Revision Table

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Amendments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.0</td>
<td>7 January 2011</td>
<td>Original</td>
</tr>
<tr>
<td>2.1</td>
<td>28 January 2011</td>
<td>Appendix F: Code List for Aged Care Assessment Team (ACAT) Identities added</td>
</tr>
<tr>
<td>2.2</td>
<td>2 June 2011</td>
<td>Coding for Extended Aged Care at Home corrected</td>
</tr>
</tbody>
</table>

Any enquiries about or comments on this publication should be directed to:
Director, Aged Care Assessment Program Section,
Australian Government Department of Health and Ageing
GPO Box 9848
Canberra ACT 2601
Phone: 1800 020 103
Contents

ALPHABETICAL LIST OF DATA DEFINITIONS .......................................................... IV
ABBREVIATIONS .................................................................................................... VII

1 INTRODUCTION ..................................................................................................... 9
  1.1 PURPOSE OF THE ACAP DATA DICTIONARY ........................................... 9
  1.2 BACKGROUND .............................................................................................. 9
  1.3 OBJECTIVES OF THE ACAP MDS VERSION 2.0 ...................................... 10
  1.4 MDS V2.0 AND THE ACAP DATA DICTIONARY ....................................... 10
  1.5 SCOPE OF MDS VERSION 2.0 ................................................................. 10
  1.6 LIMITATIONS OF MDS VERSION 2.0 ...................................................... 11

2 STRUCTURE OF THE DATA DICTIONARY ........................................................ 12
  2.1 FORMAT ...................................................................................................... 12
  2.2 CONTENT UPDATES ................................................................................... 14

3 DATA DEFINITIONS .............................................................................................. 18

4 ACCESS AND EQUITY MEASURES ..................................................................... 155

5 KEY PERFORMANCE INDICATORS ......................................................................... 164

APPENDIX A ........................................................................................................... 173
  Definition of data element attributes ............................................................. 173

APPENDIX B ........................................................................................................... 175
  Definition of performance indicator attributes ............................................ 175

APPENDIX C ........................................................................................................... 176
  Code list for country of birth using the Standard Australian Classification of Countries 1998
  4-digit level, Australian Bureau of Statistics Catalogue No. 1269.0 ............. 176
  Alphabetic code list for country of birth ..................................................... 180

APPENDIX D ........................................................................................................... 183
  ACAP code list for health condition ............................................................. 184
  Alphabetic code list for health condition ..................................................... 188

APPENDIX E ........................................................................................................... 199
  Code list for main language other than English spoken at home using the Australian Bureau of Statistics’ (ABS) adaptation of the Australian Standard Classification of Languages (ASCL), ABS Catalogue No. 1267.0, 1997 ................................................................. 199

APPENDIX F ........................................................................................................... 210
  Code list for Aged Care Assessment Team (ACAT) identities ...................... 210

INDEX ..................................................................................................................... 212
Alphabetical list of data definitions

ACAT CLIENT ......................................................................................................................................19
ACAT COMPREHENSIVE ASSESSMENT ..................................................................................................20
ACAT DELEGATE ID .............................................................................................................................22
ACAT ID ................................................................................................................................................24
ACCOMMODATION SETTING—USUAL ............................................................................................25
ACTIVITY LIMITATIONS ......................................................................................................................29
AGED CARE CLIENT RECORD (ACCR) ............................................................................................33
APPLICATION FORM ..........................................................................................................................34
ASSESSMENT END DATE ..................................................................................................................35
ASSESSOR PROFESSION ..................................................................................................................37
AUTHORISED PERSON – DETAILS ...................................................................................................39
CARE APPLIED FOR – APPLICATION FORM ...................................................................................41
CARE COORDINATION CLOSURE DATE .........................................................................................43
CARE COORDINATION PROVIDED ...................................................................................................45
CARER AVAILABILITY .........................................................................................................................48
CARER LIVING ARRANGEMENT .......................................................................................................50
CARER RELATIONSHIP – MAIN CARER ..........................................................................................52
CARER RELATIONSHIP – OTHER CARER(S) ..................................................................................54
CLIENT ID .............................................................................................................................................56
CLIENT/APPLICANT IS UNABLE TO SIGN – REASON ....................................................................57
CLIENT/APPLICANT SIGNATURE (APPLICATION FORM) ..............................................................58
CLIENT/APPLICANT SIGNATURE DATE (APPLICATION FORM) ...................................................59
COMMUNITY CARE – APPROVAL .....................................................................................................60
COMMUNITY CARE TIME LIMITATION DATE – APPROVAL ............................................................62
COUNTRY OF BIRTH ..........................................................................................................................63
CURRENT ASSISTANCE WITH ACTIVITIES – SOURCE OF ..................................................................64
CURRENT ASSISTANCE WITH ACTIVITIES ..........................................................................................66
DATE OF BIRTH ..................................................................................................................................69
DELEGATE .............................................................................................................................................71
DELEGATION DATE .............................................................................................................................73
DVA ENTITLEMENT ..............................................................................................................................75
ELECTRONIC AGED CARE CLIENT RECORD (EACCR) .................................................................77
EMERGENCY CARE – APPLICATION FORM .......................................................................................78
EMERGENCY CARE – APPROVAL .........................................................................................................80
EMERGENCY CARE – DATE CARE STARTED ....................................................................................82
EPISODE NUMBER ...............................................................................................................................83
EXTENDED AGED CARE AT HOME – APPROVAL ........................................................................84
Access and equity measures

PERCENTAGE OF OLDER ACAT CLIENTS LIVING IN RURAL/REMOTE AREAS .......................156
PERCENTAGE OF OLDER ACAT CLIENTS WHO ARE OF ABORIGINAL AND/OR TORRES STRAIT ISLANDER ORIGIN..............................................................................................................158
PERCENTAGE OF OLDER ACAT CLIENTS WITH DEMENTIA......................................................160
PERCENTAGE OF OLDER PEOPLE ASSESSED BY ACATS........................................................161
PERCENTAGE OF OLDER ACAT CLIENTS FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS...............................................................................................................162

Key performance indicators

IMPROVE THE PERCENTAGE OF PRIORITY ONE CLIENTS SEEN ON TIME.............................165
IMPROVE THE PERCENTAGE OF PRIORITY TWO CLIENTS AND PRIORITY THREE CLIENTS SEEN ON TIME ..................................................................................................................................167
ALL AGED CARE ASSESSMENT TEAM MEMBERS MEET NATIONAL MINIMUM TRAINING STANDARDS......................................................................................................................................169
TIMELY AND ACCURATE AGED CARE ASSESSMENT PROGRAM DATA ..............................................171
AGED CARE ASSESSMENT TEAM PARTICIPATION IN A QUALITY IMPROVEMENT PROGRAM ........................................................................................................................................172
# Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AACD</td>
<td>Ageing and Aged Care Division</td>
</tr>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ACCO</td>
<td>Aged and Community Care Officials</td>
</tr>
<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
</tr>
<tr>
<td>ACAP</td>
<td>Aged Care Assessment Program</td>
</tr>
<tr>
<td>ACAS</td>
<td>Aged Care Assessment Service (Victoria only)</td>
</tr>
<tr>
<td>ACAT</td>
<td>Aged Care Assessment Team</td>
</tr>
<tr>
<td>ACAP MDS</td>
<td>Aged Care Assessment Program Minimum Data Set</td>
</tr>
<tr>
<td>ACAP DWG</td>
<td>Aged Care Assessment Program Data Working Group</td>
</tr>
<tr>
<td>ACAP DMWG</td>
<td>Aged Care Assessment Program Data Management Working Group</td>
</tr>
<tr>
<td>ACCDAG</td>
<td>Aged and Community Care Data Advisory Group</td>
</tr>
<tr>
<td>ACCO DTWG</td>
<td>Aged and Community Care Officials Data Transition Working Group</td>
</tr>
<tr>
<td>ACCR</td>
<td>Aged Care Client Record</td>
</tr>
<tr>
<td>CACP</td>
<td>Community Aged Care Package</td>
</tr>
<tr>
<td>DoHA</td>
<td>Department of Health and Ageing</td>
</tr>
<tr>
<td>eACCR</td>
<td>Electronic Aged Care Client Record</td>
</tr>
<tr>
<td>EACH</td>
<td>Extended Aged Care at Home</td>
</tr>
<tr>
<td>EACHD</td>
<td>Extended Aged Care at Home Dementia</td>
</tr>
<tr>
<td>HACC</td>
<td>Home and Community Care</td>
</tr>
<tr>
<td>MDS</td>
<td>Minimum Data Set</td>
</tr>
<tr>
<td>NDR</td>
<td>National Data Repository</td>
</tr>
<tr>
<td>NCCS</td>
<td>National Classification of Community Services</td>
</tr>
<tr>
<td>NCSDC</td>
<td>National Community Service Data Committee</td>
</tr>
<tr>
<td>NCSDD</td>
<td>National Community Services Data Dictionary</td>
</tr>
<tr>
<td>NCSIM</td>
<td>National Community Services Information Model</td>
</tr>
<tr>
<td>NCSIMG</td>
<td>National Community Service Information Management Group</td>
</tr>
<tr>
<td>NMDS</td>
<td>National Minimum Data Set</td>
</tr>
<tr>
<td>NTFF</td>
<td>National Transaction File Format</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
1 Introduction

The ACAP Data Dictionary version 2 is an electronic update of the original Version 1 published in 2002, which was produced by the Australian Institute of Health and Welfare (AIHW) in consultation with the Department of Health and Ageing (DoHA). Since the release of the original publication, changes to the ACAP Minimum Data Set (ACAP MDS) and the need to define a wider number of data items and terminologies is required to cover the entire Aged Care Assessment Program. This update is necessary to reflect these changes.

The ACAP Data Management Working Group (ACAP DMWG) was the main body responsible for reviewing and recommending changes to the Dictionary. Its members included representatives from each of the State and Territory Governments and the Commonwealth. As the policy and technical environment associated with the ACAP MDS is dynamic, the process of review and amendment of the Data Dictionary is expected to be ongoing.

1.1 Purpose of the ACAP Data Dictionary

The purpose of this Dictionary is to provide an explanatory reference on the Minimum Data Set (MDS) and other items/terminologies which are used as indicators to record the functioning of the Aged Care Assessment Program. The primary users of the Dictionary are DoHA management, State/Territory Evaluation Unit Managers, State/Territory Government managers and ACAT operational officers. The uses for the Dictionary range from:

- checking categorisation protocols to ensure that data is put in the correct categories;
- reporting on various aspects of the ACAP’s performance; and
- using the data to inform the strategic management of the Program.

Users of the Dictionary should ensure they are using the most recent version.

1.2 Background

In August 1999, the Commonwealth Department of Health and Ageing contracted the AIHW to review the existing ACAP MDS Version 1. The review was initiated by Commonwealth and State and Territory Government Officials responsible for the program. These Officials delegated oversight of development of Version 2.0 of the MDS to the Aged Care Assessment Program Data Working Group (ACAP DWG). This group also benefited from the advice of ACAP Evaluation Units who had the responsibility for some years of collecting and analysing Version 1.0 data. It is important to note that Version 1 of the Data Dictionary was developed as a reference for the ACAP MDS Version 2. This group was reconvened in April 2008 and became the Aged Care Assessment Program Data Management Working Group (ACAP DMWG). The difference between the two groups was that the ACAP DWG was an advisory group and the ACAP DMWG was a decision making group.
1.3 Objectives of the ACAP MDS Version 2.0

Since the MDS is a critical component of the ACAP Data Dictionary, the details of its particular objectives need also to be considered. These objectives are:

- provide ACAP program managers, both Commonwealth and State/Territory, with access to data for policy and program development, strategic planning and performance monitoring against agreed outcomes;
- assist ACATs to provide high quality services to their clients by facilitating improved internal management and local/regional area planning and coordinated service delivery; and
- facilitate consistency and comparability of ACAP data with other relevant information in the health and community services fields.

1.3.1 Access and Equity Measures and Key Performance Indicators

The access and equity measures and key performance indicators detailed in Chapter 4 of this Data Dictionary are based on ACAP MDS Version 2. They are for use by the Commonwealth Department of Health and Ageing to report to the Australian Government on ACAP.

1.4 MDS V2.0 and the ACAP Data Dictionary

Although the ACAP MDS and the Data Dictionary are designed to be complementary, it is important to note the following differences:

- The ACAP MDS Version 2.0 includes all those data elements ACATs are required to report on as part of a national MDS collection;
- The Data Dictionary contains definitions for each of the MDS data elements plus definitions of other data items which do not have to be reported by ACATs in the MDS Version 2.0 collection. However, these ‘other’ data items are important for the operation of the ACAP and thus judged necessary for inclusion in the Data Dictionary. For example, data items collected in the Aged Care Client Record (ACCR) that are not part of the ACAP MDS are now included in the Data Dictionary.

1.5 Scope of MDS Version 2.0

The ACAP MDS Version 2.0 is a client-centred data collection, designed to support program management and planning by supplying information about ACAT clients, their need for care and the results of their comprehensive assessment.

The MDS reporting requirements do not preclude ACATs from collecting other information considered necessary for day to day service provision, nor does it preclude States/Territories incorporating additional data items for reporting at the State/Territory level. These items are not included in the Dictionary as they are not required for national reporting purposes.

The information provided by these data elements is likely to be only a subset of all the information that an ACAT will need in order to comprehensively assess a person’s care needs and develop a care plan. This MDS subset only includes the information that needs to be consistently collected and reported nationally by all ACATs in Australia.
1.6 Limitations of MDS Version 2.0

The ACAP MDS Version 2.0 is designed to report on the core work of ACATs. It is therefore only capturing information about the people receiving a comprehensive assessment. The MDS is not designed to measure the total amount of ACAT activity or information about all people assisted in any way by a member of an ACAT.

The coverage of an ACAT comprehensive assessment excludes some forms of assistance (and thus the people receiving it) from MDS reporting. These include:

- those medical consultations not covered by the MDS criteria;
- internal ACAT referrals (i.e., referrals from one ACAT member to another of a different discipline); and
- discipline specific assessments (i.e., physiotherapy or occupational therapy assessments);

In addition, it is important to distinguish between a comprehensive assessment of care needs (whether it be the first or a subsequent comprehensive assessment) and the review or monitoring of a care plan resulting from a comprehensive assessment. Reviews of care plans or follow-up monitoring of clients should not be reported as comprehensive assessments in the ACAP MDS.

An ACAT comprehensive assessment is also distinguished from the provision of care or treatment. The MDS is designed to report on the comprehensive assessment functions and activities of ACATs and not the provision of any other services, care or treatment that ACAT members may also provide for clients.

The nature of an ACAT’s work varies from one ACAT to another according to their location, auspicing arrangements, team composition and collection and assessment instruments used. The ACAP MDS Version 2.0 does not incorporate any reporting requirements related to the characteristics of ACATs themselves or the environment in which they operate.

The ACAP MDS Version 2.0 does not include all the information that ACATs need in order to do their job. The MDS Version 2.0 is limited to the minimum information necessary for national reporting and analysis. Although all of this information is considered important, not all important information is included in the MDS. ACATs will continue to collect and use a wider range of information to support their decision-making and to assist individual clients to receive the assistance they need.

Information about ACATs themselves, their team composition and the characteristics of the service network they work within are not included in Version 2.0. This information is important to a full understanding of the program and its place within the wider service network. However, it is information that could be the subject of a different collection methodology as it does not describe individual clients or specific assessments.
2 Structure of the Data Dictionary

2.1 Format

2.1.1 Data element template

The template or format used as the framework for each data element definition is designed to prompt answers to a range of standard questions about each piece of information. The following table describes the specific questions that the fields in the template are designed to answer. Definitions for each of the data element attributes used in Version 2.0 are provided at Appendix C.

<table>
<thead>
<tr>
<th>Template used for specification of data elements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td><strong>Definition:</strong></td>
</tr>
<tr>
<td><strong>Context:</strong></td>
</tr>
<tr>
<td><strong>Data type:</strong></td>
</tr>
<tr>
<td><strong>Field size:</strong></td>
</tr>
<tr>
<td><strong>Occurrences:</strong></td>
</tr>
<tr>
<td><strong>Code:</strong></td>
</tr>
<tr>
<td><strong>Guide for use:</strong></td>
</tr>
<tr>
<td><strong>ACCR:</strong></td>
</tr>
<tr>
<td><strong>ACAP MDS:</strong></td>
</tr>
<tr>
<td><strong>Reporting requirement:</strong></td>
</tr>
<tr>
<td><strong>Business rules:</strong></td>
</tr>
<tr>
<td><strong>Related documents:</strong></td>
</tr>
<tr>
<td><strong>Source document:</strong></td>
</tr>
<tr>
<td><strong>Source organisation:</strong></td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
</tr>
</tbody>
</table>
2.1.2 Access and Equity Measures and Key Performance Indicators template

As part of the process of developing access and equity measures and key performance indicators, a template, based on a similar design used for the presentation of data elements was developed. Definitions for each of the performance indicator attributes are provided at Appendix D.

<table>
<thead>
<tr>
<th>Template used for specification of performance indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td><strong>Definition:</strong></td>
</tr>
<tr>
<td><strong>Desired outcome:</strong></td>
</tr>
<tr>
<td><strong>Context:</strong></td>
</tr>
<tr>
<td><strong>Numerator:</strong></td>
</tr>
<tr>
<td><strong>Denominator:</strong></td>
</tr>
<tr>
<td><strong>Data collection:</strong></td>
</tr>
<tr>
<td><strong>Interpretation:</strong></td>
</tr>
<tr>
<td><strong>Source document:</strong></td>
</tr>
<tr>
<td><strong>Source organisation:</strong></td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
</tr>
</tbody>
</table>
2.2 Content updates

Since the release of the original publication, changes to the ACAP Minimum Data Set (ACAP MDS) and the need to define a wider number of data items and terminologies is required to cover the entire Aged Care Assessment Program. This update is necessary to reflect these changes. The following is the list of items that have been removed, updated or added.

### Data Elements

<table>
<thead>
<tr>
<th>Deleted</th>
<th>Part of the ACAP MDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACAT funding</td>
<td>No</td>
</tr>
<tr>
<td>Body function impairments</td>
<td>No</td>
</tr>
<tr>
<td>Proficiency in spoken English</td>
<td>No</td>
</tr>
</tbody>
</table>

### Name change

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carer co-residency status</td>
<td>Carer living arrangements</td>
</tr>
<tr>
<td>Relationship of carer to care recipient</td>
<td>Carer relationship – main carer</td>
</tr>
<tr>
<td>Source of current assistance with activities</td>
<td>Current assistance with activities – source of</td>
</tr>
<tr>
<td>Main language other than English spoken at home</td>
<td>Language other than English spoken at home</td>
</tr>
</tbody>
</table>

### Definition change

| ACAT client | No |
| First intervention date | Yes |

### New Data Elements

| ACAT Delegate ID | No |
| Aged Care Client Record (ACCR) | No |
| Application Form | No |
| Authorised person details | No |
| Care applied for - application form | No |
| Care coordination closure date | Yes |
| Care coordination provided | Yes |
| Carer relationship – other | No |
| Client/applicant unable to sign | No |
| Client/applicant signature | No |
| Client/applicant signature date | No |
Yes Community care – approval
Yes Community care – time limitation date – approval
No Delegate
Yes Delegation date
No electronic ACCR (eACCR)
No Emergency care - Application form
Yes Emergency care - Approval
Yes Emergency care date care started
Yes Episode number
No Marital Status
Yes No care approved
Yes Residential care (permanent) – approval
Yes Residential care – time limitation date – approval
Yes Residential respite care – approval
Yes Residential respite care – time limitation date – approval
No Telephone number other contact
No Telephone number residence
Yes Transition Care Approval

The following diagram illustrates the relationships between data elements that form the ACAP MDS Version 2.0. In particular, it highlights where the requirement to report particular data elements is dependent on the response values to other data elements. The two data elements that serve as ‘filters’ to other data elements are Accommodation setting—usual and Recommended long-term care setting. Depending on the response values to these two data elements (or questions) other data elements may or may not be required to be reported for a client.
Key. Data elements in **bold** are to be collected and reported for all clients for whom an MDS record is required and the assessment is either “Complete” or “Incomplete”.

Data elements in **bold & underlined** determine whether dependent data elements are asked.

Data elements in *italics* are dependent on responses to bold and underlined data elements.

Referral to ACAT

Accepted for ACAT comprehensive assessment (see ACAT client and ACAT comprehensive assessment concepts in data dictionary)

Not accepted for ACAT comprehensive assessment

Client ID  Indigenous status  Assessor profession
Letters of name  DVA entitlement  Health condition
Sex  Referral date  Activity limitations
DOB  Priority category  Respite Care use
Suburb/town/locality name  First intervention date  Assessment end date
Postcode  First Face To Face contact date

Community
Codes 1–7 & 12-15

Accommodation setting (usual)

Institutional codes 8–11 (residential aged care, other institutional care)

Living arrangements  Govt. program support at assessment
Carer availability  Current assistance with activities
Relationship of carer/ care recipient  Source of current assistance
Carer co-residency status

Reason for ending assessment

Recommended long-term care setting

Complete (code 1)

Incomplete (codes 2–7)

Recommended formal assistance with activities
Govt. program support recommended
Respite care recommended

Delegation

Institutional Community

Care approved

Care item approved
Time limitation date

Care coordination provided
Care coordination closure date

No Care approved

Delegation date
3 Data definitions
**ACAT client**

**Definition:** A person who is referred for a comprehensive assessment of their care needs incorporating the restorative, physical, medical, psychological, cultural and social dimensions of care from an Aged Care Assessment Team and whose assessment is accepted.

**Context:** The overall objective of the Aged Care Assessment Program (ACAP) is to comprehensively assess the needs of frail older people and facilitate access to available care services appropriate to their needs.

The Aged Care Assessment Program Minimum Data Set (ACAP MDS) is a client-centred data set. That is, the information that is required to be recorded and reported by Aged Care Assessment Teams (ACATs) is structured around the people receiving a comprehensive assessment from an ACAT.

Some individuals receiving assistance from an ACAT are excluded from the ACAP MDS collection. For example, people seeking ad hoc advice or information from an ACAT by telephone are not counted as ACAT clients for the purposes of the MDS collection. Depending on the location and team composition of the ACAT, there may be people who are assisted by members of an ACAT but who do not necessarily receive or require a comprehensive assessment of their care needs. These people are excluded from the definition of ACAT client for the purposes of the MDS.

**Data type:** Not applicable  
**Field size:** Not applicable  
**Occurrences:** Not applicable  
**Code:** Not applicable  
**Guide for use:** Not applicable  
**ACCR:** Not applicable  
**ACAP MDS:** Not applicable  
**Business rules:** Not applicable  
**Reporting requirement:** Not applicable  
**Related documents:** Not applicable

**Source document:** Developed for the Aged Care Assessment Program Data Dictionary Version 1 and modified for Version 2.

**Source organisation:** Aged Care Assessment Program Officials  
Australian Institute of Health and Welfare  
Australian Government Department of Health and Ageing

**Comments:**
ACAT comprehensive assessment

**Definition:**
An evaluation of the care needs of a person incorporating the restorative, physical, medical, psychological, cultural and social dimensions of care.

**Context:**
The overall objective of the Aged Care Assessment Program (ACAP) is to comprehensively assess the needs of frail older people and facilitate access to available care services appropriate to their needs. The Aged Care Assessment Program Minimum Data Set (ACAP MDS) is designed to report on the core work of Aged Care Assessment Teams (ACATs). The MDS is not designed to measure the total amount of ACAT activity. In order to collect valid data within a national reporting framework, some degree of standardisation in relation to the scope of ACAT activity to be reported in the MDS is necessary to ensure comparability of data across and within States and Territories.

Face-to-face contact is considered to be a core element of any ACAT comprehensive assessment. At times, another person may act as an ACAT representative if face-to-face contact with an ACAT member is not possible. This may be relevant in remote areas.

The nature of an ACAT’s work varies from one ACAT to another according to their location, auspicing arrangements, team composition and collection and assessment instruments used. Non-standardised procedures are a characteristic of the ACAP that allows for variations appropriate to the very diverse nature of ACATs.

The ACAP MDS is designed to capture information about the people receiving a comprehensive assessment from an ACAT, including their characteristics, circumstances, need for assistance and the long-term care setting appropriate for the person.

The ACAP MDS is not designed to capture information about all people assisted in any way by a member of an ACAT. The concept of ACAT comprehensive assessments excludes some assistance (and thus clients) from MDS reporting. Medical consultations that do not incorporate the physical, psychological, cultural and social aspects of comprehensive assessment and internal ACAT referrals (i.e. referrals from one ACAT member to another of a different discipline) are excluded from the MDS reporting requirements. Neither of these activities should result in a separate MDS record.

Many clients receive more than one comprehensive assessment from an ACAT over time. However, it is important to distinguish between a comprehensive assessment of care needs (whether it be the first or a subsequent comprehensive assessment) and a review or monitoring of a care plan resulting from a comprehensive assessment. Reviews of care plans or follow-up monitoring of clients should not be reported as comprehensive assessments in the ACAP MDS. If, as a result of reviewing a client’s care plan, the ACAT finds that the client’s circumstances and needs have changed significantly, the ACAT may decide that the client requires another comprehensive assessment. Thus while case reviews or monitoring should not generate an MDS record, whenever a comprehensive assessment is undertaken, a separate MDS record should be created. A review may generate a reassessment but is not in itself a reassessment.

ACAT comprehensive assessments often include discipline specific
assessments that contribute to the overall assessment of a person’s care needs. However, where discipline specific assessments are not part of a comprehensive assessment of care needs they should not be reported in the ACAP MDS collection.

An ACAT comprehensive assessment is also distinguished from the provision of care or treatment. The ACAP MDS is designed to report on the comprehensive assessment functions and activities of ACATs and not the provision of any other services, care or treatment that ACAT members, in their capacity as health professionals may provide to clients.

Data type: Not applicable  
Field size: Not applicable  
Occurrences: Not applicable  
Code: Not applicable  
Guide for use: Not applicable  
ACCR: Not applicable  
ACAP MDS: Not applicable  
Business rules: Not applicable  
Reporting requirement: Not applicable  
Related documents: Aged Care Act 1997 Section 23-4  
Source organisation: Aged Care Assessment Program Officials  
Australian Institute of Health and Welfare  
Comments:
**ACAT Delegate ID**

*Definition:* The unique number allocated to a certain identified position on an Aged Care Assessment Team (ACAT) for the purpose of approving Commonwealth subsidised aged care, delegated by the Secretary of the Australian Government Department of Health and Ageing.

*Context:* Under the *Aged Care Act 1997*, the Secretary of the Australian Department of Health and Ageing may delegate the authority to approve people to receive residential care, community care and flexible care. The authority has been delegated to certain identified positions on each ACAT. ACAT members holding these positions and exercising this delegated authority as part of their ACAT role are termed “delegates”.

*Data type:* Alphanumeric  
*Representational form:* Code  
*Field size:* Min: 6 Max: 6  
*Representational layout:* NAANNN  
*Occurrences:* May have only one occurrence.

*Code:* Concatenation of:
- **N** State/Territory identifier
- **AA** ACAT identifier
- **N** Profession identifier
- **NN** Position number

*Guide for use:* Where the eACCR process has been implemented, the ACAT delegate name, ID and delegation date are electronically added to the ACCR when it is printed and when the data is transmitted to Medicare Australia. If the ACAT is using the paper ACCR forms, the ACAT delegate must write their ACAT delegate ID on the ACCR, along with their signature and the delegation date (see delegation date definition, p62), when approving a person for care. ACAT delegates may only exercise the authority to approve people whilst undertaking assessment functions as part of an ACAT.

Only ACAT members who are delegates may exercise the authority to approve people to receive residential care, community care and flexible care. The ACAT identifier (AA) is allocated by the Australian Government Department of Health and Ageing.

*ACCR:* Part 6 – Approval as a care recipient

*ACAP MDS:* No

*Reporting requirement:* Conditional

*Business rule:* Not applicable

*Related documents:* *Aged Care Act 1997 Section 96-2(4)*

*Source document:* Aged Care Assessment Program Guidelines

*Source organisation:* Australian Government Department of Health and Ageing

*Comments:* ACAT Delegate ID numbers are allocated by the Australian Government Department of Health and Ageing. Delegations are granted to certain identified positions and are not transferable to other positions. These
delegations are revised and submitted to the Secretary for approval or revocation twice a year.
ACAT ID

**Definition:** A code that uniquely identifies an Aged Care Assessment Team.

**Context:** An Aged Care Assessment Team (ACAT) ID will be used to uniquely identify each ACAT within Australia. The ACAT ID number should be reported by each ACAT in conjunction with data collected for each reporting period. The data can then be analysed by State/Territory and ACAT locality. Combined with Client ID and Referral date, the ACAT ID uniquely identifies a record in the ACAP MDS.

**Data type:** Alphanumeric

**Representational form:** Code

**Field size:**

- **Min:** 3
- **Max:** 3

**Representational layout:** NAA

**Occurrences:** Must have only one occurrence.

**Code:** Concatenation of:

- N—State/Territory identifier
- AA—Locality of ACAT

**Guide for use:**

N—State identifier

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

Locality of the ACAT (AA) is allocated by the Australian Government Department of Health and Ageing.

**ACCR:** Not Applicable

**ACAP MDS:** Yes

**Reporting requirement:** Mandatory

**Business Rule:** Not Applicable

**Related Documents:** National Transaction File Format Item 1

**Source document:** Australian Bureau of Statistics 2009, *Australian Standard Geographical Classification (ASGC)*, Cat No. 1216.0

**Source organisation:** Australian Government Department of Health and Ageing

**Comments:** The codes for States/Territories are consistent with the National Community Services Data Dictionary Version 5.
Accommodation setting—usual

**Definition:**
The setting in which the person usually lives.

**Context:**
The relationship between housing and the care needs of frail older people and people with disabilities is an area of considerable policy importance. Recent reviews have identified insecure housing as a risk factor in premature entry into residential care among frail older people and the possibility that it may be associated with more limited access to community-based services.

**Data type:** Numeric

**Representational form:** CODE

**Field size:**
Min: 1  Max: 2

**Representational layout:** NN

**Occurrences:**
May have only one occurrence.

**Codes:**
Value must be one of:

1. Private residence—Client owns/is 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 community (must specify – maximum 50 characters)
14. Private residence—Family member or related person owns/is purchasing
15. Indigenous community/settlement
19. Not stated/inadequately described

**Guide for use:**
This data element should be used to record the accommodation setting in which the person usually lives.

- **Private residence—owns/purchasing; private rental; public rental or community housing:** Includes private residences of a wide range of dwelling types, such as houses, flats, units, caravans, mobile homes, boats, marinas, etc. Codes 1, 2, 3 and 14 distinguish between different types of tenure associated with private residences. Where the person’s tenure over the residence is not clear (e.g., living rent free with friends or family), the code used should reflect the type of tenure primarily associated with the dwelling.

1. **Private residence—Client owns/is purchasing:** Includes private residences which are owned or being purchased by the person.

2. **Private residence—private rental:** Includes private residences which are rented on the private rental market at competitive market rates. This includes dwellings rented through real estate agents as well as private landlords who are not part of the person’s family.
3 **Private residence — public rental or community housing:** Includes private residences secured through State/Territory Housing Authorities (public rental) or through community or cooperative housing groups.

4 **Independent living within a retirement village:** Includes persons living in self-care or independent-living units within a retirement village, irrespective of the type of tenure the person holds over the residence. Persons living in a retirement village with the provision of care services should be coded to Supported community accommodation.

5 **Boarding house/rooming house/private hotel:** Includes premises known as boarding house, guest house, hostel, hotel, private hotel, rooming house, lodging or similar. The accommodation is not private residential accommodation, having regard to the number of and nature of bedrooms in the premises; or the number of people who are not related to one another living at the premises; or the number and nature of the bathrooms in the premises. The accommodation is available on a daily or other short term basis. Staff are retained by the proprietor or manager of the premises to work in the premises on a daily or other frequent regular basis.

6 **Short-term crisis, emergency or transitional accommodation:** Includes temporary or short-term accommodation provided in response to crisis or emergency situations (e.g. night shelters, refuges, hostels for the homeless), or to facilitate a transition between institution-type settings and independent community living (e.g. halfway houses). These settings often provide some form of support services—such as meals, counselling, information or advocacy—but are not intended to function as a permanent or ongoing accommodation option. This code should only be used when the person is living in this type of setting at the time of assessment and has no other usual accommodation setting.

7 **Supported community accommodation:** Includes community living settings or accommodation facilities in which clients are provided with support in some way by staff or volunteers. This category includes domestic-scale living facilities (such as group homes for people with disabilities, cluster apartments where a support worker lives on site, community residential apartments, congregate care arrangements, etc.) which may or may not have 24-hour supervision and care. It also includes larger-scale supported accommodation facilities providing 24-hour supervision and support services by rostered care workers (such as hostels for people with disabilities and government-regulated Supported Residential Services/Facilities (Victoria and South Australia only)). Persons living in aged care hostels should be coded to Residential aged care (8 or 9) depending on the level of care they receive.

8 **Residential aged care service — low level care:** Includes permanent residents of residential aged care services (formerly nursing homes and aged care hostels) and multi purpose services or multi purpose centres, who are receiving low level care.

9 **Residential aged care service — high level care:** Includes permanent residents of residential aged care services (formerly nursing homes and aged care hostels) and multipurpose services or multi purpose centres, who are receiving high level care.

10 **Hospital:** This code should only be used when the person is in hospital.
11 Other institutional care: Includes other institutional settings which provide care and accommodation services such as hospices and long-stay residential psychiatric institutions.

12 Public place/temporary shelter: Includes public places such as streets and parks, as well as temporary shelters such as bus shelters or camps and accommodation outside legal tenure arrangements, such as squats.

13 Other community (must specify – maximum 50 characters): Includes all other types of settings.

14 Private residence — Family member or related person owns/is purchasing: Includes private residences which are owned or being purchased by another member of the client’s household or family (including a non-resident relative).

15 Indigenous community/settlement: Includes private residences in Indigenous communities or settlements.

99 Not stated/inadequately described: Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

Where the client’s accommodation arrangements at the time of comprehensive assessment reflect their usual accommodation setting, the client’s current accommodation setting should be recorded. The data elements Suburb/town/locality name, Postcode and Living arrangements should also relate to the same location.

Where the client’s accommodation arrangements at the time of comprehensive assessment are believed to be temporary, the client’s ‘usual’ accommodation setting should be recorded. This includes situations where the client is in hospital or another form of institutional or residential based care that is temporary in nature, as well as staying with family members or friends when this is believed to be a temporary arrangement.

In these cases, the client should be asked to nominate what they consider to be their usual place of residence. The following standard questions are recommended to elicit the information required for reporting Suburb/town/locality name, Postcode, Living arrangements and Accommodation setting – usual, all of which should relate to the same place.

Where do you live?
Do you consider this to be your usual place of residence or home? (Yes/No) If No: Where is your usual place of residence?

Many ACAT clients may change their accommodation setting as a result of their ACAT assessment. A recommended change in the person’s accommodation setting is recorded under the data element Recommended long-term care setting.

ACCR: Question 14
ACAP MDS: Yes
Reporting Requirement: Conditional
Business Rules: Not Applicable

Related documents: National Transaction File Format Item 13

Australian Institute of Health and Welfare Metadata Online Registry

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare
Australian Government Department of Health and Ageing

Comments:
Activity limitations  [MDS Item]

**Definition:**
The activities in which the help or supervision of another individual is needed by the person, as assessed by the Aged Care Assessment Team.

**Context:**
Information about the types of assistance the client is assessed by the Aged Care Assessment Team (ACAT) as needing gives some indication of the extent and complexity of the needs of ACAT clients. This information can be compared with members of the general population needing these types of assistance, as identified by the Australian Bureau of Statistics (ABS) in the Survey of Disability, Ageing and Carers.

The categories of assistance in this data element are designed to identify severe or profound core activity restriction (as defined by the ABS) and to enable comparisons of assistance needed by ACAT clients with the types of assistance provided by other government-funded community care services (e.g. Home and Community Care (HACC) and Community Aged Care Packages (CACP)).

A person with a severe or profound core activity restriction is defined as someone who sometimes, or always, needs assistance with one or more of the tasks of self-care, mobility or communication. However, needing assistance with these tasks is not used as eligibility criteria for ACAT services, nor is it intended for use as criteria for eligibility to any other type of service or care. The need for assistance with these tasks is one way of identifying clients with higher level needs in a way that allows them to be compared with members of the general population.

The first four areas of activity in this data element are used to identify severe or profound core activity restrictions. Identification of a need for assistance in the other categories facilitates analysis of need for those types of assistance commonly provided by government funded community care programs. The categories used in this data element are consistent with those used in the HACC program and CACP program. They are also consistent with the ABS Disability, Ageing and Carers Survey and thus facilitate comparisons with population data on the need for these types of assistance.

**Data type:** Numeric

**Representational form:** CODE

**Field size:**
- **Min:** 1
- **Max:** 2

**Representational layout:** NN

**Occurrences:** May have up to 11 occurrences (any combination of codes 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11).

**Code:**
1 Self-care
2 Movement activities
3 Moving around places at or away from home
4 Communication
5 Health care tasks
6 Transport
7 Activities involved in social and community participation
8 Domestic assistance
Guide for use:

1. **Self-care**: Refers to assistance or supervision of another person with daily self-care tasks such as eating, showering/bathing, dressing, toiletting and managing incontinence. The independent use of aids and equipment should not be recorded against this code. Where an ACAT considers that the person’s need for assistance with self-care would be met by their independent use of aids or equipment (i.e. not requiring the help or supervision of another individual) they should not be recorded here.

2. **Movement activities**: Refers to assistance or supervision of another person with activities such as maintaining or changing body position, carrying, moving and manipulating objects, getting in or out of bed or a chair. The independent use of aids and equipment should not be recorded against this code. Where an ACAT considers that the person’s need for assistance with movement activities would be met by their independent use of aids or equipment (i.e. not requiring the help or supervision of another individual) they should not be recorded here.

3. **Moving around places at or away from home**: Refers to assistance or supervision of another person with walking and related activities, either around the home or away from home (excludes needing assistance with transportation). The independent use of aids and equipment should not be recorded against this code. Where an ACAT considers that the person’s need for assistance with moving around places at or away from home would be met by their independent use of aids or equipment (i.e. not requiring the help or supervision of another individual) they should not be recorded here.

4. **Communication**: Refers to assistance or supervision of another person with understanding others, making oneself understood by others. The independent use of aids and equipment, e.g. hearing aids, speech aids, and assistance from interpreters should not be recorded against this code. Where an ACAT considers that the persons’ need for assistance with communication would be met by their independent use of aids or equipment (i.e. not requiring the help or supervision of another individual) they should not be recorded here.

5. **Health care tasks**: Refers to assistance or supervision of another person with taking medication or administering injections, dressing wounds, using medical machinery, manipulating muscles or limbs, taking care of feet (includes a need for home nursing and allied health care, such as physiotherapy and podiatry).

6. **Transport**: Refers to assistance or supervision of another person with using public transport, getting to and from places away from home or driving.

7. **Activities involved in social and community participation**: Refers to assistance or supervision of another person with shopping, banking, participating in recreational, cultural or religious activities, attending
day centres, managing finances and writing letters.

8 **Domestic assistance:** Refers to assistance or supervision of another person with household chores such as washing, ironing, cleaning and formal linen services.

9 **Meals:** Refers to assistance or supervision of another person with meals, including the delivery of prepared meals, help with meal preparation and managing basic nutrition.

10 **Home maintenance:** Refers to assistance or supervision of another person with the maintenance and repair of the person’s home, garden or yard to keep their home in a safe and habitable condition, for example, changing light bulbs and basic gardening.

11 **Other (must specify – maximum 50 characters):** Refers to assistance or supervision of another person with any other tasks or activities of daily living.

12 **None:** Should be recorded when the assistance or supervision of another person is not needed by the person.

98 **Unable to determine:** Should be recorded when the need for assistance or supervision of another person with tasks or activities cannot be identified for any reason.

99 **Not stated/inequately described:** Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

More than one activity can be recorded.

The person’s need for assistance with activities should be reported in relation to their usual accommodation setting. If the person’s accommodation arrangements at the time of comprehensive assessment are believed to be temporary, the information recorded here should reflect the person’s usual living situation. This includes situations where the person is in hospital or another form of institutional or residential based care that is temporary in nature, as well as staying with family members or friends when this is believed to be a temporary arrangement. This is consistent with the reporting of the data elements *Accommodation setting—usual, Living arrangements, Postcode and Suburb/town/locality name.*

Record those areas of activity that, in the ACAT’s opinion, the client needs the assistance or supervision of another person, from either formal agencies or informal carers, regardless of whether the assistance is available or not, and also regardless of whether the client agrees to a referral being made to a relevant agency.

The client’s need for assistance or supervision from another person should take into account their use of, or need for, aids or equipment. That is, if a client independently uses an aid to help them with a particular activity, or could independently use such an aid, they should not be recorded as needing the help or supervision of another individual.

If the person chooses not to use the aid (or it is unavailable) this will be captured in the *Recommended formal assistance with activities* data element, i.e. formal assistance with an activity will be recommended, even though it has not been identified as needed.
ACCR: Question 23

ACAP MDS: Yes

Business Rules:
• If Accommodation setting – usual is “Residential aged care”, “Hospital”, or “Other institutional care”, then Activity limitations “domestic assistance”, “meals” and “home maintenance” (codes 8, 9, 10) must be blank (code 99).

Reporting requirement: Conditional

Related documents: National Transaction File Format Items 21 – 34


Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments:
Aged Care Client Record (ACCR)

**Definition:**
The ACCR is the formal client record, application and approval form used by the ACAT as prescribed by the *Aged Care Act 1997*.

**Context:**
The ACCR is not an assessment tool or assessment form, but a record of the assessment. The assessor should utilise appropriate and validated assessment tools in the conduct of an assessment.

ACATs must send all approved ACCRs to Medicare Australia either electronically or on paper. Medicare Australia processes ACCRs so approved aged care providers can claim the Australian Government subsidy for care provided to approved clients.

**Data type:**
Not applicable

**Field size:**
Not applicable

**Occurrences:**
Not applicable

**Code:**
Not applicable

**Guide for use:**
Not applicable

**ACCR:**
Not applicable

**ACAP MDS:**
Not applicable

**Business rules:**
Not applicable

**Reporting requirement:**
Not applicable

**Related documents:**
*Aged Care Act 1997* Section 22-3

**Source document:**
ACAP National Delegation Training Resources – Training Workbook

**Source organisation:**
Australian Government Department of Health and Ageing

**Comments:**
The ACCR User Guide has been designed as a user friendly guide to assist ACATs to complete the ACCR. It includes the data elements, definitions and codes in the ACAP Minimum Data Set.
**Application Form**

**Definition:**
The Form approved under the *Aged Care Act 1997* by the Secretary of the Australian Government Department of Health and Ageing to be used by the client when applying to be approved as a recipient of one or more types of Commonwealth subsidised aged care.

**Context:**
Applications for care provided under the *Aged Care Act 1997*, namely residential care, residential respite care, community care services or Flexible Care, must be made on an authorised form. The Aged Care Client Record (ACCR) application form is the authorised form.

By signing this form, a person, or another person on their behalf, is applying for care. The signing of this form also allows for the use and disclosure of information collected as part of the assessment process, as set out in the Privacy Notice on the ACCR.

**Data type:** Not applicable

**Field size:** Not applicable

**Occurrences:** Not applicable

**Code:** Not applicable

**Guide for use:** Not applicable

**ACCR:** Not applicable

**ACAP MDS:** Not applicable

**Business rules:** Not applicable

**Reporting requirement:** Not applicable

**Related Documents:** *Aged Care Act 1997* section 22 – 3

**Source document:** Aged Care Assessment Program Guidelines

**Source organisation:** Australian Government Department of Health and Ageing

**Comments:** Although information provided in the application form is not part of the ACAP MDS, it is essential that this information is recorded.
**Assessment end date**

**Definition:**
The date on which the comprehensive assessment of the person ends.

**Context:**
This data element records the end of the comprehensive assessment phase of an Aged Care Assessment Team’s (ACAT’s) work with a client and is the trigger for inclusion of the record of a client’s comprehensive assessment in the Aged Care Assessment Program Minimum Data Set (ACAP MDS) collection for the purposes of National Transaction File Formats prior to 5.2. It may be used in conjunction with the data element *Referral date* to measure the length of time taken from beginning to end of a comprehensive assessment.

Recording the end of a comprehensive assessment in the MDS does not necessarily mean that the comprehensive assessment process was completed. The data element *Reason for ending assessment* is reported in conjunction with the *Assessment end date* so that complete and incomplete comprehensive assessments are identified for subsequent analyses.

