

# Activity based funding: Mental health care DSS 2015-16

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# Activity based funding: Mental health care DSS 2015-16

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Set Specification
<b>METEOR identifier:</b>	575015
<b>Registration status:</b>	<a href="#">Independent Hospital Pricing Authority</a> , Superseded 16/03/2016
<b>DSS type:</b>	Data Set Specification (DSS)
<b>Scope:</b>	The purpose of the Activity based funding: Mental health care data set specification (ABF MHC DSS) is to collect information about patients receiving mental health care, funded by states and territories, that is associated with Australian public hospitals.

**Mental health care** is care in which the primary clinical purpose or treatment goal is improvement in the symptoms and/or psychosocial, environmental and physical functioning related to a patient's mental disorder. Mental health care:

- is delivered under the management of, or regularly informed by, a clinician with specialised expertise in mental health;
- is evidenced by an individualised formal mental health assessment and the implementation of a documented mental health plan; and
- may include significant psychosocial components, including family and carer support.

The scope of the ABF MHC DSS is mental health care provided by services that are in-scope public hospital services under the National Health Reform Agreement 2011. This includes care delivered by specialised mental health services, public hospitals, Local Hospital Networks and non-government organisations (NGOs) managed or funded by state or territory health authorities.

Mental health care provided by services which are not in-scope public hospital services under the National Health Reform Agreement 2011 can also be reported.

## Collection and usage attributes

<b>Statistical unit:</b>	Episodes of care
<b>Collection methods:</b>	Data are collected at each hospital from patient administrative, financial and other systems. Hospitals forward data to the relevant state or territory health authority on a regular basis (for example, monthly).

### *National reporting arrangements*

State and territory health authorities provide the data to the Independent Hospital Pricing Authority for national collation, on a six monthly basis.

### *Periods for which data are collected and nationally collated*

Financial years ending 30 June each year.

<b>Implementation start date:</b>	01/07/2015
<b>Implementation end date:</b>	30/06/2016

**Comments:**

*Scope links with other NMDSs and DSSs*

Admitted patient care NMDS

Admitted patient mental health care NMDS

Community mental health care NMDS

Mental health establishments NMDS

Non-admitted patient DSS

Residential mental health care NMDS

The ABF MHC DSS is also closely associated with the National Outcomes and Casemix Collection (NOCC) and aligns with NOCC reporting protocols where possible. While the DSS provides guidance on the circumstances in which clinical measures should be reported for specific age groups, it is noted it is a clinical decision as to the most appropriate measure to be used for a particular patient.

*Glossary items*

Glossary terms that are relevant to this data set specification are included here:

[Activity based funding](#)

[Admitted patient mental health care service](#)

[Ambulatory care](#)

[Ambulatory mental health care service](#)

[Episode of residential care end](#)

[Episode of residential care start](#)

[Mental health care](#)

[Mental health-funded non-government organisation](#)

[Resident](#)

[Residential mental health care service](#)

[Separation](#)

## Source and reference attributes

**Submitting organisation:** Independent Hospital Pricing Authority

## Relational attributes

**Related metadata references:**

- Has been superseded by [Activity based funding: Mental health care DSS 2016-17 Independent Hospital Pricing Authority](#), Superseded 28/02/2017
- See also [Admitted patient care NMDS 2015-16 Health!](#), Superseded 10/11/2015
- See also [Community mental health care NMDS 2015-16 Health!](#), Superseded 04/09/2015
- See also [Community mental health care NMDS 2016-17 Health!](#), Superseded 17/08/2017
- See also [Mental health establishments NMDS 2015-16 Health!](#), Superseded 04/09/2015
- See also [Mental health establishments NMDS 2016-17 Health!](#), Superseded 17/08/2017
- See also [Mental health establishments NMDS 2017-18 Health!](#), Superseded 25/01/2018
- See also [Non-admitted patient DSS 2015-16 Health!](#), Superseded 19/11/2015
- See also [Residential mental health care NMDS 2015-16 Health!](#), Superseded 04/09/2015
- See also [Residential mental health care NMDS 2016-17 Health!](#), Superseded 17/08/2017

## Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
1	<a href="#">Establishment—organisation identifier (Australian), NNX[X]NNNNN</a>	Mandatory	1
2	<a href="#">Establishment—Local Hospital Network identifier, code NNN</a>	Mandatory	1
3	<a href="#">Establishment—region identifier, X[X]</a>	Mandatory	1
4	<a href="#">Establishment—region name, text XXX[X(57)]</a>	Mandatory	1
5	<a href="#">Establishment—sector, code N</a>	Mandatory	1
6	<a href="#">Establishment—service unit cluster identifier, XXXXX</a>	Mandatory	1
7	<a href="#">Establishment—service unit cluster name, text XXX[X(97)]</a>	Mandatory	1
8	<a href="#">Hospital—hospital identifier, XXXXX</a>	Mandatory	1
9	<a href="#">Hospital—hospital name, text XXX[X(97)]</a>	Mandatory	1
10	<a href="#">Specialised mental health service organisation—organisation identifier, XXXX</a>	Mandatory	1
11	<a href="#">Specialised mental health service organisation—organisation name, text XXX[X(97)]</a>	Mandatory	1
12	<a href="#">Specialised mental health service—admitted patient service unit identifier, XXXXXX</a>	Mandatory	1
13	<a href="#">Specialised mental health service—admitted patient service unit name, text XXX[X(97)]</a>	Mandatory	1
14	<a href="#">Specialised mental health service—ambulatory service unit identifier, XXXXXX</a>	Mandatory	1
15	<a href="#">Specialised mental health service—ambulatory service unit name, text XXX[X(97)]</a>	Mandatory	1
16	<a href="#">Specialised mental health service—residential service unit identifier, XXXXXX</a>	Mandatory	1
17	<a href="#">Specialised mental health service—residential service unit name, text XXX[X(97)]</a>	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
18	<a href="#">Admitted patient mental health care cluster</a>	Conditional	1
	<b>Conditional obligation:</b>		
	The data set specification is only required to be reported for episodes of care in an admitted setting.		
-	<a href="#">Admitted patient care NMDS 2015-16</a>	Mandatory	1
-	<a href="#">Elective surgery waiting times cluster</a>	Conditional	99
	<b>Conditional obligation:</b>		
	This data element cluster is to be reported for patients on waiting lists for elective surgery, which are managed by public acute hospitals and have a category 1 or 2 assigned for the reason for removal from the elective surgery waiting list.		
-	<a href="#">Elective care waiting list episode—listing date for care, DDMMYYYY</a>	Mandatory	1
-	<a href="#">Elective surgery waiting list episode—clinical urgency, code N</a>	Mandatory	1
-	<a href="#">Elective surgery waiting list episode—extended wait patient indicator, code N</a>	Mandatory	1
-	<a href="#">Elective surgery waiting list episode—indicator procedure, code NN</a>	Mandatory	1
-	<a href="#">Elective surgery waiting list episode—overdue patient status, code N</a>	Mandatory	1
-	<a href="#">Elective surgery waiting list episode—reason for removal from a waiting list, code N</a>	Mandatory	1
-	<a href="#">Elective surgery waiting list episode—surgical specialty (of scheduled doctor), code NN</a>	Mandatory	1
-	<a href="#">Elective surgery waiting list episode—waiting time (at removal), total days N[NNNN]</a>	Mandatory	1
-	<a href="#">Establishment—organisation identifier (Australian), NNX[X]NNNNN</a>	Conditional	1
	<b>Conditional obligation:</b>		
	This is the establishment identifier of the contracting hospital and is reported for contracted patients only.		
-	<a href="#">Address—Australian postcode, Australian postcode code (Postcode datafile) {NNNN}</a>	Mandatory	1
	<b>DSS specific information:</b>		
	To be reported for the address of the patient.		
-	<a href="#">Contracted hospital care—organisation identifier, NNX[X]NNNNN</a>	Mandatory	1
-	<a href="#">Episode of admitted patient care (newborn)—number of qualified days, total N[NNNN]</a>	Conditional	1
	<b>Conditional obligation:</b>		
	Only required to be reported for episodes of care for patients with a care type of newborn care.		

