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CAREWare
User Manual

What is CAREWare?

CAREWare is free, scalable software for managing and monitoring HIV clinical and supportive care. The HIV/AIDS Section, Fulton County, uses CAREWare to track services funded by Ryan White Part. A number of agencies that are funded by other sources have joined the Section’s CAREWare network. This arrangement contributes greatly to the Section’s ability to track service usage and monitor the quality of care across multiple providers.

The purpose of this manual is to demonstrate proper methods of data entry into CAREWare. This manual is not all encompassing of every field and functionality available in the application. There are a number of features/fields that most users will not use that are not detailed. If you have any questions about using CAREWare, please call the Help Desk at 1-877-294-3571. Explain your issue in detail and ask that the ticket be assigned to the CAREWare team.

When submitting a ticket to the Help Desk, do not include any client identifying information in the ticket. If you must make a change to a client's record, inform the Help Desk operator that you need client data changed. CAREWare staff will get the specific client information when they return your call. For a listing of information that is confidential, see Appendix A—Confidential CAREWare Client Identifiers.

Gaining Access

In order to work in the North Georgia EMA, staff must understand, accept and perform the standards of data entry and data protection described in this manual. The highest priority when working with our CAREWare network is to safeguard client information. Only after understanding and accepting that responsibility will individuals be granted log in credentials to the database.
Overview:

This document will provide general guidance in entering data into RW CAREWare for compliance with the reporting requirements of the Fulton County Government Ryan White Program and HRSA, the federal funding agency. Users are encouraged to consult this document in conjunction with the *Ryan White Part A Program Manual* document in order to optimize reporting compliance. For questions on entering data into RW CAREWare, please contact your Project Officer.

Atlanta’s Ryan White Part A Program uses RW CAREWare 5.0 (CW) in a centralized, ‘real-time’ configuration. This data system is considered to be real-time because the data will be available for use immediately upon entry, with the only delay being the amount of time needed for the data to be transmitted to the server. Providers only need to have the “client tier” or user interface installed on their local computer. By logging into the user interface, the client tier will connect to the “business tier” which holds all the rules for who can access what data, where to store data entered into CW and other key activities. The business tier stores the data in a database; both the business tier and the database are stored on a server at Fulton County Government.

Data Entry Policy

Users are required to enter all demographic, service and clinical data fields within 14 days of the date of service. Prior to running standard or non-standard program reports, the grantee will provide agencies one week notice prior to running the report. This notice gives providers with the opportunity to ensure that all program data are entered into the database.
Logging into the Centralized Part A CAREWare Database

In order to log into the centralized Part A CAREWare database housed at Fulton County Government, you must have a VPN username and password and CAREWare username and password provided to you by the Part A Grantee’s office. If you do not have these passwords, complete a CAREWare User Add/Delete form and fax it to the Grantee’s office.

NOTE: If a CAREWare user is no longer employed your agency, please immediately contact the Part A Grantee and submit the Add/Delete form so we can lock that user out of the system.

IMPORTANT: When you are logged into the VPN you will not have access to email, internet, and local networks. This includes any printers that are in the local network. You have to disconnect from VPN to regain access.

Connecting to the VPN (Cisco Virtual Private Network)

Before you log into the CAREWare database, you must first log into the VPN. The VPN is a virtual private network that allows secured access to the data stored in the centralized Part A CAREWare database.

1. To Log into the VPN: Double click on the VPN icon on your desktop.

2. Next, make sure RyanWhite is selected as the Connection Entry, it should appear highlighted as shown below, and click on Connect.
3. Enter the VPN username and password provided to you by the Ryan White Part A Office. THE VPN USERNAME AND PASSWORD WILL NEVER CHANGE AND THEY ARE BOTH CASE SENSITIVE. Click OK.

![VPN username and password](image)

4. When you are connected to the VPN a closed padlock appears in the bottom right hand corner of your computer screen.

![Closed padlock](image)

5. **To Disconnect from the VPN:** Double click on the VPN icon either at the bottom right hand corner of your computer screen or on your desktop. Then, click on Disconnect.

Note: You can disconnect from VPN and keep your CAREWare session open simply by clicking on the padlock at the bottom right hand corner of your computer screen without exiting CAREWare. Then, when you log back into the VPN you can re-enter CAREWare in the same screen without logging in again as described in Step 7 below.

![VPN client](image)
6. When you are disconnected, the VPN padlock appears open in the bottom right hand corner of your screen.

7. **Automatic VPN Disconnect**: While logged into CAREWare, if you are automatically disconnected from the VPN due to inactivity, you will see the Connection terminated message below. Just click **OK** and log back into the VPN. So that you do not have to log out of CAREWare, you can log back into the VPN by double clicking on the open padlock at the bottom right hand corner of your screen and then clicking on **Connect** again.
8. Once you are reconnected to the VPN and you see the Connection Problem Exists CAREWare message, re-enter CAREWare by selecting Retry. This will return you to the last CAREWare screen you were working in. **Or you can select Force Exit to leave CAREWare and your work will not be saved.**

![Connection Problem Exists](image)

NOTE: If you are excessively (more than 4 times in one day and not as a result of inactivity) automatically disconnected from the VPN, for two or more consecutive days, notify the Part A Grantee CAREWare System Administrator. Occasionally, there may be connectivity issues due to network issues at your agency.

**Connecting to CAREWare**

1. **To Log into CAREWare:** Double click on the CAREWare icon after logging into the VPN.

![Run RW CAREWare](image)

2. Enter the CAREWare username and password provided to you. Click on Login. The username is not case sensitive and will never change. **THE PASSWORD IS CASE SENSITIVE AND YOU WILL HAVE TO CHANGE IT EVERY 90 DAYS.**
**Forget Your Password?** IF YOU ENTER AN INCORRECT PASSWORD OR USERNAME THREE TIMES IN A ROW, you will be locked out of the system. Contact the Part A Grantee CAREWare Data Manager to have your account unlocked and if you don’t remember your password also have the password reset. Click on **OK** when the account is locked error message appears and call/email the system administrator.

3. **Automatic CAREWare Disconnect:** If you have not been active in CAREWare for 15 minutes, you will have to re-enter your password to reconnect. Enter your password and click on **Reconnect**.
**Changing Your CAREWare Password and Updating Personal Information**

1. **To Personalize Your CAREWare Account:** When logging into CAREWare for the first time, click on **My Settings** in the Main Menu.

