

GetCare Data Specifications for Adult Day Health Updated April 2023	
Field	GetCare Description/Example
Client ID	GetCare ID assigned by GetCare System
Last Name	Smith
First Name	Jonathan
Middle Name	William
Street Address	111 15th Avenue S
City	Federal Way
Zip Code	98003
Date of Birth	Example: 1/30/1928
Race	Race (Check all that apply)
	Unknown
	American Indian/Alaska Native
	Asian
	Black/African American
	Latino/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
	Dynamic 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
	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
	Intersexual
	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 Adult Day Health Updated April 2023				
Scope of Work	Program (Funding)	Service Detail	Assessment Required	Definition
Adult Day Health	OAA TRB/ARPA/JCSA/LDC	1 Hour	Functional assessment for ADLs/IADLs	Change to recording in hours instead of days effective 10/1/2021. One Discretionary Adult Day Health Day = 4 Hours.
Service Month	Date -- mm/dd/yyyy			Use first day of month for reporting period, e.g., 1/1/2023