OREGON
RYAN WHITE PART B
HIV COMMUNITY SERVICES PROGRAM

CAREWARE USER GUIDE

Oregon Health Authority

Introduction

This document will provide general guidance in entering data into CAREWare for compliance with the reporting requirements of the Oregon Health Authority's *HIV Community Services Program* and HRSA, the federal funding agency. Users are encouraged to consult this document in conjunction with the CAREWare Modules and the *Ryan White Part B Program Policies, Services Definitions & Guidance* document in order to optimize reporting compliance.

Oregon's Ryan White Part B Program uses CAREWare in a centralized, 'real-time' configuration. Case managers only need to have the "client tier" or user interface installed on their local computer. By logging into the user interface, the client tier will connect to the "business tier" which holds all the rules for who can access what data, where to store data once it is entered into CAREWare and other key activities. The business tier stores the data in a database; both the business tier and the database are stored 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.

New Installations

If a new user or a user with a new computer needs to set-up CAREWare, instructions for new installations along with the 'client tier' installation file are available on the OHA website. To delete an existing user, please submit a CAREWare user form.

Technical Assistance
For Technical Assistance with CAREWare in Oregon, please contact Annick Benson-Scott, HIV Community Services Manager at 971-673-0144.

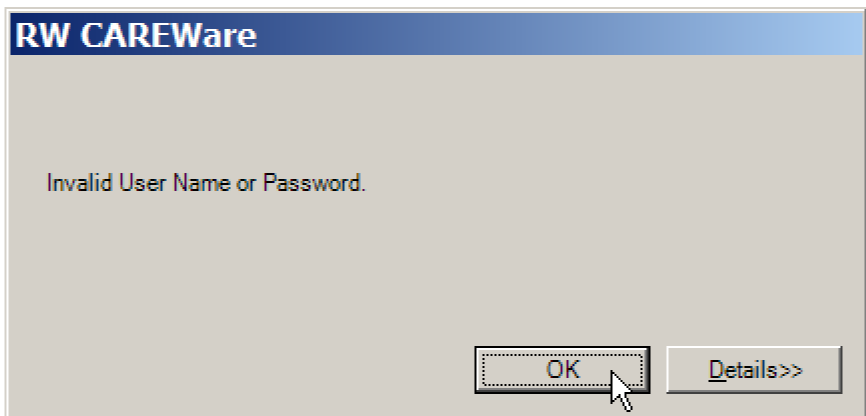
The HIV Community Services Program is committed to ensuring this document is as accurate as possible. Please report any discrepancies or areas requiring additional guidance to Deanna. P.kreidler@state.or.us.

CAREWare Log-in and Passwords

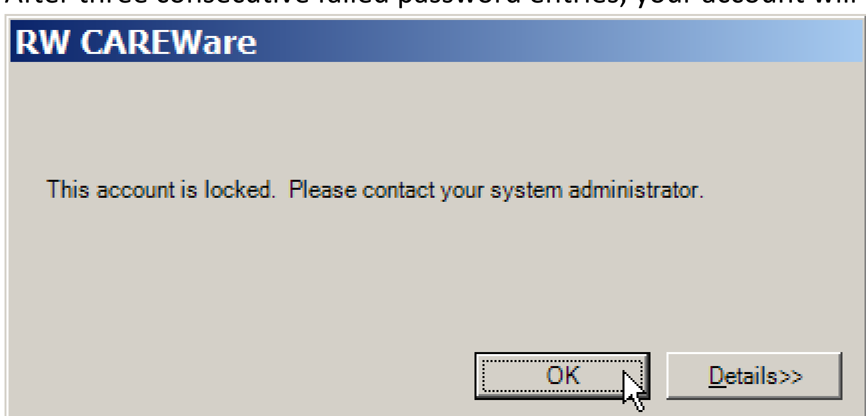
The local Ryan White Part B Program Manager should complete a "CAREWare/CAREAssist Add/Delete Add User" form for each new CAREWare user. Once OHA has received the completed form, the user will be contacted directly and provided with a log-in and a temporary password. New CAREWare users should always change their password immediately after receiving the temporary password from OHA. Under most circumstances the log-in will be the first initial and last name.

Here are a few important points about passwords:

- 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.
- The password error screen looks like this



- After three consecutive failed password entries, your account will be locked.



YOU MUST CONTACT HIV COMMUNITY SERVICES PROGRAM STAFF TO HAVE YOUR ACCOUNT UNLOCKED. Please call 971-673-0144 and request that your CAREWare account be unlocked.

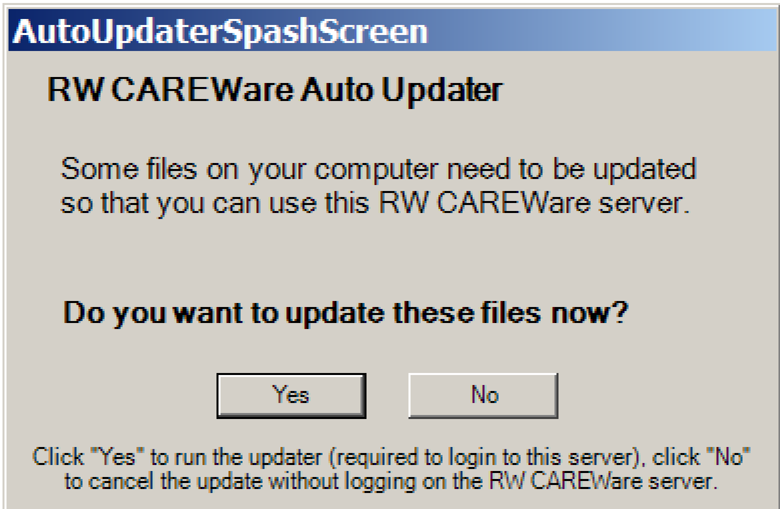
The Log-In screen looks like the one below. Enter your user name in the “User Name” field. The user name is not case sensitive. Then enter your password in the “Password” field. The password is case sensitive so make sure to use UPPER or lower case letters as needed.

The client tier must be directed to the correct server at the State Data Center (SDC.) If you select the "Options" button on the login screen, two additional fields, "Server" and "Port" will open (shown below). These fields should be set-up by the person who installs CAREWare on the case manager's computer and should not need to be changed unless the *HIV Community Services Program* provides guidance to do so.

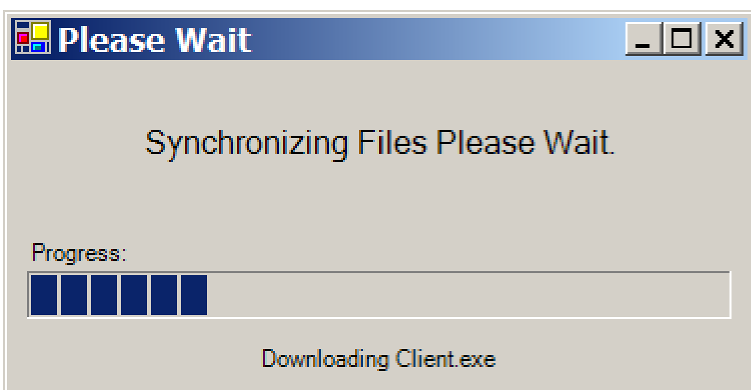
The check box at the bottom of the screen next to "Encrypt Communication Channel" should remain checked.

Software Updates

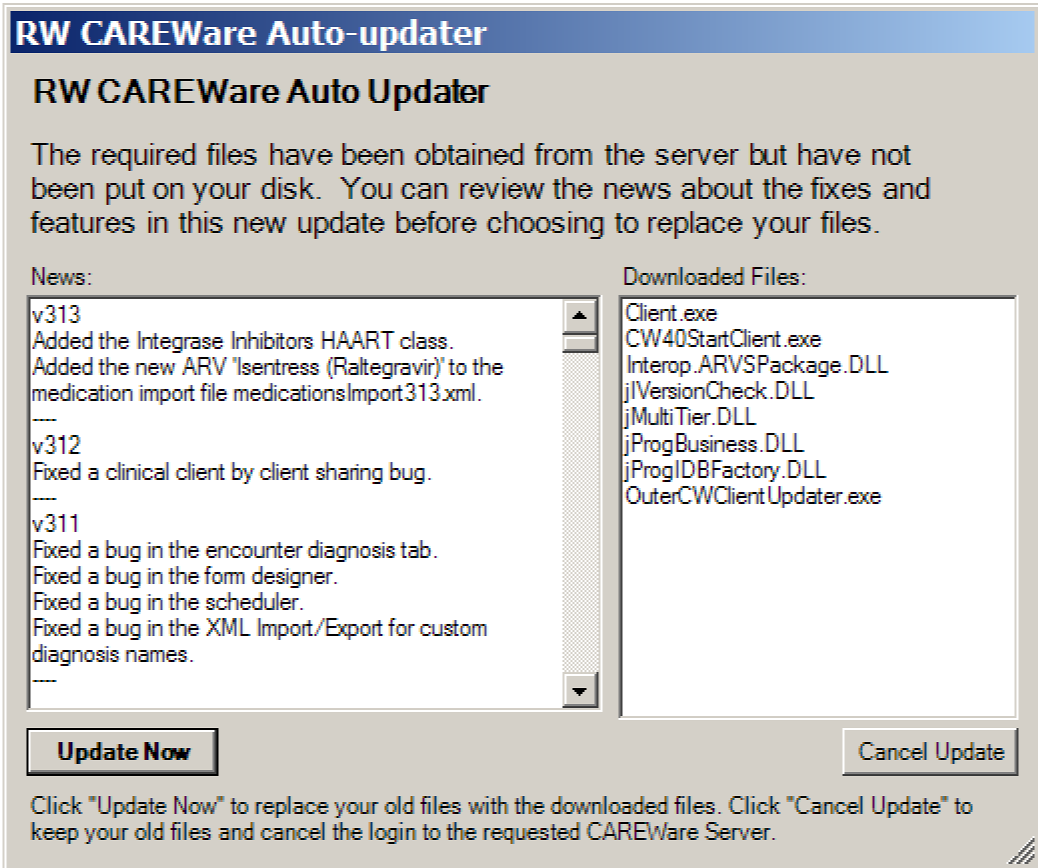
All software updates are conducted by the business tier which is housed at the SDC. This means that local agencies do not need to track or schedule any program updates. When the software has been updated on the business tier, the local user will receive a prompt to install the new files. This prompt (shown below) will occur the first time the user attempts to log-in after the Business Tier has been updated.



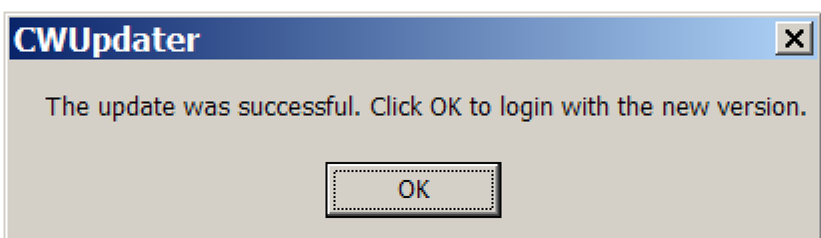
Select *Yes* and you will see a Progress screen (shown below) advising you that the files are being synchronized.



The next screen (shown below) will provide an overview of the files that are being updated. Select *Update Now* in the bottom left corner of the screen.

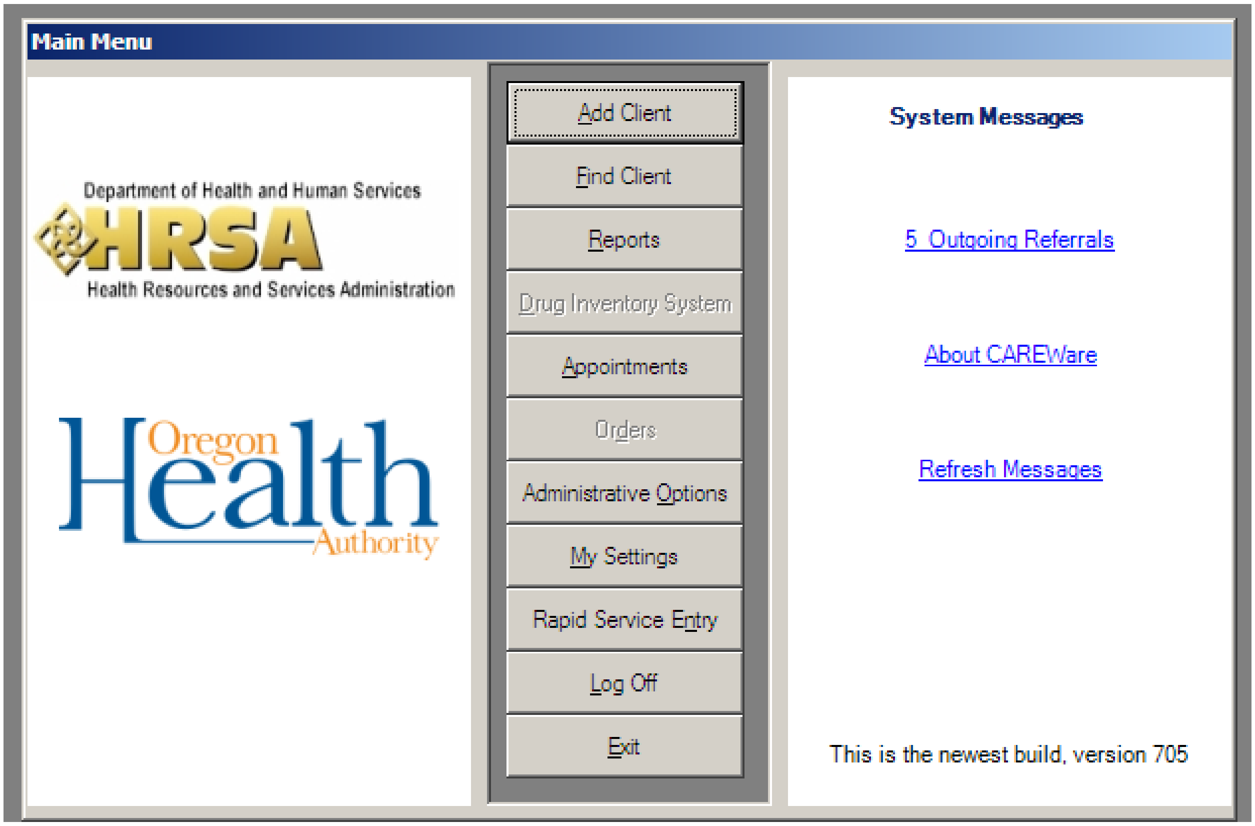


Once the update is complete and you receive the Success! Message (shown below), you will need to log-in again to the new version.



Main Menu

Once you have successfully logged in, the main menu will appear (shown below.)



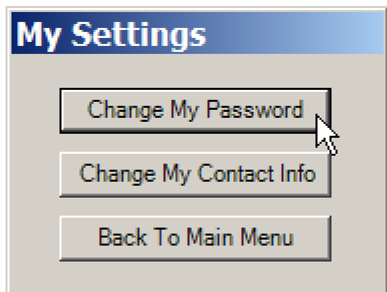
The main menu will allow you to select your next task.

- The *Add Client* button opens a screen for you to add a new client.
- The *Find Client* button opens a search screen to search for an existing client.
- The *Reports* button opens a report menu screen for pre-built and custom reports.
- The *Administrative Options* button will allow you to access the *Performance Measures* worksheet and the *Clinical Encounter Setup* functionality.
- The *My Settings* button opens options to allow you to change your password.
- The *Rapid Service Entry* button opens a form for entering multiple services at once without having to open each individual client record.
- The *Log Off* button will end your CAREWARE session but leave the log-in screen open on your computer.
- The *Exit* button closes CAREWARE.
- If there are pending referrals, a hyperlink will display on the right side of the screen for quick access to a list of the pending referrals.

Note: Options that are "greyed out" such as Drug Inventory System, Appointments, and Orders in the above menu are not available for use. Users may have access to different menu options depending on their role within the case management program. Sites with multiple case managers will have a designated "Super User" who will have access to additional menu options. Sites with a single case manager will also have "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.

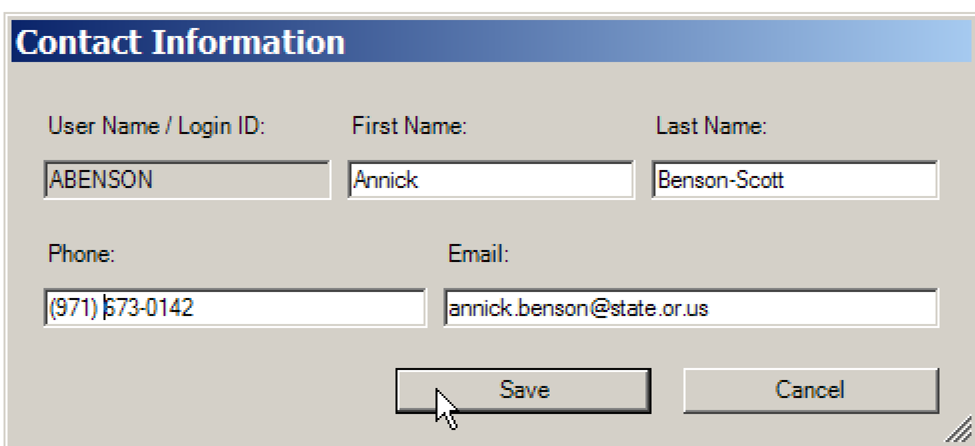
Changing Password

To change the temporary password provided by the *HIV Community Services Program*, select *My Settings* from the main menu.



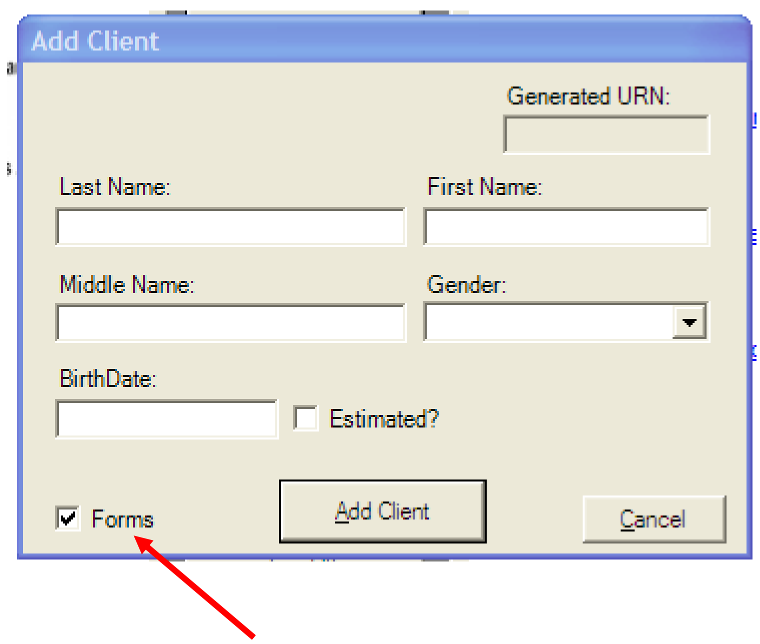
A new screen will prompt you to enter a new password twice. Select *Change Password* when completed.

From the *My Settings* menu, you can also confirm your e-mail and phone number on file with CAREWare Central Administration.



Adding a New Client

To add a new client, select *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. You may use middle initial rather than a full middle name. Enter the client's *Gender* (see guidance on following page) and *Birth Date*. Do not use an estimated birthdate and do not check the *Estimated?* box. Once all the information is completed, select *Add Client*. Users will want to check the Forms box in order to use forms with the client records.



CAREWare will create a *Generated 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 you enter a nickname rather than the full legal name, the URN will change. CAREWare uses the URN to determine if the client is already in the database and to generate an unduplicated client count for the State. Therefore, it is very important that all *Add Client* entries are accurate.

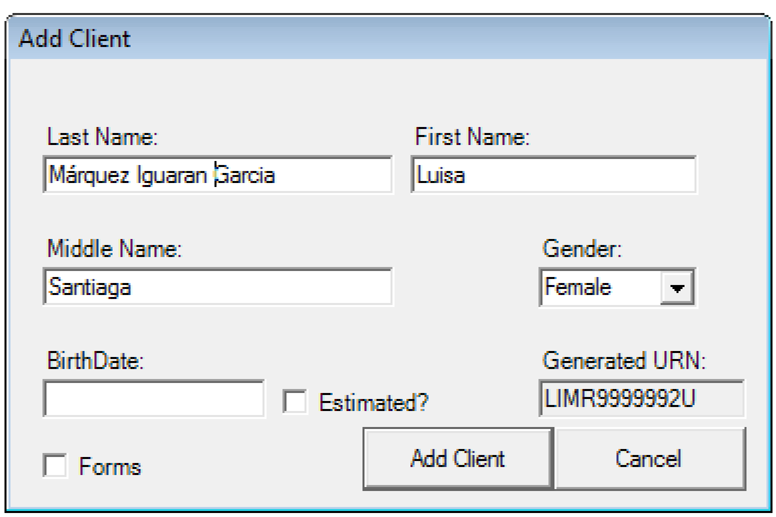
Hispanic Surnames

Most Hispanic people use two last names or surnames. The two surnames are referred as the first apellido and the second apellido. Most Hispanic Americans, such as Rafael Vicente Correa Delgado have one or two given names (Rafael Vicente in the example), a paternal surname and a maternal surname. In this example the person may be referred to as Mr. Correa or Mr. Correa Delgado but never as Mr. Delgado.

A child is given the surname of both his/her father and mother. The child receives the first surname of his/her father (which becomes the child’s first surname) and the first surname of his/her mother (which becomes the child’s second surname.)

When a woman gets married, she often does not change her name. Her first surname remains the same (her father's first), but her second surname could change to that of her husband. Sometimes the word 'de' is added between the two surnames to indicate that the second surname is her husband's. In today's world, many women do not change their name for professional or personal reasons. Unlike marriage-related name changes for women in the United States, typically under Hispanic naming convention, the woman in the marriage never changes her first surname (the name from her father.)

When entering the legal names of Hispanic clients into CAREWare, it may be somewhat 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 document have conflicting information, use the client’s father first surname (first apellido) as the beginning of the last name field. Additional surnames may be added in the field after the first surname.

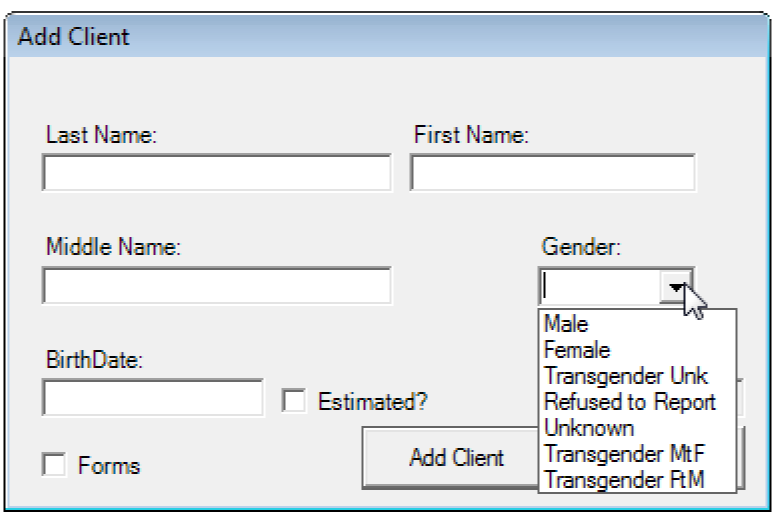


Here are some examples to illustrate the explanation.

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

Gender

When adding a new client, you must enter a gender in CAREWare. The drop down list shows several options for the field. Indicate the client's gender based on his or her 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 is not congruent with his or her biological gender, regardless of the status of surgical and hormonal gender reassignment processes. Sometimes the term is used as an umbrella term encompassing transsexuals, transvestites, cross-dressers, and others. The term transgender refers to a continuum of gender expressions, identities, and roles, which expand the current dominant cultural values of what it means to be male or female. There are three selections for Transgendered clients.

