Oregon
Ryan White Part B
HIV Community Services Program

CAREWare 6 User Guide

Introduction

This document provides general guidance on entering data into CAREWare for compliance with the reporting requirements of the Oregon Health Authority's *HIV Community Services Program* and HRSA (Health Resources and Services Administration), the federal funding agency. Users are encouraged to consult this document in conjunction with the CAREWare Modules and the *HIV Community Services Program Support Services Guide* in order to optimize reporting compliance.

Oregon's Ryan White Part B Program uses CAREWare in a centralized and real-time configuration. Users must have access to an internet browser other than Internet Explorer. The web-based interface connects to the underlying Sequel Server database, which stores user permissions and data after entry into CAREWare. The Sequel Server database is maintained on secure servers at the Oregon State Data Center (SDC). The SDC maintains the servers and is responsible for database backup.

Data Entry Policy

Users are required to enter all demographic, service and clinical data fields within 30 days of the date of service or receipt in the county-based service model and 72 hours in the regional-based service model.

Access

New or existing users can access CAREWare at this web address: To remove an existing user, please submit a CAREWare Add/Delete User Form.

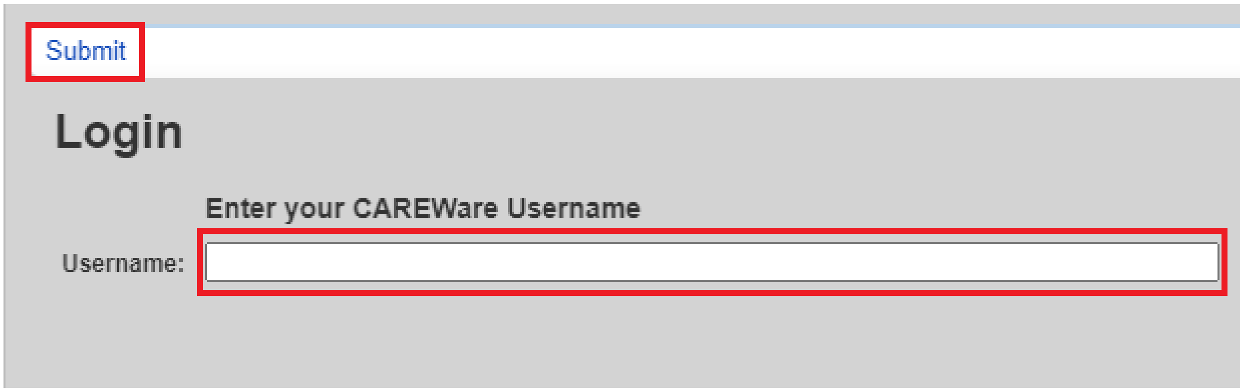
Technical Assistance
For Technical Assistance with CAREWare in Oregon the HIV Care & Treatment Data Analyst.

The HIV Community Services Program is committed to ensuring this document is as accurate as possible. Please report any discrepancies or areas requiring additional to the program.

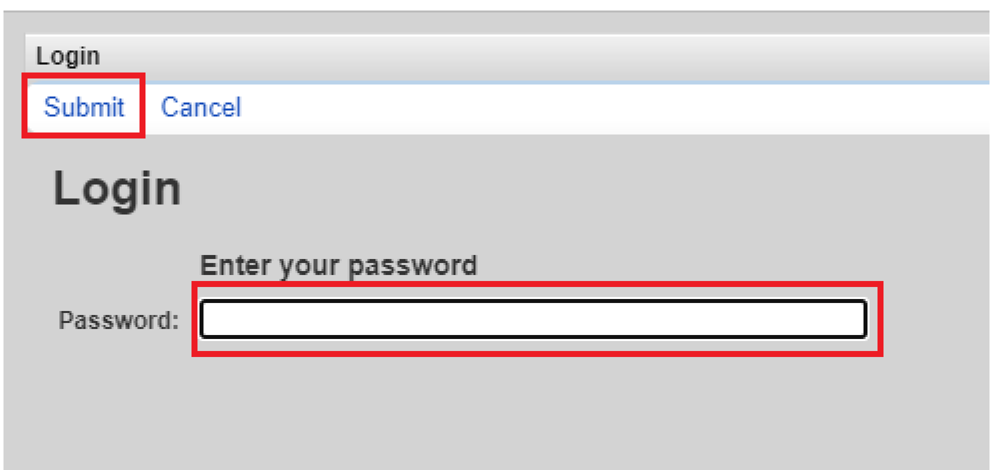
CAREWare Log-in and Passwords

Every new CAREWare user must complete a CAREWare/CAREAssist Add/Delete User form. Once the form is submitted, state staff will contact the user and provide a username and temporary password. New CAREWare users will be prompted to set their password upon first log in to the site.

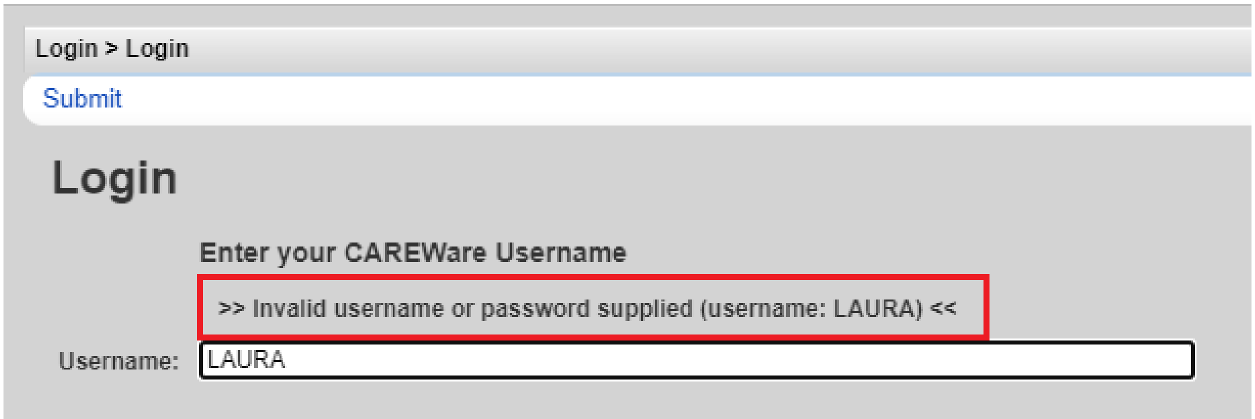
The Log-In screen is shown below. Users must enter their username in the "Username" field, then click *Submit.* The username is not case sensitive.



The password screen is shown below. Users must enter their password and then click *Submit*. The password is case sensitive.



If an incorrect password is entered, users will be redirected to the log in screen. The password error screen is shown below:



Password requirements are listed below:

- Passwords are case sensitive, require 8 characters and must contain a minimum of 2 non-alpha characters (such as a number or symbol).
- CAREWare will prompt users to reset their passwords every 30 days.
- After three consecutive failed password entries, your account will be locked.

USERS MUST CONTACT THEIR AGENCY SUPERUSERS (HIV ALLIANCE OR EOCIL ONLY) OR HIV COMMUNITY SERVICES PROGRAM STAFF TO UNLOCK ACCOUNT.

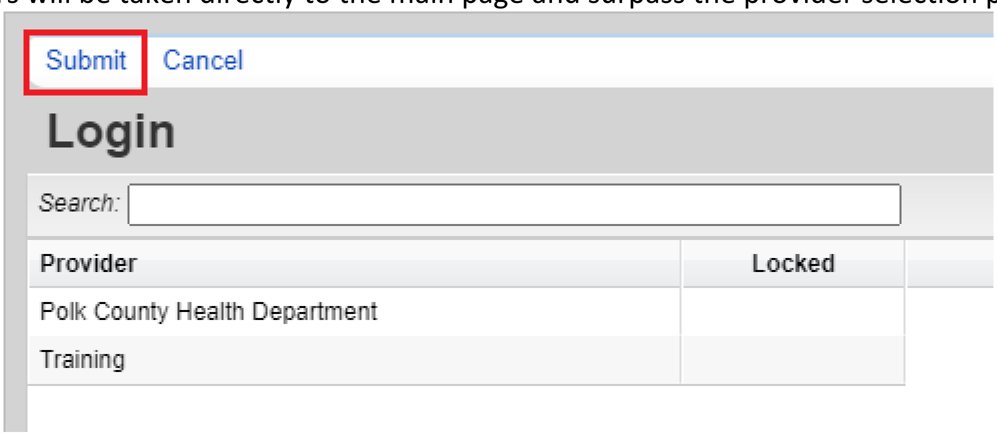
Upgrades

All upgrades occur within the Sequel Server Database housed at the SDC. Local agencies do not need to track or schedule any CAREWare upgrades. When the CAREWare Sequel Server Database has been upgraded, local users will receive a prompt to type Control+F5 to access the user interface. After typing Control+F5, users will be able to log in as usual.

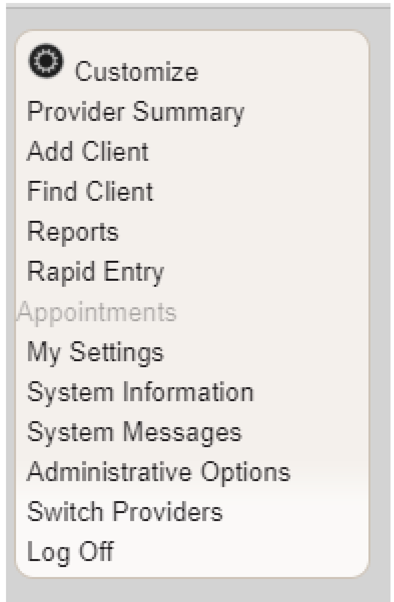
Main Menu

Once you have successfully logged in, some users may be prompted to select a provider. Select your agency and click Submit.

Most users will be taken directly to the main page and surpass the provider selection page.



After a provider is selected, users will be directed to the main menu.



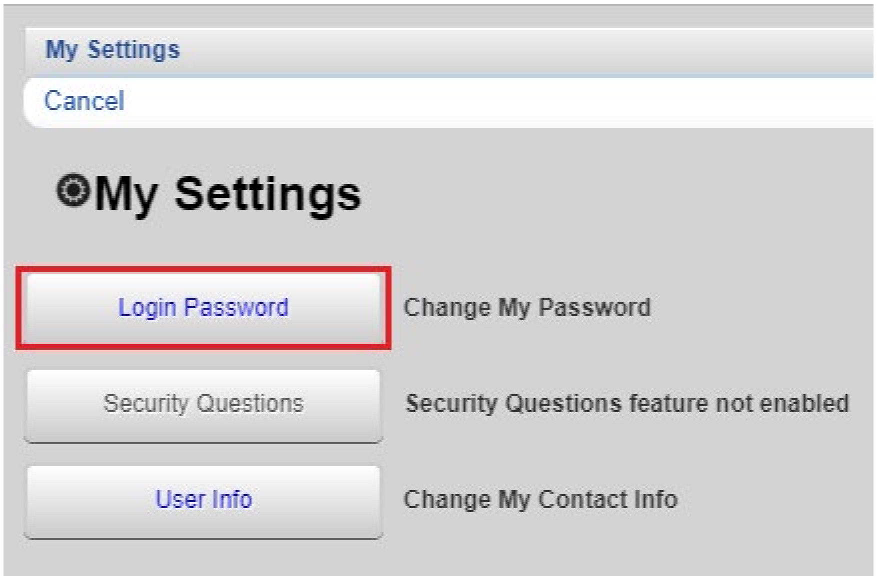
Users can select their next task from the main menu.

- The *Add Client* button opens a new tab to add a new client.
- The *Find Client* button opens a new tab to search for an existing client.
- The *Reports* button opens a report menu screen for pre-built and custom reports and Performance Measures.
- The *My Settings* button opens an options menu for changing your password
- The *Rapid Entry* button opens an options menu to enter multiple services at once for one or more clients.
- The *Log Off* button will end your CAREWARE session but leave the log-in screen open on your computer.

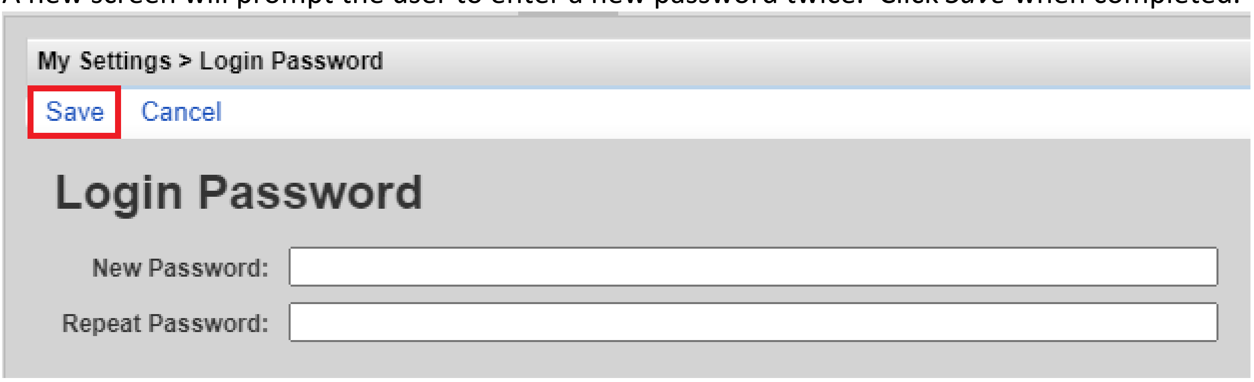
Note: Options that are shaded gray such as Appointments in the above menu are not available for use. Users have access to different menu options depending on their role within the case management program. Sites with multiple case managers will have a designated Local Super User who will have access to additional menu options. Sites with a single case manager will also have Local Super User permission settings. These permissions are granted by HIV Community Services when an account is established. For more information regarding permission settings, please contact HIV Community Services.

Changing Password

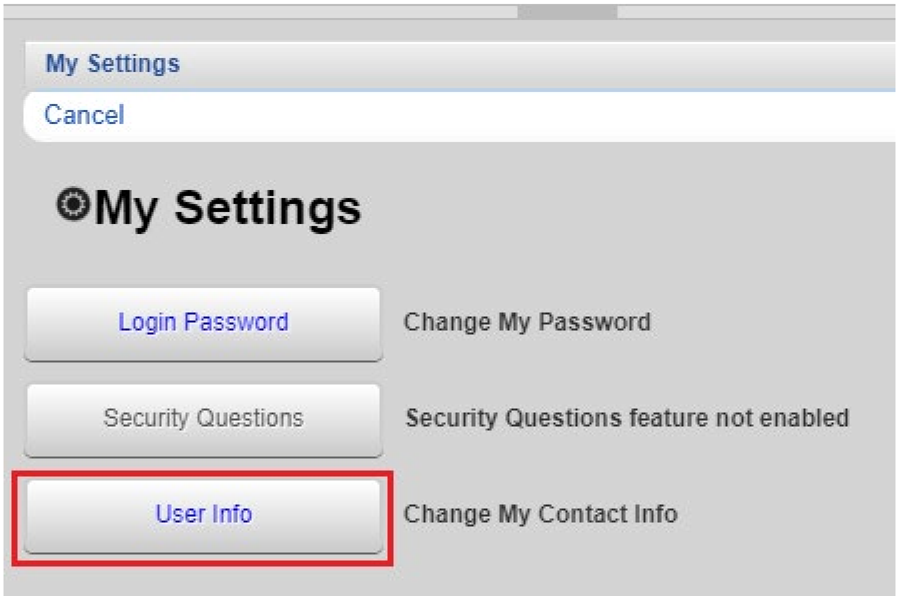
Users can change their password by clicking *My Settings* from the main menu, then clicking *Login Password.*

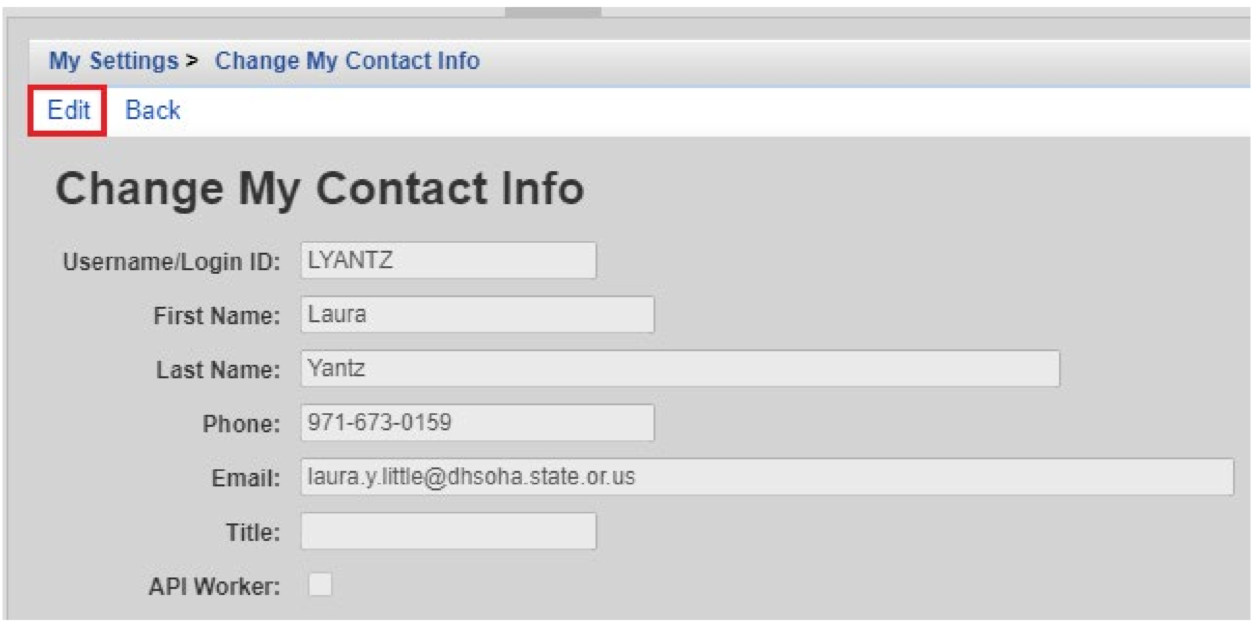


A new screen will prompt the user to enter a new password twice. Click *Save* when completed.



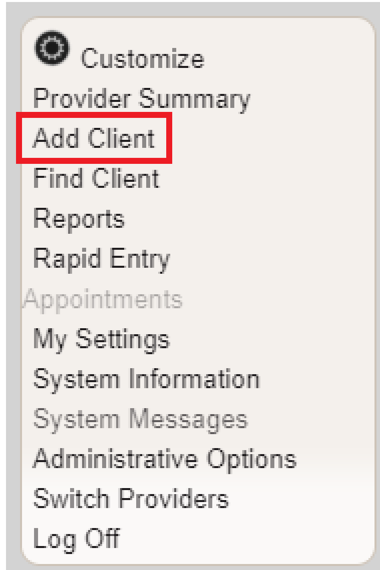
A user can also confirm or edit their contact information in CAREWare by clicking *My Settings* button on the main menu, then clicking *User Info*.



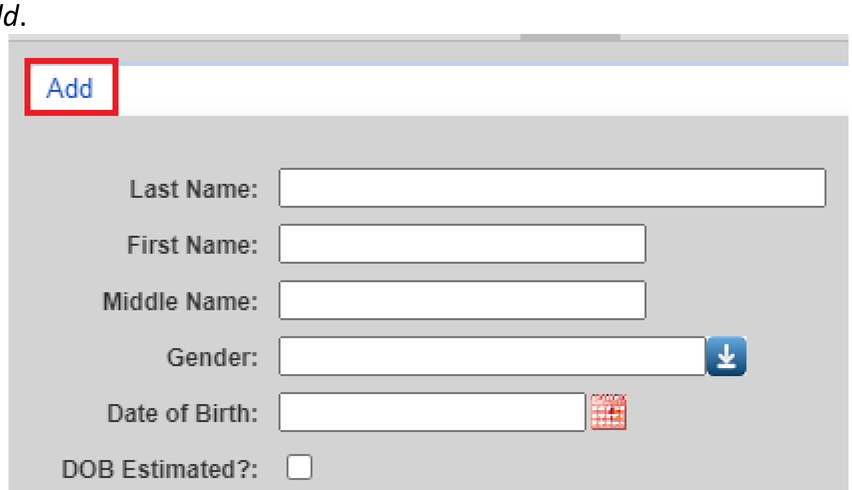


Adding a New Client

To add a new client, click *Add Client* from the main menu.



- Enter the client's entire name as it appears on legal documentation such as a driver's license, birth certificate, passport, or social security card. A middle initial may be entered rather than a full middle name.
- Enter the client's *Gender* (see guidance on following page 10) and *Birth Date*. Do not use an estimated birthdate and do not check the DOB Estimated? box.
- Click *Add*.

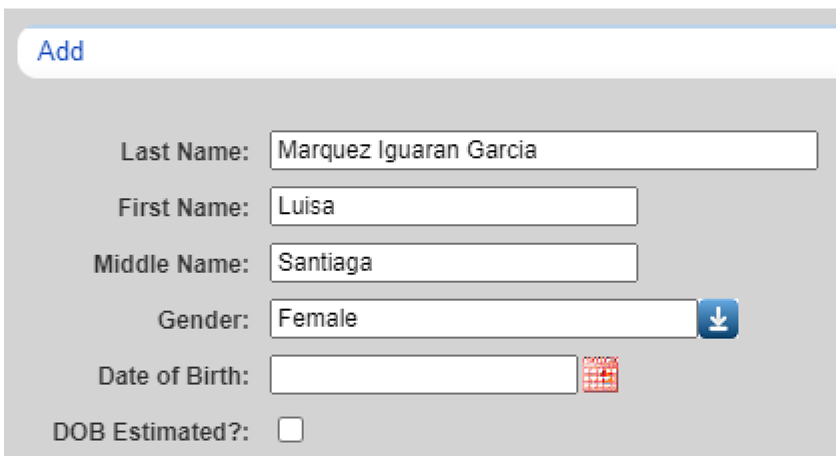


CAREWare creates a *URN* based on the 1st and 3rd letters of the first name, the 1st and 3rd letters of the last name, the date of birth and a code for gender. If a nickname rather than the full legal name is entered into CAREWare, the URN will change. The client's demographic information is used by CAREWare to determine if the client is already in the database. The URN is used to generate an unduplicated client count across the state. Therefore, it is very important that all *Add Client* entries are accurate.

Hispanic Surnames

Two last names or surnames is common in many Hispanic cultures. The two surnames are referred as the first apellido and the second apellido. Many Hispanic Americans, such as Rafael Vicente Correa Delgado have one or two given names (Rafael Vicente in the example), a paternal surname (Correa in the example) and a maternal surname (Delgado in the example). In this example, this individual may be referred to as Mr. Correa or Mr. Correa Delgado but never as Mr. Delgado. Sometimes 'de' is between the two surnames.

When entering the legal names of Hispanic clients into CAREWare, it may be confusing which name should go in the "last name" field. Follow the convention used on any legal document that is presented by the client. In the absence of documentation and/or if the documents have conflicting information, use the client's first surname (first apellido) as the beginning of the last name field. Additional surnames may be added in the field after the first surname, and can be separated by 'de', spaces or hyphens.



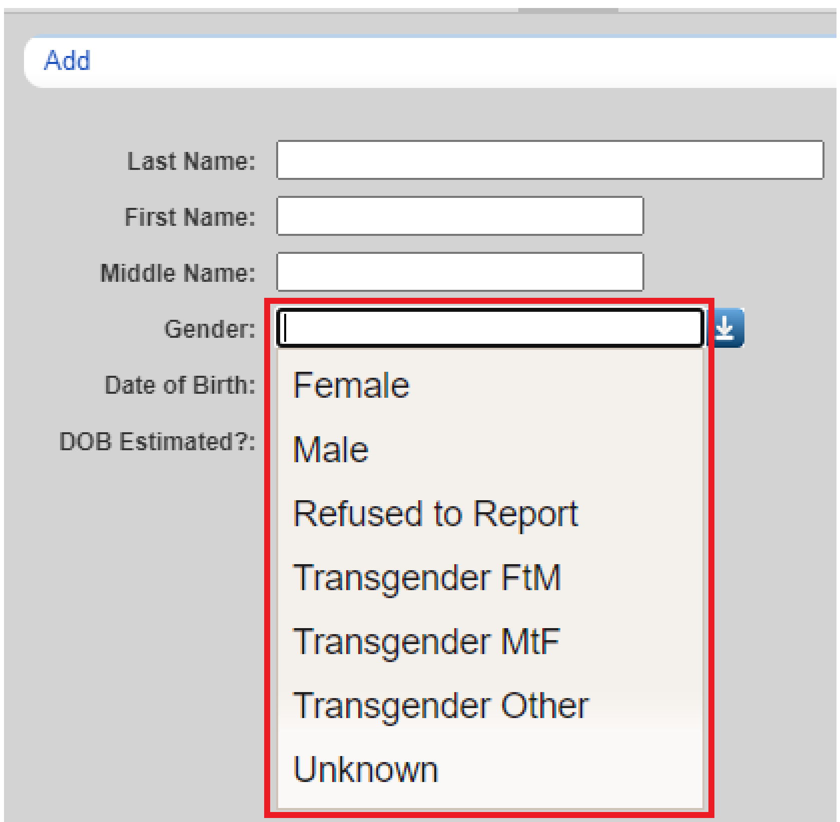
A couple examples are below to illustrate the explanation (continued onto the next page).

Father	**Mother before marriage**	**Mother after marriage**	**Child**
Legal Name: *Gabriel Eligio García* Usually referred to as: *Mr. García* First given name: *Gabriel*	Legal Name: *Luisa Santiaga Márquez Iguaran* Usually referred to as: *Ms. Márquez* First given name: *Luisa* Second given name: *Santiaga*	Legal Name may be: *Luisa Santiaga Márquez Iguaran (de) García* *Luisa Márquez García* *Luisa Márquez-García*	Legal Name: *Gabriel Eligio García Márquez*

Second given name: *Eligio* Father's first surname: *García*	Father's first surname: *Márquez* Mother's first surname: *Iguaran*	Usually referred to as: *Mrs. Márquez* *Mrs. Márquez García* *Mrs. Márquez-García*	

Gender

A gender must be entered in CAREWare when adding a new client. The drop-down list shows the options for the field. Indicate the client's gender based on their self-report.



Male - An individual with strong and persistent identification with the male sex.

Female - An individual with strong and persistent identification with the female sex.

Transgender - An individual whose gender identity does not match their sex assigned at birth. The term transgender refers to a continuum of gender expressions and identities, which expand the dominant cultural values of what it means to be male or female. There are three options for clients identifying as transgender:

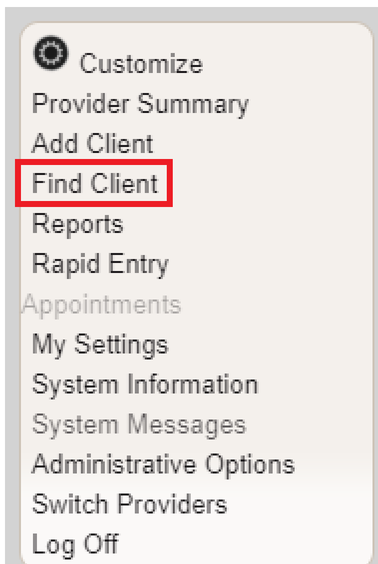
- *Transgender FtM* – Transgender Female to Male
- *Transgender MtF* – Transgender Male to Female
- *Transgender Other* – Transgender non-binary

Refused to Report – Enter for an individual who refuses to self-report a gender.

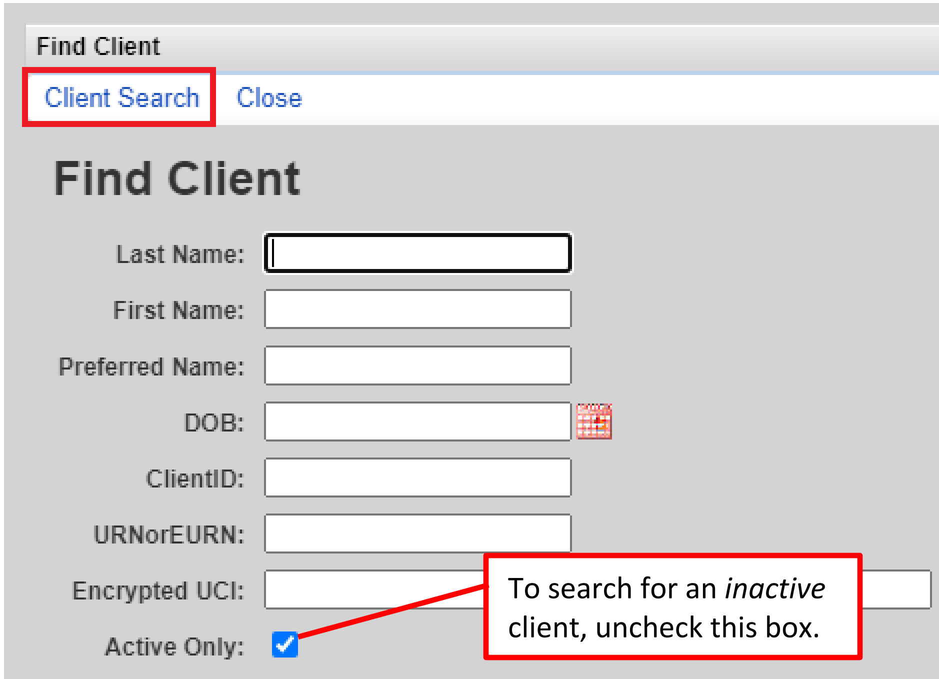
Unknown – Indicates the client's gender identification is unknown.

Finding a Client

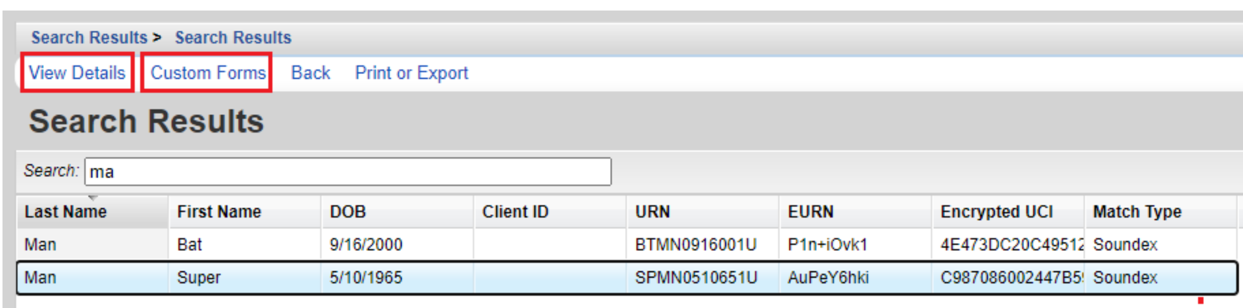
To search for a client, click *Find Client* from the main menu.



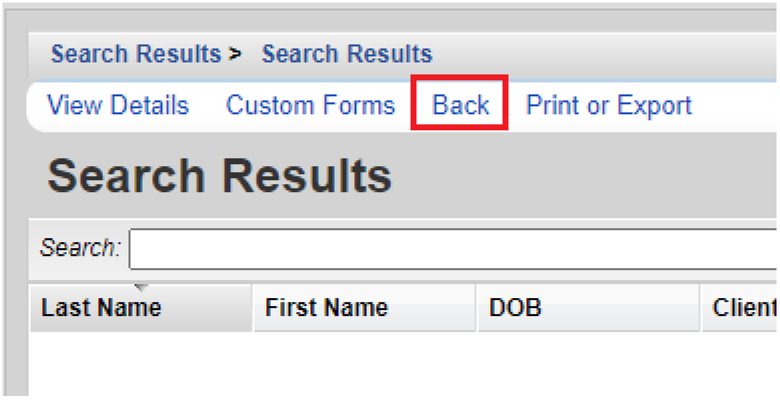
- Enter search text into any of the fields: *Last Name*, *First Name*, *Preferred Name*, *DOB*, *Client ID* or *URN* and click *Client Search*. Users can search using the first few letters of the client's first or last name. If the caseload is small, users can search by using the * (wildcard) symbol in any field.



The results screen will display a list of clients who match the search criteria. Select the client of interest, and then click *View Details* to open the client record. Alternatively, users can select *Custom Forms* to load all forms associated with the selected client.



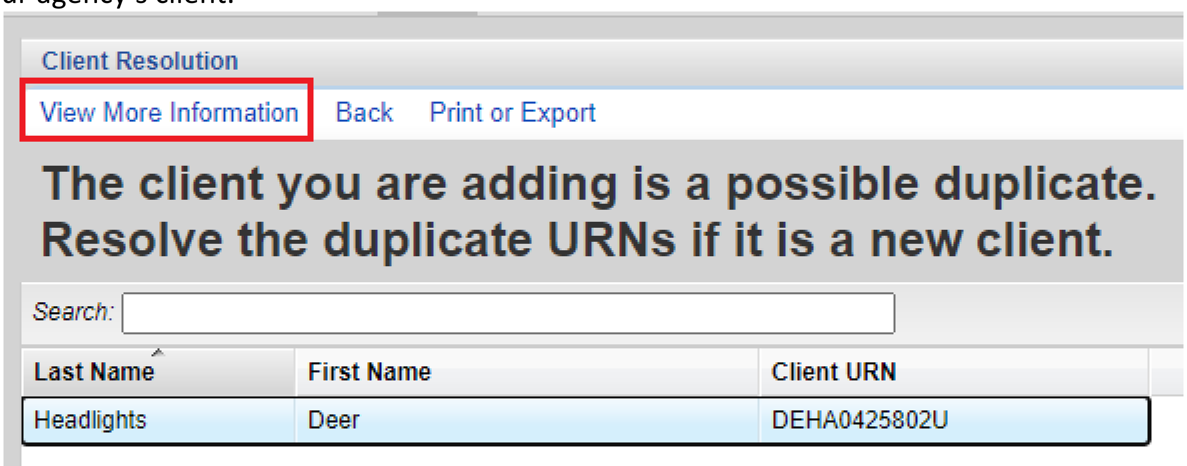
If the client of interest does not appear on the search list, click *Back* to modify the search criteria.



Duplicate Client or Client Transfers

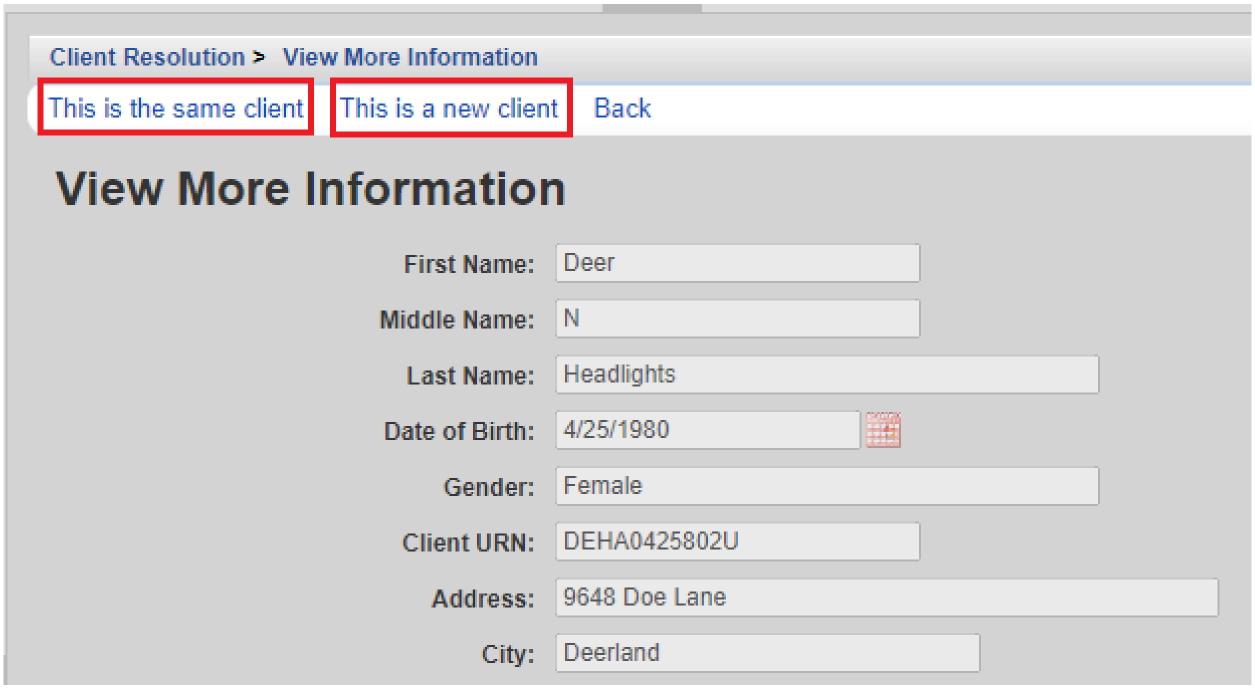
If a client has already been served in the Oregon Part B case management system, a CAREWare record already exists in the database. However, if a client is new to the agency, case managers must add the client in the same manner as a client new to the Part B network. Case managers must ensure to enter the client's full legal name and date of birth correctly. CAREWare will identify potential matches for clients already in the system.

Select the client and click *View More Information* to determine if this client record matches your agency's client.



Review the address, race and ethnicity to determine if this is the same client you are attempting to add.

- If it is, click *This is the same* and continue.
- If it is not, click *This is a new client* and continue.



If you have any questions about a potential duplicate client, or if you accidentally create a duplicate client, please contact HIV Community Services.

Demographic Data

After finding or adding a client, the client's file will open to the *Demographics* screen. Enter the following fields on the *Demographic* screen:

- *Personal Info*
    - *Preferred Language:* Enter the client's self-reported preferred language.
    - *Sex at Birth:* Enter the client's self-reported sex at birth.
    - *Client ID*: This field is for use at the local level. If the agency uses an internal client or chart number, enter it in this field. A client may have different values in the field at different agencies.
    - *Email:* Enter client's email address and date that email address was recorded, and check the box 'OK to send email updates' if applicable

- *Contact information:* Enter the client's *Address, City, State, County, ZIP code, Phone, Phone Type, Mailing Address*, *City*, *State*, *ZIP Code*, and *Alternate Phone* (if applicable). "Oregon" must be selected from the dropdown menu in the *State* field before selecting the appropriate *County*.
    - *Include in mailing label reports?*: If the client consents to receiving mail at their provided mailing address, check this box to include this client in the mailing labels report. This field is unchecked by default indicating that the client does NOT want to receive program mail delivered to their mailing address.

- *Race/Ethnicity:* Enter the client's self-reported race and ethnicity.
    - *Race/Ethnicity Subgroup* (if applicable) – If a client reports Hispanic/Latino, Asian or Native Hawaiian/Pacific Islander, additional information is required.

Client Self-Report

Several fields in CAREWare are considered client self-report. The data entered into these fields should be based on the client's self-identified data. These fields are:

- Sex at Birth
- Gender
- Race
- Ethnicity
- Race/Ethnicity Subgroup

HIV Risk Factors

- *HIV Risk Factor:* The client's self-identified risk factor for HIV must be recorded.

  Male to Male sexual contact (MSM) cases include male clients who report sexual contact with other males (i.e. same sex contact) and male clients who report sexual contact with both males and other genders (i.e. bisexual contact).

  Injection Drug Use (IDU) cases include clients who report use of drugs intravenously or through skin-popping.

Heterosexual Contact cases include clients who report specific heterosexual contact with either an individual with HIV infection or at increased risk of HIV infection (e.g. injection drug use).

Perinatal Transmission cases include the transmission of disease from mother to child during pregnancy. This category is exclusively for infants and children infected by mothers who are HIV-positive or at risk.

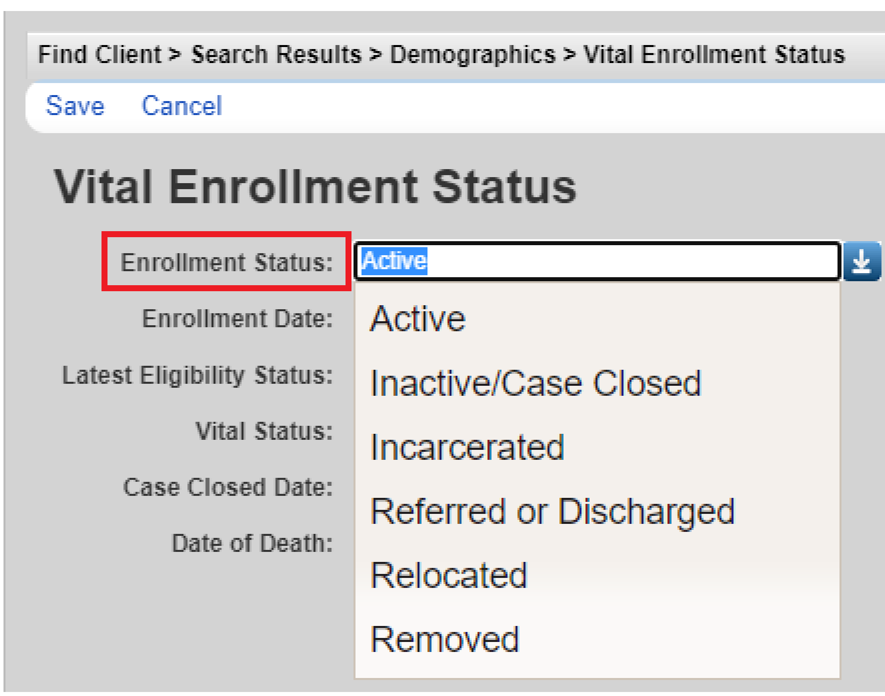
Hemophilia/Coagulation Disorder cases include clients with delayed clotting of the blood.

Receipt of transfusion of blood, blood components, or tissue cases include transmission through receipt of infected blood or tissue products given for medical care.

Not Reported or Not Identified indicates the individual's exposure is unknown or not reported for data collection.

Vital Enrollment Status

- *Enrollment Status*: Select the appropriate enrollment status from the dropdown menu. This field is agency specific. For example, a client may have an Enrollment Status of "*Relocated*" in Hood River County but "*Active*" in EOCIL.



Active - Client is currently enrolled in case management and will be continuing in the program.

Inactive/Case Closed – Client is no longer receiving case management.

Incarcerated – Client will not be continuing in the agency's program because they are serving a criminal sentence in a Federal, State or local penitentiary, prison, jail, reformatory, work farm or similar correctional institution (whether operated by the government or a contractor).

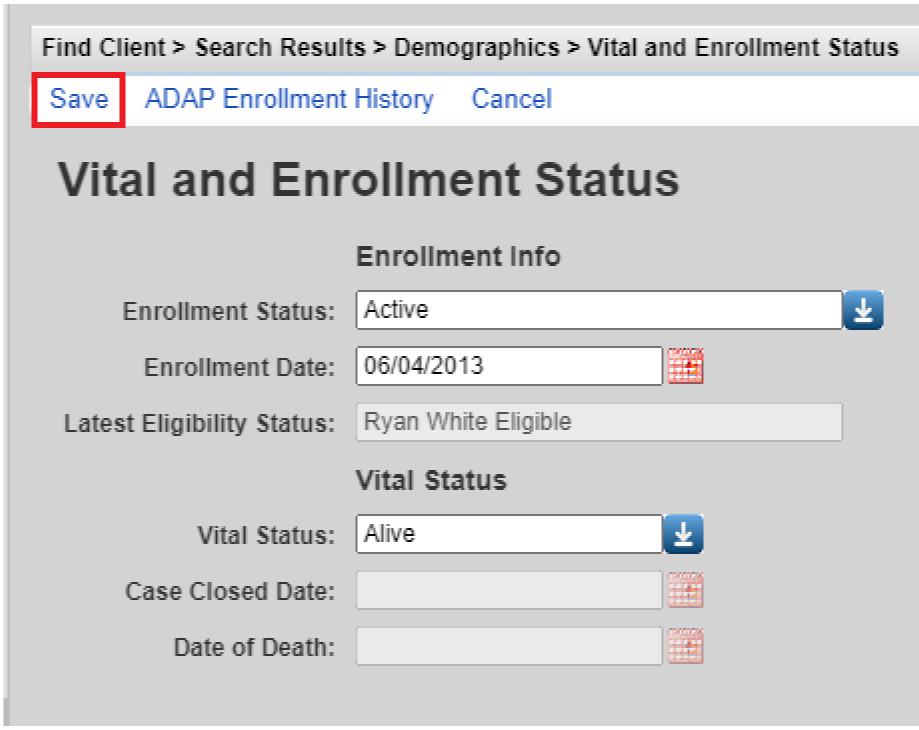
Referred/Discharged indicates that the agency has

- Referred the client to another Part B-funded provider,
- Closed the client because they requested closure from case management,
- Considered the client to be lost to follow up, or
- Been notified that client is deceased.

Relocated – Client has moved out of the Part B service area.

Removed – Client was terminated due to violation of program or agency rules.

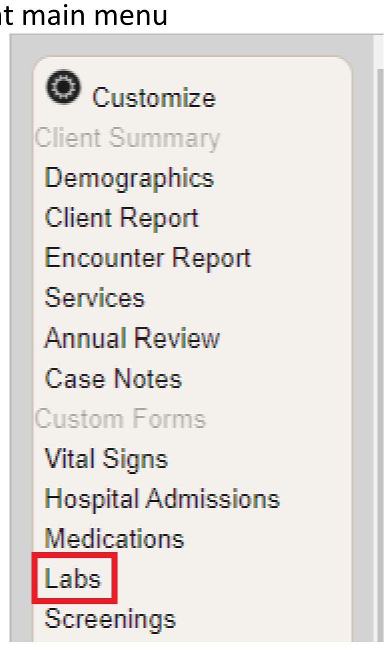
- *Enrollment Date:* The official enrollment date will be the date informed consent was received. There should not be any services entered into a client record with a date before their enrollment date.
- *Vital Status:* Select the appropriate *Vital Status* from the dropdown menu. This is a shared data field for all agencies who are serving this client. The option *Unknown* should not be used.
- *Case Closed Date:* Enter the case closed date if the client has an enrollment status other than Active.
- *Date of Death:* Enter the date of death if the client is deceased.
- Click *Save*



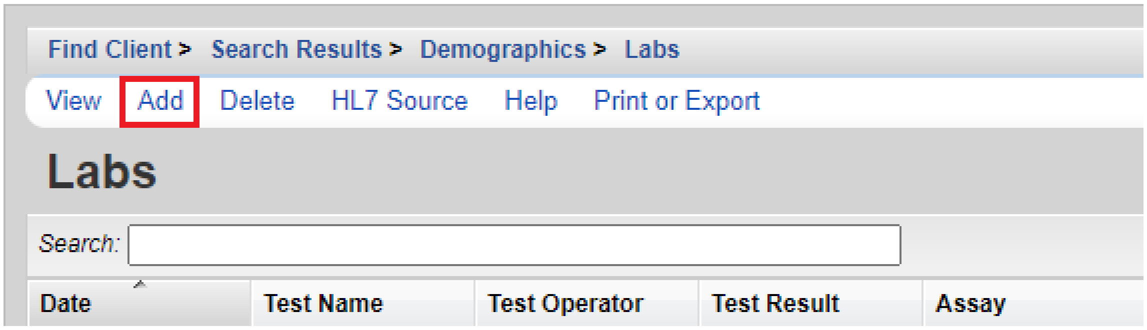
Re-Enrolling Clients

Clients may leave and return to case management at the same agency. When this occurs, keep the Vital and Enrollment Status date as the original enrollment date, and add a reenrollment date in the labs screen.

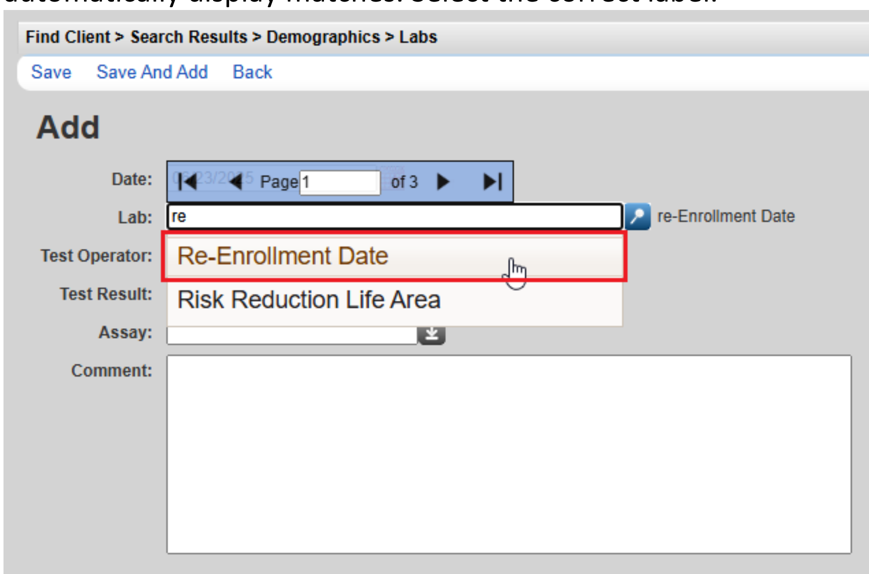
- Click *Labs* on the client main menu



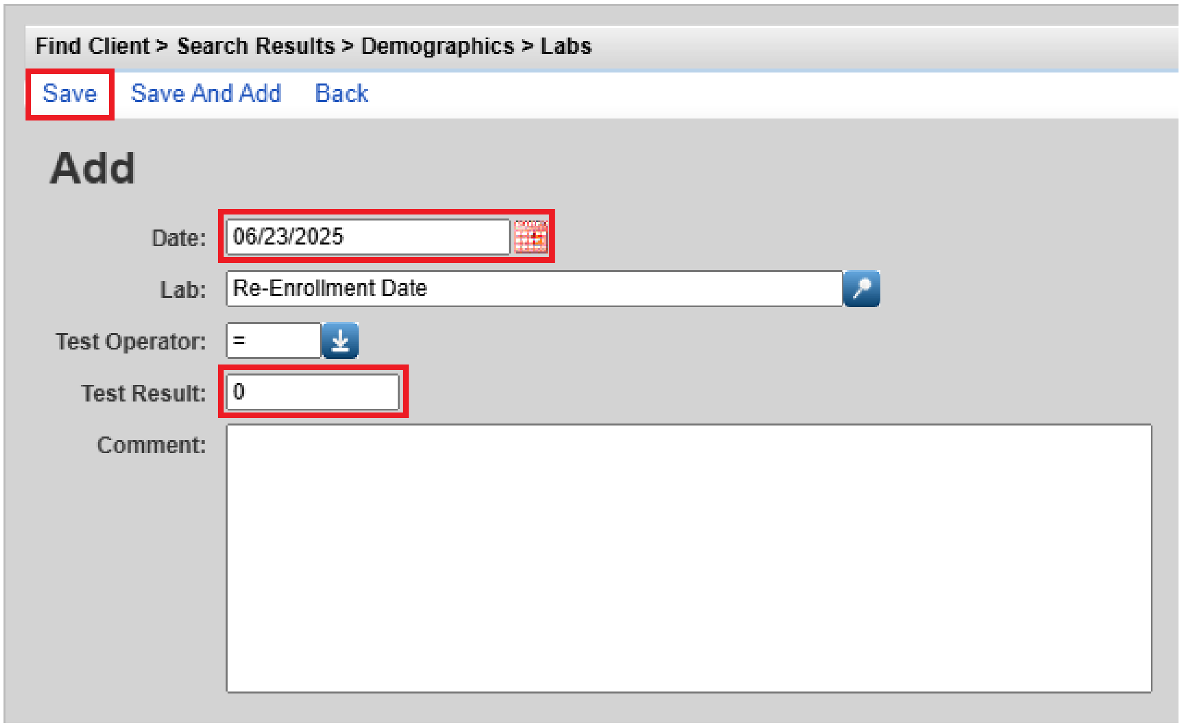
- Click *Add*



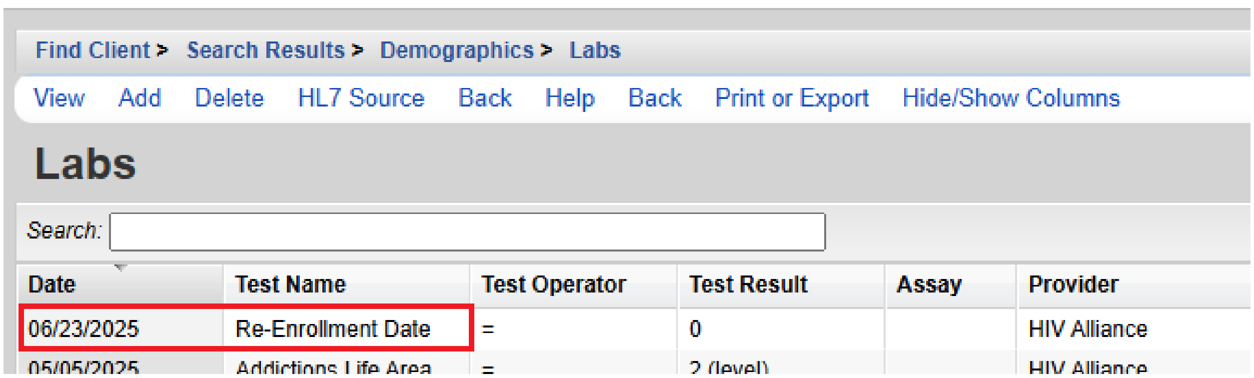
- Type in the first few letters of Re-Enrollment Date into the *Lab* field. CAREWare will automatically display matches. Select the correct label.



