

Forms completed and submitted by residents of aged care facilities (or their representatives):

- Helping you with your residential aged care fee (SA316.9803)
- Appointment of a nominee (SA316.9803)
- Application for Financial Hardship Assistance (2799(0201))

1.3 Residential aged care data available for analysis

Data from the forms listed above are currently entered into DoHA's electronic 'System for Payment of Aged Residential Care' (SPARC). Data from SPARC is then loaded onto DoHA's data warehouse, the 'Aged and Community Care Management Information System' (ACCMIS). ACCMIS contains data on clients of the Aged Care Assessment Program, Community Aged Care Packages and residential aged care. Each client within the data warehouse has a completed Aged Care Application and Approval (2624) form, and is identified as either CACP or residential aged care. Not all the data from the 2624 is currently entered onto SPARC and ACCMIS. Data items from Section B of the 2624 relating to the 'applicant's condition' and 'additional care considerations' (dependency items and carer information) are not entered, and are therefore not available for data analysis.

For the purposes of data analysis for AIHW national reports on residential aged care, data collected on the 2624 has been used, as it is the most comprehensive source of data on the characteristics of residents of aged care facilities. Therefore, the current version of the 2624 form and Version 2.0 of the ACAP MDS are the focus of this report. Version 2.0 of the ACAP MDS, due for implementation in January 2003, will replace the current data items on the 2624. Therefore, recommendations have not been made to change any of the 2624 data items, although some inconsistencies with national standards and related national data collections are documented in mapping exercises throughout this report, in order to highlight any issues around comparability with current 2624 data which may effect time-series analyses.

Data from the 2624 are current at the time of the person's ACAT assessment, which may take place up to a year before the person enters a residential aged care service. Therefore, it should be noted that some client characteristics (such as *Accommodation setting* and *Carer availability*) may change before the person enters residential aged care. Other data items, such as *Date of birth*, *Indigenous status* and *Country of birth*, do not change over time.

1.4 National standards used for this report

The following national standards have been used when assessing data items for consistency:

- *National Community Services Data Dictionary* Version 2, 2000 (NCSDD);

- *National Health Data Dictionary* Version 10, 2001 (NHDD); and
- Australian Bureau of Statistics (ABS) Classifications.

The NCSDD and NHDD have been endorsed by the National Community Services Information Management Group (NCSIMG) and the National Health Information Management Group (NHIMG), respectively, for use in all national community services or health information development projects. Both NCSIMG and NHIMG endorse the use of Australian Bureau of Statistics standards where relevant. National standards that have been excluded from the assessment for consistency include HL7 and standards published by Standards Australia. These standards have not been included as their focus is on electronic transmissions protocols, and this report focuses on the content and meaning of data definitions, rather than transmission methods.

Data items are assessed as inconsistent with national standards when it is clear that the piece of information a data item is reporting has a relevant existing national standard, and the definition is not consistent in meaning and/or the data domain does not map to the highest level of the national standard data domain. Ideally, the coding categories in a data domain should be mappable to at least the highest level of the data domain in the national standard. However, this should not prevent national data collections from using only those coding categories that are relevant to the program, provided they are codes that can be mapped or aggregated to at least the highest level code in the national standard data domain.

1.5 National program data collections related to residential aged care included in this report

National program data collections that have been compared to residential aged care data items in the interests of cross-program analysis include:

- Aged Care Assessment Program (ACAP) Minimum Data Set Version 2.0;
- Community Aged Care Package (CACP) Program Data Dictionary Version 1.0 (census due for implementation in 2002);
- Current Community Aged Care Package Payment Claim form;
- Home and Community Care (HACC) National Minimum Data Set (incorporating Version 1.5 of the Guidelines);
- Admitted Patient National Minimum Data Set; and
- Community Mental Health Care National Minimum Data Set.

A diagram of client 'program groups' and related data resources is included in this section to assist in establishing an overall picture of the scope of this report. Programs such as ACAP are represented in square boxes with data resources listed inside, and electronic databases such as SPARC are represented in circular boxes. The box 'ACAT assessed clients' has a thicker border than other boxes to indicate that this is the primary source of data for aged care resident characteristics. Dotted lines between the residential aged care box and Centrelink and Department of Veterans' Affairs (DVA) data represent the fact that information is shared across these 2 entities in order to determine residential aged care fees.

Client groups and data resources related to residential aged care and other related programs

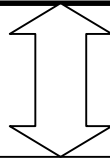
HACC CLIENTS
HACC MDS
Version 1.5

COMMUNITY MENTAL HEALTH CLIENTS
Community Mental Health Care NMDS

ADMITTED PATIENTS
Admitted patients NMDS

ACAT ASSESSED CLIENTS
(prior to permanent or respite entry into residential aged care or CACPs)
Aged Care Application and Approval form (2624)
(current version to be replaced by ACAP MDS V2.0)
ACAP MDS Version 2.0 (implementation in 2003)
Respite care 21 day extension

COMMUNITY AGED CARE PACKAGE CLIENTS
CACP Payment Claim form
CACP data collection (census week collection begins mid 2002)
Merlin—electronic database separate to SPARC ¹.



RESIDENTIAL AGED CARE LOW CARE and HIGH CARE

Resident entry record
Application for classification
Residential aged care payment claim form
Helping you with your residential aged care fee
Appointment of a nominee
Application for financial hardship

SPARC electronic database (System of Payment for Aged Residential Care)

Centrelink data
Linkage via Centrelink customer Ref. No.

DVA data
Linkage via DVA Ref No.

2 Discussion

This section is a discussion relating to all the client characteristic data items within the scope of this report, including the main (short-term) recommendations, and also the long-term suggested modifications, which are summarised in Section 3 and detailed at Appendix A. In some cases, no changes have been recommended to data items, and they are discussed and mapped in terms of consistency and comparability with national standards, and across programs.

2.1 Date of birth, Sex, Given name and Family name

2.1.1 Research purposes

Date of birth and *Sex* are collected in all of the national program data collections within the scope of this report. *Age* or *Age group* is usually derived from *Date of birth* data. These data items can be used to describe the residential aged care population, and also to examine specific research questions, such as variations in median entry period to residential aged care. For example, in the AIHW report 'Entry period to residential aged care', using bivariate analysis, it was found that the median entry period for low care residents increased with increasing age from 33 days for the under 65 age group to 60 days for the 85–89 age group (AIHW: 2002:3). When using *Sex* as a variable in bivariate analysis for low care residents, the median entry period for women was marginally longer than that for men (35 days compared to 31 days) (AIHW: 2002:3).

2.1.2 Statistical record linkage

Date of birth, *Sex* and selected letters of the *Given name* and *Family name* can also be used for the purposes of statistical record linkage. A Departmental ID number is currently assigned to each 2624 form when the form is entered onto the system. However, in most cases this ID number will not link individuals between different programs in the aged and community care system. For example, one person will have a separate ID number for CACP, a separate ID number attached to their 2624, and, if they later enter residential aged care, a separate ID number for residential aged care.

Statistical record linkage using *Date of birth*, *Sex* and selected letters from the person's *Family name* and *Given name* can be used to link records for clients of HACC, Community Mental Health, admitted patients and the CACP Program to records for residents of aged care services. As mentioned previously, *Date of birth*, *Given name* and *Family name* are collected on every form used within the residential aged care program, and *Sex* is collected on most. All these data items are currently recorded on the 2624 using a method that is mostly consistent with national standards. However, changes to enhance consistency have not been recommended due to the January 2003 implementation of the ACAP MDS Version 2.0.

Reporting requirements for ACAP MDS V2.0 will be incorporated into the 2624 form, and guidelines for the reporting of *Date of birth*, *Sex*, *Given name* and *Family name* are fully consistent with national standards. This will increase the reliability of statistical record

linkage between residential aged care data and other related program data (such as the CACP Program). Likewise, the new CACP Survey, due for collection in the second half of 2002, also includes these record linkage variables, which are fully consistent with national standards, and include all necessary guidelines.

When a person enters a residential aged care facility, the residential aged care provider completes a Resident Entry Record form and sends this into the State office of DoHA. The Resident Entry Record is manually matched up to the 2624, previously sent in by the ACAT, in order to verify that the person entering residential aged care has been approved as eligible by an ACAT. The matching is usually based on the person's *Given name, Family name, Sex* and *Date of birth*. Guidelines for the reporting of these data on the Resident Entry Record are not included, and therefore the reporting of this information may sometimes be different to the information on the current version of the 2624 (e.g. the spelling of names). The inclusion of guidelines on the Resident Entry Record for the reporting of these data would ensure consistency with national standards, and also help to reduce any errors in the form matching process.

Recommendation 1: Resident Entry Record form:

Include the following guidelines for the reporting of *Date of birth, Sex, First given name* and *Family name/surname* on the Resident Entry Record, to ensure that information is reported according to national standards. These changes will make identifying information on the Resident Entry Record form consistent with both national standards and the next version of the 2624 (that will include ACAP MDS V2.0 reporting requirements). Improved consistency in the way data is reported on the two forms will assist in the manual matching of the Resident Entry Record to the 2624. In turn, this may assist to minimise any incorrect matching of forms and electronic records that may occur.

1. Change *Date of birth* field on the Resident Entry Record form to include 8 separate boxes, to ensure that all numerals are reported. Include guidelines for how to estimate a person's *Date of birth* if their date of birth is not known, as follows:

'If not known, estimate year; enter 01/07 for the day and month.' The 01/07 convention is recommended in the ACAP MDS Version 2.0, however, the HACC MDS uses the convention of 01/01. In future, standardisation between programs would be advisable.

2. Include guideline for coding *Sex* where uncertainty exists:

'Where uncertainty exists about the sex of the person, the sex to be recorded is to be based on the observations/judgement of the interviewer'.

3. Include guidelines about the recording of *First given name* and *Family name/surname*, as follows:

'Please record the person's full (formal) given name and full family name.

4. Include information about which name to use when the person has a variety of names for *First given name* (sometimes the case with Aboriginal clients). This will help to minimise discrepancies in the recording and reporting of name information.

'At times, a person may be known by many names. This is sometimes the case with Aboriginal clients. Where uncertainty exists about which name to record, the name recorded on the person's Centrelink card should be used.'

Additional modifications in relation to other forms have been suggested for the long-term, and are included in Section 3, under *Date of birth, Sex, First given name* and *Family name/surname*.

2.2 Accommodation setting

Data on the accommodation setting in which people reside is included in the current version of the 2624, the ACAP MDS Version 2.0, the CACP data collection and the HACC MDS. These data are not included in the Admitted Patient NMDS or the Community Mental Health Care NMDS.

In view of Australia's ageing population and the move towards 'deinstitutionalisation' in the aged care sector; there is considerable policy interest in the types of accommodation in which older people live. Information is provided on the current 2624 about the type of setting a person has lived in for the 2 years preceding their ACAT assessment. However, the codes used in the current 2624 are not fully consistent with national standards or the other national data collections, which are detailed in Table 2: Accommodation setting and Tenure. Shaded cells in the table indicate data items that are not mappable to the national standard codes. Version 2.0 of the ACAP MDS includes information about the setting in which the person 'usually' lives at the time of their ACAT assessment. Information about the type of setting the person lived in immediately prior to entry into residential aged care is currently not available, although the addition of a new data item to the Resident Entry Record has been proposed by the AIHW (see Section 2.2.2 for more information).

Table 1: Accommodation setting and Tenure

NCSDD Version 2 Residential setting	NCSDD Version 2 Tenure type	2624 (normal residence for past 2 years)	ACAP MDS Version 2.0 Accommodation setting – usual	CACP DD Version 1.0 Accommodation setting	HACC MDS (Guidelines Version 1.5) Accommodation setting
Private setting	Owner fully owned being purchased	House/flat owner/purchaser	Private residence—owned/purchasing	Private residence—owned/purchasing	Private residence—owned purchasing
	Renter				
	Public housing	House/flat public tenant	Private residence—public rental or community housing	Private residence—public rental or community housing	Private residence—public rental
	Community housing				Private residence rented from Aboriginal community
					Temporary shelter within an Aboriginal community
	Private housing	House/flat private rental tenant	Private residence—private rental	Private residence—private rental	Private residence—private rental
			Board or lodgings	Boarding house/rooming house/private hotel	Boarding house/private hotel
					Private residence—mobile home
	Rent free				
	Shared equity or rent/buy scheme				
		Remote Aboriginal community ¹			
Community-based setting			Short-term crisis, emergency/transitional accommodation	Short-term crisis, emergency/transitional accommodation	Short-term crisis, emergency/transitional accommodation

¹ 2624 Remote Aboriginal community does not map to NCSDD Tenure type, as it does not distinguish between whether land is owned by the residents (Code 2 Owner), or by a community organisation such as an Aboriginal Land Council (code 22 Community housing).

