

# Fields and Definitions

May 2025

Yellow highlights indicate changes since the last version.



MASSACHUSETTS  
**careware**

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-hiv-aids-program-services-report-rsr-instruction-manual>.

## TABLE OF CONTENTS

|   |   |
|---|---|
| CLIENT IDENTIFIERS .....                      | 4 |
| Field 1   First Name .....                    | 4 |
| Field 2   Middle Name .....                   | 4 |
| Field 3   Last Name .....                     | 4 |
| Field 4   Gender .....                        | 4 |
| Field 5   Date of Birth .....                 | 5 |
| Field 6   Sex at Birth .....                  | 5 |
| Field 7   Client ID .....                     | 5 |
| ADDRESS AND CONTACT INFORMATION .....         | 5 |
| Field 8   Street Address (optional) .....     | 5 |
| Field 9   City (optional) .....               | 5 |
| Field 10   State (optional) .....             | 5 |
| Field 11   Zip Code (optional) .....          | 5 |
| Field 12   County (optional) .....            | 5 |
| Field 13   Phone Number (optional) .....      | 6 |
| RACE AND ETHNICITY .....                      | 6 |
| Field 14   Race .....                         | 6 |
| Field 15   Asian Subgroup .....               | 6 |
| Field 16   Pacific Subgroup .....             | 6 |
| Field 17   Ethnicity .....                    | 6 |
| Field 18   Hispanic Subgroup .....            | 6 |
| ENROLLMENT, ELIGIBILITY, AND HIV STATUS ..... | 7 |
| Field 19   Enrollment Status .....            | 7 |
| Field 20   Enrollment Date .....              | 7 |
| Field 21   Eligibility Status .....           | 8 |
| Field 22   Vital Status .....                 | 8 |
| Field 23   Date of Death .....                | 8 |
| Field 24   Case Closed Date .....             | 8 |
| Field 25   HIV Status .....                   | 8 |
| Field 26   HIV Positive Date .....            | 8 |
| Field 27   AIDS Date .....                    | 8 |
| Field 28   HIV Risk Factors .....             | 8 |
| Field 29   Provider Notes .....               | 8 |
| SERVICES .....                                | 9 |

# Fields and Definitions

May 2025



MASSACHUSETTS  
**careware**

|   |    |
|---|----|
| Field 30   Service Date .....   | 9  |
| Field 31   Service Name .....   | 9  |
| Field 32   Contract .....   | 9  |
| Field 33   Units .....  | 9  |
| Field 34   Price .....  | 9  |
| Field 35   Cost .....   | 9  |
| Field 36   MCM Acuity Scores .....  | 9  |
| Field 37   MCM Acuity Level .....   | 10 |
| Field 38   MCM Referrals (Non-medical) – Referral Type .....                    | 10 |
| Field 39   MCM Referrals (Non-medical) – Referral Status .....                  | 10 |
| Field 40   MCM Referrals (Non-medical) – Confirmation of Referral Date .....    | 10 |
| Field 41   MCM Linkage to Medical Care – Linkage Type .....                     | 10 |
| Field 42   MCM Linkage to Medical Care – Linkage Status .....                   | 10 |
| Field 43   MCM Linkage to Medical Care – Confirmation of Linkage Date .....     | 10 |
| Field 44   ARCH Acuity Scores .....   | 10 |
| Field 45   ARCH Acuity Level .....  | 10 |
| Field 46   ARCH Referrals (Non-medical) – Referral Type .....                   | 11 |
| Field 47   ARCH Referrals (Non-medical) – Status of Referral .....              | 11 |
| Field 48   ARCH Referrals (Non-medical) – Confirmation of Referral Date .....   | 11 |
| Field 49   ARCH Linkage to Medical Care – Linkage Type .....                    | 11 |
| Field 50   ARCH Linkage to Medical Care – Linkage Status .....                  | 11 |
| Field 51   ARCH Linkage to Medical Care – Confirmation of Linkage Date .....    | 11 |
| Field 52   CLTC Linkage to Drug Assistance – Correctional Linkage Type .....    | 11 |
| Field 53   CLTC Linkage to Drug Assistance – Linkage Status .....               | 11 |
| Field 54   CLTC Linkage to Drug Assistance – Confirmation of Linkage Date ..... | 11 |
| Field 55   CLTC Linkage to Medical Care – Linkage Type .....                    | 11 |
| Field 56   CLTC Linkage to Medical Care – Linkage Status .....                  | 11 |
| Field 57   CLTC Linkage to Medical Care – Confirmation of Linkage Date .....    | 11 |
| Field 58   CLTC Referrals (non-medical) – Correctional Referral Type .....      | 12 |
| Field 59   CLTC Referrals (non-medical) – Status of Referral .....              | 12 |
| Field 60   CLTC Referrals (non-medical) – Confirmation of Referral Date .....   | 12 |
| ANNUAL REVIEW .....   | 12 |
| Field 61   Primary Insurance .....  | 12 |
| Field 62   Insurance Date .....   | 12 |
| Field 63   Other Insurance .....  | 12 |
| Field 64   Poverty Level .....  | 12 |
| Field 65   Poverty Level Date .....   | 12 |
| Field 66   Household Size .....   | 13 |
| Field 67   Household Income .....   | 13 |
| Field 68   Annual Screening Date .....  | 13 |
| Field 69   Type .....   | 13 |
| Field 70   Result .....   | 13 |
| <b>Clinical Information</b> .....   | 14 |

