



California Aging Reporting System (CARS)

Questions and Answers

June 2007 - present

California Aging Reporting System (CARS)

Questions and Answers

Subject Area:	Page Number:
CARS Data Reporting Specifications and Requirements.....	1 - 4
<i><u>Key words:</u> common dataset, data definitions, data reporting, data requirements, data specifications, instructions, look-up table, minimum dataset, procedure, required reporting, spec, utilization data</i>	
CARS Implementation Progress, CARS Updates.....	5
<i><u>Key words:</u> deadline, implementation, included service, phase, progress, updates</i>	
CARS Reporting Procedures (technical)	6 - 11
<i><u>Key words:</u> authorization, authorized user, cumulative reporting, data collection database, enrollment status, export, file extension, file format (.txt, .csv, .xls), fiscal data, missing data, “on hold”, reporting procedures, reporting year, user, verify/certify data</i>	
Data Type.....	12 - 15
<i><u>Key words:</u> aggregate data, client duplication, client-level data, client sensitive data, client specific data, de-duplicated, unduplicated client data, unique identification number</i>	
Family Caregiver Support Program.....	16 - 18
<i><u>Key words:</u> caregiver, care-receiver, FCSP</i>	
Nutrition and Meals Reporting.....	19 - 21
<i><u>Key words:</u> congregate, home delivered meals, meals, NSIP, nutrition, nutrition education, nutritional risk,</i>	
Registered and Non-Registered Programs.....	22
<i><u>Key words:</u> cluster, non-registered, registered</i>	

Note: Some of the questions are listed in several areas, as they capture a wide range of information. These Questions and Answers are available on the CDA website under the AAA tab, “Reporting”, “CARS”, and then “Questions and Answers”(FAQ).

CARS Data Reporting Specifications and Requirements

Key words: common dataset, database, data definitions, data reporting, data requirements, data specifications, instructions, look-up table, minimum dataset, procedure, required reporting, spec, utilization data

(1) Q: *What is the OAA/OCA Common Dataset?*

A: A common dataset is a set of instructions, data element definitions, and data specifications that standardize data elements and data definitions across multiple programs. For example, ADL data elements and definitions would be standardized across multiple programs and services. The number of ADLs and their definitions in one program would match the number of ADLs and their definitions in another. As it is now, these data definitions and coding might be slightly different and, therefore, could not be combined for analysis.

The primary purpose of, and rationale for, the aging network Common Dataset is to establish a “common” set of data across OAA and OCA programs to create a statewide management information system that would make it possible, both at the local and state levels, to: (1) better analyze the characteristics and needs of program clients; (2) identify programs that frequently share the same clients to foster better client-level coordination; and (3) to track changes in program client demographics over time. This information would be instrumental for short- and long-term policy development, program planning, and resource management.

A Common Dataset does not necessarily prescribe reporting requirements. Rather, it spells out the data elements and definitions that, IF required for reporting, must be used. This is a slightly different concept from a “minimum dataset,” which usually means the minimum data that must be collected and reported.

(2) Q: *Can you please provide an exact text list for the CDA standards of measurement for unit names?*

A: The revised CARS Specifications have been posted to CDA’s website in PM 08-18 (P) and Lookup Table column Y,Z lists each unit of service.

(3) Q: *The "CARS (CA-GetCare) Files Specifications" that CDA provided appear to be designed for software developers. We find them difficult to use to determine individual tracking requirements, particularly by program. Could CDA or RTZ ASSOCIATES provide a list showing each field and assessments required for each program? Comment: This would be extremely helpful, particularly when relaying this information to our providers.*

A: Yes, the Specifications issued were intended for software programmers. CDA will post an “Annotated CARS” document on the CDA Website that is more layperson user friendly. This document will further explain each field in a more readable format.

(4) Q: *According to the Specifications, each service name is specific to a service type. We are not sure what that means. What are the implications for reporting?*

A: Service type means “Program Type.” This has been corrected in a revised edition of

the CARS Specifications [see PM 08-18 (P)].

(5) Q: *Will there be any change in the requirements for reporting registered vs. non-registered services?*

A: Yes. CDA plans in the future to require additional programs and services to be registered over and above what is required by the federal government. This will be phased in over time after consultation with the AAAs. Some programs and services may remain unregistered (such as Information and Assistance or Outreach). See OAA and Older Californians Act (OCA) Common Dataset Primer in CARS General Information section for more details on future plans for registered services.

(6) Q: *Program Types 10-14 and 111-122 are Non-Registered aggregated reporting of services. Since the entire Specifications are geared to client specific answers, how do we report this under the CARS Specifications?*

A: For Program Types 10-14 and 111-123, the Service Units File will allow you to submit aggregate data. AAAs can submit aggregate data using the Service Units File by completing all of the data fields except the Internal Participant ID. AAAs are encouraged to submit estimated unduplicated client counts quarterly. A final estimated unduplicated adjustment may be completed at the end of the Fiscal Year.

(7) Q: *I do not see any NAPIS service area 15 (Other Services), other Title III-B services, in the CARS specifications look-up table. Are those service units no longer required for reporting?*

A: At this time Category 15 will not be included in the initial roll-out of CARS. Category 15 does not collect client level data and is used by different AAAs to collect different units of service for numerous "other programs." Category 15 data will be included in a later phase of CARS. Fiscal data for Category 15 will continue to be required reporting.

(8) Q: *The Rural look-up table is missing a value for non-rural clients. What value are we supposed to use for clients that are non-rural?*

A: The ability to collect urban/non-rural data was added with the issuance of Program Memo (PM) 08-18 (P), dated April 7, 2008.

(9) Q: *Are the categories for ethnicity/race shown in the "CARS (CA-GetCare) Files Specifications" finalized?*

A: Yes, but a revised version was issued correcting several small errors. Please see PM 08-18 (P).

