

Documentation of Ryan White Part B and HOPWA Services

Case Note Documentation

Documentation for all case notes must be written in either SOAP (Subjective, Objective, Assessment, Plan) or DAP (Describe, Assess, Plan) format. See examples below.

Subjective, Objective, Assessment and Plan

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

Describe, Assess, Plan

- Describe—Subjective and objective statements that demonstrate the basic content of the interaction.
 - Client came in to the office to pick up their food bank for the month. Client reported that he was feeling depressed, and couldn't find a job. Client was tearful during the conversation, and would not look staff in the eye. Client reported being interested in starting counseling of some sort, and getting help with writing a resume.

- Assess—Assessment of the situation, or issue, based on the subjective and objective statements.
 - Client needs referral to mental health treatment, and to workforce support.
- Plan— Plan for next steps. Should reflect the goals in the care plan, and include things that the client needs to complete before next contact. Should also include a schedule for next contact with patient.
 - Client will call Dr. Person for intake into individual counseling, and Ms. Lemming at workforce development for help working on a resume. CM will contact client 1x / week on Tuesdays to check in for the next month.

CAREWare Templates for Case Notes

CAREWare has two templates for case notes that are available for use by case managers. These templates are a minimum requirement. Agencies may insert additional fields as they deem necessary.

All fields must be completed.

Template for SOAP notes

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

Template for DAP notes

Encounter Topics:	Reason for contacting client. Could be anything from an eligibility check, to referrals, to housing issues etc.
Describe:	Subjective and objective statements that demonstrate the basic content of the interaction.

Assess:	Assessment of the situation, or issue, based on the subjective and objective statements.
Plan:	Plan for next steps. Should reflect the goals in the care plan, and include things that the client needs to complete before next contact. Should also include a schedule for next contact with client.

Case Note Documentation Guidance

All documentation is expected to be entered within two business days of the service occurring. The service date, and the date of the case note must match and must reflect the actual date of service provision. All notes should be in one of the formats (DAP or SOAP) noted above.

Case notes are required for **ALL services EXCEPT medical transportation**

Ryan White Service Categories:

- Medical Case Management, including Treatment Adherence Services
 - Type of service should be noted.
- Non-Medical Case Management Services
 - Type of service should be noted.
- Mental Health Services
 - Type of service (group, individual) should be placed in case note.
- Oral Health Care
 - Date of services should be noted, as well as the outcome, and the dollar amount of the service.
- Child Care Services
 - If know, reason for child care should be noted. Date of check mailing, and date of Child Care Log completion should be noted.
- Emergency Financial Assistance Services (EFA)
 - Case notes for EFA services should reflect the dollar amount of the assistance, the type of assistance (rent, mortgage or utility), and the date of payment.
- Food Bank or Food Voucher Services
 - Date of services should be noted.
- Health Education & Risk Reduction Services (HERR)
 - Type of service should be noted. See case note documentation formats above.

- Housing Services
 - Case notes for Housing Services should reflect the dollar amount of the assistance, the type of assistance (rent, mortgage or utility), and the date of payment.
- Medical Transportation
 - Location of pick up and drop off should be noted in the required CAREWare fields. **No case note is needed.**
- Psychosocial Support Services
 - Type of service (group, individual) should be placed in case note.
- Referral for Health Care and Support Services
 - Referrals must be entered in the "Referrals" tab in CAREWare. All fields should be completed.
- Respite Care Services
 - If known, reason for respite care should be noted. Date of check mailing, and date of Respite Care Log completion should be noted.
- Substance Use Outpatient Care
 - Type of service (group, individual) should be placed in case note.
- Other Professional Services
 - Date of check mailing, and date of Activity Log completion should be noted.
- Outreach Services
 - Outreach notes should reflect the number of attempts, and method of contact for each person.

