

LOUISIANA CAREWARE ACCESS NETWORK

RYAN WHITE CAREWARE 5.0 POLICIES & USER GUIDE

This document will provide general guidance in entering data into RW CAREWare for compliance with the reporting requirements of the State of Louisiana STD/HIV Program, City of New Orleans Office of Health Policy and AIDS Funding, NO/AIDS Task Force, and City of Baton Rouge Division of Human Development and Services, and the applicable Federal funding agencies.

Acknowledgements: LaCAN thanks the Oregon Department of Human Services for allowing LaCAN to adapt their CAREWare manual for this guide.

The Louisiana CAREWare Access Network

The Louisiana CAREWare Access Network (LaCAN) is a collaborative effort between four Ryan White grantees in Louisiana to improve the information technology capacity to collect and report client-level data to the HIV/AIDS Bureau, Health Resources and Services Administration (HRSA), HHS. The LaCAN partners include:

- Louisiana Department of Health and Hospitals HIV/STD Program
- City of New Orleans Office of Health Policy and AIDS Funding
- City of Baton Rouge Division of Human Development and Services
- NO/AIDS Task Force

These partners are using CAREWare as a central repository of client data and have agreed to exchange service information for the purpose of improving client care, data quality, and performance measurement.

About CAREWare

CAREWare is free, scalable software for managing and monitoring HIV clinical and supportive care and will quickly produce a completed Ryan White HIV/AIDS Program Annual Data Report (RDR) and the new Ryan White HIV/AIDS Program Services Report (RSR) for meeting reporting requirements to the federal grantee, the U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau (DHHS, HRSA, HAB). CAREWare was developed by jProg in New Orleans, Louisiana. Their website is: http://www.jprog.org

LaCAN uses CAREWare 5.0 in a centralized, 'real-time' configuration. Users only need to have the "client tier" or user interface installed on their local computer. By logging into the user interface, the client tier will connect to the "business tier" which holds all the rules for who can access what data, where to store data once it is entered into CW and other key activities. The business tier stores the data in a database; both the business tier and the database are stored on a server at SHP.

Table of Contents

LaCAN Data Management Policies & Procedures	1
1. Policy: Data Security & Confidentiality	1
2. Policy: Data Sharing in CAREWare	
3. Policy: Hardware Requirements	5
4. Policy: Required Fields & Data Entry Timelines	6
5. Policy: Entering Client Identifiers & Addresses	8
Note: Hispanic Surnames	
Adding/Removing Users & Connecting to the LaCAN System	
Resetting Passwords	
Software Updates	
Adding a New Client	24
Resolving Possible Duplicates When Adding Clients	
Finding a Client	
Demographics Tab	29
Client Eligibility	
Notes in CAREWare	
Services Tab	41
Rapid Service Entry	43
Annual Review Tab	44
Custom Annual Tab	
Clinical Encounters Tab	51
Referrals	67
Client Information Tab	71
Emergency Contacts Tab	73
Attachments	74
Relations	
Subforms	77
Performance Measures	
Using Calendar/ Date Picker Screens	82
Client Report	83
Financial Report	
No Service in X Days Report	
Mailing Labels	
Multiple Client Case Notes Report	
Custom Reports	
Exporting Reports	
User Messaging	96
Citrix	
Appendices	

Louisiana CAREWare Access Network CAREWare 5.0 User Guide

Need CAREWare Help?

Here's what to do:

- 1. Check the manual & troubleshooting guide
- 2. Contact your designated LaCAN Partner with questions about using CAREWare & creating reports
- 3. If you have a CW error or trouble connecting:

Send an email to the LaCAN Help Desk at hap@la.gov:

- Include "CAREWare" in your subject line (examples: CAREWare error, CAREWare question)
 If reporting a problem, include this information AND a clear description of the problem:
 - 1. Your name
 - 2. Your agency name
 - 3. Your email & phone number
 - 4. A screenshot of the error
 - 5. Paste the "details" of the CW error in your email

- Do NOT send client information. Be sure to remove identifying client info from any screenshots you send.

IF YOU NEED TO BE UNLOCKED IN CAREWARE, CONTACT YOUR DESIGNATED LACAN PARTNER FIRST

LaCAN Data Management Policies & Procedures

- 1) Date Security & Confidentiality
- 2) Data Sharing in CAREWare
- 3) Hardware Requirements
- 4) Required Fields and Data Entry Timelines
- 5) Entering Client Identifiers & Addresses

1. Policy: Data Security & Confidentiality

Effective Date: April 1, 2012

Confidential information includes not only sensitive health and risk-related information, but also client personal identifiers, potentially identifying information, and any other information provided to contractors for which confidentiality was assured when the individual or establishment provided the information. "Potentially identifying information" includes information that when viewed in conjunction with other information could possibly identify and/or be harmful to a particular person or group of people.

Communicating CAREWare Client Information:

- Information containing patient or client personal identifiers is never sent by email, even if encrypted. CAREWare client URNs, UCIs, eURNs, and any other agency client IDs will not be transmitted via email between any parties. LaCAN users, partners, and SHP staff will communicate about specific client records either during a live telephone conversation or by using a secure electronic transmission established by SHP staff.
- Electronic files containing patient or client personal identifiers, URNs, UCIs, eURNs, and any other agency client IDs will be transmitted to SHP and LaCAN Partners only via secure folders established by SHP.
- Personal identifiers are never left on voicemail messages.
- Printed CAREWare reports should not be faxed unless being sent to a fax machine that is demonstrated to be housed in a locked office or secure area.

Physical and Electronic Security:

- Computers used to access CAREWare must:
 - Be located in an agency office setting;
 - Be in a secure area/office and/or behind a door with a locking mechanism;
 - Be password protected at the Windows login level and have a password protected screensaver program installed and activated;
 - Have the monitor facing away from open doorways, hallways, or other areas so onscreen data/information cannot be accidentally seen by non-agency or nonpertinent personnel;
 - Have current, SHP-approved anti-virus software and Windows updates as described in the *Approved Anti-Virus Software* section of this policy.

- CAREWare must not be accessed from any mobile device or unapproved laptop. The procedure for requesting laptop approval is outlined in the Hardware Requirements policy below.
- CAREWare passwords must not be saved anywhere that may be seen by others.
- Users are not permitted to save CAREWare data to their computer without prior LaCAN and SHP approval, which should be requested via an email to the SHP Help Desk at hap@la.gov.
- Users will be automatically logged out of CAREWare after 30 minutes of inactivity.

LaCAN Data System Access:

- Prior to being granted access to confidential information, each CAREWare user must:
 - Complete and submit:
 - Request to Add/Remove User
 - User Confidentiality Agreement
 - Complete the web-based LaCAN Privacy Training

All are found at <u>http://new.dhh.louisiana.gov/index.cfm/page/1147</u>. All users will also be provided a copy of the current Louisiana STD/HIV Program Security and Confidentiality Policy.

- Access to and use of confidential records in CAREWare is limited to purposes related to each person's designated role ("need to know") at their employing agency. Not all CAREWare users are entitled to view or use all aspects of CAREWare. Full modification rights and view-only rights are defined for each person as determined by the LaCAN Partners and the supervisory staff at each user's employing agency.
- Each person authorized to access CAREWare must have a unique CAREWare username, and CAREWare password to verify authorization to access the LaCAN CAREWare system. Such identification codes and passwords shall be issued and changed regularly in accordance with the LaCAN policies.
- CAREWare accounts are user-specific and may only be accessed by the user assigned to that account.

LaCAN User Passwords:

All CAREWare passwords users must be 8-32 alphanumeric characters, including at least two numbers, at least one upper case letter, and at least one lower-case letter. CAREWare will prompt users to change their password every 30 days.

Passwords may <u>not</u> include the following:

- Any version of the user's name or username;
- User's birth date;
- Agency name or abbreviation;
- Sequential numbers (i.e. 12345678);
- A password already in use by the user for accessing anything else (e.g. VPN, screensaver, or Windows password).

Other Important Security Points to Remember:

- NO ONE should know your CAREWare password, including coworkers, supervisors or IT. If someone needs access to CAREWare, they should have their own account.
- Password must be changed after the first log in after being reset to the default password.
- Do NOT use a password that is easily guessed by anyone (e.g., your child's name or your birthdate).
- Do NOT distribute your CAREWare username or password to others.
- Do NOT write your CAREWare username or password where it can be easily accessed by others.
- Do NOT walk away from your computer with the CAREWare browser still up.
- Do NOT leave your computer unattended before logging off.

Client Data Security Breach:

 $\circ~$ A security breach can be defined as, but is not limited to, the following:

- Hardcopy or computer media from CAREWare, including mail outs, containing confidential material is lost or stolen.
- Hardcopy or computer media from CAREWare containing confidential material has been given or shown to a person who is not authorized to receive it.
- There is evidence of a break in to an office with a computer able to access CAREWare.
- There is evidence of someone trying to "hack" into a CAREWare computer or the CAREWare network.
- There is evidence, through media story or other that someone has obtained confidential material that may have come from the LaCAN system.
- If a breach occurs, the State of Louisiana Office of Public Health STD/HIV Program (SHP) Services Data Manager must be notified immediately at 504-568-7474. If this person is not available, the SHP Data Management & Analysis Unit Manager is notified at the same phone number. SHP will notify all other LaCAN Partners as appropriate.
- $\circ~$ All media calls related to a breach must be referred to the SHP Administrative Director.
- Any breach of confidentiality will immediately be investigated to assess causes and implement remedies. Infractions related to inappropriate access to or disclosure of confidential information may result in loss of CAREWare access, disciplinary action, termination of employment, loss of professional licensure, and/or federal, civil, or criminal penalties. (HIPAA Privacy 164.530; 45 C.F.R, §§160.300 et seq., 160.400 et seq., 160.500 et seq., 42 U.S.C. §1320d-6) SHP and LaCAN will comply with all applicable federal and state requirements for the reporting and notification of breaches of protected health information. (45 C.F.R. §§164.400 et seq., R.S. 51:3071 et seq.)

2. Policy & Procedure: Data Sharing in CAREWare

Effective Date: January 1, 2012

Policy

The LaCAN Partners are committed to the sharing of client data between LaCAN provider agencies when appropriate to improve services to persons living with HIV, enhance performance measurement, and increase the quality of Ryan White HIV services data. The LaCAN Partners have established a process for sharing Protected Health Information (PHI) in a confidential environment that complies with the Privacy Regulations of the Health Insurance Portability and Accountability Act ("HIPAA"), the Health Information Technology for Economic and Clinical Health ("HITECH") Act, and all applicable state laws. This effort is intended to minimize the burdens on both patients and service providers to improve coordination and quality of care to patients serviced by Ryan White HIV services providers in Louisiana.

The LaCAN system will utilize client-by-client data sharing for services and clinical information for clients who have received services at a LaCAN provider on or after January 1, 2012. The purpose of implementing client data sharing in CAREWare is for LaCAN providers to have access to service and clinical data entered by other LaCAN providers for the same client. LaCAN users are able to see data only for clients who have received services at their agency or have been referred to their agency by another LaCAN provider using the internal referral function in CAREWare. No LaCAN provider will have access to information on clients that have not received services through their agency.

As of January 1, 2012, all clients receiving services funded by a LaCAN Partner are required to have a signed "Client Consent for CAREWare Data Sharing and Notice of Data Collection" attached to their CAREWare client record. No services or clinical information may be requested or granted sharing in CAREWare if the client has marked the "not shared" option on this form.

If a client who has previously granted providers the right to share services and clinical information in CAREWare wishes to revoke the sharing, their provider must give the client the "Client Revocation of CAREWare Sharing" form to sign. Providers are required to automatically comply with a client's wish to revoke sharing by deactivating services and clinical sharing in CAREWare. This form is to be attached to the client's CAREWare record.

Procedure for Client Consent to Share

- All clients will be presented the LaCAN-distributed "Client Consent for CAREWare Data Sharing and Notice of Data Collection" and the accompanying CAREWare information sheet at the time of intake by their Case Manager (or other appropriate provider staff).
- Provider staff will answer any questions the client has about the consent form. This discussion may take place via phone if the client cannot meet face-to-face. This discussion should be documented in the client's case notes. If staff are unable to answer questions, they are required to document the client's questions and communicate them to their supervisor or designated LaCAN Partner contact.
- After the client signs the form and indicates their sharing preference, the provider will scan the document and attach to the client's CAREWare record. The paper copy of the consent form will be placed in the client's hard copy file at the provider.

- If a client has agreed to share their information, the provider will request services and clinical information to be shared through CAREWare with the providers listed in the CAREWare sharing option.
- Providers currently funded through a LaCAN Partner will grant sharing of services and clinical information for any client with a consent attached to their CAREWare record.
- If a provider fails to grant sharing of services and clinical information when requested by another provider with client consent, a LaCAN Partner data manager will grant the approval in CAREWare.

Procedure for Deactivating Client Consent to Share

- When a client expresses to a LaCAN provider that they no longer wish to share data in CAREWare, that provider will supply the client with the "Client Revocation of CAREWare Sharing" form to sign.
- After the client signs the form revoking sharing, the provider will scan the document and attach to the client's CAREWare record. The paper copy of the consent form will be placed in the client's hard copy file at the provider.
- The provider will deactivate their services and clinical sharing in CAREWare.
- The provider will notify their designated LaCAN Partner contact within 1 business day that the client has revoked sharing and the LaCAN Partner will revoke all other sharing in CAREWare for the client.

3. Policy: Hardware Requirements

Effective Date: April 1, 2011

Hardware Requirements

The following hardware is required for all sites and computers accessing CAREWare:

- Broadband connection
- Color screen
- Windows 7 operating system or higher
- LaCAN approved antivirus software (see Appendix C for list of LaCAN approved antivirus software.)

Portable Computing Devices (Laptops)

CAREWare is not approved for use on laptop computers without specific approval from the Louisiana Department of Health & Hospitals' Office of Public Health STD/HIV Program and adherence to the following requirements:

- The provider must submit a form to SHP stating the following:
 - The laptop user has a separate signed statement indicating receipt and understanding of laptop agreement/requirements;
 - The laptop is docked; and
 - The laptop does not leave the office.
 - The Laptop Approval form can be found here:

- http://new.dhh.louisiana.gov/assets/oph/HIVSTD/hivaids/2016/CAREWare Computer-Laptop request Form.pdf
- The provider must verify annually that the laptop designated for CAREWare use still meets the requirements in the submitted letter.

4. Policy & Procedure: Required Fields & Data Entry Timelines

Effective Date: January 1, 2012

Policy

The LaCAN Partners strongly encourage providers to use the CAREWare system to the fullest extent of its capabilities. Providers are required to ensure the correct entry and consistent updating of required client data and service elements in CAREWare for each client. CAREWare is intended to be a "real time" system, and accomplishing this requires timely data entry.

Providers are required to develop written procedures addressing the implementation and quality management of the elements contained in this policy. Provider policies should at a minimum include details of who will be responsible for the entry of data and the monitoring of data quality. The LACAN Partners will monitor the language and implementation of these policies on a regular basis.

Data Quality Management Plan Minimums

Data Quality Management Plans should at a **<u>minimum</u>** include:

- A plan to conduct data security checks with documentation of checks:
 - See LaCAN Data Management Policies and Procedures: Physical and Electronic Security
 - Ensure that computers are:
 - Located in an agency office setting
 - In a secure area/office and/or behind a door with a locking mechanism
 - Are password protected at the Windows login level and have a password protected screensaver program installed and activated
 - Have the monitor facing away from open doorways, hallways, or other areas so onscreen data/information cannot be accidentally seen by non-agency or nonpertinent personnel
 - Have current, SHP-approved anti-virus software and Windows updates
 - Ensure that CAREWare is not accessed from any mobile device or unapproved laptop.
 - Ensure that CAREWare passwords are not be saved by anywhere accessible by others.
 - Ensure that Users are not saving CAREWare data to their computer without prior LaCAN and SHP approval.
- A plan to conduct periodic data quality checks and how this will be documented:
 - Compare CAREWare to Client files for accuracy and timeliness of data entry.

- Establish a policy outlining how many clients files will be checked and at what frequency.
 - Compare a <u>minimum</u> of 10% of active clients each quarter
- A policy for determining when a client's case is considered closed: (After a certain number of attempts to contact, a certain number of months since last service, etc.)
 - Develop a plan to ensure that clients' enrollment status is current, closing out those who are no longer receiving services based on your established policy.
- A plan to check that all active clients are eligible to receive Ryan White Part B services. Documentation in file and CAREWare must reflect this.
 - All active clients are HIV positive
 - All active clients are currently Louisiana residents
 - All active clients have an eligible Federal Poverty Level
 - No greater than 300%
- o A plan detailing how clients' eligibility will be reviewed every six months

Individual users and their employing agencies are responsible for the validity, accuracy, and security of the data they collect and enter into the LaCAN system. Invalid, inaccurate, or incomplete data will result in a corrective action plan by the LaCAN Partner providing the agency's primary funding.

The fields listed below represent the minimum requirements for data entry as necessitated by federal, state, and city reporting requirements. Providers may require additional data entry through their internal policies.

Procedure: Required Fields

See Appendix A: LaCAN CAREWare Data Entry Required Fields for fields required by each LaCAN Partner. See Appendix B: Ryan White Part B Required Fields for additional required fields for entering services.

Procedure: Data Entry Timelines

- A. Newly enrolled clients will be added to CAREWare within 5 business days of their enrollment date.
- B. Services will be entered into CAREWare by the 5th business day of the month following service provision or invoice receipt, unless an extension is requested from the provider's LaCAN funder. (Exception: Louisiana Health Insurance Program services, ADAP services, and other services entered through Provider Data Import)
- C. Outgoing referrals must be entered within 5 business days of initiation. Referral outcomes must be entered within 5 business days of the outcome information being received.

D. Changes to client information (demographic data, addresses, insurance coverage, and annual review information) will be updated in CAREWare within 5 business days of receipt by the LaCAN provider.

Procedure: Changes to Common Client Data Fields

Many fields in CAREWare are automatically shared with other providers the client receives services from. Providers will note in the *Common Notes* box on the Demographics tab when they update client information, including the date of the update, initials of the updater, agency name, and what was changed. The following example is suggested: "12/1/2011 AgencyX OT: Updated address"

Common fields in CAREWare are:

Name Date of Birth Gender Sex at Birth Address, City, State, County, Phone Race, Ethnicity **Hispanic Subgroup** Asian Subgroup HIV Status, HIV+ Date, AIDS Date **HIV Risk Factors Common Notes** Vital Status Deceased Date **Primary Insurance** Housing/Living Arrangement Annual Household Income Number of People in Client's Household Poverty Level All fields on the Custom Annual Tab All fields on the Client Information Tab All fields on the Emergency Contacts Tab All fields on select subforms Most Attachments

5. Policy & Procedures: Entering Client Identifiers & Addresses

Effective Date: January 1, 2012

Policy

LaCAN Providers are required to follow the procedures below for entering client identifiers and addresses in CAREWare. Each provider is expected to develop internal policies that address who will be responsible for adding new clients to CAREWare and how the provider will monitor the accuracy of the client information entered.

Procedures for Entering Client Identifiers & Addresses in CAREWare

CLIENT NAMES

Client names must be entered using uniform rules to reduce the number of duplicates and ensure that clients can be properly matched between databases. Names in CAREWare are an official record of who is served. Do not use nicknames, aliases, John/Jane Doe, or anything other than a client's legal and verifiable name. *If the name on a client's official ID conflicts with their intake form or another handwritten document, always use the name on the official ID.*

FIRST NAME

Enter the **legal** first name of the client from an identification card such as driver's license, birth certificate, social security card, passport, or other official document.

- Capitalize the first letter of the first name. If the first name is made up of two names or two parts of a name (e.g. Joe Bob or DSario), capitalize the first letter of each name or each part of the name.
- Do not use hyphens, apostrophes, accents (e.g., é ò), tildes (e.g., ñ ã), or other symbols (e.g., ü å ĉ), in the first name.
- Do not put "-C" or any other non-identifier information in any name field.
- **Do not put any suffixes** (e.g. Jr, Sr, III) in the first name field. If essential for contacting the client, put this in the last name field as instructed below.
- Do not put initials in the first name field only the full legal first name.
- If a client is transgender but has not legally changed their name, put their preferred first name in parentheses after their legal first name (e.g., client legally named William but goes by Tanya would be "William (Tanya)").
- **Do not use nicknames or abbreviations in the first name field** (e.g. client is legally named Anthony but goes by Tony; this would be "Anthony").

First Name	How to Enter in CAREWare
John, Jr.	John
D'Sario	DSario
Raúl	Raul
Kathryn, but client goes by Kate	Kathryn
William, but client goes by Tanya	William (Tanya)

Examples:

MIDDLE NAME

Enter the **legal** middle name of the client from an identification card such as driver's license, birth certificate, social security card, passport, or other official document.

- If the client does not have a middle name or the client's middle name is unknown, leave it blank. A lack of a middle name will not impact the URN.
- The guidance provided for entering the first name should also be followed for entering the middle name.
- If only the middle initial is known, enter the initial with no period.

LAST NAME

Enter the **legal** last name of the client from an identification card such as driver's license, birth certificate, social security card, passport, or other official document.

- Capitalize the first letter of the last name. If the last name is made up of two names or two parts of a name (e.g. Johnson Smith, McMurphy, or O'Malley), capitalize the first letter of each name or each part of the name.
- If a client uses multiple last names (this may be common among Hispanic clients), follow legal documents provided by the client. In the absence of documentation or if the documents have conflicting information, use the client's first surname as the beginning of the last name field. Additional surnames may be added in the field after the first surname.
- **Do not use** apostrophes, accents, tildes, or any symbols other than hyphens in the last name. Use hyphens only to match their official identification, as shown in the next item and in the example below.
- If a client's name is legally hyphenated, put the names in the same order that they appear on the client's official identification (i.e., if name appears as Johnson-Smith on driver's license, do *not* enter as Smith-Johnson).
- If a client's legal name has a suffix, or a suffix is necessary to differentiate them when contacting clients, then a suffix may be included in the last name field. To add a suffix, put a comma after the last name, then a single space, then the suffix, and then a period. For **examples:** Joe Williams, JR. or Don Juan, III.

Examples:	
Last Name	How to Enter in CAREWare
O'Connor	OConnor
Johnson-Smith	Johnson-Smith
Turner, JR.	Turner, JR.
Ramírez de Arroyo	Ramirez de Arroyo
Peña	Pena

• Do not put initials in the last name field – only the full legal last name.

Note: *Hispanic Surnames*

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

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

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

When entering the legal names of Hispanic clients into CAREWare, it may be somewhat confusing which name should go in the "last name" field. Follow the convention used on any legal document that is presented by the client. In the absence of documentation and/or if the document has conflicting information, use the client's father first surname (first apellido) as the beginning of the last name field. Additional surnames may be added in the field after the first surname.

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

The following table provides some an example to illustrate the above explanation.