- Enter the date the client re-enrolled in services. Enter 0 in the Test Result field. Click *Save*.



- The Re-Enrollment Date will now be visible in the lab table.



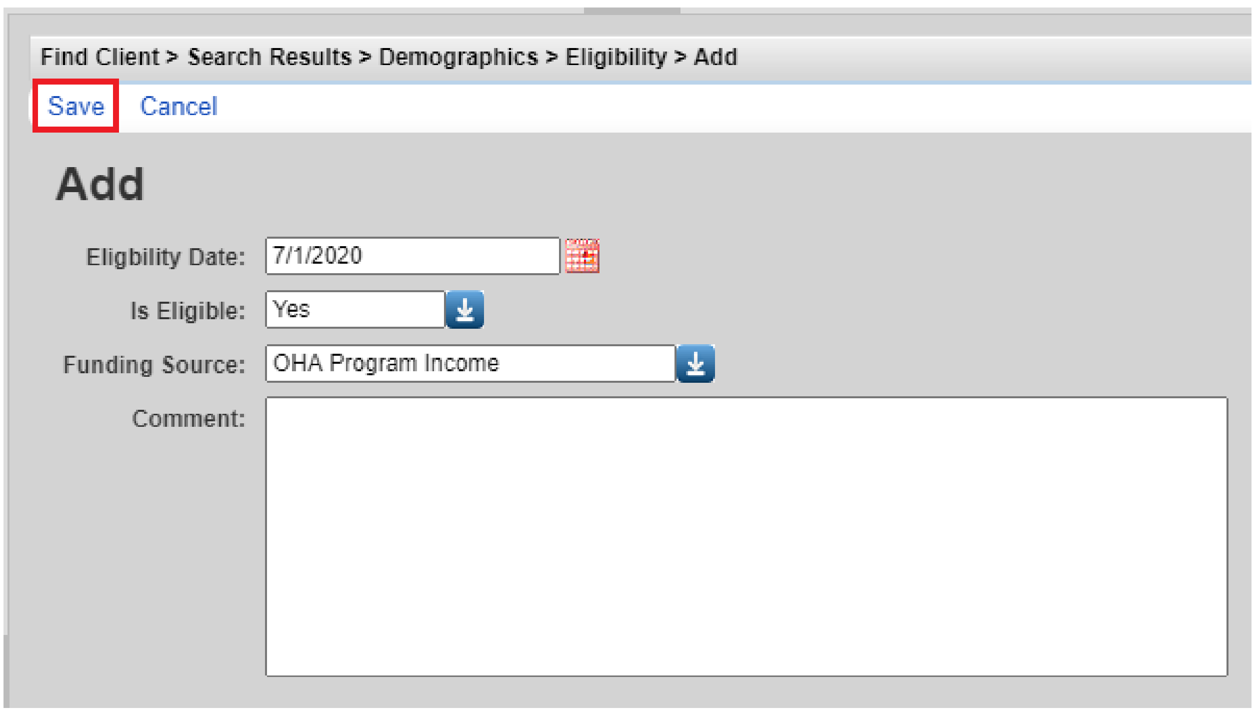
Eligibility

The client's Eligibility Status is only used for federal reporting purposes and is not tied to the annual eligibility review in any way.

When a new client is added to CAREWare, an *Eligibility Record* needs to be added:

- Click *Start*

- *Eligibility Date*: Enter the date the client was activated in your agency's domain
- *Is Eligible*: Choose "Yes"
- *Funding Source*: Choose Part B Program Income. HIV Alliance staff will have to enter a second entry, selecting Part B. If you have questions, contact your supervisor or our program for support.
- Click *Save*



The Local Super User at your agency can edit the Eligibility Record. Please contact HIV Community Services Program if you need to delete an Eligibility Record.

Please Note:
If the client's Eligibility on the *Demographics* states "Not Eligible for Ryan White," this does not change the services the agency may provide. This statement only indicates how the agency is funded. The HIV Community Services Program uses a combination of Ryan White funds and other funding to support HIV services.

HIV Status

- *HIV Status*: Select the client's current HIV Status from the drop-down menu options. This information should be verified if possible.

  - *CDC defined AIDS*—Client is an HIV-infected individual who meets the CDC AIDS case definition for an adult or child.
    - *AIDS* is the most severe manifestation HIV infection. CDC lists numerous opportunistic infections and cancers that, in the presence of HIV infection constitute an AIDS diagnosis. AIDS defining conditions include: pneumocystis carinii pneumonia (PCP), Mycobacterium avium complex (MAC), Mycobacterium tuberculosis, cytomegalovirus disease, toxoplasmosis, cervical cancer, and others. See hivinfo.nih.gov for more information on AIDS diagnosis, opportunistic infections, and cell counts. Once a client has been diagnosed with AIDS, they are always counted in the CDC-defined AIDS category regardless of changes in CD4 counts.

    - If the client provides medical documentation (e.g. lab values) or self-reports a history of any AIDS defining condition, the HIV Status should be entered as "*CDC defined AIDS*."

  - *HIV-indeterminate (infants only)*—Client is a child under the age of 2 whose HIV status is not yet determined but the child was born to an HIV-infected mother.

  - *HIV-negative (affected)*—Client has tested negative for HIV but is an affected partner or family member of an individual with HIV infection and has received at least one RWHAP-funded support service during the reporting period. This option is not typically used. Please contact HIV Community Services if you have questions regarding this option.

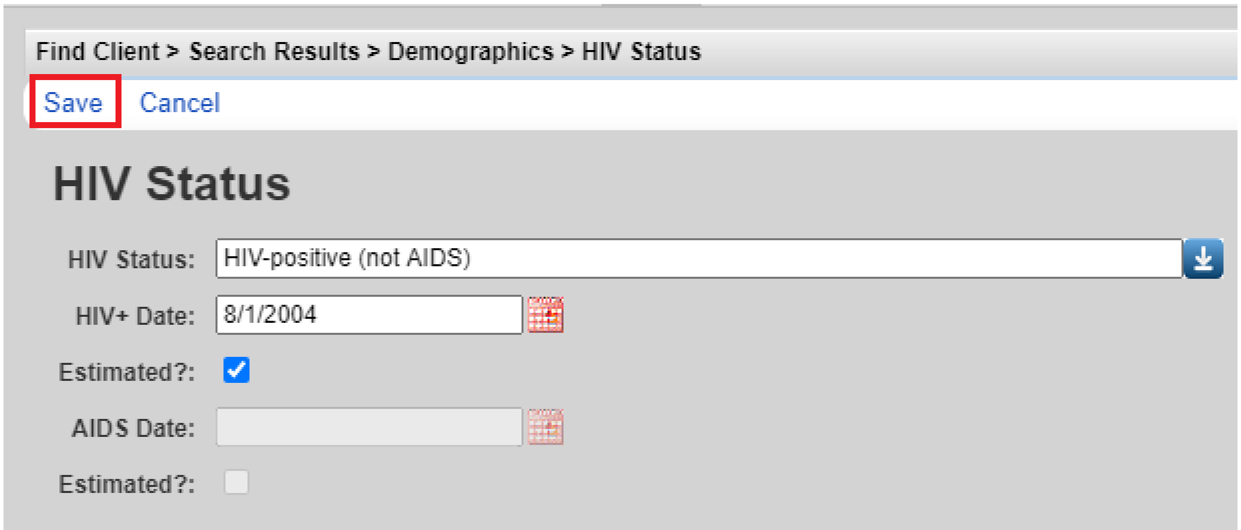
  - *HIV-positive, AIDS status unknown*—Client has been diagnosed with HIV. It is not known whether the client's infection has advanced to AIDS.

  - *HIV-positive, not AIDS*—Client has been diagnosed with HIV but client's HIV infection has not advanced to AIDS.

- *HIV+ Date*: Enter the date the client was diagnosed with HIV infection. This date may be the client's estimate. For example, if a client says, "sometime in the middle of '86", enter 06/01/1986. If the date is an estimate, check the *Estimated?* box.

- *AIDS Date*: Enter the date the client was diagnosed with AIDS. Verification of the AIDS diagnosis should be made through the CDC-defined criteria for AIDS. Refer to the case management standards for additional guidance. If the date is an estimate, check the *Estimated?* box.

– Click *Save*

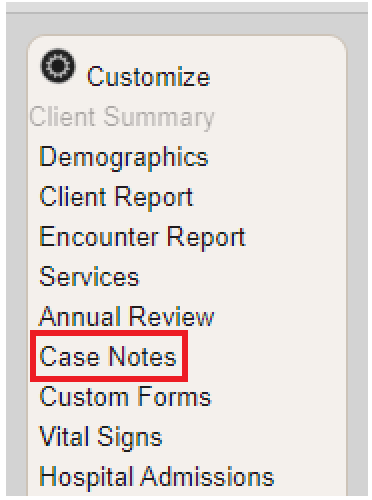


Common Notes, Provider Notes and Case Notes

– *Common Notes*: The Common Notes field can be used to collect additional information about the client. The information in this field is available to any agency that serves the client.

– *Provider Notes*: The Provider Notes field can be used to collect additional information about the client. The information in this field is only available to the agency entering the data.

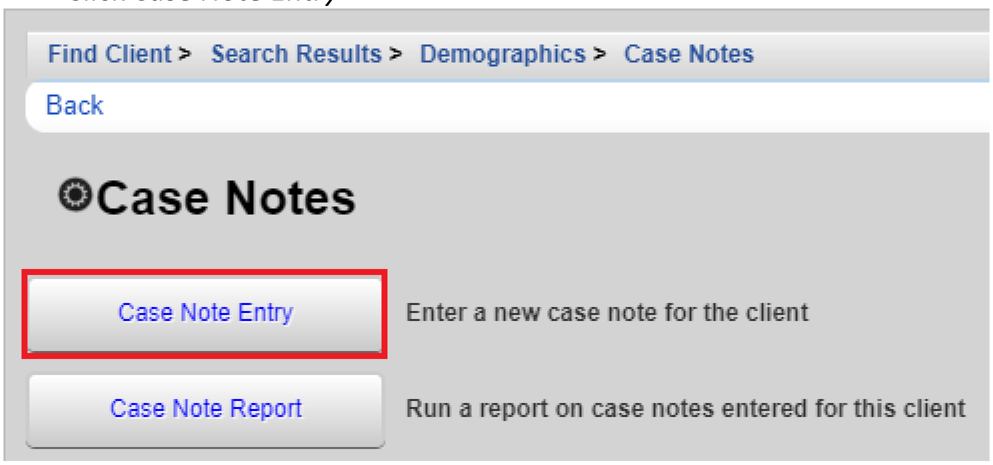
– Open the *Case Notes* entry screen from the main menu.


Customize
Client Summary
Demographics
Client Report
Encounter Report
Services
Annual Review
Case Notes
Custom Forms
Vital Signs
Hospital Admissions

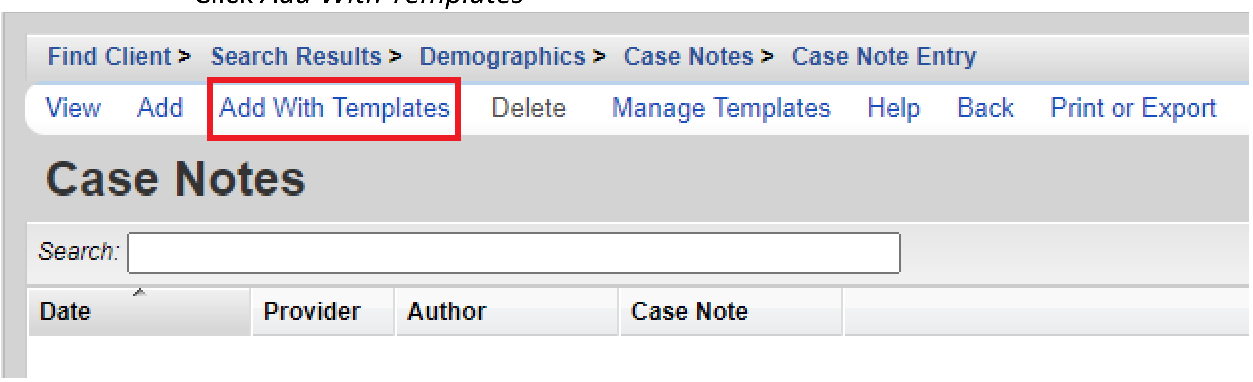
To enter a *Case Note* using a case note template:

Templates are required when documenting psychosocial screening, nursing assessment, MCM or CC triage, or Acuity changes.

- Click *Case Note Entry*

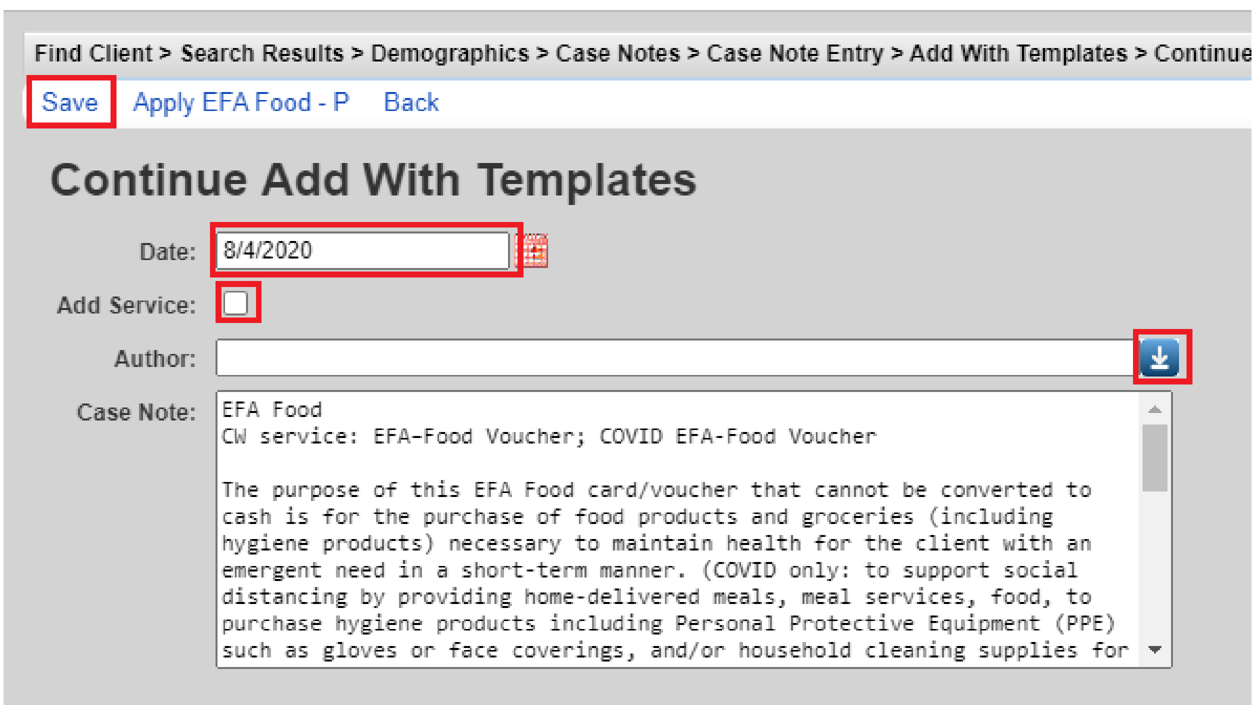


- Click *Add With Templates*



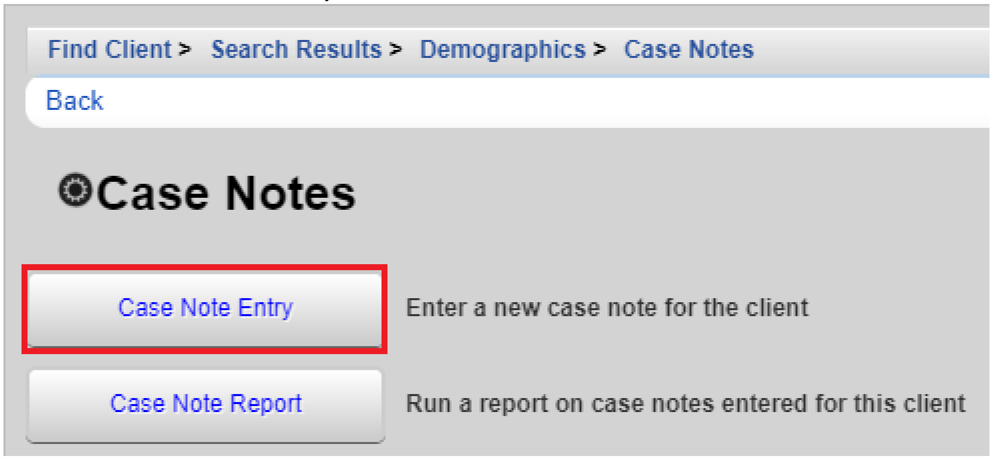
- Search for the template of choice and check the box in the Select column. Click *Continue Add With Templates*

- Enter the *Date*
- Check *Add service* box if you want to open Service tab after completing the case note. Select a *Case Note Author* from the dropdown list if applicable
- Enter text of *Case Note*
- End note by typing your name and title
- Spell Check if desired
- Click *Save*

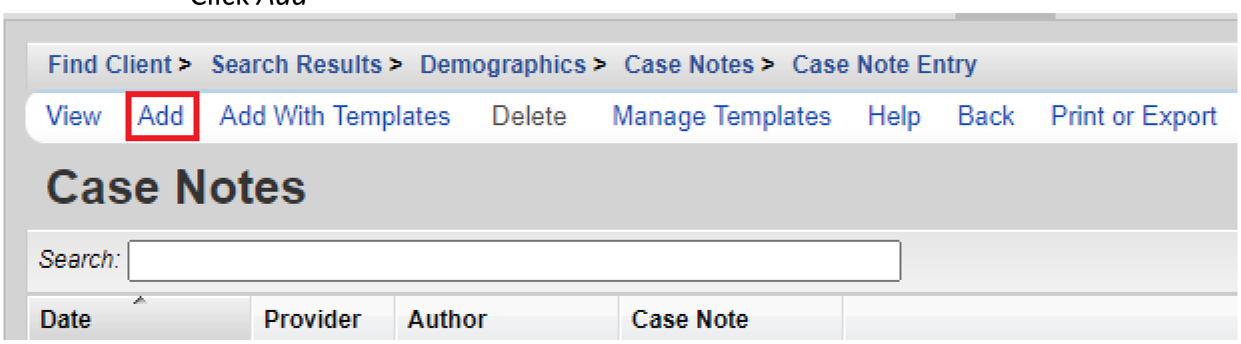


To enter a *Case Note* without using a case note template:

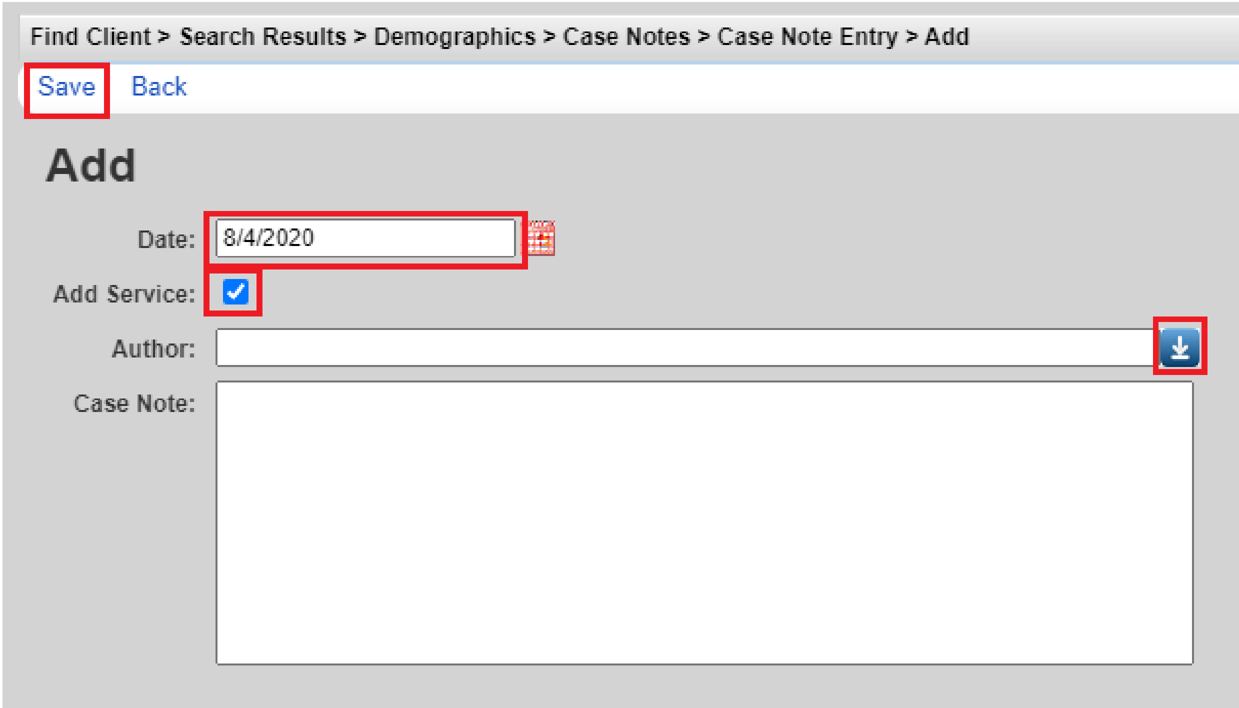
- Click *Case Note Entry*



- Click *Add*



- Enter the *Date*
- Check *Add service* box if you want to open Service tab after completing the case note. Select a *Case Note Author* from the dropdown list if applicable
- Enter text of *Case Note*
- End note by typing your name and title
- Spell Check if desired
- Click *Save*

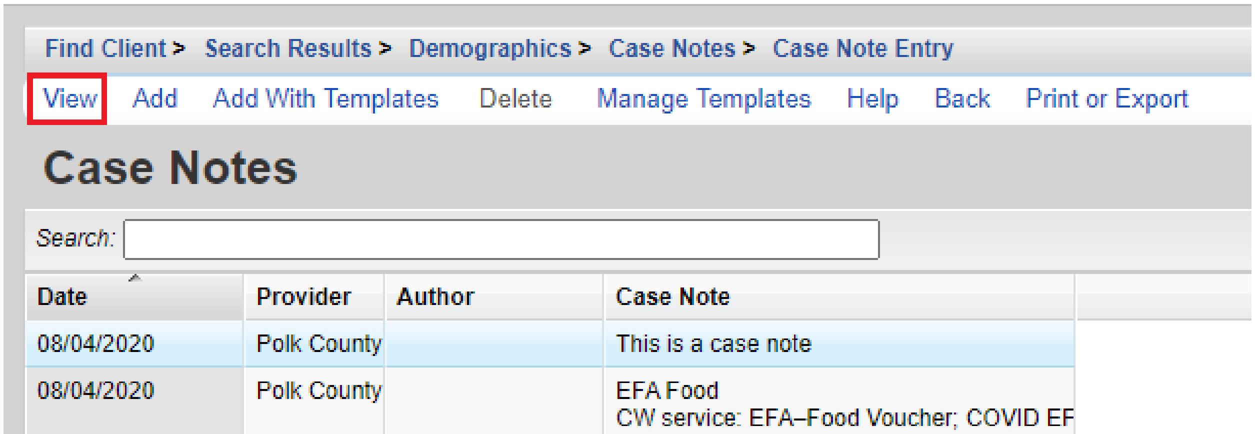


To *Edit* a Case Note:

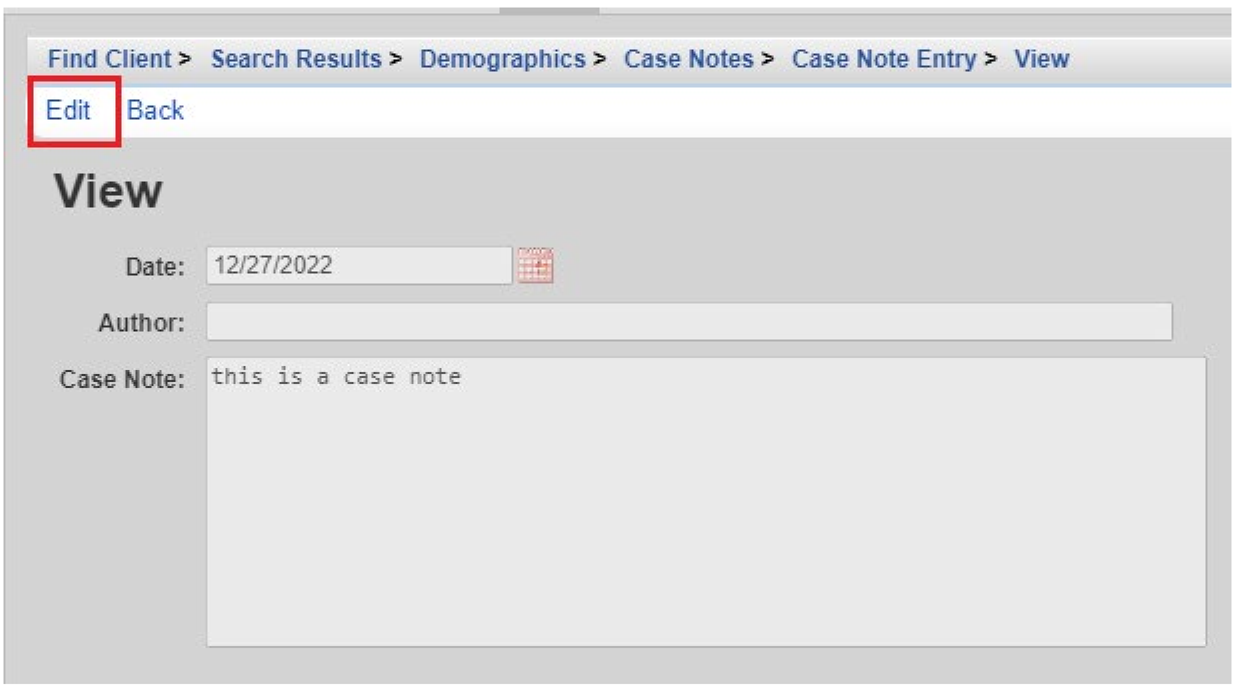
Case notes can be appended after saving if an error has been made. Case notes should only be deleted if entered into the wrong client record. The Local Super User at your agency can edit and delete case notes.

- Click *Case Note Entry*

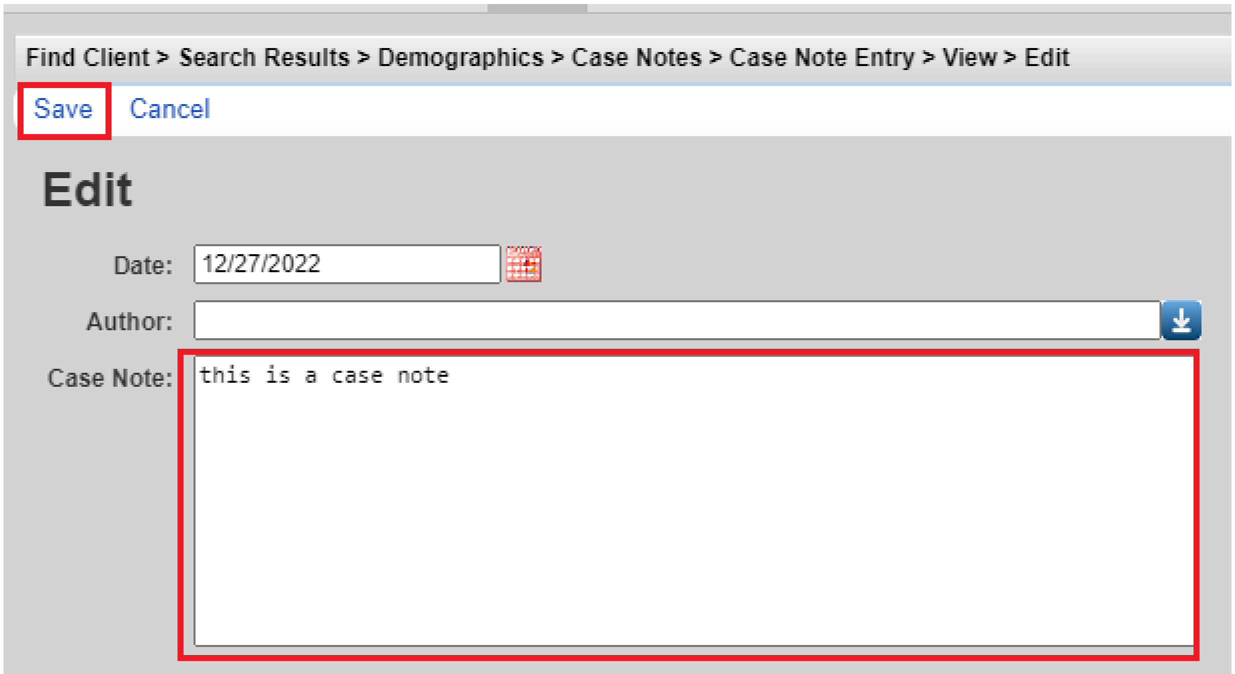
- Select the Case Note to be appended. Click *View*


Find Client > Search Results > Demographics > Case Notes > Case Note Entry
View
Add
Add With Templates
Delete
Manage Templates
Help
Back
Print or Export
Case Notes
Search:
Date
Provider
Author
Case Note
08/04/2020
Polk County
This is a case note
08/04/2020
Polk County
EFA Food
CW service: EFA–Food Voucher; COVID EF

– Click *Edit*


Find Client > Search Results > Demographics > Case Notes > Case Note Entry > View
Edit
Back
View
Date:
12/27/2022
Author:
Case Note:
this is a case note

- Enter text into the *Case Note* field. Then click *Save.*



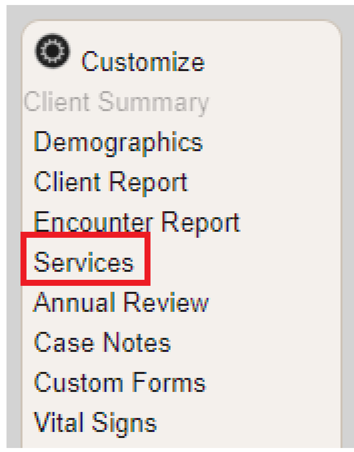
If two case notes have the same date, they may appear in different order at different times. If you want to indicate the order the case notes were written, indicate the time the case note was written in the body of the case note.

Services

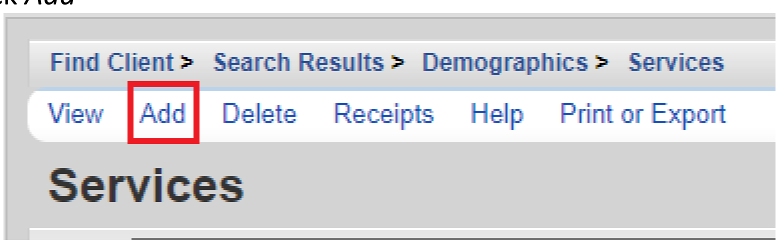
Referencing the guidance provided in the *HIV Community Services Program Support Services Guide* document will help to ensure compliance with service provision program policies as well as ensure quality in data entry. The County and Regional Quick Guide is a one page data entry tool containing a Sub-Service menu to help case managers quickly identify CAREWare sub-service names, units of service and service caps.

To enter a new service:

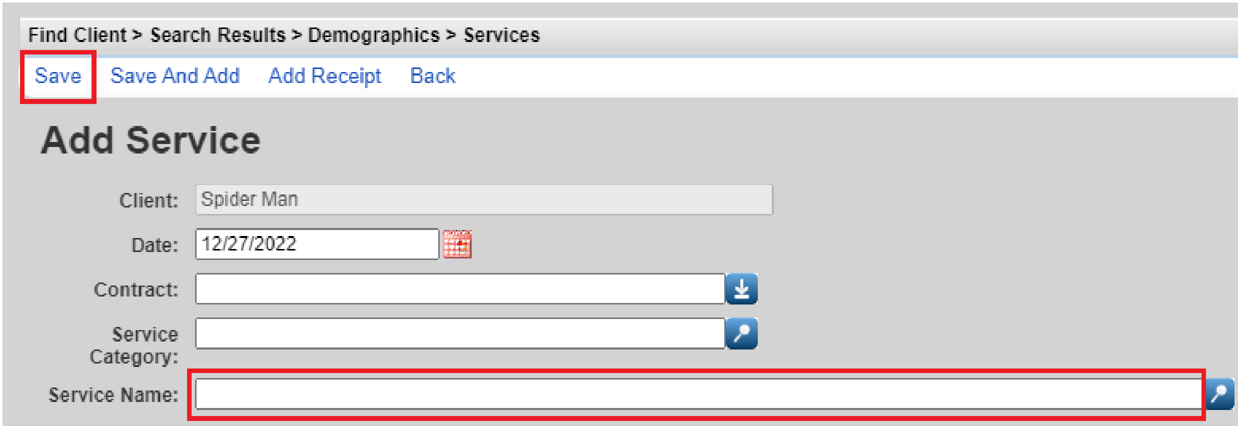
- Click *Services* on the client main menu



- Click *Add*



- Enter the *Date* of service, not the date of data entry
- Either select the service in the *Service Name* drop down menu, or type in the first few letters of the service name and CAREWare will display matching items within the list.



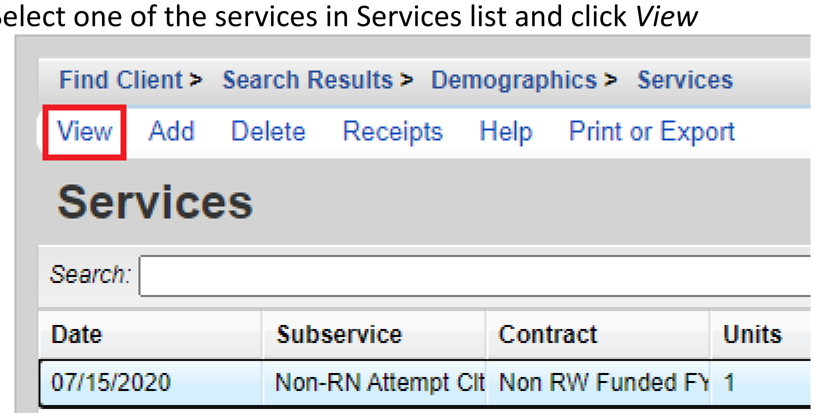
- CAREWare will show the *Contract* and *Service* Category associated with the selected service name.
- Enter the quantity of service *Units* provided. CAREWare will default to 1.
- If applicable, enter the *Price* of the Unit. CAREWare will calculate the *Total* based upon data entered into the <u>*Units* and *Price* fields.</u>
- If applicable, select the *Case Manager* associated with the service.
- Click the *Save* button when finished

Depending on the provider, additional check box fields will open in the service entry screen. Case managers should indicate whether the case management service addressed any of the following by checking the applicable box.

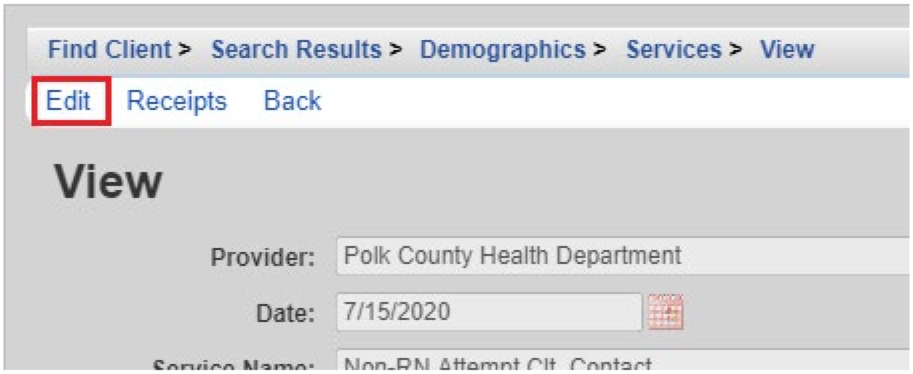
Additional service fields may be added as requested by the local agency. If you have any questions about fields on the service tab, please contact your agency's CAREWare Local Super User or the HIV Community Services Program.

To <u>edit</u> an existing service:

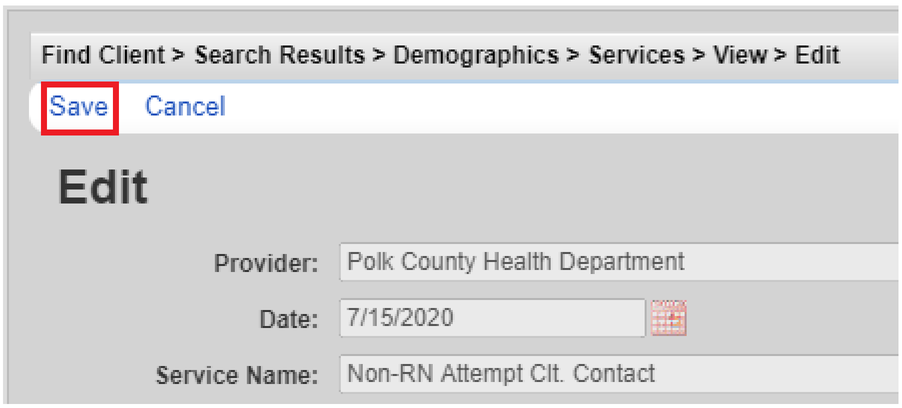
- Select one of the services in Services list and click *View*



- Click *Edit* on the next screen and make the changes

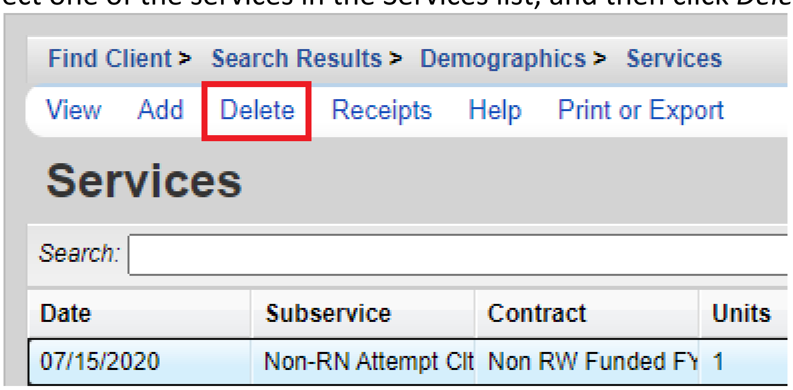


– Click *Save*



To <u>delete</u> an existing service:

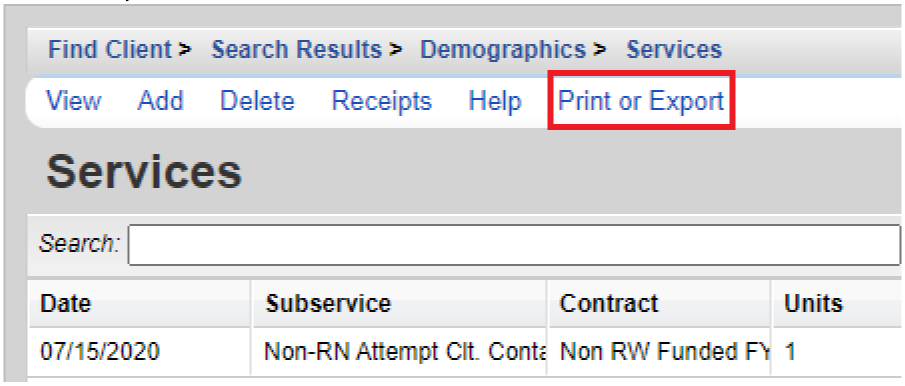
– Select one of the services in the Services list, and then click *Delete*



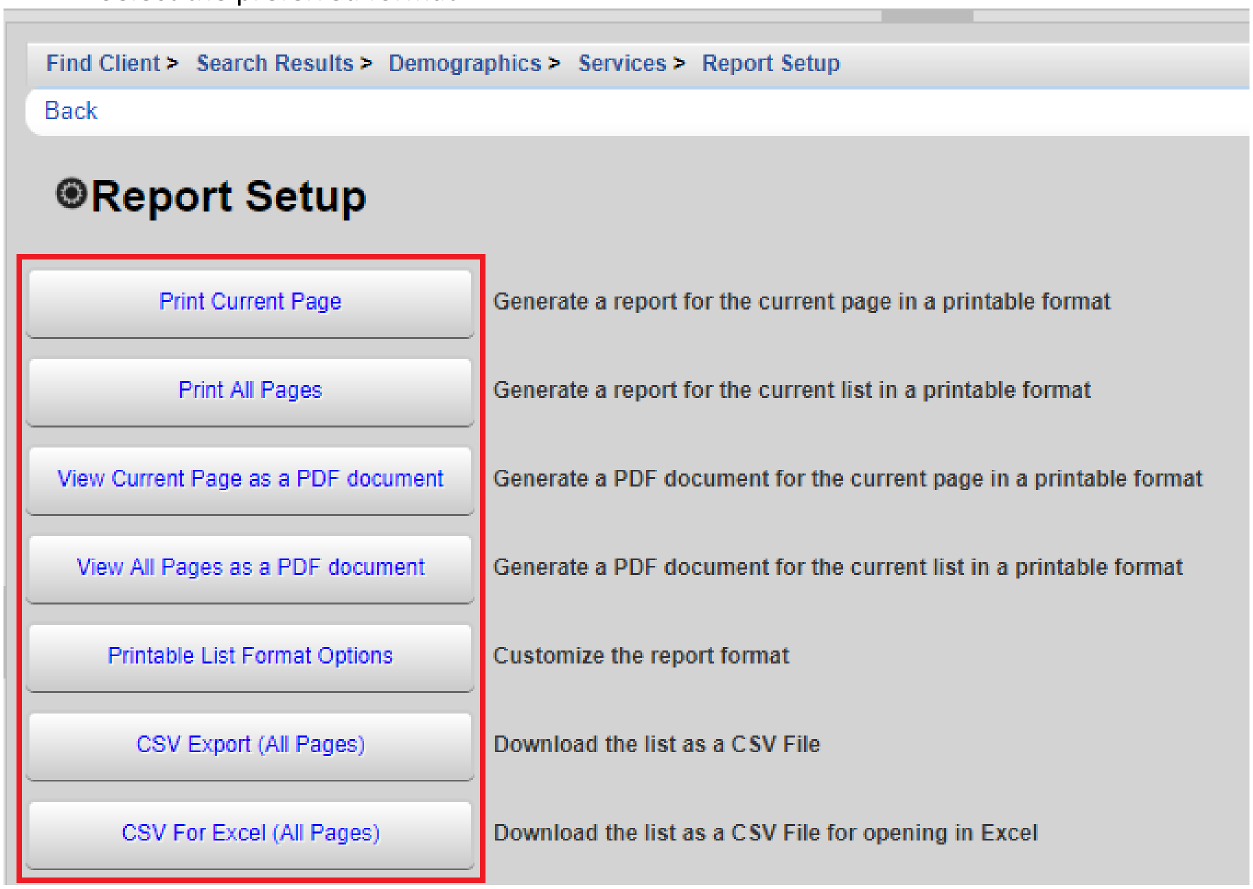
The columns on the *Services* page can be adjusted as desired by the user. Hover the cursor on the line at the column break and stretch or shrink as desired.

To create the Client Services Report:

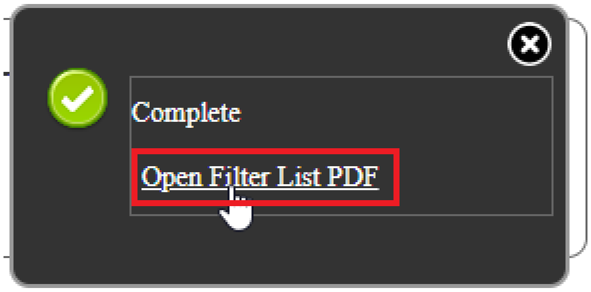
- Click *Print or Export* on the Services screen



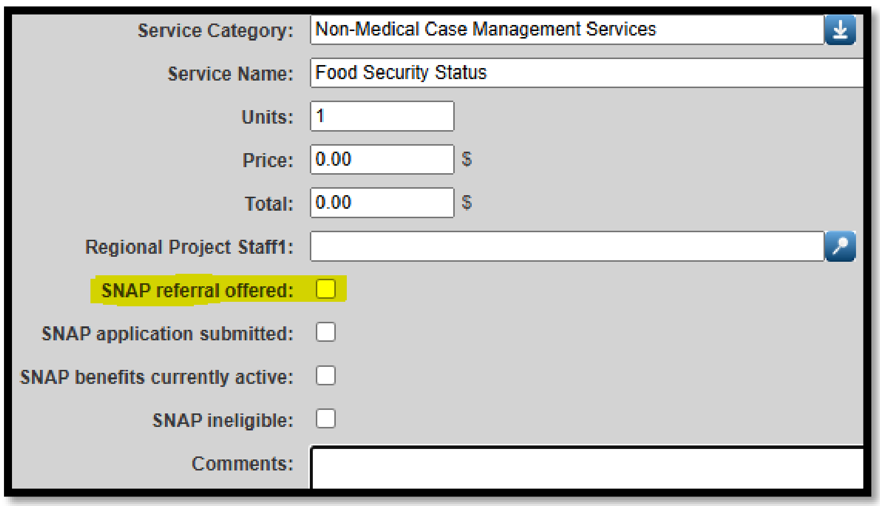
- Select the preferred format



- A pop-up will appear on the righthand side of the screen. Click *Open*.



Food Security Status Subservice



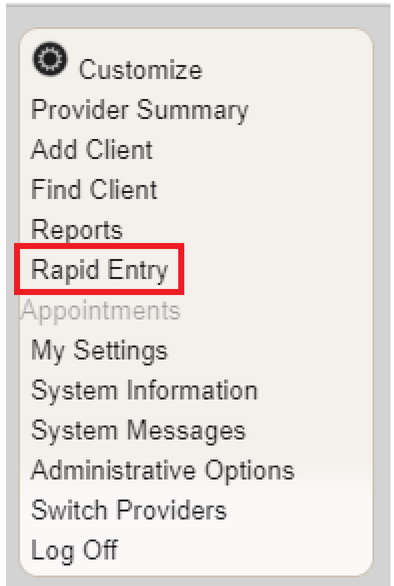
When entering the Food Security Status subservice, several checkbox options will appear. Check the appropriate boxes according to the following definitions:

- "**SNAP referral offered**"– this box includes the following client situations:
  - The client isn't ready to apply for SNAP (may need to obtain documents)
  - The client stated they don't want assistance to apply
  - There are other reasons a referral isn't practical at this time
- "**SNAP application submitted**" – this box includes the following client situations:
  - Applications submitted with the client today
  - Applications submitted with or by the client recently but waiting to be processed.
- **"SNAP benefits currently active"** – this box indicates a client is already enrolled in SNAP and receiving benefits
- **"SNAP ineligible"** – this box indicates a client does not quality for the SNAP Program

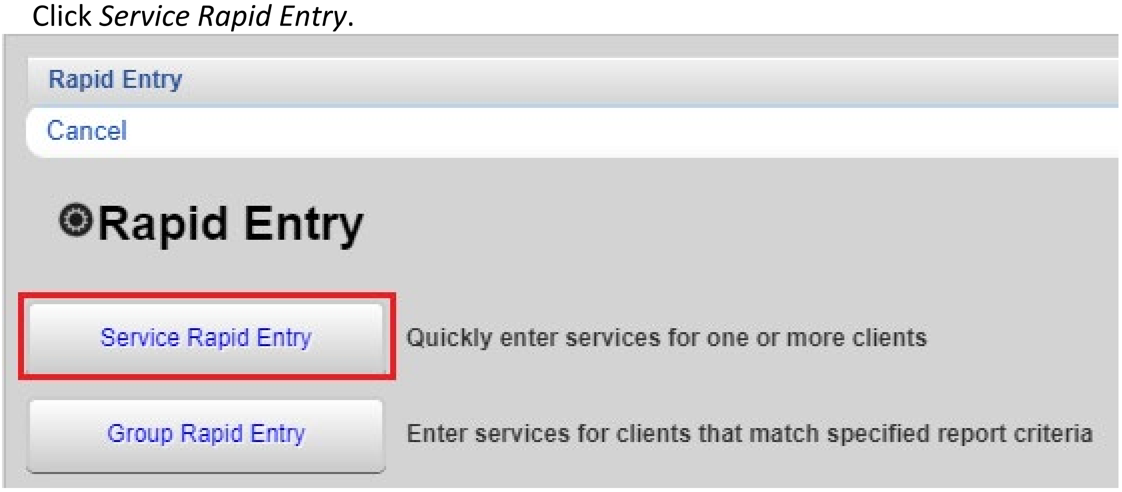
Rapid Service Entry

The *Rapid Service Entry* allows users to enter multiple services at once without entering the services into each client's individual record. For example, if 5 different clients received case management services in the same day, all the service data can be entered through Rapid Service Entry. However, Case Notes affiliated with the services must be entered into each clients' individual CAREWare record.

