

ADS / GetCare Data Cross-Walk for Health Promotion

Updated October 2021

This document provides mapping from previous fields and options for ADS data reporting (effective through 9/30/2021) to current fields and options for ADS data reporting using GetCare (effective 10/1/2021 and later).

Field	Data Type, Codes and Max. Length	ADS Description / Example	GetCare Description / Example
Client ID	text – 15 characters	Unique identification number assigned by	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: 1/30/1938	Example: 1/30/1938
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 check 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	Refer to Income Guidelines for \$ amounts for the categories listed below.	At or below 100% Federal Poverty Level
	0	Unknown	Declined to State
	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	Unknown
	f	Female	Female
	m	Male	Male
	o	Other (e.g. transgender)	Other
			Declined to Disclose
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 shelter?	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
	n	No	Child
	n	No	Spouse
Urban/Rural	Text	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 Service Enrollment and Unit Information for Health Promotion							
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
Fitness	h1	Integer (Number of sessions client attended during the monthly reporting period)	Enhance Fitness class	Health Promotion & Disease Prevention	OAA TIIIB/OAA TIIID/SCSA/LOC	Enhance Fitness - 1 Session	None
Chronic Disease Self-Management	h2	Integer (Number of sessions client attended during the monthly reporting period)	Chronic Disease Self-Management session	Health Promotion & Disease Prevention	OAA TIIIB/OAA TIIID/SCSA/LOC	Chronic Disease Self-Management - 1 Session	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	