Fields and Definitions

July 2019 v1.7

Yellow highlights indicate changes since the last version.

This document describes the fields available in the Massachusetts state CAREWare system. For more details on the field definitions used by the HIV/AIDS Bureau for the Ryan White HIV/AIDS Program (RWHAP), see the 2016 Annual Ryan White HIV/AIDS Program Services Report Instruction Manual, available at: https://careacttarget.org/library/ryan-white-hivaids-program-services-report-rsr-instruction-manual.

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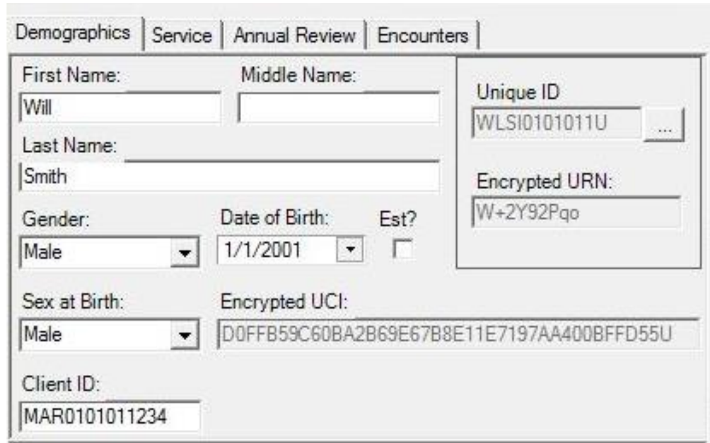
CLIENT IDENTIFIERS

These fields are required in CAREWare. Ask the client to provide their legal name, official date of birth and self-reported gender. Whenever possible, copy name and date of birth directly from approved federal, state, and/or legal ID (e.g., driver's license). It is important to use the same information consistently over time to avoid creating duplicate client records in CAREWare. If the client has conflicting documentation, verify the correct name with the client.



Note: If there is a change in the legal name and/or gender for an existing client, update the information in the existing client record. Never create a new client record.

Field 1 | First Name

Enter the client's legal first name. Do not use nicknames (i.e. "Ken" for "Kenneth").

Field 2 | Middle Name

Place any middle names (or initials) in the middle name field only (never in first- or last-name fields).

Field 3 | Last Name

Enter the client's legal last name. If a client has two last names enter both into the last name field. If the client has a legal ID, enter the name as it is stated on the ID. When entering compound or hyphenated names, do not leave any spaces or use apostrophes. For example: William O'Connor, Jr. should be entered as: Last Name: OConnor Jr, First Name: William. Enter a suffix (such as Jr, Sr, III) after the last name. Avoid embedded spaces, special characters, including hyphens (' - & etc.), and accent marks.

Field 4 | Gender

Enter the client's self-reported gender. Though there are many options in the CAREWare drop-down, the following categories are preferred by MDPH and HRSA:

- Male
- Female
- Transgender Male-to-Female (MtF)
- Transgender Female-to-Male (FtM)
- Unknown

Field 5 | Date of Birth

Enter the client's date of birth. If it is unknown, enter 01 for the month or the day if they are unknown, and enter the most accurate year possible, based on discussion with the client. This is in accordance with the federal HIV/AIDS Bureau recommendations (for more information, go to https://careacttarget.org/library/rsr-frequently-asked-questions#changes).

Field 6 | Sex at Birth

Enter the client's assigned sex at birth.

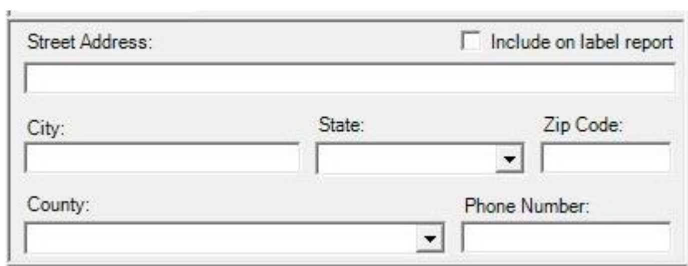
Field 7 | Client ID

Enter an ID that your provider agency uses to track clients (optional). The Massachusetts Department of Public Health (MDPH) will not require the client code (generated by Genuwin) to be entered in CAREWare. If your provider agency would like to continue to use this ID to track clients and add it to CAREWare, enter the code here. Alternatively, this field can be used for another tracking code used by your organization (e.g., medical record number).

