

Part B/HOPWA 2021 CAREWare Updates

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This morning

1. CAREWare use and purpose
2. Client and eligibility field updates
3. New service types
4. Service entry under cost reimbursement
5. Service custom field updates

What is CAREWare?

- CAREWare is free, scalable software for managing and monitoring HIV clinical and supportive care.
- CAREWare is used to record client information and services provided for invoicing and HRSA reporting purposes.
- CAREWare runs in an internet browser rather than a program installed on your computer. It can be accessed with the following browsers:
 - Chrome
 - Firefox
 - Microsoft Edge
 - Safari
 - Internet Explorer cannot be used to access CAREWare

How does Louisiana Part B use CAREWare?

- Collect and report on:
 - Client enrollment, eligibility, and interactions
 - Ryan White Services Report requirements
- Document & monitor services provided, assessments, and service plans:
 - Focus is on documenting meaningful activity and client progress
 - Appropriateness of service level provided
- SHHP sets data requirements as floors, not ceilings. Agencies are able to implement additional data use requirements as needed to inform their own quality initiatives.

CAREWare Resources

- LaCAN Website
 - For more information about CAREWare 6 or to access Trainings and Resources, visit the LaCAN Website
<https://louisianahealthhub.org/careware>
- LaCAN Help Desk
 - If you are experiencing issues with CAREWare or need to ask a question please create a ticket with the LaCAN Helpdesk
<https://www.louisianahealthhub.org/careware-submission-form/>

Include with your help ticket:

Your Name

CAREWare User Name

Agency

Phone

Email

Web Browser

Issue Type

If reporting error, paste the text of the error from CW

Description of issue or error.

Do not include any client PHI or user passwords

Client & Eligibility Field Updates in CAREWare

Eligibility Tab

Service Name or Description	Field Name	Field Description	Values
Eligibility Tab Custom Field	Current ISP on File?	Check Box: Check if client has a current ISP on file.	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	Current Assessment/ Acuity on File?	Check Box: Check if client has a current Assessment/Acuity on file	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	Case Manager Assigned Part B*	Drop-Down Box: Select the Part B Case Manager assigned at the time of Eligibility Check	All Part B Case Managers
	Case Management Program*	Drop-Down Box: Select the Case Management Program the client is enrolled in at time of Eligibility Check	<ul style="list-style-type: none"> • Medicaid • Other • Part A • Part A Medical CM • Part B • Part B Direct Services Only • Part B Medical CM • Part B Non-Medical CM • Part C

* These fields no longer need to be entered on the Client Information tab for Part B clients (Other Ryan White Parts may still require you to enter these fields on the Client Information Tab)

Eligibility Date: 

Is Eligible: 

Funding Source: 

Next 6 Mos Review Due Date: 

Current ISP on File?:

Current Assessment/ Acuity on File?:

Case Manager Assigned: Part B: 

Case Management Program: 

Staff or Provider Name: 

Comment:

Client Information Tab

Service Name or Description	Field Name	Field Description	Values
Client Information Tab Custom Field	Primary Transportation Assistance Source	Drop-Down Box: Select the client's primary source of transportation assistance	<ul style="list-style-type: none"> Agency (e.g., RW-funded transportation) Local (e.g., Church, City-Sponsored shuttle) Medicaid No Transportation Assistance Needed

Client Information

Other Case Management Program:

Case Management Program:

Primary Transportation Assistance Source:

Case Manager Assigned: Part A: Agency (e.g. RW-Funded Transportation)

Case Manager Assigned: Part C: Local (e.g. Church, City-sponsored shuttle)

Case Manager Assigned: Part B: Medicaid

Case Manager Assigned: Part D: No Transportation Assistance Needed

New Services Types in CAREWare

1. Transportation Issues Documentation
2. Case Management Individualized Service Plan

Transportation Issues Documentation

This service will provide record instances of transportation issues or missed transportation appointments.

