

## ATTACHMENT A - CLIENT DATA SPECIFICATIONS

### SUMMARY TABLE

April 1, 2014

TABLE #	FILE NAME	DESCRIPTION	FORMAT	File Length	TABLE REQUIRED FOR:			
					CLUSTER 1	CLUSTER 2	CLUSTER 3	CARE GIVERS
1	CLIENTS.TXT	Basic client identifying data, Nutrition	1 record per client	224	YES	YES	YES *	YES
2	SERVICES.TXT	Monthly units of service delivered	1 record per month/quarter per service per fund per client	33	YES	YES	YES *	YES
3	ADLIADL.TXT	Client ADL/IADL needs	1 record per ADL/IADL per client	74	YES			
4	CHARACTERISTICS.TXT	Client Characteristics	1 record per characteristic per client	15	YES			
5	HEALTHEVENTS.TXT	Health Events	1 record per event per client	24	YES			
6	CAREPLANS.TXT	Care Plan Services	1 record per service per client	31	YES			
7	CAREGIVERS.TXT	Caregiver types & relationships	1 record per service per relationship	14	YES			YES
8	ELDERABUSE.TXT	Elder Abuse type & referrals	1 record per abuse	22	YES			
CLUSTER 1:		Personal Care Level 2 (H/PC), Personal Care Level 1 (H/Chore) , Case Management, Consumer Directed In-Home, Home Health Aide, Adult Day Care Services and Home Delivered Meals						
CLUSTER 2:		Congregate Meals, Assisted Transport, Nutrition Counseling						
CLUSTER 3:		Transportation, Legal Services, Nutrition Education, Information & Assistance, Outreach, In-Home Contact & Support, Sr. Center Recreation/Education, Health Promotion, PERS, Caregiver Services, and Other						
CAREGIVERS:		Access Assistance, Counseling/Support Groups/Training, Information Services, Supplemental Services, Respite Care						

\* Information collected by these files allows the AAA to report units of service provided to recipients for other services.

# CLIENT DATA SPECIFICATIONS - April 2014

Table #: 1  
 File Content CLIENT DEMOGRAPHICS AND OTHER DATA  
 Format: One record per client

File Name: CLIENTS.TXT  
 STATUS: REQUIRED FOR CLUSTER 1, CLUSTER 2  
 & CAREGIVER CLIENTS

SERVICE CLUSTER			GENERAL CLIENT INFORMATION		Start	End	
1	2	3	CG	Field Name	Length	Pos.	Codes or See Att. B
R	R	R	R	County Code	2	1	2 See Att. B Sec. A
R	R	R	R	Record Number/KEY*	10	3	12 Locally Assigned
M				Last 4 Digits Social Security Number	4	13	16
R	R	M	R	Zip Code	5	17	21
R	R	M	R	Rural/Urban Designation	1	22	22 R or U
R	R	M	R	Date of Birth (mm/dd/yyyy)	10	23	32
R	R	M	R	Race Code	1	33	33 0=Unknown/Missing 1=Amer Ind/Alaskan Native 2=Asian 3=Black or African American 4=White (Alone) Hispanic 5=White not Hispanic 6=Native Hawaiian/Other Pacific Islander 7=Other Race 8=2 or More Races
R	R	M	R	Ethnic Code	1	34	34 0=Unknown/Missing 1= Hispanic or Latino 2=Not Hispanic or Latino
R	R	M	R	Limited English Proficiency	1	35	35 Y or T or 1; N or F or 2; blank = Unknown
R	R	M	R	Sex	1	36	36 M or 1; F or 2
R				Creed Code	1	37	37 1=Christianity 2=Islam 3=Hinduism 4=Buddhism 5=Judaism 6=Did Not Answer 7=Other
R				National Origin	3	38	40 See Att. B Sec. H
R				Sexual Orientation	1	41	41 1=Heterosexual or Straight

**Table #:** 1  
**File Content:** CLIENT DEMOGRAPHICS AND OTHER DATA  
**Format:** One record per client

**File Name:** CLIENTS.TXT  
**STATUS:** REQUIRED FOR CLUSTER 1, CLUSTER 2  
 & CAREGIVER CLIENTS

**SERVICE CLUSTER**      **GENERAL CLIENT INFORMATION**  
**1    2    3    CG Field Name**

R                      Transgender - Gender Identity or Expression

Length	Start Pos.	End Pos.	Codes or See Att. B
			2=Homosexual or Gay
			3=Lesbian
			4=Bisexual
			5=Not Sure
			6=Did Not Answer
			7=Other
1	42	42	1=Male to Female
			2=Female to Male
			3=Transgender, did not identify as male or female
			4=No
			5=Did not answer

