Demographics Tab							
Field Name	Cross Provider	RSR Requirement		Frequency			Notes
		Clinical RSR	Non-Clinical RSR	Enter w/in 5 days of change or enrollment	Enter w/in 30 days	Update every 6 months	
Last Name	✓	✓	✓	✓			Use legal last name only. No nicknames, initials, or symbols. Refer to LaCAN Policies & Procedures for examples of how to enter names. Very important to have correct because it affects the URN.
First Name	✓	✓	✓	✓			Use legal first name only. No nicknames, initials, or symbols. Do not use parent's name if entering a child . Refer to LaCAN Policies & Procedures for examples of how to enter names. Very important to have correct because it affects the URN.
Middle Name	✓			✓			Legal middle name only. Leave blank if client does not have middle name
Birth Sex	✓	✓	✓	✓			Male or Female. The sex the client was assigned at birth. Does not affect URN, but this is required for RSR
Gender	✓	✓	✓	✓			Male, Female, Trans FTM, Trans MTF, Trans Unknown. If a client does not identify as trans, use male or female as appropriate. Very important to have correct because it affects URN.
Birth Date	✓	✓	✓	✓			Legal date of birth only. Do not estimate.
Client ID							The confidential ID number used to identify clients within the agency. For New Orleans Part A Agencies this is the URN.
Phone Number	✓			✓		✓	Clietnt's phone number
Phone Type	✓			✓		✓	Designate phone type
Address	✓			✓		✓	Client's Physical address. If client is homeless, put "homeless" and the date. E.G. "homeless 11-1-11"
City	✓			✓		✓	City where the client resides.
State	✓			✓		✓	State required in CAREWare to generate list of counties that apply to the state.

County	✓			✓		✓	Parish where client resides
Zip Code	✓	✓	✓	✓		✓	Required for RSR and address. Only the first three digits of the zip codes are submitted with the RSR
Mailing Address	✓			✓		✓	Client's mailing address
Mailing Address City	✓			✓		✓	City for client's mailing address.
Mailing Address State	✓			✓		✓	State for client's mailing address.
Mailing Address County	✓			✓		✓	Parish for client's mailing address.
Mailing Address Zip Code	✓	✓	✓	✓		✓	Zip code for client's mailing address.
Vital Status	✓	✓	✓	✓		✓	Client's current vital status (seen by all providers)
Deceased Date	✓	✓	✓	✓		✓	Must enter date of death if 'Deceased' is selected for Vital Status.
Enrollment Status		✓	✓	✓	✓	✓	Specific for each agency. Enter the client's current enrollment status at your agency. See manual for definitions.
Enrollment Date					✓		Will need to enter an enrollment date the first time you enter a service for a client. This field will not need to be updated after that, unless you realize that there was an error. Should be the *first* time a client received services at your agency.
Case Closed Date					✓		If client's case is closed, enter date of closure.
HIV Status	✓	✓	✓	✓		✓	Use designations as described in the manual.
HIV+ Date	✓			✓		✓	Required in CAREWare if you select any of the following for HIV Status: HIV Positive (not

							AIDS), HIV Positive (AIDS status unknown), or CDC-defined AIDS.
AIDS Date	✓	✓	✓	✓		✓	Required in CAREWare if you select 'CDC-defined AIDS' for HIV Status. Only year of AIDS diagnosis is sent to HRSA.
HIV Risk Factors	✓	✓	✓	✓			Required by the RSR for ALL clients, even those whose HIV Status is 'Negative (affected)' or 'Unknown'.
Common Notes	✓	✓		✓			Use this field to note when you make changes to common fields in the client record. Note date, agency, your name, and what was changed. Example: "11-05-11 @SLAC MT changed client address"

Eligibility History (Demographics Tab)							
Field Name	Cross Provider	RSR Requirement		Frequency			Notes
		Clinical RSR	Non-Clinical RSR	Enter w/in 5 days of change or enrollment	Enter w/in 30 days	Update every 6 months	
Eligibility Status	✓	✓	✓	✓		✓	Whether or not a client is eligible to receive Ryan White Services.
Eligibility Date	✓	✓	✓	✓		✓	Date client's eligibility for services was reviewed. Required by HRSA to be verified every 6 months
Funding Source	✓	✓	✓	✓		✓	Funding source client is eligible to receive services for. Create a new record for every funding source at your agency.
Is Eligible?	✓	✓	✓	✓		✓	Select if a client is or is not eligible to receive services for each funding source at your agency. If a client was eligible but is no longer a new record must be created indicating that.
Next 6 Mos Review				✓		✓	Enter the date of the next eligibility review
Staff or Provider				✓		✓	Enter the staff or provider name of the person completing the eligibility check
Comment				✓		✓	Use this field to note when a client is no longer eligible and why they are no longer eligible.