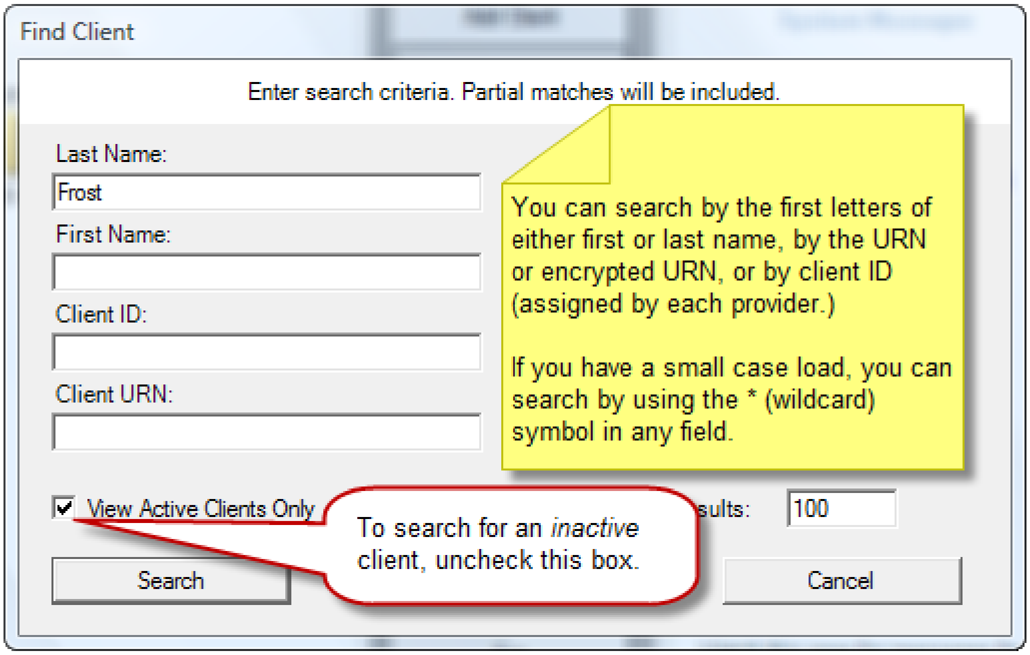
- *Transgender Unk* – Transgender Unknown
- *Transgender MtF* – Transgender Male to Female
- *Transgender FtM* – Transgender Female to Male

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

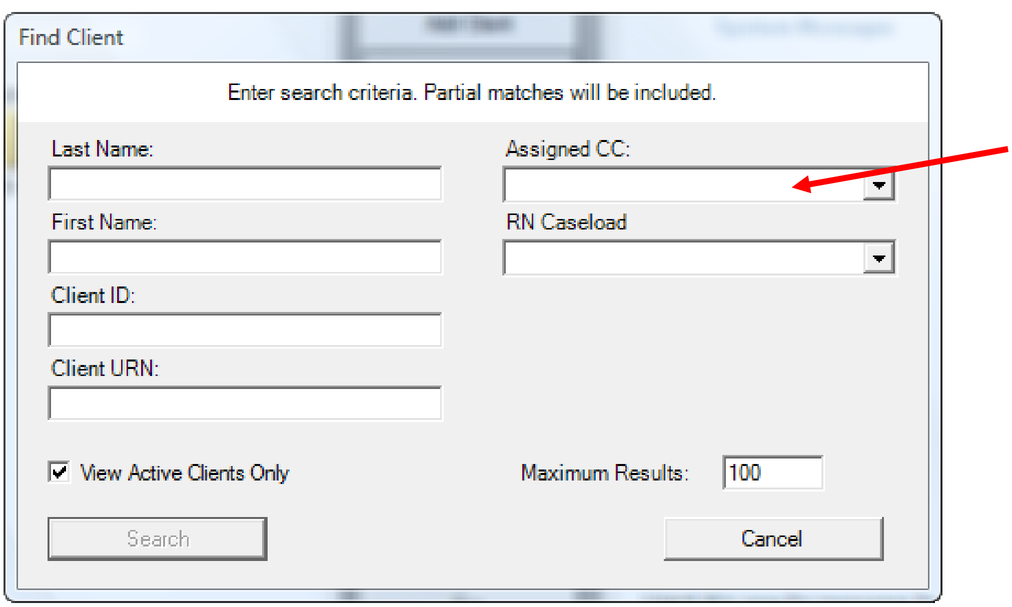
Unknown – Indicates the client's gender category is unknown.

Finding a Client

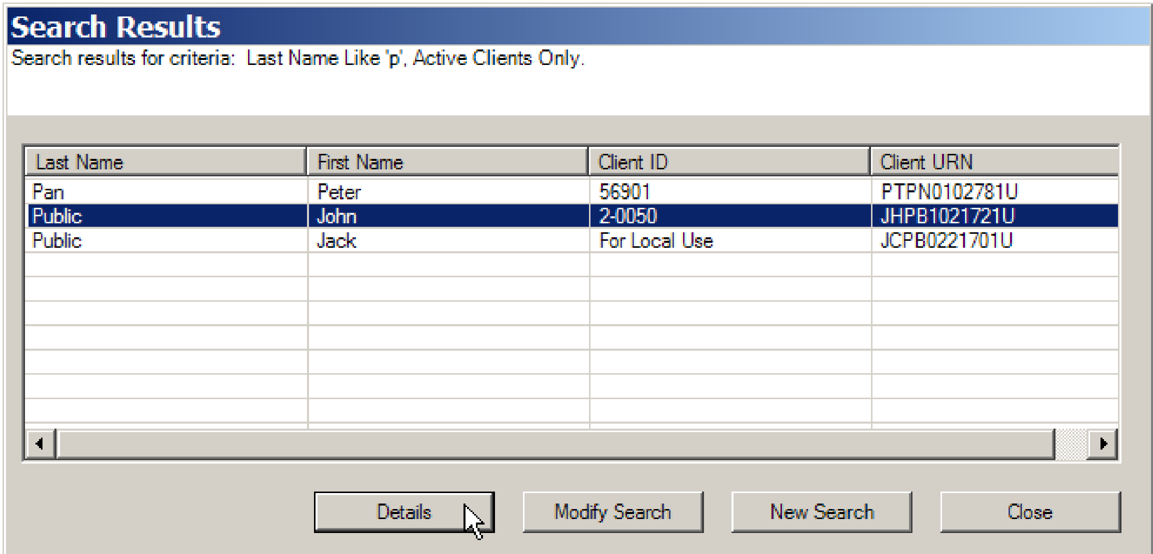
To search for a client, select *Find Client* from the main menu. Enter search text into any of the fields: *Last Name*, *First Name, Client ID or Client URN* and select *Search*.



If your provider has custom client fields that are set-up for searching, they will display in the *Find Client* box (below the Assigned CC and RN Caseload fields are custom fields by which staff may search.)



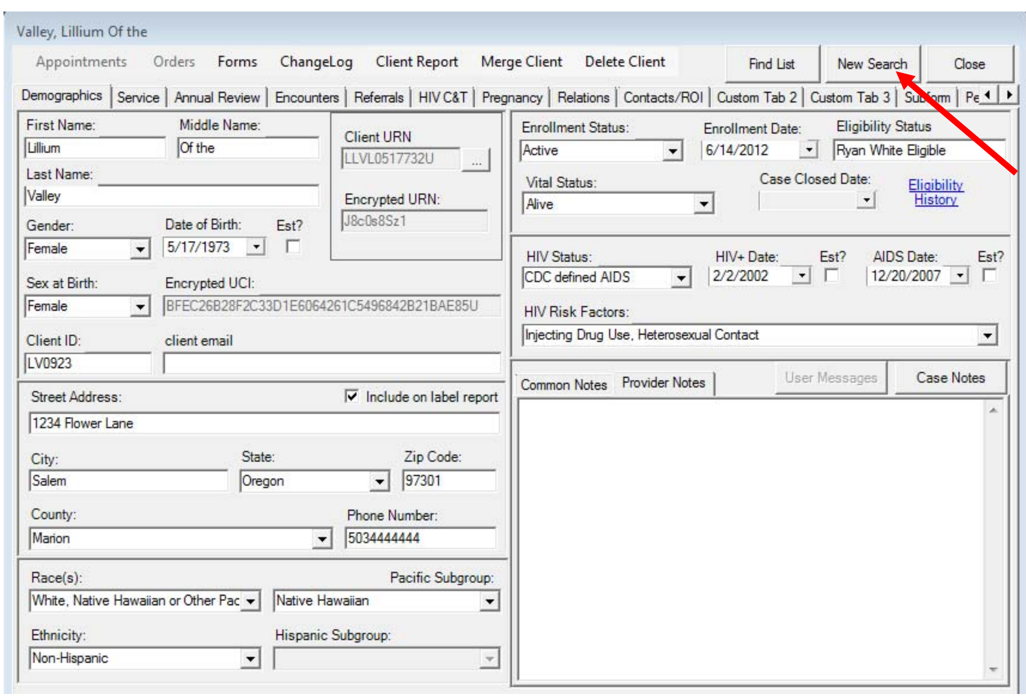
The results window will provide a list of clients who match the criteria entered into the search screen.



Select the record you are looking for and double-click or highlight and select *Details* to pull the client's record up.

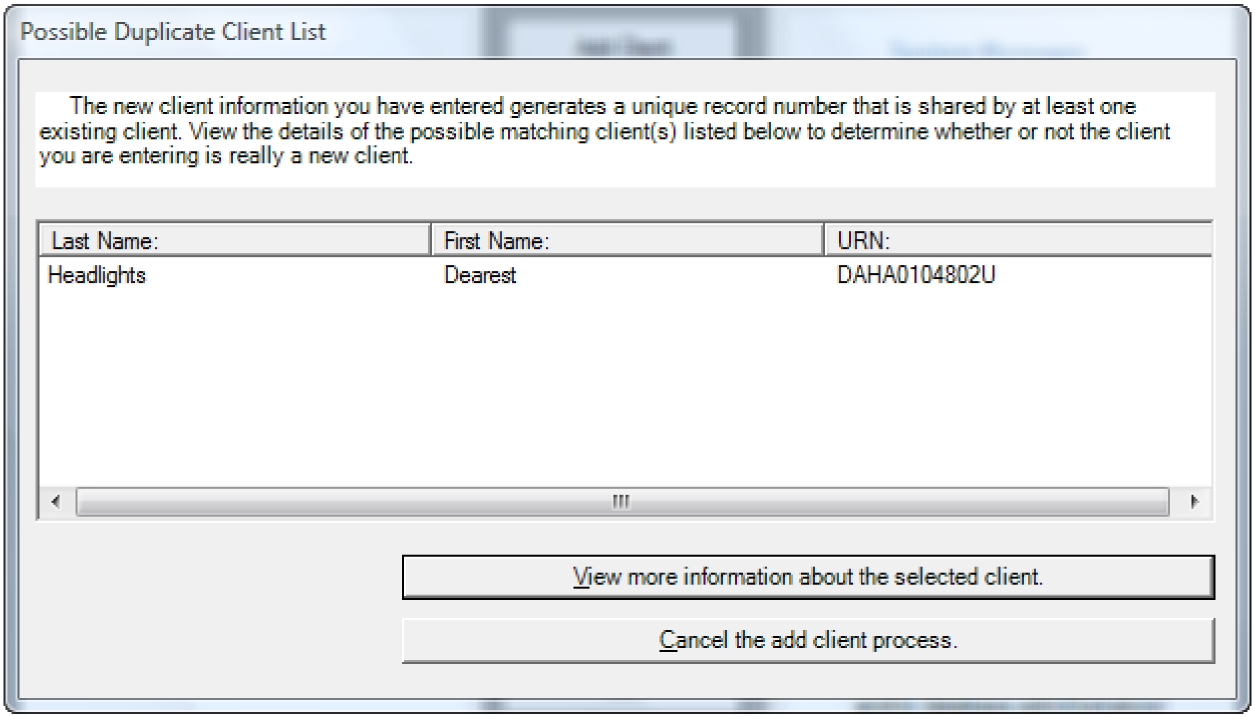
If the results do not contain the client you are searching for, select *Modify Search* and edit your search criteria. To begin again, select *New Search* and to leave the search process, select *Close*.

You can also access the *Find Client* function from the client screen, by selecting *New Search*.



Duplicate Client or Client Transfers

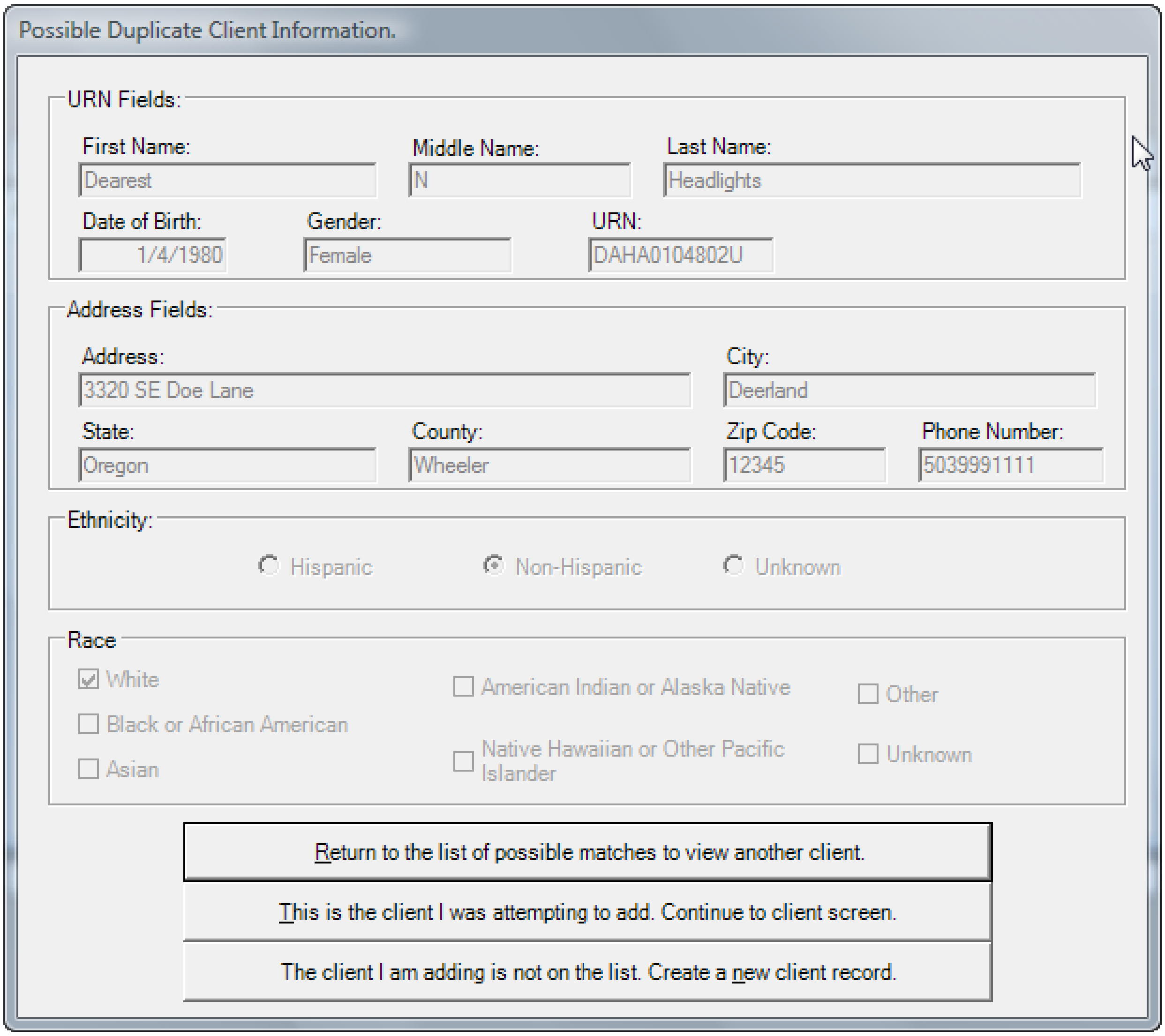
If a client has already been served in the Oregon Part B case management system, there will be an electronic CAREWare record in the database. If the client is "new to you," *Add* the client in the same manner that you would add a brand new client. Make sure to enter the full legal name and date of birth correctly. CAREWare will identify a potential match for a client already in the system.



Select the client and *View more information about the select client* to determine if this is the same client that you are trying to add to the system.

Once you have reviewed the address, race and ethnicity, you should be able to determine if this is the same client you are attempting to add.

- If it is, select *This is the client I was attempting to add. Continue to the client screen.*
- If it is not, select one of the other options 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 *Demographic* tab. Enter the following fields on the *Demographic* Tab:

- *Sex at Birth:* Enter the client's self-reported sex at birth.

- *Client ID*: This field is for use at the local level. If your 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 primary email.

- *Contact information:* Enter the client's *Mailing Address*, *City*, *State*, *Zip Code*, *County*, and *Phone Number*. You must select "Oregon" from the drop down menu in the *State* field before you can select the appropriate *County*.

- *Include on label report*: This field is 'unchecked' by default indicating that the client does NOT want to receive program mail delivered to their mailing address. If the client consents to receiving mail at their provided address, please check this box so client is included in the mailing labels report.

- *Race*: Enter the client's self-reported race.

- *Ethnicity*: Enter the client's self-reported 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

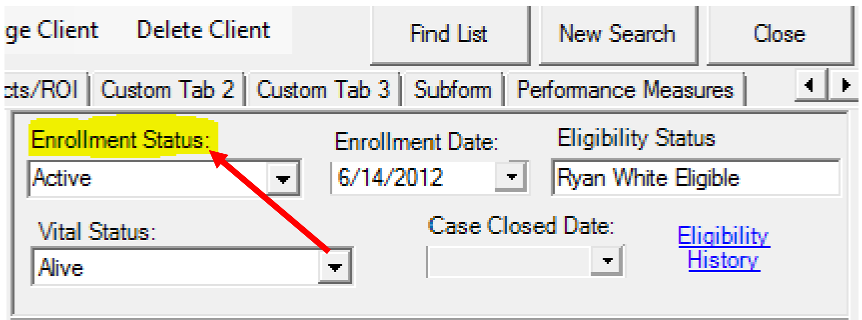
Several fields in CAREWare are considered 'client self-report.' The data entered into these fields should be based on the client's self-identified data. These fields include:

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

Enrollment Status and Enrollment Date

Enter the *Enrollment Status* and *Enrollment Date*.

- Select the appropriate *Enrollment Status* from the drop down menu. This field is agency-specific. For example, a client may have an Enrollment Status of "*Relocated*" in Linn County but "*Active*" in Benton County.



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

Referred/Discharged Indicates that you have
- Referred the client to another Part B funded provider
- Closed the client because he/she requested closure from case management.
- Lost contact with a client and they are considered to be "lost to follow up"
- Been notified that client is deceased.

Removed - The client was terminated due to violation of rules.

Incarcerated - The client will not be continuing in the agency's program because he or she is 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).

Relocated – Indicates that the client has moved out of the Part B service area (to the Part A service area/Portland metro area or out of state or country).

- Enter the *Enrollment Date* next to Enrollment Status. The *Enrollment Date* is the first day the client was served by your agency.

- If client has an enrollment status other than active, a case closed date should be indicated.

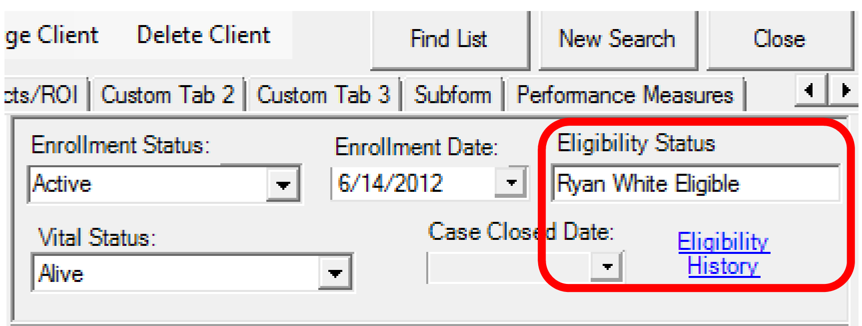
Vital Status and Death Date

- Select the appropriate *Vital Status* from the drop down menu. This data field will be shared by all agencies who are serving this client. The option *Unknown* should not be used.

- If the client is deceased, date of death should be indicated if known.

Eligibility Status and Eligibility Record

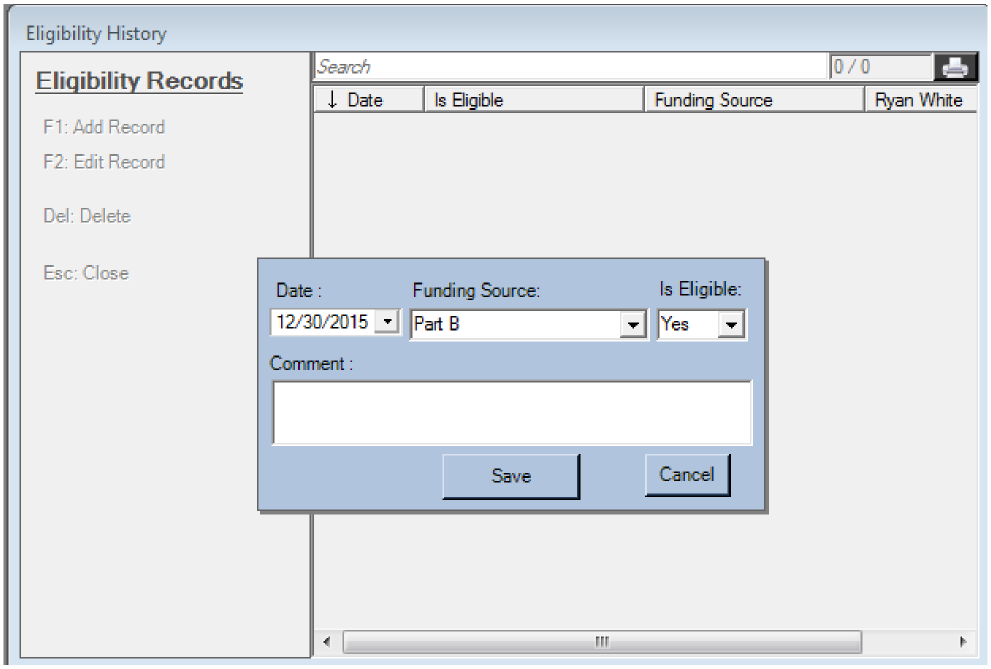
The Eligibility Status field is only used for HIV/AIDS Bureau of HRSA reporting purposes and is not tied to the 6 month eligibility process in any way.



When you add a client to your CAREWare domain, you will need to add an Eligibility Record:

- Click on the hyperlink for "Eligibility History"
- Click "Add Record"
- Select the date you activated them in your domain
- Choose the funding source that corresponds to the current contract year. If you see more than one "Funding Source" as an option, contact your supervisor or our program for instructions on which funding source to select.
- Choose "Yes" for "Is Eligible"
- Click "Save" and then close

The Super User at your agency can edit the Eligibility Record. Please contact OHA if you need to delete an Eligibility Record.



Please Note:
If the Eligibility Status on the demographic tab indicates “Not Ryan White eligible” this does not change the services you may provide. This statement only indicates how your agency is funded. The HIV Community Services Program uses a combination of Ryan White funds and other funding to support HIV services.

HIV Status and Risk Factors

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

    - *HIV-negative (affected)*—Client has tested negative for HIV, is an affected partner or family member of an individual who is HIV-positive, 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, not AIDS*—Client has been diagnosed with HIV but has not advanced to AIDS.

    - *HIV-positive, AIDS status unknown*—Client has been diagnosed with HIV. It is not known whether the client has advanced t o AIDS.

    - *CDC defined AIDS*—Client is an HIV-infected individual who meets the CDC AIDS case definition for an adult or child.

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

  AIDS is the most severe manifestation of infection with HIV. 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 aidsinfo.nih.gov for more information on AIDS diagnosis, opportunistic infections, and cell counts. Once a client has been diagnosed with AIDS, he or she always is counted in the CDC-defined AIDS category regardless of changes in CD4 counts.

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

  - *HIV+ Date*: Enter the date the client was identified as HIV+. This date may be a 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 "Est?" 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.

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

  Men who have sex with men (MSM) cases include men who report sexual contact with other men (i.e., homosexual contact) and men who report sexual contact with both men and women (i.e., bisexual contact).

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

  Hemophilia/coagulation disorder cases include clients with delayed clotting of the blood.

  Heterosexual contact cases include clients who report specific heterosexual contact with an individual with, or at increased risk for, HIV infection (e.g., an injection drug user).

  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.

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

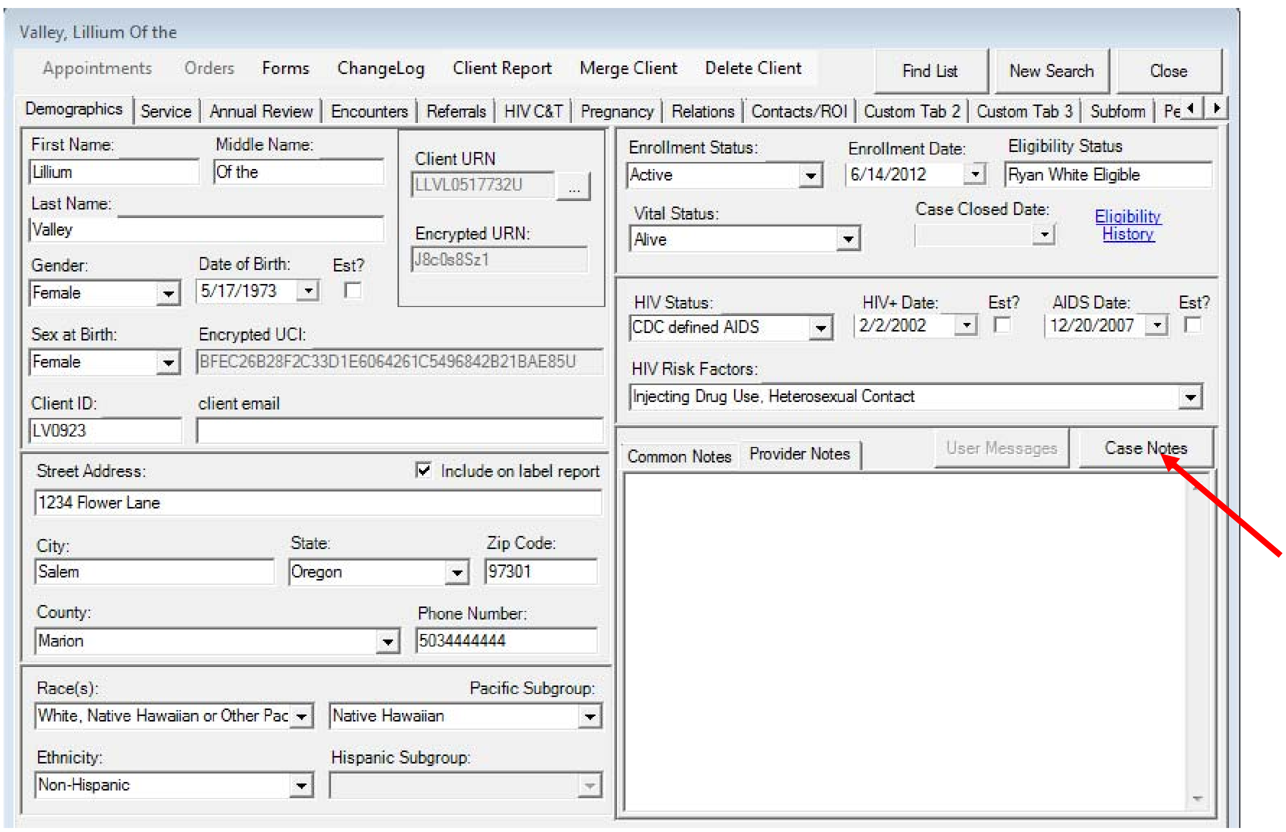
  Risk not reported or identified indicates the individual's exposure is unknown or not reported for data collection.

