RYAN WHITE PART B AND HOPWA SERVICE ENTRY GUIDANCE

The purpose of this document is to provide guidance for required service entry into CAREWare. CAREWare is a database, as well as a tool - for case management, federal performance reporting, quality assurance, quality management, monitoring, evaluation, and invoicing. SHHP's approach to use of CAREWare is to ensure that it provides value for all of these aspects of the work. This entry guidance will continue to be assessed for its utility and relevance to achieving the requirements, mission, and goals of HRSA, HUD, and SHHP.

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CASE NOTE DOCUMENTATION FORMAT

The purpose of this section is to provide guidance on how to document case notes in CAREWare, including SHHP expectations on what details to include with case notes pertaining to specific categories. Documentation for all case notes must be written in either SOAP (Subjective, Objective, Assessment, Plan) or DAP (Describe, Assess, Plan) format. See examples below.

SUBJECTIVE, OBJECTIVE, ASSESSMENT AND PLAN

- Subjective—Subjective or summary statement by the client. This can be a direct quote and sum up the theme of the conversation.
    - Example: Client reported feeling depressed because he was not able to find a job. Client reported no suicidal ideation. Client expressed interest in getting into counseling, and needing help finding a job.
- Objective—Data or information that matches the subjective statement. This can include information about behavior and appearance.
    - Example: Client was given a depression screening and scored a 10/10. Client was tearful throughout conversation, and would not look up from the floor.
- Assessment—Assessment of the situation, or issue, based on the subjective and objective statements.
    - Example: Client needs referral to mental health treatment, and to workforce support.
- Plan—Plan for next steps. Should reflect the goals in the care plan, and include things that the client needs to complete before next contact. Should also include a schedule for next contact with patient.
    - Example: Client will call Dr. Person for intake into individual counseling, and Ms. Lemming at workforce development for help working on a resume. CM will contact client 1x / week on Tuesdays to check in for the next month.

DESCRIBE, ASSESS, PLAN

- Describe—Subjective and objective statements that demonstrate the basic content of the interaction.
    - Client came in to the office to pick up their food bank for the month. Client reported that he was feeling depressed, and couldn't find a job. Client was tearful during the conversation, and would not look staff in the eye. Client reported being interested in starting counseling of some sort, and getting help with writing a resume.
- Assess—Assessment of the situation, or issue, based on the subjective and objective statements.
    - Client needs referral to mental health treatment, and to workforce support.
- Plan— Plan for next steps. Should reflect the goals in the care plan, and include things that the client needs to complete before next contact. Should also include a schedule for next contact with patient.
    - Client will call Dr. Person for intake into individual counseling, and Ms. Lemming at workforce development for help working on a resume. CM will contact client 1x / week on Tuesdays to check in for the next month.

CAREWARE TEMPLATES FOR CASE NOTES

CAREWare has two templates for case notes available to help ensure proper format. These templates are a minimum requirement for case managers. Agencies may insert additional fields as they deem necessary.

All fields must be completed.

TEMPLATE FOR SOAP NOTES

Encounter Topics:	Reason for contacting client. Could be anything from an eligibility check, to referrals, to housing issues etc.
Subjective:	Subjective and objective statements that demonstrate the basic content of the interaction.
Objective:	Data or information that matches the subjective statement. This can include information about behavior and appearance.
Assessment:	Assessment of the situation, or issue, based on the subjective and objective statements.
Plan:	Plan for next steps. Should reflect the goals in the care plan, and include things that the client needs to complete before next contact. Should also include a schedule for next contact with client.

TEMPLATE FOR DAP NOTES

Encounter Topics:	Reason for contacting client. Could be anything from an eligibility check, to referrals, to housing issues etc.
Describe:	Subjective and objective statements that demonstrate the basic content of the interaction.
Assess:	Assessment of the situation, or issue, based on the subjective and objective statements.
Plan:	Plan for next steps. Should reflect the goals in the care plan, and include things that the client needs to complete before next contact. Should also include a schedule for next contact with client.

CASE NOTE DOCUMENTATION GUIDANCE

Case notes are required for **ALL services listed below.** There must be at least one case note in CAREWare for any date that these services are provided. Case notes may address multiple services if provided on the same date.

All documentation is expected to be entered within two business days of the service occurring. The service date, and the date of the case note must match and must reflect the actual date of service provision. All notes should be in one of the formats (DAP or SOAP or approved variation) noted above; these formats are *required* for case managers. The following items should be noted in case notes when the respective service is provided that day.

RYAN WHITE SERVICE CATEGORIES:

- Emergency Financial Assistance Services (EFA)
  - Case notes for EFA services should reflect the dollar amount of the assistance, the type of assistance (rent, mortgage or utility), and the date of payment.
- Health Education & Risk Reduction Services (HERR)
  - Type of service (group, individual) should be placed in case note. Type of service should be noted. See case note documentation formats above.
- Housing Services
  - Case notes for Housing Services should reflect the dollar amount of the assistance, the type of assistance (rent, mortgage or utility), and the date of payment.
- Medical Case Management, including Treatment Adherence Services
  - Type of service should be noted.
- Mental Health Services
  - Type of service (group, individual) should be placed in case note.
- Non-Medical Case Management Services
  - Type of service should be noted.
- Outreach Services
  - Outreach notes should reflect the number of attempts, and method of contact for each person.
- Psychosocial Support Services
  - Type of service (group, individual) should be placed in case note.
- Referral for Health Care and Support Services

- Description of referral should be placed in case note.
- Substance Use Outpatient Care
  - Type of service (group, individual) should be placed in case note.

HOPWA SERVICE CATEGORIES:

- Permanent Housing Placement (PHP)
  - Case notes for PHP should be entered each time a service is rendered. The amount of the payment and the type of payment (first utility payment, deposit, first month's rent) should be included.
- Short-Term Rent, Mortgage, and Utility Assistance (STRMU)
  - Case notes for STRMU services should reflect the dollar amount of the assistance, the type of assistance (rent, mortgage or utility), and the date of payment.
- Tenant-Based Rental Assistance (TBRA)
  - Case notes for TBRA only need to be entered for the first payment of TBRA. Reassessment notes for TBRA should address client's housing plan goals.