Service Name or Description	Field Name	Field Description	Values
Transportation Issues Documentation	Staff or Provider Name	Already included in CAREWare; person providing the service; drop down box	All staff or provider names
	Date Transportation Scheduled	Date Picker: Select the date transportation was scheduled	Date of transportation
	Transportation Destination	Drop-Down Box: Select the destination of scheduled transportation	<ul style="list-style-type: none"> HIV Medical Visits Medical Visits (Other) Counseling/ Support Group Other
	Transportation Destination Other	Text Box: If Other Destination is selected, type the destination in the text box	Any Other transportation Destination
	Transportation Outcome	Drop-Down Box: Select appropriate transportation outcome	<ul style="list-style-type: none"> Taxi/ Ride Late Client Not Present Taxi/ Ride No Show Other Miscommunication Policy/ Rule Change
	Transportation Outcome Other	Text Box: If Other Outcome is selected, type the outcome in the text box	Any Other Outcomes
	Medicaid Transportation?	Checkbox: Was the transportation Medicaid transportation?	<ul style="list-style-type: none"> Checked box= Yes Unchecked box= No
	Service Comment	Already included in CAREWare; free text field	Any comment related to the service that <i>does not</i> need to be in a case note.

Date: 09/27/2021 

Contract: LACAN RW Part B 10/1/20-9/30/21 

Service Category: Medical Transportation Services 

Service Name: Transportation Issues Documentation

Units:

Price: \$

Total: \$

Staff or Provider Name: 

Date Transportation Scheduled: 

Transportation Destination: 

Transportation Destination Other:

Transportation Outcome: 

Transportation Outcome Other:

Medicaid Transportation?:

Service Comment:

Case Management Individualized Service Plan

This service will provide a record of client’s Individualized Service Plan and plan goals. A new Individualized Service Plan entry should be made each time the Individualized Service Plan is updated.

Service Name or Description	Field Name	Field Description	Values
Transportation Issues Documentation	Staff or Provider Name	Already included in CAREWare; person providing the service; drop down box	All staff or provider names
	Service Plan Date	Date Picker: Select the date transportation was scheduled	Date service plan created
	Service Plan Need	Text box: Briefly explain client’s needs	Brief explanation of client’s needs
	ISP Goal	Check Box: Select any ISP goals for client’s Individualized Service Plan	<ul style="list-style-type: none"> • Goal: Transportation • Goal: Parenting Child Care • Goal: Budget Planning • Goal: Social/ Community Integration • Goal Legal • Goal: Medical Access • Goal: Education • Goal: Employment • Goal: Benefits • Goal: Substance Use/ Harm Reduction • Goal: Mental Health • Goal: Housing • Goal: Dental • Goal: Other

Service Category: Case Management (non-medical) 

Service Name: Case Management Individualized Service Plan

Units: 1

Price: 0.00 \$

Total: 0.00 \$

Staff or Provider Name: 

Service Plan Date: 

Service Plan Need:

Goal: Transportation:

Goal: Parenting/ Child Care:

Goal: Budget Planning:

Goal: Social/ Community Integration:

Goal: Legal:

Goal: Medical Access:

Goal: Education:

Goal: Employment:

Goal: Benefits:

Goal: Substance Use/ Harm Reduction:

Goal: Mental Health:

Goal: Housing:

Goal: Dental:

Goal:Other:

Service Entry Under Cost Reimbursement

1. What costs should be entered in CAREWare?
2. Case management unit entry guidance

How does service entry change under cost reimbursement?

- Many services will have no cost shown in CAREWare
- Case management service entries will be focused on demonstrating:
 - Meaningful activities
 - Service plan initiation, update, and progression
 - Quality, not quantity, of effort
- Only pass-through services will need a cost entered. Examples:
 - Dental Care Dollar
 - Transportation Dollar
- There will be *no unit costs or admin costs* shown in CAREWare

Cost Reimbursement Service Entry: Services with Cost Attached

Only specified contracted services need a cost entered in CAREWare.
These are direct, dollar for dollar services. The list below is not exhaustive.

Service Category	Service Name
Emergency Financial Assistance	One Medication Dollar
	One Food Dollar Issued
	One Housing Dollar Issued
	One Essential Utility Dollar
Medical Transportation	One Transportation Dollar Issued
Ryan White Housing Services	One Housing Dollar Issued
Non CARE Act Service (HOPWA)	HOPWA STRMU Update
	HOPWA TBRA Update

Cost Reimbursement Service Entry: Services with Cost Attached

The Units field will be used to enter the cost of the service.