Table #: 1  
 File Content CLIENT DEMOGRAPHICS AND OTHER DATA  
 Format: One record per client

File Name: CLIENTS.TXT  
 STATUS: REQUIRED FOR CLUSTER 1, CLUSTER 2  
 & CAREGIVER CLIENTS

SERVICE CLUSTER			GENERAL CLIENT INFORMATION		Start	End		
1	2	3	CG	Field Name	Length	Pos.	Pos.	Codes or See Att. B
R	R	M		Veteran Status	1	43	43	Y or T or 1; N or F or 2; blank = Unknown
R	R	M		Living Status	1	44	44	1=Alone 2=With Spouse Only 3=With relatives (Excludes Spouse) 4=With non-relatives 5=With Spouse and others 6=Others
R	R	M		Number in Household	2	45	46	
R	R	M		Marital Status	1	47	47	1=Married 2=Widowed 3=Domestic Partner or Significant Other 4=Divorced 5=Single/Never Married 6=Separated
R	R	M		Frail/Disabled Indicator	1	48	48	Y or T or 1; N or F or 2; blank = Unknown
R	R	M		Activation/Registration Date(mm/dd/yyyy)**	10	49	58	
R	R	R	R	Status Code	1	59	59	1=Active; 2=Inactive or Terminated
R	R	R	R	Sub-status Code	2	60	61	See Att. B Sec. B
R	R	R	R	Date of Current Status (mm/dd/yyyy)***	10	62	71	
R				Assessment Date (mm/dd/yyyy)	10	72	81	
R				HDM Recipient 6 Month Contact Date (mm/dd/yyyy)	10	82	91	
M				Type of Housing	3	92	94	001 or 108 = Single Family 102 or 107 = Multi-Family
M				Housing Ownership	1	95	95	1=Rent; 2=Own; 3=Other
M				Disabled Veteran Status	1	96	96	Y or T or 1; N or F or 2; blank = Unknown
<b>Financial Information:</b>								
R	M	M		Total Monthly Individual Income	5	97	101	Dollars only See Note B
R	M	M		Total Monthly Household Income	5	102	106	Dollars only See Note B
R	R	M		Poverty Status				
				Below 100% Poverty Level	1	107	107	Y or T or 1; N or F or 2; blank = Unknown See Note B
				Below 150% Poverty Level	1	108	108	Y or T or 1; N or F or 2; blank = Unknown See Note B

Table #: 1  
 File Content CLIENT DEMOGRAPHICS AND OTHER DATA  
 Format: One record per client

File Name: CLIENTS.TXT  
 STATUS: REQUIRED FOR CLUSTER 1, CLUSTER 2  
 & CAREGIVER CLIENTS

SERVICE CLUSTER			GENERAL CLIENT INFORMATION	Length	Start Pos.	End Pos.	Codes or See Att. B	
1	2	3	CG Field Name					
			<b><u>Cost Share Status:</u></b>					
R			Overall cost share % (000 thru 100)	3	109	111		See Note C
M			Total Monthly Housing Expenses	5	112	116	Dollars only	See Note C
			<b><u>Nutritional Risk Status:</u></b>					
R	R		Client has illness/condition that changes kind/amount of food eaten	1	117	117	Y or T or 1; N or F or 2; blank = Unknown	
R	R		Eats fewer than 2 meals/day	1	118	118	Y or T or 1; N or F or 2; blank = Unknown	
R	R		Eats few fruits or vegetables, or milk products.	1	119	119	Y or T or 1; N or F or 2; blank = Unknown	
			BLANK	1	120	120		
			BLANK	1	121	121		
R	R		Has 3+ drinks of beer/wine/liquor almost every day	1	122	122	Y or T or 1; N or F or 2; blank = Unknown	
R	R		Has tooth/mouth problems making it hard to eat	1	123	123	Y or T or 1; N or F or 2; blank = Unknown	
R	R		Does not always have enough money to buy food needed	1	124	124	Y or T or 1; N or F or 2; blank = Unknown	
R	R		Eats alone most of the time	1	125	125	Y or T or 1; N or F or 2; blank = Unknown	
R	R		Takes 3+ prescribed/over-the-counter drugs/day	1	126	126	Y or T or 1; N or F or 2; blank = Unknown	
R	R		Lost or gained 10 pounds in last 6 months	1	127	127	Y or T or 1; N or F or 2; blank = Unknown	
R	R		Not always able to physically shop, cook and/or feed self	1	128	128	Y or T or 1; N or F or 2; blank = Unknown	
R			Body Mass Index (format is 99.9) OR	4	129	132		See Note E
R			Height (inches) AND	3	133	135		See Note E
R			Weight (lbs)	3	136	138		See Note E
			<b><u>Alcohol Screening Test:</u></b>					
R			Have you ever felt you should cut down on your drinking?	1	139	139	Y or T or 1; N or F or 2; blank = Unknown	
R			Have people annoyed you by criticizing your drinking?	1	140	140	Y or T or 1; N or F or 2; blank = Unknown	
R			Have you ever felt bad or guilty about your drinking?	1	141	141	Y or T or 1; N or F or 2; blank = Unknown	
R			Have you ever had a drink first thing in the morning?	1	142	142	Y or T or 1; N or F or 2; blank = Unknown	