ENCOUNTER TOPICS AND TAXONOMY/UNITS OF SERVICE ENTRY GUIDANCE

The purpose of this section is to provide guidance on how to document provision of services in CAREWare, including SHHP defined encounter topics and service units.

ENCOUNTER TOPIC DEFINITIONS

More than one encounter topic may be used per service.

- **Intake**- Inclusive of eligibility determination. May be done by a case manager and billed under the Non-Medical Case Management service, or may be done by a benefits specialist and billed under Health Education. This is the only time that proof of status is required.
- **Initial Assessment**- SHHP required assessment paperwork, acuity scale and service plan. This encounter topic should be used for the first assessment only.
- **6-Month Reassessment**- Inclusive of eligibility recertification. SHHP required reassessment paperwork, acuity scale and service plan. Self-attestation may be used at this reassessment if no changes have occurred to client's income, residency or insurance status. The six month reassessment may be conducted over the phone for individuals with an acuity score under 37.
- **Annual Assessment**- Completed yearly, inclusive of eligibility recertification. SHHP required reassessment paperwork, acuity scale and service plan. Additionally, this topic should be used if a client falls out of care, and returns at a later date.
- **Acuity** – Completed as part of Initial Assessment, 6-Month Reassessment, and as necessitated by change in client status. This determines client's need for medical case management, non-medical case management or if client is graduated to self-management.
- **Home Visit**- Only required for clients with an acuity score at or above 37. May be conducted for clients with an acuity score below 37 as needed.
- **Case Conferencing**- Formal case conference to discuss updates and next steps for clients. This encounter topic may **only** be used by Case Management Supervisors.
- **Transportation Coordination** – Transportation coordination is the logistical work necessary to ensure client obtains needed transportation to access essential care and services. This can include coordination with transportation company and client to facilitate pick up and return trips consistent with Services Standards.
- **Advocacy**- Collaboration with or advocacy to a professional services organization on behalf of the client (clinic staff, government office or other
- **Housing**- Assistance with locating housing, applying for housing, or other housing related activities.
- **Referral**- Assistance/direction to a needed core medical or support services in person or through phone, written, or other type of communication/coordination.
- **Follow-Up**- Client contact not for assessment or eligibility reasons. This encounter should address the goals set forth in the service plan, and any emerging needs that the client may have.
- **Insurance**- Assistance with LA HAP, HIP, Health Insurance Marketplace/ACA, Medicaid or Medicare

- **Discussed U=U at Encounter** – Education about the concept of an undetectable viral load means the client is unable to transmit HIV to a sexual partner. Verbal education to client is required for select service categories. Materials may also be provided as appropriate. Must be discussed at least once. Repeat discussions are allowed to reinforce concept as appropriate.
- **Service Plan Creation**- First time a service plan is created
- **Service Plan Update**- Anytime a service plan is updated
- **Housing Plan Creation**- First time a housing care plan is created
- **Housing Plan Update**- Anytime a housing care plan is updated
- **Other-** Other topics not represented above

TAXONOMY: UNITS OF SERVICE & SERVICE NAME ENTRY GUIDANCE

Bulleted items are CAREWare Service Names which need to be selected when a service is added.

Units based on dollar cost must be entered as exact dollar amounts in the Units field (prices will no longer appear as $1.07 or $1.10, instead they will appear as $1.00) unless otherwise instructed.

Staff billing for services marked with an * must have the credentials identified in the Ryan White Part B Service Standards.

Service Category	*Units of Service & Service Names*	*Enter dollars in the Units field*  *or as otherwise described for items with a **PT***
Emergency Financial Assistance	One unit is based upon the dollar cost of the following: • EFA: 1 medication dollar issued • EFA: 1 housing dollar issued • EFA: 1 food voucher dollar issued • EFA: 1 essential utility dollar issued	If the Service Name (bulleted items to the left) indicates it is for a *dollar issued*, enter the payment dollar amount in Unit field (not in the price field). **PT**
Food Bank	One unit is based upon: • Food bank: 1 food bag • Food voucher: 1 food voucher dollar issued	For Food Voucher Only: Enter the payment dollar amount in Unit field (not in the price field). **(PT)**
Health Education/Risk Reduction	One unit is based upon the following time intervals of health education/risk reduction: • HERR: 15 min individual counseling/education session • HERR: 1 hour group counseling/education session	
Housing Services	One unit is based upon the dollar cost of the following: • Housing: 1 housing dollar issued	**PT**

Linguistic Services	One unit is based upon: • Linguistic: 15 min linguistic services provided	
Medical Case Management	One unit is based upon 15 minute intervals of the following: • MCM: 15 min LPN face to face encounter* • MCM: 15 min other staff face to face encounter* • MCM: 15 min LPN other encounter* • MCM: 15 min other staff other encounter* When services include time spent on Referrals DO NOT subtract Referral time from your total MCM encounter.	
Medical Transportation	One unit is based upon the dollar cost of the following: • Transport: 1 transportation dollar issued	**PT**
Mental Health	One unit is based upon 1 hour intervals of the following: • MH: 1 hr individual counseling session* • MH: 1 hr group counseling session*	
Non-Medical Case Management	One unit is based upon 15 minute intervals of the following: • NMCM: 15 min social work face to face encounter* • NMCM: 15 min other staff face to face encounter* • NMCM: 15 min social work other encounter* • NMCM: 15 min other staff other encounter* When services include time spent on Referrals DO NOT subtract Referral time from your total NMCM encounter.	
Oral Health	One unit is based upon the dollar cost of the following: • Oral Health: 1 dental care dollar issued	**PT**
Other Services: Tax Prep	One unit is based upon: • Tax Prep: 1 tax return prepared	
Outreach Services	One unit is based upon 15 minute intervals of the following: • Outreach: 15 min reengagement effort to PLWH	
Psychosocial Support Services	One unit is based upon 1 hour intervals of the following: • PSS: 1 hr individual counseling session • PSS: 1 hr group counseling session	
Referral for Healthcare/Supportive Services	One unit is based upon: • Referral: 1 external referral • Referral: 1 internal referral	

Substance Use Treatment – Outpatient Services	One unit is based upon 1 hour intervals of the following: • SU: 1 hr individual counseling session* • SU: 1 hr group counseling session*	
HOPWA: PHP	One unit is based upon the dollar cost of the following: • H PHP: 1 PHP dollar issued	**PT**
HOPWA: STRMU	One unit is based upon the dollar cost of the following: • H STRMU: Enrollment • H STRMU: Update • H STRMU: Exit	**PT**
HOPWA: TBRA	One unit is based upon the dollar cost of the following: • H TBRA: Enrollment • H TBRA: Update • H TBRA: Exit	**PT**

*The **PT** also indicates pass-through dollar categories to which the 10% retainage does not apply.

