ADS / GetCare Data Cross-Walk Specifications for Home Delivered

Updated October 2021

Field	Data Type, Codes and Max Length	ADS 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	text - 35 characters	Federal Way	Federal Way
Zip Code	text - 5 characters	98104	98104
Date of birth	Date – mm/dd/yyyy	Example: 1/30/1928	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	Black, African, African-American	Black/African American
	4	Hawaiian Native or Pacific Islander	Native Hawaiian/Other Pacific Islander
	6	White	White
	7	Other	If have Other identified select Ethnicity, if not Leave Blank
	8	Multi-Racial	Check all that apply
			Latinx/Latino/Hispanic
			Declined to State
Ethnicity	**Text**	**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**	**See Income Guidelines for corresponding $ amounts**	**At or below 100% Federal Poverty Level**
	0	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
	y	Yes	Lives Alone
	n	No	Other
	n	No	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	Unknown	Declined to Disclose
	f	Female	Female
	m	Male	Male
	o	Other (e.g. transgender)	Other

Limited English	Text	Does the client have limited proficiency in English?	English Fluency
	u	Unknown	Declined to state
	y	Yes	Needs Translation
	n	No	Fluent
			Limited
Disability Status	**Text**	**Does the client have a disability?**	**Disability Type**
	u	Unknown	Declined to State
	y	Yes	Physical Disability
	n	No	No Disability
	y	Yes	Intellectual/Developmental disability (ID/DD)
	y	Yes	Mental illness
	y	Yes	Traumatic brain injury
	y	Yes	Dementia
	y	Yes	Memory Loss
	y	Yes	Other, specify
Homeless	**Text**	**Is the client homeless or living in temporary**	**Homeless?**
	u	Unknown	Unknown
	y	Yes	Yes
	n	No	No
Veteran	**Text**	**Is the client a veteran?**	**Veteran**
	u	Unknown	Declined to State
	y	Yes	Veteran
	n	No	No
Nutritional Risk	**Text**	**Client has received a score of 6 or greater on Nutritional Risk Screening tool.**	**At High Nutritional Risk (Enter in GetCare Nutritional Risk Assessment)**
	u	Unknown	Declined to State
	y	Yes	Yes
	n	No	No
Urban/Rural		**Urban/Rural**	**Urban/Rural (Auto-populates based on Zip code)**
			Rural
			Urban
			Declined to state
Sexual Orientation	**Integer**	**What is the sexual orientation of the client?**	**Sexual Orientation**
	0	Unknown	Declined to state
	1	Bisexual	Bisexual
	2	Gay	Lesbian/Gay
	3	Heterosexual	Heterosexual
	4	Lesbian	Lesbian/Gay
	5	Questioning	Questioning
	6	Other	Leave Blank

ADS / GetCare Data Cross-Walk Specifications for ADLs & IADLs

Updated October 2021

Field	Data Type, Codes and Maximum Length	ADS Data File Description/Example	GetCare Description/Example
ADLs	**Text**	**Does the client need help with the following Activities of Daily Living (ADLs)?**	**Activities of Daily Living (ADL)**
Eating	n	No	1. Independent
			2. Minimum Assistance
	y	Yes	3. Moderate Assistance