The Price field will be prepopulated as \$1.00. **Do not change the price field.**

The Total field will update to match the unit field. **Do not change the Total field.**

Ryan White Example:
\$275 EFA utility assistance

Service Category:	Emergency Financial Assistance	↓
Service Name:	EFA: 1 essential utility dollar	↓
Units:	275	
Price:	1.00	\$
Total:	275.00	\$

HOPWA Example:
\$500 PHP payment

Service Category:	Non CARE Act Service	↓
Service Name:	HOPWA Permanent Housing Placement	↓
Units:	500	
Price:	1.00	\$
Total:	500.00	\$

Cost Reimbursement Service Entry: Services with No Cost Attached

- Unless specified in your contract or in the price field in CAREWare, services will not have a cost reflected in services data entry. This includes case management services.
- These services still have *units* attached to them in CAREWare, but not a cost.
- Units will be defined in the service name.
Example: “15 min social work face to face encounter”

The Units field will be used to enter the number of units provided during this encounter.

The Price field will be prepopulated as \$0.00. **Do not change the price field.**

The Total field will stay as \$0.00. **Do not change the Total field.**

Cost Reimbursement Service Entry: Services with No Cost Attached

Case Management Example:
45 minute encounter

Service Category: Case Management (non-medical) ↓

Service Name: NMCM:15 min Social Worker other encounter ↓

Units: 3

Price: 0.00 \$

Total: 0.00 \$

Financial Report Example

LaCAN Demo						
Case Management (non-medical)	Clients:	Units:	Total:	Amount Received:	Not Received:	
Case Management (non-medical)Totals:	1	3	\$0.00	\$0.00	\$0.00	
Provider Totals:	1	3	\$0.00	\$0.00	\$0.00	

Case Management Unit Entries: Examples

Unit Entry Needed

- Key activities and essential functions as defined in the current service standards. E.g.:
 - Assessment of needs
 - Service plan and service plan updates
 - Coordination of services
 - Intake
 - Transition planning
- Activities falling under an encounter topic listed in the Non-MCM and MCM services
- Referrals within or outside of your agency
- Time working directly with a client

No Unit Entry Needed

- Correspondence
- Leaving voicemails
- Data entry
- Administrative work

Reminder: Reimbursement is no longer based on CM units. Activities that don't need a unit entry can be also entered as case notes.

Quality of effort, not quantity. CMs do not need to account for their whole day and these units are not tied to billing.

CAREWare Service Entry Field Updates

1. Emergency Financial Assistance – Housing
2. Ryan White Housing Services
3. Non-Medical & Medical Case Management
4. Non-Medical Case Management Intake
5. Referrals

Services Tab: EFA Housing

Service Name or Description	Field Name	Field Description	Values
EFA: 1 housing dollar issued	Qualified Sources of Income	Checkbox: Select if client has acquired a qualified source of income.	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	Has Housing Plan	Checkbox: Select if client has housing plan	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	Has Consistent Case Management Contact	Checkbox: Select if client has consistent case management contact	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	Obtained Income Producing job from RW Housing	Checkbox: Select if client has obtained an income producing job from RW housing	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	Has Accessed Insurance or Assistance	Checkbox: Select if client has accessed insurance or assistance	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	Had Contact With Primary Health Provider	Checkbox: Select if client had contact with Primary Health provider	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	HUD-defined Chronically Homeless	Checkbox: Select if client is HUD-defined Chronically Homeless	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No

Services Tab: EFA Housing Continued

Service Name or Description	Field Name	Field Description	Values
EFA: 1 housing dollar issued	Pre-Enrollment Housing Situation	Drop-Down box: Select client's Pre-Enrollment housing situation	<ul style="list-style-type: none"> • Not for human habitation • Emergency Shelter • Transitional housing for homeless • Permanent housing for formally homeless • Psychiatric Hospital or facility • Substance Abuse Facility • Hospital (non-psychiatric) • Foster care home/group home • Jail, prison or juvenile detention facility • Rented room, apartment or house • House they owned • Family/friends • Hotel or motel w/o emergency voucher • Other • Don't know or refused to answer
	Exit Outcome	Drop-Down Box: Select the appropriate exit outcome of the EFA Housing Service.	<ul style="list-style-type: none"> • Deceased • Disconnected/ Unknown • Emergency Shelter/ Streets • Incarceration • Institution • Other HOPWA-Funded Service • Other Subsidy