REQUIRED DOCUMENTATION

Self-attestation may be used once a year. Clients should sign self-attestation form at next service encounter. If there are changes to eligibility, the supporting documentation may be gathered at the next visit.

	Initial Visit and Yearly Recertification	**6 Month Recertification**
HIV Status	LAHAP Proof of Positivity Form, Letter from MD, Medical Records, CERV from New Orleans EMA *Documentation is not required after intake	No documentation necessary
Income	Pay Stubs, Disability Determination Letter, W4, benefit award letter, Certification of No Income/Cash Only Income, CERV from New Orleans EMA	Self-attestation of no change, Self-attestation of change with documentation, full documentation (same as initial visit or yearly recertification)
Residency	Louisiana Driver's License, utility bill, voter registration, Social Security Statement, CERV from New Orleans EMA	Self-attestation of no change, Self-attestation of change with documentation, full documentation (same as initial visit or yearly recertification)
Insurance Status	Medicaid card, Medicaid denial letter, private insurance card, private insurance termination notice, Medicare card, LAHAP application or approval, CERV from New Orleans EMA	Self-attestation of no change, Self-attestation of change with documentation, full documentation (same as initial visit or yearly recertification)

SERVICE ENTRY GUIDANCE

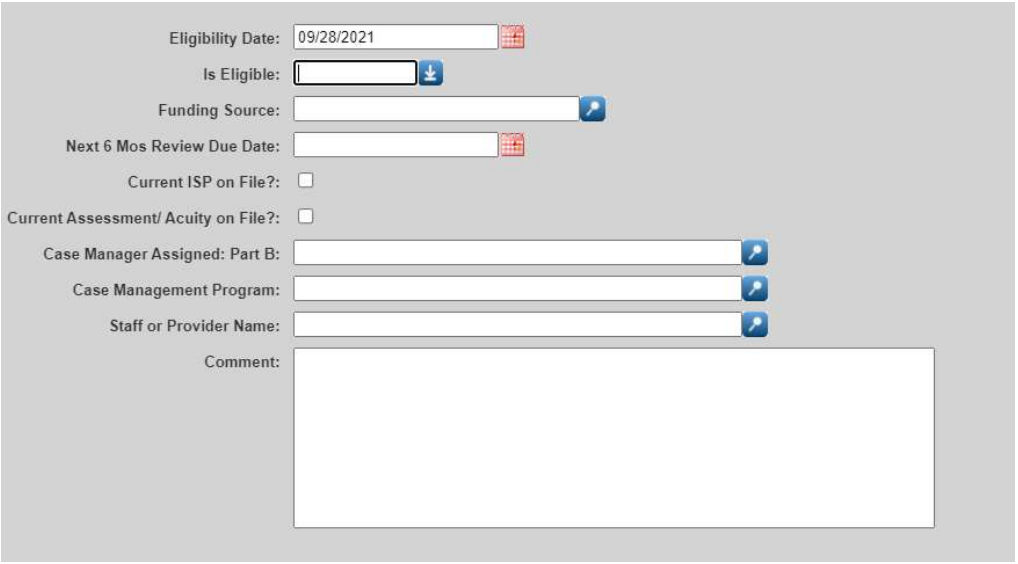
NEW FIELDS AND SERVICES IN CAREWARE

This section describes new fields and services added for the 2021 Ryan White Part B contracts. The tables below include the new service names, new custom field names, fields descriptions and value descriptions for each new service and custom field.

Eligibility Tab

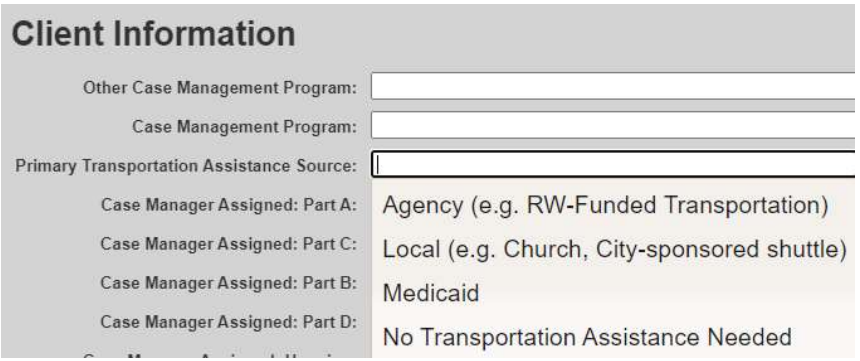
Service Name or Description	Field Name	Field Description	Values
Eligibility Tab Custom Field	**Current ISP on File?**	Check Box: Check if client has a current ISP on file.	• Checked box= Yes • Unchecked box= No
	Current Assessment/ Acuity on File?	Check Box: Check if client has a current Assessment/Acuity on file.	• 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	• 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)



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	• Agency (e.g., RW-funded transportation) • Local (e.g., Church, City-Sponsored shuttle) • Medicaid • No Transportation Assistance Needed