			4. Maximum Assistance
			5. Declined to State
Toileting	n	No	1. Independent
			2. Minimum Assistance
	y	Yes	3. Moderate Assistance
			4. Maximum Assistance
			5. Declined to State
Walking	n	No	1. Independent
			2. Minimum Assistance
	y	Yes	3. Moderate Assistance
			4. Maximum Assistance
			5. Declined to State
Transferring	n	No	1. Independent
			2. Minimum Assistance
	y	Yes	3. Moderate Assistance
			4. Maximum Assistance
			5. Declined to State
Dressing	n	No	1. Independent
			2. Minimum Assistance
	y	Yes	3. Moderate Assistance
			4. Maximum Assistance
			5. Declined to State
Bathing	n	No	1. Independent
			2. Minimum Assistance
	y	Yes	3. Moderate Assistance
			4. Maximum Assistance
			5. Declined to State
Med Mgmt	n	No	1. Independent
			2. Minimum Assistance
	y	Yes	3. Moderate Assistance
			4. Maximum Assistance
			5. Declined to State
IADLs	**Text**	**Does the client need help with the following Instrumental Activities of Daily Living (IADLs)?**	**Instrumental Activities of Daily Living (IADL)**
Cooking	n	No	1. Independent
			2. Minimum Assistance
	y	Yes	3. Moderate Assistance
			4. Maximum Assistance
			5. Declined to State
Shopping	n	No	1. Independent
			2. Minimum Assistance
	y	Yes	3. Moderate Assistance
			4. Maximum Assistance
			5. Declined to State
Chores	n	No	1. Independent
			2. Minimum Assistance
	y	Yes	3. Moderate Assistance
			4. Maximum Assistance
			5. Declined to State
Driving	n	No	1. Independent
			2. Minimum Assistance
	y	Yes	3. Moderate Assistance
			4. Maximum Assistance

			5. Declined to State
Heavy Housework	n	No	1. Independent
			2. Minimum Assistance
	y	Yes	3. Moderate Assistance
			4. Maximum Assistance
			5. Declined to State
Phoning	n	No	1. Independent
			2. Minimum Assistance
	y	Yes	3. Moderate Assistance
			4. Maximum Assistance
			5. Declined to State
Money Mgmt	n	No	1. Independent
			2. Minimum Assistance
	y	Yes	3. Moderate Assistance
			4. Maximum Assistance
			5. Declined to State

ADS / GetCare Service Enrollment and Unit Information for Home Delivered

Updated October 2021

ADS Previous Way of Recording Service				GetCare Service Recording effective 10/1/2021			
ADS Service Type	**Code**	**Unit Type**	**Definition**	**GetCare Scope of Work**	**GetCare Program (Funding)**	**GetCare Service Detail**	**Assessment Required in GetCare**
Home Delivered Meals	n1	Integer	Regular home delivered meal	Home Delivered 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) Functional Assessment (ADLs/IADLs)
COPES Home Delivered Meals	n4	Integer	Retired (No longer in use effective 10/1/2021)				
Emergency Food Kit	n5	Integer	Retired (No longer in use effective 10/1/2021)				
Under Age 60 Home Delivered Meals	n6	Integer	Home delivered meal for clients under age 60	Home Delivered Meals	SBT/LOC	1 Meal HDM-under 60	None
Produce Bag / Market Basket	n7	Integer	Supplemental produce bags	Produce Bag / Market Basket	SBT/LOC	1 unit	None
Short-term / Transitional meal	n8	Integer	Hospital to home meals	Home Delivered Meals	SBT/VSHSL/LOC	1 Short-term/transitional	None
CV-19 Response Groceries	n10	Integer	Emergency response funds grocery bags	Consumable Supply	Covid-19 Response	1 Delivery	None

CV-19 Response Home Delivered Meals	n11	Integer	Emergency response funds home delivered meals	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) Functional Assessment (ADLs/IADLs)
CV-19 COPES Home Delivered Meals	n12	Integer	Retired (No longer in use effective 10/1/2021)				
Groceries	n13	Integer	Ethnic grocery bags using SBT/VSHSL or other local funds	Grocery Bag	SBT/VSHSL/LOC	1 unit	None
Service Month	Date – mm/dd/yyyy	Use first day of month for reporting period, e.g., 1/1/2016		Service Month	Date – mm/dd/yyyy	Use first day of month for reporting period, e.g., 1/1/2016	