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Episode of admitted patient care—admission date, DDMMYYYY</a>  <b>DSS specific information:</b>  Right justified and zero filled.  admission date ≤ separation date  admission date ≥ date of birth	Mandatory	1
-	<a href="#">Episode of admitted patient care—admission mode, code N</a>	Mandatory	1
-	<a href="#">Episode of admitted patient care—admission urgency status, code N</a>	Mandatory	1
-	<a href="#">Episode of admitted patient care—condition onset flag, code N</a>	Mandatory	99
-	<a href="#">Episode of admitted patient care—duration of continuous ventilatory support, total hours NNNN</a>  <b>Conditional obligation:</b>  This data element is only required to be reported for episodes of care where the admitted patient spent time on continuous ventilatory support.	Conditional	1
-	<a href="#">Episode of admitted patient care—intended length of hospital stay, code N</a>	Mandatory	1
-	<a href="#">Episode of admitted patient care—length of stay in intensive care unit, total hours NNNN</a>  <b>Conditional obligation:</b>  The data element is only required to be reported for episodes of care where the admitted patient spent time in an intensive care unit.	Conditional	1
-	<a href="#">Episode of admitted patient care—number of days of hospital-in-the-home care, total {N[NN]}</a>	Mandatory	1
-	<a href="#">Episode of admitted patient care—number of leave days, total N[NN]</a>  <b>DSS specific information:</b>  For the provision of state and territory hospital data to Commonwealth agencies:  ( <a href="#">Episode of admitted patient care—separation date, DDMMYYYY</a> minus <a href="#">Episode of admitted patient care—admission date, DDMMYYYY</a> ) minus Admitted patient hospital stay—number of leave days, total N[NN] must be ≥ 0 days.	Mandatory	1
-	<a href="#">Episode of admitted patient care—patient election status, code N</a>	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	<p><a href="#">Episode of admitted patient care—procedure, code (ACHI 9th edn) NNNNNN-NN</a></p> <p><b>DSS specific information:</b></p> <p>As a minimum requirement procedure codes must be valid codes from the Australian Classification of Health Interventions (ACHI) procedure codes and validated against the nationally agreed age and sex edits. More extensive edit checking of codes may be utilised within individual hospitals and state and territory information systems.</p> <p>An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.</p> <p>Record all procedures undertaken during an episode of care in accordance with the ACHI (9th edition) Australian Coding Standards.</p> <p>The order of codes should be determined using the following hierarchy:</p> <ul style="list-style-type: none"> <li>• procedure performed for treatment of the principal diagnosis</li> <li>• procedure performed for the treatment of an additional diagnosis</li> <li>• diagnostic/exploratory procedure related to the principal diagnosis</li> <li>• diagnostic/exploratory procedure related to an additional diagnosis for the episode of care.</li> </ul>	Mandatory	99
-	<p><a href="#">Episode of admitted patient care—referral source, public psychiatric hospital code NN</a></p> <p><b>Conditional obligation:</b></p> <p>The data element is only required to be reported for episodes of care where the admitted patient spent time in a public psychiatric hospital.</p>	Conditional	1
-	<p><a href="#">Episode of admitted patient care—separation date, DDMMYYYY</a></p> <p><b>DSS specific information:</b></p> <p>For the provision of state and territory hospital data to Commonwealth agencies this field must:</p> <ul style="list-style-type: none"> <li>• be ≤ last day of financial year</li> <li>• be ≥ first day of financial year</li> <li>• be ≥ Admission date</li> </ul>	Mandatory	1
-	<p><a href="#">Episode of admitted patient care—separation mode, code N</a></p>	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Episode of care—additional diagnosis, code (ICD-10-AM 9th edn) ANN{.N[N]}</a>  <b>Conditional obligation:</b>  This data element is only to be reported if the episode of care results in more than one diagnosis code being allocated.  <b>DSS specific information:</b>  An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.	Conditional	99
-	<a href="#">Episode of care—inter-hospital contracted patient status, code N</a>	Mandatory	1
-	<a href="#">Episode of care—mental health legal status, code N</a>	Mandatory	1
-	<a href="#">Episode of care—number of psychiatric care days, total N[NNNN]</a>  <b>DSS specific information:</b>  Total days in psychiatric care must be: $\geq$ zero; and $\leq$ length of stay.	Mandatory	1
-	<a href="#">Episode of care—principal diagnosis, code (ICD-10-AM 9th edn) ANN{.N[N]}</a>  <b>Conditional obligation:</b>  The principal diagnosis is a major determinant in the classification of Australian Refined Diagnosis Related Groups and Major Diagnostic Categories.  Where the principal diagnosis is recorded prior to discharge (as in the annual census of public psychiatric hospital patients), it is the current provisional principal diagnosis. Only use the admission diagnosis when no other diagnostic information is available. The current provisional diagnosis may be the same as the admission diagnosis.	Mandatory	1
-	<a href="#">Episode of care—source of funding, patient funding source code NN</a>	Mandatory	1
-	<a href="#">Establishment—Australian state/territory identifier, code N</a>  <b>DSS specific information:</b>  This data element applies to the location of the establishment and not to the patient's area of usual residence.	Mandatory	1
-	<a href="#">Establishment—geographic remoteness, admitted patient care remoteness classification (ASGS-RA) N</a>	Mandatory	1
-	<a href="#">Establishment—organisation identifier (state/territory), NNNNN</a>	Mandatory	1
-	<a href="#">Establishment—region identifier, X[X]</a>	Mandatory	1
-	<a href="#">Establishment—sector, code N</a>	Mandatory	1
-	<a href="#">Hospital service—care type, code N[N]</a>	Mandatory	1
-	<a href="#">Injury event—activity type, code (ICD-10-AM 9th edn) ANN{.N[N]}</a>  <b>DSS specific information:</b>  As a minimum requirement, the external cause codes must be listed in the ICD-10-AM classification.	Mandatory	99



Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Injury event—external cause, code (ICD-10-AM 9th edn) ANN{,N[N]}</a>	Mandatory	99
	<b>DSS specific information:</b>		
	As a minimum requirement, the external cause codes must be listed in the ICD-10-AM classification.		
-	<a href="#">Injury event—place of occurrence, code (ICD-10-AM 9th edn) ANN{,N[N]}</a>	Mandatory	99
	<b>DSS specific information:</b>		
	To be used with ICD-10-AM external cause codes.		
-	<a href="#">Patient—hospital insurance status, code N</a>	Mandatory	1
-	<a href="#">Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)</a>	Mandatory	1
-	<a href="#">Person—country of birth, code (SACC 2011) NNNN</a>	Mandatory	1
-	<a href="#">Person—date of birth, DDMMYYYY</a>	Mandatory	1
	<b>DSS specific information:</b>		
	This field must not be null.		
	National minimum data sets:		
	For the provision of state and territory hospital data to Commonwealth agencies this field must:		
	<ul style="list-style-type: none"> <li>• be less than or equal to 'Admission date', 'Date patient presents' or 'Service contact date'</li> <li>• be consistent with diagnoses and procedure codes, for records to be grouped.</li> </ul>		
-	<a href="#">Person—eligibility status, Medicare code N</a>	Mandatory	1
-	<a href="#">Person—Indigenous status, code N</a>	Mandatory	1
-	<a href="#">Person—person identifier, XXXXXX[X(14)]</a>	Mandatory	1
-	<a href="#">Person—sex, code N</a>	Mandatory	1
-	<a href="#">Person—weight (measured), total grams NNNN</a>	Conditional	1
	<b>Conditional obligation:</b>		
	Weight on the date the infant is admitted should be recorded if the weight is less than or equal to 9,000 grams and age is less than 365 days.		
	<b>DSS specific information:</b>		
	For the provision of state and territory hospital data to Commonwealth agencies this metadata item must be consistent with diagnoses and procedure codes for valid grouping.		