Table 1 (continued): Accommodation setting and Tenure

NCSDD Version 2 Residential setting	NCSDD Version 2 Tenure type	2624 (normal residence for past 2 years)	ACAP MDS Version 2.0 Accommodation setting – usual	CACP DD Version 1.0 Accommodation setting	HACC MDS (Guidelines Version 1.5) Accommodation setting
Community based setting (cont.)			Supported community accommodation	Supported community accommodation	Supported accommodation facility (e.g. hostels for people with disabilities)
					Domestic-scale supported living facility (e.g. group home)
	Life-tenure scheme	Independent unit within a retirement village ²	Independent living within a retirement village ³	Independent living within a retirement village ³	Independent living within a retirement village ³
Institutional setting		Residential aged care facility	Residential aged care service—low level care		Residential aged care facility
			Residential aged care service—high level care		
		Psychiatric facility			Psychiatric/mental health community care facility
			Hospital		
			Other institutional care		
None/homeless/public place	None/homeless		Public place/temporary shelter	Public place/temporary shelter	Public place/temporary shelter
		Other accommodation	Other	Other	Other

Note: some codes in NCSDD Tenure type have been repeated on different rows, as they relate to more than one Residential setting code.2.3.1

² 2624 and HACC Independent unit as part of a retirement village does not map to NCSDD Residential setting, as codes do not distinguish between whether support is provided (which would be coded to ‘Community-based setting’) or without support (which would be coded to ‘Private setting’).

³ This code includes the instruction that persons receiving support services as part of an accommodation package should be coded to ‘Supported accommodation’, which is consistent with the NCSDD.

2.2.1 People living in retirement villages

There has been recent policy interest in people that live in retirement villages, and their need for and access to support services. In *Australia's Welfare 2001*, the process of deinstitutionalisation is discussed, which is the movement away from the long-term institutional-care sector towards a home-based care sector. A key component of these reforms was reducing the reliance on institutional care for older people, and increasing the range of services available in the community. Gibson et al. (AIHW 2001: 114) notes that unlike the disability and mental health sectors, the aged care sector has not moved towards cluster housing or group housing. Instead, an alternative style of accommodation for older people has been the emergence of retirement villages, which are becoming increasingly popular for people that do not have high care needs. No data is currently collected on the growth of retirement village. Thus, the collection of information about people that live in these types of accommodation settings may be a policy area of growing interest.

Mapping of HACC, ACAP and CACP data on retirement villages

A mapping of the data domains used in each of the above national data collections (Table 1 in Section 2.2) shows that there is information about whether clients of these services live in retirement villages. Currently, 'independent living within a retirement village' is included as a code on the 2624, ACAP MDS Version 2.0, CACP and HACC, as a type of 'community-based setting'.

Some retirement villages provide services to residents, such as a linen service, domestic assistance, meals or personal care, as part of a package together with the accommodation. In the ACAP MDS Version 2.0 and the CACP data collection, instructions are that people who receive support services as part of a package within a retirement village should be coded to 'supported accommodation', as they are not, in effect, living in an 'independent' setting. This means that people living in and receiving support services from retirement villages are classified within the same category as people living in group homes and cluster apartments where support workers live on-site, which may or may not include 24-hour supervision and care.

In regard to community-based settings, group homes and cluster apartments are traditionally used by younger people with disabilities, and are not commonly used by the older population, who tend to live in age-specific retirement village complexes or residential aged care facilities. Therefore, the category of 'supported accommodation' is not very specific to the aged population.

In the HACC and 2624 data collections, there are no instructions for coding people that live in and receive services from retirement villages to 'supported accommodation'. Instead, people that live in this type of setting may be coded to 'Independent living within a retirement village' or 'Supported accommodation' (in HACC) or 'Other' which does not allow for 'clean data' on people that live in retirement village settings and receive support services as part of a package.

ABS data on retirement villages

The ABS classification of accommodation setting does not report information about levels of support received in retirement villages, therefore there is no ABS standard that may be adopted here. In the 1996 and 2001 Population Census, the Australian Bureau of Statistics

(ABS) classifies accommodation settings according to private and non-private settings. 'Accommodation for the retired or aged (self care)' falls under private dwellings, and 'Nursing home' and 'Accommodation for the retired or aged (cared)' falls under non-private dwellings. The code 'accommodation for aged (self care)' appears to be consistent with the concept of a retirement village setting. However, the levels of support available to people in retirement villages are not collected, as is the case with HACC and current 2624 data.

2.2.2 Addition of Accommodation setting prior to admission to residential aged care to the Resident Entry Record

Twelve months can elapse between when a person's ACAT assessment is completed, and when they enter residential aged care. The person's place of residence may change in this time. Information about a person's accommodation setting immediately prior to entry into residential aged care is not currently collected. It has been proposed in an AIHW paper for the Australian Health Minister's Advisory Committee about the feasibility of linking hospital morbidity data with residential aged care data (AIHW: June 2002), that a new data item *Accommodation setting prior to admission to residential aged care* be added to the Resident Entry Record. The data domain proposed is primarily aimed at identifying people that enter residential care from an inpatient setting. The codes are:

1. Hospital (acute care)
2. Other inpatient setting
3. Residential aged care service
4. Living in the community – receiving formal services
5. Living in the community – not receiving formal services
6. Other
- 9 Not stated/inadequately described

The addition of this data item is primarily designed to assist with record linkage between the acute and residential aged care sectors, by identifying people who enter residential care directly from hospital. However, it will also provide further information about the types of settings and levels of support received by people immediately before they enter residential aged care.

Recommendation 2: Accommodation setting:

In the short-term, include the following codes in future versions of the ACAP MDS, HACC MDS and CACP data collections to identify levels of support received by people living in retirement villages:

- **Independent living within a retirement village** (the person lives in a retirement village and **does not** receive any services such as domestic assistance, meals or linen service, as part of a package purchased from the establishment).
- **Supported living within a retirement village:** (the person lives in a retirement village setting and receives services from the establishment such as domestic assistance, meals and linen service, as part of a package purchased from the establishment)
- **Other supported accommodation** (includes community living settings or accommodation facilities in which residents are provided with support in some way by

staff or volunteers. This includes group homes, and cluster apartments where support workers are often present, sometimes 24 hours a day).

In effect, this information is already available in ACAP MDS Version 2.0 and CACP data collection. An instruction in the Guide for use states that people who live in retirement villages and receive support services as part of a package should be coded to 'Supported accommodation'. This code also includes group homes and cluster apartments where support workers are often present, sometimes 24 hours a day. These other types of supported accommodation are more specific to people with disabilities, and may not be as relevant to the older population. The inclusion of a separate code 'Supported living in a retirement village' would help to separate out this code from other types of supported accommodation, and may increase the likelihood of service providers reporting it.

The implementation of the recommended codes in the HACC MDS would introduce a new code for people living in a retirement village setting who receive support services as part of a package, as there is currently no guidelines or code for identifying this type of accommodation.

There are no long-term modifications suggested in relation to *Accommodation setting*.

2.3 Income characteristics

The *National Community Services Data Dictionary* Version 2 (NCSDD) data domain for *Sources of cash income* does not provide detailed codes for government pension types. Code 31 Australian Government Cash Transfers includes all pension types. According to the NCSDD, the ABS is currently developing an Australian Standard Classification of Sources of Cash Income, which will probably provide a more detailed classification of government pension types.

Within the scope of the programs included in this report, HACC and residential aged care data are the only programs that collect income information. This information is mapped in Table 2 (below). HACC specifies the main pension types under *Government pension benefit status*, whereas data available from the 2624 only distinguishes between Department of Veterans' Affairs (DVA) pensioners, other pensioners and self-funded retirees. However, the majority of 'other pensioners' will be receiving the aged pension, as the majority of people living in residential aged care are aged over 65.

In addition, the residential aged care form 'Helping you with your residential aged care fee' includes questions asking for the person's Centrelink and DVA number (where applicable), and permission for Centrelink and DVA to give information to the DoHA. This information is used by the Department to calculate the person's residential aged care fee.

The Resident Entry Record (question 5) and the Residential Aged Care Payment Claim form collect information on whether the person is a full-pensioner, a part-pensioner or a non-pensioner. DoHA uses this information to determine the provisional fee payable to the residential aged care facility in the short-term. Question 6 on the Resident Entry Record includes a field for the person's Centrelink number and a field for the person's Veterans' Affairs number, if applicable. If this information could be used in conjunction with information from question 5, the type and amount of pension could be derived from these questions.

Currently, questions 5 and 6 from the Resident Entry Record are loaded onto SPARC but are not loaded onto ACCMIS and are therefore not available for analysis. If both the pension type and status (full-, part-, and non-) of aged care residents is of policy interest, the loading

of these data would improve the information available about pensions received by aged care residents.

Recommendation 3: Income information on the Resident Entry Record

In the short-term, load data relating to questions 5 and 6 from the Resident Entry Record onto ACCMIS for the purposes of data analysis. Currently, data from the 2624 is used to provide information about the pensions status received by aged care residents (Centrelink/Veterans' Affairs or Self-funded retiree). The ACAP MDS Version 2.0 will be implemented from January 2003, and will replace client characteristics information currently reported on the 2624. The ACAP MDS Version 2.0 does not include information about client income, therefore data from the Resident Entry Record could be used to provide these information, including whether the person is a full-, part- or non-pensioner, and the type of pension they may receive (Centrelink or DVA).

There are no long-term modifications suggested in relation to income characteristics.

Table 2: Sources of income

NCSDDD V2	Aged Care Application and Approval form	Resident entry record	Residential aged care fee form	Residential aged care payment claim form	HACC MDS (Guidelines Version 1.5)
Primary cash income Employee cash income Entrepreneurial cash income			Income from business partnership, farm or operating as a sole trader?		
Property cash income Interest Rent Dividends Other property cash income			Rental income from property you own or partly own?		
Cash transfers Australian government	Veterans' Affairs				Veterans' affairs pension
			DVA disability pension (yes/no)		
	Centrelink (DSS)		Social security payment (yes/no?)		
		Centrelink (Entitlement No.)			
		Veterans' Affairs (Entitlement No.)			
			Is the payment a blind pension?		
		Full pensioner		Full pensioner	
		Part pensioner		Part pensioner	
		Non-pensioner		Non-pensioner	
					Aged pension
					Disability support pension
					Carer payment
					Unemployment related benefits

Table 2 (continued): Sources of income

NCSDD V2	Aged Care Application and Approval form	Resident entry record	Residential aged care fee form	Residential aged care payment claim form	HACC MDS (Guidelines Version 1.5)
					Other government pension or benefit
					No government pension or benefit
Superannuation/ annuities	Self-funded retiree		Superannuation pension (yes/no)		
Transfers from overseas governments			Pension, allowance or other payment from overseas?		
Other income					
Nil income					

2.4 Informal support networks: Marital status, Living arrangements and carer arrangements

Marital status is available from 2624 data, but is not included in the ACAP MDS Version 2.0 or any other national data collections within the scope of this report, except for the Community Mental Health Care NMDS. Measuring the level of informal support available to people in the community (particularly older people) is an area of policy interest. However, a number of working groups in aged and community care data development have decided that information about a person's living and carer arrangements provides more relevant information about informal support networks than *Marital status*. For example, a person may be married and still living alone, and generally more vulnerable than someone who is not married and lives with others.

The Community Mental Health Care NMDS includes *Marital status* as there is a correlation between people that are divorced or separated, and the incidence of depression and other types of mental illness. In this case, *Marital status* is collected primarily for correlation with *Principal diagnosis* data.

In the AIHW's 2002 report *Entry Period into Residential Aged Care*, a method of multivariate analysis was used (linear regression) to find out the main determinants for entry period into residential aged care. The analysis showed that variables with the most substantial effect on entry period were system characteristics such as whether a person had used residential respite prior to admission, whether they had been assessed in hospital, and whether they had used a care package.

For low care residents, *Marital status* had a modest effect on entry period. Those who were widowed or married entered on average 3 to 12 days later than those who were not. For high care residents, both *Marital status* and *Living arrangements* had a modest effect on entry period. Those who lived with others had an entry period around 6 days longer than those who lived alone.