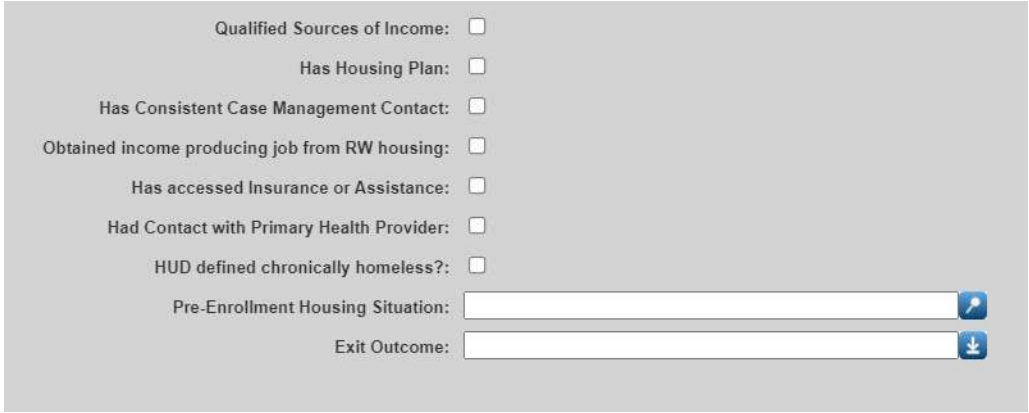


Services Tab

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.	• Checked box= Yes • Unchecked box= No
	Has Housing Plan	Checkbox: Select if client has housing plan	• Checked box= Yes • Unchecked box= No
	Has Consistent Case Management Contact	Checkbox: Select if client has consistent case management contact	• 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	• Checked box= Yes • Unchecked box= No
	Has Accessed Insurance or Assistance	Checkbox: Select if client has accessed insurance or assistance	• Checked box= Yes • Unchecked box= No
	Had Contact With Primary Health Provider	Checkbox: Select if client has accessed insurance or assistance	• Checked box= Yes • Unchecked box= No
	HUD-defined Chronically Homeless	Checkbox: Select if client is HUD-defined Chronically Homeless	• Checked box= Yes • Unchecked box= No
	Pre-Enrollment Housing Situation	Drop-Down box: Select client's Pre-Enrollment housing situation	• 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

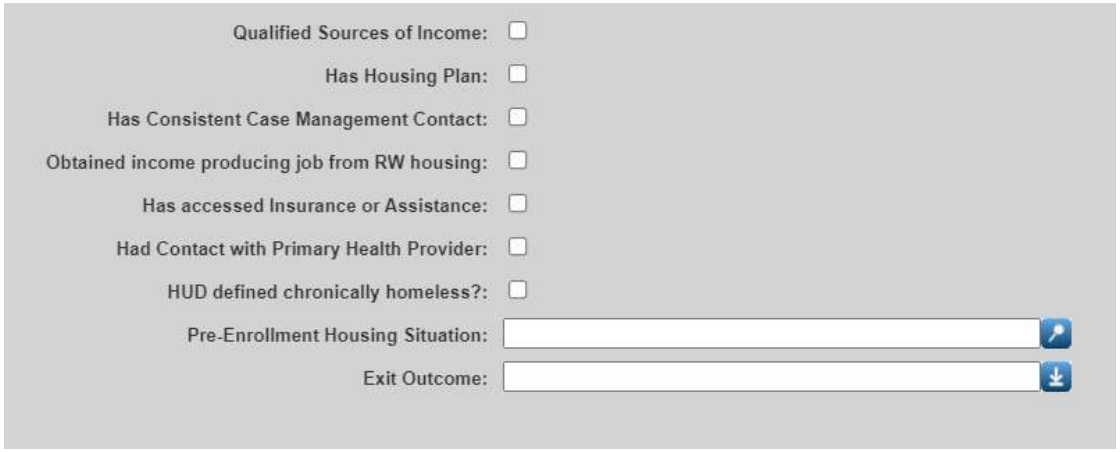
	Exit Outcome	Drop-Down Box: Select the appropriate exit outcome of the EFA Housing Service.	• Deceased • Disconnected/ Unknown • Emergency Shelter/ Streets • Incarceration • Institution • Other HOPWA-Funded Service • Other Subsidy



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.	• Checked box= Yes • Unchecked box= No
	Has Housing Plan	Checkbox: Select if client has housing plan	• Checked box= Yes • Unchecked box= No
	Has Consistent Case Management Contact	Checkbox: Select if client has consistent case management contact	• 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	• Checked box= Yes • Unchecked box= No
	Has Accessed Insurance or Assistance	Checkbox: Select if client has accessed insurance or assistance	• Checked box= Yes • Unchecked box= No
	Had Contact With Primary Health Provider	Checkbox: Select if client has accessed insurance or assistance	• Checked box= Yes • Unchecked box= No

	HUD-defined Chronically Homeless	Checkbox: Select if client is HUD-defined Chronically Homeless	• Checked box= Yes • Unchecked box= No
	Pre-Enrollment Housing Situation	Drop-Down box: Select client's Pre-Enrollment housing situation	• 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.	• Deceased • Disconnected/ Unknown • Emergency Shelter/ Streets • Incarceration • Institution • Other HOPWA-Funded Service • Other Subsidy



Non-MCM Services

Service Name or Description	Field Name	Field Description	Values
All Non-MCM Services	**CM_Encounter: Referral**	Checkbox: Select if Referral was made	• Checked box= Yes • Unchecked box= No
	Discussed U=U at encounter	Checkbox: Select if U=U was discussed with client	• Checked box= Yes • Unchecked box= No
	CM_Encounter: Service Plan Creation	Checkbox: Select if Service plan was created with client	• Checked box= Yes • Unchecked box= No
	CM_Encounter: Service Plan Update	Checkbox: Select if client received a service plan update	• Checked box= Yes • Unchecked box= No
	CM_Encounter: Housing Plan Creation	Checkbox: Select if Housing plan was created with client	• Checked box= Yes • Unchecked box= No
	CM_Encounter: Housing Plan Update	Checkbox: Select if client received a Housing plan update	• 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.	• 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

Assessment:

CM_Encounter Follow-Up:

CM_Encounter: Referral:

CM_Encounter 6-Month Reassessment:

CM_Encounter Annual Assessment:

CM_Encounter Home Visit:

CM_Encounter Housing:

CM_Encounter Insurance:

CM_Encounter Case Conferencing:

CM_Encounter Case Closure:

CM_Encounter Transportation Coordination:

CM_Encounter Advocacy:

CM_Encounter Service Plan Creation:

CM_Encounter Service Plan Update:

CM_Encounter: Housing Plan Creation:

CM_Encounter: Housing Plan Update:

Discussed U=U at encounter?:

CM_Encounter Other:

Other Encounter Topic:

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:

MCM Services

Service Name or Description	Field Name	Field Description	Values
All MCM Services	**CM_Encounter: Referral**	Checkbox: Select if Referral was made	• Checked box= Yes • Unchecked box= No
	Discussed U=U at encounter	Checkbox: Select if U=U was discussed with client	• Checked box= Yes • Unchecked box= No
	CM_Encounter: Service Plan Creation	Checkbox: Select if Service plan was created with client	• Checked box= Yes • Unchecked box= No
	CM_Encounter: Service Plan Update	Checkbox: Select if client received a service plan update	• Checked box= Yes • Unchecked box= No
	CM_Encounter: Housing Plan Creation	Checkbox: Select if Housing plan was created with client	• Checked box= Yes • Unchecked box= No
	CM_Encounter: Housing Plan Update	Checkbox: Select if client received a Housing plan update	• 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.	• 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

Assessment:

CM_Encounter Follow-Up: ☐

CM_Encounter: Referral: ☐

CM_Encounter 6-Month Reassessment: ☐

CM_Encounter Annual Assessment: ☐

CM_Encounter Home Visit: ☐

CM_Encounter Housing: ☐

CM_Encounter Insurance: ☐

CM_Encounter Case Conferencing: ☐

CM_Encounter Case Closure: ☐

CM_Encounter Transportation Coordination: ☐

CM_Encounter Advocacy: ☐

CM_Encounter Service Plan Creation: ☐

CM_Encounter Service Plan Update: ☐

CM_Encounter: Housing Plan Creation: ☐

CM_Encounter: Housing Plan Update: ☐

Discussed U=U at encounter?: ☐

CM_Encounter Other: ☐

Other Encounter Topic:

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: ☐

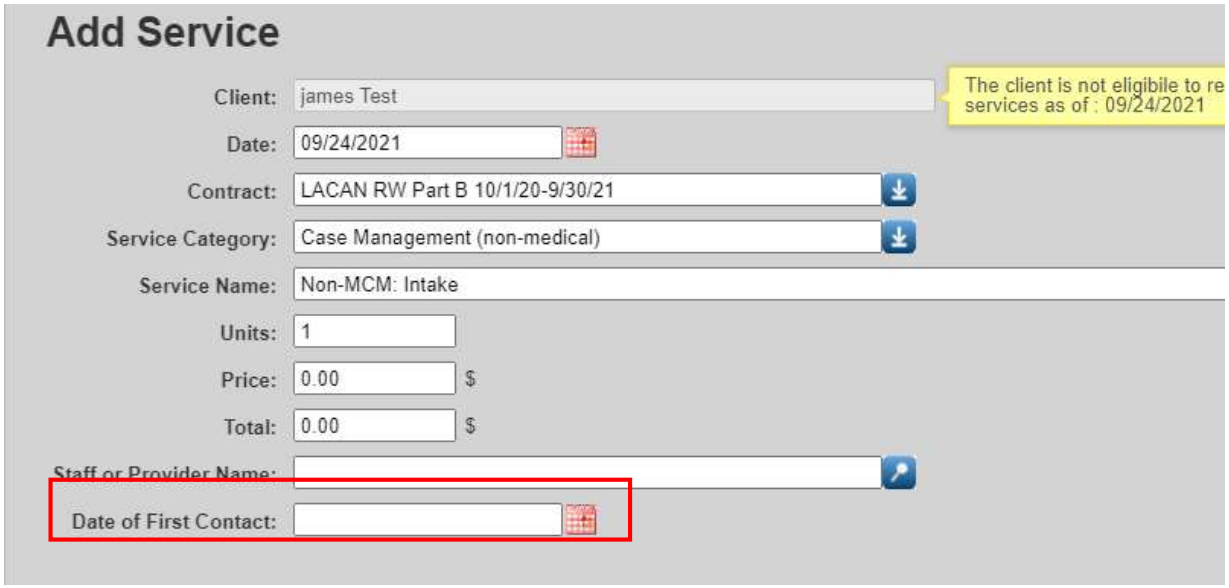
Goal: Housing: ☐

Goal: Dental: ☐

Goal:Other:

Non-MCM Intake

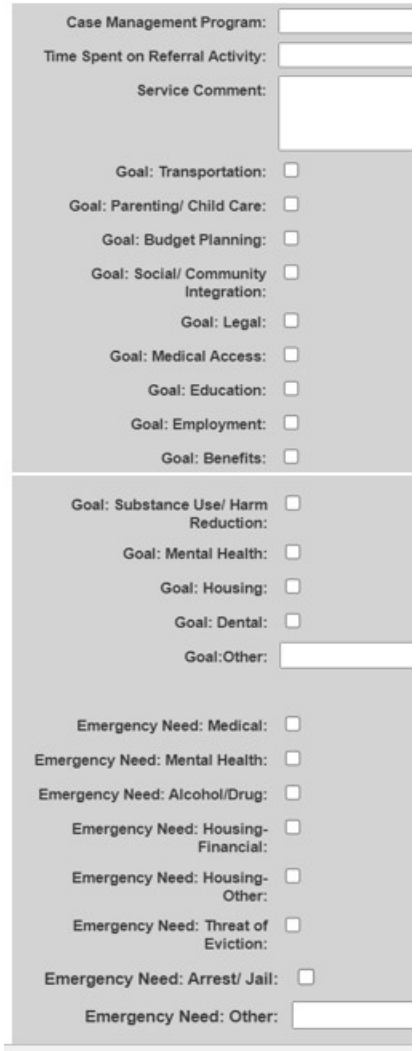
Service Name or Description	Field Name	Field Description	Values
Non-MCM: Intake	**Date of First Contact**	Date Picker: Select the date that client first made contact with agency (e.g., call, voicemail, email, social media, website)	Date of first client contact



