



HEALTH AUTHORITY APPLICATION FOR DATA FOR EVALUATION AND PLANNING PURPOSES FROM THE MINISTRY OF HEALTH HOME AND COMMUNITY CARE DATA FILE

Submit this completed form to the email address: HealthDataHA@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

Table with 2 columns: File Number, Date Received. Includes a row for ISP Appendix.

PROJECT TITLE

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APPLIES TO COHORT(S)

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DATE RANGE

From (yyyy/mm/dd)

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OTHER DATE RANGE AND FILTERING CRITERIA

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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).

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.

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) and is the same for both the CCD and HCCMRR.

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
<input type="checkbox"/> Provider ID - replaced with a study specific identification number	PVDR_ID	
<input type="checkbox"/> Provider ID (in Base 20 format) <i>Research rationale describing why this field is required must be supplied before it will be considered for release.</i>	PVDR_ID_B20	
<input type="checkbox"/> Provider Name <i>Research rationale describing why this field is required must be supplied before it will be considered for release.</i>	PROVIDER_NAME	
<input type="checkbox"/> Provider Category Code	PROVIDER_CATEGORY_CODE	
<input type="checkbox"/> Operator Type Name	OPERATOR_TYPE_NAME	
<input type="checkbox"/> Owner Type Name	PROFIT_NAME_DSR (PR_OWNERSHIP)	
<input type="checkbox"/> Provider Street Address Line 1 <i>Research rationale describing why this field is required must be supplied before it will be considered for release.</i>	ADDRESS_LINE1	
<input type="checkbox"/> Provider Street Address Line 2 <i>Research rationale describing why this field is required must be supplied before it will be considered for release.</i>	ADDRESS_LINE2	

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
<input type="checkbox"/> Provider City <i>Research rationale describing why this field is required must be supplied before it will be considered for release.</i>	CITY	
<input type="checkbox"/> Provider Postal Code <i>Research rationale describing why this field is required must be supplied before it will be considered for release.</i>	POSTAL_CODE	
<input type="checkbox"/> Provider Health Authority	PROVIDER_HA	
<input type="checkbox"/> Provider Health Service Deliver Area	PROVIDER_HSDA	
<input type="checkbox"/> Provider Local Health Area	PROVIDER_LHA	

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 (Client table).

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
<input type="checkbox"/> Client ID - replaced with a study specific identification number	CLNT_ID	
<input type="checkbox"/> Marital Status	MARITAL_STATUS_CODE	
<input type="checkbox"/> Sex	SEX_CODE	
<input type="checkbox"/> Birth Date	BIRTH_DATE	
<input type="checkbox"/> Client's Local Health Authority	CLIENT_LHA	
<input type="checkbox"/> Client's Health Service Delivery Area	CLIENT_HSDA	
<input type="checkbox"/> Client's Health Authority	CLIENT_HA	
<input type="checkbox"/> Client's FSA	HCC_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 (Episode table).

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
<input type="checkbox"/> Episode ID - replaced with a study specific identification number	SRV_EPSD_ANON_ID	
<input type="checkbox"/> Client ID - replaced with a study specific identification number	CLI_ID	
<input type="checkbox"/> Health Authority Number	HA_ID	
<input type="checkbox"/> Provider ID - replaced with a study specific identification number	PVDR_ID	
<input type="checkbox"/> Service Type	SERVICE_TYPE	
<input type="checkbox"/> Service Delivery Setting	SERVICE_DELIVERY_SETTING	
<input type="checkbox"/> Service Start Date	SERVICE_START_DATE	
<input type="checkbox"/> Service End Date	SERVICE_END_DATE	
<input type="checkbox"/> Date Accepted for Service	DATE_ACCEPTED_FOR_SERVICE	
<input type="checkbox"/> HCC Program Referral Source	HCC_PROGRAM_REFERRAL_SOURCE	
<input type="checkbox"/> End Reason	END_REASON	
<input type="checkbox"/> Date Case Opened/Reopened	CASE_OPENED_REOPENED	
<input type="checkbox"/> Date of Bed Refusal	DATE_OF_BED_REFUSAL	

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 (Details table).

