

**Data Specifications for Adult Day Health**  
**Updated January 2020**

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 - 5 characters	98104
Date of birth	Date – mm/dd/yyyy	Example: 1/30/1928
<b>Race</b>	<b>Integer</b>	<b>What is the client's race?</b>
	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
<b>Ethnicity</b>	<b>Text</b>	<b>What is the client's ethnicity?</b>
	u	Unknown
	y	Hispanic or Latino
	n	Not Hispanic or Latino
<b>Income</b>	<b>Integer</b>	<b>See <a href="#">Income Guidelines</a> for corresponding \$ amounts.</b>
	0	Unknown
	1	Very Low (< 30% Median)
	2	Low (< 50% Median)
	3	Moderate (< 80% Median)
	4	Above Moderate (> 80% Median)
<b>Live Alone</b>	<b>Text</b>	<b>Does the client live alone?</b>
	u	Unknown
	y	Yes
	n	No
<b>Gender</b>	<b>Text</b>	<b>What is the client's gender?</b>
	u	Unknown
	f	Female
	m	Male
	o	Other (e.g. transgender)
<b>Limited English</b>	<b>Text</b>	<b>Does the client have limited proficiency in English?</b>
	u	Unknown
	y	Yes
	n	No
<b>Disability Status</b>	<b>Text</b>	<b>Does the client have a disability?</b>
	u	Unknown
	y	Yes
	n	No
<b>Homeless</b>	<b>Text</b>	<b>Is the client homeless or living in temporary shelter?</b>
	u	Unknown
	y	Yes
	n	No
<b>Veteran</b>	<b>Text</b>	<b>Is the client a veteran?</b>
	u	Unknown
	y	Yes
	n	No

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<b>ADLs</b>	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
Med Mgmt	y	Yes
	n	No
<b>IADLs</b>	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
Money Mgmt	y	Yes
	n	No
<b>Sexual Orientation</b>	Integer	What is the sexual orientation of the client?
	0	Unknown
	1	Bisexual
	2	Gay
	3	Heterosexual
	4	Lesbian
	5	Questioning
	6	Other
<b>Service Month</b>	Date – mm/dd/yyyy	Use first day of month for reporting period, e.g., 1/1/2016
<b>Units Provided</b>	Integer	Number of days the client received services this month for this service type
<b>Service Type</b>	Code	Billed service type: if a client has services under 2 different service types, use a separate row for each.
	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. There must be a first and last name for every client.
- 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 or through secure email. 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: EADS\_Jan2020.xls for Elder Adult Day Services January 2020 data file.
- Data files with errors will be sent back via the ftp site for corrections.
- Data files are **due by the 10<sup>th</sup> working day** of the month. Payment of invoices is contingent upon receipt of all required reports, including monthly data files.