Referrals

Service Name or Description	Field Name	Field Description	Values
	Case Management Program	Drop-Down Box: Select the Case Management Program the client is enrolled in at time of Eligibility Check	• 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

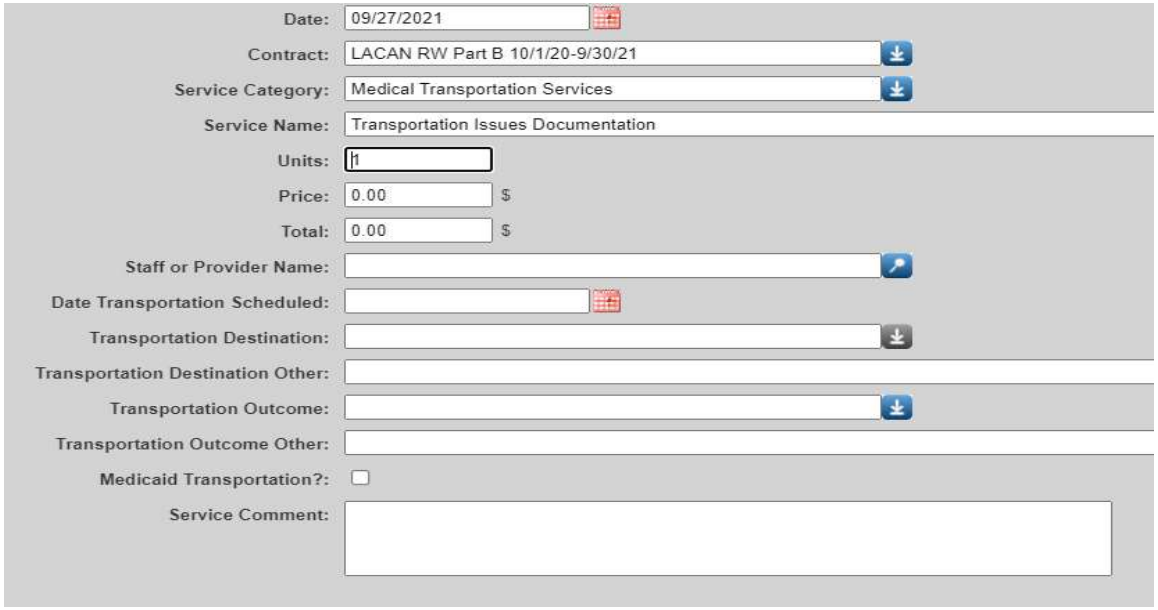
Referral: 1 External Referral **&** **Referral: 1 Internal Referral**	**Time Spent on Referral Activity**	Drop-Down Box: Select the total amount of time for referral activity(ies).	• 15 Minutes • 30 Minutes • 45 Minutes • 60 Minutes • 75 Minutes • 90 Minutes • 105 Minutes • 120 Minutes
	ISP Goal	Check Box: If applicable, select goal if referral is related to or in support of an existing ISP goal.	• 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
	Emergency Need	Check Box: If applicable, select emergency need if referral is related to an acute/emergency need	• Emergency Need: Medical • Emergency Need: Mental Health • Emergency Need: Alcohol/ Drug • Emergency Need: Housing- Financial • Emergency Need: Housing- Other • Emergency Need: Threat of Eviction • Emergency Need: Arrest/ Jail • Emergency Need: 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:
Emergency Need: Medical:
Emergency Need: Mental Health:
Emergency Need: Alcohol/Drug:
Emergency Need: Housing-Financial:
Emergency Need: Housing-Other:
Emergency Need: Threat of Eviction:
Emergency Need: Arrest/ Jail:
Emergency Need: Other:

New Services in CAREWare

Transportation Issues Documentation: This service will record instances of transportation issues or missed transportation appointments.

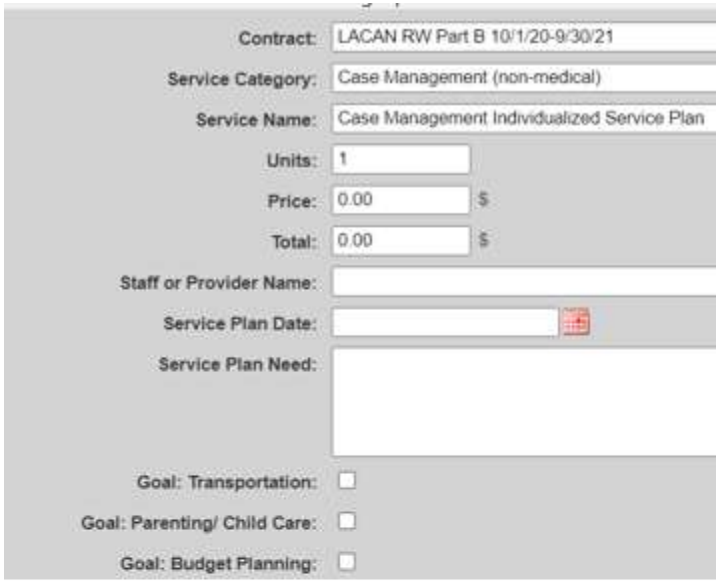
Service Name or Description	Field Name	Field Description	Values
Transportation Issues Documentation	**Staff or Provider Name**	Already included in CAREWare; person providing the service; drop down box	All staff or provider names
	Date Transportation Scheduled	Date Picker: Select the date transportation was scheduled	Date of transportation
	Transportation Destination	Drop-Down Box: Select the destination of scheduled transportation	• 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	• 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?	• Checked box= Yes • Unchecked box= No
	Service Comment	Already included in CAREWare; free text field	Any comment related to the service that *does not* need to be in a case note.



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
Case Management Individualized Service Plan	**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	• 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-SPECIFIC PART B FIELD REQUIREMENTS IN LACAN CAREWARE

This section describes the service-specific fields that are required in CAREWare. The tables include the custom field names, descriptions of the fields, the field values and the rationale for these requirements.

Service-Specific Part B Field Requirements in LaCAN CAREWare

The following tables specify and explain service-specific data entry requirements for Part B funded agencies.

