Transmission Protocol HACC MDS v2.0 Victoria

A. Data Transmission Standard

Victorian HACC MDS version 2 csv format

1.   Submission File Name Format

Purpose: to uniquely identify a submission file received by the RRHACS Data Repository

Format		Data		Item Name	Example
CCCCCCAAAAAYYYYNTTXX.FFF	where	CCCCCC	=	COLLECTION IDENTIFER	HACC__
		AAAAA	=	AGENCY IDENTIFIER	01234
		YYYYN		DATA SUBMISSION IDENTIFIER	20063
		TT	=	TRANSMISSION NUMBER	01
		XX	=	EXPORT FILE PORTION	01
		FFF	=	FILE EXTENSION i.e. CSV or XML	CSV

The file number is always 20 characters plus separator (.) and extension. The collection identifier should be padded with underscore (_) on the right if it has less than the required number of characters while other components should be padded by zero (0) on the left to make up the required number of characters.

Example :   Agency (ID = 1234) submits a single portion file for the July-Aug-Sept quarter starting 1 July 2006 for a single time in CSV format (i.e. Data Submission   ID = 20063, Transmission No =1, Export File Portion = 1).

Thus the Submission File Name =   HACC__01234200630101.CSV

2. CSV File format

ITEM NUMBER	HEADER RECORD (REPORTED ONCE PER SUBMISSION)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
1	COLLECTION IDENTIFER	Alphanumeric	"AAAAAAA" literally, "HACC"	3	6	Must be in prescribed format
2	VERSION IDENTIFIER	NUMERIC	999 literally, "200"	3	3	Must be in prescribed format. 200 stands for v2.0.0
3	RECORD TYPE	Alphanumeric	"AAAAAA" literally, "HEADER"	6	6	Must be in prescribed format
4	AGENCY IDENTIFIER	Numeric	99999	4	5	Must be valid agency id
5	DATA COLLECTION IDENTIFIER	Alphanumeric	"YYYY/N"	6	6	Must be in prescribed format and valid collection id
6	TRANSMISSION NUMBER	Numeric	99	1	2	Must be a number > 0
7	EXPORT FILE PORTION	Alphanumeric	XX Default = 1	1	2	
8	NUMBER OF CLIENT RECORDS FOLLOWING	Numeric	99999	1	5	Must be a number > 0
9	NAME OF SOFTWARE	Alphanumeric	"AAAAAAAAAAX"	1	50	
10	END HEADER MARKER	Alphanumeric	"AAAAAAAAA", literally, "ENDHEADER"	9	9	Must be in prescribed format

ITEM NUMBER	CLIENT RECORD (Reported once per client)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
11	COLLECTION IDENTIFER	Alphanumeric	"AAAAAAA" literally, "HACC"	3	6	Must be in prescribed format
12	VERSION IDENTIFIER	NUMERIC	999 literally, "200"	3	3	Must be in prescribed format. 200 stands for v2.0.0
13	RECORD TYPE	Alphanumeric	"AAAAAA" literally, "CLIENT"	6	6	Must be in prescribed format
14	LETTERS OF NAME	Alphanumeric	"XXXXX"	5	5	Must be in prescribed SLK format eg.,X22X2, XXX22, 222XX or blank
15	DATE OF BIRTH	Date	"dd/mm/yyyy"	10	10	Must be in prescribed date format. Year of birth must not be before 1895 or blank
16	DATE OF BIRTH ESTIMATE FLAG	Numeric	9	1	1	Must be a number (either 1 or 2) or blank
17	SEX	Numeric	9	1	1	Must be a number (either 1, 2, 3, 4 or 9)
18	COUNTRY OF BIRTH	Numeric	9999	4	4	Must be a valid country code. If data is unavailable use 9999
19	PREFERRED LANGUAGE	Numeric	9999	4	4	Must be a valid language code. If data is unavailable use 9999
20	NEED FOR INTERPRETER	Numeric	9	1	1	Must be a number (either 1,2 or 9)
21	INDIGENOUS STATUS	Numeric	9	1	1	Must be a number (either 1,2,3,4 or 9)
22	STATE/TERRITORY IDENTIFIER	Numeric	9	1	1	Must be a number (Vic=2)

