Submit this completed form to the email address: HealthDataCentral@gov.bc.ca

Questions about the request process or any part of this application may be directed to the email address above.

MINISTRY OF HEALTH USE ONLY	
File Number	Date Received
ISP Appendix	

PROJECT TITLE

APPLIES TO COHORT(S)

DATE RANGE

From (yyyy/mm/dd)

To (yyyy/mm/dd)

OTHER DATE RANGE AND FILTERING CRITERIA

HOME AND COMMUNITY CARE FILE
(JANUARY 1, 1990 ONWARDS)

Description

Home and Community Care data exists in three databases: (1) the delivery site registry (DSR), (2) the Continuing Care Data Warehouse (CCD), and (3) the Home and Community Care Minimum Reporting Requirements (HCCMRR). The DSR records information on delivery sites which, for Home and Community Care, includes residential care facilities, hospice facilities, assisted living residences, group homes, family care homes and adult day services sites. The CCD is an Oracle data base developed to receive extracts from the operational Continuing Care-Information Management System (CC-IMS) mainframe application. The HCCMRR is an Oracle database which contains data submitted by health authorities by fiscal period according to the HCC MRR Specifications and Guidelines.

Purpose

The CC-IMS mainframe application was used provincially until the end of fiscal year 2011/2012 (see the Data Holdings table below). Anticipating the end of CC-IMS, the Ministry and health authorities developed the Home & Community Care Minimum Reporting Requirements (HCC MRR) to capture data for HCC clients and services. All Health Authorities implemented the HCC MRR by fiscal year 2011/2012 (see the table below). A separate, web-based application was created to record information on delivery sites for both HCC and Mental Health & Substance Use.

Data Holdings

Health Authority	Health Services Delivery Area (HSDA)	FY Timeframe for Data from CC-IMS	FY Timeframe for Data from HCCMRR
01-Interior	All	1990/1991 to 2004/2005	2005/2006 onwards
02-Fraser	All	1990/1991 to 2011/2012	2012/2013 onwards
03-Vancouver Coastal	31 Richmond	1990/1991 to 2007/2008	2008/2009 onwards
	32 Vancouver	1990/1991 to 2007/2008	2008/2009 onwards
	33 North Shore/Coast Garibaldi	1990/1991 to 2009/2010	2010/2011 onwards
04-Vancouver Island	All	1990/1991 to 2011/2012	2012/2013 onwards
05-Northern	All	1990/1991 to 2009/2010	2010/2011 onwards

Database Status

The CCD is now static and no health authority is using CC-IMS (mainframe) for any operational purpose.

The data dictionary for this checklist is available at: www.gov.bc.ca/health/forms/5502datadictionary.pdf

Provider Information

Contains information on the provider/site where a residential care type service took place. The provider information originates from the Delivery Site Registry (DSR) but data can be accessed through CC_SITE (Community Care Site). Information is the same for both the CCD and HCCMRR (AHIP.CB_DTL_DM_CC_SITE_VW).

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
☐ Provider ID - **replaced with a study specific identification number**	CCIMS_IDNT	
☐ Provider ID (in Base 20 format) *Research rationale describing why this field is required must be supplied before it will be considered for release.*	BASE20_IDNT	
☐ Provider Name *Research rationale describing why this field is required must be supplied before it will be considered for release.*	DSR_NM	
☐ Provider Category Code	PROG_CAT_CD	
☐ Provider City *Research rationale describing why this field is required must be supplied before it will be considered for release.*	SITE_CURR_CITY_NM	
☐ Provider Postal Code *Research rationale describing why this field is required must be supplied before it will be considered for release.*	SITE_CURR_PROV_CD	
☐ Provider Health Authority Code	HA_CD	
☐ Provider Health Authority Name	HA_NM	
☐ Provider Health Service Delivery Area Code	HSDA_CD	

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
☐ Provider Health Service Delivery Area Name	HSDA_NM	
☐ Provider Local Health Area Code	LHA_CD	
☐ Provider Local Health Area Name	LHA_NM	

Home and Community Care Minimum Reporting Requirements (HCCMRR)
(for available timeframes see data holdings table)

Clients - Contains information on the client. For the purposes of reporting the MRR a 'client' is defined as: An individual receiving Ministry of Health funded Home and Community Care (HCC) services. Client records must be accompanied by at least one service episode record (AHIP.CB_DTL_DM_CLNT_VW, AHIP.CB_DTL_FT_HCCCLNT_VWP and AHIP.CB_DTL_DM_REF_CLNT_GEOG_VW). (This table only includes the most recent client information; there is no historical information in the table).

