Service episode—service cessation reason (HACC), code N[N]

Exported from METEOR (AIHW's Metadata Online Registry)

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Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Service cessation reason (HACC)
METEOR identifier:	309602
Registration status:	Community Services (retired), Recorded 16/11/2009
Definition:	The main reason that the client ceased to receive services from the agency.
Context:	This data element provides information about the circumstances surrounding the ending of a client's receipt of HACC-funded assistance from an agency. In conjunction with Source of Referral, this data element contributes to a general understanding of the patterns of client movement into and out of the care and support of HACC agencies. Main reason for cessation of services also gives some indication of the impact on client turnover of factors relating to the agency's operations and to changes in client needs and circumstances.
Data Element Concept:	Service episode—service cessation reason
Value Domain:	Reason for community service cessation (HACC) code N[N]

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N[N]	
Maximum character length:	2	
	Value	**Meaning**
Permissible values:	1	Client no longer needs assistance—improved status
	2	Client no longer needs assistance from agency—improved status
	3	Client's needs have not changed but agency cannot or will no longer provide assistance
	4	Care recipient moved to residential aged care
	5	Care recipient moved to other institutional setting
	6	Care recipient moved to other community-based service
	7	Care recipient moved out of area
	8	Care recipient terminated service
	9	Client died
	10	Other reason
Supplementary values:	99	Not stated/inadequately described

Data element attributes

Collection and usage attributes

Guide for use:

Where the client has ceased to receive services for more than one reason, the agency should record the main or primary reason for the cessation of service.

Code 1:

The client no longer needs formal assistance. Includes situations where the care recipient's needs for assistance from the agency have reduced to the point where they can manage on their own, or where needed assistance is being provided by an informal carer(s) (family, friends etc), or only needed temporary assistance.

Code 2:

The client no longer needs assistance from the agency but needs some formal assistance from another agency. For example, a person's condition has improved and they longer require nursing care but need formal assistance from other service provider(s).

Code 3:

Includes situations where the client's need for assistance has not changed but the agency has ceased to provide assistance to the client because of the agency's resource limitations. Where the main reason the client ceased to receive services from the agency was because the client's increased level of need/dependency led to a referral to another agency or program that provides a higher level of community care, code 3 should be used.

This code also includes situations where the main reason the agency ceases to assist the client is because the agency no longer considers it safe for the agency's workers (or volunteers) to continue to assist the client. Safety issues may relate to the physical setting of service delivery (e.g. unsafe or unsanitary dwelling) or to concerns with the physical or emotional wellbeing of the worker (or volunteer) due to the client's behaviour.

Code 6:

Includes situations where the client's increasing dependency or need for assistance has reached the point where the agency can no longer provide the necessary assistance and the client is referred to a more appropriate source of community care. This includes referrals to a Community Aged Care Package provider or a Community Options (or Linkages) project. Where the client's increased level of need for assistance/dependency has resulted in, or contributed to, the client's admission to a residential aged care facility (nursing home or hostel) code 4 should be used

Code 7:

Includes situations where the client ceased to receive assistance from the agency because the client moved out of the geographic area of coverage of the agency. That is, the reason the agency ceases to assist the client is primarily because of a change in client's residential location and not because of any change in their need for assistance.

Code 8:

Includes situations where the decision to cease receiving assistance from the agency was made by the client. That is, it was the client's choice and not the result of any agency assessment of need or change in the client's external circumstances. If the client had not made this choice they would have continued to receive assistance from the agency.

Verification rules:

The client record should include a value for Date of exit.

Collection methods:	This data element should be recorded for clients who cease to receive HACC-funded assistance from the agency on what is considered to be a permanent basis. The client's Main reason for cessation of services should be recorded in conjunction with the client's Date of exit.

Given that HACC clients can have multiple episodes of care over time, some agencies may choose record this information historically. Historical recording refers to the practice of maintaining a record of changes over time where each change is accompanied by the appropriate date. Although this level of system capability is desirable (and may be necessary for future HACC MDS reporting) this level of system capability is not assumed in the HACC MDS at this point in time.

Reporting requirements:

This data element is required for reporting in the HACC MDS collection. Over a period of time a client may have entered and exited from an agency on more than one occasion. The Service cessation reason should be reported for the latest Date of exit that the agency has recorded for the client.

Information provided by the agency about the person's Main reason for cessation of services will be considered to relate to the same HACC service episode as the Date of exit.

If the agency's system or records do not provide sufficient information to accurately report on this data element, the agency should use code 99 Not stated/inadequately described.

Comments: Service provision and planning:

This metadata item provides information about the circumstances surrounding the ending of a client's receipt of services from an agency. This metadata item contributes to a general understanding of the patterns of client movement into and out of the care and support of agencies. Reason for cessation of services also gives some indication of the impact on client turnover of factors relating to the agency's operations and to changes in client needs and circumstances.

Source and reference attributes

Origin: Developed for the HACC Data Dictionary Version 1.0, 1998

Relational attributes

Implementation in Data Set Specifications: Home and Community Care MDS 2009
Community Services (retired), Recorded 16/11/2009
Implementation start date: 11/05/2006