

Data Specifications for Case Management
Updated September 2015

| 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 |
| Race | Integer | What is the client's race? |
| | 0 | Unknown |
| | 1 | American Indian or Alaska Native |
| | 2 | Asian, Asian American |
| | 3 | Black, African, African-American |
| | 4 | Hawaiian Native or Pacific Islander |
| | 6 | White |
| | 7 | Other |
| | 8 | Multi-Racial |
| Ethnicity | Text | What is the client's ethnicity? |
| | u | Unknown |
| | y | Hispanic or Latino |
| | n | Not Hispanic or Latino |
| 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. transgender) |
| Limited English | Text | Does the client have limited proficiency in English? |
| | u | Unknown |
| | y | Yes |
| | n | No |
| Household with Children | Text | Does the client live in a household with children under age 18? |
| | u | Unknown |
| | y | Yes |
| | n | No |

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| Single Parent | Text | If the client lives in a household with children, is this 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 |
| Service Month | Date - mm/dd/yyyy | Example: 1/1/2011 |
| Units Provided | Integer | Number of open cases for the service month (for case management, this should always be 1). |
| Service Type | Code | Enter the service type billed for the case type provided. If a client has 2 service types, use a separate row for to report each. |
| | c1 | Chore |
| | c2 | COPES |
| | c3 | Medicaid Personal Care (MPC) |
| | c5 | Seattle Housing Authority (SHA) |
| | c6 | Respite |
| | c7 | Veterans |
| | c8 | Intensive Case Management (ICM) |
| | c9 | New Freedom |
| | c10 | Adult Day Health (ADH) |
| | c11 | Medically Needy In Home Waiver (MNIHW) |

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| Field | Data Type, Codes and Maximum Length | Description/Example |
|-------|-------------------------------------|--------------------------------------|
| | c12 | Road to Community Living |
| | c13 | Community First Choice (CFC) |
| | c14 | Community First Choice (CFC) – COPES |

***ADL/IADL information is mandatory effective Oct. 1, 2015.**

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". (NOTE: For agencies that do not have data systems and in which staff updates the reports manually, it is OK to include clients with a unit of zero.)

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. If you do not have access, please send your file through a secure email.
- 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.