ITEM NUMBER	CLIENT RECORD (Reported once per client)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
23	RESIDENTIAL LOCALITY	Alphanumeric	"AAA …"	1	46	Must be a valid suburb, town, locality or blank
24	RESIDENTIAL POSTCODE	Numeric	9999	4	4	Must be a valid postcode. If data is unavailable use 9999
25	SLK MISSING FLAG	Numeric	9	1	1	Must be a number (either 1, 2, 3 or 4)
26	LIVING ARRANGEMENT	Numeric	9	1	1	Must be a valid code. If data is unavailable use 9
27	GOVT. PENSION/BENEFIT STATUS	Numeric	9	1	1	Must be a valid code. If data is unavailable use 9
28	DVA ENTITLEMENT	Numeric	9	1	1	Must be a valid code. If data is unavailable use 9
29	ACCOMMODATION	Numeric	99	1	2	Must be a valid code. If data is unavailable use 99
30	CARER AVAILABILITY	Numeric	9	1	1	Must be a number (1 or 2). If data is unavailable use 9
31	CARER – LETTERS OF NAME	Alphanumeric	"XXXXX"	5	5	Must be in prescribed SLK format e.g. X22X2, XXX22, 222XX or blank
32	CARER – DATE OF BIRTH	Date	"dd/mm/yyyy"	10	10	Must be in prescribed date format. Year of birth must not be before 1895 or blank
33	CARER – DATE OF BIRTH ESTIMATE FLAG	Numeric	9	1	1	Must be a number (either 1 or 2) or blank
34	CARER - SEX	Numeric	9	1	1	Must be a number (either 1, 2 or 9) or blank

ITEM NUMBER	CLIENT RECORD (Reported once per client)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
35	CARER – COUNTRY OF BIRTH	Numeric	9999	4	4	Must be a valid country code. If data is unavailable use 9999
36	CARER – PREFERRED LANGUAGE	Numeric	9999	4	4	Must be a valid language code. If data is unavailable use 9999
37	CARER – INDIGENOUS STATUS	Numeric	9	1	1	Must be a number (either 1,2,3,4 or 9)
38	CARER – STATE/TERRITORY IDENFIER	Numeric	9	1	1	Must be in the correct number ID
39	CARER - RESIDENTIAL LOCALITY	Alphanumeric	"AAA …"	1	46	Must be a valid suburb, town, locality or blank
40	CARER - POSTCODE	Numeric	9999	4	4	Must be a valid postcode. If data is unavailable use 9999
41	CARER RESIDENCY STATUS	Numeric	9	1	1	Must be a number (1 or 2). If data is unavailable use 9
42	RELATIONSHIP OF CARER TO CARE RECIPIENT	Numeric	9	1	2	Must be a valid code. If data is unavailable use 9
43	CARER FOR MORE THAN ONE PERSON	Numeric	9	1	1	Must be a number (1, 2 or 9)
44	DATE OF LAST UPDATE	Date	"dd/mm/yyyy"	10	10	Must be in prescribed date format.
45	SOURCE OF REFERRAL	Numeric	99	1	2	Must be a valid code. If data is unavailable use 99
46	DATE OF ENTRY INTO HACC SERVICE EPISODE	Date	"dd/mm/yyyy"	10	10	Must be in prescribed date format.

ITEM NUMBER	CLIENT RECORD (Reported once per client)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
47	DATE OF EXIT FROM HACC SERVICE EPISODE	Date	"dd/mm/yyyy"	10	10	Must be in prescribed date format.
48	MAIN REASON FOR CESSATION OF SERVICES	Numeric	99	1	2	Must be a valid code. If data is unavailable use 99 or null

ITEM NUMBER	CLIENT RECORD	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
	Services Received (total calculated per client for reporting period)					
49	DOMESTIC ASSISTANCE (hours)	Numeric	9999	1	4	Must be a number or null
50	VOL. SOCIAL SUPPORT (hours)	Numeric	9999	1	4	Must be a number or null
51	NURSING RECEIVED AT HOME (hours)	Numeric	9999	1	4	Must be a number or null
52	NURSING RECEIVED AT CENTRE (hours)	Numeric	9999	1	4	Must be a number or null
53	PODIATRY AT HOME (hours)	Numeric	9999	1	4	Must be a number or null
54	OCCUPATIONAL THERAPY AT HOME (hours)	Numeric	9999	1	4	Must be a number or null
55	SPEECH PATHOLOGY AT HOME (hours)	Numeric	9999	1	4	Must be a number or null
56	DIETETICS AT HOME (hours)	Numeric	9999	1	4	Must be a number or null
57	PHYSIOTHERAPY AT HOME (hours)	Numeric	9999	1	4	Must be a number or null
58	AUDIOLOGY AT HOME (hours)	Numeric	9999	1	4	Must be a number or null
59	COUNSELLING AT HOME (hours)	Numeric	9999	1	4	Must be a number or null
60	ALLIED HEALTH CARE RECEIVED AT HOME - TOTAL TIME (Hours)	Numeric	9999	1	4	Must be a number or null
61	PODIATRY AT CENTRE (hours)	Numeric	9999	1	4	Must be a number or null
62	OCCUPATIONAL THERAPY AT CENTRE (hours)	Numeric	9999	1	4	Must be a number or null
63	SPEECH PATHOLOGY AT CENTRE (hours)	Numeric	9999	1	4	Must be a number or null
64	DIETETICS AT CENTRE (hours)	Numeric	9999	1	4	Must be a number or null
65	PHYSIOTHERAPY AT CENTRE (hours)	Numeric	9999	1	4	Must be a number or null

