

CORE Data Dictionary for DDECS Adult Services Providers

King County's Department of Community and Human Services (DCHS) uses the Client Outcomes Reporting Engine (CORE) as a way for providers to submit data about the individuals they serve to DCHS. In CORE, data for the Developmental Disabilities and Early Childhood Supports (DDECS) Division Adult Services providers is reported monthly on **reporting spreadsheets** downloaded from the CORE web portal (<https://core.kingcounty.gov>). This data dictionary document does the following:

- Includes the data elements that providers will need to collect for monthly reporting and billing submitted via **reporting spreadsheets** in CORE;
- Defines each data element and their response options for CORE;
- Indicates which data elements are pre-filled in **reporting spreadsheets** and which data elements need to be reported by providers.

Please note, CORE continues to be tested and improved and while we will work to limit changes, **all data elements and response options listed here are subject to change.**

The following sections list and define the data elements required for each program **as of December 2023 reporting (submitted in January 2024).** Data elements are listed in the order they will appear in the reporting spreadsheet used for submissions.

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School-to-Work

The following data elements will be included on the individual-level reporting spreadsheets for School-to-Work in CORE. Some of the data elements included on the spreadsheet will automatically populate via information contained in CORE and added by DDECS Program Managers. Data that is pre-populated on reporting spreadsheets and does not need to be reported by providers is highlighted in grey below and indicated in the “reported by” column.

***IMPORTANT NOTE:** For S2W only, if you do not see a student on the reporting spreadsheet that you expect to be there, call your DDECS Program Manager to discuss. Unlike other programs, you cannot add students to a reporting spreadsheet for S2W.

Category	CORE Data Element	CORE Options	Reported by?
Demographics	Agency Client ID <i>Required</i>	Please provide the number your agency uses to keep track of the individual in your data systems. This number cannot be the same as the individual’s ADSA ID. It needs to be unique to the individuals and should never change, even if the individual shifts to other programs. DCHS can provide TA for generating random IDs if needed. No restrictions. Can accept text, numbers, spaces, symbols, etc.	Provider
	ADSAClient Id	The ADSA Client ID from DSHS DDA. Numeric	CORE or Provider*
	Client First Name <i>Required</i>	Text, 50 characters	CORE or Provider*
	Client Last Name <i>Required</i>	Text, 50 characters	CORE or Provider*
	Date of Birth <i>Required</i>	Date: MM/DD/YYYY	CORE or Provider*
School Details	Transition Fund Year	<i>Pre-filled.</i> Year student is expected to transition out of school. YYYY	CORE
	School District	<i>Pre-filled.</i> Student’s school district. List (see Appendix C)	CORE
	Enrollment Date	<i>Pre-filled.</i> School-to-Work start date with your agency.	CORE

Category	CORE Data Element	CORE Options	Reported by?
		MM/DD/YYYY	
	Job Type Goal	Enter job type goal for individual. List (see Appendix D) *This field can and should change over time as the individual's goals change.	Provider
	Weekly Hour Goal	Enter weekly work hour goal for individual. Numeric *This field can and should change over time as the individual's goal change.	Provider
Provider Hours	Job Prep Required	Enter total number of phase one intake, discovery, assessment, and/or job prep hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	Provider
	Job Development Required	Enter total number of phase two marketing and job development hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	Provider
	Job Coaching Required	Enter total number of phase three job support and job coaching hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA.	Provider

Category	CORE Data Element	CORE Options	Reported by?
		Numeric, can be zero unless "Client Hours Paid" for at least one active job is >0. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	
	Notes	Enter any notes relevant to the billing data submitted for this individual that you want to share with the Program Manager. Text, unlimited characters	Provider
Client Hours	Number of Jobs Required	Insert total number of jobs individual has currently. Do not include jobs that have ended/terminated. Numeric, can be zero if individual is unemployed.	Provider
	Job 1 Client Hours Paid <i>Required if individual has job "Job 1 Employment Start Date" and no job loss date</i>	Enter the total number of hours the individual spent in paid community employment (including hours for vacation, sick or holiday) during the service month for the job associated with " Job 1 Employment Start Date ". Numeric, can be zero	Provider
	Job 1 Hourly Wage <i>Required if individual has job "Job 1 Employment Start Date" and no job loss date</i>	Enter the hourly wage the individual received during the service month for the job associated with " Job 1 Employment Start Date ". Must be equal to or greater than state minimum wage . Currency	Provider
	Job 2 Client Hours Paid <i>Required if individual has job "Job 2 Employment Start Date" and no job loss date</i>	Enter the total number of hours the individual spent in paid community employment (including hours for vacation, sick or holiday) during the service month for the job associated with " Job 2 Employment Start Date ". Numeric, can be zero	Provider
	Job 2 Hourly Wage <i>Required if individual has job "Job 2 Employment Start Date" and no job loss date</i>	Enter the hourly wage the individual received during the service month for the job associated with " Job 2 Employment Start Date ". Must be equal to or greater than state minimum wage. Currency	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 3 Client Hours Paid <i>Required if individual has job "Job 3 Employment Start Date" and no job loss date</i>	Enter the total number of hours the individual spent in paid community employment (including hours for vacation, sick or holiday) during the service month for the job associated with " Job 3 Employment Start Date ". Numeric, can be zero	Provider
	Job 3 Hourly Wage <i>Required if individual has job "Job 3 Employment Start Date" and no job loss date</i>	Enter the hourly wage the individual received during the service month for the job associated with " Job 3 Employment Start Date ". Must be equal to or greater than state minimum wage. Currency	Provider
Employment Outcome Data	Other Reported Outcomes <i>Required</i>	Select primary additional outcome for individual in current reporting period. List: Post-secondary education Additional job(s) Volunteering Paid Internship Unpaid Internship Employment Services (Seeking Paid Employment) Health condition preventing work DVR Services None known	Provider
	Job 1 Employment Start Date	Enter individual's job start date for their first reported job. If they have an additional job, put that information into the data elements starting with "Job 2..." or "Job 3..." MM/DD/YYYY	Provider
	Job 1 Employer Name <i>Required if individual has job "Job 1 Employment Start Date"</i>	Enter employer name for the job associated with " Job 1 Employment Start Date ". Text	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 1 Employer City <i>Required if individual has job "Job 1 Employment Start Date"</i>	Enter primary city where individual is working for the job associated with " Job 1 Employment Start Date ". List (see Appendix A)	Provider
	Job 1 Employer Zip Code <i>Required if individual has job "Job 1 Employment Start Date"</i>	Enter primary zip code where individual is working for the job associated with " Job 1 Employment Start Date ". Numeric, 5 digits	Provider
	Job 1 Job Title <i>Required if individual has job "Job 1 Employment Start Date"</i>	Enter individual's job title for the job associated with " Job 1 Employment Start Date ". Text	Provider
	Job 1 Job Type <i>Required if individual has job "Job 1 Employment Start Date"</i>	Enter job type for individual's current job for the job associated with " Job 1 Employment Start Date ". List (see Appendix D)	Provider
	Job 1 Stabilization Date	Enter date of job stabilization for the job associated with " Job 1 Employment Start Date ". MM/DD/YYYY	Provider
	Job 1 Job Loss Date	Enter date of individual's job loss for the job associated with " Job 1 Employment Start Date ". MM/DD/YYYY	Provider
	Job 1 Job Loss Reason <i>Required if job loss is reported for Job 1</i>	Enter reason for individual's job loss for the job associated with " Job 1 Employment Start Date ". List (see Appendix E)	Provider
	Job 1 Dental Insurance <i>Required if individual has job "Job 1 Employment Start Date"</i>	Select whether job associated with " Job 1 Employment Start Date " includes dental insurance. List: Yes, No	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 1 Medical Insurance <i>Required if individual has job "Job 1 Employment Start Date"</i>	Select whether job associated with " Job 1 Employment Start Date " includes medical insurance. List: Yes, No	Provider
	Job 1 Paid Leave Benefits <i>Required if individual has job "Job 1 Employment Start Date"</i>	Select whether job associated with " Job 1 Employment Start Date " includes paid leave benefits. List: Yes, No	Provider
	Job 1 Retirement Benefits <i>Required if individual has job "Job 1 Employment Start Date"</i>	Select whether job associated with " Job 1 Employment Start Date " includes retirement benefits. List: Yes, No	Provider
	Job 2 Employment Start Date	Enter individual's job start date for their second reported job. If they have an additional job, put that information into the data elements starting with "Job 1..." or "Job 3..." MM/DD/YYYY	Provider
	Job 2 Employer Name <i>Required if individual has job "Job 2 Employment Start Date"</i>	Enter employer name for the job associated with " Job 2 Employment Start Date ". Text	Provider
	Job 2 Employer City <i>Required if individual has job "Job 2 Employment Start Date"</i>	Enter primary city where individual is working for the job associated with " Job 2 Employment Start Date ". List (see Appendix A)	Provider
	Job 2 Employer Zip Code <i>Required if individual has job "Job 2 Employment Start Date"</i>	Enter primary zip code where individual is working for the job associated with " Job 2 Employment Start Date ". Numeric, 5 digits	Provider
	Job 2 Job Title <i>Required if individual has job "Job 2 Employment Start Date"</i>	Enter individual's job title for the job associated with " Job 2 Employment Start Date ". Text	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 2 Job Type <i>Required if individual has job "Job 2 Employment Start Date"</i>	Enter job type for individual's current job for the job associated with " Job 2 Employment Start Date ". List (see Appendix D)	Provider
	Job 2 Stabilization Date	Enter date of job stabilization for the job associated with " Job 2 Employment Start Date ". MM/DD/YYYY	Provider
	Job 2 Job Loss Date	Enter date of individual's job loss for the job associated with " Job 2 Employment Start Date ". MM/DD/YYYY	Provider
	Job 2 Job Loss Reason <i>Required if job loss is reported for Job 2</i>	Enter reason for individual's job loss for the job associated with " Job 2 Employment Start Date ". List (see Appendix E)	Provider
	Job 2 Dental Insurance <i>Required if individual has job "Job 2 Employment Start Date"</i>	Select whether job associated with " Job 2 Employment Start Date " includes dental insurance. List: Yes, No	Provider
	Job 2 Medical Insurance <i>Required if individual has job "Job 2 Employment Start Date"</i>	Select whether job associated with " Job 2 Employment Start Date " includes medical insurance. List: Yes, No	Provider
	Job 2 Paid Leave Benefits <i>Required if individual has job "Job 2 Employment Start Date"</i>	Select whether job associated with " Job 2 Employment Start Date " includes paid leave benefits. List: Yes, No	Provider
	Job 2 Retirement Benefits <i>Required if individual has job "Job 2 Employment Start Date"</i>	Select whether job associated with " Job 2 Employment Start Date " includes retirement benefits. List: Yes, No	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 3 Employment Start Date	Enter individual's job start date for their third reported job. If they have an additional job, put that information into the data elements starting with "Job 1..." or "Job 2..." MM/DD/YYYY	Provider
	Job 3 Employer Name <i>Required if individual has job "Job 3 Employment Start Date"</i>	Enter employer name for the job associated with " Job 3 Employment Start Date ". Text	Provider
	Job 3 Employer City <i>Required if individual has job "Job 3 Employment Start Date"</i>	Enter primary city where individual is working for the job associated with " Job 3 Employment Start Date ". List (see Appendix A)	Provider
	Job 3 Employer Zip Code <i>Required if individual has job "Job 3 Employment Start Date"</i>	Enter primary zip code where individual is working for the job associated with " Job 3 Employment Start Date ". Numeric, 5 digits	Provider
	Job 3 Job Title <i>Required if individual has job "Job 3 Employment Start Date"</i>	Enter individual's job title for the job associated with " Job 3 Employment Start Date ". Text	Provider
	Job 3 Job Type <i>Required if individual has job "Job 3 Employment Start Date"</i>	Enter job type for individual's current job for the job associated with " Job 3 Employment Start Date ". List (see Appendix D)	Provider
	Job 3 Job Stabilization Date	Enter date of job stabilization for the job associated with " Job 3 Employment Start Date ". MM/DD/YYYY	Provider
	Job 3 Job Loss Date	Enter date of individual's job loss for the job associated with " Job 3 Employment Start Date ". MM/DD/YYYY	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 3 Job Loss Reason <i>Required if job loss is reported for Job 3</i>	Enter reason for individual's job loss for the job associated with " Job 3 Employment Start Date ". List (see Appendix E)	Provider
	Job 3 Dental Insurance <i>Required if individual has job "Job 3 Employment Start Date"</i>	Select whether job associated with " Job 3 Employment Start Date " includes dental insurance. List: Yes, No	Provider
	Job 3 Medical Insurance <i>Required if individual has job "Job 3 Employment Start Date"</i>	Select whether job associated with " Job 3 Employment Start Date " includes medical insurance. List: Yes, No	Provider
	Job 3 Paid Leave Benefits <i>Required if individual has job "Job 3 Employment Start Date"</i>	Select whether job associated with " Job 3 Employment Start Date " includes paid leave benefits. List: Yes, No	Provider
	Job 3 Retirement Benefits <i>Required if individual has job "Job 3 Employment Start Date"</i>	Select whether job associated with " Job 3 Employment Start Date " includes retirement benefits. List: Yes, No	Provider
Demographics	American Indian/Alaska Native <i>Required</i>	List: Yes, No	CORE or Provider*
	Asian/Asian-American <i>Required</i>	List: Yes, No	CORE or Provider*
	Black/African-American/African <i>Required</i>	List: Yes, No	CORE or Provider*
	Native Hawaiian/Pacific Islander <i>Required</i>	List: Yes, No	CORE or Provider*