CLIENT DATE OF BIRTH

Enter only correct, legal, and verifiable dates of birth for clients. The date of birth should be taken from a form of official identification such as a driver's license or Louisiana identification card. Do not estimate the date of birth for any client or enter a "placeholder" date of birth. **If you need to add a client to CAREWare and do not know their date of birth, contact SHP for assistance.**

CLIENT GENDER

All LaCAN providers will use the Ryan White Services Report (RSR) guidance for entering client gender:

Indicate the client's gender (the socially and psychologically constructed, understood, and interpreted set of characteristics that describe the current sexual identity of an individual) based on his or her self-report.

- Male An individual with a strong and persistent identification with the male sex.
- Female An individual with a strong and persistent identification with the female sex.
- Transgender An individual whose gender identity is not congruent with his or her biological gender, regardless of the status of surgical and hormonal gender reassignment processes. Sometimes the term is used as an umbrella term encompassing transsexuals, transvestites, cross-dressers, and others. The term transgender refers to a continuum of gender expressions, identities, and roles, which expand the dominant cultural values of what it means to be male or female.

SEX AT BIRTH

Indicate the client's sex assigned at birth. This field will auto-populate based on the selected client gender unless "Transgender Unknown" is selected.

- Male- Individual assigned a male sex at birth.
- **Female-** Individual assigned a female sex at birth.

Further clarification expanding on the RSR definitions:

- If a client does not identify as transgender, use Male or Female as appropriate for their sex.
- If a client identifies as transgender or has transitioned to a different sex, select either "Transgender Male-to-Female" or "Transgender Female-to-Male" in the gender field. Their gender does not need to have been changed on their official identification to be marked as transgender in CAREWare.
- If you are attempting to add a client to CAREWare who is transgender and is likely to have received Louisiana Ryan White services in the past 10 years, contact your CAREWare administrator if you are unable to find a matching record.

CLIENT ADDRESS

Providers are required to enter the complete physical address for their use in maintaining client communications and accurate reporting.

If a provider *changes* any of the client address fields, the provider will note that a change was made in the common notes section of the client record. The note will include the date the change was made, the initials of the individual who made the change, and the agency at which the individual works.

Example: Client address changed 6/25/11 by AR at Agency ABC.

Adding/Removing Users & Connecting to the LaCAN System

Requesting to Add/Remove a CAREWare User

Each provider should designate a person within their program who is responsible for coordinating new user information and software installation.

To add a new user:

- 1. Complete the "LaCAN Request to Add/Remove User" form. Have the new user and the user's supervisor sign it.
- 2. Review the "LaCAN User Confidentiality Statement" with the new user. Have the new user and the user's supervisor sign it.
- 3. Have the new user complete the online LaCAN HIPAA training. Users must have a score of at least 80% to gain access to CAREWare. This score is sent automatically to LaCAN and there is not a time limit for the training. The user may complete the training multiple times to get the 80% score.
- 4. Fax or scan & email the user's forms (Add form and Confidentiality form) to your agency's designated LaCAN Partner.
- 5. The LaCAN Partner will approve/deny the request and forward the forms to SHP. SHP will set up the user in CAREWare and contact the agency with the user's login information.

To remove a user from the CAREWare system after they leave the agency or no longer need access:

- 1. Complete the "LaCAN Request to Add/Remove User" form.
- 2. Fax or scan/email the form to your agency's designated LaCAN Partner.
- 3. The LaCAN Partner will forward the form to SHP for account deactivation.

Find the Add/Remove user forms here:

http://new.dhh.louisiana.gov/assets/oph/HIVSTD/hiv-aids/2015/CWUserForm-Revised.docx.pdf

Installing CAREWARE Client Tier

The RW CAREWare Client Tier is a small application installed on your machine which allows you to access the RW CAREWare environment hosted for the State of Louisiana by AJ Boggs & Company. It is a relatively easy install process, but does require "Administrative Permissions" to install correctly. This part of the manual provides instructions for installing the CAREWare client tier and configuring it to access the CAREWare server.

If you have issues installing the CAREWare Client Tier please contact the external host, AJ BOGGS directly at 1-877-IXN-4IXN.

IMPORTANT INFORMATION FOR IT STAFF: CAREWare runs over port 8124 so the computer accessing the system will need to have this port open. We also recommend giving the port priority to ensure a stable connection betwenn the client tier and the

NOTE: You will need administrative rights on your computer or you will need an IT person to install the CAREWare client tier for you.

1) 1) Open your favorite web browser (Internet Explorer, Firefox, Google Chrome, etc)

2.) Navigate to the following web address:

http://www.jprog.com/tools/frmwk4.5.1/Build900/RWCAREWareClientTierSetup.exe

a. Depending on the browser you use, you will be prompted in different ways to download the installer file. Here's how it looks in Internet Explorer:

Do you want to run or save rwcarewareclienttiersetup.msi (12.5 MB) from jprog.com ?		
	Run Save v Cancel	
And the second state of th		

- 2) Do not click "Run." Instead, click the drop down arrow next to "Save" and click "Save As." A window pops up asking where you want to save the file.
- 3) Once the download completes, you can click "Open Folder," as shown below, or navigate to the location that you saved the file. Save the file to C:\Program Files (x86)\CAREWare\RW CAREWare Client Tier\

The rwcarewareclienttiersetup849_2.msi download has co	ompleted.		×
	Run	Open folder	View downloads

- 4) Here is where you must have administrator permissions to properly install the file. Hold the Shift key and right click on the file.
 - a. You will see a menu pop up with several options, one of which is "Run as different user." If you click simply "Install" and you do not have administrator permissions on your machine, the installation will not proceed properly and you will later receive a 2869 error.
- 5) Click "Run as different user," as shown below.

	Install	a sa the
	Repair	South States
enttie	Uninstall	
La caracteria de la car	Run as different user	TELEVISION STUDIE
	Troubleshoot compatibility	

6) A "Windows Security" dialog box will pop up, as shown below, asking for a username and password. You must enter credentials of a user with administrative permissions in order to continue.

	Windows Security
Run as dif Please enter o C:\Users\jkloo	ferent user redentials to use for .ko\Desktop\rwcarewareclienttiersetup.msi.
P	User name Password Domain: AJBOGGS
	OK Cancel

Once you have entered the correct credentials, the RW CAREWare Client Tier installer runs. Click "Next" once to get to the "Select Installation Folder" window. On this window, you must be sure to check the box for "Everyone," as shown below, in order for the installation to continue correctly.

记 RW CAREWare Client Tier	
Select Installation Folder	
The installer will install RW CAREWare Client Tier to the following folder. To install in this folder, click "Next". To install to a different folder, enter it b	elow or click "Browse".
Eolder: C:\Program Files (x86)\CAREWare\RW CAREWare Client Tier\	B <u>r</u> owse
	Disk Cost
Install RW CAREWare Client Tier for yourself, or for anyone who uses th	is computer:
Cancel < <u>B</u> ack	<u>N</u> ext >

7) Click Next to continue to the next screen. You will see the "Confirm Installation" screen, as shown below. Click Next.



- 8) Click the "I Agree" option to agree to the License Agreement, and click "Next".
- 9) The installer will install the Client Tier, and you are presented with the "Installation Complete" window. Click Close.
- 10) The RW CAREWare Client Tier is now installed, and the "Run RW CAREWare" program is now in your programs list. You can get to it through the Start Menu.

Adding the CAREWare Server

1) Open the CAREWare client and select **Options >>**



2) Click on Server List

RW CAREWare Login		
Department of Health and Human Services		
RW CAREWare		
Version 5.0		
User Name: cwtemp		
Password:		
Server: Port 8124 20.90727.5496 Server List Login Cancer < <options< td=""></options<>		
Encrypt Communication Channel		

3) Select **Add** and enter the server address. (Please contact SHP to get the LaCAN server address).

Server L	ist
Server Name/Address: LACAN Server Address	<u>S</u> ave
Port Number: 8124	Ca <u>n</u> cel
Server Name/Address	Server Port
<	>
Add <u>E</u> dit <u>D</u> ele	ete <u>C</u> lose

4) Click **Save.** It should look similar to the picture below (you will most likely have another entry above the one you just entered)

Server List		
Server Name/Address:	<u>S</u> ave	
Port Number:	Ca <u>n</u> cel	
Server Name/Address	Server Port	
LACAN Server Address	8124	
•	1	₽
Add Edit Delete	<u>C</u> lose	

- 5) Click Close to return to the login screen
- 6) Select the new server you just entered from the Server pull down menu

Logging into CAREWare

1) Click on the CAREWare logo on your computer.



The CAREWare login screen will appear. First check to ensure that CAREWare is connected to the correct server. The CAREWare you use must be directed to the correct server at SHP. If you select the "Options" button on the login screen, two additional fields, "Server" and "Port" will open (shown below). These fields should be set to lacan.ixn.com and the port should be set to 8124.



If your server address is different from the one shown above, or you have any trouble connecting to the server, contact the help desk at <u>hap@la.gov</u>.

Enter your user name in the "User Name" field. The user name is not case sensitive. Then enter your password in the "Password" field. The password is case sensitive so make sure to use UPPER or lower case letters as needed.

If you cannot remember or mistype your username/password, you will see an error screen that looks like this:

RW CAREWare		
Invalid User Name or Password.		
	ОК	<u>D</u> etails>>

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

RW CAREWare
This account is locked. Please contact your system administrator.
OK <u>D</u> etails>>

Resetting Your Password

The Password Reset Manager feature is triggered when a user account is locked because he or she entered an incorrect password more than three times. Once a user account is locked, CAREWare will show the following message:

RW CAREWare		
This account is locked from too many f token: e553f4e3	failed login attempts.[f	RESETOK]- event
	ОК	<u>D</u> etails>>

Once the user account is locked, a *Reset Password* button will be displayed.

1. Click *Reset* Password.

	are Login	
	Department of Health and Human Ser	vices
<	& IRSA	
	Health Resources and Services Admi	nistration
	DIAL CADENAL	
	KVV CAREVVA	are
		are
	Version 5.0	are
	Version 5.0 Build 892	Reset Password
User Name:	Version 5.0 Build 892	Reset Password
User Name: Password:	Version 5.0 Build 892	Reset Password
User Name: Password:	Version 5.0 Build 892	Reset Password

2. Click Send reset code to user email.

Reset Password For User: - TestTest	101	
Enter reset code:	Send reset code to user email	
	Submit	Cancel

3. Click OK.

Email sent	×
Password reset token sent. Check your email and enter the code to reset your password.	
ОК	

The user will receive an email like this:

A Password reset token was requested for user TESTTEST101. Click the Reset Password link on the login form and enter the following token: 6c621f6

This token will be valid for 1 hour from the time the email was sent.

4. Enter the token from the email



- 5. Click Submit.
- 6. Enter a new password.
- 7. Click Change Password.

Change Expired Password		
Your current password ha cannot login without chan	as been manually reset. You ging to a new password.	
User:		
TestTest101 New Password:	Repeat New Password:	
Change Paseword	Cancel	
Change Password	Calicer	

The user can now log into CAREWare with the new password.



IF YOU CONTINUE TO HAVE ISSUES LOGGING INTO CAREWare CONTACT YOUR DESIGNATED LaCAN PARTNER TO HAVE YOUR ACCOUNT UNLOCKED.

There is no penalty for forgetting your password. Forgetting your password is preferable to having it written down or accessible to others.

Software Updates

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

AutoUpdaterSpashScreen		
RW CAREWare Auto Updater		
Some files on your computer need to be updated so that you can use this RW CAREWare server.		
Do you want to update these files now?		
Yes No		
Click "Yes" to run the updater (required to login to this server), click "No" to cancel the update without logging on the RW CAREWare server.		

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

🛃 Please Wait	<u>- 🗆 X</u>
Synchronizing Files Please Wait	
Progress:	
Downloading Client.exe	

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

RW CAREWare Auto-updater		
RW CAREWare Auto Updater		
The required files have been obtained from the server but have not been put on your disk. You can review the news about the fixes and features in this new update before choosing to replace your files.		
News:	Downloaded Files:	
v313 Added the Integrase Inhibitors HAART class. Added the new ARV 'Isentress (Raltegravir)' to the medication import file medicationsImport313 xml. v312 Fixed a clinical client by client sharing bug. v311 Fixed a bug in the encounter diagnosis tab. Fixed a bug in the form designer. Fixed a bug in the scheduler. Fixed a bug in the scheduler. Fixed a bug in the XML Import/Export for custom diagnosis names. 	Client.exe CW40StartClient.exe Interop.ARVSPackage.DLL j/VersionCheck.DLL jMultiTier.DLL jProgBusiness.DLL jProgIDBFactory.DLL OuterCWClientUpdater.exe	
Update Now	Cancel Update	
Click "Update Now" to replace your old files with the downloaded files. Click "Cancel Update" to keep your old files and cancel the login to the requested CAREWare Server.		

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

CWUpdater 🛛 🗙
The update was successful. Click OK to login with the new version.
ОК

The update will then finalize.



Next, you will need to log in to the new version.

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

Main Menu		
	Add Client	System Messages
Department of Health and Human Services	Find Client	
参出たちた	Reports	
Health Resources and Services Administration	Pharmacy	About CAREWare
	Appointments	
	Orders	
LaCAN	Administrative Options	Refresh Messages
Ŷ	My Settings	
	Rapid Service Entry	
	Log Off	
	Exit	For all assistance with CAREWare, send an email to hap@la.gov with "CAREWare" in the subject line. Do not email client information.

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

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

Note: Options that are "greyed out" such as Pharmacy, Appointments, My Settings and Orders in the above menu are not available for use. Users may have access to different menu options depending on their role within the case management program

Adding a New Client

REFER TO THE POLICY FOR CLIENT IDENTIFIERS & ADDRESSES WHEN ENTERING NEW CLIENT INFORMATION

To add a new client, select *Add Client* from the main menu. Enter the client's name, gender, & birth date. Do not use an estimated birthdate and do not check the *"Estimated?"* box. Once all the information is completed, select *Add Client*.

Add Client	
Last Name:	First Name:
Headlights	Deer
Middle Name:	Gender:
In	Female
BirthDate:	Generated URN:
10/02/1968	DEHA1002682U
✓ Forms Check to use the forms feature	Client <u>C</u> ancel

CW will create a *Generated URN* based on the 1st and 3rd letters of the first name, the 1st and 3rd letters of the last name, the date of birth and a code for gender. If you enter a nickname rather than the full legal name, the URN will change. CW uses the URN to determine if the client is already in the database and to generate an unduplicated client count for many reports. Therefore, it is very important that all *Add Client* entries are accurate. Note the difference between the URNs in the two screens below for Dearest Headlights and Deer Headlights.

Add Client	Enter a client's nickname in quotation marks after the legal first name.
Last Name:	First Name:
Headlights	Dearest "Deer"
Middle Name:	Gender: Female
BirthDate: 10/02/1968	Generated URN: DAHA1002682U
✓ Forms	Add Client Cancel

Resolving Possible Duplicates When Adding Clients

When you enter a client in CAREWare who has previously been entered by someone else, one of two things will happen:

If the client was previously entered by your agency then you will see this screen:

🗇 Add New Client Confin	Add New Client Confirmation					
Please confirm that the data you entered is correct and review the list to make sure that you are not entering a duplicate client.						
URN: MRSM0101402U	First N marge	ame:	Last Name: simpson			
Middle Name:	Gende Femal	e	Bith Date: 01/01/1940			
F1-Add New Client		Possible Matche	95:			
F2-Go To Client Screen		Score	Name	Gender	Birth Date	URN
F3-Go To Client Forms		82	simpson, marge	Female	01/01/1960	MRSM0101602U
ESC-Cancel						
200 001001						

On this screen, you have the information for the client you are attempting to add at the top and a possible match in the Possible Match section. These clients are similar because they have very close URN components; only the birth year does not match.

In this case, you may click on the Possible Match client row and then click Go To Client Screen (F2) to view the record and determine whether this is the same client.

If this is the same client: Proceed with navigating the client record and entering information.

If this is NOT the same client: Click CLOSE on the open client record (shown above). Click ADD CLIENT again and then click the "Add New Client" (F1) link on the "Add New Client Confirmation" screen.

If the client was previously entered *by another agency and is new to your agency* then you will see this screen:

Possible Duplicate Client List				
The new client information you have entered generates a unique record number that is shared by at least one existing client. View the details of the possible matching client(s) listed below to determine whether or not the client you are entering is really a new client.				
Last Name:	First Name:	URN:		
simpson	marge	MRSM0101402U		
		>		
Ľ	⊻iew more information ab	out the selected client.		
<u>C</u> ancel the add client process.				

This screen tells you that there is another client record with a similar URN to the record you want to add. CAREWare will let you see *limited* information about the potential match so that you can determine whether this is the same client.

First Name:		Middle Name:	Last Name:	
marge		Miloue Name.	simpson	
Date of Birth:	Gender: Female	, 	URN: MRSM0101402U	
Address Fields:				
Address:			City:	
State:		County:	Zip Code:	Phone Number:
Éthnicity:		,	,	,
	C (1997)	C	oprio C Helenouro	
	U Hispanic	😢 Non-Hisp	Janic 💎 Unknown	
Race	U Hispanic	🖲 Non-Hisp		
Race		Non-Hisp	dian or Alaska Native	Other
Race White Black or Afric Asian	ean American	American Ind American Ind Islander	dian or Alaska Native	Other Unknown

Select the record and click the "View More Information About the Selected Client" button:

If this is the same client: Click "this is the client I was attempting to add..." to confirm the client is a match and proceed with entering/updating information..

If this is NOT the same client: If there were multiple potential matches on the previous screen, click "return to the list of possible matches..." and repeat the check for the next possible client match. If this was the only potential match, click "the client I am adding is not on the list..." to create a new client record.

IF YOU HAVE ANY QUESTIONS ABOUT ADDING CLIENTS OR NEED HELP DETERMINING IF A CLIENT IS ALREADY IN CAREWARE, EMAIL THE HELP DESK AT <u>HAP@LA.GOV</u>.

DO NOT INCLUDE ANY CLIENT INFORMATION IN YOUR EMAIL. YOU WILL BE CONTACTED BY THE HELP DESK.

Finding a Client

To search for a client, select *Find Client* from the main menu. Enter search text into any of the fields and press *Search*.

F	ind Client	The Section Records
	Enter search criteria. Part	ial matches will be included.
	Last Name:	
	Frost	You can search by the first letters of
	First Name:	either first or last name, by the URN or encrypted URN, or by client ID
	Client ID:	(assigned by each provider.)
	Client URN:	If you have a small case load, you can search by using the * (wildcard) symbol in any field.
	View Active Clients Only To search fo client, unche	r an <i>inactive</i> sults: 100 ck this box. Cancel

If your provider has custom client fields that are set-up for searching, they will display in the *Find Client* box.

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

earch Results			
arch results for criter	ia: Last Name Like 'p', Active Clients O)nly.	
net Name	First Name	Client ID	Client UDN
Last Marrie	Filst Name	Client ID	Cileni UNIN
an	Peter	56901	PTPN0102781U
ublic	John	2-0050	JHPB1021721U
ublic	Jack	For Local Use	JCPB0221701U
	Details N	Modify Search New Se	arch Close
		Houry obaron How ob	Cibac

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

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

If you cannot find an existing client after thoroughly searching, contact your LaCAN contact for assistance. *Do not add a new client record if you have reason to believe the client has previously received services at your agency.*

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

Demographics Tab

test, person	
Appointments Orders Forms ChangeLog Client Repor	ort Merge Client Delete Client Find List New Search Close
Demographics Drug Services Service Annual Review Encount	nters Referrals HIV C&T Pregnancy Relations Client Information Emergency Contacts Ag
First Name: Middle Name: Client URN person PRTS03028 Last Name: Client URN	Enrollment Status: Enrollment Date: Case Closed Date: 842U Active Image: Closed Date: Image: Closed Date:
ltest Encrypted U Gender: Date of Birth: Est? Hgu8aigWU	URN: Date of Death: URN: Alive
Female 3/2/1984	HIV Status: HIV+ Date: Est? AIDS Date: Est?
Sex at Birth: Encrypted UCI: Female 10D6A7C556FFEC6515DB572E7BE99DC11	18981A61DU HIV Risk Factors:
Client ID:	
Street Address:	s on label report
City: State: Zi	Zip Code:
County: Phone Num	mber:
Race(s):	
Ethnicity: Hispanic Subgroup:	

After finding or adding a client, the client's file will open to the *Demographic* tab. Enter the following fields on the *Demographics* Tab:

- *Client ID*: This field is for use at the local level. If your agency uses an internal client or chart number, enter it in this field. A client may have different values in the field at different agencies.
- Contact information: Enter the client's *Address, City, State, Zip Code, County,* and *Phone Number*. You must select "Louisiana" form the drop down menu in the *State* field before you can select the appropriate county.



• Include on label report: This field is 'checked' by default indicating that it is ok to use this client's name and address when running mailing labels from CW. If the client does not want to receive any mail at this address, uncheck this box.

test, test	
Appointments Orders Forms ChangeLog Client Report Merge Clie	nt Delete Client Find List New Search Close
Demographics Drug Services Service Annual Review Encounters Referrals	HIV C&T Pregnancy Relations Client Information Emergency Contacts Ag
First Name: Middle Name: lest TSTS1212852U lest Encrypted URN: gender: Date of Birth: Female 12/12/1985 Sex at Birth: Encrypted UCI: Female C70EBE6AEAA3A3FAECA68F3C0B0CA34852DD568EU	Enrollment Status: Enrollment Date: Case Closed Date: Active 3/3/2014 Image: Case Closed Date: Vital Status: Date of Death: Alive Image: Case Closed Date: HIV Status: Image: Case Closed Date: HIV Status: Image: Case Closed Date: HIV status: Image: Case Closed Date: HIV postive (not AIDS) Image: Case Closed Date: HIV Risk Factors: Image: Case Closed Date:
Client ID: Street Address: Include on label report	Common Notes Provider Notes User Case Notes
City: State: Zip Code: County: Phone Number:	Select client's self-reported Ethnicity and Race. For multi- racial clients, select all races that apply.
Race(s): White Black or African American Asian Asian American Indian or Alaska Native Native Haweian or Other Parcific Islander	

- *Ethnicity*: Enter the client's self-reported ethnicity (Hispanic or non-Hispanic). For purposes of the RSR, the ethnicity categories are defined as follows:
 - *Hispanic or Latino:* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be synonymous of "Hispanic or Latino."
 - *Not Hispanic or Latino:* A person who does not identify his or her ethnicity as "Hispanic or Latino."
 - Unknown: The client's ethnicity is unknown or was not reported.