# Fields and Definitions

May 2025



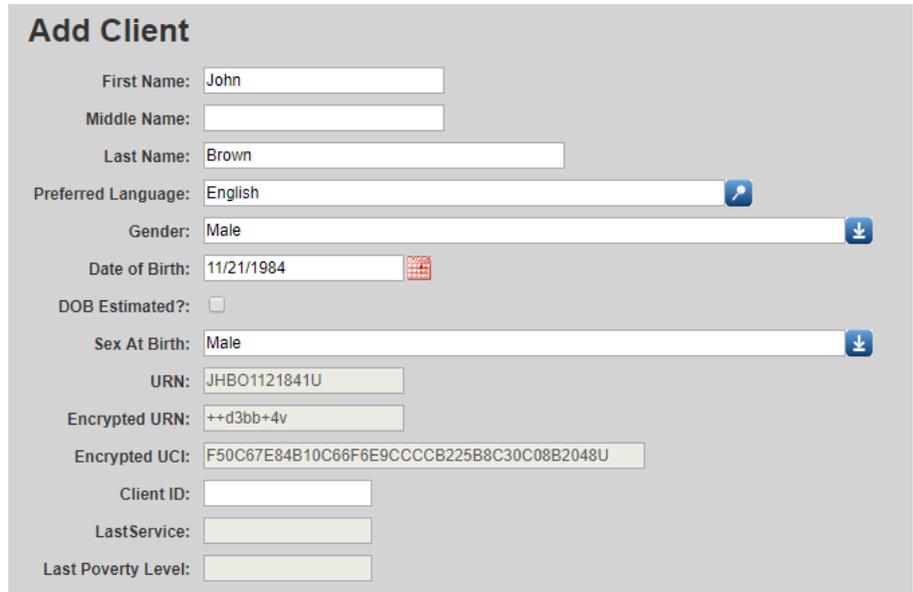
MASSACHUSETTS  
**careware**

|  |    |
|--|----|
| Field 71   CD4 Count .....   | 14 |
| Field 72   Viral Load.....   | 14 |
| Field 73   Chlamydia Screening .....                               | 14 |
| Field 74   Gonorrhea Screening.....                                | 14 |
| Field 75   Syphilis Screening.....                                 | 14 |
| Field 76   HCV(RNA).....   | 14 |
| Field 77   Hepatitis C Antibody Screening.....                     | 14 |
| Field 78   IGRA Screening.....                                     | 14 |
| Field 79   Rectal Pap Smear .....                                  | 14 |
| Field 80   TB Chest Radiograph .....                               | 15 |
| Field 81   TST .....   | 15 |
| Custom fields.....   | 15 |
| Field 82   Case Manager Name .....                                 | 15 |
| Field 83   Date Closed out of MCM Services.....                    | 15 |
| Field 84   Date Closed Out of Housing Services .....               | 15 |
| Field 85   Date Closed Out of Legal Services.....                  | 15 |
| Field 86   Date Closed Out of PACT Services .....                  | 15 |
| Field 87   Date Closed Out of ARCH Services .....                  | 16 |
| Field 88   Date Closed Out of CLTC Services .....                  | 16 |
| Field 89   Next Acuity Assessment.....                             | 16 |
| Field 90   Reason for Closing Case.....                            | 16 |
| Field 91   Care Access Client .....                                | 16 |
