

GetCare Data Specifications for Home Delivered

Updated May 2023

| Field | GetCare Description/Example |
|---------------------------|---|
| 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 (Is required if known and is the only way to capture in GetCare) |
| | Not Hispanic or Latino |
| Income | At or below 100% Federal Poverty Level |
| | Declined to state income |
| | Yes |
| | No |
| | No |
| | 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 |
| Nutritional Risk | At High Nutritional Risk/ Score of 6 or higher on Nutrition Risk Assessment (Enter in GetCare Nutritional Risk Assessment) |
| | Declined to State |
| | Yes |
| | No |
| 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 |
| | Lesbian/Gay |
| | Questioning |
| ADLs | Activities of Daily Living (ADL) |
| Eating | 1. Independent |
| | 2. Minimum Assistance |
| | 3. Moderate Assistance |
| | 4. Maximum Assistance |

| | |
|-----------------|--|
| | 5. Declined to State |
| Toileting | 1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State |
| Walking | 1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State |
| Transferring | 1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State |
| Dressing | 1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State |
| Bathing | 1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State |
| Med Mgmt | 1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State |
| IADLs | Instrumental Activities of Daily Living (IADL) |
| Cooking | 1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State |
| Shopping | 1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State |
| Chores | 1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State |
| Driving | 1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State |
| Heavy Housework | 1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State |
| Phoning | 1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State |
| Money Mgmt | 1. Independent 2. Minimum Assistance 3. Moderate Assistance 4. Maximum Assistance 5. Declined to State |

GetCare Service Enrollment and Unit Information for Home Delivered

Updated May 2023

| Scope of Work | Program (Funding) | Service Detail | Assessment Required in GetCare | Definition |
|-----------------------------|--------------------|--------------------------------|--|---|
| Home Delivered Meals | OAA TIIIC/SCSA/LOC | 1 NSIP Meal | Nutrition Assessment (Nutrition risk score only), Functional Assessment (ADLs/IADLs) | Regular home delivered meal |
| Home Delivered Meals | SBT/LOC | 1 Meal HDM-under 60 | None | Home delivered meal for clients under age 60 |
| Produce Bag / Market Basket | SBT/LOC | 1 unit | None | Supplemental produce bags |
| Home Delivered Meals | SBT/VSHSL/LOC | 1 Short-term/transitional meal | None | Hospital to home meals |
| Consumable Supply | Covid-19 Response | 1 Delivery | None | Retired (No longer in use effective 05/01/2023) |
| Emergency Meal | Covid-19 Response | 1 Meal HDM | None | Retired (No longer in use effective 05/01/2023) |
| Grocery Bag | SBT/VSHSL/LOC | 1 unit | None | Ethnic grocery bags using SBT/VSHSL or other local funds |
| Service Month | Date -- mm/dd/yyyy | | | Use first day of month for reporting period, e.g., 1/1/2023 |