- *Hispanic Subgroup:* If the client identifies as Hispanic or Latino(a), indicate the client's Hispanic subgroup.
 - Mexican, Mexican American, Chicano(a)
 - Puerto Rican
 - Cuban
 - Another Hispanic, Latino(a) or Spanish Origin

Race(s): Ethnicity:	Hispanic Subgroup:	If the client identifies as Hispanic, select a Hispanic subgroup
	Mexican. Mexican Americ Puerto Rican Cuban Another Hispanic, Latino/	can, Chicano/a

- *Race*: Enter the client's self-reported race categories. Multi-racial clients would have all categories that apply selected.
 - American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
 - Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, & Vietnam.
 - *Black or African American:* A person having origins in any of the black racial groups of Africa.
 - *Native Hawaiian or Other Pacific Islander:* A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - *White:* A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 - Unknown: Indicates the client's racial category is unknown or was not reported.
- Asian Subgroup: If a client identifies as Asian, select an Asian Subgroup.
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian

City: Stat Gretna Lou County: Rapides	te: Zip Code: islana I 45612 Phone Number: I 456-123-7891	If the client identifies as	
Race(s): Asian, American Indian or Alaska Nat 💌 Ethnicity: Non-Hispanic 💌	Asian Subgroup:	subgroup.	×

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

City: Giterna County: Repides	State: Louisiana V Phone I 456-12	Zip Code: 45612 Number: 3-7891	If the client identifies as Native Hawaiian or Pacific Islander, select a Pacific
Race(s): Asian, American Indian or Alaska N	Asian Subgroup:	Pacific Subgroup:	Islander subgroup.
Ethnicity: Non-Hispanic	Hispanic Subgroup	Guamanian or Chamorro Samoan Other Pacific Islander	

• Enrollment Status

cate Client	Delete Client		Find List	New Search	Close
HIV C&T Relations Client Information Emergency Contacts Agency Specific					
Enrollment Status: Active		Enrollment Date: Eligibility Status 3/15/2013 Vot Eligible for Ryan White			
Vital Status Alive	:	•	Case Clos	ed Date: <u>El</u>	igibility listory

- Select the appropriate *Enrollment Status* from the drop down menu. This field is agency-specific. For example, a client may have an Enrollment Status of *"Relocated"* at NO/AIDS Task Force but *"Active"* at Southwest Louisiana AIDS Council.
 - *Active* The client is currently enrolled at the agency and will be continuing in the program.
 - Referred or Discharged The client was referred to another program or services and will not continue to receive services at this agency. Also select this category if the client was discharged from a program because he or she became selfsufficient and no longer needed Ryan White Program-funded services, the client voluntarily leaves your program, or the client refuses to participate.
- *Removed* The client was removed from treatment due to violation of rules.
- Incarcerated The client will not be continuing in the agency's program because he or she is serving a criminal sentence in a Federal, State, or local penitentiary, prison, jail, reformatory, work farm, or similar correctional institution (whether operated by the government or a contractor).
- Relocated The client has moved out of the agency's service area and will not continue to receive services at the agency's location.

Your designated LaCAN Partner or funding agency will provide guidance in determining when a client is "lost to follow-up" and the enrollment status should be set to *Inactive/Case Closed*".

- Enrollment Date
 - The *Enrollment Date* is the first day the client was served by your agency.
 - The *year* will default to the current year.
- Case Closed Date
 - The date the client's case is closed at you agency.

Client Eligibility

Test, James				
Appointments Orders Forms Change	Log Client Report Dup	licate Client Delete Client	Find List New Search	Close
Demographics Drug Services Service Annual Re	view Encounters Referrals	HIV C&T Relations Client Information	Emergency Contacts Agen	cy Specific 1
First Name: Middle Name: James Image: Image	Client URN JMTS0404641U Encrypted URN:	Enrollment Status: Enroll Active Vital Status: Aive Vital Status:	ment Date: Eligibility Stat Not Eligible for Case Closed Date:	us Ryan White ligibility History
Gender: Date of Drifth. Est? Male 4/4/1964 Sex at Birth: Encrypted UCI: Male 878CABAEF5348D99DA025	CEE24A7FBC5028C90B5U	HIV Status: HIV-	Date: Est? AIDS D	ate: Est?

- Things to know about eligibility:
 - The Ryan White Federal funding agency, HRSA, moved their data scope from funded scope to eligibility scope. Previously all clients who received a Ryan White funded service were included on the RSR. Beginning in 2015, whether or not a client is included in the RSR is based on their eligibility to receive Ryan White Services.
 - Clients will be included in the RSR if they:
 - 1. Are eligible to receive Ryan White services at your agency
 - 2. Received a service that is funded by Ryan White at your agency, even if the client's visit was not funded by Ryan White

• This shift in scope in largely due to the Affordable Care Act and more clients being able to access insurance to cover their services.



• Example- Your agency is funded by Ryan White to provide Food Bank and Transportation services.



Eligibility Criteria

- A client is eligible for Part B if:
 - The client is HIV Positive
 - The client is a Louisiana resident
 - The client's Federal Poverty Level is 300% or lower
- A client is eligible for Part A New Orleans if:
 - The client is HIV Positive

- The client resides in Orleans, Plaquemines, Jefferson, St. James, St. Charles, St. Tammany or St. Bernard Parish
- The client's Federal Poverty Level is 400% or lower
- A client is eligible for Part A Baton Rouge if:
 - The client is HIV Positive
 - The client resides in East and West Feliciana, Pointe Coupee, East and West Baton Rouge, Ascension, Iberville, Livingston, and St. Helena Parish
 - The client's Federal Poverty Level is 300% or lower
- Part C & D agencies should ensure that their clients meet their agency's eligibility requirements.
- New or Returning Clients
 - Eligibility information in CAREWare includes:
 - Residence information
 - Poverty Level
 - Enrollment Status
 - HIV Status
 - Eligibility History
 - This information should be entered in CAREWare within five (5) days of intake.
 - If the client is returning, make sure their name, date of birth and gender are up to date and correct

Test, Client			
Appointments Orders Forms ChangeLog Client Report Merge Cli	ent Delete Client Find	List New Search Close	
Demographics Drug Services Service Annual Review Encounters Referrals	HIV C&T Relations Client Information Em	ergency Contacts Agency Specific 💶 🕨	
First Name: Middle Name: Client Client URN Last Name:	Enrollment Status: Enrollment D Active Vital Status: Ca Alive HIV Status: HIV+ Data CDC defined AIDS Vital Status: HIV+ Data	Ade: Eligibility Status Not Eligible for Ryan White ase Closed Date: Eligibility History * Est? AIDS Date: Est? * G/5/2014 *	
Client ID: Street Address: Include on label report [123 Candy Dr City: State: Zip Code: [Candyland Louisiana I12345 County: Phone Number: East Feliciana Race(s) Race(s): Ethnicity: Hispanic Subgroup: Non-Hispanic V	Common Notes Provider Notes	 Update the clie have been any Verify that the positivity in the information ma CAREWare 	ent's address if there changes client has a proof of fir file and that ttches what is in

• Vital Status and Death Date:

l Parte		20	
Vital Status: Aive	Date of	f Death:	
HIV Status:	HIV+ Date:	Est? AIDS Date	Est?
HIV Risk Factors:			•

- The Year will default to the current year.
- Select the appropriate *Vital Status* from the drop down menu. This data field will be shared by all agencies who are serving this client. The option *Unknown* should not be used.
- If the *Vital Status* is set to *Deceased*, a field for *Deceased Date* will open and the date of death should be entered in the field.
- *HIV Status*: The client's current HIV Status should be entered from among the options in the drop-down menu. This information should be verified if possible.

HIV Status:		HIV+ Date:	Est?	AIDS Date:		Est?
CDC defined AIDS	•	2/9/2014	▼ □	2/28/2015	-	

- *HIV-negative (affected)*—Client has tested negative for HIV, is an affected partner or family member of an individual who is HIV-positive, and has received at least one RWHAP-funded support service during the reporting period.
- *HIV-positive, not AIDS*—Client has been diagnosed with HIV but has not advanced to AIDS.
- *HIV-positive, AIDS status unknown*—Client has been diagnosed with HIV. It is not known whether the client has advanced to AIDS.
- CDC defined AIDS—Client is an HIV-infected individual who meets the CDC AIDS case definition for an adult or child. NOTE: Once a client has been diagnosed with AIDS, he or she always is counted in the CDC-defined AIDS category regardless of changes in CD4 counts. For additional information, see: http://www.cdc.gov/hiv/default.htm

For all diagnoses in 2014 and forward, the case definition for AIDS includes all HIV-infected persons with a CD4+ T-lymphocyte count of <200 cells/ μ L

- *HIV-indeterminate (infants only)*—A child under the age of 2 whose HIV status is not yet determined but was born to an HIV-infected mother.
- HIV Risk Factors: Check all the boxes that apply for HIV Risk Factors (modes of HIV transmission to the client.) These entries may be based on client self-report and/or the case manager's professional assessment. If you have a question about a mode of transmission that does not appear to fit in the categories, contact your funder for guidance.

Select any Risk Factors that app	V. atus: Date of Death: V. tus: HIV+ Date: Est? AIDS Date: Est? Est? IDS Date: Est?
Female C70EBE6AEAA3A3FAECA68F3C0B0CA34852DD9 Client ID: Street Address: Include on label report City: State: Zip Code:	HIV Risk Factors:
County: Phone Number:	

- *Men who have sex with men (MSM)* cases include men who report sexual contact with other men (i.e., homosexual contact) and men who report sexual contact with both men and women (i.e., bisexual contact).
- Injection drug user (IDU) cases include clients who report use of drugs intravenously or through skin-popping.
- *Hemophilia/coagulation disorder* cases include clients with delayed clotting of the blood.
- *Heterosexual contact* cases include clients who report specific heterosexual contact with an individual with, or at increased risk for, HIV infection (e.g., an injection drug user).
- *Receipt of transfusion of blood, blood components, or tissue* cases include transmission through receipt of infected blood or tissue products given for medical care.
- Mother with/at risk for HIV infection (perinatal transmission) cases include the transmission of disease from mother to child during pregnancy. This category is exclusively for infants and children infected by mothers who are HIV-positive or at risk.
- *Not reported or identified* indicates the individual's exposure is unknown or not reported for data collection.

Notes in CAREWare

- Common Notes: The Common Notes field can be used to collect additional information about the client. The information in this field is available to any agency that serves the client. When you change information in one of the client's shared fields (e.g. address), put a notification in this box. Example: "12/1/2011 AgencyX OT: Updated address"
- *Provider Notes*: The Provider Notes field can be used to collect additional information about the client. The information in this field is **only available** to the agency entering the data.
- Case Notes

Open the Case Notes entry screen either from the Demographics tab.

Appointments Orders Forms ChangeLog Client Report Merge Clie	nt Delete Client Find List New Search Close
Demographics Drug Services Service Annual Review Encounters Referrals	HIV C&T Pregnancy Relations Client Information Emergency Contacts Ag. + +
First Name: Middle Name: Dana Image: Client URN Last Name: Image: Client URN Test Image: Client URN Gender: Date of Birth: Female 1/1/1996 Sex at Birth: Encrypted UCI: Female F18E6BCE79D5646FD65767C76BF69CB9A55E49A9U Client ID:	Enrollment Status: Enrollment Date: Case Closed Date: Active 10/22/2014 1 1 Vital Status: Date of Death: I Alive Image: Status: Image: Status: Image: Status: HIV Status: HIV+ Date: Est? AIDS Date: Est? HIV-positive (not AIDS) Image: Status: Image: Status: Image: Status: Image: Status: HIV Risk Factors: Image: Status: Image: Status: Image: Status: Image: Status: Image: Status:
	Common Notes Provider Notes User Messages Case Notes
Street Address: Include on label report	
I 1234 SE St City: State: Zip Code: Baton Rouge Louisiana 70805 County: Phone Number: E Baton Rouge Image: County: Race(s): Asian Subgroup: White, Asian Image: County: Ethnicity: Hispanic Subgroup: Non-Hispanic Image: County:	

lient: ke	st. test							1	
1.0				From:	Through:	Lemp	plates	<u>R</u> eport	1
5	Only show	v this p	rovider	6/3/2014	6/3/2015	Sha	aring	Close	1
lote:								Date:	
							*	6/3/2015 •	•
4								Author:	-
								Add Service	
								<u>S</u> ave	
		1.	Enter the da	te that corresp	onds to the case i	note.		<u>C</u> ancel	1
			• The	default will alw	ays be today's da	ite.		Paste Template	I
		2.	Select your	name from the	Author pull down	menu.		Spell Check	1
			 If y Staf 	our name is no f.	ot listed, please o	contact the LaCA	۲N آ	Thesaurus	j
arch Date	Provid	3.	To add infor agency, che	mation about a ck the box next	service(s) the clie to Add Service.	ent received at yo	ur	Add	l
			 You 	will be taken	to the Services ta	ab after saving t	he	Edit	J
			case	e note.				Append	ſ
		4.	Type the ca	se note in the N	ote field.			Delete	1
		5.	Click Save						1
1			 The at t 	saved case not he bottom of th	will appear in the e screen.	e list of case note	s,	I	
					e sor cent				

Case Note Templates:

Creating a template allows you to set up a format for case notes that you can use multiple times. This is great for when you want all case notes for your agency to follow a specific format.

Case Notes (Rapid Entry)	
Client: Itest, test From: Only show this provider	Through: Implates Report Close
Note: Received service 5/25/14	To create a template for Date: case notes, select the Template button. Author:
Case Notes Template Setup Case Notes Templates Template test template Click on the "New" button. New Edit Delete	Add/Edt Case Note Template Case Note Template Name: I est template 2 Case Note Template Text Date: Clert name: Case Manager: Observations: Case Manager: Deservations: Create a template that fits your specific needs, then click save. Save Cancel
Caret Notes (dayed totary) Client Find, tell IP (Orly show this ponider Note: Image: State of the ponider Note: Image: State of the ponider Image: State of the ponider of the p	Date Date

Case Notes (Rapid Entry) Client: jest, test	From:	Through:	- -	
IVE Only show this provider Note: Date: 10/20/14	,			
Case Manager: Guy Case Observations: Client requested transportation vouch	er.			
	Fil	ll in the tem informat	plate with ion then c	client specifi lick save.

Services Tab

To <u>enter</u> a new service, go the "Services Tab" and select "New Service" at the bottom of the screen.

1	test, test	_								
	Appointme	ents Orders I	Forms	ChangeLog	Client Report	Merge Client	Delete Client	Find List	New Search	Close
Demographics Drug Services Service Annual Review Encounters Referrals HIV C&T Pregnancy Relations Client Information E						Emergency Co	ntacts Ag			
	New Service	e Edit Service	Delete S	Service				Sharing Option	<u>s</u> <u>Preview</u>	Services
l	Search								2	/2 📥
	↓ Date	Subservice	Contr	act	Units	Price	Total	Amount F	Received D	omainName
	01/06/2016	H TBRA Exit	HOP	WA	1	\$0.00	\$0.00	\$0.00	L	aCAN Demo
	06/03/2015	H CF Permanent Fa	HOP	WA	0	\$1.00	\$0.00	\$0.00	L	aCAN Demo

The *"Add/Edit Service Details"* line will open for data entry. Referencing the guidance provided by your agency's funders will help to ensure compliance with service provision program policies as well as ensure quality in your data entry.

Demographics Urug Services Service Annual New Weight Counters New Service Fregnancy Pregnancy Pregnancy	Client information Emergency Contacts Age Sharing Options Preview Services 2/2 2/2 4 unt.Re 5 DomainName Units Price: 0 \$1.00
Service Provided By Start Time End Time Staff or Provider Name Pre-Enrollment Housing Situation Qualified Sources of Income	 Enter the service date. Select the Service Name from the drop-down menu or by entering the
	 first hew letters of the sub-service. Select the Contract, if necessary. Enter the number of units of service.
	5. Enter the Price per unit if applicable.

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

To <u>delete</u> an existing service, select one of the services in the history area of the window and select "*Delete Service*". **If you do not have permission to delete a service, see your supervisor.**

To generate a report of client services from the Services screen, use the **Client Services Report**. Click on the **Preview Services** button to select the services to appear on the *Client Services Report*.

Search Criteri	a: Column:			•	<u>A</u> mount Receiv	ved <u>S</u> ave	<u>C</u> ancel	Print
Date:	Service Name:	Contr	Units:	Total:	Provider:	Comments	Case Manager	Subservice
03/28/2011 04/02/2011	NAF - Non-RN Intake & Assessment: Fa RAF - RN Intake & Assessment: Face to	DHS DHS	1 8	\$0.00 \$0.00	DHS Training Set DHS Training Set	assessment t	Chris Wheeler Jerry Smith	False True, True,
<service< td=""><td>Sharing Preview Service</td><td>ces</td><td>"</td><td><u>N</u>ew S</td><td>ervice</td><td><u>E</u>dit Service</td><td>Delete</td><td>Service</td></service<>	Sharing Preview Service	ces	"	<u>N</u> ew S	ervice	<u>E</u> dit Service	Delete	Service

Client Services	Report		-	-	an Tanali				
								Close	
	Check the indiv	vidual ite	ms that	you wis	h to appear on the	e report.			
Date:	Service Name:	Contr	Units:	Total:	Provider:	Comments	Case Manager	Subservice	
☑ 03/28/2	NAF - Non-RN Intake & Assessment: Fa	DHS	1	\$0.00	DHS Training Set	assessment t	Chris Wheeler	False	
☑ 04/02/2	RAF - RN Intake & Assessment: Face-to	DHS	8	\$0.00	DHS Training Set		Jerry Smith	True, True,	
L									
					Once yo would like	ou have s e on the	elected t report <i>,</i> cl	he servio ick creat	ces you e report.
< >									
Include Amount Received Detail Create Report Create Report									

🤣 F	RW CARE	Ware Report	Viewer							
File										
	83	Brint	D M D H Q(€ 100 %	•	· 🔺 [J 1/1 🛛	Backward	Eorward	
	1.1.1		1	3	0.00	4 .	5 .	6		7 8
-		Client Serv	vices Report							
		Client:	Márquez Iguaran Garcia, Lu Santiaga	iisa						
		URN:	LIMR0214782U							
1		Year:	2011							
		Date:	Service Name:	Contract :	Units:	Total:	Provider:	Comments:	Case Manager:	Subservice Specific Custom Data:
2		03/28/2011	NAF-Non-RN In take & Assessment Face-to-face	DHS FY 2008- 2010	1	\$0.00	DHS Training Set	assessment to be completed 04/02/11	Chris Wheeler	False
		04/02/2011	RAF - RN Intake & Assessment Face-to-face	DHS FY 2008- 2010	8	\$0.00	DHS Training Set		Jerry Smith	True, True, True

Rapid Service Entry

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

Click on **Rapid Service Entry** from the Main Menu.

Rapid Entry Menu
F1 - Rapid Service Entry F2-Group Service Entry
ESC - Close

Select "F1- Rapid Service Entry"

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

🚸 Service Rapid Entry								• 🗙
F1-New Service F2-New Service For Selected Client F3-Edit Selected	Contains last Search criter	ia: he	As of: Today		e.g. Today or	MM/DD/Y	~~~	
<u>F4-Delete Selected</u>	Date:	Client:	Service:	Contract:	Unite:	Total	Provider:	Subservic
ESC-Exit	09/14/2010 09/12/2010 09/08/2010 05/13/2010 05/12/2010 05/10/2010 09/14/2009	Headlights, Dearest N Headlights, Dearest N Headlights, Dearest N Labon, Martha Christine Headlights, Dearest N Rabbit, Peter "Huffy" Loud, Whisper stutter	Med Visit other ss Med Visit other ss Med Visit Dental Services (also know RIN - RN Case Managemen Nutritional Food Voucher (R Nutritional Food Voucher (R	Testing Me Testing Me Testing Me DHS FY 20 DHS FY 20 DHS FY 20 DHS FY 20		0 0 0 0 45 20	DHS Traini DHS Traini DHS Traini DHS Traini DHS Traini DHS Traini DHS Traini	Client rep
	•							•

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

Last Name First Name Middle Name URN EURN Client ID Gender Headlights Dearest N DAHA0104 66Vwu9Hcm Female Current Client: Headlights Dearest N Amount Receivation Service Date: Service Name: Contract: Units: Price: Co [5/30/2011] INIF: Non-RIN Case Management: DIAS FY 2008-20 1 \$0.00 \$0.0 Comments Case Manager Case Manager Case Manager V	Search cr	riteria: 66	Vwu9Hcm	Colu	mn:		•	
Headlights Dearest N DAHA0104 66Vwu9Hcm Female Current Client: Headlights, Dearest N Amount Receiver Amount Receiver Service Date: Service Name: Contract: Units: Price: Co [5/30/2011] NIF: Non-RN Case Management: DHS FY 2008-20 1 [\$0.00 \$0.0 Comments Case Manager Case Manager	Last Name	First Name	Middle Name	URN	EURN	Client ID	Gender	
Current Client: Headlights, Dearest N Amount Receiver Service Date: Service Name: Contract: Units: Price: Co 5/30/2011 NIF: Non-RN Case Management: DHS FY 2008-20 v 1 \$0.00 \$0.0 Comments Case Manager V V V V V	Headlights	Dearest	N	DAHA0104	66Vwu9Hcm		Female	
Current Client: Headlights, Dearest N Amount Receiver Service Date: Service Name: Contract: Units: Price: Contract: [5/30/2011] NIF: Non-RN Case Management: DHS FY 2008-20 1 [\$0.00] [\$0.00] Comments Case Manager								

Annual Review Tab

Data entered on the *Annual* tab should be updated either annually or every 6 months and should be as accurate and up-to-date as possible at the end of the calendar year. All active fields should be completed.

