

NORTHERN VIRGINIA GUIDANCE AND EXPLANATIONS FOR QUICK START GUIDE 3

These procedures are described in the *Quick Start Guide # 3*. The information below adds additional explanation to selected items.

See SHARED DATA WHEN A CLIENT IS SERVED BY MORE THAN ONE PROVIDER on page 90 of this manual for an explanation of the automatic and optional data sharing features of CAREWare.

DEMOGRAPHIC CONVENTIONS

Eligibility must be determined according to the procedures outlined in Appendix A ELIGIBILITY DETERMINATION PROCEDURES of this manual.

Client's Legal Form of ID, referenced on page 6 (bottom) of the *Quick Start Guide # 3*.

Use, in this order: 1) name as it appears on government-issued driver's license or identification card; 2) name as it appears on primary insurance card; 3) name as it appears on any other legal identification, including passport or ID from country of origin.

In the Northern Virginia regional CAREWare system, the Intake/Eligibility (page 67 of this manual); Case Management (page 74) and Other Client Data (page 78) tabs have been added for recording additional identity, contact, and client information. The Intake/Eligibility tab also offers a means to attach verification documents to client records.

Build 881, installed in January 2016, introduced several changes to the demographics, services and Annual Review tabs. This manual uses the revised tabs in illustrations and explanations, while *Quick Start Guide # 3* illustrations show previous builds.

1. Name (First, Middle, and Last)

If the identification lists two first or last names, enter both names in the appropriate field. Scan the source document for this information and save it on the Intake/Eligibility custom tab in CAREWare.

RATIONALE: Different spellings and name forms can produce different UCIs (URNs). If a client’s legal name changes, causing the UCI to change, HRSA does not require providers to modify and resubmit historical data for prior reporting periods.

EXAMPLE:

Charlotte Lucas becomes CALC

Lottie Lucas becomes LTLC

Thomas Swift becomes TOSI

Tom Swift becomes TMSI

SPACES AND SPECIAL CHARACTERS IN NAMES:

Enter names exactly as they appear on the document used for verification, including special characters (periods, commas, apostrophes, hyphens, etc.), even among the first three letters of either the first or last name. CAREWare will automatically substitute the number 9 for these

characters in creating the UCI (or URN). Providers may use provider-determined capitalization rules when the document used for verification is in ALL CAPS.

If a client uses a first or last name of two letters only, record the name using those two letters and leave the remainder of the name field blank.

RATIONALE: A name spelled without spaces and special characters can produce a different UCI (or URN) than a name spelled without them.

EXAMPLE:

Ernest St. George becomes ENS9

Ernest StGeorge becomes ENSG

Manuel Luis Parkhurst Beroa's last name will be entered as "Parkhurst Beroa"

Whitney Thorne-Smythe's last name will be entered as "Thorne-Smythe"

Charlotte du Maurier's last name will be entered as "du Maurier" or "Du Maurier"

MIDDLE NAME:

Middle name is not required or used in the UCI (or URN) but it can be used to help differentiate between clients who have the same first name and last name combination. You may use full middle name or middle initial(s). For middle names, use the same rules as for other name components. For initials, do not use trailing periods. Store these values in the Middle Name field.

RATIONALE: Helps avoid different versions of client first name and helps differentiate between clients who have the same first name and last name combination.

LAST NAME "SUFFIX":

Do not put Jr, Sr, III, etc., in the first or last name fields. If you want to store the information in the database, use the "Name Suffix" field on the Intake/Eligibility custom tab and store the information there. If you use a suffix, use standard abbreviations without periods and use Roman numerals instead of Arabic numerals.

RATIONALE: Creates consistency across databases.

NAME FORMS THAT CLIENTS WANT:

For nicknames, mailing names, and alternate names, use the respective custom fields on the Intake/Eligibility custom tab in CAREWare.

RATIONALE: For agencies that use the database for mailings and other client-related activities that include generating names from the database, this is a way to address the client in the way he or she wants without compromising the integrity of the unduplicated UCI (or URN).

2. Gender

Indicate the client's gender (the socially and psychologically constructed, understood, and interpreted set of characteristics that describe the current sexual identity of an individual) 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* Unk(nown)*— An individual who identifies as transgender but does not provide details of the original or current sexual identity. THIS CHOICE MAY ONLY BE USED TEMPORARILY. IF NOT CLARIFIED as Male to Female or Female to Male it will show as an error on the annual RSR. Use one of the two Transgender options below and the Sex at Birth field (6).
- *Refused to Report*—The client refused to indicate his/her gender
- *Unknown*—Indicates the client's gender category is unknown or not reported.
- *Transgender MtF* – Male to Female
- *Transgender FtM* – Female to Male

* 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.

3. Date of Birth

Note: Even though only the year of birth will be reported to HAB, providers should collect the client's full date of birth. The client's birth month and day are used to generate the UCI (or URN).

Scan the source document for this information and save it on the Intake/Eligibility custom tab in CAREWare.

For clients over 85 years old, use the field "Over 85" on the custom Other tab to indicate that the date of birth is not in error.

Note: In the Add a Client screen, users may enter the date of birth in this format: MM/DD/YY. CAREWare will convert it to the format MM/DD/YYYY for the Demographics screen.

RATIONALE: Different dates of birth will lead to different UCI (or URN)s.

ESTIMATED/APPROXIMATE DATE OF BIRTH:

When an approximate date of birth is used, check the "Est(imated)?" box next to the DOB field. If the month is unknown, use 01. If the day is unknown, use 15. If the year is unknown, use the best approximation.

RATIONALE: When the "Est(imated)?" box is checked, the approximated date of birth will never override other data, and the central administrator will be alerted to the possibility that the same client may exist under a correct date of birth.

4. Unique ID or Unique Client Identifier (UCI; formerly Client URN):

CAREWare generates the UCI and refers to it to determine whether there are duplicate clients in the database. The UCI is created by using the first and third letters of the first name, the first and third letters of the last name, the 6-digit date of birth, and a designation for gender (1=male, 2=female, 3=transgender, 9=unknown). A 12th character, "U" is added to designate that the first 11 characters are a unique combination across all providers.

Duplicate UCIs - Rule for Assigning a Distinguishing Letter to a UCI:

When there are two clients with the same 11 initial UCI (or URN) characters within the No VA CAREWare system, a different letter must be added to the new client's UCI (or URN) distinguish between them. Click on the browse button [...] to the right of the URN field to see the list of extensions, "A" to "Z". Extensions are assigned in alphabetic order, oldest record to newest record. The oldest should be designated "A", the next oldest "B", and so on.

When a "U" at the end of a new UCI has been changed, the original UCI ending in "U" must also be changed to avoid mistakes by CAREWare in aggregating data. If the user has access to the original client record, use the same method to change the "U" to "A". If the user does not have access to the original client record, send an email message to the CAREWare administrators at NVRC and put "Change URN" in the Subject line. Do not put any info except your contact info in the body of the message. Someone will get back to you by phone, thus preserving the client's privacy.

UCI and Reporting Consequences for Incorrect Name, Date Of Birth Or Gender

If any of this information is recorded differently in different records for the same client, whether within a single provider's domain or in different domains, CAREWare will create an entirely different UCI for the same client. The central database will then create two separate records for the client.

Examples:

Kimberly Lawton, DOB 12/21/55, female becomes KMLW1221552

Qim Lawton, DOB 12/12/66 female becomes QMLW1221662

Sean O'Reilly, DOB 8/20/74, male becomes SAOE0820741

Shawn O'Reilly, DOB 8/2/74, transgender becomes SAOR0802743

In order to unduplicate the information in a combined database, the UCIs must match when coming from different provider agencies for clients who are seen at more than one agency.

5. Encrypted URN:

At the same time CAREWare generates the UCI, it also creates an encrypted version of the Unique Record Number (URN) identifier. This was used in prior builds of CAREWare to prevent anyone familiar with a person's name, date of birth, and gender from recognizing that person as an HIV

positive person if his/her UCI is accidentally revealed. Retaining this field in newer versions of CAREWare allows use of reports using this field to be used without any modification.

6. Sex at Birth

Choices are Female or Male. Required for all Ryan White clients.

7. Encrypted UCI:

CAREWare uses SA-1, a one-way hashing algorithm that meets the highest privacy and security standards to generate a 40-character alphanumeric code for each client's UCI.

8. Client ID

Use if your agency uses another client record system AND the client identification number used in CAREWare is not the same. Record the Client ID from your other electronic source in this field to preserve the association between the client records. This is one of two fields on the page that are not Common (shared) data when two providers serve the same client.

9. Include in Label Report

Check only if your agency uses CAREWare to generate mailing lists of clients.

10. Address/City/State/Zip Code/Geographic Code

VERIFICATION OF ADDRESS

Always verify the client's address. Use, in this order, the address as it appears on 1) government-issued driver's license or identification card, 2) primary insurance card, 3) any other legal identification, including passport or ID from country of origin, 4) utility bill, 5) a letter or other documentation from the institution where the client resides. Scan the source document for this information and save it on the Intake/Eligibility custom tab in CAREWare.

TYPES OF ADDRESSES IN CAREWARE

- Street Address - limited to one line. If source document includes two or more lines, separate information with commas. Do not use Post Office Boxes for street address.
- Mailing Address - optional, stored in the multi-line custom field "Mailing Address" in the Intake/Eligibility tab on page 68.

SPECIAL SITUATIONS

- Homeless – enter Homeless in the street address field; enter the city, county and state as reported by the client; omit zip code
- Group Home – enter the street address of the group home
- Domestic Violence or other confidential location shelter – use the street address of the administering agency
- Incarcerated or in an institution– use street address of institution

GEOGRAPHIC CODE

HRSA has eliminated reporting of geographic unit codes for the 2014 and later RSRs.

11. County

County list is not populated until you choose a state. Enter the jurisdiction (city or county) in which the client resides. In Virginia the independent cities of Alexandria, Falls Church, Fredericksburg, Manassas, Manassas Park, and Winchester appear in the list of Virginia counties. If a "city" does not appear on this list, use the county. Examples: Springfield and Reston area names but not cities with city governments; Leesburg is officially a town, not a city. Know that some addresses using these city names are actually located in a neighboring county. Use the city name as the "County" only for addresses within the city limits.