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
☐ Client ID - **replaced with a study specific identification number**	MRG_CLNT_ANON_ID	
☐ Marital Status	MRTL_STS_LABEL	
☐ Sex	CLNT_GENDER_LABEL	
☐ Birth Date	MRG_CLNT_BRTH_DATE	
☐ Death Date	MRG_CLNT_DTH_DATE	
☐ Client's Local Health Authority Code	REF_CLNT_LHA_CD	
☐ Client's Local Health Authority Name	REF_CLNT_LHA	
☐ Client's Health Service Delivery Area Code	REF_CLNT_HSDA_CD	
☐ Client's Health Service Delivery Area Name	REF_CLNT_HSDA	
☐ Client's Health Authority Code	REF_CLNT_HA_AREA_CD	
☐ Client's Health Authority Name	REF_CLNT_HA_AREA	
☐ Client's FSA	REF_CLNT_FRWRD_SORT_AREA	

Service Episode - The service episode record is comprised a service start and a service end. A Service Start record should be created when there is a change in: Service Type, Service Provider, and Service Delivery Setting. A client can have multiple service start records. A Service Start record must have at least one Service Detail submission. A service end is submitted when a client changes facility, client group or service is ended due to an end reason (AHIP.CB_DTL_FT_HCCSRVEPSD_VWD).

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
☐ Episode ID - **replaced with a study specific identification number**	SRV_EPSD_ANON_ID	
☐ Client ID - **replaced with a study specific identification number**	MRG_CLNT_ANON_ID	
☐ Health Authority Number	HA	
☐ Provider ID - **replaced with a study specific identification number**	HCC_PVDR_ANON_IDNT	
☐ Service Type Code	HCC_SRV_TP_CD	
☐ Service Type	HCC_SRV_TP	
☐ Service Delivery Setting	HCC_SRV_DLVY_STTG	
☐ Service Delivery Setting Code	HCC_SRV_DLVY_STTG_CD	
☐ Service Start Date	SRV_START_DATE	
☐ Service End Date	SRV_END_DATE	
☐ Date Accepted for Service	ACPT_FOR_SRV_DATE	
☐ HCC Program Referral Source Code	HCC_RFRL_SRC_CD	
☐ HCC Program Referral Source	HCC_RFRL_SRC	
☐ End Reason	HCC_SRV_END_RSN	
☐ Date Case Opened/Reopened	CASE_OPEN_DATE	
☐ Date of Bed Refusal	BED_REFUSAL_DATE	

Service Details - Contains information on service details that are reported on a financial period basis. A Service Start record must have at least one Service Detail submission (AHIP.CB_DTL_FT_HCCSRVEPSDPRD_VWD).

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
☐ Episode ID - **replaced with a study specific identification number**	SRV_EPSD_ANON_ID	
☐ Fiscal Year	RPTG_PRD	
☐ Financial Reporting Period	RPTG_PERIOD_END_FISC_PRD	
☐ Client Group Code	HCC_CLNT_GRP_CD	
☐ Client Group	HCC_CLNT_GRP	
☐ Service Provider Category Code	HCC_SRV_PVDR_CAT_CD	

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
☐ Service Provider Category	HCC_SRV_PVDR_CAT	
☐ Service Hours Count	SRV_HRS_CNT	
☐ Face-to-Face Visit Count	FACE_TO_FACE_VISIT	
☐ Remote Visit Count	REMOTE_VISIT_CNT	
☐ Service Days Count	SRV_DAYS_CNT	
☐ Choice in Supports for Independent Living (CSIL) Flag	CSIL_FLG	
☐ Personal Care Funding Level Code	HCC_PCF_LVL_CD	
☐ Personal Care Funding Level	HCC_PCF_LVL	
☐ Client's Local Health Authority Code *(home care services only)*	REF_CLNT_LHA_CD	
☐ Client's Local Health Authority Name *(home care services only)*	REF_CLNT_LHA	
☐ Client's Health Service Delivery Area Code *(home care services only)*	REF_CLNT_HSDA_CD	
☐ Client's Health Service Delivery Area Name *(home care services only)*	REF_CLNT_HSDA	
☐ Client's Health Authority Code *(home care services only)*	REF_CLNT_HA_AREA_CD	
☐ Client's Health Authority Name *(home care services only)*	REF_CLNT_HA_AREA	

Continuing Care Data Warehouse (CCD)
(for available timeframes see data holdings table)* Not all fields are available for the entire CCD time period.