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Record—identifier, X[X(79)]</a>  <b>DSS specific information:</b>  In the context of the Admitted patient care NMDS, the Record identifier data element exists to aid with data processing. This data element is generated for inclusion in data submissions to facilitate referencing of specific records in discussions between the receiving agency and the reporting body. It is to be used solely for this purpose.  When stipulated in a data specification, each record in a data submission will be assigned a unique numeric or alphanumeric record identifier to permit easy referencing of individual records in discussions between the receiving agency and the reporting body. The unique record identifier assigned by the reporting body should be generated in a fashion that allows the associated data record to be traced to its original form in the reporting body's source database.  Reporting jurisdictions may use their own alphabetic, numeric or alphanumeric coding system.  This field cannot be left blank.	Mandatory	1
-	<a href="#">Admitted patient mental health care NMDS 2014-15</a>	Mandatory	1
-	<a href="#">Episode of admitted patient care (mental health care)—referral destination, code N</a>	Mandatory	1
-	<a href="#">Episode of admitted patient care—admission date, DDMMYYYY</a>  <b>DSS specific information:</b>  Right justified and zero filled.  Admission date must be less than or equal to Separation date  Admission date must be greater than or equal to Date of birth	Mandatory	1
-	<a href="#">Episode of admitted patient care—number of leave days, total N[NN]</a>  <b>DSS specific information:</b>  For the provision of state and territory hospital data to Commonwealth agencies:  (Episode of admitted patient care—separation date, DDMMYYYY minus Episode of admitted patient care—admission date, DDMMYYYY) minus Admitted patient hospital stay—number of leave days, total N[NN] must be greater than or equal to 0 days.	Mandatory	1
-	<a href="#">Episode of admitted patient care—referral source, public psychiatric hospital code NN</a>	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Episode of admitted patient care—separation date, DDMMYYYY</a>	Mandatory	1
	<b>DSS specific information:</b>		
	For the provision of state and territory hospital data to Commonwealth agencies this field must:		
	<ul style="list-style-type: none"> <li>• be less than or equal to the last day of the financial year</li> <li>• be greater than or equal to the first day of the financial year</li> <li>• be greater than or equal to Admission date</li> </ul>		
-	<a href="#">Episode of admitted patient care—separation mode, code N</a>	Mandatory	1
-	<a href="#">Episode of care—additional diagnosis, code (ICD-10-AM 8th edn) ANN{.N[N]}</a>	Mandatory	1
	<b>DSS specific information:</b>		
	An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.		
-	<a href="#">Episode of care—mental health legal status, code N</a>	Mandatory	1
-	<a href="#">Episode of care—number of psychiatric care days, total N[NNNN]</a>	Mandatory	1
	<b>DSS specific information:</b>		
	Total days in psychiatric care must be greater than or equal to zero;		
	Total days in psychiatric care must be less than or equal to Length of stay.		
-	<a href="#">Episode of care—principal diagnosis, code (ICD-10-AM 8th edn) ANN{.N[N]}</a>	Mandatory	1
	<b>DSS specific information:</b>		
	Effective for collection from 01/07/2006		
-	<a href="#">Establishment—organisation identifier (Australian), NNX[X]NNNNN</a>	Mandatory	1
-	<a href="#">Hospital service—care type, code N[N]</a>	Mandatory	1
-	<a href="#">Patient—previous specialised treatment, code N</a>	Mandatory	1
-	<a href="#">Person—accommodation type (prior to admission), code N</a>	Mandatory	1
-	<a href="#">Person—accommodation type (usual), code N[N]</a>	Mandatory	1
-	<a href="#">Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)</a>	Mandatory	1
-	<a href="#">Person—country of birth, code (SACC 2011) NNNN</a>	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Person—date of birth, DDMMYYYY</a>	Mandatory	1
	<b>DSS specific information:</b>		
	This field must not be null.		
	National Minimum Data Sets:		
	For the provision of state and territory hospital data to Commonwealth agencies this field must:		
	<ul style="list-style-type: none"> <li>• be less than or equal to Admission date, Date patient presents or Service contact date</li> <li>• be consistent with diagnoses and procedure codes, for records to be grouped.</li> </ul>		
-	<a href="#">Person—Indigenous status, code N</a>	Mandatory	1
-	<a href="#">Person—labour force status, acute hospital and private psychiatric hospital admission code N</a>	Mandatory	1
-	<a href="#">Person—labour force status, public psychiatric hospital admission code N</a>	Mandatory	1
-	<a href="#">Person—marital status, code N</a>	Conditional	1
-	<a href="#">Person—person identifier, XXXXXX[X(14)]</a>	Mandatory	1
-	<a href="#">Person—sex, code N</a>	Mandatory	1
-	<a href="#">Episode of care—mental health care phase, code N</a>	Optional	99
-	<a href="#">Episode of care—mental health intervention type, code (MHIC V1.0) X(20)</a>	Optional	99
	<b>DSS specific information:</b>		
	If collected, mental health interventions should be reported at the admitted episode of care level.		
-	<a href="#">Episode of care—mental health phase of care end date, DDMMYYYY</a>	Optional	99
-	<a href="#">Episode of care—mental health phase of care start date, DDMMYYYY</a>	Optional	99
-	<a href="#">Episode of care—psychosocial complications indicator, yes/no code N</a>	Conditional	7
	<b>Conditional obligation:</b>		
	Reporting of FIHS at separation is mandatory for admitted patients in psychiatric hospitals or designated psychiatric units in acute hospitals. Reporting is optional for admitted patients in non-designated hospitals or units.		
	FIHS should only be reported for patients aged 17 years and under.		
-	<a href="#">Patient—first episode of mental health care at a mental health service organisation, code N</a>	Optional	1
-	<a href="#">Person—level of functional independence, Resource Utilisation Groups - Activities of Daily Living score code N</a>	Conditional	4
	<b>Conditional obligation:</b>		
	Reporting of the RUG-ADL at admission is mandatory for admitted patients in psychiatric hospitals or designated psychiatric units in acute hospitals. Reporting is optional for admitted patients in non-designated hospitals or units.		