Once data on carer arrangements is available from Version 2.0 of the ACAP MDS, it will be of policy interest to examine whether the availability of a carer is a strong determinant of entry period. *Carer availability* and *Carer residency status* are included on the current version of the 2624, however these data are not entered onto SPARC and are therefore not available for data analysis. *Living arrangements*, *Carer availability* and *Carer residency status* are all included as reporting requirements for the ACAP MDS Version 2.0.

Recommendations related to data on informal support networks

No changes are recommended for the short-term. See Section 3 for suggested long-term modifications regarding questions on *Marital status*. No changes have been recommended in relation to questions on carer arrangements or *Living arrangements*.

2.5 Geographic location

The person's *Area of usual residence* (or Statistical Local Area (SLA)) is collected in the Admitted Patient NMDS and the Community Mental Health NMDS. *Suburb/town/locality name* and *Postcode* are collected in the ACAP MDS Version 2.0 (from 2003), CACP data

collection and the HACC MDS, which can be used to derive SLA. For statistical reports, these data have traditionally been output according to the Rural, Remote or Metropolitan Area (RRMA). More recently, the ABS has developed a new standard classification called the Australian Standard Geographical Classification Remoteness Structure (ABS 2001). The more detailed SLA codes would normally be used by government departments for planning and allocation purposes.

Currently, the person's *Area of usual residence* immediately prior to admission to residential aged care is not collected on any of the residential aged care data collection forms. The current version of the 2624 includes address information for where the person may be contacted at the time of their ACAT assessment, which may not be the same as their place of usual residence (the person may be staying with relatives, or in an extended care or inpatient setting at the time of their ACAT assessment). AIHW national statistical reports on clients in residential aged care have included the region of the aged care facility as a variable for analysis, rather than the person's area of residence prior to entry.

The *Area of usual residence* of the person at the time of their ACAT assessment will be available once data from Version 2.0 of the ACAP MDS becomes available. However, as noted in Section 2.2 regarding the person's *Accommodation setting*, this may not be the location the person was living in immediately prior to entry into residential aged care.

Recommendations related to data on geographic location of clients

No changes are recommended for the short-term. See Section 3 for long-term modifications suggested in relation to *Geographic location* data items.

2.6 Cultural and linguistic diversity

Country of birth is collected across all the national program data collections within the scope of this report. Within the residential aged care program, the ACAP MDS Version 2.0 and the current version of the 2624 are the only two primary data collection forms that include *Country of birth*. All of these collections, except for the 2624, specify the ABS 4-digit Standard Australian Classification of Countries (SACC) as the data domain. Draft versions of *Main language other than English spoken at home* and *Proficiency in spoken English* are also included in the ACAP MDS Version 2.0 and the CACP data collection, which, if retained, will allow for the analysis of potential disadvantage for different cultural groups, using the ABS methodology. However, these two data elements remain draft status, pending an investigation of an alternative methodology based on *Country of birth* data alone.

The Department of Immigration & Multicultural & Indigenous Affairs has developed a classification of the source countries of Australia's immigrants based on the English proficiency of recent arrivals between 1991 and 1996, using 1996 Census data. The use of English Proficiency (EP) groups allows for the measurement of social, cultural and economic disadvantage in Australia's multicultural society, based on *Country of birth* data. Thus, comparisons of EP groups' access to services will be comparable across residential aged care, HACC, CACP, Community Mental Health and Admitted Patients data.

Indigenous status is also collected consistently across ACAP MDS Version 2.0, the Admitted Patient NMDS, Community Mental Health NMDS, CACP data and HACC MDS. The current 2624 does not report Indigenous status using a method consistent with national standards (it does not allow for the separate reporting of Torres Strait Islander and Aboriginal status, and

does not include the standard question). However, no recommendations have been made to change this due to the fact that ACAP MDS Version 2.0 will be implemented in 2003.

Recommendations related to data on cultural and linguistic diversity

No changes are recommended for the short-term or long-term. See Appendix A for information on differences between the reporting of *Indigenous status*, *Country of birth* and language data according to current 2624 definitions and the ACAP MDS Version 2.0.

2.7 Insurance characteristics

The *National Health Data Dictionary* Version 10 (NHDD) data element *Funding source for hospital patients* is specific to a hospital setting, however some of the codes are also relevant to a residential aged care setting, and may apply as a funding source for aged care residents. These codes are:

- Worker's compensation
- Motor vehicle third party personal claim
- Other compensation (e.g. public liability, common law, medical negligence)
- Department of Veterans' Affairs

From the mapping in Table 4 below, the codes used in the Application for Classification form provide the most comprehensive information about the funding source for people in residential aged care. These codes are consistent with national standards.

Table 3: Insurance characteristics

NHDD	Admitted patient NMDS	Resident Entry Record	Application for classification	Payment Claim Form
Australian Health Care Agreements	Australian Health Care Agreements			
Private health insurance	Private health insurance			
Self-funded	Self-funded			
Worker's compensation	Worker's compensation	Workers' compensation	Worker's compensation settlement	Worker's compensation
Motor vehicle third party personal claim	Motor vehicle third party personal claim	Third party insurance	Third party insurance settlement	Third party insurance
Other compensation (e.g. public liability, common law, medical negligence)	Other compensation (e.g. public liability, common law, medical negligence)			
Department of Veterans' Affairs	Department of Veterans' Affairs		Veterans' Affairs pension	
Department of Defence	Department of Defence			
Correctional facility	Correctional facility			
Other hospital or public authority (contracted care)	Other hospital or public authority (contracted care)			
Reciprocal health care agreements (with other countries)	Reciprocal health care agreements (with other countries)			
Other	Other		Other forms of compensation	

Recommendations related to data on insurance characteristics

No changes are recommended for the short-term or long-term. See Appendix A, Insurance characteristics, for a more detailed mapping across the relevant programs.

3 Summary of suggested long-term modifications to residential aged care data items

Table 4 provides a summary mapping of each client characteristic data item across national standards, residential aged care, the Admitted Patient NMDS, the Community Mental Health NMDS, the CACP Data Dictionary Version 1.0 and the HACC MDS (incorporating Guidelines Version 1.5).

- Column 1 in the table below lists the name of the national standard related to each client characteristic data item collected in residential aged care.
- Column 2 lists the forms in residential aged care where the data is collected.
 - Forms with data items that are consistent with national standards are in **bold**.
 - Forms with data items that are mostly consistent but require minor changes are in ***bold italics***.
 - Forms with data items that are inconsistent with national standard are in regular (unbolded) text.
- Columns 3, 4, 5 and 6 list whether the data item is collected in the Admitted Patient NMDS, the Community Mental Health NMDS, the CACP data collection and the HACC MDS. All data items in these national collections are consistent with national standards. (The CACP Payment Claim form has not been included in the summary mapping as it includes a very small number of data items, which have not been used for national reporting to date. The implementation of the CACP survey in 2002 will provide a more comprehensive picture of CACP clients and agencies).

Each residential aged care form listed in column two that is in ***bold italics*** or unbolded text may require changes to that specific data item to enhance consistency with national standards and improve the collection and reporting of data.

A detailed summary of suggested long-term suggested modifications to data items is included at Table 5. A full mapping of all client characteristic data items across all the programs is included at Appendix A: Full mapping of all client characteristics data items across national standards, residential aged care and related national program data collections.

Table 4: Summary mapping of national standards, residential aged care data items and other related collections data items

National standards data item(s)	Source of related data item in residential aged care data	Admitted patient NMDS	Community Mental Health NMDS	CACP Data Dictionary Version 1.0	HACC MDS (Guidelines Version 1.5)
Date of birth	<i>Application and Approval (2624)</i> ACAP MDS V2.0 <i>Respite care</i> <i>Resident entry record</i> <i>Helping you with aged care fee</i> <i>Appointment of a Nominee</i> <i>Application financial hardship</i> <i>Application for classification</i> <i>Payment claim form</i>	Yes	Yes	Yes	Yes
Sex	<i>Application and Approval (2624)</i> ACAP MDS V2.0 Resident entry record Application for classification Payment claim form	Yes	Yes	Yes	Yes
First given name	<i>Application and Approval (2624)</i> ACAP MDS V2.0 Respite Care 21 day entry <i>Resident entry record</i> <i>Helping you with aged care fee</i> <i>Appt of a nominee</i> <i>Application financial hardship</i> <i>Application for classification</i> <i>Payment claim form</i>	—	—	Yes	Yes
Family name/surname	<i>Application and Approval (2624)</i> ACAP MDS V2.0 Respite Care 21 day extension <i>Resident entry record</i> <i>Helping you with aged care fee</i> <i>Appointment of a nominee</i> <i>Application financial hardship</i> <i>Application for classification</i> <i>Payment claim form</i>	—	—	Yes	Yes
Marital status	<i>Application and Approval (2624)</i> Helping you with aged care fee Application financial hardship	—	Yes	—	—
Indigenous status	<i>Application and Approval (2624)</i> ACAP MDS V2.0	Yes	Yes	Yes	Yes
Country of birth	<i>Application and Approval (2624)</i> ACAP MDS V2.0	Yes	Yes	Yes	Yes
Language	<i>Application and Approval (2624)</i> (Preferred language) ACAP MDS V2.0 (Main language other than English spoken at home)	—	—	Yes	Yes
Carer availability	<i>Application and Approval (2624)</i> ¹ ACAP MDS V2.0	—	—	Yes	Yes
Carer residency status	<i>Application and Approval (2624)</i> ¹ ACAP MDS V2.0	—	—	Yes	Yes

¹ 2624 carer information is not loaded onto SPARC or ACCMIS and is not available for analysis.

Table 4 (continued): Summary mapping of national standards, residential aged care data items and other related collections data items

National standards data item(s)	Source of related data item in residential aged care data	Admitted patient NMDS	Community Mental Health NMDS	CACP Data Dictionary Version 1.0	HACC MDS (Guidelines Version 1.5)
Living arrangements	Application and Approval (2624) ACAP MDS V2.0	—	—	Yes	Yes
Residential setting/Tenure	Application and Approval (2624) ACAP MDS V2.0	—	—	Yes	Yes
Geographic location	Application and Approval (2624) ACAP MDS V2.0 (usual address) <i>Respite Care 21 day extension</i>	Yes	Yes	Yes	Yes
Sources of cash income	Application and Approval (2624) Resident entry record Helping you with aged care fee (Centrelink data) Application – financial hardship Payment claim form	—	—	—	Yes
Funding source for hospital patient	Resident entry record Application for classification Payment claim form	Yes	—	—	—

Table 5: Summary of suggested long-term changes to residential aged care data items

Data collection	Data item	Suggested changes
Respite Care—21 day extension form	Date of birth	Should specify the full 8-digit format. Requires guideline for how to estimate a person's date of birth when the full date is not known: 'If not known, estimate year; enter 01/07 for the day and month.'
Helping you with your residential aged care fee form	Date of birth	Should specify the full 8-digit format. Requires guideline for how to estimate a person's date of birth when the full date is not known: 'If not known, estimate year; enter 01/07 for the day and month.'
Appointment of a nominee form	Date of birth	Should specify the full 8-digit format. Requires guideline for how to estimate a person's date of birth when the full date is not known: 'If not known, estimate year; enter 01/07 for the day and month.'
Application—financial hardship	Date of birth	Should specify the full 8-digit format. Requires guideline for how to estimate a person's date of birth when the full date is not known: 'If not known, estimate year; enter 01/07 for the day and month.'
Application for classification	Date of birth	Should specify the full 8-digit format. Requires guideline for how to estimate a person's date of birth when the full date is not known: 'If not known, estimate year; enter 01/07 for the day and month.'
Residential aged care payment claim form	Date of birth	Should specify the full 8-digit format. Requires guideline for how to estimate a person's date of birth when the full date is not known: 'If not known, estimate year; enter 01/07 for the day and month.'
Respite Care—21 day extension form	—	Could include guideline for coding where uncertainty exists: where uncertainty exists about the sex of the person (e.g. for transvestites or transsexuals) the sex to be recorded should be based on the sex nominated by the persons themselves or the observations or judgement of the interviewer.
Application for classification	Sex	Could include guideline for coding where uncertainty exists: Where uncertainty exists about the sex of the person, the sex to be recorded is to be based on the observations/judgement of the interviewer.
Residential aged care payment claim form	Sex	Could include guideline for coding where uncertainty exists: Where uncertainty exists about the sex of the person, the sex to be recorded is to be based on the observations/judgement of the interviewer.
Respite Care—21 day extension form	Client's name	Requires separate fields for First given name and Family name/surname. Include guidelines as follows: 'Please record the person's full (fomal) first given name. Include information about which name to use when the person has a variety of names for First given name: 'At times, a person may be known by many names. This is sometimes the case with Aboriginal clients. Where uncertainty exists about which name to record, the name recorded on the person's Centrelink card should be used.'
Helping you with your residential aged care fee form	Given names	Include guidelines as follows: 'Please record your full (fomal) given name'.
Appointment of a nominee form	Given names	Include guidelines as follows: 'Please record your full (fomal) given name'.
Application—financial hardship	Given names	Include guidelines as follows: 'Please record your full (fomal) given name.