2. **To Change Your Password:** Click on **Change My Password** in the My Settings screen. The new password should have 8 characters and two have to be numbers. In the Change My Password screen, type in your new password of choice and click **Change Password**.

3. **To Update Personal Information:** Click on **Change My Contact Info** in the My Settings screen. Then, enter your current information. Click **Save**.
CAREWare Data Entry

Finding or Creating a Client in CAREWare

THIS IS A VERY IMPORTANT STEP. YOU MUST FIRST ENSURE THAT THE CLIENT IS NOT ALREADY IN THE SYSTEM BEFORE CREATING A CLIENT OTHERWISE DUPLICATE CLIENTS WILL BE CREATED IN THE DATABASE.

1. Finding a Client: First, search for the client by clicking on Find Client in the Main Menu. Find Client will only identify clients previously seen at your agency, clients seen at others Part A agencies in the EMA will not be identified here.

![Main Menu Image]

2. In the Find Client screen, enter the search criteria for the client.
   a. Search by Name: You can just enter the Last Name or a partial Last Name followed by an * (i.e. Sta*) and a list of all clients with that last name or partial last name will be pulled. If it is a common last name, enter the first initial or entire first name also to limit your list.
   b. Search by ID: If you know the client already exists in CAREWare and know the Client ID or URN, you can enter one of those instead of the name or in addition to the name.

IMPORTANT: Leave the checkbox for View Active Clients Only unchecked so that all clients will be pulled and you do not end up recreating inactive clients.
3. The Search Results screen will show a list of clients. View the details on the clients to determine if it is the same client you are looking for by highlighting the client and clicking on **Details**. If the search results do not look correct, you can modify your search by clicking **Modify Search**.

![Search Results](image)

4. When you click on **Details**, in the client Demographics tab, the details are shown. If it is not the client you are looking for, you can either click on **Find List** to go back to the list of clients or **New Search**.

![Client Demographics](image)
5. **Adding a Client:** If you were unable to find the client, then you can add the client by clicking on Add Client in the Main Menu screen.

   **IMPORTANT:** Using Add Client you will find out if the client you are attempting to add has been seen at another Part A agency in the EMA. In order to find out, YOU MUST ENTER THE CORRECT FIRST NAME, LAST NAME, GENDER, AND DATE OF BIRTH. Make sure you have accurate spellings and date of birth. This step is very important because this will help avoid entering duplicate clients across the EMA.

6. **THE INFORMATION THAT YOU ENTER WHEN ADDING A CLIENT IS CRITICAL.**
   The information entered in this screen creates the URN. Also, all fields must be accurate and complete (especially date of birth) in order to identify possible duplicates during the add process.
   a. First Name – Enter the client’s legal first name (no nicknames).
   b. Middle Name – Enter the client’s middle name or middle initial.
   c. Last Name – Enter the client’s legal last name.
   d. Date of Birth – MAKE SURE THE DATE OF BIRTH YOU ENTER IS ACCURATE.
      Use as many available sources as possible to confirm date of birth. DO NOT USE AN ESTIMATED DATE OF BIRTH AND DO NOT CHECK THE ESTIMATED BOX.
   e. Gender – Enter the client’s self reported gender. If the client is transgender, you have to report male to female or female to male. **Do not select Unknown.**
7. If the client you are attempting to add has been seen at another Part A agency, you will receive the Possible Duplicate Client List screen. Highlight the appropriate client and click on View more information about the selected client.

8. The demographics entered for the client entered by the other Part A agency will appear in the Possible Duplicate Client Information screen. Verify the information and determine if it is the same client you are attempting to add. If there are multiple clients in the Possible Duplicate Client List screen, review all of the choices by clicking on Return to the list of possible matches to view another client. If it is the client, click on This is the client I was attempting to add and if not click on The client I am attempting to add is not on the list Create a new client record.
**Entering Demographic Data**

After finding or creating a client the Demographics tab appears to add or verify data. THE BOXED FIELDS ARE REQUIRED FOR THE RYAN WHITE SERVICES REPORT (RSR).

**Shared Fields:** ALL of the fields in the Demographics tab are shared by all agencies on the centralized Part A CAREWare database except for Client ID, Provider Notes, and Case Notes. Any agency can make changes to any of the shared fields. If you make any changes to the shared fields in this tab, add a note including the date of change in Common Notes so other agencies in the Atlanta EMA can determine which information is current.

1. First Name – Enter the client’s legal first name (no nicknames).
2. Middle Name – Enter the client’s middle name or middle initial.
3. Last Name – Enter the client’s legal last name.
4. Date of Birth – Enter the client’s date of birth (estimates are not acceptable).
5. Gender – If the client is transgender, you have to report male to female or female to male. **Do not select Unknown.**

   - Male
   - Female
   - Transgender Unk
   - Refused to Report
   - Unknown
   - Transgender M/F
   - Transgender F/M

6. URN – The URN is automatically generated by CAREWare when the client is added.

7. Client ID – An ID specific to your agency. (only your agency can view this ID)

8. Include on label report – Check this box if your agency prints mailing labels and you want to include the client.

9. HIV Status – Enter the client’s current HIV status. **Do not select Unknown.**

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

10. HIV Date – Enter the date the client as diagnosed with HIV. If the date is estimated check the Est? box.

11. AIDS Date – Enter the date the client was diagnosed with AIDS. If the date is estimated check the Est? box.

12. HIV Risk Factors – Check all of the client’s self reported risk factors. **Do not select Unknown.** (can select multiple responses)

13. Ethnicity – Check the client’s self reported ethnicity. **Do not select Unknown.**

14. Race – Check all of the client’s self reported races. **Do not select Unknown.** (can select multiple responses)

15. Common Notes – Notes that are shared between all Atlanta EMA Part A providers. (all agencies can view)

16. Case Notes – Notes that are specific to the client. (only your agency can view)
Procedures Shared Eligibility Documentation