A comprehensive assessment may end because the client died, or moved away, or because the client’s medical condition or functional status is unstable, indicating a need for acute care or a period of rehabilitation care before their long-term care needs can be comprehensively assessed by the ACAT.

At times, ACATs may continue to work with their clients beyond the point where a care plan is developed and referrals to other services are made. Recording and reporting of *Assessment end date* does not imply that ACATs will have no further contact with the client beyond that date.

**Data type:** Numeric

**Representational form:** DATE

**Field size:**
*Min:* 10  
*Max:* 10

**Representational layout:** DD/MM/YYYY

**Occurrences:**
May have only one occurrence.

**Code:**
Valid date

**Guide for use:**
This data element should always be recorded as a 10-character valid date comprising day, forward slash, month, forward slash, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, ACATs should use leading zeros to ensure that the date contains the required 10 characters. For example, for a comprehensive assessment that ended for whatever reason on the 1st of July, 2009, the *Assessment end date* would be reported as 01/07/2009.

The *Assessment end date* is the date that the ACAT completes the care plan (i.e., makes a recommendation for the client’s long-term care setting) for the client or ends the comprehensive assessment process because of other factors or events that mean that the comprehensive assessment cannot proceed. This may be because the client died, moved away or was referred to another ACAT. It may also be because the client’s medical condition or functional status is unstable, indicating a need for acute care or a period of rehabilitation care before their care needs can be comprehensively assessed by the ACAT. This may mean that some comprehensive assessments that were previously ‘held open’ or ‘interrupted’ or ‘suspended’ will be recorded, for the purposes of the MDS collection, as ended (see *Reason for ending assessment*) and a new...
comprehensive assessment reported when the client is eventually assessed by the ACAT after completion of the acute or rehabilitation care.

**ACCR**
Question 33

**ACAP MDS**
Yes

**Reporting requirement:**
Optional

**Business Rules:**
- If *Assessment end date* is not blank, the date must be valid
- If *Assessment end date* is not blank and *First face-to-face contact date* is not blank, then *Assessment end date* must be equal to or later than *First face-to-face contact date*
- If *Assessment end date* is not blank and *First face-to-face contact date* is blank, and *First intervention contact date* is not blank, then *Assessment end date* must be equal to or later than *First intervention contact date*
- If *Assessment end date* is not blank and *First face-to-face contact date* is blank, and *First intervention contact date* is blank, then *Assessment end date* must be equal to or later than *Referral date*

**Related document:**
National transaction File Format Item 116

**Source document:**
Developed for the Aged Care Assessment Program Data Dictionary Version 1.0 and modified for Version 2.

**Source organisation:**
Aged Care Assessment Program Officials
Australian Institute of Health and Welfare
Australian Government Department of Health and Ageing

**Comments:**
Definition: The profession of all Aged Care Assessment Team members and non-team members participating in the person’s comprehensive assessment via extensive consultation or discussion of the person’s situation, condition or care needs that contributes to their care plan.

Context: Identifying the range of disciplines or areas of expertise contributing to the client’s comprehensive assessment provides a picture of the extent to which Aged Care Assessment Team (ACAT) comprehensive assessments are multidisciplinary. It is acknowledged that a multidimensional approach to comprehensive assessment does not necessarily require contribution from more than one discipline. For this reason this data element is only seen as a proxy measure of the extent to which the Aged Care Assessment Program is providing comprehensive, multidimensional assessments of the care needs of frail older people.

This data element is not limited to ACAT members. That is, the profession of any person who has a significant involvement in the client’s comprehensive assessment via extensive consultation or discussion that contribute to the care plan should be reported.

Data type: Numeric  Representational form: CODE
Field size: Min: 1 Max: 2 Representational layout: NN
Occurrences: May have up to 26 occurrences (any combination of codes 1 – 26).

Code:

Medical practitioners
1 Generalist medical practitioner
2 Geriatrician
3 Psychogeriatrician
4 Psychiatrist
26 Rehabilitation specialist
5 Other medical practitioner

Nursing professionals
6 Nurse manager
7 Nurse educator & researcher
8 Registered nurse
9 Registered mental health nurse
10 Registered developmental disability nurse
11 Other nursing professional

Health professionals
12 Occupational therapist
13 Physiotherapist
14 Speech pathologist/therapist
15 Podiatrist
16 Pharmacist
17 Aboriginal health worker
18 Other health professional

Social welfare professionals
19 Social worker
20 Welfare & community worker
21 Counsellor
22 Psychologist
23 Other social professional
25 Interpreter
24 Other profession (must specify – maximum 50 characters)
99 Not stated/inadequately described

*Guide for use:*

5 Other medical practitioners: Includes specialist physicians e.g. neurologists.
13 Physiotherapist: Includes physical therapists.
18 Other health professional: Includes audiologist, orthoptist, orthotist and health professionals not elsewhere classified.
21 Counsellor: Includes rehabilitation counsellor, drug and alcohol counsellor, family counsellor etc.
23 Other social professional: Includes social professionals not elsewhere classified.
24 Other profession: Must be specified (maximum 50 characters).
99 Not stated/inadequately described: Should only be used when the Aged Care Assessment Team (ACAT) is unable to make an informed judgement or the assessment is “In-progress”. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

Record the profession of each clinician or professional person, ACAT member or non-team member that contributes to the comprehensive assessment of the client. If more than one assessor belongs to the same professional category, the category should only be recorded once.

**ACCR:** Question 34

**ACAP MDS:** Yes

**Reporting requirement:** Conditional

**Business Rule:**
- Assessor profession can only be blank (code 99) if Reason for ending assessment is other than “Assessment complete”.

**Related documents:** National Transaction File Format Items 117 – 143


**Source organisation:**
- Aged Care Assessment Program Officials
- Australian Institute of Health and Welfare
- Australian Government Department of Health and Ageing

**Comments:**
## Authorised person – details

**Definition:** The details of the authorised person who signs the application form on behalf of the client if the client is unable to sign.

**Context:** Applications for care provided under the *Aged Care Act 1997*, namely residential care, residential respite care, community care services or Flexible Care, must be made on an authorised form. The Aged Care Client Record (ACCR) application form is the authorised form.

By signing this form, a person, or another person on their behalf, is applying for Commonwealth subsidised age care. The signing of this form also allows for the use and disclosure of information collected as part of the assessment process, as set out in the Privacy Notice.

**Data type:** Not applicable

**Field size:** Not applicable

**Occurrences:** May have only one occurrence.

**Code:**
- Name of authorised person – Alphanumeric (maximum 80 characters)
- Relationship to the client – Alphanumeric (maximum 60 characters)

**Contact details:**
- Address line 1 – Alphanumeric (maximum 40 characters)
- Address line 2 – Alphanumeric (maximum 40 characters)
- Suburb – Alphanumeric (maximum 40 characters)
- Postcode – Numeric (4 characters only)
- State/Territory – Alphanumeric (maximum 3 characters)
- Telephone number – Numeric (maximum 10 characters)

**Guide for use:** The form should be signed by the client/applicant. Only in exceptional circumstances should someone else sign.

If someone other than the client/applicant signs (for example, guardian, spouse or other person), the reason for inability to sign, name of person who did sign, their relationship to the applicant, and contact details must be recorded.

To avoid conflict of interest, ACAT delegates should NOT sign the Statement of Application on behalf of the client seeking care.

**ACCR:** Application Form (front page)

**ACAP MDS:** No

**Reporting requirement:** Conditional

**Business rule:** Not applicable

**Related documents:** *Aged Care Act 1997* section 22 – 3, section 96 – 6

**Source document:** ACCR User Guide
Source organisation: Australian Government Department of Health and Ageing

Comments: Although information provided in the application form is not part of the ACAP MDS, it is essential that this information is recorded.
Care applied for – Application form

**Definition:**
The type(s) of subsidised care the client has applied for.

**Context:**
Applications for care provided under the *Aged Care Act 1997*, namely residential care, residential respite care, community care services or Flexible Care, must be made on an authorised form. The Aged Care Client Record (ACCR) application form is the authorised form. Although information provided in the application form is not part of the ACAP MDS, it is essential that this information is recorded here.

**Data type:** Numeric

**Representational form:** Code

**Field size:**

<table>
<thead>
<tr>
<th>Min</th>
<th>Max</th>
<th>Representational layout</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>N</td>
</tr>
</tbody>
</table>

**Occurrences:**
May have up to 4 occurrences (any combination of codes 1, 2, 3 and 4).

**Codes:**

1. Residential Aged care
2. Residential Respite Care
3. Community Care Services (packages)
4. Flexible Care

**Guide for use:**
The types of care selected should be those requested by the client/applicant, not those recommended by the ACAT.

1. **Residential Aged care:** Refers to care provided to people assessed as requiring the general accommodation and personal care service provided in residential facilities (formerly nursing homes and aged care hostels), multipurpose services; and multipurpose centres.

2. **Residential Respite Care:** Refers to assistance for the person or their carer by the provision of short-term, alternative care provided in a residential aged care service or dedicated respite facility, or on a short-term residential basis in a multipurpose service. This may be relevant to people with or without carers.

3. **Community Care Services (packages):** Refers to the provision of a planned and coordinated package of community care services to assist a person who requires management of services because of their complex care needs. A CACP is targeted at frail older people living in the community who would otherwise be eligible for at least low level residential care.

4. **Flexible Care:** Refers to care provided in a residential or community setting through an aged care service that addresses the needs of care recipients in alternative ways to the care provided through residential aged care services and community care services. Examples of flexible care include Extended Aged Care at Home (EACH), EACH-Dementia and Transition Care.

**ACCR:** Application Form (front page)

**ACAP MDS:** No

**Reporting**
Mandatory
requirement:

Business rule: Not applicable

Related documents: Aged Care Act 1997 section 22 – 3

Source document: Aged Care Assessment Program Guidelines

Source organisation: Australian Government – Department of Health and Ageing

Comments: Although information provided in the application form is not part of the ACAP MDS, it is essential that this information is recorded.
### Care coordination closure date

**Definition:**
The date on which the ACAT has achieved effective referral to an Aged Care provider or the ACAT and client have agreed that no further ACAT involvement is required or no contact has been made with the client for a period of 12 weeks.

**Context:**
Care coordination closure date may be used in conjunction with the data element Referral date to measure the length of time taken from the beginning of the comprehensive assessment to the end of the ACAT’s contact with the client. It may be used in conjunction with Assessment end date to measure the length of time taken by care coordination activities with the client.

Care coordination closure date is used as a trigger (along with Assessment end date) for downloading client-level information on care coordination for the purposes of National Transaction File Formats prior to 5.2.

**Data type:**
Numeric

**Representational form:**
Date

**Field size:**
Min 10 Max 10

**Representational layout:**
DD/MM/YYYY

**Occurrences:**
May have only one occurrence.

**Code:**
Valid date

**Guide for use:**
This date should always be recorded as a 10-character valid date comprising day, forward slash, month, forward slash, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, agencies should use leading zeros to ensure that the date contains the required 10-characters. For example, for a client whose care coordination ended on 1st July 2010, the Care coordination closure date should be recorded as 01/07/2010.

The Care coordination closure date is the date on which it was decided to close the care coordination episode (i.e. there is no need to back-date care coordination closure to the date of the last contact with the client).

The Care coordination closure date will occur on or after the Assessment end date.

If there is no possibility of doing any care coordination for a client, then the Care coordination closure date will be the same as the Assessment end date. For example, clients who died before the assessment was completed, or who were in residential care at the time of assessment and expected to remain in residential care would have a Care coordination closure date on the Assessment end date.

**ACCR:**
Not applicable

**ACAP MDS:**
Yes

**Reporting requirement:**
Conditional

**Business rule:**
If Care coordination closure date is not blank then Care coordination closure date must be on or after Assessment end date.

**Related documents:**
National Transaction File Format Item 163
Care coordination closure is defined as the earliest of the following dates:

- when the ACAT and the client have agreed that no further ACAT involvement is required;
- when the coordination of the client’s care needs has been taken on by a provider;
- when the coordination of the client’s care is being managed competently by a carer;
- when the client is referred for reassessment and their care plan has changed (in this situation the case would be closed and reopened as a new episode of care commencing with the new assessment); or
- when the ACAT has had no contact with the client for a period of twelve weeks.
Care coordination provided  [MDS Item]

**Definition:**
Whether care coordination has been provided, and if so at what level of intensity.

**Context:**
This data element establishes whether the client was provided with care coordination by an Aged Care Assessment Team member. It also describes the intensity of care coordination that was provided.

Care coordination by the ACAP is intended as a bridging activity until responsibility for assisting the client is taken on by a carer or another service-provider, or until the client enters residential care.

The data element care coordination provided allows both counting and a simple classification by intensity of workload that the client required.

**Data type:** Numeric  
**Representational form:** Code  
**Field size:** Min: 1 Max: 1  
**Representational layout:** N

**Occurrences:**
May have only one occurrence.

**Code:**
Value must be one of:
1. Level 1 care coordination (follow up and monitoring) provided
2. Level 2 (intensive) care coordination provided
3. Both Level 1 and Level 2 care coordination provided
4. No care coordination provided
9. Not stated/inadequately described

**Guide for use:**
Care coordination provided is recorded when the care coordination episode is finished.

Care coordination is defined as those activities, additional to assessment, undertaken by ACATs that involve monitoring referrals and care plans, and active assistance in implementing a care plan, including helping the client access services, advocacy on the client’s behalf, liaising with the client and services to ensure the appropriate services are being received, negotiating for alternative services if necessary, and supporting the client and their family during plan implementation. These activities comprise Care coordination and will be reported separately from assessment.

The two levels of care coordination are distinguished by the amount and intensity of ACAT assistance provided to implement the care plan; usually this is related to level of client need.

The intention is that only care coordination that occurred after the Assessment end date would be reported. However, in some exceptional circumstances, activity prior to the Assessment end date could be reported: for example, where the ACAT undertook substantial activity to facilitate immediate access to services in the interests of client safety.

Care coordination may be applicable to both complete and incomplete assessments.

1. **Level 1 care coordination (follow up and monitoring) provided:** This level of care coordination is short term, aimed at monitoring care plan
implementation, and would typically be undertaken for clients who require some assistance to access services. This may be because either the client or their carer lacks the personal resources to negotiate the service system without assistance.

Level 1 care coordination services provided by the ACAT include contact (limited to one or two contacts per month) with the client or service providers regarding referrals, monitoring waiting lists and care plans and low level monitoring (i.e. at a frequency of less than once a week) of clients’ progress on the uptake of services to which the client has been referred.

2 **Level 2 (intensive) care coordination provided:** This level of care coordination refers to the range of activities undertaken by ACATs to assist clients living in the community who have multiple and/or complex needs or who are in a situation that seriously impinges on their health or well being (such as being at high risk of elder abuse or premature residential care placement) and who require close monitoring and active assistance from the ACAT to implement the care plan.

Specific activities considered part of Care coordination Level 2 include: active assistance to access services including negotiating with service providers on the client’s behalf; intensive liaison with hospital discharge planner or social worker; monitoring waiting lists for CACPs/residential care and advocacy on clients’ behalf where necessary; involvement in Guardianship applications; intensive monitoring (i.e., at a frequency of more than once a week) of the client’s situation; and specialist clinical input.

Usually this level of care coordination would be a short-term or episodic, and would support the client until an alternative service provider took over the responsibility for overseeing the client’s care needs.

3 **Both Level 1 and Level 2 care coordination provided:** This code should only be used when the Level of care coordination has varied over time, i.e. different levels of care coordination have been provided at different times. For example some clients who receive Level 1 care coordination may subsequently be provided with more intensive support from the ACAT. In such circumstances, both Levels of care coordination should be coded.

4 **No care coordination provided:** When no care coordination was provided to the client. Standard assessment processes can involve some preparatory care coordination activities associated with finalising the care plan, such as initiating referrals and writing to the client, but these activities should not be reported as care coordination.

9 **Not stated/inadequately described:** Should only be used when the Aged Care Assessment Team (ACAT) is unable to make an informed judgement or the assessment is “In-progress”. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

**ACCR:** Not applicable

**ACAP MDS:** Yes

**Reporting requirement:** Conditional
Business rule: Not Applicable

Related documents: National Transaction File Format Item 164


Source organisation: Lincoln Centre for Ageing and Community Care Research
Australian Government Department of Health and Ageing

Comments:
Carer availability

**Definition:** Whether one or more people, such as a family members, friends or neighbours, excluding paid or volunteer carers organised by formal services, have been identified as providing regular and sustained care and assistance to the person without payment other than a pension or benefit.

**Context:** Recent years have witnessed a growing recognition of the critical role that informal support networks play in caring for frail older people and younger people with disabilities within the community. Not only are informal carers responsible for maintaining people with often high levels of functional impairment within the community, but the absence of an informal carer has been identified as a significant risk factor contributing to institutionalisation among the Aged Care Assessment Program (ACAP) target population.

Even though carers may continue to play an important role for people in residential care, the focus of this data element is on the extent to which carers help their care recipients remain living in the community.

Increasing interest in the needs of carers and the role they play has prompted greater interest in collecting more reliable and detailed information about carers and the relationship between informal care and the provision of and need for formal services.

**Data type:** Numeric

**Representational form:** CODE

**Field size:**

<table>
<thead>
<tr>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Representation layout:** N

**Occurrences:** May have only one occurrence.

**Code:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>1</td>
<td>Has one or more carers</td>
</tr>
<tr>
<td>2</td>
<td>Has no carers</td>
</tr>
<tr>
<td>9</td>
<td>Not stated/inadequately described</td>
</tr>
</tbody>
</table>

**Guide for use:**

0 **Not applicable:** Should only be recorded for people who are permanent residents of residential aged care services or are in hospitals at the time of assessment.

9 **Not stated/inadequately described:** Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

This data element is purely descriptive of a client’s circumstances. It is not intended to reflect whether a client is considered by the Aged Care Assessment Team (ACAT) to need a carer or not; or whether an identified ‘carer’ is considered by the ACAT to be capable of undertaking the caring role.

In line with this, the expressed views of the client and/or their carer or significant other should be used as the basis for determining whether the
client is recorded as having a carer or not.

A carer is someone who provides care and/or assistance to the person on a regular and sustained basis. 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. Excluded from the definition of carers are paid workers or volunteers organised by formal services (including paid staff in funded group houses).

When asking a client about the availability of a carer, it is important for agencies to recognise that a carer does not always live with the person for whom they care. That is, a person providing care and assistance to the client does not have to live with the client in order to be called a carer.

The availability of a carer should also be distinguished from living with someone else. Although in many instances a co-resident will also be a carer, this is not necessarily the case. The data element *Living Arrangements* is designed to record information about person(s) with whom the client may live.

**ACCR:** Question 20

**ACAP MDS:** Yes

**Reporting requirement:** Conditional

**Business Rules:**
- If *Accommodation setting – usual* is "Residential aged care" or "Hospital" and *Reason for ending assessment* is “Assessment complete”, then *Carer availability* must be “Not applicable”.
- If *Accommodation setting – usual* is "Residential aged care" or "Hospital" and *Reason for ending assessment* is not “Assessment complete”, then *Carer availability* must be “Not applicable” or blank (code 9).
- If *Accommodation setting – usual* is "Residential aged care" or "Hospital" and if *Carer availability* is not blank, then *Carer availability* must be “Not applicable”.

**Related documents:** National Transaction File Format Item 18


**Source organisation:** National Community Services Data Committee

Aged Care Assessment Program Officials

Australian Government Department of Health and Ageing

**Comments:** It is important to note that the definition of carer implied here is not the same as the definition of ‘primary carer’ used by the Australian Bureau of Statistics.

Consistent with the Home and Community Care Minimum Data Set.
**Carer living arrangement [MDS Item]**

**Definition:** Whether or not the carer lives with the person for whom they care.

**Context:** This data element helps to establish a profile of the characteristics of informal carers assisted either directly or indirectly by the Aged Care Assessment Team (ACAT). As such it increases our knowledge about the dynamics and patterning of the provision of informal care to and by clients of the ACAT. In particular, whether or not the carer lives with the person for whom they care is one indication of the level of informal support available to clients and of the intensity of care provided by the carer.

**Data type:** Numeric

**Representational form:** CODE

**Field size:**
- Min: 1
- Max: 1

**Representational layout:** N

**Occurrences:** May have only one occurrence.

**Code:**

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>1</td>
<td>Co-resident carer</td>
</tr>
<tr>
<td>2</td>
<td>Non-resident carer</td>
</tr>
<tr>
<td>9</td>
<td>Not stated/inadequately described</td>
</tr>
</tbody>
</table>

**Guide for use:**

- **0 Not applicable:** Should only be recorded for people who either have no carer or were permanent residents of residential aged care services or were in hospital at the time of assessment.

- **9 Not stated/inadequately described:** Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

A client may have more than one family member or friend providing them with care and assistance. In such circumstances, this data element relates to the carer who is identified as providing the most care and assistance.

A co-resident carer is a person who provides care and assistance on a regular and sustained basis to a person who lives in the same household. A non-resident or visiting carer is a person who provides care and assistance on a regular and sustained basis to someone who lives in a different household.

If a client has both a co-resident (e.g. a spouse) and a visiting carer (e.g. a daughter or son), the coding response to this data element should be related to the carer who provides the most care and assistance related to the client’s capacity to remain living in the community. The expressed views of the client and/or their carer(s) or significant other should be used as the basis for determining which carer should be considered to be the primary or principal carer in this regard.

**ACCR:** Question 21

**ACAP MDS:** Yes
Reporting Requirement: Conditional

Business Rules:
- If Accommodation setting – usual is "Residential aged care" or "Hospital" and Reason for ending assessment is "Assessment complete", then Carer living arrangements must be "Not applicable".
- If Accommodation setting – usual is "Residential aged care" or "Hospital" and Reason for ending assessment is not “Assessment complete”, then Carer living arrangements must be “Not applicable” or blank (code 9).
- If Accommodation setting – usual is "Residential aged care" or "Hospital" and if Carer living arrangements is not blank, then Carer living arrangements must be “Not applicable”.

Related documents: National Transaction File Format Item 19
Source organisation: National Community Services Data Committee
Aged Care Assessment Program Officials
Australian Government Department of Health and Ageing
Comments: Consistent with the Home and Community Care Minimum Data Set.
Carer relationship – main carer

**Definition:** The relationship of the main carer to the person for whom they care.

**Context:** Information about the relationship the carer has to the person for whom they care assists in establishing a profile of informal caring relationships and the assistance recommended by the Aged Care Assessment Team (ACAT) to maintain and support those relationships. As such it increases our knowledge about the dynamics of caring and provides an insight into the gender and inter-generational patterns of informal care giving in the community. The inclusion of this information in the Aged Care Assessment Program Minimum Data Set Version 2.0 (ACAP MDS V2.0) enables useful comparisons between caring relationships identified by ACATs and those reported in the national population data from the Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers.

**Data type:** Numeric

**Representational form:** CODE

**Field size:** Min: 1 Max: 2

**Representational layout:** NN

**Occurrences:** May have only one occurrence.

**Code:** Must be one of:
- 0 Not applicable
- 1 Wife/female partner
- 2 Husband/male partner
- 3 Mother
- 4 Father
- 5 Daughter
- 6 Son
- 7 Daughter-in-law
- 8 Son-in-law
- 9 Other relative—female
- 10 Other relative—male
- 11 Friend/neighbour—female
- 12 Friend/neighbour—male
- 99 Not stated/inadequately described

**Guide for use:**
- 0 **Not applicable:** Should only be recorded for people who either have no carer or were permanent residents of residential aged care services, multipurpose services (or multipurpose centres), hospitals or other institutional settings at the time of assessment.
- 1 **Wife/female partner:** Includes de-facto and same sex partnerships.
- 2 **Husband/male partner:** Includes de-facto and same sex partnerships.
- 99 **Not stated/inadequately described:** Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement. This coding option is provided for Aged Care Assessment
Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

A client may have more than one family member or friend providing them with care and assistance. In such circumstances, the data element *Relationship of carer to care recipient* relates to the carer who is identified by the client and/or their carer as providing the most significant amount and type of care and assistance.

The data domain incorporates the sex of the carer as well as the relationship as this data element was the only vehicle within the ACAP MDS V2.0 where this information was obtainable.

Some people of Aboriginal or Torres Strait Islander origin attach a different cultural meaning to the terms brother, uncle, mother etc. than the purely biological/social meanings that non-Indigenous people use. In such cases the ACAT should record the relationship of the carer according to how the client or carer identifies that relationship.

**ACCR:**

- Question 22

**ACAP MDS:**

- Yes – Only ‘Main carer’ (i.e. ‘Other carer’ is NOT part of the ACAP MDS)

**Reporting requirement:**

- Conditional

**Business rule:**

- If Carer availability is “Has one or more carers”, then *Relationship of carer to care recipient* cannot be “Not applicable”.
- If Carer availability is “Has no carers”, then *Relationship of carer to care recipient* must be “Not applicable”.

**Related documents:**

- National Transaction File Format Item 20

**Source document:**


**Source organisation:**

- National Community Services Data Committee
- Australian Government Department of Health and Ageing

**Comments:**
## Carer relationship – other carer(s)

**Definition:** The relationship of carers, other than the main carer, to the person for whom they care.

**Context:** Information about the relationship the carer has to the person for whom they care assists in establishing a profile of informal caring relationships and the assistance recommended by the Aged Care Assessment Team (ACAT) to maintain and support those relationships. As such it increases our knowledge about the dynamics of caring and provides an insight into the gender and inter-generational patterns of informal care giving in the community.

**Data type:** Numeric  
**Representational form:** CODE  
**Field size:** Min: 1  
Max: 2  
**Representational layout:** NN  
**Occurrence:** May have up to 12 occurrences (any combination of codes 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12).

**Code:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>1</td>
<td>Wife/female partner</td>
</tr>
<tr>
<td>2</td>
<td>Husband/male partner</td>
</tr>
<tr>
<td>3</td>
<td>Mother</td>
</tr>
<tr>
<td>4</td>
<td>Father</td>
</tr>
<tr>
<td>5</td>
<td>Daughter</td>
</tr>
<tr>
<td>6</td>
<td>Son</td>
</tr>
<tr>
<td>7</td>
<td>Daughter-in-law</td>
</tr>
<tr>
<td>8</td>
<td>Son-in-law</td>
</tr>
<tr>
<td>9</td>
<td>Other relative – female</td>
</tr>
<tr>
<td>10</td>
<td>Other relative – male</td>
</tr>
<tr>
<td>11</td>
<td>Friend/neighbour – female</td>
</tr>
<tr>
<td>12</td>
<td>Friend/neighbour – male</td>
</tr>
<tr>
<td>99</td>
<td>Not stated/inadequately described</td>
</tr>
</tbody>
</table>

**Guide for use:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td><strong>Not applicable:</strong> Should only be recorded for people who either have no carer or were permanent residents of residential aged care services, multipurpose services (or multipurpose centres), hospitals or other institutional settings at the time of assessment.</td>
</tr>
<tr>
<td>1</td>
<td><strong>Wife/female partner:</strong> Includes de-facto and same sex partnerships.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Husband/male partner:</strong> Includes de-facto and same sex partnerships.</td>
</tr>
<tr>
<td>99</td>
<td><strong>Not stated/inadequately described:</strong> Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement or the assessment is “In-progress”. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).</td>
</tr>
</tbody>
</table>
A client may have more than one family member or friend providing them with care and assistance. In such circumstances, the data element Carer relationship - other carer relates to the carer(s) who is (are) identified by the client and/or their carer as providing less care and assistance than the main carer. More then one ‘other carer’ can be recorded.

Some people of Aboriginal or Torres Strait Islander origin attach a different cultural meaning to the terms brother, uncle, mother etc. than the purely biological/social meanings that non-Indigenous people use. In such cases the ACAT should record the relationship of the carer according to how the client or carer identifies that relationship.

**ACCR:** Question 22

**ACAP MDS:** No

**Reporting requirement:** Conditional

**Business rule:** Not applicable

**Related documents:** Not Applicable


**Source organisation:** National Community Services Data Committee
Australian Government Department of Health and Ageing

**Comments:**
| **Definition:** | Is the unique number allocated by the ACAT client management system (machine generated) given to a client when their first record is created. |
| **Context:** | When combined with **ACAT ID** and **Referral Date**, the **Client ID** uniquely identifies a record in the ACAP MDS. |
| **Data type:** | Alpha numeric |
| **Representational form:** | CODE |
| **Field size:** | Min: 1 Max: 15 |
| **Representational layout:** | NNNN.... |
| **Occurrence:** | Must have only one occurrence. |
| **Code:** | The structure of the Client ID number varies according to State/Territory or ACAT. |
| **Guide for use:** | The Client ID number should be the number used within the ACAT to identify the client. This data element should be reported for all clients who were accepted by an ACAT for a comprehensive assessment. This number should be assigned on the client’s initial entry into the service. Combined with ACAT ID and **Referral date**, the **Client ID** uniquely identifies a record in the ACAP MDS. |
| **ACCR:** | Must be entered where prompted. |
| **ACAP MDS:** | Yes |
| **Reporting requirement:** | Mandatory |
| **Business rules:** | Not Applicable |
| **Related documents:** | National Transaction File Format Item 2 |
| **Source document:** | Aged Care Assessment Program Minimum Data Set Version 1.0. |
| **Source organisation:** | Aged Care Assessment Program Officials Australian Government Department of Health and Ageing |
| **Comments:** | 56 |
Client/applicant is unable to sign – reason

Definition: Reason why the client/applicant is unable to sign the application form.

Context: Applications for care provided under the Aged Care Act 1997, namely residential care, residential respite care, community care services or Flexible Care, must be made on an authorised form. The Aged Care Client Record (ACCR) application form is the authorised form. By signing this form, a person, or another person on their behalf, is applying for care. The signing of this form also allows for the use and disclosure of information collected as part of the assessment process, as set out in the Privacy Notice on the ACCR. The client’s consent to be assessed by the ACAT is to be recorded on a separate consent form which is issued by the relevant state/territory government.

Data type: Alphanumeric

Field size: Min: 1 Max: 60

Representation layout: AAAAA...

Occurrences: May have only one occurrence.

Code: (Text)

Guide for use: The form should be signed by the client/applicant. Only in exceptional circumstances should someone else sign the form.

If someone other than the client/applicant signs (for example, guardian, spouse, power of attorney, solicitor or GP), the reason for inability to sign must be recorded.

To avoid conflict of interest, ACAT delegates should NOT sign the Application Form on behalf of the client seeking care.

ACCR: Application Form (front page)

ACAP MDS: No

Reporting requirement: Conditional

Business rule: Not Applicable

Related documents: Aged Care Act 1997 section 22–3

Source document: Aged Care Assessment Program Guidelines

Source organisation: Australian Government Department of Health and Ageing

Comments: Although information provided in the application form is not part of the ACAP MDS, it is essential that this information is recorded.
### Client/applicant signature (Application form)

**Definition:**
The signature of the client applying to receive aged care services and authorising the disclosure of their personal information as described in the ACCR privacy notice and the Aged Care Act 1997.

**Context:**
Applications for care provided under the Aged Care Act 1997, namely residential care, residential respite care, community care services or Flexible Care, must be made on a form approved by the Secretary of the Australian Government Department of Health and Ageing. The Aged Care Client Record (ACCR) application form is the approved form. By signing this form, a person, or another person on their behalf, is applying for care. The signing of this form also allows for the use and disclosure of information collected as part of the assessment process, as set out in the Privacy Notice on the ACCR.

**Data type:** Alphabetic

**Representational form:** Text

**Field size:**

<table>
<thead>
<tr>
<th>Min</th>
<th>Max</th>
<th>Representational layout</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>AAAAAA....</td>
</tr>
</tbody>
</table>

**Occurrences:** May have only one occurrence.

**Code:** (Signature)

**Guide for use:** The form should be signed by the client/applicant. Only in exceptional circumstances should someone else sign the form.

**ACCR:** Application Form (front page)

**ACAP MDS:** No

**Reporting requirement:** Mandatory

**Business rule:** Not applicable

**Related documents:** Aged Care Act 1997 section 22 - 3

**Source document:** Aged Care Assessment Program Guidelines

**Source organisation:** Australian Government Department of Health and Ageing

**Comments:** Although information provided in the application form is not part of the ACAP MDS, it is essential that this information is recorded.
Client/applicant signature date (Application form)

**Definition:** The date the client/applicant (or authorised person if the client is unable to sign) signs the application form for subsidised care.

**Context:** Applications for care provided under the *Aged Care Act 1997*, namely residential care, residential respite care, community care services or Flexible Care, must be made on a form approved by the Secretary of the Australian Government Department of Health and Ageing. The Aged Care Client Record (ACCR) application form is the approved form.

By signing this form, a person, or another person on their behalf, is applying for care. The signing of this form also allows for the use and disclosure of information collected as part of the assessment process, as set out in the Privacy Notice on the ACCR.

**Data type:** Numeric  
**Representational form:** Date

**Field size:** Min: 10 Max: 10  
**Representational layout:** DD/MM/YYYY

**Occurrences:** May have only one occurrence.

**Code:** Valid date

**Guide for use:** The date should always be recorded as a 10-character valid date comprising day, forward slash, month, forward slash, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, ACATs should use leading zeros to ensure that the date contains the required 10 characters. For example, the 1st of July 2009, would be recorded and reported as 01/07/2009.

**ACCR:** Application Form (front page)

**ACAP MDS:** No

**Reporting requirement:** Mandatory

**Business rule:** Not Applicable

**Related documents:** *Aged Care Act 1997* section 22 – 3

**Source document:** Aged Care Assessment Program Guidelines

**Source organisation:** Australian Government Department of Health and Ageing

**Comments:** Although information provided in the application form is not part of the ACAP MDS, it is essential that this information is recorded.
Community care – approval

**Definition:**
The client has been approved by the Secretary of the Australian Government Department of Health and Ageing (or by a person delegated by the Secretary) to receive community care as a Community Aged Care Package (CACP).

**Context:**
Eligibility requirements for community care are set out in the *Aged Care Act 1997* and the *Aged Care Principles 1997*. These requirements are the legal criteria which a person must meet before being approved for community care.

A person must be approved to receive community care before an approved provider can be paid community care subsidy for providing the care.

**Data type:** Numeric

**Representational form:** Code

**Field size:**
Min: 1  Max: 1  **Representation layout:** N

**Occurrences:** May have only one occurrence.

**Code:**
0  Community Care not selected
1  Community Care approved

**Guide for use:**
Only the Secretary of the Australian Government Department of Health and Ageing or a person delegated by the Secretary (the Delegate) may exercise the authority to approve people to receive community care.

The Delegate must be satisfied with the assessment process and outcome.

The Delegate should be satisfied all alternative care options have been considered prior to signing an approval to receive community care.

**Community Aged Care Package (CACP):** Refers to the provision of a planned and coordinated package of community care services to assist a person who requires management of services because of their complex care needs. A CACP is targeted at frail older people living in the community who would otherwise be eligible for at least low level residential care.

CACPs are NOT intended to be used as a crisis management resource for people requiring temporary care.

**ACCR:** Part 6 – Approval as a care recipient

**ACAP MDS:** Yes

**Reporting requirement:** Conditional

**Business rule:** Not applicable

**Related documents:**
- *Aged Care Act 1997* Section 21–3, Section 22–2
- *Approval of Care Recipients Principles 1997* Section 5.6
- National Transaction File Format Item 150

**Source document:** Aged Care Assessment Program Guidelines

**Source organisation:** Australian Government – Department of Health and Ageing
Comments: From 20 March 2008, all current approvals for people who have received Community Aged Care Packages will not lapse irrespective of when the approval was made even if there is a break in care.

Approvals will continue to lapse for Community Aged Care Packages if a person is not provided with the care within 12 months starting on the day after the approval is given.
# Community care time limitation date – approval

**[MDS Item]**

**Definition:** The date on which approval for community care expires when approval is time limited.

**Context:** A person’s approval expires if it is limited to a specified period of care and that period ends.

**Data type:** Date  
**Representational form:** DATE

**Field size:**  
**Min:** 10  
**Max:** 10  
**Representational layout:** DD/MM/YYYY

**Occurrences:** May have only one occurrence.

**Code:** Valid date

**Guide for use:** This data element should always be recorded as a 10-character valid date comprising day, forward slash, month, forward slash, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, ACATs should use leading zeros to ensure that the date contains the required 10 characters. For example, the 1st of July 2010, would be recorded and reported as 01/07/2010.

**ACCR:** Part 6 – Approval as a care recipient

**ACAP MDS:** Yes

**Reporting requirement:** Conditional

**Business rule:**
- If Community Care approval is “Approved” and time limitation date is entered, the time limitation date cannot exceed 12 months and 1 day starting from the delegation date.

**Related documents:** Aged Care Act 1997 Section 22–2 (1) (b), Section 23–2  
National Transaction File Format Item 151

**Source document:** Aged Care Assessment Program Guidelines

**Source organisation:** Australian Government – Department of Health and Ageing

**Comments:** All care options, apart from Transition Care, have the facility to limit the length of time the approval is valid.
Country of birth

**Definition:**
The country in which the person was born.

**Context:**
This data element can be analysed in conjunction with the data element Language (main) other than English spoken at home to derive measures of access to Aged Care Assessment Team (ACAT) services by culturally and linguistically diverse members of the population. This information is also used for planning of targeted services to meet the specific needs of members of culturally and linguistically diverse groups.

**Data type:** Numeric

**Representational form:** CODE

**Field size:** Min: 4 Max: 4

**Representational layout:** NNNN

**Occurrences:** May have only one occurrence.

**Code:**
Valid codes from ABS Standard Australian Classification of Countries 1998, 4-digit (individual country) level, ABS Catalogue No. 1269.0 (refer to Appendix C).

**Guide for use:**
Code 0000 should be used when the country of birth has not been supplied by the client upon request or where insufficient information has been supplied by the client to code the data element.

**ACCR:** Question 10

**ACAP MDS:** Yes

**Reporting Requirement:** Conditional

**Business rules:** Not Applicable

**Related documents:** National Transaction File Format Item 8

**Source document:**

**Source organisation:**
National Community Services Data Committee
Aged Care Assessment Program Officials
Australian Government Department of Health and Ageing

**Comments:**
The ABS Standard Australian Classification of Countries specifies that code ‘0003’ should be used to code responses where the person’s country of birth is ‘Not stated’, whereas code ‘0000’ should be used for responses that are ‘Unknown’ or ‘Inadequately described’. The separate identification of ‘Not stated’ and ‘Unknown/Inadequately described’ responses was considered unnecessary for the purposes of the ACAP MDS Version 2.0 collection, and therefore the Guide for use for the data element Country of birth specifies that code ‘0000’ should be used for responses that are ‘Not stated’, ‘Unknown’ or ‘Inadequately described’.
**Current assistance with activities – source of**

**[MDS Item]**

**Definition:** Whether the help or supervision of another individual currently used by the person at the time of their comprehensive assessment is from formal agencies or family members, friends, or neighbours.

**Context:** In conjunction with information about the types of assistance used by a person, this data element establishes a profile of the mix of formal and informal support already used by Aged Care Assessment Team (ACAT) clients at the time of their comprehensive assessment. In particular, it helps to identify the extent of care and assistance provided by informal carers to frail older people living at home. Those carers of ACAT clients who provide assistance with one or more of the activities of self-care, mobility or communication can be compared with ‘principal’ carers identified by the Australian Bureau of Statistics Survey of Disability, Ageing and Carers.

**Data type:** Numeric  
**Representational form:** CODE  
**Field size:**  
Min: 1  Max: 1  **Representation layout:** N  
**Occurrence:** May have up to 2 occurrences (any combination of codes 1 and 2).

**Code:**

- **0** Not applicable
- **1** Formal
- **2** Informal
- **9** Not stated/inadequately described

**Guide for use:**

- **0** Not applicable: Should be recorded for people who were permanent residents of residential aged care services or multipurpose services (or multipurpose centres), hospitals or other institutional care settings at the time of assessment. Should also be recorded when the person is not using the help or supervision of another individual with an activity.
- **1** Formal: Includes assistance organised, provided or delivered by agencies (e.g. HACC, COPs, Red Cross, St. Vincent de Paul, Legacy), irrespective of whether the person providing the assistance is a paid worker or a volunteer. It also includes assistance provided by private agencies.
- **2** Informal: Includes assistance that is provided by family, friends or neighbours (carers).
- **9** Not stated/inadequately described: Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement or the assessment is “In-progress”. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

Source of available assistance should be reported in relation to each activity area in which the client is receiving the help or supervision of another individual at the time of their comprehensive assessment.

The **Current assistance with activities – source of** for a person should be reported...
in relation to their usual accommodation setting. If the person’s accommodation arrangements at the time of comprehensive assessment are believed to be temporary, the information recorded here should reflect the person’s usual living situation. This includes situations where the person is in hospital or another form of institutional or residential-based care that is temporary in nature, as well as staying with family members or friends when this is believed to be a temporary arrangement. This is consistent with the reporting of the data elements Accommodation setting – usual, Living arrangements, Postcode and Suburb/town/locality name.

ACCR: Question 24
ACAP MDS: Yes
Reporting requirement: Conditional
Business rule:

- If Accommodation setting – usual is "Residential Aged Care", "Hospital", or "Other Institutional care" then Current assistance with activities – source of must be “Not applicable” or blank (code 9).
- If Current assistance with activities – source of is not stated, then no other option in Current assistance with activities – source of can be chosen.
- If Current assistance with activities – source of is “Not applicable”, then no other option in Current assistance with activities – source of can be chosen.
- If Accommodation setting – usual is "Residential Aged Care", "Hospital", or "Other Institutional care" and Reason for ending assessment is NOT blank, then Current assistance with activities – source of must be “Not applicable”.
- If Accommodation setting – usual is NOT "Residential Aged Care", "Hospital", or "Other Institutional care" then Current assistance with activities – source of cannot be blank and cannot be “Not applicable”.
- If Accommodation setting – usual is NOT "Residential Aged Care", "Hospital", or "Other Institutional care" and Reason for ending assessment is NOT blank, then Current assistance with activities – source of cannot be blank and cannot be “Not applicable”.

Related documents: National Transaction File Format Items 50 – 60

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare
Australian Government Department of Health and Ageing

Comments:
Definition: The activities in which the help or supervision of another individual is used by the person at the time of their comprehensive assessment, in relation to their usual accommodation arrangements.

Context: This data element helps to establish a profile of the support already used by the person at the time of their comprehensive assessment, from either formal services or informal carers. When analysed in conjunction with Source of current assistance with activities it also provides some indication of the extent of the contribution of informal carers to supporting frail older people living at home.

The categories of assistance in this data element are designed to identify severe or profound core activity restriction (as defined by the Australian Bureau of Statistics) and to enable comparison with the type of assistance provided by other government funded community care services (e.g. Home and Community Care (HACC) and Community Aged Care Packages (CACP)).

A person with a severe or profound core activity restriction is defined as someone who sometimes, or always, needs assistance with one or more of the tasks of self-care, mobility or communication. However, needing assistance with these tasks is not used as eligibility criteria for Aged Care Assessment Team services nor is it intended for use as criteria for eligibility to any other type of service or care. The need for assistance with these tasks is one way of identifying clients with higher level needs in a way that allows them to be compared with members of the general population.

Data type: Numeric

Field size: Min: 1 Max: 2

Representational form: CODE

Representational layout: NN

Occurrences: May have up to 11 occurrences (any combination of codes 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11).

