This document contains the questions and answers from the July 12th CAREWare MA webinar "New Reports" If you have additional questions, please contact the helpdesk at CAREWareMAhelpdesk@jsi.com.

Will this webinar be recorded?

Yes. Please visit our website at carewarema.jsi.com and click on the "Webinars" tab to view the recording.

Should agencies enter viral load and CD4 data every month, when those tests are mostly conducted every three or six months, or every year?

Viral load and CD4 data should be updated in CAREWare on an ongoing basis (i.e., when the test results are obtained). A client's viral load should be taken into account when case managers are completing acuity assessments and reassessments every six months. Note: all HIV + MCM clients reported in CAREWare should have a viral load (and CD4 if available).

For the Viral Load Performance Measure report, how is denominator be defined?

CAREWare defines the denominator as all HIV positive clients with an encounter record in the last year. Because MDPH does not currently require sites to enter medical visit dates, this report is effectively among active clients who had any labs reported in CAREWare.

These reports are used as points for discussion on the monthly calls with contract managers. Providers are encouraged to point out items for discussion.

Is there a report for ISP date history in CAREWare MA?

Yes. Run the "Service Detail" report to see a list of clients and each subservice entered. To see which clients are missing ISPs and make sure they are updated every six months, run the 'No Service in X Days" report, select the ISP subservice, and use 182 days for a six-month time frame.

See the Report Instructions document for more information (posted on the website under Materials > Instructions & Tip Sheets).

If a client initially scores as Care Access on an acuity assessment, and then scores higher on a reassessment, should they be reported as Care Access for that reassessment or Medical Case Management?

Medical case management. MDPH would also expect a subsequent ISP around the same time.

Are these reports relevant for the ARCH program?

Yes. These reports are relevant for all data entered into CAREWare.

Will it be possible to record a case manager name on a client record in CAREWare MA in the future?

Yes! We are adding this as an optional field. Check the monthly data entry reminder emails for details.

What clients should be reported in CAREWare MA?

Only clients who receive Massachusetts Department of Public Health (MDPH)-funded services should be entered into CAREWare MA. These services include: medical case management, and ARCH (Category B), Correctional Linkage to Care (Category C), and other specialty programs such as medical nutrition therapy, housing search and advocacy, legal services, etc. (Category D). Programs that receive funding from another entity (Ryan White HIV/AIDS Program Part A through the Boston Public Health Commission or Part C) should not report clients receiving services under those contracts in CAREWare MA. If you have any questions about whether or not a service or a client should be reported in CAREWare MA, please contact your MDPH contract manager.

For clients who are receiving only HDAP services, how do we capture this in CAREWare MA?

Providing HDAP recertifications alone is not case management. If clients are receiving additional case management services, then those should be reported in CAREWare. If they are only receiving HDAP support, then those services should not be reported in CAREWare. If they are low acuity, they can be designated as Care Access clients and would therefore not require and ISP, but would require regular acuity reassessments and all data requirements for CAREWare (e.g., viral loads, housing status, poverty level, insurance status, etc.).