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
<input type="checkbox"/> Episode ID - replaced with a study specific identification number	SRV_EPSD_ANON_ID	
<input type="checkbox"/> Financial Reporting Period	RPTG_PRD	
<input type="checkbox"/> Client Group	CLIENT_GROUP	
<input type="checkbox"/> Service Provider Category	SERVICE_PROVIDER_CATEGORY	
<input type="checkbox"/> Service Hours Count	SERVICE_HOURS_COUNT	
<input type="checkbox"/> Face-to-Face Visit Count	SERVICE_VISITATION_COUNT	
<input type="checkbox"/> Remote Visit Count	REMOTE_VISIT_COUNT	
<input type="checkbox"/> Service Days Count	SERVICE_DAYS_COUNT	

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
<input type="checkbox"/> Choice in Supports for Independent Living (CSIL) Flag	CSIL_FLAG	
<input type="checkbox"/> Personal Care Funding Level	PCF_LEVEL	
<input type="checkbox"/> Local Health Authority <i>(home care services only)</i>	SRV_LOC_LHA	
<input type="checkbox"/> Health Service Deliver Area <i>(home care services only)</i>	SRV_LOC_HSDA	
<input type="checkbox"/> Health Authority <i>(home care services only)</i>	SRV_LOC_HA	

Financial Reporting Periods - Contains a listing of the financial reporting period dates for each fiscal year (Financial Reporting Periods table).

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
<input type="checkbox"/> Financial Reporting Period	RPTG_PRD	
<input type="checkbox"/> Fiscal Year	FISCAL_YEAR	
<input type="checkbox"/> Period Start	PERIOD_START	
<input type="checkbox"/> Period End	PERIOD_END	

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
<input type="checkbox"/> CC-IMS Client ID - replaced by a study specific identification number	CLNT_ID	
<input type="checkbox"/> Forward Sortation Area	CL_PSTL_CD_ADRS	
<input type="checkbox"/> Birth Date (YYYYMM)	CL_BRTH_DT	
<input type="checkbox"/> Sex Code	CL_SX_CD	
<input type="checkbox"/> Marital Code	CL_MRTL_CD	
<input type="checkbox"/> PHN - Replaced by a study specific identification number	CL_PHN_ID	
<input type="checkbox"/> Client Record Update Date	CL_STTS_DT	
<input type="checkbox"/> Referral Status Code	CL_RFRL_STTS_CD	
<input type="checkbox"/> HSCL Code	CL_HSCL_CD	
<input type="checkbox"/> Start Date*	START_DATE	

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
<input type="checkbox"/> End Date*	END_DATE	
<input type="checkbox"/> Current Record*	CRNT_REC	
<input type="checkbox"/> 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
<input type="checkbox"/> CC-IMS Client ID - replaced by a study specific identification number	CLNT_ID	
<input type="checkbox"/> Assessment Effective Date	AS_EFCTV_DT	
<input type="checkbox"/> Assessment Location Code	AS_LCTN_CD	
<input type="checkbox"/> Approved Care Code	AS_APRVD_CR_CD	
<input type="checkbox"/> Type of Assessment	AS_ASSMNT_CD	
<input type="checkbox"/> Approved Care Level	AS_APRVD_CR_LVL_CD	
<input type="checkbox"/> Caregiver Code	AS_CRGVR_CD	
<input type="checkbox"/> Most Recent Assessment Flag	AS_MOST_RCNT_ASSMNT_CD	
<input type="checkbox"/> Residential Acceptance Date	AS_RES_ACC_DT	
<input type="checkbox"/> Client Group	AS_CLIENT_GRP	
<input type="checkbox"/> Adult Day Care Acceptance Date	AS_ADCCD_DT	
<input type="checkbox"/> Assisted Living Acceptance Date	AS_ALDD_DT	
<input type="checkbox"/> Home Support Acceptance Date	AS_HSDT_DT	
<input type="checkbox"/> 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
<input type="checkbox"/> CC-IMS Client ID - replaced by a study specific identification number	CLIENT_ID	
<input type="checkbox"/> Assessed Care Level	CI_CARE_LEVEL_CODE	
<input type="checkbox"/> Service Year	CI_SERVICE_YEAR	
<input type="checkbox"/> Service Month	CI_SERVICE_MONTH	
<input type="checkbox"/> Days of Service	CI_DAYS_OF_SERVICE_AMOUNT	
<input type="checkbox"/> Hours of Service	CI_HOURS_OF_SERVICE_AMOUNT	
<input type="checkbox"/> Organization Code	CI_ORGANIZATION_CODE	
<input type="checkbox"/> 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
<input type="checkbox"/> CC-IMS Client ID - replaced by a study specific identification number	PROVIDER_ID	
<input type="checkbox"/> CC-IMS Provider ID - replaced by a study specific identification number	CLIENT_ID	
<input type="checkbox"/> Assessed Care Level	CJ_CARE_LEVEL_CODE	
<input type="checkbox"/> Service Year	CJ_SERVICE_YEAR	
<input type="checkbox"/> Service Month	CJ_SERVICE_MONTH	
<input type="checkbox"/> Days of Service	CJ_DAYS_OF_SERVICE_AMOUNT	
<input type="checkbox"/> Hours of Service	CJ_HOURS_OF_SERVICE_AMOUNT	
<input type="checkbox"/> Organization Code	CJ_ORGANIZATION_CODE	
<input type="checkbox"/> 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
<input type="checkbox"/> CC-IMS Provider ID - replaced by a study specific identification number	PROVIDER_ID	
<input type="checkbox"/> CC-IMS Client ID - replaced by a study specific identification number	CLIENT_ID	
<input type="checkbox"/> Assessed Care Level	CK_CARE_LEVEL_CODE	
<input type="checkbox"/> Service Year	CK_SERVICE_YEAR	
<input type="checkbox"/> Service Month	CK_SERVICE_MONTH	
<input type="checkbox"/> Days of Service	CK_DAYS_OF_SERVICE_AMOUNT	
<input type="checkbox"/> Organization Code	CK_ORGANIZATION_CODE	
<input type="checkbox"/> 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
<input type="checkbox"/> CC-IMS Client ID - replaced by a study specific identification number	CLNT_ID	
<input type="checkbox"/> CC-IMS Provider ID - replaced by a study specific identification number	PVDR_ID	
<input type="checkbox"/> Start Authorization Date	DP_STRT_AUTH_DT	
<input type="checkbox"/> Organization Code	DP_ORG_CD	
<input type="checkbox"/> Service Code	DP_SRVC_CD	
<input type="checkbox"/> Service Type Code	DP_SRVC_TYP_CD	
<input type="checkbox"/> Direct Care Group Type1	DP_CR_GRP_TYP1_CD	
<input type="checkbox"/> Direct Care Group Type2	DP_CR_GRP_TYP2_CD	
<input type="checkbox"/> Direct Care Group Type3	DP_CR_GRP_TYP3_CD	
<input type="checkbox"/> Referral Source Code	DP_RFRL_SRC_CD	
<input type="checkbox"/> Care Level Code	DP_CR_LVL_CD	
<input type="checkbox"/> Disposition Code	DP_RSN_CD	