Appointments Orders Forms Change Log Client Report Merge Client Delete Client Find List New Search Class Demographics Drug Services Service Annual Review Encounters Referals HIV C&T Pregnancy Relations Interesting Suff Hoi Polici Attac Annual Annual RSR View Annual Custom Fielde Quarterly Insurance Add Edit Delete Insurance 0 / 0 Insurance Insurance 0 / 0 Insurance Insurance Insurance Insurance Insurance 0 / 0 Insurance Insurance <t< th=""><th>arfish, Constance</th><th></th></t<>	arfish, Constance	
Demographics Drug Services Service Annual Review Encounters Referrals HIV C&T Pregnancy Relations Interesting Stuff Hoi Polici Attace Annual Annual Reservice Referrals HIV C&T Pregnancy Relations Interesting Stuff Hoi Polici Attace Annual Reservice Referrals Insurance Add Edit Delete Insurance Referrals Insurance Add Edit Delete Insurance Primary Insurance: Other Insurance: Other Insurance Other Insurance Other Insurance Federal Poverty Level Household Size: 0 Poverty Level: 0% Annual Screening HIV Primary Care Housing Arrangement HIV Transmission Counseling Mental Health Substance Substance Substance	Appointments Orders Forms Change Log Client Report	Merge Client Delete Client Find List New Search Close
Summary Data as of 8/13/2012 Bring Forward Insurance 0/0 Insurance 0/0 0/0 0/0 0/0 Primary Insurance: 0/0 0/0 0/0 0/0 Other Insurance: 0/0 0/0 0/0 0/0 0/0 Federal Poverty Level 0/0 0 0/0 0 0/0 0 Household Income: \$0.00 Household Size: 0 Poverty Level: 0% 0/0 0 0/0 0	emographics Drug Services Service Annual Review Encounters Refer Annual Annual RSR View Annual Custom Fields Quarterly	rals HIV C&T Pregnancy Relations Interesting Stuff Hoi Polloi Attac
Insurance 0 / 0 Primary Insurance: Uter Insurance Other Insurance: Image: Description of the Insurance Federal Poverty Level Other Insurance Household Income: \$0.00 Household Size: 0 Poverty Level: 0% Annual Screening HIV Primary Care HIV Primary Care HIV Transmission Counseling Mental Health Substance Alonge	Summary Data as of 8/13/2012 Bring Forward	Insurance Add Edit Delete
Federal Poverty Level Household Income: \$0.00 Household Size: 0 Poverty Level: 0% Annual Screening HIV Primary Care Housing Arrangement HIV Transmission Counseling Mental Health Substance Alore	Insurance Primary Insurance: Other Insurance:	Date Primary Insurance Other Insurance
HIV Primary Care Housing Arrangement HIV Transmission Counseling Mental Health Substance Almon	Federal Poverty Level Household Income: \$0.00 Household Size: 0 Foverty Level: 0%	
Housing Arrangement HIV Transmission Counseling Mental Health Substance Alware	HIV Primary Care	
HIV Transmission Counseling Mental Health Substance Always	Housing Arrangement	
Mental Health	HIV Transmission Counseling	
Substance Abure	Mental Health	
Julsiance Audie	Substance Abuse	

• After entering and saving the client's first service, go to the **Annual Review** tab.

• As you roll over each area on the left, the window on the right will show the previous entries for that section. To add a new record click on the plus sign (+).

Insurance Assessment.

Enter the primary source of insurance and any other secondary sources if applicable. Use the drop down menu to select the **Primary** source, then one of the check boxes if the client has any other or supplemental source.

Insurance Assessment :	
Primary Insurance:	Date:
	▼ 2/4/2016 ▼
Other Insurance	
🗌 Private - Individual 🛛	Medicare (Part unspecified)
Private - Employer	Medicaid
Medicare Part A/B	VA, Other Military
Medicare Part D	IHS
Full LIS	
Cother:	
High Risk Insurance Pool	
Save	Cancel

- Primary Insurance is the source of insurance the client uses for the majority of their medical care. This insurance should cover actual medical visits, not only prescription drugs
 - Private- Employer
 - Private-Individual
 - For those clients who have insurance through the Marketplace, select "Private Individual" as their Primary Insurance.
 - Medicare is a health insurance program for people ages 65 years and older, people with disabilities under age 65 (those who receive Social Security Disability Income – SSDI), and people with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant).
 - *Medicaid* is a jointly funded, Federal-State health insurance program for people with low incomes.
 - IHS- Indian Health Service
 - *Other* indicates that the client has an insurance type other than those listed above.
 - Other (blank text field) If the 'Other' box is checked then the name of the insurance can be listed here.

If a client has only ADAP coverage, list them as having *No Insurance*. ADAP is NOT a form of medical insurance.

Household Income, Size & Poverty Level

Poverty Level Assess Household Income:	ment : Date:
16000	2/4/2016 🔹
Household Size:	Poverty Level:
Save	Cancel

- Enter the client's **annual** *Household Income*. The client's income and the income of any blood relatives or legal spouse living with them should be included.
 - Things to remember about Household Income:
 - Enter the client's current household income as of the date you reviewed it.
 - A family income refers only to the income on which this individual can legally rely on.
 - Family income is based on the legal definition of family
 - If the household has an intermittent or uncertain income, have the client estimate their current monthly house hold income and multiply by twelve.
 - If the household has no income, put a 0.
- Enter the total *Household Size* for the client this calendar year. This should include the client and anyone included in the income above.
 - Things to remember about Household Size:
 - Enter the number of people of any age (including the client) in the household who are legally dependent on the annual household income.
 - The response must always be at least '1' for the client.
 - If the client is unclear, ask the client how many family members they are able to claim as dependents on their income taxes.
- CW will calculate the *Federal Poverty Level* based on the *Household Income* and *Household Size* entries. CAREWare automatically updates the formula used to determine FPL each year.
 - Note: The level will not calculate until after you save the entry.

Annual Screening Fields

Annual Screening fields are accessible through the Annual Screening area by rolling over any of these on the left hand side. Click Add then select the Type from the drop down menu.

Annual Scr	ening	
HIV Primary	Care	
Housing Ar	angement	
HIV Risk R	duction Counseling	
Mental Hea	th	
Substance	lbuse	

- Primary HIV Medical Care
 - Enter the source of *Primary HIV Medical Care* for the client.
 - If the client's assessment is completed, *Unknown* should not be used

-Annual Screening	:
Date :	6/1/2015 🔹
Type :	HIV Primary Care
Result :	_
	Emergency Room Hospital outpatient center No primary source of care
	Other Private practice Publicly-funded clinic or health dept. Unknown

- *Housing/Living Arrangement*
 - Enter the *Housing/Living Arrangement* of the client.

Annual Screening	1:
Type :	Housing Arrangement
Result :	•
Date :	Institution Non-permanently Housed Other Stable/Permanent Unknown / Unreported
	Unstable Save Cancel

- Non-Permanently Housed includes:
 - Transitional housing for homeless people;
 - Temporary arrangement to stay or live with family or friends;

- Other temporary arrangement such as a Ryan White Program housing subsidy;
- Temporary placement in an institution (e.g. hospital, psychiatric hospital or other psychiatric facility, substance abuse treatment facility, or detoxification center);
- Hotel or motel paid for *without* emergency shelter voucher.
- *Stable/Permanent* includes:
 - Renting and living in an unsubsidized room, house, or apartment;
 - Owning and living in an unsubsidized house or apartment;
 - Unsubsidized permanent placement with families or other self-sufficient arrangements;
 - Housing Opportunities for Persons with AIDS (HOPWA)-funded housing assistance, including Tenant-Based Rental Assistance (TBRA) or Facility-Based Housing Assistance, but *not including* the Short-Term Rent, Mortgage, and Utility (STRMU) Assistance Program;
 - Subsidized, non-HOPWA, house or apartment, including Section 8, the HOME Investment Partnerships Program, and Public Housing;
 - Permanent housing for formerly homeless persons, including Shelter Plus Care, the Supportive Housing Program, and the Moderate Rehabilitation Program for SRO Dwellings;
 - Institutional setting with greater support and continued residence expected (psychiatric hospital or other psychiatric facility, foster care home or foster care group home, or other residence or long-term care facility).
- Unknown/unreported
 - Indicates that housing/living arrangements were not reported. If the client assessment is completed, Unknown/Unreported should not be used.
- Unstable includes:
 - Emergency shelter, a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a vehicle, an abandoned building, a bus/train/subway station/airport, or anywhere outside;
 - Jail, prison, or a juvenile detention facility;
 - Hotel or motel paid for *with* emergency shelter voucher.

• HIV Risk Reduction Counseling

• If the counseling has been provided, select the appropriate authorized counselor who performed it.

Annual Screening : Date : 6/1/2015	Annual Screening : Date : 6/1/2015
Type : Mental Health	Type : Substance Abuse
Result :	Result :
No Not medically indicated Yes	No Not medically indicated Yes
Save Cancel	Save Cancel

Annual Screening	:	
Date :	6/1/2015 🔹	
Type :	HIV Risk Reduction Counseling	•
Result :	Yes	
Counseled by :		•
	Case mgr/social worker	
	Other trained counselor	
	Primary care clinician	
	UNKNOWN	

• Enter any mental health or substance abuse screening performed, if applicable.

Data entry hint: Much of the information on the Annual Review tab may stay the same from year to year. CAREWare contains a feature that will "roll-over" these data from one year to the next. To use this feature, click the **Bring Forward** button at the top of the tab. The date will appear in RED if the data is more than a year old. Though shown here as "1/1/2010," in a forthcoming build, the legacy data will be set to 12/31 of the year in which it is reported.

Test, Dana			
Appointments Orders Forms ChangeLog Client Report Merge	Client Delete Client	Find List New Search Clo	ose
Demographics Drug Services Service Annual Review Encounters Refe	rals HIV C&T Pregnancy Relations Cli	ient Information Emergency Contacts A	Ag 🖣 🕨
Annual Annual RSR View Annual Custom Fields Quarterly			
Summary Data as of 6/18/2015 Bring Forward	Annual Screening	<u>Add Edit Delete</u>	
Insurance 10/22/2014	<u> </u>	5/5	÷
Primary Insurance: Private - Individual	↓ Date Screening	Result	Actic
Other Insurance:	10/23/2014 Housing Arrangement 10/23/2014 HIV Risk Reduction Counse	Stable/Permanent	Case
Federal Poverty Level 10/22/2014	10/23/2014 Mental Health 10/23/2014 Substance Abuse	No Yes	0000
Household Size: 2 Poverty Level: 3%	10/22/2014 HIV Primary Care	Publicity+unaed clinic or n	

You will be given the option to check boxes next to the prior information to carry it forward if there are no changes.



Custom Annual Tab

There are several fields on the "Custom Annual" tab within the Annual Review to complete.

These fields should be completed at the same time as those on the Annual screen. Fields with "NOLA" in them are not required for agencies not funded by New Orleans Part A:

ducation Level	Employment Status	Annual Marital Status	Primary Income Source	Primary Care Source	
<u> </u>	_	1 1			-
umber of children in HH	Number of HIV+ children in HH	Has client been incarcerated?	ADAP Card Date Received by Agency	Current year	
			-		•
art A NOLA Enrollment St	atus	Enrollment/Anniversary Date - NOLA	Medical Record Number- NOLA	Agency Specific ID - NOLA	
eterral Source - NOLA					
	_				

Clinical Encounters Tab

The Encounters tab in the LaCAN system holds clinical and selected assessment data. Agencies with Outpatient/Ambulatory Medical Care or who provide lab services will be able to view and report on this tab.

The clinical encounter information tab appears **only** if you have user privileges that allow you to view or edit clinical information. **If you have not been granted these rights, either as a user or a provider, you will not have access to the clinical encounter module. If you need access please contact your Grantee.**

- When entering data through an Encounter, remember that the information applies only to the specific date of that encounter, whether it is today or a prior visit.
- The Encounter Report and Encounter Preprint function (available in the Reports menu), allow you to print out the information in the clinical module in any order; these client specific reports are used by many clinics as a paper form that eases data entry into CAREWare.
- To access a prior encounter, use the pull down menu to find the previous encounter date.
- To begin a new encounter, press **Create Encounter** and enter the encounter date, then press **Create Encounter**. The date shown will default to today's date.

test, test						
Appointments Orders Form	ns ChangeLog	Client Report Me	rge Client Delete Cli	ent Find List	New Search Clos	se
Demographics Drug Services Servic	e Annual Review	Encounters Referrals	HIV C&T Pregnancy	Relations Client Informati	ion Emergency Contacts Ag	g ∢ →
Encounter Date: 02/05/2016	LaCAN [-	Create Encounter	Delete Encounter	Encounter <u>R</u> eport	Sharing Options	
Only show data for this p	rovider					
Vital Signs Hospital/ER Admissi	ons Medications	Labs Screening Labs	Screenings Immuniza	tions Diagnoses Case N	Note	
Vital Signs			Values are in:		Rapid Entry	
	C	reate Encounter	0 - r -	Metric		
Prior	Value: Dat	Encounter Date:	/5/2016	der:		
Height(inches)						
Weight(Ibs)		Create Encount	er <u>C</u> ancel			
Pulse (bpm):			1			
Temperature(F)		•				
B.P. Sys/Dia		•				

Vital signs

 Vital signs can be entered in English or metric values. Height is entered in inches or centimeters, weight in pounds or kilograms, and temperature in Fahrenheit or Celsius. (Pulse and blood pressure are not affected.)

	ronnis changer	.og Client Repon	Merge Client	Delete Clie	nt	Find List	New Search	Close
emographics Drug Services	Service Annual Rev	iew Encounters R	eferrals HIV C&T	Pregnancy	Relations C	lient Information	Emergency Con	acts Ag
Encounter Date: 02/05/	2016 LaCAN [👻	Create Encounte	er <u>D</u> elete	Encounter	Encoun	ter <u>R</u> eport	<u>S</u> haring Op	tions
Only show data fo	r this provider							
Vital Signs Hospital/ER	Admissions Medicatio	ons Labs Screeni	ng Labs Screenin	gs Immunizati	ions Diagno	oses Case Note	•	
Vital Signs			Values	are in:			Rapid Entry	
-			c	English	C Metric			
	Prior Value: D	late laken: Cu	rrent Value: C	urrent Value	Provider:			
Height(inches)		•						
Weight(Ibs)								
Pulse (bpm):		•						
Temperature(F)		•						
B.P. Sys/Dia:		•						
Pregnant?								
Last visit	Curr	ently	View/Edit	History				

If there is a prior clinical encounter for this client, and their height has been entered, this value will be brought forward to the current record. This will ensure that if you also enter body weight, then the Body Mass Index or BMI (weight (kg)/height (m)2) will also be calculated. Of course, for infants and children, don't forget to update the height as it changes!

Client: test, test	From: Through: 2/5/2015 2/5/2016	Values are in:	<u>R</u> eport <u>V</u> iew Expa	Close Inded Chart
Vital Sign: Date:	Result:	Save Cancel		
Height(in.) Weight(ibs.) Pulse Temperature('f) B.P. Sys/Dia	Result: Provider:	List Primary: Secondary: Show All		
Add	lit <u>D</u> elete	Chart Primary: Secondary:		

Adding Vital Signs from Rapid Entry

• For each vital sign, CAREWare has set a "normal" range. If the value you enter is outside of that range, you'll be asked if you want to correct it or not.



Hospital/ER Admissions

 Hospital/ER admissions Information on a client's HIV-related hospital and ER admissions, number of days in hospital, and reason for ER visit/diagnosis can be entered here. Historical information entered at previous encounters shows up on the bottom half of the screen.

counter Date:	02/05/2016	LaCAN [👻	<u>C</u> reate En	counter	Delete Encou	inter	Encounter Report	Sharing Option
Only sho	w data for this p	provider						
tal Signs Hos	pital/ER Admiss	ions Medicatio	ns Labs S	creening Labs	Screenings In	nmunization	s Diagnoses Case	Note
Hospital	/ER Adm	nissions:						
Current Total numbe hospital adr previous en	er of HIV-related nissions since counter:	d Total Numb Hospital Da	erof Total ays: ERvi Enco	number of HIV- isits since previ unter:	related ous R	eason/Diag	nosis:	Save
1		2	2		P	neumonia		
Encounter	Hospital ad	Hospital da	ER visits:	Reason/Di	Provider:			
2/5/2016	1	2	2	Pneumonia	LaCAN Demo]		
1/5/2016	1	2	2	Pneumonia	LaCAN Demo			
11/10/2010	1	2	2	rneumonia	LaCAN Demo			

Medications

- Enter the client's complete medication prescribing history here for antiretroviral and any other medications. For purposes of the Ryan White Service Report (RSR), you must enter the client's HIV antiretroviral medications.
- "Date ART 1st Prescribed" (antiretroviral therapy) defaults to the date of the first HIV medication entered into CAREWare. However, since many clients may have started ART before they came into your care, this field is editable in the "Medications Rapid Entry" screen, and an earlier date may be entered.

Enter any medication allergies in the "Allergies" box. This information will carry over into future clinical encounters.

NOTE: Before you start entering medications for individual clients, you may want to go into the Medications Setup screen and make sure all the medications in your formulary are active and properly named for your purposes.

Client Not Receiving HAART

Appointments Orders Forms	Change Log Client Report	Merge Client Delete Clier	nt Find List	New Search	Close
Demographics Service Annual Review	Encounters Referrals HIV C&T	Relations Client Information	Contact Information	Agency Spec	ific 🛾 Su 💶 🕨
Encounter Date:	Create Encounter	<u>D</u> elete Encounter	Encounter <u>R</u> eport	<u>S</u> harin	g Options
Only show data for this provider					
Vital Signs Hospital/ER Admissions	edications Labs Screening Labs	Screenings Immunizations	Diagnoses Case I	Note	
Current Medications:	HIV+ Date: Date ART 1st Prescribed: 2/1/2005	Pre-ART Reason:		? Set	up Entry
Allergies:					
Pre-ART Reasons are:	Treatment not medically in Client not ready (as detern Client refused therapy Other extenuating circum	ndicated per guideline mined by clinician) stances (e.g. inadegua	s ate insurance, -	ability to pay	л Л

Starting Medications

• To start medications, click Start

emographics Drug Services Service	Annual Review Encou	nters Referrals	HIV C&T Pre	egnancy Relation	ns Client Informa	ation Emergen	cy Contacts Ag
Encounter Date: 06/02/2016	LaCAN [-	Encounter	Delete Enco	ounter E	ncounter <u>R</u> eport	Shar	ing Options
Only show data for this pr	ovider						
Vital Signs Hospital/ER Admissio	ns Medications Labs	Screening Labs	Screenings	Immunizations [Diagnoses Case	Note	
Current Medicatio	ons:	Date ART 1st Prescribed:	Pre-ART Rea	ason:	?	Setu	qu
	2/9/2014				-	Rapid E	Entry
Allergies:							
Allergies:	(1	1 -	1 -	1		
Allergies:	Class: Units:	Strength:	Dose:	Frequency:	Daily Dose:	Indication:	01:
Allergies: Medication: Abbreviation: donepezil (S	Class: Units:	Strength: 4546	Dose: 9092	Frequency:	Daily Dose: 36368	Indication: OI Prophyl	01:
Allergies: Medication: Abbreviation: donepezil (S dolasetron (dolasetron (Class: Units: 2 1	Strength: 4546 4506 455	Dose: 9092 4506	Frequency: qid bid	Daily Dose: 36368 9012 7390	Indication: OI Prophyl ART	01:
Allergies: Medication: Abbreviation: donepezil (S dolasetron (dorzolamide	Class: Units: 2 1 4	Strength: 4546 4506 455	Dose: 9092 4506 1820	Frequency: qid bid qid	Daily Dose: 36368 9012 7280	Indication: OI Prophyl ART OI Treatment	01:
Allergies: Medication: Abbreviation: donepezil (S dolasetron (dorzolamide	Class: Units: 2 1 4	Strength: 4546 4506 455	Dose: 9092 4506 1820	Frequency: qid bid qid	Daily Dose: 36368 9012 7280	Indication: OI Prophyl ART OI Treatment	01:
Allergies: Medication: Abbreviation: donepezil (S dolasetron (dorzolamide	Class: Units: 2 1 4	Strength: 4546 4506 455	Dose: 9092 4506 1820	Frequency: qid bid qid	Daily Dose: 36368 9012 7280	Indication: OI Prophyl ART OI Treatment	01:
Allergies: Medication: Abbreviation: donepezil (S dolasetron (dorzolamide	Class: Units: 2 1 4	Strength: 4546 4506 455	Dose: 9092 4506 1820	Frequency: qid bid qid	Daily Dose: 36368 9012 7280	Indication: OI Prophyl ART OI Treatment	01:
Allergies: Medication: Abbreviation: donepezil (S dolasetron (dorzolamide	Class: Units: 2 1 4	Strength: 4546 4506 455	Dose: 9092 4506 1820	Frequency: qid bid qid	Daily Dose: 36368 9012 7280	Indication: OI Prophyl ART OI Treatment	01:
Allergies: Medication: Abbreviation: donepezil (S dolasetron (dorzolamide	Class: Units: 2 1 4	Strength: 4546 4506 455 Start	Dose: 9092 4506 1820	Frequency: qid bid qid	Daily Dose: 36368 9012 7280	Indication: OI Prophyl ART OI Treatment	OI: P e Dose

- Enter the medication name. You can select it from the pull down menu, or type the first few letters of the medication. You can add the strength and frequency Indication will be:
 - ART (for HIV antiretrovirals)
 - OI (opportunistic infection) prophylaxis
 - OI treatment
 - Other (for other medications you may enter not related to HIV care)

If the indication is OI prophylaxis or treatment, the OI pull down will become active; select the relevant OI for which the medication (s) is being prescribed as treatment or prophylaxis.

Start Medication							
4. Enter the strength, f	frequency and other related in	formation for each medi	cation.				
5. Click Finish.							
Medication:	Units: Form:	Strength: Frequency:	Dose:	Indication:	01:	Comment:	Instructions:
efavirenz/emtricitab 💌	1 Tablets 💌	600 qd 💌	600	ART OI Prophylaxis OI Treatment Other	_		
						< <back< td=""><td>Finish</td></back<>	Finish

Adding a Regimen

Adding a regimen minimizes data entry when medications are entered more than once. To setup a regimen, click Regimen Setup, enter the regimen's name, add the medications from the list of medication drop list and complete the fields in the in the image below as it relates to the medication that you are entering. Upon completion, click save to save the regimen.

Regimen Name: abacavir		Li Active Fi	ne: Category:			<u>S</u> ave Cancel
Medication Selection Medication: abacavir	Units: Strength: I 90	Form: Solution	Dose: Frequency:	Daily Dose: Indica	ition:	Save ancel
Options: Instructions:	Au Er	utomatic Du nd Date 0	aration: Aut	to Refills: sscribe 0	Duration Ead	ch Refill: ?
Medication Name		Option	Units	Strength	Fom	Dose

This image shows a list of regimens that can be used on client when taking the listed medications.

1. Enter ti 2. Select	te start date for the medication(s). the regimen you are starting OR on the medication(s) you want to start		Medications Medications	
3. Click N	lext>>	U Non-	-ART Medications	
Start Da	ite:	Medicatio	on(s): Filter:	
6/2/20	16 🔹	Start	Medication Name	
Regim	ien:		5-hydroxytryptophan	
Start	Regimen Name		abacavir	
	abatacept		abacavir/dolutegravir/lamivudine	
	abatacept		abacavir/lamivudine/zidovudine	
			abacavir-lamivudine	
			-bb-	
			abareix	
			abatacept	
			abareix abatacept abciximab	

Stopping Medications

To stop a medication, select it from the list and press **Stop**:

Appointments	Orders	Forms	Change Log	Client Report	Merge Client	Delete Client	Find List	New Search	Close	
Demographics	Drug Services	Service Annu	ual Review End	counters Refer	als HIV C&T F	^{Pre} Stop Medic	ation		e - 4	-
Encounter Date	: 11/04/201	1 Priority H 🔻	<u>C</u> reate E	ncounter	<u>D</u> elete Encou	I. Enter th discontinui	e last date that o ng the medication	client took the mea n(s):	dcation(s) and	the reason for
🔽 Only st	now data for this	provider				Stop Date	e.	Beason for Disco	ontinuina:	
Vital Signs H	lospital/ER Adm	issions Medic	ations Labs	Screening Labs	Screenings Ir	nm 11/4/201	1 🔽			
Curren	t Medica	<mark>tions:</mark> н	V+Date:	Date ART 1st Prescribed: 11/4/2011	Pre-ART Reaso	2. Check t	ne medication(s	Virologic Failure Toxicity Intolerance		-
Alleraies:					1	Stop	Medication Na	Lost to followup		
Allergies.							efavirenz/emtri	Other Unknown		
Medicatio	n: Abbreviati	on: Class:	Units:	Strength:	Dose:	I		Therapy complete	d	.
etavirenz/	e ErV+IDF	+ NR11/NN	1	600	600					
						C	lose	Stop Selected N	/led	Go to Start New Med(s) Form
				Start		Stop	Correct Data Err	or Change I	Dose	

- Medications are discontinued because of one of the reasons above, as defined below:
 - Virologic Failure: the medication has ceased to be effective in fighting the virus.
- Toxicity: the medication has become toxic to the client's system (usually to one or more vital organs, for example, as measured by specific liver function tests or lipids).