Code:

0 Not applicable
1 Self-care
2 Movement activities
3 Moving around places at or away from home
4 Communication
5 Health care tasks
6 Transport
7 Activities involved in social and community participation
8 Domestic assistance
9 Meals
10 Home maintenance
11 Other (must specify – maximum 50 characters)
12 None
98 Unable to determine
<table>
<thead>
<tr>
<th>Code</th>
<th>Guide for use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not stated/inadequately described</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td><strong>Not applicable</strong>: Should only be recorded for people who were permanent residents of residential aged care services, hospitals or other institutional settings at the time of assessment.</td>
</tr>
<tr>
<td>1</td>
<td><strong>Self-care</strong>: Refers to assistance or supervision of another person with daily self-care tasks such as eating, showering/bathing, dressing, toileting and managing incontinence. The independent use of aids and equipment should not be recorded against this code.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Movement activities</strong>: Refers to assistance or supervision of another person with activities such as maintaining or changing body position, carrying, moving and manipulating objects, getting in or out of bed or a chair. The independent use of aids and equipment should not be recorded against this code.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Moving around places at or away from home</strong>: Refers to assistance or supervision of another person with walking and related activities, either around the home or away from home (excludes needing assistance with transportation). The independent use of aids and equipment should not be recorded against this code.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Communication</strong>: Refers to assistance or supervision of another person with understanding others, making oneself understood by others. The independent use of aids and equipment, e.g. hearing aids, speech aids, and assistance from interpreters should not be recorded against this code.</td>
</tr>
<tr>
<td>5</td>
<td><strong>Health care tasks</strong>: Refers to assistance or supervision of another person with taking medication or administering injections, dressing wounds, using medical machinery, manipulating muscles or limbs, taking care of feet (when received from formal services, this type of assistance includes home nursing and allied health care, such as physiotherapy and podiatry and therapeutic services provided at Day Therapy Centres).</td>
</tr>
<tr>
<td>6</td>
<td><strong>Transport</strong>: Refers to assistance or supervision of another person with using public transport, getting to and from places away from home and driving.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Activities involved in social and community participation</strong>: Refers to assistance or supervision of another person with shopping, banking, participating in recreational, cultural or religious activities, attending day centres, managing finances and writing letters. Attendance at Day Therapy Centres should be coded to 5.</td>
</tr>
<tr>
<td>8</td>
<td><strong>Domestic assistance</strong>: Refers to assistance or supervision of another person with household chores such as washing, ironing, cleaning and formal linen services.</td>
</tr>
<tr>
<td>9</td>
<td><strong>Meals</strong>: Refers to assistance or supervision of another person with meals, including the delivery of prepared meals, help with meal preparation and managing basic nutrition.</td>
</tr>
<tr>
<td>10</td>
<td><strong>Home maintenance</strong>: Refers to assistance or supervision of another person with the basic maintenance and repair of the person’s home, garden or yard to keep their home in a safe and habitable condition, for example, changing light bulbs and basic gardening.</td>
</tr>
<tr>
<td>11</td>
<td><strong>Other (must specify – maximum 50 characters)</strong>: Refers to assistance or supervision of another person with any other tasks or activities of daily life.</td>
</tr>
</tbody>
</table>
living.

12 **None:** Should be recorded when the assistance or supervision of another individual is not used by the person.

98 **Unable to determine:** Should be recorded when the use of assistance or supervision of another person with tasks or activities by a person cannot be identified for any reason.

99 **Not stated/inadequately described:** Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement or the assessment is “In-progress”. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

More than one activity can be recorded.

The person’s current use of assistance with activities should be reported in relation to their usual accommodation setting. If the person’s accommodation arrangements at the time of comprehensive assessment are believed to be temporary, the information recorded here should reflect the person’s usual living situation. This includes situations where the person is in hospital or another form of institutional or residential based care that is temporary in nature, as well as staying with family members or friends when this is believed to be a temporary arrangement.

**ACCR:** Question 24

**ACAP MDS:** Yes

**Reporting requirement:** Conditional

**Business rules:**
- If Accommodation setting – usual is "Residential Aged Care", "Hospital", or "Other Institutional care" then Current assistance with activities must be “not applicable” or blank (code 99).

**Related documents:** National Transaction File Format Items 35 – 49

**Source document:**

**Source organisation:**
- Aged Care Assessment Program Officials
- Australian Institute of Health and Welfare
- Australian Government Department of Health and Ageing

**Comments:**
Date of birth

**Definition:**
The date of birth of the client.

**Context:**
This data element is required for many purposes in the Aged Care Assessment Program. Planning processes for the program require analysis of the number of people in the general population aged 70 and over, and 50 and over for Aboriginal and Torres Strait Islander people, living in different geographic areas across Australia. Comparisons of the number of people assessed by Aged Care Assessment Teams (ACATs) in these age groups with general population numbers is one measure of the accessibility of the program to its target group. Date of birth is also combined with the data elements Letters of name and Sex to construct a statistical linkage key. This key assists with counting the number of people who have been assessed by ACATs across Australia by identifying where multiple records appear to refer to the same person.

**Data type:** Numeric

**Representational form:** Date

**Field size:**

<table>
<thead>
<tr>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

**Representational layout:** DD/MM/YYYY

**Occurrences:**
Must have only one occurrence.

**Code:**
Valid date

**Guide for use:**
This data element should always be recorded as a 10-character valid date comprising day, forward slash, month, forward slash, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, ACATs should use leading zeros to ensure that the date contains the required 10 characters. For example, for a person born on the 1st of July, 1926, their Date of birth would be reported as 01/07/1926.

If the actual date of birth of the client is not known, ACATs should calculate an estimated date of birth in the following way. If the age of the person is known, the age of the person should be used to derive the person’s year of birth. If the person’s age is not known, an estimate of the person’s age should be used to calculate an estimated year of birth. An actual or estimated year of birth should then be converted to an estimated date of birth according to the following convention: 0107 estimated year of birth. The 1st of July is used for estimated dates of birth to align with Centrelink’s practice. This is particularly relevant to Aboriginal clients living in remote areas where dates of birth are often unknown and Centrelink’s records are commonly taken as the standard for consistent recording.

It is important that ACATs do not record estimated dates of birth by using ‘00’ for the day, month or year as this would not be considered a valid date by the system processing the data.

**ACCR:** Question 7

**ACAP MDS:** Yes

**Reporting requirement:** Mandatory

**Business Rule:**
- Date of birth cannot be older than 130 years OR Date of birth cannot be in the future.
• *Date of birth* must be at least 1 year before the *Referral date*.

**Related documents:** National Transaction File Format Item 6


**Source organisation:** National Community Services Data Committee  
Aged Care Assessment Program Officials  
Australian Government Department of Health and Ageing

**Comments:**
Delegate

**Definition:**
A person who has been delegated by the Secretary of the Australian Government Department of Health and Ageing (DoHA) all or any of the powers of the Secretary under the *Aged Care Act 1997* and *Aged Care Principles 1997*.

**Context:**
Under the *Aged Care Act 1997*, the Secretary of the Australian Government Department of Health and Ageing has the power to approve eligibility as a care recipient for entry to residential aged care facilities, community care, residential respite care and flexible care. This power is delegated to ‘ACAT Delegates’ and to relevant ‘DoHA Delegates’.

**ACAT Delegates:** Delegation is designated to specific ACAT position numbers and may only be exercised by the occupants of those designated position numbers, these occupants are referred to as ‘ACAT Delegates’.

The ACAT Delegate’s responsibility under the *Aged Care Act 1997* in approving care services is to:

- Ensure that the ACAT:
  - conducted the assessment in accordance with relevant legislation and guidelines;
  - conducted an holistic assessment, including assessment of the person’s usual living arrangements;
  - ensured that a multidisciplinary approach was taken and involved the disciplines required to assess different aspects of a person’s care needs;
  - recommended the care type for which the person is eligible and that is most suitable to meet their care needs and wishes;
  - involved the client (and/or family as appropriate) in the assessment process; and
  - collected sufficient verbal or written assessment information to address any queries the Delegate may have. Where the Delegate is not satisfied, the Delegate is responsible for obtaining the additional information required to make a fully informed judgement.

- Ensure that the Aged care Client Record has been completed without errors, contradictions or omissions before signing.

**DoHA Delegates:** DoHA delegates have more extensive powers than ACAT delegates (all different depending on their role). These powers include the revocation of the approval as stated in the *Aged Care Act 1997*, Section 23-4.
Related documents: Aged Care Act 1997 Section 96-2, Subsection 96-2(5)
Source document: ACAP National Delegation Training Resources – Training Workbook
Source organisation: Australian Government Department of Health and Ageing
Comments: ACAT positions are recommended to receive delegations through twice-yearly delegation updates, during which the Secretary revokes all existing Delegate positions on an exception basis and considers the newly proposed Delegate positions. If satisfied the Secretary approves the position numbers for Delegates.
Delegation date

**Definition:**
The date on which Australian Government funded aged care is either approved or not approved by an Aged Care Assessment Team (ACAT) delegate. This is the date an approval for care takes effect (with the exception of emergency care).

**Context:**
The delegation date is when the ACAT delegate signs and dates the ACCR and must be on or after the Assessment end date. This is the date an approval for care takes effect (with the exception of emergency care).

Delegates need to assess if the evidence provided is relevant for them to logically support their decision to approve a person for care. Evidence includes information, documents and other material that can be used to demonstrate the existence of a fact. Documents supporting information include the Statement of Application, completed ACCR and assessment documentation including the outcome of any assessment tools applied by the assessor, verbal evidence, information from the GP and hospital and rehabilitation file notes.

**Data type:** Numeric

**Representational form:** DATE

**Field size:** Min: 10 Max: 10

**Representational layout:** DD/MM/YYYY

**Occurrences:** May have only one occurrence.

**Code:** Valid date

**Guide for use:**
The date should always be recorded as a 10-character valid date comprising day, forward slash, month, forward slash, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, ACATs should use leading zeros to ensure that the date contains the required 10 characters. For example, for a comprehensive assessment where the ACAT delegate approved the client for care on the 1st of July, 2009, the Delegation date would be reported as 01/07/2009.

For an approval to take effect the ACAT delegate must sign and date the ACCR. It is not the date the ACCR is completed or signed by the person seeking care and will most often be later than the assessment end date.

The delegation date must never be backdated.

**ACCR**
Part 6 – Approval as a care recipient

**ACAP MDS**
Yes

**Business Rules:**
- If Delegation date is not blank, the date must be valid
- If Delegation date is not blank, then Delegation date must be equal to or later than Assessment end date

**Required:** Conditional

**Related document:**
- Aged Care Act 1997 Section 22–5
- National Transaction File Format Item 162

**Source document:** Aged Care Assessment Program Guidelines
Source organisation: Australian Government Department of Health and Ageing

Comments: The delegation date is the date an approval for care takes effect. The exception is emergency care. An emergency situation is the only circumstance in which there is provision for the date of effect of an approval to be on the day the care started (the date recorded in the emergency care section of the ACCR) rather than the day the approval was signed and dated (delegation date).
DVA entitlement

**Definition:** Whether the person is receiving a Department of Veterans’ Affairs entitlement, and the level of the entitlement held by the person.

**Context:** This information identifies people that are clients of Aged Care Assessment Teams and have a Department of Veterans’ Affairs (DVA) entitlement, for national policy and planning purposes.

**Data type:** Numeric

**Representational form:** CODE

**Field size:** Min: 1 Max: 1

**Representational layout:** N

**Occurrences:** May have only one occurrence.

**Code:** Value must be one of:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gold card</td>
</tr>
<tr>
<td>2</td>
<td>White card</td>
</tr>
<tr>
<td>3</td>
<td>Orange card or other DVA entitlement</td>
</tr>
<tr>
<td>4</td>
<td>No DVA entitlement</td>
</tr>
<tr>
<td>9</td>
<td>Not stated/inadequately described</td>
</tr>
</tbody>
</table>

**Guide for use:**

3 **Orange card or other DVA entitlement**: Should be used for persons holding a DVA Orange Card and to any person formally recognised by DVA as having any other form of DVA entitlement (such as Australian veterans receiving a reduced rate Service Pension and spouses/de factos of veterans receiving the Service Pension).

4 **No DVA entitlement**: Should be used for any person who is not formally recognised by DVA as having any form of DVA entitlement, including persons receiving the Aged Pension.

9 **Not stated/inadequately described**: Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

**ACCR:** Question 13

**ACAP MDS:** Yes

**Reporting requirement:** Conditional

**Business rules:** Not Applicable

**Related documents:** National Transaction File Format Item 10

**Source document:** Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

**Source organisation:** Department of Veterans’ Affairs

Aged Care Assessment Program Officials

Australian Institute of Health and Welfare

Australian Government Department of Health and Ageing
Comments:
## electronic Aged Care Client Record (eACCR)

### Definition:
This is the process of electronically lodging ACCRs with Medicare Australia.

### Context:
The Department of Health and Ageing, Medicare Australia and ACAT evaluation units have been working together on an online solution that enables ACATs to lodge the ACCR with Medicare Australia electronically. The intention is to replace the current paper form-based processing with electronic lodgement and real time validation.

<table>
<thead>
<tr>
<th>Data type:</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field size:</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Occurrences:</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Code:</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

### Guide for use:
Although the eACCR requires an ‘electronic signature’, this does not change the Delegate’s obligations.

The Application Form will remain a paper-based form with the applicant’s signature.

### ACCR: Not applicable
### ACAP MDS: Not applicable
### Business rules: Not applicable
### Reporting requirement: Not applicable

### Related documents:
- Aged Care Assessment Program Guidelines

### Source document:
- National Training for ACAT Delegates – Training Workbook
- Medicare Australia – Glossary of terms

### Source organisation:
Australian Government – Department of Health and Ageing

### Comments:
Definition: The part of the Application Form which shows the service provider has accept the client for emergency care. By completing this section the service provider is advising the ACAT that they have accepted the client for care prior to delegate approval and the date on which that care commenced.

Context: An emergency is defined as a situation in which the person’s health, safety or life is at significant risk if the person does not receive immediate care. In this case care will have commenced prior to delegate approval being given. It is expected that emergency admissions would occur only rarely and will usually be precipitated by a crisis situation – for example, when a person’s main carer is no longer able to provide support – and when no other options for the client’s care are available.

If a person is already in care and there is no risk to them then this is NOT likely to be urgent and therefore not an emergency admission.

Data type: Not applicable  
Representational form: Not applicable  
Field size: Not applicable  
Representational layout: Not applicable  
Occurrences: May have only one occurrence.

Code: Tick box  
Service Provider Number – Numeric (maximum 16 characters)  
Date care started – DD/MM/YYYY format  
Service Provider signature

Guide for use: The emergency care section is to be completed by an approved service provider. 

The Service Provider Number is provided by Medicare Australia to approved service providers.

Both the tick box and Date care started must be completed.

The Service Provider signature indicates that the client is in need of emergency care and that the service provider is willing to provide the client with the care.

The client/service provider must lodge the application form to their local ACAT within 5 working days of receiving/providing care. Extension to the five day rule is available but an application for extension must be made to the Secretary of the Australian Government Department of Health and Ageing.

Upon receipt of the application form, the ACAT must immediately time and date stamp the application form. This will be taken as the date the application for emergency care was made.

This section is essential for emergency approval and is the only part of the ACCR that has a date of effect prior to the Delegation date.

ACCR: Application Form (front page of ACCR)  
ACAP MDS: No
Reporting requirement: Conditional

Business rule: Not applicable

Related documents: Aged Care Act 1997 section 22–4, section 22–5
Approval of Care Recipients Principles 1997 section 5.10, section 5.11

Source document: Aged Care Assessment Program Guidelines

Source organisation: Australian Government Department of Health and Ageing

Comments: Providing a client with care prior to delegate approval places significant risk on the service provider as there is no guarantee that the client will be approved for emergency care. If emergency care is not approved, the Australian Government subsidy will not be paid for the care provided.
**Definition:** The client has been approved by the Secretary of the Australian Government Department of Health and Ageing (or by a person delegated by the Secretary) to receive emergency care.

**Context:** Section 22-5 of the Aged Care Act 1997 outlines the legislative basis for approval of Urgent/Emergency applications.

It is expected that emergency admissions would occur only rarely and will usually be precipitated by a crisis situation – for example, when a person’s main carer is no longer able to provide support – and when no other options for the client’s care are available.

If a person is already in care and there is no risk to them then this is NOT likely to be urgent and therefore not an emergency admission.

Emergency Care can be applied for at any time prior to delegation.

**Data type:** Numeric

**Representational form:** Code

**Field size:** Min: 1 Max: 1

**Representational layout:** N

**Occurrences:** May have only one occurrence.

**Code:**

1 Emergency Care approved
2 Emergency Care not selected

**Guide for use:**

In approving emergency care the ACAT delegate should ensure that there are no more than five business days between the commencement of emergency care and the ACAT receiving the application for emergency care (unless an extension has been granted).

In approving emergency care, reasons for the approval must be included in the Rationale for Care Recommendations (Question 42 of the ACCR).

**ACCR:** Part 6 – Approval as a care recipient

**ACAP MDS:** Yes

**Reporting requirement:** Conditional

**Business rule:** Not applicable

**Related documents:**

_Aged Care Act 1997_ section 22–4 (3), section 22–5 (2)

_Authorised Persons’ Principles_ 1997 section 5.10, section 5.11

National Transaction File Format Item 144

**Source document:** Aged Care Assessment Program Guidelines

**Source organisation:** Australian Government Department of Health and Ageing

**Comments:**

While there is no time limit on the ACAT assessing the person, ACATs should try to assess the person in emergency care as soon as possible, in case the ACAT finds that the client is not eligible for care.

Providing a client with care prior to delegate approval places significant risk on the service provider as there is no guarantee that the client will be approved for emergency care. If emergency care is not approved, the
Australian Government subsidy will not be paid for the care provided.
Emergency Care – date care started

**Definition:**
The date on which emergency care started.

**Context:**
Approval for emergency care is taken to have had effect from the day on which care started – not the delegation date – if the emergency approval conditions are met.

**Data type:**
Date

**Representational form:**
DATE

**Field size:**
Min: 10 Max: 10

**Representational layout:**
DD/MM/YYYY

**Occurrences:**
May have only one occurrence.

**Code:**
Valid date

**Guide for use:**
This data element should always be recorded as a 10-character valid date comprising day, forward slash, month, forward slash, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, ACATs should use leading zeros to ensure that the date contains the required 10 characters. For example, the 1st of July 2010, would be recorded and reported as 01/07/2010.

This is the only date of effect that can be prior to the delegation date. The Delegation date must not be backdated to align with the emergency care start date. The delegations date is the date that the Delegate signs the ACCR and must be on, or after, the assessment end date.

**ACCR:**
Part 6 – Approval as a care recipient

**ACAP MDS:**
Yes

**Reporting requirement:**
Conditional

**Business rule:**
- If emergency care is approved then emergency care date care started must have a date.

**Related documents:**
Aged Care Act 1997 section 22–4 (3), section 22–5 (2)
Approval of Care Recipients Principles 1997 section 5.10, section 5.11
National Transaction File Format Item 145

**Source document:**
Aged Care Assessment Program Guidelines

**Source organisation:**
Australian Government Department of Health and Ageing

**Comments:**
Episode number  [MDS Item]

**Definition:** A sequential number allocated by the ACAT client management system (machine generated) given to a client every time the client has a new assessment record.

**Context:** Indicates whether the assessment is an initial assessment or a re-assessment.

It is proposed (once all jurisdictions accurately assign Episode numbers), when combined with ACAT ID and Client ID, the Episode number will uniquely identify a record.

**Data type:** Numeric  
**Representational form:** Numeric  
**Field size:** Min: 1  Max: 2  **Representational layout:** N  
**Occurrences:** Must have only one occurrence.

**Code:** The structure of the Episode number varies according to State/Territory or ACAT.

**Guide for use:** The episode number should be reported for all clients who were accepted by an ACAT for a comprehensive assessment.

This number should be sequentially assigned to a client every time the client has a new assessment record.

**ACCR:** Not applicable  
**ACAP MDS:** Yes  
**Reporting requirement:** Mandatory  
**Business rules:** Not applicable  
**Related documents:** National Transaction File Format Item 165  
**Source document:** Department of Health and Ageing ACAP MDS v2 National Transaction File Format  
**Source organisation:** National Data Repository  
Australian Government Department of Health and Ageing

**Comments:**
**Extended Aged Care at Home – approval (Flexible Care)**

**Definition:**
The client has been approved by the Secretary of the Australian Government Department of Health and Ageing (or by a person delegated by the Secretary) to receive Extended Aged Care at Home (EACH).

**Context:**
Eligibility requirements for Flexible Care are set out in the *Aged Care Act 1997* and the *Aged Care Principles 1997*. These requirements are the legal criteria which a person must meet before being approved for the appropriate Flexible Care package.

**Data type:** Numeric

**Representational form:** Code

**Field size:**
Min: 1 Max: 1

**Representational layout:** N

**Occurrences:**
May have only 1 occurrence.

**Code:**
0 Extended Aged Care at Home not selected
1 Extended Aged Care at Home approved

**Guide for use:**
Only the Secretary of the Australian Government Department of Health and Ageing or a person delegated by the Secretary (the Delegate) may exercise the authority to approve people to receive EACH. The Delegate must be satisfied with the assessment process and outcome.

1 **Extended Age Care at Home (EACH):** is a form of flexible care that is provided in the recipient’s home in the form of services necessary to maintain the person at home. It includes nursing care or personal assistance (or both), in an individually tailored and managed package of care. If the care recipient was not receiving EACH, he or she would require a high level of residential care.

EACH should not be used as a crisis management tool for people requiring temporary or short term care, such as those waiting for access to other more appropriate care options for which they may have been approved.

**ACCR:**
Part 6 – Approval as a care recipient

**ACAP MDS:**
Yes

**Reporting requirement:**
Conditional

**Business rule:**
Not applicable

**Related documents:**
*Aged Care Act 1997* Sections 21–4; 49-3
*Approval of Care Recipients Principles 1997* Sections 5.7, 5.7A, 5.7AA
*Flexible Care Subsidy Principles 1997* Section 15.6, 15.8, 15.14, 15.24, 15.28
National Transaction File Format Item 153

**Source document:** Aged Care Assessment Program Guidelines

**Source organisation:** Australian Government – Department of Health and Ageing

**Comments:** EACH
From 20 March 2008, all current approvals for people who have received EACH will not lapse irrespective of when the approval was made even if there is a break in care.

A number of legislative changes were made to aged care in December 2008. One of the objectives of the changes was to reduce the number of unnecessary assessments (and reassessments) performed by ACATs to improve assessment waiting times. These changes include:

- From 1 July 2009, all current approvals for EACH and EACH-Dementia will not lapse.
- From 1 January 2009, if a person is eligible to receive an EACH-Dementia package the person is also eligible for an EACH package or a Community Aged Care Package as an alternative to an EACH-Dementia package.
- From 1 January 2009, if a person is eligible to receive an EACH package the person is also eligible for a Community Aged Care Package as an alternative to an EACH package.
**Extended Aged Care at Home – time limitation date – approval**

**[MDS Item]**

<table>
<thead>
<tr>
<th><strong>Definition:</strong></th>
<th>The date on which approval for Extended Aged Care at Home (EACH) expires when approval is time limited.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context:</strong></td>
<td>A person’s approval expires if it is limited to a specified period of care and that period ends.</td>
</tr>
</tbody>
</table>
| **Data type:**  | Date  
**Representational form:** DATE  
**Field size:**  
**Min:** 10  
**Max:** 10  
**Representational layout:** DD/MM/YYYY  
**Occurrences:**  
May have only one occurrence.  
**Code:** Valid date  
**Guide for use:**  
This data element should always be recorded as a 10-character valid date comprising day, forward slash, month, forward slash, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, ACATs should use leading zeros to ensure that the date contains the required 10 characters. For example, the 1st of July 2010, would be recorded and reported as 01/07/2010.  
Approval for EACH does not cease unless approval is time limited. The time limitation date must be specified on the Aged Care Client Record (ACCR). |
| **ACCR:**       | Part 6 – Approval as a care recipient |
| **ACAP MDS:**   | Yes |
| **Reporting requirement:** | Conditional |
| **Business rule:** | Not applicable |
| **Related documents:** | Aged Care Act 1997 Section 22–2 (1) (b), Section 23–2  
National Transaction File Format Item 154 |
| **Source document:** | Aged Care Assessment Program Guidelines |
| **Source organisation:** | Australian Government Department of Health and Ageing |
| **Comments:**   | All care options, apart from Transition Care, have the facility to limit the length of time the approval is valid. |
**Definition:**
The client has been approved by the Secretary of the Australian Government Department of Health and Ageing (or by a person delegated by the Secretary) to receive Extended Aged Care at Home Dementia (EACH Dementia).

**Context:**
Eligibility requirements for Flexible Care are set out in the *Aged Care Act 1997* and the *Aged Care Principles 1997*. These requirements are the legal criteria which a person must meet before being approved for the appropriate Flexible Care package.

**Numeric Representational form:**
- **Code:**
  - **Min:** 1
  - **Max:** 1

**Representational layout:**
N

**Field size:**
May have only 1 occurrence.

**Guide for use:**
Only the Secretary of the Australian Government Department of Health and Ageing or a person delegated by the Secretary (the Delegate) may exercise the authority to approve people to receive EACH Dementia. The Delegate must be satisfied with the assessment process and outcome.

1 Extended Age Care at Home – Dementia (EACH – Dementia): is a form of flexible care that is provided in the recipient’s home in the form of services necessary to maintain the person at home. It includes nursing care or personal assistance (or both), in an individually tailored and managed package of care. The care recipient would be assessed as having complex care needs because of behavioural dysfunction associated with dementia and be assessed as requiring a high level of residential care.

**ACCR:**
Part 6 – Approval as a care recipient

**ACAP MDS:**
Yes

**Reporting requirement:**
Conditional

**Business rule:**
Not applicable

**Related documents:**
- *Aged Care Act 1997* Sections 21–4; 49-3
- *Approval of Care Recipients Principles 1997* Sections 5.7, 5.7A, 5.7AA
- *Flexible Care Subsidy Principles 1997* Section 15.6, 15.8, 15.14, 15.24, 15.28
- National Transaction File Format Item 155

**Source document:**
Aged Care Assessment Program Guidelines

**Source organisation:**
Australian Government – Department of Health and Ageing

**Comments:**
EACH–Dementia
From 20 March 2008, all current approvals for people who have received EACH–Dementia will not lapse irrespective of when the approval was made.
even if there is a break in care.

A number of legislative changes were made to aged care in December 2008. One of the objectives of the changes was to reduce the number of unnecessary assessments (and reassessments) performed by ACATs to improve assessment waiting times. These changes include:

- From 1 July 2009, all current approvals for EACH and EACH–Dementia will not lapse.
- From 1 January 2009, if a person is eligible to receive an EACH–Dementia package the person is also eligible for an EACH package or a Community Aged Care Package as an alternative to an EACH–Dementia package.
- From 1 January 2009, if a person is eligible to receive an EACH package the person is also eligible for a Community Aged Care Package as an alternative to an EACH package.
## Extended Aged Care at Home Dementia – time limitation date – approval  

**Definition:**
The date on which approval for Extended Aged Care at Home–Dementia (EACH – Dementia) expires when approval is time limited.

**Context:**
A person’s approval expires if it is limited to a specified period of care and that period ends.

**Data type:** Date

**Representational form:** DATE

**Field size:**
- Min: 10
- Max: 10

**Representational layout:** DD/MM/YYYY

**Occurrences:**
May have only one occurrence.

**Code:**
Valid date

**Guide for use:**
This data element should always be recorded as a 10-character valid date comprising day, forward slash, month, forward slash, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, ACATs should use leading zeros to ensure that the date contains the required 10 characters. For example, the 1st of July 2010, would be recorded and reported as 01/07/2010.

Approval for EACH–Dementia does not cease unless approval is time limited. The time limitation date must be specified on the Aged Care Client Record (ACCR).

**ACCR:**
Part 6 – Approval as a care recipient

**ACAP MDS:**
Yes

**Reporting requirement:**
Conditional

**Business rule:**
Not applicable

**Related documents:**
- Aged Care Act 1997 Section 22–2 (1) (b), Section 23–2
- National Transaction File Format Item 156

**Source document:**
Aged Care Assessment Program Guidelines

**Source organisation:**
Australian Government Department of Health and Ageing

**Comments:**
All care options, apart from Transition Care, have the facility to limit the length of time the approval is valid.
**Family name/surname**

**Definition:**
The name a person has in common with other members of her/his family, as distinguished from her/his first name.

**Context:**
The person’s Family name/surname is not required for Aged Care Assessment Program Minimum Data Set (ACAP MDS) reporting purposes. However, Aged Care Assessment Teams (ACATs) are required to report selected letters of the person’s Family name/surname and First given name. These will be used in combination with the person’s Date of birth and Sex in order to link client records for statistical purposes. The provision of letters of a person’s name can be a sensitive issue because of privacy and confidentiality concerns. The use of this information will be in accordance with the Information Privacy Principles contained in the Commonwealth Privacy Act and letters from the person’s name will only be used for linking records for statistical purposes.

**Data type:**
Alphabetic

**Representational form:**
Text

**Field size:**
Min: 1  Max: 40

**Representational layout:**
AAAAA...

**Occurrence:**
Must have only one occurrence.

**Code:**
(Name)

**Guide for use:**
The ACAT should record the client’s full Family name/surname on their information systems. The field length for this data element is at the discretion of information system designers.

Often people use a variety of names, including legal names, married/maiden names, nicknames, assumed names, traditional names, etc. Even small differences in recording – such as the difference between Macintosh and McIntosh – can make record linkage impossible. To minimise discrepancies in the recording and reporting of name information, ACATs should ask the person for their full (formal) First given name and Family name/surname. These may be different from the name that the person may prefer the ACAT member to use in personal dealings. ACATs may choose to separately record the preferred names that the person wishes to be used by ACAT members. Where uncertainty exists about which name to record, the name recorded on the client’s pensioner or DVA concession card should be used.

In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a result of this practice, ACATs should always ask the person to specify their first given name and their family name or surname separately. These should then be recorded as First given name and Family name/surname as appropriate, regardless of the order in which they may be traditionally given.

**ACCR:**
Question 2 (and application form)

**ACAP MDS:**
No

**Reporting required:**
Mandatory

**Business rule:**
Not Applicable

**Related documents:**
Not Applicable
Comments: The family name/surname must match the name given in the ACCR application form.
**First face-to-face contact date**

**Definition:**
The date on which one or more members of an Aged Care Assessment Team (or their representative) first has face-to-face contact with the person for the purpose of a comprehensive assessment, in response to a particular referral.

**Context:**
Face-to-face contact is considered to be a core element of any Aged Care Assessment Team (ACAT) comprehensive assessment. At times, another person may act as an ACAT representative if face-to-face contact with an ACAT member is not possible. This may be particularly relevant in remote areas.

**Data type:** Numeric  
**Representational form:** DATE

**Field size:**  
**Min:** 10  
**Max:** 10  
**Representational layout:** DD/MM/YYYY

**Occurrences:**
May have only one occurrence.

**Code:**
Valid date.

**Guide for use:**
This data element should always be recorded as a 10-character valid date comprising day, forward slash, month, forward slash, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, ACATs should use leading zeros to ensure that the date contains the required 10 characters. For example, for a client seen on the 1st of July, 2000, their First face-to-face contact date would be recorded and reported as 01/07/2000.

**ACCR:**
Question 18

**ACAP MDS:**
Yes

**Reporting requirement:**
Conditional

**Business rules:**
- If First face to face contact date is not blank, then the date must be valid.
- If First face to face date is not blank, then date must be on or after First intervention date.

**Related documents:**
National Transaction File Format Item 16

**Source document:**
Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

**Source organisation:**
Aged Care Assessment Program Officials  
Australian Institute of Health and Welfare  
Australian Government Department of Health and Ageing

**Comments:**
**First face-to-face contact setting**  

**Definition:** The setting of the first face-to-face contact between the person and an Aged Care Assessment Team member (or their representative) in response to a particular referral for a comprehensive assessment.

**Context:** Information about the setting of the first face-to-face contact describes the environmental context in which the comprehensive assessment has occurred. This information has been identified as a factor in the recommended long-term care setting for the client.

**Data type:** Numeric  

**Representational form:** CODE

**Field size:** Min: 1  Max: 1

**Representational layout:** N

**Occurrences:** May have only one occurrence.

**Code:** Value must be one of:

1. **Hospital (acute care):** Includes patients in hospital (public or private) classified by the hospital as ‘acute care’ patients.
2. **Other hospital inpatient setting:** Includes other settings (i.e. other than hospital-acute care) in which the person is an admitted patient receiving overnight care, admitted patients in extended care or rehabilitation facilities or other non-acute wards/beds in a hospital.
3. **Residential aged care service:** Includes all government-funded residential aged care services (formerly nursing homes and aged care hostels), multipurpose services or multipurpose centres and Indigenous flexible pilots, regardless of the level of care received by the person or whether the person is a permanent or respite resident at the first face-to-face contact.
4. **Private Residence/Other community:** Includes all other community settings, such as private homes, outpatient clinics, retirement villages, independent living units, Supported Residential Services/Facilities (Victoria and South Australian only) and supported accommodation settings in the community.
5. **Not stated/inadequately described:** Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement or the assessment is “In-progress”. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

**ACCR:** Question 19
| **ACAP MDS:** | Yes |
| **Reporting requirement:** | Conditional |
| **Business rule:** | Not Applicable |
| **Related documents:** | National Transaction File Format Item 17 |
| **Source document:** | Developed for the Aged Care Assessment Program Data Dictionary Version 1.0. |
| **Source organisation:** | Aged Care Assessment Program Officials  
 Australian Institute of Health and Welfare  
 Australian Government Department of Health and Ageing |
| **Comments:** | |
First given name

**Definition:**
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.

**Context:**
The person’s First given name is not required for Aged Care Assessment Program Minimum Data Set (ACAP MDS) reporting purposes. However, Aged Care Assessment Teams (ACATs) are required to report selected letters of the person’s Family name/surname and First given name. These will be used in combination with the person’s Date of birth and Sex in order to link client records for statistical purposes.

The provision of letters of a person’s name can be a sensitive issue because of privacy and confidentiality concerns. The use of this information will be in accordance with the Information Privacy Principles contained in the Commonwealth Privacy Act and letters from the person’s name will only be used for linking records for statistical purposes.

**Data type:** Alphabetic

**Representational form:** TEXT

**Field size:**
Min: 1  Max: 40

**Representational layout:** AAAAA...

**Occurrences:** Must have only one occurrence.

**Code:** (Name)

**Guide for use:**
The ACAT should record the client’s full First given name on their information systems. The field length for this data element is at the discretion of information system designers.

Often people use a variety of names, including legal names, married/maiden names, nicknames, assumed names, traditional names, etc. Even small differences in recording—such as the difference between Thomas and Tom—can make record linkage impossible. To minimise discrepancies in the recording and reporting of name information, ACATs should ask the person for their full (formal) First given name and Family name/surname. These may be different from the name that the person may prefer the ACAT member to use in personal dealings. ACATs may choose to separately record the preferred names that the person wishes to be used by ACAT members. Where uncertainty exists about which name to record, the name recorded on the client’s pensioner or DVA concession card should be used.

In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a result of this practice, ACATs should always ask the person to specify their first given name and their family name or surname separately. These should then be recorded as First given name and Family name/surname as appropriate, regardless of the order in which they may be traditionally given.

**ACCR:** Question 3 (and application form)

**ACAP MDS:** No

**Reporting requirement:** Mandatory
Business rule: Not Applicable
Related documents: Not Applicable
Source organisation: National Community Services Data Committee
Aged Care Assessment Program Officials
Australian Government Department of Health and Ageing
Comments: The *first given name* must match the name given in the ACCR application form.
Definition: The first date that contact of a clinical nature (i.e. non-administrative) is made between an Aged Care Assessment Team member (or their representative) and the person, their carer, a service provider or a clinician in response to the person’s referral for a comprehensive assessment.

Context: This data element is used in conjunction with the data elements Referral date and Priority category, as a measure of the appropriateness of the Aged Care Assessment Team’s (ACAT’s) response time to a referral. The first clinical intervention by an ACAT may involve direct face-to-face contact with the client. In this case, the First intervention date will be the same as the First face-to-face contact date. However, at times, an ACAT may take significant action in response to information available at referral before face-to-face contact with the client (e.g. organising emergency respite care, or developing an interim care plan).

Data type: Numeric  
Representational form: DATE
Field size: Min: 10  Max: 10  
Representational layout: DD/MM/YYYY
Occurrences: May have only one occurrence.

Code: Valid date.

Guide for use: This data element should always be recorded as a 10-character valid date comprising day, forward slash, month, forward slash, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, ACATs should use leading zeros to ensure that the date contains the required 8 characters. For example, for a client seen on the 1st of July, 2009, their First intervention date would be recorded and reported as 01/07/2009.

This date records the first action by the ACAT related to this referral for a comprehensive assessment that involves a clinical intervention. It can be used to record the date on which an interim care plan is developed before a full comprehensive assessment is completed (e.g. emergency respite admission), or when a significant amount of telephone counselling is provided for the client or carer by the ACAT, or detailed discussions are held with a client’s general practitioner (e.g. regarding medical history) that results in an interim care plan or referral to address a medical issue, or when support services are put in place for a client before they can be seen by the ACAT.

First intervention is intended to cover situations when significant ACAT intervention or assistance for a client occurs before face to face contact. First intervention date may be the same date as the First face-to-face contact date. The date recorded is the date that the interim care plan was developed or when support services are put in place.

This data element is not to be used when an ACAT clinician has a discussion with a client’s GP for data collection purposes prior to comprehensive assessment. It is to be used only when this contact results in significant action or an interim care plan that meets an identified need prior to face to face contact.
### ACCR:
Question 17

### ACAP MDS:
Yes

### Reporting requirement:
Conditional

### Business rules:
- If *First intervention date* is not blank, the date must be valid.
- If *First intervention date* is not blank, the date must be on or after *Referral date*.

### Related documents:
National Transaction File Format Item 15

### Source document:
Developed for the Aged Care Assessment Program Data Dictionary Version 1 and modified for Version 2.

### Source organisation:
Aged Care Assessment Program Officials
Australian Institute of Health and Welfare
Australian Government Department of Health and Ageing

### Comments:
**Flexible Care Other– approval**

**Definition:**
The client has been approved by the Secretary of the Australian Government Department of Health and Ageing (or by a person delegated by the Secretary) to receive Flexible Care Other.

**Context:**
Eligibility requirements for Flexible Care are set out in the *Aged Care Act 1997* and the *Aged Care Principles 1997*. These requirements are the legal criteria which a person must meet before being approved for the appropriate Flexible Care package.

**Data type:** Numeric

**Representational form:** Code

**Field size:**

<table>
<thead>
<tr>
<th>Min</th>
<th>Max</th>
<th>Representational layout</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>N</td>
</tr>
</tbody>
</table>

**Occurrences:** May have only 1 occurrence.

**Code:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Flexible Care Other not selected</td>
</tr>
<tr>
<td>1</td>
<td>Flexible Care Other approved</td>
</tr>
</tbody>
</table>

**Guide for use:**
Only the Secretary of the Australian Government Department of Health and Ageing or a person delegated by the Secretary (the Delegate) may exercise the authority to approve people to receive Flexible Care Other. The Delegate must be satisfied with the assessment process and outcome.

**ACCR:** Part 6 – Approval as a care recipient

**ACAP MDS:** Yes

**Reporting requirement:** Conditional

**Business rule:** Not applicable

**Related documents:**
- *Aged Care Act 1997* Sections 21–4; 49-3
- *Approval of Care Recipients Principles 1997* Sections 5.7, 5.7A, 5.7AA
- *Flexible Care Subsidy Principles 1997* Section 15.6, 15.8, 15.14, 15.24, 15.28
- National Transaction File Format Items 159

**Source document:** Aged Care Assessment Program Guidelines

**Source organisation:** Australian Government – Department of Health and Ageing

**Comments:**
**Flexible Care other time limitation date – approval**

**[MDS Item]**

<table>
<thead>
<tr>
<th>Definition:</th>
<th>The date on which approval for other flexible care expires when approval is time limited.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Context:</td>
<td>A person’s approval expires if it is limited to a specified period of care and that period ends.</td>
</tr>
<tr>
<td>Data type:</td>
<td>Date</td>
</tr>
<tr>
<td>Representational form:</td>
<td>DATE</td>
</tr>
<tr>
<td>Field size:</td>
<td>Min: 10 Max: 10</td>
</tr>
<tr>
<td>Representational layout:</td>
<td>DD/MM/YYYY</td>
</tr>
<tr>
<td>Occurrences:</td>
<td>May have only one occurrence.</td>
</tr>
<tr>
<td>Code:</td>
<td>Valid date</td>
</tr>
<tr>
<td>Guide for use:</td>
<td>This data element should always be recorded as a 10-character valid date comprising day, forward slash, month, forward slash, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, ACATs should use leading zeros to ensure that the date contains the required 10 characters. For example, the 1st of July 2010, would be recorded and reported as 01/07/2010. Approval for other flexible care ceases if the approval is time limited. The time limitation date must be specified on the ACCR and must be within 12 months starting the day after approval.</td>
</tr>
<tr>
<td>ACCR:</td>
<td>Part 6 – Approval as a care recipient</td>
</tr>
<tr>
<td>ACAP MDS:</td>
<td>Yes</td>
</tr>
<tr>
<td>Reporting requirement:</td>
<td>Conditional</td>
</tr>
<tr>
<td>Business rule:</td>
<td>• If other flexible care approval is “Approved” and time limitation date is entered, the time limitation date cannot exceed 12 months and 1 day starting from the delegation date.</td>
</tr>
<tr>
<td>Related documents:</td>
<td>Aged Care Act 1997 Section 22–2 (1) (b), Section 23–2 National Transaction File Format Item 160</td>
</tr>
<tr>
<td>Source document:</td>
<td>Aged Care Assessment Program Guidelines</td>
</tr>
<tr>
<td>Source organisation:</td>
<td>Australian Government Department of Health and Ageing</td>
</tr>
</tbody>
</table>
| Comments: | }
Government program support at assessment

**Definition:**
The major national government-funded community care program(s) from which the person is receiving support or assistance at the time of their comprehensive assessment.

**Context:**
This information assists in establishing a profile of the support used by the person at the time of their comprehensive assessment from selected major national government-funded community care programs. This data element identifies the program source of assistance rather than the specific agency from which people receive assistance or the specific type of assistance they require from that agency.

It is designed to capture information about the types of national government programs that are being used to support frail aged people, and their carers, to remain living at home.

This data element also supplements the information captured in the data elements *Current assistance with activities* and *Current assistance with activities – source of* by providing the program source of the assistance currently used by the person.

In the absence of the ability to undertake record linkage across specific programs, this data element assists in tracking the use of identified major national government-funded community care programs, particularly Community Aged Care Packages.

**Code:**

**Representational form:** CODE

**Field size:**

Min: 1 Max: 2 **Representational layout:** NN

**Occurrences:** May have up to 9 occurrences (any combination of codes 1, 2, 3, 4, 5, 6, 7, 9, 10).

**Code:**

(0 Not applicable – obsolete code)

1 Community Aged Care Package (CACP)

2 Extended Aged Care at Home (EACH)

3 Home and Community Care (HACC) (including Community Options/Linkages)

4 Veterans’ Home Care

5 Day Therapy Centre (Australian Government funded)

6 National Respite for Carers Program (Carer Respite Centre/Resource Centre)

7 Other Community Care Programs *(must specify – maximum 50 characters)*

8 None

9 Transition Care (National Program)

10 Extended Aged Care at Home – Dementia (EACH Dementia)

98 Unable to determine

99 Not stated/inadequately described

**Guide for use:**

0 **Not applicable:** This code is obsolete (since May 2007) and should not be
1 **Community Aged Care Package (CACP)**: Refers to the provision of a planned and coordinated package of community care services to assist a person who requires management of services because of their complex care needs. A CACP is targeted at frail older people living in the community who would otherwise be eligible for at least low level residential care.

2 **Extended Aged Care at Home (EACH)**: Refers to a package of intensive home-based care or support.

3 **Home and Community Care (HACC)**: Refers to assistance from a program of home- and community-based services to assist frail older people, younger people with disabilities and their carers to remain living at home or in the community.

   **Community Options/Linkages**: Refers to assistance from a program of intensive home-based care and case management aimed at people of all ages with high dependency profiles and complex care needs. This program is also known as Options Co-ordination in South Australia.

4 **Veterans’ Home Care**: Refers to assistance from a program of home support services including domestic assistance, personal care, home and garden maintenance and respite care, provided by the Department of Veterans’ Affairs to help veterans and war widows/widowers remain in their homes for longer.

5 **Day Therapy Centres (Commonwealth funded)**: Refers to the assistance from this Commonwealth-funded program that provides a wide range of therapeutic services in centre-based care, including physiotherapy, occupational therapy, speech therapy and podiatry to frail older people living in the community.

6 **National Respite for Carers Program (Carer Respite Centre/Resource Centre)**: Refers to the assistance provided by a national network of Carer Respite Centres and Carer Resource Centres which help carers to access the wide range of respite services provided through different programs and by different levels of government.

7 **Other Community Care Programs (must specify – maximum 50 characters)**: Refers to the receipt of any other formal support or assistance provided or delivered by agencies for example, transport, housing, aids and equipment, rehabilitation, state funded respite.

8 **None**: Should be recorded when no formal support or assistance from any agency is being received by the person. Should also be recorded for people who were permanent residents of residential aged care services, hospitals or other institutional settings at the time of assessment.

9 **Transition Care (National Program)**: Refers to a program that provides goal-oriented, time-limited and therapy-focused care for older people at the conclusion of a hospital episode.

10 **Extended Aged Care at Home – Dementia (EACH Dementia)**: Refers to a package of intensive home-based care or support to clients that have complex care needs because of behavioural dysfunction associated with dementia.