Table 5 (continued): Summary of suggested long-term changes to residential aged care data items

Data collection	Data item	Suggested changes
Application for classification	Given names	<p>Include guidelines as follows: 'Please record the person's full (formal) given name'.</p> <p>Include information about which name to use when the person has a variety of names for First given name: 'At times, a person may be known by many names. This is sometimes the case with Aboriginal clients. Where uncertainty exists about which name to record, the name recorded on the person's Centrelink card should be used.'</p>
Residential aged care payment claim form	Care recipient First name	<p>Include guidelines as follows: 'Please record the person's full (formal) given name'.</p> <p>Include information about which name to use when the person has a variety of names for First given name: 'At times, a person may be known by many names. This is sometimes the case with Aboriginal clients. Where uncertainty exists about which name to record, the name recorded on the person's Centrelink card should be used.'</p>
Respite Care—21 day extension form	Client's name	<p>Requires separate fields for First given name and Family name/surname.</p> <p>Include guidelines as follows: 'Please record the person's full family name'.</p>
Helping you with your residential aged care fee form	Surname or family name	Include guidelines as follows: 'Please record your full family name'.
Appointment of a nominee form	Surname or family name	Include guidelines as follows: 'Please record your full family name'.
Application—financial hardship	Resident's family name	Include guidelines as follows: 'Please record your full family name'.
Application for classification	Surname	Include guidelines as follows: 'Please record the person's full family name'.
Residential aged care payment claim form	Care Recipient Surname	Include guidelines as follows: 'Please record the person's full family name'.
Application—financial hardship	Marital status	<p>Consistency with national standard could be improved by adding the word 'current' to marital status.</p> <p>All of the codes except 'single' map to the national standard. Single can overlap with widowed, divorced or separated. Recommend replacing the code 'single' with 'never married', which does not overlap with any other response values.</p>
Respite Care—21 day extension form	Client's home address/ Postcode and State	<p>Should specify Suburb/town field—otherwise complete address information may not always be reported.</p> <p>'Home address' implies usual address, and is therefore consistent with the national standard.</p>
Respite Care—21 day extension form	Client's name	<p>Requires separate fields for First given name and Family name/surname.</p> <p>Include guidelines as follows: 'Please record the person's full (formal) first given name.'</p> <p>Include information about which name to use when the person has a variety of names for First given name: 'At times, a person may be known by many names. This is sometimes the case with Aboriginal clients. Where uncertainty exists about which name to record, the name recorded on the person's Centrelink card should be used.'</p>
Helping you with your residential aged care fee form	Given names	Include guidelines as follows: 'Please record your full (formal) given name'.
Appointment of a nominee form	Given names	Include guidelines as follows: 'Please record your full (formal) given name'.

Table 5 (continued): Summary of suggested long-term changes to residential aged care data items

Data collection	Data item	Suggested changes
Application–financial hardship	Given names	Include guidelines as follows: 'Please record your full (formal) given name.'
Application for classification	Given names	<p>Include guidelines as follows: 'Please record the person's full (formal) given name'.</p> <p>Include information about which name to use when the person has a variety of names for First given name: 'At times, a person may be known by many names. This is sometimes the case with Aboriginal clients. Where uncertainty exists about which name to record, the name recorded on the person's Centrelink card should be used.'</p>
Residential aged care payment claim form	Care recipient First name	<p>Include guidelines as follows: 'Please record the person's full (formal) given name'.</p> <p>Include information about which name to use when the person has a variety of names for First given name: 'At times, a person may be known by many names. This is sometimes the case with Aboriginal clients. Where uncertainty exists about which name to record, the name recorded on the person's Centrelink card should be used.'</p>

Note: A full mapping of all the residential aged care data items to national standards and other program data collections is included at Appendix A.

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Australian Institute of Health and Welfare (AIHW) 2002. Feasibility study on linking hospital morbidity and residential aged care data to examine the interface between the two sectors. Report for Australian Health Minister's Advisory Committee, unpublished.

Appendix A: Full mapping and suggested long-term modifications

Each table in this section contains information relating to one specific client characteristic (e.g. *Date of birth*), and each row in a table relates to a specific data collection. For each table:

- national standards are listed in the first row(s), in **bold** text (sometimes more than one national standard may exist);
- some rows relating to data collections contain dashes (–) to indicate that the data item is not collected;
- column 1 in each table specifies the name of the data collection and the data item name (when applicable);
- column 2 specifies the exact wording of the data item definition;
- column 3 shows the wording and representational layout of the Data domain (or code list);
- column 4 includes comments and recommendations relating to consistency with the relevant national standard;
- column 5 specifies an overall assessment of consistency with national standards; and
- column 6 specifies whether or not changes to the data item are suggested.
- In relation to the 2624 Application and Approval form, column 6 'Changes suggested?' is recorded as 'N/A' (not applicable), due to the fact that the 2624 data items will be replaced by ACAP MDS Version 2.0 in January 2003.

Long-term suggestions are made in relation to residential aged care forms only. For forms that are usually completed by clients of residential aged care service (such as 'Helping you with your residential aged care fee' form) different suggestions have been made due to the fact that these questions are self-reported.

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Date of birth

Data collection name Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
National Health Data Dictionary National Community Services Data Dictionary <i>Date of birth</i>	The date of birth of the person	Valid date (DDMMYYYY)	NHDD recommends use of <i>Estimated date flag</i> in cases where some or all components of the date of birth are not known. However, this is a recommendation only and any deviation from this standard is not deemed 'inconsistent'. NCSDD includes extra guidelines for estimating a date of birth when it is not known (estimate person's age, then derive date of birth and use 0101 as DDMM if only the year is known)	N/A	—
Admitted patient care National Minimum Data Set <i>Date of birth</i>	The date of birth of the person	Valid date (DDMMYYYY)	Recommends collecting Age in years if <i>Date of birth</i> is not available (Age in days is collected for patients that are less than one year old)	Consistent	—
Community mental health care National Minimum Data Set <i>Date of birth</i>	The date of birth of the person	Valid date (DDMMYYYY)	Recommends collecting Age in years if <i>Date of birth</i> is not available (Age in days is collected for patients that are less than one year old)	Consistent	—
Aged Care Application and Approval (2624)	Your date of birth (record full year e.g. 1937)	Day Month Year [] [] []	Should specify the full 8-digit format. Does not include guideline for how to estimate a person's date of birth when the full date is not known.	Consistent, but extra guidelines would enhance consistency.	N/A
Aged Care Assessment Program Minimum Data Set Version 2.0 <i>Date of birth</i>	The date of birth of the person	Valid date (DDMMYYYY)	Recommends using a different method for estimating date of birth when it is not known (use 0107 instead of 0101 for DDMM). This is in line with Centrelink's method.	Consistent	NO
Respite Care-21 day extension form	Date of birth	__/__/__	Should specify the full 8-digit format. Requires guideline for how to estimate a person's date of birth when the full date is not known: 'If not known, estimate year; enter 01/07 for the day and month.'	Consistent, but extra guidelines would enhance consistency.	YES
Resident entry record	Date of birth	__/__/__	See short-term recommendation in Section 2.	Consistent, but extra guidelines would enhance consistency.	YES

Date of birth (continued)

Data collection name Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Helping you with your residential aged care fee form	Date of birth	__/__/__	Should specify the full 8-digit format. Requires guideline for how to estimate a person's date of birth when the full date is not known: 'If not known, estimate year; enter 01/07 for the day and month.'	Consistent, but extra guidelines would enhance consistency.	YES
Appointment of a nominee form	Date of birth	__/__/__	Should specify the full 8-digit format. Requires guideline for how to estimate a person's date of birth when the full date is not known: 'If not known, estimate year; enter 01/07 for the day and month.'	Consistent, but extra guidelines would enhance consistency.	YES
Application—financial hardship	Date of birth	__/__/__	Should specify the full 8-digit format. Requires guideline for how to estimate a person's date of birth when the full date is not known: 'If not known, estimate year; enter 01/07 for the day and month.'	Consistent, but extra guidelines would enhance consistency.	YES
Application for classification	Date of birth	__/__/__	Should specify the full 8-digit format. Requires guideline for how to estimate a person's date of birth when the full date is not known: 'If not known, estimate year; enter 01/07 for the day and month.'	Consistent, but extra guidelines would enhance consistency.	YES
Residential aged care payment claim form	Date of birth	__/__/__	Should specify the full 8-digit format. Requires guideline for how to estimate a person's date of birth when the full date is not known: 'If not known, estimate year; enter 01/07 for the day and month.'	Consistent, but extra guidelines would enhance consistency.	YES
Community Aged Care Packages Payment Claim Form	Date of birth	__/__/__	Should specify the full 8-digit format. Requires guideline for how to estimate a person's date of birth when the full date is not known (although this information will probably come from the 2624 in most cases)	Consistent, but extra guidelines would enhance consistency.	—
Community Aged Care Packages Data Dictionary Version 1.0 <i>Date of birth</i>	The date of birth of the person.	Valid date (DDMMYYYY)	Recommends method of estimating date consistent with NCSDD and HACC (estimate person's age, derive the year and then use 0101 for DDMM)	Consistent	—

Date of birth (continued)

Data collection name Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Home and Community Care Minimum Data Set (Guidelines Version 1.5) <i>Date of birth</i>	The date of birth of the person.	Valid date (DDMMYYYY)	Recommends method of estimating date consistent with NCSDD and CACP (estimate person's age, derive the year and then use 0101 for DDMM)	Consistent	—

Sex

Data collection name Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
National Health Data Dictionary National Community Services Data Dictionary Sex	The sex of the person	1 Male 2 Female 3 Indeterminate 9 Not stated/ inadequately described	Indeterminate code used for perinatal statistics: not applicable to aged and community care. NCSDD includes guideline stating that where uncertainty exists about the sex of the person (e.g. for transvestites or transsexuals) the sex to be recorded should be based on the sex nominated by the persons themselves or the observations or judgement of the interviewer.	N/a	—
Admitted patient care National Minimum Data Set Sex	The sex of the person	1 Male 2 Female 3 Indeterminate 9 Not stated/ inadequately described		Consistent	—
Community mental health care National Minimum Data Set Sex	The sex of the person	1 Male 2 Female 3 Indeterminate 9 Not stated/ inadequately described	Guideline states that code 3 should not be used as it is not relevant to community mental health care clients.	Consistent	—
Aged Care Application and Approval (2624)	Sex	Male [] Female []	Codes 1 and 2 (instead of M and F) could be used for greater consistency with national standards. Could include guideline for coding where uncertainty exists.	Consistent, but extra guidelines would enhance consistency	N/A
Aged Care Assessment Program Minimum Data Set Version 2.0 Sex	The biological sex of the person	1 Male 2 Female 9 Not stated/ inadequately described	Includes guideline about what to record when there is uncertainty about the sex of the person. Includes guideline recommending that code 9 should only be used where information has not been provided or ACAT is unable to make informed judgement. Code 9 should not be included on primary data collection tools (e.g. forms).	Consistent	NO

Sex (continued)

Data collection name Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Respite Care—21 day extension form	—	Male [] Female []	Could include guideline for coding where uncertainty exists: where uncertainty exists about the sex of the person (e.g. for transvestites or transsexuals) the sex to be recorded should be based on the sex nominated by the persons themselves or the observations or judgement of the interviewer.	Consistent, but extra guidelines would enhance consistency	YES
Resident entry record	Sex:	M/F []	See short-term recommendation in Section 2.	Consistent, but extra guidelines would enhance consistency	YES
Helping you with your residential aged care fee form	—	Male [] Female []		Consistent	NO
Appointment of a nominee form	—	—	—	—	—
Application—financial hardship	—	—	—	—	—
Application for classification	Sex:	Male [] Female []	Could include guideline for coding where uncertainty exists: Where uncertainty exists about the sex of the person, the sex to be recorded is to be based on the observations/judgement of the interviewer.	Consistent, but extra guidelines would enhance consistency	YES
Residential aged care payment claim form	Sex:	—	Could include guideline for coding where uncertainty exists: Where uncertainty exists about the sex of the person, the sex to be recorded is to be based on the observations/judgement of the interviewer	Consistent, but extra guidelines would enhance consistency	YES
Community Aged Care Packages Payment Claim Form	Sex	—	—	—	NO