ADDRESS AND CONTACT INFORMATION

Field 8 | Street Address *(optional)*

Enter the client's street address. For homeless clients who do not have an address, enter the client's most stable affiliation. This may be the agency where s/he is receiving services.



Field 9 | City *(optional)*

Enter the city.

Field 10 | State *(optional)*

Enter the state. This will automatically populate the list of counties available in the state.

Field 11 | Zip Code *(optional)*

Enter the ZIP code.

Field 12 | County *(optional)*

Enter the county.

Field 13 | Phone Number *(optional)*

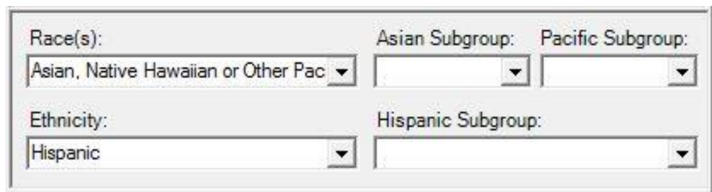
Enter the client's phone number.

RACE AND ETHNICITY

Field 14 | Race

Select the client's self-reported race. Do not classify the client without asking and do not tell the client how to classify him/herself. Check all that apply.

If race is unknown or the client chooses not to report, you may leave the field blank. There is no longer an unknown option in CAREWare. Leaving the race field blank will result in an alert when submitting the RSR, but the RSR file will be accepted by HRSA.



Field 15 | Asian Subgroup

Enter the client's self-reported Asian subgroup, if "Asian" was selected for race. If the client does not self-identify with any of the listed sub-groups, select "Other Asian".

Field 16 | Pacific Subgroup

Enter the client's self-reported Pacific subgroup, if "Native Hawaiian or Other Pacific Islander" was selected for race. If the client does not self-identify with any of the listed sub-groups, select "Other Pacific Islander".

Field 17 | Ethnicity

Enter whether or not the client has self-identified as Hispanic/ Latino.

Field 18 | Hispanic Subgroup

Enter the client's self-reported Hispanic subgroup, if "Hispanic" was selected for ethnicity. If the client does not self-identify with any of the listed sub-groups, select "Another Hispanic, Latino/a or Spanish Origin".

ENROLLMENT, ELIGIBILITY, AND HIV STATUS

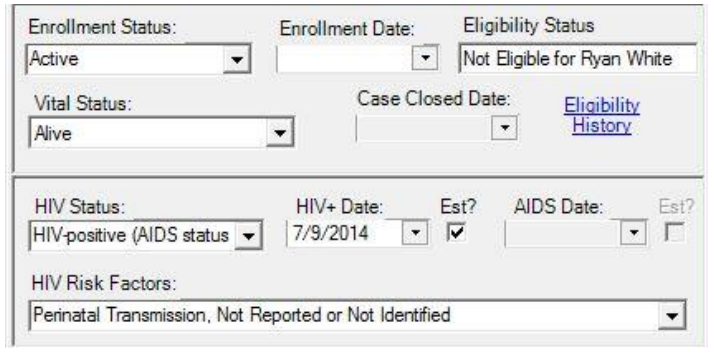
Field 19 | Enrollment Status

Select the client's enrollment status. The default value will be "Active."

If the client is deceased, select "Referred or Discharged."

- *Active* — The client will be continuing in the program.
- *Referred or Discharged* — The client was referred to another program for 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 self-sufficient and was no longer eligible to receive RWHAP 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 RWHAP services at the agency's location.



These definitions are from the 2016 Annual Ryan White HIV/AIDS Program Services Report Instruction Manual, available at: https://careacttarget.org/library/ryan-white-hivaids-program-services-report-rsr-instruction-manual.

Field 20 | Enrollment Date

Enter the date the client first received HIV services at your agency.

Field 21 | Eligibility Status

Click on the link for "Eligibility History" to change the client's eligibility status. A pop-up window will appear. Select the contract and the date the client became eligible for RWHAP services. Update the eligibility status every six months.

Field 22 | Vital Status

Select the client's vital status.

Field 23 | Date of Death

Enter the client's date of death, if the vital status is deceased.

Field 24 | Case Closed Date

Enter the date the client's case was closed, if the enrollment status (Field 19) is not "Active."

Field 25 | HIV Status

Select the client's HIV status.

Field 26 | HIV Positive Date

Enter the date the client was diagnosed as HIV positive. If the client isn't sure of the exact date, check off the "Est?" box. If this is a client that is not HIV positive (e.g., MassCARE Part D), leave this item blank.