ITEM NUMBER	CLIENT RECORD	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
66	AUDIOLOGY AT CENTRE (hours)	Numeric	9999	1	4	Must be a number or null
67	COUNSELLING AT CENTRE (hours)	Numeric	9999	1	4	Must be a number or null
68	ALLIED HEALTH CARE RECEIVED AT CENTRE (hours)	Numeric	9999	1	4	Must be a number or null
69	PERSONAL CARE (hours)	Numeric	9999	1	4	Must be a number or null
70	PLANNED ACTIVITY GROUP, CORE (hours)	Numeric	9999	1	4	Must be a number or null
71	PLANNED ACTIVITY GROUP, HIGH (hours)	Numeric	9999	1	4	Must be a number or null
72	MEALS RECEIVED AT HOME (no. of meals)	Numeric	999	1	3	Must be a number or null
73	MEALS RECEIVED AT CENTRE (no. of meals)	Numeric	999	1	3	Must be a number or null
74	RESPITE (hours)	Numeric	9999	1	4	Must be a number or null
75	ASSESSMENT (hours)	Numeric	9999	1	4	Must be a number or null
76	CASE MANAGEMENT (hours)	Numeric	9999	1	4	Must be a number or null
77	CLIENT CARE COORDINATION (hours)	Numeric	9999	1	4	Must be a number or null
78	PROPERTY MAINTENANCE (hours)	Numeric	9999	1	4	Must be a number or null
79	PROVISION OF GOODS AND EQUIPMENT - Self Care Aids	Numeric	9	1	3	Must be a number or null
80	PROVISION OF GOODS AND EQUIPMENT - Supporting and Mobility Aids	Numeric	9	1	3	Must be a number or null
81	PROVISION OF GOODS AND EQUIPMENT - Communication Aids	Numeric	9	1	3	Must be a number or null

ITEM NUMBER	CLIENT RECORD	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
82	PROVISION OF GOODS AND EQUIPMENT - Aids for reading	Numeric	9	1	3	Must be a number or null
83	PROVISION OF GOODS AND EQUIPMENT - Medical Care Aids	Numeric	9	1	3	Must be a number or null
84	PROVISION OF GOODS AND EQUIPMENT - Car modifications	Numeric	9	1	3	Must be a number or null
85	PROVISION OF GOODS AND EQUIPMENT - Other goods/equipment	Numeric	9	1	3	Must be a number or null
86	COUNSELLING/SUPPORT, INFORMATION AND ADVOCACY – CARE RECIPIENT (hours)	Numeric	9999	1	4	Must be a number or null
87	COUNSELLING/SUPPORT, INFORMATION AND ADVOCACY - CARER (hours)	Numeric	9999	1	4	Must be a number or null
88	FUNCTIONAL STATUS - Housework	Numeric	9	1	1	Must be 1, 2, 3 or 9
89	FUNCTIONAL STATUS – Transport	Numeric	9	1	1	Must be 1, 2, 3 or 9
90	FUNCTIONAL STATUS – Shopping	Numeric	9	1	1	Must be 1, 2, 3 or 9
91	FUNCTIONAL STATUS – Medication	Numeric	9	1	1	Must be 1, 2, 3 or 9
92	FUNCTIONAL STATUS - Money	Numeric	9	1	1	Must be 1, 2, 3 or 9
93	FUNCTIONAL STATUS – Walking	Numeric	9	1	1	Must be 1, 2, 3 or 9
94	FUNCTIONAL STATUS – Mobility	Numeric	9	1	1	Must be 1, 2, 3 or 9
95	FUNCTIONAL STATUS – Self-care screen	Numeric	9	1	1	Must be 1 or 2
96	FUNCTIONAL STATUS - Bathing	Numeric	9	1	1	Must be 1, 2, 3 or 9
97	FUNCTIONAL STATUS – Dressing	Numeric	9	1	1	Must be 1, 2, 3 or 9