| Field 92   Priority Population for HIV- Clients: LTBI.....         | 16 |
| Field 93   Priority Population for HIV- Clients: MSM .....         | 16 |
| Field 94   Priority Population for HIV- Clients: PWID .....        | 16 |
| Field 95   Priority Population for HIV- Clients: Transgender ..... | 16 |

## CLIENT IDENTIFIERS

These fields are required in CAREWare. Ask the client to provide their legal name, official date of birth and self-reported gender. 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

---

**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**

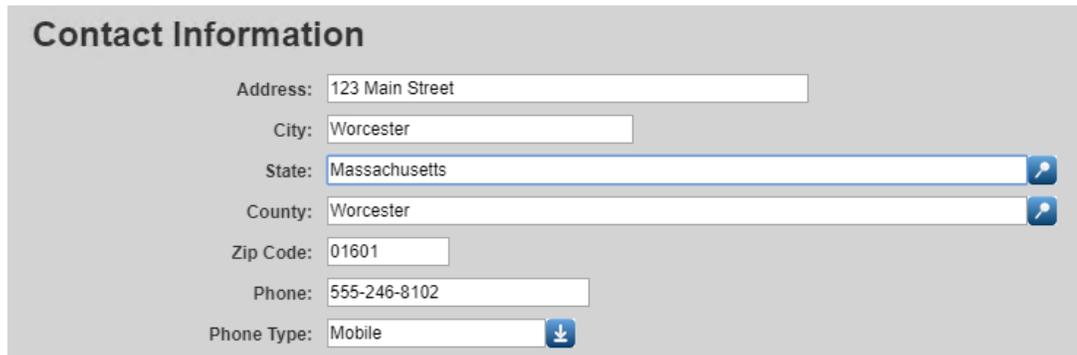
Enter an ID that your provider agency uses to track clients (optional). The Massachusetts Department of Public Health (MDPH) will not require the client code (generated by Genuwin) to be entered in CAREWare. If your provider agency would like to continue to use this ID to track clients and add it to 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.



**Contact Information**

Address: 123 Main Street

City: Worcester

State: Massachusetts

County: Worcester

Zip Code: 01601

Phone: 555-246-8102

Phone Type: Mobile

---

**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.



**Race/Ethnicity**

Asian:

Asian Indian:

Asian Chinese:

Asian Filipino:

Asian Japanese:

Asian Korean:

Asian Vietnamese:

Asian Other:

Black or African American:

American Indian or Alaska Native:

Other:

Native Hawaiian or Other Pacific Islander:

White:

Hispanic or Latino:  

---

**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”.

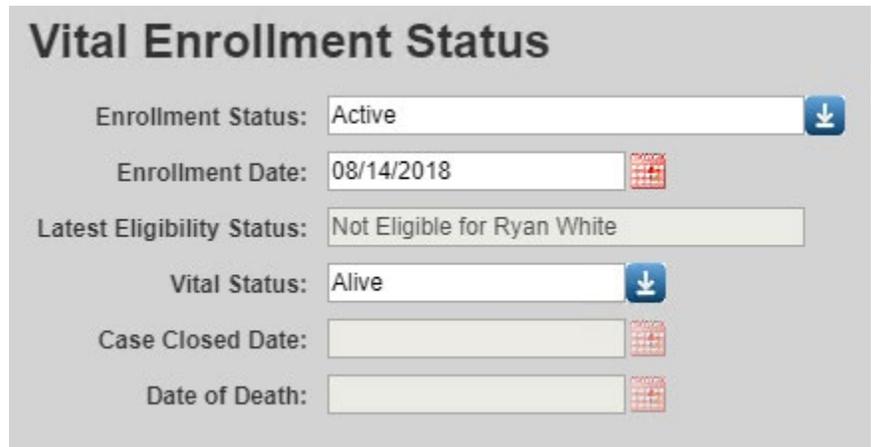
## ENROLLMENT, ELIGIBILITY, AND HIV STATUS