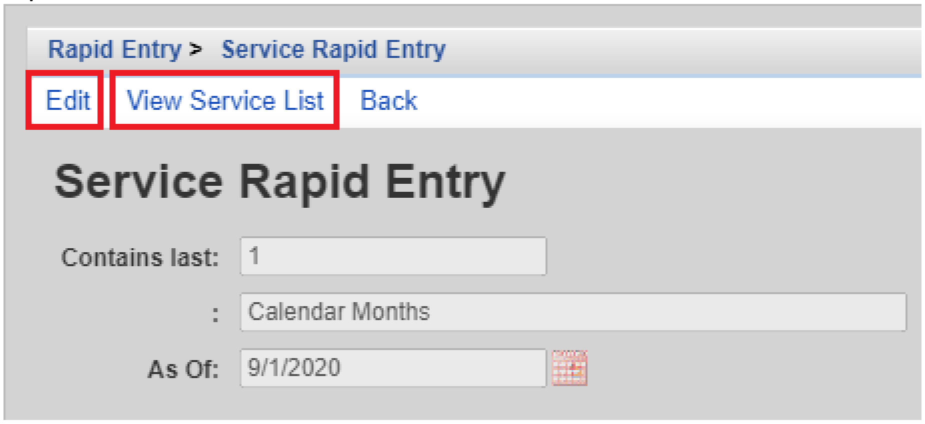
- Access *Rapid Entry* from the main menu.



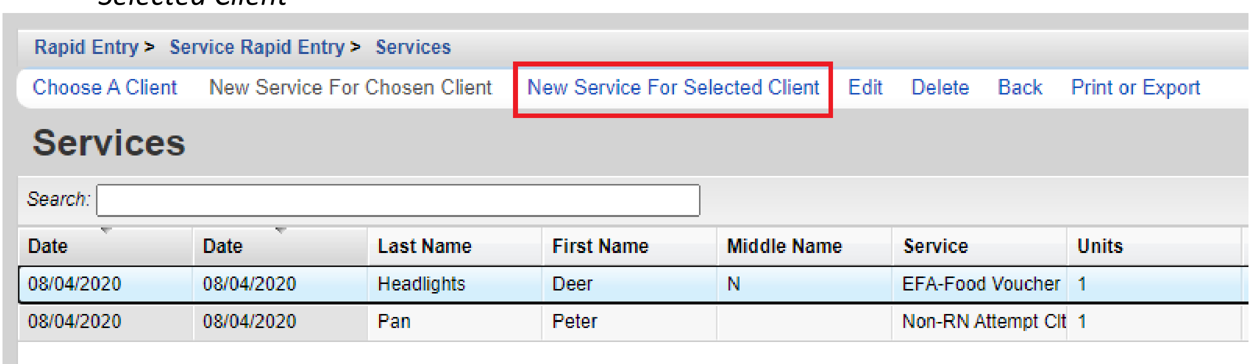
- Click *Service Rapid Entry*.



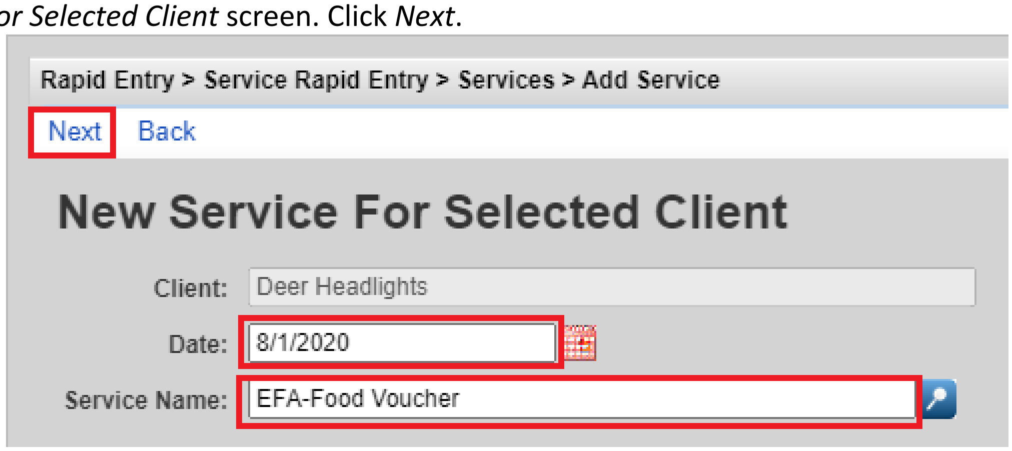
- Click *Edit* to set the parameters of the client search. In the example below, all clients receiving services in the last calendar month from 9/1/2020 (e.g. 8/1/2020-9/1/2020) will be pulled into the list. Click *View Service List*.



- Select a client by scrolling through the names or entering data into the *Search* box. Highlight the client for whom services should be entered, and then click *New Service For Selected Client*

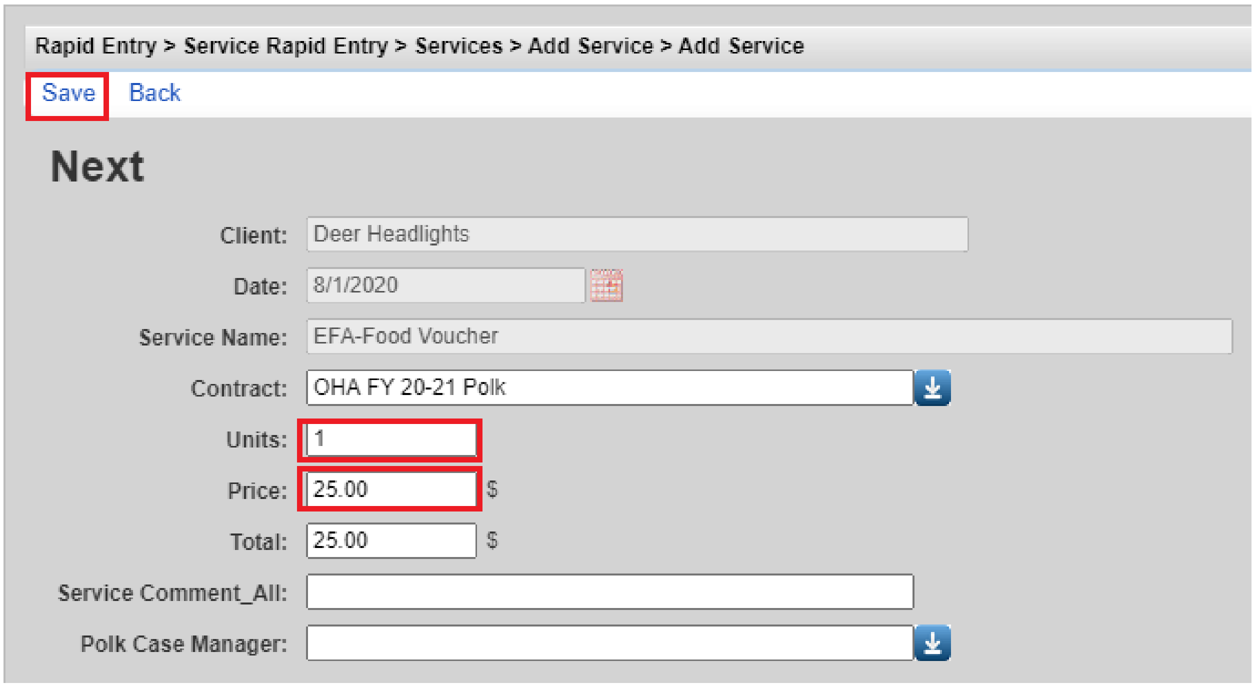


- Enter the service *Date* (not the date of data entry) and *Service* Name on the *New Service For Selected Client* screen. Click *Next*.



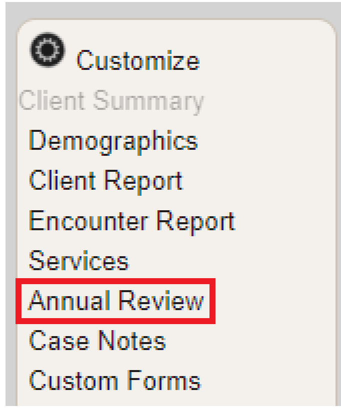
- The next screen will show the *Contract* associated with the selected service name.
- Enter the quantity of service *Units* provided. CAREWare will default to 1.

- If applicable, enter the *Price* of the Unit. CAREWare will calculate the *Total* based upon data entered into the *Units* and *Price* fields.
- Enter a service comment if appropriate.
- If applicable, select the *Case Manager* associated with the service.
- Click the *Save* button when finished

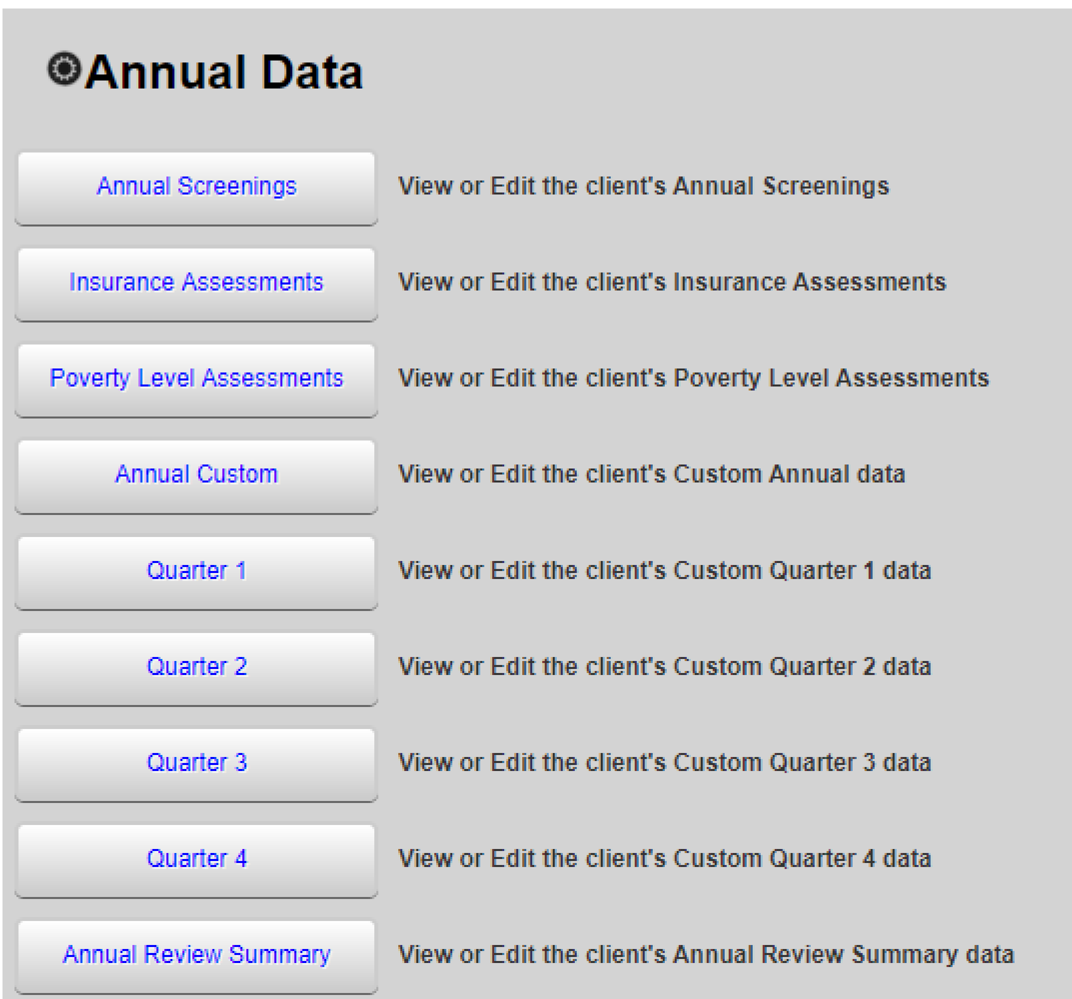


Annual Review

Access the *Annual Review* data from the client main menu.

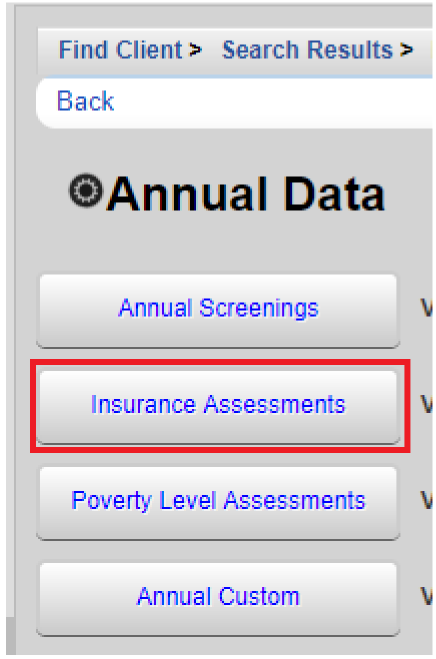


Data entered on the *Annual Data* screen should be as accurate and up-to-date as possible. All active fields should be completed.

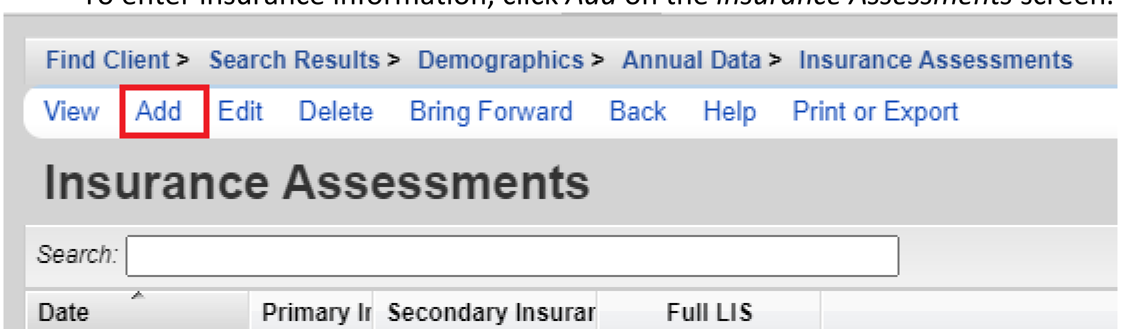


Insurance Assessments

- Click *Insurance Assessments* on the *Annual Data* screen



- To enter insurance information, click *Add* on the *Insurance Assessments* screen.



- Enter the *Primary Insurance* from the dropdown list for the client. Enter the *Insurance Assessment Date*. If the client has more than one insurance plan, check the boxes that apply. The *Primary Insurance* will default to a gray checked box in the list of options.

  Private Individual includes Qualified Health Plans purchased through the exchange.

  Private Employer includes health insurance secured through someone's employer. The policy premiums may be paid for by an employer, by the client, or by CAREAssist.

Medicare is a health insurance program for people ages 65 years and older, people with disabilities under age 65 (those who receive Social Security Disability Income (SSDI), and people with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant).
Medicare Part A – Hospital coverage, *B* – Other medical care, *D* – Drug coverage

Medicaid is a jointly funded, Federal-State health insurance program for individuals who qualify. Oregon Health Plan (OHP) members have Medicaid coverage.

VA, Other Military is health insurance provided through the Veteran's Administration.

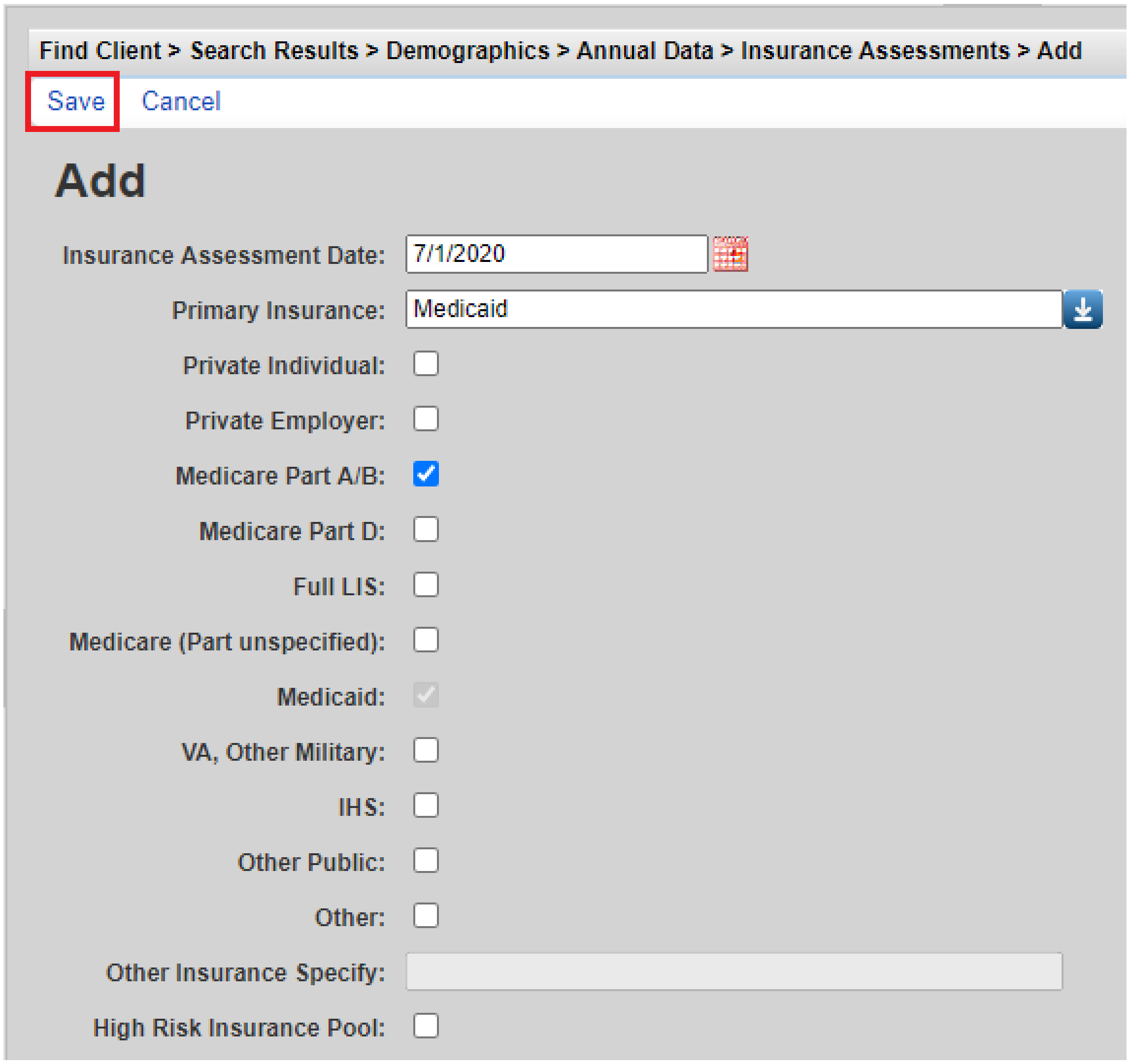
Indian Health Services (IHS) is health insurance provided to tribal members.

Other Public indicates that the client has a public insurance plan other than those listed above.

Other indicates that the client has an insurance type other than those listed above.

No insurance indicates that the client has no insurance to cover the cost of services or the client self-pays.

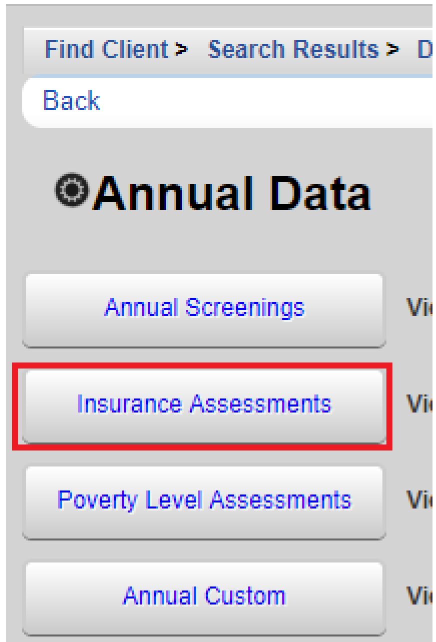
High Risk Insurance Pool should not be used. This is a historic field used prior to implementation of the Affordable Care Act.


Find Client > Search Results > Demographics > Annual Data > Insurance Assessments > Add
Save
Cancel
Add
Insurance Assessment Date:
7/1/2020
Primary Insurance:
Medicaid
Private Individual:
Private Employer:
Medicare Part A/B:
Medicare Part D:
Full LIS:
Medicare (Part unspecified):
Medicaid:
VA, Other Military:
IHS:
Other Public:
Other:
Other Insurance Specify:
High Risk Insurance Pool:

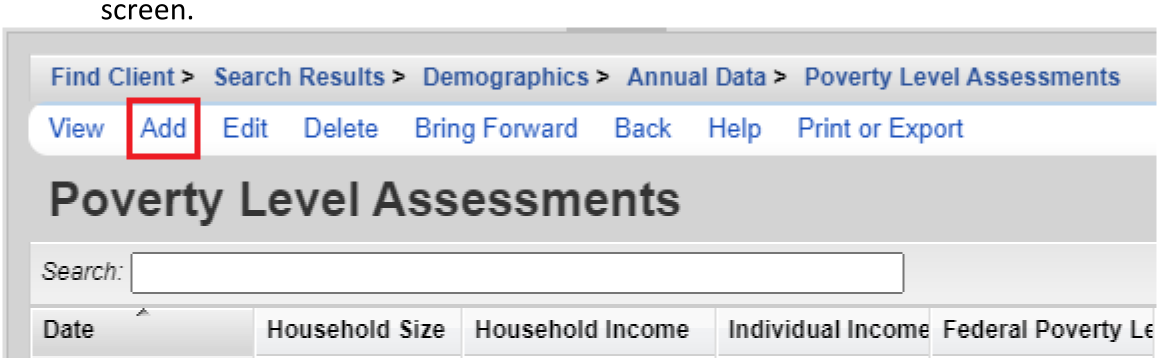
– Click *Save*

Federal Poverty Level

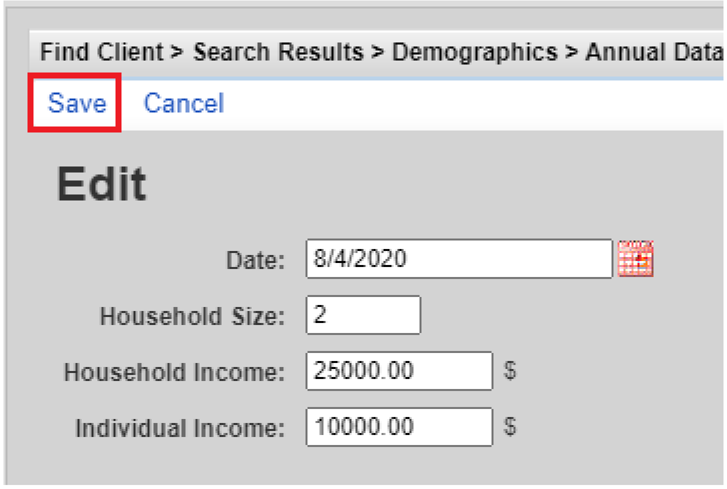
- Click *Poverty Level Assessments* on the *Annual Data* screen



- To enter poverty level information, click *Add* on the *Poverty Level Assessments* screen.



- Enter the **annual** *Household Size, Household Income*, *Individual Income* and the *Date* of data entry. Please refer to the [HIV Community Services Program Support Services Guide]() for instructions on determining the *Household Income* and *Household Size*.

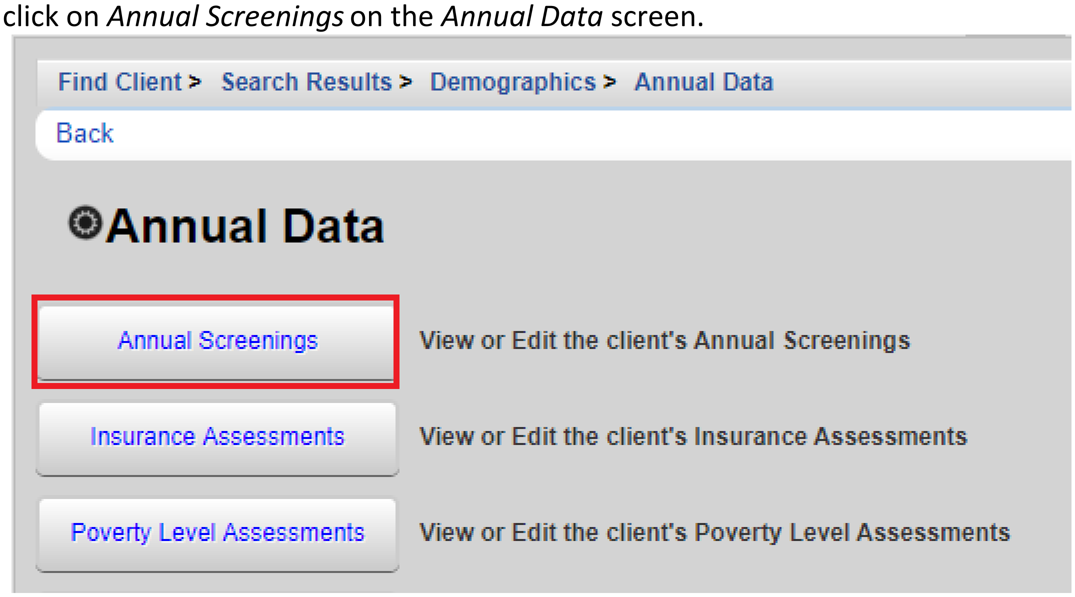


- Click *Save*

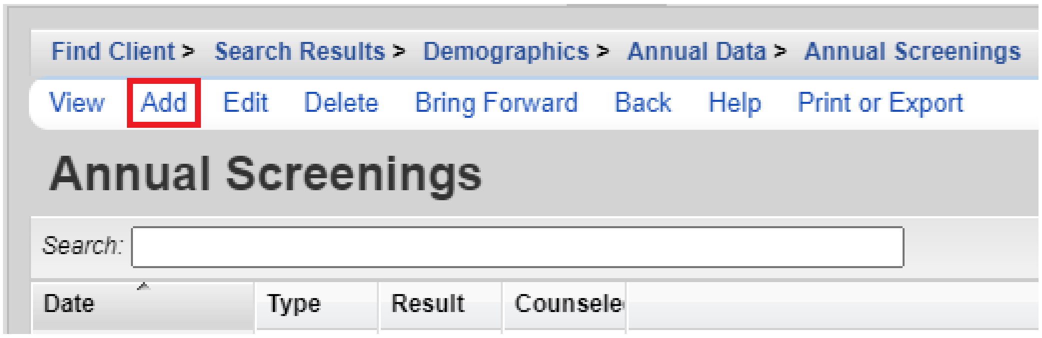
CAREWARE will calculate the *Poverty Level* based on data in the *Household Income* and *Household Size* fields. Poverty levels are updated in CAREWare with software upgrades. Therefore, it is possible that the Poverty Level displayed is not consistent with current federal guidelines. Please refer to the [Poverty Level Chart]() to verify the client's eligibility for services.

Annual Screenings

To access *Primary HIV Medical Care*, *Housing Arrangement*, *Mental Health* and *Substance Abuse* fields, click on *Annual Screenings* on the *Annual Data* screen.

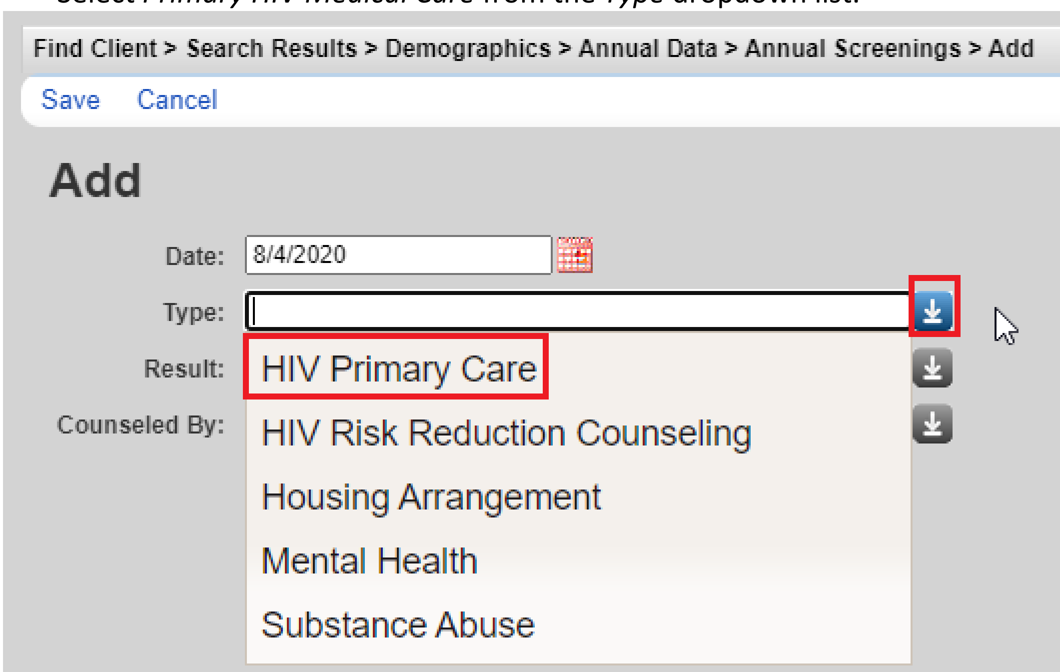


Click *Add*

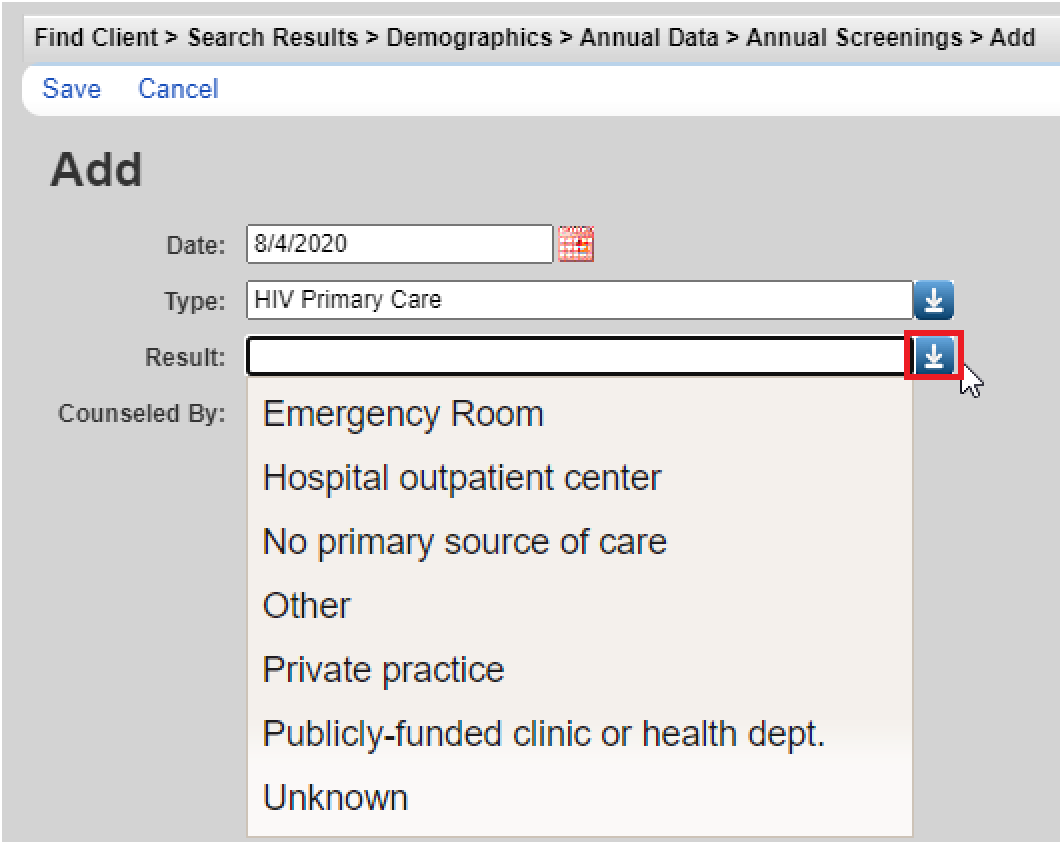


Primary HIV Medical Care

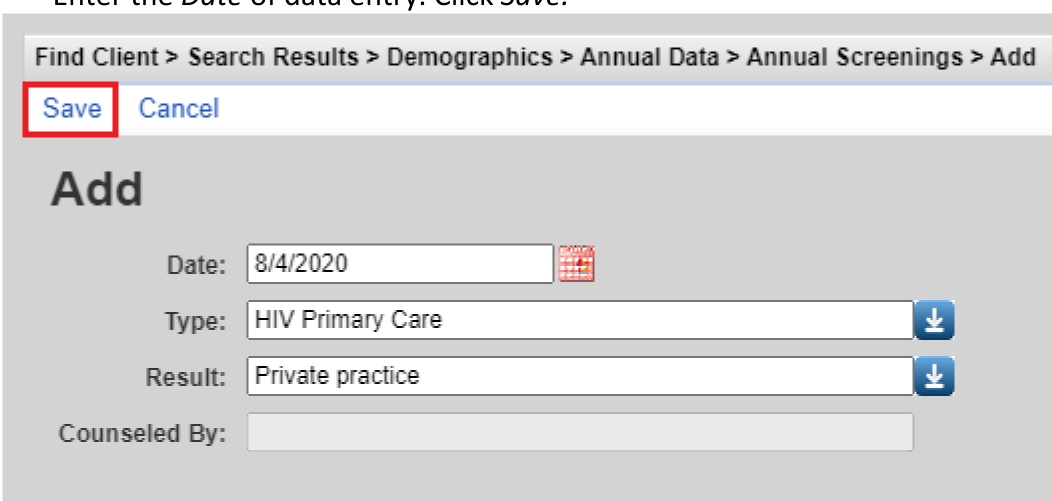
- Select *Primary HIV Medical Care* from the *Type* dropdown list.



- Enter the source of *Primary HIV Medical Care* from the *Result* drop down list. If the psychosocial assessment is completed, Unknown should not be used.



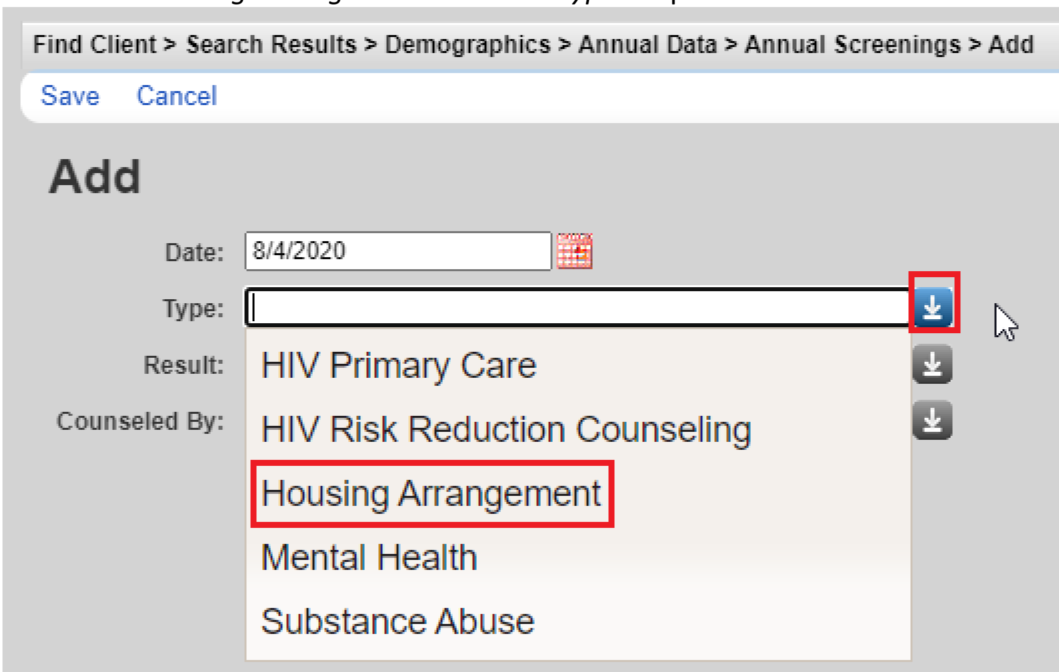
- Enter the *Date* of data entry. Click *Save.*



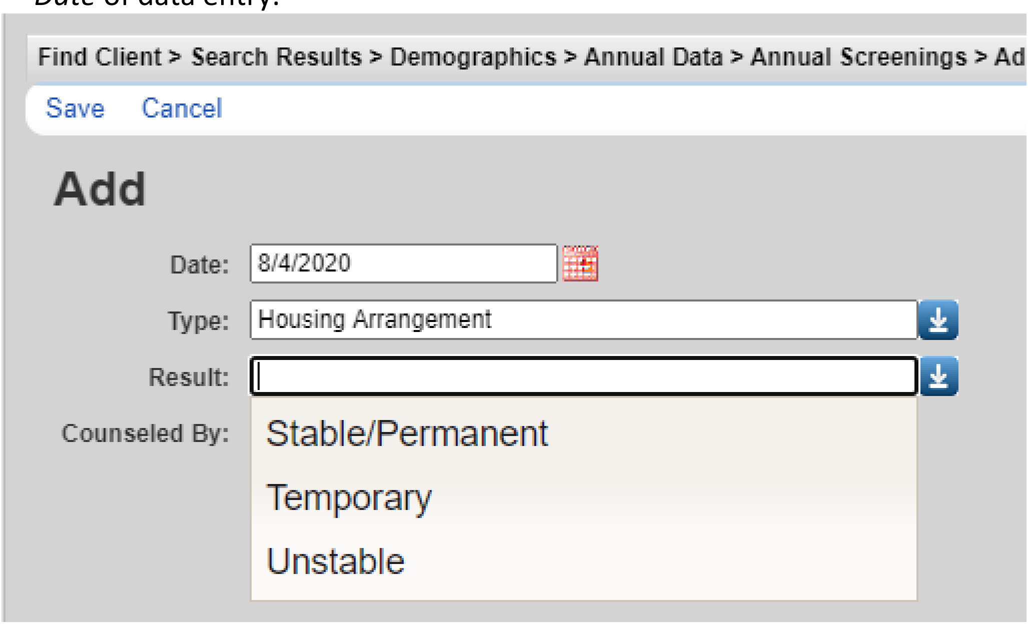
HIV Risk Reduction Counseling is not required.

Housing Arrangement

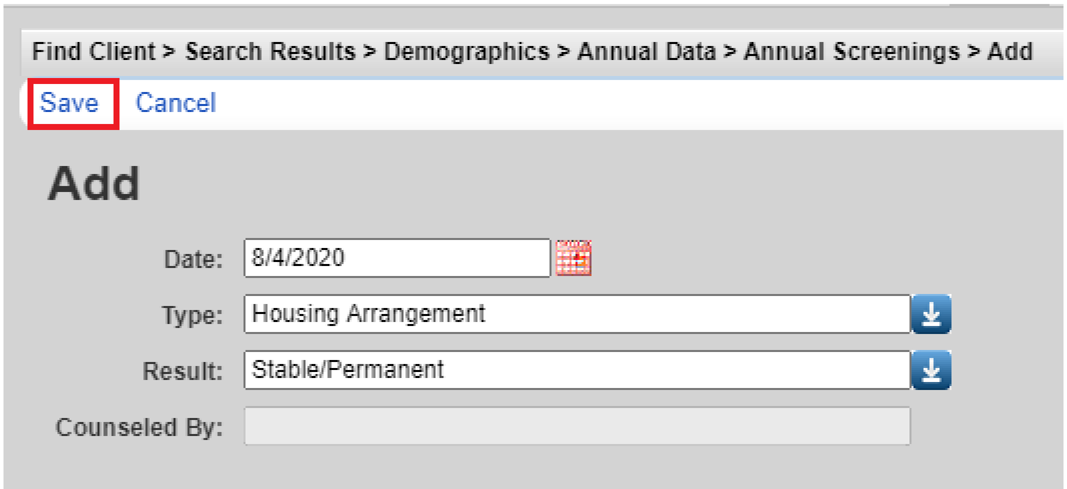
- Select *Housing Arrangement* from the *Type* dropdown list.



- Enter the *Housing Arrangement* of the client from the *Result* drop down list and the *Date* of data entry.



- Click *Save*



Stable/Permanent housing includes:

- Renting and living in an unsubsidized room, house, or apartment
- Owning and living in an unsubsidized house or apartment
- Unsubsidized permanent placement with families or other self-sufficient arrangements
- Housing Opportunities for Persons with AIDS (HOPWA)-funded housing assistance, including Tenant-Based Rental Assistance (TBRA) or Facility-Based Housing Assistance, but not including the Short-Term Rent, Mortgage and Utility (STRMU) Assistance Program
- Subsidized, non-HOPWA, house or apartment, including Section 8, the HOME Investment Partnerships Program, and Public Housing
- Permanent housing for formerly homeless persons, including Shelter Plus Care, the Supportive Housing Program (SHP), and the Moderate Rehabilitation Program for SRO Dwellings (SRO Mod Rehab)
- Institutional setting with greater support and continued residence expected (psychiatric hospital or other psychiatric facility, foster care home or foster care group home, or other residence or long-term care facility)

Temporary housing includes:

- Transitional housing for homeless people
- Temporary arrangement to stay or live with family or friends
- Other temporary arrangement such as a Ryan White Program housing subsidy
- Hotel or motel paid for <u>without</u> emergency shelter voucher
- Temporary placement in an institution (e.g., hospital, psychiatric hospital or other psychiatric facility, substance abuse treatment facility, or detoxification center)

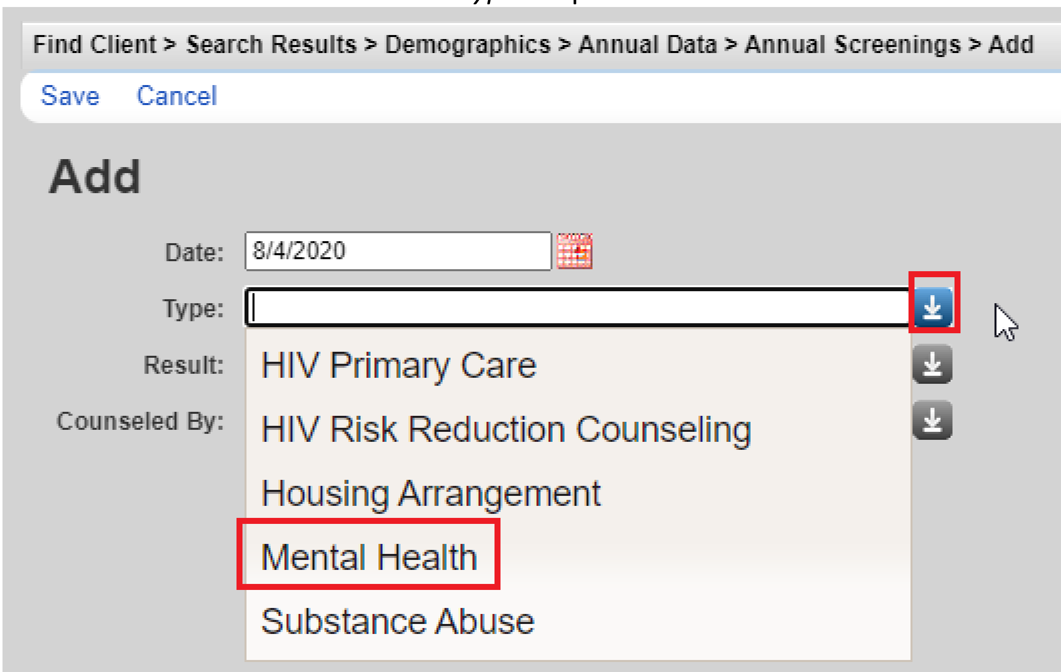
Unstable Housing Arrangement includes:

- Emergency shelter, a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a vehicle, an abandoned building, a bus/train/subway station/airport, or anywhere outside

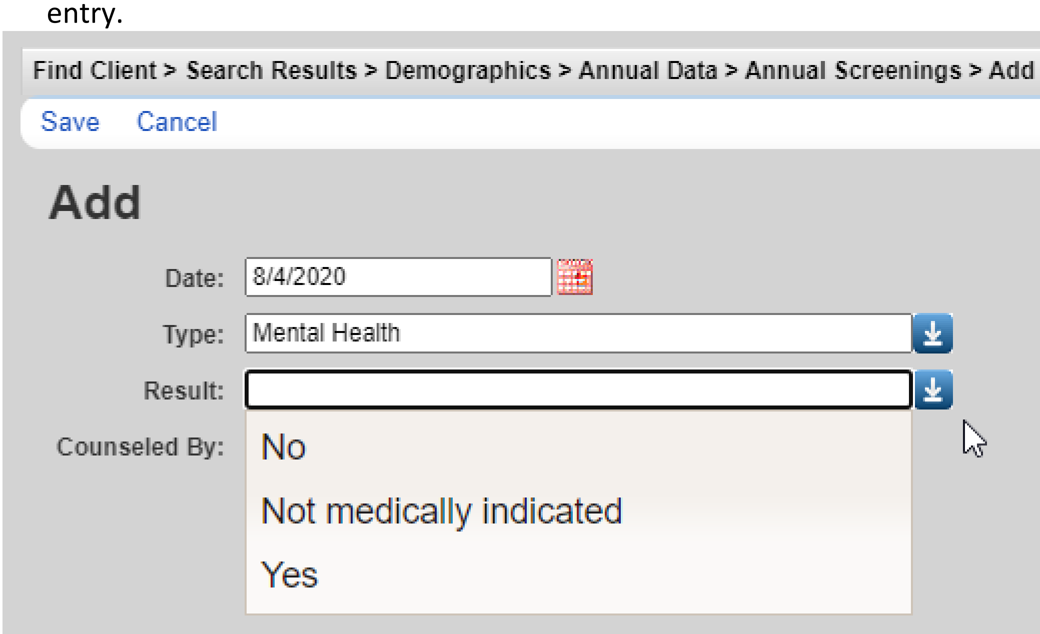
- Jail, prison, or a juvenile detention facility
- Hotel or motel paid for <u>with</u> emergency shelter voucher

Mental Health

- Select *Mental Health* from the *Type* dropdown list.

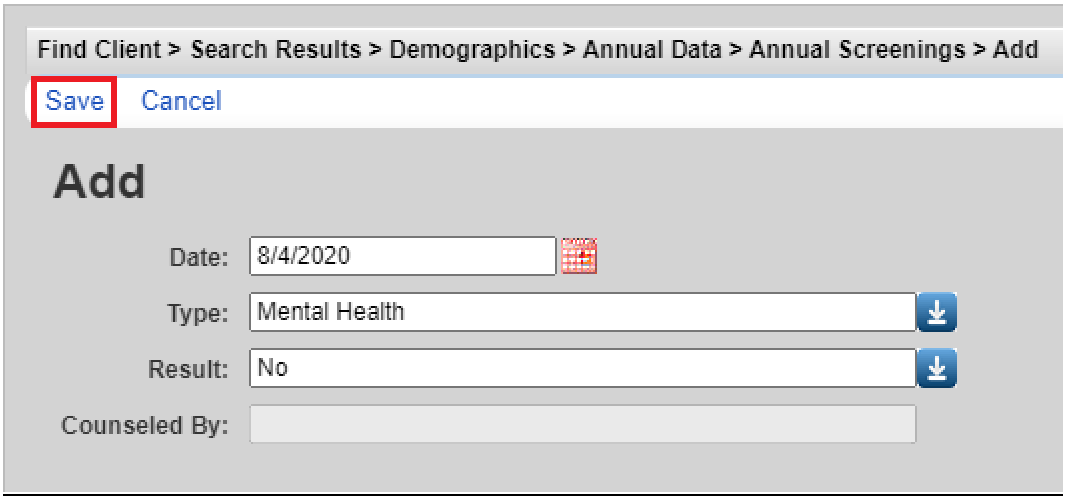


- Enter the *Mental Health* data from the *Result* drop down list and the *Date* of data entry.



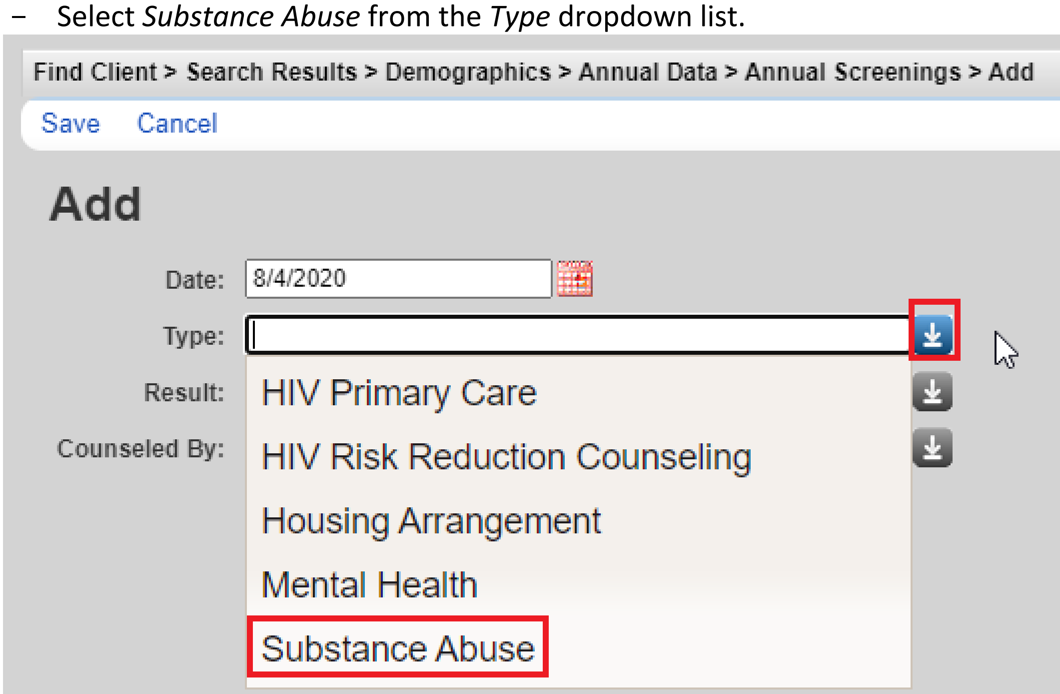
Yes – Client offered referral at last screening.
No – Client not offered referral at last screening.
Not medically indicated – Do not use.