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.

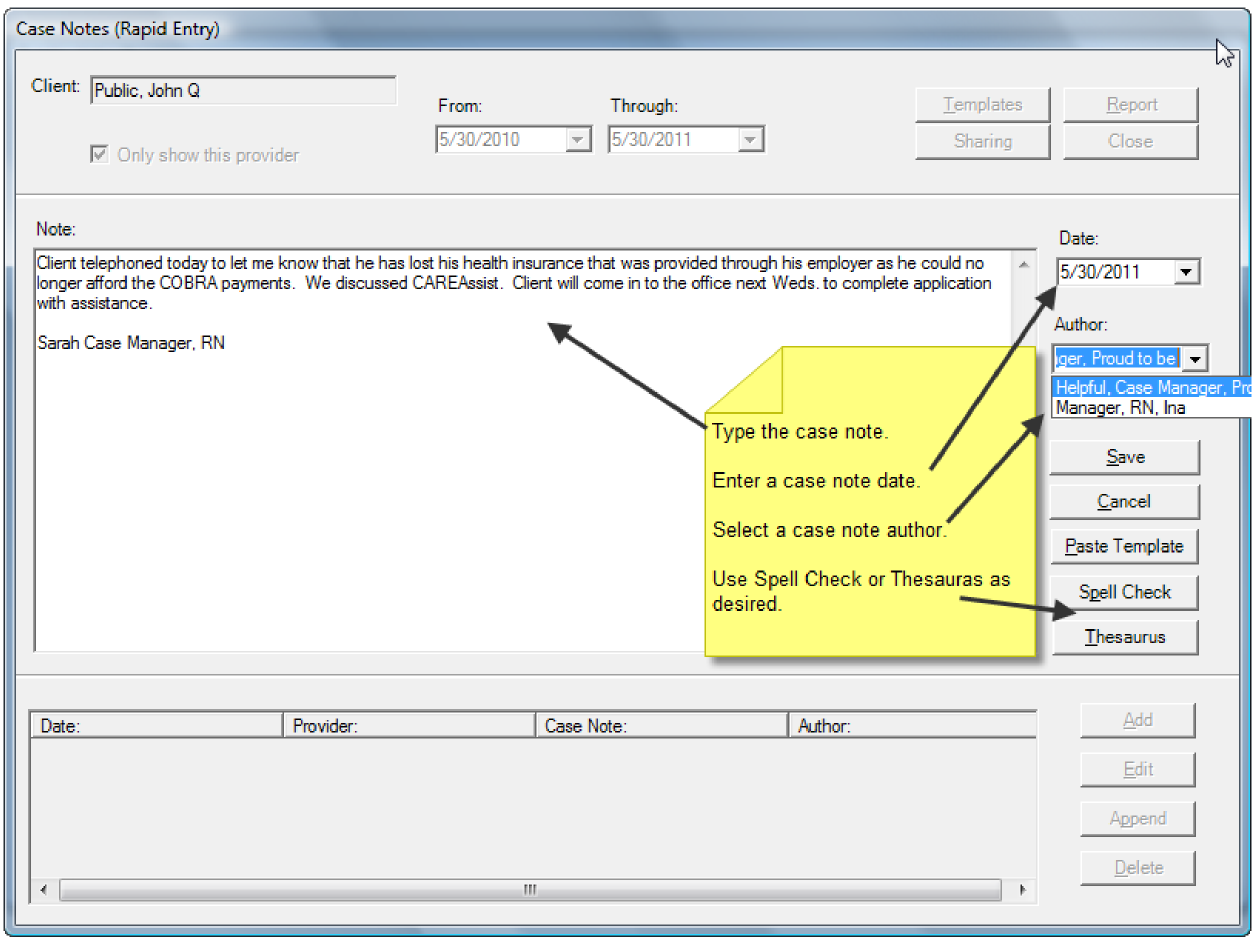
- *Provider Notes*: The Provider Notes field can be used to collect additional information about the client. The information in this field is only available to the agency entering the data.

- Open the *Case Notes* entry screen either from the *Demographic* tab.



To enter a *Case Note*:

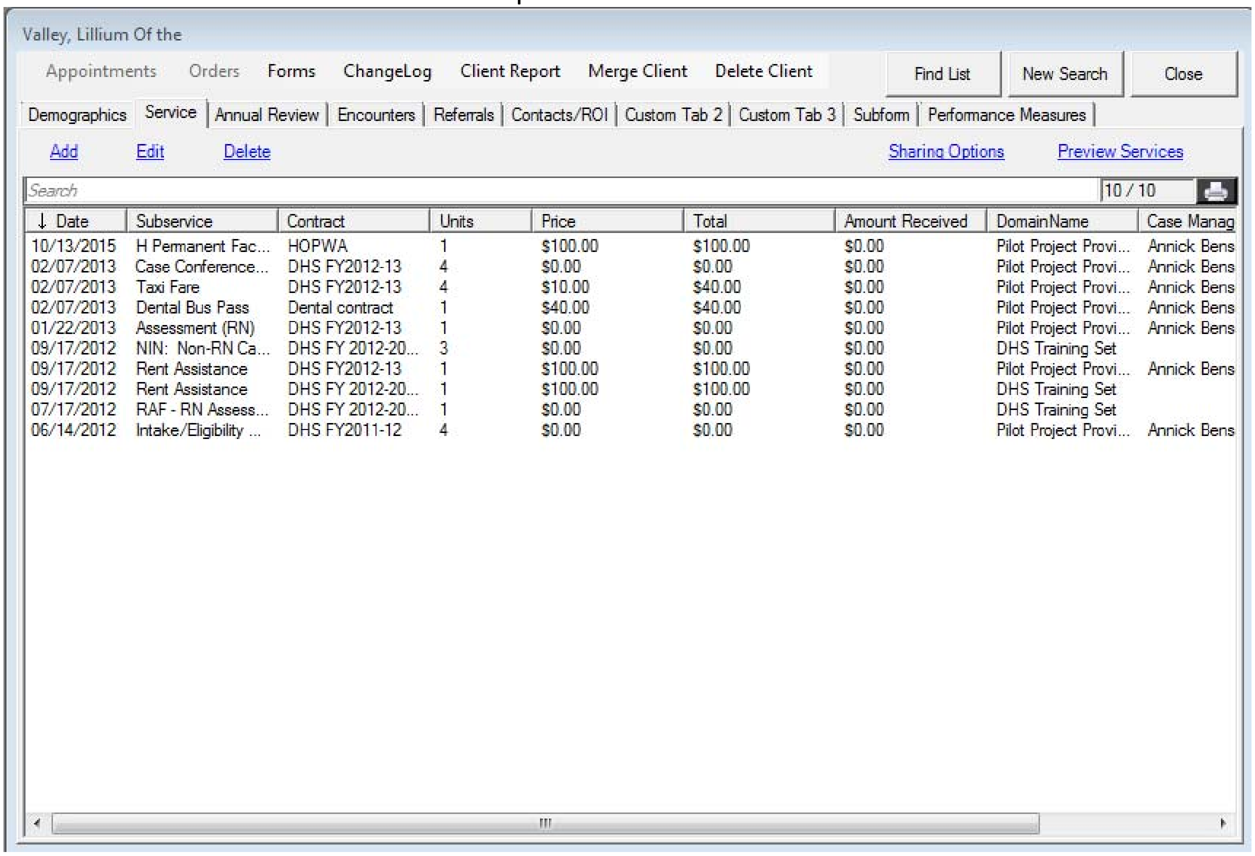
- Select *Add*
- Enter the *Date*
- Select a *Case Note Author* if applicable
- Check *Add service* box if you want to open Service tab after completing the case note.
- *Paste Template*, if applicable. Templates are required when documenting psychosocial screening, nursing assessment, MCM or CC triage, or Acuity changes.
- Enter text of *Case Note*
- End note by typing your name and title
- Spell Check if desired



If you make a mistake in the Case Note after it has been saved, you can *Append* the note. You should only *Delete* the case note if you inadvertently entered it in the wrong client record. The Super User at your agency can edit and delete case notes.

Services

Referencing the guidance provided in the *Ryan White Part B Program Policies, Services Definitions & Guidance* document will help to ensure compliance with service provision program policies as well as ensure quality in your data entry. To enter a new service, go the "*Service*" tab and select "Add" at the top of the screen.

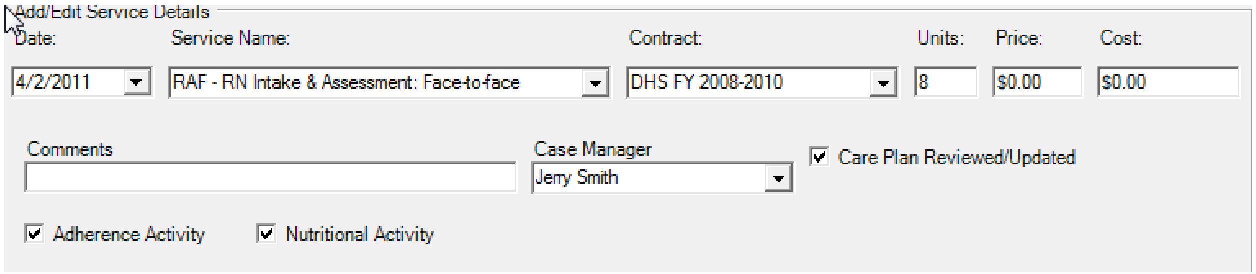


↓ Date	Subservice	Contract	Units	Price	Total	Amount Received	DomainName	Case Manag
10/13/2015	H Permanent Fac...	HOPWA	1	$100.00	$100.00	$0.00	Pilot Project Provi...	Annick Bens
02/07/2013	Case Conference...	DHS FY2012-13	4	$0.00	$0.00	$0.00	Pilot Project Provi...	Annick Bens
02/07/2013	Taxi Fare	DHS FY2012-13	4	$10.00	$40.00	$0.00	Pilot Project Provi...	Annick Bens
02/07/2013	Dental Bus Pass	Dental contract	1	$40.00	$40.00	$0.00	Pilot Project Provi...	Annick Bens
01/22/2013	Assessment (RN)	DHS FY2012-13	1	$0.00	$0.00	$0.00	Pilot Project Provi...	Annick Bens
09/17/2012	NIN: Non-RN Ca...	DHS FY 2012-20...	3	$0.00	$0.00	$0.00	DHS Training Set	
09/17/2012	Rent Assistance	DHS FY2012-13	1	$100.00	$100.00	$0.00	Pilot Project Provi...	Annick Bens
09/17/2012	Rent Assistance	DHS FY 2012-20...	1	$100.00	$100.00	$0.00	DHS Training Set	
07/17/2012	RAF - RN Assess...	DHS FY 2012-20...	1	$0.00	$0.00	$0.00	DHS Training Set	
06/14/2012	Intake/Eligibility ...	DHS FY2011-12	4	$0.00	$0.00	$0.00	Pilot Project Provi...	Annick Bens

The *"Add/Edit Service Details*" line will open for data entry.

- Enter the *Date* of service (not the date of data entry.)
- Under *Service Name*, select the service that was provided by either clicking on the down arrow and scrolling through the list of services or typing the first few letters of the service name and CAREWARE will "jump" to that item in the list.
- CAREWARE will determine the *Contract* based on the service selected. However, if you have more than one funding source for that service, you will need to select the correct contract.
- 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* cost field.
- Click the *Save* button when finished
- Use the *Cancel* button to leave data entry line without saving the service entry.

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

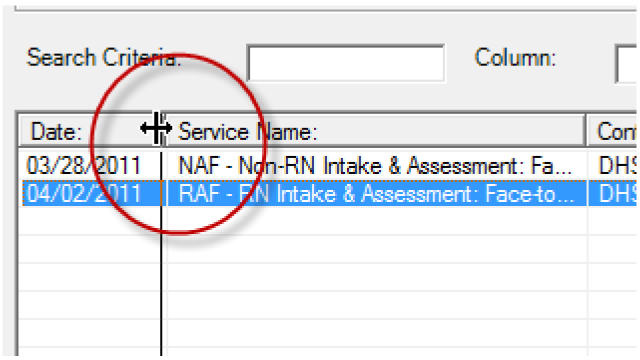


Additional fields may be added as requested by the local agency. If you have any questions about fields on the service tab, please contact your local agency's CAREWare Super User or the HIV Community Services Program.

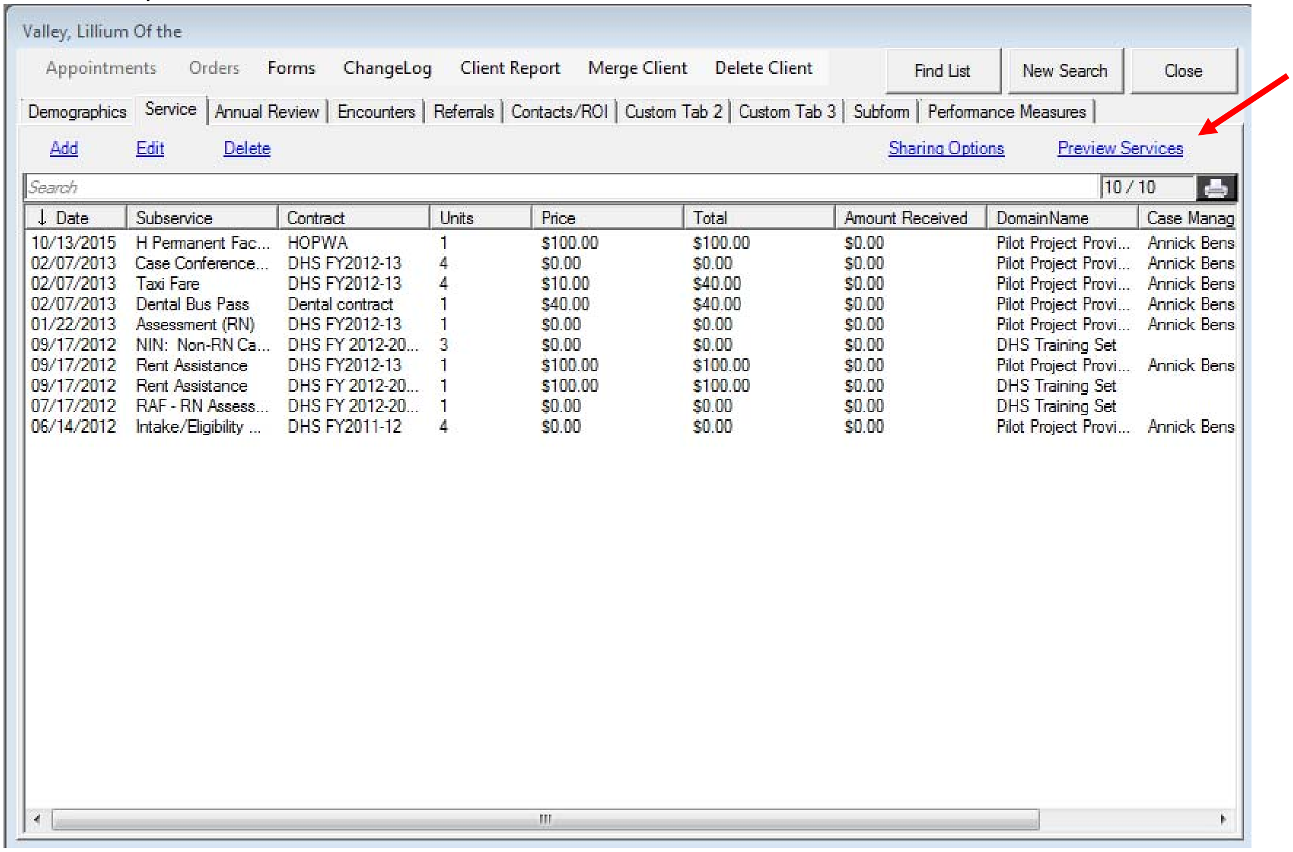
To edit an existing service, select one of the services in the history area of the window and select "*Edit*".

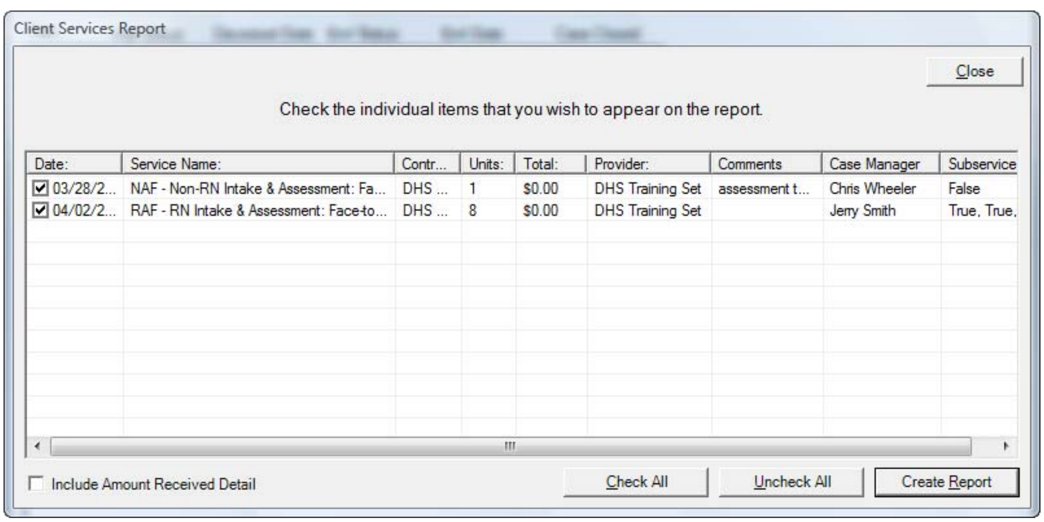
To delete an existing service, select one of the services in the history area of the window and select "*Delete*".

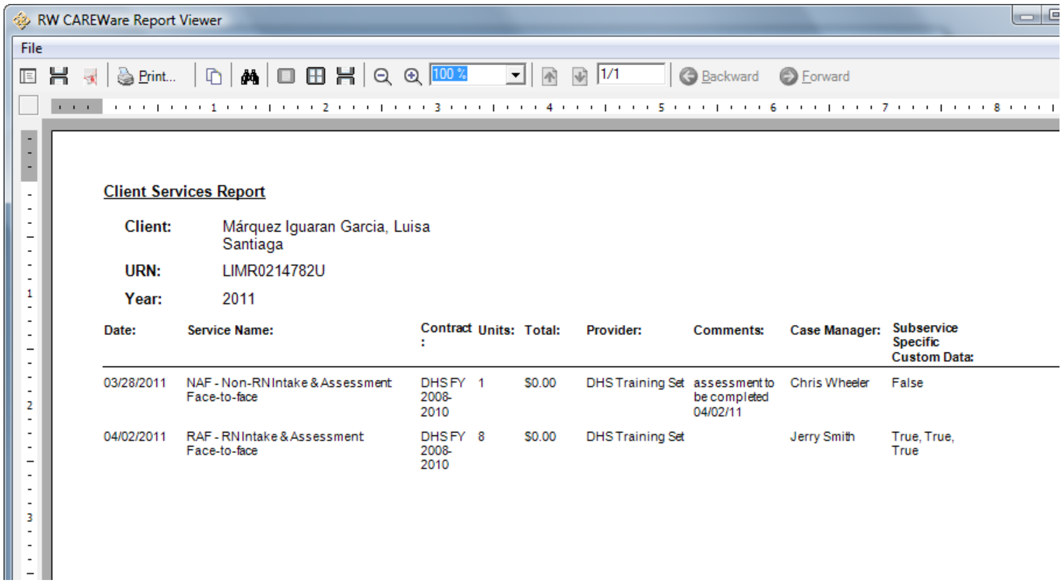
The columns in the service history window can be adjusted as desired by the user. Hover the cursor on the line at the column break and stretch or shrink as desired.



The *Preview Services* button allows you to select which services will appear on the *Client Services Report*.



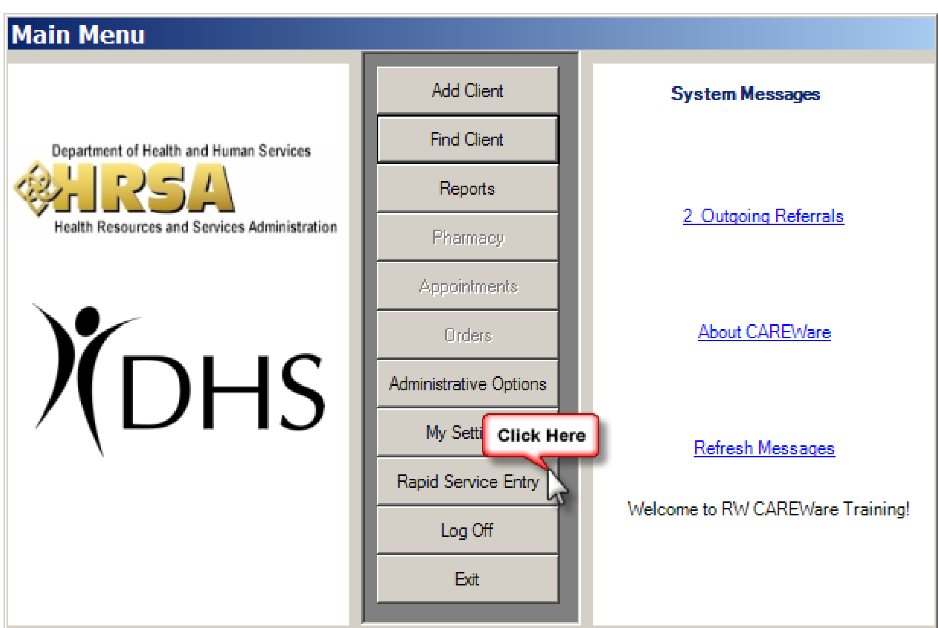


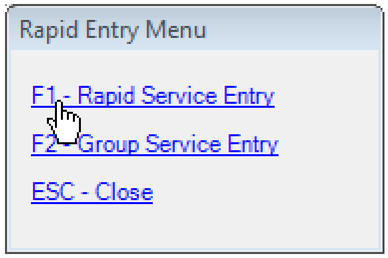


Rapid Service Entry

The *Rapid Service Entry* allows you to enter multiple services at once without requiring you to open each client's individual record.   For example, if you provided case management services to 5 different clients in the same day, you could enter the service data through Rapid Service Entry. However, you would need to open the clients' individual CAREWare records in order to be able to enter the Case Notes affiliated with the case management visits.

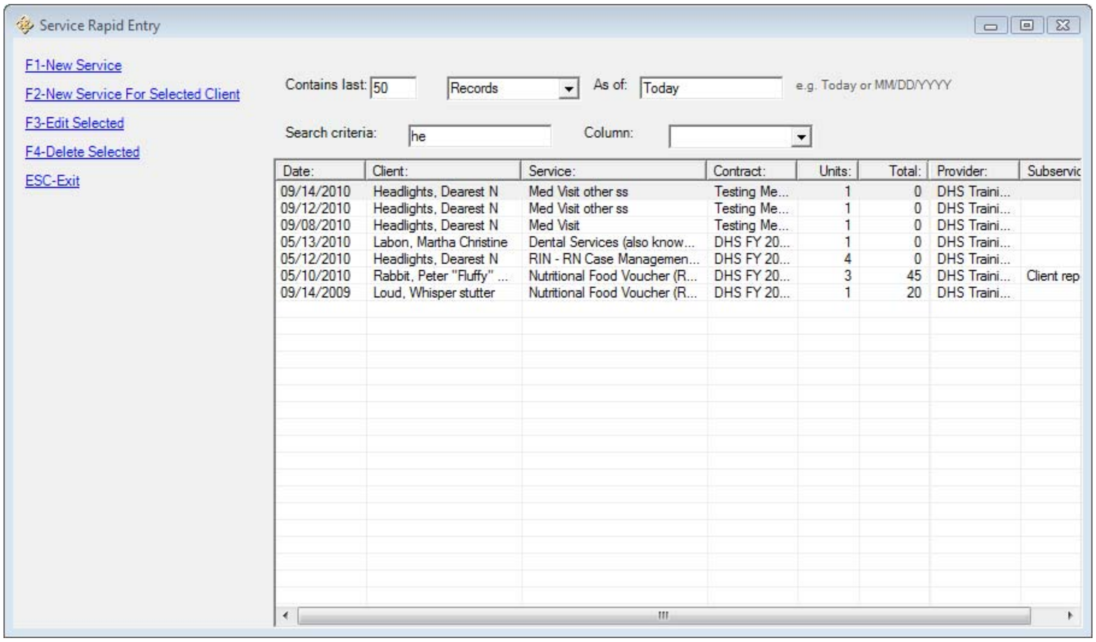
Access the feature from the main menu.