98 **Unable to determine**: Should be recorded when the use of formal support or assistance from any agency cannot be identified for any reason.

99 **Not stated/inadequately described**: Should only be used when the
If the person is currently receiving support from any of the nominated programs, the ACAT should also include the specific types of assistance received by the person via the program. These should be identified in the data element *Current assistance with activities*.

**ACCR:**  Question 26

**ACAP MDS:** Yes

**Reporting requirement:** Conditional

**Business rules:**
- If *Accommodation setting – usual* is "Residential Aged Care", "Hospital", or "Other Institutional care" then *Government support at assessment* must be “None” or blank (code 99).
- If *Accommodation setting – usual* is "Residential Aged Care", "Hospital", or "Other Institutional care" and *Reason for ending assessment* is “Assessment complete” then *Government support at assessment* must be “None”.
- If *Government support at assessment* is “None” then no other option in *Government support at assessment* can have an entry.
- “Not applicable” is an obsolete field. MUST default to “No” at all times.

**Related documents:** National Transaction File Format Items 61 – 73

**Source document:** Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

**Source organisation:** Aged Care Assessment Program Officials
Australian Institute of Health and Welfare
Australian Government Department of Health and Ageing

**Comments:** At this stage it is only those major national programs listed that have been identified as required for national reporting.
Government program support recommended

**Definition:**
The major national government-funded community care program(s) recommended by the Aged Care Assessment Team as the source of assistance for the person, as identified in their care plan.

**Context:**
This information identifies which (if any) selected major national government-funded community care programs have been identified by the Aged Care Assessment Team (ACAT) as the recommended source of assistance to the client. This data element identifies the program source of assistance rather than the specific agency to which people may be referred or the specific type of assistance they require from that agency.

It is designed to capture information about the referral patterns from ACATs to other community care programs. In most cases, with the agreement of the person, the ACAT will initiate a referral to an appropriate agency or range of agencies. However, in some cases, the person themselves, or their carer, may be responsible for initiating the referral. A referral or request for assistance from another agency does not mean that the person will necessarily receive the assistance identified by the ACAT as needed by the person. The agency to which the person is referred assesses their relative need in the light of their capacity to supply assistance and sometimes competing demands from other clients.

In the absence of the ability to undertake record linkage across specific programs, this data element assists in tracking the use of identified major national government funded community care programs, particularly Community Aged Care Packages.

**Data type:**
Numeric

**Representational form:**
CODE

**Field size:**
Min: 1  Max: 2

**Representational layout:**
NN

**Occurrences:**
May have up to 9 occurrences (any combination of codes 1, 2, 3, 4, 5, 6, 7, 9, 10).

**Code:**
(0 Not applicable – obsolete code)
1 Community Aged Care Package (CACP)
2 Extended Aged Care at Home (EACH)
3 Home and Community Care (HACC) (including Community Options/Linkages)
4 Veterans’ Home Care
5 Day Therapy Centre (Australian Government funded)
6 National Respite for Carers Program (Carer Respite Centre/Resource Centre)
7 Other Community Care Programs *(must specify – maximum 50 characters)*
8 None
9 Transition Care (National Program)
10 Extended Aged Care at Home – Dementia (EACH Dementia)
98 Unable to determine
Not stated/inadequately described

Guide for use:

0 Not applicable: This code is obsolete (since May 2007) and should not be used.

1 Community Aged Care Package (CACP): Refers to the provision of a planned and coordinated package of community care services to assist a person who requires management of services because of their complex care needs. A CACP is targeted at frail older people living in the community who would otherwise be eligible for at least low level residential care.

2 Extended Aged Care at Home (EACH): Refers to a package of intensive home-based care or support.

3 Home and Community Care (HACC): Refers to assistance from a program of home- and community-based services to assist frail older people, younger people with disabilities and their carers to remain living at home or in the community.

Community Options/Linkages: Refers to assistance from a program of intensive home-based care and case management aimed at people of all ages with high dependency profiles and complex care needs. This program is also known as Options Co-ordination in South Australia.

4 Veterans’ Home Care: Refers to assistance from a program of home support services including domestic assistance, personal care, home and garden maintenance and respite care, provided by the Department of Veterans’ Affairs to help veterans and war widows/widowers remain in their homes for longer.

5 Day Therapy Centres (Commonwealth funded): Refers to the assistance from this Commonwealth-funded program that provides a wide range of therapeutic services in centre-based care, including physiotherapy, occupational therapy, speech therapy and podiatry to frail older people living in the community.

6 National Respite for Carers Program (Carer Respite Centre/Resource Centre): Refers to the assistance provided by a national network of Carer Respite Centres and Carer Resource Centres which help carers to access the wide range of respite services provided through different programs and by different levels of government.

7 Other Community Care Programs (must specify – maximum 50 characters): Refers to the receipt of any other formal support or assistance provided or delivered by agencies for example, transport, housing, aids and equipment, rehabilitation, state funded respite.

8 None: Should be recorded when no formal support or assistance from any agency is being received by the person. Should also be recorded for people who were permanent residents of residential aged care services, hospitals or other institutional settings at the time of assessment.

9 Transition Care (National Program): Refers to a program that provides goal-oriented, time-limited and therapy-focused care for older people at the conclusion of a hospital episode.

10 Extended Aged Care at Home – Dementia (EACH Dementia): Refers to a package of intensive home-based care or support to clients that have complex care needs because of behavioural dysfunction associated with dementia.

98 Unable to determine: Should be recorded when the use of formal support or assistance from any agency cannot be identified for any
99 Not stated/inadequately described: Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement or the assessment is “In-progress”. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

If the person is recommended for support from any of the nominated programs, the ACAT should also include the specific types of assistance recommended for the person via the program. These should be identified in the data element Recommended formal assistance with activities.

A recommendation takes account of the availability of the program and reflects a consensus between the person and the ACAT.

More than one program can be recorded.

If the client will pay the full cost of services it should not be recorded. If the client is recommended to receive assistance fully or partially funded by a program it should be recorded.

ACCR: Question 29
ACAP MDS: Yes
Reporting requirement: Conditional
Business rule:

- If Recommended long care term setting is "Residential aged care", "Hospital" or "Other institutional care" then Government program support recommended must be “None”.

- “Not applicable” is an obsolete field. MUST default to “No” at all times.

Related documents: National Transaction File Format Items 100 – 112
Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.
Source organisation: Aged Care Assessment Program Officials
                      Australian Institute of Health and Welfare
                      Australian Government Department of Health and Ageing
Comments: At this stage it is only those major national programs listed that have been identified as required for national reporting.
Health condition

Definition: The diagnosed disease(s) or disorder(s) that have an impact on the person’s need for assistance with activities of daily living and social participation.

Context: This data element establishes a basic health profile of the clients assessed by Aged Care Assessment Teams (ACATs). Information about the sorts of health conditions experienced by ACAT clients contributes to an understanding of the complexity of a client’s needs and circumstances. This information also assists with comparing Aged Care Assessment Program (ACAP) clients with the Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers and with comparisons to other health data sets.

Data type: Numeric

Field size: Min: 4 Max: 4

Representational layout: NNNN

Occurrences: May have up to 10 occurrences.

Code:

Based on the ICD-10-AM classification (modified for the ACAP MDS V2.0) and comparable to the ABS 4-digit code used for the Survey of Disability, Ageing and Carers (refer to Appendix D for code lists).

- 0000 No health condition diagnosed
- 9998 No formal diagnosis available
- 9999 Not stated/inadequately described

Guide for use:

The code list is included at Appendix D for this data element. The list is presented by body system. Two alphabetic lists are also provided: one comprehensive list and one based on the most commonly reported health conditions for the ACAP target population.

State/Territory program managers and individual ACATs should determine which code list is the most appropriate to meet local needs.

Up to 10 health conditions may be reported for the person.

Details must be entered for each diagnosed disease or disorder health condition code present (maximum 100 characters per health condition).

The disease or disorder listed first should be the health condition with the greatest impact on the person’s need for assistance with activities of daily living and social participation.

Record 0000 when the person has no diagnosed diseases or disorders or identified sign or symptom related to their need for assistance with activities of daily living and social participation.

Record 9998 when the person’s health condition is of concern but the ACAT has insufficient information to report a formal diagnosis or identified sign or symptom.

Record 9999 when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

The signs and symptoms included in codes 1701–1799 should be used to
record certain symptoms that represent important problems in their own right, regardless of whether a related diagnosed disease or disorder is also reported.

In any analysis of ‘Diseases of the nervous system’ code 0500–0504 ‘Dementia in Alzheimer’s disease’ should be grouped with 0600. ‘Diseases of the nervous system’.

In any analysis of ‘Cerebrovascular disease’ code 0605 transient cerebral ischaemic attacks (T.I.A.s) should be grouped with 0910.

Not otherwise specified (n.o.s) is used where an assumption of the cause cannot be made that would allow a more specific code to be assigned. Not otherwise specified implies ‘unspecified’ or ‘unqualified’.

Not elsewhere classified (n.e.c) is used when the health condition diagnosed contains specific variants which are not included in any other code.

The data element should reflect the health conditions that are related to the person’s assessed need for assistance with activities of daily living and social participation. The areas of activity in which a person needs assistance should be recorded under the data element Activity limitations.

ACCR:

Question 28

ACAP MDS:

Yes

Reporting requirement:

Conditional

Business rules:

- Health condition entry must contain a valid code, 0000 or blank (code 9999)
- If Health condition 1 is 0000 or blank (code 9999), then Health condition 2 must be 0000 or blank (code 9999)
- If Health condition 2 is 0000 or blank (code 9999), then Health condition 3 must be 0000 or blank (code 9999)
- If Health condition 3 is 0000 or blank (code 9999), then Health condition 4 must be 0000 or blank (code 9999)
- If Health condition 4 is 0000 or blank (code 9999), then Health condition 5 must be 0000 or blank (code 9999)
- If Health condition 5 is 0000 or blank (code 9999), then Health condition 6 must be 0000 or blank (code 9999)
- If Health condition 6 is 0000 or blank (code 9999), then Health condition 7 must be 0000 or blank (code 9999)
- If Health condition 7 is 0000 or blank (code 9999), then Health condition 8 must be 0000 or blank (code 9999)
- If Health condition 8 is 0000 or blank (code 9999), then Health condition 9 must be 0000 or blank (code 9999)
- If Health condition 9 is 0000 or blank (code 9999), then Health condition 10 must be 0000 or blank (code 9999)

Related documents:

National Transaction File Format Items 75 - 84

Source document:


Meads MS & Brown F 1997. ICD 10 Coding Fundamentals: A Comprehensive
Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare
Australian Government Department of Health and Ageing

Comments: The hierarchical structure of the code list will enable the inclusion of additional codes to support specific research into identified policy issues of national significance in the future. For example, if a particular disease or disorder of the nervous system was identified as a policy issue then a code could be added to the grouping for ‘Diseases of the nervous system’ e.g. 0613. It is important to note that the residual grouping, ‘Other diseases of the nervous system’ would need to be adjusted accordingly.
Indigenous status

**Definition:** Whether or not the person identifies themself as being of Aboriginal and/or Torres Strait Islander descent.

**Context:** Australia’s Aboriginal and Torres Strait Islander peoples occupy a unique place in Australian society and culture. Significant health disadvantage is experienced by Aboriginal and Torres Strait Islander peoples across all age groups and for almost all diseases and conditions for which information is available (ABS/AIHW, The Health and Welfare of Australia’s Aboriginal and Torres Strait Islander Peoples, 1997). Given these gross inequalities in health status—and their likely impact on the need for and use of health and community services—there is a strong case for ensuring that information on the Indigenous status of clients is collected in the Aged Care Assessment Program (ACAP) in order to plan, promote and deliver essential services, to monitor changes in wellbeing and to account for government expenditure in this area.

The lower life expectancy of Aboriginal and Torres Strait Islander Australians means that persons of Aboriginal and/or Torres Strait Islander origin can also be expected to require assessment services at an earlier age than is the case for the wider community. In accordance with this, the age benchmark used for service provision and planning within the ACAP is lower for Aboriginal and Torres Strait Islander Australians than for the population as a whole (i.e. 50 and over for Aboriginal and/or Torres Strait Islander persons compared to 70 and over for the general population).

**Data type:** Numeric

**Representational form:** CODE

**Field size:**

<table>
<thead>
<tr>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Representation layout:** N

**Occurrences:** May have only one occurrence.

**Code:** Value must be one of:

- 1 Yes, Aboriginal
- 2 Yes, Torres Strait Islander
- 3 Yes, both
- 4 No, neither
- 9 Not stated/inadequately described

**Guide for use:** This question refers to Australian Aboriginal and Torres Strait Islander peoples and not to people indigenous to other countries.

Information about Aboriginal and Torres Strait Islander status should be collected in sufficient detail to distinguish between people of Aboriginal and Torres Strait Islander origin.

Responses to this question should not be based on the perceptions of anyone other than the client or their advocate.

Non-Indigenous status should not be taken as default in the presence of no other evidence.

9 **Not stated/inadequately described:** Should only be used when the person has not provided this information upon request and/or the
Aged Care Assessment Team (ACAT) is unable to make an informed judgement or the assessment is “In-progress”. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

**ACCR:** Question 12

**ACAP MDS:** Yes

**Reporting requirement:** Conditional

**Business rules:** Not Applicable

**Related documents:** National Transaction File Format Item 9

**Source document:**

**Source organisation:**
- National Community Services Data Committee
- Aged Care Assessment Program Officials
- Australian Government Department of Health and Ageing

**Comments:**

Australia has two groups of Indigenous peoples—Aboriginal people and the Torres Strait Islander person. An Aboriginal or Torres Strait Islander person is defined by a decision of the High Court of Australia in Commonwealth v Tasmania (1983) 46 ALR 625. This definition states that ‘An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives’.

There are three components to the definition of an Aboriginal and Torres Strait Islander person: descent, self-identification and community acceptance. In practice, it is not feasible to collect information on the community acceptance part of this definition and therefore questions on Indigenous Status relate to descent and self-identification only. Ideally descent could be determined by asking if a person has either an Aboriginal or Torres Strait Islander ancestor. Self-identification could be determined by asking if a person identifies culturally as an Aboriginal or Torres Strait Islander. In practice, people are asked if they are of Aboriginal or Torres Strait Islander origin. This question is considered to measure descent and for some, but not all, cultural identity.
Language other than English spoken at home

**Definition:**
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.

**Context:**
Language other than English spoken at home is analysed in conjunction with the data element Country of birth to derive measures of access to Aged Care Assessment Team (ACAT) services by culturally and linguistically diverse members of the population. This information is also used for planning of targeted services to meet the specific needs of members of culturally and linguistically diverse groups.

This data element supports the reporting of culturally and linguistically diverse backgrounds which is an access and equity measure for the Aged Care Assessment Program.

**Data type:** Numeric

**Representational form:** Code

**Field size:**

- **Min:** 4
- **Max:** 4

**Representational layout:** NNNN

**Occurrences:**
May have only one occurrence.

**Code:**
Valid codes from ABS Australian Standard Classification of Languages, ABS Catalogue no. 1267.0 (refer to appendix E).

**Guide for use:**
For persons living in non-private dwellings (such as group houses, boarding houses, residential aged care services, etc.) this data element should be used to record the person’s language of greatest competence (i.e. preferred language).

- Code 9999 – Not stated/inadequately described should be used when the Language other than English spoken at home has not been supplied by the client upon request or where insufficient information has been supplied by the client to code the data element or the assessment is “In-progress”.

If more than one language is identified, the one that is spoken most often should be recorded.

**ACCR:**
Question 11

**ACAP MDS:**
No

**Reporting requirement:**
Optional/Conditional

**Business rule:**
Not Applicable

**Related documents:**
Not Applicable

**Source document:**

**Source organisation:**
National Community Services Data Committee
Aged Care Assessment Program Officials
Comments:
This definition previously used an ABS 2-digit code that was mappable to the 4-digit code contained in the ABS, Australian Standard Classification of Languages Cat. No. 1267.0.
**Last modified date**

**Definition:** An ACAT client management system (machine generated) date field that is updated whenever any item of episode data is added or amended.

**Context:** Data extraction for a reporting period will include any episode with a *Last modified date* falling between the beginning of the reporting period and the extraction date. This will apply to all data sets conforming to National Transaction File Formats 5.2 or later.

<table>
<thead>
<tr>
<th><strong>Data type:</strong></th>
<th>Numeric</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Representational form:</strong></td>
<td>DATE</td>
</tr>
<tr>
<td><strong>Field size:</strong></td>
<td>Min: 10  Max: 10</td>
</tr>
<tr>
<td><strong>Representational layout:</strong></td>
<td>DD/MM/YYYY</td>
</tr>
<tr>
<td><strong>Occurrences:</strong></td>
<td>Must have only one occurrence.</td>
</tr>
<tr>
<td><strong>Code:</strong></td>
<td>Valid date.</td>
</tr>
<tr>
<td><strong>Guide for use:</strong></td>
<td>This data element should always be recorded as a 10-character valid date comprising day, forward slash, month, forward slash, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, leading zeros should be used to ensure that the date contains the required 10-characters.</td>
</tr>
</tbody>
</table>

**ACCR:** Not applicable  
**ACAP MDS:** Yes  
**Reporting requirement:** Mandatory  
**Business rule:** 
- Upload cannot contain a record with a *Last modified date* before the valid period  
- Upload must contain a record with a *Last modified date* within the valid period  
- Upload must contain a record with a *Last modified date* after the valid period

**Related documents:** National Transaction File Format Item 166  
**Source document:** Department of Health and Ageing ACAP MDS v2 National Transaction File Format  
**Source organisation:** ACAP NSW Evaluation Unit Australian Government Department of Health and Ageing  
**Comments:**
Letters of name

Definition: A specific combination of letters selected from the person’s family name/surname and their first given name to assist with statistical record linkage.

Context: The person’s full name is not required for Aged Care Assessment Program Minimum Data Set Version 2.0 (ACAP MDS V2.0) reporting purposes. However, Aged Care Assessment Teams (ACATs) are required to report selected letters of the person’s Family name/surname and First given name. These will be used in combination with the person’s Date of birth and Sex in order to link client records for statistical purposes. This data element specifies the exact combination of letters from the person’s Family name/surname and First given name that ACATs will be required to report for each of their clients for whom an ACAP MDS V2.0 record is submitted.

The provision of letters of a person’s name can be a sensitive issue because of privacy and confidentiality concerns. The use of this information will be in accordance with the Information Privacy Principles contained in the Commonwealth Privacy Act and letters from the person’s name will only be used for linking records for statistical purposes.

Data type: Alphanumeric

Representational form: TEXT

Field size: Min: 5 Max: 5

Representational layout: AAAAA (may include numeric characters where necessary)

Occurrences: Must have only one occurrence.

Code: In the first three spaces record the 2nd, 3rd and 5th letters of the person’s Family Name/Surname; and
In the following two spaces record the 2nd and 3rd letters of the person’s First Given Name.

Guide for use: Example: If the client’s name is Brown, Elizabeth (i.e. surname, first given name) the Letters of name data element should be reported as RONLI. If the client’s name is Thompson, Robert the Letters of name data element should be reported as HOPOB.

If either of the client’s names includes non-alphabetic characters—for example hyphens (as in Lee-Archer) apostrophes (as in O’Mara) or blank spaces (as in Eu Jin)—these non-alphabetic characters should be ignored when counting the position of each character.

For example: If a person’s name is Lee-Archer, James, then the Letters of name field should be EERAM because the hyphen is ignored. For the name O’Mara, Christine the Letters of name field should be MAAHR because the apostrophe is ignored. For the name Eu Jin, Chang the Letters of name field should be UJNHA because the space is ignored.

Regardless of the length of a person’s name, the Letters of name field should always be five characters long. If either the surname or the first given name of the person is not long enough to supply the requested letters (i.e. a surname of less than five letters or a first name of less than three letters) then ACATs should substitute the number ‘2’ in the Letters of name field to reflect
the missing letters. The placement of a number ‘2’ should always correspond to the same space that the missing letter would have within the 5-digit field. For example: If a person’s name is Farr, Ben then the Letters of name field would be AR2EN because the 2 is substituting for a missing 5th letter of the surname. Similarly, if the person’s name was Hua, Jo then the Letters of name field would be UA2O2 because the 2s are substituting for the missing 5th letter of the surname and the missing 3rd letter of the first given name.

If a client’s surname is missing altogether the ACAT should record the number 9 for all three spaces associated with the Family name/surname and not the number 2. Similarly, if the person’s first name is missing altogether the ACAT should substitute 9s for the two spaces associated with the First given name. A number (rather than a letter) is used for such substitutions in order to clearly indicate that an appropriate corresponding letter from the person’s name is not available.

In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a result of this practice, ACATs should always ask the person to specify their first given name and their family name or surname separately. These should then be recorded as First given name and Family name/surname as appropriate, regardless of the order in which they may be traditionally given.

ACCR: Not Applicable
ACAP MDS: Yes
Reporting requirement: Mandatory
Business rule: Not Applicable
Related documents: National Transaction File Format Item 3
Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare
Australian Government Department of Health and Ageing
Comments:
Living arrangements

**Definition:** Whether the person lives with other related or unrelated persons.

**Context:** A person’s living arrangements can have a significant impact on their ability to continue living within their community. Living alone, in particular, has been identified as being a significant risk factor associated with institutionalisation among the frail elderly.

The data element *Living arrangements* functions as an indicator of social support and social isolation by giving some sense of the level of informal support to which a person may have access.

**Data type:** Numeric  
**Representational form:** CODE

**Field size:**  
**Min:** 1  
**Max:** 1  
**Representational layout:** N

**Occurrences:** May have only one occurrence.

**Code:**  
Value must be one of:

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

**Guide for use:**

0 **Not applicable:** Should only be recorded for people who were permanent residents of residential aged care services, multi purpose services (or multi purpose centres), hospitals or other institutional settings at the time of assessment.

9 **Not stated/inadequately described:** Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement or the assessment is “In-progress”. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

If the person’s household includes both family and non-family members, the person should be recorded as living with family. ‘Living with family’ should be considered to include defacto and same sex relationships.

On occasion, difficulties can arise in deciding the living arrangements of a person due to their accommodation setting (for example, boarding houses, group homes, 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.).

If the person lives in a granny flat, they should be coded as living alone if the granny flat is a separate dwelling (even if part of the same residential property) and they do not share their flat with another person. If the granny flat is part of the same dwelling occupied by another person(s), they should be coded as living with family (code 2) or others (code 3) depending on their...
relationship to the other person(s).
The person’s Living arrangements should relate to the same place described under Suburb/town/locality name, Postcode and Accommodation setting – usual.

ACCR:  Question 15
ACAP MDS:  Yes
Reporting requirement:  Conditional

Business rules:
- If Accommodation setting – usual is "Residential aged care" or "Hospital" and Reason for ending assessment is “Assessment complete” then Living arrangements must be “Not applicable”.
- If Accommodation setting – usual is "Residential aged care" or "Hospital" and Reason for ending assessment is NOT “Assessment complete” then Living arrangements must be “Not applicable” or blank (code 9).
- If Accommodation setting – usual is "Residential aged care" or "Hospital" and Living arrangements is NOT blank then Living arrangements must be “Not applicable”.

Related documents:  National Transaction File Format Item 14
Source organisation:  National Community Services Data Committee
  Aged Care Assessment Program Officials
  Australian Government Department of Health and Ageing

Comments: 
# Marital status

**Definition:** The current marital status of the client.

**Context:** Marital status can be used for demographic analyses of clients’ patterns of service utilisation in the Aged Care Assessment Program (ACAP).

**Data type:** Alphabetic

**Representational form:** Code

**Field size:**

<table>
<thead>
<tr>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Representational layout:** A

**Occurrences:** May have only one occurrence.

**Code:** Value must be one of:

- S Never married
- W Widowed
- D Divorced
- P Separated
- M Married (registered or de facto)
- X Unable to determine

**Guide for use:**

- **S Never married:** A person who has never been a partner in a marriage.
- **W Widowed:** A person whose spouse in a marriage has died and who has not remarried. May also refer to de facto marriages.
- **D Divorced:** A person who has formally ended his or her registered marriage by legal means and who has not remarried. Persons who have obtained a decree nisi are considered to be divorced.
- **P Separated:** A person who is a partner in a marriage, but has parted from his or her spouse, and has not divorced. May also refer to de facto marriages.
- **M Married (registered or de facto):** A person who is living with another person in either a registered marriage or a de facto marriage, including people who have divorced or widowed but have since remarried (registered or de facto). This also includes same-sex relationships.
- **X Unable to determine:** Should be recorded when Marital status cannot be identified for any reason.

**ACCR:** Question 9

**ACAP MDS:** No

**Reporting requirement:** Optional

**Business rule:** Not applicable

**Related documents:** Not applicable

**Source document:** Australian Bureau of Statistics – Family and Community Glossary (accessed on 20 April 2010).


**Source organisation:** Australian Government Department of Health and Ageing
**No care approved**

**Definition:**
The recommended care, or the care that the person requested, has not been approved by the delegate.

**Context:**
Delegates need to assess if the evidence provided is relevant for them to logically support their decision to not approve a person for care. Evidence includes information, documents and other material that can be used to demonstrate the existence of a fact. Documents supporting information include the Statement of Application, completed ACCR and assessment documentation including the outcome of any assessment tools applied by the assessor, verbal evidence, information from the GP and hospital and rehabilitation file notes.

**Data type:** Numeric

**Representational form:** Code

**Field size:**

<table>
<thead>
<tr>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Representational layout:** N

**Occurrences:**
May have only one occurrence.

**Code:**

1. Yes
2. No

**Guide for use:**
Delegates must select the No Care Approved box in Part 6 of the ACCR to confirm that recommended care, or the care that the person requested, has not been approved.

The No Care Approved box must NOT be ticked where Residential care, Residential respite care, Community care or Flexible care is also approved.

Applications with the No Care Approved box ticked should NOT be sent to Medicare Australia.

**ACCR:** Part 6 – Approval as a care recipient

**ACAP MDS:** Yes

**Reporting requirement:** Conditional

**Business rule:** Not applicable

**Related documents:** National Transaction File Format Item 161

**Source document:**
- Aged Care Assessment Program Guidelines
- National Training for ACAT Delegates – Training Workbook

**Source organisation:** Australian Government - Department of Health and Ageing

**Comments:**

121
Postcode

**Definition:**
The postal code for the geographic location of the person’s residence.

**Context:**
In conjunction with the data element *Suburb/town/locality name*, *Postcode* describes the geographic location of the residence of a client. Geographic location is important in the analysis of the spatial distribution of clients. This data element allows for the comparison of Aged Care Assessment Program (ACAP) client groups with the ACAP target population by geographic area and assists with planning and reporting on the accessibility of Aged Care Assessment Teams (ACATs) at a regional level.

*Suburb/town/locality* together with *Postcode* is used to derive the Statistical Local Area (SLA) in which the person lives. SLAs are the basic building blocks of the Australian Standard Geographical Classification (ASGC) and of Commonwealth government planning regions.

**Data type:** Numeric

**Representational form:** NUMERIC

**Field size:**
Min: 4  Max: 4

**Representational layout:** NNNN

**Occurrences:**
May have only one occurrence.

**Code:**
Valid Australia Post postal code.

If the person has no usual place of residence (e.g. prolonged period of transience), record 0000.

If the person’s postcode is not known or the assessment is “In-progress” record 9999.

**Guide for use:**
The ACAT should record the *Postcode* for the address at which the person usually resides. The *Postcode* should not relate to a postal address different from the physical address at which the person is residing.

In some cases, however, an ACAT comprehensive assessment may coincide with a change in the person’s living arrangements and accommodation setting. Such changes may be either temporary or permanent, and may have resulted from a deterioration in the person’s health status, or changing circumstances which have affected their capacity to remain in their usual place of residence.

In these cases, it can be more difficult to determine the person’s ‘usual’ place of residence. Where a person’s place of residence at the time of comprehensive assessment is different to where they have been living previously, the following guidelines should be used.

Where the client’s place of residence at the time of comprehensive assessment reflects their usual accommodation setting, the postcode related to the client’s current place of residence should be recorded. The data elements *Suburb/town/locality name, Living arrangements* and *Accommodation setting – usual* should also relate to the same location.

Where the client’s place of residence at the time of comprehensive assessment is believed to be temporary, the postcode for the client’s ‘usual’ place of residence should be recorded. This includes situations where the client is in hospital or another form of institutional or residential based care that is temporary in nature, as well as staying with family members or friends when
this is believed to be a temporary arrangement.

In these cases, the client should be asked to nominate what they consider to be their usual place of residence. The following standard questions are recommended to elicit the information required for reporting *Postcode, Suburb/town/locality name, Accommodation setting – usual and Living arrangements*, all of which should relate to the same place.

   Where do you live?
   Do you consider this to be your usual place of residence or home? (Yes/No)
   If No: Where is your usual place of residence?

Many ACAT clients may change their accommodation setting as a result of their ACAT assessment. A recommended change in the person’s accommodation setting is be recorded under the data element *Recommended long-term care setting*.

The Australia Post Postcode book is updated more than once a year as postcodes are constantly changing. ACATs should use the most up-to-date Postcode book available.

**ACCR:** Question 4

**ACAP MDS:** Yes

**Recording requirement:** Conditional

**Business rule:** Not Applicable

**Related documents:**
National Transaction File Format Item 12

**Source document:**
Australia Post. Postcode Book.

**Source organisation:**
National Community Services Data Committee
Aged Care Assessment Program Officials
Australian Government Department of Health and Ageing

**Comments:**
## Priority category

### Definition:

The length of time within which the person needs contact of a clinical nature (i.e. non-administrative) by an Aged Care Assessment Team (or their representative), based on the urgency of the person’s need as assessed by the Aged Care Assessment Team at referral.

### Context:

This data element may be used in conjunction with the data elements Referral date and First intervention date as a measure of the appropriateness of the length of time that a client waited for a comprehensive assessment of their care needs by the Aged Care Assessment Team (ACAT). The appropriateness of the length of time waited is dependent on the priority of the client’s needs, based on information available at referral.

This data element supports the reporting of Performance Indicator XX: Percentage ACAT clients receiving timely assistance which is an access and equity measure for the Aged Care Assessment Program.

### Data type:

<table>
<thead>
<tr>
<th>Representational form:</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numeric</td>
<td></td>
</tr>
</tbody>
</table>

### Field size:

<table>
<thead>
<tr>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

### Occurrences:

May have only one occurrence.

### Code:

Value must be one of:

1. Within 48 hours
2. Between 3 and 14 days
3. More than 14 days

(8 Machine generated code to indicate a deleted record)

9. Not stated/inadequately described

### Guide for use:

The following categorisation of priority is based on the understanding that ACATs are not emergency services. The allocation of a priority category is based on the information available to the ACAT at referral and should reflect factors related to client need rather than the priority with which the referrer would like the ACAT to respond. In coding this data element, ‘days’ refers to calendar days.

The Priority category should be allocated before comprehensive assessment action begins. It would usually be decided at the point of allocation of the case to a team member.

**Within 48 hours:** Refers to a client who, based on information available at referral, requires an immediate response (i.e. response within 48 hours). An urgent comprehensive assessment is required if the person’s safety is at risk (e.g. high risk of falls or abuse); or there is a high likelihood that the person will be hospitalised or required to leave their current residence because they are unable to care for themselves or their carer is unavailable. This may be due to a crisis in the home involving either the client or the carer, or a sudden change in the client’s or carer’s, medical, physical, cognitive or psychological status.

Only in exceptional circumstances should people assessed in a hospital (acute or other inpatient) or a residential care facility be given Code 1 as
they have care provided in these settings.

2 **Between 3 and 14 days:** Should be used when information available at referral indicates that the client is not at immediate risk of harm. Referrals that indicate progressive deterioration in the client’s physical, mental or functioning status; or that the level of care currently available to the client does not meet their needs or is not sustainable in the long-term should be allocated to this priority category.

3 **More than 14 days:** Refers to cases where the referral information indicates that the client has sufficient support available at present, but that they require a comprehensive assessment in anticipation of their future care requirements. Examples include the carer planning a holiday, which will result in the care recipient requiring the provision of substitute care; recognition that the person is having increased difficulty living independently and options for future care need to be discussed with the client and their carer or family. In deciding to use this code the ACAT is making a judgement that delaying a comprehensive assessment for more than 14 calendar days will not jeopardise the client’s health and wellbeing.

8 **Machine generated code to indicate a deleted record:** This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.). The purpose of this code is to facilitate the deletion of a record on the DoHA AACD data warehouse.

9 **Not stated/inadequately described:** Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement or the assessment is “In-progress”. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

**ACCR**

**Question 16**

**ACAP MDS:** Yes

**Reporting requirement:** Conditional

**Business rules:**
- If **First Intervention Date** is not blank, then **Priority Category** must be 1, 2 or 3.
- **Priority Category** code must be valid (must be 1 or 2 or 3 or 8 or blank).

**Related documents**

National Transaction File Format Item 5

**Source document:** Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

**Source organisation:** Aged Care Assessment Program Officials
Australian Institute of Health and Welfare
Australian Government Department of Health and Ageing

**Comments:**
**Definition:** The situation that signalled the end of the person’s comprehensive assessment.

**Context:** This data element identifies the status of an Aged Care Assessment Team (ACAT) comprehensive assessment (i.e. complete or incomplete) at its conclusion, as well as providing a description of the circumstances that led to the ending of a comprehensive assessment.

This data element supports the reporting of a number of the Performance Indicators relating to measuring the equity, effectiveness, quality and efficiency of the Aged Care Assessment Program.

**Data type:** Numeric

**Representational form:** CODE

**Field size:** Min: 1 Max: 1

**Representational layout:** N

**Occurrences:** May have only one occurrence.

**Code:** Value must be one of:

1. Assessment complete — care plan developed
2. Assessment incomplete — client withdrew
3. Assessment incomplete — client died
4. Assessment incomplete — client transferred to another ACAT
5. Assessment incomplete — client’s medical condition unstable, requires acute care or medical attention before comprehensive assessment
6. Assessment incomplete — client’s functional status unstable, rehabilitation care required before comprehensive assessment
7. Assessment incomplete — Other reason (must specify — maximum 50 characters)
8. Not stated/ inadequately described

**Guide for use:**

1. **Assessment complete — care plan developed:** Refers to comprehensive assessments that have progressed to the point where the ACAT is able to decide on the contents of the long-term care plan for the client and appropriate supports put in place for the client. This does not necessarily mean that the ACAT ceases to have involvement with the client. However, for the purposes of the Aged Care Assessment Program Minimum Data Set Version 2.0 collection this marks the end of the assessment phase of the client’s involvement with the ACAT.

5-6 **Assessment incomplete — client’s medical condition unstable, requires acute care or medical attention before comprehensive assessment AND Assessment incomplete — client’s functional status unstable, rehabilitation care required before comprehensive assessment:** If, in the ACAT’s opinion, the client requires a period of acute care or rehabilitation before a comprehensive assessment of their long-term care needs can be made, the ACAT should record an end to the comprehensive assessment (Assessment end date) and indicate the relevant reason. When the client has completed the period of acute/medical care or rehabilitation and is ready for an ACAT
comprehensive assessment, a new Referral date should be recorded. This may mean that some comprehensive assessments currently ‘held open’ or ‘interrupted’ or ‘suspended’ will be recorded as ended, for the purposes of the ACAP MDS V2.0 collection, and a new comprehensive assessment reported when the person is eventually assessed by the ACAT.

9 **Not stated/inadequately described:** Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.). In conjunction with a blank assessment end date, this code also records in progress records for data sets conforming to National Transaction File Formats 5.2 or later.

**ACCR:** Question 32  
**ACAP MDS:** Yes  
**Reporting requirement:** Conditional  
**Business rules:**  
- If Delegation Date is not blank, then Reason for ending assessment must be “Assessment Complete”.

**Related documents:** National Transaction File Format Item 115  
**Source document:** Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.  
**Source organisation:** Aged Care Assessment Program Officials  
Australian Institute of Health and Welfare  
Australian Government Department of Health and Ageing  
**Comments:**
Recommended formal assistance with activities

**Definition:**
The activities in which the assistance of formal services is recommended for the person by the Aged Care Assessment Team as part of their care plan.

**Context:**
The assistance recommended by the Aged Care Assessment Team (ACAT) after comprehensive assessment can be compared to the assistance currently used by the person (as recorded under Current assistance with activities). This provides some indication of the extent to which the ACAT has linked the client to available formal services. Although it is important to note that an ACAT recommendation (or referral) to receive a particular form of assistance does not necessarily mean the client will receive it. This decision rests with other service providers.

Whilst this data element is only capturing the assistance of formal services, the extent of care and assistance that may continue to be provided by informal carers to frail older people living at home must also be acknowledged.

ACAT recommendations are subject to client agreement to a referral and to the availability of services. Thus what the ACAT assesses as needed by the client may not be the same as the recommendations made by the ACAT.

The categories of assistance in this data element are designed to identify severe or profound core activity restriction (as defined by the Australian Bureau of Statistics (ABS)) and to enable comparison with the type of assistance provided by government funded community care services (e.g. Home and Community Care (HACC) and Community Aged Care Packages (CACP)).

A person with a severe or profound core activity restriction is defined as someone who sometimes, or always, needs assistance with one or more of the tasks of self-care, mobility or communication. However, needing assistance with these tasks is not used as eligibility criteria for ACAT services nor is it intended for use as criteria for eligibility to any other type of service or care. The need for assistance with these tasks is one way of identifying clients with higher level needs in a way that allows them to be compared with members of the general population.

**Data type:** Numeric  
**Representation form:** CODE  
**Field size:** Min: 1  Max: 2  
**Representational layout:** NN  
**Occurrences:** May have up to 11 occurrences (any combination of codes 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11).  
**Code:**  
0 Not applicable  
1 Self-care  
2 Movement activities  
3 Moving around places at or away from home  
4 Communication  
5 Health care tasks  
6 Transport
7 Activities involved in social and community participation
8 Domestic assistance
9 Meals
10 Home maintenance
11 Other (must specify – maximum 50 characters)
12 None
98 Unable to determine
99 Not stated/inadequately described

Guide for use:

**Formal services:** Includes assistance organised, provided or delivered by agencies (e.g. HACC, COPs, Red Cross, St. Vincent de Paul, Legacy), irrespective of whether the person providing the assistance is a paid worker or a volunteer. It also includes assistance provided by private agencies.

0 **Not applicable:** Should only be recorded for people whose Recommended long-term care setting is code 4 (Residential aged care service—low level care), code 5 (Residential aged care service—high level care), code 6 (Hospital) or code 7 (Other institutional care).

1 **Self-care:** Refers to assistance or supervision of another person with daily self-care tasks such as eating, showering/bathing, dressing toileting and managing incontinence. A recommendation for the independent use of aids and equipment should not be recorded against this code.

2 **Movement activities:** Refers to assistance or supervision of another person with activities such as maintaining or changing body position, carrying, moving and manipulating objects, getting in or out of bed or a chair. A recommendation for the independent use of aids and equipment should not be recorded against this code.

3 **Moving around places at or away from home:** Refers to assistance or supervision of another person with walking and related activities, either around the home or away from home (excludes needing assistance with transportation). A recommendation for the independent use of aids and equipment should not be recorded against this code.

4 **Communication:** Refers to assistance with understanding others, making oneself understood by others. A recommendation for the independent use of aids and equipment, e.g. hearing aids, speech aids, and assistance from interpreters should not be recorded against this code.

5 **Health care tasks:** Refers to assistance or supervision of another person with taking medication or administering injections, dressing wounds, using medical machinery, manipulating muscles or limbs, taking care of feet (includes home nursing and allied health care, such as physiotherapy and podiatry).

6 **Transport:** Refers to assistance or supervision of another person with using public transport, getting to and from places away from home and driving.

7 **Activities involved in social and community participation:** Refers to assistance or supervision of another person with shopping, banking, participating in recreational, cultural or religious activities, attending day centres, managing finances and writing letters.

8 **Domestic assistance:** Refers to assistance or supervision of another
person with household chores such as washing, ironing, cleaning and formal linen services.

9 **Meals:** Refers to assistance or supervision of another person with meals, including the delivery of prepared meals, help with meal preparation and managing basic nutrition.

10 **Home maintenance:** Refers to assistance or supervision of another person with the maintenance and repair of the person’s home, garden or yard to keep their home in a safe and habitable condition, for example, changing light bulbs and basic gardening.

11 **Other (must specify - maximum 50 characters):** Refers to assistance or supervision of another person with any other tasks or activities of daily living.

12 **None:** Should be recorded when the assistance or supervision of another person is not recommended for the person. Includes people recommended for independent use of aids and equipment.

98 **Unable to determine:** Should be recorded when recommendations for assistance or supervision of another person with tasks or activities cannot be identified for any reason.

99 **Not stated/ inadequately described:** Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement or the assessment is “In-progress”. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

Record those areas of activity where the assistance or supervision of another person are newly recommended by the ACAT or are recommended to be ongoing as part of the care plan.

A recommended type of assistance takes account of both availability and client preference, and represents a consensus between the client and the ACAT. In most cases what will be recommended will closely match what is identified by the ACAT as needed.

However, it is possible that a type of assistance identified by the ACAT as needed may not be recommended as part of the care plan. This may be so if the client does not agree to a referral or the type of assistance is unavailable. It may also be so where an ACAT considers that the person needs and is capable of independent use of aids or equipment. If the person does not agree or the aid or equipment is unavailable, an ACAT may recommend the assistance of formal agencies in an area where a need has not been identified.

Recommendations for the use of aids and equipment to assist with activities should not be recorded here.

**ACCR:** Question 25

**ACAP MDS:** Yes

**Reporting requirement:** Conditional

**Business rules:**
- If **Recommended assistance with activities** is “Not stated”, then no other option in **Recommended assistance with activities** can be chosen.

**Related documents:** National Transaction File Format Items 85 – 99

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare
Australian Government Department of Health and Ageing

Comments:
**Recommended long-term care setting**  

**[MDS Item]**

**Definition:**  
The living environment considered most appropriate to the long-term care needs of the client.

**Context:**  
This data element describes a significant outcome of a comprehensive assessment of a client’s care needs. Together with the other data elements about the assistance needed by the client, these data elements summarise the outcomes of the comprehensive assessment process that are of interest and relevance for national analysis.

**Data type:** Numeric  
**Representational form:** CODE  
**Field size:** Min: 1 Max: 2  
**Representational layout:** NN  
**Occurrences:** May have only one occurrence.

**Code:**  
Value must be one of:

1. **Private residence**: Includes private residences such as houses, flats, units, caravans, mobile homes, boats, marinas.
2. **Independent living within a retirement village**: Includes living in self-care independent-living units within a retirement village irrespective of the type of tenure held over the residence. Living in a retirement village with the provision of care services should be coded to Supported community accommodation.
3. **Supported community accommodation**: Includes community living settings or accommodation facilities in which clients are provided with support in some way by staff or volunteers. This category includes domestic-scale living facilities (such as group homes for people with disabilities, cluster apartments where a support worker lives on site, community residential apartments, congregate care arrangements, etc.) which may or may not have 24-hour supervision and care. It also includes larger-scale supported accommodation facilities providing 24-hour supervision and support services by rostered care workers (such as...

**Guide for use:**  
Only one code should be selected, even if the client is approved for more than one type of care on an Aged Care Client Record (ACCR).

The recommended long-term care setting should reflect the setting that is agreed between the Aged Care Assessment Team (ACAT) member and the client as the most appropriate for their long-term care.

1. **Private residence**: Includes private residences such as houses, flats, units, caravans, mobile homes, boats, marinas.
2. **Independent living within a retirement village**: Includes living in self-care independent-living units within a retirement village irrespective of the type of tenure held over the residence. Living in a retirement village with the provision of care services should be coded to Supported community accommodation.
3. **Supported community accommodation**: Includes community living settings or accommodation facilities in which clients are provided with support in some way by staff or volunteers. This category includes domestic-scale living facilities (such as group homes for people with disabilities, cluster apartments where a support worker lives on site, community residential apartments, congregate care arrangements, etc.) which may or may not have 24-hour supervision and care. It also includes larger-scale supported accommodation facilities providing 24-hour supervision and support services by rostered care workers (such as...
hostels for people with disabilities and government-regulated Supported Residential Services/Facilities (Victoria and South Australia only)). This category includes Aged Care Flexible service pilots. Aged care hostels should be coded to Residential aged care (4 or 5) depending on the level of care that the person is recommended to receive.

4 **Residential aged care service — low level care**: Includes residential aged care services (formerly nursing homes and aged care hostels), multipurpose services and those in multipurpose centres with a recommendation for receipt of low level care.