- Intolerance: the medication's side effects have become intolerable to the patient.
- Lost to follow-up: the patient has stopped receiving treatment.
- Dose change: the medication has been re-prescribed with a different dosage.
- o Therapy completed
- Other: if you choose, the comment field can be used to elaborate.

Correcting a Data Error

If you make an error in entering the medication, you can change it through the Correct Data Error button. You can correct any information entered under the Start or Stop menus.

Change Dose

This button allows you to change a medication's dose, rather than having to stop the medication and restart at a different dose. Information on the prior dose will be retained. The change date defaults to the date of the current encounter.

Medications Rap	oid Entry - Chan	ge Dose	
Client test, test			Change Date: 2/5/2016
dolasetron (Ch	ewable Tablets)		
Current:	Strength	Dose:	Frequency: Total Dose:
1	4506	4506	bid 9012
Change To: -			
Units:	Strength:	Dose:	Frequency: Total Dose:
			Apply Cancel

Delete a Medication

 Highlight the medicat 	ion and click "Rapid Ent	ry"
Demographics Drug Services Service Annual Review Enc	ounters Referrals HIV C&T Pregnancy Relati	ons Client Information Emergency Contacts LA
Encounter Date: 02/10/2016 HIV/AID -	e Encounter	Encounter Report Sharing Options
$\overline{\mathbf{V}}$ Only show data for this provider		
Vital Signs Hospital/ER Admissions Medications Labs	Screening Labs Screenings Immunizations	Diagnoses Case Note
Current Medications:	Date ART 1st Prescribed: Pre-ART Reason: 2/10/2016 Client refused therapy	Setup Rapid Entry
AU		
Anergies.		
Medication: Abbreviation: Class: Units:	Strength: Dose: Frequency	Daily Dose: Indication: OI:
abacavir/la TRZ NRTI 45	4544 204480 gw	ART
abacavir-lam ABC+3TC NRTI 6	1234 7404 qw	ART

Louisiana CAREWare Access Network CAREWare 5.0 User Guide Last Updated: August 2016

• Highlight the medication and click "Zoom/ Correct Error"

Medications Rapid Entry	2 Longitud	-	The second division in the second	In the second second
Client: test, test Allergies:	HIV+ Date:	Date ART 1st Prescribed: 2/10/2016 •	Pre-ART Reason: Client refused therapy	? Setup ▼ Report Chart Close
Filter From: Through: 2/10/2015 2/10/2016	Indication:	01:	Show All	Conly Include Current Medications On Report
Medication: Abbrev.: Units:	Str: Do	Dise: Frq:	Total Daily Indication: OI	: Start
abacavirlam ABC+3TC 6	4544 20 1234 74	14450 qw 104 qw	ART	Stop Change Dose Zoom/Correct Error

• Click Delete

edications Rapid	Entry - Zoom/Correct	Error
Client		
test, test		
Medication:		
abacavir/lamivud	ine/zidovudine	•
Form:		
Solution	-]
Units:	Strength:	Dose:
45	4544	204480
Frequency:	Total Daily Dose:	
qw	•	
Indication	OI:	
ART	-	Ψ.
Start Date:	Stop Date:	
2/10/2016	•	
Reason For Disc	continuation:	
		Ŧ
Comment:		
Instructions:		
Apply	Cancel	Delete

Click "Close"

Medications Rap	pid Entry		2 100		1.000	-				-
Client			HIV+ Date:	Date ART	1st	Pre-ART Reason:			2	Setup
test, test				2/10/201	6 -	Client refused thera	DV			Report
						1				Chart
Allergies:									_	Close
Filter										
From:	Through	: <u>I</u>	ndication:	<u>OI:</u>			Show All		Only Inclu	ude Current
2/10/2015	• 2/10/20	16 -		-			SHOW AII		Medicatio	ns On Report
	[11.0		.	-					
Intedication:	ABC+3TC	Units:	1234	Dose: 7404	Frq:	Total Daily	ART	01:		Start
From: 2/10/2015 Medication: abacavir-lam	Through 2/10/20 Abbrev.: ABC+3TC	: Ir 116 - Units: 6	Str: 1234	OI:	Frq: qw	Total Daily	Show All Indication: ART	Г	Only Inclu Medicatio	ude Curre ins On R Start

Entering Labs

To enter a lab value:

- Select a lab from or type the first few letters of the name of the test in the "Current Test" field.
- Enter the value in the "Result" field.

NOTE: the pull down menu allows values of =(equal to), <= (less than or equal to), and >= (greater than or equal to). An "undetectable" viral load under 50, then, would be entered as <=49.

rt <u>S</u> haring Options
ise Note
Setup
Sava
Delete
Comment:

Providers using **HL7 uploads** are required to manually map clients who are receiving lab data via upload. To get to the unmapped client list, click the following from the Main Menu

- Administrative Options
- HL7 Client Mapping

NOTE: When mapping clients, you must be certain that the client is being mapped to the correct record in CAREWare. Once a client has been mapped, the client's lab data will upload.



Screening labs allow you to track tests that have a qualitative result, that is, where the result is either positive or negative. For certain tests like syphilis RPR, you can also record the titer.

mographics Drug Service Annual Review Encounters Referrals HIV C&T Pregnancy Relations Client Information Emergency Contacts Age Encounter Date: 02/05/2016 LaCAN [↓ Create Encounter Delete Encounter Encounter Report Sharing Options ↓ Only show data for this provider ↓ Vtal Signs Hospital/ER Admissions Medications Labs Screenings Immunizations Diagnoses Case Note Screeening Labs Rapid Entry Setup Add/Edit Current Test: Result: Titer: Treatment: Save Delete Test: Date of Pri Prior Result: Current Re Titer: Treatment: Provider: Comment: (82607) Vita ANA anti(HBe) Chiamydia Cytomegalo Epstein Barr G-6-PD Genital Herp Negative LaCAN De Growthea HBeAg HBeAg HBPA	appointments	Orders Forn	ns Changel	og Client R	eport Me	rge Client	Delete Client		Find List	New Search	Clos
mographics Drug Services Service Annual Review Encounters Referrals HIV C&T Pregnancy Relations Client Information Emergency Contacts Age Encounter Date: 02/05/2016 LaCAN [▼ Create Encounter Delete Encounter Encounter Report Sharing Options	, ppontenents	,	, enongee		-		,				
Encounter Date: 02/05/2016 LaCAN [] Greate Encounter Delete Encounter Encounter Report Sharing Options Val Signs Hospital/ER Admissions Medications Labs Screening Labs Screenings Immunizations Diagnoses Case Note Screening Labs Rapid Entry Setup Add/Edit Current Test: Result: Titer: Treatment: Save Gental Herpes Negative 1: Delete Test: Date of Pn Prior Result: Current Re Titer: Treatment: Provider: Comment: (\$2007) Vita ANA arti(HBe) Chiamydia Cytomegalo Epstein Bar Gental Herp Contrea HeeA HBEA HBEA H	nographics Drug S	Services Servic	ce Annual Rev	iew Encounter	s Referrals	HIV C&T P	egnancy Rela	tions Clier	nt Information	Emergency Con	itacts Ag
✓ Only show data for this provider Vtal Signs Hospital/ER Admissions Medications Labs Screenings Immunizations Diagnoses Case Note Screeening Labs Rapid Entry Setup Add/Edit Current Test: Result: Titer: Treatment: Save Gental Herpes VNegative 1: Delete Test: Date of Pri Prior Result: Current Re Titer: Treatment: Provider: Comment: (02507) Vita ANA anti(HBe) Chlamydia Cytomegalo Eptein Barr Geher Barr Geher Barr Geher Barr HBeAg HBEA	Encounter Date:	02/05/2016	I LaCAN [👻	Create End	ounter	<u>D</u> elete En	counter	Encounter	<u>R</u> eport	Sharing Op	otions
Vital Signs Hospital/ER Admissions Medications Labs Screening Labs Rapid Entry Setup Add/Edit Current Test: Result: Titer: Treatment: Save Gental Herpes Negative 1: Delete Test: Date of Pri Prior Result: Current Re Titer: Treatment: Comment: (2507) Vita ANA Anti(HBe) Chlamydia Cytomegalo E E Chamydia Cytomegalo Egtein Barr Gental Herp Negative LaCAN De Gonomhea HBeAg HBeAg HBeAg HBeAg HBeAg HBeAg HBEAg HBeAg HBeAg HBeAg Test to the comment to	Only sho	w data for this p	provider								
Screening Labs Rapid Entry Setup Add/Edit Current Test: Result: Titer: Treatment: Save Gental Herpes Negative 1: Delete Test: Date of Pri Prior Result: Current Re Titer: Treatment: Provider: Comment: (82607) Vita ANA arti(HBe) Chiamydia E E Chiamydia Cytomegalo E E E Goromhea HBAb HBeAg HBABA HBABA HBABA HBAAB HBAAB HBAAB HBAAB HBAAB HBAAB E E	Vital Signs Hos	pital/ER Admiss	ions Medicatio	ns Labs So	creening Labs	Screenings	Immunizations	Diagnose	s Case Not	e	
Add/Edit Result: Titer: Treatment: Save Gental Herpes Negative 1: Delete Test: Date of Pri Prior Result: Current Re Titer: Treatment: Delete Test: Date of Pri Prior Result: Current Re Titer: Treatment: Provider: Comment: (82607) Vita ANA Ana Titer: Treatment: Provider: Comment: Image: Comment: Im	Sereeni							B	anid Entry	Setup	
Add/Edit Current Test: Result: Titer: Treatment: Save Gental Herpes Negative 1: Delete Test: Date of Pri Prior Result: Current Re Titer: Treatment: Provider: Comment: (82607) Vita ANA anti(HBe) Chiamydia E Cytomegalo E Chiamydia Cytomegalo E Gerital Herp Negative LaCAN De Gonornhea HBeAb HBeAg HBeAg HBeAg HBeAg HBV(DNA) HCV(RNA) Hepatitis A • •	Screenii	Ig Labs							apid chary		
Current Test: Result: Titer: Treatment: Save [Gental Herpes Negative I: Delete Test: Date of Pri Prior Result: Current Re Titer: Treatment: Provider: Comment: (02607) Vita ANA Anti(HBe) Image: Comment:	Add/Edit										
Genital Herpes I: Delete Test: Date of Pri Prior Result: Current Re Titer: Treatment: Provider: Comment: ANA AnA AnA AnA Entitle	Current Tes	st:				Result:	Titer:	Tr	eatment:	Save	
Test: Date of Pri Prior Result: Current Re Titer: Treatment: Provider. Comment: ANA AnA AnA AnA Estein Bar Estein Bar <t< td=""><td>Genital Her</td><td>bes</td><td></td><td></td><td></td><td> Negative </td><td></td><td></td><td></td><td>Delete</td><td></td></t<>	Genital Her	bes				 Negative 				Delete	
Test: Date of Pri Prior Result: Current Re Titer: Treatment: Provider: Comment: An ANA anti(HBe) <t< td=""><td></td><td>1</td><td></td><td></td><td></td><td>4</td><td></td><td>4</td><td></td><td></td><td>_ </td></t<>		1				4		4			_
(82607) Vita ANA anti(HBe) E Chiamyda Cytomegalo Epstein Bar G-6-PD Genital Herp Genital Herp Genital Herp Heab HBeAb HBeAb HBeAb HBeAb HBeAb HBeAb HBeAb HBeAb HBeAb HBeAb HBeAb HBeAb HBeAb HBeAb HBeAb HBeAb HBYONA) HCV(RNA) Hepattis A	Test:	Date of Pri	Prior Result:	Current Re	Titer:	Treatment:	Provider:	Comme	ent:		
Anti(HBe) E Chlamydia E Cytomegalo Epstein Barr G-6-PD Genital Hep Genital Hep Negative LaCAN De Gonomhea HBeAg HBeAg HBV(DNA) HEV(INA) HCV(IRNA) Hepatitis A	(82607) Vita										
Chlamydia Cytomegalo Epstein Barr G-6-PD Gental Herp Negative LaCAN De Gonomhea HBeAb HBeAg HBV(DNA) HCV(RNA) Hepatitis A	anti(-HBe)										=
Cytomegalo Epstein Barr G-6-PD Genital Herp Negative LaCAN De Goromhea HBeAg HBeAg HBV(DNA) HCV(RNA) HCV(RNA) Hepatits A	Chlamydia										
G-6-PD Gental Hep Goromhea HBeAb HBeAb HBVDNA) HCV(RNA) Hepatitis A	Cytomegalo										
Genital Hep Genital Hep Gonomhea HBeAg HBV(DNA) HCV(RNA) Hepatitis A	Epstein Barr										
Gonomhea HBeAb HBeAg HBV(DNA) HCV(RNA) Hepatitis A	Genital Herp			Negative			LaCAN De.				
HBeAb HBeAg HBV(DNA) HCV(RNA) Hepatits A	Gonorrhea			2							
HBeAg HBV(DNA) HCV(RNA) Hepattis A	HBeAb										
HCV(RNA) Hepatitis A	HBeAg										
Hepatitis A	HCV(BNA)										
Lu or A	Hepatitis A										-
	Lu ee A										

Entering Screenings

Screenings are tests typically performed annually, such as a Pap smear, or a TB skin test (PPD).

test, test
Appointments Orders Forms ChangeLog Client Report Merge Client Delete Client Find List New Search Close
Demographics Drug Services Service Annual Review Encounters Referrals HIV C&T Pregnancy Relations Client Information Emergency Contacts Age
Encounter Date: 02/05/2016 LaCAN [- Create Encounter Delete Encounter Encounter Sharing Options
I ✓ Only show data for this provider
Vital Signs Hospital/ER Admissions Medications Labs Screening Labs Screenings Immunizations Diagnoses Case Note
Screenings Rapid Entry Setup
Add/Edit
Current Test: Current Result: Current Action: Current Score: Save
Mammogram Referral Indicated Referral Accepted Delete
Test: Date of Pri Prior Result: Prior Action: Prior Score: Current Re Current Act Current Sc Provid A
Environmental Assessment
hCG, Beta Subunit, Qual, Ser
Hep A Ab. Total
Hep B Core AD, 10t

NOTE: Colposcopy, mammogram, Pap smear and pelvic exam options will only appear for female clients. Colposcopy and mammogram were created through the Screenings setup function that allows you to add your own tests.

Entering Immunizations

- You can enter information on immunizations as you provide them, or enter a client's immunization history.
- For clients with a history of hepatitis or previous vaccination series, you can mark their immunization "NMI" (Not Medically Indicated) under the "Received:" field, then indicate "History of infection" or "history of vaccination" under the "Immunity:" menu. If a client has already been vaccinated, or is known positive from a prior infection, that information should be entered in the Screenings module to record serology.

t, test				
Appointments Orders Forms ChangeLog Client Report Me	erge Client Delete Client	Find List	New Search	Close
emographics Drug Services Service Annual Review Encounters Referrals	HIV C&T Pregnancy Relation	ns Client Information	Emergency Contac	ts Ag 💶
Encounter Date: 02/05/2016 LaCAN [_ Create Encounter	Delete Encounter	ncounter <u>R</u> eport	Sharing Optic	ons
✓ Only show data for this provider				
Vital Signs Hospital/ER Admissions Medications Labs Screening Lab	s Screenings Immunizations	Diagnoses Case Note	•	
Immunizations		Rapid Entry	Setup	
Add/Edit				
Vaccine:	Received:	Immunity:	Save	
Hepatitis B (1)	▼ Yes ▼	Immune 🔽	Delete	
Vaccine: Prior: Prior Date: Received: Immunity:				
Bicilin L-A DTaP H1N1 Swine				
Нер А/Нер Нер А/Нер Нер А/Нер			E	E

Entering Diagnoses

Enter an ICD-9 diagnosis, and indicate whether the diagnosis is presumptive or Definitive

	ervices Service Anr	nual Review Encounters	Referrals HIV C&T P	regnancy Relations	Client Information	Emergency Co	intacts Ag
Encounter Date:	02/05/2016 LaCA	N [- Create Encou	inter <u>D</u> elete En	counter End	counter <u>R</u> eport	<u>S</u> haring C)ptions
Only sho	w data for this provider	r					
Vital Signs Hos	pital/ER Admissions N	Medications Labs Scre	ening Labs Screenings	Immunizations Dia	agnoses Case Note		-
Connt					Add	Edit	Delete
Date (`ode	Description	Assessment	Status	Comment	070	rovider
Date:	ICD-10 Code	/ Description		Probler	n		
Date: 2/5/2016	ICD-10 Code (A03)Shiqell	/ Description 'osis		Problem	n		
Date: 2/5/2016 Assessment	ICD-10 Code (A03)Shiqell Status:	/ Description losis Comment:	(Problem	n		
Date: 2/5/2016 Assessment Presumptive	ICD-10 Code (A03)Shiqell : Status: Active	/ Description losis Comment:	(Problem	n		
Date: 2/5/2016 Assessment Presumptive	ICD-10 Code ICD-10 Code ICD-10 Code ICD-10 Code ICD	/ Description losis Comment:	(Save	Problem	n	Cancel	
Date: 2/5/2016 Assessmen Presumptive	ICD-10 Code (A03)Shiqell Status: Active	/ Description losis Comment:	(Save	Problem	n	Cancel	

Case Notes

Clinical information sharing and case notes

Appointments	Orders For	ms Changel	Log Client Rep	port Merge Clie	nt Delete Cli	ent	Find List	New Search	Close
mographics Drug	Services Serv	ice Annual Rev	view Encounters	Referrals HIV C&	T Pregnancy	Relations	Client Information	Emergency Cont	acts Ag
Encounter Date:	02/05/2016	LaCAN [👻	Create Enco	unter <u>D</u> ele	te Encounter	Ence	ounter <u>R</u> eport	Sharing Op	tions
🔽 Only sh	ow data for this	provider							
Vital Signs Ho	spital/ER Admis	sions Medicatio	ons Labs Scr	eening Labs Scree	nings Immuniza	tions Dia	gnoses Case Note	•	
Case N	ote (for t	he select	ed encour	nter date).			Rapid Entry	Setup	
Edit/Append				<u>itor uutoj.</u>					
Client's he	alth has improve	d.				*	Save Add	Spell Check	
							Append	Thesaurus	
							Paste Template	Delete	
Provider:	Note:	Author:							

• **Important Note on Entering long case notes:** If you are entering a long series of Case notes at one sitting for one client, you may want to save your changes after each paragraph or two.

Rapid Entry Screens in Clinical Encounters

Rapid entry screens allow for quick adds and changes to clinical encounter information entered from any date. The encounter-by-encounter screens allow providers to see current information, as well as some information from the previous encounter. By default, all rapid entry screens show you the entire previous year of data, but you can change this to any date range.

Rapid entry screens give providers an overview of a client's historical data in each clinical area. Users can readily produce charts and progress reports that allow for quick review of the medical history for any date range selected. Charting options are available in sub-tabs to plot quantitative values that change over time such as lab results for CD4 count and viral load or any other test, and vital signs.

You can add, edit, or delete information in any of the rapid entry screens. We recommend you use rapid entry only for minor additions and corrections to clinical information, (i.e., a client stops or changes a medication between visits). Using dated clinical encounters to enter information makes it easier for yourself and others to access that information in the future.

Vital Signs Rapid Entry

 By default, all vital signs from the last year are shown. Un-checking the "Show All" box in the center of the screen will allow you to see only one or two (primary and secondary) values. You can also choose primary and secondary values on which to run a chart.

Vital Signs Rapid Entry					
Client test, test	From: Through:	Values are in:		<u>R</u> eport	Close
Only show this provider	2/5/2015 • 2/5/2016	C English C I	Metric	<u>V</u> iew Ex	panded Chart
Vital Sign: Date:	Result:	Save Cancel	600		•
Vital Sign: Date: Weight (bs) 01/05/2016 Pulse(bpm) 11/10/2015 Weight (bs) 11/09/2015 Pulse(bpm) 08/24/2015	Result: Provider: 600.0 LaCAN De 150.0 LaCAN De 650.0 LaCAN De 200.0 LaCAN De	Primary:	500 - 400 -		
Tuse(ppin) 00/24/2013	200.0 LBCAN DB	Show All	300 -		
		Chart Primary:	200 -		
Add Ed	it Delete	Secondary:	100 -	2/2015	12/22/2015

• View Expanded Chart

• **This** button allows you to see a larger version of the chart, and choose whether to see it three-dimensionally. The expanded chart is not printable from that window.

Report

- This button allows you to generate a printable report based on the filters you've selected:
- Change the "From" and "Through" dates on the top of the screen and the graph will automatically re-plot using your new date range.

Medications Rapid Entry

By default, all prescribed medications for this client are shown. You can filter them using the 'Indication' field to show only meds for ART, OI prophylaxis, OI treatment, or other. You can also modify the "Date ART first prescribed" if the client began ART treatment prior to becoming your client, otherwise CAREWare will populate this field with the earliest ARV start date entered.

 Note that you can also check on the top right to include only current medications, that is, those for which there is no stop date (or a stop date after the Date range selected). This will shorten the printout for clients with many non-active meds.

Medications Rapid Entry					
Client test, test	HIV+ Date: 2/9/2014	Date ART 1st Prescribed: ▼	Pre-ART Reason:	?	Setup Report Chart
Allergies:					Close
Filter Through: 2/10/2015 ▼	Indication:	0I:	Show All	Only Inclu Medication	de Current ns On Report
Medication: A	bbre Units:	Str: Dose: Frq:	Total Daily Indication:	OI:	Start
dolasetron (Chewable Tablets) donepezil (Suspension) dorzolamide-timolol ophthalmic (Capsules)	1 2 4	4506 4506 bid 4546 9092 qid 455 1820 qid	9012 ART 36368 OI Prophylaxis 7280 OI Treatment		Stop
				Ch	ange Dose
•				Zoom	Correct Error

Labs Rapid Entry

By default, all labs are shown. You can apply primary and secondary filters (for instance, CD4 and viral load) to view only 1 or 2 labs, view charts, and run reports.