The city or county must be verified with the client's address verification supporting documentation. If county cannot be determined using this documentation, base this data on what the client says.

Tests of County to report, in order of preference:

- If the client resides at the address shown on a Virginia driver's license, the city or county appears immediately under the city, state and zip code listed.
- Ask the jurisdiction in which the client's children attend public school, or the client registers a car or pays taxes; or the city or county whose police force has jurisdiction over his/her street address.
- Use an agency defined criterion that clearly and consistently distinguishes between jurisdictions.

12. Phone Number

The first thirteen characters of phone number are reserved for

- Left parenthesis
- Three digit area code
- Right parenthesis (no following space)
- Next three digits of phone number
- Hyphen
- Next 4 digits of phone number

Use a space after the last digit if other information is included in the data field, such as extension number, person to ask for, relationship to client or other descriptive information.

Phone extensions should be entered immediately after the last 4 digits of the phone number as space "x" space followed by the extension number.

Use these same rules for entering additional phone numbers in these fields on the custom tab Intake/Eligibility: "Other Phone 1", "Other Phone 2", "(Emergency) Contact Phone 1", and "(Emergency) Contact Phone 2"

13. Race

Ryan White providers are expected to make every effort to obtain and report race and ethnicity, based on each client's self-report. Self-identification is the preferred means of obtaining this information. Providers should not establish criteria or qualifications to use to determine a particular individual's racial or ethnic classification, nor should they specify how someone should classify himself or herself.

Note: Multiracial clients should select all categories that apply.

- *American Indian or Alaska Native*—A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- *Asian*—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. If a client identifies as Asian, also choose all Asian subgroups that apply in the field to the right on your screen.
- *Black or African American*—A person having origins in any of the black racial groups of Africa.
- *Native Hawaiian or Other Pacific Islander*—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. If a client identifies as Native Hawaiian or Pacific Islander, also choose all Native Hawaiian or Pacific Islander subgroups that apply in the field to the right on your screen.
- *White*—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

14. Asian Subgroup

15. Native Hawaiian or Other Pacific Islander Subgroup

The respective subgroup fields are activated when one of these two races are selected.

Check all that apply. Asian choices:

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

Check all that apply. Native Hawaiian or Pacific Islander choices:

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

16. Ethnicity

Note: Both Ethnicity and Race should be indicated. These are two different factors.

Indicate the client's ethnicity based on his or her self-report.

- *Hispanic or Latino*—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be synonymous

with "Hispanic or Latino." If a client identifies as Hispanic/Latino/a or Spanish origin, also choose all Hispanic subgroups that apply in the field to the right on your screen.

- *Not Hispanic or Latino*—A person who does not identify his or her ethnicity as "Hispanic or Latino."

17. Hispanic Subgroup

Check all that apply. The choices:

- *Mexican, Mexican American, Chicano/a*
- *Puerto Rican*
- *Cuban*
- *Another Hispanic, Latino/a or Spanish origin*

18. Enrl Status

What is the status of this client's enrollment in your program?

- **Active**—The client will be continuing in the program.

Note: When using the "Find Client" screen to search for a client with any status except *Active*, users must uncheck "View Active Clients Only" each time.

Note on Clients Lost to Care: Keep clients lost to care as active while intensive efforts are underway to re-engage them in care. If these efforts fail (as defined by your program) change their status to *Referred or Discharged*.

Use the following choices when client did not and/or will not continue in your agency's program to explain why the client is no longer active.

- *Referred or Discharged* - The client was referred to another program for services and will not continue to receive services at this agency. Also select this category if the client:
 - was discharged from a program because he or she became self-sufficient and no longer needed Ryan White Program-funded services,
 - voluntarily leaves your program, including those lost to care after intensive efforts have been made to re-engage them in care, or
 - refused to participate.
- *Removed*—The client was removed from treatment due to violation of rules. This includes refusing to comply with eligibility verification or reverification or treatment requirements.
- *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). If the client received services during the reporting period and you expect the client to continue to receive services from your program, report the client as "Active" even if they are incarcerated.

- *Relocated*—The client has moved out of the agency’s service area and will not continue to receive Ryan White Program services at the agency’s location. Use for deceased clients also.

Note: If a client’s case has been closed and the client later begins receiving services again, the Enrollment status must be changed back to “Active.” The Case Closed date will then disappear.

CAREWare will calculate the following fields for the RSR report based on the date of enrollment and current enrollment status.

- *Active client, new to the program* is an individual whose first point of contact with the program occurred during this reporting period.
- *Active client, continuing in program* is an individual who was a client when the period started and who will be continuing in the program.

19. Enrollment Date

Enter the date this client began to receive service at your agency. This may be earlier than when the client enrolled in your Ryan White Program.

20. Eligibility Status

This field cannot be edited directly. Instead, it displays one of two statuses:

- Ryan White eligible –
- Not Ryan White eligible -

Values are entered automatically as the Eligibility History link is updated. See item 24 on the next page and the Eligibility History instructions on page 48.

21. Vital Status

- *Alive*
- *Deceased*— The client died sometime during this reporting period
- *Unknown*—The client has been “lost to care” but is one your organization is still trying to locate.

22. Date of Death

If the client is reported as *Deceased* in Vital Status, this field will appear. Indicate date of death (MM/DD/YYYY) if known.

23. Case Closed Date

If the Enrollment Status is: Referred, Removed, Incarcerated, Relocated, or the Vital Status is Deceased, enter the date this client’s case was closed.

Note: that this may be a few weeks after the client’s enrollment/vital status changed if your agency is working with the client’s family to ease their transition through the status change.

Note: If a client’s case has been closed and the client later begins receiving services again, the Enrollment status must be changed back to “Active.” The Case Closed date will then disappear.

Note: Services may be entered after a deceased date (for example, when some case management is performed) but not after a case closed date and not before the enrollment date.

24. Enrollment History

Click here to open the Enrollment History screen and edit Enrollment History. This field must be updated each time a client's eligibility for Ryan White changes. Eligibility must be updated for each Ryan White Part which may fund the client's services. See the Eligibility History instructions on page 48.

Note: Eligibility must be determined according to the procedures outlined in Appendix A ELIGIBILITY DETERMINATION PROCEDURES of this manual. Poverty level is calculated on the Annual Review tab (page 61).

25. HIV Status

Indicate the most recent HIV/AIDS status of the client.

- *HIV-positive, not AIDS*—Client has been diagnosed with HIV but has not been diagnosed with AIDS.
- *HIV-positive, AIDS status unknown*—Client has been diagnosed with HIV. It is not known whether the client has been diagnosed with AIDS.
- *CDC-defined AIDS*—Client is an HIV-infected individual who meets the CDC AIDS case definition for an adult or child. NOTE: 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. For additional information, see: <http://www.cdc.gov/ncphi/diss/nndss/casedef/aidscurrent.htm>
- *HIV-negative (affected)*—Use for Part D only. 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.
- *Unknown*—Option is no longer available
- *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.

26. HIV+ Date

Enter the date of the client's HIV diagnosis. You may use the date of the associated lab. If the month is unknown, use 01. If the day is unknown, use 15. If the year is unknown, use the best approximation. Check the Est(imated)? box if the exact date is not known.

27. AIDS Date

If the response to Item 22 is "CDC-defined AIDS," indicate the date of the client's AIDS diagnosis, if known. If the month is unknown, use 01. If the day is unknown, use 15. If the year is unknown, use the best approximation. Check the Est(imated)? box if the exact date is not known.

28. HIV Risk Factors

Check all that apply.

- *Male who has sex with male(s)* - (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).
- *Injecting drug use* - (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* (mother with/at risk for HIV infection) cases include transmission 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.
- *Other* indicates the client's exposure category is known, but not listed above. List the exposure category in the adjacent field.
- *Undetermined/unknown* indicates the client's exposure category is unknown or was not reported.

29. Common Notes

Enter information that is important for all staff to know about the client. This field is considered Common data and is automatically shared with any other provider(s) that also serve this client. Keep data that is urgent at the top (i.e. "Call after 4 PM. Do not leave messages." OR "2/28/2014 Client has applied for SSI Disability.") Follow with other information staff will need, beginning each entry with a date and ending with the name of the person entering the note. Enter each note immediately after the urgent note, so most recent is always near the top.

30. Provider Notes

Enter information that is important for all staff in your organization to know about the client. This field is not shared with any other provider(s) that also serve this client.

31. User Messages

This feature allows CAREWare users to send instant messages to other CAREWare users. The feature has to be activated user-by-user. Messages may be sent between authorized CAREWare users within the same organization or at a different organization within the No. VA CAREWare Network. From this screen the subject of the message will always be the client whose record is open. See the USER MESSAGES section on page 145 for detailed instructions on sending these and non-client-specific messages.

32. Case Notes

Enter dated information that is important for you to know about the client. This field may be seen by any staff within your organization with the rights to see clinical data. It may be shared with any other clinical provider(s) that also serve this client, but sharing is decided client-by-client and provider-by-provider. Enter Case Notes associated with a clinical encounter from the Encounter tab. These are two ways to access the same Case Notes data.

See page 87 of this manual, Item 7 Rapid Entry under ENTERING CLINICAL ENCOUNTER DATA, for an explanation of options for entering and sharing case notes. Entering Case Notes is the first bullet under this topic.

ELIGIBILITY HISTORY (for Ryan White services)

This new field, introduced in build 881 of CAREWare, lists changes in a client's eligibility for Ryan White services.

Note: Eligibility must be determined according to the procedures outlined in Appendix A ELIGIBILITY DETERMINATION PROCEDURES of this manual. Poverty level is calculated on the Annual Review tab, page 61.

By default the list appears in chronological order (indicated by the ↓ down arrow), but clicking on the heading of a different column will sort the list by that item.