– Click *Save*

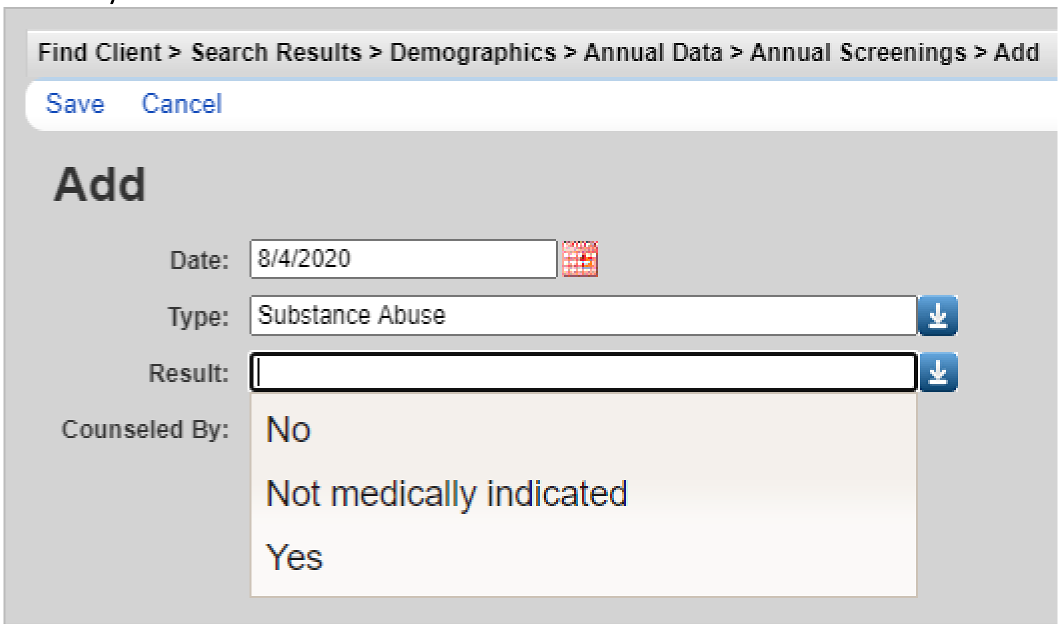


Substance Abuse

– Select *Substance Abuse* from the *Type* dropdown list.

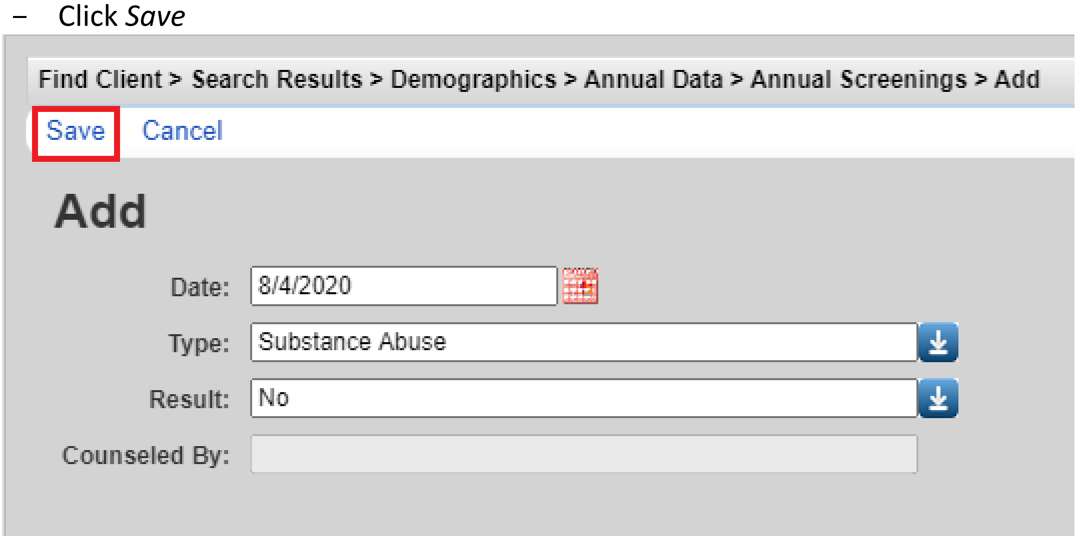


- Enter the *Substance Abuse* data from the *Result* drop down list and the *Date* of data entry.



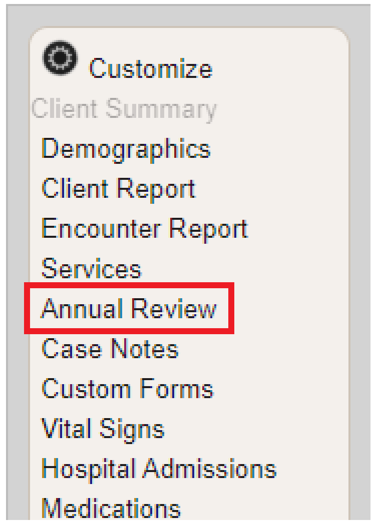
Yes – AUDIT or DAST used at last screening.
No – AUDIT and DAST not used at last screening.
Not medically indicated – Do not use.

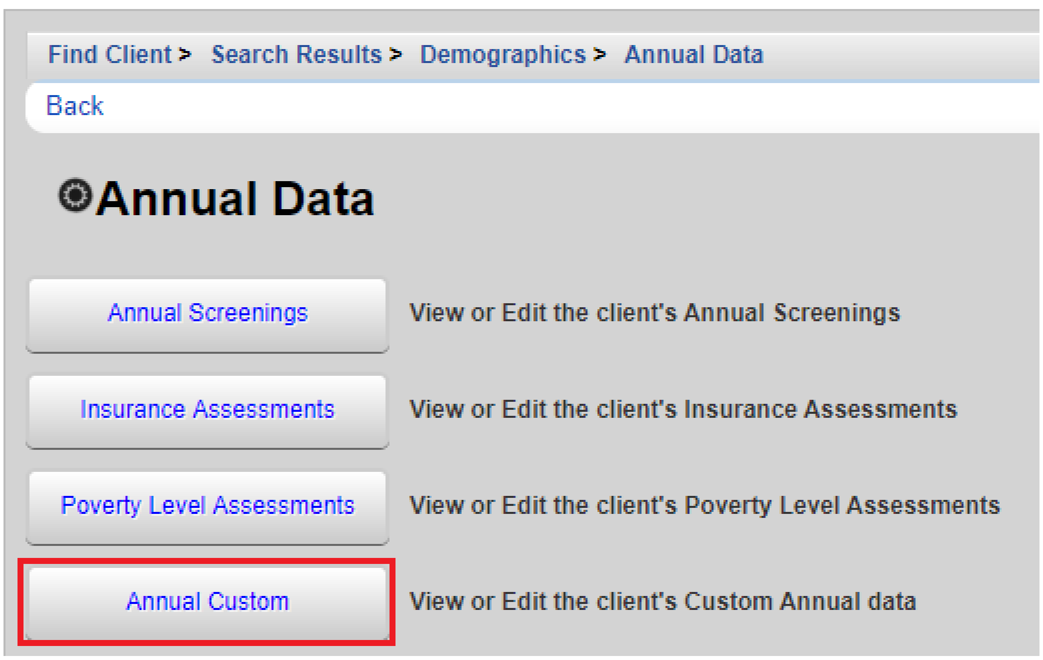
- Click *Save*



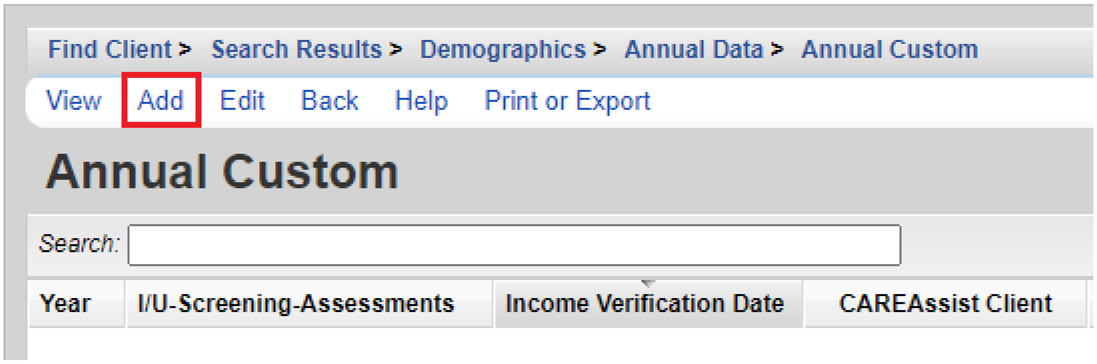
Document and Form Uploading

The **Regional Model** can upload documents and forms in the *Annual Custom* link on the *Annual Data* screen. Click *Annual Review* on the main menu. Then click *Annual Custom*.

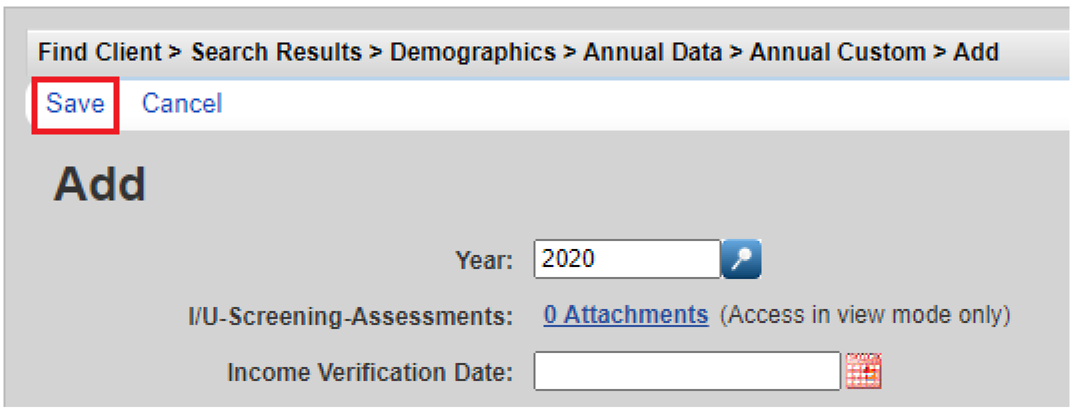




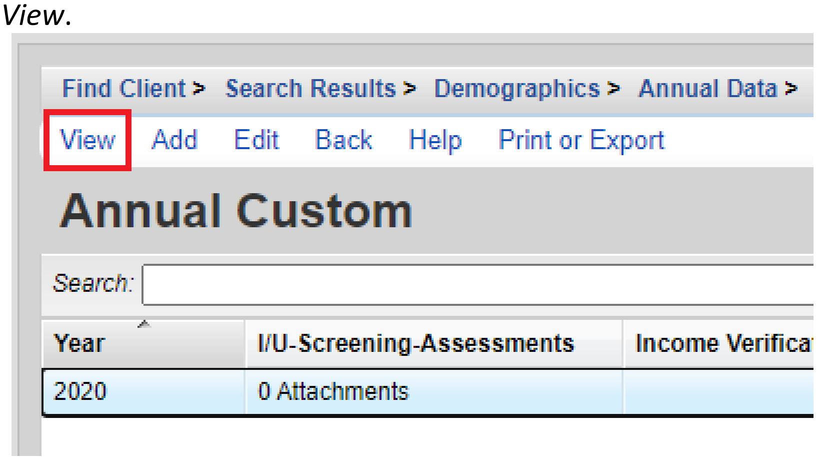
- If there is not currently a year associated with the data to be added, click *Add* on the *Annual Custom* screen.



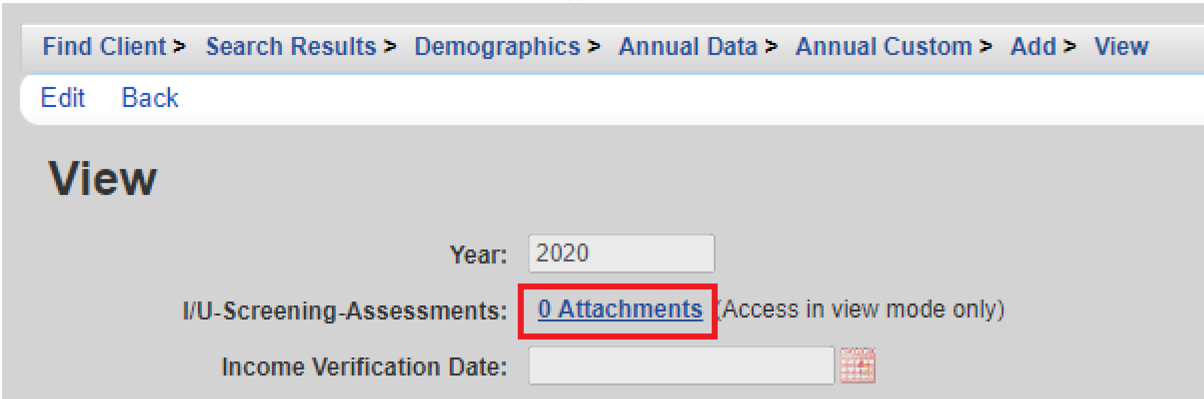
- Enter the *Year* associated with the attachments. Click *Save.*



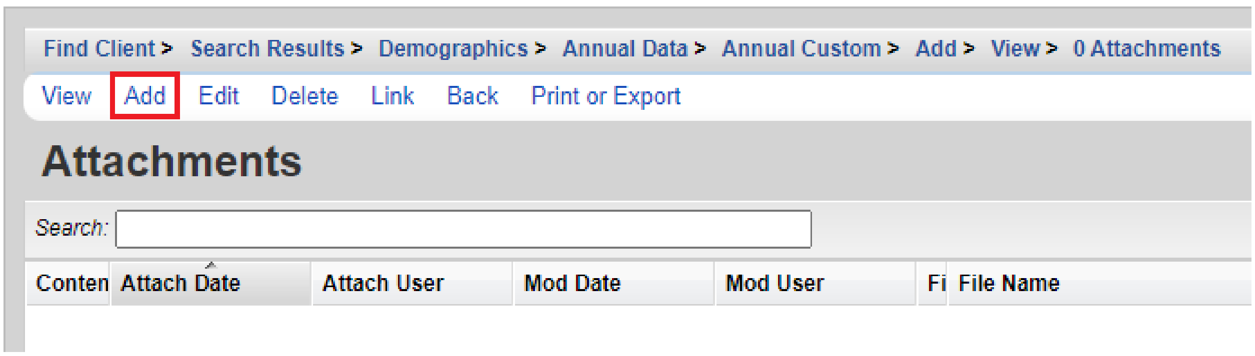
- To upload a file, click on the row with the year associated with the attachments. Click *View*.



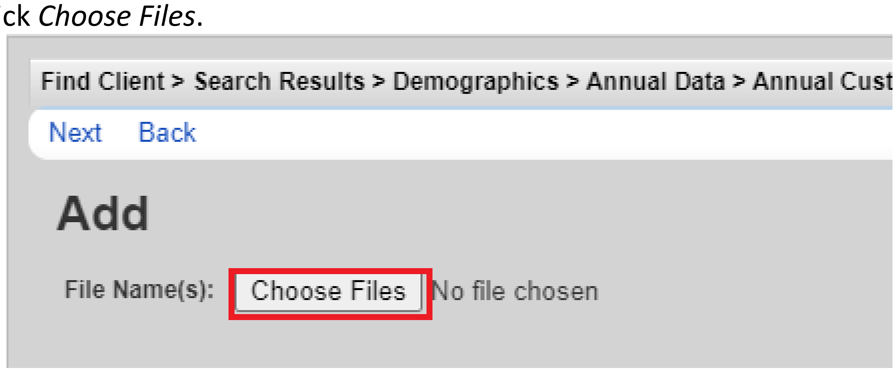
– Click on the field's *Attachments* hyperlink on the *View* screen.



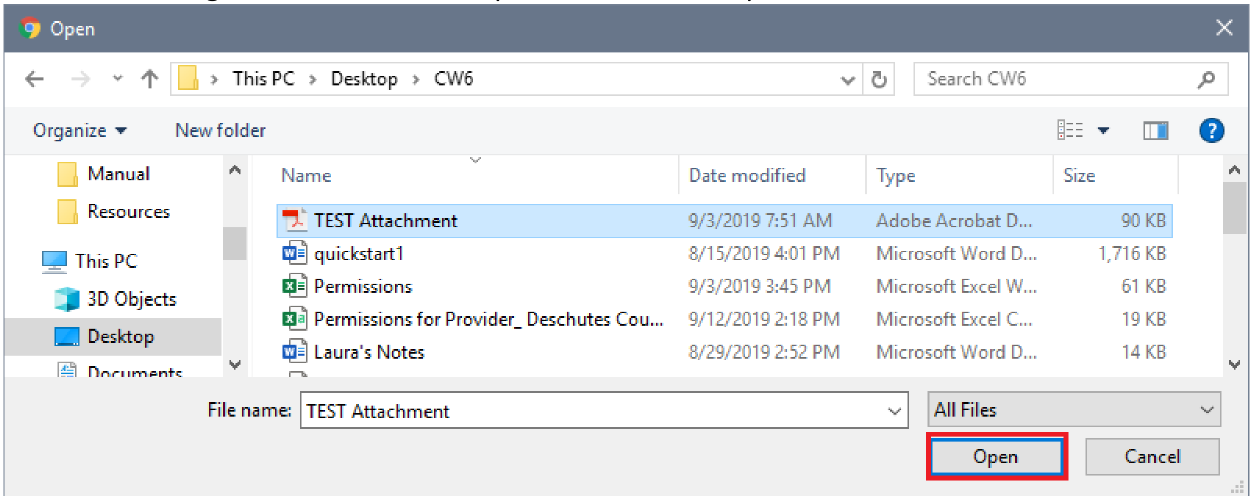
– Click *Add* on the *Attachments* screen.



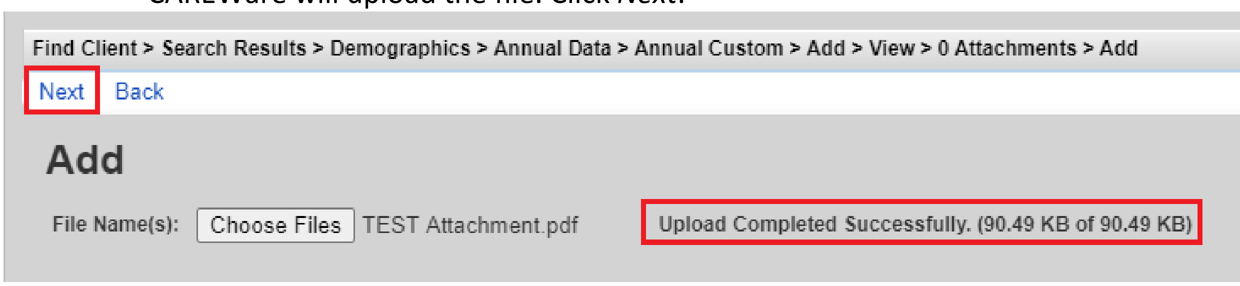
– Click *Choose Files*.



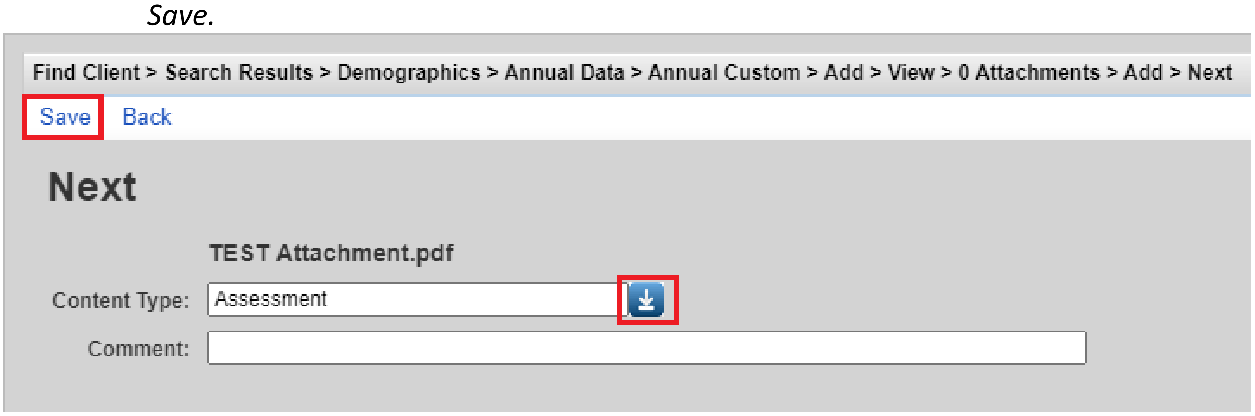
- Navigate to the file to be uploaded and click *Open*.



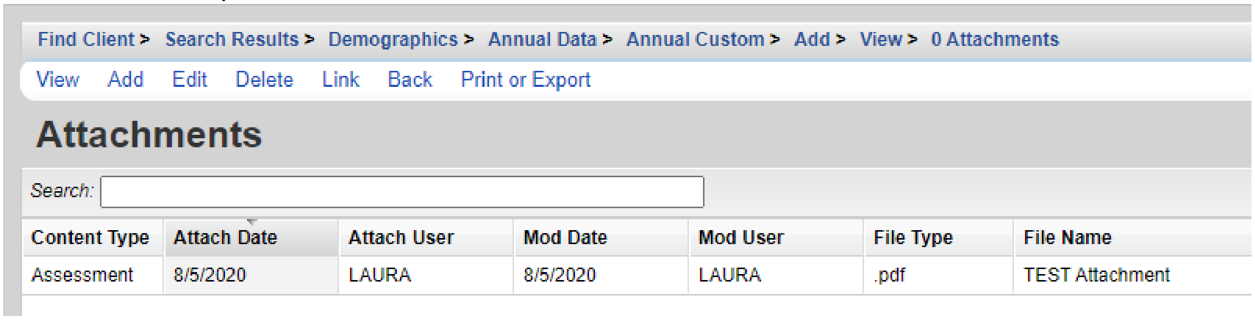
- CAREWare will upload the file. Click *Next*.



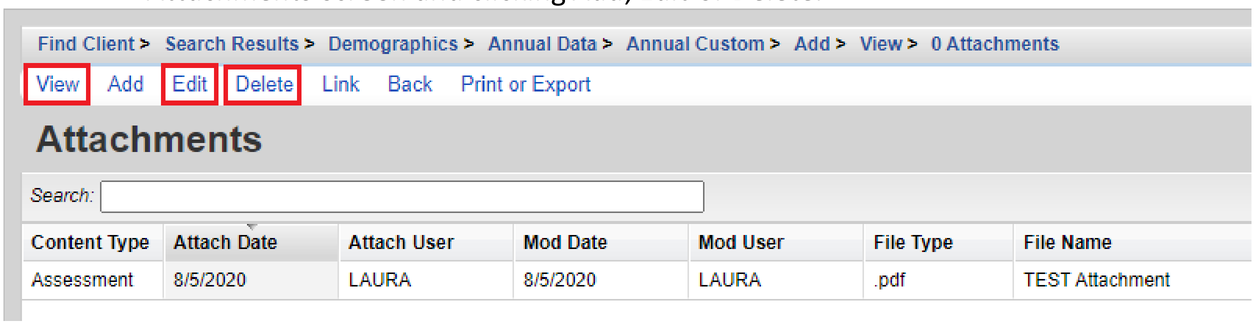
- Select the *Content Type* from the dropdown list options for the uploaded file. Click *Save*.



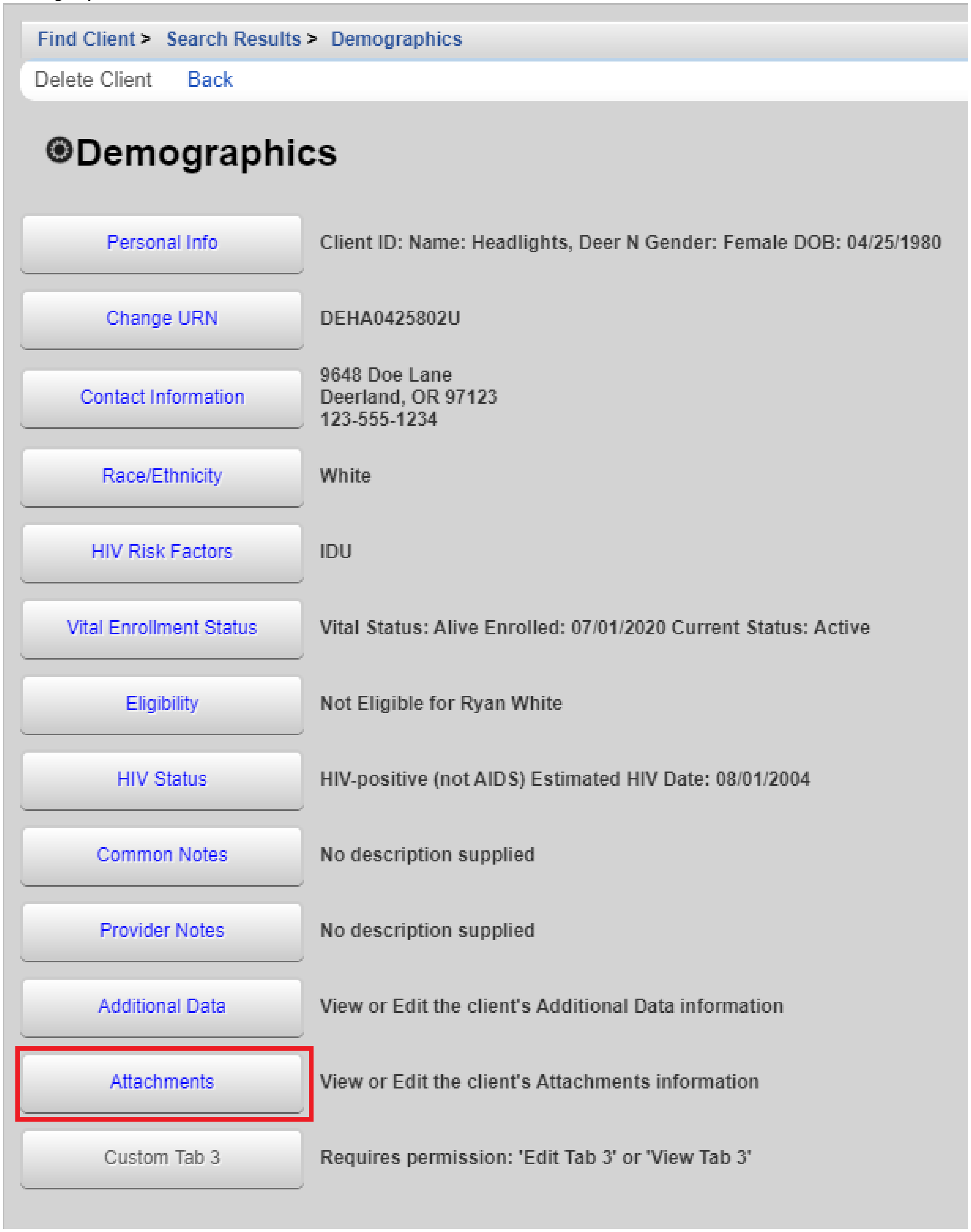
– The uploaded document will now be visible on the *Attachments* screen.



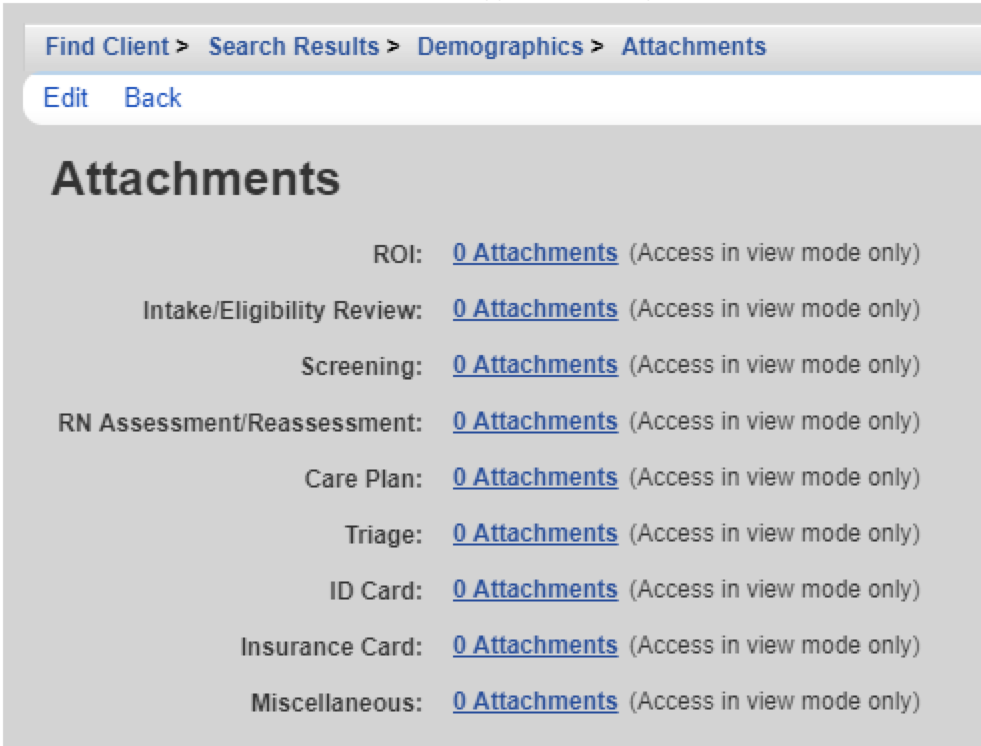
– Attachments can be viewed, edited or deleted by selecting the document on the *Attachments* screen and clicking *Add*, *Edit* or *Delete.*



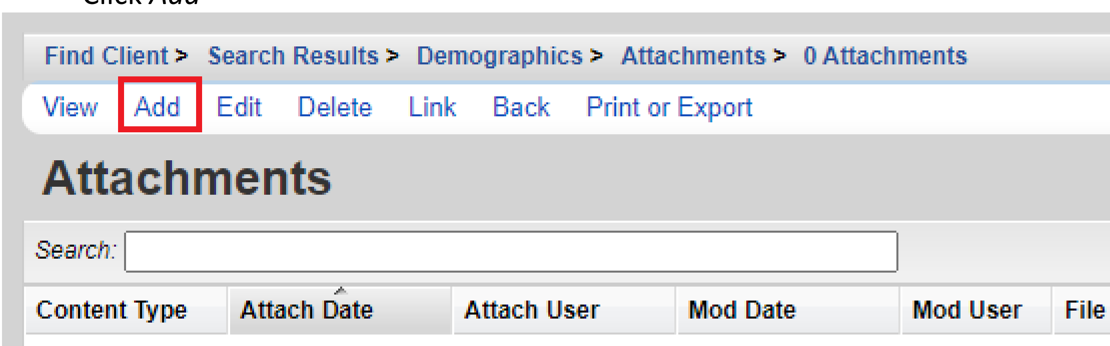
The **County Model** can upload documents and forms in the *Attachments* link on the client *Demographics* screen.



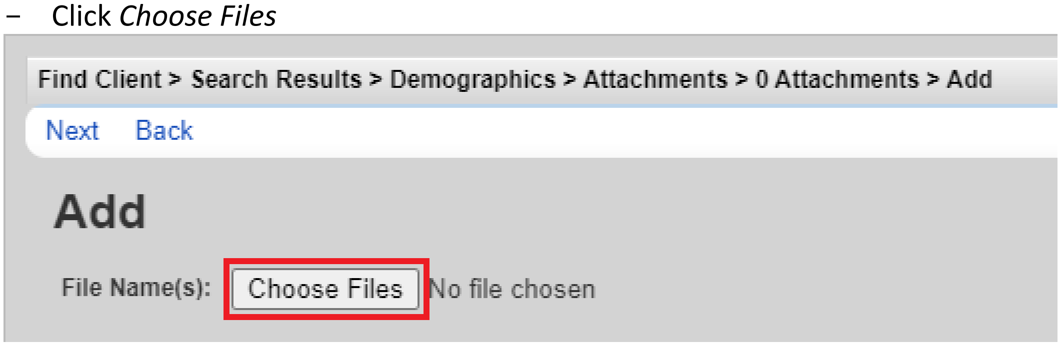
– To attach a file, click on the field's hyperlink to open the *Attachments* screen.



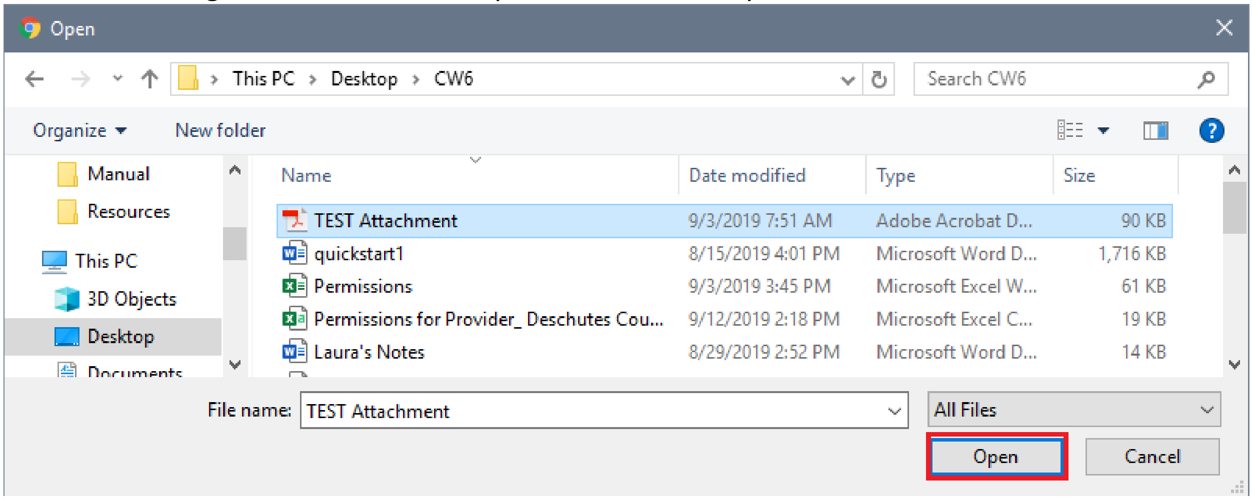
– Click *Add*



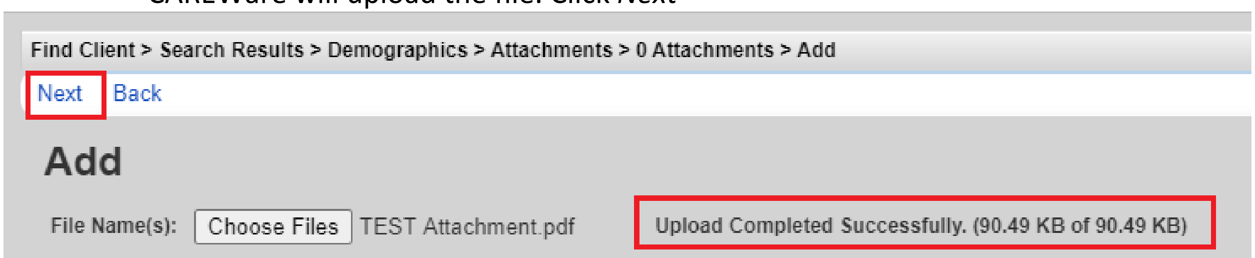
– Click *Choose Files*



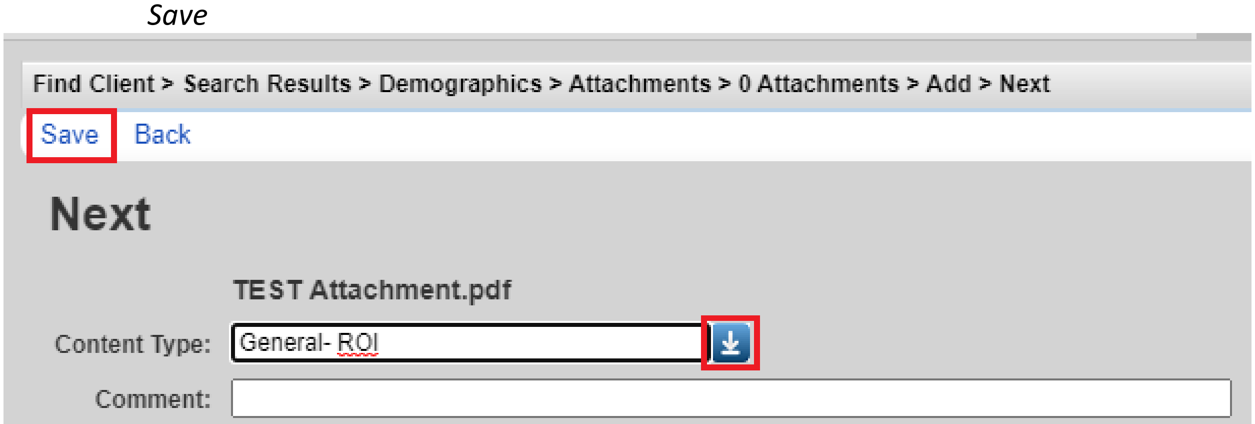
– Navigate to the file to be uploaded and click *Open*



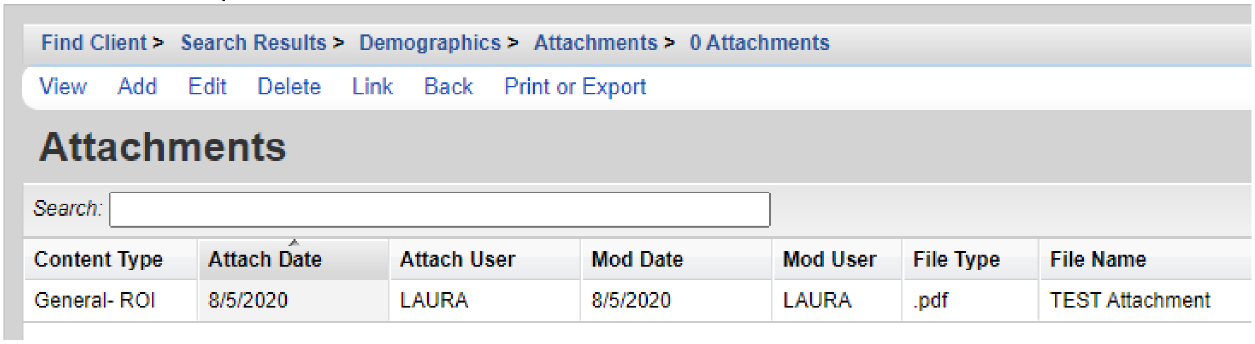
– CAREWare will upload the file. Click *Next*



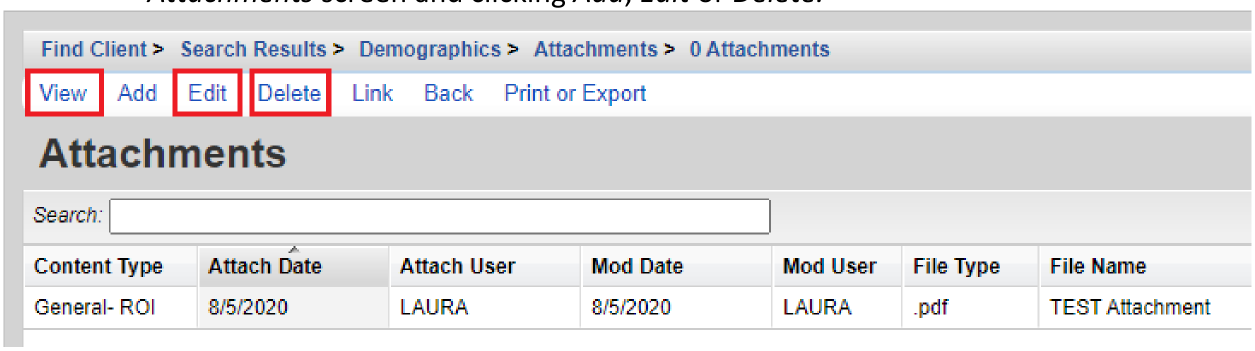
– Select the *Content Type* from the dropdown list options for the uploaded file. Click *Save*



– The uploaded document will now be visible on the *Attachments* screen.



– Attachments can be viewed, edited or deleted by selecting the document on the *Attachments* screen and clicking *Add*, *Edit* or *Delete.*



Labs

The following lab values should be up to date in CAREWare.

- CD4 Count (cells/mm^3)
- Viral Load (copies/mL)
- Acuity Score (points)
- Acuity Level for all life areas

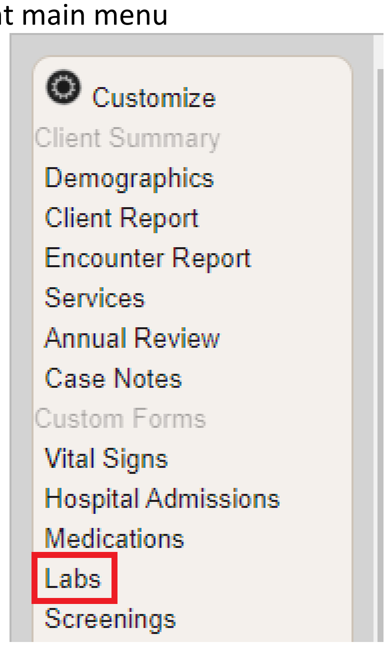
Acuity Score and Acuity Levels are automatically imported into the Labs screen from the Acuity Forms. Viral Load, CD4 and CD4 % labs for most clients are imported monthly from surveillance data. A client must have an enrollment status of Active in both CAREAssist and CAREWare to be captured in the import. Imported data will include “Provider Data Import” in the *Data Source* field and “SRV Import” in the *Comment* field. Any viral load count from 0-75 may be considered undetectable. Missing values or values determined to be suspect by the surveillance program are not imported in CAREWare.

Lab data must be entered manually by case managers for clients whose data is not captured in the monthly imports.

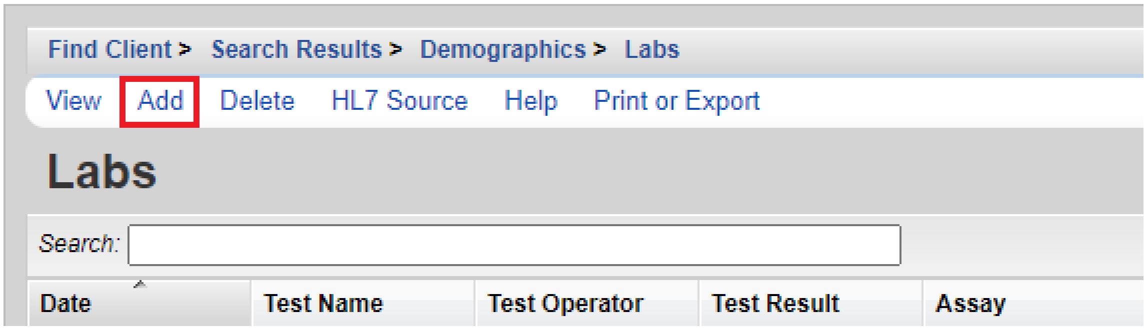
Additional lab values may be entered at the case manager’s discretion. The agency’s CAREWare Local Super User has the necessary permissions to activate additional lab tests as desired by local agency staff (e.g. cholesterol, iron levels, etc.). Contact the HIV Community Services Program to receive assistance setting up additional tests for the lab menu.

To add a new lab entry:

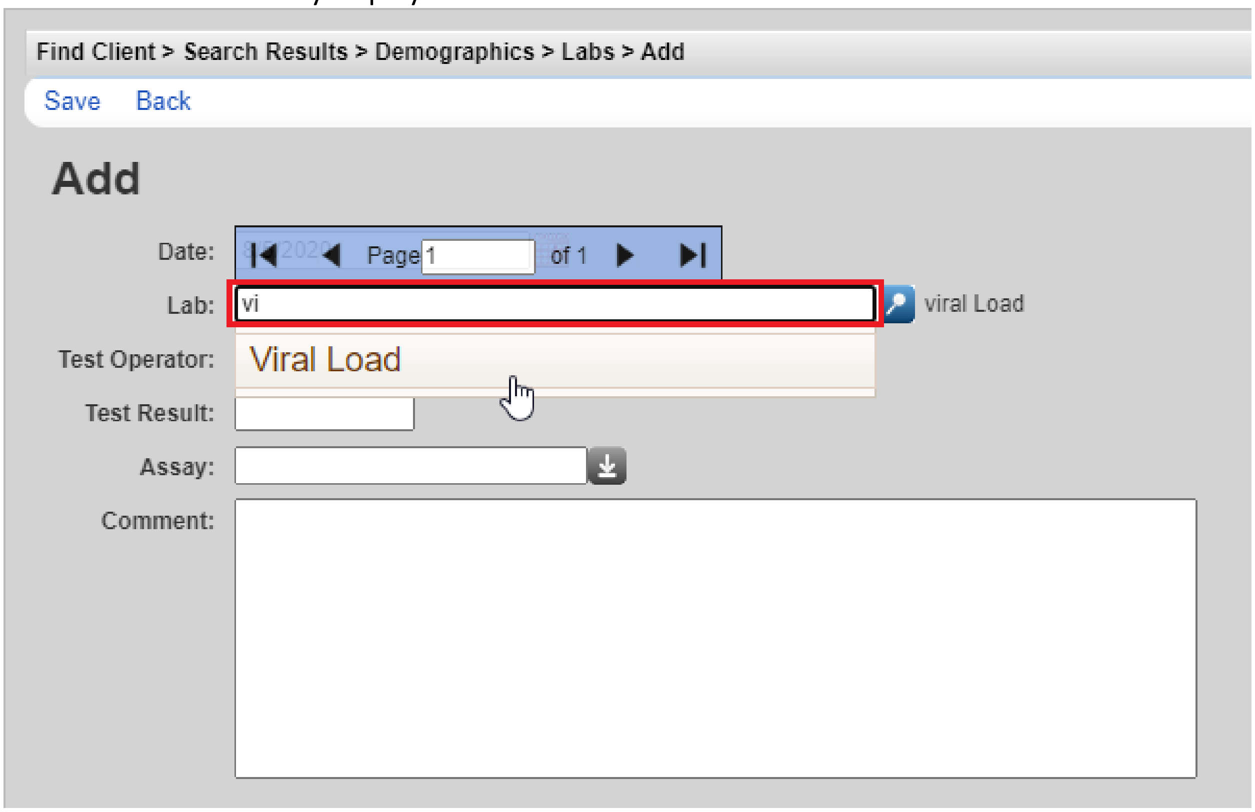
- Click *Labs* on the client main menu



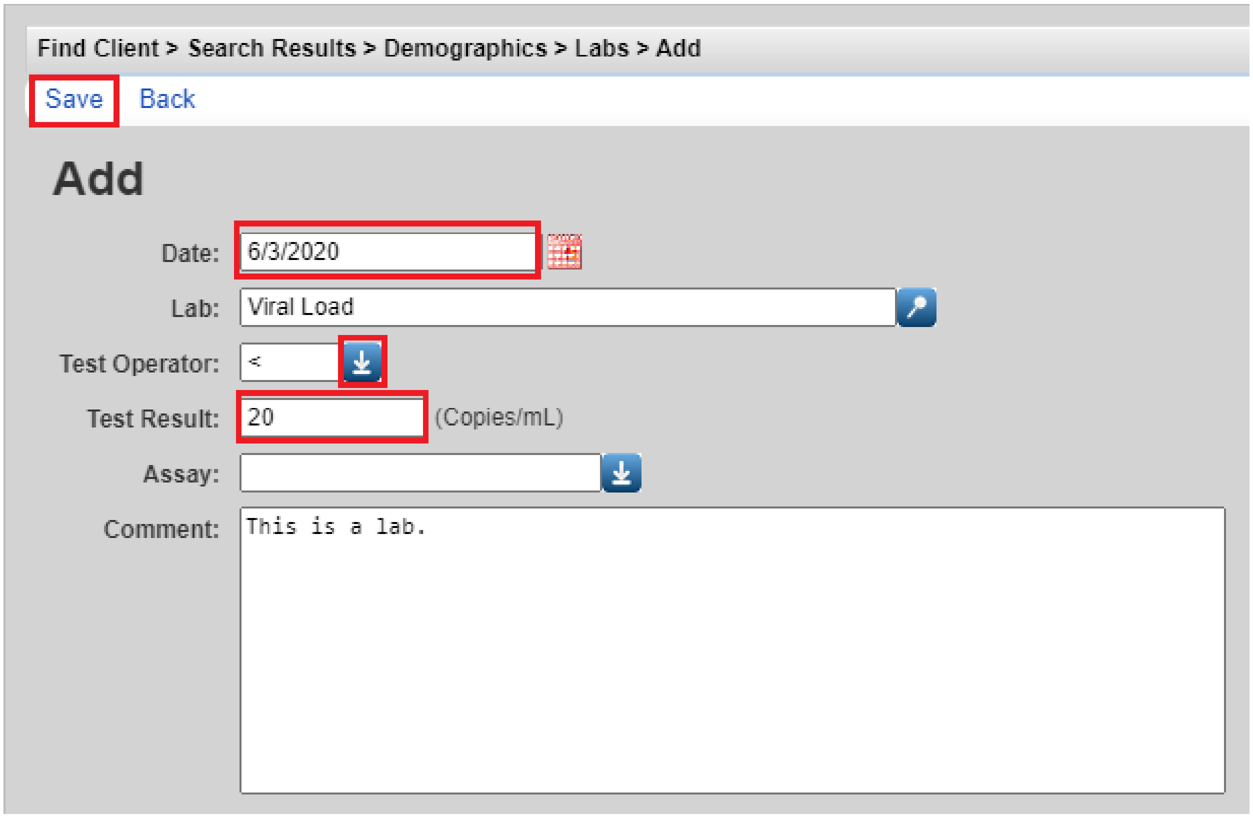
- Click *Add*



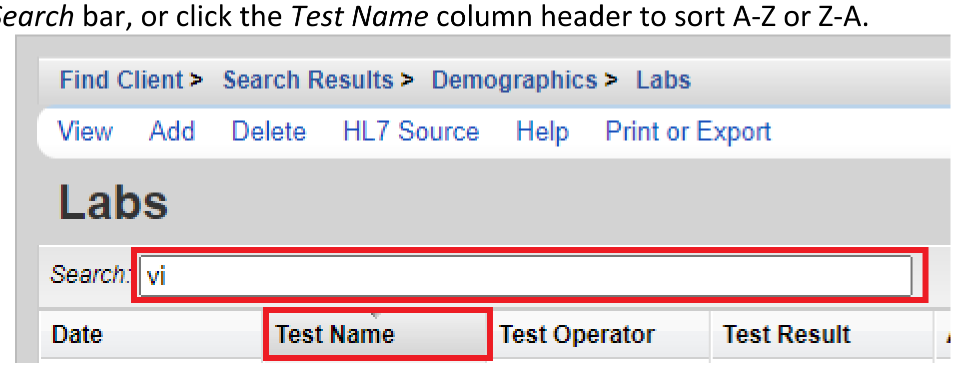
- Type in the first few letters of the test into the *Lab* field. CAREWare will automatically display matches. Select the correct test.