Client Information Tab							
Field Name	Cross Provider	RSR Requirement		Frequency			Notes
		Clinical RSR	Non-Clinical RSR	Enter w/in 5 days of change or enrollment	Enter w/in 30 days	Update every 6 months	
Consent to Mail	✓			✓		✓	Select client's mailing preference. If client wishes to use a different mailing address, enter that address in the "Consented Mailing Address" text field.
Non-Logo Mailing Only	✓			✓		✓	Check if only mail without the agency's logo should be sent to client.
Consented Mailing Address	✓			✓		✓	If client wishes to receive mail at a different address than the one listed on their Demographic Tab (the physical address), enter the address here.
Case Management Program	✓			✓			The client' current primary case management program. To be updated if the client changes programs. Example: Part B Medical Case Management.
Other Case Management Program	✓			✓			Type other case management program here if selecting "Other" in Case Management Program field.
Case Manager Assigned: Part A	✓			✓			Name of current Part A case manager. Leave blank if client does not have Part A case manager.
Case Manager Assigned: Part B	✓			✓			Name of current Part B case manager. Leave blank if client does not have Part A case manager.
Case Manager Assigned: Part D	✓			✓			Name of current Part D case manager. Leave blank if client does not have Part A case manager.
SSN	✓			✓			Client's legal SSN. If client does not have a SSN, leave blank.

Primary Language	✓			✓			The language the client is most comfortable speaking. If the client is most comfortable speaking Spanish and can only speak some English, put Spanish as their primary language.
Secondary Language	✓			✓			Other language spoken by the client. Leave blank if not applicable.
Veteran	✓			✓			Check this box if client is a veteran

Emergency Contacts Tab							
Field Name	Cross Provider	RSR Requirement		Frequency			Notes
		Clinical RSR	Non-Clinical RSR	Enter w/in 5 days of change or enrollment	Enter w/in 30 days	Update every 6 months	
EmergContact1 Name	✓			✓			Name of client's first emergency contact
EmergContact1 Relationship	✓			✓			Client's relationship to first emergency contact
EmergContact1 Aware of HIV Status	✓			✓			Check if first emergency contact is aware of client's HIV status
EmergContact1 Auth to take kids	✓			✓			Check if first emergency contact is authorized to take custody of client's children in emergency
EmergContact1 Address1	✓			✓			First emergency contact's street address
EmergContact1 Address2	✓			✓			First emergency contact's street address (2nd line if necessary)
EmergContact1 City	✓			✓			First emergency contact's city
EmergContact1 State	✓			✓			First emergency contact's state
EmergContact1 Zip Code	✓			✓			First emergency contact's zip code
EmergContact1 Phone	✓			✓			First emergency contact's phone
EmergContact1 Cell	✓			✓			First emergency contact's cell phone number
EmergContact1 Email	✓			✓			First emergency contact's email address
EmergContact1 Comments	✓						Comments or notes regarding emergency contact. (e.g. best times to contact, special instructions)
EmergContact2 Name	✓			✓			Name of client's second emergency contact
EmergContact2 Relationship	✓			✓			Client's relationship to second emergency contact
EmergContact2 Aware of HIV Status	✓			✓			Check if second emergency contact is aware of client's HIV status

EmergContact2 Auth to take kids	✓			✓			Check if second emergency contact is authorized to take custody of client's children in emergency
EmergContact2 Address1	✓			✓			Second emergency contact's street address
EmergContact2 Address2	✓			✓			Second emergency contact's street address (2nd line if necessary)
EmergContact2 City	✓			✓			Second emergency contact's city
EmergContact2 State	✓			✓			Second emergency contact's state
EmergContact2 Zip Code	✓			✓			Second emergency contact's zip code
EmergContact2 Phone	✓			✓			Second emergency contact's phone
EmergContact2 Cell	✓						Second emergency contact's cell phone number
EmergContact2 Email	✓			✓			Second emergency contact's email address
EmergContact 2 Comments	✓						Comments or notes regarding emergency contact. (e.g. best times to contact, special instructions)
Emerg Evac Plan	✓						Client's emergency evacuation plan (required for New Orleans agencies)