1. Obtain clients documentation
2. Scan document into your computer
   a. Save files to: C:\Users\Documents\Eligibility_docs
   b. Name Proof of Income document POI_URN_[date as mmdyyy]
   c. Name Proof of Residency document ROI_URN_[date as mmdyyyy]
   d. Name HIV/AIDS Verification document HDV_URN_[date as mmdyyyy]
   e. Name Insurance document InD_URN_[date as mmdyyyy]
3. Once saved in logon to CAREWare.
4. Find the client associated with the documentation
5. Click on the tab labeled Eligibility Documents
6. Find the appropriated name of the documentation labeled in blue writing
7. Click on the label that corresponds to the documentation that is needed to upload

8. When the attachment list manager appears click **F1-Attach New Files**
9. When prompted find the correct file located at: C:\Users\Documents\Eligibility_docs and select the file to be uploaded
10. Select content type from the drop down menu and click the **Save** button

11. Once complete you can close out of the window


**Entering Service Data**

The Georgia Ryan White Parts A, B, D CAREWare Sub-services and Definitions document includes specific subservice definitions and you need to know which subservices your agency is funded for. Become familiar with the definitions and how to find those subservices in the client documents you receive for data entry. THE BOXED FIELDS ARE REQUIRED FOR THE RSR.

**Shared Fields:** Fields in the Service tab that are shared by all agencies on the centralized Part A CAREWare database include: Vital Status and Deceased Date. Any agency can make changes to any of the shared fields. If you make any changes to the shared fields in this tab, add a note to the common notes with the date of the change so other agencies in the Atlanta EMA can determine which information is current.

**IMPORTANT:** EVERY SERVICE THAT YOUR AGENCY PAYS FOR WITH RYAN WHITE FUNDS SHOULD BE ENTERED INTO CAREWARE. EVEN IF YOU REFER THE CLIENT TO ANOTHER AGENCY THAT PROVIDES THE SERVICE, IF YOUR AGENCY PAYS FOR IT, THEN ENTER IT AS A SERVICE INTO CAREWARE.

1. Year – Select the year for which you are entering service data. The system defaults to the current year.
2. Vital Status – Select the client’s current vital status. **Do not select Unknown.**
3. Deceased Date – If the client is deceased, enter the deceased date.

4. Enrl Status – Enter the client’s status at your agency. A client is inactive if they haven’t received services at your agency in six months. **Do not select Unknown.**

   - Alive
   - Deceased
   - Unknown
   - Active
   - Inactive/Case Closed
   - Unknown
   - Referred
   - Removed
   - Incarcerated
   - Relocated
5. **Enrl Date** – Enter the date of the client’s initial enrollment at your agency. The enrollment date cannot be after the date of the client’s first service.

6. **Case Closed** – Enter the date the client became inactive if the enrollment status is Inactive/Case Closed.

7. **Entering a Service**: To enter a service, click **New Service** at the bottom of the Service screen.

8. **Date** – Enter the date of the service.

9. **Service Name** – Select the subservice from the drop down list.

   **IMPORTANT**: If there are services provided by your agency funded by Ryan White dollars that do not appear in the Service Name drop down list, please notify the Part A Grantee’s office. **OR** If you realize there are subservices that appear in the Service Name drop down list that you aren’t entering, find out from an administrator at your agency why you aren’t receiving client documents to enter those services or what to look for in client documents that indicate those services.

10. **Contract** – This field will pre-populate with the corresponding contract based on funding. You do not need to enter anything.
11. Units – Enter the units based on the definitions in the Georgia Ryan White Parts A, B, D CAREWare Sub-services and Definitions. Most subservices will have a unit of 1, which is what is pre-populated in that field.


13. Cost – Do not enter a cost.

14. Click Save when complete.

15. **Editing a Service:** To edit an existing service, highlight the service you want to edit in the window and click Edit Service at the bottom of the Service screen.

16. **Deleting a Service:** To delete an existing service, highlight the service you want to delete and click Delete Service.
Entering Annual Review Data
The Annual Review tab must be updated each year. THE BOXED FIELDS ARE REQUIRED FOR THE RSR.

Shared Fields: ALL of the fields in the Annual Review tab are shared by all agencies on the centralized Part A CAREWare database. Any agency can make changes to any of the shared fields. If you make any changes to the shared fields in this tab, add a note to the common notes with the date of the change so other agencies in the Atlanta EMA can determine which information is current.

1. Insurance – Enter the client’s Primary Insurance and check all of the applicable Other Insurance sources. **Do not select Unknown.**
   - Medicaid
   - Medicare
   - No Insurance
   - Other
   - Other public (e.g. Champus, VA)
   - Private
   - Unknown
2. HIV Primary Care – Enter where the client receives primary care.
   - Publicly-funded clinic or health dept.
   - Private practice
   - Hospital outpatient center
   - Emergency Room
   - No primary source of care
   - Other
   - Unknown

3. Housing Arrangement – Enter the client’s housing status. **Do not select Unknown.**
   - Permanently Housed
   - Non-permanently Housed
   - Institution
   - Other
   - Unknown / Unreported
   - Unstable

4. Household Income – Enter the income for the client’s entire household. **Do not leave blank.**

5. Household Size – Enter the number of people in the client’s household. **Do not leave blank.**

6. All agencies are required to complete the Atlanta EMA Screening Tool once a year for all clients. At this time, enter a response for:
   a. Was the client screened for mental health? – Enter if the client was screened for mental health. **Do not select Unknown.**
      - No
      - Yes
      - Not medically indicated
      - Unknown
   b. Was the client screened for substance abuse? – Enter if the client was screened for substance abuse. **Do not select Unknown.**
      - No
      - Yes
      - Not medically indicated
      - Unknown

7. When clients come in for their annual physical or case management ISP (as applicable), enter a response for:
   a. Was the client counseled about HIV transmission risks? – Enter if the client was counseled about transmission risks. **Do not select Unknown.**
      - No
      - Yes
b. Who counseled about transmission risks? - Enter who counseled the client about transmission risks. Do not select Unknown.

Primary care clinician
Case mgr/social worker
Other trained counselor
Unknown
**Entering Encounter Data**

For client level data you are required to enter data in the following Encounter tab sub tabs: Medications, Labs, Screening Labs, Screenings, and Immunizations. THE FIELDS BOXED ARE REQUIRED FOR RSR.

Note: Each time you enter data in any of the sub tabs in the Encounters main tab, you should also enter an outpatient/ambulatory care subservice in the Service tab.