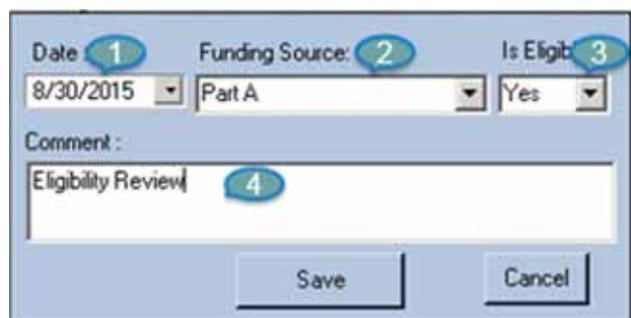
↓ Date	Is Eligible	Funding Source	Ryan White
8/30/2015	Yes	NVRC - Part B	True
4/3/2013	Yes	HDPWA	False
6/10/2012	Yes	Insurance/Other	False
11/29/2011	Yes	Not Funded	False
7/7/2011	Yes	Part A	True
7/7/2011	Yes	Part A Not RSR	False

- Actions for Eligibility Records** – Use F2, Edit Record, only to change information entered in error. For changes that occur at a later date, use F1, Add Record.
- Search for a record in a longer list** – enter a date or text from any column

3. **Print** – displays the client’s history as a PDF which may be printed or exported.
4. **Select an item to edit or delete**

Editing/Adding an Eligibility Record

When a client’s eligibility status changes as new information on her/his eligibility factors becomes known, select F1 above to open a new record screen:



If the client is eligible for more than one Ryan White part, create a new record for each part (A, B, C, D and/or Part F Part A MAI for which the client is eligible, whether or not that part will be the funding primary source for her/his services.

If the client becomes ineligible Ryan White services, the user must create a new record showing “No” in the *Is Eligible* field for each part for which a client was previously eligible (A, B, C, D and/or Part F Part A MAI). **Exception:** in rare circumstances, a client retains eligibility in one part when losing it in another, such as when aging out of Part C but eligible for Parts A & B.

The fields are:

1. **Date** the client’s eligibility changed
2. **Funding Source** being changed. There is no requirement to create eligibility records for “not RSR” or non-Ryan White funding sources. If your choice include both NVRC – Part B and Part B, the second is for funds awarded directly by the Virginia Dept. of Health. If a client is eligible for both, create two records.
3. **Is Eligible** – select either Yes or No for the selected funding source.
4. **Comment** (optional)

Note: If information was entered in error in a previous eligibility record and that record is selected as indicated by (4) on the Eligibility History screen illustration, select F2 to edit the entry.

Note on Clients Lost to Care: Keep clients lost to care as *Eligible* while intensive efforts are underway to re-engage them in care. If these efforts fail (as defined by your program) change their status to *Not Eligible* until they are re-engaged in care and determined to be eligible for your Ryan White services.

ENTERING SERVICES

Note: What individual users see on their screens will depend on the type of services their organization provides AND their individual rights to see or enter different types of data AND selections made by their organization from among all the custom fields and tabs created by NVRC. All custom tabs and fields will be discussed in this manual and may be viewed in the NVRC Test Provider site within the regional CAREWare System. Users who think that tabs or fields they cannot see on their own screens appear to be useful to fulfilling their duties should discuss this with the CAREWare Site Administrator at their organization.

At least one service must be recorded for a client before the required "ANNUAL REVIEW" page will open. An explanation of each of the numbered sections follows the illustration.

FIND A CLIENT

To find the record of a client, start with the [Find Client] button, the second one down on the opening menu in your domain.

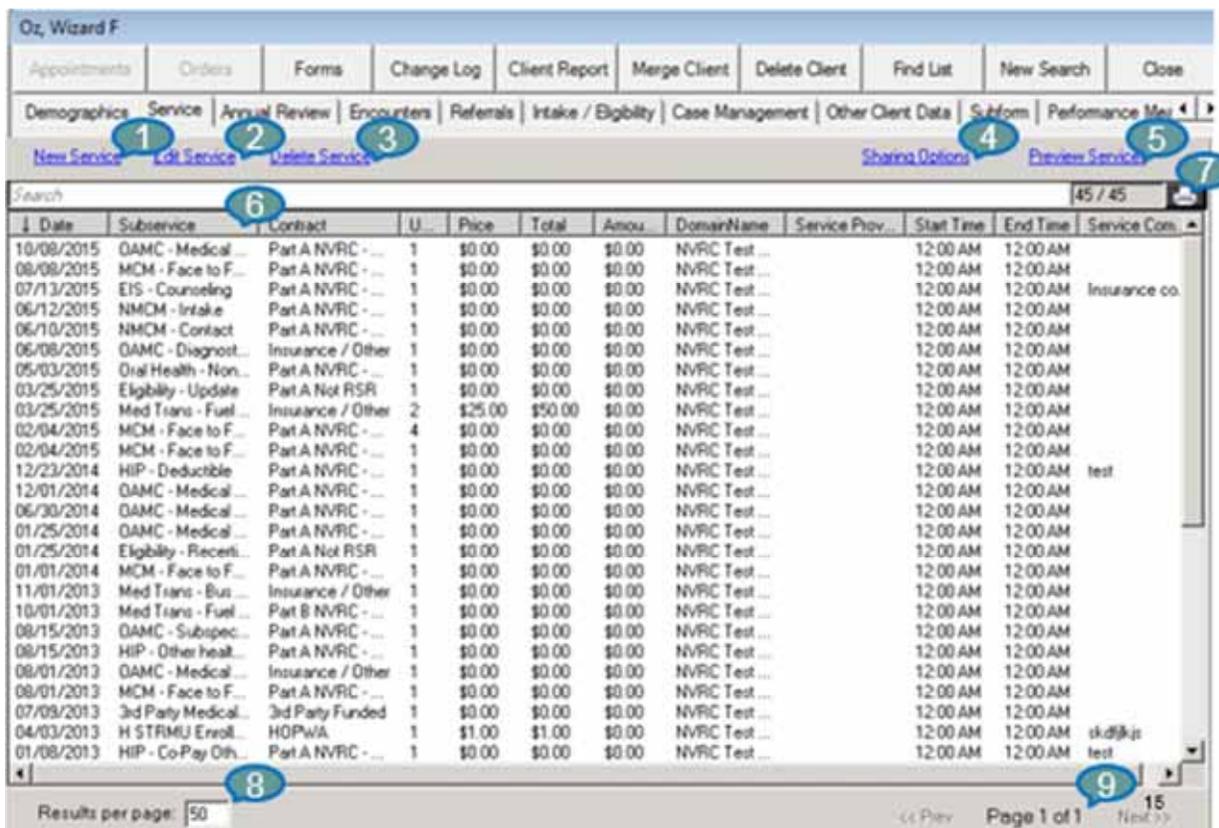
- Usually enter the first three letters of the last name, then the first three letters of the first name
- Keep or deselect "View Active Clients Only"
- Click on [Search]
- If no duplicates are found when you believe that they exist, use these search methods:

Last Name	First Name	Client ID	Client URN	Client EURN	Client UCI
muffet	Irlie		LTMF1031052U	5uJFngTaS	C9DAC25F0C865
Muffett	Missy	12345678	MSMF1031912U	VwqM7LXe4	855D860CD0CD...

If there are two clients with the same last name but different first names, search on the last name and the 1st & 3rd letters of the last name in the URN (UCI) field to see possible duplicates. Select the proper one and click on the [Details] button at the bottom of the screen. The record for that client will open at the Demographics tab and the user may click on the Service Tab and begin adding information.

If that is not the correct client, close the Client record and redo your search or use the Add a Client feature on the main menu, described on page 5 (bottom) of *Quick Start Guide # 3*.

Service Tab



Starting with Build 881, on the Service tab all services show up in a single list. Users no longer have to select a year before viewing services in a client record.

NOTE that no border shows to the left of the selected Services tab, between the Demographics and Services tabs on the second row from the top. This is how users tell which tab has been selected when they need to reference it.

1. New Service

See instructions for adding a new service starting on page ___ of this manual.

2. Edit Service

First select a service from the list below, then click here to change some or all of this listing. Users may also enter the edit mode by double clicking on the service line

3. Delete Service

First select a service from the list below, then click here to remove the service permanently from this client's record. Typically "Delete Service" is only available to supervisors or administrators for security reasons.

4. **Sharing Options**

This button is inactive unless the client receives services from (an) additional agency/agencies in the Northern Virginia regional CAREWare system. Some data from each provider funded by NVRC serving the same client has some of their data shared automatically. This includes most demographic data, annual review data, and data on custom fields. However, some types of data are only shared with the consent of the party entering it. This button is used to request that service data be shared, or accept/reject another agency's request to view this client's service data.

Note: This button affects only the sharing of information on services. See SHARED DATA WHEN A CLIENT IS SERVED BY MORE THAN ONE PROVIDER on page 90 for a full discussion of the automatic and optional data sharing features within CAREWare.

5. **Preview Services**

Users may enter a word or a short text string to limit the services or column displayed. If a column name is not specified, any row containing the text in any field will be displayed, e.g., "OAMC".

6. **List of Services Delivered to the Selected Client**

This field contains all the services a client received from a provider and all those providers who also serve this client AND that are sharing their services with the provider examining the client's record. The list is displayed from most recent to oldest unless another sort order is chosen by clicking on a column heading.

7. **Print**

Use this button to see and print a report of all services delivered to this client. Like all other reports in CAREWare this list may also be exported in several formats. See Manipulating Report Data on page 141 of this manual.

8. **Results per page**

Change this number to enlarge or decrease the font of the list of services. Note, too, the slide bar on the left showing that there are additional records on this page which cannot be seen until the bar is "slid" down.

9. **Page _ of _**

If the list of services continues past the current page, the total number of pages will display here. Use the <<Prev(ious)>> and <<Next>> options to move between pages..

Adding a New Service

The picture below shows the fields available when the Health Insurance Premium and Cost Sharing (HIP) service and HIP – Deductible subservice are being added to a client record.

The screenshot shows a form with the following fields and values:

Field	Value
Date (1)	1/13/2015
Service Name (2)	HIP - Deductible
Contract (3)	Part A NVRC - NVRC
Units (4)	1
Price (5)	\$0.00
Cost (5)	\$0.00
Service Comment (6)	

Buttons at the bottom: Amount Received, Save, Cancel, Print.

See a list of all Ryan White funded services in Northern Virginia at www.novaregion.org/hiv, clicking on Ryan White Care Act on the left, then Ryan White Service Types and Definitions on the left of the next page. Users will only be able to select from the services for which their program is funded.

Note: Service Comment and Service Site are custom fields that have been added in the NVRC CAREWare system. The Service Comment field will appear for every service type. The Service Site field will appear for every service type when display has been requested by the user's agency. What individual users see on their screens will depend on their individual rights to see or enter different types of data.