5 **Residential aged care service — high level care**: Includes residential aged care services (formerly nursing homes and aged care hostels), multipurpose services and those in multipurpose centres with a recommendation for receipt of high level care.

6 **Hospital**: Refers to recommendations for long-term care in a hospital setting.

7 **Other institutional care**: Includes other institutional settings which provide care and accommodation services such as hospices and long-stay residential psychiatric institutions.

8 **Other community (must specify – maximum 50 characters)**: Includes all other types of community settings.

99 **Not stated/inadequately described**: Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement or the assessment is “In-progress”. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

**ACCR:**  Question 31

**ACAP MDS:**  Yes

**Reporting requirement:**  Conditional

**Business rule:**  Not Applicable

**Related documents:**  National Transaction File Format Item 114

**Source document:**  Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

**Source organisation:**  Aged Care and Assessment Program Officials
Australian Institute of Health and Welfare
Australian Government Department of Health and Ageing

**Comments:**
**Record linkage**

**Definition:** A process, technique or method that enables the bringing together of two or more records that are believed to belong to the same individual.

**Context:** Linkage can occur across data systems or within data systems and may be done by using a range of identifiers. In the Aged Care Assessment Program (ACAP), the proposed use of record linkage is for statistical purposes only. For statistical purposes, including planning, research or the measurement of service or program outcomes, record linkage facilitates separating multiple items clustered around individuals from total counts (for example, double counting of clients can be reduced when calculating total numbers of clients across several agencies). Statistical record linkage does not need to achieve a 100% matching of client records. The linkage of records only has to be sufficiently reliable to draw valid statistical conclusions. Currently, the data elements that make up the statistical record linkage are *Letters of name, Date of birth* and *Sex*.

<table>
<thead>
<tr>
<th>Data type:</th>
<th>Not applicable</th>
<th><strong>Representational form:</strong></th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field size:</td>
<td>Not applicable</td>
<td><strong>Representational layout:</strong></td>
<td>Not applicable</td>
</tr>
<tr>
<td>Occurrences:</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code:</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guide for use:</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCR:</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACAP MDS:</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business rules:</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting requirement:</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Related documents:</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**Source organisation:** National Community Services Data Committee
Aged Care Assessment Program Officials

**Comments:** The use of a statistical linkage key in the Aged Care Assessment Program Minimum Data Set Version 2.0 (ACAP MDS V2.0) collection is intended to make it possible to count the number of ACAP clients nationally (without counting clients more than once) and the services which they receive.
Referral date

**Definition:**

The date on which the referral of a person for a comprehensive assessment was received by the Aged Care Assessment Team.

**Context:**

This data element marks the beginning of the Aged Care Assessment Team (ACAT) assessment episode. It is used in conjunction with the data elements *First intervention date* and *Priority category* as a measure of the appropriateness of the amount of time a person has waited for an ACAT response to their need for comprehensive assessment.

Combined with *ACAT ID* and *Client ID*, the *Referral date* uniquely identifies a record in the ACAP MDS.

This data element supports the reporting of Key Performance Indicators 1 and 2 in the ACAP Implementation Plan:

- Improve the percentage of priority one clients seen on time; and
- Improve the percentage of priority two clients and priority three clients seen on time

**Data type:** Numeric

**Representational form:** DATE

**Field size:**

*Min:* 10  
*Max:* 10  
**Representational layout:** DD/MM/YYYY

**Occurrences:** Must have only one occurrence.

**Code:** Valid date.

**Guide for use:**

This data element should always be recorded as a 10-character valid date comprising day, forward slash, month, forward slash, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, agencies should use leading zeros to ensure that the date contains the required 10-characters. For example, for a person who was referred to an ACAT on July 1 2009 the *Referral date* should be recorded as 01/07/2009.

The *Referral date* is the date the referral was actually received by the ACAT (e.g. by phone, fax or letter) or the ACAT became aware of the person’s need for a comprehensive assessment by some other means, and not the date that the referral was registered or entered onto the ACAT’s system, unless this happens to be the same date.

A client can only have one referral on a particular day.

**ACCR:**

Question 1

**ACAP MDS:**

Yes

**Reporting requirement:**

Mandatory

**Business rule:**

- *Referral date* must be a valid date and cannot be a future date

**Related documents:**

National Transaction File Format Item 4

**Source document:**

Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

**Source organisation:**

Aged Care and Assessment Program Officials
Residential care (permanent) – approval

**Definition:**
The client has been approved by the Secretary of the Australian Government Department of Health and Ageing (or by a person delegated by the Secretary) to receive permanent residential care.

**Context:**
Eligibility requirements for residential care are set out in the *Aged Care Act 1997* and the *Aged Care Principles 1997*. These requirements are the legal criteria which a person must meet before being approved for residential care. ACATs are required to assess people in accordance with these criteria and delegates should only approve those who are assessed as requiring residential care.

A person must be approved to receive residential care before an approved provider can be paid residential care subsidy for providing the care.

<table>
<thead>
<tr>
<th>Data type:</th>
<th>Numeric</th>
<th><strong>Representational form:</strong></th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Field size:</strong></td>
<td>Min: 1 Max: 1</td>
<td><strong>Representational layout:</strong> N</td>
<td></td>
</tr>
<tr>
<td><strong>Occurrences:</strong></td>
<td>May have only one occurrence.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Code:</strong></td>
<td>0 Residential care not selected</td>
<td>1 Low level residential care approved</td>
<td>2 High level residential care approved</td>
</tr>
</tbody>
</table>

Only the Secretary of the Australian Government Department of Health and Ageing or a person delegated by the Secretary (the Delegate) may exercise the authority to approve people to receive residential respite care.

The Delegate must be satisfied with the assessment process and outcome. The Delegate should be satisfied all alternative care options have been considered prior to signing an approval to receive residential care.

1 **Low level residential care:** Low level residential care is provided to people assessed as requiring the general accommodation and personal care service provided in residential facilities (formerly nursing homes and aged care hostels), multipurpose services; and multipurpose centres. The client might reasonably require daily assistance with bathing, showering/personal hygiene; organising and supervising and administering of medicine; toileting and continence management; meals; transfers/mobility; dressing; fitting sensory/communication aids; communication assistance; together with the provision of special diets and emotional support.

2 **High level residential care:** Includes residential aged care services (formerly nursing homes and aged care hostels), multipurpose services and multipurpose centres. High level residential care provides functionally very dependent people with 24 hour care either by registered nurses or under the supervision of registered nurses. In general, the person would require complete or almost complete assistance with the majority of the activities of daily living, and no longer be adequately supported at the low level care. For those currently living within the community, the person would no longer be able to be adequately cared for by carers/family even with the full range of
In approving a person for residential care, ACATs do not classify people into specific Aged Care Funding Instrument (ACFI) classifications but approve the level of care required as either high or low level and record that level on the Aged Care Client Record (ACCR).

A number of legislative changes were made to the Aged Care Act 1997 in December 2008. One of the objectives of the changes was to reduce the number of unnecessary assessments (and reassessments) performed by ACATs to improve assessment waiting times. These changes include:

- From 1 July 2009, all current approvals for High level residential care will not lapse.
- From 1 January 2009, all current approvals for people who have received high level residential care will not lapse irrespective of when the approval was made even if there is a break in care.

Approvals will continue to lapse for low level residential care if a person is not provided with the care within 12 months starting on the day after the approval is given.

Approvals will continue to lapse for low level residential care if a person has commenced receiving care, and there is a break in care lasting more than 28 days which occurs after the lapping period of 12 months (starting on the day after the approval) ends.
Residential care time limitation date – approval

**Definition:**
The date on which approval for residential care expires when approval is time limited.

**Context:**
A person’s approval expires if it is limited to a specified period of care and that period ends.

**Data type:**
Date

**Representational form:**
DATE

**Field size:**
Min: 10 Max: 10

**Representational layout:**
DD/MM/YYYY

**Occurrences:**
May have only one occurrence.

**Code:**
Valid date

**Guide for use:**
This data element should always be recorded as a 10-character valid date comprising day, forward slash, month, forward slash, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, ACATs should use leading zeros to ensure that the date contains the required 10 characters. For example, the 1st of July 2010, would be recorded and reported as 01/07/2010.

- **High level residential care:** Approval for high level residential care ceases only if it is time limited. The time limitation date must be specified on the Aged Care Client Record (ACCR).

- **Low level residential care:** Approval for low level residential care ceases only if it is time limited. The time limitation date must be specified on the ACCR and must be within 12 months starting the day after approval (as the approval will lapse if care is not provided within 12 months starting the day after approval).

**ACCR:**
Part 6 – Approval as a care recipient

**ACAP MDS:**
Yes

**Reporting requirement:**
Conditional

**Business rule:**
- If Residential Care approval is “Low” and time limitation date is entered, the time limitation date cannot exceed 12 months and 1 day starting from the delegation date.

**Related documents:**
- Aged Care Act 1997 Section 22–2 (1) (b), Section 23–2
- National Transaction File Format Item 147

**Source document:**
Aged Care Assessment Program Guidelines

**Source organisation:**
Australian Government Department of Health and Ageing

**Comments:**
All care options, apart from Transition Care, have the facility to limit the length of time the approval is valid.
Definition: The client has been approved by the Secretary of the Australian Government Department of Health and Ageing (or by a person delegated by the Secretary) to receive residential respite care.

Context: People looking to access residential respite care are required to be assessed by an Aged Care Assessment Team (ACAT) and receive Delegate approval as being eligible for this type of care.

Data type: Numeric

Representational form: Code

Field size: Min: 1 Max: 1

Representational layout: N

Occurrences: May have only one occurrence.

Code:

0 Residential respite care not selected
1 Low level respite care approved
2 High level respite care approved

Guide for use: Only the Secretary of the Australian Government Department of Health and Ageing or a person delegated by the Secretary may exercise the authority to approve people to receive residential respite care.

The Delegate must be satisfied with the assessment process and outcome.

The Delegate should be satisfied all alternative care options have been considered prior to signing an approval to receive residential respite care.

If a person is approved for residential respite care, they are eligible to receive up to, and including, 63 days of respite care in each financial year.

A person may have respite care in more than one aged care facility during the approval period but not exceeding the 63 days per financial year limit.

Additional respite care may be approved after the 63 days have lapsed in circumstances where the Delegate considers it appropriate for respite to be extended. A 21 day extension can be granted an indefinite number of times, providing the original approval is still valid.

Residential respite care (low or high level) refers to assistance for the person or their carer by the provision of short-term, alternative care provided in a residential aged care service or dedicated respite facility, or on a short-term residential basis in a multipurpose service. This may be relevant to people with or without carers.

Residential respite care may be used on a planned or emergency basis to help with carer stress, illness, holidays, or the unavailability of the carer for any purpose.

ACCR: Part 6 – Approval as a care recipient

ACAP MDS: Yes

Reporting requirement: Conditional

Business rule: Not applicable

Related documents: Aged Care Act 1997 Section 22–2, Section 44–12 (2)
A number of legislative changes were made to the *Aged Care Act 1997* in December 2008. One of the objectives of the changes was to reduce the number of unnecessary assessments (and reassessments) performed by ACATs to improve assessment waiting times. These changes include:

- From 1 July 2009, all current approvals for residential respite care (high and low level) will **not lapse**.
- From 1 January 2009, all current approvals for people who have received residential respite care (high and low level) will **not lapse** irrespective of when the approval was made even if there is a break in care.
### Residential respite time limitation date – approval

**Definition:** The date on which approval for residential respite care expires when approval is time limited.

**Context:** A person’s approval expires if it is limited to a specified period of care and that period ends.

**Data type:** Date

<table>
<thead>
<tr>
<th>Field size</th>
<th>Occurrences</th>
<th>Code</th>
<th>Guide for use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min: 10</td>
<td>May have only one occurrence.</td>
<td>Valid date</td>
<td>This data element should always be recorded as a 10-character valid date comprising day, forward slash, month, forward slash, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, ACATs should use leading zeros to ensure that the date contains the required 10 characters. For example, the 1st of July 2010, would be recorded and reported as 01/07/2010. Approval for residential respite care (high or low) does not cease unless approval is time limited. The time limitation date must be specified on the Aged Care Client Record (ACCR).</td>
</tr>
<tr>
<td>Max: 10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Representational form: DATE</td>
<td>Representational layout: DD/MM/YYYY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ACCR:** Part 6 – Approval as a care recipient

**ACAP MDS:** Yes

**Reporting requirement:** Conditional

**Business rule:** Not applicable

**Related documents:**
- Aged Care Act 1997 Section 22–2 (1) (c), Section 23–2
- National Transaction File Format Item 149

**Source document:** Aged Care Assessment Program Guidelines

**Source organisation:** Australian Government Department of Health and Ageing

**Comments:** All care options, apart from Transition Care, have the facility to limit the length of time the approval is valid.
Respite care recommended [MDS Item]

**Definition:**
Whether or not the provision of residential or community-based respite care for the person or their carer has been included in the person’s care plan.

**Context:**
Respite care recommended by the Aged Care Assessment Team (ACAT) after comprehensive assessment can be compared to what has been received in the previous twelve months (as recorded under *Respite care use*). This provides some indication of the extent to which the ACAT has linked the client or their carer to available assistance.

**Data type:** Numeric  
**Representational form:** CODE

**Field size:**  
**Min:** 1  
**Max:** 2  
**Representational layout:** NN

**Occurrences:**
May have up to 2 occurrences (may have any combination of codes 1 and 2).

**Code:**
- 0 Not applicable
- 1 Residential respite care
- 2 Non residential respite care
- 3 None
- 98 Unable to determine
- 99 Not stated/inadequately described

**Guide for use:**

0 **Not applicable:** Should only be recorded for people whose *Recommended long-term care setting* is code 4 (Residential aged care service—low level care), code 5 (Residential aged care service—high level care), code 6 (Hospital) or code 7 (Other institutional care).

1 **Residential respite care:** Refers to assistance for the person or their carer by the provision of short-term, alternative care provided in a residential aged care service or dedicated respite facility, or on a short-term residential basis in a multipurpose service. This may be relevant to people with or without carers.

2 **Non-residential respite care:** Refers to assistance for a carer by the provision of a substitute carer from formal services who provides supervision and assistance to the client in the carer’s absence in a non-institutional setting. This category is only relevant to clients with carers. Recommended attendance at a day centre should only be included where the primary purpose of attendance is respite for the carer. Otherwise, it should be recorded under the data element *Recommended formal assistance with activities* (code 7 Activities involved in social and community participation).

99 **Not stated/inadequately described:** Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement or the assessment is “In-progress”. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

A client may be recommended to receive both residential and
<table>
<thead>
<tr>
<th><strong>ACCR:</strong></th>
<th>Question 30</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACAP MDS:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Reporting requirement:</strong></td>
<td>Conditional</td>
</tr>
<tr>
<td><strong>Business rule:</strong></td>
<td>Not Applicable</td>
</tr>
<tr>
<td><strong>Related documents:</strong></td>
<td>National Transaction File Format Item 113</td>
</tr>
<tr>
<td><strong>Source document:</strong></td>
<td>Developed for the Aged Care Assessment Program Data Dictionary Version 1.0</td>
</tr>
<tr>
<td><strong>Source organisation:</strong></td>
<td>Aged Care Assessment Program Officials Australian Institute of Health and Welfare Australian Government Department of Health and Ageing</td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
<td></td>
</tr>
</tbody>
</table>
Respite care use

**Definition:** Whether or not the person or their carer has received residential or community-based respite care.

**Context:** This information assists in establishing a profile of the assistance received by the person or their carer prior to their comprehensive assessment. In conjunction with information about carer availability, this data element helps to identify the extent to which carers have received assistance in their caring role. Carers play a critical role in maintaining frail older people in the community and assist in preventing permanent admission to residential facilities.

**Data type:** Numeric

**Representational form:** CODE

**Field size:** Min: 1 Max: 2

**Representational layout:** NN

**Occurrences:** May have up to 2 occurrences (may have any combination of codes 1 and 2).

**Code:**

- 0 Not applicable
- 1 Residential respite care
- 2 Non-residential respite care
- 3 None
- 98 Unable to determine
- 99 Not stated/inadequately described

**Guide for use:**

**0 Not applicable:** Should only be recorded for people who were permanent residents of residential aged care services, multi purpose services (or multi purpose centres), hospitals or other institutional settings at the time of assessment.

**1 Residential respite care:** Refers to assistance for the person or their carer by the provision of short-term, alternative care provided in a residential aged care service or dedicated respite facility, or on a short-term residential basis in a multipurpose service (or multipurpose centre). This may be relevant to people with or without carers.

**2 Non-residential respite care:** Refers to assistance for a carer by the provision of a substitute carer from formal services who provides supervision and assistance to the client in the carer’s absence in a non-institutional setting. This category is only relevant to clients with carers. Attendance at a day centre should only be included where the primary purpose of attendance is respite for the carer. Otherwise, it should be recorded under Current assistance with activities (code 7 Activities involved in social and community participation).

**99 Not stated/inadequately described:** Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement or the assessment is “In-progress”. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).
Should be reported for the 12 months period prior to the person’s comprehensive assessment.

A client may have used both residential and community-based respite care.

ACCR: Question 27

ACAP MDS: Yes

Reporting requirement: Conditional

Business rule: Not Applicable

Related documents: Aged Care Act 1997 Schedule 1 – Dictionary
National Transaction File Format Item 74

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare
Australian Government Department of Health and Ageing

Comments:
Sex

Definition: The biological sex of the person.

Context: The sex of the person is required for demographic analyses of clients’ patterns of service utilisation in the Aged Care Assessment Program (ACAP). The sex of the person is also used in conjunction with the data elements Letters of name and Date of birth for statistical record linkage purposes.

Data type: Numeric

Field size: Min: 1 Max: 1

Representational layout: N

Occurrences: May have only one occurrence.

Code: Value must be one of:

1 Male
2 Female
9 Not stated/inadequately described

Guide for use: Coding for this data element is based on the biological distinction between male and female. Where uncertainty exists about the sex of the person (e.g. for transvestites or transsexuals) the sex to be recorded is to be based on the sex nominated by the person themselves or on the observations/judgement of the interviewer. Although this may lead to some error, it is considered preferable to any offence that may be caused by a question that suggests that there is some doubt about the person’s sex or sexuality.

9 Not stated/inadequately described: Should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement or the assessment is “In-progress”. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should NOT be included on primary data collection tools (forms etc.).

ACCR: Question 8

ACAP MDS: Yes

Reporting requirement: Conditional

Business rule: Not Applicable

Related documents: National Transaction File Item 7


Source organisation: National Community Services Data Committee
Aged Care and Assessment Program Officials

Comments: The Australian Bureau of Statistics (ABS) advises that the correct term for this data element is ‘sex’. The term ‘sex’ refers to the biological distinction between males and females. The term ‘gender’ refers to the socially expected/perceived dimensions of behaviour associated with males and
females—masculinity and femininity. Although the ABS makes a clear
distinction between sex and gender, the ABS considers sex to be a reliable
indicator of gender for those who wish to analyse data in terms of social and
economic behaviour. ABS surveys only collect data on sex and the meaning,
description and use of the concept is generally standard across all ABS data
collections.

The National Health Data Dictionary Version 10 and the National
Community Services Data Dictionary Version 2 include an ‘indeterminate’
category in the classification of this data element to accommodate the
classification of some perinatal clients. This coding option is excluded from
this data element in the ACAP because it is designed to accommodate a small
number of perinatal clients which is not a client group of the program. It is
also excluded because the term ‘indeterminate’ may lead to miscoding of
transsexuals or transvestites.
**Definition:**
The name of the geographic area in which the person lives.

**Context:**
In conjunction with the data element *Postcode, Suburb/town/locality name* describes the geographic location of the residence of a client. Geographic location is important in the analysis of the spatial distribution of clients. This data element allows for the comparison of Aged Care Assessment Program (ACAP) client groups with the ACAP target population by geographic area and assists with planning and reporting on the accessibility of Aged Care Assessment Teams (ACATs) at a regional level.

*Suburb/town/locality name* together with *Postcode* is used to derive the Statistical Local Area (SLA) in which the person lives. SLAs are the basic building blocks of the Australian Standard Geographical Classification (ASGC) and of Commonwealth government planning regions.

**Data type:**
Alphabetic

**Representational form:**
Text

**Field size:**
Min: 1  Max: 40

**Representational layout:**
AAAAA.....

**Occurrences:**
May have only one occurrence.

**Data domain:**
Valid Australian suburb, town or locality name.

If the person has no usual place of residence (e.g. prolonged period of transience) record AAAA.

If the person’s usual place of residence is not known record ZZZZ.

**Guide for use:**
The ACAT should record the name of the suburb or town/city or locality in which the person usually lives. A suburb/town/locality may be a town, city, suburb or commonly used location name such as a large agricultural property or Aboriginal community.

In some cases, however, an ACAT comprehensive assessment may coincide with a change in the person’s living arrangements and accommodation setting. Such changes may be either temporary or permanent, and may have resulted from a deterioration in the person’s health status, or changing circumstances which have affected their capacity to remain in their usual place of residence.

In these cases, it can be more difficult to determine the person’s ‘usual’ place of residence. Where a person’s place of residence at the time of comprehensive assessment is different to where they have been living previously, the following guidelines should be used.

Where the client’s place of residence at the time of comprehensive assessment reflect their usual accommodation setting, the *Suburb/town/locality name* related to the client’s current place of residence should be recorded. The data elements *Postcode, Living arrangements* and *Accommodation setting – usual* should also relate to the same location.

Where the client’s place of residence at the time of comprehensive assessment is believed to be temporary, the *Suburb/town/locality name* for the client’s ‘usual’ place of residence should be recorded. This includes situations where the client is in hospital or another form of institutional or residential-based care that is temporary in nature, as well as staying with family members or
friends when this is believed to be a temporary arrangement.

In these cases, the client should be asked to nominate what they consider to be their usual place of residence. The following standard questions are recommended to elicit the information required for reporting Suburb/town/locality name, Postcode, Accommodation setting – usual and Living arrangements, all of which should relate to the same place.

   Where do you live?
   Do you consider this to be your usual place of residence or home? (Yes/No)
   If No: Where is your usual place of residence?

Many ACAT clients may change their accommodation setting as a result of their ACAT assessment. A recommended change in the person’s accommodation setting is recorded under the data element Recommended long-term care setting.

ACCR: Question 4

ACAP MDS: Yes

**Reporting requirement:** Conditional

**Business rules:** Not Applicable

**Related documents:** National Transaction File Format Item 11


**Source organisation:** National Community Services Data Committee
Aged Care and Assessment Program Officials
Australian Government Department of Health and Ageing

**Comments:**
## Telephone number – Alternative phone number

**Definition:**
Alternative telephone number where the client can be contacted when not in their usual place of residence.

**Context:**
Although this information is not part of the ACAP MDS, it is important to record this information (where possible) for when the ACAT needs to contact the client.

**Data type:**
Numeric

**Representational form:**
NUMERIC

**Field size:**

<table>
<thead>
<tr>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>

**Representational layout:**

- Ph: (NN) NNNNNNNNN
- Mob: ( ) NNNNNNNNNNN

**Occurrences:**
May have only one occurrence.

**Code:**
Numeric telephone number

**Guide for use:**
- Only enter a telephone number if different to question 5.
- Include the two-digit area code of the telephone number or leave blank in instances where only a mobile telephone number is available.

**ACCR:**
Question 6

**ACAP MDS:**
No

**Reporting requirement:**
Optional

**Business rule:**
Not applicable

**Related documents:**
Not Applicable

**Source document:**
ACCR User Guide

**Source organisation:**
Australian Government – Department of Health and Ageing

**Comments:**

---

151
# Telephone number – usual place of residence

**Definition:** The telephone number of the client’s usual place of residence

**Context:** Although this information is not part of the ACAP MDS, it is important to record this information (where possible) for when the ACAT needs to contact the client.

**Data type:** Numeric  
**Representational form:** NUMERIC

**Field size:**  
**Min:** 6  
**Max:** 10  
**Representational layout:** (NN) NNNNNNNNN

**Occurrences:** May have only one occurrence.

**Code:** Numeric telephone number

**Guide for use:**  
- Include the two-digit area code of the telephone number between the brackets.  
- If only a mobile telephone number is available, record this number at Question 6 of the ACCR.

**ACCR:** Question 5

**ACAP MDS:** No

**Reporting requirement:** Optional

**Business rule:** Not applicable

**Related documents:** Not Applicable

**Source document:** ACCR User Guide

**Source organisation:** Australian Government – Department of Health and Ageing

**Comments:**
Definition: The client has been approved by the Secretary of the Australian Government Department of Health and Ageing (or by a person delegated by the Secretary) to receive Transition Care.

Context: Eligibility requirements for Flexible Care are set out in the *Aged Care Act 1997* and the *Aged Care Principles 1997*. These requirements are the legal criteria which a person must meet before being approved for the appropriate Flexible Care package.

Data type: Numeric

Field size: Min: 1 Max: 1

Representational form: Code

Representational layout: N

Occurrences: May have only 1 occurrence.

Code: 0 Transition Care not selected

1 Transition Care approved

Guide for use: Only the Secretary of the Australian Government Department of Health and Ageing or a person delegated by the Secretary (the Delegate) may exercise the authority to approve people to receive Transition Care. The Delegate must be satisfied with the assessment process and outcome.

A person is eligible to receive Transition Care only if the person is in hospital at the time the assessment is undertaken.

**Transition Care:** is a program that provides goal-oriented, time-limited and therapy-focused care for older people at the conclusion of a hospital episode. It helps older people complete their restorative process and optimise their functional capacity while assisting them and their family or carer to make long-term care arrangements for the older person.

ACCR: Part 6 – Approval as a care recipient

ACAP MDS: Yes

Reporting requirement: Conditional

Business rule: Not applicable

Related documents: *Aged Care Act 1997* Sections 21–4; 49-3

*Approval of Care Recipients Principles 1997* Sections 5.7, 5.7A, 5.7AA

*Flexible Care Subsidy Principles 1997* Section 15.6, 15.8, 15.14, 15.24, 15.28

National Transaction File Format Item157

Source document: Aged Care Assessment Program Guidelines

Source organisation: Australian Government – Department of Health and Ageing

Comments: Approval for transition care lapses if a person is not provided with the care within 4 weeks beginning on the day after approval.

Approval for transition care ceases if a person has commenced receiving care and there is a break in care of at least one day, irrespective of the 4 week
lapsing period. However, the approval will not lapse if the client re-enters hospital from transition care for longer than an overnight stay, concludes their hospital episode and re-enters transition care (from hospital) within the 4 week entry period (in this case the client would enter a new transition care episode).
4 Access and Equity Measures
### Percentage of older ACAT clients living in rural/remote areas

**Definition:** The percentage of people assessed by Aged Care Assessment Teams (ACATs) aged 70 years and over plus people of Aboriginal and/or Torres Strait Islander origin aged 50 to 69 years who live in rural and remote areas of Australia.

**Desired outcome:** That older people living in rural and remote areas are represented as clients of the Aged Care Assessment Program (ACAP) in proportions consistent with their representation in the general population.

**Context:** The ACAP is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

The Commonwealth Guidelines for the ACAP state that in the ACAP ensuring equitable access to services is particularly relevant to four groups: Aboriginal and Torres Strait Islander peoples; people from culturally and linguistically diverse backgrounds; people living in rural and remote areas and people with dementia.

If data shows that older people living in rural and remote areas are under-represented within the client base of the ACAP, specific strategies may need to be developed to make the program more accessible and/or responsive to the needs and circumstances of this particular group. The accessibility of ACATs to people living in rural and remote areas reflects on the whole aged and community care system, not only ACATs themselves. Developing appropriate services is a goal of all aged and community care services, however, the choice of whether to use a service ultimately rests with the client.

**Numerator:** Number of ACAT clients aged 70 and over plus clients of Aboriginal and/or Torres Strait Islander origin aged 50–69 who live in rural and remote areas comprehensively assessed by ACATs.

**Denominator:** Total number of ACAT clients aged 70 and over plus clients of Aboriginal and/or Torres Strait Islander origin aged 50–69 comprehensively assessed by ACATs.

**Data collection:**

<table>
<thead>
<tr>
<th><strong>Numerator</strong></th>
<th>Ageing and Aged Care Date Warehouse ACAP MDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Denominator</strong></td>
<td>Ageing and Aged Care Date Warehouse ACAP MDS</td>
</tr>
</tbody>
</table>

**Interpretation:** The percentage of older ACAT clients who live in rural and remote areas should be compared with the percentage of people age 70 and over (plus people of Aboriginal and/or Torres Strait Islander origin aged 50–69) who live in rural and remote areas in the general population.

To be analysed by geographic area (national, State/Territory) by financial year.

**Source document:** Developed for the Aged Care Assessment Program Data Dictionary V 1.0.

**Source organisation:** Aged Care Assessment Program Officials
Australian Institute of Health and Welfare
### Percentage of older ACAT clients who are of Aboriginal and/or Torres Strait Islander origin

**Definition:** The percentage of people assessed by Aged Care Assessment Teams (ACATs) aged 70 years and over plus people of Aboriginal and/or Torres Strait Islander origin aged 50 to 69 years who are of Aboriginal and/or Torres Strait Islander origin.

**Related objective:** To ensure that older persons who are of Aboriginal and/or Torres Strait Islander origin have equitable access to ACATs.

**Desired outcome:** That older Aboriginal and Torres Strait Islander peoples are represented as clients of the Aged Care Assessment Program (ACAP) in proportions consistent with their representation in the general population.

**Context:** The ACAP is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

The Commonwealth Guidelines for the ACAP state that in the ACAP ensuring equitable access to services is particularly relevant to four groups: Aboriginal and Torres Strait Islander peoples; people from culturally and linguistically diverse backgrounds; people living in rural and remote areas and people with dementia.

Significant health disadvantage is experienced by Aboriginal and Torres Strait Islander Australians across all age groups and for almost all diseases and conditions for which information is available. Given the notably poorer health profile of Aboriginal and Torres Strait Islander communities, older persons of Aboriginal and/or Torres Strait Islander origin can be expected to require ACAP services and assistance in numbers which equal or exceed their representation in the older community.

The lower life expectancy of Aboriginal and Torres Strait Islander Australians means that persons of Aboriginal and/or Torres Strait Islander origin can also be expected to require assessment services at an earlier age than is the case for the wider community. In accordance with this, the age benchmark used for service provision and planning within the ACAP is lower for Aboriginal and Torres Strait Islander Australians than for the population as a whole (i.e. 50 and over for Aboriginal and/or Torres Strait Islander persons compared to 70 and over for the general population).

If data shows that older Aboriginal and Torres Strait Islander Australians are under-represented within the client base of the ACAP, specific strategies may need to be developed to make the program more accessible and/or responsive to the needs and circumstances of Aboriginal and Torres Strait Islander peoples. The accessibility of ACATs to Aboriginal and Torres Strait Islander peoples reflects on the whole aged and community care system, not only ACATs themselves. Developing culturally appropriate services is a goal of all aged and community care services, however, the choice of whether to use a service ultimately rests with the client.

**Numerator:** Number of ACAT clients aged 50 and over of Aboriginal and/or Torres Strait Islander origin comprehensively assessed by ACATs.

| Numerator: | Number of ACAT clients aged 50 and over of Aboriginal and/or Torres Strait Islander origin comprehensively assessed by ACATs. | 158 |
**Denominator:** Total number of ACAT clients aged 70 and over plus Aboriginal and/or Torres Strait Islander clients aged 50–69 comprehensively assessed by ACATs.

**Data collection:**

**Numerator:** Ageing and Aged Care Date Warehouse ACAP MDS

**Denominator:** Ageing and Aged Care Date Warehouse ACAP MDS

**Interpretation:**

The percentage of older ACAT clients who are of Aboriginal and/or Torres Strait Islander origin should be compared with the percentage of people age 70 and over (plus Aboriginal and/or Torres Strait Islander people aged 50–69) who are of Aboriginal and/or Torres Strait Islander origin in the general population.

To be analysed by geographic area (national, State/Territory) by financial year.

**Source document:** Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

**Source organisation:** Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

**Comments:**
Percentage of older ACAT clients with dementia

**Definition:** The percentage of people assessed by Aged Care Assessment Teams (ACATs) (aged 70 years and over plus people of Aboriginal and/or Torres Strait Islander origin aged 50 to 69 years) with dementia.

**Desired outcome:** To maintain or increase the proportion of older clients with dementia.

**Context:** The Aged Care Assessment Program (ACAP) is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

People with dementia have been identified within the ACAP, and other aged and community care programs generally, as a particular target group for assistance. This is in recognition of the often complex and special needs usually associated with the presence of this condition.

Over recent years there have been many government initiatives designed to assist with the both the identification of dementia and the provision of care and assistance to people with dementia, and their carers. The needs of these people are of particular importance to the ACAP, as they are frequently characterised by cognitive impairments and/or behaviours that are difficult to manage either at home or in institutional settings.

**Numerator:** Number of ACAT clients aged 70 years and over and clients of Aboriginal and/or Torres Strait Islander origin aged 50–69 years with dementia comprehensively assessed by ACATs.

**Denominator:** Total number of ACAT clients aged 70 years and over or clients of Aboriginal and/or Torres Strait Islander origin aged 50–69 years comprehensively assessed by ACATs.

**Data collection:** Numerator: Ageing and Aged Care Date Warehouse ACAP MDS

Denominator: Ageing and Aged Care Date Warehouse ACAP MDS

**Interpretation:** Health condition codes 0500–0530 (or 0500–0532 if using ‘long’ code list) to be used for analysis of this measure.

To be analysed by geographic area (national, State/Territory) by financial year.

**Source document:** Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

**Source organisation:** Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

**Comments:**
Percentage of older people assessed by ACATs

Definition: The percentage of people aged 70 years and over plus people of Aboriginal and/or Torres Strait Islander origin aged 50 to 69 years assessed by Aged Care Assessment Teams (ACATs).

Desired outcome: To maintain or increase the proportion of the older population comprehensively assessed.

Context: The Aged Care Assessment Program (ACAP) is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

In the ACAP, age is used as one measure of need for assistance. Planning and resource allocation for the program uses the number of people aged 70 years and over plus the number of people of Aboriginal and/or Torres Strait Islander origin aged 50 to 69 years as an indication of the target population across geographic areas in Australia.

Numerator: Number of ACAT clients aged 70 and over plus the number of clients of Aboriginal and/or Torres Strait Islander origin aged 50–69 comprehensively assessed by ACATs.

Denominator: Total number of people aged 70 and over plus people of Aboriginal and/or Torres Strait Islander origin aged 50–69.

Data collection: Numerator: Ageing and Aged Care Date Warehouse ACAP MDS

Denominator: Ageing and Aged Care Date Warehouse ACAP MDS

Interpretation: Only client assessments with code 1 under Reason for ending assessment (i.e. Assessment complete) should be used in analysis for this measure.

To be analysed by geographic area (national, State/Territory) by financial

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials

Australian Institute of Health and Welfare

Comments:
**Percentage of older ACAT clients from culturally and linguistically diverse backgrounds**

**Definition:** The percentage of people assessed by Aged Care Assessment Teams (ACATs) aged 70 years and over who are from culturally and linguistically diverse backgrounds.

**Desired outcome:** That older people from culturally and linguistically diverse backgrounds are represented as clients of the Aged Care Assessment Program (ACAP) in proportions consistent with their representation in the general population.

**Context:** The ACAP is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

The Commonwealth Guidelines for the ACAP state that in the ACAP ensuring equitable access to services is particularly relevant to four groups: Aboriginal and Torres Strait Islander peoples; people from culturally and linguistically diverse backgrounds; people living in rural and remote areas and people with dementia.

If data shows that older people from culturally and linguistically diverse backgrounds are under-represented within the client base of the ACAP, specific strategies may need to be developed to make the program more accessible and/or responsive to the needs and circumstances of this particular group. The accessibility of ACATs to people from culturally and linguistically diverse backgrounds reflects on the whole aged and community care system, not only ACATs themselves. Developing culturally appropriate services is a goal of all aged and community care services, however, the choice of whether to use a service ultimately rests with the client.

**Numerator:** Number of ACAT clients aged 70 and over who are from culturally and linguistically diverse backgrounds comprehensively assessed by ACATs.

**Denominator:** Total number of ACAT clients aged 70 and over comprehensively assessed by ACATs.

**Data collection:**

| Numerator: | Ageing and Aged Care Date Warehouse ACAP MDS |
| Denominator: | Ageing and Aged Care Date Warehouse ACAP MDS |

**Interpretation:** The percentage of older ACAT clients who are from culturally and linguistically diverse backgrounds should be compared with the percentage of people aged 70 and over (plus people of Aboriginal and/or Torres Strait Islander origin aged 50–69) who are from culturally and linguistically diverse backgrounds in the general population.

To be analysed by geographic area (national, State/Territory,) by financial year.

**Source document:** Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

**Source organisation:** Aged Care Assessment Program Officials Australian Institute of Health and Welfare
Comments:
5 Key Performance Indicators
Improve the percentage of priority one clients seen on time across all settings in the reporting period, compared with the previous twelve month period.  

[KPI 1]

**Definition:**
Improve the percentage of clients assessed by an Aged Care Assessment Team (ACAT) who have received timely contact of a clinical nature (i.e. non-administrative) by an ACAT (or their representative) based on the client’s urgency needs as assessed at referral (compared to the previous twelve months of the reporting period).

**Desired outcome:**
All clients are assisted within the timeframe specified by the *Priority category* allocated to the client’s assessment.

**Context:**
This performance indicator is a measure of the appropriateness of the time elapsed between receipt of referrals to ACATs for comprehensive assessment and response by ACATs of a clinical nature (i.e. non-administrative).

ACATs do not provide an emergency or crisis service. However, at times, the care needs of people referred to an ACAT require a different level of urgency in an ACAT’s response.

**Priority Category 1 – Within 48 hours:** Refers to a client who, based on information available at referral, requires an immediate response (i.e. response within 48 hours). An urgent comprehensive assessment is required if the person’s safety is at risk (e.g. high risk of falls or abuse); or there is a high likelihood that the person will be hospitalised or required to leave their current residence because they are unable to care for themselves or their carer is unavailable. This may be due to a crisis in the home involving either the client or the carer, or a sudden change in the client’s or carer’s, medical, physical, cognitive or psychological status.

**All settings:** Includes acute hospital and other inpatients, residential aged care service, community and no setting.

**Hospital:** Includes Acute Hospital (patients in hospitals classified by the hospital as ‘acute care’ patients) and Other Inpatients (other than acute hospital), in which the person is an admitted patient receiving overnight care, admitted patients in extended care or rehabilitation facilities or other non-acute wards / beds in a hospital.

**Residential aged care service:** Includes all government-funded residential care services and multipurpose services / centres regardless of the level of care received by the person or whether the person is a permanent or respite resident at the first face-to-face contact.

**Community:** Include settings such as private homes, retirement villages, independent living units, and supported accommodation setting in the community.

**No Setting:** Includes assessments that have not reached a point where a Setting has been determined and would include assessments that do not progress beyond the First Intervention.

**Numerator:**
The number of assessments with:
- an *End of assessment date* (within the reporting period); and
- a *Priority category 1*; and
- the number of days between Referral date and First intervention date less than or equal to two calendar days.

Denominator: The number of assessments with:
- an End of assessment date (within the reporting period); and
- a Priority category 1.

Data collection:
- Numerator: Ageing and Aged Care Date Warehouse ACAP MDS
- Denominator: Ageing and Aged Care Date Warehouse ACAP MDS

Interpretation: Client assessments with Priority category of 2 and 3 are excluded from analysis for this performance indicator.

Source document: Implementation Plan for the Aged Care Assessment Program

Source organisation: Aged Care Assessment Program Officials
Australian Government Department of Health and Ageing

Comments:
Improve the percentage of priority two clients and priority three clients seen on time in all settings in the reporting period, compared with the previous twelve month period.  

[KPI 2]

**Definition:** Improve the percentage of clients assessed by an Aged Care Assessment Team (ACAT) receiving timely contact of a clinical nature (i.e. non-administrative) by an ACAT (or their representative) based on the client’s urgency needs as assessed at referral (compared to the previous twelve months of the reporting period).

**Desired outcome:** All clients are assisted within the timeframe specified by the Priority category allocated to the client’s assessment.

**Context:** This key performance indicator is a measure of the appropriateness of the time elapsed between receipt of referrals to ACATs for assessment and response by ACATs of a clinical nature (i.e. non-administrative).

ACATs do not provide an emergency or crisis service. However, at times, the care needs of people referred to an ACAT require a different level of urgency in an ACAT’s response.

**Priority category 2 -** Between 3 and 14 days: Should be used when information available at referral indicates that the client is not at immediate risk of harm. Referrals that indicate progressive deterioration in the client’s physical, mental or functioning status; or that the level of care currently available to the client does not meet their needs or is not sustainable in the long-term should be allocated to this priority category.

**Priority Category 3 -** More than 14 days: refers to cases where the referral information indicates that the client has sufficient support available at present, but that they require an assessment in anticipation of their future care requirements. Examples include the carer planning a holiday, which will result in the care recipient requiring the provision of substitute care or recognition that the person is having increased difficulty living independently and options for future care need to be discussed with the client and their carer or family. In deciding to use this code the ACAT is making a judgement that delaying an assessment for more than 14 calendar days will not jeopardise the client’s health and well-being. Clients in this priority category are considered to have been seen on time if they are seen within 36 days.

**All settings:** Includes acute hospital and other inpatients, residential aged care service, community and no setting.

**Hospital:** Includes Acute Hospital (patients in hospitals classified by the hospital as ‘acute care’ patients) and Other Inpatients (other than acute hospital), in which the person is an admitted patient receiving overnight care, admitted patients in extended care or rehabilitation facilities or other non-acute wards / beds in a hospital.

**Residential aged care service:** Includes all government-funded residential care services and multipurpose services / centres regardless of the level of care received by the person or whether the person is a permanent or respite resident at the first face-to-face contact.
Community: Include settings such as private homes, retirement villages, independent living units, and supported accommodation setting in the community.

No Setting: Includes assessments that have not reached a point where a Setting has been determined and would include assessments that do not progress beyond the First Intervention.

Numerator:
For Priority category 2:
The number of assessments with:
- an End of assessment date (within the reporting period); and
- a Priority category 2; and
- the number of days between Referral date and First intervention date less than or equal to fourteen calendar days.

For Priority category 3:
The number of assessments with:
- an End of assessment date (within the reporting period); and
- a Priority category 3; and
- the number of days between Referral date and First intervention date less than or equal to thirty-six calendar days.

Denominator:
For Priority category 2:
The number of assessments with:
- an End of assessment date (within the reporting period); and
- a Priority category 2.

For Priority category 3:
The number of assessments with:
- an End of assessment date (within the reporting period); and
- a Priority category 3.

Data collection: Numerator: Ageing and Aged Care Date Warehouse ACAP MDS
Denominator: Ageing and Aged Care Date Warehouse ACAP MDS

Interpretation: Client assessments with Priority category 1 are excluded from analysis for this performance indicator.

Source document: Implementation Plan for the Aged Care Assessment Program

Source organisation: Aged Care Assessment Program Officials
Australian Government Department of Health and Ageing

Comments:
All Aged Care Assessment Team members meet National Minimum Training Standards  

**Definition:**
All members of the Aged Care Assessment Team (ACAT) meet the National Minimum Training Standards and complete the national training resources relevant to their roles and responsibilities as set out in the Aged Care Assessment Program National Training Strategy.

**Desired outcome:**
100 per cent of ACAT members meet the National Minimum Training Standards and complete the national training resources relevant to their roles and responsibilities.

**Context:**
The Aged Care Assessment Program (ACAP) National Training Strategy provides the overarching training strategy that will promote best practice and national consistency in key practices and core processes for all ACAT members.

The ACAP National Training Strategy has been designed to recognise and build on existing training practices utilised in each state/territory. Each state and territory government continues to be responsible for ensuring ACAT members have a sound knowledge of the issues in their local environment and that they are provided with the opportunities to maintain their specific professional clinical skills.

Under the *Aged Care Act 1997*, the Secretary of the Department of Health and Ageing (DoHA) has the power to approve eligibility as a care recipient for entry to residential aged care facilities, community care, residential respite care and flexible care. This power is delegated to specific Aged Care Assessment Team (ACAT) position numbers and may only be exercised by the occupants of the designated position numbers, referred to as ‘Delegates’. ACAT Delegates play a very important role in ensuring that assessments of older people are conducted to a high standard, and that the care services recommended aim for the optimum outcome for the person assessed.

Individuals occupying a Delegate position are subject to ongoing review and must:

1. continue to meet the selection criteria as specified in the ACAT Delegation Policy (one of which is to successfully complete Delegation Training); and
2. operate in accordance with relevant legislation, policy and guidelines.

