

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
<b>Race</b>	<b>Integer</b>	<b>What is the client's race?</b>	<b>*Race (Check all that apply)</b>
	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
<b>Ethnicity</b>	<b>Text</b>	<b>What is the client's ethnicity?</b>	<b>*Ethnicity (Choose the corresponding ethnicity from list if known)</b>
	u	Unknown	Leave Blank
	y	Hispanic or Latino	Hispanic or Latino
	n	Not Hispanic or Latino	Not Hispanic or Latino
<b>Income</b>	<b>Integer</b>	<b>See <a href="#">Income Guidelines</a> for corresponding \$ amounts</b>	<b>At or below 100% Federal Poverty Level</b>
	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
<b>Live Alone</b>	<b>Text</b>	<b>Does the client live alone?</b>	<b>Household Composition (Lives Alone)</b>
	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
<b>Gender</b>	<b>Text</b>	<b>What is the client's gender?</b>	<b>Sex/Gender</b>
	u	Unknown	Declined to Disclose
	f	Female	Female
	m	Male	Male
	o	Other (e.g. transgender)	Other
<b>Limited English</b>	<b>Text</b>	<b>Does the client have limited proficiency in English?</b>	<b>English Fluency</b>
	u	Unknown	Declined to state
	y	Yes	Needs Translation
	n	No	Fluent
			Limited
<b>Disability Status</b>	<b>Text</b>	<b>Does the client have a disability?</b>	<b>Disability Type</b>
	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
<b>Homeless</b>	<b>Text</b>	<b>Is the client homeless or living in temporary shelter?</b>	<b>Homeless?</b>
	u	Unknown	Unknown
	y	Yes	Yes
	n	No	No
<b>Veteran</b>	<b>Text</b>	<b>Is the client a veteran?</b>	<b>Veteran</b>
	u	Unknown	Declined to State
	y	Yes	Veteran
	n	No	No
<b>Nutritional Risk</b>	<b>Text</b>	<b>Client has received a score of 6 or greater on <a href="#">Nutritional Risk Screening</a> tool.</b>	<b>At High Nutritional Risk (Enter in GetCare Nutritional Risk Assessment)</b>
	u	Unknown	Declined to State
	y	Yes	Yes
	n	No	No
<b>Urban/Rural</b>		<b>Urban/Rural</b>	<b>Urban/Rural (Auto-populates based on zip code)</b>
			Rural
			Urban
			Declined to state
<b>Sexual Orientation</b>	<b>Integer</b>	<b>What is the sexual orientation of the client?</b>	<b>Sexual Orientation</b>
	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
<b>ADLs</b>	<b>Text</b>	<b>Does the client need help with the following Activities of Daily Living (ADLs)?</b>	<b>Activities of Daily Living (ADL)</b>
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
<b>IADLs</b>	<b>Text</b>	<b>Does the client need help with the following Instrumental Activities of Daily Living (IADLs)?</b>	<b>Instrumental Activities of Daily Living (IADL)</b>
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 meal	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., 1/1/2023	Service Month	Date – mm/dd/yyyy		Use first day of month for reporting period, e.g., 1/1/2023