### 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



The screenshot shows a form titled "Vital Enrollment Status" with the following fields:

|                            |                             |   |
|----------------------------|-----------------------------|---|
| Enrollment Status:         | Active                      | ↓ |
| Enrollment Date:           | 08/14/2018                  | 📅 |
| Latest Eligibility Status: | Not Eligible for Ryan White |   |
| Vital Status:              | Alive                       | ↓ |
| Case Closed Date:          |                             | 📅 |
| Date of Death:             |                             | 📅 |

- *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 most recent Annual Ryan White HIV/AIDS Program Services Report Instruction Manual, available at: <https://careacttarget.org/library/ryan-white-hiv-aids-program-services-report-rsr-instruction-manual>.

**Note:** To change the eligibility status, navigate to the eligibility button in the demographics tab, as demonstrated in the screenshot below. It is not possible to change eligibility status on the vital enrollment status page.

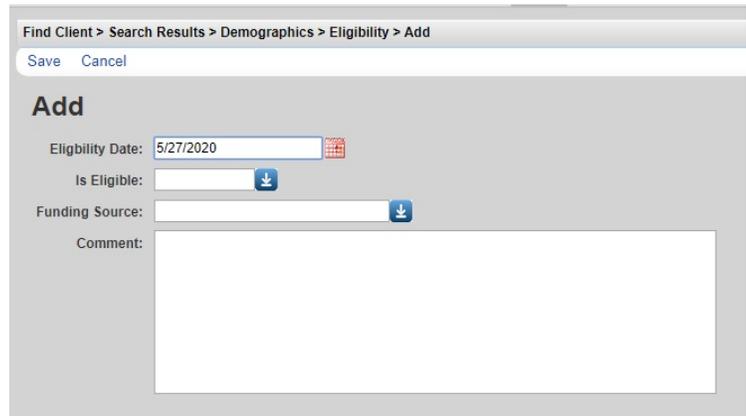
### Field 20 | Enrollment Date

Enter the date the client first received HIV services at your agency. If your agency is looking at 6 month reassessment and ISP dates, use the most recent re-enrollment data as your benchmark.

---

**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 when there is a change.



The screenshot shows a web interface for adding eligibility information. The breadcrumb trail is "Find Client > Search Results > Demographics > Eligibility > Add". There are "Save" and "Cancel" buttons at the top. The form is titled "Add" and contains the following fields: "Eligibility Date:" with a date picker set to 5/27/2020; "Is Eligible:" with a dropdown menu; "Funding Source:" with a dropdown menu; and "Comment:" with a large text area.

---

**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. If HIV diagnosis date is not known, enter the same date as AIDS diagnosis.

---

**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).

A screenshot of the 'Add' service form in the CareWare system. The form is titled 'Add' and contains several input fields. The 'Client' field is populated with 'Jebediah Farmer'. The 'Date' field is populated with '11/12/2019'. The 'Service Name' field is empty, and a dropdown menu is open below it, showing a list of services: ARCH Acuity Reassessment, ARCH Adherence support (face to face), ARCH adherence support (not face to face), ARCH Client Communication (not face to face), ARCH Communication with medical provider, ARCH HDAP Linkage and Recertification, ARCH Linkage to Health Insurance, ARCH Linkage to medical care, ARCH Transition Out of ARCH Services, and CLTC Client Communication (face to face).

