

Data File Specifications for CLC_Programs
Effective July 2018

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?

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	u	Unknown
	y	Yes
	n	No
Disability Status	Text	Does the client have a disability?
	u	Unknown
	y	Yes
	n	No
Homeless	Text	Is the client homeless or living in temporary shelter?
	u	Unknown
	y	Yes
	n	No
Veteran	Text	Is the client a veteran?
	u	Unknown
	y	Yes
	n	No
	Text	*Required for Care Coordination services only. 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
Med Mgmt	y	Yes
	n	No
	Text	*Required for Care Coordination services only. 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

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Field	Data Type, Codes and Maximum Length	Description/Example
Money Mgmt	y	Yes
	n	No
Sexual Orientation	Integer	What is the sexual orientation of the client?
	0	Unknown
	1	Bisexual
	2	Gay
	3	Heterosexual
	4	Lesbian
	5	Questioning
	6	Other
Service Month	Date - mm/dd/yyyy	Use first day of month for reporting period, e.g., 1/1/2011
Service Type	Code	Program/Service Type
	c4	Care Coordination
	i5	Medicaid Transformation Demonstration referrals
	i6	Dementia Capable Person-Centered Options Counseling
	i7	Person-Centered Options Counseling
	i8	Community I&A Assist
	i9	Community I&A Information Contact
	p8	Central I&A Assist
	p9	Central I&A Information Contact
Units Provided	Integer	Enter the # of units provided during the service month for this service type: Care Coordination: Hour Dementia Capable Person-Centered Options Counseling: Hour MTD Referral: Activity Person-Centered Options Counseling: Hour Community I&A – Assistance: Assist Community I&A – Information Contact: Contact Central I&A – Assistance: Assist Central I&A – Information Contact: Contact

***ADL/IADL information is required for Care Coordination programs only**

1. I&A Programs will submit data on two types of units:
 - **Information Contacts:** These are typically information calls, but could be any situation in which information is provided to a client, and the client does not require assistance or follow-up from I&A. Identifying information for the client may not be available, in which case the units may be summed up and associated with an unknown or anonymous client.
 - **Assists:** An “assist” is when I&A helps the client access services and follows up to ensure services were received. Each time a client receives assistance during the reporting period, it will be reported as an “assist.”

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2. Providers have the option of sending two separate data files, one for each service type, or combining them into one, however, one file is preferable. If the services are delivered through two separate contracts, the provider must submit a separate data file for each contract.
3. Race and ethnicity are two separate categories.

Service Type	Code	Unit Type
Care Coordination	c4	Hour
Medicaid Transformation Demonstration Referral	i5	Activity
Dementia Capable Person-Centered Options Counseling	i6	Hour
Person-Centered Options Counseling	i7	Hour
Community I&A – Assistance	i8	Assist
Community I&A – Information Contact	i9	Contact
Central I&A – Assistance	p8	Assist
Central I&A – Information Contact	p9	Contact

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 may 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. 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.

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- 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.

Changes in 2018:

- Added MTD referral code.