Category	CORE Data Element	CORE Options	Reported by?
	White <i>Required</i>	List: Yes, No	CORE or Provider*
	Race Unknown <i>Required</i>	List: Yes, No	CORE or Provider*
	Hispanic Ethnicity <i>Required</i>	List: Yes, No, Prefer not to say, Unknown	CORE or Provider*
	Gender Identity <i>Required</i>	List: Female, Male, Self-describes in another way, Prefer not to say, Unknown	CORE or Provider*
	Zip Code <i>Required</i>	Numeric, 5 digits	CORE or Provider*
	City <i>Required</i>	List of King County cities (see Appendix A)	CORE or Provider*
	Residence County ID	Individual's county of residence as per their CSA. List of county IDs (see Appendix B)	CORE or Provider*
	Preferred Language <i>Required</i>	List: American Sign Language Amharic Arabic Chinese-Cantonese Chinese-Mandarin English Korean Russian Somali Spanish Ukrainian Vietnamese Other Prefer not to say Unknown	CORE or Provider*

Category	CORE Data Element	CORE Options	Reported by?
	Disability <i>Required</i>	List: Yes/No/Prefer not to say/Unknown If this field is “Yes”, then each of the disability categories that follow are required. You can select “Yes” for more than one disability category for an individual, if relevant.	Provider
	Physical Disability <i>Required if “Disability” is “Yes”</i>	Limitations in mobility, physical capacity, stamina, or dexterity (e.g. arthritis, muscular dystrophy, chronic pain or fatigue). List: Yes/No/Prefer not to say/Unknown	Provider
	Hearing Impairment <i>Required if “Disability” is “Yes”</i>	d/Deaf, hard of hearing or having serious difficulty hearing. List: Yes/No/Prefer not to say/Unknown	Provider
	Vision Impairment <i>Required if “Disability” is “Yes”</i>	Blind or having serious difficulty seeing, even when wearing glasses. List: Yes/No/Prefer not to say/Unknown	Provider
	Developmental Disability <i>Required if “Disability” is “Yes”</i>	Physical, learning, intellectual, or behavioral limitations that occur before a person’s 18th birthday (e.g., Down syndrome, intellectual disability, autism spectrum disorder, cerebral palsy, epilepsy, ADHD). List: Yes/No/Prefer not to say/Unknown	Provider
	Cognitive Disability <i>Required if “Disability” is “Yes”</i>	Having difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional impairment (e.g. dementia, traumatic brain injury, stroke). List: Yes/No/Prefer not to say/Unknown	Provider
	Behavioral Health Disability <i>Required if “Disability” is “Yes”</i>	Living with a psychiatric, substance use, and/or mental health condition that has a major impact on the activities of daily living (e.g. schizophrenia, bipolar disorder, major depressive disorder, substance use disorders). List: Yes/No/Prefer not to say/Unknown	Provider
	Other Disability Not Listed <i>Required if “Disability” is “Yes”</i>	Another disability not listed, which can be written into an open text box. List: Yes/No/Prefer not to say/Unknown	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Disability Detail	Optional open text box	Provider

Individual Employment

The following data elements will be included on the individual-level reporting spreadsheets for Individual Employment in CORE. For individuals that have an active County Service Authorization (CSA) at the time you download your reporting spreadsheet, some of the data elements included on the spreadsheet will automatically populate via information contained in CORE (i.e., DDA authorization information and some demographic details). Data that *can* be pre-populated on reporting spreadsheets is highlighted in grey below and indicated in the “reported by” column.

Note that for individuals that do not have an active CSA and for individuals you may be manually adding to the reporting spreadsheet, there are some fields highlighted in grey below that are *required* fields for CORE to accept the submission (acuity, race/ethnicity fields, preferred language, city, and zip code). When/if individuals you add to the spreadsheet become authorized by DDA, the demographic information you submitted previously will be replaced in the system by data from DDA.