(10) Q: *We have Ethnicity as Hispanic/non-Hispanic (in the Look-Up Tables). That is ok, but under Race, there is nothing to associate with a Hispanic person - no Hispanic, Mexican, Spanish, etcetera. What do we use for Race for a Hispanic person?*

A: The race data element is required by CARS and must be completed for all Registered Services and FCSP clients. NAPIS requires collection on Ethnicity and Race. Ethnicity

is not the same as Race and NAPIS differentiates these two categories. NAPIS uses the same definitions as the U.S. Bureau of the Census, which states, "Race is a separate concept from Ethnicity." If an individual self-identifies himself or herself as Hispanic, you will also ask if one of the Races listed in the look-up tables describes him or her. If his or her Race is not listed, you may use any of the other available options, such as 6-Other. For a more complete discussion of this subject, please reference the following website links:

U.S. Bureau of the Census Home Page --<http://www.census.gov/> and U.S. Census Bureau Guidance on the Presentation and Comparison of Race and Hispanic Origin Data -- <http://www.census.gov/population/www/socdemo/compraceho.html>

(11) Q: *How does the change in the ethnicity and race data collection impact the following reports? ALZ102B; SCC102B; SPR105*

The current specifications for this report seem inconsistent with the new definitions. Can you provide guidance for how you would like us to map the new fields to the previous categories? It would be incredibly confusing for us to collect this information in different ways for different programs.

A: These programs are not currently included in the initial CARS rollout (Phase I) but will be added to CARS in Phase II/III. Specifications for those programs will be sent out later this year.

(12) Q: *What is the ID value for "Deactivated in the Enrollment Status File?"*

A: Many social service programs call their closed cases "discontinued," but for CARS, we use the term deactivated. The identification (ID) values in the subset are listed below the word "deactivated" on the Look-up Tables, Columns W, X.

(13) Q: *What changes will I likely see to my data entry screens currently being used by the AAA?*

A: One of the differences you are likely to see in your GUI is the ADL/IADL screens. CARS requires the collection of client specific needs in these areas, and AAAs will have to collect and enter into their databases this client specific data. In the past ManAge collected aggregate data on only how many ADLs/IADLs clients needed help with (i.e. 1, 2, 3+ ADLs). CARS will now require the AAA to specify which ADLs/IADLs each client needs help with. So, if a client needs help with transferring, bathing and dressing, you would list these individually specific to the client's intake file. These data elements should be checked in the database for accuracy at least once per year.

Also, some of the input values for certain fields in the CARS system have asked you to update your data collection databases. One example would be the values for RACE. Several new options are available for "Asian" and are more descriptive than ManAge's "Asian/Other Pacific Islander" option from the past.

(14) Q: *In a conversation with one our Implementation Specialists (and an authority on SAMS and the NAPIS Program for Harmony) he raised a question about the spec which I hope you can provide some clarification on. The Client/Caregiver file requires detailed ADL and IADL*

information for clients or caregivers receiving registered FCSP services. Does this mean that the AAAs will need to collect ADL and IADL data for caregivers, or is this data intended to be collected and reported under the corresponding care recipient's record? Typically an FCSP service is provided to the caregiver and reported as such, which raised the question as to why CDA requires data collection of a caregiver's Activities of Daily Living and Instrumental Activities.

A: The Implementation Specialist is correct in that the Caregiver profile will not include the status of a caregiver's ADLs/IADLs. However, to comply with Section 373(c)(2) of the Older Americans Act, the care receiver/recipient profile that is connected to the caregiver/client record must include the status of the elderly care receiving individual's ADLs/IADLs.

(15) Q: *Is AoA planning to change the data reporting specifications in the foreseeable future?*

A: Yes. AoA has already made minor changes to the National Aging Program Information System (NAPIS) instructions to accommodate the 2006 re-authorization of the Older Americans Act (OAA). (See new NAPIS Guidelines under CARS General Information section on our web site.)

(16) Q: *What file names should I use for the export files?*

A: Each file name is listed at the top of the file in your CARS specifications. These file names are: Client/Caregiver File, Enrollment File, Provider File, Units of Service File, Caregiver Relationship File.

File names should come to CARS in the following format: psa20_fy0809_q2_Provider File.

(17) Q: *Will CareAccess and/or Synergy be working with CDA directly to help their AAA customers meet the new specifications?*

A: Yes. CDA has been contacted by CareAccess and Synergy regarding arrangements that would benefit both CDA and AAAs in making efficient system changes. However, each AAA will still be kept in the communications loop and the responsibility remains with the AAA to ensure that their contractor meets these specifications. These responsibilities cannot be delegated to a sub-contractor, vendor, or service.

(18) Q: *When AAAs have questions regarding the CARS conversion, whether it is policy or specifications issues, who should we address our questions and when can we expect a response?*

A: CDA has set up a specific Email box for CARS. Send your questions to CARS@aging.ca.gov. Sometimes research and consultation with RTZ Associates will be required prior to providing the AAA with a specific answer, but CDA will notify you that we have received your question and are working to provide the appropriate answer.

CARS Implementation Progress, CARS Updates

Key words: deadline, implementation, included service, phase, progress, updates

(1) Q: *Will CDA consider extending the deadline for AAAs whose providers do not have the capability to report data electronically at the client-level? For example, what if all of my Title III E data is currently captured and reported manually in the aggregate form?*

A: CDA will work with individual AAAs on a case-by-case basis to develop a mutually acceptable solution. It is possible this might include a delay in the implementation timeline for a specific AAA program area. However, all solutions will be assessed to make sure a time delay is, in fact, warranted.

(2) Q: *Is MSSP also one of the included services?*

A: The Multipurpose Seniors Services Program (MSSP) is not currently included in CARS, although CARS Specifications were modified to accommodate MSSP.

(3) Q: Will the HICAP data be part of CARS?

