

ADRC Activity Reporting Data Requirements All Non-Beacon Users

Please note the following information was prepared for IT departments supporting ADRCs that are not using Beacon. Technical questions should be directed to Charles Rumberger, Bureau of Information Technology, DHFS, RumbeCK1@dhfs.state.wi.us.

Every submission will have a submission data section which will be supplied by the Encounter Reporting team and will be the same on every file submitted.

EX:

```
<?xml version="1.0" encoding="UTF-8" standalone="no" ?> <submission  
adrc:submission_type="production"  
xmlns="http://www.wisconsinedi.org" xmlns:adrc="http://www.wisconsinedi.org"  
xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"  
xsi:schemaLocation="http://www.wisconsinedi.org  
http://www.wisconsinedi.org/schema/adrc_submission.xsd">
```

Every submission must have a header containing all the following information:

- ID of the submitting organization (fixed length of 8)
- Date of submission (ccyy-mm-dd format)
- Posting start date (ccyy-mm-dd format)
- Posting end date (ccyy-mm-dd format)
- Total number of records included (numeric max length of 9)

Detail Data:

Every contact record within each submission must specify the following:

- Contact ID – The sequence of numbers and/or characters that identifies the call or contact.
- Contact Date – The date the contact was made (ccyy-mm-dd format).
- Worker ID – The sequence of numbers and/or characters that identifies the worker.
- Age Group
(Must enter one and only one value within the begin and end tags under_sixty_years_old of the xml. Y for yes, N for no or U for unknown)
 - Under age 60
 - Age 60 and over
 - Unknown
- Disability Type – If one or more disability types are selected then unknown can not be selected. At least one disability type must be selected or unknown must be selected. (Select from one to five, enter a valid value within the begin and end tags of the xml for selected values.)
 - Developmental Disability
 - Elderly
 - Mental Health
 - Physical Disability
 - Substance Use

- OR -

(Select)

Unknown – If unknown is selected then another disability type can not be selected.

- Initiated Contact –
(Must select one and only one by entering a valid value within the begin and end tags of the xml.)

Self
Caregiver
Relative, Guardian, Friend, Neighbor, Community Member (not Caregiver)
Agency, Service Provider
ADRC contacting Consumer (not PAC-related)
ADRC responding to PAC-Nursing Home
ADRC responding to PAC-CBRF
ADRC responding to PAC-RCAC
Other

- ADRC Activity – At least one activity must be selected.
(Must select at least one by entering Y within the begin and end tags of the xml. N can be entered for the non selected values but is not mandatory)
(Enter Y for one or more)

Provided Information & Assistance
Provided options counseling
Provided follow-up
Administered long-term care functional screen
Referred to economic support
Provided assistance with Medicaid application process
Referred for financial-related needs other than economic support
Provided assistance/referral for private pay service options
Provided brief or short-term services or service coordination
Provided youth transition support
Provided enrollment consultation
Provided disenrollment consultation
Provided assistance/referral for health promotion or information
Referred for mental health services
Referred for substance use services
Consumer refused – PAC-related

Current Encounter header and submission edits will apply.

Content edits will be developed to reflect the ADRC business rules outlined in section 1.

Required detail fields:

- 1) Contact ID
- 2) Contact Date
- 3) Worker ID

- 4) Age group
- 5) Disability type
- 6) Initiated contact
- 7) ADRC activity

ADRC organizations must be identified by the ADRCs or the ADRC business area.

Eligible submitters must be identified by the ADRCs or the ADRC business area.

It is encouraged that empty tags not be submitted. Nulls or spaces between the begin and end tags will be treated as an invalid value and cause an edit to trigger resulting in a rejected file.

Acceptable but not desired: <contact_disability_type_2></contact_disability_type_2>

Unacceptable: <contact_disability_type_2> </contact_disability_type_2>

Valid Values:

submitter_organization_id

Any valid 4 digit number combined from the 3 digit county code list and the single digit RCA list and left padded with 6100 to make an 8 digit fixed length.

RCA: The agency associated with the resource center.

one digit agency identifier:

1 = Aging

2 = Aging and Disability

3 = Developmental Disability

4 = None

under_sixty_years_old

valid values are Y=Yes, N=No, U=Unknown

contact_disability_type submit up to 5

Valid values are DD=Developmental Disability, E=Elderly, MH=Mental Health, PD=Physical Disability, SU=Substance Use or AODA, U=Unknown

intitiated_contact

Valid values are S=Self, CG=Caregiver, KPNC=Knowledgable Person Non-Caregiver, SP=Service Provider or Agency, A=ARDC, NH=PAC-Nursing Home, CBRF=PAC-CBRF, RCAC=PAC-RCAC, O=Other