**Add**

Client: Jebediah Farmer

Date: 11/12/2019

Service Name:

- ARCH Acuity Reassessment
- ARCH Adherence support (face to face)
- ARCH adherence support (not face to face)
- ARCH Client Communication (not face to face)
- ARCH Communication with medical provider
- ARCH HDAP Linkage and Recertification
- ARCH Linkage to Health Insurance
- ARCH Linkage to medical care
- ARCH Transition Out of ARCH Services
- CLTC Client Communication (face to face)

### 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 every six months 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.

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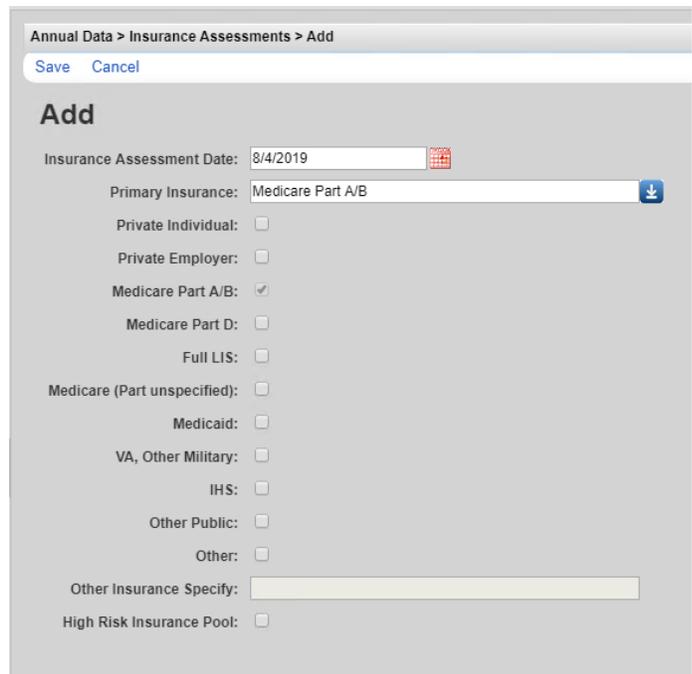
**Field 64 | Poverty Level**

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

---

**Field 65 | Poverty Level Date**

Enter the date for the poverty level assessment.



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:

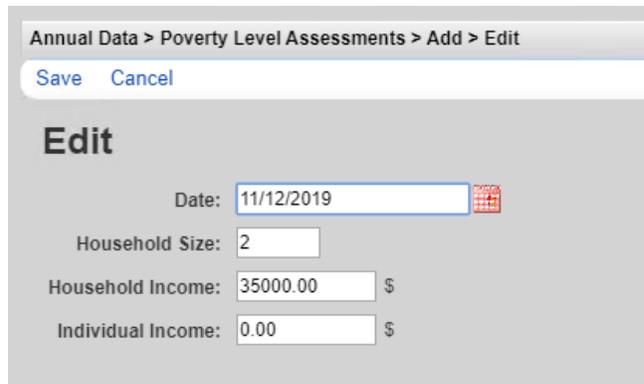
IHS:

Other Public:

Other:

Other Insurance Specify:

High Risk Insurance Pool:



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 \$

---

### Field 66 | Household Size

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

---

### Field 67 | Household Income

Complete the household size and household income fields. These two fields are required for the federal poverty level calculation. If the household size is 1, the individual income field will automatically populate with the value from the household income field. If the household size is greater than 1, leave the individual income field blank.

---

### Field 68 | 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.

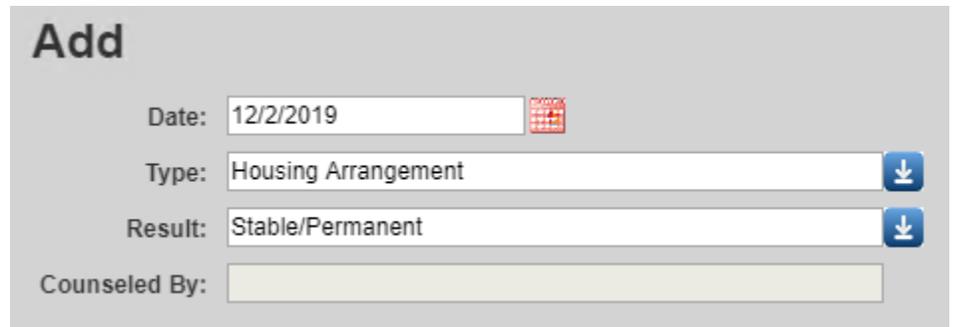
---

### Field 69 | 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 70 | 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