Client Tables: Information for clients who were alive and on care, on or after January 1, 1990 (from CCD_TLTCCL_2012OCT and CCD_TLTCCM_2012OCT).

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
☐ CC-IMS Client ID - **replaced by a study specific identification number**	CLNT_ID	
☐ Forward Sortation Area	CL_PSTL_CD_ADRS	
☐ Birth Date (YYYYMM)	CL_BRTH_DT	
☐ Death Date (YYYYMM)	CL_DTH_DT	

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
☐ Sex Code	CL_SX_CD	
☐ Marital Code	CL_MRTL_CD	
☐ PHN - **Replaced by a study specific identification number**	CL_PHN_ID	
☐ Client Record Update Date	CL_STTS_DT	
☐ Referral Status Code	CL_RFRL_STTS_CD	
☐ HSCL Code	CL_HSCL_CD	
☐ Start Date*	START_DATE	
☐ End Date*	END_DATE	
☐ Current Record*	CRNT_REC	
☐ HCC-MRR Date of Case Opened / Reopened*	CASEOP_RO_DT	

*Sourced from CCD_TLTCCM_2012OCT

Assessments - All assessments information for long-term care clients who were alive and on care, on or after January 1, 1990.
(CCD_ADJ_AS_TLTCAS table in CCD)

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
☐ CC-IMS Client ID - **replaced by a study specific identification number**	CLNT_ID	
☐ Assessment Effective Date	AS_EFCTV_DT	
☐ Assessment Location Code	AS_LCTN_CD	
☐ Approved Care Code	AS_APRVD_CR_CD	
☐ Type of Assessment	AS_ASSMNT_CD	
☐ Approved Care Level	AS_APRVD_CR_LVL_CD	
☐ Caregiver Code	AS_CRGVR_CD	
☐ Most Recent Assessment Flag	AS_MOST_RCNT_ASSMNT_CD	
☐ Residential Acceptance Date	AS_REFER_DT	
☐ Client Group	AS_CLIENT_GRP	
☐ Adult Day Care Acceptance Date	AS_ADCD_DT	
☐ Assisted Living Acceptance Date	AS_ALDD_DT	
☐ Home Support Acceptance Date	AS_HSDT_DT	

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
☐ Date of Bed Refusal	AS_DOBR_DT	

Home Support - All home support paid claims for clients who were alive and on care, on or after January 1, 1990.
(CI_ALL_CLAIM_HOME_SPPORT table)

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
☐ CC-IMS Client ID - **replaced by a study specific identification number**	CLIENT_ID	
☐ Assessed Care Level	CI_CARE_LEVEL_CODE	
☐ Service Year	CI_SERVICE_YEAR	
☐ Service Month	CI_SERVICE_MONTH	
☐ Days of Service	CI_DAYS_OF_SERVICE_AMOUNT	
☐ Hours of Service	CI_HOURS_OF_SERVICE_AMOUNT	
☐ Organization Code	CI_ORGANIZATION_CODE	
☐ Type of Service Code	CI_SERVICE_TYPE_CODE	

Adult Day Care – All adult day paid claims for clients who were alive and on care, on or after January 1, 1990.
(CJ_ALL_CLAIM_ADLT_DAYCRE table)

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
☐ CC-IMS Client ID - **replaced by a study specific identification number**	CLIENT_ID	
☐ CC-IMS Provider ID - **replaced by a study specific identification number**	PROVIDER_ID	
☐ Assessed Care Level	CJ_CARE_LEVEL_CODE	
☐ Service Year	CJ_SERVICE_YEAR	
☐ Service Month	CJ_SERVICE_MONTH	
☐ Days of Service	CJ_DAYS_OF_SERVICE_AMOUNT	
☐ Hours of Service	CJ_HOURS_OF_SERVICE_AMOUNT	

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
☐ Organization Code	CJ_ORGANIZATION_CODE	
☐ Type of Service Code	CJ_SERVICE_TYPE_CODE	

Group Home – All group home paid claims for clients who were alive and on care, on or after January 1, 1990. (CK_ALL_CLAIM_GROUP_HOME table).