**ACAT National Delegation Training:**
The training approved by DoHA for ACAT Delegates as contained in the ACAP National Training Strategy. The initial form of this training is available for face to face training, self-directed learning and self-directed e-learning. The Refresher version of this training is available for self-directed e-learning.

**Numerator:**
The number of ACAT members who meet the National Minimum Training Standards who have completed the relevant training as set out in the ACAP National Training Strategy.

**Denominator:**
The number of ACAT members as reported in the Annual Staffing Profile.

**Data collection:**
- **Numerator:** Training data collected by www.acat.moodle.com.au and reports from National ACAP Training Reference Group.
<table>
<thead>
<tr>
<th><strong>Denominator:</strong></th>
<th>Staffing profile data.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interpretation:</strong></td>
<td>To be analysed at National, State/Territory and ACAT level by financial year.</td>
</tr>
<tr>
<td><strong>Source document:</strong></td>
<td>Implementation Plan for the Aged Care Assessment Program</td>
</tr>
<tr>
<td><strong>Source organisation:</strong></td>
<td>Australian Government Department of Health and Ageing</td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
<td></td>
</tr>
</tbody>
</table>
Timely and accurate Aged Care Assessment Program data

[Definition:] The data about the Aged Care Assessment Program (ACAP) is maintained to a high level of accuracy and is provided within the specified timeframe by the state/territory government to the Commonwealth.

[Desired outcome:] That the ACAP MDS data be delivered on time and without errors.

[Context:] Data about the Aged Care Assessment Program is specified in the National Transaction File Format and the Aged Care Assessment Program Data Dictionary. The ACAP Minimum Data Set includes information about people who are assessed by the Aged Care Assessment Team and is collected via the Aged Care Client Record.

An error is defined as a field within a record that does not confirm to the format for that field as defined in the National Transaction File Format or the content of a field does not meet the requirements of a Business Rule relevant to that field contained in the National Transaction File Format.

Data files will be successfully uploaded into the Ageing and Aged Care Data Warehouse ACAP MDS Upload facility by the date specified. A successful upload would be classified as an upload that contains no fatal errors.

[Numerator:] Accuracy:
- The number of errors recorded in the ACAP MDS Audit Report for the reporting period.

[Timeliness]:
- Data files received and successfully uploaded in the Ageing and Aged Care Data Warehouse ACAP MDS Upload facility on or before the due date.

[Denominator:] Accuracy:
- The number of fields contained in the records uploaded into Ageing and Aged Care Data Warehouse for the reporting period (there are 166 fields in each record).

[Timeliness]:
- Data files due for receipt.

[Data collection:] Numerator: Ageing and Aged Care Data Warehouse ACAP MDS
Denominator: Ageing and Aged Care Data Warehouse ACAP MDS

[Interpretation:] The number of errors will not exceed 0.1% of the number fields contained within the uploaded records. This equates to 1 error for every 6 uploaded records.

To be analysed at National, State/Territory and ACAT level by financial year.

[Source document:] Implementation Plan for the Aged Care Assessment Program

[Source organisation:] Australian Government Department of Health and Ageing

[Comments:]
100 per cent of Aged Care Assessment Teams participate in a Quality Improvement Program

[Definition] 100 per cent of Aged Care Assessment Teams (ACATs) participate in a Quality Improvement Program.

[Desired outcome] All ACATs participate in a Quality Improvement Program.

[Context] A Quality Improvement Program is an organised process that assesses and evaluates services to improve practice or the quality of service delivery and fosters a continuous quality improvement approach with a consumer focus. Consumer focus is service delivery designed to meet the needs and expectations of clients. An important measure of quality is the extent to which consumer needs and expectations are met. This can be measured through the administration of a client survey which could be part of:

(a) a quality improvement process initiated by the ACAT to improve a particular client service;
(b) an internal process for meeting service standards;
(c) an external accreditation process;
(d) a service evaluation;
(e) a national program evaluation; and
(f) an audit process.

Participation in a Quality Improvement Program could be at the ACAT level or as part of broader participation in the auspice organisation’s Quality Improvement Program (including, but not limited to: the EQuIP 4 program, the Quality Improvement Council or the ISO 9001 quality framework).

[Numerator] Number of ACATs in a jurisdiction reporting participation in a Quality Improvement Program.

[Denominator] Number of ACATs in a jurisdiction.

[Data collection] Numerator: Item included as a requirement in reporting arrangements for the Implementation Plan.

Denominator: Ageing and Aged Care Data Warehouse ACAP MDS.

[Interpretation] To be analysed at National, State/Territory and ACAT level by financial year.

[Source document] Implementation Plan for the Aged Care Assessment Program

[Source organisation] Australian Government Department of Health and Ageing

[Comments]
Appendix A

Definition of data element attributes

Name: A single or multi-word designation assigned to a data element. This appears in the heading for each unique data definition in the Dictionary.

Definition: A statement that expresses the essential nature of a data element and its differentiation from all other data elements.

Context: A designation or description of the application environment or discipline in which a name is applied or from which it originates, as well as the justification for inclusion of the data element.

Data type: The type of symbol, character of other designation used to represent a data element. Values include integer, numeric, alphanumeric and alphabetic. For example, the data type for ‘Sex’ is numeric drawn from a domain or code set in which the numeric characters 1 = Male and 2 = Female (see Data domain below).

Representational form: Name or description of the form of representation for the data element. Valid values for the Dictionary include ‘CODE’, ‘QUANTITATIVE VALUE’, ‘DATE’ etc. For example, the representational form for ‘Accommodation setting—usual’ is ‘CODE’ because the form of representation is individual numbers that each equate to a different data domain value, e.g. 4 = Independent living within a retirement village (see also Code below).

Field size (minimum and maximum): The minimum and maximum number, respectively, of storage units (of the corresponding data type) to represent the data element value. For example, a data element value expressed in dollars may require a minimum field size of one character (1) up to a maximum field size of six characters ($$$$$$).

Representational layout: The layout of characters in data element values expressed by a character string representation. Examples include ‘DDMMCCYY’ for calendar date, ‘N’ for a 1-digit numeric field, ‘$$$$$$’ for data elements about cost, etc.

Occurrences: The number of answers allowable for each data element. Some data elements allow for only one response (e.g. dates). Other data elements allow for multiple responses (e.g. Assessor profession allows for up to 26 different responses, one for each profession).

Code: The set of representations of permissible instances of the data element, according to the representational form, layout, data
type and maximum size specified in the corresponding attributes. The set can be specified by name (such as valid date), by reference to a source (such as the ABS Australian Classification of Languages), or by enumeration of the representation of the instances (for example, for ‘Sex’ values are 1 = Male, 2 = Female).

**Guide for use:** Additional comments or advice on the interpretation or application of the attribute ‘Code’.

**ACCR:** The question on the ACCR that points to the data element. Not all data elements are referred to in the ACCR.

**ACAP MDS:** Whether the data element is part of the ACAP MDS. Not all data elements are part of the ACAP MDS.

**Reporting requirement:** Whether collection of a data element is mandatory, conditional or optional.

**Business Rule:** The necessary rules applied (if any) for collecting responses to each data element.

**Related documents:** The list of documents that refer to the data element.

**Source document:** The document from which definitional or representational attributes originate.

**Source organisation:** The organisation responsible for the source document.

**Comments:** Remarks on the data element.
# Appendix B

## Definition of access and equity measures and performance indicator attributes

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
<td>A single or multi-word designation assigned to a performance indicator. This appears in the heading for each performance indicator in the Dictionary.</td>
</tr>
<tr>
<td><strong>Definition:</strong></td>
<td>A statement that expresses the essential nature of a performance indicator and its differentiation from all other performance indicators.</td>
</tr>
<tr>
<td><strong>Desired outcome:</strong></td>
<td>A statement that specifically defines the target, standard or the ideal result of the performance indicator, against which performance is to be assessed.</td>
</tr>
<tr>
<td><strong>Context:</strong></td>
<td>A designation or description of the application environment or discipline in which a performance indicator is applied or from which it originates, as well as a justification for inclusion of the performance indicator.</td>
</tr>
<tr>
<td><strong>Numerator:</strong></td>
<td>Number above the line in a fraction showing how many of the parts indicated by the denominator are taken (e.g. 2 in 2/3).</td>
</tr>
<tr>
<td><strong>Denominator:</strong></td>
<td>Number below the line in a fraction.</td>
</tr>
<tr>
<td><strong>Data collection:</strong></td>
<td>The source of the data necessary to calculate the numerator and denominator.</td>
</tr>
<tr>
<td><strong>Interpretation:</strong></td>
<td>Additional comments or advice on the interpretation or application of the performance indicator including specification of data against which the performance indicator is to be compared to assess whether or not the desired outcome has been achieved.</td>
</tr>
<tr>
<td><strong>Source document:</strong></td>
<td>The document from which definitional or representational attributes originate.</td>
</tr>
<tr>
<td><strong>Source organisation:</strong></td>
<td>The organisation responsible for the source document.</td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
<td>Remarks on the performance indicator.</td>
</tr>
</tbody>
</table>
Appendix C

Code list for country of birth using the Standard Australian Classification of Countries 1998 4-digit level, Australian Bureau of Statistics Catalogue No. 1269.0
1 Oceania and Antarctica
   11 Australia (includes External Territories)
      1101 Australia
      1102 Norfolk Island
      1199 Australian External Territories, nec
   12 New Zealand
      1201 New Zealand
   13 Melanesia
      1301 New Caledonia
      1302 Papua New Guinea
      1303 Solomon Islands
      1304 Vanuatu
   14 Micronesia
      1401 Guam
      1402 Kiribati
      1403 Marshall Islands
      1404 Micronesia, Federated States of
      1405 Nauru
      1406 Northern Mariana Islands
      1407 Palau
   15 Polynesia (excludes Hawaii)
      1501 Cook Islands
      1502 Fiji
      1503 French Polynesia
      1504 Niue
      1505 Samoa
      1506 Samoa, American
      1507 Tokelau
      1508 Tonga
      1511 Tuvalu
      1512 Wallis and Futuna
      1513 Pitcairn Islands
      1599 Polynesia (excludes Hawaii), nec
   16 Antarctica
      1601 Adelie Land (France)
      1602 Argentinian Antarctic Territory
      1603 Australian Antarctic Territory
      1604 British Antarctic Territory
      1605 Chilean Antarctic Territory
      1606 Queen Maud Land (Norway)
      1607 Ross Dependency (New Zealand)

2 North-West Europe
   21 United Kingdom
      2101 Channel Islands
      2102 England
      2103 Isle of Man
      2104 Northern Ireland
      2105 Scotland
      2106 Wales
      2107 Guernsey
      2108 Jersey
   22 Ireland
      2201 Ireland

3 Southern and Eastern Europe
   31 Southern Europe
      3101 Andorra
      3102 Gibraltar
      3103 Holy See
      3104 Italy
      3105 Malta
      3106 Portugal
      3107 San Marino
      3108 Spain
   32 South Eastern Europe
      3201 Albania
      3202 Bosnia and Herzegovina
      3203 Bulgaria
      3204 Croatia
      3205 Cyprus
      3206 Former Yugoslav Republic of Macedonia
         (FYROM)
      3207 Greece
      3208 Moldova
      3211 Romania
      3212 Slovenia
      3213 Yugoslavia, Federal Republic of
      3214 Montenegro
      3215 Serbia
      3216 Kosovo
   33 Eastern Europe
      3301 Belarus
      3302 Czech Republic
      3303 Estonia
      3304 Hungary
      3305 Latvia
      3306 Lithuania
      3307 Poland
      3308 Russian Federation
      3311 Slovakia
      3312 Ukraine
      0912 Union of Soviet Socialist Republics (USSR)

4 North Africa and the Middle East
   41 East North Africa
      4101 Algeria
      4102 Egypt
      4103 Libya
      4104 Morocco
      4105 Sudan
      4106 Tunisia
      4107 Western Sahara
      4108 Spanish North Africa
      4199 North Africa, nec
   42 Middle East
      4201 Bahrain
      4202 Gaza StriTand West Bank
      4203 Iran
      4204 Iraq
      4205 Israel
      4206 Jordan
      4207 Kuwait
<table>
<thead>
<tr>
<th>Region</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>4208 Lebanon</td>
<td>4211 Oman</td>
</tr>
<tr>
<td>4212 Qatar</td>
<td>4213 Saudi Arabia</td>
</tr>
<tr>
<td>4214 Syria</td>
<td>4215 Turkey</td>
</tr>
<tr>
<td>4216 United Arab Emirates</td>
<td>4217 Yemen</td>
</tr>
<tr>
<td>5 South-East Asia</td>
<td></td>
</tr>
<tr>
<td>51 Mainland South-East Asia</td>
<td>52 Maritime South-East Asia</td>
</tr>
<tr>
<td>5101 Burma (Myanmar)</td>
<td>5201 Brunei Darussalam</td>
</tr>
<tr>
<td>5102 Cambodia</td>
<td>5202 Indonesia</td>
</tr>
<tr>
<td>5103 Laos</td>
<td>5203 Malaysia</td>
</tr>
<tr>
<td>5104 Thailand</td>
<td>5204 Philippines</td>
</tr>
<tr>
<td>5105 Viet Nam</td>
<td>5205 Singapore</td>
</tr>
<tr>
<td>5206 East Timor</td>
<td></td>
</tr>
<tr>
<td>6 North-East Asia</td>
<td></td>
</tr>
<tr>
<td>61 Chinese Asia (includes Mongolia)</td>
<td>62 Japan and the Koreas</td>
</tr>
<tr>
<td>6101 China (excludes SARs and Taiwan Province)</td>
<td>6201 Japan</td>
</tr>
<tr>
<td>6102 Hong Kong (SAR of China)</td>
<td>6202 Korea, Democratic People's Republic of (North)</td>
</tr>
<tr>
<td>6103 Macau (SAR of China)</td>
<td>6203 Korea, Republic of (South)</td>
</tr>
<tr>
<td>6104 Mongolia</td>
<td></td>
</tr>
<tr>
<td>6105 Taiwan</td>
<td></td>
</tr>
<tr>
<td>7 Southern and Central Asia</td>
<td></td>
</tr>
<tr>
<td>71 Southern Asia</td>
<td>72 Central Asia</td>
</tr>
<tr>
<td>7101 Bangladesh</td>
<td>7201 Afghanistan</td>
</tr>
<tr>
<td>7102 Bhutan</td>
<td>7202 Armenia</td>
</tr>
<tr>
<td>7103 India</td>
<td>7203 Azerbaijan</td>
</tr>
<tr>
<td>7104 Maldives</td>
<td>7204 Georgia</td>
</tr>
<tr>
<td>7105 Nepal</td>
<td>7205 Kazakhstan</td>
</tr>
<tr>
<td>7106 Pakistan</td>
<td>7206 Kyrgyz Republic</td>
</tr>
<tr>
<td>7107 Sri Lanka</td>
<td>7207 Tajikistan</td>
</tr>
<tr>
<td>72 Central Asia</td>
<td>7208 Turkmenistan</td>
</tr>
<tr>
<td>7211 Uzbekistan</td>
<td></td>
</tr>
<tr>
<td>Americas</td>
<td>9 Sub-Saharan Africa</td>
</tr>
<tr>
<td>81 Northern America</td>
<td>91 Central and West Africa</td>
</tr>
<tr>
<td>8101 Bermuda</td>
<td>9101 Benin</td>
</tr>
<tr>
<td>8102 Canada</td>
<td>9102 Burkina Faso</td>
</tr>
<tr>
<td>8103 St Pierre and Miquelon</td>
<td>9103 Cameroon</td>
</tr>
<tr>
<td>8104 United States of America</td>
<td>9104 Cape Verde</td>
</tr>
<tr>
<td>82 South America</td>
<td>9105 Central African Republic</td>
</tr>
<tr>
<td>8201 Argentina</td>
<td>9106 Chad</td>
</tr>
<tr>
<td>8202 Bolivia</td>
<td>9107 Congo</td>
</tr>
<tr>
<td>8203 Brazil</td>
<td>9108 Congo, Democratic Republic of</td>
</tr>
<tr>
<td>8204 Chile</td>
<td>9111 Cote d'Ivoire</td>
</tr>
<tr>
<td>8205 Colombia</td>
<td>9112 Equatorial Guinea</td>
</tr>
<tr>
<td>8206 Ecuador</td>
<td>9113 Gabon</td>
</tr>
<tr>
<td>8207 Falkland Islands</td>
<td>8208 French Guiana</td>
</tr>
<tr>
<td>8209 South America, nec</td>
<td>8211 Guyana</td>
</tr>
<tr>
<td>8212 Paraguay</td>
<td>8213 Peru</td>
</tr>
<tr>
<td>8214 Suriname</td>
<td>8215 Uruguay</td>
</tr>
<tr>
<td>8216 Venezuela</td>
<td>8217 Yemen</td>
</tr>
<tr>
<td>83 Central America</td>
<td></td>
</tr>
<tr>
<td>8301 Belize</td>
<td>8302 Costa Rica</td>
</tr>
<tr>
<td>8303 El Salvador</td>
<td>8304 Guatemala</td>
</tr>
<tr>
<td>8305 Honduras</td>
<td>8306 Mexico</td>
</tr>
<tr>
<td>8307 Nicaragua</td>
<td>8308 Panama</td>
</tr>
<tr>
<td>84 Caribbean</td>
<td>8401 Anguilla</td>
</tr>
<tr>
<td>8402 Antigua and Barbuda</td>
<td>8403 Aruba</td>
</tr>
<tr>
<td>8404 Bahamas</td>
<td>8405 Barbados</td>
</tr>
<tr>
<td>8406 Cayman Islands</td>
<td>8407 Cuba</td>
</tr>
<tr>
<td>8408 Dominica</td>
<td>8411 Dominican Republic</td>
</tr>
<tr>
<td>8412 Grenada</td>
<td>8413 Guadeloupe</td>
</tr>
<tr>
<td>8414 Haiti</td>
<td>8415 Jamaica</td>
</tr>
<tr>
<td>8416 Martinique</td>
<td>8417 Montserrat</td>
</tr>
<tr>
<td>8418 Netherlands Antilles</td>
<td>8421 Puerto Rico</td>
</tr>
<tr>
<td>8422 St Kitts and Nevis</td>
<td>8423 St Lucia</td>
</tr>
<tr>
<td>8424 St Vincent and the Grenadines</td>
<td>8425 Trinidad and Tobago</td>
</tr>
<tr>
<td>8426 Turks and Caicos Islands</td>
<td>8427 Virgin Islands, British</td>
</tr>
<tr>
<td>8428 Virgin Islands, United States</td>
<td>8431 St Barthelemy</td>
</tr>
<tr>
<td>8432 St Martin (French part)</td>
<td></td>
</tr>
</tbody>
</table>
9114 Gambia
9115 Ghana
9116 Guinea
9117 Guinea-Bissau
9118 Liberia
9121 Mali
9122 Mauritania
9123 Niger
9124 Nigeria
9125 Sao Tome and Principe
9126 Senegal
9127 Sierra Leone
9128 Togo

92 Southern and East Africa
9201 Angola
9202 Botswana
9203 Burundi
9204 Comoros
9205 Djibouti
9206 Eritrea
9207 Ethiopia
9208 Kenya
9211 Lesotho
9212 Madagascar
9213 Malawi
9214 Mauritius
9215 Mayotte
9216 Mozambique
9217 Namibia
9218 Reunion
9221 Rwanda
9222 St Helena
9223 Seychelles
9224 Somalia
9225 South Africa
9226 Swaziland
9227 Tanzania
9228 Uganda
9231 Zambia
9232 Zimbabwe
9299 Southern and East Africa, nec
Alphabetic code list for Country of birth
<table>
<thead>
<tr>
<th>Country (Area)</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adélie Land (France)</td>
<td>1601</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>7201</td>
</tr>
<tr>
<td>Aland Islands</td>
<td>1199</td>
</tr>
<tr>
<td>Albania</td>
<td>3201</td>
</tr>
<tr>
<td>Algeria</td>
<td>4101</td>
</tr>
<tr>
<td>Andorra</td>
<td>3101</td>
</tr>
<tr>
<td>Angola</td>
<td>9201</td>
</tr>
<tr>
<td>Anguilla</td>
<td>8401</td>
</tr>
<tr>
<td>Antigua and Barbuda</td>
<td>8402</td>
</tr>
<tr>
<td>Argentina</td>
<td>8201</td>
</tr>
<tr>
<td>Argentinean Antarctic Territory</td>
<td>1602</td>
</tr>
<tr>
<td>Armenia</td>
<td>7202</td>
</tr>
<tr>
<td>Aruba</td>
<td>8403</td>
</tr>
<tr>
<td>Australia</td>
<td>1101</td>
</tr>
<tr>
<td>Australian Antarctic Territory</td>
<td>1603</td>
</tr>
<tr>
<td>Australian External Territories nec</td>
<td>1199</td>
</tr>
<tr>
<td>Austria</td>
<td>2301</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>7203</td>
</tr>
<tr>
<td>Bahamas</td>
<td>8404</td>
</tr>
<tr>
<td>Bahrain</td>
<td>4201</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>7101</td>
</tr>
<tr>
<td>Barbados</td>
<td>8405</td>
</tr>
<tr>
<td>Belarus</td>
<td>3301</td>
</tr>
<tr>
<td>Belgium</td>
<td>2302</td>
</tr>
<tr>
<td>Belize</td>
<td>8301</td>
</tr>
<tr>
<td>Benin</td>
<td>9101</td>
</tr>
<tr>
<td>Bermuda</td>
<td>8101</td>
</tr>
<tr>
<td>Bhutan</td>
<td>7102</td>
</tr>
<tr>
<td>Bolivia</td>
<td>8202</td>
</tr>
<tr>
<td>Bosnia and Herzegovina</td>
<td>3202</td>
</tr>
<tr>
<td>Botswana</td>
<td>9202</td>
</tr>
<tr>
<td>Brazil</td>
<td>8203</td>
</tr>
<tr>
<td>British Antarctic Territory</td>
<td>1604</td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>5201</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>3203</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>9102</td>
</tr>
<tr>
<td>Burma (Myanmar)</td>
<td>5101</td>
</tr>
<tr>
<td>Burundi</td>
<td>9203</td>
</tr>
<tr>
<td>Cambodia</td>
<td>5102</td>
</tr>
<tr>
<td>Cameroon</td>
<td>9103</td>
</tr>
<tr>
<td>Canada</td>
<td>8102</td>
</tr>
<tr>
<td>Cape Verde</td>
<td>9104</td>
</tr>
<tr>
<td>Cayman Islands</td>
<td>8406</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>9105</td>
</tr>
<tr>
<td>Chad</td>
<td>9106</td>
</tr>
<tr>
<td>Channel Islands</td>
<td>2101</td>
</tr>
<tr>
<td>Chile</td>
<td>8204</td>
</tr>
<tr>
<td>Chilean Antarctic Territory</td>
<td>1605</td>
</tr>
<tr>
<td>China (excludes SARs and Taiwan Province)</td>
<td>6101</td>
</tr>
<tr>
<td>Colombia</td>
<td>8205</td>
</tr>
<tr>
<td>Comoros</td>
<td>9204</td>
</tr>
<tr>
<td>Congo</td>
<td>9107</td>
</tr>
<tr>
<td>Congo, Democratic Republic of</td>
<td>9108</td>
</tr>
<tr>
<td>Cook Islands</td>
<td>1501</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>8302</td>
</tr>
<tr>
<td>Cote d'Ivoire</td>
<td>9111</td>
</tr>
<tr>
<td>Croatia</td>
<td>3204</td>
</tr>
<tr>
<td>Cuba</td>
<td>8407</td>
</tr>
<tr>
<td>Cyprus</td>
<td>3205</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>3302</td>
</tr>
<tr>
<td>Denmark</td>
<td>2401</td>
</tr>
<tr>
<td>Djibouti</td>
<td>9205</td>
</tr>
<tr>
<td>Dominica</td>
<td>8408</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>8411</td>
</tr>
<tr>
<td>East Timor</td>
<td>5206</td>
</tr>
<tr>
<td>Ecuador</td>
<td>8206</td>
</tr>
<tr>
<td>Egyp</td>
<td>4102</td>
</tr>
<tr>
<td>El Salvador</td>
<td>8303</td>
</tr>
<tr>
<td>England</td>
<td>2102</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>9112</td>
</tr>
<tr>
<td>Eritrea</td>
<td>9206</td>
</tr>
<tr>
<td>Estonia</td>
<td>3303</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>9207</td>
</tr>
<tr>
<td>Faeroe Islands</td>
<td>2402</td>
</tr>
<tr>
<td>Falkland Islands</td>
<td>8207</td>
</tr>
<tr>
<td>Fiji</td>
<td>1502</td>
</tr>
<tr>
<td>Finland</td>
<td>2403</td>
</tr>
<tr>
<td>Former Yugoslav Republic of Macedonia (FYROM)</td>
<td>3206</td>
</tr>
<tr>
<td>France</td>
<td>2303</td>
</tr>
<tr>
<td>French Guiana</td>
<td>8208</td>
</tr>
<tr>
<td>French Polynesia</td>
<td>1503</td>
</tr>
<tr>
<td>Gabon</td>
<td>9113</td>
</tr>
<tr>
<td>Gambia</td>
<td>9114</td>
</tr>
<tr>
<td>Gaza Strip and West Bank</td>
<td>4202</td>
</tr>
<tr>
<td>Georgia</td>
<td>7204</td>
</tr>
<tr>
<td>Ghana</td>
<td>9115</td>
</tr>
<tr>
<td>Gibraltar</td>
<td>3102</td>
</tr>
<tr>
<td>Greece</td>
<td>3207</td>
</tr>
<tr>
<td>Greenland</td>
<td>2404</td>
</tr>
<tr>
<td>Grenada</td>
<td>8412</td>
</tr>
<tr>
<td>Guadeloupe</td>
<td>8413</td>
</tr>
<tr>
<td>Guam</td>
<td>1401</td>
</tr>
<tr>
<td>Guatemala</td>
<td>8304</td>
</tr>
<tr>
<td>Guernsey</td>
<td>2107</td>
</tr>
<tr>
<td>Guinea</td>
<td>9116</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>9117</td>
</tr>
<tr>
<td>Guyana</td>
<td>8211</td>
</tr>
<tr>
<td>Haiti</td>
<td>8414</td>
</tr>
<tr>
<td>Holy See</td>
<td>3103</td>
</tr>
<tr>
<td>Honduras</td>
<td>8305</td>
</tr>
<tr>
<td>Hong Kong (SAR of China)</td>
<td>6102</td>
</tr>
<tr>
<td>Hungary</td>
<td>3304</td>
</tr>
<tr>
<td>Iceland</td>
<td>2405</td>
</tr>
<tr>
<td>India</td>
<td>7103</td>
</tr>
<tr>
<td>Indonesia</td>
<td>5202</td>
</tr>
<tr>
<td>Iran</td>
<td>4203</td>
</tr>
<tr>
<td>Iraq</td>
<td>4204</td>
</tr>
<tr>
<td>Ireland</td>
<td>2201</td>
</tr>
<tr>
<td>Isle of Man</td>
<td>2103</td>
</tr>
<tr>
<td>Israel</td>
<td>4205</td>
</tr>
<tr>
<td>Italy</td>
<td>3104</td>
</tr>
<tr>
<td>Jamaica</td>
<td>8415</td>
</tr>
<tr>
<td>Japan</td>
<td>6201</td>
</tr>
<tr>
<td>Jersey</td>
<td>2108</td>
</tr>
<tr>
<td>Jordan</td>
<td>4206</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>7205</td>
</tr>
<tr>
<td>Kenya</td>
<td>9208</td>
</tr>
<tr>
<td>Kiribati</td>
<td>1402</td>
</tr>
<tr>
<td>Korea, Democratic Peoples Republic of (North)</td>
<td>6202</td>
</tr>
<tr>
<td>Korea, Republic of (South)</td>
<td>6203</td>
</tr>
<tr>
<td>Kosovo</td>
<td>3216</td>
</tr>
<tr>
<td>Kuwait</td>
<td>4207</td>
</tr>
<tr>
<td>Kyrgyz Republic</td>
<td>7206</td>
</tr>
<tr>
<td>Laos</td>
<td>5103</td>
</tr>
<tr>
<td>Latvia</td>
<td>3305</td>
</tr>
<tr>
<td>Lebanon</td>
<td>4208</td>
</tr>
<tr>
<td>Lesotho</td>
<td>9211</td>
</tr>
<tr>
<td>Liberia</td>
<td>9118</td>
</tr>
<tr>
<td>Libya</td>
<td>4103</td>
</tr>
<tr>
<td>Liechtenstein</td>
<td>2305</td>
</tr>
<tr>
<td>Lithuania</td>
<td>3306</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>2306</td>
</tr>
</tbody>
</table>
Appendix D
ACAP code list for Health condition—long

<table>
<thead>
<tr>
<th>ACAP code</th>
<th>Health condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0101</td>
<td>Certain infectious &amp; parasitic diseases</td>
</tr>
<tr>
<td>0102</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>0103</td>
<td>Poliomyelitis</td>
</tr>
<tr>
<td>0104</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>0199</td>
<td>Diarrhoea &amp; gastroenteritis of presumed infectious origin</td>
</tr>
<tr>
<td>0199</td>
<td>Other infectious &amp; parasitic diseases n.o.s or n.e.c</td>
</tr>
<tr>
<td></td>
<td>(includes leprosy, listeriosis, scarlet fever, meningococcal infection, septicaemia, viral meningitis)</td>
</tr>
<tr>
<td>0201</td>
<td>Neoplasms (tumours/cancers)</td>
</tr>
<tr>
<td>0202</td>
<td>Head &amp; neck cancer</td>
</tr>
<tr>
<td>0203</td>
<td>Stomach cancer</td>
</tr>
<tr>
<td>0204</td>
<td>Colorectal (bowel) cancer</td>
</tr>
<tr>
<td>0205</td>
<td>Lung cancer</td>
</tr>
<tr>
<td>0206</td>
<td>Skin cancer</td>
</tr>
<tr>
<td>0207</td>
<td>Breast cancer</td>
</tr>
<tr>
<td>0208</td>
<td>Prostate cancer</td>
</tr>
<tr>
<td>0209</td>
<td>Brain cancer</td>
</tr>
<tr>
<td>0210</td>
<td>Non-Hodgkin's lymphoma</td>
</tr>
<tr>
<td>0211</td>
<td>Other malignant tumours n.o.s or n.e.c</td>
</tr>
<tr>
<td>0299</td>
<td>Other neoplasms (includes benign tumours &amp; tumours of uncertain or unknown behaviour)</td>
</tr>
<tr>
<td>0301</td>
<td>Diseases of the blood &amp; blood forming organs &amp; immune mechanism</td>
</tr>
<tr>
<td>0302</td>
<td>Anaemia</td>
</tr>
<tr>
<td>0303</td>
<td>Haemophilia</td>
</tr>
<tr>
<td>0304</td>
<td>Immunodeficiency disorder (excluding AIDS)</td>
</tr>
<tr>
<td>0399</td>
<td>Other diseases of blood &amp; blood forming organs &amp; immune mechanism n.o.s. or n.e.c</td>
</tr>
<tr>
<td>0310</td>
<td>Endocrine, nutritional &amp; metabolic disorders</td>
</tr>
<tr>
<td>0311</td>
<td>Disorders of the thyroid gland (includes iodine-deficiency syndrome, hypothyroidism, hyperthyroidism, thyroiditis)</td>
</tr>
<tr>
<td>0312</td>
<td>Diabetes mellitus—Type 1 (IDDM)</td>
</tr>
<tr>
<td>0313</td>
<td>Diabetes mellitus—Type 2 (NIDDM)</td>
</tr>
<tr>
<td>0314</td>
<td>Diabetes mellitus—other specified/unspecified/unable to be specified</td>
</tr>
<tr>
<td>0315</td>
<td>Malnutrition</td>
</tr>
<tr>
<td>0316</td>
<td>Nutritional deficiencies</td>
</tr>
<tr>
<td>0317</td>
<td>Obesity</td>
</tr>
<tr>
<td>0318</td>
<td>High cholesterol</td>
</tr>
<tr>
<td>0319</td>
<td>Other endocrine, nutritional &amp; metabolic disorders n.o.s or n.e.c (includes hypoparathyroidism, Cushing’s syndrome)</td>
</tr>
<tr>
<td>0320</td>
<td>Mental &amp; behavioural disorders</td>
</tr>
<tr>
<td>0321</td>
<td>Dementia in Alzheimer’s disease</td>
</tr>
<tr>
<td>0322</td>
<td>Dementia in Alzheimer’s disease with early onset (&lt;65 yrs)</td>
</tr>
<tr>
<td>0323</td>
<td>Dementia in Alzheimer’s disease with late onset (&gt;65 yrs)</td>
</tr>
<tr>
<td>0324</td>
<td>Dementia in Alzheimer’s disease, atypical or mixed type</td>
</tr>
<tr>
<td>0325</td>
<td>Dementia in Alzheimer’s disease, unspecified</td>
</tr>
<tr>
<td>0326</td>
<td>Vascular dementia</td>
</tr>
<tr>
<td>0327</td>
<td>Vascular dementia of acute onset</td>
</tr>
<tr>
<td>0328</td>
<td>Multi-infarct dementia</td>
</tr>
<tr>
<td>0329</td>
<td>Subcortical vascular dementia</td>
</tr>
<tr>
<td>0330</td>
<td>Mixed cortical &amp; subcortical vascular dementia</td>
</tr>
<tr>
<td>0331</td>
<td>Other vascular dementia</td>
</tr>
<tr>
<td>0332</td>
<td>Vascular dementia—unspecified</td>
</tr>
<tr>
<td>0333</td>
<td>Dementia in other diseases classified elsewhere</td>
</tr>
<tr>
<td>0334</td>
<td>Dementia in Pick’s disease</td>
</tr>
<tr>
<td>0335</td>
<td>Dementia in Creutzfeldt-Jakob disease</td>
</tr>
<tr>
<td>0336</td>
<td>Dementia in Huntington’s disease</td>
</tr>
<tr>
<td>0337</td>
<td>Dementia in Parkinson’s disease</td>
</tr>
<tr>
<td>0338</td>
<td>Dementia in human immunodeficiency virus (HIV) disease</td>
</tr>
<tr>
<td>0339</td>
<td>Dementia in other specified diseases classified elsewhere</td>
</tr>
<tr>
<td>0340</td>
<td>Other dementia</td>
</tr>
<tr>
<td>0341</td>
<td>Alcoholic dementia</td>
</tr>
<tr>
<td>0342</td>
<td>Unspecified dementia (includes presenile &amp; senile dementia)</td>
</tr>
<tr>
<td>0343</td>
<td>Delirium</td>
</tr>
<tr>
<td>0344</td>
<td>Delirium not superimposed on dementia</td>
</tr>
<tr>
<td>0345</td>
<td>Delirium superimposed on dementia</td>
</tr>
<tr>
<td>0346</td>
<td>Other delirium</td>
</tr>
<tr>
<td>0347</td>
<td>Psychoses &amp; depression/mood affective disorders</td>
</tr>
<tr>
<td>0348</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>0349</td>
<td>Depression/Mood affective disorders</td>
</tr>
<tr>
<td>0350</td>
<td>Other psychoses (includes paranoid states)</td>
</tr>
<tr>
<td>0351</td>
<td>Neurotic, stress-related &amp; somatoform disorders</td>
</tr>
<tr>
<td>0352</td>
<td>Phobic &amp; anxiety disorders (includes agoraphobia, panic disorder)</td>
</tr>
<tr>
<td>0353</td>
<td>Nervous tension/stress</td>
</tr>
<tr>
<td>0354</td>
<td>Obsessive-compulsive disorder</td>
</tr>
<tr>
<td>0355</td>
<td>Other neurotic, stress-related &amp; somatoform disorders</td>
</tr>
<tr>
<td>0356</td>
<td>Intellectual &amp; developmental disorders</td>
</tr>
<tr>
<td>0357</td>
<td>Mental retardation/intellectual disability</td>
</tr>
<tr>
<td>0358</td>
<td>Other developmental disorders (includes autism, Rett’s syndrome, Asperger’s syndrome, developmental learning disorders, specific developmental disorders of speech and language, specific developmental disorder of motor function (e.g. dyspraxia))</td>
</tr>
</tbody>
</table>

1 In any analysis of ‘Diseases of the nervous system’ code 0500 ‘Dementia in Alzheimer’s disease’ should be grouped with 0600.

n.e.c—not elsewhere classified, n.o.s—not otherwise specified
### Diseases of the nervous system

<table>
<thead>
<tr>
<th>ACAP code</th>
<th>Health condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0601</td>
<td>Meningitis &amp; Encephalitis (excluding 'viral')</td>
</tr>
<tr>
<td>0602</td>
<td>Huntington's disease</td>
</tr>
<tr>
<td>0603</td>
<td>Motor neurone disease</td>
</tr>
<tr>
<td>0604</td>
<td>Parkinson's disease (includes Parkinson's disease, secondary Parkinsonism)</td>
</tr>
<tr>
<td>0605</td>
<td>Transient cerebral ischaemic attacks (T.I.A.s)², ³</td>
</tr>
<tr>
<td>0606</td>
<td>Brain disease/disorders (includes senile degeneration of brain n.e.c., degeneration of nervous system due to alcohol, Schilder's disease)</td>
</tr>
<tr>
<td>0607</td>
<td>Multiple sclerosis</td>
</tr>
<tr>
<td>0608</td>
<td>Epilepsy</td>
</tr>
<tr>
<td>0609</td>
<td>Muscular dystrophy</td>
</tr>
<tr>
<td>0610</td>
<td>Cerebral palsy</td>
</tr>
<tr>
<td>0611</td>
<td>Paralysis—non-traumatic (includes hemiplegia, paraplegia, quadriplegia, tetraplegia &amp; other paralytic syndromes, e.g. diplegia &amp; monoplegia; excludes spinal cord injury code 1699)</td>
</tr>
<tr>
<td>0612</td>
<td>Chronic/postviral fatigue syndrome</td>
</tr>
<tr>
<td>0699</td>
<td>Other diseases of the nervous system n.o.s or n.e.c (includes dystonia, migraines, headache syndromes, sleep disorders e.g. sleep apnoea &amp; insomnia, Bell's palsy, myopathies, peripheral neuropathy, dysautonomia)</td>
</tr>
</tbody>
</table>

### Diseases of the eye & adnexa

<table>
<thead>
<tr>
<th>ACAP code</th>
<th>Health condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0701</td>
<td>Cataracts</td>
</tr>
<tr>
<td>0702</td>
<td>Glaucoma</td>
</tr>
<tr>
<td>0703</td>
<td>Blindness (both eyes, one eye, one eye &amp; low vision in other eye)</td>
</tr>
<tr>
<td>0704</td>
<td>Poor vision (low vision both eyes, one eye, unspecified visual loss)</td>
</tr>
<tr>
<td>0799</td>
<td>Other diseases of the eye &amp; adnexa n.o.s or n.e.c (includes conjunctivitis)</td>
</tr>
</tbody>
</table>

### Disease of the ear & mastoid process

<table>
<thead>
<tr>
<th>ACAP code</th>
<th>Health condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0801</td>
<td>Ménière's disease (includes Ménière's syndrome, vertigo)</td>
</tr>
<tr>
<td>0802</td>
<td>Deafness/hearing loss</td>
</tr>
<tr>
<td>0899</td>
<td>Other diseases of the ear &amp; mastoid process n.o.s or n.e.c (includes disease of external ear, otitis media, mastoiditis and related conditions, myringitis, otosclerosis, tinnitus)</td>
</tr>
</tbody>
</table>

2 In any analysis of 'Cerebrovascular disease' code 0605 Transient cerebral ischaemic attacks (T.I.A.s) should be grouped with 0910.