Field 27 | AIDS Date

Enter the date the client was diagnosed with AIDS, if the client has been diagnosed with AIDS.

Field 28 | HIV Risk Factors

Select the client's HIV risk factors. Select all that apply. These are the risk factors at the initial diagnosis (not current risk factors).

Field 29 | Provider Notes

Enter any notes that are helpful. These can be viewed by all users at your agency.

SERVICES

Field 30 | Service Date

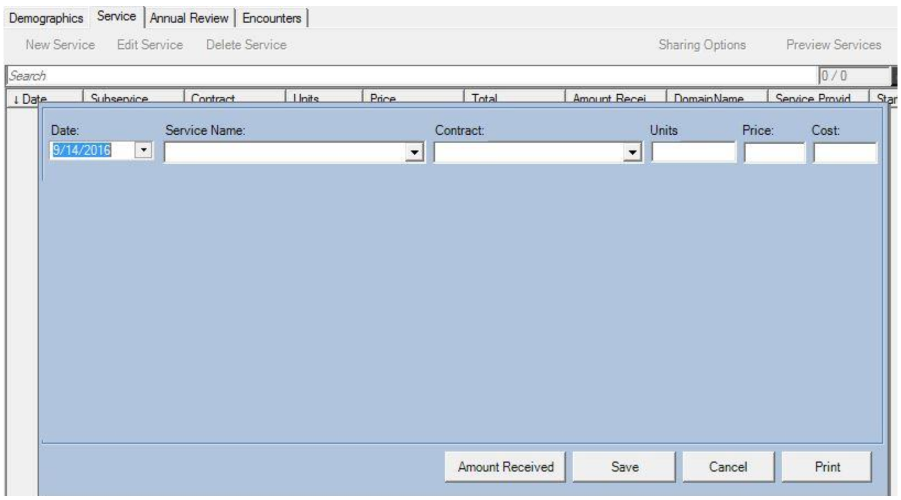
Enter the date of the service.

Field 31 | Service Name

Select the service. Only services that your agency is funded for will appear.

Field 32 | Contract

The contract will automatically populate.



Field 33 | Units

Enter the units provided. For unit definitions, see the "Subservice Definitions" document. In general, time-based services have a value of 1 unit per 15 minutes (e.g., 30 minutes = 2 units).

Field 34 | Price

Do not enter data in this field. The default value will be $0.

Field 35 | Cost

Do not enter data in this field. The default value will be $0.

Field 36 | MCM Acuity Scores

For the "MCM initial acuity assessment," "MCM acuity reassessment," and "Care Access acuity assessment" subservices, fill in the scores for each section of the acuity tool, as well as the total score:

- HIV Care Adherence
- Current HIV Health Status
- Other Non-HIV Related Medical Issues
- HIV Medication Adherence
- Health Insurance and HDAP Status
- Sexual and Reproductive Health Status

- Current Mental Health Status
- Current Substance Use
- Current Housing Status
- Current Legal Status
- Support System and Relationships
- Current Income/Personal Finance Management Status
- Current Transportation/Mobility Status
- Current Nutritional Status
- Total Score

Field 37 | MCM Acuity Level

Select the level of acuity: basic (1-14), moderate (15-28), high (29-42).

Field 38 | MCM Referrals (Non-medical) – Referral Type

For the “MCM referrals (non-medical)” subservice, select the referral type.

Field 39 | MCM Referrals (Non-medical) – Referral Status

For the “MCM referrals (non-medical)” subservice, select the referral status (open, closed, or Lost to Follow-Up (60 Days)).

Field 40 | MCM Referrals (Non-medical) – Confirmation of Referral Date

For the “MCM referrals (non-medical)” subservice, enter the date the referral was confirmed.

Field 41 | MCM Linkage to Medical Care – Linkage Type

For the “MCM linkage to medical care” subservice, select the linkage type.

Field 42 | MCM Linkage to Medical Care – Linkage Status

For the “MCM linkage to medical care” subservice, select the linkage status (open, closed, or Lost to Follow-Up (60 Days)).

Field 43 | MCM Linkage to Medical Care – Confirmation of Linkage Date

For the “MCM linkage to medical care” subservice, select the date the linkage was confirmed.