Labs Rapid Entry			- 1	
Client: Itest, test	From: 1/13/2014 • Through: 2/10/2016 •	Primary Filter: Secondary Filter:	✓ Setup Import ✓ View E	Report Close xpanded Chart
Test: Date: Resul	t	Save <u>C</u> ancel		
Test: Date: Result CD4 Count (1/22/2016 197 197 CD4 Count (1/23/2015 198 198 CD4 Count (1/23/2014 300 300	t: Provider: LaCAN De LaCAN De LaCAN De LaCAN De LaCAN De	Comment: Dat No No No		
<u>A</u> dd <u>E</u> dit	Delete Image	<u>H</u> L7Source		

Screening Labs, Screenings, Immunizations and Diagnoses Rapid Entry

These work in the same way as the other tabs, allowing you to specify date ranges and primary and secondary filters, and produce basic reports. However, you cannot generate charts from these screens as their values are not chartable.**HIV C&T**

The HIV Counseling & Testing (C&T) tab can be used to track clients who enter care through an agency's C&T program. It also allows agencies to track C&T for clients who only receive HIV C&T and not any other CARE Act eligible service.

Part A uses this module to track and report client utilizing Early Intervention Services.

Clients who are entered here will be included in the C&T section of the RSR, but they will not be included in the overall client counts unless they have also received an eligible CARE Act service in the reporting period.

Pregnancy Tab

Pregnancy and prenatal care is collected on the Pregnancy tab (which only appears for female clients).

The following variable are collected on this tab

- Estimated Conception Date
- Date client begin Prenatal
- # of prenatal visits
- Pregnancy Outcome
- o Delivery/outcome date
- Newborn HIV status
- ART Counseling
- o ART Offered
- ART TakenDate
- o ART begin

Appointments	Orders	Forms	Change Log	Client Report	Merge Client	Delete Client	Find List	New Search	Close
emographics)	Drug Services	I Service Ani	hual Review Enc	counters Referra	ils HIV C&T	Pregnancy Rela	ations Consent	L	mation [[
Add/E dit Pretest Cou Pretest Cou Yes Posttest C	unseling nseling: Pret	test Date: 4/2011 💌	Test Tested: Yes	Test D	ate: Tes 2011 V HIV Partner I	it Result: / Negative / lotification			ve Add
Yes Referr Comments:	unsel: Pos	ttest Date: 4/2011 ▼ t counseling:	Heason no Louns		No	Intication Unrered:			
Tested:	Te	st Date:	Test Res	ult:	Pretest Counse	<u>ki (</u> Prete:	st Date:	Provider:	

After completing the fields, click the "Save Add" button.

est, person	_									
Appointments	Orders	Forms Char	igeLog Clier	it Report Me	erge Client	Delete Client		Find List	New Search	Close
Demographics D	rug Services 3	Service Annual	Review Encou	nters Referrals	HIV C&T	Pregnancy Rela	tions	Client Information	Emergency Cont	acts Ag 🔸 🕨
Add/Edit Estimated C Pregnancy	Conception Date	: Prenatal Begi Delivery/Outc	n Date: # Pr	renatal Visits: Status of Newbo	PMT AR'	CT/ART T Counseling? V T Taken?	ART	Offered? v Date: v	<u>Save</u>	
Est Conce 3/24/2015	Pregnancy	. Delivery/0 1/2/2016	HIV Status Indeterminate	Reporting P LaCAN Demo	Prenatal C 4/23/2015	At Taken? Yes				
						<u>A</u> dd		<u>E</u> dit	Delete	3

Referrals

Two types of client referrals may be recorded in CAREWare:

- 1. External Referrals: Referrals made to agencies not using the LaCAN CAREWare
- 2. *Internal Referrals:* Referrals made to agencies using the LaCAN CAREWare.

Note that *Internal* and *External* refers to whether the agency you are referring a client to uses LaCAN CAREWare, NOT whether the client is being referred within your agency.

1. Open the client record in CAREWare and go to their Referrals tab.

eferral Date:	Type: F	Refer-To Provider:	*	Requested	Service Category Type	: Referral C	Class:
eferral Status	<u>·</u>	Referral Complet	te Date Refe	rral Comments.			
E1: Add Referra	E2: Edit Refe	rral Del: Delet	te Referral		☐ Silent Referral	Save	Cancel
E1: Add Referra	E2: Edit Refe	rral <u>Del: Delet</u>	te Referral		☐ Silent Referral	Save	Cancel 0/0

- 2. To enter a new referral, click the blue "Add Referral" link. This allows you to enter referral information.
- 3. Enter the referral date in the **Referral Date** field (this is the date you make the referral, not of the appointment or when the client goes).
- 4. Select the appropriate referral type in the **Type** drop down box. You will not be able to select a Refer-to Provider until this is selected.
 - a. Internal: Referrals made to agencies using the LaCAN system.

b. **External:** Referrals made to agencies not using the LaCAN system. <u>Remember that you should only make Internal referrals if you already have a</u> <u>relationship with the agency you are referring to, know that they are accessing</u> <u>CAREWare frequently, and that you have both the client's consent to make the referral</u> <u>and are still sending over the appropriate paperwork.</u>

5. Select the name of the provider you are referring the client to in the **Refer-To Provider** drop down box.

- a. If the provider is not listed on the drop down, click the **Add** button and browse the pop up list for the provider.
 - i. If you find the provider on this list, check the box next to their name and click the blue **Close** link.
 - ii. If the provider is **not** on the list, click the blue **Add Provider** link and complete as much information as you have. Only Provider Name is required, but the rest is helpful. Click **Save** and then the blue **Close** link.

	1			
External Providers	Active	Provider Name	I Contact Name	Phone
E1. Add Duriday		Aaron Edwards		
FIL ADD FTOVIDER		Abbeville Mental Heal		
F2: Edit Provider		Acadiana CARES Ris		
		Acadiana Recovery C		
Dal: Dalata Provider		Acrylic Dental		
Der. Derete Provider		Addictive Disorder Clinic		
		AHEC		
Esc: Close		AIDS Law		
		Alamo Area Resource		
		Alexander, Randolph		
		Aexandria Counseling		
		Algiers Fisher Behavio		
		April H. Matt		
		Art Smart		
		Ascension Parish Sub		
		Ashley Counseling Ser		
		Audiology/Hearing		
	lā	B. R. General Mental		
	3		111	

- 6. After selecting the Refer-to Provider, go to the **Requested Service Category Type** and choose the appropriate category. If you are completing an Internal referral, only the service categories currently active in a CW contract for that agency will appear.
- 7. If applicable, select the appropriate **Referral Class**.
- 8. The **Referral Status** will initially be Pending for all referrals unless you are entering them after an outcome has occurred. For External referrals, select the appropriate Referral Status and, for anything other than Pending, a **Referral Complete Date.** If doing an Internal referral, this information is completed by the Refer-To Provider.
- Enter any additional comments in the *Referral Comments* box.
- If you wish to make a *Silent Referral* check that box.
- Press *Save* to send the referral to the other agency.
- The referral will appear in the box at the bottom of the Outgoing Internal Referrals screen for that client.
<u>Note:</u> The *Referral Class* field is a customization available for additional referral tracking. Please contact LaCAN for more information. This field is *not* required to complete a referral.

To add, delete, activate, or deactivate providers on the drop-down list for *External Referrals*, select the "Add" button.

ferral Date:	Type:	Refer-To Provide	r. •	Requester	d Service Category Type	: Referral C	lass.
ferral Status		Referral Comp	lete Date: Referral	Comments:			<u> </u>
			<u>×</u>				
				`			
				\backslash			
				\			
				/			
				\setminus	Silent Referral	Save	Cancel
				\	F Silent Referral	Save	Cancel
1: Add Refer	ral F2: Edit Re	ferral Del: Del	lete Referral		☐ Silent Referral	Save	Cancel
1: Add Refer	ral <u>F2: Edit Re</u>	ferral <u>Del: De</u> l	iete Referral		Silent Referral	Save	Cancel

- To add a new provider, click "Add New Provider" and type the name into the Provider Name field, then click on "Save this Provider."
- To delete a provider, highlight the provider and click "Delete Selected".
- To activate a provider (have the name appear on the drop down menu), click the check box next to the provider name and make sure that the box is checked.
- To deactivate a provider (have the name appear on the drop down menu), click the check box next to the provider name and make sure that the box is unchecked.
- Click 'Close' to exit out of this screen and save changes.



About "Silent Referrals"

A silent referral is made with a greater degree of confidentiality. With a normal referral, the receiving agency is notified by a message on their CAREWare main menu that a referral has been received. With a silent referral, the receiving agency is not notified of the referral in CAREWare and does not know the client was referred unless they are notified through another method (e.g. the client coming in for the service or a phone call/email/fax from the agency sending the referral).

For silent referrals, the receiving agency must add the client to their CAREWare to see that a referral has been made. When they add the client, a message will appear notifying them of a possible duplicate and referral.

You may also edit outgoing internal referrals that have not been completed to change them to silent referrals.

When your agency has a Received Internal Referral (non-silent):



For users with permission to see incoming referrals, a link will appear on their CW main menu:

- Click on the *Incoming Referrals* link to view the referrals received electronically by your agency.
- In the list of clients that appears, select a record and click *Details*.
- If the client is already in your agency's CAREWare list (i.e., has been a client at your agency before) then you will be taken directly to the client record.

- If the client is new to your agency, the *Possible Duplicate Client* screen will appear and prompt you to add them as a client.
- You will be taken to the client's *Referrals* screen in their record and should then complete the *Referral Status* and *Referral Complete Date* fields once you have that information.
- If a service is provided that is related to the referral you received, you can enter that service from the referral record. It will also show up on the client's Services tab.

Client Information, Emergency Contacts, & Agency Specifics

Every client has three *custom tabs* in their record that LaCAN has set up:

- 1. *Client Information:* Used to record other client information such as who is their case manager, SSN, and mailing preferences. *Fields on this tab are shared with and editable by all of the client's providers.*
- 2. *Emergency Contacts:* Used to record the client's current emergency contact and evacuation information. *Fields on this tab are shared with and editable by all of the client's providers.*
- 3. *Agency Specifics:* A tab to include fields needed only by individual agencies. An agency may wish to record specific information collected only by their program that would not be useful to other agencies or is not otherwise required in CAREWare. For example: where a client's paper record is stored, other agency/local programs the client is enrolled in, or other staff assigned to the client. *Fields on this tab are only visible to your agency unless otherwise requested. Contact your LaCAN Partner to have fields added.*

Demographics Drug Services Service Annual Rev	view Encounters Referrals HIV C&T Pregnancy Relations Client Information Emergency Con 💶
Case Management Program	Other Case Management Program
Other	
Case Manager Assigned: Part A	Case Manager Assigned: Part B
	▼ <u></u>
Case Manager Assigned: Part D	SSN
Primary Language	Secondary Language
Consent to Mail	Consented Mailing Address
Yes - at address in Consented Mailing Address	
Non-logo mailing only	Attachment
Veteran	

Client Information Tab

Case Management Program: Select the case management program the client is enrolled in. Contact your designated LaCAN Partner if you have questions about what to choose.

Other Case Management Program: If you select OTHER in the Case Management Program field, type the name/type of program in this field.

Case Manager Assigned: Part A: If the client is case managed through a Part A program, select their name from this box. If the name does not appear in the dropdown, contact your designated LaCAN Partner to add it to the field. If the client is not case managed through Part A, leave this blank.

Case Manager Assigned: Part B: If the client is case managed through a Part B program, select their name from this box. If the name does not appear in the dropdown, contact your designated LaCAN Partner to add it to the field. If the client is not case managed through Part B, leave this blank.

Case Manager Assigned: Part D: If the client is case managed through a Part D program, select their name from this box. If the name does not appear in the dropdown, contact your designated LaCAN Partner to add it to the field. If the client is not case managed through Part D, leave this blank.

SSN: Enter the client's Social Security Number. If the client does not have a SSN, leave the field 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. If you need a language not listed in this field, email <u>hap@la.gov</u> to have it added.

Secondary Language: Other language spoken by the client. Leave blank if not applicable. If you need a language not listed in this field, email <u>hap@la.gov</u> to have it added.

Consent to Mail: Indicate the client's mailing preference.

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.

Non-Logo Mailing Only: Check if only mail without the agency's logo should be sent to client.

Veteran: Check if the client qualifies as a military veteran.

Attachments: Links to attached documents. See Attachments section in this manual.

Emergency Contacts Tab

EmergContact1 Name	EmergContact1 Relationship	
EmergContact1 Address1	EmergContact1 Address2	
EmergContact1 City	EmergContact1 State EmergContact1 Zip Code	
mergContact1 Phone	EmergContact1 Cell	:
mergContact1 Email	rgContact1 Aware of HIV Status F EmergContact1 Auth to take kids	
mergContact2 Name	EmergContact2 Relationship	
EmergContact2 Name EmergContact2 Address1	EmergContact2 Relationship EmergContact2 Address2	
EmergContact2 Name EmergContact2 Address1 EmergContact2 City	EmergContact2 Relationship EmergContact2 Address2 EmergContact2 EmergC	

Emergency Evac Plan: Required for New Orleans agencies. Indicate the client's evacuation plan

This screen includes fields for two emergency contacts for the client. Each set includes the same fields:

Name: Name of the client's emergency contact

Relationship: This contact's relationship to the client

Address1, Address2: Street address for the emergency contact

City, State, Zip: City, state, and zip code for the emergency contact

Phone: The emergency contact's primary phone number

Cell: If not used for Phone, put the emergency contact's cell number in this field

Email: Emergency contact's email address

Aware of HIV Status: Check this box if the emergency contact IS aware of the client's HIV status

Auth to take kids: Check this box if the client has children AND the emergency contact is authorized to watch the children in the case of an emergency

Attachments

The link for attachments is on the Client Information tab.

To attach a file to the client record, click on the field's hyperlink to open the attachment window. Click on F1 - Attach New File.



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



Select the type of attachment you are uploading.

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

🚸 Attachment List Manager	Castini		General Same	mi				X
	Filter Text:			Filter Colum	1:		1/1	
F1 - Attach New File(s)				Search All Co	lumns		-	
F2 - Edit Content Description(s)	Content	↓ Attach	Attach User	Mod Date	Mod User	File Type	File Name	Com
F3 - Delete Attachment(s)	General - ROI	06/06/2011	CWHEELER	06/06/2011	CWHEELER	.doc	Test fillable	
F4 - View Attachment(s)								
F5 - Check All								
F6 - Uncheck All								
ESC - Close								
								Þ
								,

Relations

The Relations tab allows you to enter HIV-Negative/Affected members of the "Index Client's" family into CAREWare. The Index Client is your client the dependent is linked to.

Index Client:	Dependent Name:	Birth Date:	Gender:	Relation:	Provider:

Entering dependents in CAREWare does not mean they will be counted on the RSR for your agency. You must provide at least 1 service to a relation for them to be included. **To create a new dependent:**

- Click on *Create New Dependent* on the *Relations* tab within the record of your HIV-Positive client.

- A screen that looks like the same screen you use to add a new client will appear. Enter the URN components for the dependent.
- If you enter a dependent who is less than 2 years old, CAREWare will ask you to confirm that you are adding an infant.
- Once you add the dependent, a screen will appear asking you the relationship:

▼ 01
Apoly Cano

- The Relations tab will now list the new dependent.
- Double-click the dependent record to go to their CAREWare record.
- The RSR requires the following information for any dependents you are reporting a service for: Race, Ethnicity, Vital/Enrollment Status, Enrollment Date, Services, HIV status.

To *append* a dependent:

When the dependent already has a record in CAREWare, you can link them to the Index Client on the Relations tab by clicking Append Dependent, searching for their record, and then indicating they should be added to the Index Client's record as a dependent.

lient, Test									
Appointments	Orders	Forms	Change Log	Client Report	Merge Client	Delete Client	Find List	New Search	Close
Demographics To revert to a	Drug Services dependent's clie Fir	Service Ann ent information ad Client Enter se	screen, double c earch criteria. Pa	counters Refer lick the client's r rtial matches wil	als HIV C&T 1	Pregnancy Relat	ions Client Inf	formation Emerge	ency Con <u></u>
		Last Name: First Name:			Case Manag SSN	g <mark>er Assigned: Part</mark>	tA		
		Client ID:			Case Manag	ger Assigned: Part	i B		
		Client UCI:							
		View Activ	e Clients Only		Maximum	Results: 100 Car	ncel		

To *detach* a dependent:

If a dependent has been added by mistake, go to the Index Client's Relations screen, select the dependent record, and then click *Detach Dependent*.

Subforms

Subforms within each client record are another way to collect date-specific information that is not entered under services, referrals, or the annual review. The subforms currently established by LaCAN are listed below. Active subforms for your agency depend on your funder's requirements. Not everyone will have all of these subforms activated.

- 1. NOLA Part A Acuity Scale
- 2. BR Part A Subforms:
 - a. Acuity Scale
 - b. BR Part A Needs Assessment
 - c. BR Mental Health/ Substance Abuse
- 3. SPNS:
 - a. SPNS Videoconference Personal Needs Tool
 - b. SPNS Videoconf Assessment Form
 - c. SPNS Videoconf Intake Follow Up Form
 - d. Incarceration History
 - e. SHP Corrections Program Pre-Release Intake
- 4. HOPWA (Household Beneficiaries)
- 5. LA Links Subforms:
 - a. LA Links Intake Form
 - b. La Links Client Locator Form
 - c. LA Links Discharge Form
 - d. LA Links Transition Plan
 - e. LA Links Client Survey
- 5. NOAIDS-only subforms:
 - a. NOAIDS Intake
 - b. NOAIDS Discharge
 - c. NOAIDS PMC
 - d. NOAIDS MCM
 - e. NOAIDS Pantry
 - f. NOAIDS Behavioral Health
 - g. NOAIDS HDM
 - h. NOAIDS Housing

Appointments	Orders Fo	orms Chang	eLog Client	Report Du	plicate Client	Delete Clien	t	Find List	New Search	Close
Annual Review Enco	unters Refe	mals HIV C&T	Relations Clier	nt Information	Emergency Co	ntacts Agency	Specific S	ubform	namacy Schedu	ler Perfo
SPNS Videoconf In	take Follow Up	Form SPNS	/ideoconf Person	al Needs Tool	SPNS Videoc	onf Assessment	Form SHP	Corrections	Program Pre	•
Acuity Ass	BR Staff N	Acuity Lev	Basic Needs	Transportat	Risk Redu	Health Insu	Self Suffici.	. Housing	g/Li Mental	

To enter data in a subform:

- Click on the Subform tab within a client's record
- Use the sub-tabs to select the correct form (e.g., 6 Month Eligibility Verification Review)
- After selecting the correct sub-tab, click Add Row to enter a new record

This opens up the subform on the Edit Page tab

Service Annual Review Encounters Referrals HIV C&T Relations Client Information Emergency Contacts Agency Specific Subform	Pharmacy Schee
NOAIDS Pantry NOAIDS MCM NOAIDS Landlord Info NOAIDS HDM NOAIDS Behav Hith LIS HOPWA (Household Beneficiaries	s) Hea 🔸 🕨
Health Models Intake Date Health Models Enrollment Status	
Staff or Provider Name Education Level	
Sexual Orientation Sexual Orientation Other	Ξ
Meds: Currently taking ARV medications?	
Leave a message at client's home phone number? Leave a message at client's cell phone number?	
Ok to text client's cell number? Ok to email client? Total number in household	_
Save	ancel

- Every subform includes a date field. In this example, it is *6 Month Review Date*. A date is required for every subform entry.
- Complete all applicable fields on the subform and click *Save*.
- Once the entry is saved, you will see a new row for the entry on that subform's page.

If not all of the information is available at the time you complete the subform then you may edit it at a later time by navigating to the subform, selecting the appropriate row, and clicking *Edit Row*.

Performance Measures

Performance Measures (PM) in CAREWare guide the case manager, quality management staff, and LaCAN in determining whether certain standards are being met. Once you are in a client's record, you can access PM data specific for that client. Within the client's record, select the *Performance Measures* tab. Those measures with a yellow line next to them indicate that the measure is not applicable to the client. Pay attention to the green check marks and the red x's, which tell you whether or not the client's PMs are being met.



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

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

A <u>yellow line</u> indicates that the performance measure does not apply to the client and therefore the performance measure is not applicable.

Administrative Options	
Setup <u>W</u> izard	Employee Setup
<u>P</u> rovider/User Manager	System Information
Custom <u>F</u> eatures	Clinical <u>E</u> ncounter Setup
<u>C</u> ontracts	Change Provider <u>L</u> ogo
HOP <u>W</u> A Setup (Beta)	Sc <u>h</u> eduler Setup
International Options	<u>R</u> egimen Setup
HL7 Client Mapping	Pharmacy Supp Right Click
Export Menu	Performance Measures
Provider Data Import	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Back t	o Main Menu

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

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

If you are uncertain which PMs are applicable to your program, contact the LaCAN Help Desk.

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

PERFORMANCE MEASURES FOR LACAN ARE UNDER DEVELOPMENT. IF YOUR AGENCY HAS SPECIFIC MEASURES YOU WISH TO TRACK FOR CLIENTS, CONTACT YOUR DESIGNATED LACAN PARTNER FOR ASSISTANCE.