1. **Creating an Encounter**: Each time you create an encounter by clicking on Create Encounter in the Encounters tab, you can enter clinical services for that date in each of the sub tabs. It is appropriate to use Create Encounter when you are entering multiple types of the patient’s clinical services at the same time for a specific date (i.e. medication, labs, and screenings).

2. **Finding an Encounter**: Once you create an encounter, it will appear for you to pull up in the future in the Encounter Date drop down list.

3. **Deleting an Encounter**: A previously created encounter can be deleted by selecting a specific date in the Encounter Date drop down list and clicking Delete Encounter in the Encounters tab. NOTE: If you delete an encounter, you will delete all of the clinical services entered in each of the sub tabs for that date.
**Entering Medications**

MEDICATIONS REQUIRED FOR THE RSR INCLUDE: **ARVS, TB TREATMENT, AND PCP PROPHYLAXIS.**

1. **Entering Medications Using Create Encounter:** The first way to enter a medication is by clicking on **Create Encounter** on the Encounters tab. Next, when the Create Encounter screen appears, enter the encounter date and click **Create Encounter** again.

   NOTE: This method is best to use if you are entering all of the client’s primary care services for a single date. Once you create the encounter for that date, you can navigate to each of the other sub tabs and enter those clinical services for the same date without having to click create encounter again.

2. Once you create the Encounter, you click **Start** at the bottom of the Medications sub tab, and the **Start Medication(s)** screen will appear. Click and put a check mark next to all of the medications the client is starting. Then, click on **Next.**
3. In the Start Medication(s) screen that appears, enter the required fields. Click Finish when complete.

   a. Units – Enter the number of units of the medication prescribed (i.e. 1 equals the number of pills taken per dose).
b. Enter the form the medication comes in from the drop down list.

- Capsules
- Chewable Tablets
- Solution
- Suspension
- Syrup
- Tablets
- Unspecified

c. Strength – Enter the strength of the medication.

d. Dose – Enter the quantity of medication prescribed to be taken at one time.

e. Frequency – Frequency will pre-populate with \textbf{qd}. Enter the correct frequency from the drop down list.

- qd
- bid
- tid
- qid
- prn
- qw
- biw
- tiw
- qow
- qod
- qh
- qhs
- qm
- q6h
- q12h

f. Indication – Indication will pre-populate with \textbf{ART}, but if the medication is another type such as OI Prophylaxis, change the indication to another choice in the drop down list.

- ART
- OI Prophylaxis
- OI Treatment
- Other

g. OI – If the medication is an OI, select the OI medication prescribed from the drop down list.

- \textit{Pneumocystis carinii pneumonia (PCP)}
- \textit{M. avium complex (Mac)}
- \textit{M. tuberculosis (Mtbc)}
- \textit{Candida}
- \textit{Cytomegalovirus (CMV)}
- \textit{Toxoplasma gondii}
- \textit{Varicella zoster virus (VZV)}
- Other
4. **Making Medication Changes/Corrections:** To change/correct/delete any information previously entered, highlight the medication you want to modify and then click on Correct Data Error.

5. The Medications Rapid Entry – Zoom/Correct Error screen appears for you to make changes. After changes are made, click Apply or if you want to delete the medication click Delete.
6. **Changing Medication Dosage:** To just change the dose of a medication previously entered, highlight the medication you want to fix and then click Change Dose. The Medications Rapid Entry – Change Dose screen appears. After changes are made, click Apply.

7. **Stopping a Medication:** To stop a medication previously entered, create a new encounter and the stop date will be the date of the encounter. Next, click on Stop. The Stop Medication screen appears. Click and put a check mark next to the medication the client is stopping. Select a Reason for Discontinuing from the drop down. Click on Stop Selected Med. Then click Close.
Reason for Discontinuing:

Virologic Failure
Toxicity
Intolerance
Lost to followup
Dose Change
Other
Unknown
Therapy completed
Improved immune function
Stock out/supply disruption
Managed treatment interruption
Non-adherent
Immunologic Failure
Pregnant
Risk of Pregnancy
Newly diagnosed TB
Availability of New Drug
Illness or hospitalization
Patient lacks sufficient financial resource
Patient decision

IMPORTANT: WHEN **TB TREATMENT** IS COMPLETED, ENTER A STOP DATE AND **COMPLETED THERAPY** AS THE REASON FOR DISCONTINUING.

8. **Entering Medications Using Rapid Entry:** The alternative way to enter medications is using Rapid Entry. Click on **Rapid Entry** in the Encounters screen. The Medications Rapid Entry screen will appear and click on **Start**.

NOTE: This method is most useful when entering multiple medications for the same client and when you have no other Encounter tab data (screenings, labs, etc.) to enter for that same date.
9. Next, enter medications in the Start Medications screen as described in step 2 and 3 above.

10. Date ART 1st Prescribed – In the Medications Rapid Entry screen you can change the Date ART 1st Prescribed. CAREWare will pre-populate the field with the data that the client started ARVs at your agency. You can alter this and put in the actual date the client first started ARVs in their clinical history at another agency.

11. Pre-ART Reason – Enter the reason the client may not have been prescribed ARVs at diagnosis, if applicable, in Pre-ART Reason. Select a choice from the drop down list. If the date of HIV diagnosis entered in CAREWare is the same as the date ART was first prescribed, then this field will be disabled and no entry can be made.

- Treatment not medically indicated per guidelines
- Client not ready (as determined by clinician)
- Client refused therapy
- Other extenuating circumstances (e.g. inadequate insurance, ability to pay)

The Pre-ART Reason box enables you to specify why a client was not prescribed antiretroviral therapy on the date of his or her HIV diagnosis.

If this client did not have a pre-ART period (meaning that the Date ART 1st Prescribed is on or before the HIV+ Date), then the Pre-ART Reason box is disabled.

The value that you specify here should remain in this box even after the client begins ART for the sake of preserving an historical record.

OK
**Entering Labs**

LABS REQUIRED FOR THE RSR INCLUDE: **CD4 AND VIRAL LOAD**.

1. **Entering Labs Using Create Encounter**: The first way to enter a lab is by clicking on Create Encounter on the Encounters tab. Next, when the Create Encounter screen appears, enter the encounter date and click Create Encounter again.

