ADS / GetCare Data Cross-Walk Specifications for Nutrition - Congregate	

Field	Updated October 2021					
Field	Data Type, Codes and Maximum	Description/Example	GetCare Description/Example			
Client ID	text – 15 characters	Unique identification number assigned by agency.	GetCare ID assigned by GetCare System			
Last Name	text - 20 characters	Smith	Smith			
First Name	text - 15 characters	Jonathan	Jonathan			
Middle Name	text - 15 characters	William	William			
Street Address	text - 255 characters	511 15th Avenue S	511 15th Avenue S			
City Zip Code	text - 35 characters text - 5 characters	Federal Way 98104	Federal Way 98104			
Date of birth	Date – mm/dd/yyyy	Example: 1/30/1928 – use 4 digit years.	Example: 1/30/1928			
Race	Integer	What is the client's race?	*Race (Check all that apply)			
	0	Unknown	Unknown			
	1	American Indian or Alaska Native	American Indian/Alaska Native			
	2	Asian, Asian American	Asian			
	3 4	Black, African, African-American Hawaiian Native or Pacific Islander	Black/African American Native Hawaiian/Other Pacific Islander			
	6	White	White			
	7	Other	If have Other identified check Ethnicity, if not Leave Blank			
	8	Multi-Racial	Check all that apply Latinx/Latino/Hispanic			
Ethnicity	Text	What is the client's ethnicity?	Declined to State			
Ethinicity	lext	what is the client's ethnicity?	*Ethnicity (Choose the corresponding ethnicity from list if known)			
	u	Unknown	Leave Blank			
	Y	Hispanic or Latino	Hispanic or Latino			
	n	Not Hispanic or Latino	Not Hispanic or Latino			
Income	Integer	Refer to <u>Income Guidelines</u> for \$ amounts for the categories	At or below 100% Federal Poverty Level			
	0	listed below. Unknown	Declined to state income			
	1	Very Low (< 30% Median)	Yes			
	2	Low (< 50% Median)	No			
	3	Moderate (< 80% Median)	No			
	4	Above Moderate (> 80% Median)	No			
Live Alone	Text	Does the client live alone?	Household Composition (Lives Alone)			
	u	Unknown	Declined to State			
	V .	Yes	Lives Alone			
	n n	No No	Other Institutionalized			
	n	No	With Domestic Partner			
	n	No	With Non-Relative(s)			
	n	No	With Other Relative(s)			
	n	No	With Parent(s)			
	n	No	With Spouse			
Gender	Text	What is the client's gender?	Sex/Gender			
	u f	Unknown	Unknown			
	m	Female Male	Female Male			
	0	Other (e.g. transgender)	Other			
			Declined to Disclose			
Limited English	Text	Does the client have limited English proficiency?	English Fluency			
			Declined to State			
	u	Unknown	Declined to State			
	v	Yes	Needs Translation			
			Needs Translation Fluent			
Disability Status	y n	Yes No	Needs Translation Fluent Limited			
Disability Status	v	Yes No Description:	Needs Translation Fluent Limited Disability Type			
Disability Status	y n Text	Yes No	Needs Translation Fluent Limited			
Disability Status	y n Text u y n	Yes No  Description: Unknown Yes No	Needs Translation Fluent Limited Disability Type Declined to State Physical Disability No Disability No Disability			
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Disability Status	Y	Yes No Description: Unknown Yes No Yes Yes	Needs Translation Fluent Limited Disability Type Declined to State Physical Disability No Disability Intellectual/Developmental disability (ID/DD) Mental Illness Traumatic trans injury			
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Disability Status	Y	Yes No Description: Unknown Yes No Yes Yes Yes Yes	Needs Translation Fluent Limited Disability Type Declined to State Physical Disability No Disability Intellectual/Developmental disability (ID/DD) Mental Illness Traumatic brain injury Dementia Memory Loss			
Disability Status  Homeless	Y	Yes No Description: Unknown Yes No Yes	Needs Translation Fluent Limited Disability Type Declined to State Physical Disability No Disability Intellectual/Developmental disability (ID/DD) Mental Illiness Traumatic brain injury Dementia			
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ADS / GetCare Service Enrollment and Unit Information for Nutrition - Congregate  Updated October 2021							
ADS Previous Way of Recording Service			GetCare Service Recording effective 10/1/2021				
ADS Service Type What type of meal service did the client receive?	Code	Unit Type	Definition	GetCare Scope of Work	GetCare Program (Funding)	GetCare Service Detail	Assessment Required
Congregate Dining	n2	Integer (Total # of meals provided to this client during service month)	Regular congregate meal, 1 meal = 1 unit	Congregate Meals	OAA TIIIC/SCSA/LOC	1 NSIP Meal	Nutrition risk (Score Only or At High Nutritional Risk located in Nutritional Risk Self Screening Section of Nutritional Assessment)
Emergency Meals	n3	Integer (Total # of meals provided to this client during service month)	Retired (No longer in Use)				
CV-19 Response Congregate Meals (Virtual/In-Person)	n9	Integer (Total # of meals provided to this client during service month)	To-go meal or meal delivery, 1 meal = 1 unit	Emergency Meal	Covid-19 Response	1 Meal HDM or 1 Meal Pick-up/Take Out	Nutrition risk (Score Only or At High Nutritional Risk located in Nutritional Risk Self Screening Section of Nutritional Assessment). Select Service Detail that best matches program model
CV-19 Response Groceries	n10	Integer (Total # of meals provided to this client during service month)	Emergency response funds grocery bags, 1 bag = 1 unit	Consumable Supply	Covid-19 Response	1 Delivery	None
CV-19 Response Home Delivered Meals (Pick-up and Home	n11	Integer (Total # of meals provided to this client during service month)	To-go meal or meal delivery, 1 meal = 1 unit. Note: Awaiting further clarification from ALTSA on Service Detail.	Emergency Meal	Covid-19 Response	1 Meal HDM	Nutrition risk (Score Only or At High Nutritional Risk located in Nutritional Risk Self Screening Section of Nutritional Assessment)
	Previously recorded in month	nly report only, not in data file.	Nutrition Education session	Nutrition Education	OAA TIIIB/OAA TIIIC/OAA TIIID/Si	1 Session	None
	Site name  Site only applies to programs with multiple sites. Do not include this field if your program has only one site.  *This field only applies to programs with multiple sites. Do not include this field if your program has only one site.  *This field only applies to programs with multiple sites. Do not include this field if your program has only one site.			field if your program has only one site.			
Service Month	Date - mm/dd/yyyy	Use first day of month for reporting period, e.g., 1/1/2023		Service Month Date – mm/dd/yyyy Use first day of month for reporting period, e.g., 1/1/2023			