Field 44 | ARCH Acuity Scores

For the “ARCH initial acuity assessment,” and “ARCH acuity reassessment,” subservices, fill in the scores for each section of the acuity tool, as well as the total score:

- HIV Care Adherence
- Current HIV Health Status
- Other Non-HIV Related Medical Issues
- HIV Medication Adherence

- Health Insurance and HDAP Status
- Sexual and Reproductive Health Status
- Current Mental Health Status
- Current Substance Use
- Current Housing Status
- Current Legal Status
- Support System and Relationships
- Current Income/Personal Finance Management Status
- Current Transportation/Mobility Status
- Current Nutritional Status
- Total Score

Field 45 | ARCH Acuity Level

Select the level of acuity: basic (1-14), moderate (15-28), high (29-42).

Field 46 | ARCH Referrals (Non-medical) – Referral Type

For the "ARCH referrals (non-medical)" subservice, select the referral type.

Field 47 | ARCH Referrals (Non-medical) – Status of Referral

For the "ARCH referrals (non-medical)" subservice, select the referral status (open, closed or Lost to Follow-Up (60 Days)).

Field 48 | ARCH Referrals (Non-medical) – Confirmation of Referral Date

For the "ARCH referrals (non-medical)" subservice, enter the date the referral was confirmed

Field 49 | ARCH Linkage to Medical Care – Linkage Type

For the "ARCH linkage to medical care" subservice, select the linkage type.

Field 50 | ARCH Linkage to Medical Care – Linkage Status

For the "ARCH linkage to medical care" subservice, select the linkage status (open, closed, or Lost to Follow-Up (60 Days)).

Field 51 | ARCH Linkage to Medical Care – Confirmation of Linkage Date

For the "ARCH linkage to medical care" subservice, select the date the linkage was confirmed.

Field 52 | CLTC Linkage to Drug Assistance – Correctional Linkage Type

For the "CLTC linkage to drug assistance" subservice, select the linkage type.

Field 53 | CLTC Linkage to Drug Assistance – Linkage Status

For the “CLTC linkage to drug assistance” subservice, select the linkage status (open, closed, or Lost to Follow-Up (60 Days)).

Field 54 | CLTC Linkage to Drug Assistance – Confirmation of Linkage Date

For the “CLTC linkage to medical care” subservice, select the date the linkage was confirmed

Field 55 | CLTC Linkage to Medical Care – Linkage Type

For the “CLTC linkage to medical care” subservice, select the linkage type.

Field 56 | CLTC Linkage to Medical Care – Linkage Status

For the “CLTC linkage to medical care” subservice, select the linkage status (open, closed or Lost to Follow-Up (60 Days)).

Field 57 | CLTC Linkage to Medical Care – Confirmation of Linkage Date

For the “CLTC linkage to medical care” subservice, select the date the linkage was confirmed.

Field 58 | CLTC Referrals (non-medical) – Correctional Referral Type

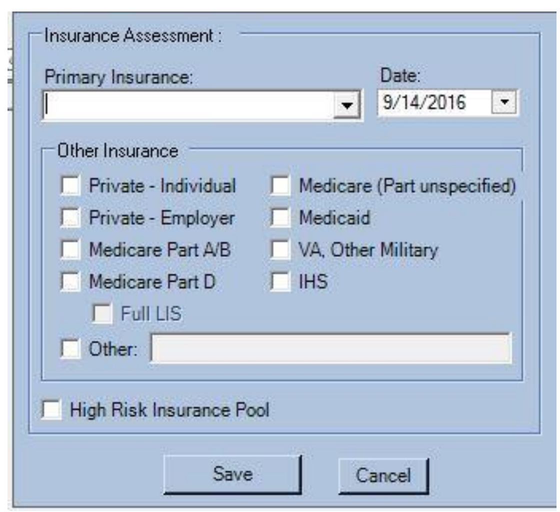
For the “CLTC referrals (non-medical)” subservice, select the referral type.

Field 59 | CLTC Referrals (non-medical) – Status of Referral

For the “CLTC Referrals (non-medical)” subservice, select the referral status (open, closed, or Lost to Follow-Up (60 Days)).

Field 60 | CLTC Referrals (non-medical) – Confirmation of Referral Date

For the “CLTC Referrals (non-medical)” subservice, select the date the referral was confirmed.



ANNUAL REVIEW

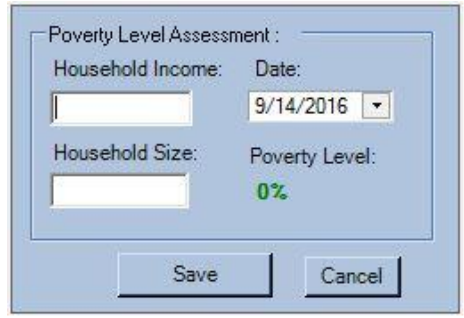
The information in this section must be updated when changes occur, or at least once a year for each client.