2. Once you create the Encounter, the required fields become enabled for entry. Enter the fields. Then click Save.
   a. **Current Test** – Select the appropriate lab test from the drop down list.
   b. CAREWare will pre-populate the middle drop down list with an = sign. If this isn’t correct for the test you are entering, you can change it (typically you will not change it).

   ```
   =
   <
   >
   >=
   <=
   ```
   c. **Result** – Enter the lab Result.
   d. **Assay** – If entering a Viral Load, you also have to enter the type of Assay. Select the appropriate choice from the drop down list.

   - PCR
   - bDNA
   - NASBA
   - Other/Unk
3. **Deleting a Lab**: In the Labs tab, to delete a lab previously entered, highlight that lab in the window and click on **Delete**.

4. **Entering Labs Using Rapid Entry**: The alternative way to enter labs is using Rapid Entry. Click on **Rapid Entry** in the Encounters screen. The Labs Rapid Entry screen will appear and click on **Add**.
5. In the Labs Rapid Entry screen, enter the required fields. Click Save when complete. When all labs have been entered for the client click on Close.

   a. Test – Select the appropriate test from the drop down list.

   b. CAREWare will pre-populate the middle drop down list with an = sign. If this isn’t correct for the test you are entering, you can change it (typically you will not change it).

   c. Result – Enter the lab Result.

   d. Assay – If entering a Viral Load, you also have to enter the type of Assay. Select the appropriate choice from the drop down list.

6. **Edit/Delete a Lab**: To edit or delete a previously entered lab, in the Labs Rapid Entry screen, highlight the lab and click on Edit to make any changes or Delete to delete the lab completely. Make the necessary changes. Click Save when complete.
Entering Screening Labs
SCREENING LABS REQUIRED FOR THE RSR INCLUDE: CHLAMYDIA, GONORRHEA, SYPHILIS, HEPATITIS B, AND HEPATITIS C.

1. **Entering Screening Labs Using Create Encounter**: The first way to enter a screening lab is by clicking on **Create Encounter** on the Encounters tab. Next, when the Create Encounter screen appears, enter the encounter date and click **Create Encounter** again.

2. Once you create the Encounter, enter the required fields. Then click **Save**.
a. Current Test – Select the appropriate screening lab test from the drop down list.

b. Result – Select the Result from the drop down list.

Indeterminate (Screening Lab)
Negative (Screening Lab)
NMI (Screening Lab)
Positive (Screening Lab)
Presumptive (Screening Lab)
Unknown (Screening Lab)

c. Titer – Enter the Titer if applicable (Syphilis).

d. Treatment – Select the Treatment from the drop down list.

Yes (STI)
No (STI)
Unknown (STI)
NA (STI)

3. Deleting an Encounter: In the Screening Labs tab, to delete a screening lab previously entered, highlight that screening lab in the window and click on Delete.

4. Entering Encounters Using Rapid Entry: The alternative way to enter screening labs is using Rapid Entry. Click on Rapid Entry in the Encounters screen. The Screening Labs Rapid Entry screen will appear and click on Add.
5. Enter the required fields. Then click on **Save**. Click on **Close** to exit the screen.
   a. Current Test - Select the appropriate screening lab test from the drop down list.
   b. Result – Select the Result from the drop down list.
   c. Titer – Enter the Titer if applicable (Syphilis).
   d. Treatment – Select the Treatment from the drop down list.

6. **Edit/Delete a Screening Lab**: To edit or delete a previously entered screening lab, in the Screening Labs Rapid Entry screen, highlight the screening lab and click on **Edit** to make any changes or **Delete** to delete the screening lab completely. Make the necessary changes. Click **Save** when complete.
**Entering Screenings**

SCREENINGS REQUIRED FOR THE RSR INCLUDE: PAP SMEAR, PELVIC EXAM, AND TST.

1. **Entering Screenings Using Create Encounter**: The first way to enter a screening is by clicking on Create Encounter on the Encounters tab. Next, when the Create Encounter screen appears, enter the encounter date and click Create Encounter again.

2. Once you create the Encounter, enter the required fields. Click Save.
   
   a. **Current Test** - Select the appropriate screening test from the drop down list.
   
   b. **Current Result** – Select the Result from the drop down list. The available results depend on the screening chosen.

   i. **Pap Smear Results**
      
      AGCUS (Pap Test)
      Appointment not kept (Pap Test)
      ASCUS (Pap Test)
      HSIL/CIN-2 (Pap Test)
      HSIL/CIN-3 (Pap Test)
      HSIL/CIS (Pap Test)
      Invasive (Pap Test)
      LSIL/CIN-1 (Pap Test)
      Normal (Pap Test)
      Other, abnormal (Pap Test)
      Unknown (Pap Test)

   ii. **Pelvic Exam Results**
      
      N/A (Pelvic/Rectal Pap)
      NMI (Pelvic/Rectal Pap)
      No (Pelvic/Rectal Pap)
      Unknown/unreported (Pelvic/Rectal Pap)
      Yes (Pelvic/Rectal Pap)
iii. **TST Results**

- Client did not return for reading (PPD)
- Negative (<5 mm) (PPD)
- Not documented in medical record/unknown (PPD)
- Not medically indicated (PPD)
- Positive (≥5 mm) (PPD)
- Refused (PPD)

c. **Current Action – Select the Current Action from the drop down list (For TST Only).**

Click **Save**.

- Prophylaxis or treatment not medically indicated (PPD)
- Prophylaxis or treatment not documented/unknown (PPD)
- TB Prophylaxis or treatment (PPD)
- Refused (PPD)
- Not Applicable (PPD)

3. **Deleting a Screening**: In the Screenings tab, to delete a screening previously entered, highlight that screening in the window and click on **Delete**.
4. **Entering Screenings Using Rapid Entry**: The alternative way to enter screenings is using Rapid Entry. Click on **Rapid Entry** in the Encounters screen. The Screenings Rapid Entry screen will appear and click on **Add**.

![Screenings Rapid Entry](image)

5. In the Screenings Rapid Entry screen, enter the required fields. Click **Save**.
   a. **Current Test** – Select the appropriate screening test from the drop down list.
   b. **Current Result** – Select the Result from the drop down list.
   c. **Current Action** – Select the Current Action from the drop down list. Click **Save**.