W CAREWare - DHS Training Set			- Annual Contraction of the International Contractional Con				
Single Performance Measure Client List	Filt Right C	lick					
2: Single Performance Measure And Report			[N]		D .		
Single Ferformance Measure Agg, hepon	T Code	Name Numerator Deno			Percent	Creating Provider	For Provider
3: Multiple Performance Measure Report	HAB01	Two Primary Care visits>= 3mos Apart	??	??	??	Central Administration	DHS Training Set
	HAB02	Percentage with >=2 CD4 Counts	??	??	??	Central Administration	DHS Training Set
: <u>Client Tab Setup</u>	HAB03	CD4<200 with PCP prophylaxis	??	??	??	Central Administration	DHS Training Set
Add New Defenses Message	HAB04	AIDS Clients on HAART	??	??	??	Central Administration	DHS Training Set
Add New Performance Measure	HAB05	Percentage of pregnant women prescribed ART	??	??	??	Central Administration	DHS Training Set
Performance Measure Setup	HAB06	Adherence Assessment	??	??	??	Central Administration	DHS Training Set
	HAB07	Cervical Cancer Screening	??	??	??	Central Administration	DHS Training Set
Delete Performance Measure	HAB08	Hepatitis B Vaccination	??	??	??	Central Administration	DHS Training Set
	HAB09	Hepatitis C Screening	??	??	??	Central Administration	DHS Training Set
Copy To New Performance Measure	HAB10	HIV risk counseling	??	??	??	Central Administration	DHS Training Set
Make File (Advanced)	HAB11	Lipid Screening	??	??	??	Central Administration	DHS Training Set
Make File (Advanced)	HAB12	Oral Exam	??	??	??	Central Administration	DHS Training Set
l oad From File (Advanced)	HAB13	Syphilis screening	??	??	??	Central Administration	DHS Training Set
	HAB14	TB Screening	??	??	??	Central Administration	DHS Training Set
: Refresh Counts	HAB15	Chlamydia Screening	??	??	??	Central Administration	DHS Training Set
	HAB16	Gonorrhea Screening	??	??	??	Central Administration	DHS Training Set
: Refresh Single Performance Measure	HAB17	Hepatitis B Screening	??	??	??	Central Administration	DHS Training Set
t Porformance Measure Merkeheet	HAB19	Influenza vaccination	??	??	??	Central Administration	DHS Training Set
LT enormatice measure workstieet	HAB20	MAC prophylaxis	??	??	??	Central Administration	DHS Training Set
: Exit	HAB21	Mental Health Screening	??	22	??	Central Administration	DHS Training Set
_	HAB22	Pneumococcal Vaccination	22	22	22	Central Administration	DHS Training Set
	HAB23	Substance Use Screening	22	22	22	Central Administration	DHS Training Set
Uf Date	HAB25	Toxoplasma Screening	22	22	22	Central Administration	DHS Training Set
5/2011 🔹	5001	Clients with current acuity level	22	22	22	Central Administration	DHS Training Set
_	5002	Acuity 1 clients w/ case mot contact w/in 6 months	22	22	22	Central Administration	DHS Training Set
	5003	Acuity 2 clients w/ case mot contact w/in 6 months	22	22	22	Central Administration	DHS Training Set
	5004	Acuity 3 Clients w/ BN contact within 90 days	22	22	22	Central Administration	DHS Training Set
	\$005	Acuity 3 Clients w/ case mont w/in 30 days	22	22	22	Central Administration	DHS Training Set
	5006	Acuity 4 Clients with BN contact within 30 days	22	22	22	Central Administration	DHS Training Set
enominator and Numerator are unduplicated	5007	Acuity 4 Clients with CM Services within 14 days	22	22	22	Central Administration	DHS Training Set
nt counts with filters applied "As Of Date" cified above	\$008 \$008	Current CD4 or Viral Load	??	??	??	Central Administration	DHS Training Set
	1	III					
cted to:tmgsuper@DHS Training Set@159.1	21.098.131					Idle	

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

W CAREware - DHS Training Set	Filler Te 1				E Column	
F1: Single Performance Measure Client List	ritter i ext)			Code	31
F2: Single Performance Measure Agg. Report	1 Code	Name	Numerator Denominator Percent	Creating Provider	• For Code	
F3: Multiple Performance Measure Report	S001	Clients with current acuity level	<u></u>	Central Administration	DHS Creating Provider Denominator	8
F4: Client Tab Setup	S002 S003	Acuity 1 clients w/ case mgt contact w/in 6 months Acuity 2 clients w/ case mgt contact w/in 6 months	n n n	Central Administration Central Administration	DHS For Provider DHS Name	
F5: Add New Performance Measure	\$004 \$005	Acuity 3 Clients w/ RN contact within 90 days Acuity 3 Clients w/ case mont w/n 30 days	77 77 77 77 77 77	Central Administration Central Administration	DHS Numerator	
F6: Performance Measure Setup	S006	Acuity 4 Clients with RN contact within 30 days	77 77 77	Central Administration	DHS Search All Columns	
F7: Delete Performance Measure	S007 S008	Current CD4 or Viral Load	n n n	Central Administration Central Administration	DHS training Set	
F8: Copy To New Performance Measure						
F9: Make File (Advanced)						
F10: Load From File (Advanced)						
F11: Refresh Counts						
F12: Refresh Single Performance Measure						
Print Performance Measure Worksheet						
Esc: Exit						
As Of Date						
* Denominator and Numerator are unduplicated						
client counts with filters applied "As Of Date" specified above						
•	,	111				•
Connected to:tmgsuper@DHS Training Set@159.121.098.131					ldle	
		TIT TIT				

To get an overview of how your agency is performing with regard to a specific PM, select the PM and then click on F12: Refresh Single Performance Measure.

Using Calendar/Date Picker Screens

The following instructions apply to any "date field" used in CW. Click on the down arrow to the right of the date field and a calendar screen will open. The current date is circled in red.

Click on the date of the service to select the date for entry.

You can also scroll by month forwards or backwards using the arrows to the right and left of the month and year.

You can jump across several months by selecting the month at the top of the screen or you can jump across years by clicking on the year and using the arrows to scroll.



•		Ma	y. 20		Þ	
Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	1	2	3	4	6	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3
4	5	6	7	8	9	10
	Tod	ay		CI	ear	

June	2006
Sup Mon Tues	January
28 29 30	February
4 🌗 6	March
11 12 13	April
18 19 20	Mav
2 3 4	lune
Today	July

CAREWare 5.0 Reports

This manual focuses on those reports that are expected to be of greatest use to LaCAN users. Additional information on using the reporting functionality in RW CAREWare can be found in the HRSA developed RW CAREWare 4.0/4.1 manual as well as in the document describing new features for RW CAREWare 5.0 both available from

http://hab.hrsa.gov/manageyourgrant/careware.html.

LaCAN will also be holding trainings on Custom Reports and adding to this manual in the future.

Commonly used reports accessed in client screens include:

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

Client Report

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

test, test		
Appointments Orders Forms ChangeLog	Client Report Merge Clie	Int Delete Client Find List New Search Close
Demographics Drug Services Service Annual Re	view Encounters Referrals	HIV C&T Pregnancy Relations Client Information Emergency Contacts Ag.
First Name: Middle Name:	Client URN	Enrollment Status: Enrollment Date: Case Closed Date:
Last Name:	ISIS04017720	
test	Encrypted URN:	Vital Status: Date of Death: Aive
Gender: Date of Birth: Est? Female 4/1/1977	245/(1105	HIV Status' HIV+ Date: Est? AIDS Date: Est?
Sex at Birth: Encrypted UCI:		
Female 8A0F20F58F9B10B1A024EB	37B3518CCEC9B17B87U	HIV Risk Factors:
Client ID:		
Street Address:		Common Notes Provider Notes User Messages Case Notes
City: State:	Zip Code:	
	•	
County:	Phone Number:	
Bace(s):		-
	•	
Ethnicity: Hispanic	Subgroup:	
Non-Hispanic	<u>v</u>	

The client report menu offers several viewing options. The two page report includes more client information than the one page report.



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



- 1. *HRSA Reports* opens a menu for the RSR and the RDR. The RSR is the annual report required by HRSA. The RSR gives a very useful demographic overview of the clients served by your agency during a specific time period. This report can also be useful in determining the completeness of your data.
- 2. Custom Reports opens the custom reporting module (more information follows.)
- 3. *Referrals* opens the referral reports module.
- 4. *Financial Report* is a good service utilization report that provides information about the quantity and type of services provided within a specified time frame.
- 5. *No Service in X Days* is used to identify clients who have not received services in a specific number of days.
- 6. *Service Detail Report* provides client level service information. You may choose to add a filter if needed (e.g. a specific service or subservice, clients with a certain acuity level, etc.)
- 7. *Clinical Encounter Reports* are related to specific clinical conditions.
- 8. *Clinical Encounter Preprints* are used to preprint client clinical data in preparation for a clinical visit.
- 9. *Mailing Labels* prepares a set of mailing labels to be used for US postal mail.
- 10. User Action Report provides information on user activities in your domain.
- 11. *Multiple Client Case Notes Report* allows you to print case notes for a specific date range for clients served within that date range.

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

Financial Report

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

To run the report:

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



You may choose to use a filter to add to the Financial Report. See the section on Custom Reports or contact your LaCAN Partner for assistance in using filters.

Example of report output:

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

No Service in X Days

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

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

Reports - No Service in X Days	
This report lists clients who have not received a service in the s you do not select a subservice or service category, the report wi	pecified category or a particular subservice within the supplied number of days. If II be run on all services.
□ Include shared services entered by other providers.	Service Category Subservice Type Other Case Management (non face-to-face) Number of Days: 180 Report Filter: Apply Custom Filter Filter
	Run Report Close

You may choose to use an additional filter to add to the report. See the section on Custom Reports or contact your LaCAN Partner for assistance in using filters.

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

Clients With no Service in 180 days. Data Scope: DHS Training Set Report Criteria: Provider: DHS Training Set Case Management (non-medical) Service Category: Last qualifying at least 180 days ago. service: Enrollment Status: active or unknown. URN: Last Service Date: Provider: Name: Adams, Boaz Bartholomew BAAA0101411U Anderson, Michael Phillip MCAD1002821U Another, Client To CIAO1125501U BIGHHOUSE, MATT A MTBG0301201U JEBO0909991U Blow, Joe J Bob, Bob Bob BBBB1212061U Bobo, Clown T COBB1212523U

For a more advanced understanding of these reports, please contact your LaCAN Partner or consult the *HRSA RW CAREWare 4.1 User Manual*.

Clients with no tests in X days

The *Clients with no tests in X days* report produces a list of clients who have not had a particular screening test in a specified number of days. This report can be very useful for determining which clients are in need of a reassessment or updated lab values.

Clinical Encounter Report Setup				
Data Scope: Include shared data from other providers?	Encounter Reports: Clients with no encounter in X days ARV Ingredient Count Clients with no tests in X days Clients with no Hepatitis Vaccinations Clients with no Syphilis test in X days Clients with no Pneumovax in X months Clients with last selected Lab Results Clients ever diagnosed with Hepatitis Empty Encounter Report	Report Specifications Clients who have not had the specified screening test in the last XXX days. Screening Test: Acuity Level Number of Days: 365		
Report Filter:				

Example of report output:

Data Scope: DHS Training Set

Report Criteria:						
Provider:	DHS T	DHS Training Set has not had a Acuity Level screening at the provider in the last 365 days. has not had a Acuity Level screening at the provider. is active or unknown Not equal to Negative or Unknown				
The client:	has no days.					
Or the client:	has no					
Client enrollm status:	ent is acti					
HIV Status:	Not e					
Name:	URN:	Last Lab Result:	Last Screening Date:	Provider Name:		
Adams, Boaz Bartholomew	BAAA0101411U					
BIGHHOUSE, MATT A	MTBG0301201U	2	1/10/2005	DHS Training Set		
Blow, Joe J	JEBO0909991U					
Bob, Bob Bob	BBBB1212061U	12	10/2/2006	DHS Training Set		
Bobo, Clown T	COBB1212523U	1	2/8/2006	DHS Training Set		

Clients with last selected lab results

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

Clinical Encounter Report Setup					
Data Scope:	Encounter Reports:	Report Specifications			
- Include shared data from	C Clients with no encounter in X days	Clients whose last selected lab value was less than or greater than the			
other providers?	C ARV Ingredient Count	entered result.			
	C Clients with no tests in X days				
	C Clients with no Hepatitis Vaccinations	Lab: Operator:			
	C Clients with no Syphilis test in X days	Acuity Level V >= V			
	$\ensuremath{\mathbb{C}}$ Clients with no Pneumovax in X months	Value:			
	 Clients with last selected Lab Results 				
	$\ensuremath{\mathbb{C}}$ Clients ever diagnosed with Hepatitis				
Report Filter:	Report Filter:				
Apply Custom Filter Filter Close					

You may choose to use an additional filter to add to the report.

Example of report output:

Clients with Acuity Level >= 3 at last test.

Data Scope: DHS Training Set

F	Report Criteria:						
	The client's:	last Ac	cuity Level result was	s >= 3.			
	Client enrollment status:		is active or unknown				
	HIV Status:	Not e	qual to Negative or U	nknown			
Name:	:	URN:	Last Lab Result:	Last Lab Date:	Provider Name:		
Bob, B	obBob	BBBB1212061U	12	10/2/2006	DHS Training Set		
Cadab	ra, Abra "Abby"	ARCD1005722U	3	7/12/2006	DHS Training Set		
Clamp	ett, Jedediah (Jed)	JDCA0304741U	4	4/21/2008	DHS Training Set		
clark, r	mark j	MRCA1212901U	3	2/8/2006	DHS Training Set		
Colom	ibo, Cyna	CNCL1231672U	3	5/3/2010	DHS Training Set		

Service Detail Report

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

Service Detail Report Setup	
Start Date: 5/1/2010 Only include services with Amo	End Date: 5/31/2011
Report Filter:	Filter
Create	Close

You may choose to use an additional filter to add to the report. See the section on Custom Reports or contact the LaCAN Help Desk for assistance in using filters.

Example of report output:

Headlights, Dearest N URN: DAHA0104802U

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

Mailing Labels

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

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

To generate mailing labels:

- 1. From the Main Menu, select Reports, then select Mailing Labels
- 2. Determine which clients to include on the labels by selecting from the four options
 - All Clients in the agency's database
 - All clients whose enrollment status is "Active"
 - All clients whose vital status is not "Deceased" and whose enrollment status is not "Inactive/Case Closed"
 - All clients who have received services for a selected date range
- 3. Check the box *Only include clients with street addresses*. This will omit clients who do not have a mailing address entered in CW.
- 4. Select whether to sort alphabetically by last name or numerically by zip code.
- 5. Select Run Report

Mailing Label Report Setup		
Select a filter type for gener Note that a client is include checked for that client.	ating mailing labels. The d on this report only if th	ese labels are formatted to fit Avery 5160 label sheets. e 'Include on Label Report' box on the Client screen is
	Specific Provider:	DHS Training Set
C All Clients		
All clients whose enry	ollment status is 'Active'	
C All clients whose vita Closed	Istatus is not 'Decease	d'and whose enrollment status is not 'Inactive/Case
C All clients who have :	services between	▼ and ▼
Only include clients with the second seco	th street addresses	Sort By: © Last Name, First Name C Zip Code
	Report Fi	ilter:
		y Custom Filter
		Run Report Close

Multiple Client Case Notes

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

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

Multiple Client Case Notes I	Reports Setu	n					
······							
From this screen you can print Case Notes Reports for muliple active clients.							
Case Notes Date Span —	Case Notes Date Span						
From : 5/1/2011	•	Through :	5/31/2011	•			
Sort By							
• Last Name, First Name	Last Name First Name O Date						
Last Name:	First Name:		Client ID:				
Adams	Boaz		Chorne ros.				
Anderson	Michael						
Another	Client						
BIGHHOUSE	MATT						
Blow	Joe						
Bob	Bob		666				
Bobo	Clown		Bobo				
BROKEBACK	JAKE		1212				
Brown	Charles				Ŧ		
•				•			
Se	lect All	Desele	ct All				
Print				Cancel			

Example of report output:

Multiple Client Cas	e Notes Report	Date From: 05/01/2011	Date Through: 05/31/2011	
Name:	URN:	Provider Name:		
Public, John	JHPB1021721U	DHS Training Set		
Case Note Author:			Case Note Date:	
Helpful, Case Manager, Proud to be			5/30/2011	
Case Note:				
Client telephoned today to I	et me know that he has lost his	health insurance that wa	s provided through	

his employer as he could no longer afford the COBRA payments. We discussed CARFAssist. Client

Custom Reports

RW CAREWare 5.0 has a very extensive custom reporting module. LaCAN can provide custom reports upon request. Please complete the *Custom Report Request Form* (example on the following page) found on the LaCAN website. Before requesting a custom report in CAREWare, it is important to understand what information you wish to generate. The following general guidelines may be helpful when requesting custom reports.

Questions to ask for designing a custom report:

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

Louisiana CAREWare Access Network RW CAREWare Custom Report Request Form

This form should be used to request a custom report from CAREWare. Please review the section on custom reports in the *LaCAN RW CAREWare User Guide* prior to completing this form.

Custom Reports will be created centrally within the system and you will be notified when they are ready for you to run locally within CAREWare. Please email this completed form to your designated LaCAN Partner

Date:

Agency (aka: CAREWare domain):

Name of person requesting report:

If we need additional information or clarification, who should we contact (name, e-mail, and phone)?

1. Has anyone in your agency tried to set-up or run this report? If so, what is the name of the report in CAREWare?

2. Please describe the report you need in your own words:

3. Who is going to use this report and how will the information be used?

4. Is this report a "one-time" report or will it be used on a regular basis?

5. What information do you want displayed in the report results (e.g. poverty level, HIV Risk Factor and client name)?

6. How do you want the information displayed (e.g. by client name alphabetically; by poverty level – lowest to highest)?

7. For which clients do you want the information (e.g. clients served in the past year, Hispanic clients only, all clients with an "active" enrollment status)?

8. Are there specific groups of clients that you want to exclude from the results (e.g. clients under 18 years of age)?

Exporting Reports

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

To export a report:

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

ا 🏟	RW CAREW	are Report Vi	ewer				
File							
	Export	Ctrl+E	D M (• 🖽 X	⊖ ⊙	100 %	•
			_				1
1							
-							
1							
-							

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

Export	881
Export Type	Rich Text Format (RTF)
	OK Cancel

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



How To: User Messaging

What is User Messaging?

CAREWare users are now to able to transmit client related messages to other CAREWare users on the same or different provider domains within the same CAREWare network instance. This will allow users to instantly communicate new or time sensitive information regarding a specific client to other users and ensure reception of the message.

As with all data in CAREWare these messages will be securely stored in the CAREWare database and changes can be tracked using the change logs. Users will also be able to review all received and sent messages at their discretion. Messaging is only enabled on a single provider domain at a time by default. The CAREWare administrator can enable cross provider messaging in order for specific users to communicate across provider domains within the same CAREWare instance regarding specific clients.



New link on the main menu to get to the user message form:

The number in parentheses shows the number of unacknowledged messages the user has.

Note: if you do not see the 'User Messages' link on your main menu then contact us at <u>HAP@la.gov</u> to have it activated.

User Messages Main				
Messages				3/3
	То	From	Client URN	Message Text
F1: New Message	Megan Wright Daniel Anderson	Daniel Anderson Daniel Anderson		Test message Thanks
F2: Message Details	Daniel Anderson	Daniel Anderson		Please review this client.
F3: Acknowledge				
F4: Go To Client				
F5: My Messages				
Esc: Close				
Showing:				
✓ Received				
Sent Sent				
Acknowledged	•			+
I✓ Unacknowledged	Messages per page	: 20	<< Newer	Page 1 of 1 Older >>

Main message form:

New messages will appear in **bold** until they are acknowledged. Sent messages (denoted by 'To') will be bold until acknowledged by the recipient.

- F1 Opens new 'create message' window.
- F2 Allows you to view the details of a message after you select it.
- F3 Allows Acknowledging multiple messages at once (multi-select listview).
- F4 Allows you to go directly to a client record that is attached to a message.

F5 – Returns to main message view.

ESC – Closes the messaging system.

Showing – Allows you to view the messages separated into the following categories; received, sent, acknowledged, or unacknowledged. (Check or deselect boxes as needed)

- Listview is NOT user sortable; it is always ordered by Date descending.
- Users can use the Search box to find items on the list. This search box uses the button since only some of the total records are shown in the listview. The Search will apply to any column.
- Only a small number of records will be displayed at one time. Use the Newer and Older links to retrieve more records.
- Messages can also be sent directly from a clients' record via the User Messages button located by 'Case Notes'.

Create New Message:

User Message - Create N	lessage	
To User(s):		
Client URN:		
1	1	
	Send	Cancel

This can be opened from the main Messaging form or from within a client record. If opened from a client record, the URN for that client will be automatically entered.

There are 2 ways to select the Recipients for the message:

Typing in a user's name will open a filtered select list from which the user can choose.
 The textbox will allow a comma-delimited list of names to be entered and will make suggestions on the name currently being typed:

Click to open the list	User Message - Create Message	x
of users in your	▶ <u>To User(s):</u> Tom Jones, sa	٦
domain(s).	santa claus	
	Client LIDN: santa rich	
Click to open the	<u>Client Oriv.</u>	
client search form	This is a test message.	

Messages can be tagged to a specific client. User can either type in the URN, or click the ClientURN link to go to the client search form.

User Message - Create Message	
To User(s): Dale Gordon, Flash Gordon	
Client URN: BBMM11223	
This is a test message.	
	Click 'Send' after you are finished
Send	composing your

Error provider warns if the URN is not a valid URN. The URN can be blank, but cannot be saved unless the URN is valid.

Crawfish, Cindy											
Appointments	Orders	Forms	Change Lo	Client F	Report	Merge Client	Del	User Mess	age Details		
Demographics	Drug Services	Service A	Annual Review	Encounters	Referrals	HIV C&T	Pregna	From User	Flash Go	rdon	
First Name: Cindy Last Name: Crawfish Gender: Female Encrypted UC F19FC599447	Date of Birth: 1/10/1975 Est? Client URN: Encrypted URN: CNCA0110752U 3MXe+YNYh I: 2647C7225EA48B625F6387FCC9278U			Est?	Ethnicity Hispanic Race White Black or African American Asian		an	Provider: Local Care Provider Received: Feb 9, 2011 Client: CNCA0110752U This guy has large claws and would be great in a gumbo.			eat in a gumbo. Reply
Client ID:	Address:		City:		Co	ommon Notes	Prov	ider Notes	User Messag	es Ca	se Notes
State:			Zip Code:						1		^
County:	P	Phone Numbe		nclude on abel report	Notif incor fo	ficatior ning m r this c	n foi iess lien	ran age t			<u>•</u>

Create/Receive Messages From a Client Record:

• Click the 'User Messages' button to send and receive messages within a client's record.

Citrix

Citrix is now available for approved CAREWare users to securely share data with other users. If you need access to Citrix please contact your LaCAN Partner.

Some Things to Know About Citrix:

- A. Citrix access are restricted to 7:00AM to 7:00PM Monday-Friday. Extensions or changes to this access schedule must be requested in advance by sending an email to the SHP Help Desk (hap@la.gov) and will be granted by the SHP HIV Services Data Management Supervisor on a user-by-user basis.
 - a. Have current, SHP-approved anti-virus software and Windows updates as described in the *Approved Anti-Virus Software* section of this policy.
- B. Citrix must not be accessed from any mobile device or unapproved laptop. The procedure for requesting laptop approval is outlined in the Hardware Requirements policy below.
- C. Citrix passwords must not be saved by any user's internet browser.
- D. Users will be automatically logged out of Citrix after 20 minutes of inactivity.

Accessing Citrix

- 1. Open Internet Explorer and go to: <u>https://shp.dhh.la.gov</u>
- 2. The Citrix Access Gateway login screen appears. Enter your Citrix user name and password. If you previously used the SHP VPN to access CAREWare, these are your same credentials.



3. If you haven't access Citrix previously, you will need to install the Citrix Receiver application. Check the box to agree to the user terms and then click Install.

