CARS (CA-GetCare) File Specifications

Last Revised: 1/28/2011

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Client/Caregiver File*				
Field	**Required/Optional for System**	**Required/Optional for Reporting**	**Data Type/Format**	**Comments**
Participant ID	Required by System	R:RegSrvsFCSP **	INTEGER	Unique identifier for each participant assigned by your system.
First Name	Required by System	Optional **	TEXT	
Last Name	Required by System	Optional **	TEXT	
Middle Name	Required by System	Optional **	TEXT	
Birth Date	Required by System	R:RegSrvsFCSP **	YYYY-MM-DD	When missing, submit value of "0000-00-00" or "0" for this field.
Social Security Number	Required by System	Optional **	TEXT, ###-##-####	If only last four digits are recorded, enter xxx-xx-####
Address Line 1	Required by System	Optional **	TEXT	
Address Line 2	Required by System	Optional **	TEXT	
City	Required by System	Optional **	TEXT	
Zip code	Required by System	R:RegSrvsFCSP **	##### or #####-####	
Home Phone Number	Required by System	Optional **	(###)###-####EEEEE	# for numbers, E for extension
Other Phone Number	Required by System	Optional **	(###)###-####EEEEE	# for numbers, E for extension
Rural Designation***	Required by System	R:RegSrvsFCSP **	INTEGER	Refer to Lookup Tables Sheet Col A,B
Gender***	Required by System	R:RegSrvsFCSP **	INTEGER	Refer to Lookup Tables Sheet Col C,D
Race***	Required by System	R:RegSrvsFCSP **	INTEGER	Refer to Lookup Tables Sheet Col E,F
Ethnicity***	Required by System	R:RegSrvsFCSP **	INTEGER	Refer to Lookup Tables Sheet Col G,H
Poverty Status***	Required by System	R:RegSrvsFCSP **	INTEGER	Refer to Lookup Tables Sheet Col I,J
Living Arrangement***	Required by System	R:RegSrvsFCSP **	INTEGER	Refer to Lookup Tables Sheet Col K,L
Employment Status***	Required by System	R:FCSP Only **	INTEGER	Refer to Lookup Tables Sheet Col M,N
Relationship Status***	Required by System	R:FCSP Only **	INTEGER	Refer to Lookup Tables Sheet Col O,P
ADL: Eating***	Required by System	R:RegSrvs Cluster 1 **	INTEGER	Refer to Lookup Tables Sheet Col S/T
ADL: Bathing***	Required by System	R:RegSrvs Cluster 1 **	INTEGER	Refer to Lookup Tables Sheet Col S/T
ADL: Toileting***	Required by System	R:RegSrvs Cluster 1 **	INTEGER	Refer to Lookup Tables Sheet Col S/T
ADL: Transferring in/out of bed/chair ***	Required by System	R:RegSrvs Cluster 1 **	INTEGER	Refer to Lookup Tables Sheet Col S/T
ADL: Walking***	Required by System	R:RegSrvs Cluster 1 **	INTEGER	Refer to Lookup Tables Sheet Col S/T
ADL: Dressing***	Required by System	R:RegSrvs Cluster 1 **	INTEGER	Refer to Lookup Tables Sheet Col S/T
ADL: Grooming***	Required by System	MSSP	INTEGER	Refer to Lookup Tables Sheet Col S/T
IADL: Meal Preparation***	Required by System	R:RegSrvs Cluster 1 **	INTEGER	Refer to Lookup Tables Sheet Col S/T
IADL: Shopping***	Required by System	R:RegSrvs Cluster 1 **	INTEGER	Refer to Lookup Tables Sheet Col S/T
IADL: Medication Management***	Required by System	R:RegSrvs Cluster 1 **	INTEGER	Refer to Lookup Tables Sheet Col S/T
IADL: Money Management***	Required by System	R:RegSrvs Cluster 1 **	INTEGER	Refer to Lookup Tables Sheet Col S/T
IADL: Using Telephone***	Required by System	R:RegSrvs Cluster 1 **	INTEGER	Refer to Lookup Tables Sheet Col S/T
IADL: Heavy Housework***	Required by System	R:RegSrvs Cluster 1 **	INTEGER	Refer to Lookup Tables Sheet Col S/T
IADL: Light Housework***	Required by System	R:RegSrvs Cluster 1 **	INTEGER	Refer to Lookup Tables Sheet Col S/T
IADL: Transportation***	Required by System	R:RegSrvs Cluster 1 **	INTEGER	Refer to Lookup Tables Sheet Col S/T
IADL: Stair Climbing***	Required by System	MSSP	INTEGER	Refer to Lookup Tables Sheet Col S/T
IADL: Mobility Indoors***	Required by System	MSSP	INTEGER	Refer to Lookup Tables Sheet Col S/T
IADL: Mobility Outdoors***	Required by System	MSSP	INTEGER	Refer to Lookup Tables Sheet Col S/T
IADL: Laundry***	Required by System	MSSP	INTEGER	Refer to Lookup Tables Sheet Col S/T
Person at Nutritional Risk***	Required by System	R:CsM, HDM, CgM, NC****	INTEGER	Refer to Lookup Tables Sheet Col U/V