A: Until March 2009, Health Insurance Counseling and Advocacy Program (HICAP) will be reported as usual. It may eventually be included in CARS, or another similar system in order to bring it to compliance with Older Americans Act and Older Californians Act requirements.

(4) Q: *NAPIS and FCSP have been the only ones referenced to having changes to data requirements in relationship to CARS. Alzheimer's Day Care Resource Center (ADCRC) and Linkages are not considered NAPIS programs; however, we assume they will have the same changes in client specific data as will be required for all Registered services. We also assume no changes will be made in the types of assessments required: ADCRC (cognitive), Linkages [Activities of Daily Living (ADL)/Instrumental Activities of Daily Living (IADL)]. Please confirm.*

A: Linkages and ADCRC are slated to be added to CARS in the Phase II/III over the next two fiscal years. So yes, when these programs leave ManAge and move to CARS, we will need these data in CARS format. As of today, we are not anticipating any data collection changes to ADCRC, but a Task Group is working on changing some of the data Linkages is currently collecting. The Senior Companion Program will also need to be in CARS format in the future and is also undergoing a data review for possible changes.

CARS Reporting Procedures (technical)

Key words: *authorization, authorized user, cumulative reporting, data collection database, enrollment status, export, file extension, file format (.txt, .csv, .xls), fiscal data, missing data, "on hold", reporting procedures, user, verify/certify data*

(1) Q: *I talked to RTZ a little while back about this question regarding the CARS authorized user form, and they said that they would be checking with you. Since I haven't heard back from anyone about it, I thought I should maybe just ask you directly. The (CARS database user authorization) form only allows us to include three people, including the AAA Director. Those three people are also meant to include the fiscal reporting person. I called RTZ to find out if I could just add a couple of others, and they said that they'd look into it because the contract with CDA only covers 3 users per AAA. This means that there isn't any mechanism for having a back-up for either program or fiscal, despite the fact that my memory is that CDA requires a back-up person to be trained in data reporting.*

A: CDA's contract with RTZ currently allows only 2 end-user licenses per AAA. Obtaining more "authorized users" would require the AAA to purchase additional CARS licenses from RTZ.

(2) Q: *Can you please provide a list of the specific reports that will no longer be required as a result of the transition to CARS? (i.e., SPR 101, SPR 102a...)*

A: Each Area Agency on Aging (AAA) will be required to submit the following five files to CARS: 1) Client/Caregiver File, 2) Enrollment File, 3) Service Units File, 4) Service Provider File, and 5) Caregiver Relationship file. There will no longer be a requirement for the SPR files. Until Phase II of CARS, Linkages, Alzheimer's Day Care Resource Center and Senior Companion Programs will continue to be sent electronically to ManAge using the system currently in place. Most Older Americans Act and Older Californians Act programs will eventually be included in CARS.

(3) Q: *Is the CARS field (Reporting Year) referring to FISCAL YEAR or CALENDAR YEAR? How should this be reported?*

A: A reporting year is by State Fiscal Year (July 1 through June 30). CARS knows which months belong to which quarters in which fiscal year because of the data submitted in the Service Units File.

(4) Q: *What are the implications of requiring the demographic data be collected regularly by providers instead of just reporting once annually?*

A: In CARS, clients will be connected to service utilization. This may mean some service providers will have to work with their AAAs on local procedural and database modifications. For Registered Services, it will no longer be acceptable to collect service units separately from clients receiving the services. This is what we mean by "client level" data collection for Registered services. Non-Registered **aggregated** data services, such as Information and Assistance, can continue to collect service units

separately from clients.

(5) Q: *I'm ready to send my test files, but don't know where to send them. What's the procedure for that?*

A: Access the URL provided by RTZ, ca.getcare.com. For a more complete description, reference the "Issue Brief 1" sent out by RTZ in May 2008. If AAAs need a copy of this document, please send your requests to the CARS E-mail box at, CARS@aging.ca.gov

(6) Q: *Our IT department is working with PSA XX to prepare their test files for upload. I wanted to confirm that the CARS system will accept the five tab-delimited files in the following formats: .txt .csv .xls. Please let us know which format is optimal.*

A: Short answer: Please use a .txt extension. Long answer: The system will process any file (regardless of extension) as long as it is in a tab-delimited format. That said, tab-delimited files generally have a .txt extension. The .xls extension refers to a binary Microsoft Excel format. The .csv extension refers to comma-separated values, or basically tabular data with commas as delimiters. Since some information (such as an address line) may internally contain a comma, this format is not desirable for the CARS dataset and will not be accepted by the CARS system.

(7) Q: *What line ending characters do you want in the files? (CR, CRLF, or LF) The initials represent the common line ending indicator characters for text files: CR = Carriage Return; standard for Macintosh and some versions of Windows; LF = Line Feed; standard for Unix/Linux and sometimes for Macintosh; CRLF = a Carriage Return and a Line Feed; standard for DOS and some versions of Windows.*

A: RTZ prefers lines ending in CR, but CARS will accept any line ending, including the use of .txt format. The system will process any file (regardless of extension) as long as it is in a tab-delimited format.

(8) Q: *I am having a difficult time creating the export file so that the Client ID is an Integer (no quotes). I want to use a 12 digit number. So far, I can provide the export as: "321700011356" but not as 321700011356 (without the quotes). Will the CARS import accept the data as text, in quotes? Note the Spec wants Integer, but the values are not used in any calculation. So, changing the spec to Text, might solve some other developer problems also.*

A: Quotation marks can complicate queries and are generally not desirable in a database. While we could allow text values for AAAs that use alphanumeric client identifiers, this is a different matter. Make sure that a tab delimited file format is selected, and that there are no text qualifiers selected (CSV exports, for example, sometimes use quotation marks as text qualifiers because one data element, such as an address, may internally contain a comma).