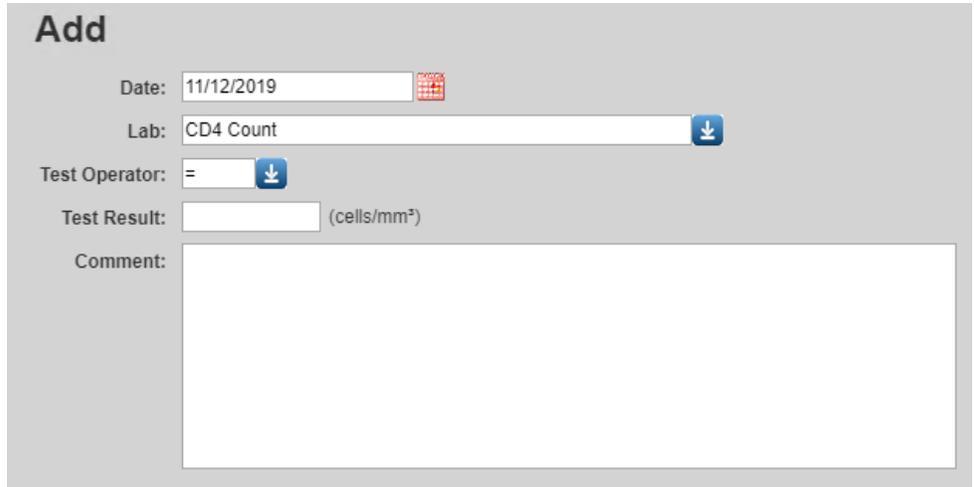
## CLINICAL INFORMATION

Medical Case Management-funded agencies are encouraged but not required to report this data. Enter information for Fields 71-72 under "Labs", Fields 73-78 under "Screening Labs", and Fields 79-81 under "Screenings".

---

### Field 71 | 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.



**Add**

Date: 11/12/2019

Lab: CD4 Count

Test Operator: =

Test Result: (cells/mm<sup>2</sup>)

Comment:

---

### Field 72 | 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 73 | Chlamydia Screening

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

---

### Field 74 | Gonorrhea Screening

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

---

### Field 75 | Syphilis Screening

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

---

### Field 76 | HCV(RNA)

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

---

### Field 77 | Hepatitis C Antibody Screening

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

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### Field 78 | IGRA Screening

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

---

### Field 79 | Rectal Pap Smear

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

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**Field 80 | TB Chest Radiograph**

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

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**Field 81 | 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.

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**Field 82 | Case Manager Name**

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

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**Field 83 | Date Closed out of MCM Services**

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

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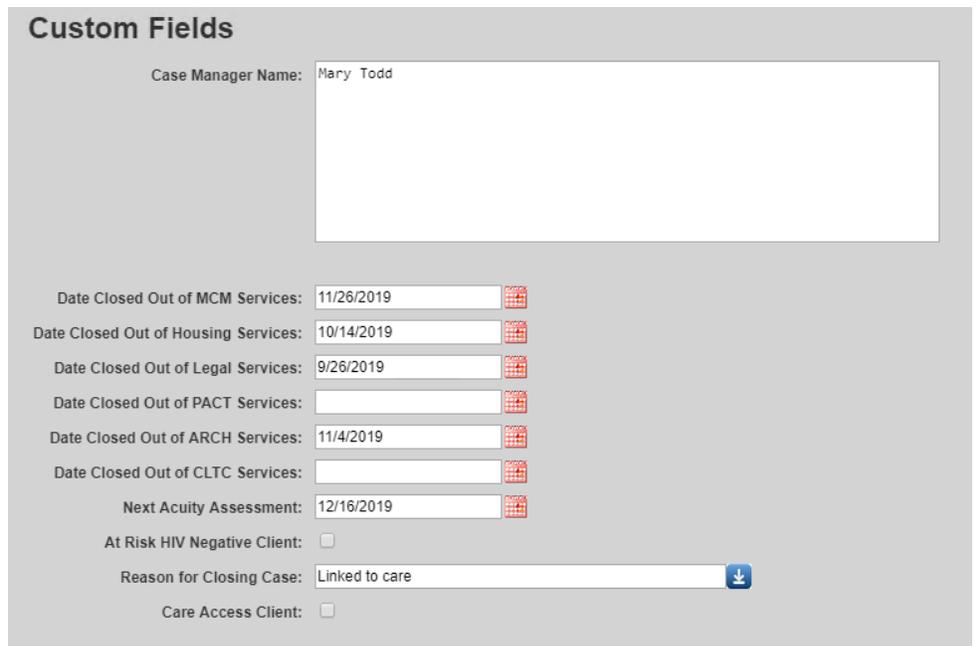
**Field 84 | Date Closed Out of Housing Services**