Table #: 1  
 File Content CLIENT DEMOGRAPHICS AND OTHER DATA  
 Format: One record per client

File Name: CLIENTS.TXT  
 STATUS: REQUIRED FOR CLUSTER 1, CLUSTER 2  
 & CAREGIVER CLIENTS

SERVICE CLUSTER	GENERAL CLIENT INFORMATION	Start	End	
1 2 3	CG Field Name	Length	Pos.	Pos. Codes or See Att. B
	<b><u>Informal Supports - Up to two Supports</u></b>			
	For Primary Informal Support, if one exists:			
R	a. Relationship of Informal Support	2	143	144 See Att. B Sec. C
M	b. Factors that might limit caregiver involvement:			
M	Job	1	145	145 Y or T or 1; N or F or 2; blank = Unknown
M	Finances	1	146	146 Y or T or 1; N or F or 2; blank = Unknown
M	Family Responsibilities	1	147	147 Y or T or 1; N or F or 2; blank = Unknown
M	Physical Burden	1	148	148 Y or T or 1; N or F or 2; blank = Unknown
M	Emotional Burden	1	149	149 Y or T or 1; N or F or 2; blank = Unknown
M	Health Problems	1	150	150 Y or T or 1; N or F or 2; blank = Unknown
M	Reliability	1	151	151 Y or T or 1; N or F or 2; blank = Unknown
M	Other	1	152	152 Y or T or 1; N or F or 2; blank = Unknown
M	c. Is Caregiver relief needed?	1	153	153 Y or T or 1; N or F or 2; blank = Unknown
M	If yes, when?	2	154	155 11-Morning 12-Afternoon 13-Evening 14-Overnight 15-Weekend 16-Other
R	d. Would this person be considered the caregiver?	1	156	156 Y or T or 1; N or F or 2; blank = Unknown
M	e. Services Provided as Respite to the Caregiver			
M	Adult Day Services	1	157	157 Y or T or 1; N or F or 2; blank = Unknown
M	Personal Care Level 1	1	158	158 Y or T or 1; N or F or 2; blank = Unknown
M	Personal Care Level 2	1	159	159 Y or T or 1; N or F or 2; blank = Unknown
M	In Home Contact & Support (Paid Supervision)	1	160	160 Y or T or 1; N or F or 2; blank = Unknown
M	f. Would the caregiver like to receive information about other caregiver services?	1	161	161 Y or T or 1; N or F or 2; blank = Unknown
	For Second Informal Support, if one exists:			
M	a. Relationship of Informal Support	2	162	163 See Att. B Sec. C
M	b. Factors that might limit caregiver involvement:			
M	Job	1	164	164 Y or T or 1; N or F or 2; blank = Unknown
M	Finances	1	165	165 Y or T or 1; N or F or 2; blank = Unknown
M	Family Responsibilities	1	166	166 Y or T or 1; N or F or 2; blank = Unknown
M	Physical Burden	1	167	167 Y or T or 1; N or F or 2; blank = Unknown
M	Emotional Burden	1	168	168 Y or T or 1; N or F or 2; blank = Unknown
M	Health Problems	1	169	169 Y or T or 1; N or F or 2; blank = Unknown

See Note F

Table #: 1  
 File Content CLIENT DEMOGRAPHICS AND OTHER DATA  
 Format: One record per client