Service Name or Description	Field Name	Field Description	Values	Rationale
All Part B Case Management *face-to-face* services	**Staff or Provider Name**	Already included in CAREWare; person providing the service; drop down box	All staff or provider names	Provides record of which staff member provided the service
	Site	Already included for some agencies; drop down box Site of service provision	• Agency • Client's home • Medical office • Other *(contact SHP to request additional values)*	Provides record of location of service provision
	Other Site	Text field	Specify the site if choosing "other" in the Site field	Provides record of location of service provisions
	Encounter Topics: multiple checkboxes	Series of checkboxes; Indicate all topics were discussed during the CM encounter. At least one checkbox must be marked for each CM service entry.	• Initial Assessment • 6-Month Reassessment • Follow-Up • Annual Assessment • Home Visit • Housing • Insurance • Case Conferencing • Case Closure • Transportation Coordination • Referral • Discussed U=U • Service Plan Creation • Service Plan Update	Provides record of topics included in billed CM service and assurance that services billed are eligible for CM units

			• Housing Plan Creation • Housing Plan Update • Other • Discussed U=U at encounter	
	Other Encounter Topic	Text field	Specify additional encounter topic if "other" is selected as an encounter topic	Provides record of topics included in billed CM service
	If Applicable, ISP Goal	Check Box: If applicable select what ISP goal service is linked to	• 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	Provides record of ISP goals that are linked to services.

Service Name or Description	Field Name	Field Description	Values	Rationale
	Staff or Provider Name	Already included in CAREWare; person providing the service; drop down box	All staff or provider names	Provides record of which staff member provided the service
	Service Comment	Already included in CAREWare; free text field	Any comment related to the service that *does not* need to be in a case note.	Allows for providers to enter additional information not covered in other fields.

All Part B Case Management *NON-face-to-face* services	**Contact Method**	Dropdown box; method of contacting client for non-face-to-face CM	• Telephone contact • Letter to client via mail- Not Billable for Part B • No Client Contact • Other	Provides record of how CM was provided and assurance that method is allowable
	Other Contact Method	Text field	Specify method of contact	Provides record of contact type
	Encounter Topics: multiple checkboxes	Series of checkboxes; Indicate all topics were discussed during the CM encounter. At least one checkbox must be marked for each CM service entry.	• Initial Assessment • 6-Month Reassessment • Follow-Up • Annual Assessment • Home Visit • Housing • Insurance • Case Conferencing • Case Closure • Transportation Coordination • Referral • Discussed U=U • Service Plan Creation • Service Plan Update • Housing Plan Creation • Housing Plan Update • Other • Discussed U=U at encounter	Provides record of topics included in billed CM service and assurance that services billed are eligible for CM units
	Other Encounter Topic	Text field	Specify additional encounter topic if "other" is selected as an encounter topic	Provides record of topics included in billed CM service
	If Applicable, ISP Goal	Check Box: If applicable select what ISP goal service is linked to	• Goal: Transportation • Goal: Parenting Child Care • Goal: Budget Planning • Goal: Social/ Community Integration • Goal Legal • Goal: Medical Access • Goal: Education	Provides record of ISP goals that are linked to services.

			• Goal: Employment • Goal: Benefits • Goal: Substance Use/ Harm Reduction • Goal: Mental Health • Goal: Housing • Goal: Dental • Goal: Other	

Service Name or Description	Field Name	Field Description	Values	Rationale
All Part B Transportation services	**Staff or Provider Name**	Already included in CAREWare; person providing the service; drop down box	All staff or provider names	Provides record of which staff member provided the service
	Service Comment	Already included in CAREWare; free text field	Any comment related to the service that *does not* need to be in a case note.	Allows for providers to enter additional information not covered in other fields.
	Transportation Type	Dropdown box; type of transportation service provided to client	• Gas vouchers • Bus passes • Transportation gas card • Taxi service • Mileage reimbursement (non-cash payment to someone other than the client)	Provides record of type of transportation provided
	Transportation Destination	Dropdown box; destination for the transportation service provided	• HIV medical appointment • Non-HIV medical appointment • Oral health appointment • Mental health counseling appointment • Substance use appointment • Pharmacy	Provides record that RW transportation funds were used for allowable destination
	Other Transportation Destination	Text field; used if destination is not listed above	Specify additional transportation destination if "other" is selected above.	Provides record that RW transportation funds were used for allowable destination

			Destination is subject to approval prior to invoice payment.	

Service Name or Description	Field Name	Field Description	Values	Rationale
All Acuity Services	**Staff or Provider Name**	Already included in CAREWare; person providing the service; drop down box	All staff or provider names	Provides record of which staff member provided the service
	Service Comment	Already included in CAREWare; free text field	Any comment related to the service that *does not* need to be in a case note.	Allows for providers to enter additional information not covered in other fields.
	A. Linguistic and Cultural	Dropdown box; Score for this acuity category	• 0- N/A • 1- Low • 2- Mid • 3- High • 4- Crisis	Provides record of acuity category
	B. Family and Social Support	Dropdown box; Score for this acuity category	• 0- N/A • 1- Low • 2- Mid • 3- High • 4- Crisis	Provides record of acuity category
	C. Housing and Living Situation	Dropdown box; Score for this acuity category	• 0- N/A • 1- Low • 2- Mid • 3- High • 4- Crisis	Provides record of acuity category
	D. Employment and Financial	Dropdown box; Score for this acuity category	• 0- N/A • 1- Low • 2- Mid • 3- High • 4- Crisis	Provides record of acuity category
	E. Transportation	Dropdown box; Score for this acuity category	• 0- N/A • 1- Low	Provides record of acuity category

