

# Fields and Definitions (MassCARE)

June 2020 v2.1

Yellow highlights indicate changes since the last version.



MASSACHUSETTS  
**careware**

This document describes the fields available in the Massachusetts state CAREWare system for MassCARE (Part D) funded programs. For more details on the field definitions used by HRSA 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 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
- 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

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## 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 they are 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.

**Contact Information**

Address: 123 Main Street

City: Worcester

State: Massachusetts

County: Worcester

Zip Code: 01601

Phone: 555-246-8102

Phone Type: Mobile

---

## 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

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### 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.

**Vital Enrollment Status**

Enrollment Status: Active [dropdown arrow]

Enrollment Date: 08/14/2018 [calendar icon]

Latest Eligibility Status: Not Eligible for Ryan White

Vital Status: Alive [dropdown arrow]

Case Closed Date: [calendar icon]

Date of Death: [calendar icon]

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.

---

## 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

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## Field 30 | Service Date

Enter the date of the service.



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### 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).

**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 38 | MCM Linkage to Medical Care – Linkage Type

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

---

## Field 39 | MCM Linkage to Medical Care – Linkage Status

For the “MCM linkage to medical care” subservice, select the linkage status (open, closed).

---

## Field 40 | MCM Linkage to Medical Care – Confirmation of Linkage Date

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

## ANNUAL REVIEW

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

---

## Field 41 | 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 42 | Insurance Date

Enter the date for the insurance assessment.

---

## Field 43 | Other Insurance

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

---

## Field 44 | Poverty Level

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

---

## Field 45 | 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:



## Field 46 | Household Size

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

## Field 47 | 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 48 | Annual Screening Date

Annual screening is required for housing. Mental health, risk reduction, and substance use screenings are optional. Enter the date of a screening here.

## Field 49 | Type

Select the type of screening. Select one of the following options:

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

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

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

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 \$

### Add

Date: 12/2/2019

Type: **Housing Arrangement**

Result: HIV Primary Care

C counseled By: HIV Risk Reduction Counseling, Housing Arrangement, Mental Health, Substance Abuse



**Field 50 | Result**

Select the screening result. The “result” drop-down will show different options, depending on the type of screening selected.

**CLINICAL INFORMATION**

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

**Field 51 | 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:

Lab:

Test Operator:

Test Result:  (cells/mm<sup>3</sup>)

Comment:

**Field 52 | 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 53 | Chlamydia Screening**

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

**Field 54 | Gonorrhea Screening**

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

**Field 55 | HCV (RNA)**

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

**Add**

Test Date:

Test Definition:

Result:

Treatment:

Titer 1:

Test Comments:

**Field 56 | Hepatitis C Antibody Screening**

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



**Field 57 | IGRA Screening**

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

**Field 58 | Syphilis Screening**

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

Find Client > Search Results > Demographics > Screenings

View Add Delete HL7 Source Print or Export

**Screenings**

Search:

Test Date	Test Definition Nar	Qualitative Result	Action/Treatment	Test Score	Test Comment	Provider	Test Status	Data Source
12/02/2019	Rectal Pap Smear	Yes		20		MDPH		
12/02/2019	TB Chest Radiogra	Negative				MDPH		

**Field 59 | Pap Smear**

Enter the date, result, and score for each Pap Smear screening (also called Pap test).

**Field 60 | Pelvic Exam**

Enter the date, result, and score for each Pelvic Exam.

**Field 61 | TB Chest Radiograph**

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

**MASSCARE**

**Field 62 | Country of Birth**

Select the client’s Country of Birth from one of the following options:

- United States
- United States Dependencies (including Puerto Rico)
- Other

**MassCARE**

Country of Birth:  ↓

Primary Language:  ↓

Other language (specify):

Are other family members enrolled in MassCARE?:

Is the client a mother?:

Employment Status:  ↓

Primary Caregiver:  ↗

Educational Status:  ↓



---

### Field 63 | Primary Language

Select the client's Primary Language from one of the following options:

- American Sign-Language
- Crioulo
- English
- French
- Haitian Creole
- Other (specify)
- Portuguese
- S.E. Asian Language
- Spanish

---

### Field 64 | Other Language (specify)

Specify the client's primary language if "Other (specify)" was selected in the Primary Language field.

---

### Field 65 | Are other family members enrolled in MassCARE?

Check off if there are other family members enrolled in MassCARE.

---

### Field 66 | Is the client a mother?

Check off if the client is a mother.

---

### Field 67 | Employment Status

Select the client's employment status from one of the following options:

- Full time
- N/A, under the age of 16
- No/Unemployed
- Part time
- Unknown

---

### Field 68 | Primary Caregiver

Select the client's primary caregiver from one of the following options:

- Adoptive/Step parent(s)
- Adult friend (not foster)
- Adult relation (not foster)
- Both Parents
- Father
- Grandparent
- Kinship foster parent
- Mother
- Non-kinship foster parent
- Other (specify)
- Professional Caregiver
- Refused/Unknown
- Self

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- Sibling
- Spouse/Partner

---

### Field 69 | Educational Status

Select the client's educational status from one of the following options:

- Completed vocational program
- Dropped out of HS or less
- Graduated College
- In a vocational program
- In college
- In K-12
- N/A, Infant
- Obtained HS diploma/GED
- Unknown

### PREGNANCY

Enter data on each pregnancy separately. Past pregnancies will be displayed in the table underneath the data entry fields.

---

### Field 70 | Estimated Conception Date

Enter date of conception (estimate if unknown).

---

### Field 71 | Prenatal Begin Date

Enter the date client entered prenatal care.

---

### Field 72 | # Prenatal Visits

Enter number of prenatal visits.

---

### Field 73 | Pregnancy Outcome

Select the pregnancy outcome. Select one of the following options:

- Live Birth
- Therapeutic (induced) abortion
- Spontaneous abortion (miscarriage)
- Stillbirth
- Unknown

### Add

First day of LMP:	<input type="text" value="3/31/2019"/>	
Prenatal Begin Date:	<input type="text" value="11/1/2019"/>	
# Prenatal Visits:	<input type="text" value="2"/>	
Pregnancy Outcome:	<input type="text" value="Live Birth"/>	
Delivery Date:	<input type="text" value="11/29/2019"/>	
HIV Status of Newborn:	<input type="text" value="Positive"/>	
ART Counseling ?:	<input type="text" value="Yes"/>	
ART Offered ?:	<input type="text" value="Yes"/>	
ART Taken ?:	<input type="text" value="Yes"/>	
Prenatal ART Date:	<input type="text" value="12/2/2019"/>	

---

### Field 74 | Delivery/Outcome Date

Enter the pregnancy delivery/outcome date.



---

### Field 75 | HIV Status of Newborn

If “Live Birth” is selected for Pregnancy Outcome, then select the HIV Status of Newborn. Select from one of the following options:

- Negative
- Positive
- Indeterminate
- Unknown/unreported

---

### Field 76 | ART Counseling?

Select whether or not the client received ART counseling for this pregnancy. Select from one of the following options:

- No
- Yes
- Unknown

---

### Field 77 | ART Offered?

Select whether or not the client was offered ART for this pregnancy. Select from one of the following options:

- No
- Yes
- Unknown

---

### Field 78 | ART Taken?

Select whether or not the client was offered ART for this pregnancy. Select from one of the following options:

- No
- Yes
- Unknown

---

### Field 79 | ART Date

If ART was taken for this pregnancy, enter the date ART was initiated. **The ART date should be the same as the date of pregnancy.**

### **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 80 | Case Manager Name

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





---

## Field 81 | Next Acuity Assessment

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