Category	CORE Data Element	CORE Options	Reported by?
Demographics	Agency Client ID <i>Required</i>	Please provide the number your agency uses to keep track of the individual in your data systems. This number cannot be the same as the individual’s ADSA ID. It needs to be unique to the individuals and should never change, even if the individual shifts to other programs. DCHS can provide TA for generating random IDs if needed. No restrictions. Can accept text, numbers, spaces, symbols, etc.	Provider
	ADSAClient Id	The ADSA Client ID from DSHS DDA. Numeric	CORE or Provider*
	Client First Name <i>Required</i>	Text, 50 characters	CORE or Provider*
	Client Last Name <i>Required</i>	Text, 50 characters	CORE or Provider*
	Date of Birth <i>Required</i>	Date: MM/DD/YYYY	CORE or Provider*
Service Details	Next PCSP Date	Pre-filled. Date of next Person-Centered Service Plan (PCSP). Formally called “Next ISP Date.” MM/DD/YYYY	CORE

Category	CORE Data Element	CORE Options	Reported by?
	Enrollment Date <i>Required</i>	This is intended to be the enrollment date with the current agency. Enter date individual enrolled or entered services for IE with your agency. MM/DD/YYYY	Provider
	Exit Date	Enter date individual terminated or left IE services with your agency. MM/DD/YYYY	Provider
	Service Termination Reason <i>Required if individual has exited services</i>	Enter reason individual terminated services with your agency. List (see Appendix F)	Provider
	RAC	Pre-filled Recipient Aid Category (RAC) showing the waiver or funding source for the individual via DDA. Text, 1-5 characters	CORE
	Funding Source <i>Required</i>	Select the expected funding source for the individual. If you know the individual will be funded via Service Gap County Funds, select "SGCF." Only select this option with prior approval from DDECS program staff. For all other cases, including Fircrest, select "DDA." CORE will use this field to assign individuals to the proper funding source for IE, checking DDA Authorization first, which will always take precedence. List: DDA, SGCF	Provider
	ETR / Prior Approval <i>Required</i>	Select "Yes" if you have an approved ETR or prior approval for this individual or you plan to request one. If you enter "No," the system will not recheck any additional provider hours for future authorization and payment. List: Yes, No	Provider
	Funding Entity <i>Required</i>	Enter current funder(s) for individual. List: King County, DVR, King County & DVR	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job Type Goal <i>Required if individual is employed</i>	Enter job type goal for individual. List (see Appendix D)	Provider
	Weekly Hour Goal <i>Required if individual is employed</i>	Enter weekly work hour goal for individual. Numeric	Provider
	Acuity <i>Required</i>	List: High, Medium, Low, Unknown	CORE or Provider*
	Planned Rate Start Date	Pre-filled. Start date for Maximum Authorized Hours. MM/DD/YYYY	CORE
	Maximum Authorized Hours	Pre-filled. Maximum service hours authorized for individual for current reporting period. Numeric	CORE
Provider Hours	Job Prep <i>Required</i>	Enter total number of phase one intake, discovery, assessment, and/or job prep hours. For definitions and examples of activities in this phase, see “AWA Billing Instructions” document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	Provider
	Job Development <i>Required</i>	Enter total number of phase two marketing and job development hours. For definitions and examples of activities in this phase, see “AWA Billing Instructions” document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	Provider
	Job Coaching <i>Required</i>	Enter total number of phase three job support and job coaching hours. For definitions and examples of activities in this phase, see “AWA	Provider

Category	CORE Data Element	CORE Options	Reported by?
		Billing Instructions” document on the County Best Practices website for DSHS DDA. Numeric, can be zero unless “Client Hours Paid” for at least one active job is >0. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	
	Record Keeping <i>Required</i>	Enter total number of phase four record keeping hours. For definitions and examples of activities in this phase, see “AWA Billing Instructions” document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Warning will be initiated if over 3 hours. Can include additional service hours that are not being billed for.	Provider
	Notes	Enter any notes relevant to the billing data submitted for this individual that you want to share with the Program Manager. Text, unlimited characters	Provider
Client Hours	Number of Jobs <i>Required</i>	Insert total number of jobs individual has currently. Do not include jobs that have ended/terminated. Numeric, can be zero if individual is unemployed.	Provider
	Job 1 Client Hours Paid <i>Required if individual has job “Job 1 Employment Start Date” and no job loss date</i>	Enter the total number of hours the individual spent in paid community employment (including hours for vacation, sick or holiday) during the service month for the job associated with “ Job 1 Employment Start Date ”. Numeric, can be zero	Provider
	Job 1 Hourly Wage <i>Required if individual has job “Job 1 Employment Start Date” and no job loss date</i>	Enter the hourly wage the individual received during the service month for the job associated with “ Job 1 Employment Start Date ”. Must be equal to or greater than state minimum wage, unless “Job 1 Job Type” is “Self Employed.” Currency	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 2 Client Hours Paid <i>Required if individual has job "Job 2 Employment Start Date" and no job loss date</i>	Enter the total number of hours the individual spent in paid community employment (including hours for vacation, sick or holiday) during the service month for the job associated with " Job 2 Employment Start Date ". Numeric, can be zero	Provider
	Job 2 Hourly Wage <i>Required if individual has job "Job 2 Employment Start Date" and no job loss date</i>	Enter the hourly wage the individual received during the service month for the job associated with " Job 2 Employment Start Date ". Must be equal to or greater than state minimum wage, unless "Job 2 Job Type" is "Self Employed." Currency	Provider
	Job 3 Client Hours Paid <i>Required if individual has job "Job 3 Employment Start Date" and no job loss date</i>	Enter the total number of hours the individual spent in paid community employment (including hours for vacation, sick or holiday) during the service month for the job associated with " Job 3 Employment Start Date ". Numeric, can be zero	Provider
	Job 3 Hourly Wage <i>Required if individual has job "Job 3 Employment Start Date" and no job loss date</i>	Enter the hourly wage the individual received during the service month for the job associated with " Job 3 Employment Start Date ". Must be equal to or greater than state minimum wage, unless "Job 3 Job Type" is "Self Employed." Currency	Provider
	Client Community Assessment Hours	Enter the total number of hours the individual spent in non-paid community assessment activities during the service month in non-segregated community activities designed to build skills and broaden awareness of job opportunities. Do not include hours reported under "Client Pathway Hours Other." Do not report time spent supporting individual. Numeric, can be zero	Provider
	Client Pathway Hours Other	Enter the total number of hours the individual spent in Other activities during the service month in non-segregated community activities	Provider

Category	CORE Data Element	CORE Options	Reported by?
		<p>designed to build skills and broaden awareness of job opportunities without staff. Do not include lunchtime or hours reported in “Client Hours Paid,” or provider hours in phase 1-4.</p> <p>Numeric</p>	
Employment Outcome Data	Job 1 Employment Start Date	<p>Enter individual’s job start date for their first reported job. If they have an additional job, put that information into the data elements starting with “Job 2…” or “Job 3…”</p> <p>MM/DD/YYYY</p>	Provider
	Job 1 Employer Name <i>Required if individual has job “Job 1 Employment Start Date”</i>	<p>Enter employer name for the job associated with “Job 1 Employment Start Date”.</p> <p>Text</p>	Provider
	Job 1 Employer City <i>Required if individual has job “Job 1 Employment Start Date”</i>	<p>Enter primary city where individual is working for the job associated with “Job 1 Employment Start Date”.</p> <p>List (see Appendix A)</p>	Provider
	Job 1 Employer Zip Code <i>Required if individual has job “Job 1 Employment Start Date”</i>	<p>Enter primary zip code where individual is working for the job associated with “Job 1 Employment Start Date”.</p> <p>Numeric, 5 digits</p>	Provider
	Job 1 Job Type <i>Required if individual has job “Job 1 Employment Start Date”</i>	<p>Enter job type for individual’s current job for the job associated with “Job 1 Employment Start Date”.</p> <p>List (see Appendix D)</p>	Provider
	Job 1 Job Loss Date	<p>Enter date of individual’s job loss for the job associated with “Job 1 Employment Start Date”.</p> <p>MM/DD/YYYY</p>	Provider
	Job 1 Job Loss Reason <i>Required if job loss is reported for Job 1</i>	<p>Enter reason for individual’s job loss for the job associated with “Job 1 Employment Start Date”.</p> <p>List (see Appendix E)</p>	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 1 Dental Insurance <i>Required if individual has job "Job 1 Employment Start Date"</i>	Select whether job associated with " Job 1 Employment Start Date " includes dental insurance. List: Yes, No	Provider
	Job 1 Medical Insurance <i>Required if individual has job "Job 1 Employment Start Date"</i>	Select whether job associated with " Job 1 Employment Start Date " includes medical insurance. List: Yes, No	Provider
	Job 1 Paid Leave Benefits <i>Required if individual has job "Job 1 Employment Start Date"</i>	Select whether job associated with " Job 1 Employment Start Date " includes paid leave benefits. List: Yes, No	Provider
	Job 1 Retirement Benefits <i>Required if individual has job "Job 1 Employment Start Date"</i>	Select whether job associated with " Job 1 Employment Start Date " includes retirement benefits. List: Yes, No	Provider
	Job 2 Employment Start Date	Enter individual's job start date for their second reported job. If they have an additional job, put that information into the data elements starting with "Job 1..." or "Job 3..." MM/DD/YYYY	Provider
	Job 2 Employer Name <i>Required if individual has job "Job 2 Employment Start Date"</i>	Enter employer name for the job associated with " Job 2 Employment Start Date ". Text	Provider
	Job 2 Employer City <i>Required if individual has job "Job 2 Employment Start Date"</i>	Enter primary city where individual is working for the job associated with " Job 2 Employment Start Date ".	Provider