			• 2- Mid • 3- High • 4- Crisis	
	F. Legal	Dropdown box; Score for this acuity category	• 0- N/A • 1- Low • 2- Mid • 3- High • 4- Crisis	Provides record of acuity category
	G. Food and Nutrition	Dropdown box; Score for this acuity category	• 0- N/A • 1- Low • 2- Mid • 3- High • 4- Crisis	Provides record of acuity category
	H. Functional	Dropdown box; Score for this acuity category	• 0- N/A • 1- Low • 2- Mid • 3- High • 4- Crisis	Provides record of acuity category
	I. Dental	Dropdown box; Score for this acuity category	• 0- N/A • 1- Low • 2- Mid • 3- High • 4- Crisis	Provides record of acuity category
	J. Sexual Health	Dropdown box; Score for this acuity category	• 0- N/A • 1- Low • 2- Mid • 3- High • 4- Crisis	Provides record of acuity category
	K. Medical History	Dropdown box; Score for this acuity category	• 0- N/A • 1- Low • 2- Mid • 3- High • 4- Crisis	Provides record of acuity category
	L. Medication and Adherence	Dropdown box; Score for this acuity category	• 0- N/A • 1- Low • 2- Mid • 3- High • 4- Crisis	Provides record of acuity category
	M. Perinatal	Dropdown box; Score for this acuity category	• 0- N/A • 1- Low	Provides record of acuity category

			• 2- Mid • 3- High • 4- Crisis	
	N. Mental Health	Dropdown box; Score for this acuity category	• 0- N/A • 1- Low • 2- Mid • 3- High • 4- Crisis	Provides record of acuity category
	O. Substance Use	Dropdown box; Score for this acuity category	• 0- N/A • 1- Low • 2- Mid • 3- High • 4- Crisis	Provides record of acuity category
	P. Violence, Abuse and Neglect	Dropdown box; Score for this acuity category	• 0- N/A • 1- Low • 2- Mid • 3- High • 4- Crisis	Provides record of acuity category
	Q. Evacuation and Crisis Plan	Dropdown box; Score for this acuity category	• N/A • 1- Low • 2- Mid • 3- High • 4- Crisis	Provides record of acuity category
	Total Acuity Score	Dropdown box; Total acuity score	• 0-15: N/A • 16-26: Low • 27-36: Mid • 37-63: High • 64-104: Crisis	Provides record of total acuity score

Service Name or Description	Field Name	Field Description	Values	Rationale
	Staff or Provider Name	Already included in CAREWare; person providing the service; drop down box	All staff or provider names	Provides record of which staff member provided the service
	Service Plan Date	Date picker	Service Plan Dates	Provides a record of service plan date.

Case Management Individualized Service Plan	**Service Plan Need**	Text Box	Description of client's service plan need.	Provides a record of client's needs at time of service plan.
	ISP Goal	Check Box: Select any ISP goals established with client while creating a service plan	• 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	Provides record of client's ISP goals

Service Name or Description	Field Name	Field Description	Values	Rationale
Referral: 1 External Referral, Referral 1 Internal Referral	**Staff or Provider Name**	Already included in CAREWare; person providing the service; drop down box	All staff or provider names	Provides record of which staff member provided the service
	Service Comment	Already included in CAREWare; free text field	Any comment related to the service that *does not* need to be in a case note.	Allows for providers to enter additional information not covered in other fields.
	Referred To:	Text box; agency or location client is referred to for referral	Any agency or location client is referred to for referral	Provides record of type of referral location
	Referred For:	Dropdown box; What service/category the referral is for	• Basic Needs • Education • Employment/ Financial • Food Bank • HIV Medical Care	Provides record that RW referral funds were used for allowable service

			• Non-HIV Medical Care • Housing • Medical Transportation • Other Transportation • Medical Case Management • Mental Health • Substance Use/ Harm Reduction • Social Community Integration	
	Referred for if Other:	Text field; used if referral service is not listed above	Specify additional referral service if "other" is selected above.	Provides record that RW Referral funds were used for allowable destination
	Appointment Date if Applicable	Date Picker: Date of referral appointment (if applicable)		Provides record of appointment date if applicable
	ROI in place for this referral	Checkbox: Whether or not a ROI is in place	"Yes" or "No"	Provides record of ROI
	Date Follow-Up Completed	Date Picker: date of follow-up		Provides record of follow-up date
	Referral Status or Outcome	Dropdown box; Status of referral	• Confirmed-Accessed • Confirmed- Did not Access • Lost to Follow-Up • No Follow-Up • Pending	Provides record of referral status or outcome
	Case Management Program	Drop-Down Box- Select the Case Management Program the Client is enrolled in at time of Eligibility Check	• 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	Provides a record of case management program at time of referral.

	Time Spent on Referral Activity	Drop-Down Box- Select the total amount of time for referral activity(ies).	• 15 Minutes • 30 Minutes • 45 Minutes • 60 Minutes • 75 Minutes • 90 Minutes • 105 Minutes • 120Minutes	Provides a record of the total time spent on referral activities
	If Applicable, ISP Goal	Check Box: If applicable select what ISP goal service is linked to	• 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	Provides record of ISP goals that are linked to services.
	Emergency Need	Check Box: If applicable, select emergency need if referral is related to an acute/emergency need	• Emergency Need: Medical • Emergency Need: Mental Health • Emergency Need: Alcohol/ Drug • Emergency Need: Housing-Financial • Emergency Need: Housing-Other • Emergency Need: Threat of Eviction • Emergency Need: Arrest/ Jail • Emergency Need: Other	Provides record of clients' acute/ emergency need for a referral.

FIELD REQUIREMENTS IN LACAN CAREWARE

The following table summarizes the fields that are in LaCAN CAREWare. It indicates whether the field is cross-provider (viewable/editable by all providers serving this client); whether the fields are required for the Clinical or Non-Clinical Ryan White Services Report (RSR); the frequency with which the data must be entered or submitted for Part B contracts; and any corresponding notes.

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	✓			✓		✓	Client'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
Current ISP on file?	✓			✓		✓	Check if client has a current ISP on file.
Current Assessment/ Acuity on file?	✓			✓		✓	Check if client has a current Assessment/ Acuity on file.
Case Manager Assigned: Part B	✓			✓		✓	Select Client's Part B Case Manager
Case Management Program	✓			✓		✓	Select client's case management program
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.
Other Case Management Program	✓			✓			Type other case management program here if selecting "Other" in Case Management Program field.
Primary Assistance Source	✓			✓		✓	Select Primary Transportation Assistance Type
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 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.