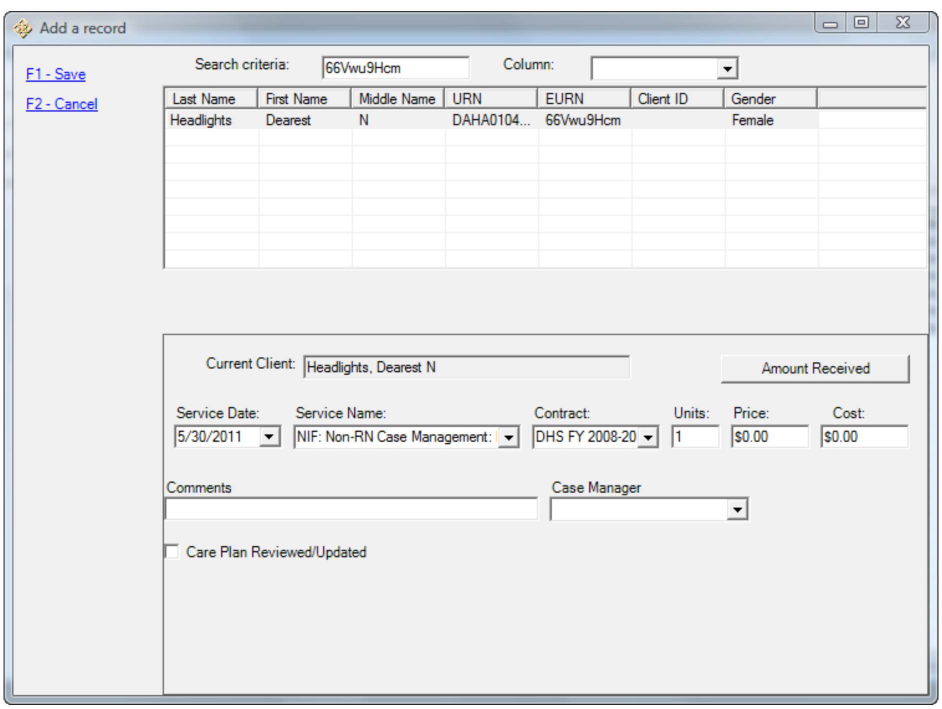


Select “F1- Rapid Service Entry”

To enter a new service, select a client by scrolling through the names or entering data in the *Search criteria* box. Highlight the client for whom you wish to enter a service and click on *F2-New Service For Selected Client.*



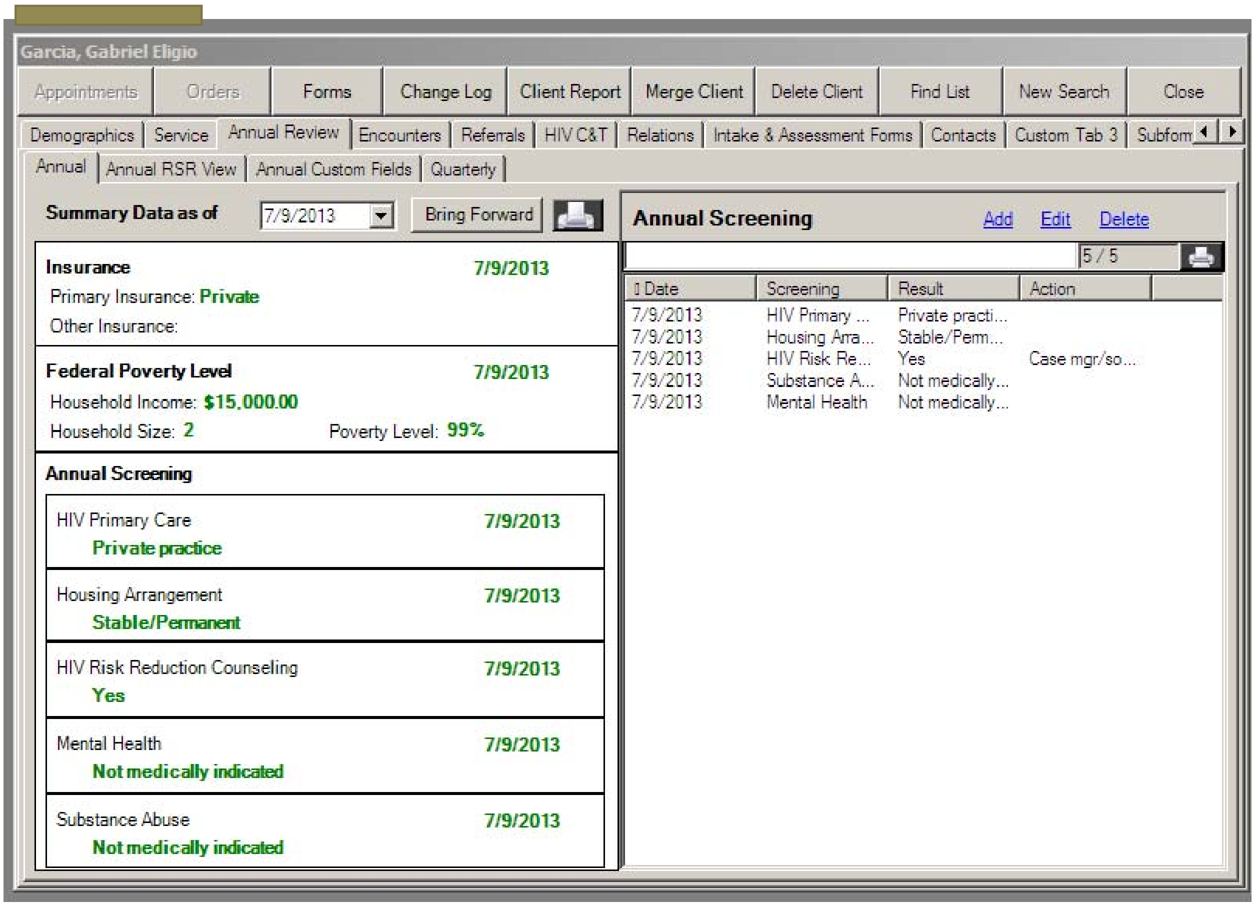
On the *Add a record* screen, select the service date and service name and then press the F1 key or click on the *F1 – Save* link on the left side.



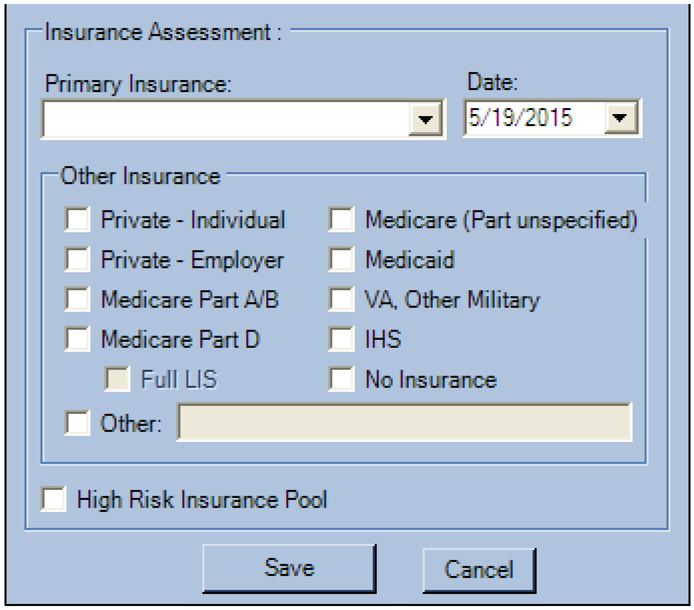
Annual Review

Annual sub-tab

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



Primary Insurance



- Enter the *Primary Insurance* for the client. If more than one option applies, select the first item in the following list, and check the boxes for any additional insurance coverage that the client has. Enter the *Date* you're entering the information.

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 people with low incomes. Oregon Health Plan (OHP) members have Medicaid coverage.

VA, Other military – Health insurance provided through the veterans administration

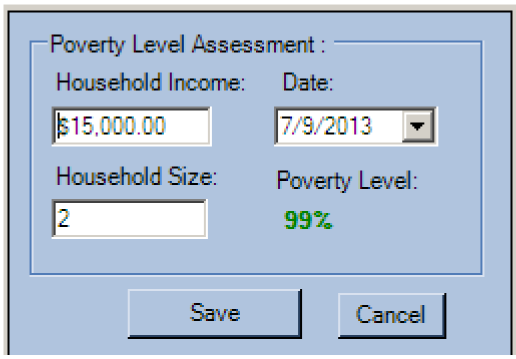
Indian Health Services (IHS) – Insurance provided to tribal members.

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

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

High Risk Insurance Pool – Used historically, prior to implementation of the Affordable Care Act. Should not be used.

Federal Poverty Level

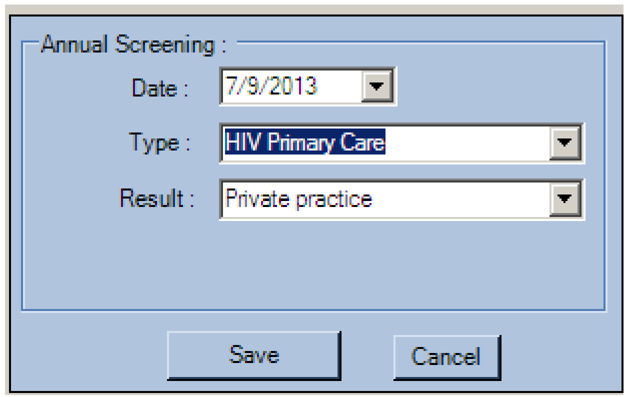


Enter the **annual** *Household Income* and *Household Size*, and the *Date* on which you're entering the data. Please refer to the *Ryan White Part B Program Policies, Services Definitions & Guidance* document for guidance on determining the *Household Income* and *Household Size*.

CAREWARE will calculate the *Poverty Level* based on the *Household Income* and *Household Size* entries. Poverty levels are updated in CAREWARE with software updates. Therefore, it is possible that the Poverty Level displayed is not consistent with current federal guidelines. Please refer to the chart to confirm Poverty Level if you are unsure about the client's eligibility for services.

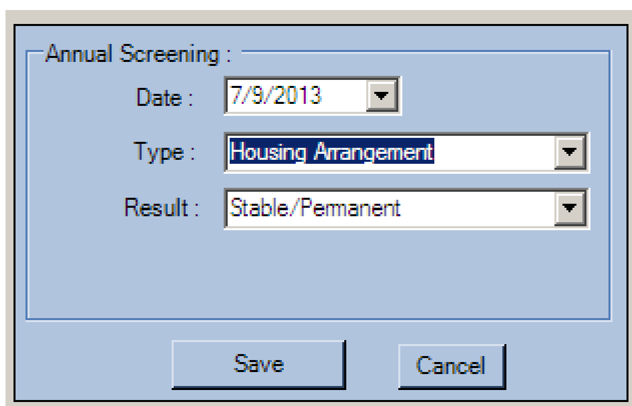
Primary HIV Medical Care

- Enter the source of *Primary HIV Medical Care*, and the date on which you're entering the data.
- If the psychosocial assessment is completed, *Unknown* should not be used.



Housing Arrangement

- Enter the *Housing Arrangement* of the client, and the date on which you're entering the data.



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 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

Although CAREWare also offers *Institution, Non-permanently housed* and *Other*, these are no longer accepted values for HRSA reporting and should not be used.

HIV Risk Reduction Counseling is not required.

Mental Health

Yes – Client offered referral at last screening.

No – Client not offered referral at last screening.

Not medically indicated – Do not use.

Substance Use

Yes – AUDIT or DAST used at last screening.

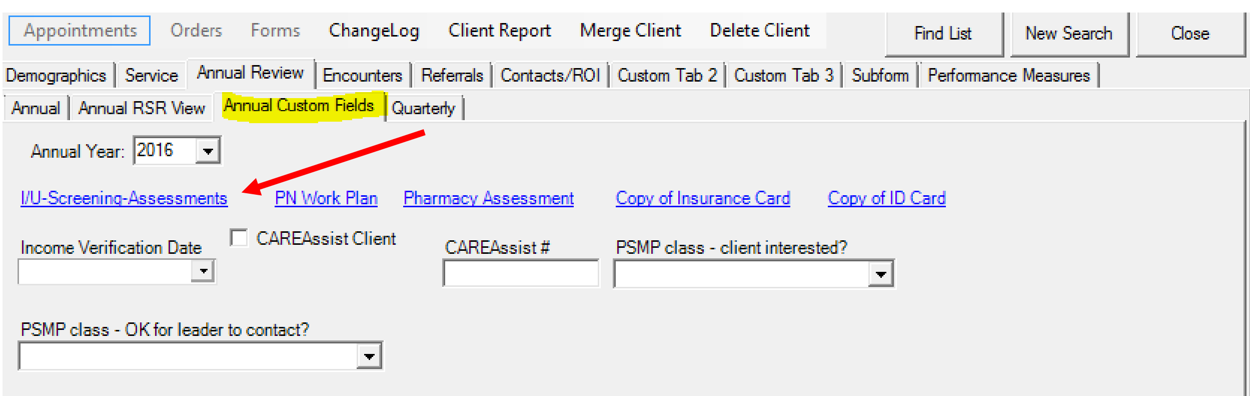
No – AUDIT and DAST not used at last screening.

Not medically indicated – Do not use.

Document and Form Uploading

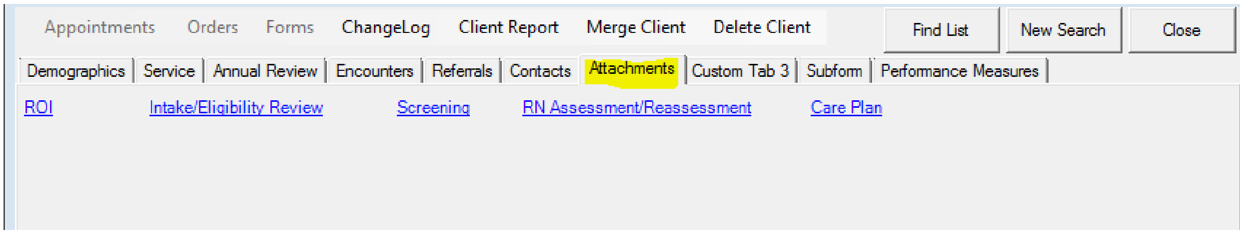
The Regional Model can upload documents and forms in the Annual Custom Fields sub-tab.

- To attach a file, click on the field's hyperlink to open the attachment window.

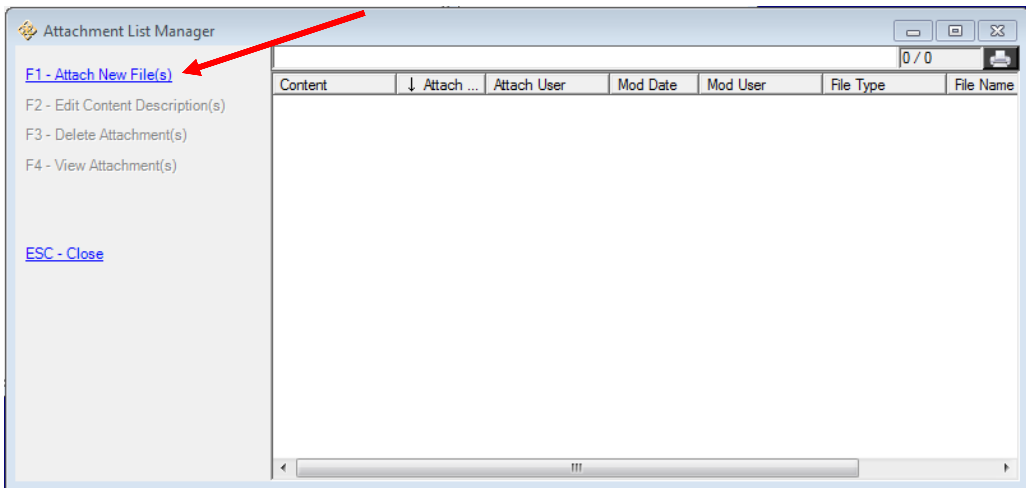


The County Model can upload documents and forms in the Attachments tab.

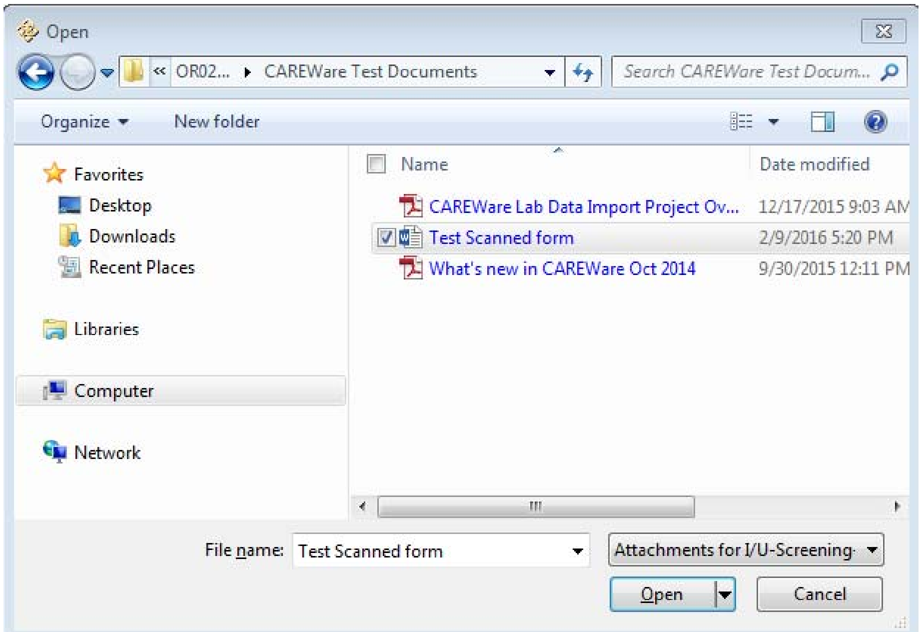
- To attach a file, click on the field's hyperlink to open the attachment window.



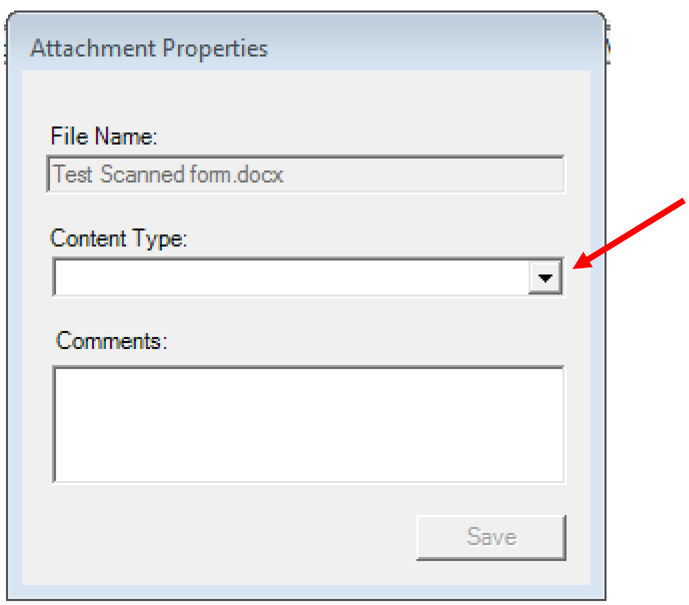
Click on F1 – *Attach New File*(s).



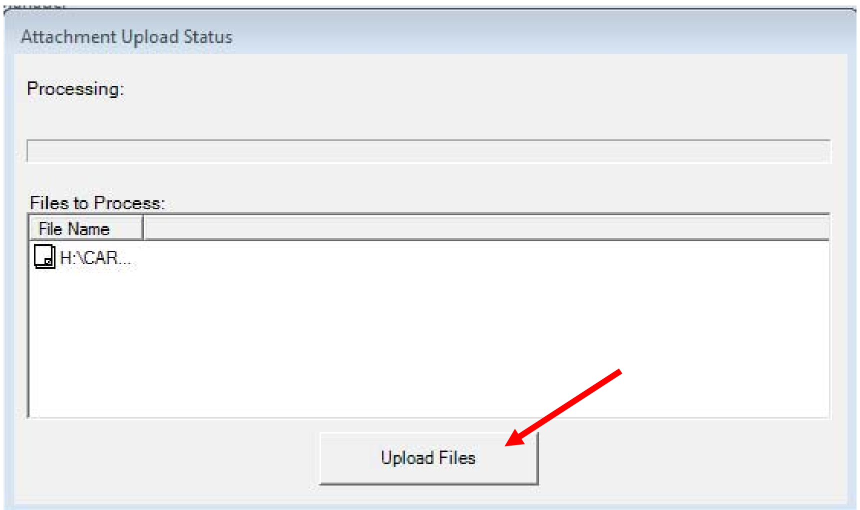
Navigate to the file you wish to upload and select *Open*.



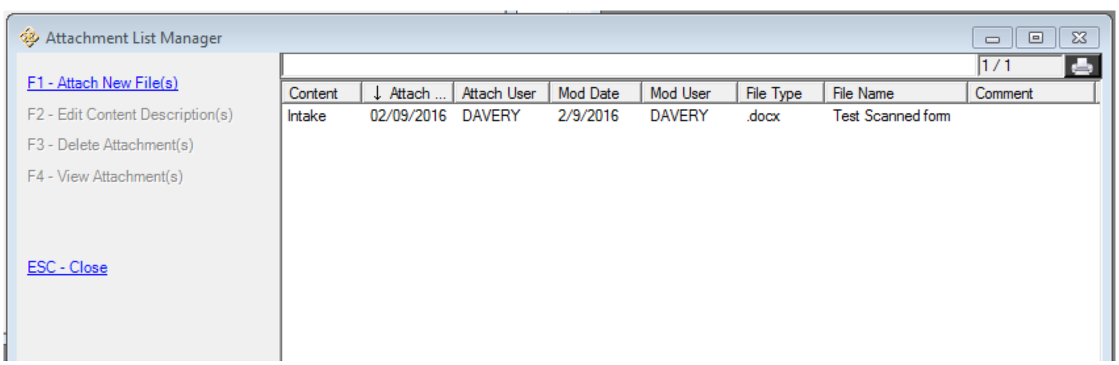
Click the *Content Type* down arrow, select the type of uploaded document, and select *Save*.



Click on Upload Files.



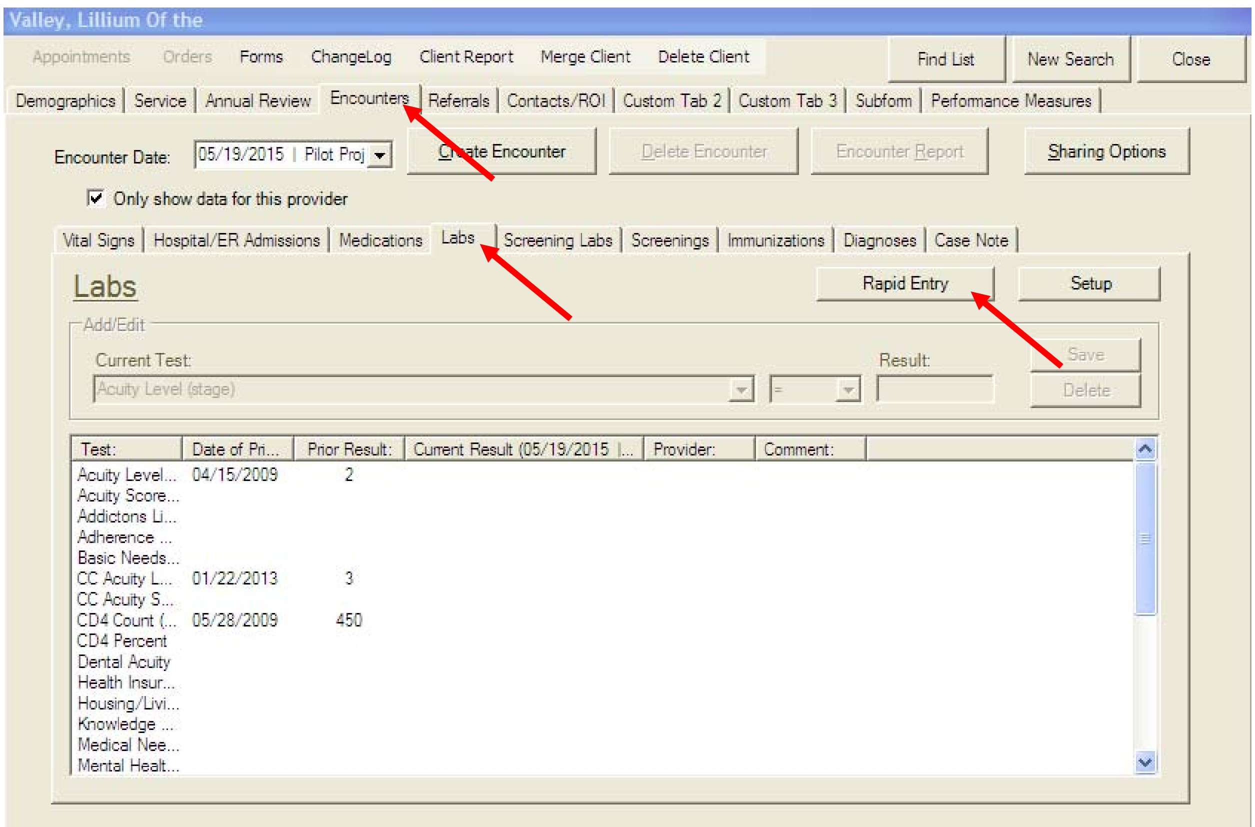
You will see the attachment listed in the *Attachment List Manager*.
You may delete, view or edit the attachment by clicking on the file listed under Content column and using the command links on the left side of the screen.