HOPWA Service Categories:

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

Required Documentation

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

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

Service Entry Guidance

Service-Specific Part B Field Requirements in LaCAN CAREWare

Field Name	Field Description	Values	Rationale
All Part B Case Management Face-to-face services			
Staff or Provider Name	Already included in CAREWare; person providing the service; drop down box	All staff or provider names	Provides record of which staff member provided the service
Site	Already included for some agencies; drop down box Site of service provision	<ul style="list-style-type: none"> • Agency • Client's home • Medical office • Other <i>(contact SHP to request additional values)</i> 	Provides record of location of service provision
Other Site	Text field	Specify the site if choosing "other" in the Site field	Provides record of location of service provisions
Encounter Topics: multiple checkboxes	Series of checkboxes; Indicate all topics were discussed during the CM encounter. At least one checkbox must be marked for each CM service entry.	<ul style="list-style-type: none"> • Eligibility Determination • 6-month Eligibility Review • Intake • Initial Assessment • 6-month reassessment 	Provides record of topics included in billed CM service and assurance that services billed are eligible for CM units

		<ul style="list-style-type: none"> • Individualized Service Plan • Acuity • Home Visit • Follow-up/Monitoring • Transfer/Deactivation • HIV Medical Appointment • Non-HIV Medical Appointment • Health Insurance Marketplace/ACA • LA HAP/ADAP/HIP • Other <p><i>(contact SHP to request additional values)</i></p>	
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
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	<ul style="list-style-type: none"> • Telephone contact • Letter to client via mail 	Provides record of how CM was provided and assurance that method is allowable
Encounter Topics: multiple checkboxes	Series of checkboxes; Indicate all topics were discussed during the CM encounter. At least one checkbox must be marked for each CM service entry.	<ul style="list-style-type: none"> • Eligibility Determination • 6-month Eligibility Review • Intake • Initial Assessment • 6-month reassessment • Individualized Service Plan • Acuity • Follow-up/Monitoring • Transfer/Deactivation • HIV Medical Appointment 	Provides record of topics included in billed CM service and assurance that services billed are eligible for CM units

		<ul style="list-style-type: none"> • Non-HIV Medical Appointment • Health Insurance Marketplace/ACA • LA HAP/ADAP/HIP • Other <i>(contact SHP to request additional values)</i> 	
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
All Part B Transportation services			
Staff or Provider Name	Already included in CAREWare; person providing the service; drop down box	All staff or provider names	Provides record of which staff member provided the service
Service Comment	Already included in CAREWare; free text field	Any comment related to the service that <i>does not</i> need to be in a case note.	Allows for providers to enter additional information not covered in other fields.

Transportation Type	Dropdown box; type of transportation service provided to client	<ul style="list-style-type: none"> • Gas vouchers • Bus passes • Transportation gas card • Taxi service • Mileage reimbursement (non-cash payment to someone other than the client) 	Provides record of type of transportation provided
Transportation Destination	Dropdown box; destination for the transportation service provided	<ul style="list-style-type: none"> • HIV medical appointment • Non-HIV medical appointment • Oral health appointment • Mental health counseling appointment • Substance use appointment • Pharmacy 	Provides record that RW transportation funds were used for allowable destination
Other Transportation Destination	Text field; used if destination is not listed above	Specify additional transportation destination if "other" is selected above. Destination is subject to approval prior to invoice payment.	Provides record that RW transportation funds were used for allowable destination

Field Requirements in LaCAN CAREWare

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

Demographics Tab							Notes
Field Name	Cross Provider	RSR Requirement		Frequency			
		Clinical RSR	Non-Clinical RSR	Enter w/in 5 days of change or enrollment	Enter w/in 30 days	Update every 6 months	
Last Name	✓	✓	✓	✓			Use legal last name only. No nicknames, initials, or symbols. Refer to LaCAN Policies & Procedures for examples of how to enter names. Very important to have correct because it affects the URN.
First Name	✓	✓	✓	✓			Use legal first name only. No nicknames, initials, or symbols. Do not use parent's name if entering a child. Refer to LaCAN Policies & Procedures for examples of how to enter names. Very important to have correct because it affects the URN.
Middle Name	✓			✓			Legal middle name only. Leave blank if client does not have middle name
Birth Sex	✓	✓	✓	✓			Male or Female. The sex the client was assigned at birth. Does not

