

# CAREWare MA Form

May 2020 v1.5

Use this form to record client information for data entry into CAREWare MA.



Patient Name/ ID \_\_\_\_\_ / \_\_\_\_\_

## CONTACT INFORMATION

First:  Middle:  Last:

(Record the client's full legal name - do not use nicknames. Do not use punctuation (apostrophes or hypens) in CAREWare.)

Client ID:  Date of Birth:  Est?

(Optional: enter local site ID, if using.)

(If month and/or day are unknown, enter 01.)

Street Address:

City:  State:  ZIP:

County:  Phone Number: (  )  -

(Address and phone number are optional in CAREWare.)

## DEMOGRAPHIC INFORMATION

### Gender:

- Male
- Female
- Transgender Unknown
- Transgender Male-to-Female
- Transgender Female-to-Male
- Refused to report
- Unknown

### Sex at Birth:

- Male
- Female

### Ethnicity:

- Hispanic or Latino/a
- Not Hispanic or Latino/a

(If Hispanic) Hispanic Subgroup (check all that apply):

- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino/a or Spanish origin

### Race (check all that apply):

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

(If Asian) Asian Subgroup (check all that apply):

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

(If NH/PI): Pacific Subgroup (check all that apply):

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

## ENROLLMENT INFORMATION

### Enrollment Status:

- Active
- Referred or Discharged
- Removed
- Incarcerated
- Relocated

Case Closed Date:

Enrollment Date:

Date the client first received HIV services at your agency.

### Vital Status:

- Alive
- Deceased
- Unknown

Date of Death:

### Ryan White HIV/AIDS Program Eligibility:

- Yes, eligible
- No, not eligible

Date updated:

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## HIV INFORMATION

HIV Status:

- HIV-positive (not AIDS)
- HIV-positive (AIDS status unknown)
- CDC defined AIDS
- HIV-negative (affected)
- HIV-indeterminate

HIV Positive Date: Est?

AIDS Diagnosis Date: Est?

HIV Risk Factors (check all that apply):

Select the risk factors at the time of diagnosis:

- Men who have sex with men (MSM)
- Injection drug use (IDU)
- Hemophilia/coagulation disorder
- Heterosexual contact
- Perinatal transmission
- Receipt of transfusion of blood, blood components, or tissue
- Not reported or identified

## ANNUAL REVIEW INFORMATION (update this section every 6 mos.)

Primary Insurance (select only one):

- Medicaid
- Medicare (unspecified)
- Medicare Part A/B
- Medicare Part D
- Private - Employer
- Private - Individual
- VA, Tricare and other military health care
- Indian Health Service (IHS)
- No Insurance
- Other

Date updated:

Other Insurance (check all that apply):

- Medicaid
- Medicare (Part unspecified)
- Medicare Part A/B
- Medicare Part D →  Full Low Income Subsidy
- Private - Employer
- Private - Individual
- VA, Tricare and other military health care
- Indian Health Service (IHS)
- No Insurance
- Other, specify: \_\_\_\_\_

Individual Income (yearly): \$ \_\_\_\_\_

Household Income (yearly): \$ \_\_\_\_\_

Household Size (including self): \_\_\_\_\_ people

Date updated:

Housing Arrangement:

- Stable/Permanent
- Temporary
- Unstable
- Other

Date updated:

## LAB DATA (MCM only)

Date (mm/dd/yyyy): \_\_\_\_\_ Result: \_\_\_\_\_

CD4 Count

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Viral Load

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→ TURN TO NEXT PAGE FOR SCREENING LABS →

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**SCREENING LABS (MCM only)**

	Date (mm/dd/yyyy):	Result:	Titer:	Treatment:
Chlamydia		<input type="checkbox"/> Intermediate <input type="checkbox"/> Negative <input type="checkbox"/> NMI	<input type="checkbox"/> Positive <input type="checkbox"/> Presumptive <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
Gonorrhea		<input type="checkbox"/> Intermediate <input type="checkbox"/> Negative <input type="checkbox"/> NMI	<input type="checkbox"/> Positive <input type="checkbox"/> Presumptive <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
Syphilis		<input type="checkbox"/> Intermediate <input type="checkbox"/> Negative <input type="checkbox"/> NMI	<input type="checkbox"/> Positive <input type="checkbox"/> Presumptive <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
HCV(RNA)		<input type="checkbox"/> Intermediate <input type="checkbox"/> Negative <input type="checkbox"/> NMI	<input type="checkbox"/> Positive <input type="checkbox"/> Presumptive <input type="checkbox"/> Unknown n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
Hepatitis C antibody		<input type="checkbox"/> Intermediate <input type="checkbox"/> Negative <input type="checkbox"/> NMI	<input type="checkbox"/> Positive <input type="checkbox"/> Presumptive <input type="checkbox"/> Unknown n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
IGRA		<input type="checkbox"/> Intermediate <input type="checkbox"/> Negative <input type="checkbox"/> NMI	<input type="checkbox"/> Positive <input type="checkbox"/> Presumptive <input type="checkbox"/> Unknown n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Rectal Pap Smear		<input type="checkbox"/> Intermediate <input type="checkbox"/> Negative <input type="checkbox"/> NMI	<input type="checkbox"/> Positive <input type="checkbox"/> Presumptive <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
TB Chest Radiograph		<input type="checkbox"/> Intermediate <input type="checkbox"/> Negative <input type="checkbox"/> NMI	<input type="checkbox"/> Positive <input type="checkbox"/> Presumptive <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
TST		<input type="checkbox"/> Intermediate <input type="checkbox"/> Negative <input type="checkbox"/> NMI	<input type="checkbox"/> Positive <input type="checkbox"/> Presumptive <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