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
☐ CC-IMS Provider ID - **replaced by a study specific identification number**	PROVIDER_ID	
☐ CC-IMS Client ID **- replaced by a study specific identification number**	CLIENT_ID	
☐ Assessed Care Level	CK_CARE_LEVEL_CODE	
☐ Service Year	CK_SERVICE_YEAR	
☐ Service Month	CK_SERVICE_MONTH	
☐ Hours of Service	CK_HOURS_OF_SERVICE_AMOUNT	
☐ Days of Service	CK_DAYS_OF_SERVICE_AMOUNT	
☐ Organization Code	CK_ORGANIZATION_CODE	
☐ Type of Service Code	CK_SERVICE_TYPE_CODE	

Direct Care/Professional Services – Direct Care* information for clients who were alive and on care, on or after January 1, 1990. (CCD_ADJ_PS_TLTCDP table).

*Includes services: Home nursing, OT, PT, and other professional services

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
☐ CC-IMS Client ID - **replaced by a study specific identification number**	CLNT_ID	
☐ CC-IMS Provider ID - **replaced by a study specific identification number**	PVDR_ID	
☐ Start Authorization Date	DP_STRT_AUTH_DT	
☐ Organization Code	DP_ORG_CD	
☐ Service Code	DP_SRVC_CD	
☐ Service Type Code	DP_SRVC_TYP_CD	
☐ Direct Care Group Type1	DP_CR_GRP_TYP1_CD	
☐ Direct Care Group Type2	DP_CR_GRP_TYP2_CD	

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
☐ Direct Care Group Type3	DP_CR_GRP_TYP3_CD	
☐ Referral Source Code	DP_RFRL_SRC_CD	
☐ Care Level Code	DP_CR_LVL_CD	
☐ Disposition Code	DP_RSN_CD	
☐ Number of PT or HNC Visits 1	DP_PT_HNC_VST1_CNT	
☐ Number of PT or HNC Visits 2	DP_PT_HNC_VST2_CNT	
☐ Number of PT or HNC Visits 3	DP_PT_HNC_VST3_CNT	
☐ Number of PT or HNC Visits 4	DP_PT_HNC_VST4_CNT	
☐ Number of OT or HNC Visits 1	DP_OT_PHN_VST1_CNT	
☐ Number of OT or HNC Visits 2	DP_OT_PHN_VST2_CNT	
☐ Number of OT or HNC Visits 3	DP_OT_PHN_VST3_CNT	
☐ Number of OT or HNC Visits 4	DP_OT_PHN_VST4_CNT	
☐ Type of Care Provided	DP_TRTMNT_GL_CD	
☐ Patient Outcome at Discharge	DP_PTNT_OTCM_CD	
☐ Last Update Date	DP_VST_LST_UPDT_DT	
☐ End of Authorization Date	DP_AUTH_END_DT	
☐ Direct Care Referral Date	DP_REF_DT	
☐ HCC-MRR Client Group	DP_CLIENT_GROUP	

Long Term Care Service - The service authorizations* for clients who were alive and on care, on or after January 1, 1990. (CCD_ADJ_LTC_TLTCSP table).

* Services include Residential, Group Homes, Family Care Home, Adult Day Care, and Home Support

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
☐ CC-IMS Client ID - **replaced by a study specific identification number**	CLNT_ID	
☐ CC-IMS Provider ID - **replaced by a study specific identification number**	PVDR_ID	
☐ Effective Date of Assessment	SP_AS_EFCTV_DT	
☐ Organizational Code	SP_ORG_CD	
☐ Service Code	SP_SRVC_CD	

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
☐ Type of Service	SP_SRVC_TYP_CD	
☐ Care Level Code	SP_CR_LVL_CD	
☐ Start Date	SP_STRT_DT	
☐ Start Type Code	SP_STRT_TYP_CD	
☐ Service Event Start Reason Code	SP_STRT_RSN_CD	
☐ End Date	SP_END_DT	
☐ Service Event End Type Code	SP_END_TYP_CD	
☐ Service Event End Reason Code	SP_END_RSN_CD	

☐ Additional Variables	Please provide a detailed list of variables, description and rationale in a separate document (blank checklist available). The Ministry will assess the availability upon request.