Massachusetts Department of Public Health

Demographics & Annual Review 2021



Introductions

- Molly Higgins-Biddle, Project Director (JSI)
- Chris Tso, Helpdesk Coordinator (JSI)



Topics Covered In This Webinar

- Demographics Data Requirements
- Annual Review Data Requirements
- Custom fields
- QA reports available
- Case Scenarios
- Support and Resources



DEMOGRAPHICS DATA REQUIREMENTS



Demographics Requirements

- Required when entering a new client:
 - First Name
 - Last Name
 - Gender
 - Date of Birth

Last Name:	
First Name:	
Middle Name:	
Gender:	
Date of Birth:	
DOB Estimated?:	



Race/Ethnicity

Race/Ethnicity	
Asian:	
Black or African American:	
American Indian or Alaska Native:	
Other:	
Native Hawaiian or Other Pacific Islander:	
White:	
Hispanic or Latino:	No 🛂



HIV Status

- HIV Status
 - CDC Defined AIDS
 - HIV-indeterminate
 - HIV-negative (affected)
 - HIV-positive (AIDS status unknown)
 - HIV-Positive (not AIDS)
- HIV+ Date
- AIDS Date (if applicable)

HIV Sta	atus
HIV Status:	<u>+</u>
HIV+ Date:	
Estimated?:	
AIDS Date:	
Estimated?:	



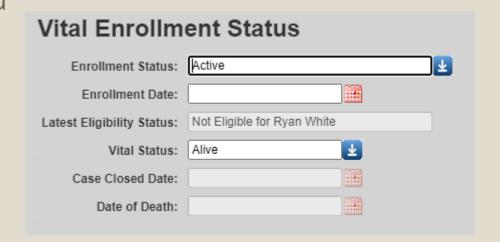
HIV Risk Factors

HIV Risk Factors			
Male to Male sexual contact (MSM):			
Injection Drug Use (IDU):			
Heterosexual Contact:			
Perinatal Transmission:			
Hemophilia/Coagulation Disorder:			
Receipt of transfusion of blood, blood components, or tissue:			
Not Reported or Not Identified:			



Enrollment Status & Eligibility

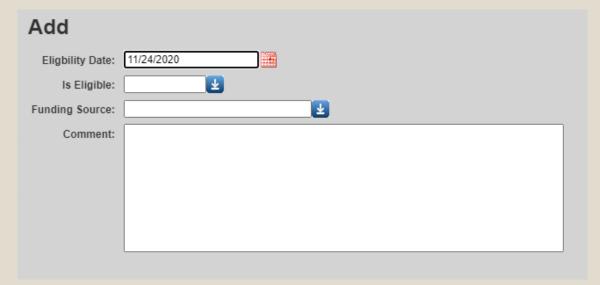
- Enrollment Status
 - Active
 - Referred or Discharged
 - Removed
 - Incarcerated
 - Relocated
- Enrollment Date
- Vital Status
- Case Closed Date
- Date of Death





Ryan White Eligibility

- Eligibility Date
- Is Eligible
 - Yes
 - No
- Funding Source
 - Part B
 - State





Optional Demographics Fields

- Personal Info
 - Client ID
- Contact information
 - Address
 - City
 - State
 - Zip Code
 - Phone
- Provider Notes



ANNUAL REVIEW DATA REQUIREMENTS



Annual Review Requirements

- Annual review fields must be updated when changes occur or at least once every six months
- Insurance Assessments
- Poverty Level Assessments
- Annual Screenings
 - Housing Arrangement
 - HIV Risk Reduction Counseling (optional)
 - Mental Health (optional)
 - Substance Use (optional)



Insurance Assessments

- Insurance Assessment Date
- Primary Insurance
- Other Insurance

Annual Data > Insurance Assessments > Add		
Save Cancel		
Add		
Insurance Assessment Date:	8/4/2019	
Primary Insurance:	Medicare Part A/B	
Private Individual:		
Private Employer:		
Medicare Part A/B:	₩	
Medicare Part D:		
Full LIS:		
Medicare (Part unspecified):		
Medicaid:		
VA, Other Military:		
IHS:		
Other Public:		
Other:		
Other Insurance Specify:		
High Risk Insurance Pool:		