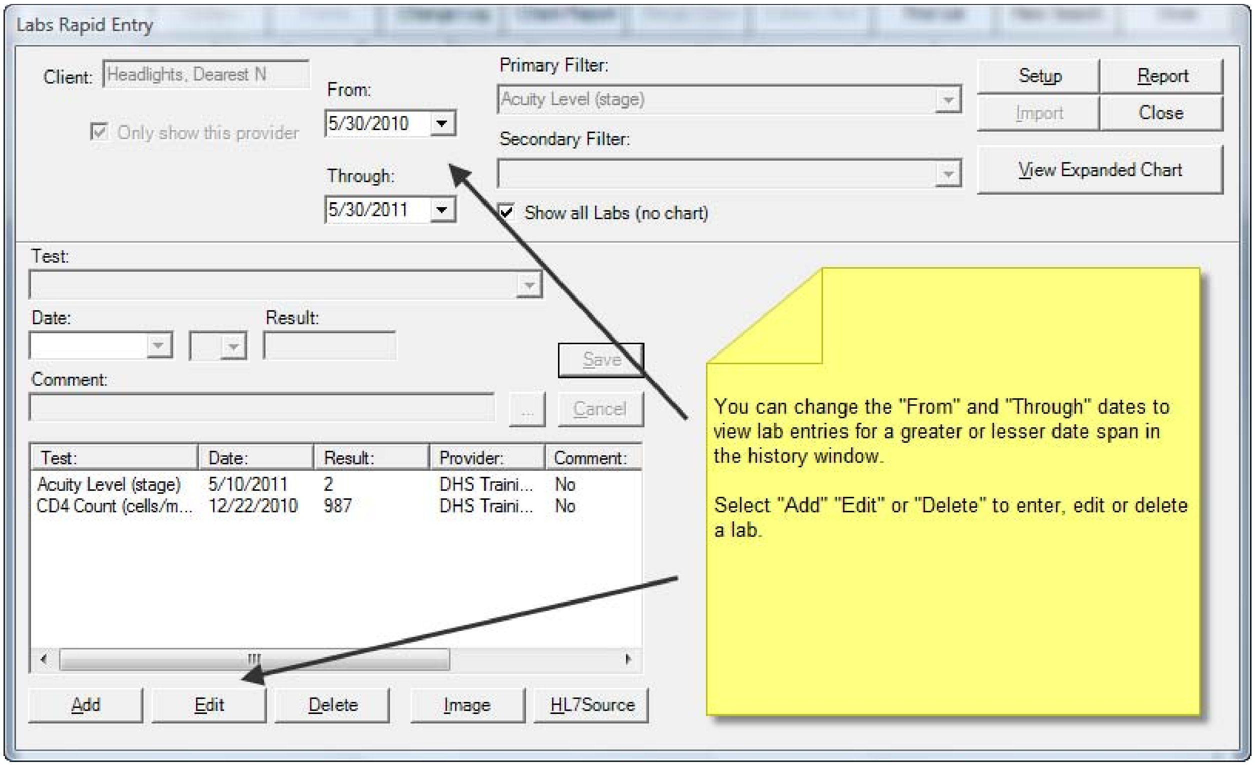
Encounters

Several lab values should be kept up to date within the *Encounters* tab. The following values should be up to date on the *Labs* subtab of the *Encounter* tab. Acuity levels and points are automatically imported into the encounters tab from the form, and surveillance automatically imports CD4 and Viral Load for the majority of the clients. Thus, data should be manually entered for clients whose lab data is not imported.

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



When you open the *Rapid Entry* screen, you will see a history window with the labs that are recorded for the client during the period referenced in the *From* and *Through* fields at the top of the screen. These dates usually default to a one-year period.



In most cases, CD4 and Viral Load data will be automatically imported from the HIV Surveillance Program.

- Data will be imported for clients that have been an active CAREAssist client in the past or present, regardless of current CAREAssist enrollment status.
- The data upload will occur monthly (date will vary) and may not contain values from the past month.
- Only viral load, CD4 count and CD4 % will be uploaded.
- Uploaded data will include the words PDI as the data source and “SRV Import” in the comment field indicating it was imported from Surveillance.
- Any viral load count from 0-75 may be determined “undetectable”.
- Qualitative data will be imported as a whole number per provider report.
- A “Detected” qualitative value will appear as a greater than 20 (>20) and the words “Detected Value” will appear in the comment field (after the string of numbers described above).
- A “Not Detected” qualitative value will appear as a less than 75 (<75) and the words “Not Detected” will appear in the comment field (after the string of numbers described above).

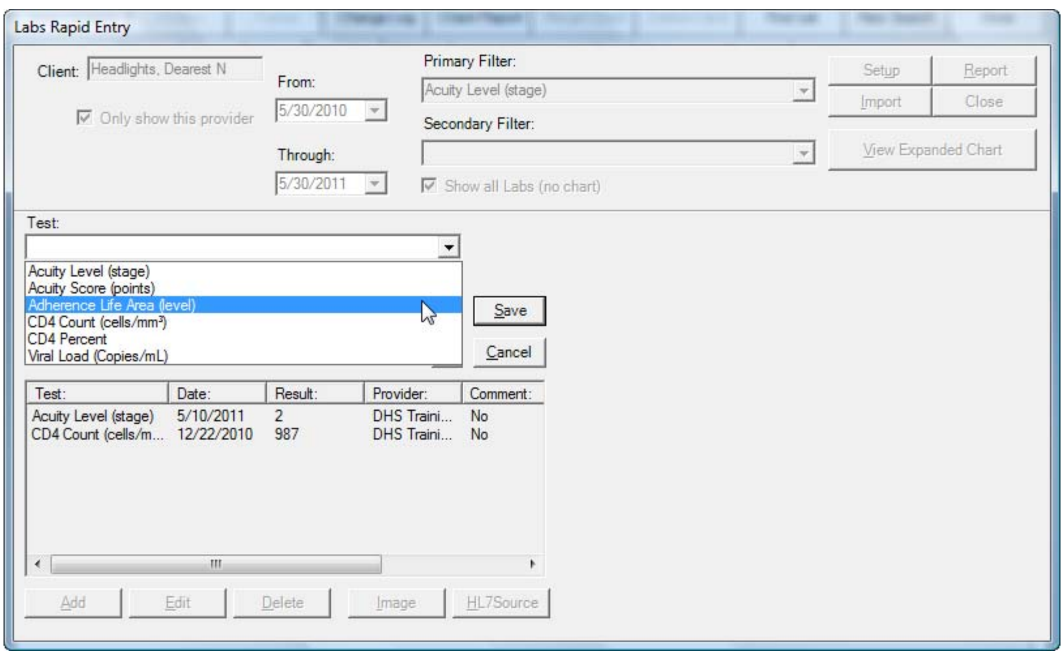
- Missing or suspect values are not imported in CAREWare. This means the client may have received lab work on a specified date but the data has been determined problematic by the Surveillance program.

- If data does not appear to be automatically imported, you are required to enter this data manually.

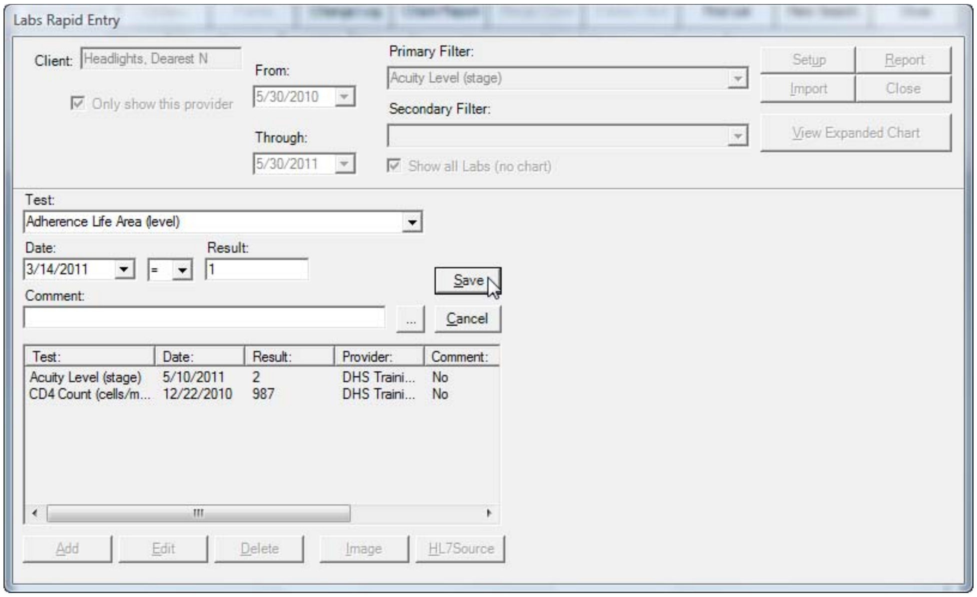
Additional lab values may be entered at the case manager's discretion. The agency's CAREWare Super User has the necessary permissions to activate additional lab tests as desired by local agency staff (e.g. cholesterol, iron levels, etc.) Contact the *HIV Community Services Program* to receive assistance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

To add a new entry for a lab:

Select *Add* at the bottom of the screen
Select the *Test* from the drop down menu

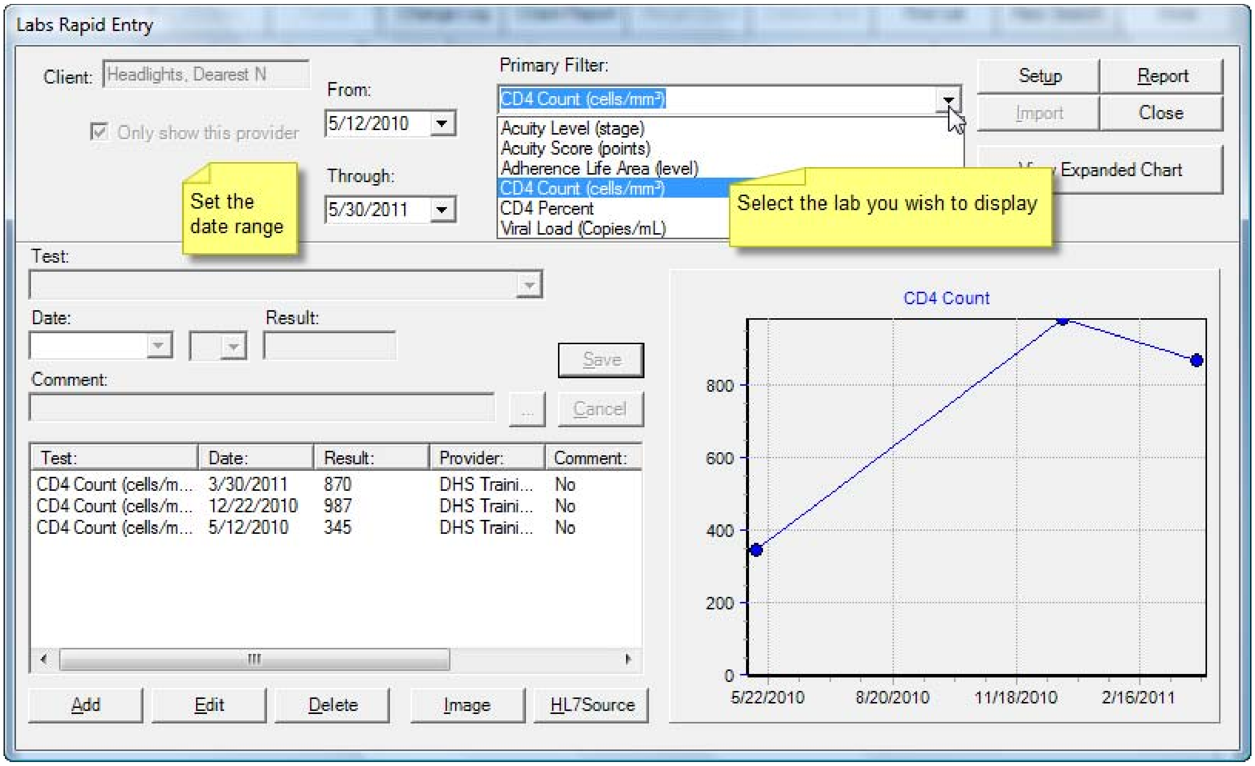


Select the *Date* the test was performed (not the date the results were received)
Select the *operand* (e.g. =, <)
Enter the *Result*
Enter a *Comment* if desired
Select *Save*



To display a specific selection of labs in the history window and on the graph:

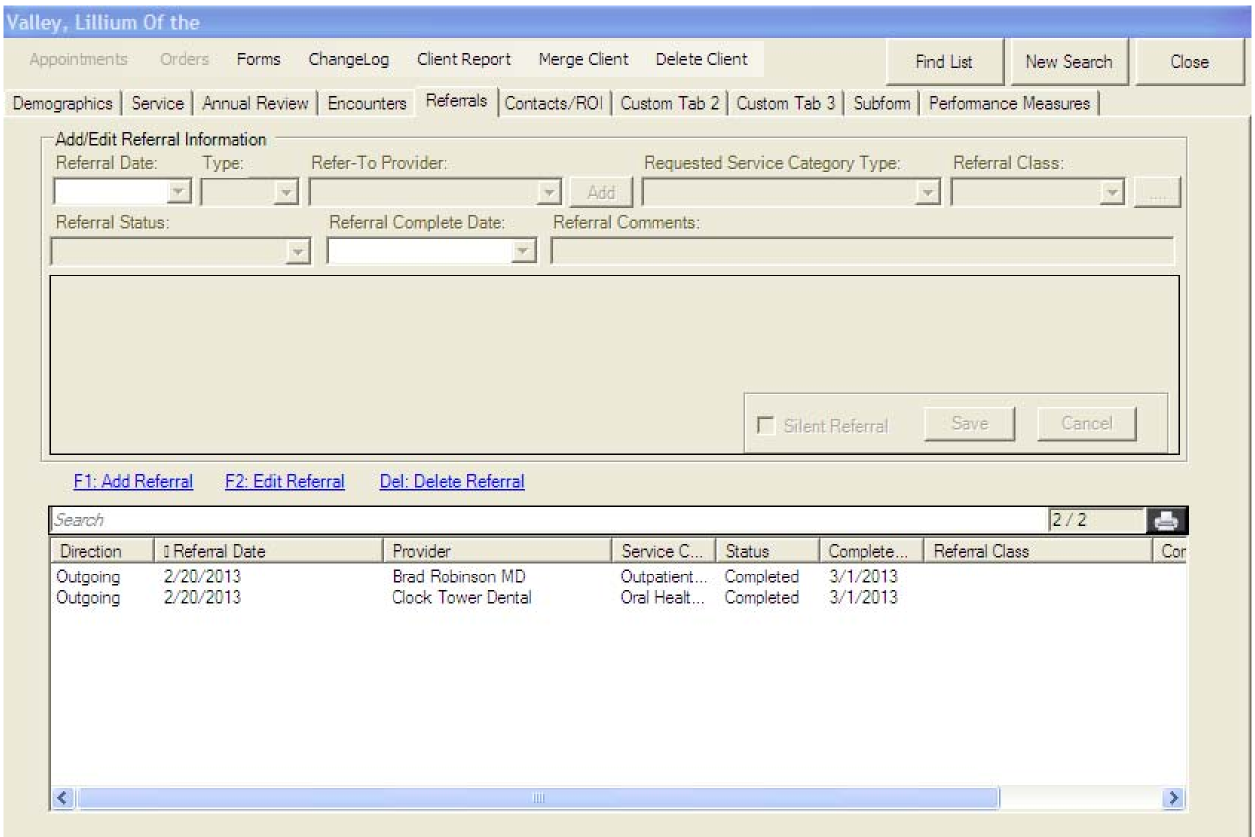
- Uncheck the *Show all labs* box
- Set the date range
- Specify the labs using the drop-down selections for *Primary Filter* and *Secondary Filter*. You may select up to two labs to view simultaneously.



- Select the *View Expanded Chart* button in order to view a larger graph on your screen.
- Select the *Report* button in order to create a *Lab Rapid Entry Report* for this client, with the specific dates and lab filters that you have applied. You may also run the *Lab Rapid Entry Report* for all labs by running without the filters in place. Check the *Show all labs* box, set the date range and select *Report*.

Referrals

The referrals feature in CAREWare helps *HIV Community Services* and your agency document efforts to leverage resources outside of the Part B network and ensure agencies are meeting the payer of last resort mandate. Referrals required to be documented 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).



To record a new referral

- Click on F1: *Add Referral*
- Select the date the referral was made
- Select *External Referral* for Type. *External Referrals* are those made to an agency outside the Oregon Ryan White Part B CAREWare database (i.e. agencies that are not funded by Part B). You are only required to record External Referrals.
- Select a provider from the *Refer-To-Provider* drop-down list. This list will contain only those providers that your agency has added to the list. (See below for information on setting up.)

- Select the *Requested Service Category Type* from the drop-down menu. This is the list of HRSA approved service categories and the options cannot be edited by local agencies or the *HIV Community Services Program*. See following table for guidance: Requested Service Category Type
- Ignore *Referral Class*
- Select the *Referral Status* from the drop-down menu.

    - *Pending* – Status of all new referrals. If referral is pending, follow up with the client every two weeks with regards to the status.
    - *Completed* – When you have evidence that client has made initial contact with the agency to which you referred the client.
    - *Lost to follow up* – After a reasonable amount of time, or a maximum of 3 months, during which time you have been usable to verify the outcome of the referral.
    - *Rejected* – If at any point in the referral process, the client informs you that they no longer need or desire the referral you provided.

- To complete the initial referral entry, select *Save*.

Once the referral is completed, rejected or lost to follow-up, select the referral from the history window and select *F2: Edit Referral.* Change the *Referral Status* field and enter a date in the *Referral Complete Date* field. You should only use *Del: Delete Referral* if the referral was inadvertently entered in the wrong client record.

To set-up the External Referrals provider list, contact your agency's CAREWare Super User or HIV Community Services.

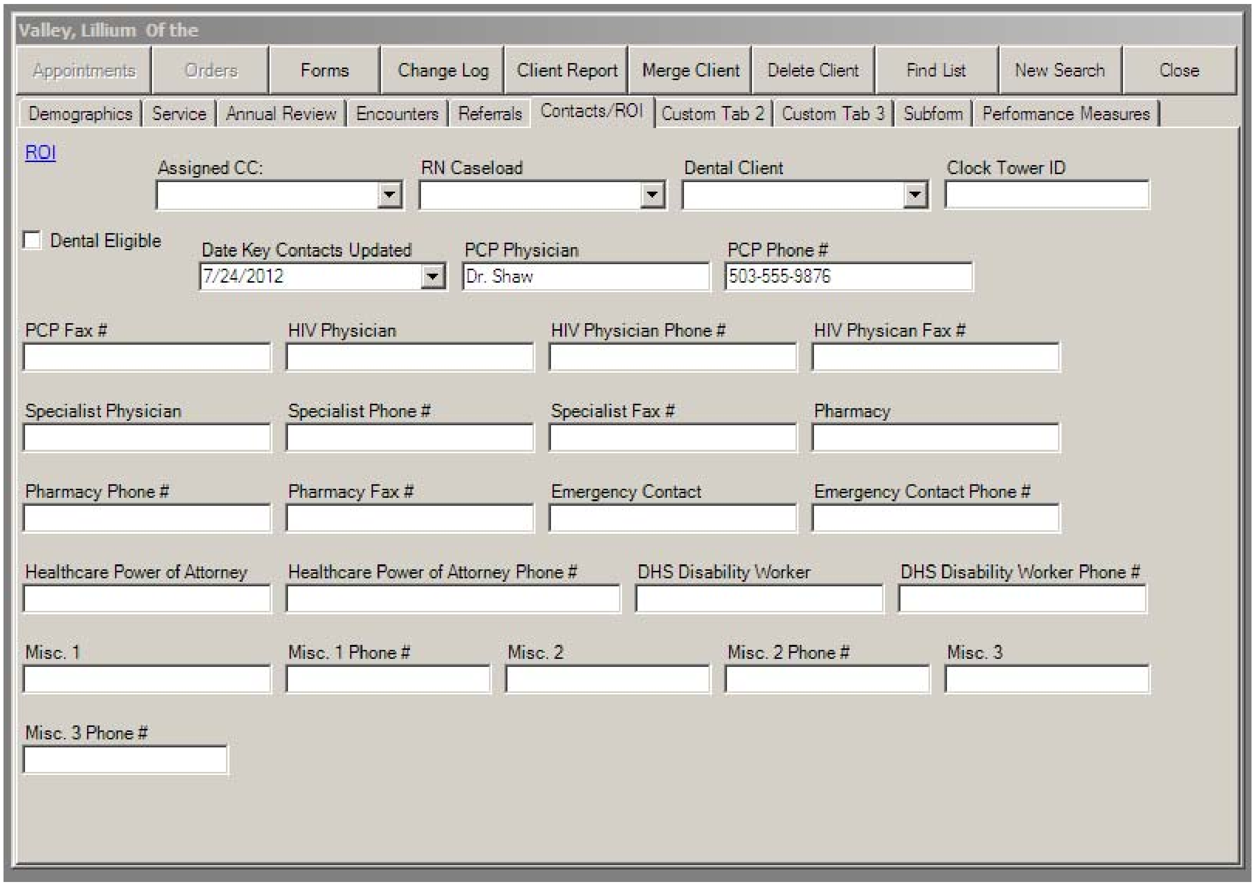
Requested Service Category	Definition/Examples/Exceptions
AIDS Insurance	CAREAssist or another Part B funded ADAP program.
AIDS Pharmaceutical Assistance	**DO NOT USE** – report under AIDS Insurance
Buddy/companion services	Such as a peer navigator program.
Case Management (face to face (FTF))	**DO NOT 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).**

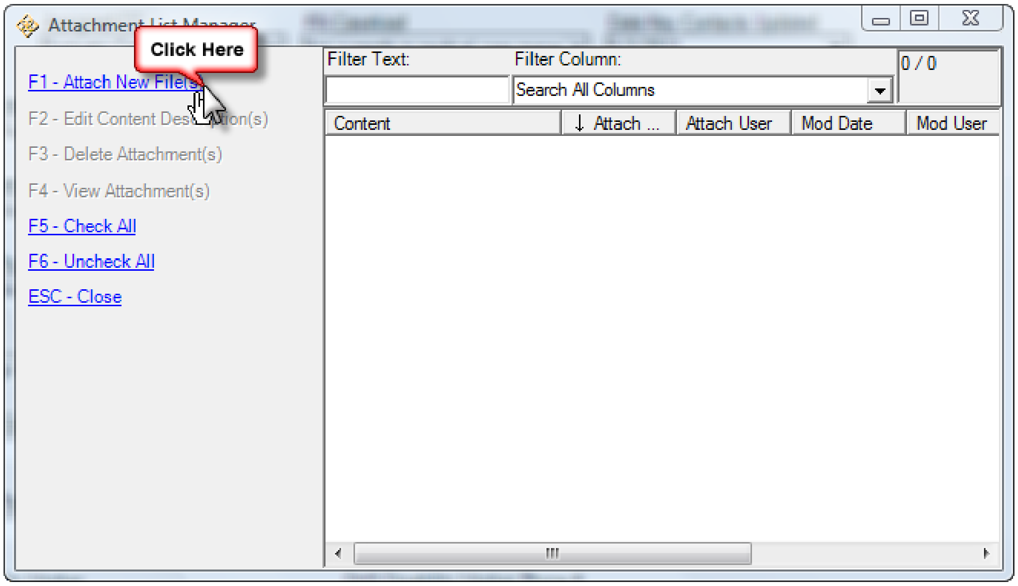
Treatment adherence counseling	Provision of counseling or special programs to ensure readiness for, and adherence to, HIV/AIDS treatment. **Includes referral to CAREAssist Medication Therapy Management program and the Pharmacist-led adherence program at the Alliance.**

Contacts/ROI

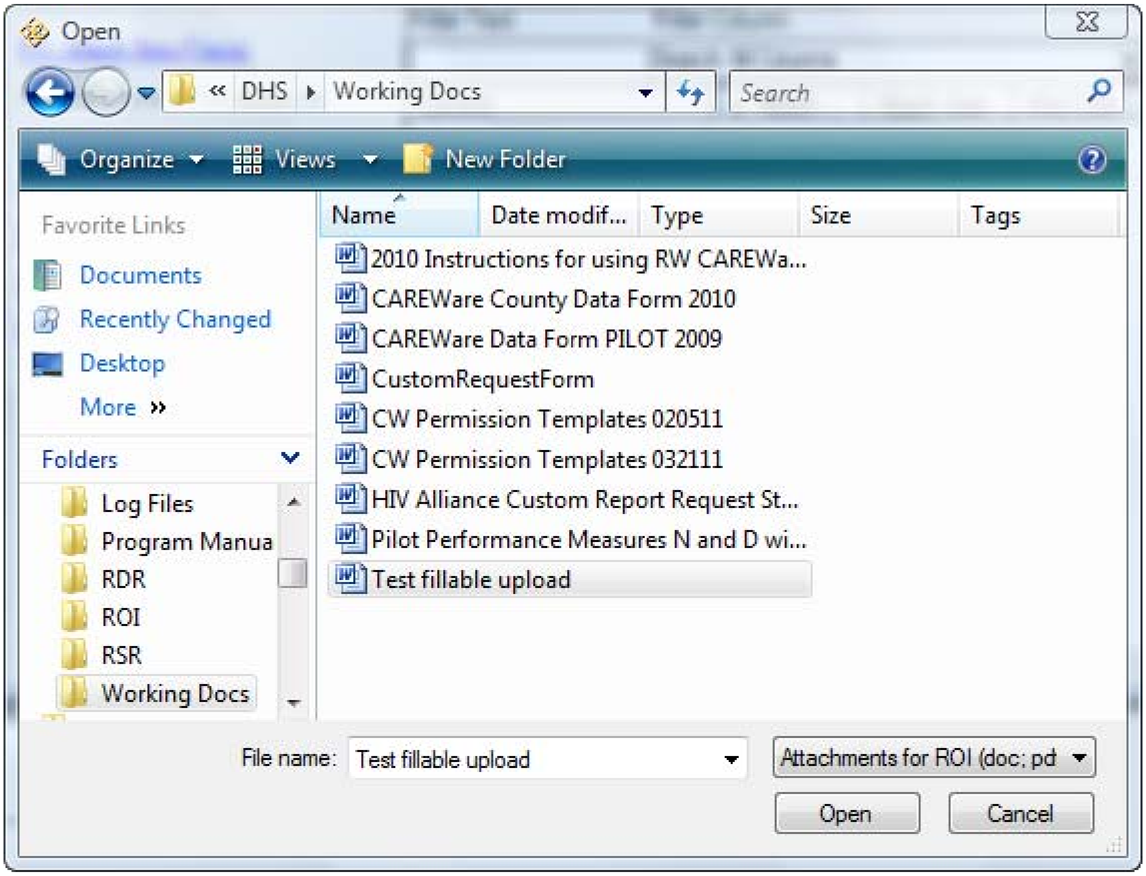
The contacts tab below provides fields to record appropriate contact information for the client. Enter the appropriate information into the key contact fields.