Sex (continued)

Data collection name Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Community Aged Care Packages Data Dictionary Version 1.0 Sex	The sex of the person	1 Male 2 Female 9 Not stated/ inadequately described	Includes guideline about what to record when there is uncertainty about the sex of the person. Includes guideline recommending that code 9 should only be used where information has not been provided or provider is unable to make informed judgement. Code 9 should not be included on primary data collection tools (e.g. forms).	Consistent	—
Home and Community Care Minimum Data Set (Guidelines Version 1.5)	The biological sex of the person	1 Male 2 Female 9 Not stated/ inadequately described	Includes guideline about what to record when there is uncertainty about the sex of the person. Includes guideline recommending that code 9 should only be used where information has not been provided or provider is unable to make informed judgement. Code 9 should not be included on primary data collection tools (e.g. forms).	Consistent	—

First given name

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
National Community Services Data Dictionary <i>Given name</i> (Names are not reported in any of the National Health Data Dictionary data collections).	The name given to a person which is that person's identifying name within the family group, or the name by which the person is socially identified.	(name)	Guidelines are included which relate to: <ul style="list-style-type: none"> Recording the full given name (taking care to minimise discrepancies) Instances where there is uncertainty about which name to record for Indigenous people living in remote communities 	NA/	—
Admitted patient care National Minimum Data Set	—	—	—	—	—
Community mental health care National Minimum Data Set	—	—	—	—	—
Aged Care Application and Approval (2624)	Your given name/s (please print)	First name [] Second name []	No guidelines as to correct recording of name (i.e. need to record full name with correct spelling, what to do if person is Indigenous and has more than one name)	Consistent, but could include extra guidelines to promote consistency.	N/A
Aged Care Assessment Program Minimum Data Set Version 2.0 <i>First given name</i>	The name given to a person (also known as Christian name) which is that person's identifying name within the family group, or the name by which the person is uniquely socially identified.	(name)	Includes all necessary guidelines.	Consistent	NO

First given name (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Respite Care—21 day extension form	Client's name	[]	Requires separate fields for First given name and Family name/surname. Include guidelines as follows: 'Please record the person's full (formal) first given name'. Include information about which name to use when the person has a variety of names for First given name: 'At times, a person may be known by many names. This is sometimes the case with Aboriginal clients. Where uncertainty exists about which name to record, the name recorded on the person's Centrelink card should be used.'	Not consistent	YES
Resident entry record	Given names	[]	See Section 2 for short-term recommendations regarding this data item.	Consistent, but could include extra guidelines to promote consistency.	YES
Helping you with your residential aged care fee form	Given names	[]	Include guidelines as follows: 'Please record your full (formal) given name'.	Consistent, but could include extra guidelines to promote consistency.	YES
Appointment of a nominee form	Given names	[]	Include guidelines as follows: 'Please record your full (formal) given name'.	Consistent, but could include extra guidelines to promote consistency.	YES
Application—financial hardship	Given names	[]	Include guidelines as follows: 'Please record your full (formal) given name'.	Consistent, but could include extra guidelines to promote consistency.	YES
Application for classification	Given names	[]	Include guidelines as follows: 'Please record the person's full (formal) given name'. Include information about which name to use when the person has a variety of names for First given name: 'At times, a person may be known by many names. This is sometimes the case with Aboriginal clients. Where uncertainty exists about which name to record, the name recorded on the person's Centrelink card should be used.'	Consistent, but could include extra guidelines to promote consistency.	YES

First given name (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Residential aged care payment claim form	Care recipient First name	[]	<p>Include guidelines as follows: 'Please record the person's full (formal) given name'.</p> <p>Include information about which name to use when the person has a variety of names for First given name: 'At times, a person may be known by many names. This is sometimes the case with Aboriginal clients. Where uncertainty exists about which name to record, the name recorded on the person's Centrelink card should be used.'</p>	Consistent, but could include extra guidelines to promote consistency.	YES
Community Aged Care Packages Payment Claim Form	Surname first and other names	[]	No separate field for <i>First given name</i> . The small space supplied for all the client's names may make it difficult to fit all the information in.	<p>Not consistent (should specify separate fields).</p> <p>Could include extra guidelines to promote consistency and a separate field for First given name.</p>	—
Community Aged Care Packages Data Dictionary Version 1.0 <i>Given name</i>	The name given to a person which is that person's identifying name within the family group, or the name by which the person is uniquely socially identified.	(name)	Includes all necessary guidelines.	Consistent	—
Home and Community Care Minimum Data Set (Guidelines Version 1.5) <i>First given name</i>	The person's first name that precedes the family name/surname.	(name)	Includes all necessary guidelines.	Consistent	—

Family name/surname

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
National Community Services Data Dictionary <i>Given name</i> Names are not reported in any of the National Health Data Dictionary data collections.	The name a person has in common with other members of her/his family, as distinguished from her/his first given name.	(name)	Guidelines are included which relate to: <ul style="list-style-type: none"> Recording the full family name (taking care to minimise discrepancies) Instances where there is uncertainty about which name to record for indigenous people living in remote communities Some cultures state the traditional family name first—avoiding discrepancies in this area. 	N/A	—
Admitted patient care National Minimum Data Set	—	—	—	—	—
Community mental health care National Minimum Data Set	—	—	—	—	—
Aged Care Application and Approval (2624)	Your surname (family name please print)	[]	Could include extra guidelines to promote accurate recording.	Consistent, but could include extra guidelines to promote consistency.	N/A
Aged Care Assessment Program Minimum Data Set Version 2.0 <i>Family name/surname</i>	The name a person has in common with other members of her/his family, as distinguished from her/his first name	(name)	Has all necessary guidelines.	Consistent.	—
Respite Care—21 day extension form	Client's name	[]	Requires separate fields for First given name and Family name/surname. Include guidelines as follows: 'Please record the person's full family name'.	Not consistent	YES
Resident entry record	Surname or family name	[]	See Section 2 for short-term recommendations regarding this data item.	Consistent, but could include extra guidelines to promote consistency.	YES

Family name/surname (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Helping you with your residential aged care fee form	Surname or family name	[]	Include guidelines as follows: 'Please record your full family name'.	Consistent, but could include extra guidelines to promote consistency.	YES
Appointment of a nominee form	Surname or family name	[]	Include guidelines as follows: 'Please record your full family name'.	Consistent, but could include extra guidelines to promote consistency.	YES
Application—financial hardship	Resident's family name	[]	Include guidelines as follows: 'Please record your full family name'.	Consistent, but could include extra guidelines to promote consistency.	YES
Application for classification	Surname	[]	Include guidelines as follows: 'Please record the person's full family name'.	Consistent, but could include extra guidelines to promote consistency.	YES
Residential aged care payment claim form	Care Recipient Surname	[]	Include guidelines as follows: 'Please record the person's full family name'.	Consistent, but could include extra guidelines to promote consistency.	YES
Community Aged Care Packages Payment Claim Form	Surname first and other names	[]	No separate field for Surname. The small space allowed for all the client's names may make it difficult to fit all the information in.	Not consistent (should include separate field for Surname). Could include extra guidelines to promote consistency.	—
Community Aged Care Packages Data Dictionary Version 1.0 <i>Family name/surname</i>	The name a person has in common with other members of her/his family, as distinguished from her/his first name.	(name)	Has all necessary guidelines.	Consistent	—
Home and Community Care Minimum Data Set (Guidelines Version 1.5) <i>Family name/surname</i>	The name a person has in common with other members of her/his family, as distinguished from her/his first name.	(name)	Has all necessary guidelines.	Consistent	—

Accommodation setting/tenure

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
National Community Services Data Dictionary <i>Residential setting</i>	The setting in which the person resides	1 Private setting 2 Community based setting 3 Institutional setting 4 None/homeless/public place 9 Not stated/inadequately described	This data element can also include information about Tenure. Codes for tenure are listed below.	N/A	—
National Community Services Data Dictionary <i>Tenure type</i>	The nature of a person or social group's legal right to occupy a dwelling.	1 owner 11 fully owned 12 being purchased/with mortgage 2 Renter 21 Public housing 22 Community housing 23 Private housing 3 Rent free 4 Life tenure scheme 5 Shared equity or rent/buy scheme 6 None/homeless 7 Other 9 Not stated/inadequately described	This information can be incorporated into the data element <i>Residential setting</i> , when information on tenure is required.	N/A	—
Admitted patient care National Minimum Data Set	—	—	—	—	—
Community mental health care National Minimum Data Set	—	—	—	—	—

Accommodation setting/tenure (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Aged Care Application and Approval (2624)	For the past two years, where have you normally lived?	C house/flat owner/purchaser D house/flat public tenant E house/flat private rental tenant U independent (self contained) unit as part of a retirement village or similar complex B board or lodgings A residential aged care facility P psychiatric facility R remote Aboriginal community O other accommodation	<p>Codes are not mappable to NCSDD codes.</p> <p>Codes C, D and E do not include house/flat—rent free (although if this level of detail is not deemed necessary for collection purposes these people could be mapped to code O other accommodation).</p> <p>Code U Independent living within a retirement village does not constitute an NCSDD 'private setting' if there are support services provided as part of the package of accommodation. In these situations the person should be coded as living in a community based setting (i.e. supported accommodation).</p> <p>Code B Board or lodgings—not clear as to whether this is within a private setting or community-based setting (e.g. could be a private house arrangement or a boarding house).</p>	Not consistent	N/A

Accommodation setting/tenure (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Aged Care Assessment Program Minimum Data Set Version 2.0 <i>Accommodation setting —usual</i>	The setting in which the person usually lives.	1 Private residence—owned/purchasing 2 Private residence—private rental 3 Private residence—public rental or community housing 4 Independent living within a retirement village 5 Boarding house/rooming house/private hotel 6 Short-term crisis, emergency or transitional accommodation 7 Supported community accommodation 8 Residential aged care service—low level care 9 Residential aged care service—high level care 10 Hospital 11 Other institutional care 12 Public place/temporary shelter 13 Other 99 Not stated/inadequately described (not for use in primary data collections)	See Section 2 for short-term recommendations regarding this data item.	Consistent	YES
Respite Care—21 day extension form	—	—	—	—	—
Resident entry record	—	—	—	—	—
Helping you with your residential aged care fee form	—	—	—	—	—

Accommodation setting/tenure (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Appointment of a nominee form	—	—	—	—	—
Application – financial hardship	—	—	—	—	—
Application for classification	—	—	—	—	—
Residential aged care payment claim form	—	—	—	—	—
Community Aged Care Packages Payment Claim Form	—	—	—	—	—
Community Aged Care Packages Data Dictionary Version 1.0 <i>Accommodation setting</i>	The setting in which the person lives	1 Private residence—owned /purchasing 2 Private residence—private rental 3 Private residence—public rental or community housing 4 Independent living within a retirement village 5 Boarding house/rooming house/private hotel 6 Short-term crisis, emergency or transitional accommodation 7 Supported community accommodation 8 Public place/temporary shelter 9 Other 99 Not stated/inadequately described (not for use in primary data collections)	See Section 2 for short-term recommendations regarding this data item.	Consistent	YES

Accommodation setting/tenure (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Home and Community Care Minimum Data Set (Guidelines Version 1.5) <i>Accommodation setting</i>	The setting in which the person lives	1 Private residence—owned /purchasing 2 Private residence—private rental 3 Private residence—public rental 4 Private residence—mobile home 5 Independent living within a retirement village 6 Boarding house/private hotel 7 Short-term crisis, emergency or transitional accommodation facility (e.g. night shelters, refuges, hostels for the homeless, halfway houses) 8 Domestic-scale supported living facility (e.g. group home for people with a disability) 9 Supported accommodation facility (e.g. hostels for people with disabilities, supported residential services or facilities (VIC or SA)) 10 Residential aged care facility (nursing home or aged care hostel) 11 Psychiatric/mental health community care facility 12 Public place/temporary shelter 13 Private residence rented from Aboriginal community 14 Temporary shelter rented from Aboriginal community 19 Other 99 Not stated/inadequately described	See Section 2 for short-term recommendations regarding this data item.	Consistent	YES

