

Data File Specifications for CLC_FCSP Combined Programs
Updated May 2020 for COVID-19

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
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
Disability Status	Text	Does the client have a disability?
	u	Unknown

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	y	Yes
	n	No
Homeless	Text	Is the client homeless or living in temporary shelter?
	u	Unknown
	y	Yes
	n	No
Relationship	Integer	Required for FCSP only. What is the relationship of the caregiver to the care recipient?
	0	Unknown
	1	Husband
	2	Wife
	3	Son/Son-in-Law
	4	Daughter/Daughter-In-Law
	5	Grandparent
	6	Other Relative
	7	Other Non-Relative
Kinship	Text	Required for FCSP only. Is this a grandparent or older adult caring for a child(ren) under age 18?
	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

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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
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
**TCAREID	Text – 10 characters	Required for FCSP only. 3849321
CR Last Name	Text	Required for FCSP only. Care receiver last name: Smith
CR First Name	Text	Required for FCSP only. Care receiver first name: Alice
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
	i19	CV-19 Response Care Transitions
	p8	Central I&A Assist
	p9	Central I&A Information Contact
	f1	FCSP – Counseling
	f2	FCSP – Support Groups
	f3	FCSP – Training
	f5	FCSP – Supplemental Services
	f6	FCSP – Consultation (non-TCARE)
	f7	FCSP – TCARE Care Plan

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Field	Data Type, Codes and Maximum Length	Description/Example
	f8	FCSP – Access/Assistance
	f9	FCSP – Access/Information Contact
	f10	FCSP – TCARE Intake/Demographics
	f11	FCSP – TCARE Screen
	f12	FCSP – TCARE Assessment
	f13	FCSP – TCARE Consultation
	f17	VSHSL Caregiver Respite
	f18	VSHSL Caregiver Community Building
Units Provided	Integer	Enter the # of units provided during the service month for this service type: Care Coordination: Hour MTD Referral: Activity Dementia Capable Person-Centered Options Counseling: Hour 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 FCSP – see Service Type Definitions

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

**NOTE: TCAREID column heading is one word, no space

Tips:

- 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.”
- Data files need to contain all of the required field headers although information may not be needed for that service. For an example: client may receive FCSP – Access/Assistance so ADL/IADL information is not needed (only needed for care coordination).
- 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.
- Race and ethnicity are two separate categories.

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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

FCSP Service Definitions

Service Type	Code	Unit Type	Definition
FCSP - Counseling	f1	Session	Counseling addresses <i>emotional</i> support to the caregiver provided by licensed mental health professionals through formal therapy sessions.
FCSP – Support Groups	f2	Session	Support Groups rely on group process to assist family caregivers in developing new competencies, coping strategies related to their caregiver experience, and expanding / sustaining networks of support.
FCSP - Training	f3	Session	Caregiver trainings provide instruction on a wide range of topics of importance to family caregivers. The most common training modules focus on teaching caregivers to take better care of themselves and tips and skills for improving care of their loved ones. Examples include “Powerful Tools for Caregiving,” “A Matter of Balance,” and “Living Well with Chronic Conditions.”
FCSP – Supplemental Services	f5	Item: each purchase made for the caregiver	One-time or short-term purchase of goods and services that help a caregiver maintain their loved one’s independence. <i>Note: ADS is now administering these funds for clients as requested by FCSP providers. Upon verification that supplemental services were received by the client, FCSP providers will include these services on their data file.</i>
FCSP – Consultation (non-TCARE)	f6	Session	Consultation services are primarily <i>educational</i> in nature and help the caregiver and/or family to develop caregiving strategies to help them navigate services and make decisions about care options. Consultation may also include brief emotional support provided by staff who are not licensed mental health professionals. Do not include TCARE consultation/care planning here; these should be counted under the TCARE categories.

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Service Type	Code	Unit Type	Definition
FCSP – TCARE Care Plan	f7	Activity	Completing the TCARE care plan with agreement date. Do not include minor Care Plan updates done between assessments. This category is only meant to count Care Plans done immediately after an assessment or reassessment.
FCSP – Access/Assistance	f8	Assist	An “assist” is when program staff help the client access services and follow up to ensure services were received. Each time a client receives assistance for a particular issue during the reporting period, it should be reported as an “assist.”
FCSP – Access/Information Contact	f9	Contact	These are typically information calls, but could be any situation which information is provided to a client, and the client does not require assistance or follow-up. 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.
FCSP – TCARE Intake/Demographics	f10	Activity	Gathering and entering demographic information into the TCARE system.
FCSP – TCARE Screen	f11	Activity	Entering screening or rescreening information into the TCARE system. Screen or rescreen must be marked as complete.
FCSP – TCARE Assessment	f12	Activity	Entering assessment or reassessment information into the TCARE system. Assessment or reassessment must be marked as complete.
FCSP – TCARE Consultation	f13	Activity	Meeting with the caregiver to discuss services and completing the consultation worksheet in TCARE.

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.

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- 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.
- 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.

*Note, these data specifications do not include requirements for Kinship Programs