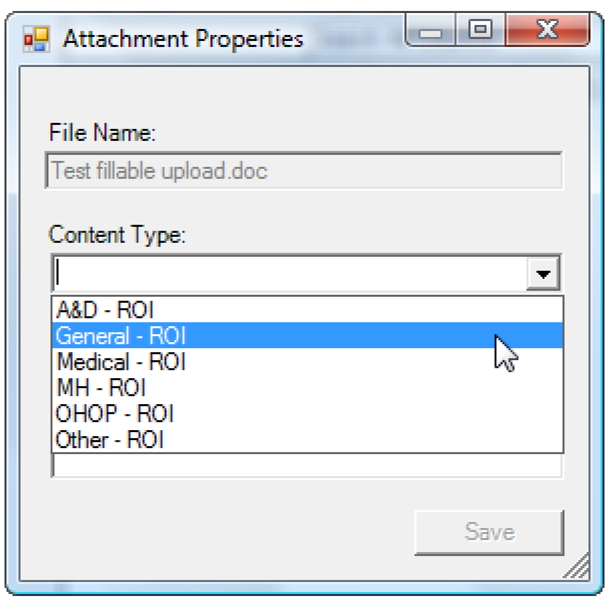
The Regional Model also has a custom attachment field for ROIs to be uploaded (County model also has ability to upload an ROI on the attachments tab). To attach a file for the ROI field, click on the field's hyperlink to open the attachment window. Click on F1 – *Attach New File*.



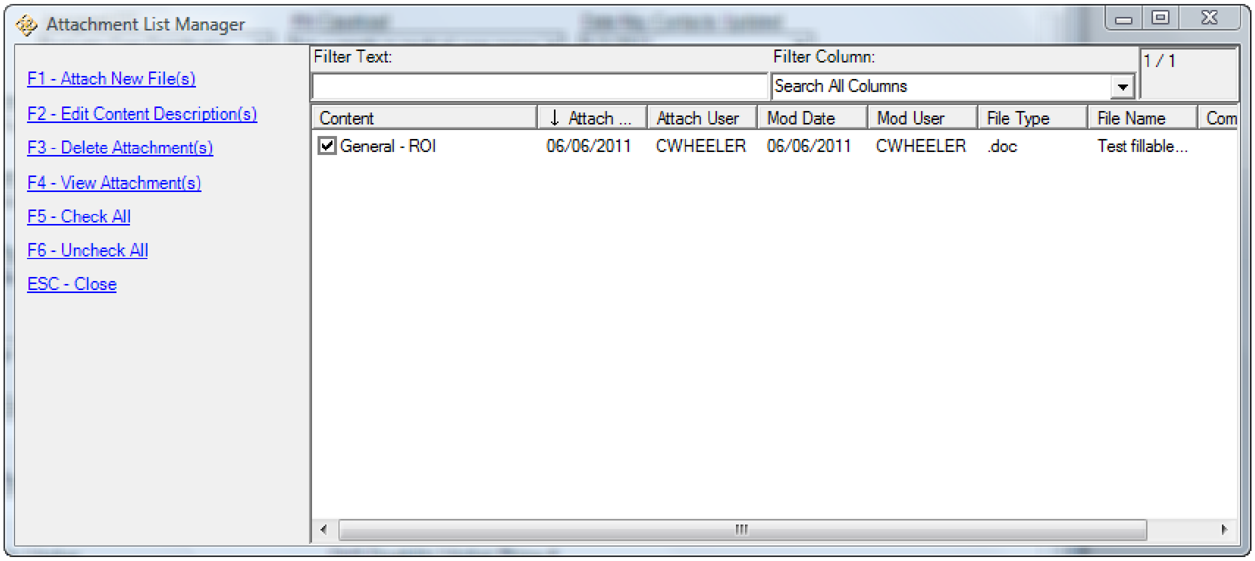
Navigate to the file you wish to upload and select *Open*.



Select the type of ROI you are uploading.

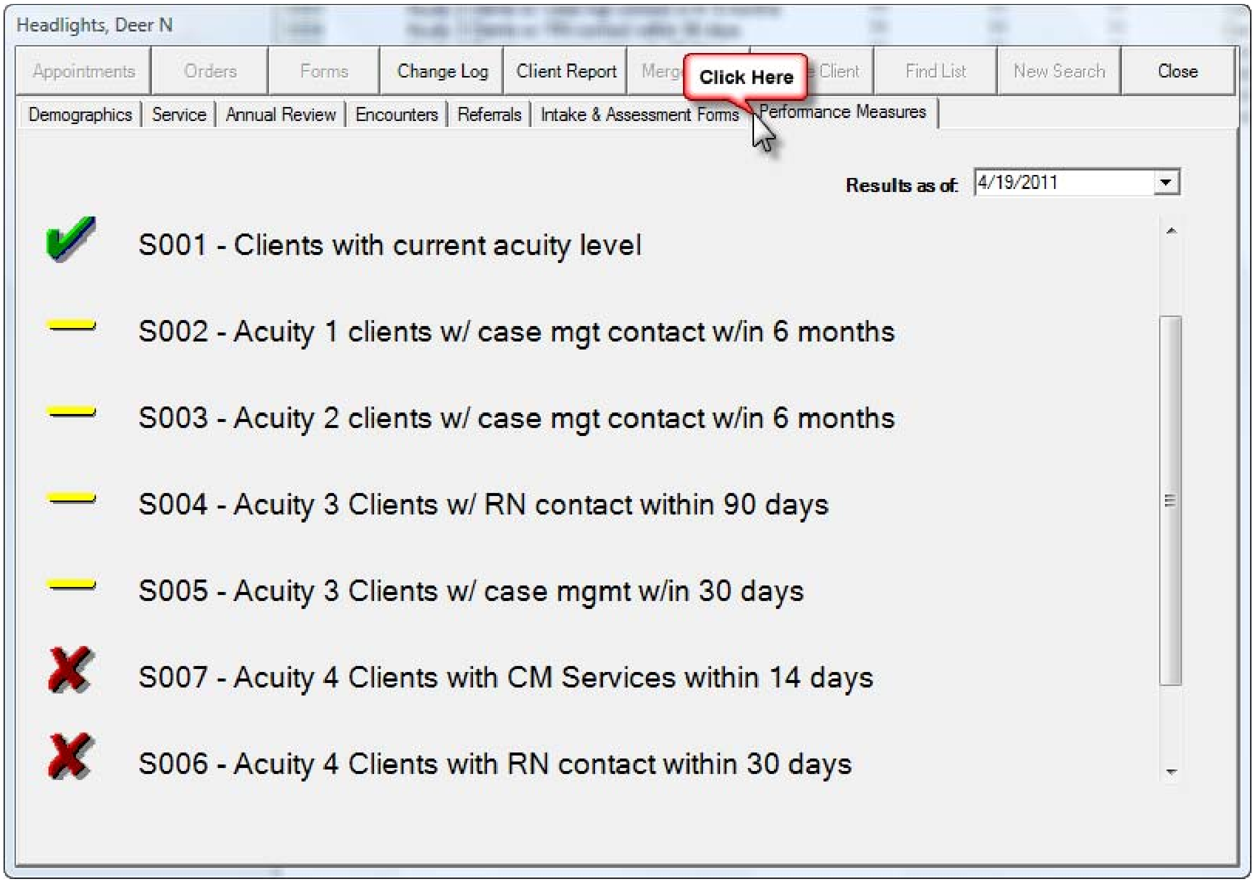


You will see the attachment listed in the *Attachment List Manager*. You may delete, view or edit the attachment by selecting the file and using the command links on the left side of the screen.



Performance Measures

Performance Measures (PM) in CAREWare help to guide the case manager and *HIV Community Services Program* staff in determining whether certain case management standards are being met. However, the PM alone cannot be fully relied on, as the result is only as good as the information entered into CAREWare. For example a case manager may have added a service and case note in CAREWare 'reviewed client lab' for an Acuity 4 client. CAREWare will count this as a contact within 14 days and the result will show a green checkmark. The Standard however requires contact WITH the client within 14 days. Therefore, it is highly recommended that the agency have additional methods in place to monitor quality of care as required by the Standards and utilize the PM as only one mechanism. Once you are in a client's record, you can access PM data specific for that client. Within the client's record, select the *Performance Measures* tab. Those measures with a yellow line next to them indicate that the measure is not applicable to the client. Pay attention to the green check marks and the red x's, which tell you whether or not the client's PMs are being met.

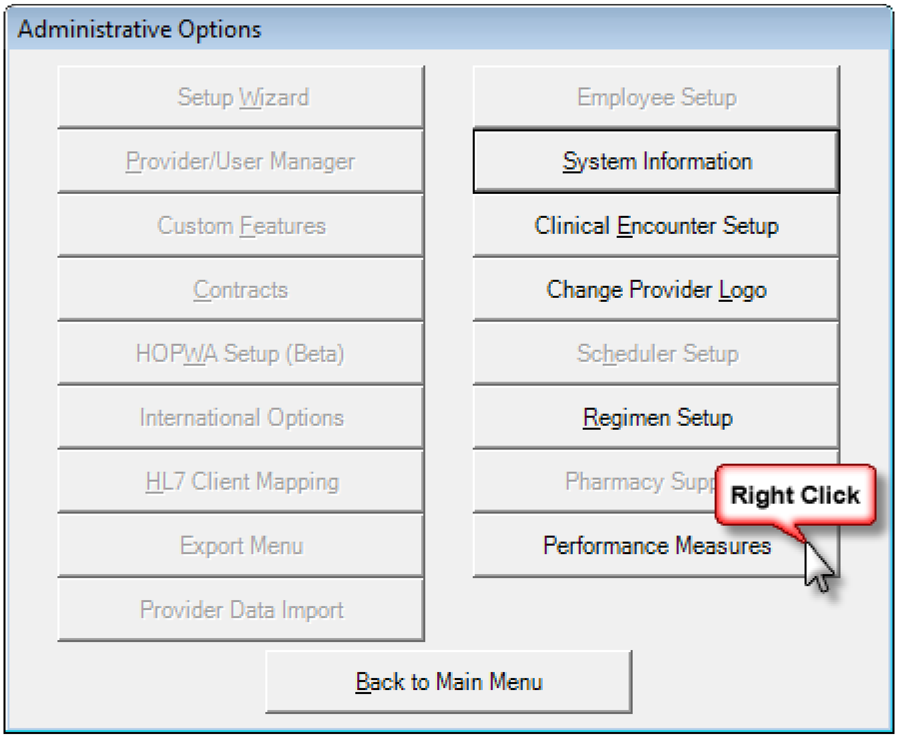


A red "x" indicates that the performance measure applies to the client but has not been met. A red "x" is a good reminder that this client and/or his/her CAREWare record needs some case management attention.

A green check mark indicates that the performance measure applies to the client and has been met.

A yellow line indicates that the performance measure does not apply to the client and therefore the performance measure is not applicable OR the data has not been entered..

You can easily get a list of all clients who meet or do not meet selected Performance Measures. From the main menu, select *Administration* then *Performance Measures.*

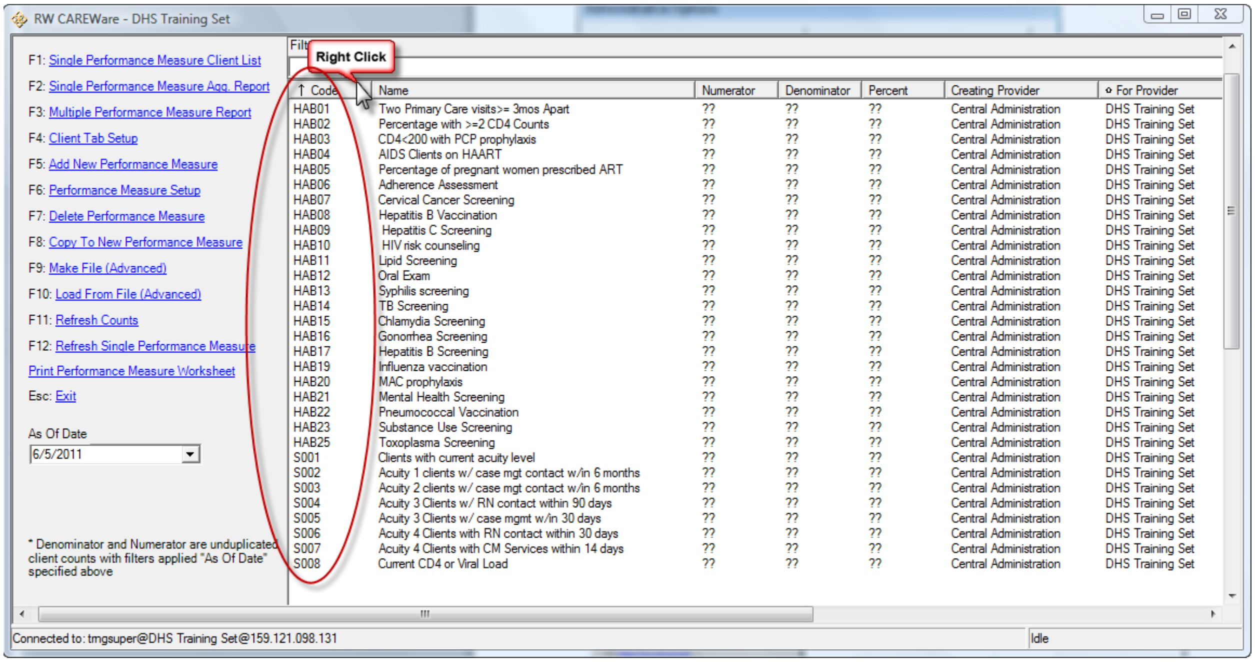


The *Performance Measures Worksheet* screen will contain a long list of Performance Measures (PM.) Each PM will have a unique code assigned to it. Only certain PMs are relevant to a specific agency's service delivery.

- HAB# (e.g. HAB01) coded Performance Measures are measures 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.
- S### (e.g. S001) coded Performance Measures are measures defined by the Oregon HIV Community Services Program. <u>These are relevant to county-based case management programs.</u>
- SP-## (e.g. SP-1) coded Performance Measures are measures defined by the Oregon HIV Community Services Program. <u>These are relevant to regional medical case management programs.</u>
- L### (e.g. L001) coded Performance Measures are measures defined by the local agency. <u>These are relevant to the agency that requested creation or use of the measure.</u>

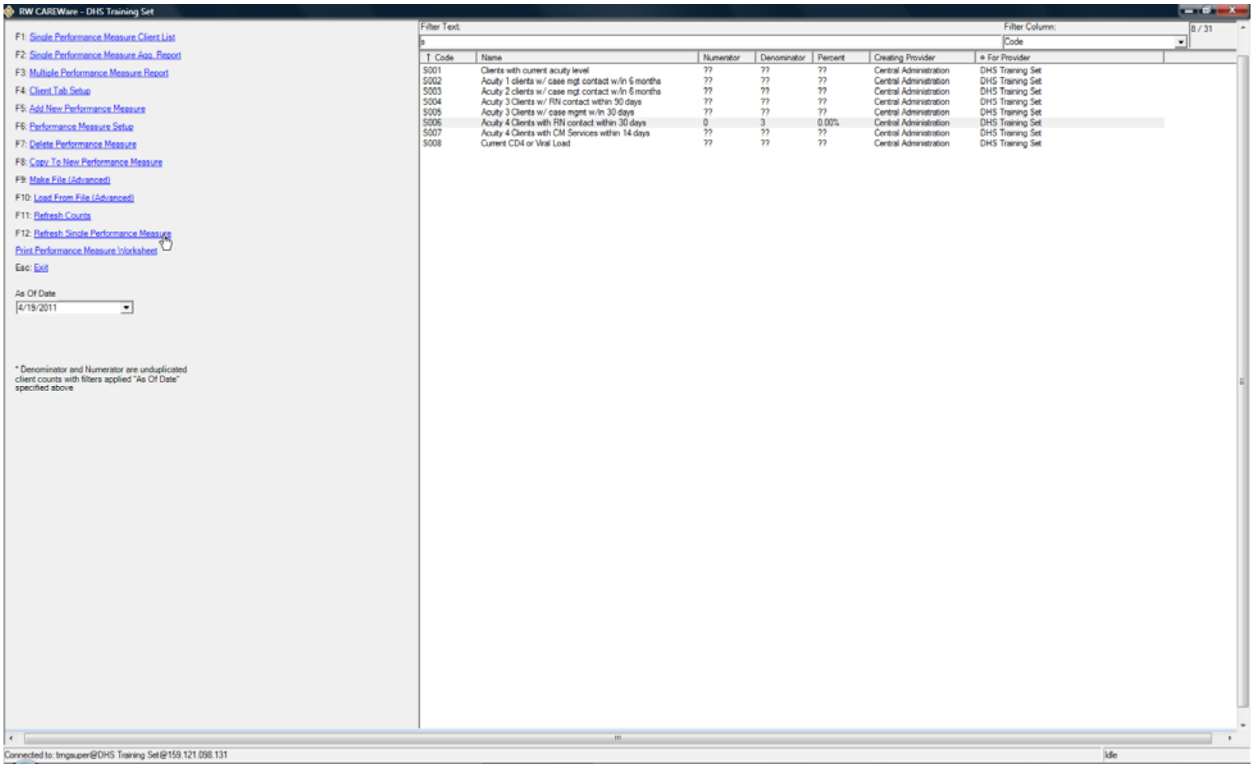
If you are uncertain which PMs are applicable to your program, contact the *HIV Community Services Program*.

To <u>sort</u> the *Performance Measures Worksheet*, right click at the top of the *Code* column and the column will sort by code from A → Z or from Z → A.



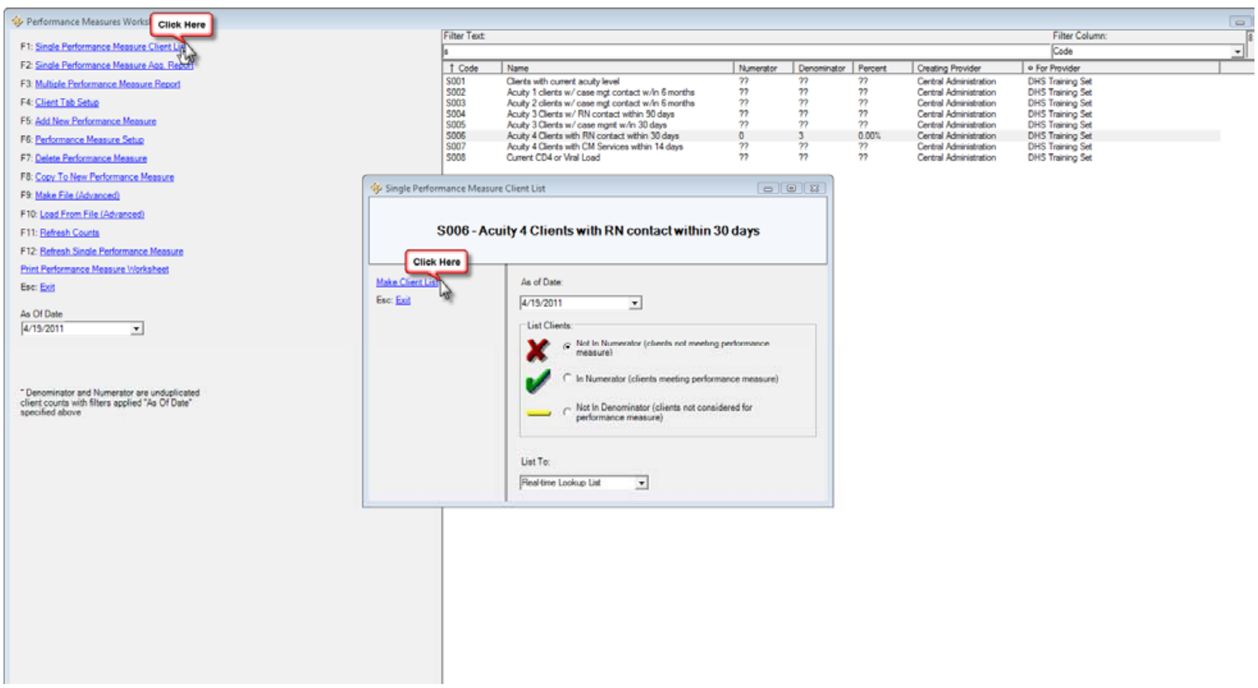
To <u>filter</u> the *Performance Measures Worksheet*, enter the filter criteria in the Filter Text field and then select the column you want CAREWare to search for the filter text. In the example below, we have asked CAREWare to filter for the letter “s” in the “Code” column. This will limit the display to those Performance Measures that have an “s” in the code.

To get an overview of how your agency is performing with regard to a specific PM, select the PM and then click on F12: Refresh Single Performance Measure. The screen shot below shows that there are 3 clients who are an Acuity 4 and are thus due for RN contact every 30 days (per the case management standards.) The PM indicates that 0 of these clients have actually received RN contact within the past 30 days.

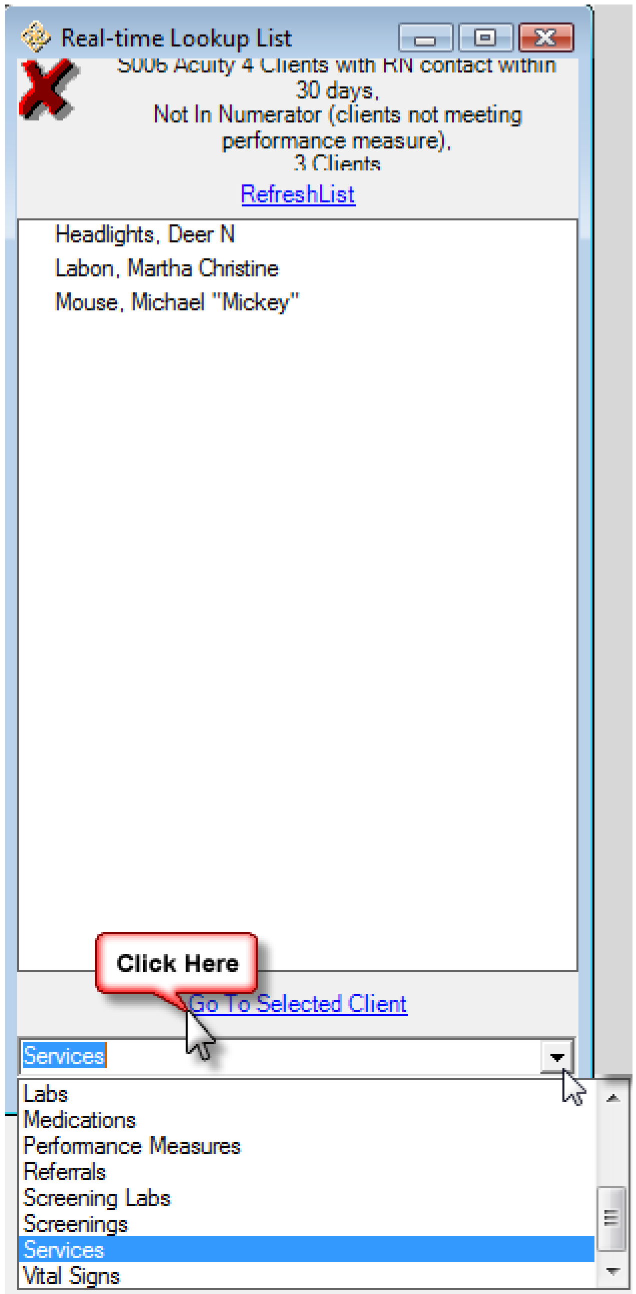

RW CAREWare - DHS Training Set
F1: Single Performance Measure Client List
F2: Single Performance Measure Agg. Report
F3: Multiple Performance Measure Report
F4: Client Tab Setup
F5: Add New Performance Measure
F6: Performance Measure Setup
F7: Delete Performance Measure
F8: Copy To New Performance Measure
F9: Make File (Advanced)
F10: Load From File (Advanced)
F11: Refresh Counts
F12: Refresh Single Performance Measure
Print Performance Measure Worksheet
Esc: Exit
As Of Date
4/19/2011
* Denominator and Numerator are unduplicated client counts with filters applied "As Of Date" specified above
Filter Text:
Filter Column:
Code
Name
Numerator
Denominator
Percent
Creating Provider
For Provider

In order to determine which clients need RN contact, you can run a report for the PM, which will be based on the last RN case management service entry recorded in CAREWare. On the *Performance Measures Worksheet* screen, highlight the Performance Measure you wish to run a report for and then click on F1: *Single Performance Measure Client List.*

Enter the “As of Date” that you want to use for the Performance Measure Report. Select whether you want clients who do not meet the performance measure (the red “x”) or clients that do meet the performance measure (the green check) and select the desired output of the report. A “Realtime Lookup List” will provide you with a list of clients within the CAREWare application that do or do not meet the PM. You can then easily access these clients’ records within the program. Once your selections are set for the report, click on *F1 – Make Client List*.