Qualified Sources of Income:

Has Housing Plan:

Has Consistent Case Management Contact:

Obtained income producing job from RW housing:

Has accessed Insurance or Assistance:

Had Contact with Primary Health Provider:

HUD defined chronically homeless?:

Pre-Enrollment Housing Situation: 

Exit Outcome: 

Services Tab: Housing Services

Service Name or Description	Field Name	Field Description	Values
Housing: 1 housing dollar issued	Qualified Sources of Income	Checkbox: Select if client has acquired a qualified source of income.	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	Has Housing Plan	Checkbox: Select if client has housing plan	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	Has Consistent Case Management Contact	Checkbox: Select if client has consistent case management contact	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	Obtained Income Producing job from RW Housing	Checkbox: Select if client has obtained an income producing job from RW housing	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	Has Accessed Insurance or Assistance	Checkbox: Select if client has accessed insurance or assistance	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	Had Contact With Primary Health Provider	Checkbox: Select if client had contact with Primary Health provider	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	HUD-defined Chronically Homeless	Checkbox: Select if client is HUD-defined Chronically Homeless	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No

Services Tab: Housing Services Continued

Service Name or Description	Field Name	Field Description	Values
<p>Housing: 1 housing dollar issued</p>	<p>Pre-Enrollment Housing Situation</p>	<p>Drop-Down box: Select client's Pre-Enrollment housing situation</p>	<ul style="list-style-type: none"> • Not for human habitation • Emergency Shelter • Transitional housing for homeless • Permanent housing for formally homeless • Psychiatric Hospital or facility • Substance Abuse Facility • Hospital (non-psychiatric) • Foster care home/group home • Jail, prison or juvenile detention facility • Rented room, apartment or house • House they owned • Family/friends • Hotel or motel w/o emergency voucher • Other • Don't know or refused to answer
	<p>Exit Outcome</p>	<p>Drop-Down Box: Select the appropriate exit outcome of the EFA Housing Service.</p>	<ul style="list-style-type: none"> • Deceased • Disconnected/ Unknown • Emergency Shelter/ Streets • Incarceration • Institution • Other HOPWA-Funded Service • Other Subsidy

Qualified Sources of Income:

Has Housing Plan:

Has Consistent Case Management Contact:

Obtained income producing job from RW housing:

Has accessed Insurance or Assistance:

Had Contact with Primary Health Provider:

HUD defined chronically homeless?:

Pre-Enrollment Housing Situation:



Exit Outcome:



Services Tab: Non-MCM Services

Service Name or Description	Field Name	Field Description	Values
All Non-MCM Services	Discussed U=U at encounter	Checkbox: Select if U=U was discussed with client	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	CM_Encounter: Service Plan Creation	Checkbox: Select if Service plan was created with client	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	CM_Encounter: Service Plan Update	Checkbox: Select if client received a service plan update	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	CM_Encounter: Housing Plan Creation	Checkbox: Select if Housing plan was created with client	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	CM_Encounter: Housing Plan Update	Checkbox: Select if client received a Housing plan update	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	ISP Goal	Check Box: Select if this existing client goal was discussed at the encounter, or determined to be added to their ISP.	<ul style="list-style-type: none"> • Goal: Transportation • Goal: Parenting Child Care • Goal: Budget Planning • Goal: Social/ Community Integration • Goal Legal • Goal: Medical Access • Goal: Education • Goal: Employment • Goal: Benefits • Goal: Substance Use/ Harm Reduction • Goal: Mental Health • Goal: Housing • Goal: Dental • Goal: Other

CM_Encounter Service Plan Creation:

CM_Encounter Service Plan Update:

CM_Encounter: Housing Plan Creation:

CM_Encounter: Housing Plan Update:

CM_Encounter Other:

Other Encounter Topic:

Discussed U=U at encounter?:

Goal: Transportation:

Goal: Parenting/ Child Care:

Goal: Budget Planning:

Goal: Social/ Community Integration:

Goal: Legal:

Goal: Medical Access:

Goal: Education:

Goal: Employment:

Goal: Benefits:

Goal: Substance Use/ Harm Reduction:

Goal: Mental Health:

Goal: Housing:

Goal: Dental:

Goal:Other:

Services Tab: MCM Services

Service Name or Description	Field Name	Field Description	Values
All MCM Services	Discussed U=U at encounter	Checkbox: Select if U=U was discussed with client	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	CM_Encounter: Service Plan Creation	Checkbox: Select if Service plan was created with client	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	CM_Encounter: Service Plan Update	Checkbox: Select if client received a service plan update	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	CM_Encounter: Housing Plan Creation	Checkbox: Select if Housing plan was created with client	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	CM_Encounter: Housing Plan Update	Checkbox: Select if client received a Housing plan update	<ul style="list-style-type: none"> • Checked box= Yes • Unchecked box= No
	ISP Goal	Check Box: Select if this existing client goal was discussed at the encounter, or determined to be added to their ISP.	<ul style="list-style-type: none"> • Goal: Transportation • Goal: Parenting Child Care • Goal: Budget Planning • Goal: Social/ Community Integration • Goal Legal • Goal: Medical Access • Goal: Education • Goal: Employment • Goal: Benefits • Goal: Substance Use/ Harm Reduction • Goal: Mental Health • Goal: Housing • Goal: Dental • Goal: Other

CM_Encounter Service Plan Creation:

CM_Encounter Service Plan Update:

CM_Encounter: Housing Plan Creation:

CM_Encounter: Housing Plan Update:

CM_Encounter Other:

Other Encounter Topic:

Discussed U=U at encounter?:

Goal: Transportation:

Goal: Parenting/ Child Care:

Goal: Budget Planning:

Goal: Social/ Community Integration:

Goal: Legal:

Goal: Medical Access:

Goal: Education:

Goal: Employment:

Goal: Benefits:

Goal: Substance Use/ Harm Reduction:

Goal: Mental Health:

Goal: Housing:

Goal: Dental:

Goal:Other:

Services Tab: Non-MCM Intake

Service Name or Description	Field Name	Field Description	Values
Non-MCM: Intake	Date of First Contact	Date Picker: Select the date that client first made contact with agency (e.g., call, voicemail, email, social media, website)	Date of first client contact

Add Service

Client:

Date: 

Contract: 

Service Category: 

Service Name:

Units:

Price: \$

Total: \$

Staff or Provider Name: 

Date of First Contact: 

Services Tab: Referrals

Service Name or Description	Field Name	Field Description	Values
Referral: 1 External Referral & Referral: 1 Internal Referral	Case Management Program	Drop-Down Box: Select the Case Management Program the client is enrolled in at time of Eligibility Check	<ul style="list-style-type: none"> • Medicaid • Other • Part A • Part A Medical CM • Part B • Part B Direct Services Only • Part B Medical CM • Part B Non-Medical CM • Part C
	Time Spent on Referral Activity	Drop-Down Box: Select the total amount of time for referral activity(ies).	<ul style="list-style-type: none"> • 15 Minutes • 30 Minutes • 45 Minutes • 60 Minutes • 75 Minutes • 90 Minutes • 105 Minutes • 120 Minutes
	ISP Goal	Check Box: If applicable, select goal if referral is related to or in support of an existing ISP goal.	<ul style="list-style-type: none"> • Goal: Transportation • Goal: Parenting Child Care • Goal: Budget Planning • Goal: Social/ Community Integration • Goal Legal • Goal: Medical Access • Goal: Education • Goal: Employment • Goal: Benefits • Goal: Substance Use/ Harm Reduction • Goal: Mental Health • Goal: Housing • Goal: Dental • Goal: Other

Case Management Program:



Time Spent on Referral Activity:



Service Comment:

Goal: Transportation:

Goal: Parenting/ Child Care:

Goal: Budget Planning:

Goal: Social/ Community Integration:

Goal: Legal:

Goal: Medical Access:

Goal: Education:

Goal: Employment:

Goal: Benefits:

Goal: Substance Use/ Harm Reduction:

Goal: Mental Health:

Goal: Housing:

Goal: Dental:

Goal:Other:

Questions?

Announcement

Rebekah will be on leave beginning the last week of October until the first week of January. Please submit any CAREWare questions to the CAREWare Helpdesk

<https://www.louisianahealthhub.org/careware-submission-form/>