Category	CORE Data Element	CORE Options	Reported by?
		List (see Appendix A)	
	Job 2 Employer Zip Code <i>Required if individual has job "Job 2 Employment Start Date"</i>	Enter primary zip code where individual is working for the job associated with " Job 2 Employment Start Date ". Numeric, 5 digits	Provider
	Job 2 Job Type <i>Required if individual has job "Job 2 Employment Start Date"</i>	Enter job type for individual's current job for the job associated with " Job 2 Employment Start Date ". List (see Appendix D)	Provider
	Job 2 Job Loss Date	Enter date of individual's job loss for the job associated with " Job 2 Employment Start Date ". MM/DD/YYYY	Provider
	Job 2 Job Loss Reason <i>Required if job loss is reported for Job 2</i>	Enter reason for individual's job loss for the job associated with " Job 2 Employment Start Date ". List (see Appendix E)	Provider
	Job 2 Dental Insurance <i>Required if individual has job "Job 2 Employment Start Date"</i>	Select whether job associated with " Job 2 Employment Start Date " includes dental insurance. List: Yes, No	Provider
	Job 2 Medical Insurance <i>Required if individual has job "Job 2 Employment Start Date"</i>	Select whether job associated with " Job 2 Employment Start Date " includes medical insurance. List: Yes, No	Provider
	Job 2 Paid Leave Benefits <i>Required if individual has job "Job 2 Employment Start Date"</i>	Select whether job associated with " Job 2 Employment Start Date " includes paid leave benefits. List: Yes, No	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 2 Retirement Benefits <i>Required if individual has job "Job 2 Employment Start Date"</i>	Select whether job associated with " Job 2 Employment Start Date " includes retirement benefits. List: Yes, No	Provider
	Job 3 Employment Start Date	Enter individual's job start date for their third reported job. If they have an additional job, put that information into the data elements starting with "Job 1..." or "Job 2..." MM/DD/YYYY	Provider
	Job 3 Employer Name <i>Required if individual has job "Job 3 Employment Start Date"</i>	Enter employer name for the job associated with " Job 3 Employment Start Date ". Text	Provider
	Job 3 Employer City <i>Required if individual has job "Job 3 Employment Start Date"</i>	Enter primary city where individual is working for the job associated with " Job 3 Employment Start Date ". List (see Appendix A)	Provider
	Job 3 Employer Zip Code <i>Required if individual has job "Job 3 Employment Start Date"</i>	Enter primary zip code where individual is working for the job associated with " Job 3 Employment Start Date ". Numeric, 5 digits	Provider
	Job 3 Job Type <i>Required if individual has job "Job 3 Employment Start Date"</i>	Enter job type for individual's current job for the job associated with " Job 3 Employment Start Date ". List (see Appendix D)	Provider
	Job 3 Job Loss Date	Enter date of individual's job loss for the job associated with " Job 3 Employment Start Date ". MM/DD/YYYY	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 3 Job Loss Reason <i>Required if job loss is reported for Job 3</i>	Enter reason for individual's job loss for the job associated with "Job 3 Employment Start Date". List (see Appendix E)	Provider
	Job 3 Dental Insurance <i>Required if individual has job "Job 3 Employment Start Date"</i>	Select whether job associated with "Job 3 Employment Start Date" includes dental insurance. List: Yes, No	Provider
	Job 3 Medical Insurance <i>Required if individual has job "Job 3 Employment Start Date"</i>	Select whether job associated with "Job 3 Employment Start Date" includes medical insurance. List: Yes, No	Provider
	Job 3 Paid Leave Benefits <i>Required if individual has job "Job 3 Employment Start Date"</i>	Select whether job associated with "Job 3 Employment Start Date" includes paid leave benefits. List: Yes, No	Provider
	Job 3 Retirement Benefits <i>Required if individual has job "Job 3 Employment Start Date"</i>	Select whether job associated with "Job 3 Employment Start Date" includes retirement benefits. List: Yes, No	Provider
Demographics	American Indian/Alaska Native <i>Required</i>	List: Yes, No	CORE or Provider*
	Asian/Asian-American <i>Required</i>	List: Yes, No	CORE or Provider*
	Black/African-American/African <i>Required</i>	List: Yes, No	CORE or Provider*
	Native Hawaiian/Pacific Islander <i>Required</i>	List: Yes, No	CORE or Provider*
	White <i>Required</i>	List: Yes, No	CORE or Provider*
	Race Unknown <i>Required</i>	List: Yes, No	CORE or Provider*
	Hispanic Ethnicity <i>Required</i>	List: Yes, No, Prefer not to say, Unknown	CORE or Provider*

Category	CORE Data Element	CORE Options	Reported by?
	Gender Identity <i>Required</i>	List: Female, Male, Self-describes in another way, Prefer not to say, Unknown	CORE or Provider*
	Zip Code <i>Required</i>	Numeric, 5 digits	CORE or Provider*
	City <i>Required</i>	List of King County cities (see Appendix A)	CORE or Provider*
	Residence County ID	Individual’s county of residence as per their CSA. List of county IDs (see Appendix B)	CORE or Provider*
	Preferred Language <i>Required</i>	List: American Sign Language Amharic Arabic Chinese-Cantonese Chinese-Mandarin English Korean Russian Somali Spanish Ukrainian Vietnamese Other Prefer not to say Unknown	CORE or Provider*
	Disability <i>Required</i>	List: Yes/No/Prefer not to say/Unknown	Provider
	Physical Disability <i>Required if “Disability” is “Yes”</i>	Limitations in mobility, physical capacity, stamina, or dexterity (e.g. arthritis, muscular dystrophy, chronic pain or fatigue). List: Yes/No/Prefer not to say/Unknown	Provider
	Hearing Impairment <i>Required if “Disability” is “Yes”</i>	d/Deaf, hard of hearing or having serious difficulty hearing. List: Yes/No/Prefer not to say/Unknown	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Vision Impairment <i>Required if "Disability" is "Yes"</i>	Blind or having serious difficulty seeing, even when wearing glasses. List: Yes/No/Prefer not to say/Unknown	Provider
	Developmental Disability <i>Required if "Disability" is "Yes"</i>	Physical, learning, intellectual, or behavioral limitations that occur before a person's 18th birthday (e.g., Down syndrome, autism spectrum disorder, cerebral palsy, epilepsy, ADHD). List: Yes/No/Prefer not to say/Unknown	Provider
	Cognitive Disability <i>Required if "Disability" is "Yes"</i>	Having difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional impairment (e.g. dementia, traumatic brain injury, stroke). List: Yes/No/Prefer not to say/Unknown	Provider
	Behavioral Health Disability <i>Required if "Disability" is "Yes"</i>	Living with a psychiatric, substance use, and/or mental health condition that has a major impact on the activities of daily living (e.g. schizophrenia, bipolar disorder, major depressive disorder, substance use disorders). List: Yes/No/Prefer not to say/Unknown	Provider
	Other Disability Not Listed <i>Required if "Disability" is "Yes"</i>	Another disability not listed, which can be written into an open text box. List: Yes/No/Prefer not to say/Unknown	Provider
	Disability Detail	Optional open text box	Provider

Group Supported Employment

The following data elements will be included on the individual-level reporting spreadsheets for Group Supported Employment in CORE. For individuals that have an active County Service Authorization (CSA) at the time you download your reporting spreadsheet, some of the data elements included on the spreadsheet will automatically populate via information contained in CORE (i.e., DDA authorization information and some demographic details). Data that *can* be pre-populated on reporting spreadsheets is highlighted in grey below and indicated in the “reported by” column.