Income characteristics

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
National Community Services Data Dictionary <i>Principal source of cash income</i>	The source by which a person derives most or (equal to or greater than 50%) of their income. If the person has multiple sources of income and none equal to or greater than 50%, the one, which contributes the largest percentage, should be counted.	1 Primary cash income 2 Property cash income 3 Cash transfers 31 Australian government cash transfers 4 Other income 5 Nil income 9 Not stated/not known/inadequately described	The ABS has a publication that is forthcoming: Australian Standard Classification of Sources of Case Income.	N/A	—
National Community Services Data Dictionary <i>Sources of cash income</i>	Sources of all cash income which an individual (or income group or household) might receive e.g. from employment, property or cash transfers	1 Primary cash income 1.1 Employee cash income 1.2 Entrepreneurial cash income 2 Property cash income 2.1 Interest 2.2 Rent 2.3 Dividends 2.4 Other property cash income 3 Transfer cash income 3.1 Australian government cash transfers 3.2 Superannuation/ annuities 3.3 Current cash transfers from private organisations 3.4 Current cash transfers from other households 3.5 Transfers from overseas governments 3.6 Other transfer cash income 99 Not stated/ inadequately described	This data domain is a more detailed version of the data domain for <i>Principal source of income</i> .	N/A	—

Income characteristics (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Admitted patient care National Minimum Data Set	—	—	—	—	—
Community mental health care National Minimum Data Set	—	—	—	—	—
Aged Care Application and Approval (2624)	What is your source of income?	Govt pension or benefit Veterans' Affairs [] Centrelink (DSS) [] Self-funded retiree []	This data item is mappable but not as detailed as the NCSDD <i>Principal source of income</i> . The highest level codes are Primary cash income (e.g. wages), Property cash income (e.g. cash income deriving from ownership of assets) and Cash transfers (e.g. pensions and superannuation). All 2624 codes map to Code 3 Cash transfers. Veterans affairs and Centrelink codes map to the next level down—code 31 Australian Government cash transfers. Self funded retiree maps to code 32 Superannuation/ annuities The definition has no reference to the person's 'principal' source of income, which is defined as being the component that makes up the largest percentage of the person's total income. Note that the ABS have a publication that is forthcoming on Australian Standard Classification of Sources of Case Income.	Definition not entirely consistent. Codes are mappable to national standard but not as detailed.	N/A
Aged Care Assessment Program Minimum Data Set Version 2.0	—	—	—	—	—
Respite Care—21 day extension form	—	—	—	—	—

Income characteristics (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Resident entry record	Pensioner status (please tick one box only)	Full pensioner [] Part pensioner [] Non-pensioner []	Not as detailed as the national standard but partly mappable (Non-pensioner does not map to the highest level codes). The first 2 codes map to code 31 Australian Government Cash transfers. See short-term recommendation regarding Government pension/benefit status in Section 2.	Codes are partly mappable to Sources of cash income but not as detailed.	YES
Helping you with your residential aged care fee form (part 1)	Asks whether client receives following types of income, and asks for reference or entitlement number where the answer is yes.	Social security payment (yes/no) Is the payment a blind pension? (yes/no) DVA pensioner concession card (yes/no) DVA disability pension (yes/no)	Codes for social security payment, blind pension and DVA disability pension map to code 31 Australian government cash transfers. DVA pensioner concession card is not a source of cash income and does not map to the national standard. Code for Social security payment does not provide much detail, although it is sufficient for administrative purposes, as Centrelink can check which pension the person receives by using their customer reference number.	Codes are mappable to Sources of cash income but not as detailed.	NO

Income characteristics (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Helping you with your residential aged care fee form (part 2).	Question asks whether person receives any of the following:	<p>1. Aust superannuation pension immediate annuities allocated pensions or annuities: Yes/no</p> <p>2. Pension, allowance or other payments from overseas? Yes/no</p> <p>3. Rental income from property you own or partly own? Yes/no</p> <p>4. Income from business partnership, farm or from operating as a sole trader? Yes/no</p>	<p>These questions (1–4) specifically ask about a person’s income, and can be mapped to the highest level of coding in NCSDD <i>Sources of cash income</i>. They cannot however, be mapped to the next level of coding (e.g. code 2 does not map to code 3.1 Australian Government cash transfers).</p> <p>Other information is collected in questions 1–4 relating to the names of sources that pay income, and the amount received by the person.</p> <p>Questions 5–8 collect information about the total value of investments, amounts of money given away as gifts, and any other income that may not have been included on the form. These data items relate specifically to client financial data not collected in any other residential aged care collections in the scope of this project, and do not have relevant existing national standards. They have therefore not been included as ‘client characteristics’ for the purposes of this project.</p>	Consistent with highest level of coding.	NO
Appointment of a nominee form	—	—	—	—	—

Income characteristics (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Application—financial hardship	If you receive a pension/benefit from Centrelink or DVA, please write your reference number.	Centrelink reference number: [] DVA reference number []	<p>The question on this form is asked for administrative purposes (and for linkage purposes to Centrelink data), and therefore its use as a data item on its own is limited.</p> <p>However, it does tell us something about the persons source of income (whether they are in receipt of a pension). This question does not map to the highest level of codes in the NCSDD (i.e. it does not tell us what sort of cash income, apart from a pension, the person may receive).</p> <p>This form also asks for information about proof of essential expenses, evidence of income, list of current assets, evidence of tax paid, copies of current bank statements, documentary evidence of property owned and letters confirming the value of property owned and its market rental rate. These data items have not been included here as there are no health or community services national standards in relation to this information.</p>	<p>Partly mappable to national standard, but not as detailed.</p> <p>Linkage with Centrelink data would provide more information about type of pension.</p>	NO
Application for classification	—	—	<p>This form asks whether or not an alternative source of funding will be used to pay the resident contribution, (as opposed to DHA). The only relevant code that relates to the person's income status is DVA pension status, while the other codes relate to compensation status (which is mapped to Insurance characteristics below).</p>	—	NO

Income characteristics (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Residential aged care payment claim form		FP Full pensioner PP Part pensioner NP Non pensioner	The first 2 codes map to code 31 Australian Government Cash transfers. Code 3 (non-pensioner) does not map to the highest level of the NCSDD categories (although this level of detail is probably not required). This form also includes a question about concessional resident status—for which no national standard exists (relates to residential aged care only). See Section 2 for recommendations related to this data item.	Is mappable, but not as detailed as the national standard.	YES
Community Aged Care Packages Payment Claim Form	Personal financial hardship status	Yes/no	This question is related to income but is asking for a different piece of information than <i>Principal source of income</i> .	No standard exists	—
Community Aged Care Packages Data Dictionary Version 1.0 <i>Personal financial hardship status</i>	Whether the person is considered to experience financial hardship.	1 Yes 2 No 9 Not stated/inadequately described	This question is related to income but is asking for a different piece of information than <i>Principal source of income</i> .	No standard exists	—
Home and Community Care Minimum Data Set (Guidelines Version 1.5) <i>Government pension/benefit status</i>	Whether or not the person is in receipt of an income support payment from the Commonwealth government in the form of a government pension or benefit.	1 Aged pension 2 Veterans' Affairs pension 3 Disability support pension 4 Carer payment 5 Unemployment related benefits 6 Other government pension or benefit 7 No government pension or benefit 99 Not stated/inadequately described	Codes all map to Code 31 Australian Government Cash Transfers.	Consistent with <i>Sources of cash income</i> .	—

Marital status

Data collection name Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
National Health Data Dictionary <i>Marital status</i>	Current marital status of the person.	1 Never married 2 Widowed 3 Divorced 4 Separated 5 Married (including de facto) 9 Not stated/ inadequately described	Includes guideline that the category married (registered and de facto) should be generally accepted as applicable to all de facto couples, including of the same sex.	N/A	—
Admitted patient care National Minimum Data Set	—	—	—	—	—
Community mental health care National Minimum Data Set <i>Marital status</i>	Current marital status of the person	1 Never married 2 Widowed 3 Divorced 4 Separated 5 Married (including de facto) 9 Not stated/ inadequately described		Consistent	—

Marital status (continued)

Data collection name Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Aged Care Application and Approval (2624)	What is your marital status?	S never married W widowed D divorced P separated M married F de facto	Codes for married and de facto can be mapped to national standard code 5 Married (including de facto).	Consistent (data domain is more detailed than the national standard)	N/A
Aged Care Assessment Program Minimum Data Set Version 2.0	—	—	—	—	—
Respite Care—21 day extension form	—	—	—	—	—
Resident entry record	—	—	—	—	—
Helping you with your residential aged care fee form	Do you have a partner?	No [] Yes []	Guidelines state that 'your partner is your husband, wife or de facto'. Guidelines then state that partner's income should be included as combined income. Asks for name, address and postcode of partner. These codes do not map to highest level of national standard, as highest level coding requires further information about 'partnered' and 'non-partnered' status (e.g. never married or widowed). However, full information on Marital status is not required for administrative purposes and recommendations to change have not been made.	Not consistent	NO
Appointment of a nominee form	—	—	—	—	—

Marital status (continued)

Data collection name Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Application—financial hardship	Marital status	Single Widowed Divorced Separated Married/partnered	Consistency with national standard could be improved by adding the word 'current' to marital status. All of the codes except 'single' map to the national standard. Single can overlap with widowed, divorced or separated. Recommend replacing the code 'single' with 'never married', which does not overlap with any other response values.	Not consistent	YES
Application for classification	—	—	—	—	—
Residential aged care payment claim form	—	—	—	—	—
Community Aged Care Packages Payment Claim Form	—	—	—	—	—
Community Aged Care Packages Data Dictionary Version 1.0	—	—	—	—	—
Home and Community Care Minimum Data Set (Guidelines Version 1.5)	—	—	—	—	—

Carer availability

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
National Community Services Data Dictionary <i>Carer availability</i>	Whether someone, such as a family member, friend or neighbour, has been identified as providing regular and sustained care and assistance to the person requiring care. Carers include those people who receive a pension or benefit for their caring role but does not include paid or volunteer carers organised by formal services.	0 Has no carer 1 Has a carer 9 Not stated/ inadequately described	This standard is used more widely in aged and community care data collections, and seeks to describe whether or not the person has a carer, regardless of whether or not they 'need' a carer. This data element is based on the <i>Informal carer</i> concept in the NCSDD. There is a tension in the Guide for use relating to the identification of carers. That is, whether <i>Carer availability</i> should be self-reported by care recipients or reported according to the opinion of providers. Some aged and community care data collections have addressed this issue by including extra guidelines to help providers identify carers (see ACAP DD and CACP DD). The conflicting nature of the guidelines will be reviewed by the NCSIMG.	N/A	—
Admitted patient care National Minimum Data Set	—	—	—	—	—
Community mental health care National Minimum Data Set	—	—	—	—	—
Aged Care Application and Approval (2624)	Does the person have a carer? (i.e. a friend or relative providing unpaid assistance with tasks of daily living, or monitoring the person's well-being on a sustained basis).	Yes [] No [] Not known []	Consistent with NCSDD, although it is recommended that the 'not known' category is not included on primary data collection forms.	Consistent	N/A

Carer availability (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Aged Care Assessment Program Minimum Data Set Version 2.0 <i>Carer availability</i>	Whether someone such as a family member, friend or neighbour, excluding paid or volunteer carers organised by formal services, has been identified as providing regular and sustained care and assistance to the person without payment other than a pension or benefit.	1 Has a carer 2 Has no carer 3 Not applicable—client is a permanent resident of a residential aged care service, multi-purpose service (or multi-purpose centre), Indigenous flexible pilot, hospital or other institutional care setting. 9 Not stated/inadequately described (not for use in primary data collections)	Important to note this question is not asked of people in residential aged care facilities. ACAP MDS V2.0 includes extra guideline to help providers identify carers 'If in doubt about whether the level and type of assistance provided by another person is sufficient to identify them as a carer, if the removal of that assistance would significantly compromise the care available to the person to their detriment, record the person as having a carer'. This is consistent with NCSDD Carer availability definition, although it highlights a tension in the national standard (see NCSDD <i>Carer availability</i>).	Consistent	NO
Respite Care—21 day extension form	—	—	—	—	—
Resident entry record	—	—	—	—	—
Helping you with your residential aged care fee form	—	—	—	—	—
Appointment of a nominee form	—	—	—	—	—
Application—financial hardship	—	—	—	—	—
Application for classification	—	—	—	—	—
Residential aged care payment claim form	—	—	—	—	—
Community Aged Care Packages Payment Claim Form	—	—	—	—	—