Field 61 | Primary Insurance

Select the client’s primary source of health insurance from the drop-down menu. Note that CHII is not health insurance, but CHII funds may be used to help the client pay insurance costs. Commonwealth Care, as an “other public” type of health insurance, is considered Medicaid in CAREWare.

Field 62 | Insurance Date

Enter the date for the insurance assessment.



Field 63 | Other Insurance

Check off any additional sources of health insurance for the client. Note: High Risk Insurance Pool does not apply to Massachusetts.

Field 64 | Poverty Level

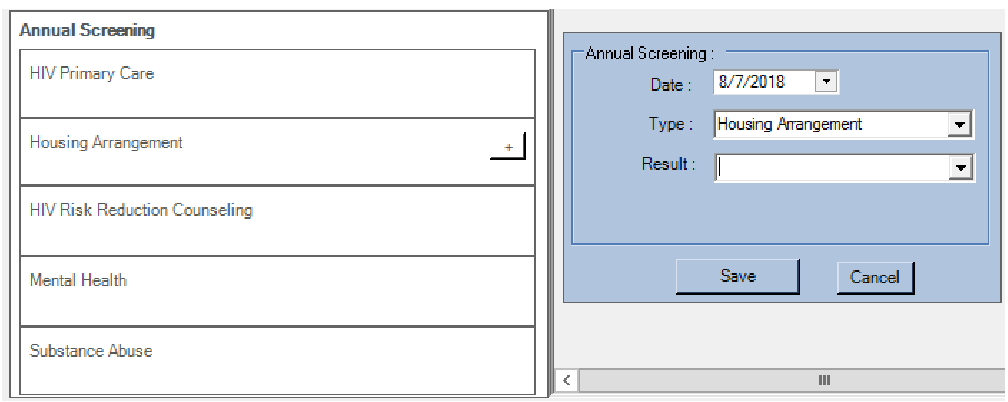
Enter the client's household yearly (annual) income.

Field 65 | Poverty Level Date

Enter the date for the poverty level assessment.

Field 66 | Household Size

Enter the household size. The poverty level will automatically calculate once the information is saved.



Field 67 | Annual Screening Date

Annual screening is required for housing. Enter the date of a screening here.

Mental health, risk reduction, and substance use screenings are **optional**. These screenings are completed as part of the acuity assessment and reassessment, and therefore do not need to be reported here on the Annual Review tab.

Field 68 | Type

Select the type of screening. Only the date and result are required for the new screenings. This can be reported based on a conversation with the client. Select one of the following options:

- Housing Arrangement
- HIV Risk Reduction Counseling *(optional)*
- Mental Health *(optional)*
- Substance Use *(optional)*

All providers must report Housing Arrangement. Update this data every time there is a change in the client's housing status.

Note: HIV Primary Care is no longer used. Please do not enter data for this screening type.

Field 69 | Result

Select the screening result. The "result" drop-down will show different options, depending on the type of screening selected. **Note:** there are several options for housing arrangement that are no longer in use by HRSA for the RSR. Select from the following options:

- Stable
- Temporary
- Unstable

CLINICAL INFORMATION

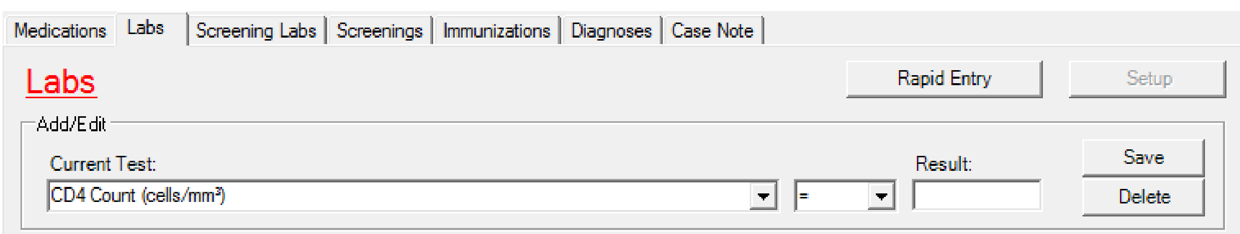
Only Medical Case Management-funded agencies are required to report this data. Enter this information under the Encounters tab in CAREWare.