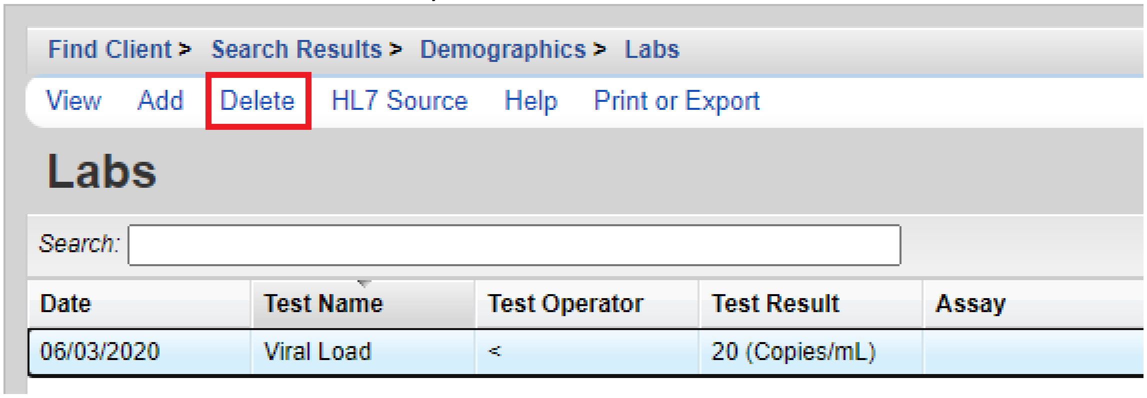
- Enter the *Date* the lab was performed (not the date results were received or the date of data entry)
- Enter the *Test Operator* (e.g. =, <, >) from the dropdown list options
- Enter the *Test Result*
- Enter a *Comment* if desired
- Click *Save*



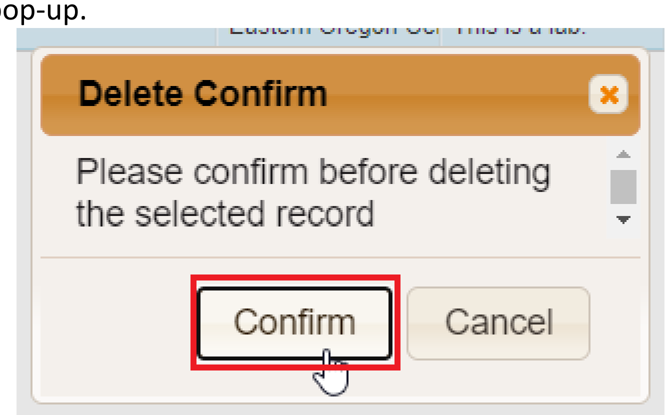
To filter the labs displaying on the first page of the *Labs* screen, enter the first few letters of the lab in the *Search* bar, or click the *Test Name* column header to sort A-Z or Z-A.



To delete a lab in a client's lab history, select the lab, then click *Delete.*



Click *Confirm* on the pop-up.

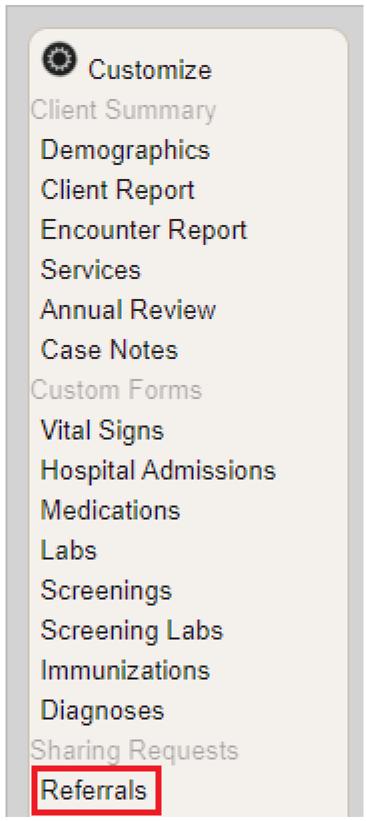


Referrals

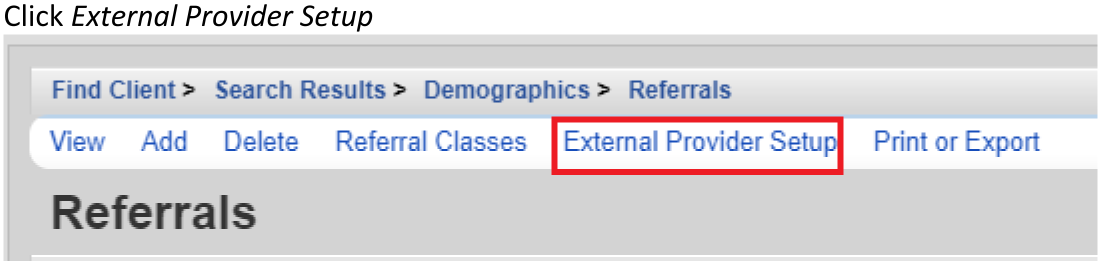
Referrals required to be documented in CAREWare include: outpatient/ambulatory care, CAREAssist, oral health care, mental health services, medical nutritional therapy, substance abuse services outpatient, housing (including OHOP), employment, food banks and tobacco cessation (see shadowed boxes below for Requested Service Category Type). Document referrals and follow up/outcomes in a CW Care Plan case note. You may also document referrals in the Referral section, as shown below.

To set up a new referral provider:

- Click *Referrals* on the client main menu.

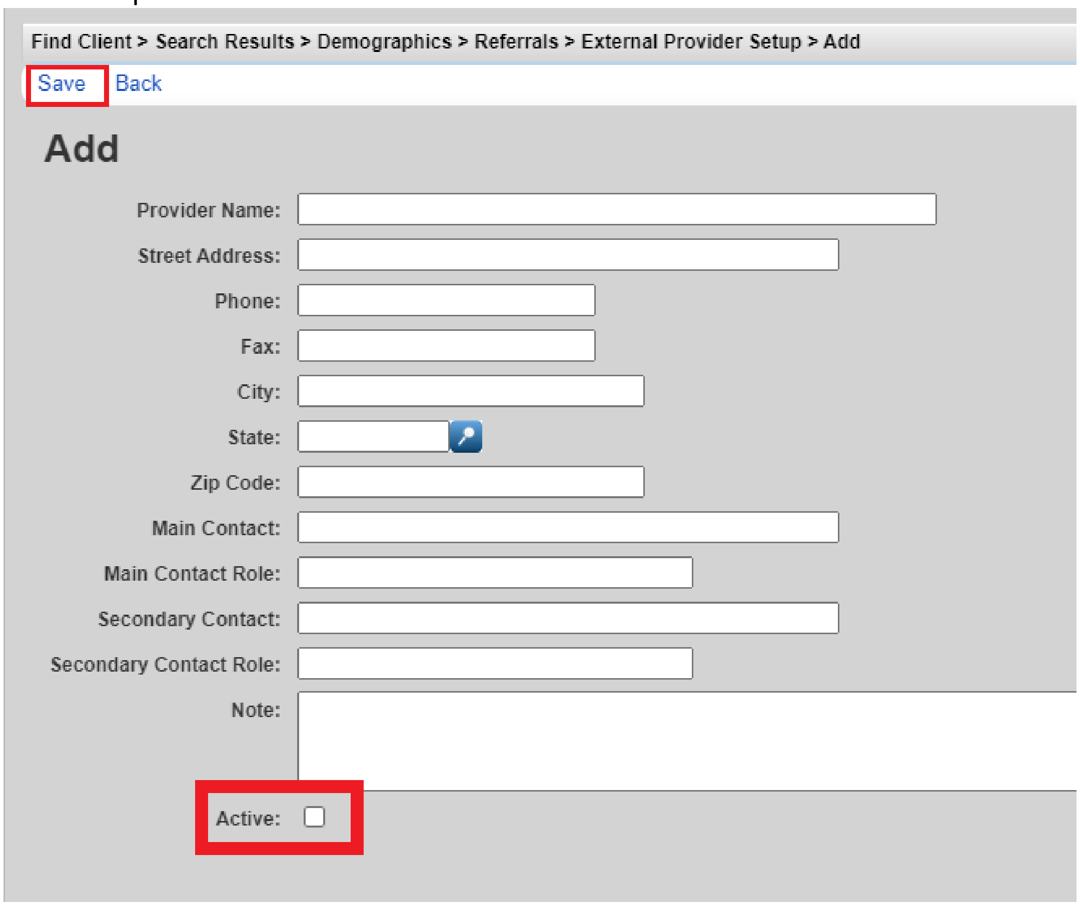


- Click *External Provider Setup*



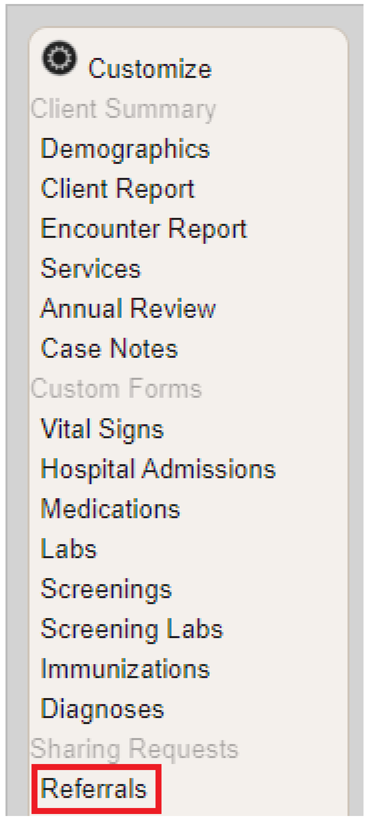
– Click *Add*

– Enter the provider information and check the Active box at the bottom. Click Save.

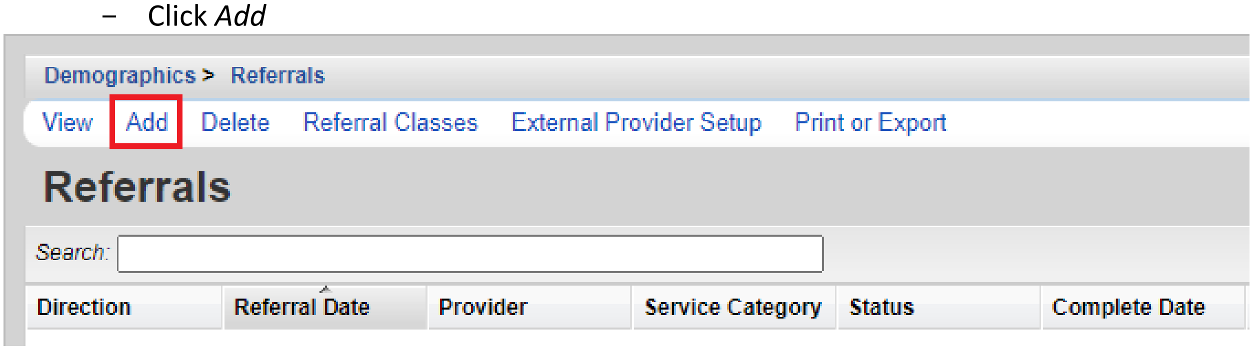


To record a new referral:

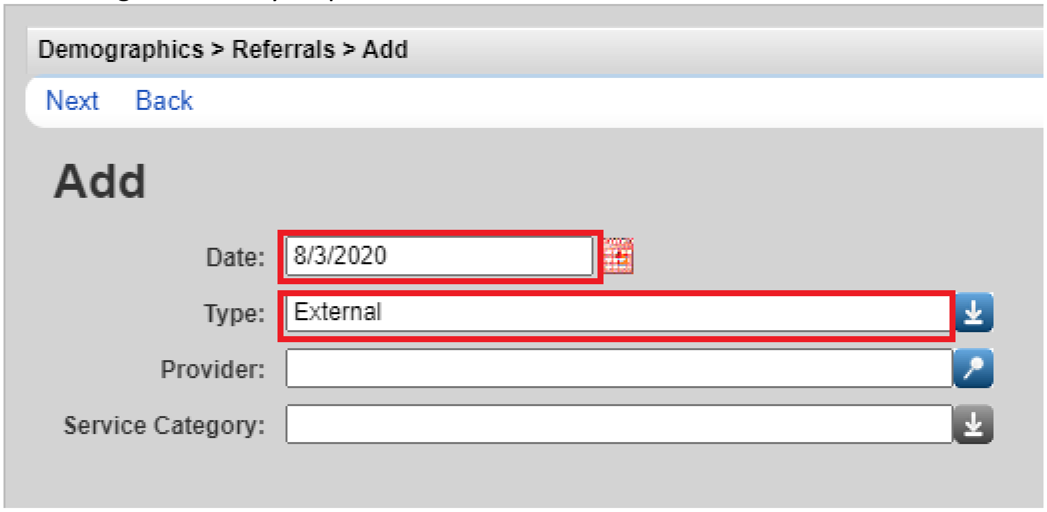
– Click *Referrals* on the client main menu.



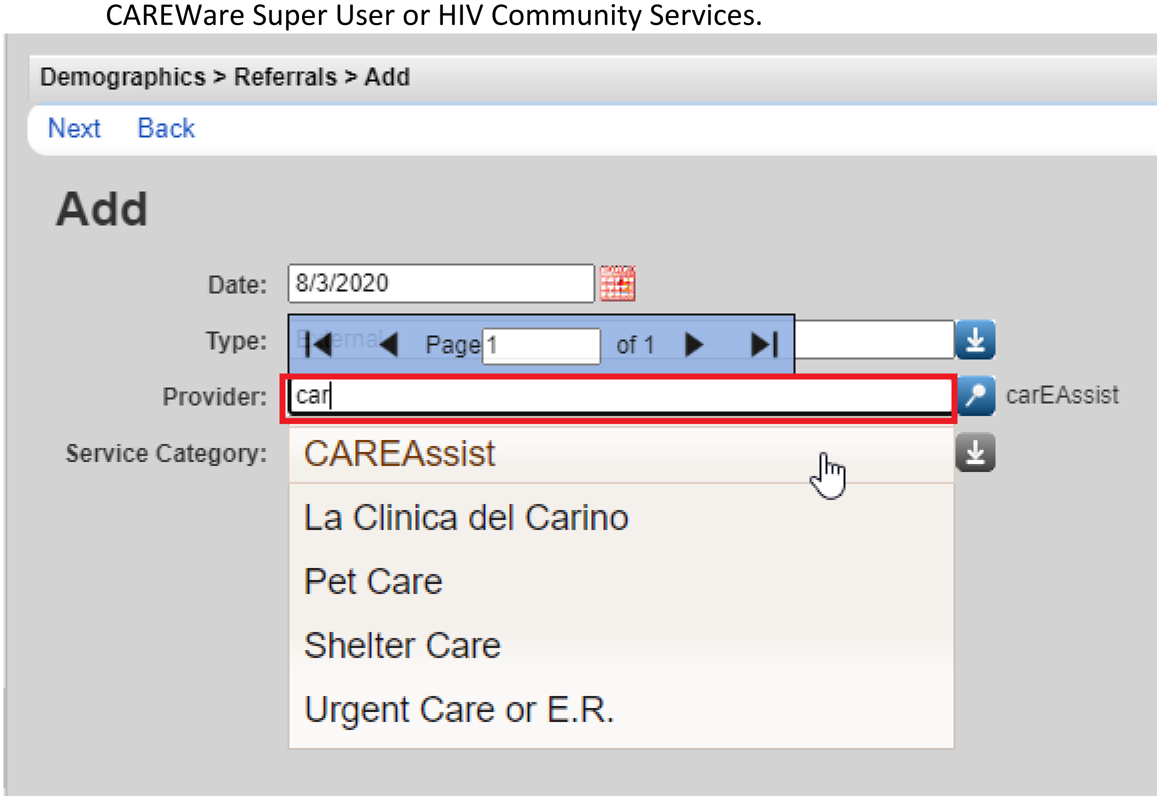
– Click *Add*



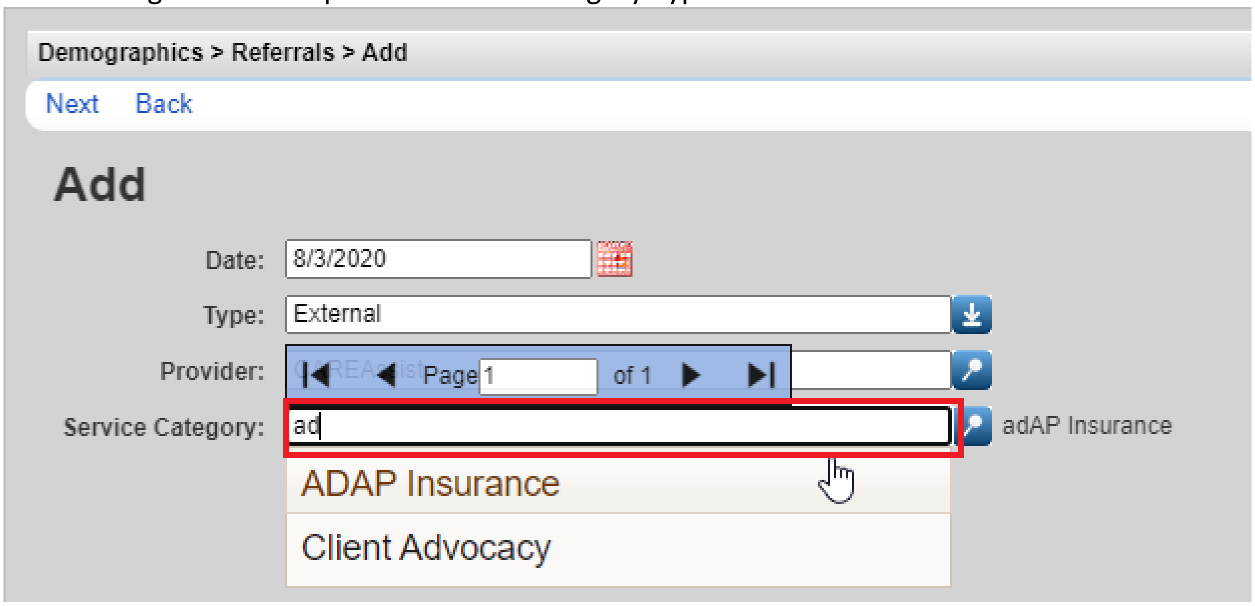
- Enter the *Date* of the referral.
- Enter the referral *Type* (Internal or External) from the dropdown menu options. Case managers are only required to record external referrals.



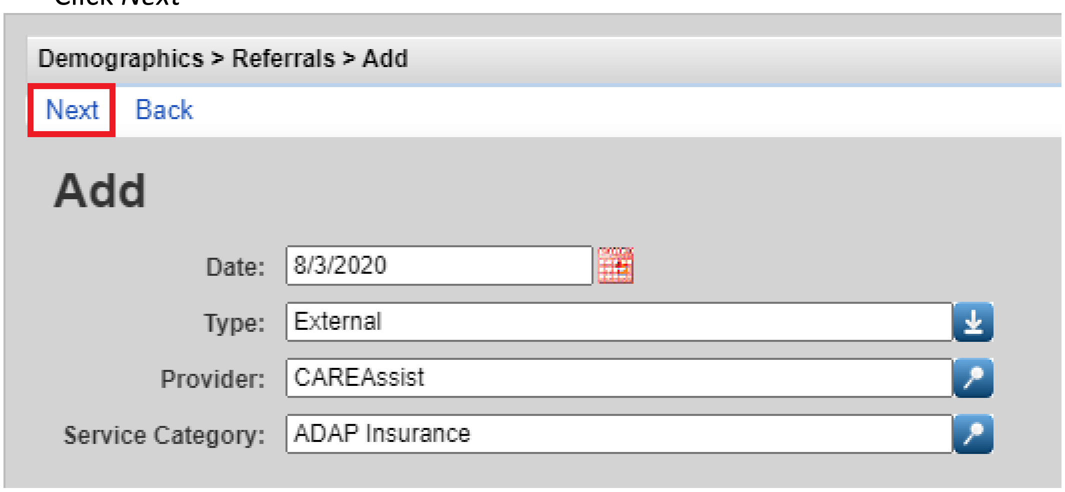
- Type the first few letters of the referral provider in the *Provider* field. CAREWare will automatically display the providers matching the search criteria below. Select the appropriate provider. This list will contain only the providers that your agency has added to the list. To set-up the External Referrals provider list, contact your agency's CAREWare Super User or HIV Community Services.



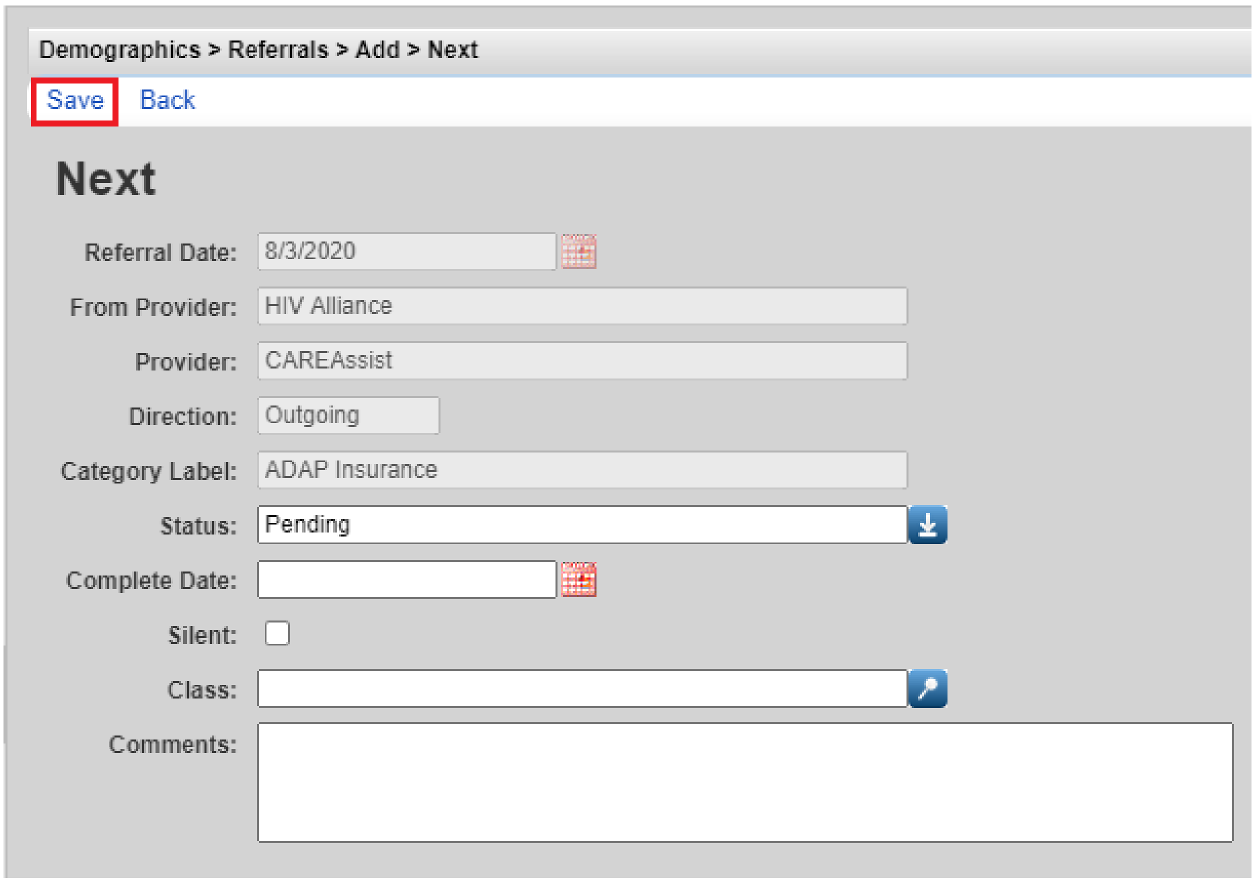
- Type the first few letters of the service type in the *Service Category* field. This is the list of HRSA approved service categories. The options cannot be edited by local agencies or the HIV Community Services Program. Review following table for guidance: Requested Service Category Type.



- Click *Next*



- Select the referral *Status* from the dropdown menu on the *Next* screen.
  - *Pending* – Status of all new referrals. If referral is pending, follow up with the client every two weeks with regards to the status.
  - *Completed* – There is evidence that the client has made initial contact with the referral agency.
  - *Lost to follow up* – The outcome of the referral cannot be verified. This can be used after a reasonable amount of time or a maximum of 3 months.
  - *Rejected* – The client informs your agency that they no longer need or desire the referral provided. This can be used at any point in the referral process.
- Ignore the *Class* field
- Add a *Comment* if desired
- Click *Save*



Referrals required to be documented in CW in either a case note or the referral tab include (see shaded cells below for Service Category Type) the below:

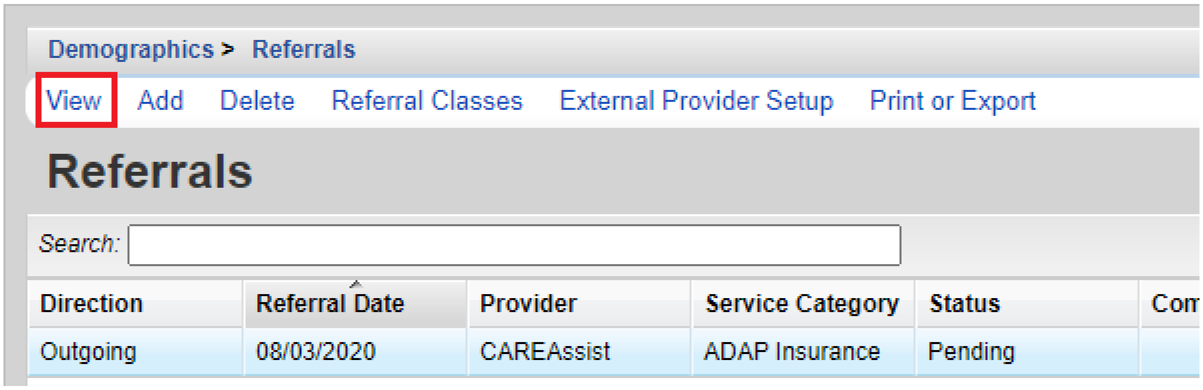
- CAREAssist
- Oral Health Care
- Mental Health Services
- Medical Nutritional Therapy
- Substance Abuse Services Outpatient
- Housing
- Employment
- Tobacco Cessation
- Food Banks

Requested Service Category	Definition/Examples/Exceptions
AIDS Insurance	CAREAssist or another Part B funded ADAP program.
AIDS Pharmaceutical Assistance	**DO NOT USE** – report under AIDS Insurance
Buddy/companion services	Such as a peer navigator program.
Case Management (face to face (FTF))	**DO NOT USE** – report under Case management (non-medical)
Case Management (non FTF)	**DO NOT USE** – report under Case management (non-medical)
Case Management (non-medical)	Other case management services **not provided by your agency**.
Child care services	For purposes related to coverage needed while person is working, accessing medical care etc.
Child welfare services	Such as the Department of Human Services (DHS).
Client advocacy	For support in navigating court or legal system.
Early intervention services (EIS)	Services related to HIV testing and counseling and support for the newly diagnosed.
Emergency financial assistance	Provision of short term payments or vouchers, **not provided by your agency,** to assist with emergency expenses, for example a referral to DHS for food stamps.
Food bank/home delivered meals	The provision of actual food or meals. It does not include finances to purchase food or meals (such as food stamps).
Health education/risk reduction	Services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission.
Home Health Care	Provision of services in the home by a *licensed health care professional such as a registered nurse,* to deliver care such as IV treatment & diagnostic testing. Includes services funded by State Managed Services (SMS).
Home health: Professional	**DO NOT USE** – report as home health care
Home health: Para-professional	**DO NOT USE** – report as home health care
Home health: specialized care	**DO NOT USE** – report as home health care
Home and Community based Health Services	Provision of services in the home that are *NOT provided by a licensed professional,* such as delivery/maintenance of medical equipment and personal care services.
Housing services	Referral to housing services, **not provided by your agency**, including all referrals to Oregon Housing Opportunities in Partnership (OHOP).
Hospice services	Support provided to clients in terminal stages of illness.
Legal services	Includes legal services for all reasons.
Linguistics services	Provision of interpretation and translation services, **not paid for by your agency.**
Mental health services	Psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and

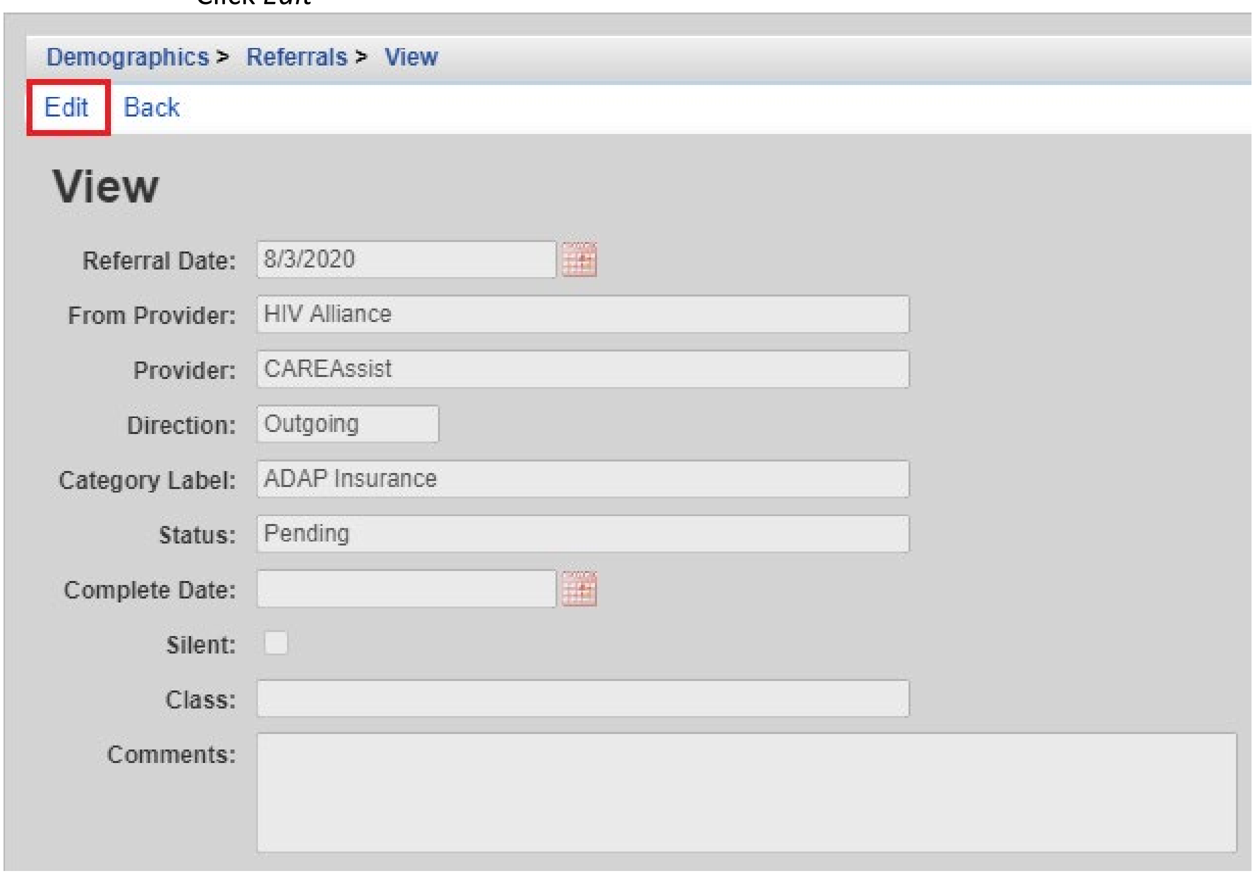
	provided by a licensed mental health professional. **Includes services funded by State Managed Services (SMS).**
Medical nutrition therapy	Provided by a licensed dietician outside of a primary care visit, includes provision of nutritional supplements. **Includes services funded by State Managed Services (SMS).**
Medical Case management services	Includes a range of client-centered services that link clients with health care, psychosocial and other services, **not provided by your agency.**
Medical transportation	Transportation to medical care, **not provided by your agency.**
Non CARE act services	**DO NOT USE**
Oral health care	Includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, including referrals to Clocktower and Russell Street clinics. **Also includes services funded by State Managed Services (SMS).**
Other counseling (not MH)	For all services related to **employment**, vocation support, or benefits counseling.
Other support services	All other non-categorized support services, including **tobacco cessation.**
Outpatient/Ambulatory medical care (health services)	Provision of medical services where clients are generally not admitted overnight.
Pediatric developmental assessment and early intervention services	For referral for a client (infant or toddler) who needs pediatric development assessment. Do not use for the child of a client.
Permanency planning	Provision of services to help clients or families make decisions about placement and care of minor children after the parents/caregivers are deceased or are no longer able to care for them.
Psychosocial support services	Includes HIV support groups, pastoral care, caregiver support, and bereavement counseling.
Referral: health care	**DO NOT USE**
Referral: clinical research	For referral to a clinical research trial.
Rehabilitation services	Services provided by a licensed professional, including physical and occupational therapy, speech pathology and low-vision training.
Respite care	Assistance designed to provide relief for the primary caregiver of a PLWH.
Service Outreach services	Use for a referral to Disease Intervention or Partner Services.
Substance abuse services outpatient	Services delivered in an out-patient setting. **Includes services funded by State Managed Services (SMS).**
Substance abuse services–residential	Services delivered in an in-patient setting, includes short-term detox. **Includes services funded by State Managed Services (SMS).**

Treatment adherence counseling	Provision of counseling or special programs to ensure readiness for, and adherence to, HIV/AIDS treatment. **Includes referral to CAREAssist Medication Therapy Management program and the Pharmacist-led adherence program at the Alliance.**

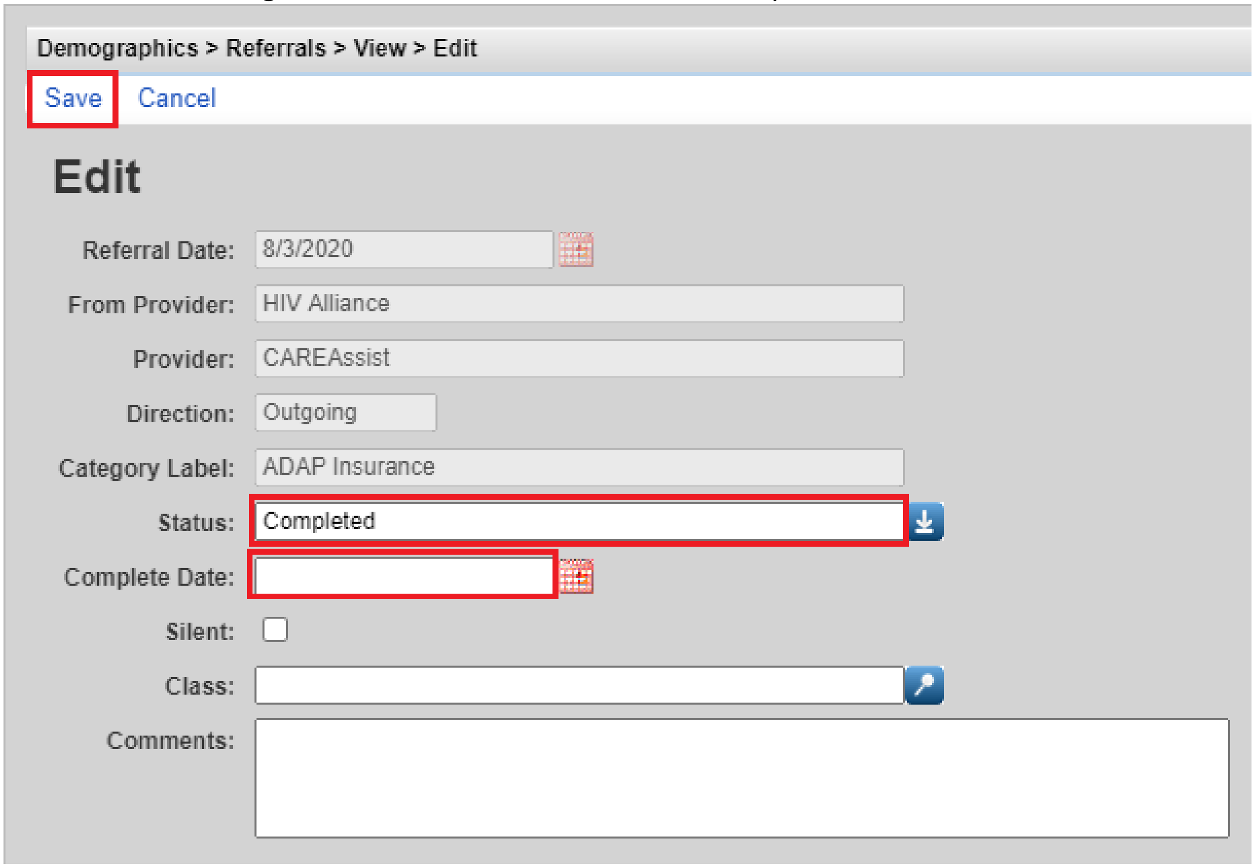
– Once the referral is *Status* is no longer pending, select the referral from the Referrals list and click *View*.



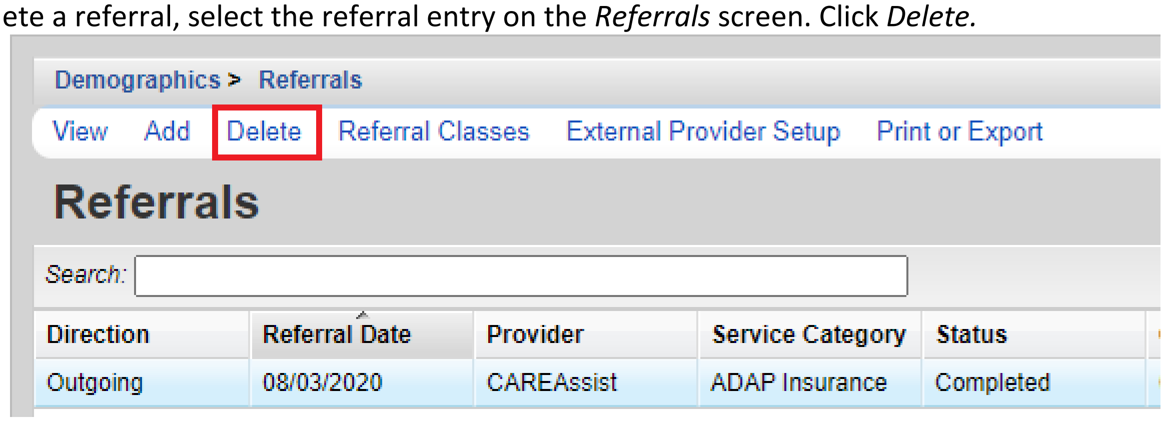
– Click *Edit*



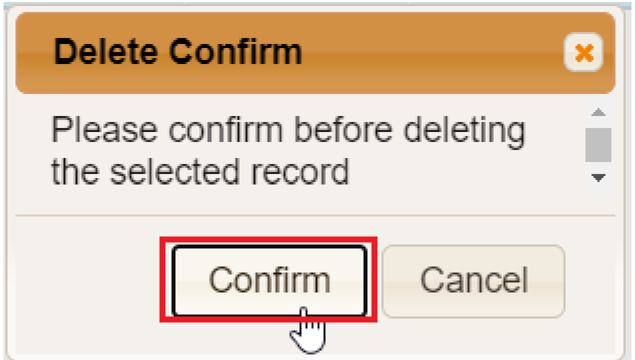
– Change the referral *Status* field and the *Complete Date*. Click *Save*



Referral entries should only be deleted if they were entered in the incorrect client record. To delete a referral, select the referral entry on the *Referrals* screen. Click *Delete.*



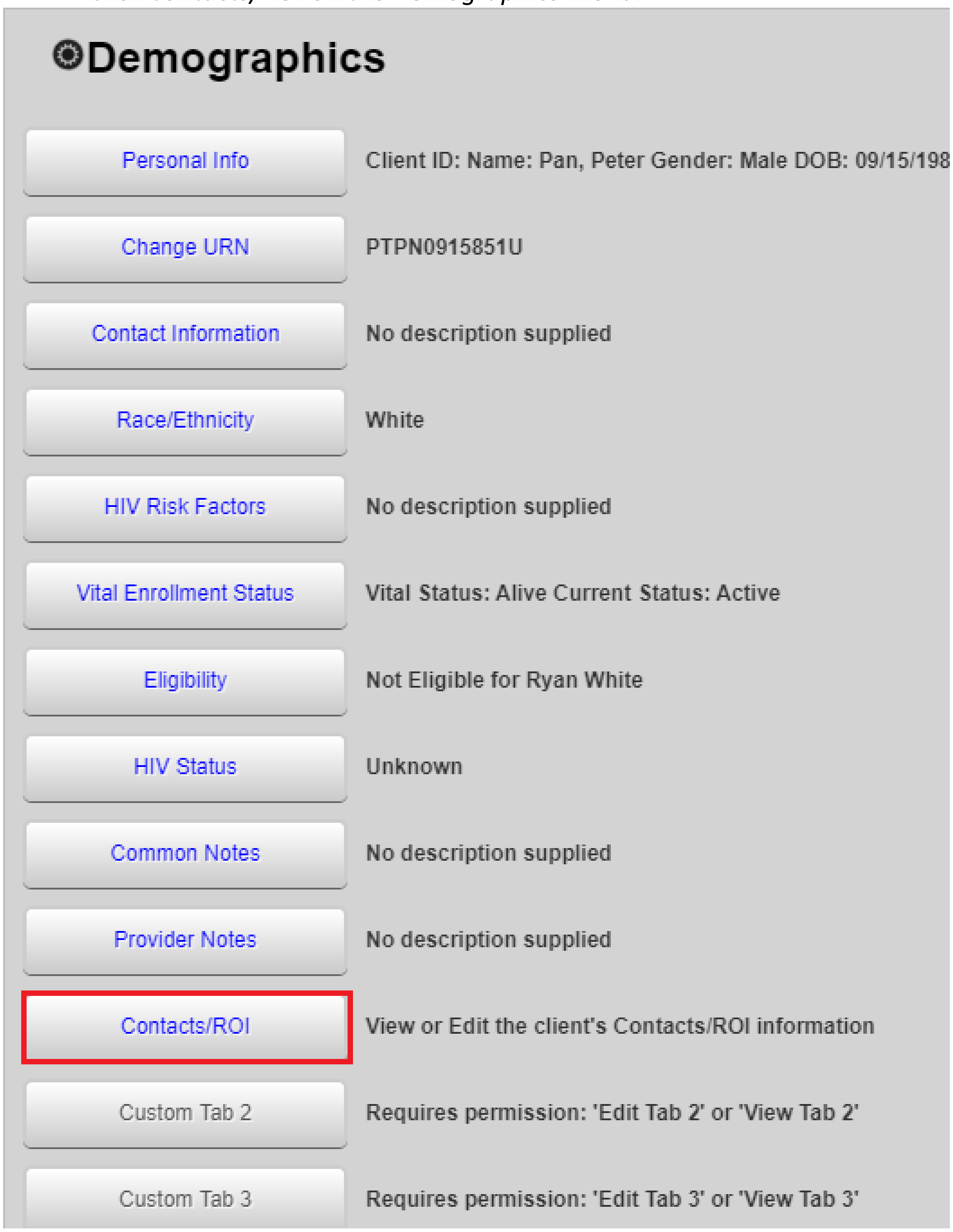
Click *Confirm* on the pop-up.



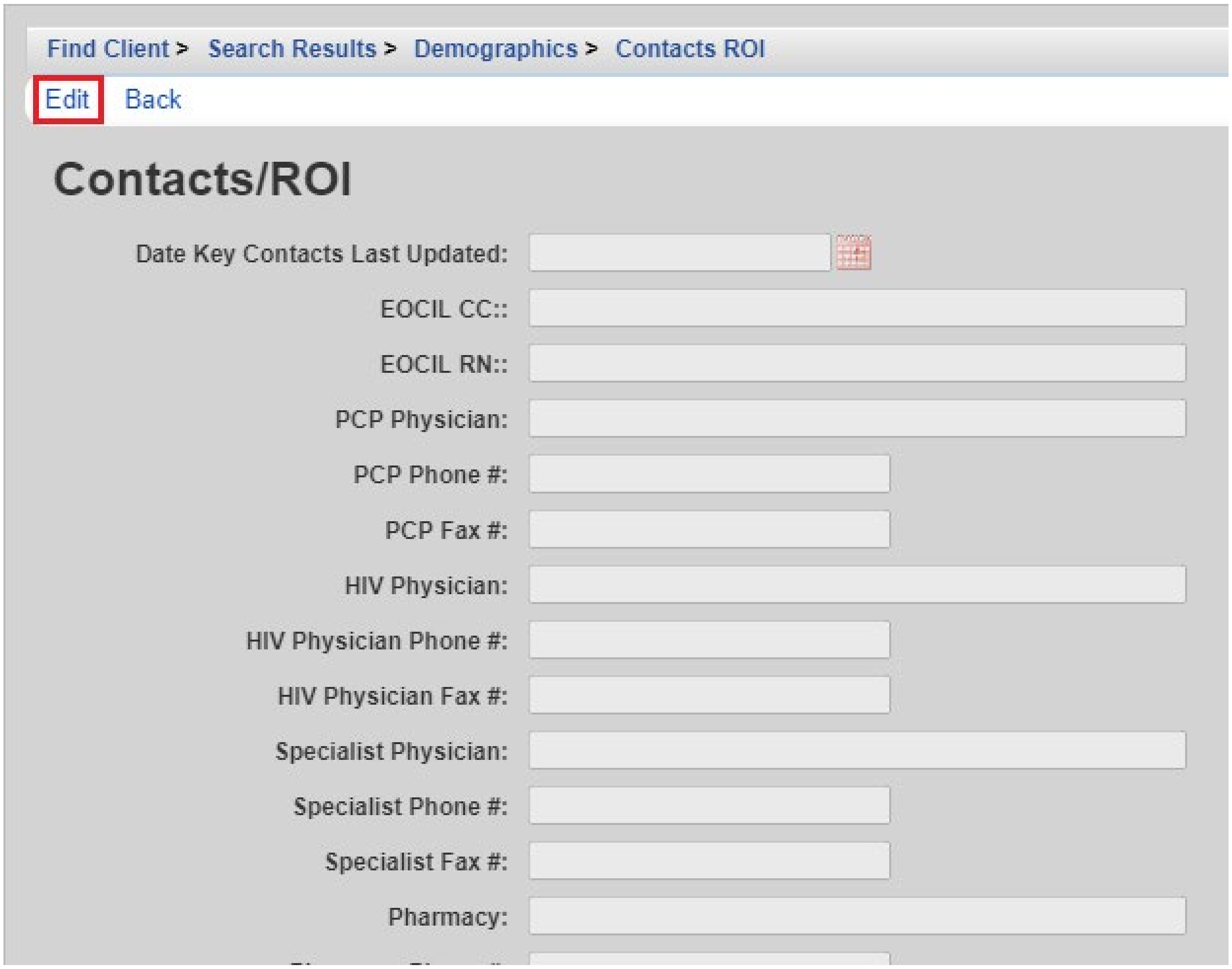
Contacts/ROI

The *Contacts/ROI* screen provides fields to record appropriate contact information for the client.

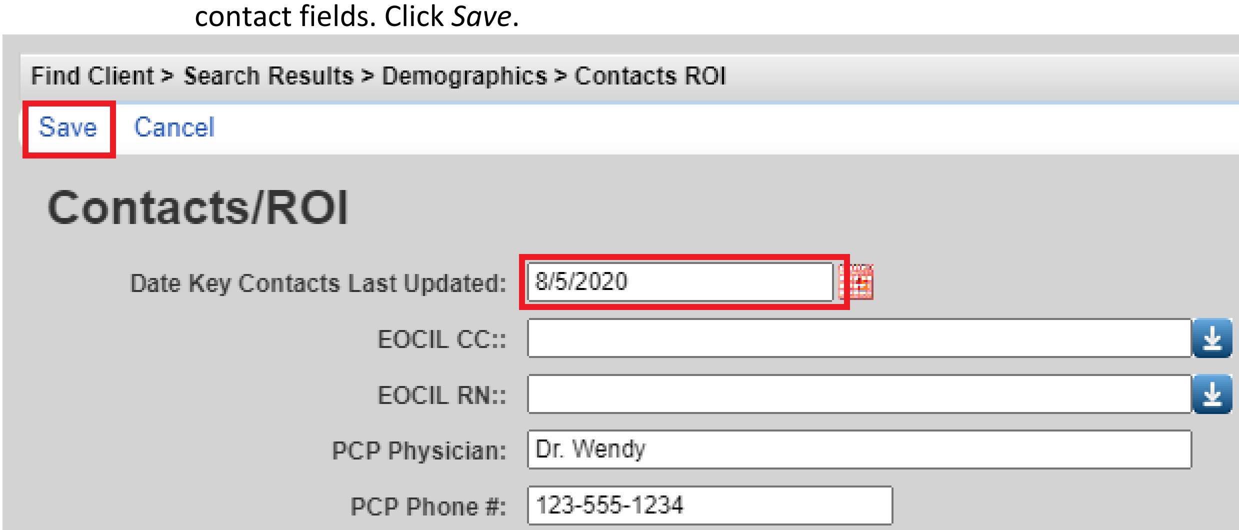
- Click *Contacts/ROI* on the *Demographics* menu.



– Click *Edit*



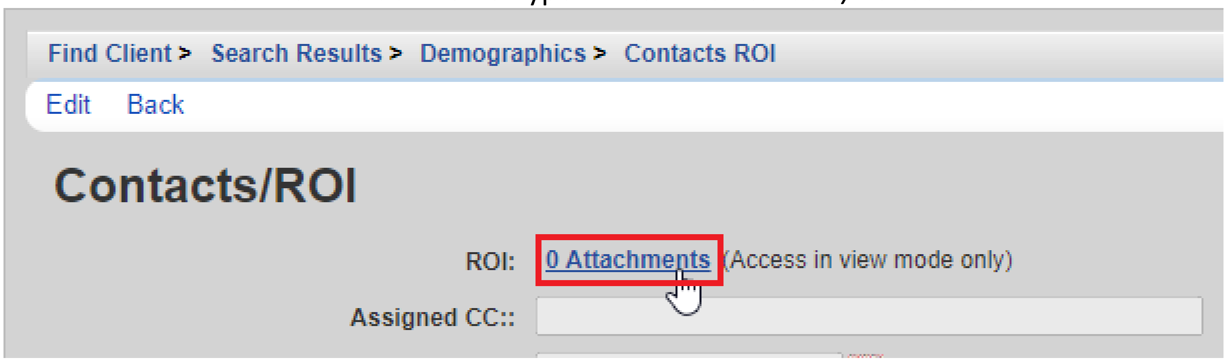
– Enter the Date of data entry and the appropriate information into the key contact fields. Click *Save*.



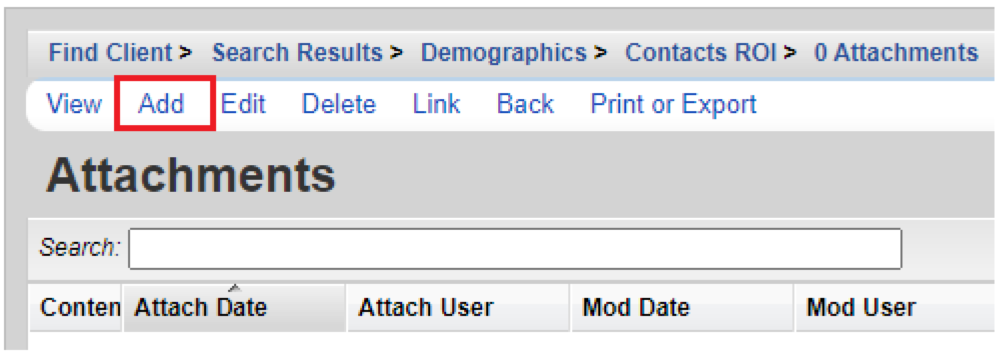
ROIs are uploaded on the *Contacts/ROI* screen in the Regional Model, and on the *Attachments* screen in the County Model.

To attach an ROI:

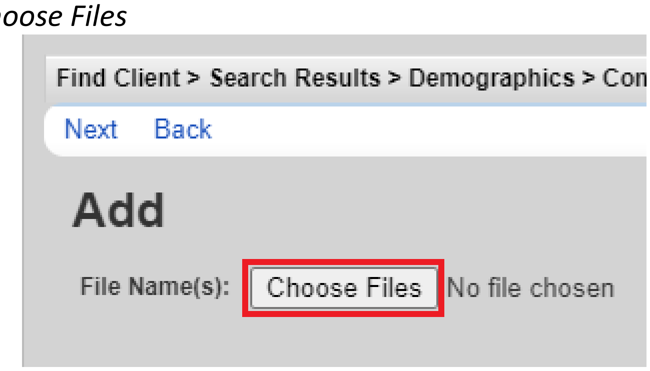
- Click the *# Attachments* hyperlink on the *Contacts/ROI* screen.