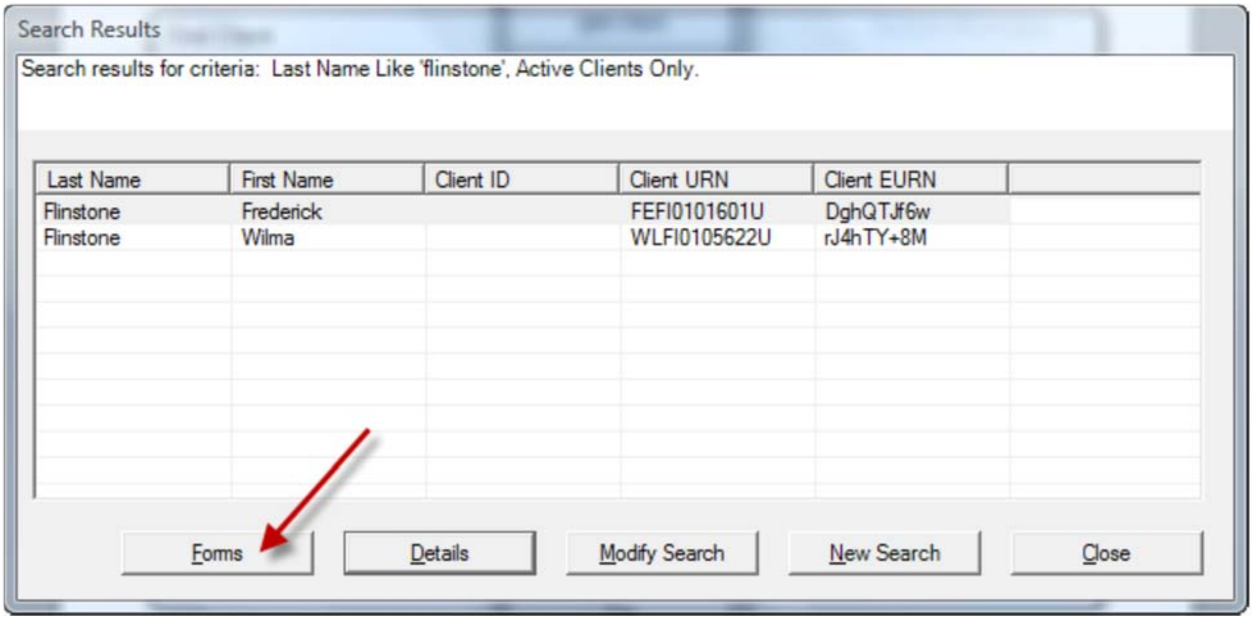


CAREWare will generate the list of clients who do or do not meet the criteria. When a *Real-time Lookup List* is generated, you are able to access client records directly from the list. At the bottom of the Real-time Lookup List screen, you can select which tab of the client's record you would like to see when the record opens.

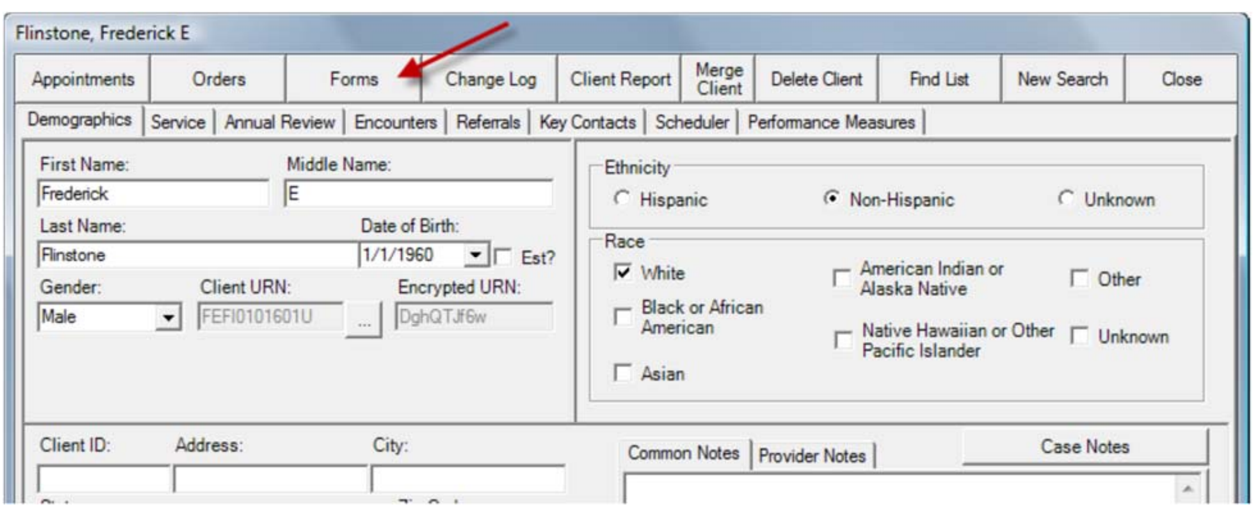


Forms

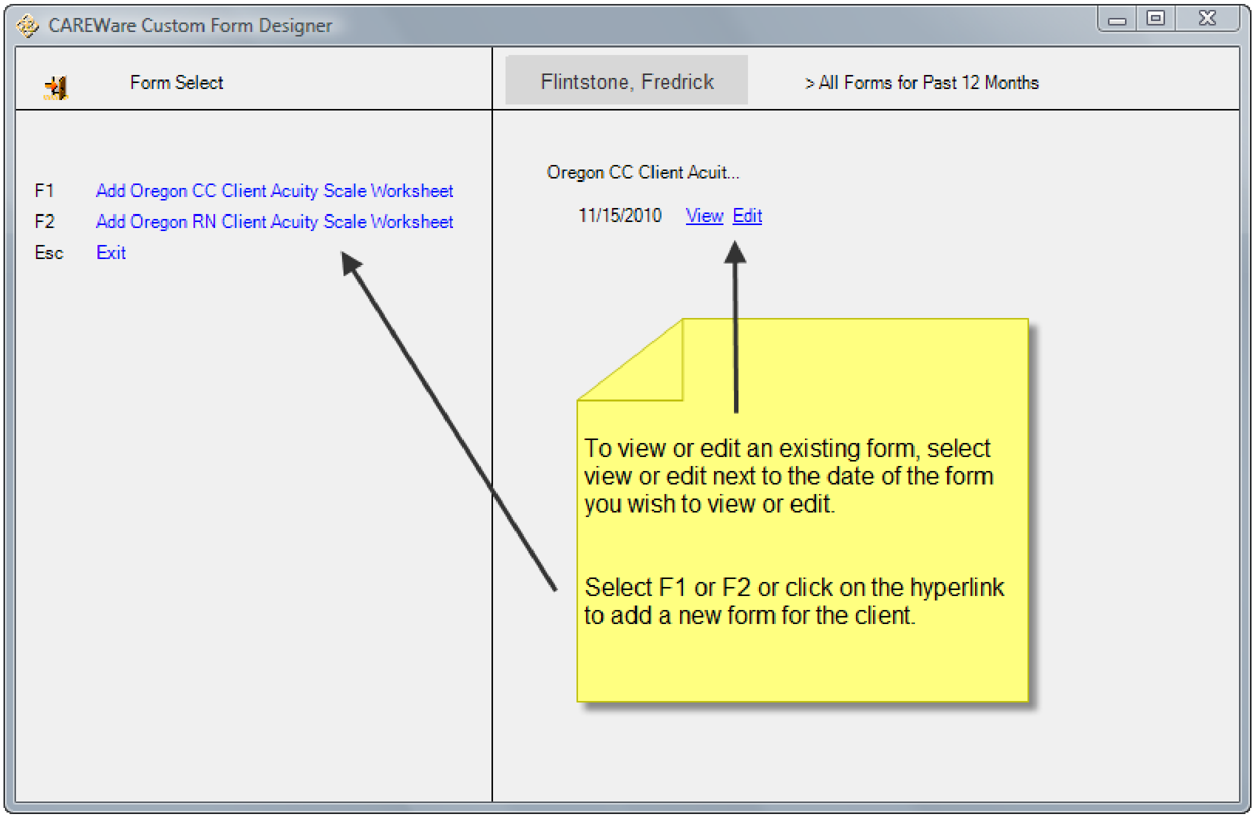
Most case management programs utilize the *Forms* feature in CAREWare to enter all the acuity life areas. You may access the *Nurse Acuity (*for county model)*, or the Psychosocial Acuity* and the *Medical Acuity (*for regional model*)* either from the *Find Client* search results screen



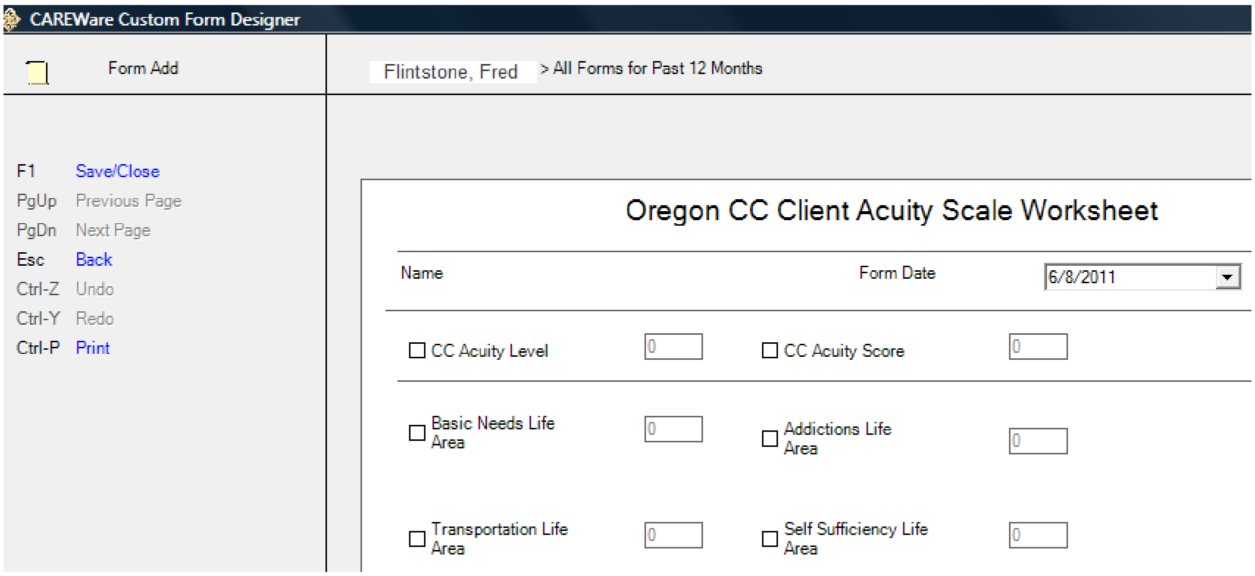
or directly from the Client record as shown below.



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



To enter data for a new form, check the box next to the acuity life area field for which you are entering data and enter the acuity level. The client name and current date will automatically populate the form. You may change the date in the *Form Date* field. When complete, select F1: *Save/Close*.



PLEASE NOTE:

- Values entered on the form will also be viewable in the *Encounters/Labs* tab and on the *Labs Rapid Entry* tab.
- If you *delete* a form, the data itself is not deleted. You will need to delete the data through the *Encounters/Labs/Rapid Entry* 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	1. Full Legal Name* 2. Date of Birth* 3. Ethnicity* 4. Race* 5. Sex at birth* 6. Race/Ethnicity Subgroups* 7. Gender* 8. Zip Code* 9. County* 10. Vital Status* 11. HIV Risk Factor* 12. HIV Status* 13. HIV Date* 14. AIDS Date* (if HIV Status is set to “CDC-defined AIDS”)
Annual Review: [Annual]	1. Primary Insurance* 2. Other Insurance* 3. Housing Arrangement* 4. HIV Primary Care* 5. Household Income & Household Size*

CAREWare Reports

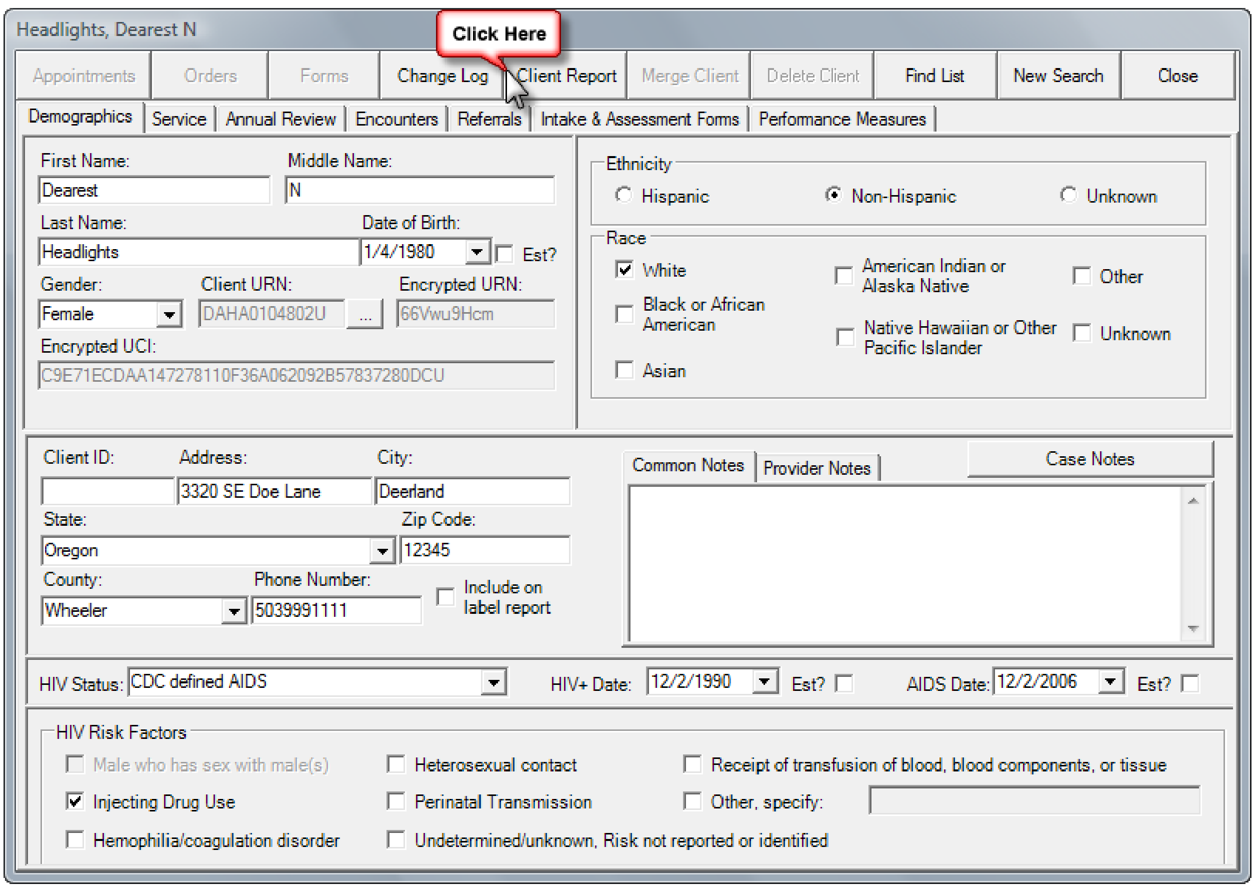
This manual focuses on those reports that are expected to be of greatest use to Oregon users. Additional information on using the reporting functionality in CAREWare can be found in the HRSA developed manuals. You may also contact the HIV Community Services Program for technical assistance. Please remember the quality of the report generated is only as good as the qualify of data entered into the system.

Commonly used reports accessed in client screens include:

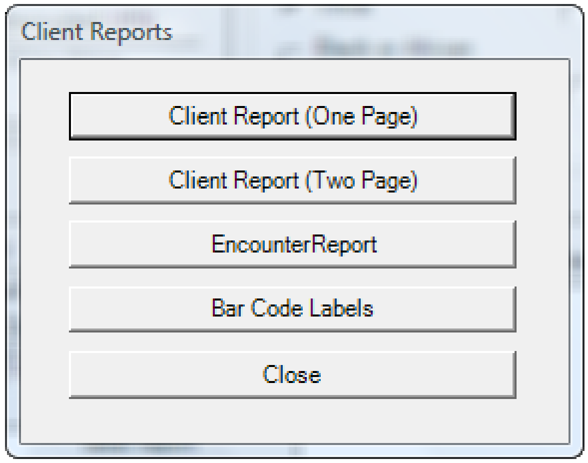
- Client Report (access through any *Client* screen)
- Case Note Report (access through the *Case Notes* screen*;* see section on Case Notes)
- Lab Rapid Entry Report (access through the *Encounters/Labs* screen; see section on Labs)

Client Report

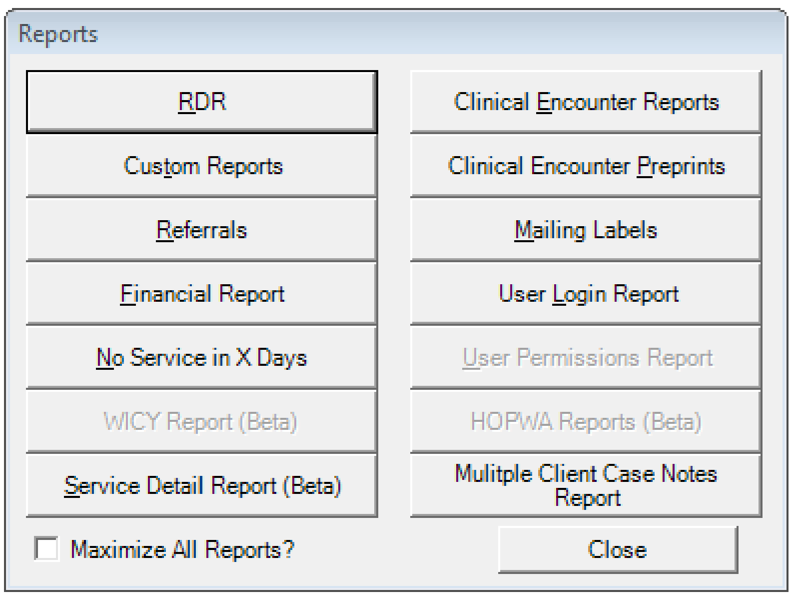
To run the Client Report, click on the *Client* Report button from the main client screen. This report provides information entered on the *Demographics* and *Annual Review* tabs.



The client report menu offers several viewing options. The *Client Report (One Page)* will provide all the information used in Oregon.



Several other useful reports are available through the *Reports* menu. From the main menu, select *Reports*. Descriptions of these reports follow the screen shot.



- *Custom Reports* opens the custom reporting module (more information follows.)
- *Referrals* opens the referral reports module.
- *Financial Report* is a good service utilization report that provides information about the quantity and type of services provided within a specified time frame.
- *No Service in X Days* is used to identify clients who have not received services in a specific number of days.
- *Service Detail Report* provides client level service information. You may choose to add a filter if needed (e.g. a specific service or subservice, clients with a certain acuity level, etc.)
- *Clinical Encounter Reports* are related to specific clinical conditions.
- *Clinical Encounter Preprints* are used to preprint client clinical data in preparation for a clinical visit.
- *Mailing Labels* prepares a set of mailing labels to be used for US postal mail.
- *User Login Report* provides information on user login/logout activities.
- *Multiple Client Case Notes Report* allows you to print case notes for a specific date range for clients served within that date range.

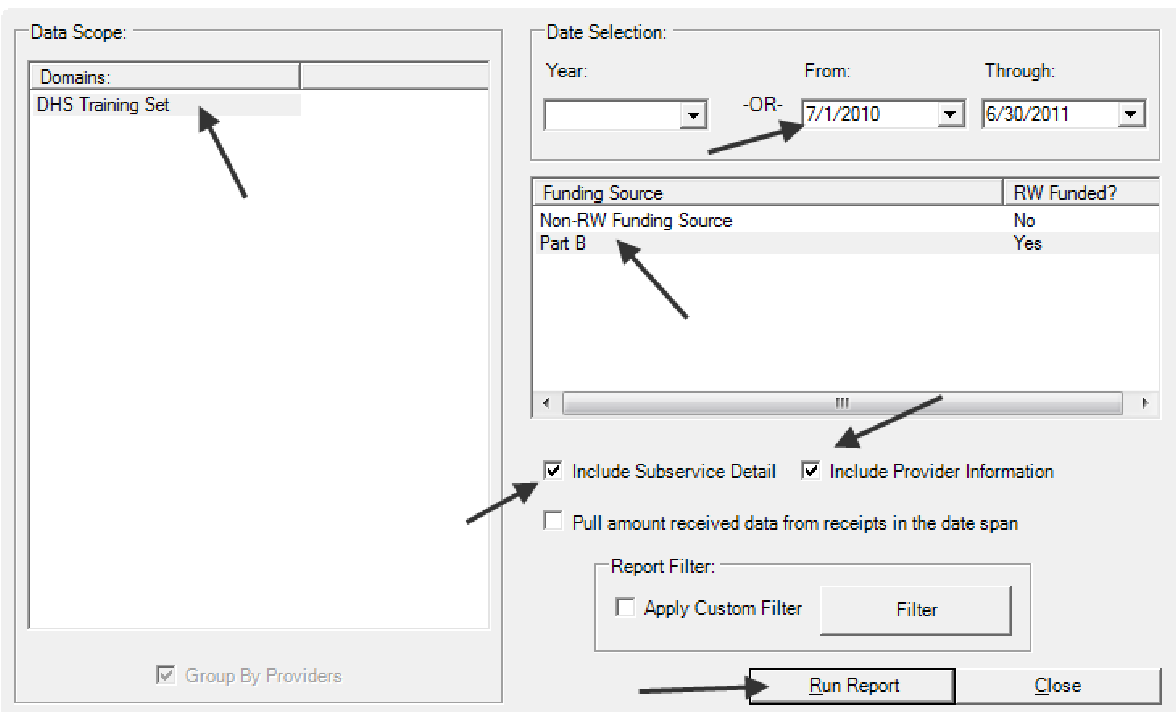
The “Maximize All Reports?” checkbox simply opens each report in full screen mode.

Financial Report

In Oregon, the CAREWare Financial Report is used as a service utilization report. The report will list the units and total costs of services/subservices provided by a specific agency, as well as the number of unduplicated client served for the specified time period. To access the Financial Report, from the Main Menu, select Reports, and then Financial Report.

To run the report:

- Highlight your agency's name
- Enter the date range in the *From* and *Through* boxes
- Highlight *RW Part B* under the *Funding Source* column
- Check the *Include Subservice Detail* box
- Check the *Include Provider Information* box
- Select *Run Report*



You may choose to use a filter to add to the Financial Report. See the section on Custom Reports or contact the *HIV Community Services Program* for assistance in using filters.

Example of report output:

DHS Training Set

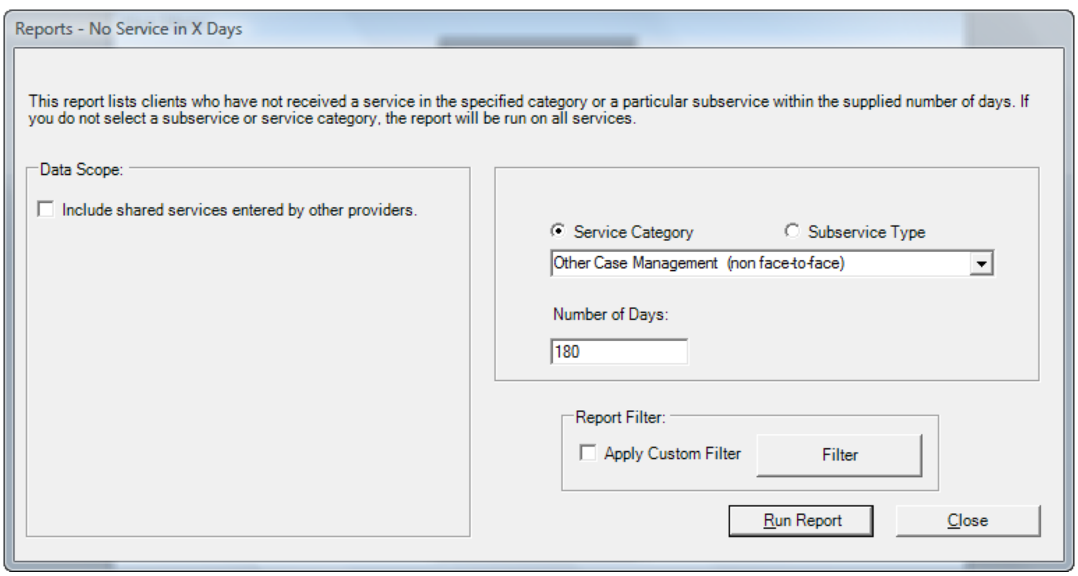
Phone:
Address:
, Oregon

Medical Case Management	**Clients:**	**Units:**	**Total:**	**Amount Received:**	**Not Received:**
RAF - RN Intake & Assessment: Face-to-face	2	20	$0.00	$0.00	$0.00
RIF - RN Case Management: Face-to-face	2	6	$0.00	$0.00	$0.00
Medical Case Management Totals:	**4**	**26**	**$0.00**	**$0.00**	**$0.00**
Case Management (non-medical)	**Clients:**	**Units:**	**Total:**	**Amount Received:**	**Not Received:**
NAF - Non-RN Intake & Assessment: Face-to-face	1	1	$0.00	$0.00	$0.00
NIF: Non-RN Case Management: Face-to-face	3	8	$0.00	$0.00	$0.00
Case Management (non-medical) Totals:	**4**	**9**	**$0.00**	**$0.00**	**$0.00**
Provider Total	**7**	**35**	**$0.00**	**$0.00**	**$0.00**

No Service in X Days

This report allows you to create a list of clients who have not received a specified service in a certain number of days. As a general rule, clients who have not been seen in six months or more are often considered out of care or in danger of falling out of care. This report allows you to examine the records of individual clients and determine if action is necessary.

You can filter the search by service category or by an individual subservice name. Leaving this filter blank will run the report on all services.