Carer availability (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Community Aged Care Packages Data Dictionary Version 1.0 <i>Carer availability</i>	Whether someone, such as a family member, friend or neighbour, has been identified as providing regular and sustained care and assistance to the person without payment other than a pension or benefit.	1 Has no carer 2 Has a carer 9 Not stated/inadequately described (not for use in primary data collections)	CACP DD includes extra guideline (identical to ACAP) to help providers identify carers 'If in doubt about whether the level and type of assistance provided by another person is sufficient to identify them as a carer, if the removal of that assistance would significantly compromise the care available to the person to their detriment, record the person as having a carer'. This is consistent with NCSDD <i>Carer availability</i> definition, although it highlights a tension in the national standard (see NCSDD <i>Carer availability</i>).	Consistent	—
Home and Community Care Minimum Data Set (Guidelines Version 1.5) <i>Carer—existence of</i>	Whether someone, such as a family member, friend or neighbour, has been identified as providing regular and sustained care and assistance to the person without payment other than a pension or benefit.	1 Has a carer 2 Has no carer 9 Not stated/inadequately described	HACC does not include extra guideline for identifying carers (as does ACAP and CACP). It is based on self-reporting by clients only.	Consistent	—

Carer residency status

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
National Community Services Data Dictionary (not in NHDD) <i>Carer co-residency</i>	Whether or not a carer lives with the person for whom they care.	1 Co-resident carer 2 Non-resident carer 9 Not stated/ inadequately described	Based on the <i>Informal carer</i> concept in the NCSDD (see comments about the identification of carers under NCSDD <i>Carer availability</i>).	N/A	—
Admitted patient care National Minimum Data Set	—	—	—	—	—
Community mental health care National Minimum Data Set	—	—	—	—	—
Aged Care Application and Approval (2624)		If the person does have a carer, is the carer: Resident [] Visiting []		Consistent	N/A

Carer residency status (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Aged Care Assessment Program Minimum Data Set Version 2.0 <i>Carer residency status</i>	Whether or not the carer lives with the person for whom they care.	1 Co-resident carer 2 Non-resident carer 3 Not applicable – client has no carer or is a permanent resident of residential aged care services, multi purpose service (or multi purpose centre), Indigenous flexible pilot, hospital or other institutional care setting. 9 Not stated/ inadequately described		Consistent	NO
Respite Care—21 day extension form	—	—	—	—	—
Resident entry record	—	—	—	—	—
Helping you with your residential aged care fee form	—	—	—	—	—
Appointment of a nominee form	—	—	—	—	—
Application—financial hardship	—	—	—	—	—
Application for classification	—	—	—	—	—

Carer residency status (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Residential aged care payment claim form	—	—	—	—	—
Community Aged Care Packages Payment Claim Form	—	—	—	—	—
Community Aged Care Packages Data Dictionary Version 1.0 <i>Carer residency status</i>	Whether or not the informal carer lives with the person for whom they care.	1 Co-resident carer 2 Non-resident carer 3 Not applicable – carer recipient does not have a carer 9 Not stated/ inadequately described (not for use in primary data collections)		Consistent	—
Home and Community Care Minimum Data Set (Guidelines Version 1.5) <i>Carer residency status</i>	Whether or not the carer lives with the person for whom they care.	1 Co-resident carer 2 Non-resident carer 9 Not stated/ inadequately described		Consistent	—

Living arrangements

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
National Community Services Data Dictionary (not in NHDD)	Whether the person lives with other related or unrelated persons.	1 Lives alone 2 Lives with spouse/partner 3 Lives with either spouse/partner and other family member(s) and/or carer (including foster family) 4 Lives with other family members 5 Lives with other members of community 6 Other arrangements 9 Not stated/ inadequately described	This data element should generally be used in conjunction with <i>Accommodation setting</i> , as people can be living in an accommodation setting such as hostels or nursing homes, and be coded as 'living alone'. These people are clearly in a different situation to people that live alone in a private residence. NCSDD Guide for use specifies a rule regarding the living arrangements of people who live in types of accommodation where there may be confusion (e.g. boarding houses, hostels, retirement villages etc.). In these circumstances the person should be regarded as living alone, except in those instances in which they are sharing their own private space/room within the premises with a significant other (e.g. partner, sibling, close friend, etc.).	N/A	—
Admitted patient care National Minimum Data Set	—	—	—	—	—
Community mental health care National Minimum Data Set	—	—	—	—	—

Living arrangements (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Aged Care Application and Approval (2624)	With whom do you normally live?	A alone B spouse only C spouse and others D brother/sister E child alone F child and child's family H other family O other	Code list is not consistent with NCSDD as there are no rules about how to code for people that live in 'supported' types of accommodation settings such as hostels and nursing homes. For example, if a person lives in a hostel and does not share their living space, in the absence of any guidelines, they would most likely be coded to 'Other'. According to the NCSDD guidelines, they should be coded as living alone. 2624 data could be analysed in conjunction with <i>Accommodation setting</i> , which would provide more information about the living arrangements of people, but there would not be reliable information as to whether people living in supported environments such as hostels, are sharing their personal living space. The rest of the codes (A-H) map to the national standard.	Not consistent	N/A
Aged Care Assessment Program Minimum Data Set Version 2.0 <i>Living arrangements</i>	Whether the person lives with other related or unrelated persons.	1 Lives alone 2 Lives with family 3 Lives with others	Codes are not as detailed as the NCSDD, but they are mappable (the level of detail contained in the NCSDD was not considered necessary for the purposes of the ACAP MDS V2.0)	Consistent	NO
Respite Care—21 day extension form	—	—	—	—	—
Resident entry record	—	—	—	—	—
Helping you with your residential aged care fee form	—	—	—	—	—
Appointment of a nominee form	—	—	—	—	—
Application—financial hardship	—	—	—	—	—

Living arrangements (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Application for classification	—	—	—	—	—
Residential aged care payment claim form	—	—	—	—	—
Community Aged Care Packages Payment Claim Form	—	—	—	—	—
Community Aged Care Packages Data Dictionary Version 1.0 <i>Living arrangements</i>	Whether the person lives with other related or unrelated persons.	1 Lives alone 2 Lives with family 3 Lives with others 9 Not stated/ inadequately described (not for use in primary data collections)	Codes are not as detailed as the NCSDD, but they are mappable (the level of detail contained in the NCSDD was not considered necessary for the purposes of the CACP data collection).	Consistent	—
Home and Community Care Minimum Data Set (Guidelines Version 1.5) <i>Living arrangements</i>	Whether the person lives with other related or unrelated persons.	1 Lives alone 2 Lives with family 3 Lives with others 9 Not stated/ inadequately described	Codes are not as detailed as the NCSDD, but they are mappable (the level of detail contained in the NCSDD was not considered necessary for the purposes of the CACP data collection).	Consistent	—

Geographic location

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
National Community Services Data Dictionary Geographic location	The geographic location of a person, organisation, object or place.	ABS Statistical Local Area (includes State/Territory and 4 digit SLA)		—	—
Admitted patient care National Minimum Data Set Area of usual residence	Area of usual residence	As above		Consistent	—
Community mental health care National Minimum Data Set Area of usual residence	Area of usual residence	As above		Consistent	—
Aged Care Application and Approval (2624)	Address, suburb/town and Postcode for where client can be contacted.	Address: [] Suburb/town [] Postcode []	SLA can be derived from address information (although some inaccuracies may occur). However, this is the address for where the client can be contacted, and not necessarily the person's 'usual address', as defined in the national standard as where they have lived or intend to live for 6 months or more.	Not consistent	N/A
Aged Care Assessment Program Minimum Data Set Version 2.0	Suburb/town/locality name and postcode for where the person usually lives.			Consistent.	—
Respite Care—21 day extension form	Client's home address/ Postcode and State	Address [] Postcode [] State []	Should specify Suburb/town field—otherwise complete address information may not always be reported. 'Home address' implies usual address, and is therefore consistent with the national standard.	Consistent, but requires more detail.	YES
Resident entry record	—	—	—	—	—

Geographic location (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Helping you with your residential aged care fee form	Address/postcode of residential aged care facility	Address [] Postcode []	Can derive SLA from address and postcode of resi care facility. State can be derived from postcode, and then added to SLA. No information as to where client lived previously	Consistent.	—
Appointment of a nominee form	As above	As above	As above	Consistent	—
Application—financial hardship	As above	As above	As above	Consistent	—
Application for classification	As above	As above	As above	Consistent	—
Residential aged care payment claim form	—	—	—	—	—
Community Aged Care Packages Payment Claim Form	—	—	—	—	—
Community Aged Care Packages Data Dictionary Version 1.0	Suburb/town/locality name and postcode for where the person usually lives.			Consistent.	—
Home and Community Care Minimum Data Set (Guidelines Version 1.5)	Area of residence (State/Territory), Suburb/town/locality name and Postcode.		SLA can be derived using these 3 data items.	Consistent	—

Country of birth

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
National Health Data Dictionary <i>Country of birth</i>	The country in which the person was born	Standard Australian Classification of Countries (SACC) 4-digit (individual country) level. ABS catalogue no. 1269.0 (1998)	<i>Country of birth</i> can be used to derive English Proficiency Groups, which allow for the measurement of social, cultural and economic disadvantage in Australia's multicultural society. English proficiency groups were developed by the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA). The ABS recommends that <i>Country of birth</i> be used in conjunction with <i>Main language other than English spoken at home</i> and <i>Proficiency in spoken English</i> to derive cultural and linguistic diversity and possible disadvantage in terms of access to services. The status of the ABS standard in relation to aged and community care data collections will come under review by the National Community Services Information Management Group.	N/A	—
Community mental health care National Minimum Data Set <i>Country of birth</i>	The country in which the person was born	Standard Australian Classification of Countries (SACC) 4-digit (individual country) level. ABS catalogue no. 1269.0 (1998)		Consistent	—
Admitted patient care National Minimum Data Set <i>Country of birth</i>	The country in which the person was born	Standard Australian Classification of Countries (SACC) 4-digit (individual country) level. ABS catalogue no. 1269.0 (1998)		Consistent	—
Aged Care Application and Approval (2624)	Were you born in Australia? Yes [] No [] (if no) In which country were you born?	Blank field	Not consistent as the data domain does not specify that the codes must be consistent with the ABS Standard Australian Classification of Countries.	Not consistent	N/A

Country of birth (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Aged Care Assessment Program Minimum Data Set Version 2.0 <i>Country of birth</i>	The country in which the person was born.	Standard Australian Classification of Countries (SACC) 4-digit (individual country) level. ABS catalogue no. 1269.0 (1998)	Forms part of a set of 3 core data elements recommended by the ABS to measure cultural and linguistic diversity (<i>Country of birth, Main language other than English spoken at home and Proficiency in spoken English</i>). <i>Main language other than English spoken at home and Proficiency in spoken English</i> are currently draft status and may not be reporting requirements for the ACAP MDS V2.0, subject to a decision by the NCSIMG regarding the use of the ABS standard.	Consistent	NO
Respite Care—21 day extension form	—	—	—	—	—
Resident entry record	—	—	—	—	—
Helping you with your residential aged care fee form	—	—	—	—	—
Appointment of a nominee form	—	—	—	—	—
Application—financial hardship	—	—	—	—	—
Application for classification	—	—	—	—	—
Residential aged care payment claim form	—	—	—	—	—
Community Aged Care Packages Payment Claim Form	—	—	—	—	—
Community Aged Care Packages Data Dictionary Version 1.0 <i>Country of birth</i>	The country in which the person was born.	The Standard Australian Classification of Countries 1998 4-digit (individual country) level. ABS catalogue no. 1269.0.	Forms part of a set of 3 core data elements recommended by the ABS to measure cultural and linguistic diversity (<i>Country of birth, Main language other than English spoken at home and Proficiency in spoken English</i>). <i>Main language other than English spoken at home and Proficiency in spoken English</i> are currently draft status and may not be reporting requirements for the CACP data collection subject to a decision by the NCSIMG regarding the use of the ABS standard.	Consistent	—

Country of birth (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Home and Community Care Minimum Data Set (Guidelines Version 1.5) <i>Country of birth</i>	The country in which the person was born.	The Standard Australian Classification of Countries 1998 4-digit (individual country) level. ABS catalogue no. 1269.0.	In HACC, <i>Country of birth</i> and <i>Main language spoken at home</i> were included as a measure of cultural and linguistic diversity, which was published before the ABS standards were released. These standards will be reviewed for HACC version 2.0.	Consistent	—

Language

Data collection name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
<p>National Health Data Dictionary</p> <p><i>Main language other than English spoken at home</i></p>	<p>The language reported by the person as the main language other than English spoken by a person in his/her home (or most recent private residential setting occupied by the person) on a regular basis, to communicate with other residents of the home or setting and regular visitors.</p>	<p>Refer to the ABS Standards for Statistics on Cultural and Language Diversity, 1999, CAT. No. 1289 for details.</p>	<p>The ABS recommends 3 core data elements for measuring cultural and linguistic diversity. These are <i>Country of birth</i>, <i>Main language other than English spoken at home</i> and <i>Proficiency in spoken English</i>. This standard is currently under review and its status in relation to a number of aged and community care data collections is to be confirmed.</p>	<p>N/A</p>	<p>—</p>