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

---

**Field 85 | Date Closed Out of Legal Services**

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



**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 PACT Services:  

Date Closed Out of ARCH Services:  

Date Closed Out of CLTC Services:  

Next Acuity Assessment:  

At Risk HIV Negative Client:

Reason for Closing Case:  

Care Access Client:

---

**Field 86 | Date Closed Out of PACT Services**

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

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**Field 87 | Date Closed Out of ARCH Services**

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

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**Field 88 | 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.

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**Field 89 | Next Acuity Assessment**

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

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**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.

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**Field 91 | Care Access Client**

If the client is a Care Access client, check this box. This field is required for care access clients.

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**Field 92 | Priority Population for HIV- Clients: LTBI**

If the client is HIV negative and receives housing services, complete this field. Select “yes” or “no” to indicate whether the client is part of the latent TB infection (LTBI) priority population.

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**Field 93 | Priority Population for HIV- Clients: MSM**

If the client is HIV negative and receives housing services, complete this field. Select “yes” or “no” to indicate whether the client is part of the men who have sex with men (MSM) priority population.

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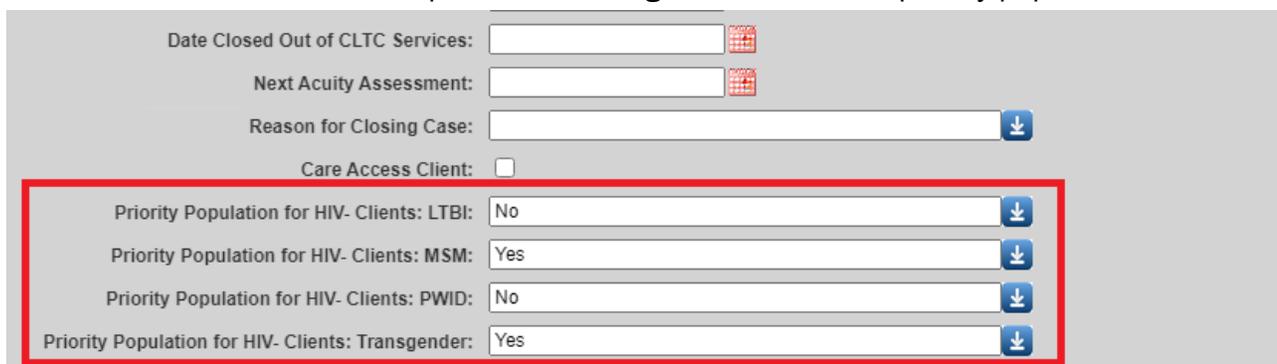
**Field 94 | Priority Population for HIV- Clients: PWID**

If the client is HIV negative and receives housing services, complete this field. Select “yes” or “no” to indicate whether the client is part of the people who inject drugs (PWID) priority population.

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**Field 95 | Priority Population for HIV- Clients: Transgender**

If the client is HIV negative and receives housing services, complete this field. Select “yes” or “no” to indicate whether the client is part of the transgender individuals priority population.



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:  