

ADS / GetCare Data Cross-Walk Specifications for Home Delivered Updated May 2023			
Field	Data Type, Codes and Max Length	ADS Description/Example	GetCare Description/Example
Client ID	text - 15 characters	Unique identification number assigned by ADS/IT	GetCare ID assigned by GetCare
Last Name	text - 20 characters	Smith	Smith
First Name	text - 15 characters	Jessamyn	Jessamyn
Middle Name	text - 15 characters	William	William
Street Address	text - 250 characters	111 10th Avenue S	111 10th Avenue S
City	text - 35 characters	Forest Hill	Forest Hill
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? 0 Unknown 1 American Indian or Alaska Native 2 Asian, Asian American 3 Black, African American 4 Hawaiian Native or Pacific Islander 5 White 6 Other 8 Multi-Racial	*Race (Check all that apply) 0 Unknown 1 American Indian/Alaska Native 2 Asian 3 Black/African American 4 Native Hawaiian/Other Pacific Islander 5 White 6 If have Other identified select ethnicity. If not leave Blank. 8 Check all that apply
Ethnicity	Text	What is the client's ethnicity? w Unknown x Hispanic or Latino # Not Hispanic or Latino	Declined to State *Ethnicity (Choose the corresponding ethnicity from list if known) Declined to State If have Other identified select ethnicity. If not leave Blank. Check all that apply
		Note: Race and Ethnicity categories are being updated to GetCare to improve recording options for Latino/Hispanic	
Income	Integer	See Income Guide/Link for corresponding \$ amounts 0 Unknown 1 Very Low (< 30% Median) 2 Low (< 50% Median) 3 Moderate (< 80% Median) 4 Above Moderate (> 80% Median)	At or below 100% Federal Poverty Level Declined to State Income Yes No No No
Live Alone	Text	Does the client live alone?	Household Composition (Lives Alone) Declined to State Yes Lives Alone No Other No Unpartnered No With Domestic Partner No With Non-Relative(s) No With Other Relative(s) No With Partner(s) No With Spouse
Gender	Text	What is the client's gender? u Unknown m Male f Female # Other (e.g. Transgender)	Sex/Gender Declined to Choose Female Male Other
Limited English	Text	Does the client have limited proficiency in English? u Unknown y Yes # No	English Fluency Declined to state Needs Translation Client
Disability Status	Text	Does the client have a disability? u Unknown y Yes # No	Disability Type Declined to State Physical Disability No Disability Yes Intellectual/Developmental Disability (IDD) Yes Mental Illness Yes Traumatic Brain Injury Yes Dementia Yes Memory Loss Yes Other specify
Homeless	Text	Is the client homeless or living in temporary shelter? u Unknown y Yes # No	Homeless? Unknown Yes No
Veteran	Text	Is the client a veteran? u Unknown y Yes # No	Veteran Declined to State Veteran No
Nutritional Risk	Text	Client has received a score of 6 or greater on Nutritional Risk Assessment tool .	High Nutritional Risk (Enter in GetCare Nutritional Risk Assessment)
		u Unknown y Yes # No	Declined to State Yes No
Urban/Rural	Text	Urban/Rural	Urban/Rural (Auto-populates based on ZIP code) Urban Rural Declined to state
Sexual Orientation	Integer	What is the sexual orientation of the client? 0 Unknown 1 Bisexual 2 Gay 3 Heterosexual 4 Lesbian 5 Questioning 6 Other	Sexual Orientation Declined to state Bisexual Lesbian/Gay Heterosexual Lesbian/Gay Questioning Leave Blank

ADS / GetCare Data Cross-Walk Specifications for ADLs & IADLs			
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	Integer	u No v Yes	1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Toiletine	Integer	u No v Yes	1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Walking	Integer	u No v Yes	1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Transferring	Integer	u No v Yes	1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Dressing	Integer	u No v Yes	1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Bathing	Integer	u No v Yes	1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Med Mgmt	Integer	u No v Yes	1. Independent 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	Integer	u No v Yes	1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Shopping	Integer	u No v Yes	1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Chores	Integer	u No v Yes	1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Driving	Integer	u No v Yes	1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Housework	Integer	u No v Yes	1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Phoneing	Integer	u No v Yes	1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State
Money Mgmt	Integer	u No v Yes	1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State

ADS / GetCare Service Enrollment and Unit Information for Home Delivered							
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	DAALTHL/CCSA/LDC	1 NSIP Meal	Nutrition Risk (Score Only or At High Nutritional Risk located in Nutritional Risk Self Screening Section of Nutritional Assessment) Functional Assessment (ADL/IADL)
COPEs Home Delivered Meals	n4	integer	Retired (No longer in use effective 05/1/2021)				
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	SBTA/OC	1 Meal HDM-under 60	None
Produce Bag / Market Basket	n7	integer	Supplemental produce bag	Produce Bag / Market Basket	SBTA/OC	1 unit	None
Short-term / Transitional meal	n8	integer	Hospital to home meals	Home Delivered Meals	SBTA/SHSL/LDC	1 Short-term/transitional meal	None
CV-19 Response Groceries	n10	integer	Retired (No longer in use effective 05/01/2021)				
CV-19 Response Home Delivered Meals	n11	integer	Retired (No longer in use effective 05/01/2021)				
CV-19 COPEs Home Delivered Meals	n12	integer	Retired (No longer in use effective 10/1/2021)				
Groceries	n13	integer	Other grocery bags using SBTA/SHSL or other local funds	Grocery Bag	SBTA/SHSL/LDC	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., 01/01/2017