Note that for individuals that do not have an active CSA and for individuals you may be manually adding to the reporting spreadsheet, there are some fields highlighted in grey below that are *required* fields for CORE to accept the submission (acuity, race/ethnicity fields, preferred language, city, and zip code). When/if individuals you add to the spreadsheet become authorized by DDA, the demographic information you submitted previously will be replaced in the system by data from DDA.

Category	CORE Data Element	CORE Options	Reported by?
Demographics	Agency Client ID <i>Required</i>	Please provide the number your agency uses to keep track of the individual in your data systems. This number cannot be the same as the individual’s ADSA ID. It needs to be unique to the individuals and should never change, even if the individual shifts to other programs. DCHS can provide TA for generating random IDs if needed. No restrictions. Can accept text, numbers, spaces, symbols, etc.	Provider
	ADSAClient Id	The ADSA Client ID from DSHS DDA. Numeric	CORE or Provider*
	Client First Name <i>Required</i>	Text, 50 characters	CORE or Provider*
	Client Last Name <i>Required</i>	Text, 50 characters	CORE or Provider*
	Date of Birth <i>Required</i>	Date: MM/DD/YYYY	CORE or Provider*

Category	CORE Data Element	CORE Options	Reported by?
Service Data	Next PCSP Date	Pre-filled. Date of next Person-Centered Service Plan (PCSP). Formally called "Next ISP Date." MM/DD/YYYY	CORE
	Enrollment Date <i>Required</i>	This is intended to be the enrollment date with the current agency. Enter date individual enrolled or entered services for IE with your agency. MM/DD/YYYY	Provider
	Exit Date	Enter date individual terminated or left IE services with your agency. MM/DD/YYYY	Provider
	Service Termination Reason <i>Required if individual has exited services</i>	Enter reason individual terminated services with your agency. List (see Appendix F)	Provider
	RAC	Pre-filled Recipient Aid Category (RAC) showing the waiver or funding source for the individual via DDA. Text, 1-5 characters	CORE
	Funding Source <i>Required</i>	Select the expected funding source for the individual. If you know the individual will be funded via Service Gap County Funds, select "SGCF." Only select this option with prior approval from DDECS program staff. For all other cases, including Fircrest, select "DDA." CORE will use this field to assign individuals to the proper funding source for IE, checking DDA Authorization first, which will always take precedence. List: DDA, SGCF	Provider
	ETR / Prior Approval <i>Required</i>	Select "Yes" if you have an approved ETR or prior approval for this individual or you plan to request one. If you enter "No," the system will not recheck any additional provider hours for future authorization and payment. List: Yes, No	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Funding Entity <i>Required</i>	Enter current funder(s) for individual. List: King County, DVR, King County & DVR	Provider
	Job Type Goal <i>Required if individual is employed</i>	Enter job type goal for individual. List (see Appendix D)	Provider
	Weekly Hour Goal <i>Required if individual is employed</i>	Enter weekly work hour goal for individual. Numeric	Provider
	Acuity <i>Required</i>	List: High, Medium, Low, Unknown	CORE or Provider*
	Planned Rate Start Date	Pre-filled. Start date for Maximum Authorized Hours. MM/DD/YYYY	CORE
	Maximum Authorized Hours	Pre-filled. Maximum service hours authorized for individual for current reporting period. Numeric	CORE
Provider Hours	Received Community Hours <i>Required</i>	Indicate if individual received one-on-one community hours toward an individual job. List: Yes, No	Provider
	Job Prep <i>Required</i>	Enter total number of phase one intake, discovery, assessment, and/or job prep hours. For definitions and examples of activities in this phase, see “AWA Billing Instructions” document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	Provider
	Job Development <i>Required</i>	Enter total number of phase two marketing and job development hours. For definitions and examples of activities in this phase, see	Provider

Category	CORE Data Element	CORE Options	Reported by?
		<p>“AWA Billing Instructions” document on the County Best Practices website for DSHS DDA.</p> <p>Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.</p>	
	Job Coaching <i>Required</i>	<p>Enter total number of phase three job support and job coaching hours. For definitions and examples of activities in this phase, see “AWA Billing Instructions” document on the County Best Practices website for DSHS DDA.</p> <p>Numeric, can be zero unless “Client Hours Paid” for at least one active job is >0. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.</p>	Provider
	Record Keeping <i>Required</i>	<p>Enter total number of phase four record keeping hours. For definitions and examples of activities in this phase, see “AWA Billing Instructions” document on the County Best Practices website for DSHS DDA.</p> <p>Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Warning will be initiated if over 3 hours. Can include additional service hours that are not being billed for.</p>	Provider
	Notes	<p>Enter any notes relevant to the billing data submitted for this individual that you want to share with the Program Manager.</p> <p>Text, unlimited characters</p>	Provider
Client Hours	Number of Jobs <i>Required</i>	<p>Insert total number of jobs individual has currently. Do not include jobs that have ended/terminated.</p> <p>Numeric, can be zero if individual is unemployed.</p>	Provider
	Job 1 Client Hours Paid <i>Required if individual has job “Job 1 Employment Start Date” and no job loss date</i>	<p><i>For the purposes of GSE, “Job 1...” is the individual’s GSE position.</i></p> <p>Enter the total number of hours the individual spent in paid group supported employment (including hours for vacation, sick or holiday) during the service month for the job associated with “Job 1 Employment Start Date”.</p>	Provider

Category	CORE Data Element	CORE Options	Reported by?
		Numeric, can be zero	
	Job 1 Hourly Wage <i>Required if individual has job "Job 1 Employment Start Date" and no job loss date</i>	<i>For the purposes of GSE, "Job 1..." is the individual's GSE position.</i> Enter the hourly wage the individual received during the service month for the job associated with " Job 1 Employment Start Date ". Must be equal to or greater than state minimum wage, unless "Job 1 Job Type" is "Self Employed." Currency	Provider
	Job 2 Client Hours Paid <i>Required if individual has job "Job 2 Employment Start Date" and no job loss date</i>	Enter the total number of hours the individual spent in paid individual employment in the community (including hours for vacation, sick or holiday) during the service month for the job associated with " Job 2 Employment Start Date ". <i>This would be uncommon in GSE.</i> Numeric, can be zero	Provider
	Job 2 Hourly Wage <i>Required if individual has job "Job 2 Employment Start Date" and no job loss date</i>	Enter the hourly wage the individual received during the service month for the job associated with " Job 2 Employment Start Date " (paid individual employment community job in the case of GSE, if individual has one). Must be equal to or greater than state minimum wage, unless "Job 2 Job Type" is "Self Employed." Currency	Provider
	Site Hours <i>Required</i>	Enter the total number of hours the individual participated in site hours during report month. Do not include lunch time. Numeric, can be zero	Provider
	Client Community Assessment Hours	Enter the total number of hours the individual spent in non-paid community assessment activities during the service month in non-segregated community activities designed to build skills and broaden awareness of job opportunities. Do not include hours reported under	Provider

Category	CORE Data Element	CORE Options	Reported by?
		<p>“Client Pathway Hours Other.” Do not report time spent supporting individual.</p> <p>Numeric, can be zero</p>	
	Client Pathway Hours Other	<p>Enter the total number of hours the individual spent in Other activities during the service month in non-segregated community activities designed to build skills and broaden awareness of job opportunities without staff. Do not include lunchtime or hours reported in “Client Hours Paid,” “Client Hours Volunteer,” or provider hours in phase I-IV.</p> <p>Numeric</p>	Provider
Employment Outcome Data	Job 1 Employment Start Date	<p><i>For the purposes of GSE, “Job 1...” is the individual’s GSE position.</i></p> <p>Enter individual’s employment start date.</p> <p>MM/DD/YYYY</p>	Provider
	Job 1 Employer Name <i>Required if individual has job “Job 1 Employment Start Date”</i>	<p><i>For the purposes of GSE, “Job 1...” is the individual’s GSE position.</i></p> <p>Enter employer name for the job associated with “Job 1 Employment Start Date”.</p> <p>Text</p>	Provider
	Job 1 Employer City <i>Required if individual has job “Job 1 Employment Start Date”</i>	<p><i>For the purposes of GSE, “Job 1...” is the individual’s GSE position.</i></p> <p>Enter primary city where individual is working for the job associated with “Job 1 Employment Start Date”.</p> <p>List (see Appendix A)</p>	Provider
	Job 1 Employer Zip Code <i>Required if individual has job “Job 1 Employment Start Date”</i>	<p><i>For the purposes of GSE, “Job 1...” is the individual’s GSE position.</i></p> <p>Enter primary zip code where individual is working for the job associated with “Job 1 Employment Start Date”.</p> <p>Numeric, 5 digits</p>	Provider
	Job 1 Job Type <i>Required if individual has job “Job 1 Employment Start Date”</i>	<p><i>For the purposes of GSE, “Job 1...” is the individual’s GSE position.</i></p>	Provider