Field 70 | CD4 Count

Select CD4 Count from the drop-down. Select the operator (=, >, ≥, <, ≤) from the reported lab result. Note that the operator for CD4 counts is typically "=". Enter the result and click Save.

Field 71 | Viral Load

Select Viral Load from the drop-down. Select the operator (=, >, ≥, <, ≤) from the reported lab result. Note that undetectable lab results typically begin with "<". Enter the result and click Save.



Field 72 | Chlamydia Screening

Enter the date, result, titer, and treatment for chlamydia screening.

Field 73 | Gonorrhea Screening

Enter the date, result, titer, and treatment for gonorrhea screening.

Field 74 | Syphilis Screening

Enter the date, result, titer, and treatment for syphilis screening.

Field 75 | HCV(RNA)

Enter the date, result, and treatment for HCV(RNA) screening.

Field 76 | Hepatitis C Antibody Screening

Enter the date, result, and treatment for hepatitis C antibody screening.

Field 77 | IGRA Screening

Enter the date, result, and treatment for IGRA screening.

Field 78 | Rectal Pap Smear

Enter the date, result, and score for each Rectal Pap Smear screening.

Field 79 | TB Chest Radiograph

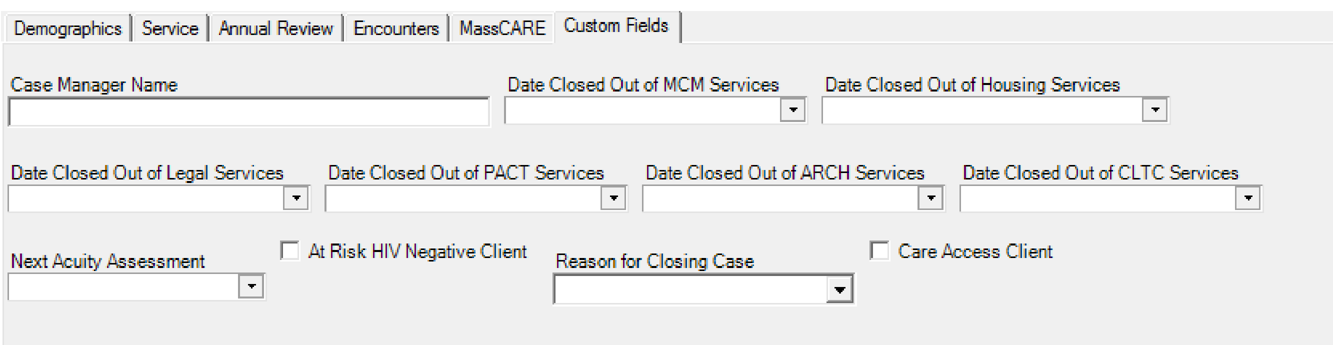
Enter the date, result, and score for each TB Chest radiograph screening.

Field 80 | TST

Enter the date, result, and score for TST screening.

CUSTOM FIELDS

The Custom Fields tab includes additional fields that agencies can use to help manage their program and CAREWare data. Fields will only appear if they are applicable to your agency. For example, agencies funded for legal services will see the “date closed out of legal services” field, but other agencies will not.



Field 81 | Case Manager Name

Enter the case manager’s name assigned to this client. This field is optional.

Field 82 | Date Closed out of MCM Services

If your agency provides MCM services: select the date closed out of MCM services. This field is optional.

Field 83 | Date Closed Out of Housing Services

If your agency provides housing services: select the date closed out of housing services. This field is required.

Field 84 | Date Closed Out of Legal Services

If your agency provides legal services: select the date closed out of legal services. This field is optional.

Field 85 | Date Closed Out of PACT Services

If your agency provides PACT services: select the date closed out of PACT services. This field is optional.

Field 86 | Date Closed Out of ARCH Services

If your agency provides ARCH services: select the date closed out of ARCH services. This field is optional.

Field 87 | Date Closed Out of CLTC Services

If your agency provides Correctional Linkage-to-Care services: select the date closed out of CLTC services. This field is required.

Field 88 | Next Acuity Assessment

If your agency provides MCM services, select the date of the next acuity assessment. This field is optional.

Field 89 | At Risk HIV Negative Client

If your agency provides housing services to at risk, HIV negative individuals; check off if the client is at risk HIV negative. This field is required for housing programs.

Field 90 | Reason for Closing Case

If your agency provides Correctional Linkage-to-Care services: select the reason for closing out of the CLTC program.

Field 91 | Care Access Client

If the client is a Care Access client, check this box. This field is optional.