File Name: CLIENTS.TXT  
 STATUS: REQUIRED FOR CLUSTER 1, CLUSTER 2  
 & CAREGIVER CLIENTS

SERVICE CLUSTER			GENERAL CLIENT INFORMATION	Length	Start Pos.	End Pos.	Codes or See Att. B
1	2	3	CG Field Name				
M			Reliability	1	170	170	Y or T or 1; N or F or 2; blank = Unknown
M			Other	1	171	171	Y or T or 1; N or F or 2; blank = Unknown
M			c. Is Caregiver relief needed?	1	172	172	Y or T or 1; N or F or 2; blank = Unknown
M			If yes, when?	2	173	174	11-Morning 12-Afternoon 13-Evening 14-Overnight 15-Weekend 16-Other
M			d. Would this person be considered the caregiver?	1	175	175	Y or T or 1; N or F or 2; blank = Unknown
M			e. Services Provided as Respite to the Caregiver				
M			Adult Day Services	1	176	176	Y or T or 1; N or F or 2; blank = Unknown
M			Personal Care Level 1	1	177	177	Y or T or 1; N or F or 2; blank = Unknown
M			Personal Care Level 2	1	178	178	Y or T or 1; N or F or 2; blank = Unknown
M			In Home Contact & Support (Paid Supervision)	1	179	179	Y or T or 1; N or F or 2; blank = Unknown
M			f. Would the caregiver like to receive information about other caregiver services?	1	180	180	Y or T or 1; N or F or 2; blank = Unknown
M			Overall Evaluation of Informal Support System	1	181	181	1-Adequate, Can Expand if needed 2-Adequate, Could not expand

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File Name: CLIENTS.TXT  
 STATUS: REQUIRED FOR CLUSTER 1, CLUSTER 2  
 & CAREGIVER CLIENTS

SERVICE CLUSTER			GENERAL CLIENT INFORMATION	Start	End	
1	2	3	CG Field Name	Length	Pos.	Pos. Codes or See Att. B
			<b><u>Client Receive/Have Following Benefits/Entitlements?</u></b>			
M			EPIC	1	182	182 Y or T or 1; N or F or 2; blank = Unknown
M			Food Stamps (SNAP)	1	183	183 Y or T or 1; N or F or 2; blank = Unknown
M			Health Insurance	1	184	184 Y or T or 1; N or F or 2; blank = Unknown
M			HEAP	1	185	185 Y or T or 1; N or F or 2; blank = Unknown
M			IT-214	1	186	186 Y or T or 1; N or F or 2; blank = Unknown
M			Lifeline/PERS	1	187	187 Y or T or 1; N or F or 2; blank = Unknown
M			Long Term Care Insurance	1	188	188 Y or T or 1; N or F or 2; blank = Unknown
M			Medicaid	1	189	189 Y or T or 1; N or F or 2; blank = Unknown
M			Medicare	1	190	190 Y or T or 1; N or F or 2; blank = Unknown
M			Medicare Part D	1	191	191 Y or T or 1; N or F or 2; blank = Unknown
M			Medigap Insurance/HMO	1	192	192 Y or T or 1; N or F or 2; blank = Unknown
M			Private Health Insurance	1	193	193 Y or T or 1; N or F or 2; blank = Unknown
M			Public Assistance	1	194	194 Y or T or 1; N or F or 2; blank = Unknown
M			QMB	1	195	195 Y or T or 1; N or F or 2; blank = Unknown
M			Railroad Retirement	1	196	196 Y or T or 1; N or F or 2; blank = Unknown
M			Real Property Tax Exemption (STAR)	1	197	197 Y or T or 1; N or F or 2; blank = Unknown
M			Reverse Mortgage	1	198	198 Y or T or 1; N or F or 2; blank = Unknown
M			Section 8 Housing	1	199	199 Y or T or 1; N or F or 2; blank = Unknown
M			SLIMB	1	200	200 Y or T or 1; N or F or 2; blank = Unknown
M			Social Security	1	201	201 Y or T or 1; N or F or 2; blank = Unknown
M			SSD	1	202	202 Y or T or 1; N or F or 2; blank = Unknown
M			SSI	1	203	203 Y or T or 1; N or F or 2; blank = Unknown
M			VA Benefits	1	204	204 Y or T or 1; N or F or 2; blank = Unknown
M			Veteran Tax Exemption	1	205	205 Y or T or 1; N or F or 2; blank = Unknown
M			WRAP	1	206	206 Y or T or 1; N or F or 2; blank = Unknown

Table #: 1  
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File Name: CLIENTS.TXT  
 STATUS: REQUIRED FOR CLUSTER 1, CLUSTER 2  
 & CAREGIVER CLIENTS