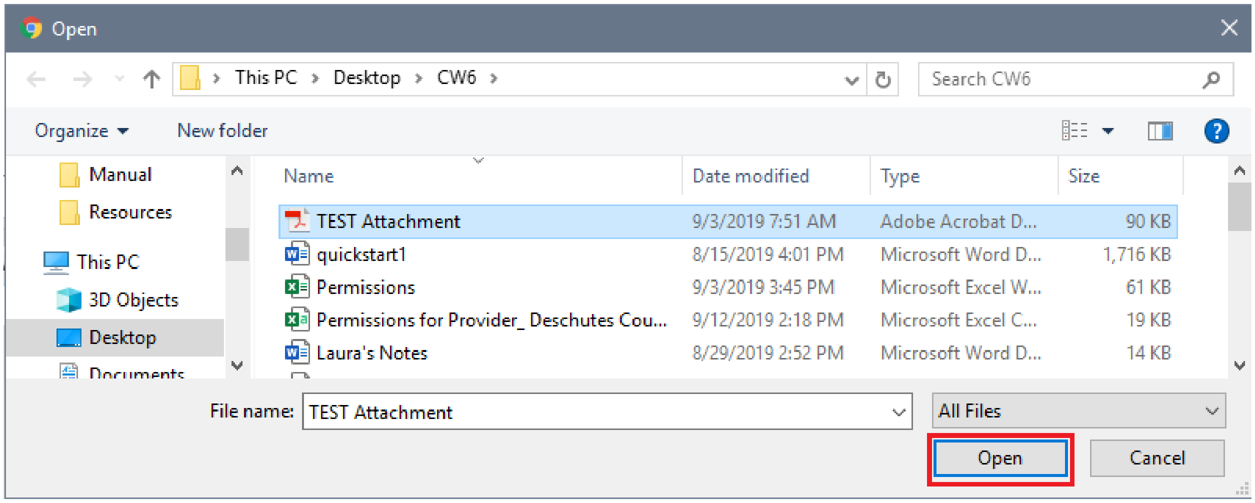
- Click *Add*



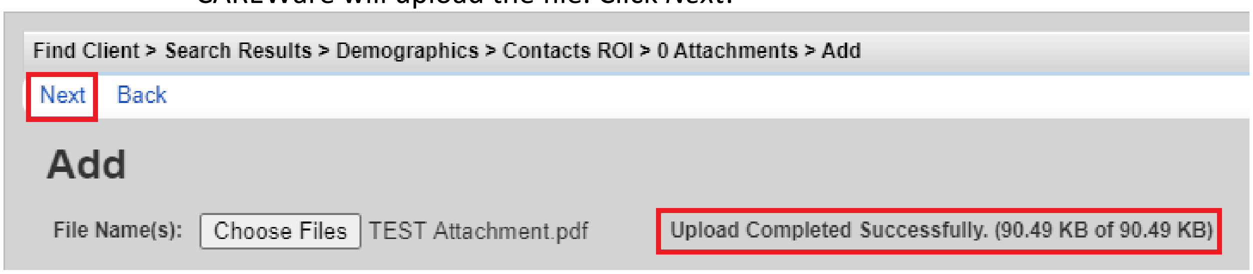
- Click *Choose Files*



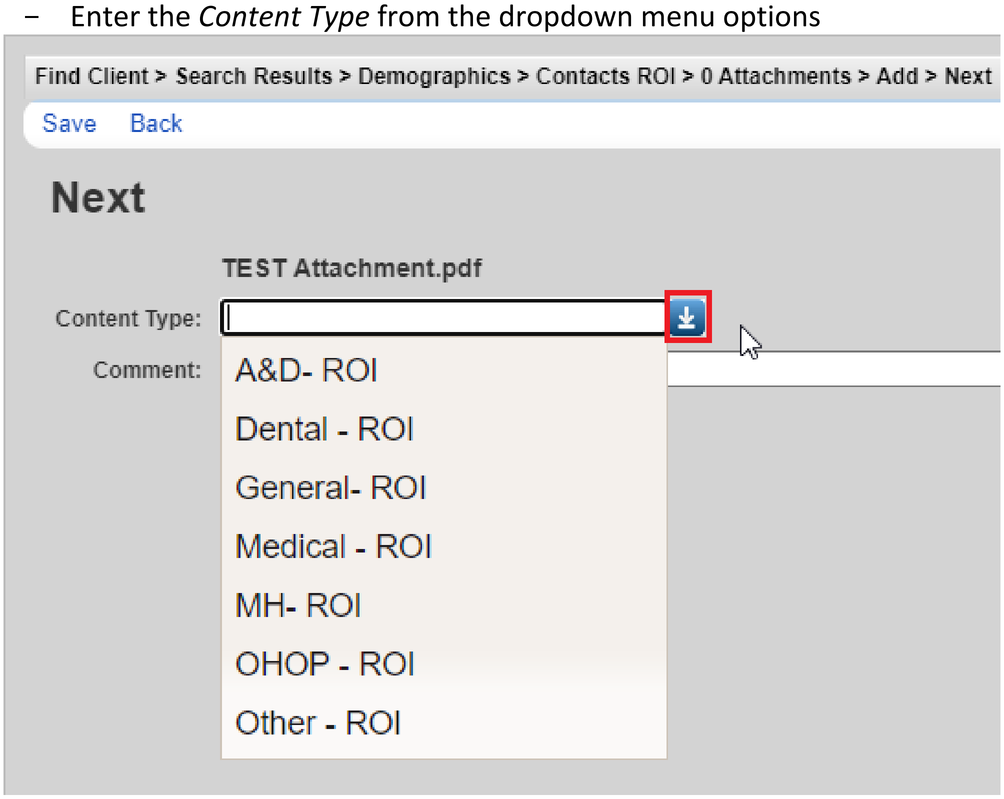
– Navigate to the file to be uploaded and click *Open*



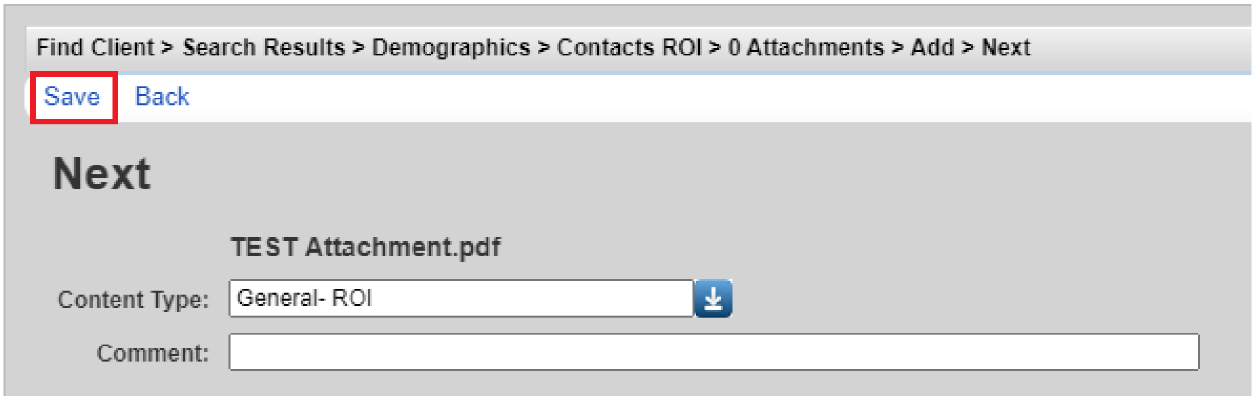
– CAREWare will upload the file. Click *Next*.



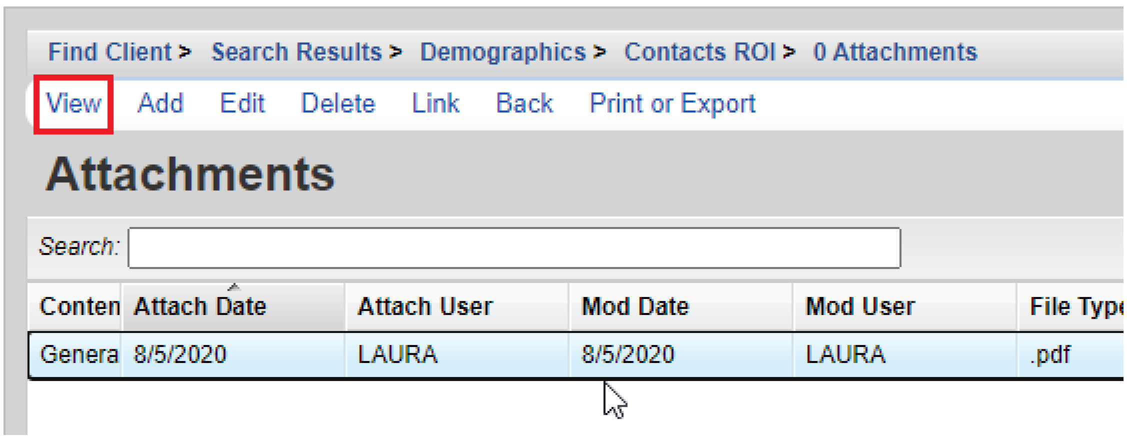
– Enter the *Content Type* from the dropdown menu options



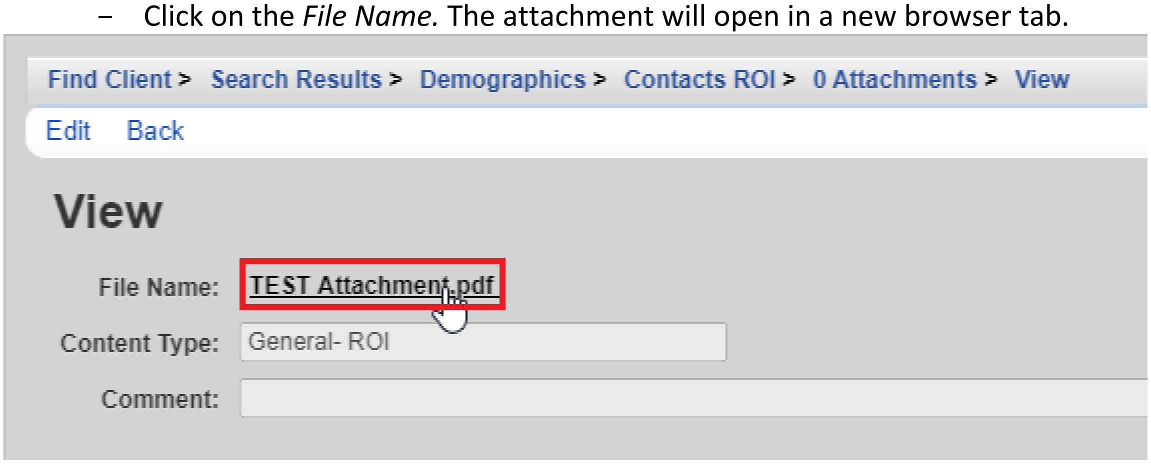
– Enter a *Comment* if desired. Click *Save.*



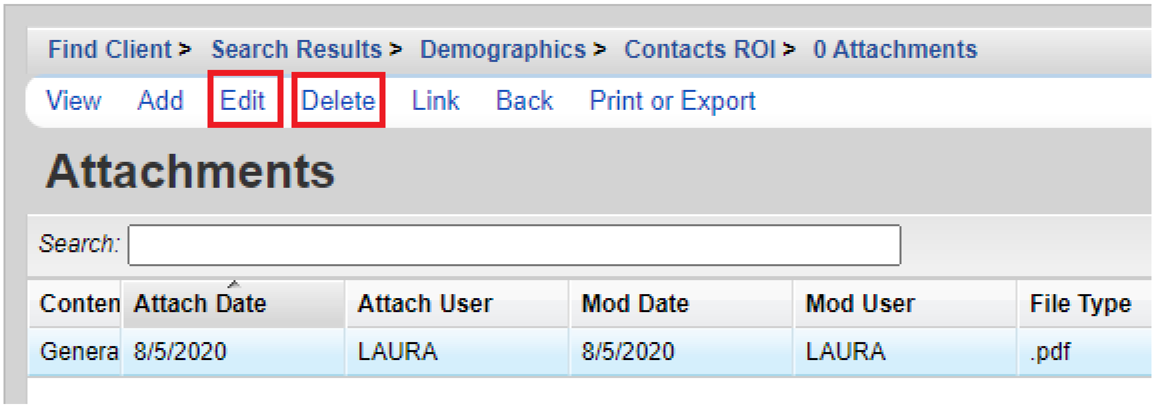
– The ROI will now be visible in the *Attachments* list. To open an attachment, select the ROI. Click *View.*



– Click on the *File Name.* The attachment will open in a new browser tab.



– **To edit or delete an attachment**, select the ROI. Click *Edit* or *Delete.*



Performance Measures

CAREWare Performance Measures (PM) allow case managers and *HIV Community Services Program* staff to determine whether certain case management standards are being met. PM results are only as good as the information entered into CAREWare. For example, a case manager may have added a service and case note stating 'reviewed client lab' for an Acuity 4 client. CAREWare will count this as a contact within 14 days and the result will show 'In Numerator'. The Standard however requires contact WITH the client within 14 days. Therefore, it is highly recommended that the agency has additional methods in place to monitor quality of care as required by the Standards and utilize the PM as only one mechanism.

Performance Measure Status

Client-specific PM data is easily accessed in a client's record. To access this information, click on *Performance Measure Status* in the client record. This page will only display the performance measures applicable to the client. If a PM is being met, the text in the table will display 'In Numerator'; if a PM is not being met, the text will read 'Not In Numerator'.

Performance Measure Status

Search:

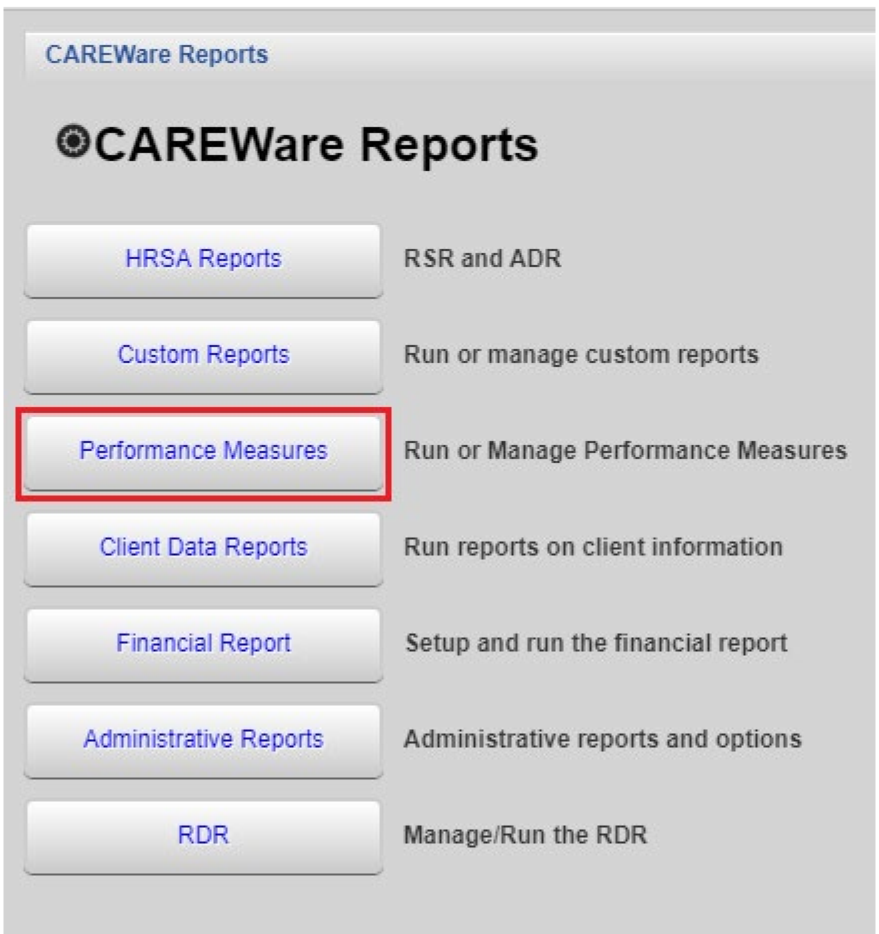
Performance Measure	Client Status
Virally supressed - County	In Numerator
Current VL Lab (w/in 12 mo) - County	In Numerator
Current CD4 or VL lab w/in 6 mo (No Gap)- County	In Numerator
Current CD4 or VL lab w/in 12 mo (No Gap) - County	In Numerator
Stable Housing - County	In Numerator
(RCP) RN Care Plan - All acuities (w/in 6 mo)	In Numerator
Current Intake/Eligibility Review C	Not In Numerator

'Not In Numerator' indicates that the performance measure applies to the client but has not been met. This is a good reminder that this client and/or their CAREWare record needs some case management attention.

'In Numerator' indicates that the performance measure applies to the client and has been met.

If a performance measure is not displaying in the client table, it is indicative that the performance measure does not apply to the client, OR that the data has not been entered into CAREWare.

To navigate to the PMs in CAREWare, click *Reports*, then click *Performance Measures*.

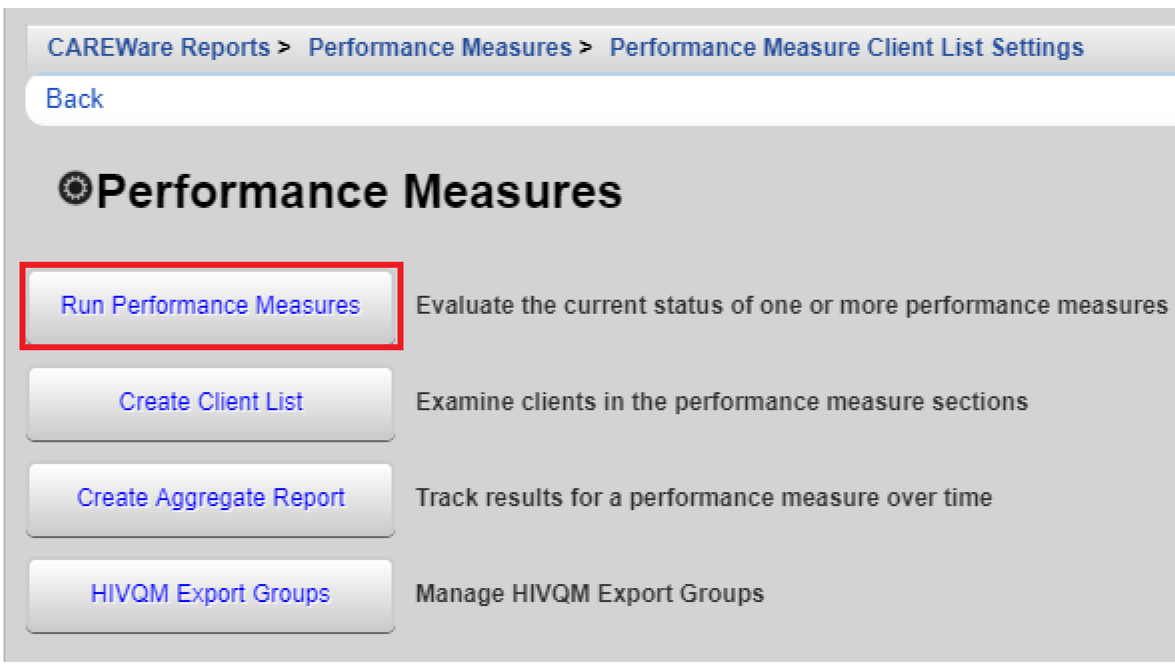


To run a PM, click *Run Performance Measures.* This will open the *Evaluate Measures* screen.

The *Evaluate Measures* screen will contain a long list of Performance Measures (PM). Each PM will have a unique code assigned to it. Only certain PMs are relevant to a specific agency's service delivery.

- HAB# (e.g. HAB01) coded Performance Measures are metrics defined by the HIV/AIDS Bureau of HRSA. These are only relevant to clinical-based programs not currently in place in Oregon's Part B CAREWare network.
- SC### (e.g. SC001) coded Performance Measures are metrics defined by the Oregon HIV Community Services Program. <u>These are relevant to county-based case management programs.</u>
- SR-## (e.g. SR-1) coded Performance Measures are metrics defined by the Oregon HIV Community Services Program. <u>These are relevant to regional medical case management programs.</u>

If you are uncertain which PMs are applicable to your program, contact the HIV Community Services Program.



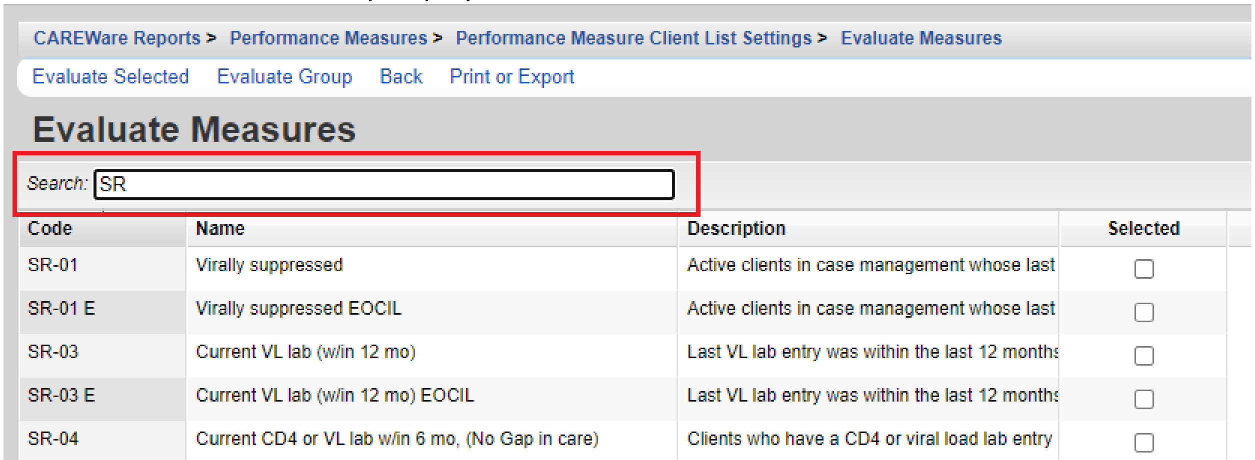
To sort the *Evaluate Measures* page, click at the top of the *Code* column and the column will sort by code from A → Z or from Z → A. If you do not see the PM you are looking for, click through the pages of PMs, or filter the PM list.

Search:

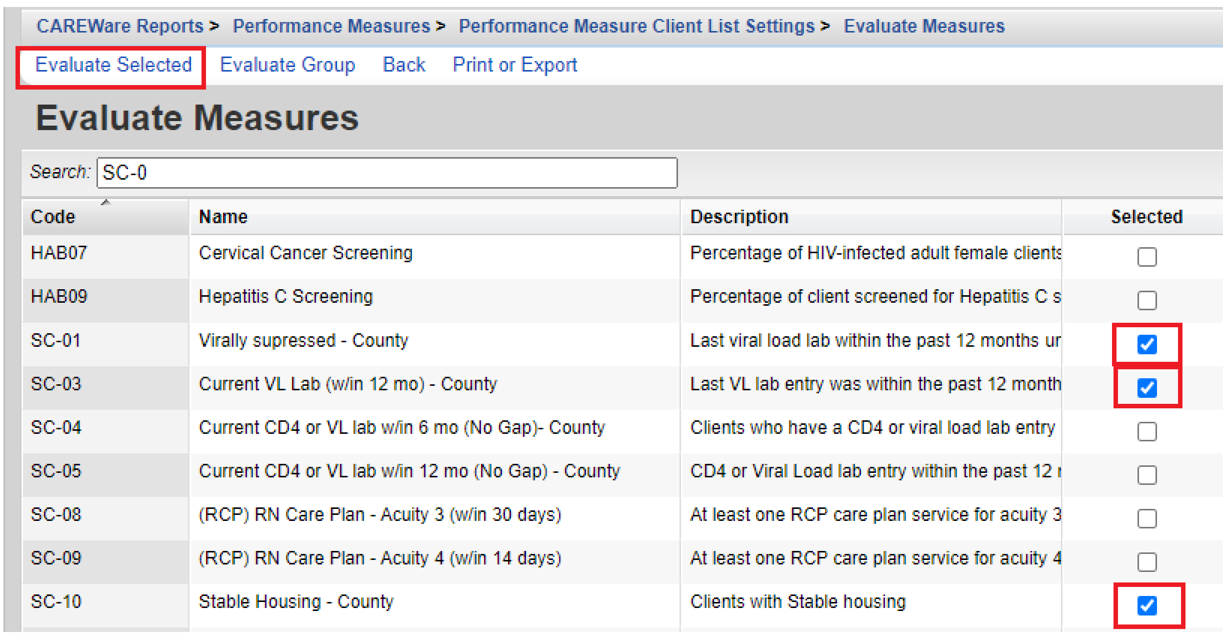
Code	Name	Description
Core01	HAB: HIV viral load suppression	Percentage of clients with HIV infec
Core02	HAB: Prescription of antiretroviral therapy	Percentage of clients with HIV infec
Core03	HAB: HIV medical visit frequency	Percentage of clients with HIV infec
Core04	HAB: Gap in HIV medical visits	Percentage of clients with HIV infec
EHE01	Newly enrolled clients	Percent of all clients with a visit in th
EHE02	Clients with visit in last 4 months	Percent of all clients with a visit in th
HAB01	Two Primary Care visits>= 3mos Apart	Percentage of clients with HIV infec
HAB02	Percentage with >=2 CD4 Counts	No. of HIV-infected clients who had
HAB03	CD4<200 with PCP prophylaxis	Percentage of clients with HIV infec
HAB04	AIDS Clients on HAART	Percentage of clients with AIDS pres
HAB05	Percentage of pregnant women prescribed ART	Percentage of pregnant women pres
HAB06	Adherence Assessment	Number of HIV-infected clients asse
HAB07	Cervical Cancer Screening	Percentage of HIV-infected adult fer
HAB08	Hepatitis B Vaccination	Perentage of HIV-infected client wh
HAB09	Hepatitis C Screening	Percentage of client screened for H
HAB10	HIV risk counseling	Percentage of HIV-infected clients w
HAB11	Lipid Screening	Percentage of HIV-infected clients o
HAB12	Oral Exam	Percentage of HIV-infected clients w
HAB13	Syphilis screening	Percentage of HIV-infected adult cli
HAB14	TB Screening	HIV-infected clients who received te

Rows : 20 Page 1 of 8 Displaying 1 to 20 of at least 148 items

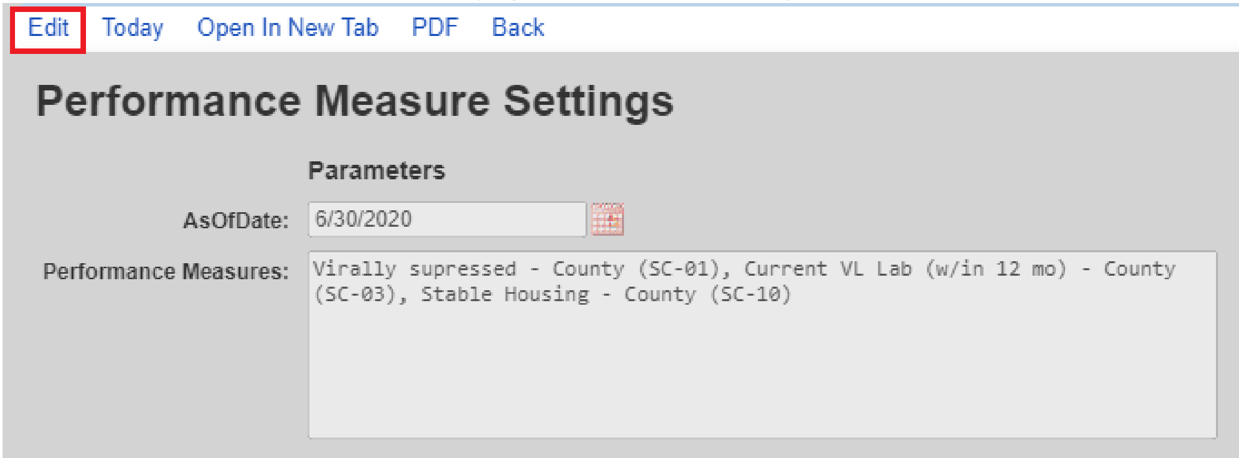
To search the *Evaluate Measures* page, enter the search criteria in the *Search* field and CAREWare will automatically display results.



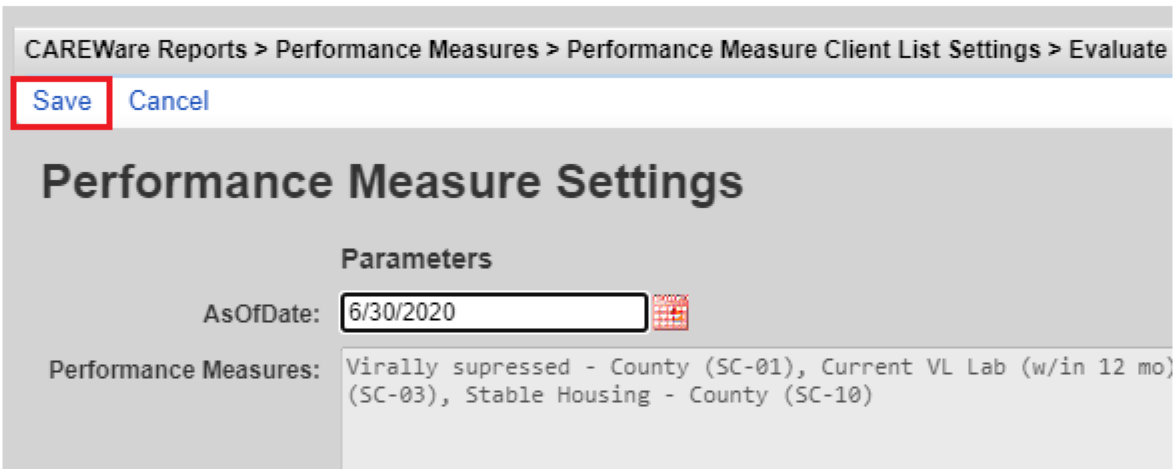
To evaluate a specific PM or a specific set of PMs, find and select the PM of interest, then click *Evaluate Selected.* To evaluate several PMs at once, ensure that there is a check in the *Selected* column in all of the PMs of interest.



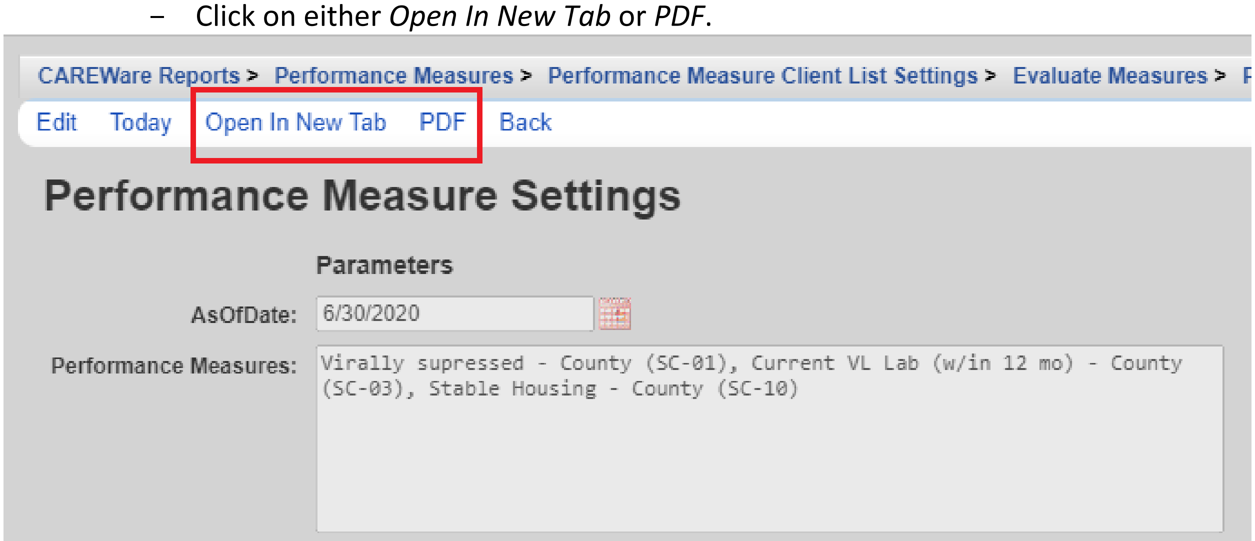
– Click *Edit* on the next page and enter the *As Of Date*



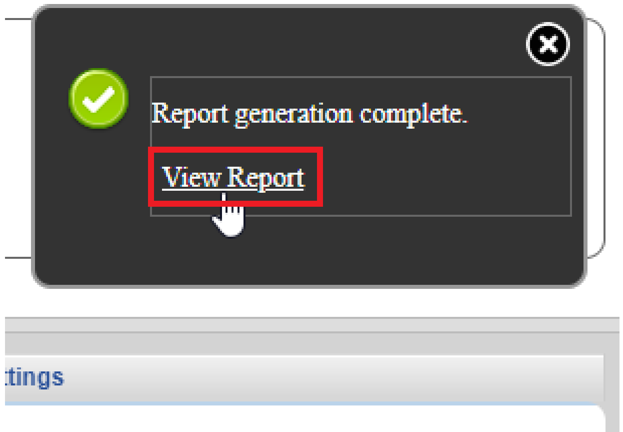
– Click *Save*



– Click on either *Open In New Tab* or *PDF*.

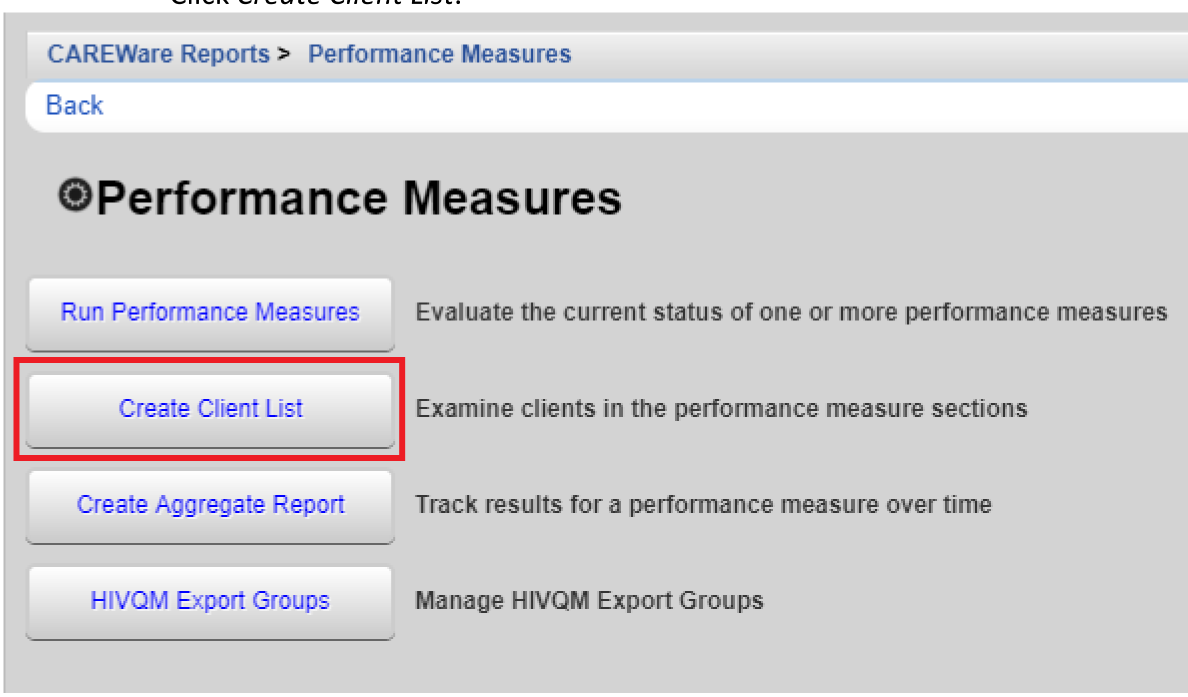


- A pop up will appear. Click View Report. This will display the results of the selected PMs.

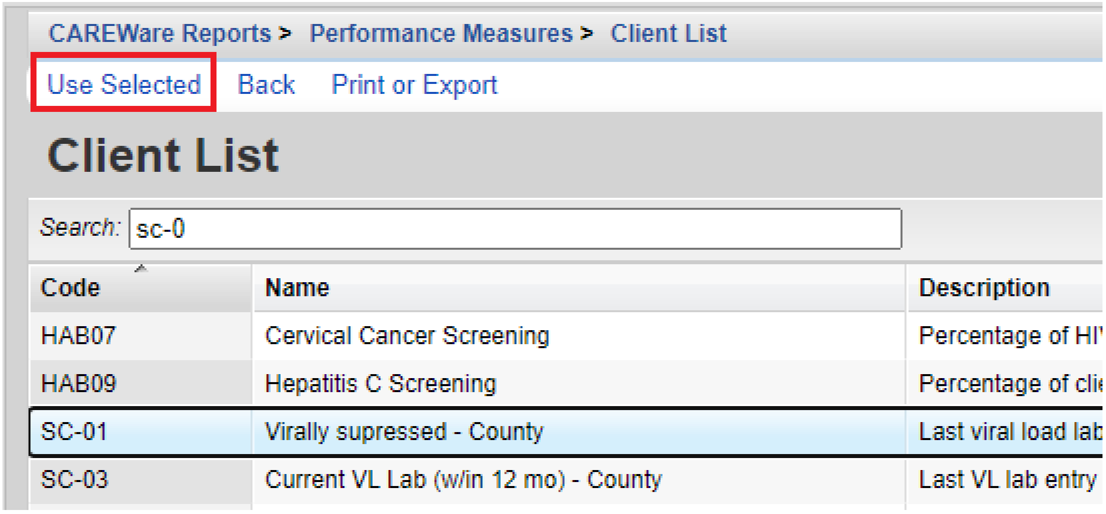


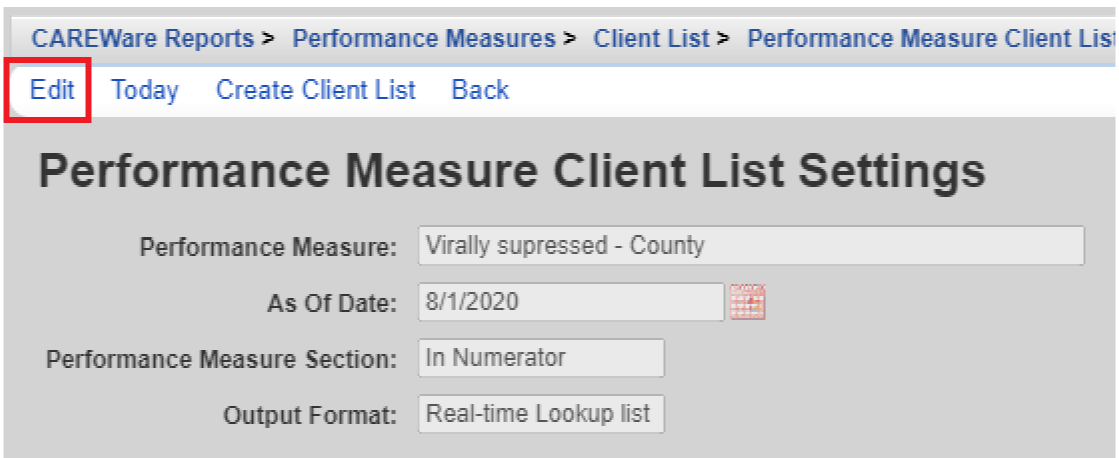
A list of all clients who meet or do not meet selected Performance Measures is also available. From the main menu, click *Reports*, then click *Performance Measures.*

- Click *Create Client List*.

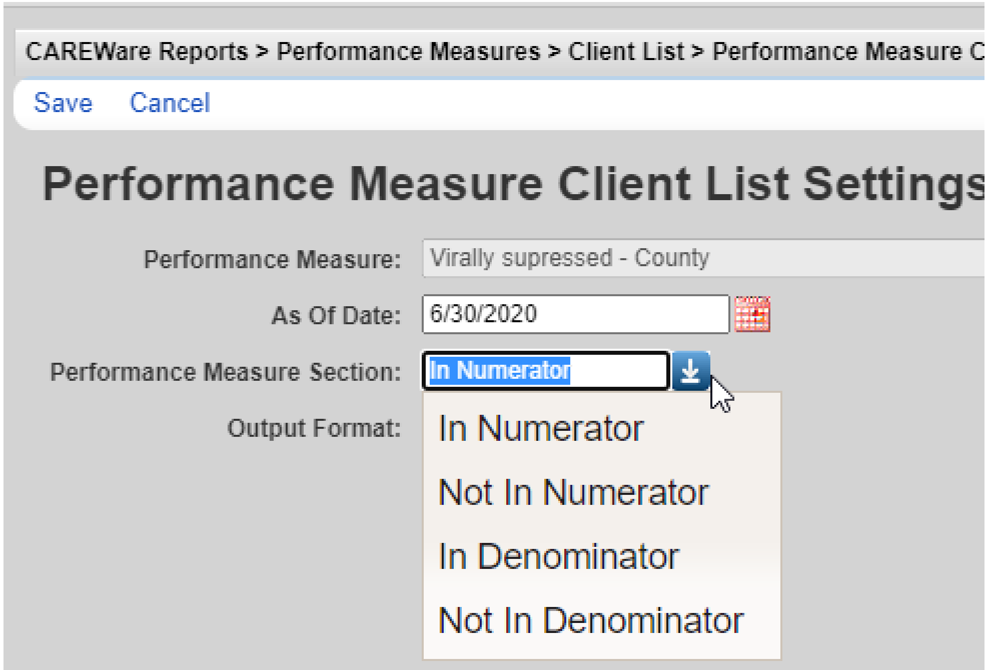


– *Navigate to the PM for which you would like to generate a Client List, click Use Selected, then click Edit.*

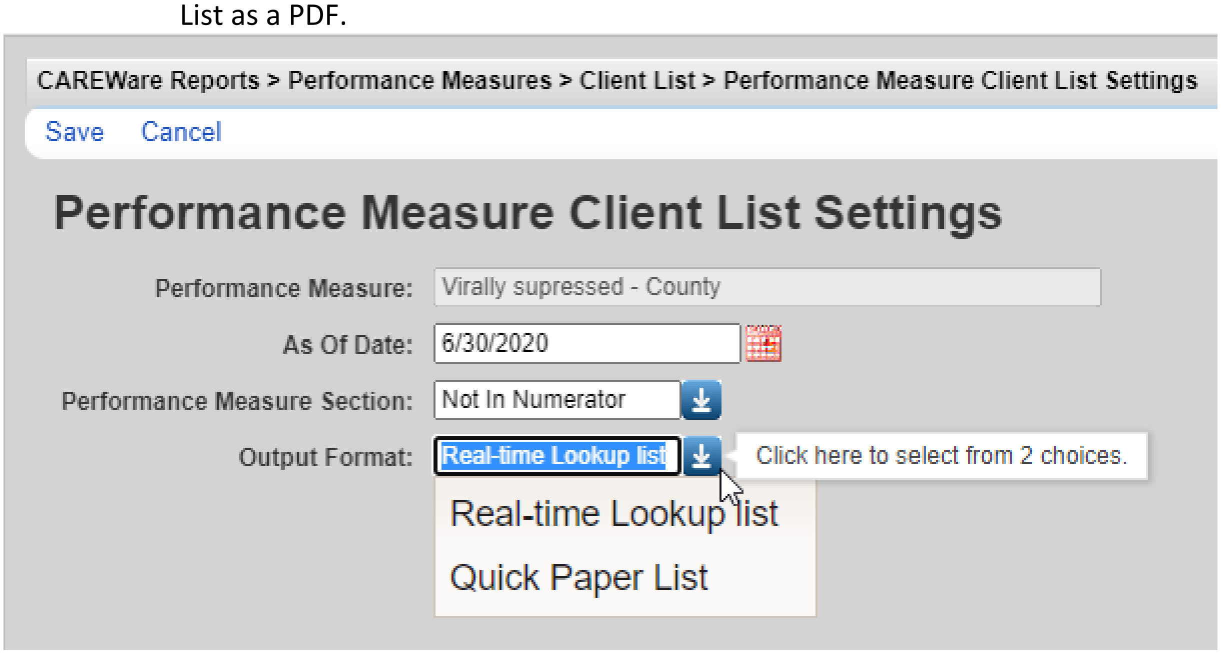




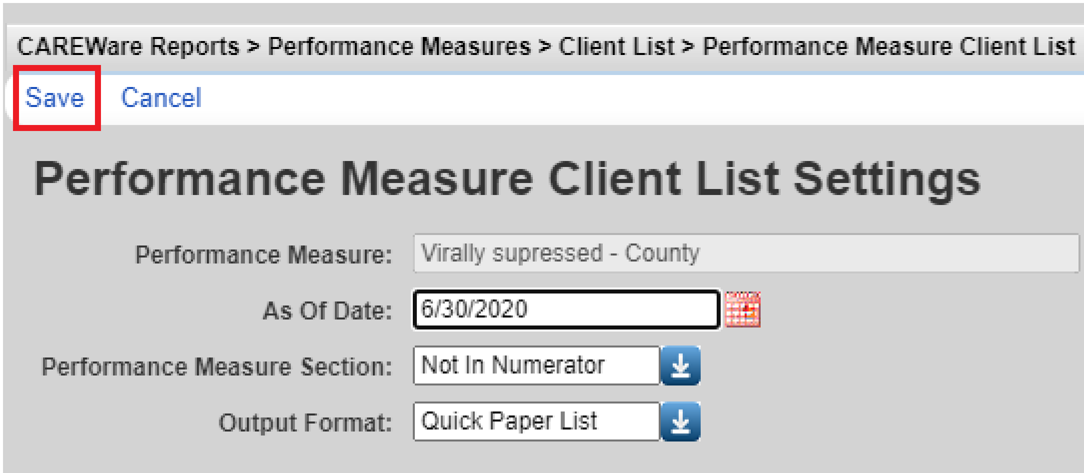
– Enter the *As of Date*, *Performance Measure Section* and *Output Format*. Several *Performance Measure Section* options are available.



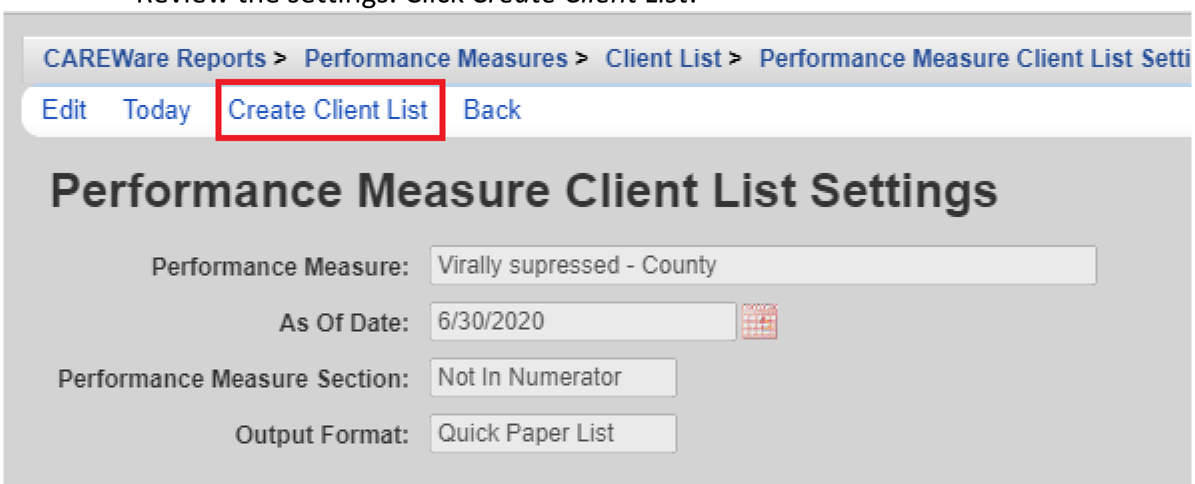
– Two output options are available. By selecting *Real-time Lookup list*, the client list will load on a new screen, and users will be able to access a client directly from this list. By selecting *Quick Paper List*, a pop-up will appear, prompting users to open the file in a new window. This option is best for saving the Client List as a PDF.



– Click *Save*



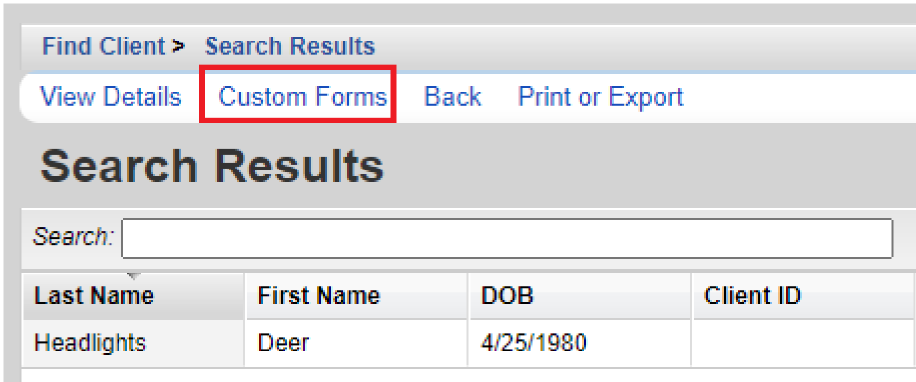
– Review the settings. Click *Create Client List*.



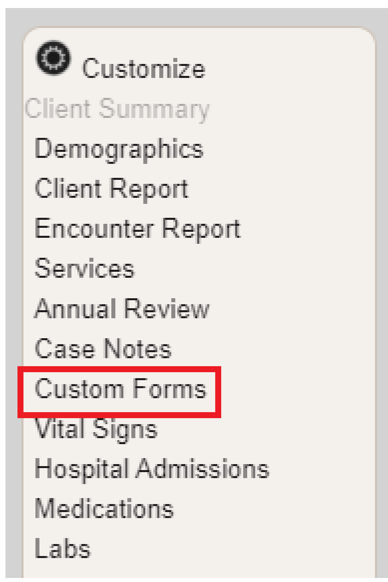
Forms

Most case management programs utilize CAREWare Forms to enter life area Acuity Levels.