* CLIENT means an individual receiving AAA services with Title III B-D, VII b funds. Client also means a CARE RECEIVER whose Caregiver receives AAA services with Title III E funds. CAREGIVER means an individual receiving AAA services with Title III E funds.

** For CAREGIVER/CARE RECEIVER ADL/IADL and other requirements see: FCSP REFERENCE GUIDE WORKSHEET.

*** REFER TO LOOKUP TABLE 1

**** PERSON AT NUTRITIONAL RISK: Case Management (CsM), Home Delivered Meals (HDM), Congregate Meals (CgM), and Nutritional Counseling (NC).

Key:
R = Required
RegSrvs = Registered NAPIS Services
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Cumulative Submission Rule: AAAs should submit cumulative data with each submission as follows:
  The first submission will contain Q1 data.
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Note: This cumulative submission process will allow you to correct previously submitted data without adjusting old files. For example, if you realize that your first submission omitted 10 home delivered meals, simply include these counts in your second submission. The CARS system will automatically adjust Q1 numbers accordingly.

Ten Day Approval Rule: Once an Area Agency on Aging receives notification that their submission has "passed," they will have 10 working days to review and approve a summary of their data in the CARS system. If a AAA does not approve their submission within 10 working days, CDA will have the option to view these data. **Note:** If you realize that you uploaded incomplete and/or incorrect data that does not match the information in your local software, please make any necessary corrections to your files and resubmit them within 10 working days from the original submission. If you know that the data uploaded do not reflect actual service and/or client counts (for example, due to a contracted provider not collecting one or more required data elements) but does accurately reflect all available information, "approve" your data as usual but note this discrepancy in the "comments" box.

Enrollment File				
Field	**Required/Optional for System**	**Required/Optional for Reporting**	**Data Type/Format**	**Comments**
Participant ID	Required by System	R-RegSrvsFCSP	INTEGER	Unique identifier for each participant assigned by your system. This should correspond to the Internal Participant ID from the Client File. If ID is missing, record will be discarded by system, with the exception of Non-Registered services.
Provider ID	Required by System	R-RegSrvsFCSP	INTEGER	Unique identifier (as assigned by your system) of the provider for which the units belong. This ID corresponds to the provider ID in the Service Provider File, Service Units File and Caregiver Relationshp File (if reporting a caregiver).
Service ID	Required by System	R-RegSrvsFCSP	INTEGER	Unique identifier for each service delivered by each provider assigned by your system in which the participant is enrolled in the fiscal year. This ID corresponds to the Service ID in the Service Provider File, Service Units File, and Caregiver Relationship File (assigned to a CAREGIVER service).
First ever service date	Required by System	R-RegSrvsFCSP	YYYY-MM-DD	The very first time the participant enrolled in the service (e.g., John Smith first started receiving services from MoW HDM on 8/1/2004). This is the first ever service date. This is used to determine the number of new participants receiving services each year for NAPIS reporting.
First service current fiscal year	Required by System	R-RegSrvsFCSP	YYYY-MM-DD	The first service date for the participant in the current fiscal year for the specific service.
End service date/Deactivation date (if available)	Required by System	R-RegSrvsFCSP	YYYY-MM-DD	The date on which the participant stopped receiving a service from a provider in the current fiscal year. This is valid only for those participants that did not receive services throughout the entire fiscal year.
Reason for deactivation*	Required by System	R-RegSrvsFCSP	INTEGER	Refer to Lookup Tables Sheet Col W,X

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NOTE:
Estimated Count of Client Served in Non-Registered services may be manually entered into CARS.