![Screenings Rapid Entry](image)
6. **Edit/Delete a Screening** To edit or delete a previously entered screening, in the Screenings Rapid Entry screen highlight the screening and click on *Edit* to make any changes or *Delete* to delete the screening completely. Click *Save* after making the necessary changes.
**Entering Immunizations**

**IMMUNIZATIONS REQUIRED FOR THE RSR INCLUDE:** HEPATITIS B SERIES.

1. **Entering Immunizations Using Create Encounter**: The first way to enter an immunization is by clicking on Create Encounter on the Encounters tab. Next, when the Create Encounter screen appears, enter the encounter date and click Create Encounter again.

2. Once you create the Encounter, enter the required fields. Click Save.
   a. Vaccine – Select the appropriate vaccine from the drop down list.
   b. Received – Select the appropriate Received response from the drop down list.

   - Yes
   - NMI
   - No
   - Refused

   c. Immunity – Select the client’s immune status from the drop down list.

   - Immune
   - Nonimmune
   - History of infection
   - History of vaccination
   - Unknown
3. **Deleting an Immunization**: In the Immunizations tab, to delete an immunization previously entered, highlight that immunization in the window and click on **Delete**.

4. **Entering Immunizations Using Rapid Entry**: The alternative way to enter immunizations is using Rapid Entry. Click on **Rapid Entry** in the Encounters screen. The Immunizations Rapid Entry screen will appear and click on **Add**.
5. In the Immunizations Rapid Entry Screen, enter the required fields. Click Save.
   a. Vaccine – Select the appropriate vaccine from the drop down list.
   b. Received – Select the appropriate Received response from the drop down list.
   c. Immunity – Select the client’s immune status from the drop down list.

6. **Edit/Delete an Immunization**: To edit or delete a previously entered immunization, in the Immunizations Rapid Entry screen highlight the immunization and click on Edit to make any changes or Delete to delete the immunization completely. Click Save after making the necessary changes.
**Entering Referrals Data**

YOU ARE NOT REQUIRED TO ENTER EXTERNAL REFERRALS FOR CLIENT LEVEL DATA. Your agency may want to track referrals for internal purposes or another reporting requirement.

REMEMBER: IF YOUR AGENCY PAYS FOR THE SERVICE WITH THEIR RYAN WHITE FUNDS, THIS IS NOT A REFERRAL AND IT SHOULD BE ENTERED AS A SERVICE IN SERVICE TAB.

1. **Entering a Referral:** Enter a new referral by clicking on Add Referral. Then select the Referral date, Type, Refer To Provider, Referral Status, Requested Service Category, and the Referral Completion Date from the drop down list, **Click on Save.**
2. **Adding a Provider:** If a provider that you want to select does not appear in the Refer To Provider drop down list, click on Add. When the External Provider Setup screen appears click on Add Provider. Type in the name of the provider in Provider Name and click on Save this Provider.

3. **Editing a Provider:** If you want to edit a provider name, highlight the provider name by clicking on it and click Edit Provider. Edit the name and then click on Save.

4. **Inactivating a Provider:** To inactivate a provider from the list, remove the check mark next to the provider by clicking on it and then click on Close.

5. **Deleting a Provider:** To delete a provider, highlight the provider by clicking on it and click on Delete Provider. **DO NOT DELETE A PROVIDER YOU HAVE PREVIOUSLY ENTERED DATA FOR!**
**Entering Atlanta EMA Screening Tool Data**

ALL PART A AGENCIES ARE REQUIRED TO ENTER A SCREENING TOOL ANNUALLY FOR EACH CLIENT. THE SCREENING TOOL IS ENTERED AT INITIAL ENROLLMENT OR RECERTIFICATION. THE BOXED FIELDS ARE REQUIRED FOR PART A.

1. **Entering a Screening Tool:** To enter screening tool information, click on **Add** in the Subform tab.

2. Using the screening tool worksheet that was filled out, enter the screening date in Custom Subform Date, enter your agency from the Agency drop down list, enter the name of the staff that conducted the screening in Screener’s Name, enter the four totals, put a check in Screen Complete, if appropriate put a check in Referred for Case Management Assessment, if appropriate put a check in Referred for Substance Abuse Assessment, and if appropriate put a check in Referred for Mental Health Assessment. Click on **Save** when complete.

3. **Editing a Screening Tool:** To edit a screening tool previously entered, highlight that tool in the history window by clicking on it and click on **Edit**.

4. **Deleting a Screening Tool:** To delete a screening tool previously entered, highlight that tool in the history window by clicking on it and click on **Delete**.
Entering Services through Rapid Entry

Background
Users are always looking for faster ways to enter batches or large volumes of data. The feature outlined here, will assist with the rapid entry of service data.

Prior to the addition of this feature, adding service records first required that you open up a specific client’s record. Now, services can be entered for one or many clients without opening up each client’s record.

Here’s how:

Select Rapid Service Entry on the main menu. A Rapid Entry Screen will appear prompting you to select Rapid or Group Service Entry.

By clicking on F1 – Rapid Service Entry or hitting F1 on your keyboard – a Rapid Service Entry screen will appear that looks like this:
Number of records to display: We can restrict the list by the number of records to display. For example, the above is showing 15 records as of today by default. You can enter any date that you want to restrict the list by in the box next to As of. By changing the date, you can see lists for whatever number of months or years you would like to view.

Search Criteria. The search criteria is used to search for clients you wish to enter services for.

Date: Used to list clients with services on the same date

Client: Used to search for a specific client

Service: Used to search for a list of clients with the same services

Other search criteria options include, Contract, Units. Total, Received, Provider, and Subservice specific date.
We can choose on the left: F1 New Service. This will bring up the screen below, listing all your current clients.

Select the client you want to add a service for. Select a Service Date and Service from the drop down and click F1- Save. Repeat for the next client.

F2 – New Service For Selected Client, allows you to select a specific client the list and enter several services for that particular client. First, enter search criteria to locate the client.

Here we’ve searched for one client, You Tube, by typing “Tu” in the Search criteria.
Click on F2– New Service For Selected Client and a screen will open up for you to enter the service.

Click on F1 - Save to save this record.

If you want to enter another service record for this same client, simply select F2 again!