							affect URN, but this is required for RSR
Gender	✓	✓	✓	✓			Male, Female, Trans FTM, Trans MTF, Trans Unknown. If a client does not identify as trans, use male or female as appropriate. Very important to have correct because it affects URN.
Birth Date	✓	✓	✓	✓			Legal date of birth only. Do not estimate.
Client ID							The confidential ID number used to identify clients within the agency.
Phone Number	✓			✓		✓	Client's phone number
Phone Type	✓			✓		✓	Designate phone type
Address	✓			✓		✓	Client's Physical address. If client is homeless, put "homeless" and the date. E.G. "homeless 11-1-11"
City	✓			✓		✓	City where the client resides.
State	✓	✓	✓	✓		✓	State required in CAREWare to generate list of counties that apply to the state.
County	✓	✓	✓	✓		✓	Parish where client resides
Zip Code	✓	✓	✓	✓		✓	Required for RSR and address. Only the first three digits of the zip codes are submitted with the RSR
Mailing Address	✓			✓		✓	Client's mailing address
Mailing Address City	✓			✓		✓	City for client's mailing address.
Mailing Address State	✓			✓		✓	State for client's mailing address.
Mailing Address County	✓			✓		✓	Parish for client's mailing address.
Mailing Address Zip Code	✓	✓	✓	✓		✓	Zip code for client's mailing address.

Vital Status	✓	✓	✓	✓		✓	Client's current vital status (seen by all providers)
Deceased Date	✓	✓	✓	✓		✓	Must enter date of death if 'Deceased' is selected for Vital Status.
Enrollment Status		✓	✓	✓	✓	✓	Specific for each agency. Enter the client's current enrollment status at your agency. See manual for definitions.
Enrollment Date		✓	✓		✓		Will need to enter an enrollment date the first time you enter a service for a client. This field will not need to be updated after that, unless you realize that there was an error. Should be the <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	✓	✓	✓	✓		✓	Use designations as described in the manual.
HIV+ Date	✓	✓	✓	✓		✓	Required in CAREWare if you select any of the following for HIV Status: HIV Positive (not AIDS), HIV Positive (AIDS status unknown), or CDC-defined AIDS.

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

Eligibility History (Demographics Tab)							
Field Name	Cross Provider	RSR Requirement		Frequency			Notes
		Clinical RSR	Non-Clinical RSR	Enter w/in 5 days of change or enrollment	Enter w/in 30 days	Update every 6 months	
Eligibility Status		✓	✓	✓		✓	Whether or not a client is eligible to receive Ryan White Services.
Eligibility Date		✓	✓	✓		✓	Date client's eligibility for services was reviewed. Required by HRSA to be verified every 6 months

Funding Source		✓	✓	✓		✓	Funding source client is eligible to receive services for. Create a new record for every funding source at your agency.
Is Eligible?		✓	✓	✓		✓	Select if a client is or is not eligible to receive services for each funding source at your agency. If a client was eligible but is no longer a new record must be created indicating that.
Comment							Use this field to note when a client is no longer eligible and why they are no longer eligible.

Client Information Tab							
Field Name	Cross-Provider	RSR Requirement		Frequency			Notes
		Clinical RSR	Non-clinical RSR	Enter w/in 5 days of change or enrollment	Enter w/in 30 days	Update every 6 months	
Consent to Mail	✓			✓		✓	Select client's mailing preference. If client wishes to use a different mailing address, confirm that the correct mailing address is on the Demographic Tab.
Non-Logo Mailing Only	✓			✓		✓	Check if only mail without the agency's logo should be sent to client.

Case Management Program	✓			✓			The client' current primary case management program. To be updated if the client changes programs. Example: Part B Non-Medical Case Management.
Other Case Management Program	✓			✓			Type other case management program here if selecting "Other" in Case Management Program field.
Case Manager Assigned: Part A	✓			✓			Name of current Part A case manager. Leave blank if client does not have Part A case manager.
Case Manager Assigned: Part B	✓			✓			Name of current Part B case manager. Leave blank if client does not have Part A case manager.
Case Manager Assigned: Part D	✓			✓			Name of current Part D case manager. Leave blank if client does not have Part A case manager.
SSN	✓			✓			Client's legal SSN. If client does not have a SSN, leave blank.