(9) Q: *What file names should I use for the export files?*

A: Each file name is listed at the top of the file in your CARS specifications. These file names are: Client/Caregiver File, Enrollment File, Provider File, Units of Service File, Caregiver Relationship File.

File names should come to CARS in the following format: psa20_fy0809_q2_Provider File.

(10) Q: *The client/caregiver file requires an Internal Participant ID of type INTEGER. Our Client key is currently 12 digits. Can your system accommodate that? If not, we can go with 10 digits [because two digits are the Planning Service Area (PSA) number.]*

A: CARS will accept an unlimited number of integer digits into this field.

(11) Q: *Quantity in the Service Unit file indicates the field is a "FLOAT" value. Does that mean a number such as 1,234.00 will be represented as "1234.00" and the number "1" as "1.00?"*

A: The CARS Specifications have been changed to state INTEGER. Units of service occur as whole numbers only. PM 08-18 (P) was issued to correct this error.

(12) Q: *I had my account set-up / download file procedure review call with Alana @ RTZ today. I wanted to clarify something – she indicated that when quarter 2 is uploaded, it will automatically re-upload quarter 1 (that should be written into the program.) Is that what will be happening with our files?*

A: To allow AAAs to update previously input data into CARS, CARS will use a cumulative method of data collection. When you report your first quarter data, you will input months 1, 2 and 3 into CARS. When you input your second quarter data, you will input months 1, 2, 3, 4, 5 and 6. If there are any changes to months 1, 2, 3, CARS will recognize that data changes have been made and will update your previous data submission. If there are no changes to your previously input data, CARS will confirm that months 1, 2, 3 are the same as previously input and ignore this re-submitted data. But, in the event there have been changes made to any or all of the previous months' 1, 2, 3 data, CARS will update that data and provide a new cumulative count for month 6. You will still only submit the five files each quarter, it will just include more months of data.

(13) Q: *What abilities will AAAs have to make corrections to our data once it is sent in to CARS and certified by the AAA?*

A: After AAAs submit their quarterly data to CARS, it will be the responsibility of the AAA Director or their designated representative to verify (certify) their quarterly data prior to submission to CDA. AAAs will NOT have the ability to alter their quarterly data after the data has been submitted to CDA until the end of the following quarter. AAAs will have a final opportunity to adjust their data prior to final submission to CDA at the end of each fiscal year. Final submission is the verification of the AAA's data for that year. Unlike ManAge, changes will not be allowed after the final submission.

(14) Q: *Will AAA's still be required to report utilization data quarterly and demographic profile data annually?*

A: For the immediate near future, there is no change in the quarterly and annual reporting cycles specified in the contract. However, as the full benefits of the new web-based information technology come into operation and AAAs comply with the new system, this may change. Eventually, it is feasible and possible that reporting, as we now know it today, would no longer be necessary. Potentially, the State could establish timeframes for capturing data from AAA databases on a real-time basis at various points in the year, thus making formal reporting unnecessary. But, this would require service providers and AAAs to maintain highly accurate databases at all times. Much must be accomplished before this concept warrants more specific discussion.

(15) Q: *What happens when I submit my data and CARS will not "certify" my data?*

A: When you send your data to CARS, the system will make calculations to ensure that your data is entered into the correct field and that the correct data is in the correct file. If your data does not add up to CARS programming parameters, you will get an error message and your data will not be loaded/verified. For example, you enter 100 clients in Case Management, but you enter 60 females and 45 males (too many people) and your data will not verify. This is a different type of issue than the missing data, but if you are missing data that fits the CARS parameters, CARS will accept that missing data. RTZ Associates will be providing instruction and training on how AAAs are to load their data correctly, and what "flags" they will receive in the event their data does not verify.

(16) Q: *How does CARS handle missing data?*

A: In the ManAge system, each file had specific data strings requiring a specific number of characters in their proper placement for your file to load. In other words, you had to enter "0's" or some other digit into every field. You could not leave any field "blank." CARS will not function this way.

Whether you complete your intake procedures by completing paper forms, or you enter data directly into your database system, "missing" data may occur. With paper intake forms, sometimes we simply miss a question or fail to fill out some information. When we later input the paper-collected data into a database, the data we do not have is simply not entered into our data collection system. If the intake worker forgot to fill out the male/female question, the data entry person leaves this field blank during their database entering.

The time could also come when we just miss entering correct data...the "typo." If we tell our database we had 100 clients this quarter in Case Management, but yet we enter 60 females and 35 males, our system will automatically calculate that you are missing data on 5 people in "gender." Any time your data collection system runs its quarterly reports, it performs calculations to make all the numbers add up. When the numbers don't add up, you get the "missing" data variable. Every registered service requires a person, a gender, an age, a race, an ethnicity, a minority, a poverty, a rural, a lives

alone, etcetera. If at any time a number is not entered, this will be considered “missing” data.

So, using the Graphic User Interface (GUI) you currently use to collect and/or enter your data, the data entry/collection function will not look any different or change the way you are currently doing business. Your SAMS, Care Access, other system GUI will not look any different today than it will in July. (With a few exceptions, see below). Using the above example, if you simply do not have the data to enter, or a typo occurs, missing data will be generated.

Missing data should be kept to a minimum. Accuracy in reporting is critical to determining program performance standards and ensuring we are meeting the needs of our target populations.

(17) Q: *Our AAA uses “Q” for program data but not for fiscal expenditure reports. With CARS, will our fiscal data then need to be in “Q” in order for CDA to get our fiscal reports?*

A: No, the Fiscal component of CARS will be an independent web-based interface using your browser. The graphic user interface will be familiar to Fiscal Officers as it is based on the current forms. It will be very user friendly. AAA Fiscal Officers will use the web-browser to access the CARS website, sign on using their password and login information, and enter the AAA’s fiscal data directly into CARS.