Seq No.	Metadata item	Obligation Max occurs
-	<a href="#">Person—level of psychiatric symptom severity, Children's Global Assessment Scale score code N[NN]</a>	Conditional 1
	<p><b>Conditional obligation:</b></p> <p>Reporting of the CGAS is mandatory at admission and separation for admitted patients in psychiatric hospitals or designated psychiatric units in acute hospitals. Reporting is optional for admitted patients in non-designated hospitals or units.</p> <p>The CGAS should only be reported for patients aged 17 years and under.</p>	
-	<a href="#">Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale 65+ score code N</a>	Conditional 24
	<p><b>Conditional obligation:</b></p> <p>Reporting of the HoNOS65+ at admission and separation is mandatory for admitted patients in psychiatric hospitals or designated psychiatric units in acute hospitals. Reporting is optional for admitted patients in non-designated hospitals or units.</p> <p>The HoNOS65+ should only be reported for patients aged 65 years and over.</p> <p>The HoNOS65+ discharge rating is not required if the episode of admitted care had a length of stay of 3 days or less.</p>	
-	<a href="#">Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale for Children and Adolescents score code N</a>	Conditional 30
	<p><b>Conditional obligation:</b></p> <p>Reporting of the HoNOSCA at admission and discharge is mandatory for admitted patients in psychiatric hospitals or designated psychiatric units in acute hospitals. Reporting is optional for admitted patients in non-designated hospitals or units.</p> <p>The HoNOSCA should only be reported for patients aged 17 years and under.</p> <p>The HoNOSCA discharge rating is not required if the episode of admitted care had a length of stay of 3 days or less.</p>	
-	<a href="#">Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale score code N</a>	Conditional 24
	<p><b>Conditional obligation:</b></p> <p>Reporting of the HoNOS at admission and separation is mandatory for admitted patients in psychiatric hospitals or designated psychiatric units in acute hospitals. Reporting is optional for admitted patients in non-designated hospitals or units.</p> <p>The HoNOS should only be reported for patients aged between 18 and 64 years.</p> <p>The HoNOS discharge rating is not required if the episode of admitted care had a length of stay of 3 days or less.</p>	