Citrix Xend pp . Install - Windows	Internet Explorer			- 6 X
🗿 🖓 🔹 🔘 https://mo.dm.la.gov/D	tro//AldenCetector/de-rica/bathe-lega		A 8 4 × 2 mg	P -
Fire Edit View Parenthal Tanks Viet				
😭 Favertes 🛛 🚔 🌄 Surgested Stat +	E Free Hotnal Digrade Your Browser *			
Citrix XenApp - Instel				* Page + Safety + Tools + 😱 + "
		Citrix XenApp		Â
-		Click Install to access your appenduots. INSTALL 1 open works for Setu Annue Additioned Secure Debate Statisticant		
		ps and apps on demand - from any PC, Mac, smartphone		٠
Dena		CITEIX IIIX	Contract of the second	G . 1100 .
Historia COR Com	a landen - territ		e nome	Des Date and A II and

4. When the application setup box appears, click RUN.



🖉 Citrix XenApp - Install - Windows In	nternet Explorer	- 6 X
G v https://shp.dhh.la.gov/Ctr	w/XA/clientDetection/nativeClientDownloaded.asp	🛩 🔒 🖻 😚 🗙 🐷 Bing 🖉 🖓
File Edit View Favorites Tools Help		
🚖 Favorites 🛛 🍰 🚺 Supposted Stes 🔹	🔊 Free Hotmail 🙋 Upgrade Your Browser 🔹	
😋 Citrix XenApp - Install		🏠 + 🔂 - 🗔 🖷 + Page - Safety - Tools - 🔞 - 🎽
	Your Windows de	Citrix XenApp Image: Security Warding Image: Security Warding
Done	Land Land	🕑 Internet 🦨 • 🕀 100% • .
Start C C C Ctrix	XenApp - Install 🖉 Verifying CitrixReceiv	🔒 T N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

5. Click RUN again when asked if you want to run the software.

 On Windows XP, look to the top of the window for an information bar. Choose "Run Add-On." On Windows 7, this bar may appear at the bottom of the window.

File Edit View Favorites Tools Help		
🙀 Favorites 🛛 🙀 📊 Suggested Sites 🔹 🔊 Free Hotmal 😰 Upgrade Your Browser 🔹		»
C Ctrix XenApp - Instal		n ▼ Page ▼ Safety ▼ Tools ▼ 😢 ▼
This website wants to run the following add-on: 'Chrix Systems, Inc' from 'Chrix Systems, Inc' I' if you trust the website and the add-on and want to allow it to run, tick have. Run Add-on	-	×
Run Add-on on All Websites		1
The second s		
Citrix YanAnn		
Оних хенарр		
	_	
Look for an information bar		
Once the software is installed the Internet		
Explorer information bar may appear at the top. Click on the bar and select Rain Active X Control.		
Gerritete Datalite Skin to Long on		
Your Windows desktops and apps on demand - from any PC, Mac, smart	phone or tablet.	
CITDIX Dave	Contract and the second	✓ ● 10 ^{pet} ●

7. Click RUN on the ActiveX control box.

🖉 Citrix XenApp - Install - Windows Internet Ex	plorer		
CO Co + O https://shp.dhh.la.gov/Citrix/N4/clentDetection/nativeClentDownloaded.aspx			
File Edit View Favorites Tools Help			
🚖 Favorites 🛛 🚔 🌄 Suggested Sites 🔹 🖉 Free Hot	nail 🙋 Upgrade Your Browser 🔹		
Citrix XenApp - Install		<u>a</u> -	
😧 This website wants to run the following add-on: 'Citrix Sy	stems, Inc' from 'Citrix Systems, Inc.'. If you	rust the website and the add-on and want to allow it to run, click here	
		Citrix CanApp ref Explorer - Security Warning rem Explore	

8. You'll then be given a message that your installation was successful.

Ctrix XenApp - Instal		🤷 • 🔝 🖓 📩 Rope - Safety - Tools -
	Citrix XenApp	
	Circle Haceboar	
	* 25UNTRI 1 2408 250	

9. Once installation is successful, every time you log in you will be brought to a screen that has an icon for the CAREWare Desktop. Click this icon **ONCE** to launch the desktop.



10. You will have a new window pop up. If you get a security warning (shown below), click **Permit Use.**



To LOG-OFF Citrix:

- 1. Go to the Start button on your Citrix Receiver CAREWare Desktop
- 2. Select Log Off


- 3. The Citrix desktop will close and you are left with the Citrix website
- 4. Select Log Off in the upper right of the Citrix website



Citrix Log-Off Instructions (Detailed)

1. Select 'exit' from the main menu to completely close out of CAREWare

Plan Pieno			
	Add Client	System Messages	
Department of Health and Human Services	Find Client Reports Drug Inventory System	User Messages	
	Appointments Orders	About CAREWare	
State Lacan	Administrative Options My Settings Rapid Service Entry	Refresh Messages	
	Log Off Exit	For all assistance with CAREWare, send an email to hap@la.gov with "CAREWare" in the subject line. Do not email client information.	

2. Go to the Start button on your Citrix Receiver CAREWare Desktop

3. Select 'Log Off'

-After you 'Log Off' from the CW desktop this screen will completely disappear *Please make sure this screen disappears

4A. Log out of Citrix by clicking the 'Log Off' button

- The next screen will display and then you can simply close the window



You have been logged off. See you again soon. Return to Log On	

4B. If Citrix logs you out due to inactivity then you can simply close the window.

- Transferred Strate St	essageType=1l 🔎 👻 🗟 🖒 🗙 👩 SHP Citrix - Logged Off 🛛 🗙	h ★ ¤
File Edit View Favorites Tools Help		
x 🍕 🗸		
👍 🖻 SHP Citrix - Logon 🖨 EHARS ০ SurveyMonkey - Log in 🗿 HRSA EHBs 🧍	Web Slice Gallery 🔻 🞯! Yahoo!	🐴 🔻 🖾 🔹 🖏 🔻 Page 👻 Safety 👻 Tools 👻 🔞 👻
	Due to inactivity, you have been logged off from the Web site. Log on again to access your other resources.	
	You have been logged off. See you again soon.	
	Return to Log On	
		and the second se

Appendices

Appendix A:

Field Requirements in LaCAN CAREWare - UPDATED 2/2/16

The following table summarizes the fields that are in LaCAN CAREWare. It also tells you whether the field is cross-provider (viewable/editable by all providers serving this client); whether the fields are required for the Medical or Non-Medical Ryan White Services Report (RSR), for LaCAN data collection (LA), and/or as a CAREWare function (CW); the frequency with which the data must be entered or submitted; and any corresponding notes.

Demographics Ta	b								
		RSR R	equirement	Requ	ired For	I	requency		
Field Name	Cross	Clinical	Non-Clinical	Only	All LaCAN	Enter w/in	Enter	Update	Notes
	Provider	RSR	RSR	Part B	Agencies	5 days of	w/in 30	every 6	
				Agencies		change or	days	months	
				-		enrollment			
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	~	~	V		\checkmark	V			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	✓				\checkmark	~			Legal middle name only. Leave blank if client does not have middle name
Birth Sex	✓	~	~		\checkmark	~			Male or Female. The sex the client was assigned at birth. Does not affect URN, but this is required for RSR
Gender	~	~	V		✓	~			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	\checkmark	✓	✓		\checkmark	✓			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.
Address	✓				~	✓		✓	Client's Physical address. If client is homeless, put "homeless" and the date. E.G. "homeless 11-1-11"
City	\checkmark				\checkmark	\checkmark		\checkmark	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	~	✓	~	~	\checkmark		~	Required for RSR and address. Only the first three digits of the zip codes are submitted with the RSR
Ethnicity	~	✓	~	~	\checkmark			Client's self-reported ethnicity (Hispanic or non- Hispanic). See manual for further description
Race	√	✓	~	~	~			Client's self-reported race. See manual for further description.
Ethnicity & Race Subgroups	~	~	✓	✓	v			Client's self-reported race &/or ethnicity subgroups. See RSR manual for further description.
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		~	~	✓	✓	v	✓	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 <i>first</i> time a client received services at your agency.
Case Closed Date				~		~		If client's case is closed, enter date of closure.
HIV Status	~	✓	\checkmark	~	✓		~	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	\checkmark	\checkmark		\checkmark	✓		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	(Demograp	hics Tab)							
		RSR R	equirement	Requii	red For	F	requency		
Field Name	Cross	Clinical RSR	Non-Clinical RSR	Only Part B	All LaCAN Agencies	Enter w/in 5 days of	Enter w/in 30	Update every 6	Notes
	Provider			Agencies		change or enrollment	days	months	
Eligibility Status	✓	✓	\checkmark		✓	✓		\checkmark	Whether or not a client is eligible to receive Ryan White Services.
Eligibility Date	~	✓	\checkmark		✓	✓		\checkmark	Date client's eligibility for services was reviewed. Required by HRSA to be verified every 6 months
Funding Source	~	✓	\checkmark		✓	~		~	Funding source client is elibible to revcieve services for. Create a new record for every funding source at your agency.
Is Eligible?	V	✓	√		 ✓ 	√		~	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.
Comment									Use this field to note when a client is no longer eligible and why they are no longer eligible.

Client Information	Tab								
		RSR Rec	quirement	Requ	ired for	Fi	requency		
		Clinical	Non-	Only	All LaCAN	Enter w/in	Enter	Update	
Field Name	Cross-	RSR	clinical	Part B	Agencies	5 days of	w/in 30	every 6	Notes
	Provider		RSR	Agencies		change or	days	months	
						enrollment			
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	~				\checkmark	~		~	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	\checkmark			~	✓		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	\checkmark			~	✓		Other language spoken by the client. Leave blank if not applicable.
Veteran	\checkmark			~	~		Check this box if client is a veteran

Emergency Contact	s Tab								
		RSR Re	quirement	Requi	ired For	Fr	requency		
		Clinical	Non-	Only Part	All LaCAN	Enter w/in	Enter	Update	
Field Name	Cross-	RSR	Clinical	В	Agencies	5 days of	w/in 30	every 6	Notes
	Provider		RSR	Agencies		change or	days	months	
						enrollment			
EmergContact1 Name	\checkmark				\checkmark	\checkmark			Name of client's first emergency contact

EmergContact1 Relationship	\checkmark		✓	\checkmark		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	~		\checkmark	✓		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	\checkmark		\checkmark	\checkmark		First emergency contact's city
EmergContact1 State	\checkmark		\checkmark	\checkmark		First emergency contact's state
EmergContact1 Zip Code	✓		✓	✓		First emergency contact's zip code
EmergContact1 Phone	\checkmark		\checkmark	\checkmark		First emergency contact's phone
EmergContact1 Cell	\checkmark		\checkmark	\checkmark		First emergency contact's cell phone number
EmergContact1 Email	\checkmark		\checkmark	✓		First emergency contact's email address
EmergContact1 Comments	√					Comments or notes regarding emergency contact. (e.g. best times to contact, special instructions)
EmergContact2 Name	\checkmark		\checkmark	\checkmark		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	\checkmark		\checkmark	~		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	\checkmark		\checkmark	✓		Second emergency contact's state
EmergContact2 Zip Code	 ✓ 		✓	\checkmark		Second emergency contact's zip code
EmergContact2 Phone	~		\checkmark	 ✓ 		Second emergency contact's phone
EmergContact2 Cell	✓		\checkmark			Second emergency contact's cell phone number
EmergContact2 Email	✓		\checkmark	✓		Second emergency contact's email address

EmergContact 2	\checkmark				Comments or notes regarding emergency contact.
Comments					(e.g. best times to contact, special instructions)
Emerg Evac Plan	\checkmark				Client's emergency evacuation plan (required for
					New Orleans agencies)

Annual Review & Custom Annual Tabs									
	Cross-	RSR Re	quirement	Requ	ired For	F	requency		
	Provider	Clinical	Non-	Only Part	All LaCAN	Enter w/in	Enter	Update	
Field Name		RSR	Clinical	В	Agencies	5 days of	w/in 30	every 6	Notes
			RSR	Agencies		change or	days	months	
						enrollment			
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	~	✓	 ✓ 		\checkmark	\checkmark		✓	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	~				✓ 	V		~	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	V	√	\checkmark		√	√		✓	Client's living arrangement this calendar year. See manual for examples and definitions of each type
Annual Screening: HIV Risk Reduction Counseling & Counseled By	~	~	V			✓			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 receive RW-funded primary care visit during the 6-month per
Annual Screening: Substance Abuse & Result	~	~	\checkmark			~	ONLY Ryan White-funded primary care providers are require to enter/update this for clients who received RW-funded primary care visit during the 6-month per
Education Level	✓	✓	✓	•	/	✓	Client's highest education level this calendar year. Se report.
Employment Status	\checkmark			~	/	\checkmark	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 cli name).
Number of children in HH	✓			×	/	✓	Number of children (under 18 yrs) in client's househo 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	\checkmark			~	/	✓	Client's marital status this calendar year.
Has client been incarcerated?	✓			~	(~	Client's incarceration status this calendar year.

Services Tab									
		RSR Requirement		Required for		Frequency			
		Clinical	Non-	Only Part	All LaCAN	Enter w/in	Enter	Update	
Field Name	Cross-	RSR	Clinical RSR	В	Agencies	5 days of	w/in 30	every 6	Notes
	Provider			Agencies		change or	days	months	
						enrollment			
Note: if a client gives	consent to s	hare their ir	nformation, all c	of the followin	g fields (Date ·	– Site) are autoi	matically sho	ared with th	e provider(s) authorized by the client.
Some services will have	e additional	custom ser	rvice fields that o	appear depen	ding on the se	rvice selected. N	lot all fields	are listed be	elow. Your grantee will provide you with a
document listing addi	tional fields	to be comp	leted per service	e name. Addit	ional rows are	provided below	for you to f	ll in these fi	elds if needed.
Date (of service)		\checkmark	\checkmark		\checkmark		\checkmark		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.
									different dates, each date would be entered
									separately.
Service Name		\checkmark	\checkmark		\checkmark		\checkmark		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	V	√	✓	✓	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	V	✓	✓	✓	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	V	✓ 	✓	✓	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			\checkmark	✓	Select the name or agency that provided the service. For case management services, select the case manager.
Site			✓	✓	Site where the service was provided.

Appendix B: Part 1

Louisiana Part B Case Management Service Entry Guidance

This technical assistance document is intended to clarify which work performed by case management staff may be entered in CAREWare as billable units. It complements the service definitions in each agency's Ryan White Part B contract and does not replace any contractual documents.

The negotiated unit cost associated with case management units includes all work done by case management staff that qualifies as case management– administrative tasks and travel time are not billable units because they are already included in the unit cost calculation.

Case management units are not intended to account for every moment of a case manager's time and a single case manager will rarely (outside of extreme circumstances) have 40 hours of client contact in one 40 hour work week. It is understood and expected that case managers will spend a portion of their time doing things that should not be entered in CAREWare as units of service, such as traveling to visit a client, writing case notes, and completing required forms. *These administrative tasks have been accounted for in the negotiated case management unit costs and are not separately billable.*

Each case management unit entered should reflect 15 minutes of either face-to-face or telephone contact with a client.

Billable in CAREWare	Not Billable in CAREWare			
These are activities that would be eligible for entry as	These are activities that many case managers perform			
a Part B case management service in CAREWare:	during the normal course of the day, but should not be			
	entered as Part B case management services in			
	CAREWare:			
 Conducting an intake with the client 				
Setting up appointments with other providers	• Driving to or from a client's house or appointment			
on a client's behalf	Faxing a document anywhere			
 Advocating for a client with a third party 	 Scheduling an appointment for a client to meet 			
 Speaking to a third party about whether a 	with you			
client is eligible/ approved for the third party's	Updating client records in CAREWare or their			
services (if the client is unable to do this	physical file			
themselves)	 Filling out forms for about a client 			
 Speaking directly to a client to remind them 	Filing client documents			
about an upcoming appointment	Entering case notes			
 Assessing client needs with the client 	 Receiving a message from a client or leaving a 			
 Conducting case management face-to-face 	message for a client			
with the client	 Sending a mass mailing to clients 			
Conducting case management over the phone	 Sending birthday/holiday cards to clients 			
with the client	 Providing a food card, gas voucher, food bank 			
 Conducting a videoconference meeting with 	delivery, etc. with no other discussion or case			
the client	management involved			

Examples of general tasks and their eligibility for CAREWare CM service entry

Example Scenarios

1. Case manager (CM) sees client (CL) in his office for 30 minutes. They discuss CL's upcoming doctor appointment and support services CL needs. CL leaves and CM spends the next 15 minutes writing up a case note for the visit.

Units of Service: 2 units of 15 min. case management

Explanation: CM spent 30 minutes with CL discussing their case – this is 2 units of service. The additional 15 minutes spent entering the case note is an administrative task and does not qualify as a unit of service. The cost of the additional time spent on administrative tasks is built into the unit cost established during contract negotiations.

2. Case manager (CM) sees client (CL) in his office for 30 minutes. They discuss CL's oral health needs. CL leaves and CM spends the next 15 minutes writing up a case note for the visit. CM then calls the CL's doctor and schedules the CL's appointment.

Units of Service: 3 units of 15 min. case management **Explanation:** 2 units of service for the 30 minutes spent with CL discussing CL's needs. 1 unit of service for scheduling the oral health appointment on behalf of CL. Units are not entered for writing the case note or entering the referral.

3. a. CL goes to CM's office to pick up a food voucher or groceries. CM gives CL the voucher/bag of groceries and CL leaves without further discussion.

b. CM mails CL a food voucher after CL calls to request it. Nothing else is discussed during the phone call.

Units of Service: Each scenario is a food bank entry only. **Explanation:** No case management has been provided in either situation. The client did receive a service – food bank – but no case management was required to receive this.

4. A CL calls the CBO and leaves a detailed message with the office manager regarding which services he needs assistance paying. The office manager gives the message to the appropriate CM. The CM enters a case note is entered summarizing what the client said.

Units of Service: None.

Explanation: No case management was provided. Receiving a message from a client is an administrative task and the cost is already built into the unit cost established during contract negotiations.

5. The CM meets with a currently incarcerated potential CL via video conference for 60 minutes as part of the SPNS Correctional Program intervention. They complete the SPNS VC assessment and personal needs tool, which the CM later enters into CAREWare.

Units of Service: 4 units of case management

Explanation: 4 units (15 minutes x 4 = 60 minutes) of case management were provided. The cost of any data entry associated with a client (e.g. entering information in CW) has already been included in the CM unit cost and is not entered as separate units.

Appendix B: Part 2

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. Each field listed is **required** for service billed as of June 1, 2015.

Service Name or	Custom Field Name	Custom Field Description	Values	Rationale
Description	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
All Part B Case	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.	Allows for providers to enter additional information not covered in other fields
Management face- to-face services Beginning 7/1/15, all CM entries must have a corresponding case	Site Other Site	Already included for some agencies; drop down box Site of service provision Text Field	 Agency Client's home Medical Office Other (contact SHP to request additional values) Specify the site if choosing "other" 	Provides record of location of service provision Provides record of location of
note entry in CAREWare (must have the same date	Service Entry Date	Date Field	in the site field. Date service entered (not when	service provision Provides record of data entry
CAREWare (must have the same date as the CM service)	Encounter Topics: Multiple Checkboxes	Series of checkboxes; Indicate all topics that were discussed during the CM encounter. At least one checkbox must be marked for each CM service entry	 Eligibility determination 6-month eligibility review Intake Initial Assessment 6-month reassessment 6-month reassessment Acuity Referral/advocacy Treatment Adherence Home Visit Case Conferencing Follow-up Monitoring Transfer/ Inactivation HIV Medical Appointment Non-HIV Medical Appointment Health Insurance Marketplace/ ACA LA HAP/ADAP/ HIP Health Education/ Risk Reduction Counseling Schedule Appt. for CL with 3rd Party Transportation Coordination HOPWA Related CM Other (Contact SHP to request add'I values) 	Provides record of topics included in billed CM service and assurance that services billed are eligible for CM units; Case notes to document coverage of these topics must be entered in the case notes section of CAREWare.
	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; Case Notes to document coverage of these topics must be entered in the case notes section of CW

Service Name	Custom Field	Custom Field Description	Values	Rationale
or Description	Name			
All Part B Case Management NON-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
	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.	Allows for providers to enter additional information not covered in other fields
	Contact Method	Dropdown box; method of contacting client for non-face-to- face CM	 Telephone contact Letter to client via mail No Client Contact Other 	Provides record of how CM was provided and assurance that method is allowable
	Other Contact Method	Text Field	Specify the site if choosing "other" in the site field.	Provides record of how CM was provided and assurance that method is allowable
Beginning	Service Entry Date	Date Field	Date service entered (not when services was provided)	Provides record of data entry timeline
7/1/15, all CM entries must have a corresponding case note entry in CAREWare (must have the same date as the CM service)	Encounter Topics: Multiple Checkboxes	Series of checkboxes; Indicate all topics that were discussed during the CM encounter. At least one checkbox must be marked for each CM service entry	 Eligibility determination 6-month eligibility review Intake Initial Assessment 6-month reassessment Acuity Referral/advocacy Treatment Adherence Home Visit Case Conferencing Follow-up Monitoring Transfer/ Inactivation HIV Medical Appointment Non-HIV Medical Appointment Health Insurance Marketplace/ ACA LA HAP/ADAP/ HIP Health Education/ Risk Reduction Counseling Schedule Appt. for CL with 3rd Party Transportation Coordination HOPWA Related CM Other (Contact SHP to request add'I values) 	Provides record of topics included in billed CM service and assurance that services billed are eligible for CM units; Case notes to document coverage of these topics must be entered in the case notes section of CAREWare.
	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; Case Notes to document coverage of these topics must be entered in the case notes section of CW

Service Name	Custom Field	Custom Field Description	Values	Rationale
or Description	Name			
	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 <i>does not</i> need to be in a case note.	Allows for providers to enter additional information not covered in other fields
All Part B Case Management Transportation services	Transportation Type	Dropdown box; Type of transportation service provided to client	 Gas voucher 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 Mental Health Counseling Appointment Non-HIV Medical Appointment Oral Health Appointment Other Pharmacy Substance Use Treatment Appointment 	Provides record that transportation funds were used for allowable destination
	Other Transportation Destination	Text field; used if destination is not listed above	Specify addition transportation destination if "other" is selected above. Destination is subject to	Provides record that RW transportation funds were used for allowable destination
	Service Entry Date	Date Field	approval prior to invoice Date service entered (not when services was provided)	Provides record of data entry timeline

Appendix C:

LaCAN Approved Anti-Virus Software

- 1. Bitdefender Antivirus Plus 2015
- 2. Norton Security
- 3. McAffee Antivirus Plus
- 4. Trend Micro Titanium Antivirus +
- 5. Avira Antivirus Pro
- 6. Sophos
- 7. BullGuard Antivirus
- 8. eScan Anti-Virus
- 9. Panda Antivirus Pro
- 10. Avast! Pro Antivirus