(18) Q: *Enrollment Status: Since the status may change during any given reporting period, how is the status to be reported?*

A: AAAs would use the enrollment file to change the enrollment status of a client. When you report each quarter, the AAA's data is reported by each month. So, if a client enrolls in a service in September, and dis-enrolls in October, that data would be reported in their respective months when you send your quarterly data.

(19) Q: *Can you let me know what the definition is of the enrollments status of "On Hold" in CARS? We're trying to figure out how to map our current enrollment status options most accurately.*

A: "On Hold" means a client can be registered into a program, but is not yet being offered services until some administrative function is completed. [For example, in MSSP, they take clients into their programs, but until the TAR (Treatment Authorization Request) is processed and approved, they cannot provide services.

(20) Q: *A problem with the enrollment status table is that more than one status can apply to a client for a given service. When there is more than one choice, what should be done?*

A: One client may use several NAPIS/FCSP services at the same time. They may be “Activated” for Congregate Meals and “Deactivated” for Chore services. AAAs currently have a system in place for collecting which clients use which services, which clients are active and have open cases for the various program services, whether they are using Social Assistance Management System (SAMS), Care Access, or another system.

CARS will continue to work as ManAge did in this area. AAAs would continue to collect their data as they have in the past (with more detailed client level information per the CARS Specifications) and CARS will make the determination that one client is using more than one service based on the client unique identifier that you provide.

(21) Q: *What is the ID value for "Deactivated in the Enrollment Status File?"*

A: Many social service programs call their closed cases "discontinued," but for CARS, we use the term deactivated. The identification (ID) values in the subset are listed below the word "deactivated" on the Look-up Tables, Columns W, X.

Data Type

Key words: *aggregate data, client duplication, client-level data, client sensitive data, client specific data, de-duplicated, unduplicated client data, unique identification number*

(1) Q: *What is the difference between a client-level database and an aggregated database?*

A: The essential difference between a client-level database (also known as a client specific database) and an aggregated database is that with an aggregated database you can only relate to single variables (e.g., the number of females, the number of persons with one activities of daily living (ADL) deficiency, and so on, without connection among the variables); whereas, a client-level database links multiple client characteristics to other variables, such as service utilization. Because a client-level database includes a client unique identifier, the client characteristic data can be linked to service utilization data. You then know what kinds of people used what kinds of services. By using other related databases you can go even farther and connect the kinds of people, with levels and types of need, to kinds of services used to help mitigate those needs.

A client-level database can be a powerful planning tool in analyzing which services are most frequently used by selected targeted subgroups. Additionally, changes in the characteristics of client subgroups using certain services can also be helpful in planning where to place resources. If you already use a client-level database locally, developing an interface with CDA's new State client-level database won't be difficult.

(2) Q: *What is meant by de-duplicated (sometimes referred to as "de-duped") data?*

A: De-duplicated data refers to data that is associated with one client and that client is not counted more than once in the system ("system" is the key here) within one reporting period (or in some cases beyond a single reporting period). Each client is assigned a "unique identification number" just for that client. No other client should have that number. All related client administrative and profile data (name, address, age, gender, race, etc.) and service utilization data (if client-level) are connected by this number to that one individual no matter what part of the system they are in.

De-duplicating is a process (usually done automatically by software, but can also be done by hand) that matches certain data elements to make sure each individual is counted only once. De-duplicating can become challenging when tracking the same client across different services/providers or across different geographical boundaries (Planning and Services Areas or counties). For example, Mrs. Smith may be identified twice, once from the meals services and once again from the assisted transportation services. In de-duplicating this, the agency would use a method of comparing data related to Mrs. Smith to identify Mrs. Smith was one individual receiving those two services, not two distinct individuals.

(3) Q: *How do I ensure that my data is not duplicated?*

A: Each AAA must select a method to de-duplicate clients within their database system. This is usually done by comparing certain data to see if they are indicating the same client. For example, a AAA's system might compare names first so that A. Smith would be compared to Alexa Smith. Both could be different individuals or the same individual, but as more information is compared, duplication is revealed. The next comparison might be a comparison of addresses. If both have the same address, it is likely the data on Mrs. Smith is duplicated. However, even in this instance, the method may next go to

use several other variables (date of birth, zip code, phone number) to make sure it is duplicated data. If it is duplicated, then the process of de-duplication would consolidate all data under both identities into one Mrs. Smith identity, thus removing the duplication.

(4) Q: *PSA XX uses a customized system for collecting data. It is called the Client Tracking System (CTS). PSA XX's Information Technology Agency (ITA) has been assigned the task of redesigning the CTS to collect the client information, at the contractor level, that is required of CARS. The CTS system uses scanners enabling the information to be automatically downloaded to the DOA's data base. Our system is a web-based reporting system. Contractors are concerned with the transmission of sensitive personal data. It is my understanding that CARS is to interface with CTS for the collection of sensitive data, but PSA XX is not required to report the data (i.e. the information is to be transmitted to CARS, but is not to be reported by AAAs).*

1) The CTS is being modified at the contractor's level for the collection of data required by CARS. Is CTS also to be modified to enable CARS to access this data?

2) If CTS is to be modified to enable CARS to access this data, what is CARS going to do with the data?

A: CARS will not interface with any AAA's data collection system nor will CARS require "access" to a AAA's database. CARS is a stand-alone data collection instrument that accepts data AAAs submit via a secure web-based GUI. This is a one-way only transmission from the AAA to CARS.

Sensitive data such as a client's social security number is "required by the CARS system, but is optional for reporting." What this means is, your data collection system needs to have the capability of collecting this data in the event you chose to submit such data at another time to help de-duplicate counts across jurisdictions. At this time, CDA does not require this information to be sent to CARS, and it is "optional" for the AAA to choose to report this data.

Client sensitive data would be used by CARS to prevent client duplication. If the AAA chose to collect and report this data, CDA would not have access or viewing rights to this client sensitive information.

