

ADS / GetCare Data Cross-Walk Specifications for Adult Day Health
Updated April 2023

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 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 check Ethnicity, if not Leave Blank
	8	Multi-Racial	Check all that apply
			Latin/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
	h	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
			Declined to Disclose
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
Nutritional Risk	Text	Client has received a score of 6 or greater on Nutritional Risk Screening tool.	At High Nutritional Risk (Located in 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 (Located in Functional Assessment Tool)

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
	y	Yes	2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Toileting	n	No	1. Independent
	y	Yes	2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Walking	n	No	1. Independent
	y	Yes	2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Transferring	n	No	1. Independent
	y	Yes	2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Dressing	n	No	1. Independent
	y	Yes	2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Bathing	n	No	1. Independent
	y	Yes	2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Med Mgmt	n	No	1. Independent
	y	Yes	2. Minimum Assistance 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
	y	Yes	2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Shopping	n	No	1. Independent
	y	Yes	2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Chores	n	No	1. Independent
	y	Yes	2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Driving	n	No	1. Independent
	y	Yes	2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Heavy Housework	n	No	1. Independent
	y	Yes	2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Phoning	n	No	1. Independent
	y	Yes	2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Money Mgmt	n	No	1. Independent
	y	Yes	2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State

ADS / GetCare Service Enrollment and Unit Information for Adult Day Health

Updated April 2023

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
Discretionary ADH	a4	Integer (Number of days the client received services this month for this service type)	New! Change to recording in hours instead of days effective 10/1/2021. One Discretionary Adult Day Health Day = 4 Hours.	Adult Day Health	OAA T11B/OAA T11D/SCSA/ARPA/LOC	1 Hour	Functional Assessment for ADLs/IADLs
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., 1/1/2023.	