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

Emergency Contacts Tab							
Field Name	Cross-Provider	RSR Requirement		Frequency			Notes
		Clinical RSR	Non-Clinical RSR	Enter w/in 5 days of change or enrollment †	Enter w/in 30 days	Update every 6 months	
EmergContact1 Name	✓			✓			Name of client's first emergency contact
EmergContact1 Relationship	✓			✓			Client's relationship to first emergency contact
EmergContact1 Aware of HIV Status	✓			✓			Check if first emergency contact is aware of client's HIV status
EmergContact1 Auth to take kids	✓			✓			Check if first emergency contact is authorized to take custody of client's children in emergency
EmergContact1 Address1	✓			✓			First emergency contact's street address

EmergContact1 Address2	✓			✓			First emergency contact's street address (2nd line if necessary)
EmergContact1 City	✓			✓			First emergency contact's city
EmergContact1 State	✓			✓			First emergency contact's state
EmergContact1 Zip Code	✓			✓			First emergency contact's zip code
EmergContact1 Phone	✓			✓			First emergency contact's phone
EmergContact1 Cell	✓			✓			First emergency contact's cell phone number
EmergContact1 Email	✓			✓			First emergency contact's email address
EmergContact1 Comments	✓						Comments or notes regarding emergency contact. (e.g. best times to contact, special instructions)
EmergContact2 Name	✓			✓			Name of client's second emergency contact
EmergContact2 Relationship	✓			✓			Client's relationship to second emergency contact
EmergContact2 Aware of HIV Status	✓			✓			Check if second emergency contact is aware of client's HIV status
EmergContact2 Auth to take kids	✓			✓			Check if second emergency contact is authorized to take custody of client's children in emergency
EmergContact2 Address1	✓			✓			Second emergency contact's street address

EmergContact2 Address2	✓			✓			Second emergency contact's street address (2nd line if necessary)
EmergContact2 City	✓			✓			Second emergency contact's city
EmergContact2 State	✓			✓			Second emergency contact's state
EmergContact2 Zip Code	✓			✓			Second emergency contact's zip code
EmergContact2 Phone	✓			✓			Second emergency contact's phone
EmergContact2 Cell	✓			✓			Second emergency contact's cell phone number
EmergContact2 Email	✓			✓			Second emergency contact's email address
EmergContact 2 Comments	✓						Comments or notes regarding emergency contact. (e.g. best times to contact, special instructions)

Annual Review & Custom Annual Tabs							
Field Name	Cross-Provider	RSR Requirement		Frequency			Notes
		Clinical RSR	Non-Clinical RSR	Enter w/in 5 days of change or enrollment	Enter w/in 30 days	Update every 6 months	
Insurance Assessment Date	✓	✓	✓	✓		✓	Insurance status is required to be assessed at least every 6 months.

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

Education Level	✓			✓			Client's highest education level this calendar year. Self-report.
Employment Status	✓			✓			Client's employment status this calendar year.
Primary Income Source	✓			✓			Client's primary income source this calendar year.
Primary Care Source	✓			✓			Client's source of primary care (physician name or clinic name).
Number of children in HH	✓			✓			Number of children (under 18 yrs) in client's household this calendar year.
Number of HIV+ children in HH	✓			✓			Number of HIV+ children (under 18 yrs) in client's household this calendar year.
Annual Marital Status	✓			✓			Client's marital status this calendar year.
Has client been incarcerated?	✓			✓			Client's incarceration status this calendar year.

Services Tab					
Field Name	Cross-Provider	RSR Requirement		Frequency	Notes
		Clinical RSR	Non-Clinical RSR	Enter w/in TWO business days	
Date (of service)		✓	✓	✓	Date the service was provided. Information about services received by a client needs to be entered monthly. However, the date should be entered for each service a client received during that month. So if a client received case management on three different dates, each date would be entered separately.
Service Name		✓	✓	✓	Select from list of contracted services. What appears in the list depends on what your agency is under contract for on the date of service.

Contract		✓	✓	✓	The contract field will automatically be populated when you select a service. If multiple contracts are available, choose the contract that funded this client's service
Units		✓	✓	✓	Each agency will receive a spreadsheet that describes what to count as a unit (e.g., bus card, session, billable unit, etc.) for each type of service the agency provides. This is determined by each agency's contract with their grantee(s).
Price		✓	✓	✓	Price will depend on how your agency is contracted to provide services and the reimbursement structure. Some services that are billed based on unit cost will have the unit cost set in CAREWare. Do NOT change the unit cost for these services.
Cost				✓	The cost will automatically calculate for services with a unit rate (number of units x price= cost)