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## CUSTOM FIELDS

*Fields will appear in CAREWare based on the programs your agency is funded for.*

Case Manager Name: \_\_\_\_\_

Date closed out of MCM Services (optional): MM / DD / YYYY

Date closed out of Housing Services: MM / DD / YYYY

Date closed out of Legal Services (optional): MM / DD / YYYY

Date closed out of PACT Services (optional): MM / DD / YYYY

Date closed out of ARCH Services (optional): MM / DD / YYYY

Next Acuity Assessment (optional): MM / DD / YYYY

Care Access Client?

- Yes
- No

### *Required for Correctional Linkage-to-Care programs:*

Date closed out of CLTC Services: MM / DD / YYYY

Reason for Closing Case:

- Deceased
- Declined Further Follow-Up
- Linked to Care
- Lost to Follow-Up

### *Required for Housing programs:*

At-risk HIV Negative Client?

- Yes
- No

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## SERVICE INFORMATION

See Subservice Definitions document for details: <http://carewarema.jsi.com/materials/>  
Continue on another page or capture separately, if needed.

**Reminder: 15 min = 1 unit for time based services**

Service	Date	Units	Date	Unit	Date	Unit
<b>MEDICAL CASE MANAGEMENT</b>						
Intake/initial assessment						
Initial acuity assessment						
MCM acuity reassessment						
In-person session						
Telehealth session						
Client communication (not in-person)						
Referrals (non-medical)						
Linkage to medical care						
Linkage to health insurance						
HDAP linkage and recertification						
Referrals to Partner Services						
<b>MEDICAL TRANSPORTATION SERVICES</b>						
Taxi/Transportation						
Mileage reimbursement						
Public transportation ride						
Public transportation pass						

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Service Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Print new pages for each new date.

## SERVICE INFORMATION - ACUITY

For acuity assessments and re-assessments for MCM, Care Access, and ARCH:  
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

Level of acuity:

- Basic (1-14)
- Moderate (15-28)
- High (29-42)

## SERVICE INFORMATION -REFERRALS (NON-MEDICAL)

For "Referrals (non-medical)" subservice:

Referral type:

- Substance abuse
- Mental health
- Housing
- Financial/benefits
- Legal
- Transportation
- Peer support services
- Food/nutrition support services
- Other

Confirmation of referral date: MM / DD / YYYY

Referral status:

- Open
- Closed
- Lost to Follow-Up (60 Days)

## SERVICE INFORMATION -LINKAGE TO MEDICAL CARE

For "Linkage to medical care" subservice:

Linkage type:

- Substance HIV
- HCV
- STI screening
- Non-HIV related

Confirmation of linkage date: MM / DD / YYYY

Linkage status:

- Open
- Closed
- Lost to Follow-Up (60 Days)

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Service	Date	Units	Date	Unit	Date	Unit
<b>ARCH</b>						
Intake/initial ARCH assessment						
Initial ARCH acuity assessment						
ARCH acuity reassessment						
ARCH ISP/Care Plan						
ARCH Adherence support (in-person)						
ARCH adherence support (telehealth)						
ARCH Adherence support (not in-person)						
ARCH Communication with medical provider						
ARCH Communication with non-medical provider						
ARCH Client communication (in-person)						
ARCH Client communication (telehealth)						
ARCH Client communication (not in-person)						
Referrals (non-medical)						
Linkage to medical care						
Linkage to health insurance						
HDAP linkage and recertification						
Referrals to Partner Services						
Transition out of ARCH services						

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Service Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

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## SERVICE INFORMATION - ACUITY

For acuity assessments and re-assessments for MCM, Care Access, and ARCH:  
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

Level of acuity:

- Basic (1-14)
- Moderate (15-28)
- High (29-42)

## SERVICE INFORMATION –REFERRALS (NON-MEDICAL)

For “Referrals (non-medical)” subservice:

Referral type:

- Substance abuse
- Mental health
- Housing
- Financial/benefits
- Legal
- Transportation
- Peer support services
- Food/nutrition support services
- Other

Confirmation of referral date: 

M	M	/	D	D	/	Y	Y	Y	Y
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Referral status:

- Open
- Closed
- Lost to Follow-Up (60 Days)

## SERVICE INFORMATION –LINKAGE TO MEDICAL CARE

For “Linkage to medical care” subservice:

Linkage type:

- Substance HIV
- HCV
- STI screening
- Non-HIV related

Confirmation of linkage date: 

M	M	/	D	D	/	Y	Y	Y	Y
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Linkage status:

- Open
- Closed
- Lost to Follow-Up (60 Days)



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Service	Date	Units	Date	Unit	Date	Unit
<b>PSYCHOSOCIAL SUPPORT</b>						
Individual-Level peer support session (in-person)						
Individual-Level peer support session (not in-person)						
Group-Level peer support session						
<b>FOOD BANK/HOME-DELIVERED MEALS</b>						
Home-delivered meals						
Congregate meals						
<b>HOUSING SERVICES</b>						
HS&A assessment						
HS&A in-person session						
HS&A phone or video session						
Temporary placement secured						
Permanent placement secured						
Communication on behalf of client						
<b>EMERGENCY FINANCIAL ASSISTANCE</b>						
Rental start-up						
Homelessness prevention						
Utilities assistance						
<b>LEGAL SERVICES</b>						
Legal services assessment						
Individual-level legal services (in-person)						
Individual-level legal services (not in-person)						
Group-level legal services						
Legal case work						
Legal representation						
Communication on behalf of client						

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Service	Date	Units	Date	Unit	Date	Unit
<b>ORAL HEALTH CARE</b>						
Initial intake						
Treatment committed						
Treatment claim						
Communication with client (in-person)						
Communication with client (telehealth)						
Communication with client (not in-person)						
Communication on behalf of client						
<b>NON CARE ACT SERVICE (STATE FUNDED) - CORRECTIONAL LINKAGE-TO-CARE</b>						
CLTC Intake/initial assessment						
Pre-release visits						
Communication with medical provider						
Communication with non-medical provider						
Client communication (in-person)						
Client communication (not in-person)						
Referrals (non-medical)						
Linkage to MCM (HIV+ only)						
Linkage to medical care						
Linkage to MAT						
Linkage to HCV Short-Term Health Navigation						
Released from incarceration						
Linkage to health insurance						
Linkage to drug assistance						
Referrals to Partner Services						

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## SERVICE INFORMATION –REFERRALS (NON-MEDICAL)

For “Referrals (non-medical)” subservice:

Referral type:

- Substance abuse
- Mental health
- Housing
- Financial/benefits
- Legal
- Transportation
- Peer support services
- Food/nutrition support services
- Other

Confirmation of referral date: 

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Referral status:

- Open
- Closed
- Lost to Follow-Up (60 Days)

## SERVICE INFORMATION –LINKAGE TO MEDICAL CARE

For “Linkage to medical care” subservice:

Linkage type:

- Substance HIV
- HCV
- STI screening
- Non-HIV related

Confirmation of linkage date: 

M	M	/	D	D	/	Y	Y	Y	Y
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Linkage status:

- Open
- Closed
- Lost to Follow-Up (60 Days)

## FOR CLTC INTAKE/INITIAL ASSESSMENT

Referred by:

- Jail
- Testing Provider

## FOR CLTC REFERRALS

Correctional Referral type:

- Substance abuse
- Mental health
- Housing
- Financial/benefits
- Legal
- Transportation
- Peer support services
- Food/nutrition support services
- Other
- Other Support (HCV+ only)
- SSP/OEND

Confirmation of referral date: 

M	M	/	D	D	/	Y	Y	Y	Y
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Referral status:

- Open
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Service	Date	Units	Date	Unit	Date	Unit
<b>NON CARE ACT SERVICE (STATE FUNDED) – PACT (JRI only)</b>						
Intake/initial PACT assessment						
PACT initial acuity assessment						
PACT acuity reassessment						
PACT ISP/Care Plan						
PACT adherence support						
PACT communication with medical provider						
PACT medical accompaniment						
PACT communication with non-medical provider						
PACT in-person session						
PACT telehealth session						
PACT client communication (not in-person)						
Referrals (non-medical)						
Linkage to medical care						
HDAP linkage and recertification						

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For “Referrals (non-medical)” subservice:

Referral type:

- Substance abuse
- Mental health
- Housing
- Financial/benefits
- Legal
- Transportation
- Peer support services
- Food/nutrition support services
- Other

Confirmation of referral date: 

M	M	/	D	D	/	Y	Y	Y	Y
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Referral status:

- Open
- Closed
- Lost to Follow-Up (60 Days)

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## SERVICE INFORMATION –LINKAGE TO MEDICAL CARE

For “Linkage to medical care” subservice:

Linkage type:

- Substance HIV
- HCV
- STI screening
- Non-HIV related

Confirmation of linkage date: 

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Linkage status:

- Open
- Closed
- Lost to Follow-Up (60 Days)