

Data Specifications for Adult Day Health
Updated January 2011

Field	Data Type, Codes and Maximum Length	Description/Example
Client ID	text – 15 characters	Unique identification number assigned by agency.
Last Name	text - 20 characters	Smith
First Name	text - 15 characters	Jonathan
Middle Name	text - 15 characters	William
Street Address	text - 255 characters	511 15th Avenue S
City	text - 35 characters	Federal Way
Zip Code	text - 9 characters	98104 or 981043232
Date of birth	Date – mm/dd/yyyy	Example: 1/30/1928
Ethnicity	integer	What is the client's ethnicity?
	0	Unknown
	1	American Indian or Alaska Native
	2	Asian, Asian American
	3	Black, African, African-American
	4	Hawaiian Native or Pacific Islander
	5	Hispanic/Latino
	6	White
	7	Other
	8	Multi-Racial
Income	integer	Refer to Income Guidelines for \$ amounts for the categories listed below.
	0	Unknown
	1	Very Low (< 30% Median)
	2	Low (< 50% Median)
	3	Moderate (< 80% Median)
	4	Above Moderate (> 80% Median)
Live Alone	Text	Does the client live alone?
	U	Unknown
	Y	Yes
	N	No
Gender	text	What is the client's gender?
	U	Unknown
	F	Female
	M	Male
	O	Other (e.g. transgendered)
Limited English	text	Does the client have limited proficiency in English?
	U	Unknown
	Y	Yes
	N	No
Household with Children	text	Is the client living in a household with children under age 18?
	U	Unknown
	Y	Yes
	N	No
Single Parent	text	If this is a household with children, is it a single parent household – one adult caring for children under age 18?
	U	Unknown
	Y	Yes
	N	No
Disability Status	Text	Does the client have a disability?
	U	Unknown
	Y	Yes
	N	No
Refugee Status	Text	Is the client an immigrant or refugee?
	U	Unknown
	Y	Yes
	N	No
Homeless	Text	Is the client homeless or living in temporary shelter?
	U	Unknown
	Y	Yes
	N	No
Unincorporated	Text	Does the client live in unincorporated King County (outside of any city limits)?
	U	Unknown
	Y	Yes
	N	No
Veteran	text	Is the client a veteran?
	U	Unknown
	Y	Yes
	N	No

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	text	Does the client need help with the following Activities of Daily Living (ADL"s)?
Eating	Y	Yes
	N	No
Toileting	Y	Yes
	N	No
Walking	Y	Yes
	N	No
Transferring	Y	Yes
	N	No
Dressing	Y	Yes
	N	No
Bathing	Y	Yes
	N	No
Getting Places	Y	Yes
	N	No
Med Mgmt	Y	Yes
	N	No
	text	Does the client need help with the following Instrumental Activities of Daily Living (IADL"s)?
Cooking	Y	Yes
	N	No
Shopping	Y	Yes
	N	No
Chores	Y	Yes
	N	No
Driving	Y	Yes
	N	No
Heavy Housework	Y	Yes
	N	No
Phoning	Y	Yes
	N	No
Service Month	Date – mm/dd/yyyy	Example: 1/1/2011 (always use first day of the month)
Units Provided	integer	Number of days the client received services this month for this service type
Service Type	Code	Service Type billed for service provided – if a client has services under 2 different service types, use a separate row for each.
	a9	Title XIX Day Health
	a4	Discretionary
	a2	COPES

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Data File Guidelines

- Each client should have a unique identifier or Client ID. This ID # should be used consistently for the same client. ID #'s should not be reused. If a change to your data system causes ID #'s to change (e.g., you purchased a new software system) please let ADS staff know in advance of the change.
- Field names must be at the top of each column and must **exactly match** those in the data specifications.
- Fields can be in any order. You are not required to use them in the order listed above. The one exception is that the Client ID field must be the first column.
- If you do not have information for a particular field, and that field doesn't have a corresponding code or category for Unknown (usually "0" or "U"), please leave the field blank.
- Include only clients who had services during the reporting period. If a client did not have services in the reporting month, they should not appear on the report. Do not keep them on the report with a unit of "0".

Submitting Data Files

- Providers will upload data files to City of Seattle's secure ftp server. Contact your contract specialist for information on how to access this server.
- Please send your contract specialist an email letting them know that when you have uploaded the file.
- Data files may be submitted in either spreadsheet (Excel) or delimited (e.g., csv) format.
- Use a unique name for each file that clearly identifies both the provider and the service month. For example: MSM_Jan2011.xls for My Service Mind's January 2011 data file.
- Data files with errors will be sent back for corrections.
- Data files are **due by the 10th working day** of the month. Payment of invoices is contingent upon receipt of all required reports, including monthly data files.