(5) Q: *What changes will I likely see to my data entry screens currently being used by the AAA?*

A: One of the differences you are likely to see in your GUI is the ADL/IADL screens. CARS requires the collection of client specific needs in these areas, and AAAs will have to collect and enter into their databases this client specific data. In the past ManAge collected aggregate data on only how many ADLs/IADLs clients needed help with (i.e. 1, 2, 3+ ADLs). CARS will now require the AAA to specify which ADLs/IADLs each client needs help with. So, if a client needs help with transferring, bathing and dressing, you would list these individually specific to the client's intake file. These data elements should be checked in the database for accuracy at least once per year.

Also, some of the input values for certain fields in the CARS system have asked you to update your data collection databases. One example would be the values for RACE. Several new options are available for "Asian" and are more descriptive than ManAge's "Asian/Other Pacific Islander" option from the past.

(6) Q: *What is a unique identifier?*

A: A unique identifier (or unique identifier number) is usually a number assigned to one individual which stands in for that individual within a database. These can be randomly generated, or made up from numbers in a system from other data variables such as Social Security Number (SNN) or a partial SSN, date of birth, zip code, phone number, or it can be a number made from a combination of such numbers. Once this number is assigned, all the other database variables can be connected to this unique ID. All the characteristics of that individual can be assigned to service utilization data. If a client gets assigned two or more unique ID numbers, that information is duplicated and must be de-duplicated before reporting the data (see de-duplication).

(7) Q: *I have 2 questions regarding the CARS implementation and our Nutrition program. It is my understanding that we will need to collect client specific data on the rosters on a daily basis now. Is that correct? In other words, instead of just recording that a client attended a meal site at least once in a month and then getting an aggregate meal count from the Provider we will need to train the providers on marking which days of the month each client eats at their site. If yes, if we are to be reporting daily data, we will be required to enter data on specific days of the month, or can we enter, for example, that the client ate on 20 days in the month at a specified site.*

Also are we going to be required to report Nutrition Education client specific data or is this staying aggregate?

A: Client specific data is collected only one time at the initial intake for a NAPIS registered program. For all NAPIS registered services, which includes the congregate meal programs, each unit of service must be counted at the time the service is provided. In your case of congregate meals, if “George” visits your nutrition site Monday, Tuesday and Friday, the provider/vendor must collect those specific units of service data, “George ate 3 meals with us this week.” Once George is registered for this service, the vendor would not collect client specific data on George those 3 days, only count the meals he ate. CARS will require each unit of service (in this case a meal) to be attached to a specific client. With CARS, we will know how many meals a particular client ate. So, it is important for the provider to count George each and every day he visits the nutrition site. When the provider/vendor inputs their data into CARS, the aggregate number that is specific to George (George ate 3 meals this week, or 20 meals this month) is input into the CARS system. It is not important which days of the week George ate, but how many units of service are specifically attached to your client, George. Providers do not need to input data on a daily basis, but the collection of units of service must occur each and every time a unit of service is provided. This is the only way a vendor can accurately, and with a high level of confidence, report the correct number of service units directly attached to George.

Non-registered NAPIS services like Nutrition Education will continue to be collected and reported in the aggregate form.

(8) Q: *Program Types 10-14 and 111-122 are Non-Registered aggregated reporting of services. Since the entire Specifications are geared to client specific answers, how do we report this under the CARS Specifications?*

A: For Program Types 10-14 and 111-123, the Service Units File will allow you to submit aggregate data. AAAs can submit aggregate data using the Service Units File by completing all of the data fields except the Internal Participant ID. AAAs are encouraged to submit estimated unduplicated client counts quarterly. A final estimated unduplicated adjustment may be completed at the end of the Fiscal Year.

(9) Q: *What are the implications of requiring the demographic data be collected regularly by providers instead of just reporting once annually?*

A: In CARS, clients will be connected to service utilization. This may mean some service providers will have to work with their AAAs on local procedural and database modifications. For Registered Services, it will no longer be acceptable to collect service units separately from clients receiving the services. This is what we mean by "client level" data collection for Registered services. Non-Registered aggregated data services, such as Information and Assistance, can continue to collect service units separately from clients.

Family Caregiver Support Program

Key words: caregiver, care-receiver, FCSP

(1) Q: *I understand that the Family Caregiver Support Program will transition from our current paper reporting system to the CARS-based system. Is that correct? Will the information for those quarterly and annual reports be submitted separately from the other client information, or together in one file?*

A: The Family Caregiver Support Program (FCSP) is a part of the initial rollout of CARS. CARS will have the ability to collect data on NAPIS and FCSP data at the same time. Using the five files described in answer number 13 above, complete client, caregiver and units of service data will be collected and reported quarterly in one report, along with data from any other program administered by the AAA.

(2) Q: *Will FCSP be the only program required to enter "employment status"?*

A: Yes, the Family Caregiver Support Program is the only program to require input into this data field.

(3) Q: *In a conversation with one our Implementation Specialists (and an authority on SAMS and the NAPIS Program for Harmony) he raised a question about the spec which I hope you can provide some clarification on. The Client/Caregiver file requires detailed ADL and IADL information for clients or caregivers receiving registered FCSP services. Does this mean that the AAAs will need to collect ADL and IADL data for caregivers, or is this data intended to be collected and reported under the corresponding care recipient's record? Typically an FCSP service is provided to the caregiver and reported as such, which raised the question as to why CDA requires data collection of a caregiver's Activities of Daily Living and Instrumental Activities.*

A: The Implementation Specialist is correct in that the Caregiver profile will not include the status of a caregiver's ADLs/IADLs. However, to comply with Section 373(c)(2) of the Older Americans Act, the care receiver/recipient profile that is connected to the caregiver/client record must include the status of the elderly care receiving individual's ADLs/IADLs.