This manual displays all possible fields.

1. Date

Select the date the service is/was delivered. The date must be on or after the Enrollment Date; on or before the Case Closed date; and may not be in the future. All these dates appear on the demographics tab illustrated on page 36.

2. Service Name

Click on the pull-down tab to display a list of services available from your organization. These relate to the reportable activities required by your funders and will vary by organization and possibly from year to year. To activate the Annual Review page, NVRC recommends using an "Intake" or "Eligibility" service if one is available to your agency.

3. Contract

Click on the pull-down tab to display a list of sources of funds for the services available from your organization. These will vary by organization and possibly from year to year. If more than one contract is displayed, follow your agency's policies in assigning a contract to a service.

4. Units

See Appendix D VIRGINIA PART B UNITS OF SERVICE for the standard units adopted by the Virginia Dept. of Health for different types of Part B services. Change the default value of 1 when a client receives more than one instance of a single service in a single visit. Examples from the 2015 definitions would be:

- EFA – multiple food vouchers
- Linguistics – up to one hour of interpretation service
- Medical Case Management – number of 15 minute blocks in a single encounter with a Case Manager
- Medical Transportation – number of one-way taxi or bus or van trips. If vouchers, number of vouchers or Smart-Trip cards (also enter the value of each in the Price field and CAREWare will calculate the total value)
- Non-Medical Case Management – number of 15 minute blocks in a single encounter with a Case Manager
- OAMC - Lab Visit – number of tests or blood workups
- Substance Abuse Residential Treatment – number of days

4. Price

Ignore this field, except in the case of vouchers or Smart-Trip cards unless your agency has a policy regarding its use.

5. Cost

Ignore this field unless your agency has a policy regarding its use. The Cost field populates automatically when Units and Price are entered by multiplying the two factors.

6. Service Comment

Use if needed.

7. Service Site

If your agency delivers services at more than one site, select the correct one for this service. Options are different for different agencies.

Note: The fields listed below will vary with the service to be added. What individual users see on their screens will depend on the type of services their organization provides AND their individual rights to see or enter different types of data AND selections made by their organization from among all the custom fields and tabs created by NVRC.

Note: Custom Field for **OAMC - Subspecialty Visit** - External subservice: Subspecialty pick list.

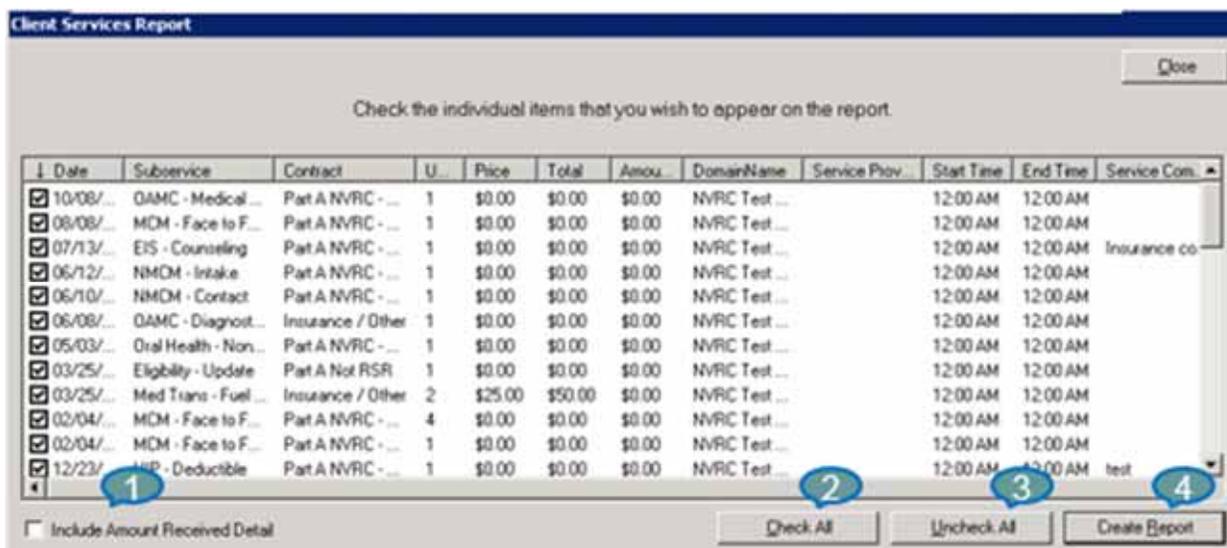
Note: Custom Field for **Interpretive Service**: Language Spoken is a pick list for the language needing interpretation.

Note: Ignore the button for **Amount Received** unless your agency has a policy requiring its use.

Note: the **Save**, **Cancel** and **Print** buttons control their standard functions.

Preview Services

Clicking on this hyperlink brings up this screen:



By default the list appears in chronological order (indicated by the arrow), but clicking on the heading of a different column will sort the list by that item.

With any display, users may select all or some services, then [Create Report] (4 above) to preview the list of selected services in a PDF-type format. Checking all (2 above) is a handy way to see many more services than can be viewed on a single screen. The results may be saved or printed or exported as explained in *Manipulating Report Data* on page 141.

ADAP-Paid Insurance Services

This is only required when the service is delivered by a Ryan White program in the Northern Virginia CAREWare network. The service should be assigned to the Insurance/Other contract. The strong suggestion to track services paid by ADAP but delivered by providers outside the Northern Virginia CAREWare network has been discontinued. However, **clinical data from outside providers** of HIV services should be tracked in the Encounters tab to the extent possible. Record other information on ADAP enrollment on the Intake/Eligibility tab, fields 28-40 (pages 71-73) and the Case Management tab, fields 17-21 (pages 76-77) of this manual.

Outreach Services

See Appendix E *CUSTOM REPORTS BY NVRC* pages 22-23 for instructions on recording Outreach services. They are not recorded in CAREWare until after a person has been accepted as an eligible client.

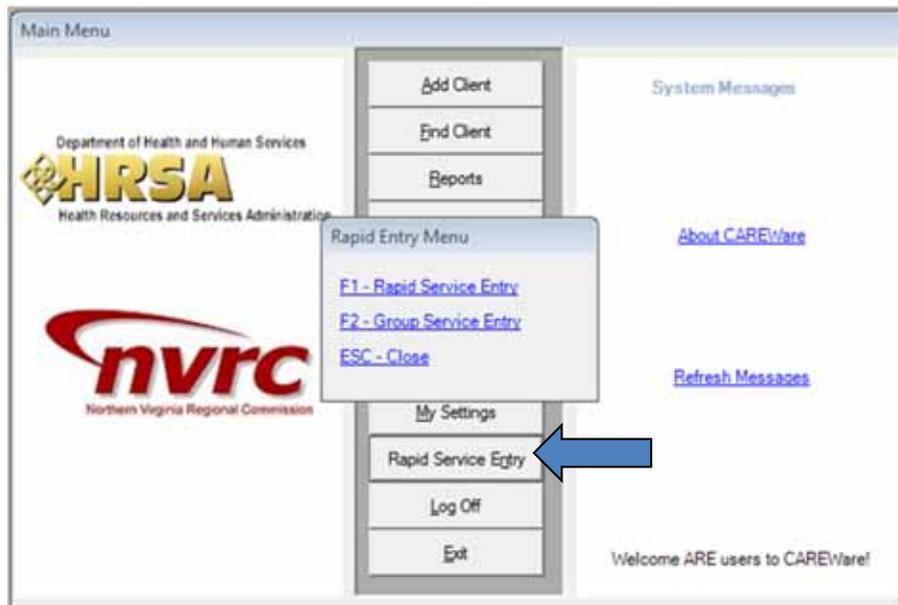
Prescription Assistance Program (PAPs) Services

This feature has been discontinued in the Northern Virginia CAREWare System.

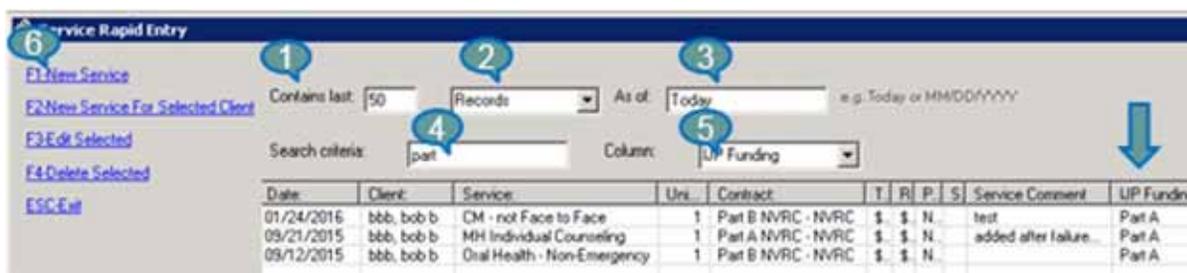
RAPID SERVICE ENTRY

Rapid Service Entry is a method adding service records for existing clients without requiring you to open each client's record from the **Find Client** screen.

Select **Rapid Service Entry** on main menu, then F-1 Rapid Service Entry:



The Service Rapid Entry screen will appear:



New Option to add the results of one or more of the fields from a custom tab in a new column on the right end of the search screen is displayed. In the NVRC Test provider the field selected is the IJP (usual) Funding field from the Other Client Data tab. Users can see that while this client has received services funded by both Part A and Part B, Inova's usual funding source for this client is Part A. The four columns to the right of Contract have been narrowed so the final column will always display.

The user must narrow the column(s) on their own screen, but once done the display “sticks” until a column width is changed. Narrow a column by placing your cursor on the border or dividing line between a column you wish to obscure and one you don’t. Click with your mouse, hold the click and drag the border to the left or right. Repeat as needed. Even without narrowed columns, the final column will be visible when users scroll to the right end of the screen.

1. **Contains Last**

Number of records, months or years to display (the above is showing 50)

2. **Drop Down field**

Calendar Months, Calendar Years, or Records (Records was selected above)

3. **As of**

Today, the date of data entry, is the default date. The date may be changed. The date in the **As of:** field will be the default date for each service entered using this instance of the Rapid Service Entry feature. If the user enters a date earlier than the date of data entry, the list of clients displayed will include only those active as of the entered date.

