Data Element	GetCare Description/Example
GetCare Data Specifications for Care Transitions	
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
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
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
	Questioning
Hospitalization - Initial	**Enter in Progress Note in client record**
Hospitalization	Select Element: Event Type: Hospitalization

Hospital	Include name of hospital in body of Progress Note.
Hospital Discharge Date	Event Date: MM/DD/YYYY
30-Day Outcome	**Enter in Progress Note in client record**
Rehospitalization at 30 days?	No. No further data recording needed.
	Yes. Create new Progress Note. Select Element: Event Type: Rehospitalization
Hospital Name	Include name of hospital in body of Progress Note.
Hospital Readmission Date	Event Date: MM/DD/YYYY

GetCare Service Enrollment and Unit Information for Care Transitions			
Updated April 2023			
Scope of Work	Program (Funding)	Service Detail	Definition
Care Transitions	OAA TIIIB/SCSA/NWD/ARPA/LOC	1 Hour	For participants meeting OAA eligibility, enroll in this service set. Use the date the participant engaged as enrollment start date. Set enrollment end date to 12/31/9999. Record units of service in Progress Note in each client file or by using Service Recording module. One Hour = one unit of service. Record hours of service provided. Do not include travel/case note time. Service units may be rounded to the nearest quarter hour (.25 unit).
Care Transitions	State Funds	1 Hour	For participants who do not meet OAA eligibility, enroll in this service set. Use the date the participant engaged as enrollment start date. Set enrollment end date to 12/31/9999. Record units of service in Progress Note in each client file or by using Service Recording module. One Hour = one unit of service. Record hours of service provided. Do not include travel/case note time. Service units may be rounded to the nearest quarter hour (.25 unit).