Category	CORE Data Element	CORE Options	Reported by?
		Enter job type for individual's current job for the job associated with " Job 1 Employment Start Date ". List (see Appendix D)	
	Job 2 Employment Start Date	Enter individual's job start date for their second reported job. In the case of GSE, this would be uncommon, but would be a paid individual employment job the individual has in the community. MM/DD/YYYY	Provider
	Job 2 Employer Name <i>Required if individual has job "Job 2 Employment Start Date"</i>	Enter employer name for the job associated with " Job 2 Employment Start Date ". In the case of GSE, this would be uncommon, but would be a paid individual employment job the individual has in the community. Text	Provider
	Job 2 Employer City <i>Required if individual has job "Job 2 Employment Start Date"</i>	Enter primary city where individual is working for the job associated with " Job 2 Employment Start Date ". In the case of GSE, this would be uncommon, but would be a paid individual employment job the individual has in the community. List (see Appendix A)	Provider
	Job 2 Employer Zip Code <i>Required if individual has job "Job 2 Employment Start Date"</i>	Enter primary zip code where individual is working for the job associated with " Job 2 Employment Start Date ". In the case of GSE, this would be uncommon, but would be a paid individual employment job the individual has in the community. Numeric, 5 digits	Provider
	Job 2 Job Type <i>Required if individual has job "Job 2 Employment Start Date"</i>	Enter job type for individual's current job for the job associated with " Job 2 Employment Start Date ". In the case of GSE, this would be uncommon, but would be a paid individual employment job the individual has in the community. List (see Appendix D)	Provider
	Job 2 Job Loss Date	Enter date of individual's job loss for the job associated with " Job 2 Employment Start Date ". In the case of GSE, this would be	Provider

Category	CORE Data Element	CORE Options	Reported by?
		uncommon, but would be a paid individual employment job the individual has in the community. MM/DD/YYYY	
	Job 2 Job Loss Reason <i>Required if job loss is reported for Job 2</i>	Enter reason for individual’s job loss for the job associated with “ Job 2 Employment Start Date ”. In the case of GSE, this would be uncommon, but would be a paid individual employment job the individual has in the community. List (see Appendix E)	Provider
	Job 2 Dental Insurance <i>Required if individual has job “Job 2 Employment Start Date”</i>	Select whether job associated with “ Job 2 Employment Start Date ” includes dental insurance. In the case of GSE, this would be uncommon, but would be a paid individual employment job the individual has in the community. List: Yes, No	Provider
	Job 2 Medical Insurance <i>Required if individual has job “Job 2 Employment Start Date”</i>	Select whether job associated with “ Job 2 Employment Start Date ” includes medical insurance. In the case of GSE, this would be uncommon, but would be a paid individual employment job the individual has in the community. List: Yes, No	Provider
	Job 2 Paid Leave Benefits <i>Required if individual has job “Job 2 Employment Start Date”</i>	Select whether job associated with “ Job 2 Employment Start Date ” includes paid leave benefits. In the case of GSE, this would be uncommon, but would be a paid individual employment job the individual has in the community. List: Yes, No	Provider
	Job 2 Retirement Benefits <i>Required if individual has job “Job 2 Employment Start Date”</i>	Select whether job associated with “ Job 2 Employment Start Date ” includes retirement benefits. In the case of GSE, this would be uncommon, but would be a paid individual employment job the individual has in the community. List: Yes, No	Provider

Category	CORE Data Element	CORE Options	Reported by?
Demographics	American Indian/Alaska Native <i>Required</i>	List: Yes, No	CORE or Provider*
	Asian/Asian-American <i>Required</i>	List: Yes, No	CORE or Provider*
	Black/African-American/African <i>Required</i>	List: Yes, No	CORE or Provider*
	Native Hawaiian/Pacific Islander <i>Required</i>	List: Yes, No	CORE or Provider*
	White <i>Required</i>	List: Yes, No	CORE or Provider*
	Race Unknown <i>Required</i>	List: Yes, No	CORE or Provider*
	Hispanic Ethnicity <i>Required</i>	List: Yes, No, Prefer not to say, Unknown	CORE or Provider*
	Gender Identity <i>Required</i>	List: Female, Male, Self-describes in another way, Prefer not to say, Unknown	CORE or Provider*
	Zip Code <i>Required</i>	Numeric, 5 digits	CORE or Provider*
	City <i>Required</i>	List of King County cities (see Appendix A)	CORE or Provider*
	Residence County ID	Individual's county of residence as per their CSA. List of county IDs (see Appendix B)	CORE or Provider*
	Preferred Language <i>Required</i>	List: American Sign Language Amharic Arabic Chinese-Cantonese Chinese-Mandarin English	CORE or Provider*

Category	CORE Data Element	CORE Options	Reported by?
		Korean Russian Somali Spanish Ukrainian Vietnamese Other Prefer not to say Unknown	
	Disability <i>Required</i>	List: Yes/No/Prefer not to say/Unknown	Provider
	Physical Disability <i>Required if "Disability" is "Yes"</i>	Limitations in mobility, physical capacity, stamina, or dexterity (e.g. arthritis, muscular dystrophy, chronic pain or fatigue). List: Yes/No/Prefer not to say/Unknown	Provider
	Hearing Impairment <i>Required if "Disability" is "Yes"</i>	d/Deaf, hard of hearing or having serious difficulty hearing. List: Yes/No/Prefer not to say/Unknown	Provider
	Vision Impairment <i>Required if "Disability" is "Yes"</i>	Blind or having serious difficulty seeing, even when wearing glasses. List: Yes/No/Prefer not to say/Unknown	Provider
	Developmental Disability <i>Required if "Disability" is "Yes"</i>	Physical, learning, intellectual, or behavioral limitations that occur before a person's 18th birthday (e.g., Down syndrome, autism spectrum disorder, cerebral palsy, epilepsy, ADHD). List: Yes/No/Prefer not to say/Unknown	Provider
	Cognitive Disability <i>Required if "Disability" is "Yes"</i>	Having difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional impairment (e.g. dementia, traumatic brain injury, stroke). List: Yes/No/Prefer not to say/Unknown	Provider
	Behavioral Health Disability <i>Required if "Disability" is "Yes"</i>	Living with a psychiatric, substance use, and/or mental health condition that has a major impact on the activities of daily living	Provider

Category	CORE Data Element	CORE Options	Reported by?
		(e.g. schizophrenia, bipolar disorder, major depressive disorder, substance use disorders). List: Yes/No/Prefer not to say/Unknown	
	Other Disability Not Listed <i>Required if "Disability" is "Yes"</i>	Another disability not listed, which can be written into an open text box. List: Yes/No/Prefer not to say/Unknown	Provider
	Disability Detail	Optional open text box	Provider

Community Inclusion

The following data elements will be included on the individual-level reporting spreadsheets for Community Inclusion in CORE. For individuals that have an active County Service Authorization (CSA) at the time you download your reporting spreadsheet, some of the data elements included on the spreadsheet will automatically populate via information contained in CORE (i.e., DDA authorization information and some demographic details). Data that *can* be pre-populated on reporting spreadsheets is highlighted in grey below and indicated in the “reported by” column.

Note that for individuals that do not have an active CSA and for individuals you may be manually adding to the reporting spreadsheet, there are some fields highlighted in grey below that are *required* fields for CORE to accept the submission (acuity, race/ethnicity fields, preferred language, city, and zip code). When/if individuals you add to the spreadsheet become authorized by DDA, the demographic information you submitted previously will be replaced in the system by data from DDA.