See FCSP Caregiver and Care Receiver Comparison Tool below:

Field	Caregivers	Care Receivers	Comments
Client/Caregiver File			
Internal Participant ID	R-CAREGIVERS	R-CARE RECEIVERS	Unique identifier for each participant assigned by your system.
First Name	Optional	Optional	
Last Name	Optional	Optional	
Middle Name	Optional	Optional	
Birth Date	R-CAREGIVERS	R-CARE RECEIVERS	
Social Security Number	Optional	Optional	If only last four digits are recorded, enter xxx-xx-####
Address Line 1	Optional	Optional	
Address Line 2	Optional	Optional	
City	Optional	Optional	
Zip Code	R-CAREGIVERS	R-CARE RECEIVERS	
Home Phone Number	Optional	Optional	# for numbers, E for extension
Other Phone Number	Optional	Optional	# for numbers, E for extension
Rural	R-CAREGIVERS	R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col A,B
Gender	R-CAREGIVERS	R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col C,D
Race	R-CAREGIVERS	R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col E,F
Ethnicity	R-CAREGIVERS	R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col G,H
Poverty Status	R-CAREGIVERS	R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col I,J
Living Arrangement	R-CAREGIVERS	R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col K,L
Employment Status	R-CAREGIVERS		Refer to Lookup Tables Sheet Col M,N
Relationship Status	R-CAREGIVERS	R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col O,P
Caregiver Relationship (See NOTE)	R-CAREGIVERS		Refer to Lookup Tables Sheet Col AB,AC
ADL: Eating		R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col S,T
ADL: Bathing		R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col S,T
ADL: Toileting		R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col S,T

ADL: Transferring In and Out of Bed/Chair		R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col S,T
ADL: Walking		R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col S,T
ADL: Dressing		R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col S,T
IADL: Meal Preparation		R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col S,T
IADL: Shopping		R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col S,T
IADL: Medication Management		R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col S,T
IADL: Money Management		R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col S,T
IADL: Using Telephone		R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col S,T
IADL: Heavy Housework		R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col S,T
IADL: Light Housework		R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col S,T
IADL: Transportation		R-CARE RECEIVERS	Refer to Lookup Tables Sheet Col S,T
Caregiver data is Summary, Cluster 2 data, without ADLs/IADLs.			
Care Receiver data is Detailed, Cluster 1 data with ADLs/IADLs.			
NOTE: In the Caregiver Relationship File , line item #3 defines the relationship of the care-giver to the care-receiver.			

Nutrition and Meals Reporting

Key words: *congregate, home delivered meals, meals, NSIP, nutrition, nutrition education, nutritional risk,*

(1) Q: *What leeway does the AAA have to select/determine what is reported in the aggregate? For example, when the nutrition provider is serving congregate meals, they are not tracking each time the client comes in for a meal.*

A: Client level information is required on all NAPIS Registered programs in both Cluster 1 and 2. The difference is that clients will be connected to service utilization. This may mean some service providers, such as Congregate Meals providers, will have to work with their AAAs on local procedural and database modifications. It will no longer be acceptable to collect service units separately from clients receiving the services. This is what we mean by “client level” data collection for registered services. Non-Registered aggregated data services, such as Information and Assistance, can continue to collect service units separately from clients.

(2) Q: *I have 2 questions regarding the CARS implementation and our Nutrition program. It is my understanding that we will need to collect client specific data on the rosters on a daily basis now. Is that correct? In other words, instead of just recording that a client attended a meal site at least once in a month and then getting an aggregate meal count from the Provider we will need to train the providers on marking which days of the month each client eats at their site. If yes, if we are to be reporting daily data, we will be required to enter data on specific days of the month, or can we enter, for example, that the client ate on 20 days in the month at a specified site. Also are we going to be required to report Nutrition Education client specific data or is this staying aggregate?*

A: Client specific data is collected only one time at the initial intake for a NAPIS registered program. For all NAPIS registered services, which includes the congregate meal programs, each unit of service must be counted at the time the service is provided. In your case of congregate meals, if “George” visits your nutrition site Monday, Tuesday and Friday, the provider/vendor must collect those specific units of service data, “George ate 3 meals with us this week.” Once George is registered for this service, the vendor would not collect client specific data on George those 3 days, only count the meals he ate. CARS will require each unit of service (in this case a meal) to be attached to a specific client. With CARS, we will know how many meals a particular client ate. So, it is important for the provider to count George each and every day he visits the nutrition site. When the provider/vendor inputs their data into CARS, the aggregate number that is specific to George (George ate 3 meals this week, or 20 meals this month) is input into the CARS system. It is not important which days of the week George ate, but how many units of service are specifically attached to your client, George. Providers do not need to input data on a daily basis, but the collection of units of service must occur each and every time a unit of service is provided. This is the only way a vendor can accurately, and with a high level of confidence, report the correct number of service units directly attached to George.

Non-registered NAPIS services like Nutrition Education will continue to be collected and reported in the aggregate form.

(3) Q: *My understanding is that our fiscal unit currently submits USDA meals information on a monthly basis. Since the CARS data will include information on meals, will that reporting be covered/replaced by the CARS data uploads? If so, does that mean that the reporting related to those meals moves to a quarterly schedule as of July 1st?*

A: CARS will collect each unit of service, which includes meals, congregate and home-delivered. Meal data will no longer be a separate file. Each quarter when you submit your data to CARS, your units of service, which include meals served, will be a part of that submission. So, yes, data reporting will be quarterly for meals.

(4) Q: *We understood there would be no changes in the type of assessments now required for NAPIS programs; however, in an email from Wayne (Lindley), he indicated Nutrition Risk Assessment "should be limited to Cluster 1". This would mean, Personal Care, Homemaker, Chore, and Adult Day Care would then be required to assess Nutritional Risk and Congregate and Nutrition Counseling would no longer be required to assess nutritional risk. Please confirm or clarify.*

A: The programs that will need to have clients assessed for Nutritional Risk are; (Cluster 1) Home Delivered Meals, Case Management, and (Cluster 2) Congregate Meals and Nutrition Counseling. PM 08-18 (P) was issued to correct this error.