GetCare Data Specifications for Home Delivered	
Field	**GetCare Description/Example**
Client ID	GetCare ID assigned by GetCare System
Last Name	Smith
First Name	Jonathan
Middle Name	William
Street Address	511 15th Avenue S
City	Federal Way
Zip Code	98104
Date of birth	Example: 1/30/1928
Race	***Race (Check all that apply)**
	Unknown
	American Indian/Alaska Native
	Asian
	Black/African American
	Latinx/Latino/Hispanic
	Native Hawaiian/Other Pacific Islander
	White
	Declined to State
Ethnicity	***Ethnicity (Choose the corresponding ethnicity from list if known)**
	Leave Blank
	Hispanic or Latino
	Not Hispanic or Latino
Income	**At or below 100% Federal Poverty Level**
	Declined to state income
	Yes
	No
	No
	No
Live Alone	**Household Composition (Lives Alone)**
	Declined to state
	Lives Alone
	Other
	Institutionalized
	With Domestic Partner
	With Non-Relative(s)
	With Other Relative(s)
	With Parent(s)
	With Spouse
Gender	**Sex/Gender**
	Unknown
	Female
	Male
	Other
	Declined to Disclose
Limited English	**English Fluency**
	Declined to state
	Needs Translation
	Fluent
	Limited
Disability Status	**Disability Type**
	Declined to state
	Physical Disability
	No Disability
	Intellectual/Developmental disability (ID/DD)
	Mental illness
	Traumatic brain injury
	Dementia
	Memory Loss
	Other, specify
Homeless	**Homeless?**
	Unknown
	Yes
	No
Veteran	**Veteran**
	Declined to state
	Veteran
	No
	Child
	Spouse
Nutritional Risk	**At High Nutritional Risk/ Score of 6 or higher on Nutrition Risk Assessment (Enter in GetCare Nutritional Risk Assessment)**
	Declined to State
	Yes

	No
Urban/Rural	**Urban/Rural (Auto-populates based on Zip code)**
	Rural
	Urban
	Declined to state
Sexual Orientation	**Sexual Orientation**
	Declined to state
	Bisexual
	Lesbian/Gay
	Heterosexual
	Lesbian/Gay
	Questioning
ADLs	**Activities of Daily Living (ADL)**
Eating	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
Toileting	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
Walking	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
Transferring	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
Dressing	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
Bathing	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
Med Mgmt	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
IADLs	**Instrumental Activities of Daily Living (IADL)**
Cooking	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
Shopping	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
Chores	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
Driving	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
Heavy Housework	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State
Phoning	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance

	4. Maximum Assistance
	5. Declined to State
Money Mgmt	1. Independent
	2. Minimum Assistance
	3. Moderate Assistance
	4. Maximum Assistance
	5. Declined to State

GetCare Service Enrollment and Unit Information for Home Delivered

Scope of Work	Program (Funding)	Service Detail	Assessment Required in GetCare	Definition
Home Delivered Meals	OAA TIIIC/SCSA/LOC	1 NSIP Meal	Nutrition Assessment (Nutrition risk score only), Functional Assessment (ADLs/IADLs)	Regular home delivered meal
Home Delivered Meals	SBT/LOC	1 Meal HDM-under 60	None	Home delivered meal for clients under age 60
Produce Bag / Market Basket	SBT/LOC	1 unit	None	Supplemental produce bags
Home Delivered Meals	SBT/VSHSL/LOC	1 Short-term/ transitional meal	None	Hospital to home meals
Consumable Supply	Covid-19 Response	1 Delivery	None	Emergency response funds grocery bags
Emergency Meal	Covid-19 Response	1 Meal HDM	Nutrition Assessment (Nutrition risk score only), Functional Assessment (ADLs/IADLs)	Emergency response funds home delivered meals
Grocery Bag	SBT/VSHSL/LOC	1 unit	None	Ethnic grocery bags using SBT/VSHSL or other local funds
Service Month	Date – mm/dd/yyyy	Use first day of month for reporting period, e.g., 1/1/2016		