Other options on the main page include Edit a selected record or delete a selected service record.
Exporting a Report in CAREWare

1. Any report you run in CAREWare, custom or prebuilt, opens up in RW CAREWare Report Viewer. You can print the report to a local printer by clicking on Print in the menu.

2. To save the report to a local drive and print to a network printer once you are disconnected from the VPN, click on File Export in the Menu.

3. Then in the Export screen, select the Export type from the drop down list. Note: If you get an error with the file type you choose, it may be due to the size of the file and you need to select another file type.
4. After you indicate the Export Type, click on the ellipsis after the file window to indicate your path.

5. Choose a location on your local hard drive and name the file in File Name. Click **Save** and then in the Export screen click **OK**.
RSR Requirements Quality Check Custom Reports

RSR quality check custom reports have been developed on the central server domain and copied to your agency. **PART A REQUIRES THAT YOU RUN THESE REPORTS EACH QUARTER TO IDENTIFY INSTANCES WHERE RSR REQUIREMENTS ARE NOT BEING MET AND MAKE THE NECESSARY CORRECTIONS.** However, you can run the reports more frequently in order to keep up with data corrections.

**RSR Missing Demographics**
This custom report identifies missing or unknown required information from fields in the Demographics tab. If any one of the fields in the report is missing or unknown for that client, the client will be pulled in the report.

1. In the CAREWare Main Menu screen click on **Reports** and when the Reports screen appears click on **Custom Reports**.

2. In the Custom Reports screen, click on RSR Missing Demographics under Report Name to highlight it. Enter the Date Span. Click **Run Report**.
3. Looking at this report, you have to enter all of the missing zip codes, missing HIV dates, and not specified HIV risk factors, for the identified clients.
RSR Missing Annual Review
This custom report identifies missing or unknown required information from fields in the Annual Review tab. If any one of the fields in the report is missing or unknown for that client, the client will be pulled in the report.

1. In the Custom Reports screen, click on RSR Missing Annual Review under Report Name to highlight it. Enter the Date Span. Click Run Report.

2. Looking at this report, you have to enter all of the missing housing arrangement, missing household incomes, missing counseled about HIV risks, not specified annual mental health screenings, and not specified annual substance abuse screenings for the identified clients.
RSR Missing Status
This custom report identifies missing or unknown required information from fields in the Service tab. If any one of the fields in the report is missing or unknown for that client, the client will be pulled in the report.

1. In the Custom Reports screen, click on RSR Missing Status under Report Name to highlight it. Enter the Date Span. Click Run Report.

2. Looking at this report, you have to enter all of the unknown vital status, unknown and missing enrollment status, and missing enrollment dates for the identified clients.
**RSR Missing ARV Indication**

This custom report identifies medications that have been entered that do not have an indication entered. If any of the medications a client is taking is missing an indication, the client will be pulled in the report.

1. In the Custom Reports screen, click on RSR Missing ARV Indication under Report Name to highlight it. Enter the Date Span. Click Run Report.

2. Looking at this report, you have to enter the missing indication for two ARVs. In CAREWare, the options in the Indication drop down list are ART, OI Prophylaxis, OI Treatment, and Other. For these two medications, you will select ART as the indication.
**RSR Missing STI Treatment**

This custom report identifies positive STI screening labs that have been entered that do not have a treatment entered. If any of a client’s positive STI screening labs do not have a treatment entered, the client will be pulled in the report.

1. In the Custom Reports screen, click on RSR Missing STI Treatment under Report Name to highlight it. Enter the Date Span. Click Run Report.

2. Looking at this report, there are three Syphilis tests and one Hepatitis C test that require treatment entry.
RSR Missing AIDS Date
This custom report identifies clients that have an HIV Status of CDC Defined AIDS and do not have an AIDS Date entered.

1. In the Custom Reports screen, click on RSR Missing AIDS Date under Report Name to highlight it. Enter the Date Span. Click Run Report.

2. Looking at this report, you need to enter an AIDS date for four clients.
RSR Missing Date of Death
This custom report identifies clients that have a vital status of deceased and do not have a date of death entered.

1. In the Custom Reports screen, click on RSR Missing Date of Death under Report Name to highlight it. Enter the Date Span. Click Run Report.

2. Looking at this report, one client is deceased and requires that you enter a date of death.
**RSR Missing Closed Date**

This custom report identifies clients that have an enrollment status of inactive/case closed and do not have a closed date entered.

1. In the Custom Reports screen, click on RSR Missing Closed Date under Report Name to highlight it. Enter the Date Span. Click Run Report.

2. Looking at this report, seven clients that are inactive/case closed are missing closed dates that you need to enter.
RSR Check Screenings Entered
This custom report provides counts of all the screenings entered for the report timeframe.

1. In the Custom Reports screen, click on RSR Check Screenings Entered under Report Name to highlight it. Enter the Date Span. Click Run Report.

2. Looking at this report, you can determine if your agency is entering all of the RSR required screenings. Required screenings include: PAP SMEAR, PELVIC EXAM, AND TST.

3. Take a look at the screenings entered and ensure that your agency is entering all of the required screenings. In this case, all of the screenings are being entered.
4. Take a look at the count of each screening and determine if that count seems reasonable for the report timeframe. If not, take steps to determine why all of the screenings are not being entered and get the screenings entered.

5. IMPORTANT: The number of pap smears entered should match the number of pelvic exams entered. If the numbers do not match, you need to go back and enter pelvic exams for all of the pap smears otherwise these will not be counted in the RSR. See the RSR Check Pap Screenings custom report.

**RSR Check Screening Labs Entered**

This custom report provides counts of all the screening labs entered for the report timeframe.

1. In the Custom Reports screen, click on RSR Check Screening Labs Entered under Report Name to highlight it. Enter the Date Span. Click Run Report.

2. Looking at this report, you can determine if your agency is entering all of the RSR required screening labs. Required screening labs include: CHLAMYDIA, GONORRHEA, SYPHILIS, HEPATITIS B, AND HEPATITIS C.
3. Take a look at the screening labs entered and ensure that your agency is entering all of the required screening labs. In this case, all of the screening labs are being entered.

4. Take a look at the count of each screening lab and determine if that count seems reasonable for the report timeframe. If not, take steps to determine why all of the screening labs are not being entered and get the screening labs entered.
RSR Check Labs Entered
This custom report provides counts of all the labs entered for the report timeframe.