(5) Q: *We are currently designing the new CARS system.*

The question: Is an intake form required for guests? (For congregate meals.) There will be some guests that come one time only. Can we use a generic name, e.g., Emily Guest or Edgar Guest to handle this situation? If not, registration will be slowed considerably. If an intake form is required, could a special Guest Registration form be developed that requires only Name and Address?

We will have a few guests under 60 (primarily care givers) who will pay full price for the meal. No reimbursement would occur. I would assume we do not have to fill out intake forms for these people. Am I correct, or do we need a count of total meals served or total guests served? We will have volunteers under 60 who will want the meal, and the agency will want to receive NSIP. Such volunteers work regularly, and filling out intake forms would be appropriate. We will have guests over 60 who come for one time---a special program, a dinner etc. There can be a large volume of these guests, and many agencies use the special events to recruit more registered clients. However filling out client intake forms for all would be very time consuming. This is where a "generic guest" form or a (very) short Guest Registration form would be useful. Of course the guest would sign in so meal attendance counts and meal reimbursement could be verified.

A: Guests are not clients, and therefore no registration needs to occur for CARS input. CARS will allow AAAs to put an aggregate number into the system to count the "non-registered client" NSIP meals at the end of each reporting year. Individuals under 60 caregivers can be paid for by Title III-E if your program is set up to do that. Otherwise this is unnecessary data, we do not count it and the under 60 guest should pay full price for the meal. Volunteers under 60 are eligible for NSIP meals. They should also be counted.

(6) Q: *I am requesting clarification that when an eligible senior has a meal at a congregate site must the Provider require the senior to complete the intake form at that time or can a policy practice for Providers be implemented to require eligible senior guests to complete the intake form after a second visit? If the latter is accepted, does it pose a problem if the Provider develops a "Mock ID Number" for eligible senior guests to report the monthly data? We know that CARS is forthcoming and if a "Mock ID Number" is used, there will not be any demographic information to report. Do you have any guidance or advice on this issue?*

A: Before a potential client accesses any NAPIS registered service, he or she is required to be "registered." CARS needs to capture data on each client using registered services, and each unit of service used by that client. AAAs must have the capability to register clients at the point of service. Don't use "mock" ID Numbers.

(7) Q: *I'm one of the programmers working for PSA XX. We just want to know how to determine whether or not a client is 'at nutritional risk.' In the old NAPIS reporting, there were two at nutritional risk categories, 'moderate nutritional risk' and 'high nutritional risk.' A client with a nutritional screening score between 3 and 5 is reported at moderate risk and a score greater than 5 is reported at high risk. In CARS, it's just whether or not the client is 'at nutritional risk.' What criteria/ threshold/ nutritional screening score would put a client at nutritional risk?*

A: You are correct. The Determine Your Nutritional Health checklist is used to define the scores to place persons at good (0-2), moderate (3-5), or high (6 or more) nutritional risk. This will continue to be the way to evaluate "at nutritional risk." Per NAPIS definition, a person is defined to be "at high nutritional risk" if the individual scores six (6) or higher on the Determine Your Nutritional Risk checklist published by the Nutrition Screening Initiative. High nutrition risk should be the only score reported to CARS as defined by NAPIS.

Registered and Non-Registered Programs

Key words: cluster, non-registered, registered

(1) Q: *Is it correct or not that Clusters 1 and 2 must have client level information?*

A: The answer is yes, client level information is required on all NAPIS Registered programs in both Cluster 1 and 2. The only difference is that Cluster 1 services require detailed client data to include ADLs/IADLs and Cluster 2 data is summary client data that does not collect information on ADLs/IADLs.

(2) Q: *We understand **Cluster 1 and 2** (programs 1-9) will require input of one (1) service unit per each provided. Comment/Concern: Our providers are not currently staffed or funded adequately to fulfill this if it remains a requirement.*

A: We understand that some AAAs have systems that collect and maintain units of service separate from client specific data. In the past, AAAs would send CDA/ManAge units of service quarterly, and would send client specific data annually. For Registered Services, CARS will require AAAs to send client specific data along with which units of service are associated with a particular client each quarter. There will no longer be a separation of clients and units of service data. For Registered Services, units of service data in each Registered program will now be associated with a unique client identifier. AAAs may use One-Time-Only (OTO) Title III B funds to help make this transition, if necessary. Fiscal hardships will be evaluated on a case-by-case basis.

(3) Q: *I am requesting clarification that when an eligible senior has a meal at a congregate site must the Provider require the senior to complete the intake form at that time or can a policy practice for Providers be implemented to require eligible senior guests to complete the intake form after a second visit? If the latter is accepted, does it pose a problem if the Provider develops a "Mock ID Number" for eligible senior guests to report the monthly data? We know that CARS is forthcoming and if a "Mock ID Number" is used, there will not be any demographic information to report. Do you have any guidance or advice on this issue?*

A: Before a potential client accesses any NAPIS registered service, he or she is required to be "registered." CARS needs to capture data on each client using registered services, and each unit of service used by that client. AAAs must have the capability to register clients at the point of service. Don't use "mock" ID Numbers.

(4) Q: *The current SPR reporting includes Race/Rural/Senior estimates for the reporting of Program Types 10-15 - Non-Registered. Please confirm that there is no similar Race/Rural/Senior reporting for non-Registered under CARS.*

A: Non-registered programs, SPR 10-Transportation, 11-Legal Assistance, 12-Nutrition Education, 13-Information and Assistance and 14-Outreach will be reported in aggregate format with no client detailed information.