4. **Search Criteria**

Enter name or partial name for a specific client, date or partial text string for other columns. The list will shorten to display only the data requested. Clicking on a column header will sort any list by the values in that column.

5. **Column**

Select the type of data to search –Date, Client, Service type, Contract, etc. The choices are:



In this example a field from the Case Management custom tab, IJP Funding, had been added to the Rapid Entry display and appears on the far right. It also appears in the list of columns to search.

6. **Keyboard Shortcuts**

Each of the options listed on the left side of the screen can be activated either by clicking on the name or using the function key of that number at the top of the User’s keyboard.

F1 - New Service

Use this option to enter the same or different services for several clients. You will be returned to the complete list of clients as each new service is saved.

F2 - New Service for Selected Client

Use this option to enter the multiple services for a single client at a time. You will be returned to that client's name in the list of clients as each new service is saved. Click on F-2 again to enter another service for that client. When done with one client, you may select a different one from the list and repeat the process.

Custom Fields

The custom data entry fields for each service will display at the bottom of Add a Record, Edit a Record, or Delete a Record screen for the selected service. Some services have no custom fields except Service Comment, others have several. Users may enter data in any displayed field.

Example: OAMC with choice between two contracts and with a custom field:

The screenshot shows the 'Add a record' window. At the top, there are search criteria and column selection fields. Below is a table with columns: Last Name, First Name, Middle Name, Unique ID, EURN, Client ID, Gender. The first row contains: Wech, Wicked, T, WCWT010..., YwY301Tg+, 007, Transgend... Below the table, there is a 'Current Client' field with the value 'Wech, Wicked T'. To the right is an 'Amount Received' field. Below that are fields for 'Service Date' (4/22/2013), 'Service Name' (OAMC - Medical Office Visit), 'Contract' (dropdown), 'Units', 'Price', and 'Cost'. A dropdown menu for 'Contract' is open, showing 'Insurance/Other Part A'. At the bottom is a 'Service Comment' text area.

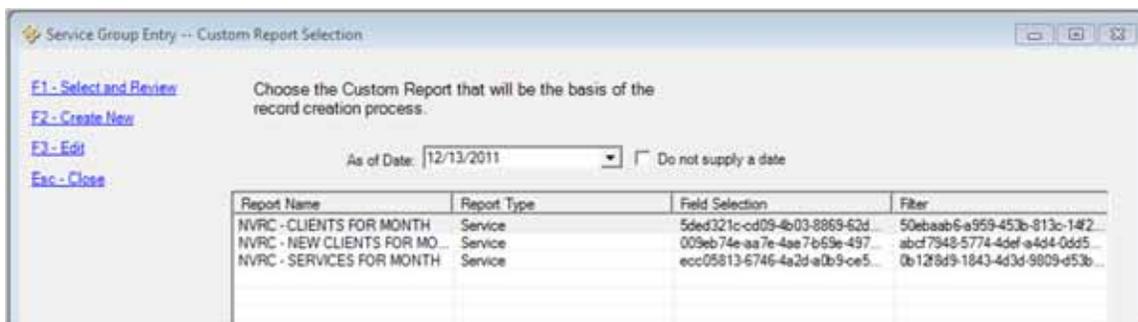
GROUP SERVICE ENTRY

Use this feature for instances where a service is delivered on the same date to a group of clients, such as a support group or mental health group therapy. Additionally, it can be set up to give easy access to a list of the clients of a particular staff person among a large client population.

To enter data using group service entry, the provider agency must have first created a custom report that selects the members of a group. See Quick Start Guide # 7 – Basic Custom Reports from either the www.novaregion.org/careware or from the HRSA website.

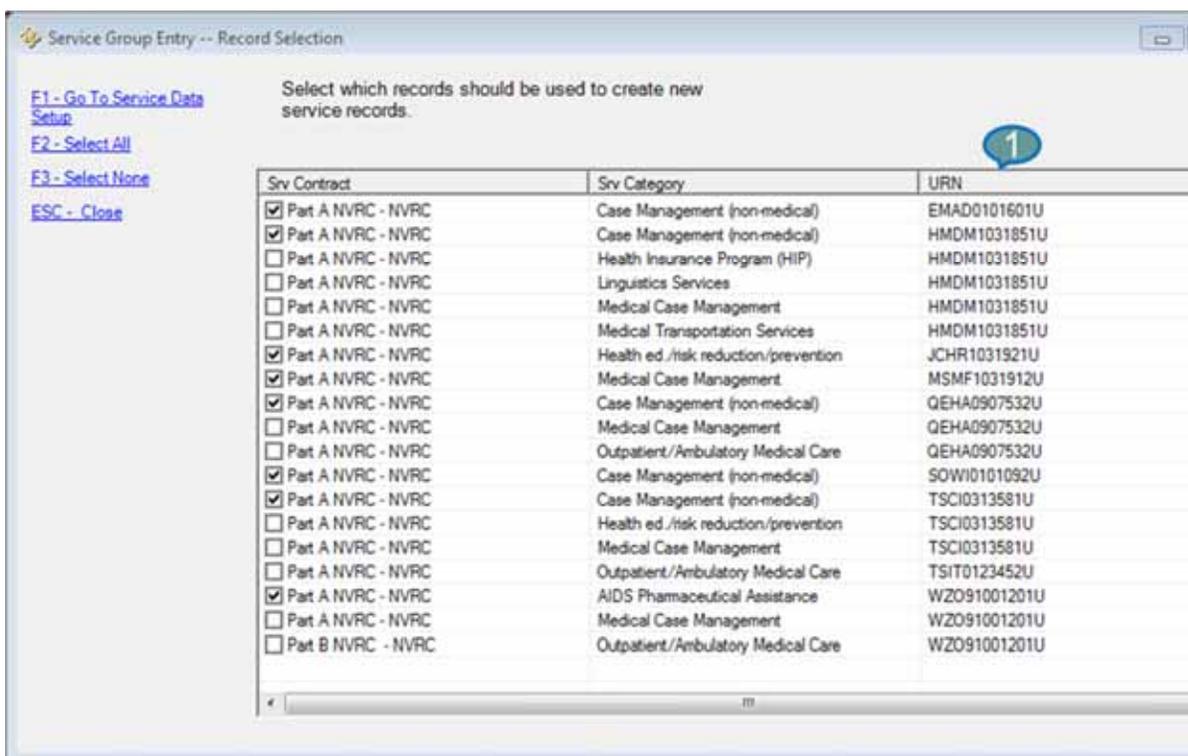
Select **Rapid Service Entry** from the main menu, then F2 – Group Service Entry:

Select the appropriate custom report on the next screen:



Note: The above list is for illustration only. None of these reports will result in a proper list from which to choose. Someone at your organization must first create a custom report to generate a list of all possible clients who are members of the group. Select that report each time services are to be entered for that group. Running that report will generate a list of all members of that group.

Select the clients that received the service on the day for which you are entering data:



Click on a client name to create a check mark in the box. In a correctly constructed custom report, client names should appear and be listed only once. If you have duplicate names, click on a column heading (like URN) to sort the list. This will prevent you from selecting a single client more than once.

When the proper names have been selected, click on F1 – Go to Service Data Setup in the upper left.

Note: The columns displayed above will change based on the report created to identify all members of the group being entered.

Service Group Entry -- Service Data Setup

Specify values for the service record. Click the builder buttons to make dynamic values that can be different depending on other client data.

Date: 12/13/2011 Service Name: Med Trans - Van Ride Contract: Part A NVRC - NVRC Units: 1 Price: \$1.00

Service Comment: ignore price - field must be populated before Service Group Entry will work

Service Site: [Empty]

1

Continue to verification screen Cancel

Fill in all five of the pull-down boxes in the row starting with Date (the date the service was delivered). Although the Price field must be filled in, the value is not used in NVRC or HRSA data reporting.

1. **Continue to verification screen** – Click on this button when the service data setup is complete.

Service Group Entry -- Verification

The following service records will be added if you proceed. You can review these records in a report. Press the 'ESC' key to return to the Service Data Setup screen, or press 'F2' to add the records.

F1 - Preview Report
F2 - Add Records
ESC - Exit

Name:	Date:	Service Na...	Contract:	Units:	Total:	Amount Re...	Provider:	Service C
Dumpty, Hu...	Dumpty, H...	12/13/2011	Med Trans ...	Part A NV...	1	\$1.00	<Hidden>	NVRC Te
Homer, Jac...	Homer, Ja...	12/13/2011	Med Trans ...	Part A NV...	1	\$1.00	<Hidden>	NVRC Te
Muffett, M...	Muffett, M...	12/13/2011	Med Trans ...	Part A NV...	1	\$1.00	<Hidden>	NVRC Te
HEARTS, Q...	HEARTS, ...	12/13/2011	Med Trans ...	Part A NV...	1	\$1.00	<Hidden>	NVRC Te
White, Snow	White, Sno...	12/13/2011	Med Trans ...	Part A NV...	1	\$1.00	<Hidden>	NVRC Te
Client, Test	Client, Test	12/13/2011	Med Trans ...	Part A NV...	1	\$1.00	<Hidden>	NVRC Te

Confirm that the entries are correct in the preview screen. If not, click on the EXC(ape) and redo the set-up. When correct, click on F2 – Add Records.

The process takes a minute or two. If CAREWare appears to have hung up, click on any key. If CAREWare shuts down, log back in and run a custom report showing the names of clients, service received and date of service. Filter by the service you were entering and the month that includes the date for which you were entering services. Sort results by date and then name. This will allow you to verify that the service has been entered in all the appropriate client records.

ANNUAL REVIEW - ENTERING RYAN WHITE DATA REPORT – REQUIRED (FOR RSR)

ANNUAL REVIEW

Completion of this page is required at intake. The RSR, the annual Ryan White Services Report uses the data from this screen, not the Quarter tabs or the Eligibility/Intake tabs. At least one service must be recorded for a client before the ANNUAL REVIEW tab will open. NVRC has enabled a non-RSR-reportable service called “Eligibility - New Client” or “Intake - New Client”. (Assign the contract that funds your eligibility assessment staff, NOT the contract that will fund the client’s services.) This allows assessment of eligibility prior to delivering a Ryan White service.

Eligibility must be determined according to the procedures outlined in Appendix A ELIGIBILITY DETERMINATION PROCEDURES of this manual. When a client’s eligibility status changes from eligible to not eligible (or the reverse) his/her Eligibility History must be updated for each Ryan White part for which your program receives funding. See Eligibility History on page 48 of this manual.