ITEM NUMBER	CLIENT RECORD	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
98	FUNCTIONAL STATUS - Eating	Numeric	9	1	1	Must be 1, 2, 3 or 9
99	FUNCTIONAL STATUS – Toilet	Numeric	9	1	1	Must be 1, 2, 3 or 9
100	FUNCTIONAL STATUS – Communication	Numeric	9	1	1	Must be 1, 2, 3 or 9
101	FUNCTIONAL STATUS – Memory	Numeric	9	1	1	Must be 1 or 2
102	FUNCTIONAL STATUS – Behaviour	Numeric	9	1	1	Must be 1 or 2
103	HRS Registered Client	Numeric	9	1	1	Must be 0 or 1
104	HRS Confirmation Call	Numeric	99	1	2	Must be 0, 1, 2 or 9
105	HRS Call-out in Time 1	Numeric	99	1	2	Must be a number or null
106	HRS Call-out in Time 2	Numeric	99	1	2	Must be a number or null
107	HRS Call-out in Time 3	Numeric	99	1	2	Must be a number or null
108	HRS Call-out in Time 4	Numeric	99	1	2	Must be a number or null
109	SCP Respite daytime in home	Numeric	9999	1	4	Must be a number or null
110	SCP Respite overnight in home non-active	Numeric	9999	1	4	Must be a number or null
111	SCP Respite overnight in home active	Numeric	9999	1	4	Must be a number or null
112	SCP Respite residential	Numeric	9999	1	4	Must be a number or null
113	SCP Counselling and support	Numeric	9999	1	4	Must be a number or null
114	SCP Goods and equipment cost (whole $)	Numeric	99999	1	5	Must be a number or null
115	END CLIENT MARKER	Alphanumeric	"AAAAAAAAAX" literally, "ENDCLIENT"	9	10	

B. HACC MDS Version 2 Validation Rules for Victoria

1. Invalid submissions

An MDS file will be deemed an invalid submission and rejected by the Victorian data repository (VDR) if any of the following occur:

- Files not in csv or xml format
- Files with incorrect collection period heading
- Files with incorrect agency ID
- The number of clients indicated in the record header does not correspond to the number of records in the file.

The agency will be asked to re-submit the whole file.

2. Rejected Client Records

The VDR will delete a client record from the file if any of the following occur:

- The value or code in the following data items does not correspond to the prescribed codes or format:
  - letters of name
  - date of birth
  - sex
  - post code

- No services are recorded for the quarter

- More than 1000 hours or negative hours recorded for any of the service activities that are measured by hours

- More than 300 meals or a negative number of meals recorded for meals delivered at home or at centre

- Duplicate client records.

3. Deletion of information within the client record

The VDR will delete some information from a client record if any of the following occur:

- Incorrect date format in any date fields (except for date of birth: refer to above rule on Rejected Records)
- Incorrect value or code in any other data fields.

After these deletions the VDR will process the remaining records as normal. The agency will be notified of the deletions and asked to fix the problem for future transmissions.

4. Correction of information within the client record

The VDR will correct some information in a client record if any of the following occur:

- Where appropriate, some data fields with blank values will be substituted with the value 9 or 99 or 9999 (refer to list below).

After these corrections the VDR will process the records as normal. The agency will be notified of the corrections and asked to fix the problem for future transmissions.

5. Suggestions for software design: Logical checks for data validation

These checks should be built into the agency's client information management system.

- If the client has no carer (Carer Availability=2) then responses to all carer data items should be blank. Conversely, if there is a carer (Carer Availability=1), all carer data items should be populated.
- If the client is still receiving HACC services at the end of the collection period, the Date of Exit from HACC Services and the Main Reason for Cessation of Services should both be blank.
- If the client has stopped receiving HACC services, there should be a date for Date of Exit from HACC Services, and the Main Reason for Cessation of Services should be coded accordingly.
- If the answer to the Self-care Screen (Functional Status) is No (=2), then Bathing, Dressing, Eating and Toilet in Functional Status should be blank.
- Future dates should not be acceptable.
- Date of birth must not be before 01/01/1895.
- Date of birth must not be after or the same as Date of Entry into HACC Service Episode.
- Date of birth must not be after or the same as Date of Last Assessment.
- Postcodes must be a valid Australian Postcode.
- The Residential Locality (suburb or locality name) should match the Postcode. A list can be obtained from the Australia Post site at http://www1.auspost.com.au/postcodes/

6. Data items that the VDR will populate with 9 or 99 or 9999 if left blank

- Country of birth
- Preferred language
- Need for interpreter
- Indigenous status
- Postcode
- Living arrangement
- Govt. Pension/benefit status
- DVA entitlement
- Accommodation
- Carer availability
- Carer – country of birth
- Carer – preferred language
- Carer – indigenous status
- Carer – postcode
- Carer residency status
- Carer for more than one person
- Source of referral

Carer's data items will be cross checked with Carer Availability Status (=1), before auto populating the blank fields.