3 Transient cerebral ischaemic attacks (T.I.A.s) should be coded to 0605. n.e.c—not elsewhere classified, n.o.s—not otherwise specified
<table>
<thead>
<tr>
<th>ACAP</th>
<th>Health condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1101</td>
<td>Diseases of the intestine (includes stomach/duodenal ulcer, abdominal hernia (except congenital), enteritis, colitis, vascular disorders of intestine, diverticulitis, irritable bowel syndrome, diarrhoea, constipation)</td>
</tr>
<tr>
<td>1102</td>
<td>Diseases of the peritoneum (includes peritonitis)</td>
</tr>
<tr>
<td>1103</td>
<td>Diseases of the liver (includes alcoholic liver disease, toxic liver disease, fibrosis and cirrhosis of liver)</td>
</tr>
<tr>
<td>1199</td>
<td>Other diseases of the digestive system n.o.s or n.e.c (includes diseases of oral cavity, salivary glands and jaws, oesophagitis, gastritis and duodenitis, choledocholithiasis, other diseases of gallbladder, pancreatitis, coeliac disease)</td>
</tr>
<tr>
<td>1201</td>
<td>Skin &amp; subcutaneous tissue infections (includes impetigo, boil, cellulitis)</td>
</tr>
<tr>
<td>1202</td>
<td>Skin allergies (dermatitis &amp; eczema)</td>
</tr>
<tr>
<td>1299</td>
<td>Other diseases of the skin &amp; subcutaneous tissue n.o.s or n.e.c (includes bedsores, urticaria, erythema, radiation-related disorders, disorders of skin appendages)</td>
</tr>
<tr>
<td>1301</td>
<td>Rheumatoid arthritis</td>
</tr>
<tr>
<td>1302</td>
<td>Other arthritis &amp; related disorders (includes gout, arthrosis, osteoarthritis)</td>
</tr>
<tr>
<td>1303</td>
<td>Deformities of joints/limbs—acquired</td>
</tr>
<tr>
<td>1304</td>
<td>Back problems—dorsopathies (includes scoliosis)</td>
</tr>
<tr>
<td>1305</td>
<td>Other soft tissue/muscle disorders (includes rheumatism)</td>
</tr>
<tr>
<td>1306</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>1399</td>
<td>Other disorders of the musculoskeletal system &amp; connective tissue n.o.s or n.e.c (includes osteomyelitis)</td>
</tr>
<tr>
<td>1401</td>
<td>Kidney &amp; urinary system (bladder) disorders (includes nephritis renal failure, cystitis; excludes urinary tract infection &amp; incontinence)</td>
</tr>
<tr>
<td>1402</td>
<td>Urinary tract infection</td>
</tr>
<tr>
<td>1403</td>
<td>Stress/urinary incontinence (includes stress, overflow, reflex &amp; urge incontinence)</td>
</tr>
<tr>
<td>1499</td>
<td>Other diseases of the genitourinary system n.o.s or n.e.c (includes prostate, breast and menopause disorders, urinary incontinence (stress, overflow, reflex, urge))</td>
</tr>
<tr>
<td>1501</td>
<td>Spina bifida</td>
</tr>
<tr>
<td>1502</td>
<td>Deformities of joints/limbs—congenital</td>
</tr>
<tr>
<td>1503</td>
<td>Down’s syndrome</td>
</tr>
<tr>
<td>1504</td>
<td>Other chromosomal abnormalities</td>
</tr>
<tr>
<td>1505</td>
<td>Congenital brain damage/malformation</td>
</tr>
<tr>
<td>1599</td>
<td>Other congenital malformations &amp; deformations n.o.s or n.e.c</td>
</tr>
</tbody>
</table>

n.e.c—not elsewhere classified, n.o.s—not otherwise specified

<table>
<thead>
<tr>
<th>ACAP</th>
<th>Health condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1601</td>
<td>Injury, poisoning &amp; certain other consequences of external causes</td>
</tr>
<tr>
<td>1602</td>
<td>Injuries to arm/hand/shoulder (includes dislocations, sprains &amp; strains)</td>
</tr>
<tr>
<td>1603</td>
<td>Injuries to leg/knee/foot/ankle/hip (includes dislocations, sprains &amp; strains)</td>
</tr>
<tr>
<td>1604</td>
<td>Amputation of the finger/thumb/hand/arm/shoulder—traumatic</td>
</tr>
<tr>
<td>1605</td>
<td>Amputation of toe/ankle/foot/leg—traumatic</td>
</tr>
<tr>
<td>1606</td>
<td>Fracture of neck (includes cervical spine &amp; vertebral)</td>
</tr>
<tr>
<td>1607</td>
<td>Fracture of rib(s), sternum &amp; thoracic spine (includes thoracic spine &amp; vertebral)</td>
</tr>
<tr>
<td>1608</td>
<td>Fracture of lumbar spine &amp; pelvis (includes lumbar vertebra, sacrum, coccyx, sacrum)</td>
</tr>
<tr>
<td>1609</td>
<td>Fracture of shoulder, upper arm &amp; forearm (includes clavicle, scapula, humerus, radius, ulna)</td>
</tr>
<tr>
<td>1610</td>
<td>Fracture at wrist &amp; hand level</td>
</tr>
<tr>
<td>1611</td>
<td>Fracture of femur (includes hip (neck of femur))</td>
</tr>
<tr>
<td>1612</td>
<td>Fracture of lower leg &amp; foot</td>
</tr>
<tr>
<td>1613</td>
<td>Poisoning by drugs, medicaments &amp; biological substances (includes systemic antibiotics, hormones, narcotics, hallucinogens, analgesics, antipyretics, antirheumatics, antiepileptic, antiparkinsonism drugs, includes overdose of the above substances)</td>
</tr>
<tr>
<td>1699</td>
<td>Other injury, poisoning &amp; consequences of external causes n.o.s or n.e.c (including all other injuries to the body, spinal cord injury, multiple fractures, unspecified dislocations, sprains, strains, fractures, burns, frostbite, toxic effects of substances of nonmedical source, complications of surgical &amp; medical care)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACAP</th>
<th>Health condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1701</td>
<td>Abnormal blood-pressure reading, without diagnosis</td>
</tr>
<tr>
<td>1702</td>
<td>Cough</td>
</tr>
<tr>
<td>1703</td>
<td>Breathing difficulties/shortness of breath</td>
</tr>
<tr>
<td>1704</td>
<td>Pain</td>
</tr>
<tr>
<td>1705</td>
<td>Nausea &amp; vomiting</td>
</tr>
<tr>
<td>1706</td>
<td>Dysphagia (difficulty in swallowing)</td>
</tr>
<tr>
<td>1707</td>
<td>Bowel/faecal incontinence</td>
</tr>
<tr>
<td>1708</td>
<td>Unspecified urinary incontinence</td>
</tr>
<tr>
<td>1709</td>
<td>Retention of urine</td>
</tr>
<tr>
<td>1710</td>
<td>Jaundice (unspecified)</td>
</tr>
<tr>
<td>1711</td>
<td>Disturbances of skin sensation (includes pins &amp; needles, tingling skin)</td>
</tr>
<tr>
<td>1712</td>
<td>Rash &amp; other nonspecific skin erosion</td>
</tr>
<tr>
<td>1713</td>
<td>Abnormal involuntary movements (includes abnormal head movements, tremor unspecified, cramp &amp; spasm, twitching n.o.s)</td>
</tr>
<tr>
<td>1714</td>
<td>Abnormalities of gait &amp; mobility (includes ataxic &amp; spastic gait, difficulty in walking n.e.c)</td>
</tr>
<tr>
<td>1715</td>
<td>Falls (frequent with unknown aetiology)</td>
</tr>
<tr>
<td>1716</td>
<td>Disorientation (confusion)</td>
</tr>
<tr>
<td>1717</td>
<td>Amnesia (memory disturbance, lack or loss)</td>
</tr>
<tr>
<td>1718</td>
<td>Dizziness &amp; giddiness (light-headedness, vertigo n.o.s)</td>
</tr>
</tbody>
</table>

4 These codes should only be used to record certain symptoms that represent important problems in their own right, regardless of whether a related diagnosed disease or disorder is also reported.
<table>
<thead>
<tr>
<th>ACAP code</th>
<th>Health condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1719</td>
<td>Restlessness &amp; agitation</td>
</tr>
<tr>
<td>1720</td>
<td>Unhappiness (worries n.o.s)</td>
</tr>
<tr>
<td>1721</td>
<td>Irritability &amp; anger</td>
</tr>
<tr>
<td>1722</td>
<td>Hostility</td>
</tr>
<tr>
<td>1723</td>
<td>Physical violence</td>
</tr>
<tr>
<td>1724</td>
<td>Slowness &amp; poor responsiveness</td>
</tr>
<tr>
<td>1725</td>
<td>Speech &amp; voice disturbances</td>
</tr>
<tr>
<td>1726</td>
<td>Headache</td>
</tr>
<tr>
<td>1727</td>
<td>Malaise &amp; fatigue (includes general physical deterioration, lethargy and tiredness)</td>
</tr>
<tr>
<td>1728</td>
<td>Blackouts, fainting, convulsions</td>
</tr>
<tr>
<td>1729</td>
<td>Oedema n.e.c (includes fluid retention n.o.s)</td>
</tr>
<tr>
<td>1730</td>
<td>Symptoms &amp; signs concerning food &amp; fluid intake (includes loss of appetite, excessive eating &amp; thirst, abnormal weight loss &amp; gain)</td>
</tr>
<tr>
<td>1799</td>
<td>Other symptoms &amp; signs n.o.s or n.e.c (includes gangrene, haemorrhage from respiratory passages, heartburn, disturbances of smell &amp; taste, enlarged lymph nodes, illness n.o.s)</td>
</tr>
<tr>
<td>1899</td>
<td>Has other health condition not elsewhere specified</td>
</tr>
</tbody>
</table>

n.e.c—not elsewhere classified, n.o.s—not otherwise specified
### Alphabetic code list for Health condition

Codes beginning with ‘17’ belong to the Symptoms & signs group of the Health condition code list and should only be used to record certain symptoms that represent important problems in their own right, regardless of whether a related diagnosed disease or disorder is also reported.

1. In any analysis of 'Cerebrovascular disease’ ‘Transient cerebral ischaemic attacks’ (T.I.A.s) should be included.
2. ‘Transient cerebral ischaemic attacks’ (T.I.A.s) should be coded to 0605.
3. In any analysis of ‘Diseases of the nervous system’ code ‘Dementia in Alzheimer’s disease’ should be grouped with ‘Diseases of the nervous system’.

n.e.c.—not elsewhere classified, n.o.s.—not otherwise specified

<table>
<thead>
<tr>
<th>ACAP code</th>
<th>Health condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0923</td>
<td>Abdominal aortic aneurysm</td>
</tr>
<tr>
<td>1101</td>
<td>Abdominal hernia (except congenital)</td>
</tr>
<tr>
<td>1713</td>
<td>Abnormal involuntary movements</td>
</tr>
<tr>
<td>1730</td>
<td>Abnormal weight gain</td>
</tr>
<tr>
<td>1730</td>
<td>Abnormal weight loss</td>
</tr>
<tr>
<td>1714</td>
<td>Abnormalities of gait &amp; mobility</td>
</tr>
<tr>
<td>1715</td>
<td>Acquired brain damage—see Injuries</td>
</tr>
<tr>
<td>1719</td>
<td>Agitation</td>
</tr>
<tr>
<td>0103</td>
<td>AIDS/HIV</td>
</tr>
<tr>
<td>1103</td>
<td>Alcoholic dementia—see Dementia</td>
</tr>
<tr>
<td>0581</td>
<td>Alcoholic liver disease</td>
</tr>
<tr>
<td>0581</td>
<td>Alcoholism</td>
</tr>
<tr>
<td>1104</td>
<td>Allergies—respiratory (excl asthma)</td>
</tr>
<tr>
<td>1202</td>
<td>Allergies—skin</td>
</tr>
<tr>
<td>1202</td>
<td>Alzheimer’s disease—see Dementia</td>
</tr>
<tr>
<td>1717</td>
<td>Amnesia</td>
</tr>
<tr>
<td>1604</td>
<td>Amputation of finger/thumb/hand/arm/shoulder—related to injury or accident</td>
</tr>
<tr>
<td>1605</td>
<td>Amputation of the toe/ankle/foot/leg—related to injury or accident</td>
</tr>
<tr>
<td>0301</td>
<td>Anaemia</td>
</tr>
<tr>
<td>0924</td>
<td>Aneurysms (arterial or aortic)—see also Abdominal aortic aneurysm</td>
</tr>
<tr>
<td>1721</td>
<td>Anger</td>
</tr>
<tr>
<td>0903</td>
<td>Angina</td>
</tr>
<tr>
<td>0561</td>
<td>Anxiety disorders</td>
</tr>
<tr>
<td>0999</td>
<td>Arterial embolism</td>
</tr>
<tr>
<td>1302</td>
<td>Arthritis and related disorders—see also Rheumatoid arthritis</td>
</tr>
<tr>
<td>1302</td>
<td>Arthritis</td>
</tr>
<tr>
<td>0572</td>
<td>Asperger’s syndrome</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACAP code</th>
<th>Health condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1005</td>
<td>Asthma</td>
</tr>
<tr>
<td>1714</td>
<td>Ataxic gait</td>
</tr>
<tr>
<td>0925</td>
<td>Atherosclerosis</td>
</tr>
<tr>
<td>0572</td>
<td>Autism</td>
</tr>
<tr>
<td>1304</td>
<td>Back problems</td>
</tr>
<tr>
<td>1299</td>
<td>Bedsores</td>
</tr>
<tr>
<td>0582</td>
<td>Behavioural &amp; personality disorders—adult</td>
</tr>
<tr>
<td>0699</td>
<td>Bell’s palsy</td>
</tr>
<tr>
<td>1728</td>
<td>Blackouts</td>
</tr>
<tr>
<td>0703</td>
<td>Blindness—see also Poor vision</td>
</tr>
<tr>
<td>1701</td>
<td>Blood pressure—abnormal reading without diagnosis</td>
</tr>
<tr>
<td>0922</td>
<td>Blood pressure—low</td>
</tr>
<tr>
<td>0921</td>
<td>Blood pressure—high</td>
</tr>
<tr>
<td>1201</td>
<td>Boil</td>
</tr>
<tr>
<td>0203</td>
<td>Bowel (colorectal) cancer</td>
</tr>
<tr>
<td>1707</td>
<td>Bowel incontinence</td>
</tr>
<tr>
<td>0203</td>
<td>Brain damage—acquired—see Injuries</td>
</tr>
<tr>
<td>0208</td>
<td>Brain cancer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACAP code</th>
<th>Health condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0606</td>
<td>Brain disease/disorders</td>
</tr>
<tr>
<td>0206</td>
<td>Breast cancer</td>
</tr>
<tr>
<td>1499</td>
<td>Breast disorders</td>
</tr>
<tr>
<td>1703</td>
<td>Breathing difficulties/shortness of breath</td>
</tr>
<tr>
<td>1003</td>
<td>Bronchitis/bronchiolitis—acute</td>
</tr>
<tr>
<td>1699</td>
<td>Burns</td>
</tr>
<tr>
<td>0907</td>
<td>Cardiac arrest</td>
</tr>
<tr>
<td>0701</td>
<td>Cataracts</td>
</tr>
<tr>
<td>1201</td>
<td>Cellulitis</td>
</tr>
<tr>
<td>0914</td>
<td>Cerebral infarction</td>
</tr>
<tr>
<td>0610</td>
<td>Cerebral palsy</td>
</tr>
<tr>
<td>0911</td>
<td>Cerebrovascular accident—subarachnoid haemorrhage</td>
</tr>
<tr>
<td>0912</td>
<td>Cerebrovascular accident—intracerebral haemorrhage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACAP code</th>
<th>Health condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0913</td>
<td>Cerebrovascular accident—other intracranial haemorrhage</td>
</tr>
<tr>
<td>0914</td>
<td>Cerebrovascular accident—cerebral infarction</td>
</tr>
<tr>
<td>0915</td>
<td>Cerebrovascular accident—unspecified</td>
</tr>
<tr>
<td>1199</td>
<td>Cholecytis</td>
</tr>
<tr>
<td>0408</td>
<td>Cholesterol—high</td>
</tr>
<tr>
<td>1504</td>
<td>Chromosomal abnormalities—other</td>
</tr>
<tr>
<td>1005</td>
<td>Chronic obstructive airways disease (COAD)</td>
</tr>
<tr>
<td>0612</td>
<td>Chronic/postviral fatigue syndrome</td>
</tr>
<tr>
<td>1103</td>
<td>Cirrhosis of liver</td>
</tr>
<tr>
<td>1005</td>
<td>COAD</td>
</tr>
<tr>
<td>1199</td>
<td>Coeliac disease</td>
</tr>
<tr>
<td>1001</td>
<td>Cold—common</td>
</tr>
<tr>
<td>1101</td>
<td>Colitis</td>
</tr>
<tr>
<td>0203</td>
<td>Colorectal (bowel) cancer</td>
</tr>
<tr>
<td>1716</td>
<td>Confusion</td>
</tr>
<tr>
<td>1505</td>
<td>Congenital brain damage/maisonment</td>
</tr>
<tr>
<td>0906</td>
<td>Congestive heart disease</td>
</tr>
<tr>
<td>0906</td>
<td>Congestive heart failure</td>
</tr>
<tr>
<td>0799</td>
<td>Conjunctivitis</td>
</tr>
<tr>
<td>1101</td>
<td>Constipation</td>
</tr>
<tr>
<td>1728</td>
<td>Convulsions</td>
</tr>
<tr>
<td>1702</td>
<td>Cough</td>
</tr>
<tr>
<td>1713</td>
<td>Cramp</td>
</tr>
<tr>
<td>0499</td>
<td>Cushing’s syndrome</td>
</tr>
<tr>
<td>0802</td>
<td>Deafness/hearing loss</td>
</tr>
<tr>
<td>1303</td>
<td>Deformities of joints/limbs—acquired</td>
</tr>
<tr>
<td>1502</td>
<td>Deformities of joints/limbs—congenital</td>
</tr>
<tr>
<td>0541</td>
<td>Delirium—not superimposed on dementia</td>
</tr>
<tr>
<td>0542</td>
<td>Delirium—superimposed on dementia</td>
</tr>
<tr>
<td>0543</td>
<td>Delirium—other</td>
</tr>
<tr>
<td>0544</td>
<td>Delirium—unspecified</td>
</tr>
<tr>
<td>0531</td>
<td>Dementia—alcoholic</td>
</tr>
<tr>
<td>0503</td>
<td>Dementia in Alzheimer’s, atypical or mixed type</td>
</tr>
<tr>
<td>0504</td>
<td>Dementia in Alzheimer’s, unspecified</td>
</tr>
<tr>
<td>0501</td>
<td>Dementia in Alzheimer’s with early onset (&lt;65 yrs)</td>
</tr>
<tr>
<td>0502</td>
<td>Dementia in Alzheimer’s with late onset (&gt;65 yrs)</td>
</tr>
<tr>
<td>0522</td>
<td>Dementia in Creutzfeldt-Jakob disease</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACAP code</th>
<th>Health condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0606</td>
<td>Dementia in HIV disease</td>
</tr>
</tbody>
</table>
Ménière’s disease
Meningitis (excl. viral)
Menopause disorders
Mental retardation
Migraines
Mobility & gait abnormalities
Motor Neurone disease
Multiple sclerosis
Muscular dystrophy
Myocardial infarction
Meningococcal infection
Neck & head cancer
Nephritis
Nervous tension/stress
Nutritional deficiencies
non-Hodgkin’s lymphoma

<table>
<thead>
<tr>
<th>ACAP code</th>
<th>Health condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0403</td>
<td>Non-insulin dependent diabetes mellitus (NIDDM)</td>
</tr>
<tr>
<td>0407</td>
<td>Obesity</td>
</tr>
<tr>
<td>0563</td>
<td>Obsessive-compulsive disorder</td>
</tr>
<tr>
<td>1729</td>
<td>Oedema n.e.c.</td>
</tr>
<tr>
<td>1302</td>
<td>Osteoarthritis</td>
</tr>
<tr>
<td>1399</td>
<td>Osteomyelitis</td>
</tr>
<tr>
<td>1306</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>0899</td>
<td>Otitis media</td>
</tr>
<tr>
<td>0899</td>
<td>Otosclerosis</td>
</tr>
<tr>
<td>1613</td>
<td>Overdose of drugs, medicaments &amp; biological substances</td>
</tr>
<tr>
<td>1704</td>
<td>Pain</td>
</tr>
<tr>
<td>1199</td>
<td>Pancreatitis</td>
</tr>
<tr>
<td>0611</td>
<td>Paralysed (non-traumatic)</td>
</tr>
<tr>
<td>0611</td>
<td>Paraplegia (non-traumatic)</td>
</tr>
<tr>
<td>0604</td>
<td>Parkinson’s disease</td>
</tr>
<tr>
<td>1102</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>0582</td>
<td>Personality and behavioural disorders—adult</td>
</tr>
<tr>
<td>1001</td>
<td>Pharyngitis—acute</td>
</tr>
<tr>
<td>0561</td>
<td>Phobic and anxiety disorders</td>
</tr>
<tr>
<td>1727</td>
<td>Physical deterioration—general</td>
</tr>
<tr>
<td>1723</td>
<td>Physical violence</td>
</tr>
<tr>
<td>1711</td>
<td>Pins &amp; needles</td>
</tr>
<tr>
<td>1002</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>1613</td>
<td>Poisoning by drugs, medicaments &amp; biological substances</td>
</tr>
<tr>
<td>0102</td>
<td>Polymyelitis</td>
</tr>
<tr>
<td>1724</td>
<td>Poor responsiveness</td>
</tr>
<tr>
<td>0704</td>
<td>Poor vision</td>
</tr>
<tr>
<td>0612</td>
<td>Postviral fatigue syndrome</td>
</tr>
<tr>
<td>0207</td>
<td>Prostate cancer</td>
</tr>
<tr>
<td>1499</td>
<td>Prostate disorders</td>
</tr>
<tr>
<td>0907</td>
<td>Pulmonary embolism</td>
</tr>
<tr>
<td>0611</td>
<td>Quadriplegia</td>
</tr>
<tr>
<td>1712</td>
<td>Rash</td>
</tr>
<tr>
<td>1401</td>
<td>Renal failure</td>
</tr>
<tr>
<td>1004</td>
<td>Respiratory allergies (excl. allergic asthma)</td>
</tr>
<tr>
<td>1719</td>
<td>Restlessness</td>
</tr>
<tr>
<td>1709</td>
<td>Retention of urine</td>
</tr>
<tr>
<td>0572</td>
<td>Ret’s syndrome</td>
</tr>
<tr>
<td>0901</td>
<td>Rheumatic fever</td>
</tr>
<tr>
<td>0902</td>
<td>Rheumatic heart disease</td>
</tr>
<tr>
<td>1305</td>
<td>Rheumatism</td>
</tr>
<tr>
<td>1301</td>
<td>Rheumatoid arthritis</td>
</tr>
<tr>
<td>1004</td>
<td>Rhinitis—chronic</td>
</tr>
<tr>
<td>0199</td>
<td>Scarlet fever</td>
</tr>
<tr>
<td>0606</td>
<td>Schilder’s disease</td>
</tr>
<tr>
<td>0551</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>1304</td>
<td>Scoliosis</td>
</tr>
<tr>
<td>0199</td>
<td>Septicaemia</td>
</tr>
<tr>
<td>1703</td>
<td>Shortness of breath</td>
</tr>
</tbody>
</table>

Sinusitis—acute
Sinusitis—chronic
Skin allergies
Skin and subcutaneous tissue infections
Skin cancer
Skin sensation disturbances
Sleep apnoea
Slowness
Smell & taste disturbances
Spasm
Spastic gait
Speech impediment
Speech & voice disturbances
Spina bifida
Sprain—arm/hand/shoulder—from injury/accident
Sprain—leg/knee/foot/ankle/hip—from injury/accident
Sprain—unspecified
Stomach ulcer
Stress/nervous tension
Sprain—arm/hand/shoulder—from injury/accident
Sprain—leg/knee/foot/ankle/hip—from injury/accident
Sprain—unspecified
Stroke—see cerebrovascular accident
Stammering
Stomach cancer
Stuttering
Subarachnoid haemorrhage
Swallowing difficulty
Tetraplegia

<table>
<thead>
<tr>
<th>ACAP code</th>
<th>Health condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0401</td>
<td>Thyroiditis</td>
</tr>
<tr>
<td>0605</td>
<td>T.I.A.s</td>
</tr>
<tr>
<td>1711</td>
<td>Tingling skin</td>
</tr>
<tr>
<td>0899</td>
<td>Tinnum</td>
</tr>
<tr>
<td>1727</td>
<td>Tiredness</td>
</tr>
<tr>
<td>1001</td>
<td>Tonsillitis—acute</td>
</tr>
<tr>
<td>1103</td>
<td>Toxic liver disease</td>
</tr>
<tr>
<td>0605</td>
<td>Transient cerebral ischaemic attacks (T.I.A.s)</td>
</tr>
<tr>
<td>1713</td>
<td>Tremor unspecified</td>
</tr>
<tr>
<td>0101</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>1713</td>
<td>Twitching n.o.s.</td>
</tr>
<tr>
<td>1101</td>
<td>Ulcer—stomach/duodenal</td>
</tr>
<tr>
<td>1720</td>
<td>Unhappiness</td>
</tr>
<tr>
<td>1403</td>
<td>Urinary incontinence (stress, overflow, reflex, urge)</td>
</tr>
<tr>
<td>1708</td>
<td>Urinary incontinence—unspecified</td>
</tr>
<tr>
<td>1401</td>
<td>Urinary system disorders</td>
</tr>
<tr>
<td>1402</td>
<td>Urinary tract infection</td>
</tr>
<tr>
<td>1709</td>
<td>Urinary retention</td>
</tr>
<tr>
<td>1299</td>
<td>Urticaria</td>
</tr>
<tr>
<td>0999</td>
<td>Varicose veins</td>
</tr>
<tr>
<td>1723</td>
<td>Violence—physical</td>
</tr>
<tr>
<td>0199</td>
<td>Viral meningitis</td>
</tr>
<tr>
<td>1725</td>
<td>Voice &amp; speech disturbances</td>
</tr>
<tr>
<td>1705</td>
<td>Vomiting &amp; nausea</td>
</tr>
<tr>
<td>1714</td>
<td>Walking difficulty n.e.c.</td>
</tr>
<tr>
<td>1730</td>
<td>Weight gain—abnormal</td>
</tr>
<tr>
<td>1730</td>
<td>Weight loss—abnormal</td>
</tr>
<tr>
<td>1720</td>
<td>Worries n.o.s.</td>
</tr>
<tr>
<td>ACAP code</td>
<td>Health condition</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Certain infectious &amp; parasitic diseases</td>
<td></td>
</tr>
<tr>
<td>0101</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>0102</td>
<td>Poliomyelitis</td>
</tr>
<tr>
<td>0103</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>0104</td>
<td>Diarrhoea &amp; gastroenteritis of presumed infectious origin</td>
</tr>
<tr>
<td>0199</td>
<td>Other infectious &amp; parasitic diseases n.o.s or n.e.c (includes leprosy, listeriosis, scarlet fever, meningococcal infection, septicemia, viral meningitis)</td>
</tr>
<tr>
<td>Neoplasms (tumours/cancers)</td>
<td></td>
</tr>
<tr>
<td>0201</td>
<td>Head &amp; neck cancer</td>
</tr>
<tr>
<td>0202</td>
<td>Stomach cancer</td>
</tr>
<tr>
<td>0203</td>
<td>Colorectal (bowel) cancer</td>
</tr>
<tr>
<td>0204</td>
<td>Lung cancer</td>
</tr>
<tr>
<td>0205</td>
<td>Skin cancer</td>
</tr>
<tr>
<td>0206</td>
<td>Breast cancer</td>
</tr>
<tr>
<td>0207</td>
<td>Prostate cancer</td>
</tr>
<tr>
<td>0208</td>
<td>Brain cancer</td>
</tr>
<tr>
<td>0209</td>
<td>Non-Hodgkin’s lymphoma</td>
</tr>
<tr>
<td>0210</td>
<td>Leukaemia</td>
</tr>
<tr>
<td>0211</td>
<td>Other malignant tumours n.o.s or n.e.c</td>
</tr>
<tr>
<td>0299</td>
<td>Other neoplasms (includes benign tumours &amp; tumours of uncertain or unknown behaviour)</td>
</tr>
<tr>
<td>Diseases of the blood &amp; blood forming organs &amp; immune mechanism</td>
<td></td>
</tr>
<tr>
<td>0301</td>
<td>Anaemia</td>
</tr>
<tr>
<td>0302</td>
<td>Haemophilia</td>
</tr>
<tr>
<td>0303</td>
<td>Immunodeficiency disorder (excluding AIDS)</td>
</tr>
<tr>
<td>0399</td>
<td>Other diseases of blood &amp; blood forming organs &amp; immune mechanism n.o.s. or n.e.c</td>
</tr>
<tr>
<td>Endocrine, nutritional &amp; metabolic disorders</td>
<td></td>
</tr>
<tr>
<td>0401</td>
<td>Disorders of the thyroid gland (includes iodine-deficiency syndrome, hypothyroidism, hyperthyroidism, thyroiditis)</td>
</tr>
<tr>
<td>0402</td>
<td>Diabetes mellitus—Type 1 (IDDM)</td>
</tr>
<tr>
<td>0403</td>
<td>Diabetes mellitus—Type 2 (NIDDM)</td>
</tr>
<tr>
<td>0404</td>
<td>Diabetes mellitus—other specified/unsputified/unable to be specified</td>
</tr>
<tr>
<td>0405</td>
<td>Malnutrition</td>
</tr>
<tr>
<td>0406</td>
<td>Nutritional deficiencies</td>
</tr>
<tr>
<td>0407</td>
<td>Obesity</td>
</tr>
<tr>
<td>0408</td>
<td>High cholesterol</td>
</tr>
<tr>
<td>0499</td>
<td>Other endocrine, nutritional &amp; metabolic disorders n.o.s or n.e.c (includes hypoparathyroidism, Cushing’s syndrome)</td>
</tr>
</tbody>
</table>

n.e.c—not elsewhere classified, n.o.s—not otherwise specified
<table>
<thead>
<tr>
<th>ACAP code</th>
<th>Health condition</th>
<th>Equivalent ICD-10-AM code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0500</strong></td>
<td><strong>Mental &amp; behavioural disorders</strong></td>
<td></td>
</tr>
<tr>
<td>0500</td>
<td>Dementia in Alzheimer’s disease¹</td>
<td></td>
</tr>
<tr>
<td>0501</td>
<td>Dementia in Alzheimer’s disease with early onset (&lt;65 yrs)¹</td>
<td>F00.0, G30</td>
</tr>
<tr>
<td>0502</td>
<td>Dementia in Alzheimer’s disease with late onset (&gt;65 yrs)¹</td>
<td>F00.1, G30</td>
</tr>
<tr>
<td>0503</td>
<td>Dementia in Alzheimer’s disease, atypical or mixed type¹</td>
<td>F00.2, G30</td>
</tr>
<tr>
<td>0504</td>
<td>Dementia in Alzheimer’s disease, unspecified¹</td>
<td>F00.9, G30</td>
</tr>
<tr>
<td><strong>0510</strong></td>
<td><strong>Vascular dementia</strong></td>
<td></td>
</tr>
<tr>
<td>0511</td>
<td>Vascular dementia of acute onset</td>
<td>F01.0</td>
</tr>
<tr>
<td>0512</td>
<td>Multi-infarct dementia</td>
<td>F01.1</td>
</tr>
<tr>
<td>0513</td>
<td>Subcortical vascular dementia</td>
<td>F01.2</td>
</tr>
<tr>
<td>0514</td>
<td>Mixed cortical &amp; subcortical vascular dementia</td>
<td>F01.3</td>
</tr>
<tr>
<td>0515</td>
<td>Other vascular dementia</td>
<td>F01.8</td>
</tr>
<tr>
<td>0516</td>
<td>Vascular dementia—unspecified</td>
<td>F01.9</td>
</tr>
<tr>
<td><strong>0520</strong></td>
<td><strong>Dementia in other diseases classified elsewhere</strong></td>
<td></td>
</tr>
<tr>
<td>0521</td>
<td>Dementia in Pick’s disease</td>
<td>F02.0</td>
</tr>
<tr>
<td>0522</td>
<td>Dementia in Creutzfeldt-Jakob disease</td>
<td>F02.1</td>
</tr>
<tr>
<td>0523</td>
<td>Dementia in Huntington’s disease</td>
<td>F02.2</td>
</tr>
<tr>
<td>0524</td>
<td>Dementia in Parkinson’s disease</td>
<td>F02.3</td>
</tr>
<tr>
<td>0525</td>
<td>Dementia in human immunodeficiency virus (HIV) disease</td>
<td>F02.4</td>
</tr>
<tr>
<td>0526</td>
<td>Dementia in other specified diseases classified elsewhere</td>
<td>F02.8</td>
</tr>
<tr>
<td><strong>0530</strong></td>
<td><strong>Other dementia</strong></td>
<td></td>
</tr>
<tr>
<td>0531</td>
<td>Alcoholic dementia</td>
<td>F10.7</td>
</tr>
<tr>
<td>0532</td>
<td>Unspecified dementia (includes presenile &amp; senile dementia)</td>
<td>F03</td>
</tr>
<tr>
<td><strong>0540</strong></td>
<td><strong>Delirium</strong></td>
<td></td>
</tr>
<tr>
<td>0541</td>
<td>Delirium not superimposed on dementia</td>
<td>F05.0</td>
</tr>
<tr>
<td>0542</td>
<td>Delirium superimposed on dementia</td>
<td>F05.1</td>
</tr>
<tr>
<td>0543</td>
<td>Other delirium</td>
<td>F05.8</td>
</tr>
<tr>
<td>0544</td>
<td>Delirium—unspecified</td>
<td>F05.9</td>
</tr>
<tr>
<td><strong>0550</strong></td>
<td><strong>Psychoses &amp; depression/mood affective disorders</strong></td>
<td></td>
</tr>
<tr>
<td>0551</td>
<td>Schizophrenia</td>
<td>F20</td>
</tr>
<tr>
<td>0552</td>
<td>Depression/Mood affective disorders</td>
<td>F30–39</td>
</tr>
<tr>
<td>0553</td>
<td>Other psychoses (includes paranoid states)</td>
<td>F04, F06, F21–29</td>
</tr>
<tr>
<td><strong>0560</strong></td>
<td><strong>Neurotic, stress related &amp; somatoform disorders</strong></td>
<td></td>
</tr>
<tr>
<td>0561</td>
<td>Phobic &amp; anxiety disorders (includes agoraphobia, panic disorder)</td>
<td>F40–41</td>
</tr>
<tr>
<td>0562</td>
<td>Nervous tension/stress</td>
<td>F43</td>
</tr>
<tr>
<td>0563</td>
<td>Obsessive-compulsive disorder</td>
<td>F42</td>
</tr>
<tr>
<td>0564</td>
<td>Other neurotic, stress related &amp; somatoform disorders</td>
<td>F44–48</td>
</tr>
<tr>
<td><strong>0570</strong></td>
<td><strong>Intellectual &amp; developmental disorders</strong></td>
<td></td>
</tr>
<tr>
<td>0571</td>
<td>Mental retardation/intellectual disability</td>
<td>F70–79</td>
</tr>
<tr>
<td>0572</td>
<td>Other developmental disorders (includes autism, Rett’s syndrome, Asperger’s syndrome, developmental learning disorders, specific developmental disorders of speech and language, specific developmental disorder of motor function (e.g. dyspraxia))</td>
<td>F80–84, F88–89</td>
</tr>
</tbody>
</table>

¹ In any analysis of ‘Diseases of the nervous system’ code 0500 ‘Dementia in Alzheimer’s disease’ should be grouped with 0600.

n.e.c.—not elsewhere classified, n.o.s.—not otherwise specified
<table>
<thead>
<tr>
<th>ACAP code</th>
<th>Health condition</th>
<th>Equivalent ICD-10-AM code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0580</td>
<td>Other mental &amp; behavioural disorders</td>
<td></td>
</tr>
<tr>
<td>0581</td>
<td>Mental and behavioural disorders due to alcohol &amp; other psychoactive substance use (includes alcoholism, Korsakoff’s psychosis (alcoholic))</td>
<td>F10.0–F10.6, F10.8–19</td>
</tr>
<tr>
<td>0582</td>
<td>Adult personality &amp; behavioural disorders</td>
<td>F60–69</td>
</tr>
<tr>
<td>0583</td>
<td>Speech impediment (i.e. stuttering/stammering)</td>
<td>F98.5</td>
</tr>
<tr>
<td>0599</td>
<td>Other mental &amp; behavioural disorders n.o.s or n.e.c (includes harmful use of non-dependent substances e.g. laxatives analgesics, antidepressents, eating disorders e.g. anorexia nervosa, bulimia nervosa, mental disorders not otherwise specified)</td>
<td>F07, F50–52, F54–55, F59, F99</td>
</tr>
</tbody>
</table>

**Diseases of the nervous system**

| 0601      | Meningitis & Encephalitis (excluding ‘viral’)                                     | G00–09                                              |
| 0602      | Huntington’s disease                                                               | G10                                                 |
| 0603      | Motor neurone disease                                                              | G12.2                                               |
| 0604      | Parkinson’s disease (includes Parkinson’s disease, secondary Parkinsonism)           | G20–21                                              |
| 0605      | Transient cerebral ischaemic attacks (T.I.A.s)²                                    | G45–46                                              |
| 0606      | Brain disease/disorders (includes senile degeneration of brain n.e.c, degeneration of nervous system due to alcohol, schilder’s disease) | G31, G37, G90–93                                   |
| 0607      | Multiple sclerosis                                                                 | G35                                                 |
| 0608      | Epilepsy                                                                          | G40–41                                              |
| 0609      | Muscular dystrophy                                                                 | G71.0                                               |
| 0610      | Cerebral palsy                                                                     | G80                                                 |
| 0611      | Paralysis--non-traumatic (includes hemiplegia, paraplegia, quadriplegia, tetraplegia & other paralytic syndromes, e.g. diplegia & monoplegia; excludes spinal cord injury code1699) | G81–83                                              |
| 0612      | Chronic/postviral fatigue syndrome                                                 | G93.3                                               |
| 0699      | Other diseases of the nervous system n.o.s or n.e.c (includes dystonia, migraines, headache syndromes, sleep disorders e.g. sleep apnoea & insomnia, Bell’s palsy, myopathies, peripheral neuropathy, dysautonomia) | G11, G12.0–12.1, G12.8–13, G22–26, G32–34, G36, G43–44, G47–70, G71.1–73, G90–93.2, G93.4–99 |

**Diseases of the eye & adnexa**

| 0701      | Cataracts                                                                         | H25–H26                                             |
| 0702      | Glaucoma                                                                           | H40–42                                              |
| 0703      | Blindness (both eyes, one eye, one eye & low vision in other eye)                  | H54.0–54.1, H54.4                                   |
| 0704      | Poor vision (low vision both eyes, one eye, unspecified visual loss)               | H54.2–54.3, H54.5–54.7                              |
| 0799      | Other diseases of the eye & adnexa n.o.s or n.e.c (includes conjunctivitis)         | H00–15, H19–22, H27–32, H36, H43–51, H55–59        |

**Disease of the ear & mastoid process**

| 0801      | Ménière’s disease (includes Ménière’s syndrome, vertigo)                           | H81.0                                               |
| 0802      | Deafness/hearing loss                                                              | H83.3, H90, H91                                    |
| 0899      | Other diseases of the ear & mastoid process n.o.s or n.e.c (includes disease of external ear, otitis media, mastoiditis and related conditions, myringitis, otosclerosis, tinnitus) | H60–62, H65–75, H80, H81.1–83.2, H83.8–83.9, H92–95 |

² In any analysis of 'Cerebrovascular disease' code 0605 Transient cerebral ischaemic attacks (T.I.A.s) should be grouped with 0910.

n.e.c.—not elsewhere classified, n.o.s.—not otherwise specified
<table>
<thead>
<tr>
<th><strong>ACAP code</strong></th>
<th><strong>Health condition</strong></th>
<th><strong>Equivalent ICD-10-AM code</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0900</strong></td>
<td><strong>Heart disease</strong></td>
<td></td>
</tr>
<tr>
<td>0901</td>
<td>Rheumatic fever</td>
<td>I00–02</td>
</tr>
<tr>
<td>0902</td>
<td>Rheumatic heart disease</td>
<td>I05–09</td>
</tr>
<tr>
<td>0903</td>
<td>Angina</td>
<td>I20</td>
</tr>
<tr>
<td>0904</td>
<td>Myocardial infarction (heart attack)</td>
<td>I21–22</td>
</tr>
<tr>
<td>0905</td>
<td>Acute &amp; chronic ischaemic heart disease</td>
<td>I24–25</td>
</tr>
<tr>
<td>0906</td>
<td>Congestive heart failure (congestive heart disease)</td>
<td>I50.0</td>
</tr>
<tr>
<td>0907</td>
<td>Other heart diseases (pulmonary embolism, acute pericarditis, acute and subacute endocarditis, cardiomyopathy, cardiac arrest, heart failure—unspecified)</td>
<td>I23, I26–52</td>
</tr>
<tr>
<td><strong>0910</strong></td>
<td><strong>Cerebrovascular disease</strong> 2,3</td>
<td></td>
</tr>
<tr>
<td>0911</td>
<td>Subarachnoid haemorrhage 2,3</td>
<td>I60</td>
</tr>
<tr>
<td>0912</td>
<td>Intracerebral haemorrhage 2,3</td>
<td>I61</td>
</tr>
<tr>
<td>0913</td>
<td>Other intracranial haemorrhage 2,3</td>
<td>I62</td>
</tr>
<tr>
<td>0914</td>
<td>Cerebral infarction 2,3</td>
<td>I63</td>
</tr>
<tr>
<td>0915</td>
<td>Stroke (CVA)—cerebrovascular accident unspecified 2,3</td>
<td>I64</td>
</tr>
<tr>
<td>0916</td>
<td>Other cerebrovascular diseases (includes embolism, narrowing, obstruction &amp; thrombosis of basilar, carotid, vertebral arteries and middle, anterior, cerebral arteries, cerebellar arteries not resulting in cerebral infarction)</td>
<td>I65–67, I69</td>
</tr>
<tr>
<td><strong>0920</strong></td>
<td><strong>Other diseases of the circulatory system</strong></td>
<td></td>
</tr>
<tr>
<td>0921</td>
<td>Hypertension (high blood pressure)</td>
<td>I10–15</td>
</tr>
<tr>
<td>0922</td>
<td>Hypotension (low blood pressure)</td>
<td>I95</td>
</tr>
<tr>
<td>0923</td>
<td>Abdominal aortic aneurysm</td>
<td>I71.3–71.4</td>
</tr>
<tr>
<td>0924</td>
<td>Other arterial or aortic aneurysms (includes thoracic, unspecified, aneurysm of carotid artery, renal artery, unspecified)</td>
<td>I71.0–71.2, I71.5–72</td>
</tr>
<tr>
<td>0925</td>
<td>Atherosclerosis</td>
<td>I70</td>
</tr>
<tr>
<td>0999</td>
<td>Other diseases of the circulatory system n.o.s or n.e.c (includes other peripheral vascular disease, arterial embolism &amp; thrombosis, other disorders of arteries &amp; arterioles, diseases of capillaries, varicose veins, haemorrhoids)</td>
<td>I68, I73–89, I97–99</td>
</tr>
<tr>
<td><strong>1000</strong></td>
<td><strong>Diseases of the respiratory system</strong></td>
<td></td>
</tr>
<tr>
<td>1001</td>
<td>Acute upper respiratory infections (includes common cold, acute sinusitis, acute pharyngitis, acute tonsillitis, acute laryngitis, upper respiratory infections of multiple &amp; unspecified sites)</td>
<td>J00–06</td>
</tr>
<tr>
<td>1002</td>
<td>Influenza &amp; pneumonia</td>
<td>J10–18</td>
</tr>
<tr>
<td>1003</td>
<td>Acute lower respiratory infections (includes acute bronchitis, bronchiolitis &amp; unspecified acute lower respiratory infections)</td>
<td>J20–22</td>
</tr>
<tr>
<td>1004</td>
<td>Other diseases of upper respiratory tract (includes respiratory allergies (excluding allergic asthma), chronic rhinitis &amp; sinusitis, chronic diseases of tonsils &amp; adenoids)</td>
<td>J30–39</td>
</tr>
<tr>
<td>1005</td>
<td>Chronic lower respiratory diseases (includes emphysema, chronic obstructive airways disease (COAD), asthma)</td>
<td>J40–70</td>
</tr>
<tr>
<td>1099</td>
<td>Other diseases of the respiratory system n.o.s or n.e.c</td>
<td>J80–99</td>
</tr>
</tbody>
</table>

3. Transient cerebral ischaemic attacks (T.I.A.s) should be coded to 0605. n.e.c—not elsewhere classified, n.o.s—not otherwise specified
<table>
<thead>
<tr>
<th>ACAP code</th>
<th>Health condition</th>
<th>Equivalent ICD-10-AM code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diseases of the digestive system</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1101</td>
<td>Diseases of the intestine (includes stomach/duodenal ulcer, abdominal hernia (except congenital), enteritis, colitis, vascular disorders of intestine, diverticulitis, irritable bowel syndrome, diarrhoea, constipation)</td>
<td>K25–28, K40–46, K50–52, K55–63</td>
</tr>
<tr>
<td>1102</td>
<td>Diseases of the peritoneum (includes peritonitis)</td>
<td>K65–67</td>
</tr>
<tr>
<td>1103</td>
<td>Diseases of the liver (includes alcoholic liver disease, toxic liver disease, fibrosis and cirrhosis of liver)</td>
<td>K70–77</td>
</tr>
<tr>
<td>1199</td>
<td>Other diseases of the digestive system n.o.s or n.e.c (includes diseases of oral cavity, salivary glands and jaws, oesophagitis, gastritis and duodenitis, cholecystitis, other diseases of gallbladder, pancreatitis, coeliac disease)</td>
<td>K00–23, K29–38, K80–93</td>
</tr>
<tr>
<td><strong>Diseases of the skin &amp; subcutaneous tissue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1201</td>
<td>Skin &amp; subcutaneous tissue infections (includes impetigo, boil, cellulitis)</td>
<td>L00–08</td>
</tr>
<tr>
<td>1202</td>
<td>Skin allergies (dermatitis &amp; eczema)</td>
<td>L20–30</td>
</tr>
<tr>
<td>1299</td>
<td>Other diseases of the skin &amp; subcutaneous tissue n.o.s or n.e.c (includes bedsore, urticaria, erythema, radiation-related disorders, disorders of skin appendages)</td>
<td>L10–14, L40–75, L80–90.4, L90.6–99</td>
</tr>
<tr>
<td><strong>Diseases of the musculoskeletal system &amp; connective tissue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1301</td>
<td>Rheumatoid arthritis</td>
<td>M05–06</td>
</tr>
<tr>
<td>1302</td>
<td>Other arthritis &amp; related disorders (includes gout, arthrosis, osteoarthritis)</td>
<td>M00–04, M07–19</td>
</tr>
<tr>
<td>1303</td>
<td>Deformities of joints/limbs—acquired</td>
<td>M20–21</td>
</tr>
<tr>
<td>1304</td>
<td>Back problems—dorsopathies (includes scoliosis)</td>
<td>M40–54</td>
</tr>
<tr>
<td>1305</td>
<td>Other soft tissue/muscle disorders (includes rheumatism)</td>
<td>M60–63, M66–68, M70–79</td>
</tr>
<tr>
<td>1306</td>
<td>Osteoporosis</td>
<td>M80–81</td>
</tr>
<tr>
<td>1399</td>
<td>Other disorders of the musculoskeletal system &amp; connective tissue n.o.s or n.e.c (includes osteomyelitis)</td>
<td>M22–36, M82–94, M96–99</td>
</tr>
<tr>
<td><strong>Diseases of the genitourinary system</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1401</td>
<td>Kidney &amp; urinary system (bladder) disorders (includes nephritis, renal failure, cystitis; excludes urinary tract infection &amp; incontinence)</td>
<td>N00–37, N39.1–39.2, N39.8</td>
</tr>
<tr>
<td>1402</td>
<td>Urinary tract infection</td>
<td>N39.0</td>
</tr>
<tr>
<td>1403</td>
<td>Stress/urinary incontinence (includes stress, overflow, reflex &amp; urge incontinence)</td>
<td>N39.3–39.4</td>
</tr>
<tr>
<td>1499</td>
<td>Other diseases of the genitourinary system n.o.s or n.e.c (includes prostate, breast and menopause disorders)</td>
<td>N40–51, N60–64, N70–99</td>
</tr>
<tr>
<td><strong>Congenital malformations, deformations &amp; chromosomal abnormalities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1501</td>
<td>Spina bifida</td>
<td>Q05</td>
</tr>
<tr>
<td>1502</td>
<td>Deformities of joints/limbs—congenital</td>
<td>Q65–68, Q68–74</td>
</tr>
<tr>
<td>1503</td>
<td>Down’s syndrome</td>
<td>Q90</td>
</tr>
<tr>
<td>1504</td>
<td>Other chromosomal abnormalities</td>
<td>Q91–99</td>
</tr>
<tr>
<td>1505</td>
<td>Congenital brain damage/mafformation</td>
<td>Q00–04</td>
</tr>
<tr>
<td>1599</td>
<td>Other congenital malformations &amp; deformations n.o.s or n.e.c</td>
<td>Q06–64, Q67, Q75–89</td>
</tr>
</tbody>
</table>

n.e.c—not elsewhere classified, n.o.s—not otherwise specified
<table>
<thead>
<tr>
<th>ACAP code</th>
<th>Health condition</th>
<th>Equivalent ICD-10-AM code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1601</td>
<td>Injuries to the head (includes injuries to ear, eye, jaw, acquired brain damage)</td>
<td>S00–09</td>
</tr>
<tr>
<td>1604</td>
<td>Amputation of the finger/thumb/hand/shoulder—traumatic</td>
<td>S48, S58, S68, T05.0–05.2</td>
</tr>
<tr>
<td>1605</td>
<td>Amputation of toe/ankle/foot/leg—traumatic</td>
<td>S78, S88, S98, T05.3–05.5</td>
</tr>
<tr>
<td>1606</td>
<td>Fracture of neck (includes cervical spine &amp; vertebra)</td>
<td>S12</td>
</tr>
<tr>
<td>1607</td>
<td>Fracture of rib(s), sternum &amp; thoracic spine (includes thoracic spine &amp; vertebra)</td>
<td>S22</td>
</tr>
<tr>
<td>1608</td>
<td>Fracture of lumbar spine &amp; pelvis (includes lumbar vertebra, sacrum, coccyx, sacrum)</td>
<td>S32</td>
</tr>
<tr>
<td>1609</td>
<td>Fracture of shoulder, upper arm &amp; forearm (includes clavicle, scapula, humerus, radius, ulna)</td>
<td>S42, S52</td>
</tr>
<tr>
<td>1610</td>
<td>Fracture at wrist &amp; hand level</td>
<td>S62</td>
</tr>
<tr>
<td>1611</td>
<td>Fracture of femur (includes hip (neck of femur))</td>
<td>S72</td>
</tr>
<tr>
<td>1612</td>
<td>Fracture of lower leg &amp; foot</td>
<td>S82, S92</td>
</tr>
<tr>
<td>1613</td>
<td>Poisoning by drugs, medicaments &amp; biological substances (includes systemic antibiotics, hormones, narcotics, hallucinogens, analgesics, antipyretics, antiarthematus, antiepileptic, antiparkinsonism drugs, includes overdose of the above substances)</td>
<td>T36–50</td>
</tr>
<tr>
<td>1699</td>
<td>Other injury, poisoning &amp; consequences of external causes n.o.s or n.e.c (including all other injuries to the body, spinal cord injury, multiple fractures, unspecified dislocations, sprains, strains, fractures, burns, frostbite, toxic effects of substances of nonmedical source, complications of surgical &amp; medical care)</td>
<td>S10–11, S13–21, S23–31, S33–39, S100–04, T05.6–09.9, T10–35, T51–98</td>
</tr>
</tbody>
</table>