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Service Units File				
Field	**Required/Optional for System**	**Required/Optional for Reporting**	**Data Type/Format**	**Comments**
Participant ID	Required by System	R-RegSrvsFCSP	INTEGER	Unique identifier for each participant assigned by your system. This should correspond to the Internal Participant ID from the Client file. If ID is missing, record will be discarded by system, with the exception of Non-Registered services. A NULL (i.e. blank) value is acceptable in this field when entering service units for non-registered services.
Provider ID	Required by System	R-RegSrvsFCSP	INTEGER	Unique identifier (as assigned by your system) of the provider for which the units belong. This ID corresponds to the provider ID in the Service Provider File, Enrollment File and Caregiver Relationshp File (if reporting units for a caregiver).
Service ID	Required by System	R-RegSrvsFCSP	INTEGER	Unique identifier for each service delivered by each provider assigned by your system in which the participant is enrolled in the fiscal year. This ID corresponds to the Service ID in the Service Provider File, Enrollment File, and Caregiver Relationship File (assigned to a CAREGIVER service).
Reporting Month (reported quarterly, but by individual month)	Required by System	R-RegSrvsFCSP	INTEGER, 1-12	Month for which the service units are recorded
Reporting year	Required by System	R-RegSrvsFCSP	INTEGER, YYYY	Year for which the service units are recorded
Unit name*	Required by System	R-RegSrvsFCSP	TEXT	Specify unit of service from look-up Table AA (report hours as whole numbers only).
Quantity	Required by System	R-RegSrvsFCSP	INTEGER	Total units of service delivered to participant in the month/year indicated. When reporting services for Non-Registered services you may also manually enter aggregate units directly in CARS.

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Service-Provider File				
Field	**Required/Optional for System**	**Required/Optional for Reporting**	**Data Type/Format**	**Comments**
Provider name	Required by System	R-RegSrvsFCSP	TEXT	Name of the provider offering the Title III-funded service in which the participant is enrolled in the fiscal year (e.g., Meals on Wheels)
Provider ID	Required by System	R-RegSrvsFCSP	INTEGER	Unique identifier (as assigned by your system) of the provider for which the units belong. This ID corresponds to the provider ID in the Enrollment File, Service Units File and Caregiver Relationshp File (if reporting a caregiver).
Service name	Required by System	R-RegSrvsFCSP	TEXT	Name of the specific service offered by the provider (e.g., Meals on Wheels, Home Delivered Meals). Each service is specific to a service type.
Service ID	Required by System	R-RegSrvsFCSP	INTEGER	Unique identifier for each service delivered by each provider assigned by your system in which the participant is enrolled in the fiscal year. This ID corresponds to the Service ID in the Service Units File, Enrollment File, and Caregiver Relationship File (assigned to a CAREGIVER service).
Program Type ID*	Required by System	R-RegSrvsFCSP	INTEGER	Refer to Lookup Tables Sheet Col Y, Z
Minority Provider*	Required by system	R-RegSrvsFCSP	INTEGER	Refer to Lookup Tables Sheet Col Q, R
Is AAA the Provider?*	Required by system	R-RegSrvsFCSP	INTEGER	Refer to Lookup Tables Sheet Col Q, R

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Caregiver Relationship File				
Field	**Required/Optional for System**	**Required/Optional for Reporting**	**Data Type/Format**	**Comments**
Caregiver (use Participant ID)	Required by System	R-FCSP Only	INTEGER	Insert the appropriate Internal Participant ID from the Client File for this individual. If ID is missing, record will be discarded by system, with the exception of Non-Registered services. A NULL (i.e. blank) value is acceptable in this field when entering service units for non-registered services.
Care Receiver (use Participant ID)	Required by System	R-FCSP Only	INTEGER	Insert the appropriate Internal Participant ID from the Client File for this individual. If ID is missing, record will be discarded by system.
Caregiver Relationship*	Required by System	R-FCSP Only	INTEGER	Refer to Lookup Tables Sheet Col AB, AC
Provider ID	Required by System	R-FCSP Only	INTEGER	Unique identifier for the FCSP provider assigned by your system. This ID corresponds to the provider ID in the Enrollment File, Service Units File and Caregiver Relationshp File (if reporting a caregiver).
Service ID	Required by System	R-FCSP Only	INTEGER	Unique identifier (as assigned by your system) of the CAREGIVER service for which the units belong. This ID corresponds to a service ID in the Service Provider File. There is no Service ID requirement for the CARE RECEIVER.

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