SERVICE CLUSTER			GENERAL CLIENT INFORMATION	Start	End	
1	2	3	CG Field Name	Length	Pos.	Pos. Codes or See Att. B
<b><u>Does Client Participate in the following Program(s)?:</u></b>						
R	R		Community Living Program (CLP)	1	207	207 Y or T or 1; N or F or 2; blank = Unknown
R	R		Chronic Disease Self Management Program (CDSMP)	1	208	208 Y or T or 1; N or F or 2; blank = Unknown
R	R		Integrated Systems Grant Part A (SI)	1	209	209 Y or T or 1; N or F or 2; blank = Unknown
R	R		Other Programs as Defined by NYSOFA	1	210	210 Y or T or 1; N or F or 2; blank = Unknown

**Client Receiving Eligible Meals**

R	R		Under 60 Spouses of eligible seniors	1	211	211 Y or T or 1; N or F or 2; blank = Unknown
R	R		Disabled Persons living in senior housing	1	212	212 Y or T or 1; N or F or 2; blank = Unknown
R	R		USDA eligible volunteers under 60	1	213	213 Y or T or 1; N or F or 2; blank = Unknown
R	R		Disabled Persons living at home w/eligible person	1	214	214 Y or T or 1; N or F or 2; blank = Unknown
R			Clients Receiving HDM for 10 consecutive days or less	1	215	215 Y or T or 1; N or F or 2; blank = Unknown
R			Title III-E Caregivers Age 60> receiving HDM who have not been assessed	1	216	216 Y or T or 1; N or F or 2; blank = Unknown

**Unique Client Identifier**

R	R	R	R	First letter of First Name	1	217	217
R	R	R	R	First three letters of Last Name	3	218	220
R	R	R	R	Last 4 digits of phone number	4	221	224

See Note G

Total 224

\* Client's Record Number/KEY must remain the same each submission.

\*\* Activation/Registration Date - This is the date that the AAA begins interacting with the client, either through conducting an assessment or registering him/her for a service or providing a service. This date corresponds to when the client becomes "Active." It is not for a specific service.

\*\*\* Date of Current Status - This is the date of the client's most current status. If the client is active, it would be same date as the activation/registration date. If the client is terminated, it would be the date terminated. If s/he were reactivated, it would be the date the client was reactivated.

Table #: 1  
 File Content CLIENT DEMOGRAPHICS AND OTHER DATA  
 Format: One record per client

File Name: CLIENTS.TXT  
 STATUS: REQUIRED FOR CLUSTER 1, CLUSTER 2  
 & CAREGIVER CLIENTS

SERVICE CLUSTER      GENERAL CLIENT INFORMATION  
 1      2      3      CG Field Name

Start      End  
 Length      Pos.      Pos.      Codes or See Att. B

**NOTES**

- A      Provide both the client's Zip Code and Urban/Rural Indicator
- B      Provide EITHER Monthly Income OR Annual Income OR Poverty Status for both 100% and 150% of the poverty level.  
 Note, when including monthly/annual income & poverty levels, the correct poverty levels are checked.
- C      Required only for clients receiving EISEP or CSE services for which there is cost sharing. Leave blank otherwise.
- D      Required for clients receiving Case Management, Home Delivered Meals, Nutrition Counseling and Congregate Meals.  
 See Data Requirements item #8 in the Reporting Guide Consolidated Area Agency Reporting System (CAARS)  
 and Client Data Systems.
- E      Provide EITHER Body Mass Index OR both Height and Weight
- F      Provide for UP TO two informal supports, regardless of ADL or IADL
- G      This field will be used in conjunction with date of birth and gender to identify duplication between counties.

## CLIENT DATA SPECIFICATIONS - April 2014

Table #: 2

File Name: SERVICES.TXT

File Conter ACTUAL UNITS OF SERVICES PROVIDED

STATUS: REQUIRED FOR CLUSTER 1, CLUSTER 2, OTHER & CAREGIVER CLIENTS

Format: One record per service delivered per fund per client per quarter

SERVICE CLUSTER				Field Name	Length	Start Pos.	End Pos.	Codes or See Att. B
1	2	3	CG					
R	R	R	R	County Code	2	1	2	See Att. B Sec. A
R	R	R	R	Record Number/KEY*	10	3	12	Locally assigned
R	R	R	R	Period of Service (yyyymm)	6	13	18	Month & Year of service delivery
R	R	R	R	Service Code	3	19	21	See Att. B Sec. D
R	R	R	R	Funding Source	2	22	23	See Att. B Sec. E
R	R	R	R	Number of units provided	10	24	33	<b>Format: 7 places,decimal point, 2 decimals numbers(9999999.99)</b>
				Total	33			