Language (continued)

Data collection name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
National Health Data Dictionary <i>Preferred language</i>	The language (including sign language) most preferred by the person for communication. This may be a language other than English even where the person can speak fluent English.	Modified version of the ABS adaptation of ASCL to accommodate a 2-digit running code	<p>This data element is not included in the NCSDD, probably because it is not part of the 3 core data items for measuring cultural and linguistic diversity recommended by the ABS.</p> <p>The ABS adaptation of the ACSL to accommodate a 2-digit running code has been modified by removing the geographic groupings from the classification (relating to the broad geographic regions of languages). Thus each geographic grouping 'nec' code has been replaced by one catch all code 'other languages, nfd.</p> <p>It is recommended that the data domain of a national standard is used as 'output categories' or a classification for data that should be used for storage and analysis purposes. 'Input categories' can be specified in the collection methods of a data element. For example, the Alcohol and other drug treatment services working group recently proposed that the data domain for <i>Principal drug of concern</i> should contain the full classification, and that the collection methods should specify the 'short list' or the more 'user friendly' way in which the data can be collected.</p>	N/A	—
Admitted patient care National Minimum Data Set	—	—	—	—	—
Community mental health care National Minimum Data Set	—	—	—	—	—
Aged Care Application and Approval (2624)	What is your preferred language?	English [] Other [] (please specify) _____	<p>This data item is not consistent with the national standard <i>Preferred language</i> as it does not specify a classification of languages to use for coding purposes. Language codes that are consistent with ABS classifications should be specified for use wherever possible.</p> <p>The definition should also specify that preferred language (including sign language) is the language most preferred by the person for communication, which may be a language other than English even where the person can speak fluent English.</p>	Not consistent	N/A

Language (continued)

Data collection name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Aged Care Assessment Program Minimum Data Set Version 2.0 <i>Main language other than English spoken at home</i>	The language reported by the person as the main language other than English spoken by the person in her or his home (or most recent private residential setting) on a regular basis, to communicate with other residents of his or her home and regular visitors.	To be confirmed by ACAP Officials. Currently HACC modified version of the ABS 2-digit adaptation of the ASCL.	HACC has developed a modified version of the 2-digit adaptation, which is not consistent with the ABS adaptation of the ASCL to accommodate a 2-digit running code (see comments under HACC <i>Main language spoken at home</i>). This data element has a draft status in the ACAP data dictionary, subject to a review by the NCSIMG of the utility of this data element (including <i>Proficiency in spoken English</i>) as a measure of cultural and linguistic diversity.	Consistent	NO
Respite Care—21 day extension form	—	—	—	—	—
Resident entry record	—	—	—	—	—
Helping you with your residential aged care fee form	—	—	—	—	—
Appointment of a nominee form	—	—	—	—	—
Application—financial hardship	—	—	—	—	—
Application for classification	—	—	—	—	—
Residential aged care payment claim form	—	—	—	—	—
Community Aged Care Packages Payment Claim Form	—	—	—	—	—

Language (continued)

Data collection name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Community Aged Care Packages Data Dictionary Version 1.0 <i>Main language other than English spoken at home</i>	The language reported by the person as the main language other than English spoken by a person in his/her home (or most recent private residential setting occupied by the person) on a regular basis, to communicate with other residents of the home or setting and regular visitors.	ABS Adaptation of the ACSL to accommodate a 2-digit running code.	This data element has a draft status in the CACP data dictionary version 1.0, subject to a review by the NCSIMG of the utility of this data element (including <i>Proficiency in spoken English</i>) as a measure of cultural and linguistic diversity.	Consistent	—
Home and Community Care Minimum Data Set (Guidelines Version 1.5) <i>Main language spoken at home</i>	The language reported by the person as the main language spoken by the person in his or her home (or most recent private residential setting) on a regular basis, to communicate with other residents of his or her home and regular visitors.	HACC modified version of the ABS adaptation of the ASCL to accommodate a 2-digit running code.	<p>In HACC, <i>Country of birth</i> and <i>Main language spoken at home</i> were included as a measure of cultural and linguistic diversity, which was published before the ABS standards were released. These standards will be reviewed for HACC version 2.0.</p> <p>The HACC version 1.5 code list is not entirely consistent with the ABS adaptation to accommodate a 2-digit running code, although all specific country codes can be mapped across to the ABS adaptation. 'Nec' codes have been removed from each geographical grouping so that information about the broad geographic area for some countries that are 'not elsewhere classified' has been lost. Extra country codes have been added to the HACC list, which can map to the 4-digit classification and the 'nec' code under each geographic area in the ABS adaptation.</p> <p>The addition of extra country codes in the HACC list has also changed the numeric codes assigned to countries under each geographic area.</p> <p>The codes for Aboriginal languages have been collapsed under code 86 – Aboriginal languages, and code 98 – Torres Strait Islander languages. Both these codes map to 'Australian indigenous languages, nfd' in the ABS adaptation.</p>	Not consistent.	—

Indigenous status

Data collection name Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
National Health Data Dictionary <i>Indigenous status</i>	An Aboriginal or Torres Strait Islander person is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and accepted as such by the community in which he or she lives.	1 Aboriginal but not Torres Strait Islander origin 2 Torres Strait Islander but not Aboriginal origin 3 Aboriginal and Torres Strait Islander origin 4 Neither Aboriginal nor Torres Strait Islander origin 9 Not stated	<p>In effect, the definition is based on the 'working definition' of Indigenous status, which is based on self-identification only. Includes standard question recommended for self-enumerated or interview-based collections (i.e. the ABS 'working definition'): '[Are you] [Is the person] [Is (name)] of Aboriginal or Torres Strait Islander origin? Includes recommended 3 tick boxes (No, Yes—Aboriginal, Yes—Torres Strait Islander).</p> <p>Includes guideline that code 9 should not be available as a valid answer except in specific circumstances (e.g. answer was refused).</p> <p>Includes guideline recommending that the person should be asked wherever possible, although the question can be asked of people in a position to answer with confidence.</p> <p>Includes guideline that question should be asked even if the person does not 'look' Aboriginal or Torres Strait Islander.</p> <p>Includes procedure for coding multiple responses.</p>	N/A	—
Admitted patient care National Minimum Data Set <i>Indigenous status</i>	An Aboriginal or Torres Strait Islander person is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and accepted as such by the community in which he or she lives.	1 Aboriginal but not Torres Strait Islander origin 2 Torres Strait Islander but not Aboriginal origin 3 Aboriginal and Torres Strait Islander origin 4 Neither Aboriginal nor Torres Strait Islander origin 9 Not stated		Consistent	—

Indigenous status (continued)

Data collection name Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Community mental health care National Minimum Data Set <i>Indigenous status</i>	An Aboriginal or Torres Strait Islander person is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and accepted as such by the community in which he or she lives.	1 Aboriginal but not Torres Strait Islander origin 2 Torres Strait Islander but not Aboriginal origin 3 Aboriginal and Torres Strait Islander origin 4 Neither Aboriginal nor Torres Strait Islander origin 9 Not stated		Consistent	—
Aged Care Application and Approval (2624) <i>Indigenous status</i>	—	Are you an Aboriginal? Yes [] No [] Are you a Torres Strait Islander? Yes [] No []	Does not map to national standard (does not allow for coding both Aboriginal and Torres Strait Islander origin). Could include the standard question, as well as guidelines stating that question should be asked even if the person does not 'look' Aboriginal or Torres Strait Islander.	Not consistent	N/A

Indigenous status (continued)

Data collection name Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Aged Care Assessment Program Minimum Data Set Version 2.0 <i>Indigenous status</i>	Whether or not the person identifies themselves as being of Aboriginal and/or Torres Strait Islander descent.	1 Aboriginal but not Torres Strait Islander origin 2 Torres Strait Islander but not Aboriginal origin 3 Aboriginal and Torres Strait Islander origin 4 Neither Aboriginal nor Torres Strait Islander origin 9 Not stated	The definition is based on self-identification only (the 'working definition' based on the ABS standard question), and is different to the national standard definition, although the meaning is consistent. The national standard definition is under review.	Consistent	NO
Respite Care—21 day extension form	—	—	—	—	—
Resident Entry Record	—	—	—	—	—
Helping you with your residential aged care fee form	—	—	—	—	—
Appointment of a nominee form	—	—	—	—	—
Application—financial hardship	—	—	—	—	—
Application for classification	—	—	—	—	—
Residential aged care payment claim form	—	—	—	—	—

Indigenous status (continued)

Data collection name Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Community Aged Care Packages Payment Claim Form	—	—	—	—	—
Community Aged Care Packages Data Dictionary Version 1.0 <i>Indigenous status</i>	Whether or not the person identifies themselves as being of Aboriginal and/or Torres Strait Islander descent.	1 Aboriginal but not Torres Strait Islander origin 2 Torres Strait Islander but not Aboriginal origin 3 Aboriginal and Torres Strait Islander origin 4 Neither Aboriginal nor Torres Strait Islander origin 9 Not stated	The definition is based on self-identification only (the 'working definition' based on the ABS standard question), and is different to the national standard definition, although the meaning is consistent. The national standard definition is under review. Includes all guidelines from national standard.	Consistent	—
Home and Community Care Minimum Data Set (Guidelines Version 1.5) <i>Indigenous status</i>	Indigenous status states whether or not a person is of Aboriginal or Torres Strait Islander origin.	1 Aboriginal but not Torres Strait Islander origin 2 Torres Strait Islander but not Aboriginal origin 3 Aboriginal and Torres Strait Islander origin 4 Neither Aboriginal nor Torres Strait Islander origin 9 Not stated	Definition in guidelines 1.5 does not include 3 components of Indigenous status, as in national standard, although the meaning is consistent with national standard. Includes the standard question which asks 'Are you of Aboriginal or Torres Strait Islander origin?' Also includes recommended 3 tick boxes, with guideline that two can be ticked if person is both Aboriginal and Torres Strait Islander. Includes guideline that this question should be asked of all clients.	Consistent	—

Insurance characteristics

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
National Health Data Dictionary <i>Funding source for hospital patient</i>	Expected principal source of funds for an admitted patient episode or non- admitted patient service event.	01 Australian Health Care Agreements 02 Private health insurance 03 Self-funded 04 Worker's compensation 05 Motor vehicle third party personal claim 06 Other compensation (e.g. public liability, common law, medical negligence) 07 Department of Veterans' Affairs 08 Department of Defence 09 Correctional facility 10. Other hospital or public authority (contracted care) 11. Reciprocal health care agreements (with other countries) 12 Other 99 Not known		N/A	—
Admitted patient care National Minimum Data Set	As above	As above	As above	As above	—
Community mental health care National Minimum Data Set	—	—	—	—	—
Aged Care Application and Approval (2624)	—	—	—	—	—

Insurance characteristics (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Aged Care Assessment Program Minimum Data Set Version 2.0	—	—	—	—	—
Respite Care—21 day extension form	—	—	—	—	—
Resident entry record	Is the resident receiving:	Worker's compensation? [] Third party insurance []	Worker's compensation maps to code 04 of <i>Funding source for hospital patients.</i>	Consistent	NO
Helping you with your residential aged care fee form	—	—	—	—	—
Appointment of a nominee form	—	—	—	—	—
Application—financial hardship	—	—	—	—	—
Application for classification	Has the care recipient received, is the care recipient receiving, or can the care recipient claim:	A Veterans' Affairs pension (yes/no) A third party insurance settlement (yes/no) A worker's compensation settlement (yes/no) Other forms of compensation (yes/no)	This data item combines information about income and insurance status (i.e. Code 1 relates to receipt of a pension and codes 2– 4 relate to compensation payments). Codes do not map to highest level of national standard.	Consistent	NO
Residential aged care payment claim form	Liability (if subsidy is not payable by Health and Aged Care)	WC (worker's compensation) TP (third party)		Consistent	NO
Community Aged Care Packages Payment Claim Form	—	—	—	—	—

Insurance characteristics (continued)

Data collection name/ Data item name	Definition/question	Data domain	Comments and/or suggested modifications	Overall consistency	Changes suggested?
Community Aged Care Packages Data Dictionary Version 1.0	—	—	—	—	—
Home and Community Care Minimum Data Set (Guidelines Version 1.5)	—	—	—	—	—