The Insurance and Federal Poverty Level fields must be reassessed and updated at least every six months. The fields that appear under Annual Screening are reassessed at 12 month intervals.

The items below expand and/or clarify the CAREWare *Quick Start Guide # 3* – Entering Clients and the Services and Clinical Data, starting on page 17 (bottom) of that guide.

Summary Data as of 4/25/2013 **Bring Forward**

Annual Screening Add Edit Delete

Date	Screening	Result	Action
4/17/2013	HIV Primary Care	Publicly-funded ...	
4/17/2013	Housing Arrangement	Unstable	
4/17/2013	HIV Risk Reduction ...	Yes	Primary car...
4/17/2013	Substance Abuse	Yes	
4/17/2013	Mental Health	Yes	

Note: Enter additional information to document assessments and reassessments, including scanned copies of verification documents, on the INTAKE / ELIGIBILITY tab (see page 67 of this manual).

1. **Annual Review:** tab name

2. **Annual/Annual RSR View**

The Annual view shows historic data on the right as the user moves the cursor over the related item on the left. The Annual RSR view displays all fields required for the Ryan White Services Report, filed annually with HRSA. Each field contains only the most recent entry, so it provides an uncluttered view and allows users to easily spot outdated data. All changes to data must be made on the Annual tab.

3. **Summary Data as of:** allows the user to see historic data for this client from a past date

4. **Bring Forward:** See **Bring Forward Values** three pages ahead in this manual.

5. **Printer icon:** Brings up a PDF view of the Annual Review data which can be printed. The icon in the middle of the page displays information as it appears in the column on the left (the date and most recent entry for each item). The icon on the right creates a PDF of the information appearing in the column on the right (historic data for a single item).

6 - 13 A + sign appears inside each box as the user's cursor scrolls over an item's box. Clicking on the + sign opens a data entry screen for that item.

6. **Insurance**

Note: Primary insurance is the policy that must be used first when a client has more than one type of health insurance coverage. Which policy is primary is dictated by law and by the policy terms.

Note: Report all sources of health insurance the client had in any part of the reporting period.

Note: Clients for whom Ryan White funds, including ADAP, pay any part of the premiums, co-pays, or deductibles, is classified as uninsured by HRSA and should be reported so here. Thus if a client had private insurance for part of the year but Ryan White funds paying any part of the premiums, co-pays, or deductibles, for another part of the year, report BOTH Private insurance AND "No Insurance".

Note: Report additional insurance details on the Intake/Eligibility tab, fields 28 – 40 on page 67 of this manual.

- *IHS (Indian Health Service)* means the agency within the federal Department of Health and Human Services responsible for providing health services to members of 566 federally-recognized Tribes.
- *Medicaid* is a jointly funded, Federal-State health insurance program for certain low-income and needy people.

- *Medicare Part A/B* is a health insurance program for people 65 years of age and older, some disabled people under 65 years of age, and people with end-stage renal disease (permanent kidney failure treated with dialysis or a transplant). Select Medicare Part A/B if the client has either. Verify from the Medicare card.
 - *Medicare Part A* is hospital insurance. There is no premium.
 - *Medicare Part B* covers services (like lab tests, surgeries, and doctor visits) and supplies (like wheelchairs and walkers) considered medically necessary to treat a disease or condition. Enrollees pay a monthly premium.
- *Medicare Part D* is an optional program that provides insurance to help pay for prescription drugs. Enrollees pay a monthly premium and may select from many different plans covering different combinations of drugs. Verify from a Prescription Insurance card. If Medicare Part D is selected, the Full LIS (Low Income Subsidy also known as *Extra Help*) checkbox will activate. Use if ADAP or the Social Security Administration pay all or part of the client's Part D medication costs.
- *Medicare Part Unspecified* use when a client has Medicare but the Part cannot be determined.
- *No insurance* means the client did not have insurance to cover the cost of services at some time during the reporting period, the client self-pays, or services are covered by RWHAP funds, including ADAP. If a client has no insurance, s/he should sign a self-attestation.
- *Private - Employer* means health insurance purchased in whole or in part by the client's employer
- *Private - Individual* means health insurance purchased directly by the client, including insurance purchased on the Affordable Care Act Marketplace for which ADAP does not supply any part of the funds.
- *VA, Other Military* is medical care supplied by the Veterans Health Administration (VA) or Tricare military health insurance for members and veterans of the US Armed Forces, their dependents and survivors.
- *Other* means that the client has a type of insurance not listed above. Examples include Virginia's Family Access to Medical Insurance Security (FAMIS), and the Virginia version of Children's Insurance Program (SCHIP); or a company that chooses to "self-insure" and pay employee medical expenses directly as they are incurred, rather than purchasing health insurance for their employees. Enter the name of the insurance in the text box to the right.
- *High Risk Insurance Pools* are operated by some states but are not available in Virginia.

7. Federal Poverty Level

Enter the household income and household size. Use the definitions of Income and Household outlined in Appendix A ELIGIBILITY DETERMINATION PROCEDURES of this manual. CAREWare will calculate the federal poverty level. The poverty tables are updated each spring with a new CW build.

Annual Screening Note: The following items must be updated annually, but do not need to be confirmed at every reassessment.

8. Primary HIV Medical Care

Select the option that best describes the medical home where this client receives his/her HIV medical care. Choices are:

- Emergency Room
- Hospital outpatient center
- No primary source of care
- Other
- Private practice
- Publicly-funded clinic or health dept.
- Unknown

Note: The choice “Publicly funded clinic or health dept.” should be used for all Federally Qualified Health Centers (FOACs).

Note: There are two outpatient clinics receiving Suburban Virginia Ryan White funds:

- Inova Juniper is a hospital outpatient center.
- Neighborhood Health (formerly ANHSI) is a publicly funded FOAC clinic

9. Housing Arrangement

Institution – DO NOT USE THIS CATEGORY. It is no longer used in the RSR. Use either *Stable/Permanent Housing*; *Temporary*; or *Unstable Housing Arrangements* as appropriate. See underlined sections of each category.

Non-permanently Housed – DO NOT USE THIS CATEGORY. It is no longer used in the RSR. Use either *Unstable Housing Arrangements* or *Temporary* as appropriate. See underlined sections of each category.

Stable/Permanent 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 Housing Choice Voucher (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
- 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

- Temporary placement in an institution (e.g., hospital, psychiatric hospital or other psychiatric facility, substance abuse treatment facility, or detoxification center)
- Hotel or motel paid for without emergency shelter voucher

Unstable 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 with emergency shelter voucher

Other – Avoid if possible. It includes other housing/living arrangements not listed above. The RSR reports this category as *Unknown*.

Note: Annual Screenings for HIV Risk Reduction Counseling, Mental Health, and Substance Abuse apply to all agencies offering Ryan White Outpatient Ambulatory Medical Care (OAMC) and/or Medical Case Management (MCM) under any Part: A, B, C, or D.

10. HIV Risk Reduction Counseling

Choices for Results are:

- No
- Yes

Choices for Counseled By are:

- Case Mgr/Social Worker
- Other trained counselor
- Primary Care Clinician
- Unknown

11. and 12. Mental Health and Substance Abuse

Choices are:

- No
- Yes – Use when the client received the screening, regardless of results
- Not medically indicated – Use for mental health screenings of clients in mental health treatment or substance abuse screening of clients in substance abuse treatment
- Unknown

13. The + sign inside the box appears as the user's cursor scrolls over an item's box. Clicking on the + sign opens a data entry screen for that item.

14. The data display in the column on the right and the heading above that column change as the users' cursor moves over items in the column on the left.

15. Bring Forward Values

Page 20 (bottom) in the *Quick Start Guide # 3 – Entering Clients and their Services and Clinical Data, Data Entry Hint* refers to the ability to set the ANNUAL REVIEW tab to “roll over” some fields from one year (actually one review) to the next. This allows quicker data entry. Clicking the [Bring Forward] button enables this function for the client whose record is being updated:

Assessment Date: 4/22/2013

Bring Forward Values

<input type="checkbox"/>	Insurance Primary Insurance: Medicare Part A/B Other Insurance: Other (test)	4/16/2013
<input type="checkbox"/>	Federal Poverty Level Household Income: \$15,000 Household Size: 1 Poverty Level: 131%	4/16/2013
<input type="checkbox"/>	HIV Primary Care Publicly-funded clinic or health dept.	4/17/2013
<input type="checkbox"/>	Housing Arrangement Unstable	4/17/2013

Save Cancel

1. Assessment Date

Enter the date the assessment or reassessment was done.

2. Bring Forward Values

Check the boxes beside the values to bring forward. Each will be displayed on a new line on the Annual Review screen with the new assessment date selected in step 1.

INTAKE / ELIGIBILITY

Eligibility must be determined according to the procedures outlined in Appendix A ELIGIBILITY DETERMINATION PROCEDURES of this manual.

Use this custom tab at the time of intake and eligibility reassessments to record additional demographic information, including details of health insurance coverage, and to store scanned copies of eligibility documents. See also ANNUAL REVIEW - ENTERING RYAN WHITE DATA REPORT – REQUIRED (FOR RSR) section on page 61 and ELIGIBILITY REVERIFICATION AND QUARTERLY TABS on page 97. An explanation of each of the numbered sections follows the illustration.

In CAREWare, use the scroll bar on the right to see the entire page.