\* **Client's Record Number/KEY must remain the same each submission.**

EXAMPLES for South County (county code 75):

1 John Jones (Client ID # 088) received 21 home delivered meals from County MOW paid for under SNAP, and 14 1/4 hours of Housekeeping/Chore from Catholic Family Services through EISEP funding during April - June, 2000

2 Mary Smith (Client ID #245) received 12 congregate meals from the South County Meals Program through Title III funding and 10 units of transportation from the ABC Bus Service funded through CSE during April-June, 2000

Data records to be submitted:

## CLIENT DATA SPECIFICATIONS - April 2014

Table #: 3  
 File Content: ADL/IADL Status of Clients  
 Format: One record per client

File Name: ADLIADL.TXT  
 STATUS: REQUIRED FOR **CLUSTER 1 CLIENTS ONLY**

Field Name	Length	Start Pos.	End Pos.	Codes or See Att. B
County Code	2	1	2	See Att. B Sec. A
Record Number/KEY	10	3	12	Locally assigned
<b>IADL Type</b>				
01=Housework/cleaning IADL Status	1	13	13	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)? If yes:	1	14	14	Y or T or 1; N or F or 2; blank = Unknown
a. Met with Formal Supports?	1	15	15	Y or T or 1; N or F or 2; blank = Unknown
b. Met with Informal Supports?	1	16	16	Y or T or 1; N or F or 2; blank = Unknown
02=Shopping IADL Status	1	17	17	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)? If yes:	1	18	18	Y or T or 1; N or F or 2; blank = Unknown
a. Met with Formal Supports?	1	19	19	Y or T or 1; N or F or 2; blank = Unknown
b. Met with Informal Supports?	1	20	20	Y or T or 1; N or F or 2; blank = Unknown
03=Laundry IADL Status	1	21	21	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)? If yes:	1	22	22	Y or T or 1; N or F or 2; blank = Unknown
a. Met with Formal Supports?	1	23	23	Y or T or 1; N or F or 2; blank = Unknown
b. Met with Informal Supports?	1	24	24	Y or T or 1; N or F or 2; blank = Unknown

## CLIENT DATA SPECIFICATIONS - April 2014

**Table #: 3**  
**File Content: ADL/IADL Status of Clients**  
**Format: One record per client**

**File Name: ADLIADL.TXT**  
**STATUS: REQUIRED FOR CLUSTER 1 CLIENTS ONLY**

Field Name	Length	Start Pos.	End Pos.	Codes or See Att. B
04=Use transportation IADL Status	1	25	25	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)? If yes:	1	26	26	Y or T or 1; N or F or 2; blank = Unknown
a. Met with Formal Supports?	1	27	27	Y or T or 1; N or F or 2; blank = Unknown
b. Met with InFormal Supports?	1	28	28	Y or T or 1; N or F or 2; blank = Unknown
05=Prepare & cook meals IADL Status	1	29	29	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)? If yes:	1	30	30	Y or T or 1; N or F or 2; blank = Unknown
a. Met with Formal Supports?	1	31	31	Y or T or 1; N or F or 2; blank = Unknown
b. Met with InFormal Supports?	1	32	32	Y or T or 1; N or F or 2; blank = Unknown
07=Handle Personal business/finances IADL Status	1	33	33	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)? If yes:	1	34	34	Y or T or 1; N or F or 2; blank = Unknown
a. Met with Formal Supports?	1	35	35	Y or T or 1; N or F or 2; blank = Unknown
b. Met with InFormal Supports?	1	36	36	Y or T or 1; N or F or 2; blank = Unknown
08=Use Telephone IADL Status	1	37	37	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)?	1	38	38	Y or T or 1; N or F or 2; blank = Unknown

## CLIENT DATA SPECIFICATIONS - April 2014

Table #: 3  
 File Content: ADL/IADL Status of Clients  
 Format: One record per client