### Symptoms & signs n.o.s or n.e.c

<table>
<thead>
<tr>
<th>ACAP code</th>
<th>Health condition</th>
<th>Equivalent ICD-10-AM code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1701</td>
<td>Abnormal blood-pressure reading, without diagnosis</td>
<td>R03</td>
</tr>
<tr>
<td>1702</td>
<td>Cough</td>
<td>R05</td>
</tr>
<tr>
<td>1703</td>
<td>Breathing difficulties/shortness of breath</td>
<td>R06</td>
</tr>
<tr>
<td>1704</td>
<td>Pain</td>
<td>R07, R10, R30, R52</td>
</tr>
<tr>
<td>1705</td>
<td>Nausea &amp; vomiting</td>
<td>R11</td>
</tr>
<tr>
<td>1706</td>
<td>Dysphagia (difficulty in swallowing)</td>
<td>R13</td>
</tr>
<tr>
<td>1707</td>
<td>Bowel/faecal incontinence</td>
<td>R15</td>
</tr>
<tr>
<td>1708</td>
<td>Unspecified urinary incontinence</td>
<td>R32</td>
</tr>
<tr>
<td>1709</td>
<td>Retention of urine</td>
<td>R33</td>
</tr>
<tr>
<td>1710</td>
<td>Jaundice (unspecified)</td>
<td>R17</td>
</tr>
<tr>
<td>1711</td>
<td>Disturbances of skin sensation (includes pins &amp; needles, tingling skin)</td>
<td>R20</td>
</tr>
<tr>
<td>1712</td>
<td>Rash &amp; other nonspecific skin eruption</td>
<td>R21</td>
</tr>
<tr>
<td>1713</td>
<td>Abnormal involuntary movements (includes abnormal head movements, tremor unspecified, cramp &amp; spasm, twitching n.o.s)</td>
<td>R25</td>
</tr>
<tr>
<td>1714</td>
<td>Abnormalities of gait &amp; mobility (includes ataxic &amp; spastic gait, difficulty in walking n.e.c)</td>
<td>R26</td>
</tr>
</tbody>
</table>

n.e.c—not elsewhere classified, n.o.s—not otherwise specified
<table>
<thead>
<tr>
<th>ACAP code</th>
<th>Health condition</th>
<th>Equivalent ICD-10-AM code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1715</td>
<td>Falls (frequent with unknown aetiology)</td>
<td>R29.81</td>
</tr>
<tr>
<td>1716</td>
<td>Disorientation (confusion)</td>
<td>R41.0</td>
</tr>
<tr>
<td>1717</td>
<td>Amnesia (memory disturbance, lack or loss)</td>
<td>R41.1–41.3</td>
</tr>
<tr>
<td>1718</td>
<td>Dizziness &amp; giddiness (light-headedness, vertigo n.o.s)</td>
<td>R42</td>
</tr>
<tr>
<td>1719</td>
<td>Restlessness &amp; agitation</td>
<td>R45.1</td>
</tr>
<tr>
<td>1720</td>
<td>Unhappiness (worries n.o.s)</td>
<td>R45.2</td>
</tr>
<tr>
<td>1721</td>
<td>Irritability &amp; anger</td>
<td>R45.4</td>
</tr>
<tr>
<td>1722</td>
<td>Hostility</td>
<td>R45.5</td>
</tr>
<tr>
<td>1723</td>
<td>Physical violence</td>
<td>R45.6</td>
</tr>
<tr>
<td>1724</td>
<td>Slowness &amp; poor responsiveness</td>
<td>R46.4</td>
</tr>
<tr>
<td>1725</td>
<td>Speech &amp; voice disturbances</td>
<td>R47</td>
</tr>
<tr>
<td>1726</td>
<td>Headache</td>
<td>R51</td>
</tr>
<tr>
<td>1727</td>
<td>Malaise &amp; fatigue (includes general physical deterioration, lethargy and tiredness)</td>
<td>R53</td>
</tr>
<tr>
<td>1728</td>
<td>Blackouts, fainting, convulsions</td>
<td>R55–56</td>
</tr>
<tr>
<td>1729</td>
<td>Oedema n.e.c (includes fluid retention n.o.s)</td>
<td>R60</td>
</tr>
<tr>
<td>1730</td>
<td>Symptoms &amp; signs concerning food &amp; fluid intake (includes loss of appetite, excessive eating &amp; thirst, abnormal weight loss &amp; gain)</td>
<td>R63</td>
</tr>
<tr>
<td>1799</td>
<td>Other symptoms &amp; signs n.o.s or n.e.c (includes gangrene, haemorrhage from respiratory passages, heartburn, disturbances of smell &amp; taste, enlarged lymph nodes, illness n.o.s)</td>
<td>R00–02, R04, R09, R12, R14, R16, R18–19, R22–23, R27, R29.0–29.8, R29.89, R31–32, R34–36, R39–40, R43–44, R45.3, R45.7–45.8, R46.0–46.3, R46.5–46.8, R48–50, R54, R57–59, R61–62, R64, R68–69</td>
</tr>
<tr>
<td>1899</td>
<td>Has other health condition not elsewhere specified</td>
<td></td>
</tr>
</tbody>
</table>

4 These codes should only be used to record certain symptoms that represent important problems in their own right, regardless of whether a related diagnosed disease or disorder is also reported
n.e.c— not elsewhere classified, n.o.s—not otherwise specified
Appendix E

Code list for Main language other than English spoken at home using the Australian Bureau of Statistics’ (ABS) adaptation of the Australian Standard Classification of Languages (ASCL), ABS Catalogue No. 1267.0, 1997.
1 NORTHERN EUROPEAN LANGUAGES

11 Celtic
   1101 Gaelic (Scotland)
   1102 Irish
   1103 Welsh
   1199 Celtic, nec

12 English
   1201 English

13 German and Related Languages
   1301 German
   1302 Letzeburgish
   1303 Yiddish

14 Dutch and Related Languages
   1401 Dutch
   1402 Frisian
   1403 Afrikaans

15 Scandinavian
   1501 Danish
   1502 Icelandic
   1503 Norwegian
   1504 Swedish
   1599 Scandinavian, nec

16 Finnish and Related Languages
   1601 Estonian
   1602 Finnish
   1699 Finnish and Related Languages, nec

2 SOUTHERN EUROPEAN LANGUAGES

21 French
   2101 French

22 Greek
   2201 Greek

23 Iberian Romance
   2301 Catalan
   2302 Portuguese
   2303 Spanish
   2399 Iberian Romance, nec

24 Italian
   2401 Italian

25 Maltese
   2501 Maltese

29 Other Southern European Languages
   2901 Basque
   2902 Latin
   2999 Other Southern European Languages, nec
3 EASTERN EUROPEAN LANGUAGES

31 Baltic
3101 Latvian
3102 Lithuanian

33 Hungarian
3301 Hungarian

34 East Slavic
3401 Belorussian
3402 Russian
3403 Ukrainian

35 South Slavic
3501 Bosnian
3502 Bulgarian
3503 Croatian
3504 Macedonian
3505 Serbian
3506 Slovene
3507 Serbo-Croatian/Yugoslavian, so described

36 West Slavic
3601 Czech
3602 Polish
3603 Slovak

39 Other Eastern European Languages
3901 Albanian
3903 Aromunian (Macedo-Romanian)
3904 Romanian
3905 Romany
3999 Other Eastern European Languages, nec

4 SOUTHWEST AND CENTRAL ASIAN LANGUAGES

41 Iranian
4101 Kurdish
4102 Pashto
4104 Balochi
4105 Dari
4106 Persian (excluding Dari)
4199 Iranian, nec

42 Middle Eastern Semitic Languages
4202 Arabic
4203 Assyrian
4204 Hebrew
4299 Middle Eastern Semitic Languages, nec

43 Turkic
4301 Turkish
4302 Azeri
4303 Tatar
4304 Turkmen
<table>
<thead>
<tr>
<th>Code</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>4305</td>
<td>Uygur</td>
</tr>
<tr>
<td>4306</td>
<td>Uzbek</td>
</tr>
<tr>
<td>4399</td>
<td>Turkic, nec</td>
</tr>
<tr>
<td>49</td>
<td>Other Southwest and Central Asian Languages</td>
</tr>
<tr>
<td>4901</td>
<td>Armenian</td>
</tr>
<tr>
<td>4902</td>
<td>Georgian</td>
</tr>
<tr>
<td>4999</td>
<td>Other Southwest and Central Asian Languages, nec</td>
</tr>
<tr>
<td>5</td>
<td>SOUTHERN ASIAN LANGUAGES</td>
</tr>
<tr>
<td>51</td>
<td>Dravidian</td>
</tr>
<tr>
<td>5101</td>
<td>Kannada</td>
</tr>
<tr>
<td>5102</td>
<td>Malayalam</td>
</tr>
<tr>
<td>5103</td>
<td>Tamil</td>
</tr>
<tr>
<td>5104</td>
<td>Telugu</td>
</tr>
<tr>
<td>5105</td>
<td>Tulu</td>
</tr>
<tr>
<td>5199</td>
<td>Dravidian, nec</td>
</tr>
<tr>
<td>52</td>
<td>Indo-Aryan</td>
</tr>
<tr>
<td>5201</td>
<td>Bengali</td>
</tr>
<tr>
<td>5202</td>
<td>Gujarati</td>
</tr>
<tr>
<td>5203</td>
<td>Hindi</td>
</tr>
<tr>
<td>5204</td>
<td>Konkani</td>
</tr>
<tr>
<td>5205</td>
<td>Marathi</td>
</tr>
<tr>
<td>5206</td>
<td>Nepali</td>
</tr>
<tr>
<td>5207</td>
<td>Punjabi</td>
</tr>
<tr>
<td>5208</td>
<td>Sindhi</td>
</tr>
<tr>
<td>5211</td>
<td>Sinhalese</td>
</tr>
<tr>
<td>5212</td>
<td>Urdu</td>
</tr>
<tr>
<td>5213</td>
<td>Assamese</td>
</tr>
<tr>
<td>5214</td>
<td>Dhivehi</td>
</tr>
<tr>
<td>5215</td>
<td>Kashmiri</td>
</tr>
<tr>
<td>5216</td>
<td>Oriya</td>
</tr>
<tr>
<td>5299</td>
<td>Indo-Aryan, nec</td>
</tr>
<tr>
<td>59</td>
<td>Other Southern Asian Languages</td>
</tr>
<tr>
<td>5999</td>
<td>Other Southern Asian Languages</td>
</tr>
<tr>
<td>6</td>
<td>SOUTHEAST ASIAN LANGUAGES</td>
</tr>
<tr>
<td>61</td>
<td>Burmese and Related Languages</td>
</tr>
<tr>
<td>6101</td>
<td>Burmese</td>
</tr>
<tr>
<td>6102</td>
<td>Haka</td>
</tr>
<tr>
<td>6103</td>
<td>Karen</td>
</tr>
<tr>
<td>6199</td>
<td>Burmese and Related Languages, nec</td>
</tr>
<tr>
<td>62</td>
<td>Hmong-Mien</td>
</tr>
<tr>
<td>6201</td>
<td>Hmong</td>
</tr>
<tr>
<td>6299</td>
<td>Hmong-Mien, nec</td>
</tr>
<tr>
<td>63</td>
<td>Mon-Khmer</td>
</tr>
<tr>
<td>6301</td>
<td>Khmer</td>
</tr>
<tr>
<td>6302</td>
<td>Vietnamese</td>
</tr>
<tr>
<td>6303</td>
<td>Mon</td>
</tr>
<tr>
<td>Code</td>
<td>Language</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>6399</td>
<td>Mon-Khmer, nec</td>
</tr>
<tr>
<td>64</td>
<td>Tai</td>
</tr>
<tr>
<td>6401</td>
<td>Lao</td>
</tr>
<tr>
<td>6402</td>
<td>Thai</td>
</tr>
<tr>
<td>6499</td>
<td>Tai, nec</td>
</tr>
<tr>
<td>65</td>
<td>Southeast Asian Austronesian Languages</td>
</tr>
<tr>
<td>6501</td>
<td>Bisaya</td>
</tr>
<tr>
<td>6502</td>
<td>Cebuano</td>
</tr>
<tr>
<td>6503</td>
<td>Ilokano</td>
</tr>
<tr>
<td>6504</td>
<td>Indonesian</td>
</tr>
<tr>
<td>6505</td>
<td>Malay</td>
</tr>
<tr>
<td>6507</td>
<td>Tetum</td>
</tr>
<tr>
<td>6508</td>
<td>Timorese</td>
</tr>
<tr>
<td>6511</td>
<td>Tagalog</td>
</tr>
<tr>
<td>6512</td>
<td>Filipino</td>
</tr>
<tr>
<td>6513</td>
<td>Acehnese</td>
</tr>
<tr>
<td>6514</td>
<td>Balinese</td>
</tr>
<tr>
<td>6515</td>
<td>Bikol</td>
</tr>
<tr>
<td>6516</td>
<td>Iban</td>
</tr>
<tr>
<td>6517</td>
<td>Ilonggo (Hiligaynon)</td>
</tr>
<tr>
<td>6518</td>
<td>Javanese</td>
</tr>
<tr>
<td>6521</td>
<td>Pampangan</td>
</tr>
<tr>
<td>6599</td>
<td>Southeast Asian Austronesian Languages, nec</td>
</tr>
<tr>
<td>69</td>
<td>Other Southeast Asian Languages</td>
</tr>
<tr>
<td>6999</td>
<td>Other Southeast Asian Languages</td>
</tr>
<tr>
<td>7</td>
<td>EASTERN ASIAN LANGUAGES</td>
</tr>
<tr>
<td>71</td>
<td>Chinese</td>
</tr>
<tr>
<td>7101</td>
<td>Cantonese</td>
</tr>
<tr>
<td>7102</td>
<td>Hakka</td>
</tr>
<tr>
<td>7103</td>
<td>Hokkien</td>
</tr>
<tr>
<td>7104</td>
<td>Mandarin</td>
</tr>
<tr>
<td>7105</td>
<td>Teochew</td>
</tr>
<tr>
<td>7106</td>
<td>Wu</td>
</tr>
<tr>
<td>7199</td>
<td>Chinese, nec</td>
</tr>
<tr>
<td>72</td>
<td>Japanese</td>
</tr>
<tr>
<td>7201</td>
<td>Japanese</td>
</tr>
<tr>
<td>73</td>
<td>Korean</td>
</tr>
<tr>
<td>7301</td>
<td>Korean</td>
</tr>
<tr>
<td>79</td>
<td>Other Eastern Asian Languages</td>
</tr>
<tr>
<td>7901</td>
<td>Tibetan</td>
</tr>
<tr>
<td>7902</td>
<td>Mongolian</td>
</tr>
<tr>
<td>7999</td>
<td>Other Eastern Asian Languages, nec</td>
</tr>
<tr>
<td>8</td>
<td>AUSTRALIAN INDIGENOUS LANGUAGES</td>
</tr>
<tr>
<td>81</td>
<td>Arnhem Land and Daly River Region Languages</td>
</tr>
<tr>
<td>8101</td>
<td>Anindilyakwa</td>
</tr>
<tr>
<td>8102</td>
<td>Burarra</td>
</tr>
</tbody>
</table>
8108 Kunwinjku
8111 Maung
8113 Ngan’gikurunggurr
8114 Nunggubuyu
8115 Rembarrnga
8117 Tiwi
8121 Alawa
8122 Dalabon
8123 Gudanji
8124 Gundjeihmi
8125 Gun-nartpa
8126 Gurr-goni
8127 Iwaidja
8128 Jaminjung
8131 Jawoyn
8132 Jingulu
8133 Kunbarlang
8134 Kune
8135 Kuninjku
8136 Larrakia
8137 Malak Malak
8138 Mangarrayi
8141 Maringarr
8142 Marra
8143 Marrithiyel
8144 Matngala
8145 Mayali
8146 Murrinh Patha
8147 Na-kara
8148 Ndjdébbana (Gunavidji)
8151 Ngalakgan
8152 Ngaliwurru
8153 Nungali
8154 Wambaya
8155 Wardaman
8199 Arnhem Land and Daly River Region Languages, nec

82 Yolngu Matha

821 Dhangu
  8211 Galpu
  8212 Golumala
  8213 Wangurri
  8219 Dhangu, nec

822 Dhay’yi
  8221 Dhalwangu
  8222 Djarwark
  8229 Dhay’yi, nec
<table>
<thead>
<tr>
<th>Code</th>
<th>Language Name</th>
<th>Code</th>
<th>Language Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>823</td>
<td>Dhuwal</td>
<td>8231</td>
<td>Djambarrpuyngu</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8232</td>
<td>Djaup</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8233</td>
<td>Daatiwuy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8234</td>
<td>Marrangu</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8235</td>
<td>Liyagalawumirr</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8239</td>
<td>Dhuwal, nec</td>
</tr>
<tr>
<td>824</td>
<td>Dhuwala</td>
<td>8241</td>
<td>Dhuwaya</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8242</td>
<td>Gumatj</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8243</td>
<td>Gupapuyngu</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8244</td>
<td>Guyamirrilili</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8245</td>
<td>Madarppa</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8246</td>
<td>Manggaiili</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8247</td>
<td>Wubulkarra</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8249</td>
<td>Dhuwala, nec</td>
</tr>
<tr>
<td>825</td>
<td>Djinang</td>
<td>8251</td>
<td>Wurlaki</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8259</td>
<td>Djinang, nec</td>
</tr>
<tr>
<td>826</td>
<td>Djinba</td>
<td>8261</td>
<td>Ganalbingu</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8269</td>
<td>Djinba, nec</td>
</tr>
<tr>
<td>827</td>
<td>Yakuy</td>
<td>8271</td>
<td>Ritharrngu</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8279</td>
<td>Yakuy, nec</td>
</tr>
<tr>
<td>828</td>
<td>Nhangu</td>
<td>8281</td>
<td>Nhangu</td>
</tr>
<tr>
<td>829</td>
<td>Other Yolngu Matha</td>
<td>8299</td>
<td>Other Yolngu Matha</td>
</tr>
</tbody>
</table>

### Cape York Peninsula Languages

<table>
<thead>
<tr>
<th>Code</th>
<th>Language Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>8301</td>
<td>Kuku Yalanji</td>
</tr>
<tr>
<td>8302</td>
<td>Guugu Yimidhirr</td>
</tr>
<tr>
<td>8303</td>
<td>Kuuku-Ya’u</td>
</tr>
<tr>
<td>8304</td>
<td>Wik Mungkan</td>
</tr>
<tr>
<td>8305</td>
<td>Djabugay</td>
</tr>
<tr>
<td>8306</td>
<td>Dyirbal</td>
</tr>
<tr>
<td>8307</td>
<td>Girramay</td>
</tr>
<tr>
<td>8308</td>
<td>Koko-Bera</td>
</tr>
<tr>
<td>8311</td>
<td>Kuuk Thayorre</td>
</tr>
<tr>
<td>8312</td>
<td>Lamalama</td>
</tr>
<tr>
<td>8313</td>
<td>Yidiny</td>
</tr>
<tr>
<td>8314</td>
<td>Wik Ngathan</td>
</tr>
<tr>
<td>8399</td>
<td>Cape York Peninsula Languages, nec</td>
</tr>
</tbody>
</table>

### Torres Strait Island Languages

<table>
<thead>
<tr>
<th>Code</th>
<th>Language Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>8401</td>
<td>Kalaw Kawaw Ya/Kalaw Lagaw Ya</td>
</tr>
<tr>
<td>8402</td>
<td>Meriam Mir</td>
</tr>
</tbody>
</table>
8403 Torres Strait Creole

85 Northern Desert Fringe Area Languages

8504 Bilinarra
8505 Gurindji
8506 Gurindji Kriol
8507 Jaru
8508 Light Warlpiri
8511 Malngin
8512 Mudburra
8513 Ngandi
8514 Ngardi
8515 Ngarinyman
8516 Walmajarri
8517 Wanyijirra
8518 Warlimanpa
8521 Warlpiri
8522 Warumungu
8599 Northern Desert Fringe Area Languages, nec

86 Arandic

8603 Alyawarr
8604 Anmatyerr
8605 Arrernte
8606 Kaytetye
8699 Arandic, nec

87 Western Desert Language

8703 Antikarinya
8704 Kartujarra
8705 Kukatha
8706 Kukatja
8707 Luritja
8708 Manyjilyjarra
8711 Martu Wangka
8712 Ngaanyatjarra
8713 Pintupi
8714 Pitjantjatjara
8715 Wangkajunga
8716 Wangkatha
8717 Wamman
8718 Yankunytjatjara
8721 Yulparija
8799 Western Desert Language, nec

88 Kimberley Area Languages

8801 Bardi
8802 Bunuba
8803 Gooniyandi
8804 Miriwoong
<table>
<thead>
<tr>
<th>Code</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>8805</td>
<td>Ngarinyin</td>
</tr>
<tr>
<td>8806</td>
<td>Nyikina</td>
</tr>
<tr>
<td>8807</td>
<td>Worla</td>
</tr>
<tr>
<td>8808</td>
<td>Worrorra</td>
</tr>
<tr>
<td>8811</td>
<td>Wunambal</td>
</tr>
<tr>
<td>8812</td>
<td>Yawuru</td>
</tr>
<tr>
<td>8899</td>
<td>Kimberley Area Languages, nec</td>
</tr>
</tbody>
</table>

### Other Australian Indigenous Languages

<table>
<thead>
<tr>
<th>Code</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>8901</td>
<td>Adnymathanha</td>
</tr>
<tr>
<td>8902</td>
<td>Arabana</td>
</tr>
<tr>
<td>8903</td>
<td>Bandjalang</td>
</tr>
<tr>
<td>8904</td>
<td>Banyjima</td>
</tr>
<tr>
<td>8905</td>
<td>Batjala</td>
</tr>
<tr>
<td>8906</td>
<td>Bidjara</td>
</tr>
<tr>
<td>8907</td>
<td>Dhanggatti</td>
</tr>
<tr>
<td>8908</td>
<td>Diyari</td>
</tr>
<tr>
<td>8911</td>
<td>Gamilaraay</td>
</tr>
<tr>
<td>8912</td>
<td>Garrwa</td>
</tr>
<tr>
<td>8913</td>
<td>Garuwali</td>
</tr>
<tr>
<td>8914</td>
<td>Githabul</td>
</tr>
<tr>
<td>8915</td>
<td>Gumbaynggir</td>
</tr>
<tr>
<td>8916</td>
<td>Kanai</td>
</tr>
<tr>
<td>8917</td>
<td>Karajarri</td>
</tr>
<tr>
<td>8918</td>
<td>Kariyarra</td>
</tr>
<tr>
<td>8921</td>
<td>Kaurna</td>
</tr>
<tr>
<td>8922</td>
<td>Kayardild</td>
</tr>
<tr>
<td>8923</td>
<td>Kija</td>
</tr>
<tr>
<td>8924</td>
<td>Kriol</td>
</tr>
<tr>
<td>8925</td>
<td>Lardil</td>
</tr>
<tr>
<td>8926</td>
<td>Mangala</td>
</tr>
<tr>
<td>8927</td>
<td>Muruwari</td>
</tr>
<tr>
<td>8928</td>
<td>Narungga</td>
</tr>
<tr>
<td>8931</td>
<td>Ngariuma</td>
</tr>
<tr>
<td>8932</td>
<td>Ngarrindjeri</td>
</tr>
<tr>
<td>8933</td>
<td>Nyamal</td>
</tr>
<tr>
<td>8934</td>
<td>Nyangumarta</td>
</tr>
<tr>
<td>8935</td>
<td>Nyungar</td>
</tr>
<tr>
<td>8936</td>
<td>Paakantyi</td>
</tr>
<tr>
<td>8937</td>
<td>Palyku/Nyiyapartli</td>
</tr>
<tr>
<td>8938</td>
<td>Wajarri</td>
</tr>
<tr>
<td>8941</td>
<td>Wiradjuri</td>
</tr>
<tr>
<td>8942</td>
<td>Yanyuwa</td>
</tr>
<tr>
<td>8943</td>
<td>Yindjibarndi</td>
</tr>
<tr>
<td>8944</td>
<td>Yinawangka</td>
</tr>
<tr>
<td>8945</td>
<td>Yorta Yorta</td>
</tr>
<tr>
<td>8998</td>
<td>Aboriginal English, so described</td>
</tr>
</tbody>
</table>
### Other Languages

#### American Languages
- 9101 American Languages

#### African Languages
- 9201 Acholi
- 9203 Akan
- 9205 Mauritian Creole
- 9206 Oromo
- 9207 Shona
- 9208 Somali
- 9211 Swahili
- 9212 Yoruba
- 9213 Zulu
- 9214 Amharic
- 9215 Bemba
- 9216 Dinka
- 9217 Ewe
- 9218 Ga
- 9221 Harari
- 9222 Hausa
- 9223 Igbo
- 9224 Kikuyu
- 9225 Krio
- 9226 Luganda
- 9227 Luo
- 9228 Ndebele
- 9231 Nuer
- 9232 Nyanja (Chichewa)
- 9233 Shilluk
- 9234 Tigré
- 9235 Tigrinya
- 9236 Tswana
- 9237 Xhosa
- 9238 Seychelles Creole

#### Pacific Austronesian Languages
- 9301 Fijian
- 9302 Gilbertese
- 9303 Maori (Cook Island)
- 9304 Maori (New Zealand)
- 9305 Motu
- 9306 Nauruan
- 9307 Niue
- 9308 Samoan
- 9311 Tongan
<table>
<thead>
<tr>
<th>Code</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>9312</td>
<td>Rotuman</td>
</tr>
<tr>
<td>9313</td>
<td>Tokelauan</td>
</tr>
<tr>
<td>9314</td>
<td>Tuvaluan</td>
</tr>
<tr>
<td>9315</td>
<td>Yapese</td>
</tr>
<tr>
<td>9399</td>
<td>Pacific Austronesian Languages, nec</td>
</tr>
<tr>
<td>94</td>
<td>Oceanian Pidgins and Creoles</td>
</tr>
<tr>
<td>9401</td>
<td>Tok Pisin</td>
</tr>
<tr>
<td>9402</td>
<td>Bislama</td>
</tr>
<tr>
<td>9403</td>
<td>Hawaiian English</td>
</tr>
<tr>
<td>9404</td>
<td>Pitcairnese</td>
</tr>
<tr>
<td>9405</td>
<td>Solomon Islands Pijin</td>
</tr>
<tr>
<td>9499</td>
<td>Oceanian Pidgins and Creoles, nec</td>
</tr>
<tr>
<td>95</td>
<td>Papua New Guinea Papuan Languages</td>
</tr>
<tr>
<td>9502</td>
<td>Kiwai</td>
</tr>
<tr>
<td>9599</td>
<td>Papua New Guinea Papuan Languages, nec</td>
</tr>
<tr>
<td>96</td>
<td>Invented Languages</td>
</tr>
<tr>
<td>9601</td>
<td>Invented Languages</td>
</tr>
<tr>
<td>97</td>
<td>Sign Languages</td>
</tr>
<tr>
<td>9701</td>
<td>Auslan</td>
</tr>
<tr>
<td>9702</td>
<td>Makaton</td>
</tr>
<tr>
<td>9799</td>
<td>Sign Languages, nec</td>
</tr>
<tr>
<td>9999</td>
<td>Not Stated/inadequately described</td>
</tr>
</tbody>
</table>
## Appendix F

### Code list for Aged Care Assessment Team (ACAT) Identities

<table>
<thead>
<tr>
<th>New South Wales</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 AY</td>
<td>2 BA</td>
</tr>
<tr>
<td>Albury Aged Care Assessment Team</td>
<td>Ballarat Aged Care Assessment Service</td>
</tr>
<tr>
<td>1 BA</td>
<td>2 BE</td>
</tr>
<tr>
<td>Bankstown Aged Care Assessment Team</td>
<td>Bendigo Aged Care Assessment Service</td>
</tr>
<tr>
<td>1 BH</td>
<td>2 BR</td>
</tr>
<tr>
<td>Far West Aged Care Assessment Team</td>
<td>Geelong Aged Care Assessment Service</td>
</tr>
<tr>
<td>1 BN</td>
<td>2 BU</td>
</tr>
<tr>
<td>Blue Mountains/Nepean Aged Care Assessment Team</td>
<td>Bundoola Aged Care Assessment Service</td>
</tr>
<tr>
<td>1 BS</td>
<td>2 CA</td>
</tr>
<tr>
<td>Bathurst Aged Care Assessment Team</td>
<td>Caulfield Aged Care Assessment Service</td>
</tr>
<tr>
<td>1 BT</td>
<td>2 ES</td>
</tr>
<tr>
<td>Blacktown Aged Care Assessment Team</td>
<td>Central East Aged Care Assessment Service</td>
</tr>
<tr>
<td>1 BV</td>
<td>2 GL</td>
</tr>
<tr>
<td>Bega Valley Aged Care Assessment Team</td>
<td>Gippsland Aged Care Assessment Team</td>
</tr>
<tr>
<td>1 CD</td>
<td>2 HG</td>
</tr>
<tr>
<td>Macarthur Aged Care Assessment Team</td>
<td>Heidelberg Aged Care Assessment Service</td>
</tr>
<tr>
<td>1 CO</td>
<td>2 KS</td>
</tr>
<tr>
<td>Cooma Aged Care Assessment Team</td>
<td>Kingston Aged Care Assessment Service</td>
</tr>
<tr>
<td>1 DO</td>
<td>2 MA</td>
</tr>
<tr>
<td>Dubbo Aged Care Assessment Team</td>
<td>Mildura Aged Care Assessment Service</td>
</tr>
<tr>
<td>1 EB</td>
<td>2 ME</td>
</tr>
<tr>
<td>Eurobodalla Aged Care Assessment Team</td>
<td>Mt Eliza Aged Care Assessment Service</td>
</tr>
<tr>
<td>1 GB</td>
<td>2 MN</td>
</tr>
<tr>
<td>Goulburn Aged Care Assessment Team</td>
<td>Shepparton/Hume Aged Care Assessment Service</td>
</tr>
<tr>
<td>1 GF</td>
<td>2 NE</td>
</tr>
<tr>
<td>Central Coast Aged Care Assessment Team</td>
<td>Wangaratta Aged Care Assessment Service</td>
</tr>
<tr>
<td>1 HA</td>
<td>2 NW</td>
</tr>
<tr>
<td>Macleay-Hastings Aged Care Assessment Team</td>
<td>North West Aged Care Assessment Service</td>
</tr>
<tr>
<td>1 HK</td>
<td>2 OE</td>
</tr>
<tr>
<td>Hornsby/Ku-ring-gai Aged Care Assessment Team</td>
<td>Outer East Aged Care Assessment Service</td>
</tr>
<tr>
<td>1 IS</td>
<td>2 ST</td>
</tr>
<tr>
<td>Illawarra/Shoalhaven Aged Care Assessment Team</td>
<td>North Eastern-Metro-St Vincents Aged Care Assessment Service</td>
</tr>
<tr>
<td>1 LD</td>
<td>2 SW</td>
</tr>
<tr>
<td>Lady Davidson Hospital Aged Care Assessment Team</td>
<td>Warrnambool Aged Care Assessment Service</td>
</tr>
<tr>
<td>1 LM</td>
<td>2 WE</td>
</tr>
<tr>
<td>Richmond Aged Care Assessment Team</td>
<td>Western Aged Care Assessment Service</td>
</tr>
<tr>
<td>1 LP</td>
<td>2 ZD</td>
</tr>
<tr>
<td>Liverpool/Fairfield Aged Care Assessment Team</td>
<td>Sydney Inner West Aged Care Assessment Team</td>
</tr>
<tr>
<td>1 MB</td>
<td>2 ZA</td>
</tr>
<tr>
<td>Murrumbidgee Aged Care Assessment Team</td>
<td>Hunter Aged Care Assessment Team</td>
</tr>
<tr>
<td>1 MV</td>
<td>2 ZB</td>
</tr>
<tr>
<td>Lower Mid North Coast Aged Care Assessment Team</td>
<td>New England Aged Care Assessment Team</td>
</tr>
<tr>
<td>1 NB</td>
<td>2 ZC</td>
</tr>
<tr>
<td>Northern Beaches Aged Care Assessment Team</td>
<td>Coffs Clarence Aged Care Assessment Team</td>
</tr>
<tr>
<td>1 OR</td>
<td>2 ZD</td>
</tr>
<tr>
<td>Orange Aged Care Assessment Team</td>
<td>Sydney Inner West Aged Care Assessment Team</td>
</tr>
<tr>
<td>1 PR</td>
<td>2 ZD</td>
</tr>
<tr>
<td>Parkes Aged Care Assessment Team</td>
<td>Sydney Inner West Aged Care Assessment Team</td>
</tr>
</tbody>
</table>
### Queensland

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>BS</td>
<td>Brisbane South Aged Care Assessment Team</td>
</tr>
<tr>
<td>3</td>
<td>BY</td>
<td>Bayside Aged Care Assessment Team</td>
</tr>
<tr>
<td>3</td>
<td>CN</td>
<td>Cairns Aged Care Assessment Team</td>
</tr>
<tr>
<td>3</td>
<td>CW</td>
<td>Central West Aged Care Assessment Team</td>
</tr>
<tr>
<td>3</td>
<td>GC</td>
<td>Gold Coast Aged Care Assessment Team</td>
</tr>
<tr>
<td>3</td>
<td>IW</td>
<td>West Moreton Aged Care Assessment Team</td>
</tr>
<tr>
<td>3</td>
<td>MB</td>
<td>Fraser Coast Aged Care Assessment Team</td>
</tr>
<tr>
<td>3</td>
<td>MI</td>
<td>Mt Isa Aged Care Assessment Team</td>
</tr>
<tr>
<td>3</td>
<td>MK</td>
<td>Mackay Aged Care Assessment Team</td>
</tr>
<tr>
<td>3</td>
<td>NB</td>
<td>Sunshine Coast Aged Care Assessment Team</td>
</tr>
<tr>
<td>3</td>
<td>PC</td>
<td>Prince Charles Hospital Aged Care Assessment Team</td>
</tr>
<tr>
<td>3</td>
<td>RB</td>
<td>Royal Brisbane Hospital Aged Care Assessment Team</td>
</tr>
<tr>
<td>3</td>
<td>RC</td>
<td>Redcliffe Caboolture Aged Care Assessment Team</td>
</tr>
<tr>
<td>3</td>
<td>RH</td>
<td>Rockhampton Aged Care Assessment Team</td>
</tr>
<tr>
<td>3</td>
<td>RM</td>
<td>Roma Aged Care Assessment Team</td>
</tr>
<tr>
<td>3</td>
<td>TV</td>
<td>Townsville Aged Care Assessment Team</td>
</tr>
<tr>
<td>3</td>
<td>TW</td>
<td>Toowoomba Aged Care Assessment Team</td>
</tr>
</tbody>
</table>

### South Australia

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>FN</td>
<td>Flinders and Far North Aged Care Assessment Team</td>
</tr>
<tr>
<td>4</td>
<td>LE</td>
<td>Lower Eyre Peninsula Aged Care Assessment Team</td>
</tr>
<tr>
<td>4</td>
<td>MM</td>
<td>Murray Mallee Aged Care Assessment Team</td>
</tr>
<tr>
<td>4</td>
<td>MN</td>
<td>Mid North Aged Care Assessment Team</td>
</tr>
<tr>
<td>4</td>
<td>NT</td>
<td>Northern Area Aged Care Assessment Team</td>
</tr>
<tr>
<td>4</td>
<td>RV</td>
<td>Riverland Aged Care Assessment Team</td>
</tr>
<tr>
<td>4</td>
<td>ST</td>
<td>Southern Area Aged Care Assessment Team</td>
</tr>
<tr>
<td>4</td>
<td>WE</td>
<td>Whyalla Aged Care Assessment Team</td>
</tr>
<tr>
<td>4</td>
<td>XA</td>
<td>Yorke and Lower North and Inner North Country Aged Care Assessment Team</td>
</tr>
<tr>
<td>4</td>
<td>XB</td>
<td>Adelaide Hills, Southern Fleurieu and Kangaroo Island Aged Care Assessment Team</td>
</tr>
</tbody>
</table>

### Western Australia

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>AB</td>
<td>Great Southern Aged Care Assessment Team</td>
</tr>
<tr>
<td>5</td>
<td>AD</td>
<td>Armadale/Kelmscott Aged Care Assessment Team</td>
</tr>
<tr>
<td>5</td>
<td>BB</td>
<td>South West Aged Care Assessment Team</td>
</tr>
<tr>
<td>5</td>
<td>BT</td>
<td>Bentley Geriatric Aged Care Assessment Team</td>
</tr>
<tr>
<td>5</td>
<td>CG</td>
<td>Sir Charles Gairdner Aged Care Assessment Team</td>
</tr>
<tr>
<td>5</td>
<td>FH</td>
<td>Fremantle Hospital Aged Care Assessment Team</td>
</tr>
<tr>
<td>5</td>
<td>GT</td>
<td>Midwest Aged Care Assessment Team</td>
</tr>
<tr>
<td>5</td>
<td>KG</td>
<td>Goldfields Geriatric Aged Care Assessment Service</td>
</tr>
<tr>
<td>5</td>
<td>KM</td>
<td>Kimberley Aged Care Assessment Team</td>
</tr>
<tr>
<td>5</td>
<td>MD</td>
<td>Rockingham Peel Aged Care Assessment Team</td>
</tr>
<tr>
<td>5</td>
<td>NG</td>
<td>Wheatbelt - Narrogin Aged Care Assessment Team</td>
</tr>
<tr>
<td>5</td>
<td>NH</td>
<td>Wheatbelt - Northam Aged Care Assessment Team</td>
</tr>
<tr>
<td>5</td>
<td>OP</td>
<td>Osborne Park Aged Care Assessment Team</td>
</tr>
<tr>
<td>5</td>
<td>PI</td>
<td>Pilbara Aged Care Assessment Team</td>
</tr>
<tr>
<td>5</td>
<td>RP</td>
<td>Royal Perth Aged Care Assessment Team</td>
</tr>
<tr>
<td>5</td>
<td>SW</td>
<td>Swan District Aged Care Assessment Team</td>
</tr>
</tbody>
</table>

### Tasmania

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>NR</td>
<td>Northern Aged Care Assessment Team</td>
</tr>
<tr>
<td>6</td>
<td>NW</td>
<td>North West Aged Care Assessment Team</td>
</tr>
<tr>
<td>6</td>
<td>SR</td>
<td>Southern Aged Care Assessment Team</td>
</tr>
</tbody>
</table>

### Northern Territory

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>AS</td>
<td>Alice Springs Aged Care Assessment Team</td>
</tr>
<tr>
<td>7</td>
<td>DW</td>
<td>Darwin Aged Care Assessment Team</td>
</tr>
<tr>
<td>7</td>
<td>KA</td>
<td>Katherine Aged Care Assessment Team</td>
</tr>
</tbody>
</table>

### Australian Capital Territory

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>AT</td>
<td>ACT Aged Care Assessment Team</td>
</tr>
</tbody>
</table>
INDEX

A
Activities involved in social and community participation .......................................................... 21, 57, 116
Assessment
  complete ........................................................................................................................................... 113
  incomplete ........................................................................................................................................... 113

B
Boarding house/rooming house/private hotel ........................................................................... 15

C
Communication .......................................................................................................................... 21, 57, 116
Community Aged Care Package (CACP) .................................................................................... 50, 89, 93
Community Care Programs - other .......................................................................................... 89, 93
Current assistance with activities
  formal .................................................................................................................................................. 54
  informal ............................................................................................................................................. 54

D
Day Therapy Centres (Commonwealth funded) .............................................................................. 93
Delegate
  ACAT ................................................................................................................................................. 61
  DoHA .................................................................................................................................................. 61
Deleted record .................................................................................................................................. 111
Domestic assistance ...................................................................................................................... 21, 57, 116
DVA entitlement – orange card or other ....................................................................................... 65

E
Extended Age Care at Home (EACH) ........................................................................................... 72
Extended Age Care at Home-Dementia (EACH-Dementia) ............................................................. 75

F
Flexible care - other ...................................................................................................................... 87

H
Health care tasks .......................................................................................................................... 21, 57, 116
Home and Community Care (HACC) .......................................................................................... 89, 93
Home maintenance ....................................................................................................................... 21, 57, 116
Hospital
  acute care – contact setting ......................................................................................................... 81
  description (accommodation usual) .............................................................................................. 15
Husband/male partner ................................................................................................................... 42, 44

I
Independent living within a retirement village ........................................................................... 15, 119
Indigenous community/settlement (accommodation usual) ...................................................... 15
Inpatient (other) – contact setting ............................................................................................... 81
In-progress records ....................................................................................................................... 113
Institutional care – other (accommodation usual) ...................................................................... 15
M
Meals .......................................................................................................................... 21, 57, 116
Movement activities ........................................................................................................ 21, 57, 116
Moving around places at or away from home .............................................................. 21, 57, 116

N
National Respite for Carers Program (Carer Respite Centre/Resource Centre) .............................................................. 93

P
Private residence
description ................................................................................................................. 15, 119
Other community - contact setting ............................................................................ 81
Public place/temporary shelter (accommodation usual) ................................................ 15

R
Residential aged care
contact setting ............................................................................................................ 81
high level .................................................................................................................... 124
low level ..................................................................................................................... 124
Respite care
Non-residential ........................................................................................................ 130, 132
Residential ............................................................................................................... 127, 130, 132

S
Self-care ..................................................................................................................... 21, 57, 116
Service provider
number .................................................................................................................... 67
signature .................................................................................................................... 67
Short-term crisis, emergency or transitional accommodation ........................................ 15
Supported community accommodation ....................................................................... 15, 119

T
Transition care ......................................................................................................... 140
Transport ................................................................................................................. 21, 57, 116

U
Unique record identifier ............................................................................................. 14, 46, 122

V
Veterans’ Home Care ............................................................................................... 89, 93

W
Wife/female partner .................................................................................................. 42, 44