Annual Review & Custom Annual Tabs							
Field Name	Cross Provider	RSR Requirement		Frequency			Notes
		Clinical RSR	Non-Clinical RSR	Enter w/in 5 days of change or enrollment	Enter w/in 30 days	Update every 6 months	
Insurance Assessment Date	✓	✓	✓	✓		✓	Insurance status is required to be assessed at least every 6 months.
Insurance Assessment: Primary Insurance	✓	✓	✓	✓		✓	Insurance source used by the client for the majority of their medical care on the date of the insurance assessment. See manual for definitions and examples.
Insurance Assessment: Other Insurance	✓	✓	✓	✓		✓	Do not need to complete if client only has one source of insurance (identified under Primary Insurance) or has no insurance (also identified under Primary Insurance). See manual for definitions and examples.
FPL Assessment Date	✓	✓	✓	✓		✓	FPL (household size and income) is required to be assessed at least every 6 months
FPL Assessment: Household Income	✓			✓		✓	Total annual income of client and their spouse or blood relatives in the household. Required by CAREWare to calculate Poverty Level.
FPL Assessment: Household Size	✓			✓		✓	Including client, the number of people living in the household who are either dependent upon the client or included in the above income. Required by CAREWare to calculate Poverty Level.
FPL Assessment: Poverty Level	✓	✓	✓	✓		✓	Automatically calculated by CAREWare after Household Income and Household Size are entered.
Annual Screening: HIV Primary Care	✓			✓		✓	Type of clinic where client receives most of their HIV medical care
Annual Screening: Housing/ Living Arrangements	✓	✓	✓	✓		✓	Client's living arrangement this calendar year. See manual for examples and definitions of each type

Annual Screening: HIV Risk Reduction Counseling & Counseled By	✓	✓	✓	✓			ONLY Ryan White-funded primary care providers are required to enter/update this for clients who received a RW-funded primary care visit during the 6-month period.
Annual Screening: Mental Health & Result	✓	✓	✓	✓			ONLY Ryan White-funded primary care providers are required to enter/update this for clients who received a RW-funded primary care visit during the 6-month period
Annual Screening: Substance Abuse & Result	✓	✓	✓	✓			ONLY Ryan White-funded primary care providers are require to enter/update this for clients who received a RW-funded primary care visit during the 6-month period
Education Level	✓	✓	✓	✓			Client's highest education level this calendar year. Self-report.
Employment Status	✓			✓			Client's employment status this calendar year.
Primary Income Source	✓			✓			Client's primary income source this calendar year.
Primary Care Source	✓			✓			Client's source of primary care (physician name or clinic name).
Number of children in HH	✓			✓			Number of children (under 18 yrs) in client's household this calendar year.
Number of HIV+ children in HH	✓			✓			Number of HIV+ children (under 18 yrs) in client's household this calendar year.
Annual Marital Status	✓			✓			Client's marital status this calendar year.
Has client been incarcerated?	✓			✓			Client's incarceration status this calendar year.

Services Tab							
Field Name	Cross Provider	RSR Requirement		Frequency			Notes
		Clinical RSR	Non-Clinical RSR	Enter w/in 5 days of change or enrollment	Enter w/in 30 days	Update every 6 months	
Note: *if a client gives consent to share their information, all of the following fields (Date – Site) are automatically shared with the provider(s) authorized by the client.* *Some services will have additional custom service fields that appear depending on the service selected. Not all fields are listed below. Your grantee will provide you with a document listing additional fields to be completed per service name. Additional rows are provided below for you to fill in these fields if needed.*							
Date (of service)		✓	✓		✓		Date the service was provided. Information about services received by a client needs to be entered monthly. However, the date should be entered for each service a client received during that month. So if a client received case management on three different dates, each date would be entered separately.
Service Name		✓	✓		✓		Select from list of contracted services. What appears in the list depends on what your agency is under contract for on the date of service.
Contract		✓	✓		✓		The contract field will automatically be populated when you select a service. If multiple contracts are available, choose the contract that funded this client's service
Units		✓	✓		✓		Each agency will receive a spreadsheet that describes what to count as a unit (e.g., bus card, session, billable unit, etc.) for each type of service the agency provides. This is determined by each agency's contract with their grantee(s).
Price		✓	✓		✓		Price will depend on how your agency is contracted to provide services and the reimbursement structure. Some services that are billed based on unit cost will have the unit cost set in CAREWare. Do NOT change the unit cost for these services.
Cost					✓		The cost will automatically calculate for services with a unit rate (number of units x price= cost)
Staff or Provider Name					✓		Select the name or agency that provided the service. For case management services, select the case manager.