You may choose to use an additional filter to add to the report. See the section on Custom Reports or contact the *HIV Community Services Program* for assistance in using filters.

The names, URNs, date of last service and provider are returned. Example of report output:

Clients With no Service in 180 days.

Data Scope: **DHS Training Set**

Report Criteria:

Provider:	**DHS Training Set**
Service Category:	**Case Management (non-medical)**
Last qualifying service:	**at least 180 days ago.**
Enrollment Status:	**active or unknown.**

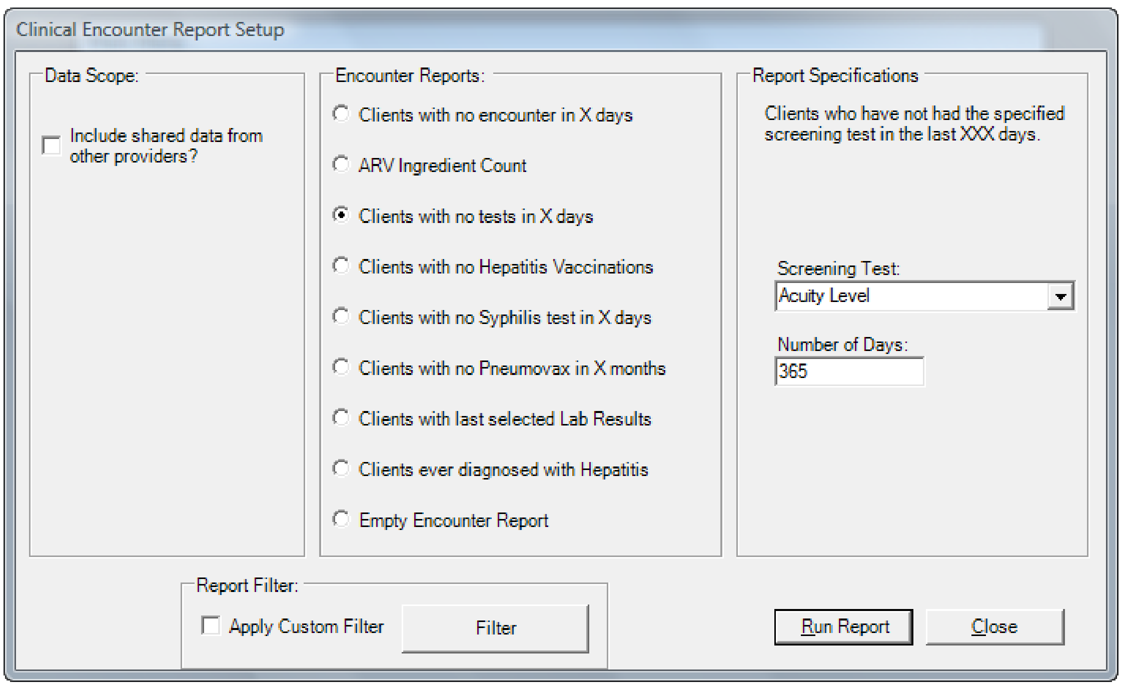
Name:	URN:	Last Service Date:	Provider:
Adams, Boaz Bartholomew	BAAA0101411U		
Anderson, Michael Phillip	MCAD1002821U		
Another, Client To	CIAO1125501U		
BIGHHOUSE, MATT A	MTBG0301201U		
Blow, Joe J	JEBO0909991U		
Bob, Bob Bob	BBBB1212061U		
Bobo, Clown T	COBB1212523U		

Clinical Encounter Reports

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

<u>Clients with no tests in X days</u>

The *Clients with no tests 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 are in need of a reassessment or updated lab values.



You may choose to use an additional filter to add to the report. See the section on Custom Reports or contact the *HIV Community Services Program* for assistance in using filters.

Example of report output:

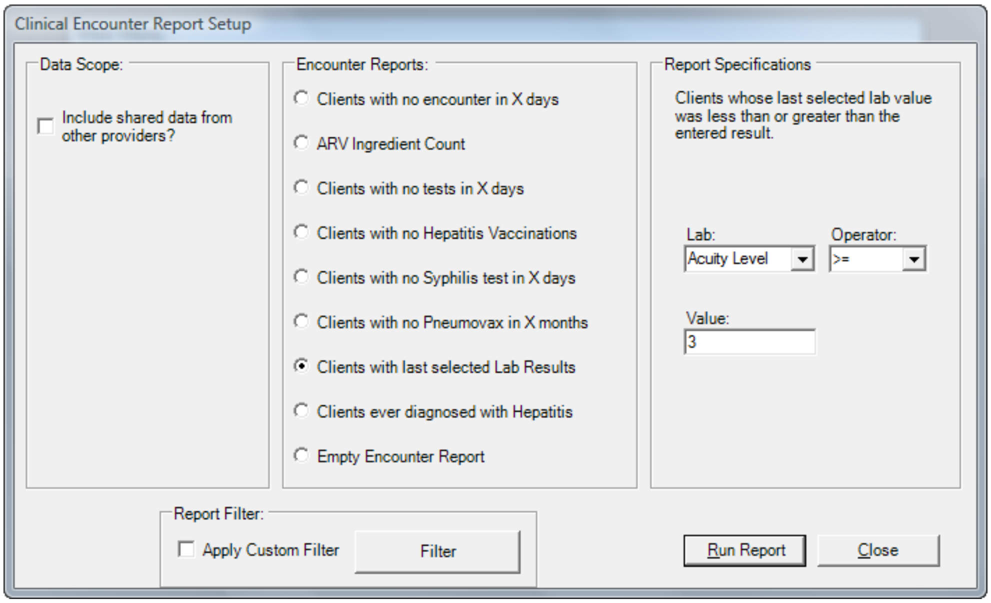
Data Scope: DHS Training Set

Report Criteria:	
Provider:	**DHS Training Set**
The client:	**has not had a Acuity Level screening at the provider in the last 365 days.**
Or the client:	**has not had a Acuity Level screening at the provider.**
Client enrollment status:	**is active or unknown**
HIV Status:	**Not equal to Negative or Unknown**

Name:	URN:	Last Lab Result:	Last Screening Date:	Provider Name:
Adams, Boaz Bartholomew	BAAA0101411U			
BIGHHOUSE, MATT A	MTBG0301201U	2	1/10/2005	DHS Training Set
Blow, Joe J	JEBO0909991U			
Bob, Bob Bob	BBBB1212061U	12	10/2/2006	DHS Training Set
Bobo, Clown T	COBB1212523U	1	2/8/2006	DHS Training Set

Clients with last selected lab results

This report identifies clients with certain lab values. The report set-up below will provide a list of clients with Acuity Levels of 3 or 4. This report can also be used to identify clients with particular CD 4 Counts, Viral Loads, Adherence Life areas, etc.



You may choose to use an additional filter to add to the report. See the section on Custom Reports or contact the *HIV Community Services Program* for assistance in using filters.

Example of report output:

Clients with Acuity Level >= 3 at last test.

Data Scope: DHS Training Set

Report Criteria:

The client's: last Acuity Level result was >= 3.

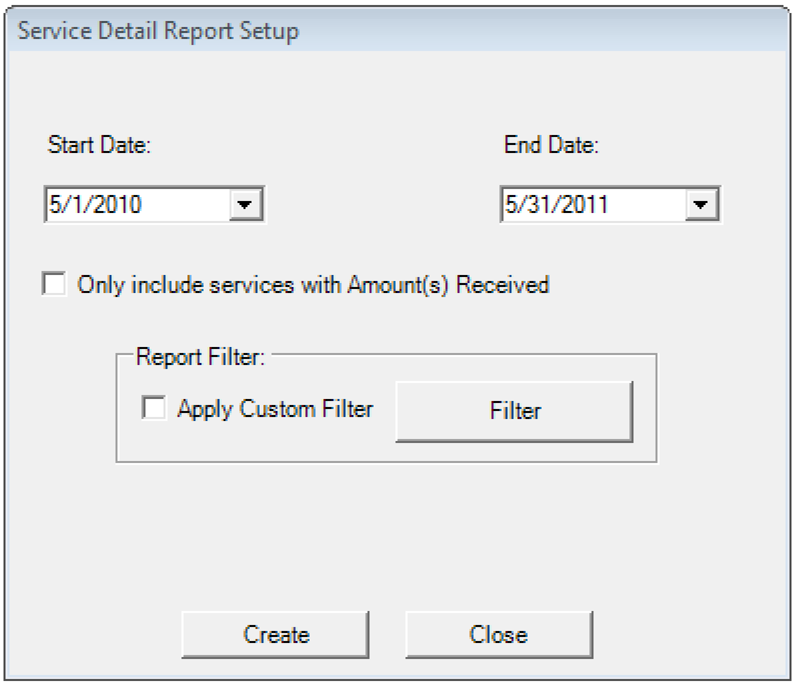
Client enrollment status: is active or unknown

HIV Status: Not equal to Negative or Unknown

Name:	URN:	Last Lab Result:	Last Lab Date:	Provider Name:
Bob, Bob Bob	BBBB1212061U	12	10/2/2006	DHS Training Set
Cadabra, Abra "Abby"	ARCD1005722U	3	7/12/2006	DHS Training Set
Clampett, Jedediah (Jed)	JDCA0304741U	4	4/21/2008	DHS Training Set
clark, mark j	MRCA1212901U	3	2/8/2006	DHS Training Set
Colombo, Cyna	CNCL1231672U	3	5/3/2010	DHS Training Set

Service Detail Report

This report will provide client level information for services provided within the specified time frame.



You may choose to use an additional filter to add to the report. See the section on Custom Reports or contact the *HIV Community Services Program* for assistance in using filters.

Example of report output:

Headlights, Dearest N

URN: **DAHA0104802U**

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
5/30/2011	NIF: Non-RN Case Management Face-to-face	DHS FY 2008-2010	1	$0.00	$0.00	DHS Training Set
5/12/2010	RIN - RN Case Management Non-face-to-face	DHS FY 2008-2010	4	$0.00	$0.00	DHS Training Set
9/12/2010	Med Visit other ss	Testing Med Prov Contract	1	$0.00	$0.00	DHS Training Set

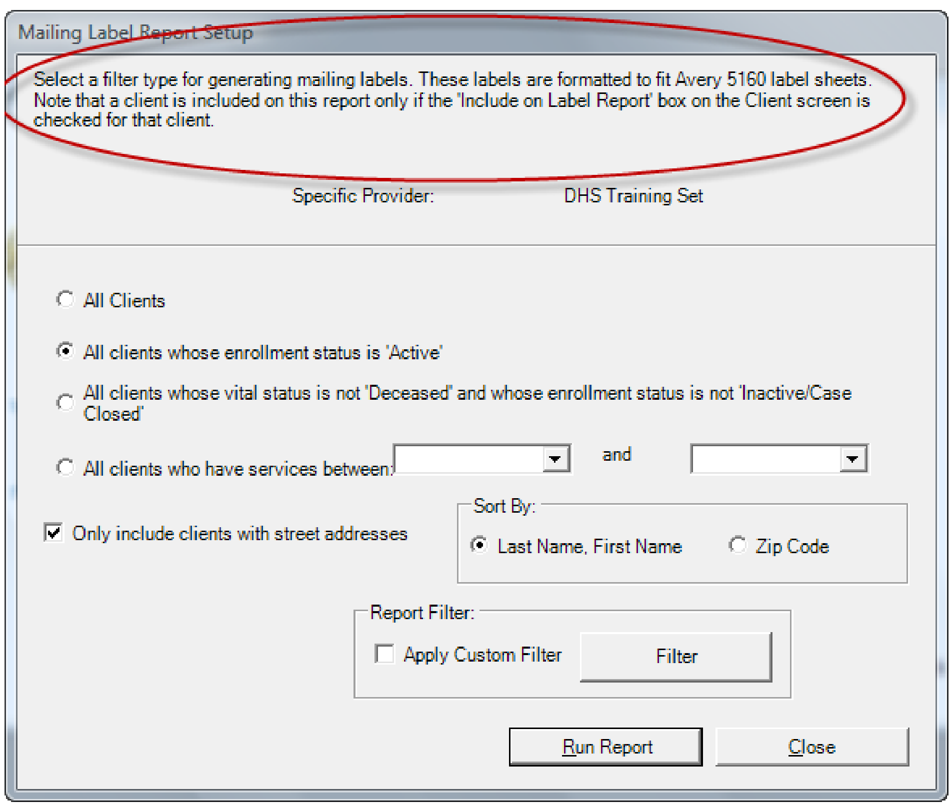
Mailing Labels

You can generate mailing labels for clients with this report, which pre-formats client names and addresses to the Avery 5160 layout.

Only clients who have the "Include on Label Report" box checked on their Demographics screen will be included; to screen out clients who do not wish to receive mail, uncheck this box in their record.

To generate mailing labels:

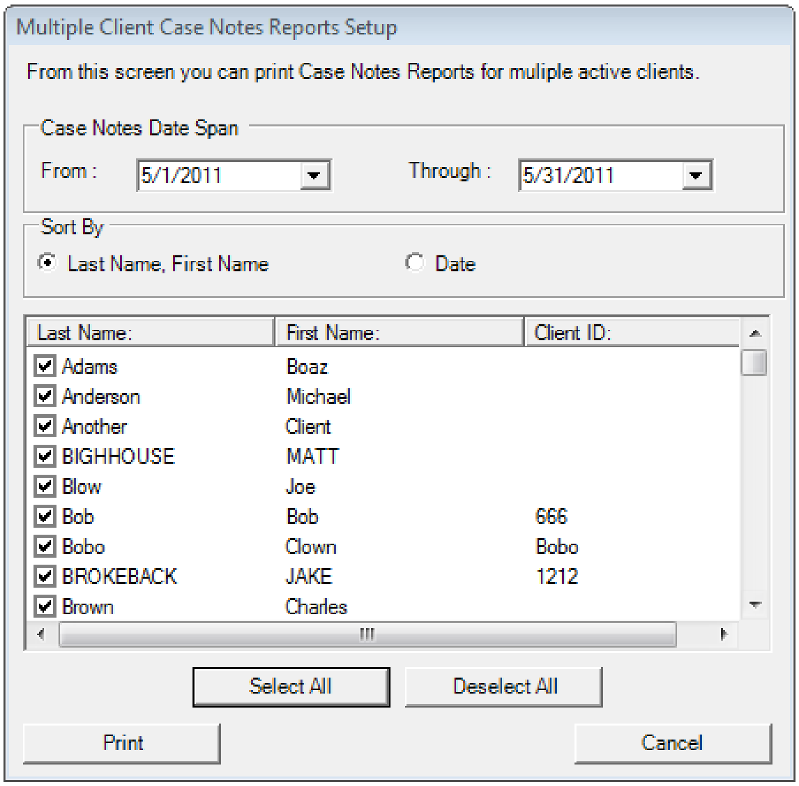
- From the Main Menu, select Reports, then select *Mailing Labels*
- Determine which clients to include on the labels by selecting from the four options
  - All Clients in the agency's database
  - All clients whose enrollment status is "Active"
  - All clients whose vital status is not "Deceased" and 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.
- Select *Run Report*



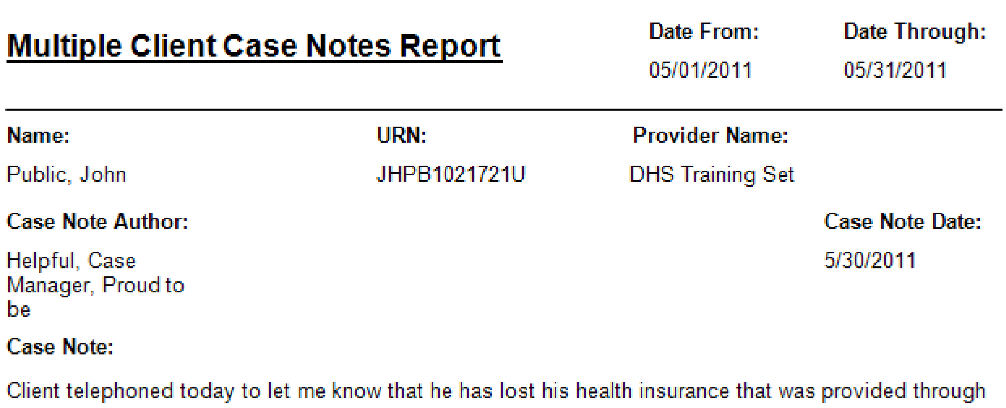
Multiple Client Case Notes

This report prints case notes for a group of clients for a specified time frame.

Enter the date span, select the clients you wish to print reports for and choose your sorting method (last name or date.)



Example of report output:



Multiple Client Case Notes Report

Date From: 05/01/2011

Date Through: 05/31/2011

Name:	**URN:**	**Provider Name:**
Public, John	JHPB1021721U	DHS Training Set

Case Note Author:	**Case Note Date:**
Helpful, Case Manager, Proud to be	5/30/2011

Case Note:

Client telephoned today to let me know that he has lost his health insurance that was provided through his employer as he could no longer afford the COBRA payments. We discussed CAREAssist. Client

Custom Reports

CAREWare has a very extensive custom reporting module. To request a custom report, please complete the CAREWare Custom Report Request Form found on the *HIV Community Services Program* website. Before requesting a custom report in CAREWare, it is important to understand what information you wish to generate. The following general guidelines may be helpful when requesting custom reports.

Questions to ask for designing a custom report:

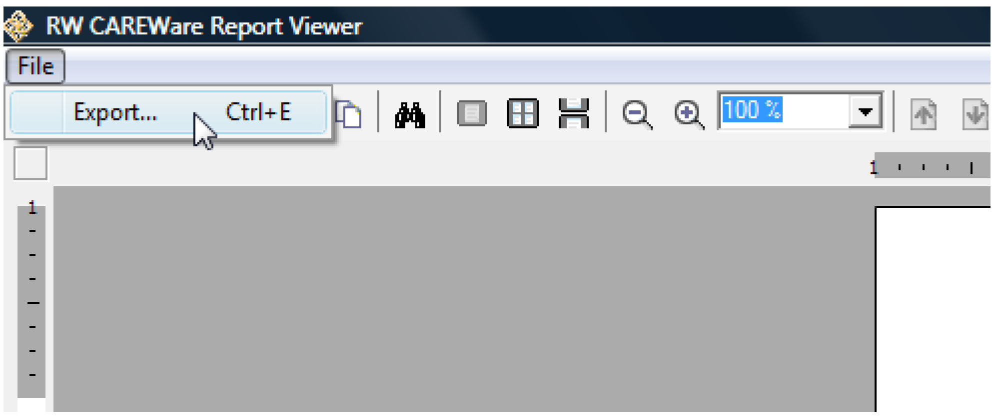
1. How am I going to use this information?
2. What information do I want (e.g. poverty level and HIV Risk Factor by client name)?
3. How do I want the information displayed (e.g. by client name, by service category)?
4. For which clients do I want the information (e.g. clients served in the past year, Hispanic clients only)?
5. Are there specific groups of clients that I want to exclude from the results (e.g. clients under 18 years of age)?
6. Where do I want CAREWARE to look for the information that I want returned in the results (e.g. CAREWARE should look to Enrollment Status to determine "Active" clients)?

Exporting Reports

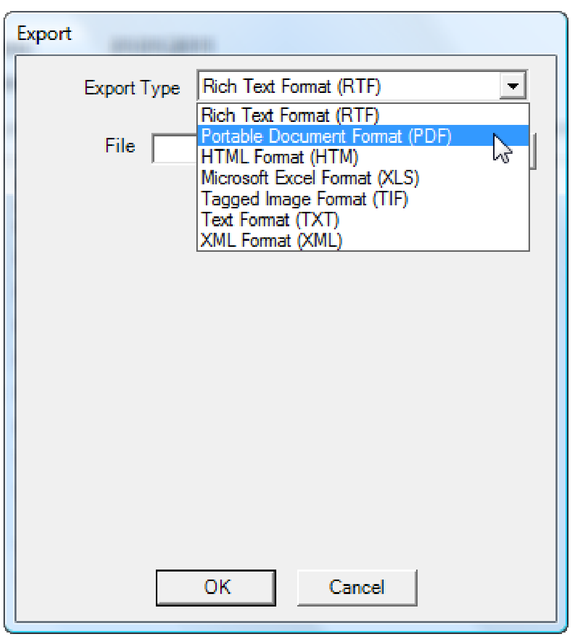
Most CAREWare reports can be exported into a variety of formats, including PDF (to be viewed using Adobe Reader) and Microsoft Excel.

To export a report:

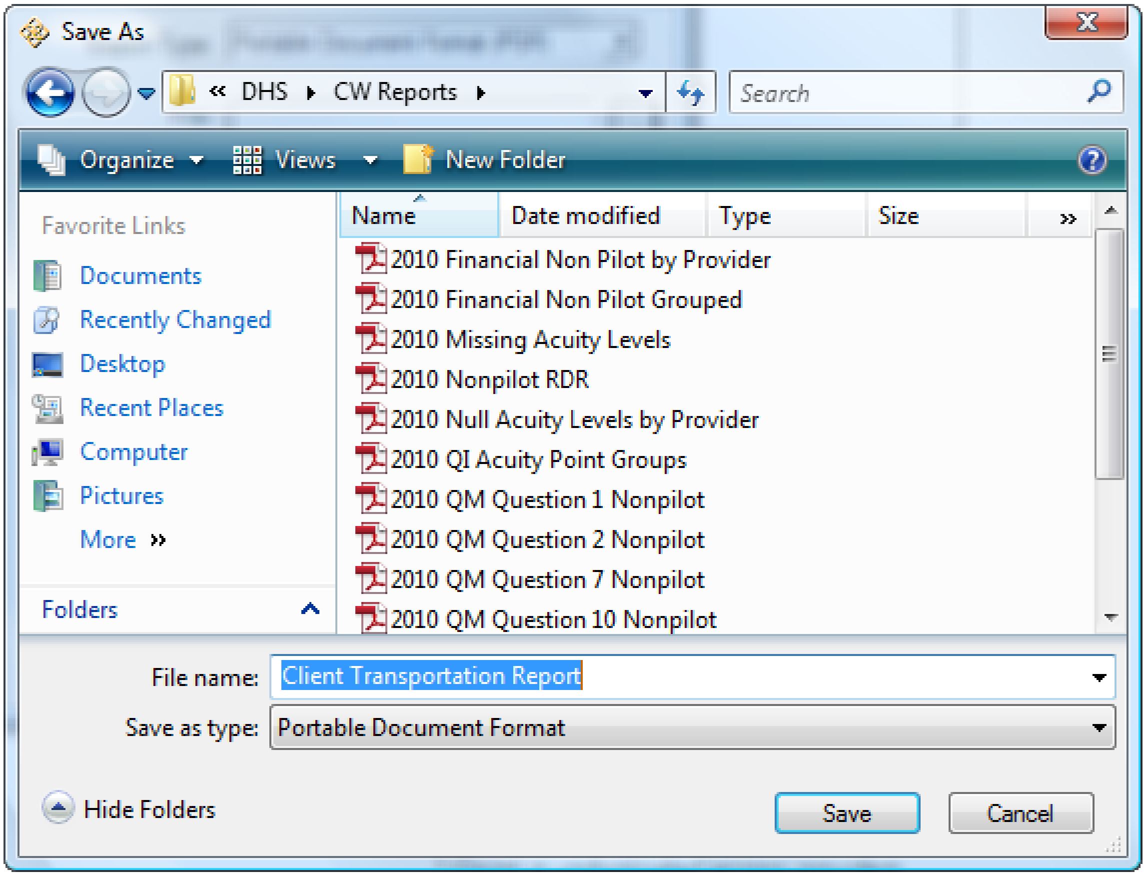
- Run the report
- Select *Export* from the File Menu



- Select the Export Type (e.g. Portable Document Format)
- Click on the box with the 3 dot ellipsis next the field called *File*



- Browse to the location where you wish to save the file
- Enter a Name for the exported file in the field *File name*
- Select *Save*



Appendix A: CAREWare Required Data Entry Fields

CAREWare **Tab [Subtab]**	**Ryan White CAREWare Required Data Entry Fields**
Demographic	15. *Full Legal Name** 16. *Date of Birth** 17. *Ethnicity** 18. *Race(s)** 19. *Sex at birth** 20. *Gender** 21. *Zip Code** 22. *County* 23. *HIV Risk Factors** 24. *HIV Status** 25. *HIV Date** 26. *AIDS Date* (if HIV Status is set to “CDC-defined AIDS”)*
Service	1. *Vital Status** 2. *Deceased Date (if applicable)** 3. Enrollment Status 4. Enrollment Date 5. Case Closed Date (if applicable) 6. For each service entered you must complete the following: a. Date of service b. Service Name (select the appropriate sub-service) c. Contract that funds the service provided (should default to Part B) d. Units (# of service units provided) e. Price (not required for case management services)
Annual Review: [Annual & Quarters 1-4]	6. *Primary Insurance** 7. *Other Insurance (if applicable)** 8. *Primary HIV Medical Care** 9. *Housing/Living Arrangement** 10. *Client’s Annual Household Income** 11. *Household Size** 12. *Poverty level (CW automatically calculates)** 13. *Was the client screened for mental health?** 14. *Was the client screened for substance abuse?**
Encounters: [Labs]	For all lab tests enter these values: 1. Test name (e.g. CD4 count) 2. Date (using Rapid Entry) 3. Operand (e.g. =) 4. Result 5. Assay (if applicable) Tests and values that should be entered include: 1. CD 4 2. Viral Load 3. Acuity Level 4. Acuity Score 5. Adherence Level

CAREWare **Tab [Subtab]**	**Ryan White CAREWare Required Data Entry Fields**
Referrals: **[Referrals]**	For required External Referrals: 1. Refer-to-Provider 2. Referral Status 3. Referral Date 4. Requested Service Category Type 5. Referral Completed Date