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
<input type="checkbox"/> Number of PT or HNC Visits 1	DP_PT_HNC_VST1_CNT	
<input type="checkbox"/> Number of PT or HNC Visits 2	DP_PT_HNC_VST2_CNT	
<input type="checkbox"/> Number of PT or HNC Visits 3	DP_PT_HNC_VST3_CNT	
<input type="checkbox"/> Number of PT or HNC Visits 4	DP_PT_HNC_VST4_CNT	
<input type="checkbox"/> Number of OT or HNC Visits 1	DP_OT_PHN_VST1_CNT	
<input type="checkbox"/> Number of OT or HNC Visits 2	DP_OT_PHN_VST2_CNT	
<input type="checkbox"/> Number of OT or HNC Visits 3	DP_OT_PHN_VST3_CNT	
<input type="checkbox"/> Number of OT or HNC Visits 4	DP_OT_PHN_VST4_CNT	
<input type="checkbox"/> Type of Care Provided	DP_TRTMNT_GL_CD	
<input type="checkbox"/> Patient Outcome at Discharge	DP_PTNT_OTCM_CD	
<input type="checkbox"/> Last Update Date	DP_VST_LST_UPDT_DT	
<input type="checkbox"/> End of Authorization Date	DP_AUTH_END_DT	
<input type="checkbox"/> Direct Care Referral Date	DP_REF_DT	
<input type="checkbox"/> 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
<input type="checkbox"/> CC-IMS Client ID - replaced by a study specific identification number	CLNT_ID	
<input type="checkbox"/> CC-IMS Provider ID - replaced by a study specific identification number	PVDR_ID	
<input type="checkbox"/> Effective Date of Assessment	SP_AS_EFCTV_DT	
<input type="checkbox"/> Organizational Code	SP_ORG_CD	
<input type="checkbox"/> Service Code	SP_SRVC_CD	
<input type="checkbox"/> Type of Service	SP_SRVC_TYP_CD	
<input type="checkbox"/> Care Level Code	SP_CR_LVL_CD	
<input type="checkbox"/> Start Date	SP_STRT_DT	
<input type="checkbox"/> Start Type Code	SP_STRT_TYP_CD	

FIELD NAME	VARIABLE NAME	REASON FOR REQUEST
<input type="checkbox"/> Service Event Start Reason Code	SP_STRT_RSN_CD	
<input type="checkbox"/> End Date	SP_END_DT	
<input type="checkbox"/> Service Event End Type Code	SP_END_TYP_CD	
<input type="checkbox"/> Service Event End Reason Code	SP_END_RSN_CD	
<input type="checkbox"/> 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.	