File Name: ADLIADL.TXT  
 STATUS: REQUIRED FOR **CLUSTER 1 CLIENTS ONLY**

Field Name	Length	Start Pos.	End Pos.	Codes or See Att. B
If yes:				
a. Met with Formal Supports?	1	39	39	Y or T or 1; N or F or 2; blank = Unknown
b. Met with InFormal Supports?	1	40	40	Y or T or 1; N or F or 2; blank = Unknown
16=Self-admin of medications				
IADL Status	1	41	41	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)?	1	42	42	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	43	43	Y or T or 1; N or F or 2; blank = Unknown
b. Met with InFormal Supports?	1	44	44	Y or T or 1; N or F or 2; blank = Unknown
<b>ADL Type</b>				
09=Bathing				
ADL Status	1	45	45	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)?	1	46	46	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	47	47	Y or T or 1; N or F or 2; blank = Unknown
b. Met with InFormal Supports?	1	48	48	Y or T or 1; N or F or 2; blank = Unknown
10=Personal Hygiene				
ADL Status	1	49	49	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)?	1	50	50	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	51	51	Y or T or 1; N or F or 2; blank = Unknown
b. Met with InFormal Supports?	1	52	52	Y or T or 1; N or F or 2; blank = Unknown

## CLIENT DATA SPECIFICATIONS - April 2014

Table #: 3  
 File Content: ADL/IADL Status of Clients  
 Format: One record per client

File Name: ADLIADL.TXT  
 STATUS: REQUIRED FOR **CLUSTER 1 CLIENTS ONLY**

Field Name	Length	Start Pos.	End Pos.	Codes or See Att. B
11=Dressing				
ADL Status	1	53	53	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)?	1	54	54	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	55	55	Y or T or 1; N or F or 2; blank = Unknown
b. Met with InFormal Supports?	1	56	56	Y or T or 1; N or F or 2; blank = Unknown
12=Mobility				
ADL Status	1	57	57	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)?	1	58	58	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	59	59	Y or T or 1; N or F or 2; blank = Unknown
b. Met with InFormal Supports?	1	60	60	Y or T or 1; N or F or 2; blank = Unknown
13=Transfer				
ADL Status	1	61	61	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)?	1	62	62	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	63	63	Y or T or 1; N or F or 2; blank = Unknown
b. Met with InFormal Supports?	1	64	64	Y or T or 1; N or F or 2; blank = Unknown
14=Toileting				
ADL Status	1	65	65	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)?	1	66	66	Y or T or 1; N or F or 2; blank = Unknown

## CLIENT DATA SPECIFICATIONS - April 2014

Table #: 3  
 File Content: ADL/IADL Status of Clients  
 Format: One record per client

File Name: ADLIADL.TXT  
 STATUS: REQUIRED FOR **CLUSTER 1 CLIENTS ONLY**

Field Name	Length	Start Pos.	End Pos.	Codes or See Att. B
If yes:				
a. Met with Formal Supports?	1	67	67	Y or T or 1; N or F or 2; blank = Unknown
b. Met with InFormal Supports?	1	68	68	Y or T or 1; N or F or 2; blank = Unknown
15=Eating				
ADL Status	1	69	69	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)?	1	70	70	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	71	71	Y or T or 1; N or F or 2; blank = Unknown
b. Met with Informal Supports?	1	72	72	Y or T or 1; N or F or 2; blank = Unknown
<b>Total Number of ADL**</b>	1	73	73	
<b>Total Number of IADL**</b>	1	74	74	

Total 74  
 \* Client's Record Number/KEY must remain the same each submission.

\*\*The client must have a status of 2, 3, 4 to be counted.

IADL	ADL
01=Housework/cleaning	09=Bathing
02=Shopping	10=Personal Hygiene
03=Laundry	11=Dressing
04=Use transportation	12=Mobility
05=Prepare & cook meals	13=Transfer
07=Handle Personal business/finances	14=Toileting
08=Use Telephone	15=Eating
16=Self-admin of medications	

## CLIENT DATA SPECIFICATIONS - April 2014

Table #: 4

File Conter CLIENT CHARACTERISTICS

Format: One record per characteristic per client

File Name: CHARACTERISTICS.TXT

STATUS: REQUIRED FOR **CLUSTER 1 CLIENTS ONLY**

		Length	Start Pos.	End Pos.	
R	County Code	2	1	2	See Att. B Sec. A
R	Record Number/KEY*	10	3	12	Locally assigned
R	Characteristic Code	3	13	15	See Att. B Sec. F
	Total	15			

\* **Client's Record Number/KEY must remain the same each submission.**

EXAMPLES for South County (county code 75):

- 1 John Jones (Client ID # 088) uses a walker and has a hearing aid because of his serious hearing impairment; he also has high blood pressure, is significantly dehydrated and frequently suffers from depression.