Category	CORE Data Element	CORE Options	Reported by?
Demographics	Agency Client ID <i>Required</i>	Please provide the number your agency uses to keep track of the individual in your data systems. This number cannot be the same as the individual’s ADSA ID. It needs to be unique to the individuals and should never change, even if the individual shifts to other programs. DCHS can provide TA for generating random IDs if needed. No restrictions. Can accept text, numbers, spaces, symbols, etc.	Provider
	ADSAClient Id	The ADSA Client ID from DSHS DDA. Numeric	CORE or Provider*
	Client First Name <i>Required</i>	Text, 50 characters	CORE or Provider*
	Client Last Name <i>Required</i>	Text, 50 characters	CORE or Provider*
	Date of Birth <i>Required</i>	Date: MM/DD/YYYY	CORE or Provider*

Category	CORE Data Element	CORE Options	Reported by?
Service Data	Next PCSP Date	Pre-filled. Date of next Person Centered Service Plan (PCSP). Formally called "Next ISP Date." MM/DD/YYYY	CORE
	Enrollment Date <i>Required</i>	This is intended to be the enrollment date with the current agency. Enter date individual enrolled or entered services for Community Inclusion services with your agency. MM/DD/YYYY	Provider
	Exit Date	Enter date individual terminated or left Community Inclusion services. MM/DD/YYYY	Provider
	Service Termination Reason <i>Required if individual has exited services</i>	Enter reason individual terminated services with your agency. List (see Appendix F)	Provider
	RAC	Pre-filled Recipient Aid Category (RAC) showing the waiver or funding source for the individual via DDA. Text, 1-5 characters	CORE
	Acuity <i>Required</i>	List: High, Medium, Low, Unknown	CORE or Provider*
	Planned Rate Start Date	Pre-filled. Start date for Maximum Authorized Hours. MM/DD/YYYY	CORE
	Maximum Authorized Hours	Pre-filled. Maximum service hours authorized for individual for current reporting period. Numeric	CORE
Provider Hours	Intake <i>Required</i>	Enter total number of phase one intake hours. For definition and examples of activities in this phase for Community Inclusion, see "Community Inclusion Billable Activities" document on the County Best Practices website for DSHS DDA.	Provider

Category	CORE Data Element	CORE Options	Reported by?
		Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	
	Discovery <i>Required</i>	<p>Enter total number of phase two discovery hours. For definition and examples of activities in this phase for Community Inclusion, see “Community Inclusion Billable Activities” document on the County Best Practices website for DSHS DDA.</p> <p>Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.</p>	Provider
	Community Participation and Skill Building <i>Required</i>	<p>Enter total number of phase three community participation and skill development hours. For definition and examples of activities in this phase for Community Inclusion, see “Community Inclusion Billable Activities” document on the County Best Practices website for DSHS DDA.</p> <p>Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.</p>	Provider
	Record Keeping <i>Required</i>	<p>Enter total number of phase four record keeping hours. For definition and examples of activities in this phase for Community Inclusion, see “Community Inclusion Billable Activities” document on the County Best Practices website for DSHS DDA.</p> <p>Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.</p>	Provider
	Notes	<p>Enter any notes relevant to the billing data submitted for this individual that you want to share with the Program Manager.</p> <p>Text, unlimited characters</p>	Provider

Category	CORE Data Element	CORE Options	Reported by?
Customer Hours	Client Hours Volunteer	Enter the total number of hours the individual spent in non-paid Volunteer activity during the service month. Do not include hours reported below under "Client Hours Other." Numeric	Provider
	Client Hours Other	Enter the total number of hours the individual spent in other activities during the service month. Do not include hours reported under "Client Hours Volunteer." Numeric	Provider
Demographics	American Indian/Alaska Native <i>Required</i>	List: Yes, No	CORE or Provider*
	Asian/Asian-American <i>Required</i>	List: Yes, No	CORE or Provider*
	Black/African-American/African <i>Required</i>	List: Yes, No	CORE or Provider*
	Native Hawaiian/Pacific Islander <i>Required</i>	List: Yes, No	CORE or Provider*
	White <i>Required</i>	List: Yes, No	CORE or Provider*
	Race Unknown <i>Required</i>	List: Yes, No	CORE or Provider*
	Hispanic Ethnicity <i>Required</i>	List: Yes, No, Prefer not to say, Unknown	CORE or Provider*
	Gender Identity <i>Required</i>	List: Female, Male, Self-describes in another way, Prefer not to say, Unknown	CORE or Provider*
	Zip Code <i>Required</i>	Numeric, 5 digits	CORE or Provider*
	City <i>Required</i>	List of King County cities (see Appendix A)	CORE or Provider*
	Residence County ID	Individual's county of residence as per their CSA. List of county IDs (see Appendix B)	CORE or Provider*
Preferred Language	List:	CORE or Provider*	

Category	CORE Data Element	CORE Options	Reported by?
	<i>Required</i>	American Sign Language Amharic Arabic Chinese-Cantonese Chinese-Mandarin English Korean Russian Somali Spanish Ukrainian Vietnamese Other Prefer not to say Unknown	
	Disability <i>Required</i>	List: Yes/No/Prefer not to say/Unknown	Provider
	Physical Disability <i>Required if "Disability" is "Yes"</i>	Limitations in mobility, physical capacity, stamina, or dexterity (e.g. arthritis, muscular dystrophy, chronic pain or fatigue). List: Yes/No/Prefer not to say/Unknown	Provider
	Hearing Impairment <i>Required if "Disability" is "Yes"</i>	d/Deaf, hard of hearing or having serious difficulty hearing. List: Yes/No/Prefer not to say/Unknown	Provider
	Vision Impairment <i>Required if "Disability" is "Yes"</i>	Blind or having serious difficulty seeing, even when wearing glasses. List: Yes/No/Prefer not to say/Unknown	Provider
	Developmental Disability <i>Required if "Disability" is "Yes"</i>	Physical, learning, intellectual, or behavioral limitations that occur before a person's 18th birthday (e.g., Down syndrome, autism spectrum disorder, cerebral palsy, epilepsy, ADHD). List: Yes/No/Prefer not to say/Unknown	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Cognitive Disability <i>Required if "Disability" is "Yes"</i>	Having difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional impairment (e.g. dementia, traumatic brain injury, stroke). List: Yes/No/Prefer not to say/Unknown	Provider
	Behavioral Health Disability <i>Required if "Disability" is "Yes"</i>	Living with a psychiatric, substance use, and/or mental health condition that has a major impact on the activities of daily living (e.g. schizophrenia, bipolar disorder, major depressive disorder, substance use disorders). List: Yes/No/Prefer not to say/Unknown	Provider
	Other Disability Not Listed <i>Required if "Disability" is "Yes"</i>	Another disability not listed, which can be written into an open text box. List: Yes/No/Prefer not to say/Unknown	Provider
	Disability Detail	Optional open text box	Provider

Individualized Technical Assistance

The following data elements will be included on the individual-level reporting spreadsheets for Individualized Technical Assistance in CORE. For individuals that have an active County Service Authorization (CSA) at the time you download your reporting spreadsheet, some of the data elements included on the spreadsheet will automatically populate via information contained in CORE (i.e., DDA authorization information and some demographic details). Data that *can* be pre-populated on reporting spreadsheets is highlighted in grey below and indicated in the “reported by” column.

Note that for individuals that do not have an active CSA and for individuals you may be manually adding to the reporting spreadsheet, there are some fields highlighted in grey below that are *required* fields for CORE to accept the submission (acuity, race/ethnicity fields, preferred language, city, and zip code). When/if individuals you add to the spreadsheet become authorized by DDA, the demographic information you submitted previously will be replaced in the system by data from DDA.

Category	CORE Data Element	CORE Options	Reported by?
Demographics	Agency Client ID <i>Required</i>	Please provide the number your agency uses to keep track of the individual in your data systems. This number cannot be the same as the individual’s ADSA ID. It needs to be unique to the individuals and should never change, even if the individual shifts to other programs. DCHS can provide TA for generating random IDs if needed. No restrictions. Can accept text, numbers, spaces, symbols, etc.	Provider
	ADSAClient Id	The ADSA Client ID from DSHS DDA. Numeric	CORE or Provider*
	Client First Name <i>Required</i>	Text, 50 characters	CORE or Provider*
	Client Last Name <i>Required</i>	Text, 50 characters	CORE or Provider*
	Date of Birth <i>Required</i>	Date: MM/DD/YYYY	CORE or Provider*
Service Data	Next PCSP Date	Pre-filled. Date of next Person Centered Service Plan (PCSP). Formally called “Next ISP Date.” MM/DD/YYYY	CORE

Category	CORE Data Element	CORE Options	Reported by?
	Enrollment Date <i>Required</i>	This is intended to be the enrollment date with the current agency. Enter date individual enrolled or entered services for ITA with your agency. MM/DD/YYYY	Provider
	Exit Date	Enter date individual terminated or left ITA services with your agency. MM/DD/YYYY	Provider
	Service Termination Reason <i>Required if individual has exited services</i>	Enter reason individual terminated or exited services with your agency. List (see Appendix F)	Provider
	RAC	Pre-filled Recipient Aid Category (RAC) showing the waiver or funding source for the individual via DDA. Text, 1-5 characters	CORE
	Acuity <i>Required</i>	List: High, Medium, Low, Unknown	CORE or Provider*
	Planned Rate Start Date	Pre-filled. Start date for Maximum Authorized Hours. MM/DD/YYYY	CORE
	Maximum Authorized Hours	Pre-filled. Maximum service hours authorized for individual for current reporting period. Numeric	CORE
Provider Hours	Job Prep <i>Required</i>	Enter total number of phase one intake, discovery, assessment, and/or job prep hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Can include additional service hours that are not being billed for.	Provider
	Job Development <i>Required</i>	Enter total number of phase two marketing and job development hours. For definitions and examples of activities in this phase, see	Provider