The screenshot shows the 'Oz, Wizard F' intake/eligibility form. It features a navigation bar at the top with tabs like 'Appointments', 'Orders', 'Forms', 'Changelog', 'Client Report', 'Merge Client', 'Delete Client', 'Find List', and 'New Search'. Below this is a secondary navigation bar with tabs for 'Demographics', 'Service', 'Annual Review', 'Encounters', 'Referrals', 'Intake / Eligibility', 'Case Management', 'Other Client Data', 'Subform', and 'Performance Meas'. The main form area contains various input fields and dropdown menus, many of which are circled with blue numbers 1 through 45. The fields are organized into sections: Demographics (Name Suffix, Referred Name, Mailing Name, Mailing Address, SSN), Alternate Names, Other Phone, Email Address, Emergency Contact Name, Contact Relation, Contact Phone 1, Contact Phone 2, HIV Verif Date, HIV Verif Source, HIV Verif Comment, HIV Verif Documents, Identity Verif Date, Identity Verif Source, Identity Verif Comment, Identity Verif Documents, Address Verif Date, Address Verif Source, Address Verif Comment, Address Verif Documents, Income Verif Date, Income Verif Source, Income Verif Comment, Income Verif Documents, Insurance Verif Date, Insurance Verif Source, Insurance Verif Comment, Insurance Verif Documents, Active ADAP Client, ADAP Type, ACA Enrolled (In), ACA Enrollment, ACA Residency Documents, Primary Insurance Name, Prim Ins Start Date, Prim Ins End Date, Secondary Insurance Name, Sec Ins Start Date, Sec Ins End Date, Insur. HIV Limits?, Recert. Due, Eligibility Flowsheet, JP Recert. Due, MW Intake Date, MW Recert. Due.

Fields 12 – 13 should always reflect the first known HIV Verification. They are to be updated only if earlier information is discovered as they are part of the client's historical data. All other fields are to be updated as new information is provided.

1. Name Suffix

Enter Jr., Sr., III, or other ending to a client's last name if you wish to store it in CAREWare.

2. Preferred Name

Record nicknames or any other name that the client wishes staff to use in addressing him/her. Use both first and last names for each name listed. (e.g. if Marcella Jones wishes staff to call her "Marcy", record that here as Marcy Jones.) Replace if new information is provided, moving the original entry to the Alternate Names field.

3. Mailing Name

Record any name to be used in sending mail to the client.

4. Mailing Address

Record an address to be used in sending mail to the client if it is not the street address from the Demographics page.

5. SSN

Use this field if your agency records Social Security numbers.

6. Alternate Names

Enter any names by which a client is known if they are not his/her legal or preferred name. Use first and last names for each name. If a client has more than one alternate name, separate them by a ; (e.g. If Marcella Jones is also known by her maiden name, record that here as Marcella Smith. If this client is also known as Martin Jones, record that here as well. The entry will read "Marcella Smith; Martin Jones".)

7. Other Phone 1 / 2

Enter cell phones, work phones or other phones the client routinely uses for personal calls. The first thirteen characters of phone number are reserved for

- Left parenthesis
- Three digit area code
- Right parenthesis (no following space)
- Next three digits of phone number
- Hyphen
- Next 4 digits of phone number

Use a space after the last digit if other information is included in the data field, such as extension number, person to ask for, relationship to client or other descriptive information.

Phone extensions should be entered immediately after the last 4 digits of the phone number as space "x" space followed by the extension number.

8. Email Address

Enter if the client wishes. Remember that email is not a secure means of communication and should never be used in a way that reveals any private health-related health information. All email addresses include "@" and at least one dot (.).

9. Emergency Contact Name

Encourage every client to provide an emergency contact name. Explain your agency's policy about getting in touch with emergency contacts.

10. Contact Relationship

Record the relationship between the client and the listed person. The two do not have to be kin.

11. Contact Phone 1 / 2

Enter a phone number for the listed contact in the first field. Use the second Contact Phone field to enter a second phone number for the listed contact or the phone for a second contact. If the latter, put the person's name and relationship in the same field following the phone number.

The first thirteen characters of phone number are reserved for

- Left parenthesis
- Three digit area code
- Right parenthesis (no following space)
- Next three digits of phone number
- Hyphen
- Next 4 digits of phone number

Use a space after the last digit if other information is included in the data field, such as extension number, person to ask for, relationship to client or other descriptive information.

Phone extensions should be entered immediately after the last 4 digits of the phone number as space "x" space followed by the extension number.

12. HIV Verification Date – DO NOT UPDATE unless information from an earlier date is obtained

Enter the date on which this client's HIV status was first documented. This date does not change, unlike the date on the Demographics page that is to be changed if the client's HIV status changes. If the client's status is not verified on an initial visit, do not complete this field until documentation has been received. Enter the initial HIV status itself on the Other Client Data tab, described on page 78.

13. HIV Verification Source – DO NOT UPDATE unless information from an earlier date is obtained

Select one of the following:

- Lab value
- Letter from doctor
- Other HIV documentation
- Not yet documented

14. HIV Verification Comment

Explain further if either of the last two choices is used for Verification Source. Replace Comment as information changes.

15. HIV Verification Documents

Upload a scanned copy of the document used to confirm HIV status. See Attachment List Manager on page 83 for illustrated instructions. Scan additional documents as verification documents change.

16. Identity Verification Date

Enter the date on which this client's identify was first documented. This date does not change. If the identify has not been verified, do not complete this field until documentation has been received.

17. Identity Verification Source

Select one of the following:

- Current Driver's License
- Current Identification Card
- Current Passport
- Other Gov't Issued ID
- Other Identity Verification
- Not Yet Verified

18. Identity Verification Comment

Explain further if any of the last three choices are used for Identify Verification Source. If a document uploaded for another item covers this one, note here where it may be found. Replace Comment as information changes.

19. Identity Verification Documents

Upload a scanned copy of the document(s) used to confirm the client's identity. See Attachment List Manager on page 83 for illustrated instructions. Scan additional documents as verification documents change.

20. Address Verification Date

Enter the latest date on which this client's address was documented. If the client's address is not verified on an initial visit, do not complete this field until documentation has been received.

21. Address Verification Source

Select one of the following:

- Driver's License / State ID
- Utility or Other Bill
- SSI/SSDI Award Letter
- Letter from Institution/Shelter
- Letter from person responsible
- Other Address Verification
- Not Yet Verified

22. Address Verification Comment

Explain further if any of the last four choices are used for Address Verification Source. If a document uploaded for another item covers this one, note here where it may be found. Replace Comment as information changes.

23. Address Verification Documents

Upload a scanned copy of the document(s) used to confirm the client's address. See Attachment List Manager on page 79 for illustrated instructions. Scan additional documents as verification documents change.

24. Income Verification Date

Enter the date on which this client's initial income was documented. This date does not change. If the client's address is not verified on an initial visit, do not complete this field until documentation has been received.

25. Income Verification Source

- Pay Stub(s)
- SSI/SSDI Award Letter
- TANF Award Letter
- Food Stamp Award Letter
- Letter of Support
- Tax Form 1040
- Letter from Employer
- Retirement Document(s)
- Other Income Documents
- Not Yet Verified

26. Income Verification Comment

Explain further if either of the last two choices is used for Income Verification Source. If a document uploaded for another item covers this one, note here where it is. Replace Comment as information changes.

27. Income Verification Documents

Upload a scanned copy of the document(s) used to confirm the client's household income. See Attachment List Manager on page 83 for illustrated instructions. Scan additional documents as verification documents change.

28. (Health) Insurance Verification Date

Enter the most recent date on which this client's insurance was documented. If the client's insurance is not verified on an initial visit, do not complete this field until documentation has been received.

29. (Health) Insurance Verification Source

Enter the source of this client's most recent proof of insurance. If the client's insurance is not verified on an initial visit, do not complete this field until documentation has been received. Choices:

- Medicaid Referral/Denial Letter
- Medicaid Card
- Medicare Card
- Insurance Company Card or Letter
- Verification of Health Insurance Form
- Other Insurance Verification
- Not Yet Verified

30. (Health) Insurance Verification Comment

Explain further if either of the last two choices is used for Insurance Verification Source. For clients with HIMAP, ADAP-paid ACA insurance, enter a note "VHD Ramzel & Insurance cards". If a document uploaded for another item covers this one, note here where it may be found. Also describe any limits on HIV coverage in the client's insurance. Replace Comment as information changes.

31. (Health) Insurance Verification Documents

Upload a scanned copy of the document(s) used to confirm the client's insurance status. Clients with HIMAP, ADAP-paid ACA insurance will have both an insurance card and a Ramzel Pharmacy (Rx) card. Scan and upload both sides of both cards. Also scan and upload their Summary or Statement of Benefits. Clients without any insurance should sign a self-attestation to upload here. See

Attachment List Manager on page 83 for illustrated instructions. Scan additional documents as verification documents change.

32. Active ADAP Client

If this client has health insurance premiums paid by the Virginia AIDS Drug Assistance Program (ADAP), a Ryan White Part B service, check this box. Also check this box if the client receives medications paid for by ADAP.

33. ADAP Type

- Direct (Traditional Rx)
- HIMAP (ACA Health Insur.)
- ICAP (Insur(ance Continuation/LPAP))
- MPAP (Medicare Part D)

34. ACA Enrollment

Select a status with the Affordable Care Act for this client:

- Enrolled in ACA
- Inelig(ible) for ACA
- Not Enrolled in ACA

35. ACA Residency Documents

Upload scanned copies of the documents used to verify a client's residency status for eligibility for purchasing health insurance from an Affordable Care Act Marketplace.

36. Primary (Health) Insurance Name

Note: Primary Insurance is the policy that must be used first when a client has more than one type of health insurance. Which policy is primary is dictated by law and by the terms of the policies. HIMAP, ADAP-paid ACA insurance is never primary unless it is the client's only health insurance.

Enter here the name of the company issuing the client's health insurance policy or the government program covering the cost of the client's health care. If the client has HIMAP, ADAP-paid insurance, enter "ADAP" before the name of the company. A descriptive word can be added at the end to clarify the type of policy, e.g., silver, bronze.

37. Prim(ary Health) Ins(urance) Start Date / End Date

Enter the date the client's coverage under this primary insurance policy became effective. If the client's primary insurance coverage ends, enter the date the termination was effective

38. Secondary (Health) Insurance Name

Considering the same types of insurance as for Primary Insurance above, enter the name of the next most comprehensive insurance coverage for this client.

39. Sec(ondary Health) Ins(urance) Start Date / End Date

Enter the date the client's coverage under this secondary insurance policy became effective. If the client's secondary insurance coverage ends, enter the date the termination was effective

40. (Health) Insur(ance) HIV Limits?

If the client has insurance that limits or excludes coverage for HIV medical services or medications, check this box. If the client has more than one insurance, do not check this box if any of them offer unlimited coverage for HIV medical care or medications.

41. Recert(ification) Due

Allows the user to enter the date this client's eligibility recertification is due.