Data records to be submitted for this client:

**countycode clientID characteristic code**

```
75 0000000088 002
75 0000000088 004
75 0000000088 099
75 0000000088 167
75 0000000088 199
75 0000000088 177
```

## CLIENT DATA SPECIFICATIONS - April 2014

Table #: 5  
 File Content: HEALTH EVENTS  
 Format: One record per event per client

File Name: HEALTHEVENTS.TXT  
 STATUS: REQUIRED FOR **CLUSTER 1 CLIENTS ONLY**

		Length	Start Pos.	End Pos.	
R	County Code	2	1	2	See Att. B Sec. A
R	Record Number/KEY*	10	3	12	Locally assigned
R	Health event category	2	13	14	For Health Event Category Use:
R	Date of event (mm/dd/yyyy)	10	15	24	01=Hospital visit
					02=Emergency Room
					03=PRI
					04=DMS-1
					05=Physician Visit
					06=Clinic
					09=Other
					00=No Event
	Total	24			

\* Client's Record Number/KEY must remain the same each submission.

## CLIENT DATA SPECIFICATIONS - April 2014

Table #: 6

File Conter CARE PLAN SERVICES\*\*

Format: One record per service per client

File Name: CAREPLANS.TXT

STATUS: REQUIRED FOR CLUSTER 1 CLIENTS ONLY

		Length	Start Pos.	End Pos.	
R	County Code	2	1	2	See Att. B Sec. A
R	Record Number/KEY*	10	3	12	Locally assigned
R	Service code	3	13	15	See Att. B Sec. D
R	Number of Units of Service (>0)	3	16	18	
R	Frequency Period	1	19	19	W or 2 = Weekly; M or 3 = Monthly O or 4 = Services only delivered as needed
	Has client been placed on waiting list for this service?	1	20	20	Y or T or 1; N or F or 2; blank = Unknown
R	Care Plan Acceptance Date (mm/dd/yyyy)**	10	21	30	
R	Client is Self directing/able to direct	1	31	31	Y or T or 1; N or F or 2; blank = Unknown
	Total	31			

\* Client's Record Number/KEY must remain the same each submission.

\*\* Use most current care plan. Note only one care plan per client covering all services. Care plans created for individual services do not get reported.

## CLIENT DATA SPECIFICATIONS - April 2014

Table #: 7 File Name: Caregivers.txt  
 File Content: CAREGIVERS FOR ELDERLY AND GRANDPARENT  
 Format: One record per relationship

SERVICE CLUSTER	GENERAL CLIENT INFORMATION				
	Length	Start Pos.	End Pos.		
R County Code	2	1	2	See Att. B Sec. A	
R Record Number/KEY*	10	3	12	Locally Assigned	
R Type	1	13	13	C=Caregiver G=Grandparent	
R Relationship	1	14	14	For <b>C</b> aregiver use: 0=Unknown\Missing 1=Husband 2=Wife 3=Son/Son-in-law 4=Daughter/Daughter-in-law 5=Other Relative 6=Non-Relative	
				For <b>G</b> randparent use: 0=Unknown\Missing 1=Grandparents 2=Other Elderly Relative 3=Other Elderly Non-Relative	
Total	14				

\* Client's Record Number/KEY must remain the same each submission.

## CLIENT DATA SPECIFICATIONS - April 2014

Table #: 8

File Conter ELDER ABUSE CONTACTS

Format: Multiple categories per client

File Name: ELDERABUSE.TXT

STATUS: A record is required for each report of abuse.

If the client exists within the system, all fields are required

If the client does not exist, the use the anonymous key of 999999980 or include in NYConnects report.

SERVICE CLUSTER				Field Name	Length	Start Pos.	End Pos.	
1	2	3	CG					
R				County Code	2	1	2	See Att. B Sec. A
R				Record Number/KEY*	10	3	12	Locally assigned
R				Contact Month (yyyymm)	6	13	18	
R				Elder Abuse Category	2	19	20	01=Physical Abuse 02=Sexual Abuse 03=Emotional Abuse 04=Financial Exploitation 05=Active and Passive Neglect 06=Self Neglect 07=Domestic Violence 08=None Reported 00=Other (e.g. Abandonment)
R	R	R	R	Referred to	2	21	22	01=Adult Protective Services 02=Police Agency 03=Domestic Violence Service Provider 04=AAA 05=Other 06=Not Referred
				Total	22			

\* Client's Record Number/KEY must remain the same each submission.

Case Management Minimum Example

January*	1.5	0.5
February		0.5
March	0.25	0.5
April		0.5
May	0.25	0.5
June		0.5
July	0.25	0.5
August		0.5
September	0.25	0.5
October		0.5
November	0.25	0.5
December		0.5
	2.75	6

\*Initial Assessment