Poverty Level Assessments

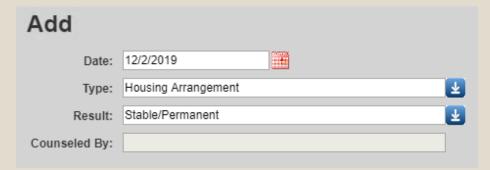
- Poverty Level Date
- Household Size
- Household Income

Annual Data > Poverty Level Assessments > Add > Edit		
Save Cancel		
Edit		
Date:	11/12/2019	
Household Size:	2	
Household Income:	35000.00 \$	
Individual Income:	0.00 \$	



Annual Screenings

- Annual Screening Date
- Type
 - Housing Arrangement
 - HIV Risk Reduction Counseling
 - Mental Health
 - Substance Use
- Result





ENTERING DATA – CUSTOM FIELDS



Custom Fields

- Custom fields tab includes additional fields to help manage programs and CAREWare data
- Fields will only appear if applicable to your agency
- Case Manager Name (optional)
- Date closed out of services
 - Required for CLTC programs. Otherwise optional
- Reason for Closing Case (CLTC)
 - Required for CLTC programs
- Care Access Client
 - Required for Care Access clients
- Priority populations for HIV negative clients (EHE)
 - Only required for CDC EHE programs



Custom Fields

Find Client > Search Results > Demographics > C	sustom Fields
Edit Back	
Custom Fields	
Case Manager Name:	
Date Closed Out of MCM Services:	
Date Closed Out of Housing Services:	
Date Closed Out of Legal Services:	
Date Closed Out of ARCH Services:	
Date Closed Out of CLTC Services:	
Next Acuity Assessment:	
Reason for Closing Case:	
Care Access Client:	
Priority Population for HIV- Clients: LTBI:	
Priority Population for HIV- Clients: MSM:	
Priority Population for HIV- Clients: PWID:	
Priority Population for HIV- Clients: Transgender:	



QA REPORTS



QA Reports

- Missing data reports:
 - Missing Annual Review
 - Missing Client Status
 - Missing demographics
 - Missing Ryan White Eligibility
- RSR Validation Report

- Other custom reports:
 - Client List
 - Care Access Client List
 - Aggregate housing Counts (6& 12 months)
 - Aggregate Insurance Counts
 - Aggregate Poverty LevelCounts



CAREWare MA SUPPORT & RESOURCES



CAREWare MA Documentation

- Fields and Definitions
- Report Instructions

Fields and Definitions

June 2020 v2.1

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 most recent 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.

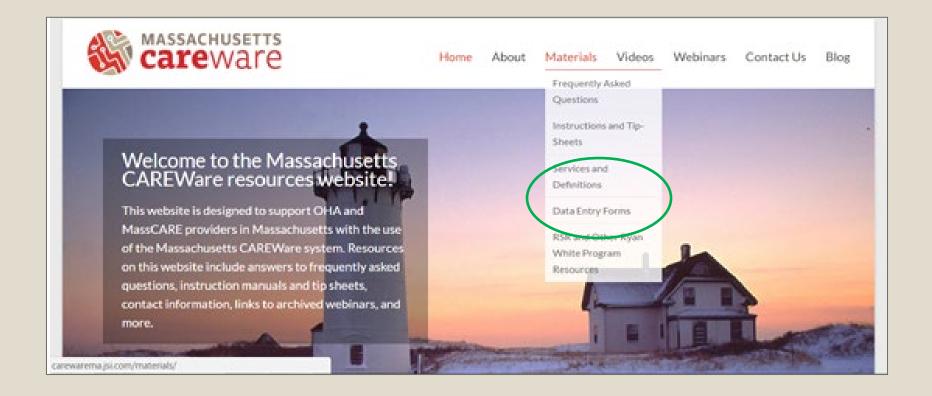
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CLIENT I	NTIFIERS4	l
Field	First Name	ļ
Field	Middle Name4	ļ
Field	Last Name	ļ
Field	Gender	l



CAREWare MA Website

Find materials and other resources at http://carewarema.jsi.com/ under "Materials."



CAREWare MA Helpdesk Support

- Go to <u>www.CAREWareMA.jsi.com</u>
- Email <u>CAREWareMAhelpdesk@jsi.com</u>
- Call 617-385-3991
- Fax 617-482-0617



THANK YOU!