Seq No.	Metadata item	Obligation	Max occurs
19	<a href="#">Ambulatory patient mental health care cluster</a>	Conditional	1
	<b>Conditional obligation:</b>		
	The data set specification is only required to be reported for episodes of care in an ambulatory setting.		
-	<a href="#">Community mental health care NMDS 2015-16</a>	Conditional	1
	<b>Conditional obligation:</b>		
	Reporting of these data elements is mandatory for service contacts provided by specialised mental health services. Reporting is optional for service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding. Reporting is optional for service events provided by non-specialised mental health services.		
-	<a href="#">Episode of care—mental health legal status, code N</a>	Mandatory	1
-	<a href="#">Episode of care—principal diagnosis, code (ICD-10-AM 8th edn) ANN{.N[N]}</a>	Mandatory	1
	<b>DSS specific information:</b>		
	Codes can be used either from ICD-10-AM or from 'The ICD-10-AM Mental Health Manual: An Integrated Classification and Diagnostic Tool for Community-Based Mental Health Services', published by the National Centre for Classification in Health.		
-	<a href="#">Establishment—Australian state/territory identifier, code N</a>	Mandatory	1
-	<a href="#">Establishment—region identifier, X[X]</a>	Mandatory	1
-	<a href="#">Establishment—region name, text XXX[X(57)]</a>	Mandatory	1
	<b>DSS specific information:</b>		
	Mental health data collections are hierarchical in nature. An identical reporting structure, including region name, should be common between all mental health collections, including the Mental Health Establishments (MHE), Community Mental Health Care (CMHC) and Residential Mental Health Care (RMHC) NMDS's, the Mental Health National Outcomes and Casemix collection and any future mental health collections.		
-	<a href="#">Establishment—sector, code N</a>	Mandatory	1
-	<a href="#">Establishment—service unit cluster identifier, XXXXX</a>	Mandatory	1
-	<a href="#">Establishment—service unit cluster name, text XXX[X(97)]</a>	Mandatory	1
-	<a href="#">Mental health service contact—patient/client participation indicator, yes/no code N</a>	Mandatory	1
-	<a href="#">Mental health service contact—service contact date, DDMMYYYY</a>	Mandatory	1
-	<a href="#">Mental health service contact—service duration, total minutes NNN</a>	Mandatory	1
-	<a href="#">Mental health service contact—session type, code N</a>	Mandatory	1
-	<a href="#">Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)</a>	Mandatory	1
-	<a href="#">Person—country of birth, code (SACC 2011) NNNN</a>	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Person—date of birth, DDMMYYYY</a>	Mandatory	1
	<b>DSS specific information:</b>		
	This field must not be null.		
	National minimum data sets:		
	For the provision of State and Territory hospital data to Commonwealth agencies this field must:		
	<ul style="list-style-type: none"> <li>• be less than or equal to Admission date, Date patient presents or Service contact date</li> <li>• be consistent with diagnoses and procedure codes, for records to be grouped.</li> </ul>		
-	<a href="#">Person—Indigenous status, code N</a>	Mandatory	1
-	<a href="#">Person—marital status, code N</a>	Mandatory	1
-	<a href="#">Person—person identifier, XXXXXX[X(14)]</a>	Mandatory	1
	<b>DSS specific information:</b>		
	For mental health collections, the <a href="#">Person identifier</a> for a uniquely identifiable person should be consistent between National minimum data sets and other associated collections, and across collection periods, where technically possible.		
-	<a href="#">Person—sex, code N</a>	Mandatory	1
-	<a href="#">Person—unique identifier used indicator, yes/no code N</a>	Mandatory	1
-	<a href="#">Specialised mental health service organisation—organisation identifier, XXXX</a>	Mandatory	1
-	<a href="#">Specialised mental health service organisation—organisation name, text XXX[X(97)]</a>	Mandatory	1
-	<a href="#">Specialised mental health service—ambulatory service unit identifier, XXXXXX</a>	Mandatory	1
-	<a href="#">Specialised mental health service—ambulatory service unit name, text XXX[X(97)]</a>	Mandatory	1
-	<a href="#">Specialised mental health service—target population group, code N</a>	Mandatory	1
-	<a href="#">Non-admitted patient DSS 2015-16</a>	Conditional	1
	<b>Conditional obligation:</b>		
	Reporting of these data elements is mandatory for service events provided by non-specialised mental health services. Reporting is not required for service contacts provided by specialised mental health services or service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding.		
-	<a href="#">Episode of care—source of funding, patient funding source code NN</a>	Mandatory	1
-	<a href="#">Establishment—Local Hospital Network identifier, code NNN</a>	Mandatory	1
-	<a href="#">Establishment—organisation identifier (Australian), NNX[X]NNNNN</a>	Mandatory	1
-	<a href="#">Non-admitted patient service event—care type, (derived) code N</a>	Mandatory	1
-	<a href="#">Non-admitted patient service event—group session indicator, yes/no code N</a>	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Non-admitted patient service event—multiple health care provider indicator, yes/no/not stated/inadequately described code N</a>  <b>DSS specific information:</b>  For the purposes of reporting non-admitted activity data for activity based funding, 'multiple health care providers' is defined as three or more health care providers who deliver care either individually or jointly within a non-admitted patient service event.	Mandatory	1
-	<a href="#">Non-admitted patient service event—non-admitted service type, code (Tier 2 v4.0) NN.NN</a>	Mandatory	1
-	<a href="#">Non-admitted patient service event—service date, DDMMYYYY</a>	Mandatory	1
-	<a href="#">Non-admitted patient service event—service delivery mode, code N</a>	Mandatory	1
-	<a href="#">Non-admitted patient service event—service delivery setting, code N</a>	Mandatory	1
-	<a href="#">Non-admitted patient service request—service request received date, DDMMYYYY</a>	Mandatory	1
-	<a href="#">Non-admitted patient service request—service request source, code N.N</a>	Mandatory	1
-	<a href="#">Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)</a>	Mandatory	1
-	<a href="#">Person—country of birth, code (SACC 2011) NNNN</a>	Mandatory	1
-	<a href="#">Person—date of birth, DDMMYYYY</a>	Mandatory	1
-	<a href="#">Person—Indigenous status, code N</a>	Mandatory	1
-	<a href="#">Person—person identifier, XXXXXX[X(14)]</a>	Mandatory	1
-	<a href="#">Person—sex, code N</a>	Mandatory	1
-	<a href="#">Record—identifier, X[X(79)]</a>  <b>DSS specific information:</b>  In the context of the Non-admitted patient DSS, the Record identifier data element exists to aid with data processing. This data element is generated for inclusion in data submissions to facilitate referencing of specific records in discussions between the receiving agency and the reporting body. It is to be used solely for this purpose.  When stipulated in a data specification, each record in a data submission will be assigned a unique numeric or alphanumeric record identifier to permit easy referencing of individual records in discussions between the receiving agency and the reporting body. The unique record identifier assigned by the reporting body should be generated in a fashion that allows the associated data record to be traced to its original form in the reporting body's source database.  Reporting jurisdictions may use their own alphabetic, numeric or alphanumeric coding system.  This field cannot be left blank.	Mandatory	1
-	<a href="#">Episode of care—mental health care phase, code N</a>	Optional	99



Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Episode of care—mental health intervention type, code (MHIC V1.0) X(20)</a>  <b>DSS specific information:</b>  For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.  If collected, mental health interventions should be reported at the ambulatory episode of care level.	Optional	99
-	<a href="#">Episode of care—mental health phase of care end date, DDMMYYYY</a>	Optional	99
-	<a href="#">Episode of care—mental health phase of care start date, DDMMYYYY</a>	Optional	99
-	<a href="#">Episode of care—psychosocial complications indicator, yes/no code N</a>	Conditional	7
	<b>Conditional obligation:</b>  For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.  Reporting of FIHS is mandatory for the last service contact of an ambulatory mental health care episode provided by a specialised mental health service. Reporting is optional for service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding. Reporting is optional for service events provided by non-specialised mental health services.  FIHS should only be reported for patients aged 17 years and under.  <b>DSS specific information:</b>  The FIHS for the last service contact may be derived from the FIHS discharge value submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.		
-	<a href="#">Patient—first episode of mental health care at a mental health service organisation, code N</a>	Optional	1
	<b>DSS specific information:</b>  For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.		