Category	CORE Data Element	CORE Options	Reported by?
		<p>“AWA Billing Instructions” document on the County Best Practices website for DSHS DDA.</p> <p>Numeric, can be zero. Can include additional service hours that are not being billed for.</p>	
	Job Coaching <i>Required</i>	<p>Enter total number of phase three job support and job coaching hours. For definitions and examples of activities in this phase, see “AWA Billing Instructions” document on the County Best Practices website for DSHS DDA.</p> <p>Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.</p>	Provider
	Record Keeping <i>Required</i>	<p>Enter total number of phase four record keeping hours. For definitions and examples of activities in this phase, see “AWA Billing Instructions” document on the County Best Practices website for DSHS DDA.</p> <p>Numeric, can be zero. Warning will be initiated if over 3 hours. Can include additional service hours that are not being billed for.</p>	Provider
	Notes	<p>Enter any notes relevant to the billing data submitted for this individual that you want to share with the Program Manager.</p> <p>Text, unlimited characters</p>	Provider
	Personal Agent Hours	<p>Enter the hours spent with a personal agent.</p> <p>Numeric</p>	Provider
	Personal Agent Cost	<p>Enter the cost of the personal agent for this individual for this reporting period.</p> <p>Currency</p>	Provider
Demographics	American Indian/Alaska Native <i>Required</i>	List: Yes, No	CORE or Provider*
	Asian/Asian-American <i>Required</i>	List: Yes, No	CORE or Provider*

Category	CORE Data Element	CORE Options	Reported by?
	Black/African-American/African <i>Required</i>	List: Yes, No	CORE or Provider*
	Native Hawaiian/Pacific Islander <i>Required</i>	List: Yes, No	CORE or Provider*
	White <i>Required</i>	List: Yes, No	CORE or Provider*
	Race Unknown <i>Required</i>	List: Yes, No	CORE or Provider*
	Hispanic Ethnicity <i>Required</i>	List: Yes, No, Prefer not to say, Unknown	CORE or Provider*
	Gender Identity <i>Required</i>	List: Female, Male, Self-describes in another way, Prefer not to say, Unknown	CORE or Provider*
	Zip Code <i>Required</i>	Numeric, 5 digits	CORE or Provider*
	City <i>Required</i>	List of King County cities (see Appendix A)	CORE or Provider*
	Residence County ID	Individual's county of residence as per their CSA. List of county IDs (see Appendix B)	CORE or Provider*
	Preferred Language <i>Required</i>	List: American Sign Language Amharic Arabic Chinese-Cantonese Chinese-Mandarin English Korean Russian Somali Spanish Ukrainian Vietnamese Other Prefer not to say	CORE or Provider*

Category	CORE Data Element	CORE Options	Reported by?
		Unknown	
	Disability <i>Required</i>	List: Yes/No/Prefer not to say/Unknown	Provider
	Physical Disability <i>Required if "Disability" is "Yes"</i>	Limitations in mobility, physical capacity, stamina, or dexterity (e.g. arthritis, muscular dystrophy, chronic pain or fatigue). List: Yes/No/Prefer not to say/Unknown	Provider
	Hearing Impairment <i>Required if "Disability" is "Yes"</i>	d/Deaf, hard of hearing or having serious difficulty hearing. List: Yes/No/Prefer not to say/Unknown	Provider
	Vision Impairment <i>Required if "Disability" is "Yes"</i>	Blind or having serious difficulty seeing, even when wearing glasses. List: Yes/No/Prefer not to say/Unknown	Provider
	Developmental Disability <i>Required if "Disability" is "Yes"</i>	Physical, learning, intellectual, or behavioral limitations that occur before a person's 18th birthday (e.g., Down syndrome, autism spectrum disorder, cerebral palsy, epilepsy, ADHD). List: Yes/No/Prefer not to say/Unknown	Provider
	Cognitive Disability <i>Required if "Disability" is "Yes"</i>	Having difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional impairment (e.g. dementia, traumatic brain injury, stroke). List: Yes/No/Prefer not to say/Unknown	Provider
	Behavioral Health Disability <i>Required if "Disability" is "Yes"</i>	Living with a psychiatric, substance use, and/or mental health condition that has a major impact on the activities of daily living (e.g. schizophrenia, bipolar disorder, major depressive disorder, substance use disorders). List: Yes/No/Prefer not to say/Unknown	Provider
	Other Disability Not Listed <i>Required if "Disability" is "Yes"</i>	Another disability not listed, which can be written into an open text box. List: Yes/No/Prefer not to say/Unknown	Provider
	Disability Detail	Optional open text box	Provider

Appendices

Appendix A –City List

List options for cities within CORE:

Algona	Kenmore	Snoqualmie
Auburn	Kent	Snoqualmie Valley/Northeast King County (Unincorporated)
Bear Creek/Sammamish (Unincorporated)	Kirkland	Southeast King County (Unincorporated)
Beaux Arts	Lake Forest Park	Tukwila
Bellevue	Maple Valley	Unincorporated King County Other (includes any community not otherwise listed)
Black Diamond	Mercer Island	Vashon/Maury Island
Bothell	Milton	West Hill (Unincorporated)
Burien	Newcastle	Woodinville
Carnation	Normandy Park	Yarrow Point
Clyde Hill	North Bend	Other King County City Not Listed
Covington	North Highline (Unincorporated)	Washington State (outside of King County)
Des Moines	Pacific	Outside of Washington State
Duvall	Redmond	Prefer not to say
East Federal Way (Unincorporated)	Renton	Unknown
East Renton (Unincorporated)	Sammamish	
Enumclaw	SeaTac	
Federal Way	Seattle	
Hunts Point	Shoreline	
Issaquah	Skykomish	

Appendix B –County List

List options for counties within CORE are numeric. See below for response options and associated county name:

01 Adams	15 Island	29 Skagit
02 Asotin	16 Jefferson	30 Skamania
03 Benton	17 King	31 Snohomish
04 Chelan	18 Kitsap	32 Spokane
05 Clallam	19 Kittitas	33 Stevens
06 Clark	20 Klickitat	34 Thurston
07 Columbia	21 Lewis	35 Wahkiakum
08 Cowlitz	22 Lincoln	36 Walla Walla
09 Douglas	23 Mason	37 Whatcom
10 Ferry	24 Okanogan	38 Whitman
11 Franklin	25 Pacific	39 Yakima
12 Garfield	26 Pend Oreille	
13 Grant	27 Pierce	
14 Grays Harbor	28 San Juan	

Appendix C –School District List

List options for school district within CORE:

Auburn School District
Bellevue School District
Enumclaw School District
Federal Way School District
Fife School District
Highline School District
Issaquah School District
Kent School District
New Horizon
Lake Washington School District
Mercer Island School District
Northshore School District
Renton School District
Riverview School District
Seattle Public Schools
Shoreline School District
Snoqualmie Valley School District
Tahoma School District
Tukwila School District
Skykomish School District
Vashon Island School District
Other King County School District
Other School District Outside King County

[Appendix D –Job Type List](#)

List options for job type within CORE:

Clerical
Labor
Management
Self Employed
Service
Administrative Support Occupations
Animal Husbandry, Agriculture and Related Occupations
Education Occupations
Food Services Occupations
Lodging, Building and Related Occupations
Machine Trade Occupations
Manufacturing, Construction and Related Occupations
Medical/Health Care Occupations
Personal Service Occupations
Physical Sciences and Laboratory Technology Occupations
Professional and Support Specialists
Social Service Occupations
Wholesale/Retail Trade Occupations
Other Occupations

Appendix E –Job Loss Reason List

List options for job type within CORE:

- Attendance issues
- Career advancement
- Dissatisfied with job
- Economic reasons
- Health-related reasons
- Inappropriate social behavior
- Mental health reasons
- Moved
- New job
- Potential loss of benefits
- Retirement
- Scheduling issues
- Temporary or seasonal employment
- Transportation issues
- Unlawful behavior
- Work performance issues
- Other

Appendix F –Service Termination Reason List

List options for service termination reason within CORE:

- Behavioral issue
- Deceased
- Desires service vendor does not provide
- Health related
- Ineligible
- Insufficient funding
- Moved
- No longer wants employment
- Retirement
- Transfer to another agency
- Unhappy with services
- Other
- Completed program
- Exited school

*Note that “Completed program” and “Exited school” are intended to be S2W reasons only, though ITA providers may find “Completed program” to be useful as well. Providers do not need to report service termination reasons for S2W students in CORE; that is done by DDECS program managers, though they also use this same list.