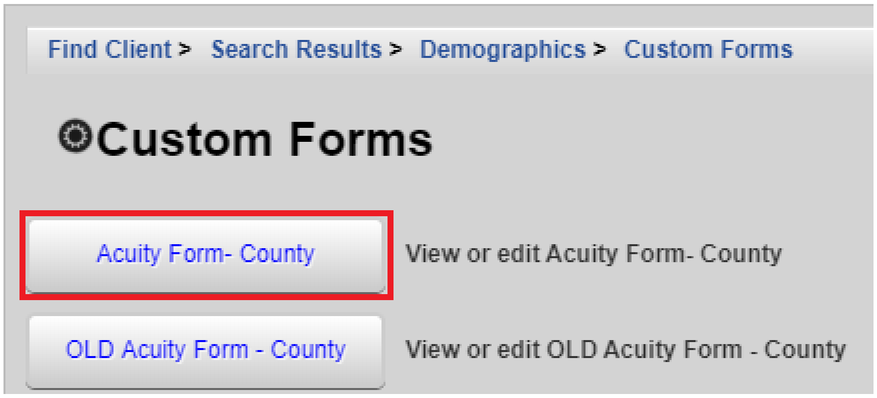
Users may access the *Nurse Acuity (*for county model)*, or the Psychosocial Acuity* and the *Medical Acuity (*for regional model*)* either from the *Find Client* search results screen



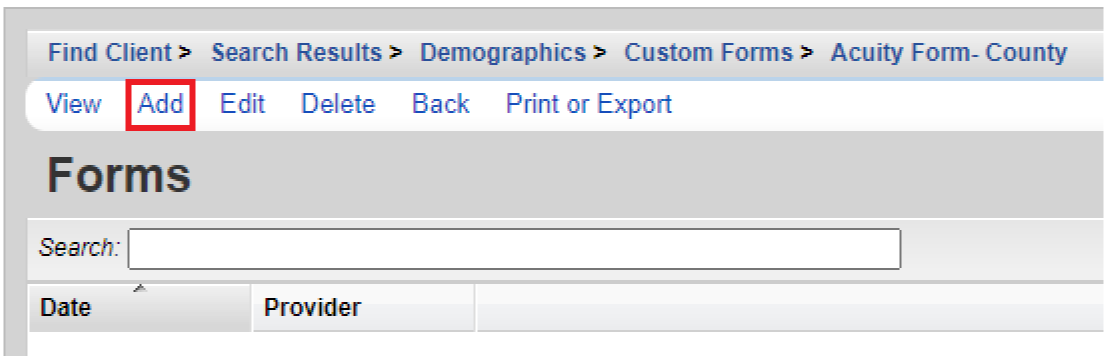
or directly from the client main menu.



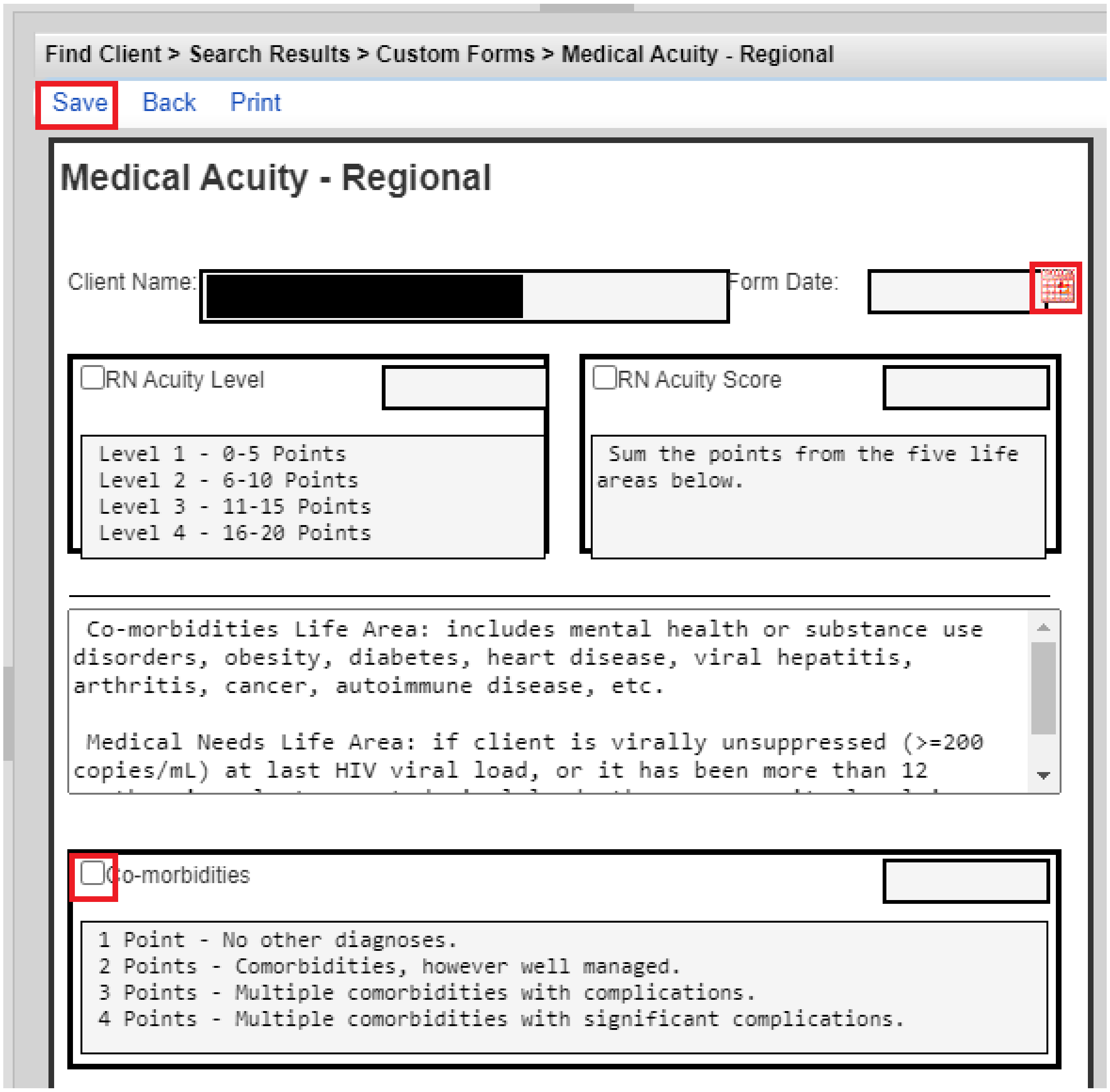
To add a new form, click the form name on the *Custom Forms* screen.



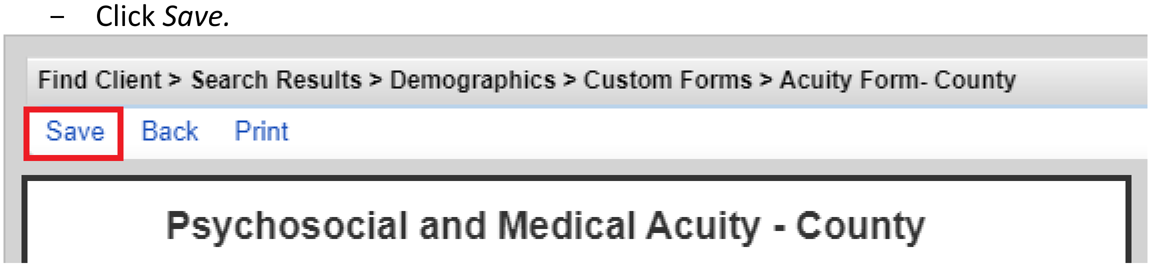
– Click *Add*



– The client name will be automatically populated on the form. Enter the *Form Date.*
– Enter data into the appropriate fields. Ensure to check the Acuity Life Area field boxes for any entered data.



– Click *Save.*



Once you open the forms screen, you can choose to *Add* a new form or access an existing form in *View* or *Edit* mode.

PLEASE NOTE:

- Acuity life values entered on CAREWare forms will automatically populate into the client's labs when the form is saved.
- If a form is deleted, data in the client's labs is not deleted. Users will need to delete the data through the *Labs* screen.

Shared Data

The values in these fields can be overwritten by another Part B-funded agency that serves the client at the same time or after the client is served at your agency.

Tab	Shared Data Entry Fields
Demographic	• Full Legal Name* • Date of Birth* • Ethnicity* • Race* • Sex at birth* • Race/Ethnicity Subgroups* • Gender* • Zip Code* • County* • Vital Status* • HIV Risk Factor* • HIV Status* • HIV Date* • AIDS Date* (if HIV Status is set to "CDC-defined AIDS")
Annual Review: [Year]	• Primary Insurance* • Other Insurance* • Housing Arrangement* • HIV Primary Care* • Household Income & Household Size*

CAREWare Reports

This section focuses on CAREWare reports of greatest use to users. Users may contact the HIV Community Services Program for technical assistance.

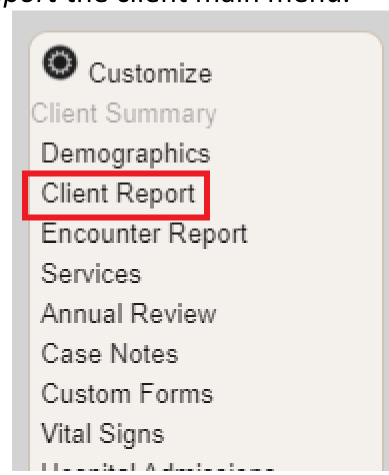
Note: the quality of CAREWare reports is only as good as the quality of data entered into CAREWare.

Commonly used client-level reports include:

- Client Report (access through the client main menu)
- Case Note Report (access through the *Case Notes* screen*;* see section on Case Notes)
- Lab Report (access through the *Labs* screen; see section on Labs)

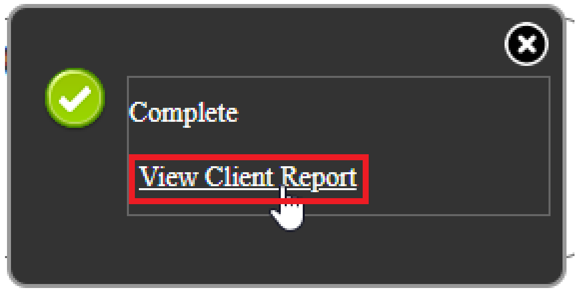
Client Report

The Client Report displays information entered on the *Demographics* and *Annual Review* tabs To run this report, click *Client Report* the client main menu.



- Select the preferred viewing format

– A pop up will appear on the right side of the window. Click *View Client Report*.



Several other useful reports are available in CAREWare. Click *Reports* on the main menu.

Descriptions of these reports follow the screen shot.

- *Custom Reports* opens the custom reporting module (more information below). This includes the *Mailing Label Report*.
    - Mailing Labels prepares a set of mailing labels to be used for US postal mail.
- *Performance Measures* opens the Performance Measures screen.
- *Client Data Reports* houses the *Clinical Encounter Reports, Clinical Encounter Preprints, Multiple Client Case Note Report, No Service in X Days Report, Service Detail Report* and *Referrals Report.*
    - *Clinical Encounter Reports* are related to specific clinical conditions.
    - *No Service in X Days* identifies clients who have not received services in a specific number of days.
    - *Clinical Encounter Preprints* are used to preprint client clinical data in preparation for a clinical visit. *Multiple Client Case Notes Report* is used to print case notes for a specific date range for clients served within that date range.
    - *Service Detail Report* provides client level service information. A filter may be added if needed (e.g. a specific service or subservice, clients with a certain acuity level, etc.)
    - *Referrals Report* provides referral information. A filter may be added if needed (e.g. a specific referral type, a date range, a certain or group of providers, etc.)

- *Financial Report* provides information on quantity and type of services provided within a specified time frame.
- *User Action Report* provides information on user login/logout activities. This is housed in the *Administrative Reports*.

Clinical Encounter Reports

Many of the Clinical Encounter Reports are more clinically detailed than will be useful to Oregon case management agencies. For a more advanced understanding of these reports, please contact the *HIV Community Services Program.*

To access the Clinical Encounter Reports, click *Reports.* Click *Client Data Reports*.

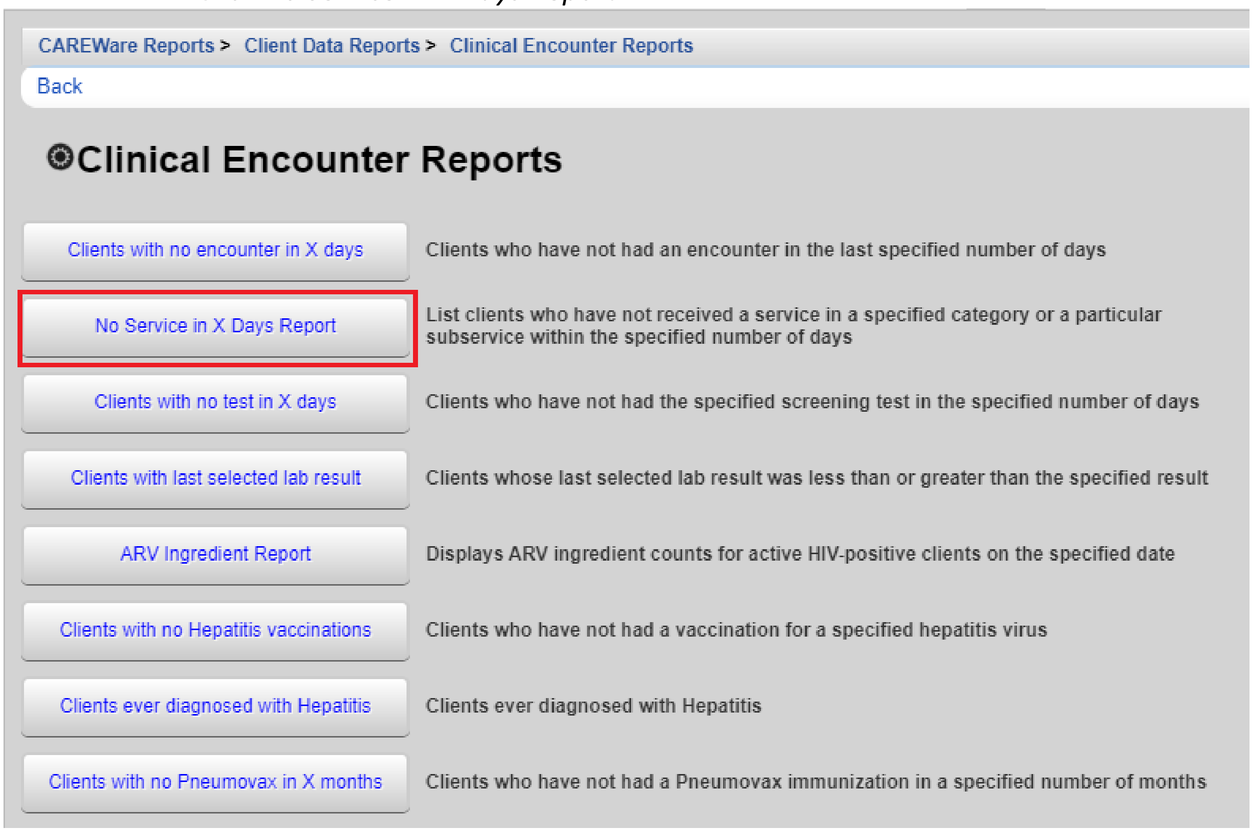
- Click *Clinical Encounter Reports*.


CAREWare Reports > Client Data Reports
Back
Client Data Reports
Clinical Encounter Reports
Run clinical encounter reports
Clinical Encounter Preprints
Run clinical encounter preprints for selected clients
Multiple Client Case Note Report
Configure and run the report
Service Detail Report
List details of services provided to clients within a specified range of dates
Referrals Report
List details of referrals provided to clients

No Service in X Days

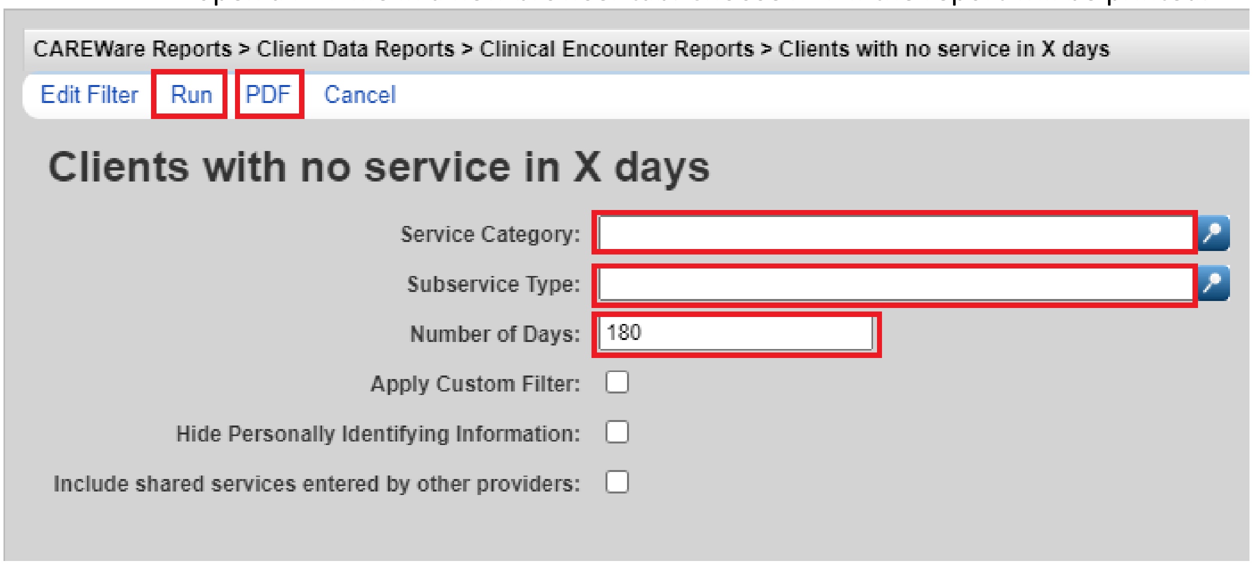
This report creates a list of clients who have not received a specified service in a certain number of days. Generally, clients who have not received a service in six months or more are often considered out of care or in danger of falling out of care. This report allows case managers to examine the records of individual clients and determine if action is necessary.

- Click *No Service in X Days Report*

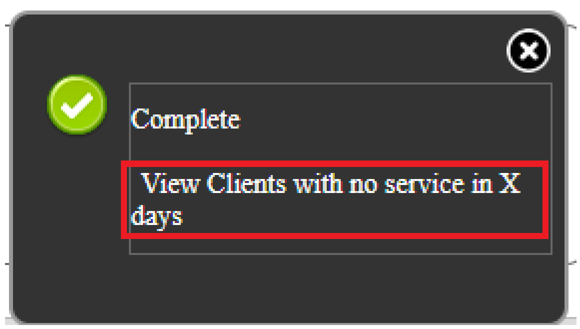


To run the report:

- Enter the *Service Category* and *Subservice Type* fields if applicable. Leaving these fields blank will run the report on all services.
- Enter the *Number of Days*
- Check *Apply Filter* if a filter is desired. There is more information on report filters in the *Custom Reports* section of this document.
- Check *Hide Personally identifying information* and *Include shared services entered by other providers* if desired.
- Click *Run* or *PDF*. *Run* will open the report in a new browser tab while *PDF* will open a PDF file in a new browser tab. Choose *PDF* if the report will be printed.



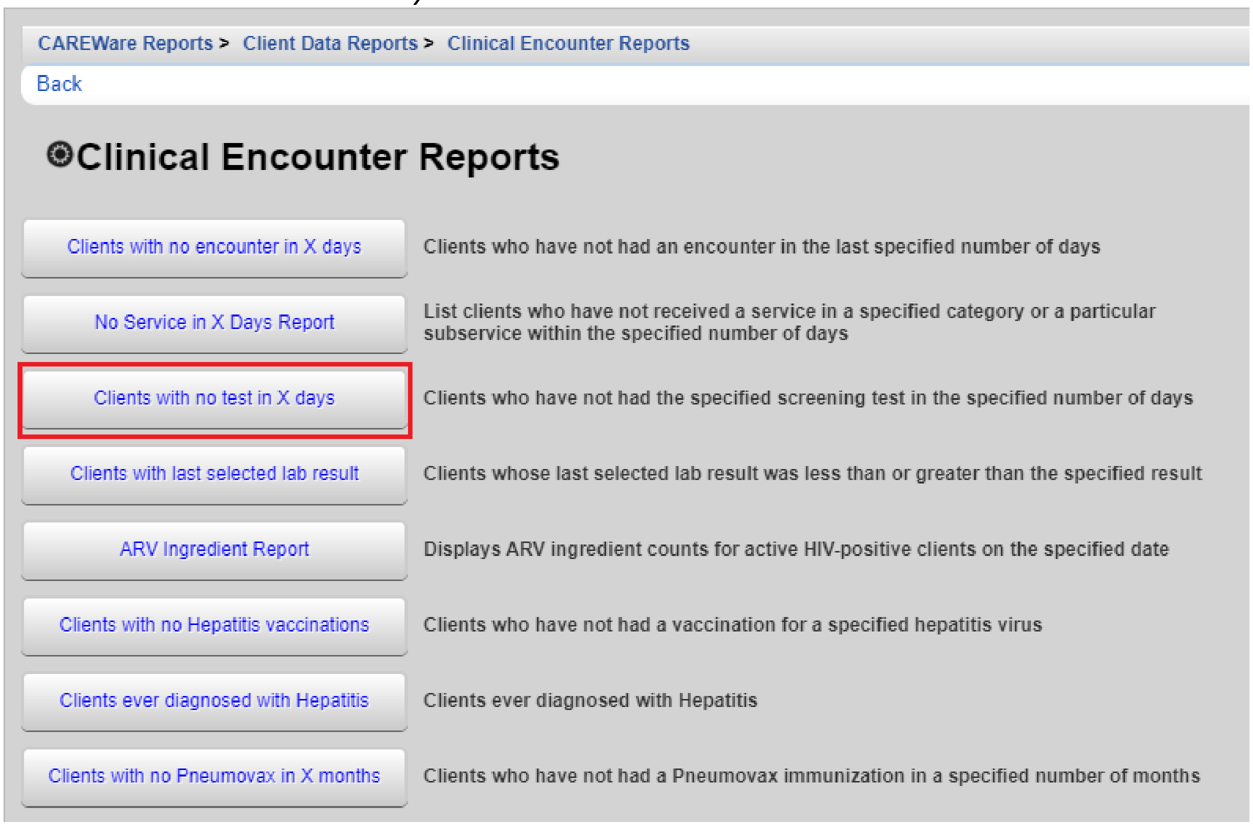
- A popup will appear on the right side of the screen. Click *View Clients with no service in X days.*



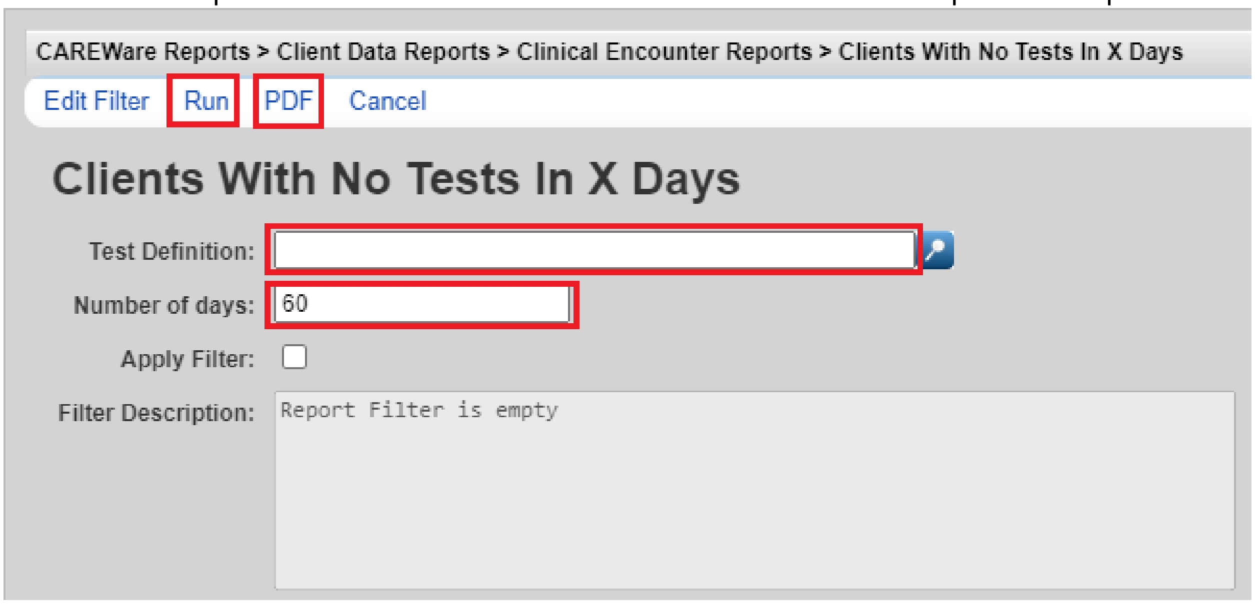
Clients with no test in X days

The *Clients with no test in X days* report produces a list of clients who have not had a particular screening test in a specified number of days. This report can be very useful for determining which clients need a reassessment or updated lab values.

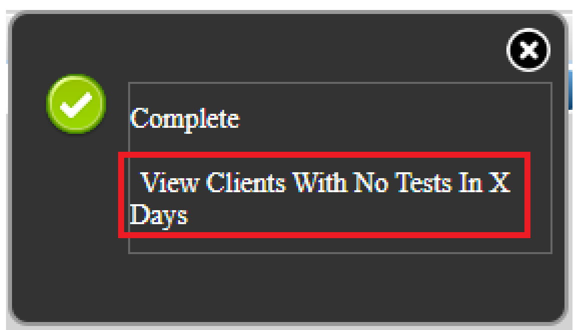
Click *Clients with no test in X days*



- Enter the *Test Definition* and the *Number of days*
- Check *Apply Filter* if a filter is desired. There is more information on report filters in the *Custom Reports* section of this document.
- Click *Run* or *PDF*. *Run* will open the report in a new browser tab while *PDF* will open a PDF file in a new browser tab. Choose *PDF* if the report will be printed.



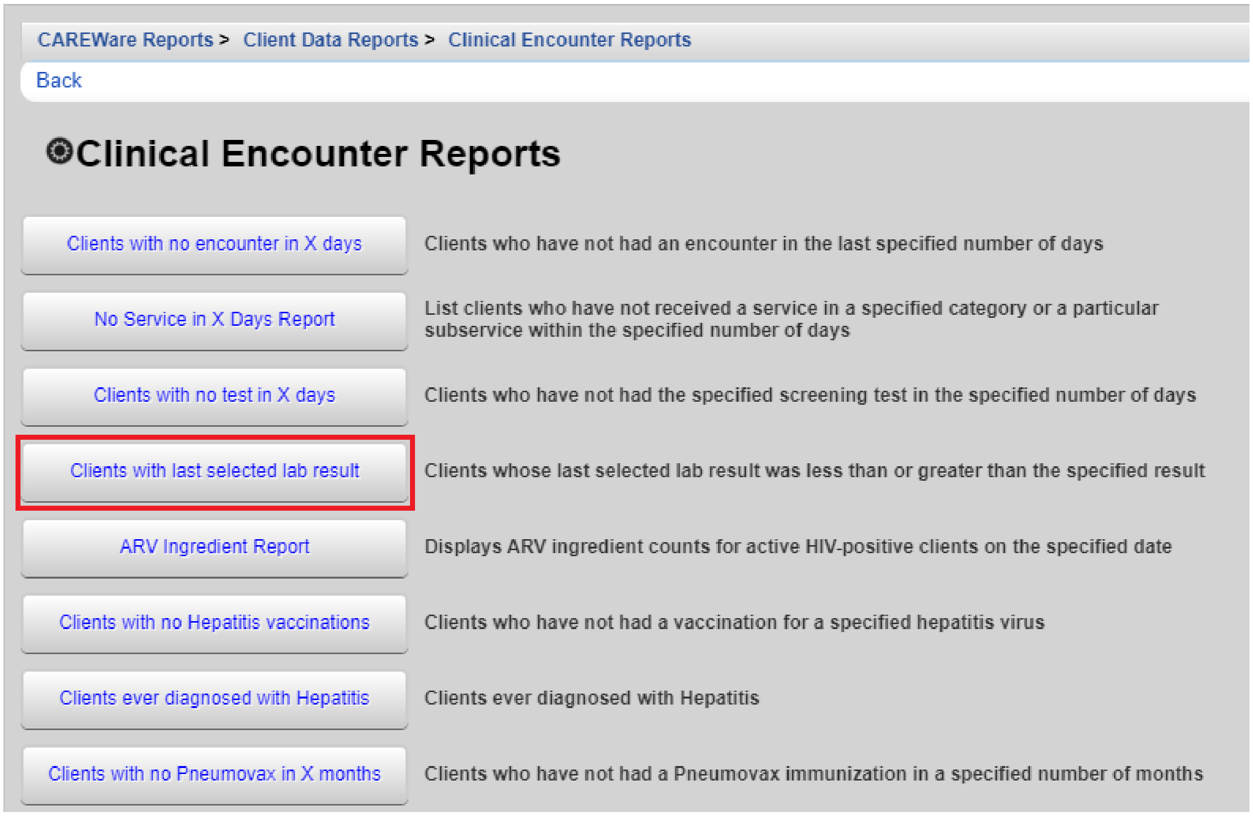
- A popup will appear on the right side of the screen. Click *View Clients With No Tests In X Days.*



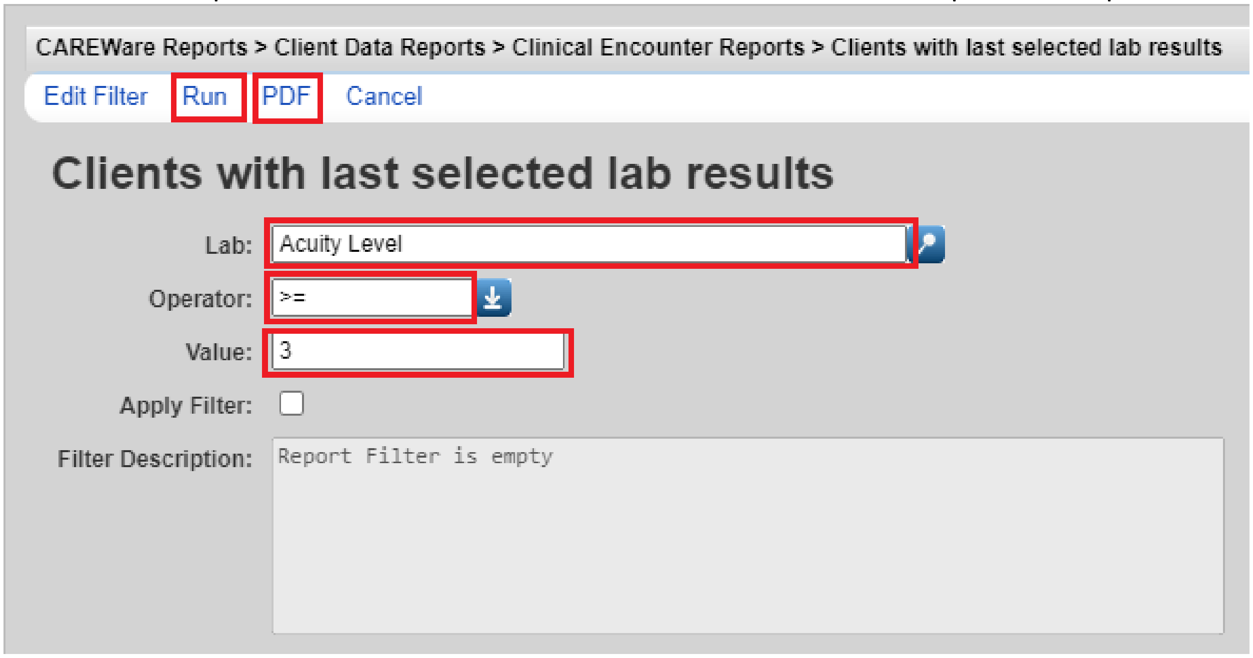
Clients with last selected lab results

The *Clients with last selected lab results* report identifies clients with certain lab values. This report can be used to identify clients with particular Acuity Levels, CD4 Counts, Viral Loads, Adherence Life areas, etc. The report set up below will pull clients with an Acuity Level of 3 or 4.

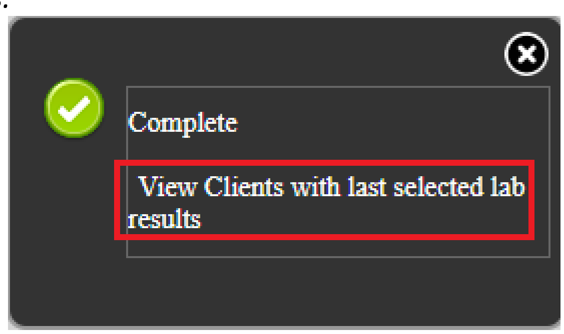
Click *Clients with last selected lab result*



- Enter the *Lab, Operator* and *Value*
- Check *Apply Filter* if a filter is desired. There is more information on report filters in the *Custom Reports* section of this document.
- Click *Run* or *PDF*. *Run* will open the report in a new browser tab while *PDF* will open a PDF file in a new browser tab. Choose *PDF* if the report will be printed.



- A popup will appear on the right side of the screen. Click *View Clients with last selected lab results.*

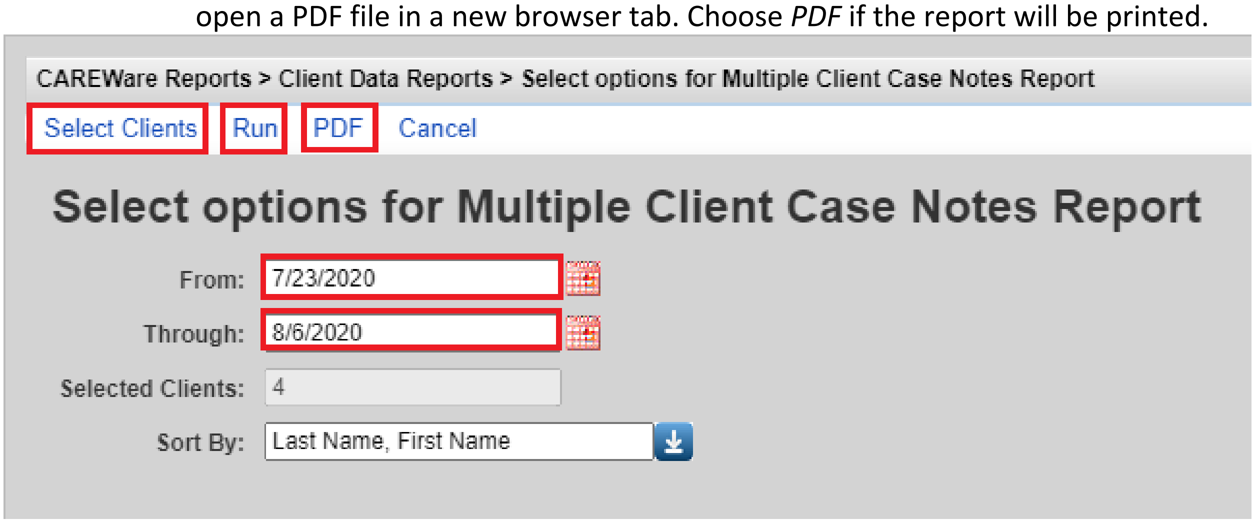


Multiple Client Case Notes

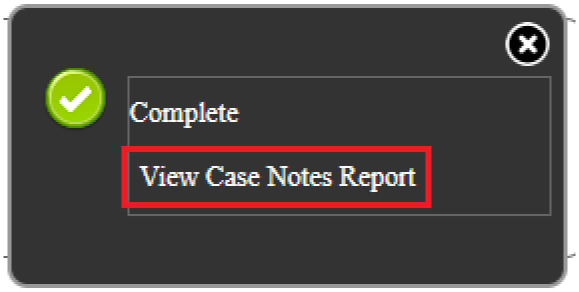
The *Multiple Client Cast Notes Report* prints case notes for a group of clients for a specified time frame.

Click *Multiple Client Case Note Report* on the *Client Data Reports* screen.

- Enter the *From* and *Through* Dates.
- Click on *Select Clients* to specify which client will be pulled into the report.
- Edit the *Sort By* field if desired
- Click *Run* or *PDF*. *Run* will open the report in a new browser tab while *PDF* will open a PDF file in a new browser tab. Choose *PDF* if the report will be printed.



- A popup will appear on the right side of the screen. Click *View Clients with last selected lab results.*

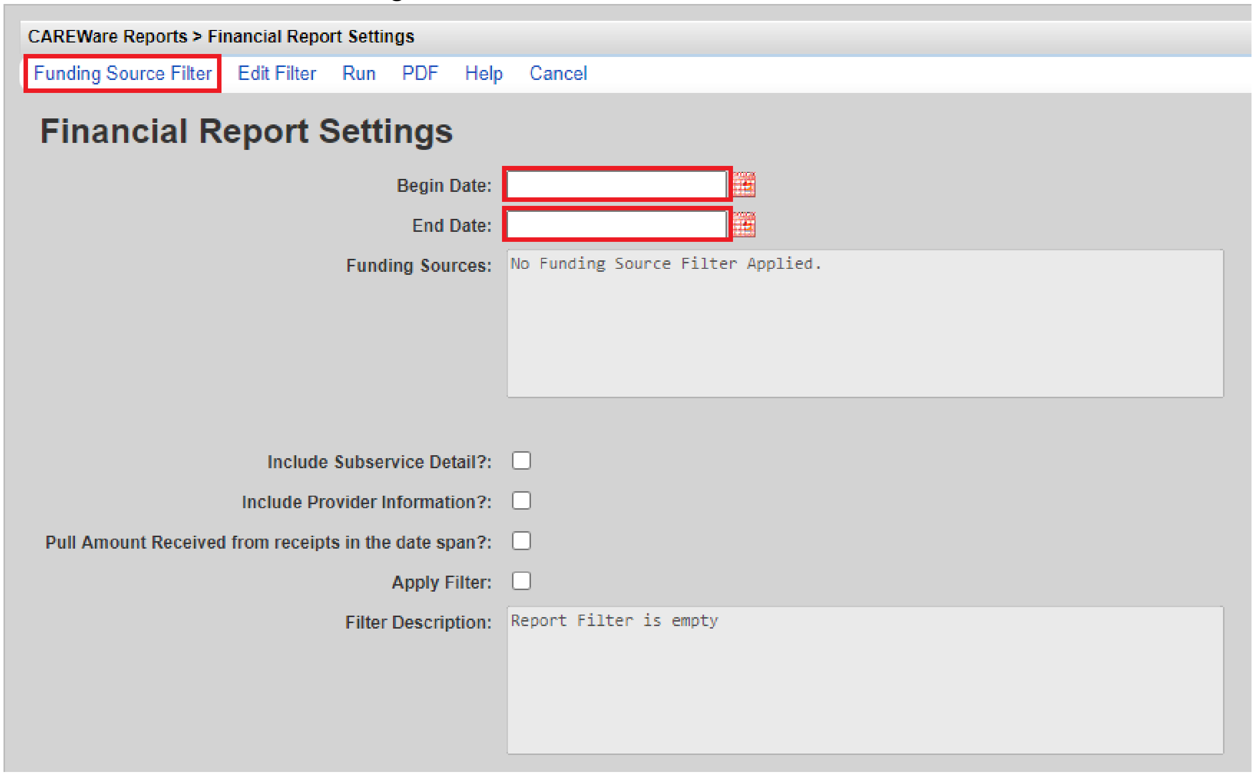


Financial Report

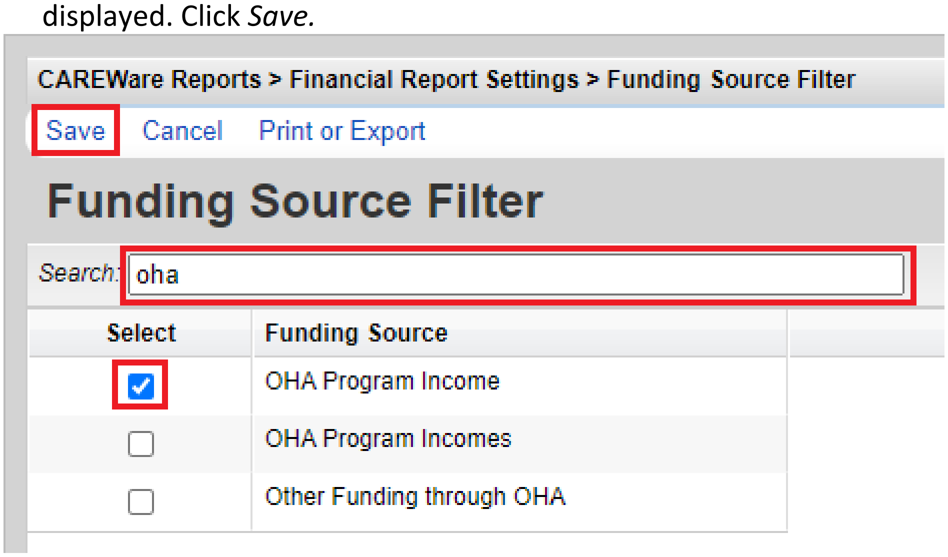
The CAREWare Financial Report is used as a service utilization report. The report displays the units and total costs of services/subservices provided by a specific agency, as well as the number of unduplicated clients served for the specified time period. To access the Financial Report, click *Reports.* Click *Financial Report*.

To run the report:

- Enter the date range in the *Begin Date* and *End Date* fields
- Click on *Funding Source Filter*

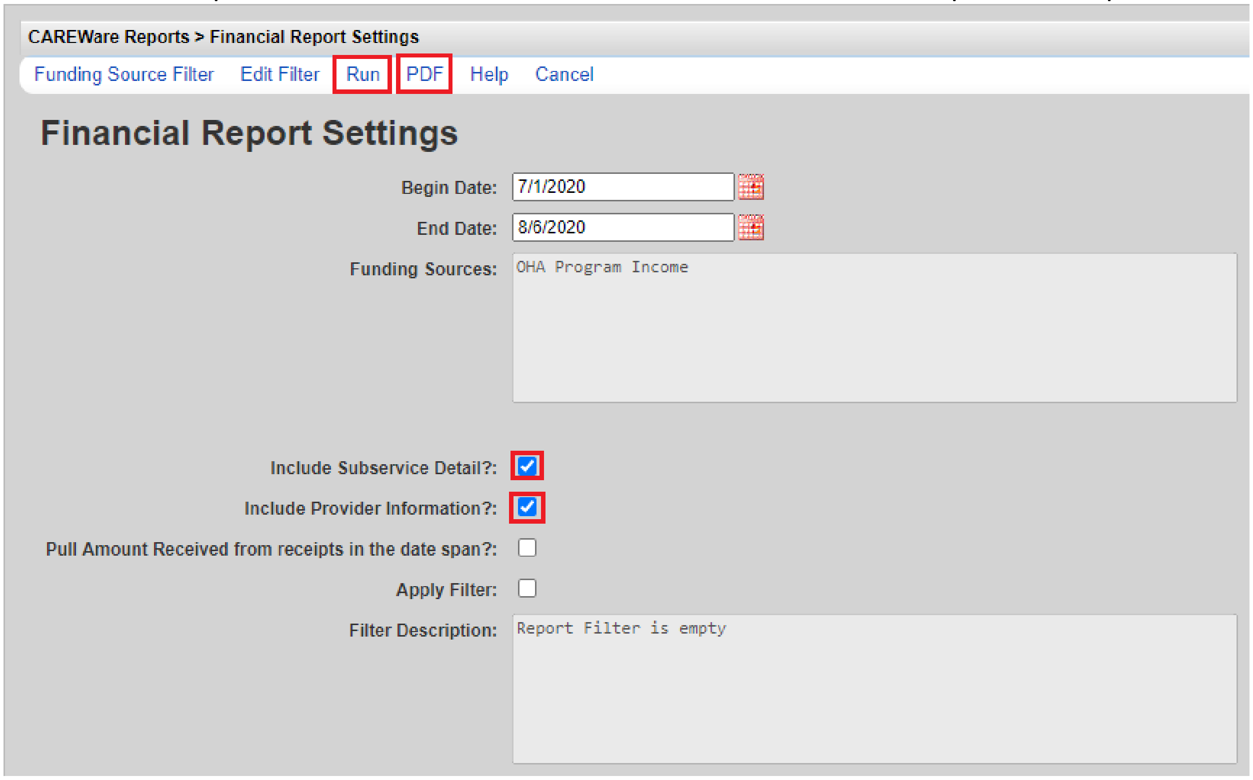


- Select the *Funding Source*. Common funding sources include Part B and Part B Program Income. The *Search* box can be used to filter the funding sources displayed. Click *Save.*

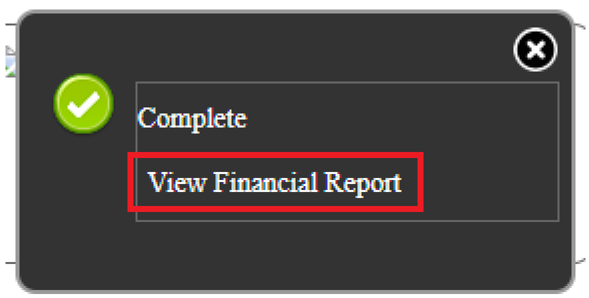


- Check the *Include Subservice Detail?* and *Include Provider Information?* boxes.
- Check *Apply Filter* if a filter is desired. There is more information on report filters in the *Custom Reports* section of this document.

- Click *Run* or *PDF*. *Run* will open the report in a new browser tab while *PDF* will open a PDF file in a new browser tab. Choose *PDF* if the report will be printed.

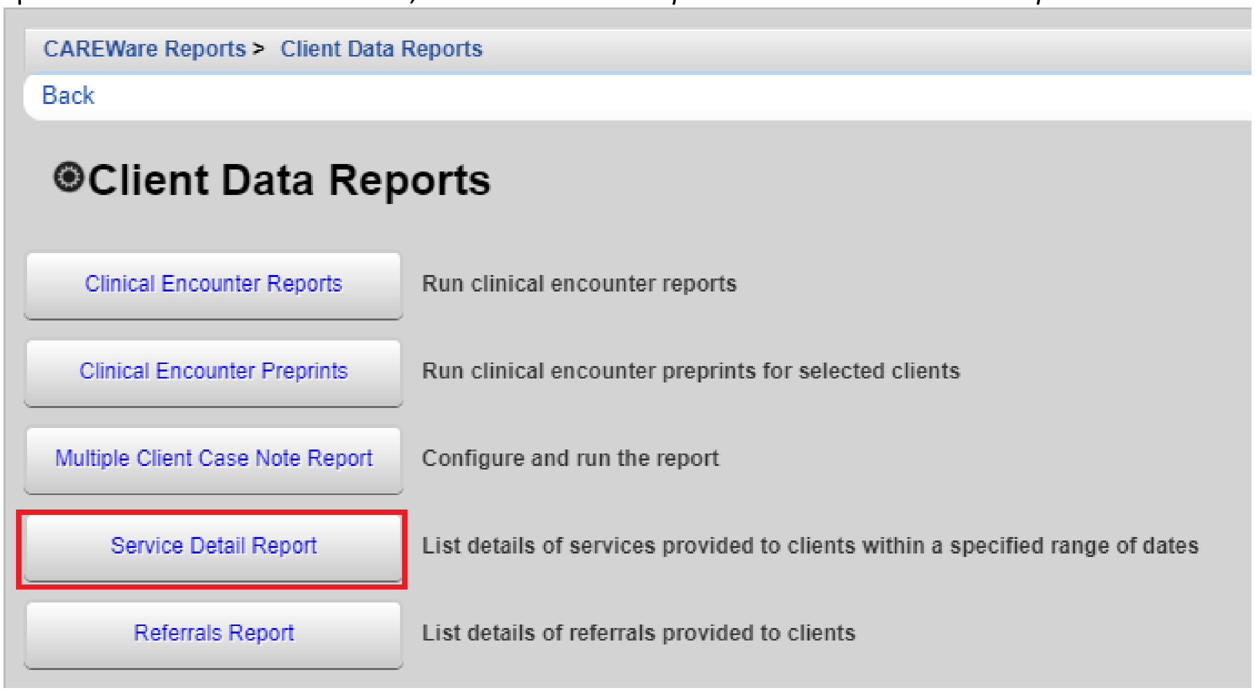


- A popup will appear on the right side of the screen. Click *View Financial Report.*

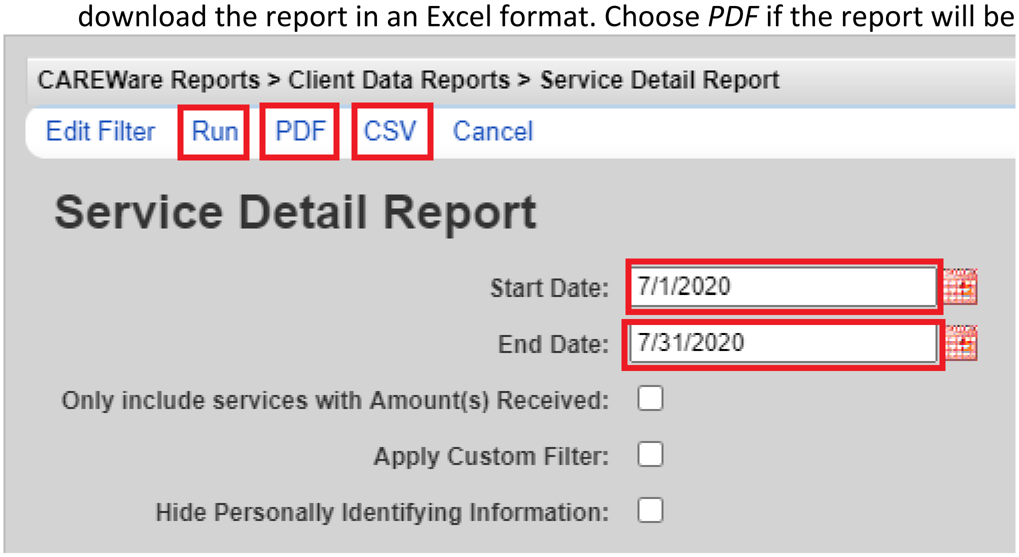


Service Detail Report

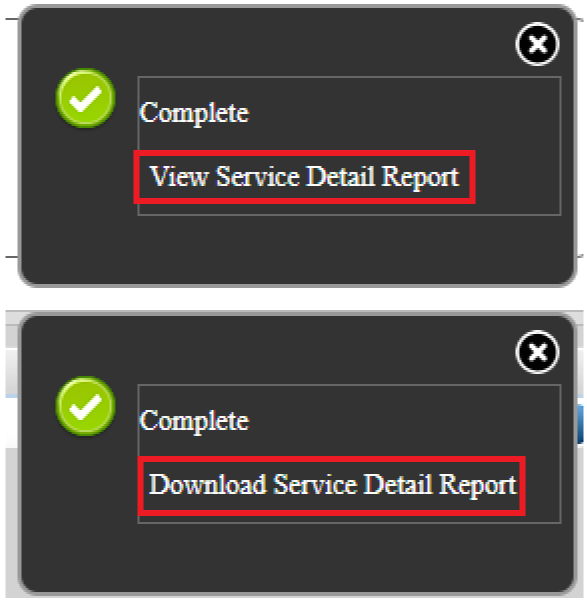
The *Service Detail Report* provides client level information for services provided within the specified time frame. To access, click *Client Data Reports.* Click *Service Detail Report*.



- Enter the *Start Date* and *End Date*
- Check *Apply Custom Filter* if a filter is desired. There is more information on report filters in the *Custom Reports* section of this document.
- Check *Only include services with Amount(s) received* or *Hide Personally Identifying Information* if desired.
- Click *Run*, *PDF or CSV* (excel). *Run* will open the report in a new browser tab while *PDF* will open a PDF file in a new browser tab. *CSV* will prompt users to download the report in an Excel format. Choose *PDF* if the report will be printed.