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Person—level of difficulty with activities in a life area, Abbreviated Life Skills Profile score code N</a>	Conditional	16
	<p><b>Conditional obligation:</b></p>		
	<p>For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.</p>		
	<p>Reporting of LSP-16 is mandatory for the last service contact of an ambulatory mental health care episode provided by a specialised mental health service. Reporting is optional for service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding. Reporting is optional for service events provided by non-specialised mental health services.</p>		
	<p>The LSP-16 should only be reported for patients aged 18 years and over.</p>		
	<p><b>DSS specific information:</b></p>		
	<p>The LSP-16 for the last service contact may be derived from the LSP-16 discharge value submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.</p>		
-	<a href="#">Person—level of psychiatric symptom severity, Children's Global Assessment Scale score code N[NN]</a>	Conditional	1
	<p><b>Conditional obligation:</b></p>		
	<p>For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.</p>		
	<p>Reporting of the CGAS is mandatory for the first service contact of an ambulatory mental health care episode provided by a specialised mental health service. Reporting is optional for service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding. Reporting is optional for service events provided by non-specialised mental health services.</p>		
	<p>The CGAS should only be reported for patients aged 17 years and under.</p>		
	<p><b>DSS specific information:</b></p>		
	<p>The CGAS for the first service contact may be derived from the CGAS admission value submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.</p>		

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale 65+ score code N</a>	Conditional	24

***Conditional obligation:***

For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.

Reporting of the HoNOS65+ is mandatory for the first and last service contacts of an ambulatory mental health care episode provided by a specialised mental health service. Reporting is optional for service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding. Reporting is optional for service events provided by non-specialised mental health services.

The HoNOS65+ should only be reported for patients aged 65 years and over.

The HoNOS65+ discharge rating is not required if the episode of ambulatory care had a length of stay of 3 days or less.

***DSS specific information:***

The HoNOS65+ for the first service contact may be derived from the HoNOS65+ admission rating submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.

The HoNOS65+ for the last service contact may be derived from the HoNOS65+ discharge rating submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale for Children and Adolescents score code N</a>	Conditional	30

***Conditional obligation:***

For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.

Reporting of the HoNOSCA is mandatory for the first and last service contacts of an ambulatory mental health care episode provided by a specialised mental health service. Reporting is optional for service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding. Reporting is optional for service events provided by non-specialised mental health services.

The HoNOSCA should only be reported for patients aged 17 years and under.

***DSS specific information:***

The HoNOSCA for the first service contact may be derived from the HoNOSCA admission rating submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.

The HoNOSCA for the last service contact may be derived from the HoNOSCA discharge rating submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale score code N</a>  <b>Conditional obligation:</b>  For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.  Reporting of the HoNOS is mandatory for the first and last service contacts of an ambulatory mental health care episode provided by a specialised mental health service. Reporting is optional for service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding. Reporting is optional for service events provided by non-specialised mental health services.  The HoNOS should only be reported for patients aged between 18 and 64 years.  <b>DSS specific information:</b>  The HoNOS for the first service contact may be derived from the HoNOSCA admission rating submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.  The HoNOS for the last service contact may be derived from the HoNOSCA discharge rating submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.	Conditional	24
20	<a href="#">Residential patient mental health care cluster</a>  <b>Conditional obligation:</b>  The data set specification is only required to be reported for episodes of care in a residential setting.	Conditional	1
-	<a href="#">Residential mental health care NMDS 2015-16</a>  <b>Conditional obligation:</b>  Reporting of these data elements is mandatory for residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services.	Conditional	1
-	<a href="#">Episode of care—additional diagnosis, code (ICD-10-AM 8th edn) ANN{N[N]}</a>	Mandatory	1
-	<a href="#">Episode of care—mental health legal status, code N</a>	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Episode of care—principal diagnosis, code (ICD-10-AM 8th edn) ANN{.N[N]}</a>  <b>DSS specific information:</b>  Codes can be used from ICD-10-AM or from The ICD-10-AM Mental Health Manual: An Integrated Classification and Diagnostic Tool for Community-Based Mental Health Services, published by the National Centre for Classification in Health 2002.  The principal diagnosis should be recorded and coded upon the end of an episode of residential care (i.e. annually for continuing residential care).	Mandatory	1
-	<a href="#">Episode of residential care—episode end date, DDMMYYYY</a>  <b>DSS specific information:</b>  Data in this field must:  be ≤ last day of reference period be ≥ first day of reference period be ≥ Episode of residential care start date	Mandatory	1
-	<a href="#">Episode of residential care—episode end mode, code N</a>  <b>DSS specific information:</b>  Episodes with an episode end mode of 1 (died) should be coded as 8 (not applicable) for referral destination.	Mandatory	1
-	<a href="#">Episode of residential care—episode start date, DDMMYYYY</a>  <b>DSS specific information:</b>  Right justified and zero filled.  episode of residential care start date ≤ episode of residential care end date.  episode of residential care start date ≥ date of birth.	Mandatory	1
-	<a href="#">Episode of residential care—episode start mode, code N</a>	Mandatory	1
-	<a href="#">Episode of residential care—mental health care referral destination, code N</a>	Mandatory	1
-	<a href="#">Episode of residential care—number of leave days, total N[NN]</a>  <b>DSS specific information:</b>  Episode of residential care end date minus episode of residential care start date minus leave days from residential care must be >= 0 days.	Mandatory	1
-	<a href="#">Establishment—Australian state/territory identifier, code N</a>	Mandatory	1
-	<a href="#">Establishment—region identifier, X[X]</a>	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Establishment—region name, text XXX[X(57)]</a>	Mandatory	1
	<b>DSS specific information:</b>		
	Mental health data collections are hierarchical in nature. An identical reporting structure, including region name, should be common between all mental health collections, including the Mental Health Establishments (MHE), Community Mental Health Care (CMHC) and Residential Mental Health Care (RMHC) NMDS's, the Mental Health National Outcomes and Casemix collection and any future mental health collections.		
-	<a href="#">Establishment—sector, code N</a>	Mandatory	1
	<b>DSS specific information:</b>		
	CODE 1 is to be used for government-operated residential mental health care services.		
	CODE 2 is to be used for residential mental health care services operated by non-government organisations.		
-	<a href="#">Establishment—service unit cluster identifier, XXXXX</a>	Mandatory	1
-	<a href="#">Establishment—service unit cluster name, text XXX[X(97)]</a>	Mandatory	1
-	<a href="#">Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)</a>	Mandatory	1
-	<a href="#">Person—country of birth, code (SACC 2011) NNNN</a>	Mandatory	1
-	<a href="#">Person—date of birth, DDMMYYYY</a>	Mandatory	1
	<b>DSS specific information:</b>		
	This field must not be null.		
	National Minimum Data Sets:		
	For the provision of State and Territory hospital data to Commonwealth agencies this field must:		
	<ul style="list-style-type: none"> <li>• be less than or equal to Admission date, Date patient presents or Service contact date</li> <li>• be consistent with diagnoses and procedure codes, for records to be grouped.</li> </ul>		
-	<a href="#">Person—Indigenous status, code N</a>	Conditional	1
-	<a href="#">Person—marital status, code N</a>	Mandatory	1
-	<a href="#">Person—person identifier, XXXXXX[X(14)]</a>	Mandatory	1
	<b>DSS specific information:</b>		
	For mental health collections, the <a href="#">Person identifier</a> for a uniquely identifiable person should be consistent between National minimum data sets and other associated collections, and across collection periods, where technically possible.		
-	<a href="#">Person—sex, code N</a>	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Residential stay—episode start date, DDMMYYYY</a>	Mandatory	1
	<b>DSS specific information:</b>		
	Right justified and zero filled.		
	Residential stay start date ≤ episode of residential care end date.		
	Residential stay start date ≥ date of birth		
-	<a href="#">Specialised mental health service organisation—organisation identifier, XXXX</a>	Mandatory	1
-	<a href="#">Specialised mental health service organisation—organisation name, text XXX[X(97)]</a>	Mandatory	1
-	<a href="#">Specialised mental health service—residential service unit identifier, XXXXXX</a>	Mandatory	1
-	<a href="#">Specialised mental health service—residential service unit name, text XXX[X(97)]</a>	Mandatory	1
-	<a href="#">Episode of care—mental health care phase, code N</a>	Optional	99
-	<a href="#">Episode of care—mental health intervention type, code (MHIC V1.0) X(20)</a>	Optional	99
	<b>DSS specific information:</b>		
	If collected, mental health interventions should be reported at the residential episode of care level.		
-	<a href="#">Episode of care—mental health phase of care end date, DDMMYYYY</a>	Optional	99
-	<a href="#">Episode of care—mental health phase of care start date, DDMMYYYY</a>	Optional	99
-	<a href="#">Episode of care—psychosocial complications indicator, yes/no code N</a>	Conditional	7
	<b>Conditional obligation:</b>		
	Reporting of FIHS at separation is mandatory for residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services.		
	FIHS should only be reported for patients aged 17 years and under.		
-	<a href="#">Patient—first episode of mental health care at a mental health service organisation, code N</a>	Optional	1
-	<a href="#">Person—level of difficulty with activities in a life area, Abbreviated Life Skills Profile score code N</a>	Conditional	16
	<b>Conditional obligation:</b>		
	Reporting of LSP-16 at separation is mandatory for residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services.		
	The LSP-16 should only be reported for patients aged 18 years and over.		