42. Eligibility Flowsheet

Upload scanned documents on which users track the progress of the client's eligibility status. Scan additional documents as eligibility is reverified. (Custom field for Inova)

43. – 45. Custom Fields for Individual Providers

CASE MANAGEMENT

This tab records information on a client needed by ALL service providers to manage the client's services. Different fields have been activated for different providers by their request. Any field shown below can be added for any provider in the No. VA CAREWare system.

Note: Ryan White Medical Case Management or Case Management services (your activities) are recorded on the Service Tab.

1. CM (Case Management) Acuity

Custom field for Part A and B Case Management providers. Choices are:

- Level 1. Self-Managed
- Level 2. Supportive or Basic
- Level 3. Limited or Moderate
- Level 4. Comprehensive or Intensive

2. EIS/PNav CHWkr (Community Health Worker)

Custom field for some service providers. If a user can see this field, the user may select the client's Community Health Worker/Patient Navigator from the choices that appear when the arrow at the right end of the field is clicked.

3. Case Manager A

Custom field for some service providers. This field contains some staff that are not formal Case Managers but are the primary staff contact for the client. If a user can see this field, select the client's Case Manager from the choices that appear when the arrow at the right end of the field is

clicked. Users may select from either this Case Manager list or the one beside it as they are identical. Only current Case Managers should be visible.

4. Case Manager 1

Custom field for some service providers where a second Case Manager can be listed. Commonly used when a client is served by more than one organization. If a user can see this field select the client's Case Manager from the choices that appear when the arrow at the right end of the field is clicked. The list is identical to the list for Case Manager 1. Only current Case Managers should be visible.

WHICH FIELD TO USE: If CM A is blank, use it. If CM A is in use by another agency, add your agency's Case Manager to CM 1. If A or 1 contain an incorrect Case Manager replace it with the correct Case Manager from the same agency.

5. Social Worker

Custom field for some service providers. If a user can see this field, select the client's Social Worker from the choices that appear when the arrow at the right end of the field is clicked.

6. Substance Abuse Counsl (Counselor)

Custom field for some service providers. If a user can see this field, select the client's Substance Abuse Counselor from the choices that appear when the arrow at the right end of the field is clicked.

7. Mid-level

Custom for the Inova Juniper program. Choices are the names of their clinical medical professionals who provide patient care under the supervision of a physician. Mid-levels include nurse practitioners (NP), physician assistants (PA), and CRNAs (Certified Registered Nurse Anesthetists).

8. Provider (MD)

Choices are the names of physicians who are primary care doctors. Users who do not see the name needed for a client should contact NVRC to have a name added to the list. Having NVRC edit the list allows entries to be seen by users at all sites that have elected to use this field.

9. External HIV Care Physician

Enter the name if a client receives their primary HIV medical care from a doctor or clinic that is not part of the regional CAREWare network hosted at NVRC.

10. Home Service Site

Used to designate the primary clinic where a client receives services for those providers offering services in more than one location. Current choices are ARE, Fredericksburg (FAHASS Office), the five IJP clinic sites (Dumfries, Fairfax, Falls Church, Herndon-Reston, and Manassas) and Warrenton (FAHASS Clinic).

11. Language Spoken

Use this field to record the primary language used by a client. The default is English, but the pick list contains over 40 languages and corresponds to those for which NVAHEC offers interpreter services.

12. HIV Disclosure Ed

Enter the date staff discussed with a client laws requiring PLWH/A to tell someone else his/her HIV status.

13. Marital Status

Select the choice reflecting the client's legal status:

- Never Married
- Married, spouse present
- Married, separated
- Married, living apart
- Widowed
- Divorced
- Unknown

14. Living with Nonmarital Partner

Check this box if this client lives with a partner in a committed but not legally married relationship. The relationship may be a man and a woman, two women, two men or may include one or two transgender persons.

15. US Veteran

Check this box if this client served in one of the United States armed forces, regardless of the length of time or type of discharge. The US armed forces are: Air Force, Army, Coast Guard, Marine Corps, and Navy.

16. Incarceration Status

- Incarcerated
- Not Incarcerated

17. ADAP Application Submitted

Enter the date on which an application for the AIDS Drug Assistance Program (ADAP) was filed.

18. ADAP Start Date / End Date

Enter the Start Date from the official notification of approval for ADAP. Use this field for both new and existing ADAP participants. When a client enrolled in ADAP is no longer eligible, enter the End Date from official notice of ADAP termination. Do not use this field when a client changes from one type of ADAP program to another without a break in eligibility.

19. ADAP Verification Date:

Enter the date on which the User confirmed that this client had been approved for ADAP. Use this field for both new and existing ADAP participants.

20. ADAP Verification Source

Select one of the sources listed when the arrow at the right end of the blank field is checked.

21. ADAP Verification Comment

Enter text of any explanation that would be helpful in the future (or to other users if the client is served by more than one provider.) If a document uploaded for another item covers this one, note here where it may be found.

22. ADAP Verification Document

The underlined text opens a window when clicked. This allows a user to upload a scanned copy of the document verifying ADAP status, either approved or denied. See Attachment List Manager on page 83 for illustrated instructions.

23. Last Update Client

Each Ryan White service provider funded by the Northern Virginia Regional Commission is listed here as any two or three may provide services to a single client. When a client receive services from more than one service provider, regardless of whether the agencies share service or clinical data or case notes, each user who updates that client's demographic or eligibility data should enter the date the record was updated in the date field for his/her own organization.

Consult SHARED DATA WHEN A CLIENT IS SERVED BY MORE THAN ONE PROVIDER on page 90 of this manual for details on common shared data and sharing service or clinical data or case notes by permission.

Users should always check this page before changing data that could have been updated by the other organization, since the most recent entry in any field overwrites the previous data.

OTHER CLIENT DATA

This page records miscellaneous info about the client. Fields may be added from time to time.

1. Over 85?

Check this box if this client is older than 85 years of age. It allows a quick check for typos if a year of birth is accidentally entered as 1900-1912 instead of 2000-2012.

2. Initial HIV Status – DO NOT UPDATE unless information from an earlier date is obtained

Indicate the HIV/AIDS status of the client when first enrolled by your organization

- *CDC-defined AIDS*—Client is an HIV-infected individual who meets the CDC AIDS case definition for an adult or child. **Note:** 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. For additional information, see: <http://www.cdc.gov/ncphi/disss/nndss/casedef/aidscurrent.htm>
- *HIV-negative (affected)*—Use for Part D only. 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.
- *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 to AIDS.
- *Unknown*—A client who is not an infant and whose HIV/AIDS status is unknown or was not reported. This status must be changed as soon as the client's HIV status is determined. Use for Part A, B, or C new clients only; or for affected Part D clients not yet tested for HIV.
- *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.

3. On HAART? (Highly Active Antiretroviral Therapy)

Check this box if a client is currently on HAART. While the RSR pulls HAART data from the [Clinical] Encounters tab, the Medications subtab, this checkbox allows users to generate reports on clients who are on HAART but do not have the proper medications recorded on the Medications tab.

4. Initial HAART Status - DO NOT UPDATE unless information from an earlier data is obtained

Indicate the medications this client was taking when first enrolled at your organization. Choices are:

- On HAART at Intake
- Never on HAART
- Not on HAART at Intake

5. On PCP Prophylaxis?

Check this box if a client is on medication to prevent Pneumocystis pneumonia. While the RSR pulls PCP prophylaxis data from the [Clinical] Encounters tab and the Medications subtab, (where indication = OI prophylaxis and OI= PCP and there is no Stop date for that indication), this checkbox allows users to generate reports on clients who are on PCP prophylaxis but do not have the proper indications recorded on the Medications tab.

6. IJP Funding

Custom for the Inova Juniper program. Check the usual funding source for this client to help all staff allocate services to the proper contract when there are many options. Choices are:

- CARE First
- CDC Healthy Relationships
- External Provider
- Other/Insurance
- Part A
- Part A MAI
- Part B
- Part B MAI EIS
- Part C
- Part D
- Self Pay

7. Initial CD4 Count - DO NOT UPDATE

Enter the client's CD4 count at intake or immediately thereafter.

8. 340B Client

Custom for FAHASS. Check if client receives medications from a 340B pharmacy program.

9. MW Part A

Custom for Mary Washington HealthCare. Check if the usual funding source for this client is Part A to help all staff allocate services to the proper contract when there are options.

10. MW Part C

Custom for Mary Washington HealthCare. Check if the usual funding source for this client is Part C to help all staff allocate services to the proper contract when there are options.

11. MW Underinsured

Custom for Mary Washington HealthCare. Check if client has insurance but it is not sufficient to cover the primary health care and medication costs.

12. Permis(sion) to Share Client Data on File?

Check this box if this client has a current signed *Consent to Share Information* or *Authorization to Exchange/Release Confidential Information* or similar document in his/her records.

13. (Client Permission) Release of Info Document

The underlined text opens a window when clicked. This allows a user to upload a scanned copy of the document signed by the client giving permission to the agencies specified to exchange information needed to establish his/her eligibility to receive Ryan White Services and/or HOPWA services and to deliver those services in a coordinated manner. See Attachment List Manager on page 83 for illustrated instructions. Other agencies can also open the window to see the ROI. If the agency holding the document prefers, it may be stored instead on the Subform Client Signed tab if the agency has chosen not to share its subform tab. See page 81 in this manual.

14. Permis(sion) to Share Expires

Note: The following may be replaced by ROI (Release of Information) feature from Build 754.

Enter the date the most recent signed *Consent to Share Information* or *Authorization to Exchange/Release Confidential Information* or similar document expires. Summarizing the information here allows organizations sharing clients to be assured that the appropriate client permission forms exist and to track when they must be replaced.

15. Agency Holding Client Permis(sion) Form

Select the name of the organization holding the original copy of the client's form.

16. And 17. OK to Share w(ith) [organization name]

Check the box beside the name of each organization that the client has given permission to see his/her data. Each Ryan White service provider in the region is listed as well as two fields for other organizations or persons.

18. OK to Share w(ith) Other?

Check if the client has granted permission for an organization or person not listed to see his/her data.

19. Other (Name)

Enter the name of any entity referred to in the first Other checkbox.

20. OK to Share w(ith) Other 2?

Check if the client has granted permission for a second organization not listed to see his/her data.

21. Other 2 (Name)

Enter the name of any entity referred to in the Other 2 checkbox.