- A popup will appear on the right side of the screen. Click *View Service Detail Report* or *Download Service Detail Report.*



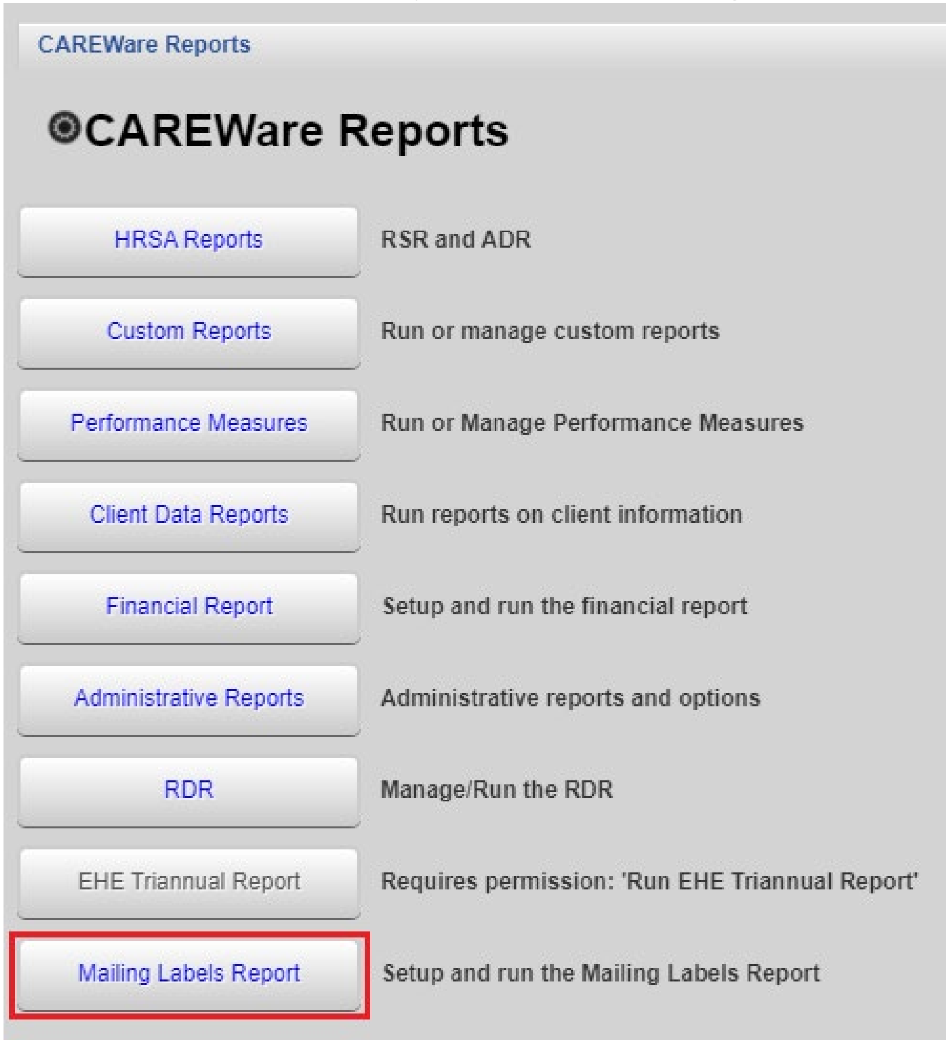
Mailing Labels

The *Mailing Labels Report* generates a list of client names and addresses in the Avery 5160 layout.

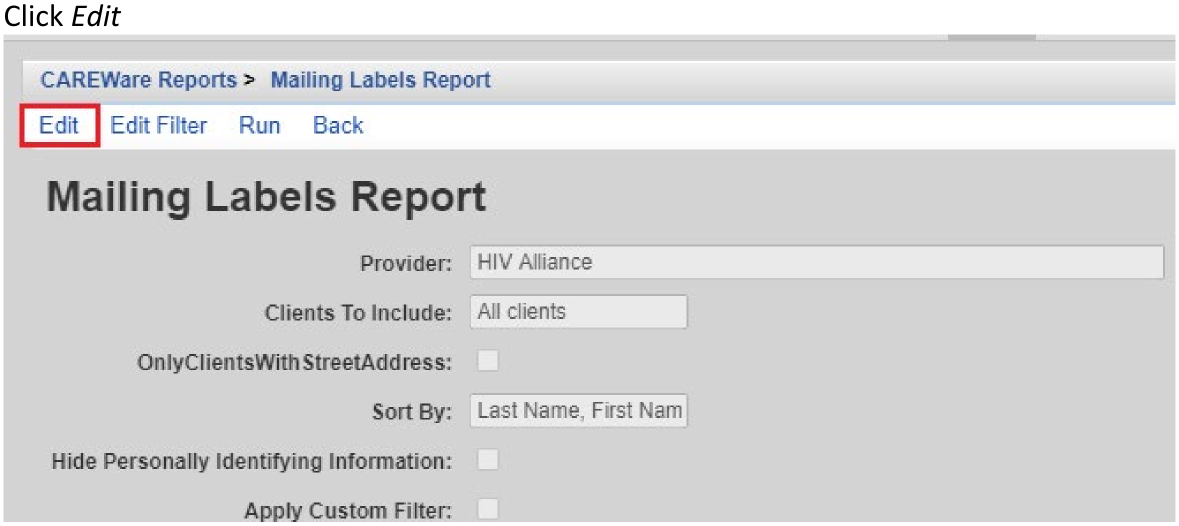
Only clients who have "Include in mailing label reports?" checked on their Contact Information screen will be included. Do not check this box for client who do not wish to receive mail.

To generate mailing labels:

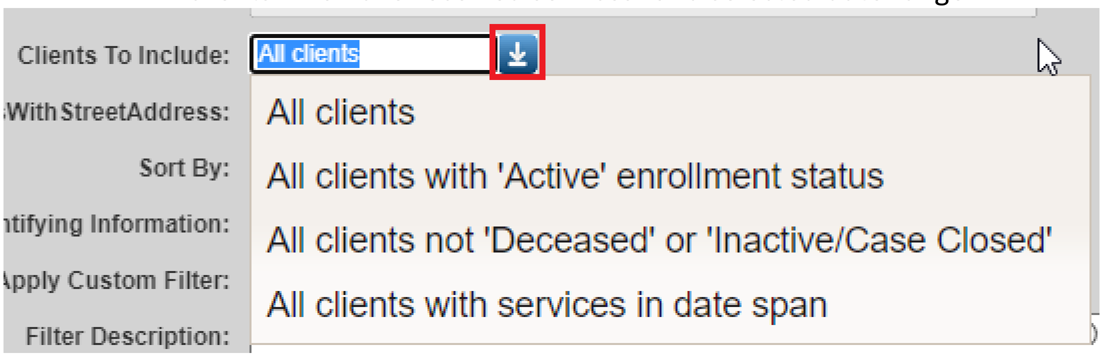
– From the Main Menu, select Reports, then select *Mailing Labels*



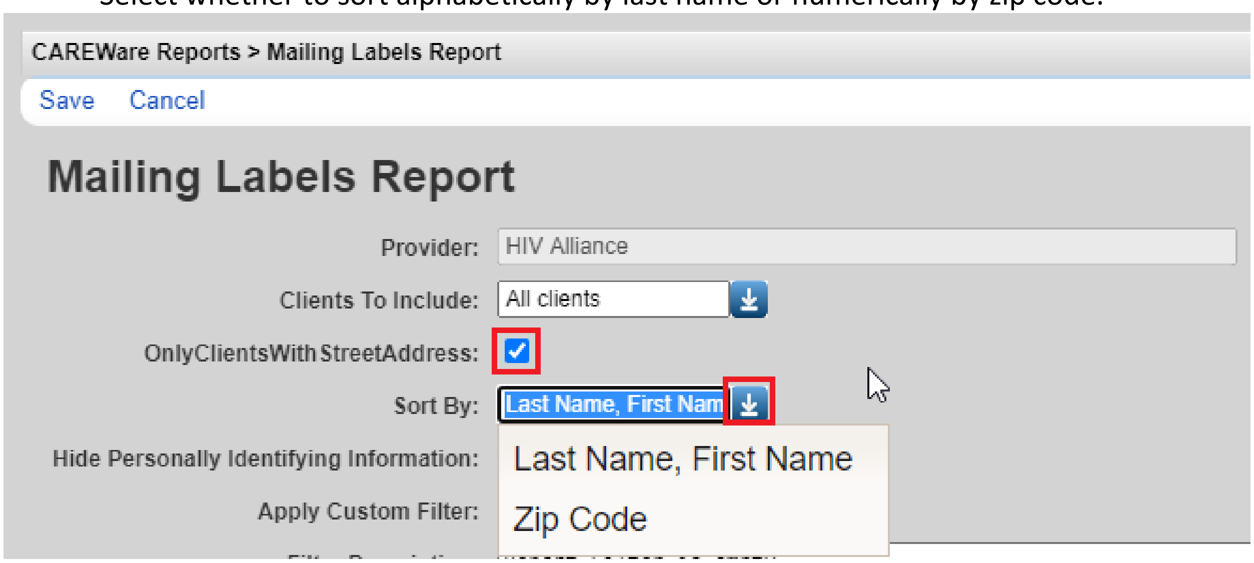
– Click *Edit*



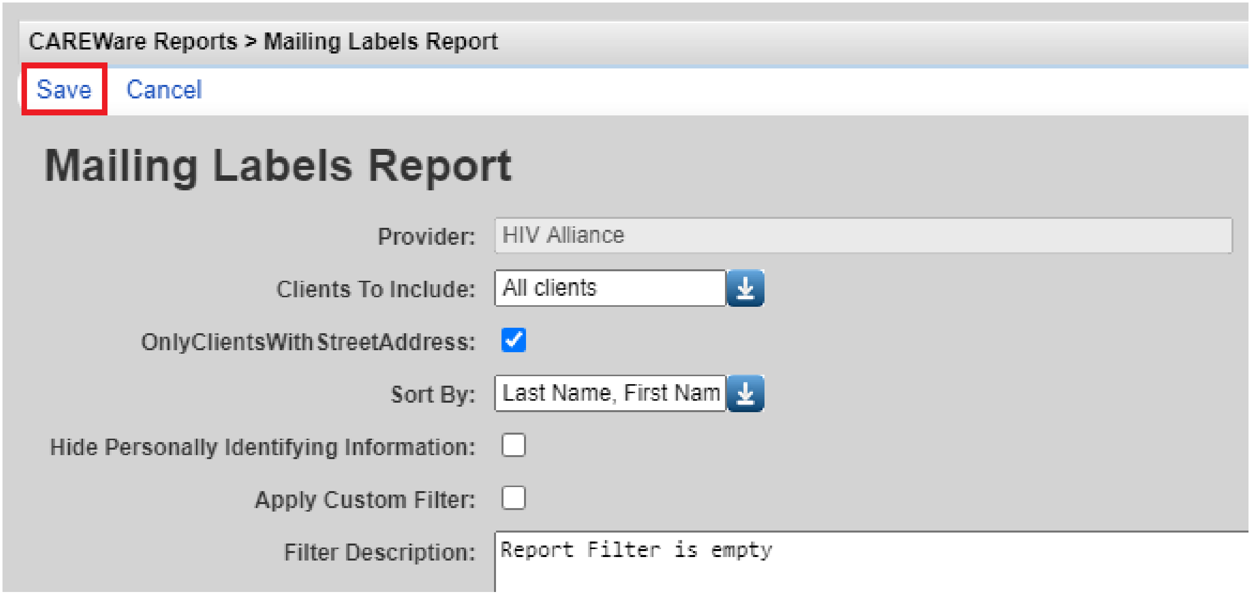
- Determine which clients to include on the labels by selecting from the four options
    - All Clients in the agency's database
    - All clients whose enrollment status is "Active"
    - All clients whose vital status is not "Deceased" and whose enrollment status is not "Inactive/Case Closed"
    - All clients who have received services for a selected date range



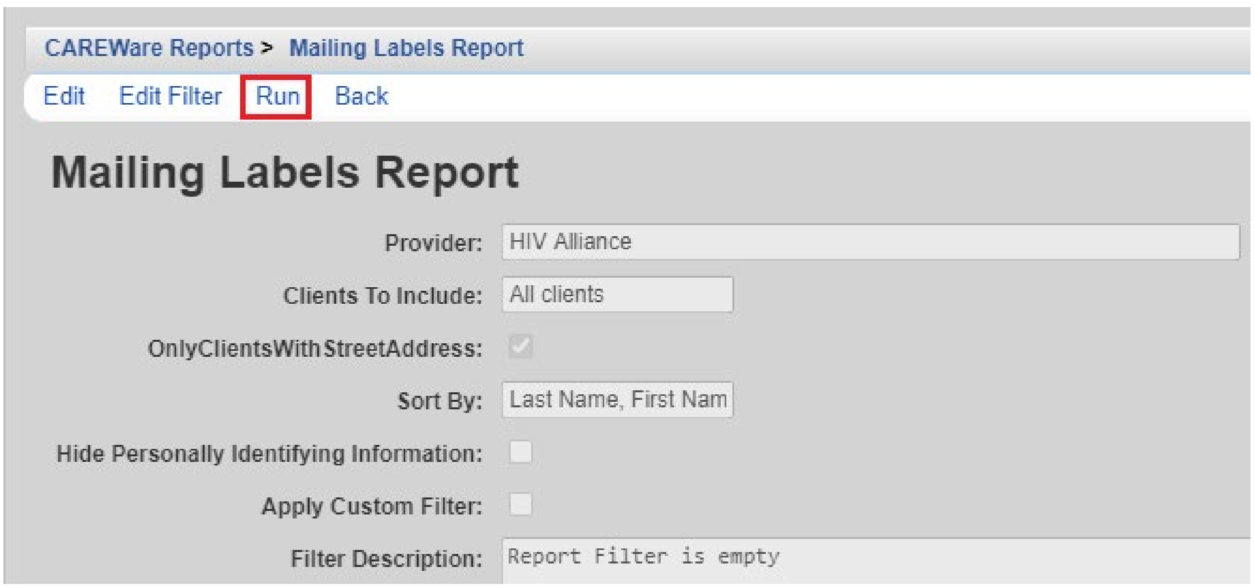
- Check the box *Only include clients with street addresses*. This will omit clients who do not have an address entered in CAREWARE.
- Select whether to sort alphabetically by last name or numerically by zip code.



- Click *Save*



– Click *Run*



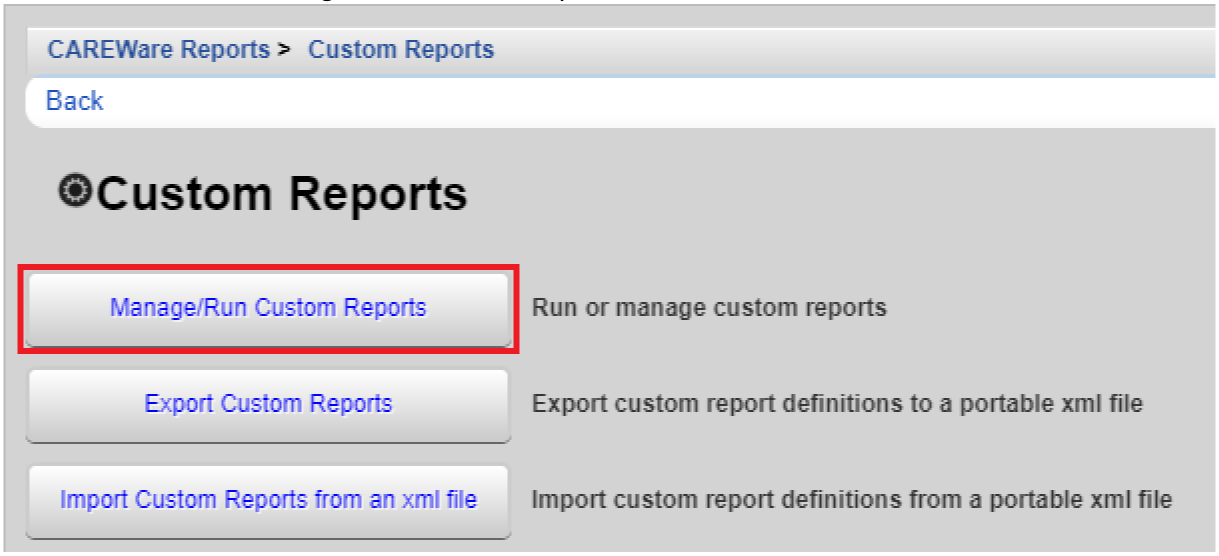
– A pop up will appear on the right-hand side of the window. Click *Show Mailing Labels Report.* The report will open in a new window.

Custom Reports

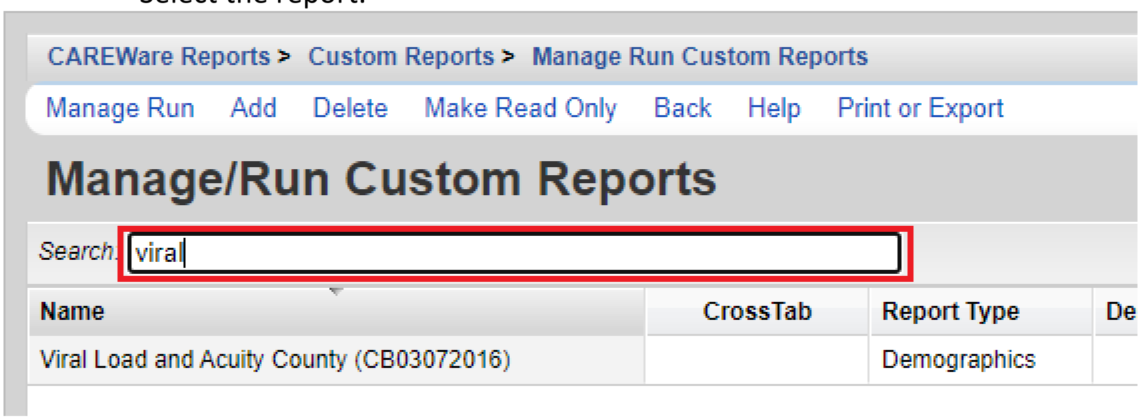
To Run Custom Reports:

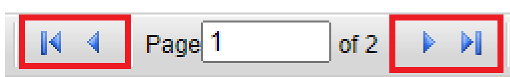
- Click on *Custom Reports* on the *CAREWare Reports* screen.

- Click *Manage/Run Custom Reports.*

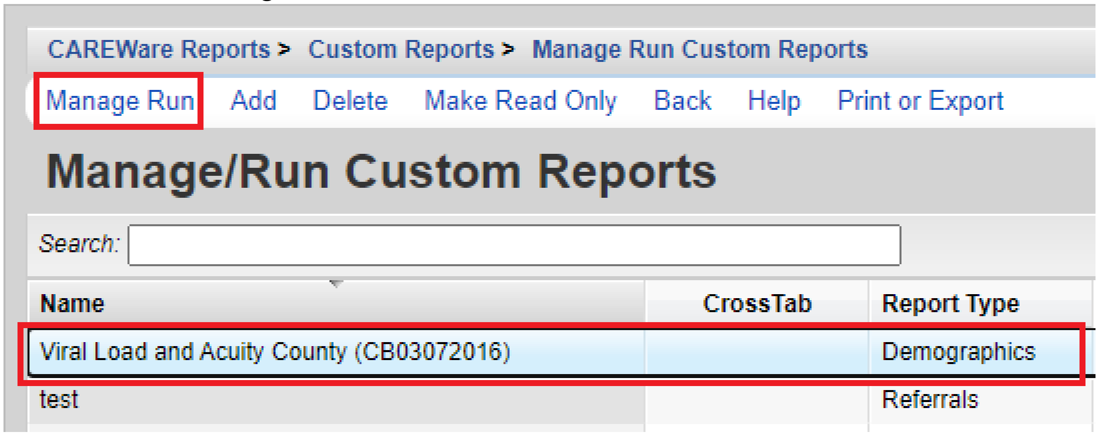


- Enter the report name into the *Search* field if known. Alternatively, locate the report by scrolling through the result pages.
- Select the report.

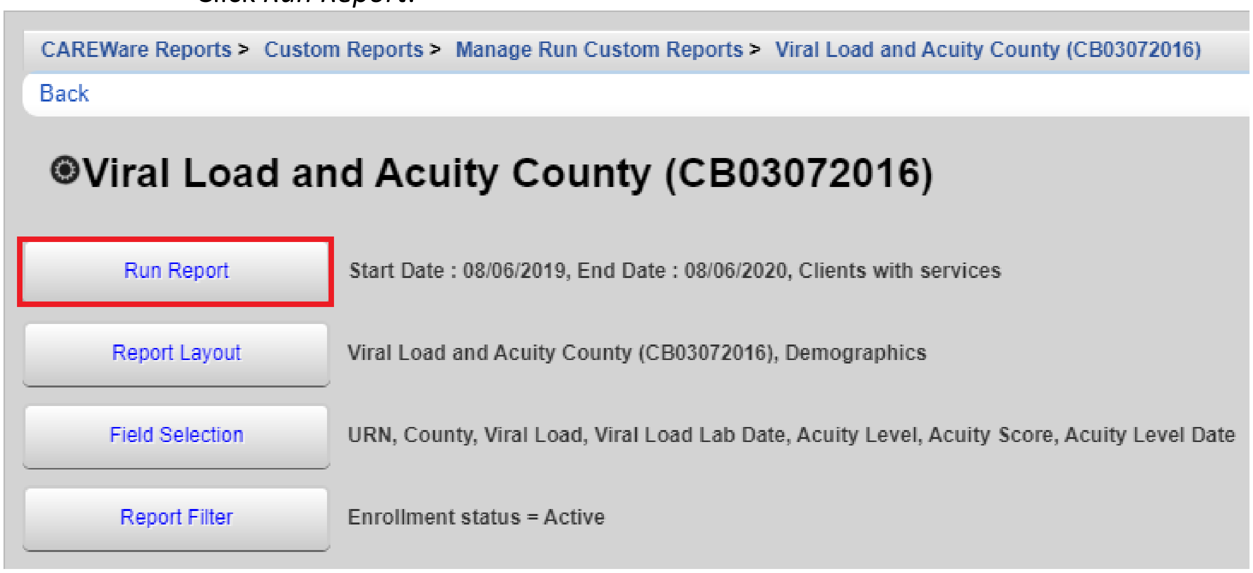




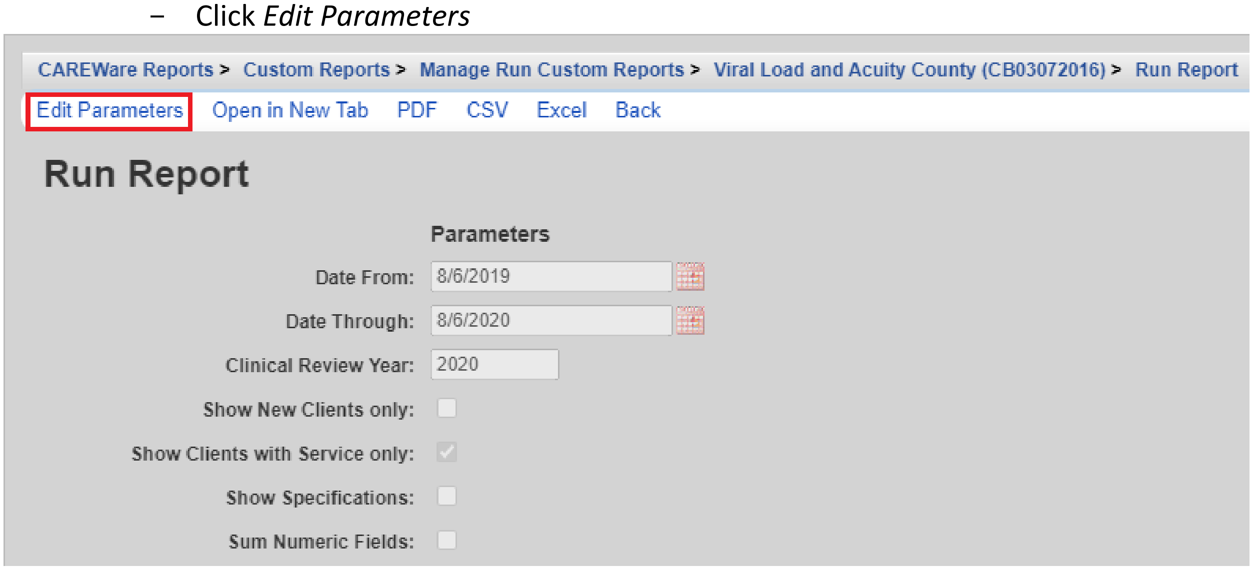
– Click *Manage Run*.



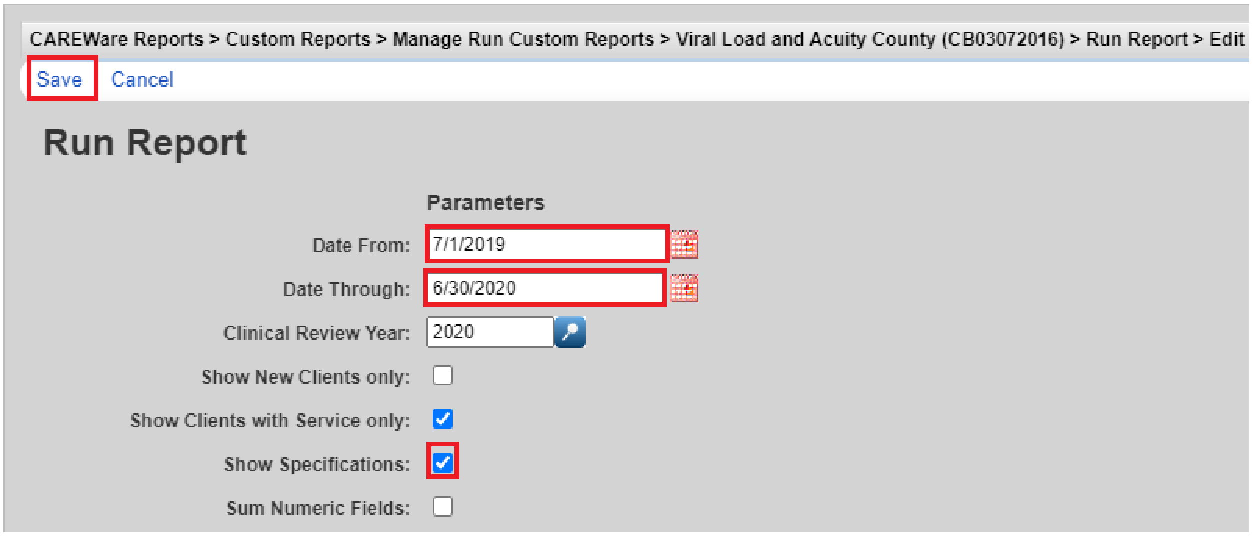
– Click *Run Report*.



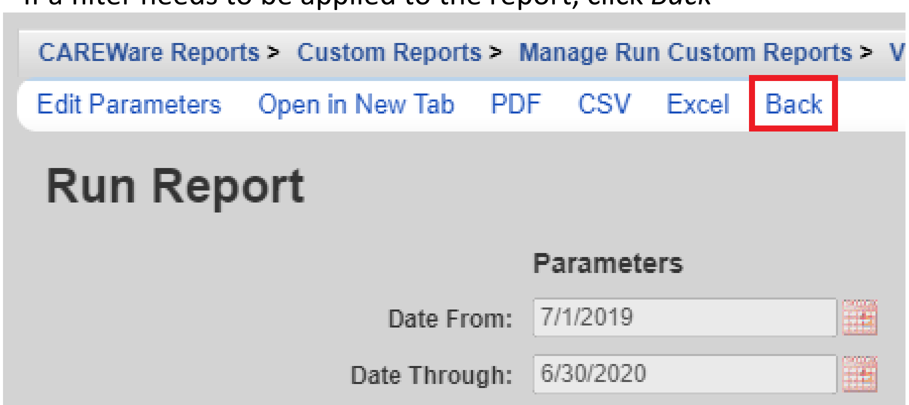
– Click *Edit Parameters*



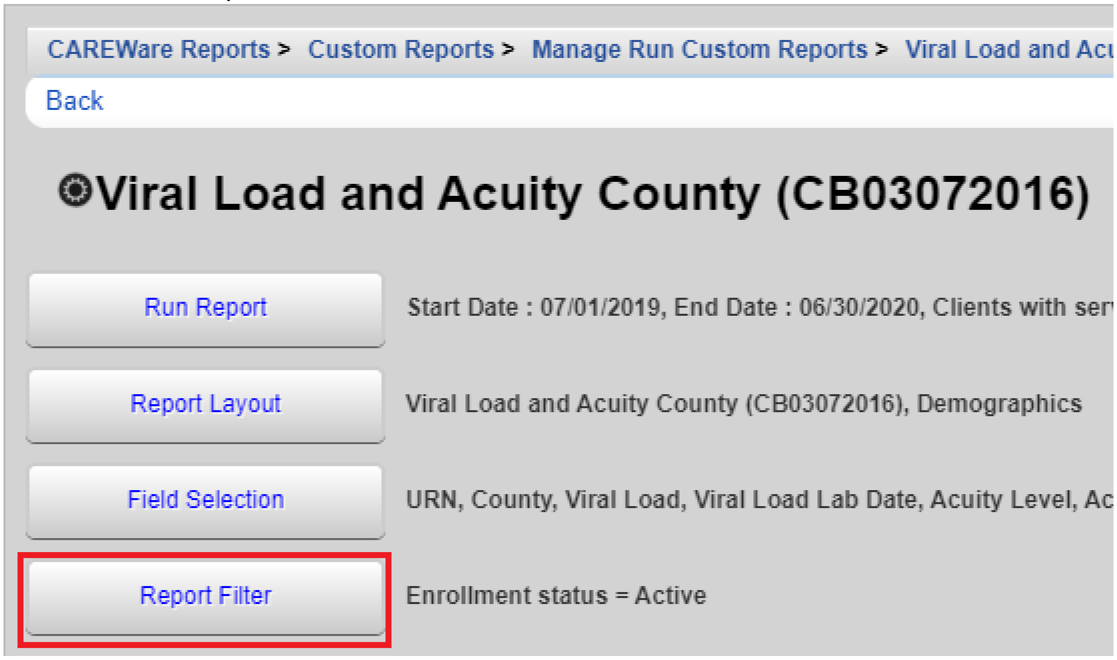
- Enter the *Date From* and *Date Through* fields
- Check *Show New Clients only* if appliable
- Check *Show Clients with Service only* if appliable
- Check *Show Specifications*
- Click *Save*



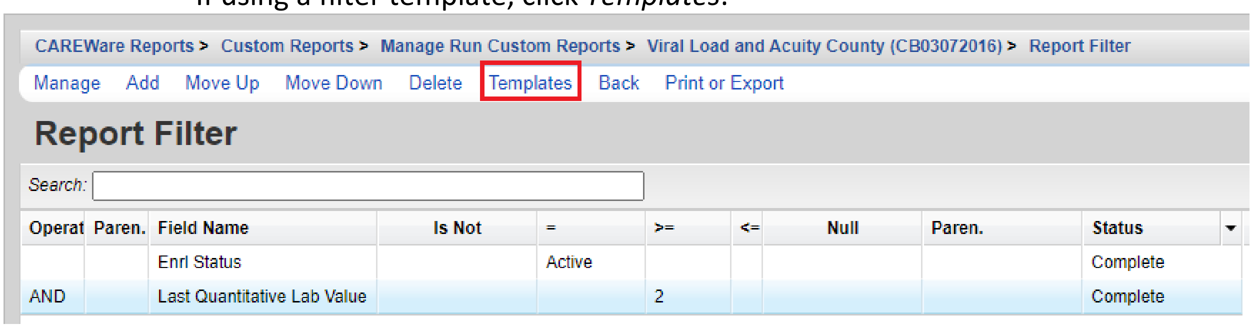
- If a filter needs to be applied to the report, click *Back*



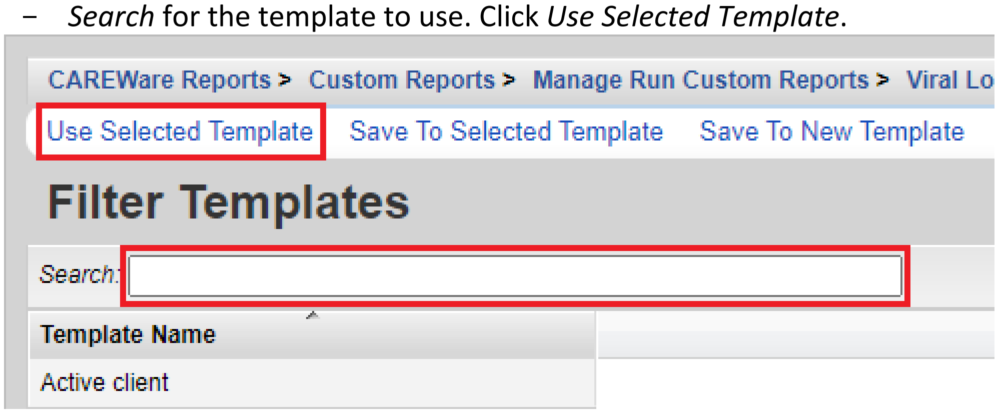
– Click *Report Filter*



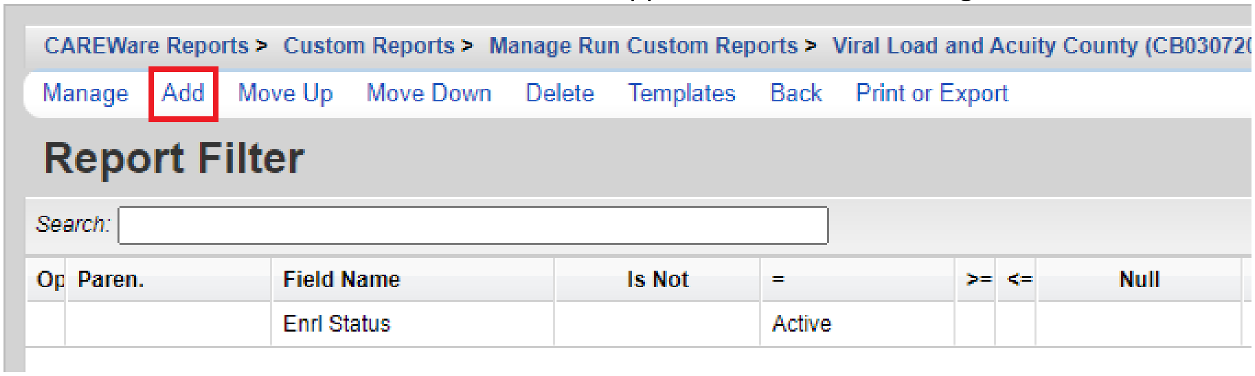
– If using a filter template, click *Templates*.



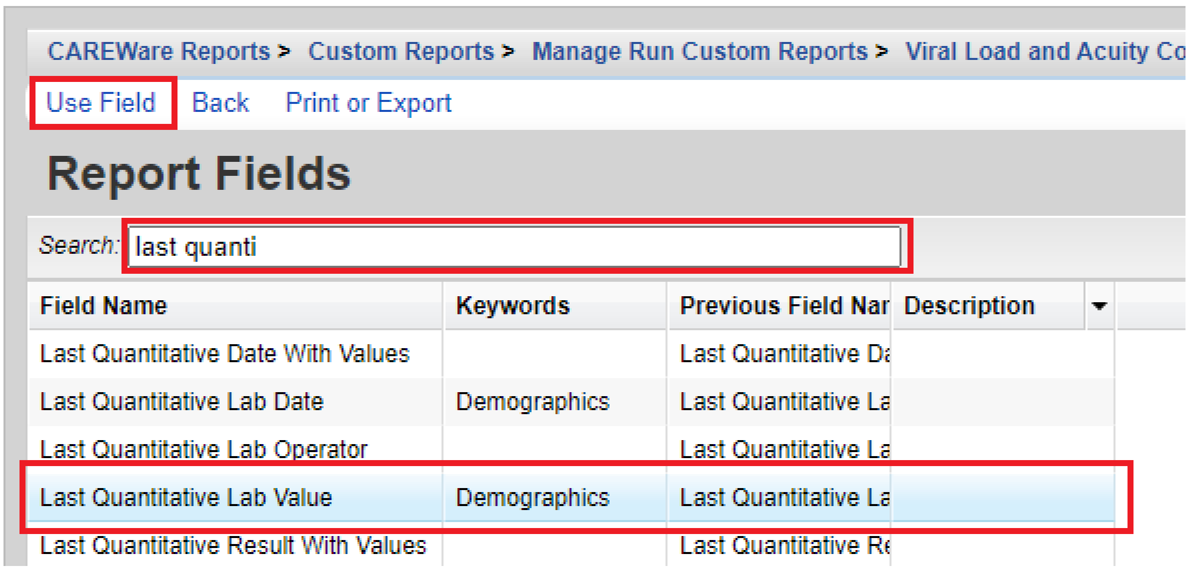
– *Search* for the template to use. Click *Use Selected Template*.



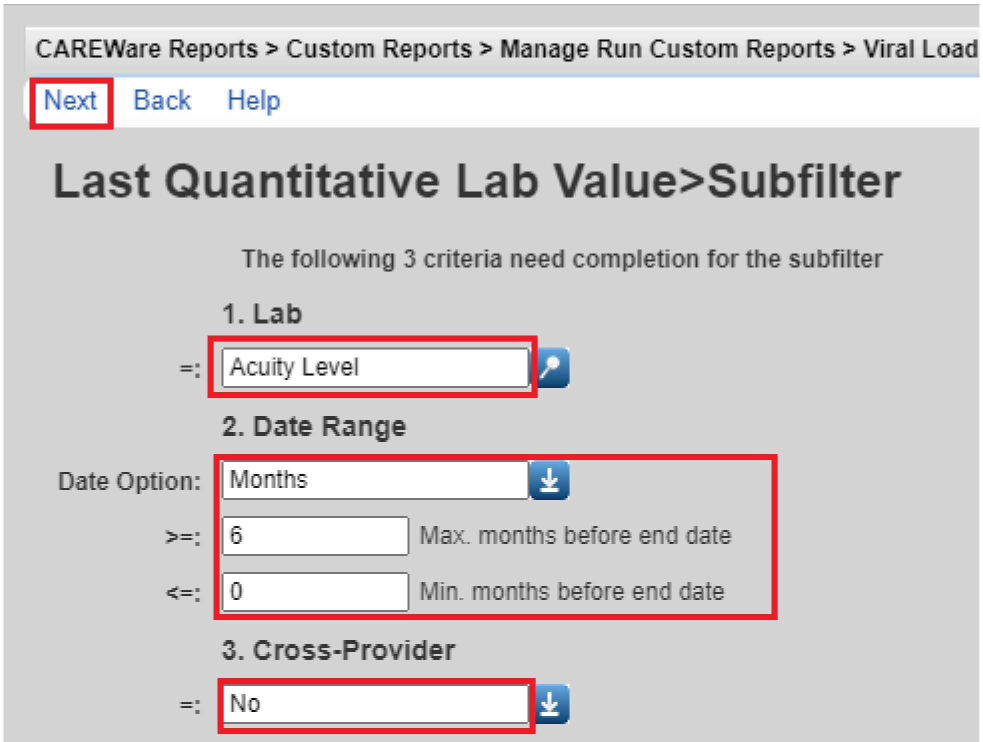
– Take note of the current filter if appliable. If further filtering is needed, click *Add*.



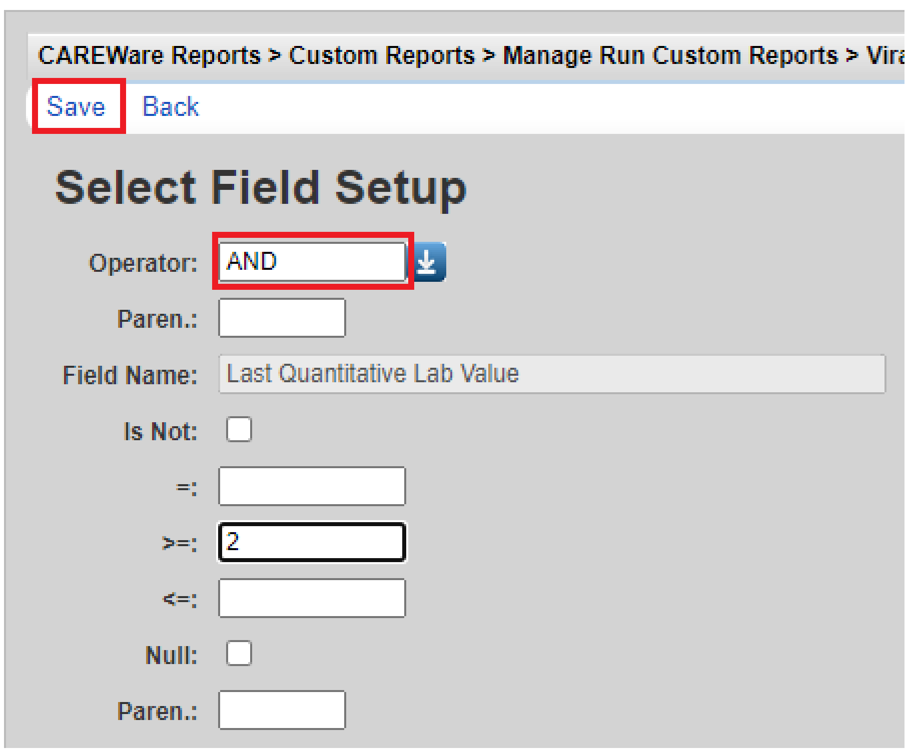
– Search for the *Field Name* to use in the filter. Select the field. Click *Use Field.*



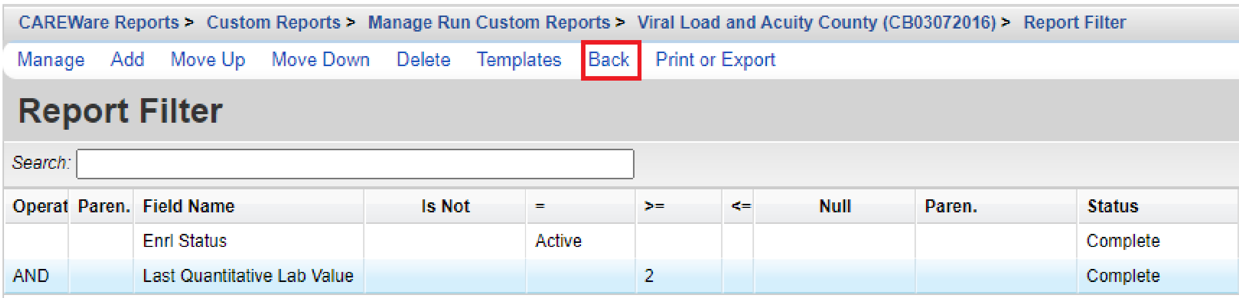
– Enter the criteria associated with the chosen field. In the screenshot below, clients with an Acuity level in the last 6 months from the local provider only will be included in the report. Click *Next*.



– Select the *Operator*, enter parentheses if needed (*Paren.*) and the value associated with the field. In the screenshot below, clients with an Acuity score of at least 2 will be included in the report. Click *Save*.

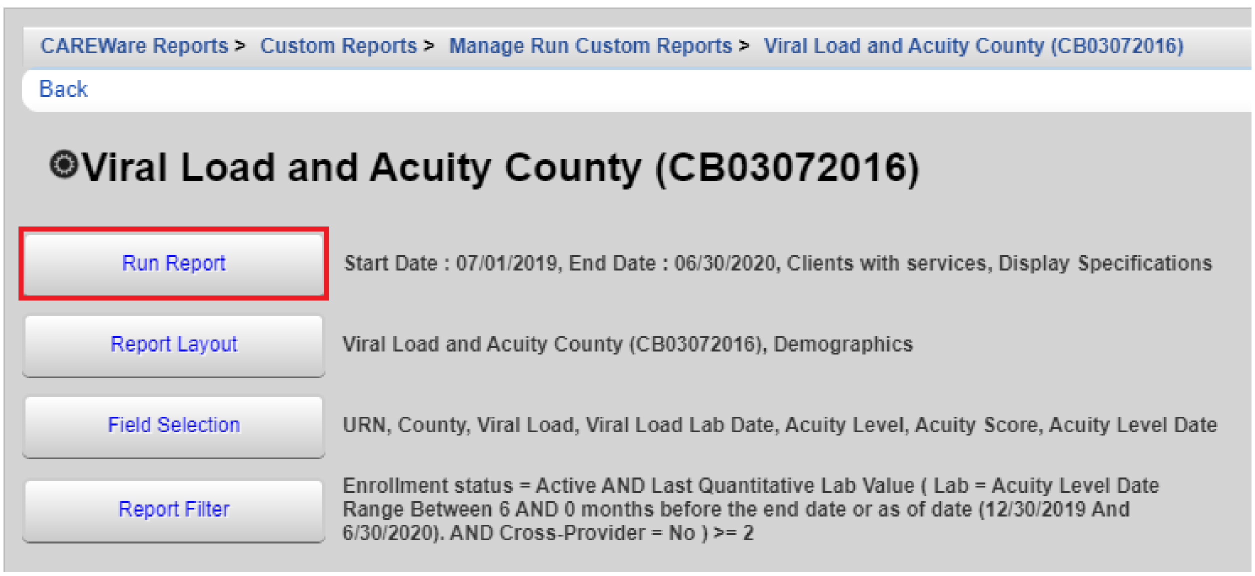


- Review the report filter. In the screenshot below, all clients with an enrollment status of active and an Acuity score of at least 2 in the last 6 months at the local agency will be included in the report. Click *Back*.

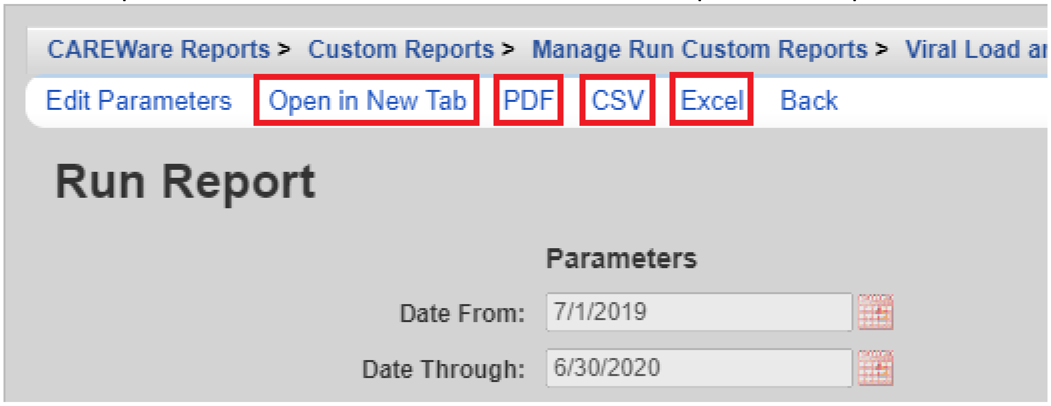


Contact the HIV Community Services Program with any questions about CAREWare Report Filter questions.

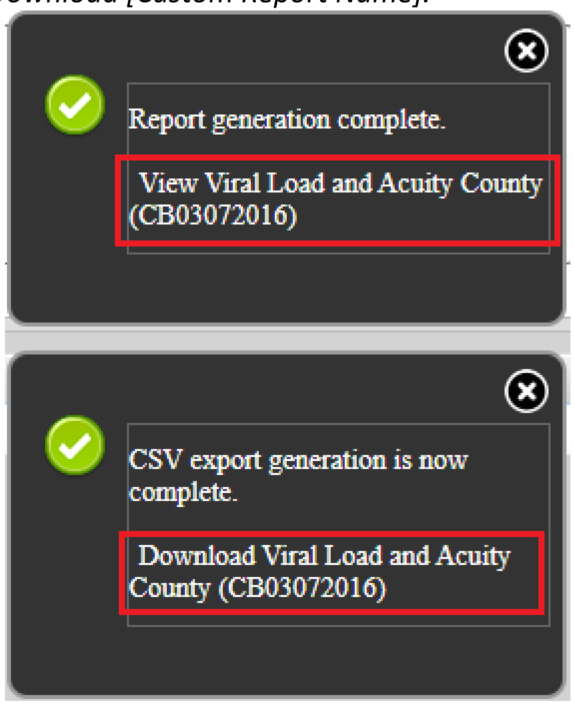
- Click *Run Report.*



- Click *Open in New Tab, PDF, CSV* or *Excel*. *Open in New Tab* and *PDF* will open the report in a new browser tab. *CSV* or *Excel* will prompt users to download the report in an Excel format. Choose *PDF* if the report will be printed.



- A popup will appear on the right side of the screen. Click *View [Custom Report Name]* or *Download [Custom Report Name].*



To request a new custom report, please contact the *HIV Community Services Program*. Before requesting a custom report in CAREWare, it is important to understand the information to be included in the report. The following questions may be helpful when requesting custom reports.

<u>Questions to ask for designing a custom report:</u>

1. How will this information be used?
2. What information should be included (e.g. poverty level and HIV Risk Factor by client name)?
3. How should the information be displayed (e.g. by client name, by service category)?
4. Which clients should be included (e.g. clients served in the past year, Hispanic clients only)?
5. Should any clients be excluded (e.g. clients under 18 years of age)?
6. Does this report require a filter (e.g. Active clients only, no specialty programs, etc.)?

CAREWare **Tab [Subtab]**	**Ryan White CAREWare Required Data Entry Fields**
Demographic	• *Full Legal Name** • *Date of Birth** • *Ethnicity** • *Race(s)** • *Sex at birth** • *Gender** • *Zip Code** • *County* • *HIV Risk Factors** • *HIV Status** • *HIV Date** • *AIDS Date* (if HIV Status is set to "CDC-defined AIDS")*
Service	• *Vital Status** • *Deceased Date (if applicable)** • Enrollment Status • Enrollment Date • Case Closed Date (if applicable) • For each service entered the following must be completed: ➢ Date of service (not the date of data entry) ➢ Service Name (select the appropriate sub-service) ➢ Contract that funds the service provided (automatically populated from subservice name) ➢ Units (# of service units provided) ➢ Price (not required for case management services)
Annual Review: [Annual & Quarters 1-4]	• *Primary Insurance** • *Other Insurance (if applicable)** • *Primary HIV Medical Care** • *Housing/Living Arrangement** • *Client's Annual Household Income** • *Household Size** • *Poverty level (CW automatically calculates)** • *Mental health screening(Y/N)** • *Substance abuse screening (Y/N)?**

CAREWare **Tab [Subtab]**	**Ryan White CAREWare Required Data Entry Fields**
<u>Encounters:</u> <u>[Labs]</u>	For each lab test entered the following must be completed: • Test name (e.g. CD4 count) • Date of test (not the date of data entry or results received) • Operand (e.g. =) • Result • Assay (if applicable) The following lab tests should be entered into CAREWare: • CD4 • Viral Load • Acuity Level • Acuity Score • Adherence Level
<u>Referrals:</u> **[Referrals]**	For required External Referrals: • Refer-to-Provider • Referral Status • Referral Date • Requested Service Category Type • Referral Completed Date

* indicates the field is shared between all providers that have served the client. If another agency adds new data into the field, the previous agency's data will be overwritten.