Seq No.	Metadata item	Obligation	Max occurs
-	<p data-bbox="331 165 1134 226"><a href="#">Person—level of functional independence, Resource Utilisation Groups - Activities of Daily Living score code N</a></p> <p data-bbox="368 259 644 288"><b>Conditional obligation:</b></p> <p data-bbox="368 315 1134 495">Reporting of the RUG-ADL at admission is mandatory for residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services.</p> <p data-bbox="368 521 1134 577">The RUG-ADL should only be reported for patients aged 65 years and over.</p>	Conditional	4
-	<p data-bbox="331 645 1134 705"><a href="#">Person—level of psychiatric symptom severity, Children's Global Assessment Scale score code N[NN]</a></p> <p data-bbox="368 739 644 768"><b>Conditional obligation:</b></p> <p data-bbox="368 795 1134 974">Reporting of CGAS at admission is mandatory for residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services.</p> <p data-bbox="368 1001 1134 1057">The CGAS should only be reported for patients aged 17 years and under.</p>	Conditional	1
-	<p data-bbox="331 1124 1134 1184"><a href="#">Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale 65+ score code N</a></p> <p data-bbox="368 1218 644 1247"><b>Conditional obligation:</b></p> <p data-bbox="368 1274 1134 1453">Reporting of HoNOS65+ at admission and separation is mandatory for residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services.</p> <p data-bbox="368 1480 1134 1536">The HoNOS65+ should only be reported for patients aged 65 years and over.</p>	Conditional	24
-	<p data-bbox="331 1603 1134 1664"><a href="#">Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale for Children and Adolescents score code N</a></p> <p data-bbox="368 1697 644 1727"><b>Conditional obligation:</b></p> <p data-bbox="368 1753 1134 1933">Reporting of HoNOSCA at admission and separation is mandatory for residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services.</p> <p data-bbox="368 1960 1134 2016">The HoNOSCA should only be reported for patients aged 17 years and under.</p>	Conditional	30

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale score code N</a>	Conditional	24

***Conditional obligation:***

Reporting of HoNOS at admission and separation is mandatory for residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services.

The HoNOS should only be reported for patients aged between 18 and 64 years.