1. In the Custom Reports screen, click on RSR Check Labs Entered under Report Name to highlight it. Enter the Date Span. Click Run Report.

2. Looking at this report, you can determine if your agency is entering all of the RSR required labs. Required labs include: **CD4 AND VIRAL LOAD**.
3. Take a look at the labs entered and ensure that your agency is entering all of the required labs. In this case, all of the labs are being entered.

4. Take a look at the count of each lab and determine if that count seems reasonable for the report timeframe. If not, take steps to determine why all of the labs are not being entered and get the labs entered.
RSR Check Medications Entered
This custom report provides counts of all the medications entered for the report timeframe.

1. In the Custom Reports screen, click on RSR Check Medications Entered under Report Name to highlight it. Enter the Date Span. Click Run Report.

2. Looking at this report, you can determine if your agency is entering all of the RSR required medications. Required medications include: ARVS, TB TREATMENT, AND PCP PROPHYLAXIS.
3. Take a look at the medications entered and ensure that your agency is entering all of the required medications. In this case, all of the medications are being entered.

**Note:** No TB medications have been entered, but it could just be that no patients were treated for TB during the report timeframe. When a TB medication is entered, “OI Treatment” will appear in the Indication column and “m. Tuberculosis” will appear in the OI column.

4. Take a look at the count of each medication and determine if that count seems reasonable for the report timeframe. If not, take steps to determine why all of the medications are not being entered and get the medications entered.
**RSR Check Immunizations Entered**

This custom report provides counts of all the immunizations entered for the report timeframe.

1. In the Custom Reports screen, click on RSR Check Immunizations Entered under Report Name to highlight it. Enter the Date Span. Click Run Report.

2. Looking at this report, you can determine if your agency is entering all of the RSR required immunizations. Required immunizations include: **HEPATITIS B SERIES**.
RSR Check Immunizations Entered

Data Scope: Crawford Long

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hep A/Hep B (Twinrix)(1)</td>
<td></td>
</tr>
<tr>
<td>Hep A/Hep B (Twinrix)(2)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A (1)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A (2)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (1)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (2)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (3)</td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>37</td>
</tr>
<tr>
<td>Pneumovax (Pneumococcal pneumonia)</td>
<td>39</td>
</tr>
<tr>
<td>Tetanus Toxoid</td>
<td>36</td>
</tr>
</tbody>
</table>

3. Take a look at the immunizations entered and ensure that your agency is entering all of the required immunizations. In this case, all of the immunizations are being entered.

4. Take a look at the count of each immunization and determine if that count seems reasonable for the report timeframe. If not, take steps to determine why all of the immunizations are not being entered and get the immunizations entered.
**RSR Check Pap Screenings Entered**

This custom report lists all of the pap smears and pelvic exams entered for the report timeframe.

1. In the Custom Reports screen, click on RSR Check Pap Screenings under Report Name to highlight it. Enter the Date Span. Click Run Report.

![Custom Reports Screen](image)

2. Looking at this report, you can determine if both a pap smear and a pelvic exam have been entered for each client screened.

**RSR Check Pap Screenings ((Group By) by Screening Test (Group By))**

**Data Scope:** Fulton County Government Ryan White Program

**((Group By) by Screening Test (Group By))**

<table>
<thead>
<tr>
<th>(Group By)</th>
<th>Total</th>
<th>Col. %</th>
<th>Pap Smear</th>
<th>Pelvic exams</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>49</td>
<td>1 (50.0%)</td>
<td>1 (50.0%)</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>49</td>
<td>1 (50.0%)</td>
<td>1 (50.0%)</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>24</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>24</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>49</td>
<td>1 (50.0%)</td>
<td>1 (50.0%)</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>49</td>
<td>1 (50.0%)</td>
<td>1 (50.0%)</td>
</tr>
</tbody>
</table>

3. Take a look at the counts in the Pap Smear and Pelvic exam columns. These counts should be equal. In this report two clients have unequal columns. For both of these clients, you need to go back and enter a pap smear to go along with the pelvic exam. The RSR does not count a pap smear unless both tests have been entered. The Total column should never equal one.
**RSR Check TST +**

This custom report lists all of the TST positives entered for the report timeframe.

1. In the Custom Reports screen, click on RSR Check TST + under Report Name to highlight it. Enter the Date Span. Click Run Report.

2. Looking at this report, go back and ensure that for all the clients on this list TB medications have been entered.
   a. Indication should equal OI Treatment.
   b. OI should equal m. Tuberculosis.
   c. A Medication Stop Date should be entered.
   d. Reason for Discontinuing should equal Therapy Completed or another choice (i.e. Lost to Follow Up, Patient Decision, Unknown etc.).

**RSR Check TST +**

**Data Scope:** Dekalb County Board of Health

<table>
<thead>
<tr>
<th>Date</th>
<th>Screening Test</th>
<th>Screening Result</th>
<th>Screening Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/7/2009</td>
<td>TST</td>
<td>Positive (&gt;=5 mm)</td>
<td>TB Prophylaxis or treatment</td>
</tr>
<tr>
<td>2/9/2009</td>
<td>TST</td>
<td>Positive (&gt;=5 mm)</td>
<td>TB Prophylaxis or treatment</td>
</tr>
</tbody>
</table>
**RSR Change Transgender Unknown**
This custom report identifies all of the clients currently listed in CAREWare with a gender of Transgender Unknown.

1. In the Custom Reports screen, click on RSR Change Transgender Unknown under Report Name to highlight it. Enter the Date Span. Click **Run Report**.

2. Looking at this report, go back and change the gender of each client in this list. Transgender clients need to have a gender of either Transgender MtF or Transgender FtM.

**RSR Transgenders**

**Data Scope:** Grady Infectious Disease Program

**URH:**

**Gender:**

- Transgender
- Unk
- Transgender
- Unk
- Transgender
- Unk
- Transgender
- Unk

---

71
Running and Utilizing a Financial Report

The prebuilt Financial Report in CAREWare is a useful report to monitor service data entry as well as to monitor agency service provision. For monitoring purposes, the Financial Report should be used in conjunction with the Subservice Funding document (a chart version of the Georgia Ryan White Parts A, B, D CAREWare Sub-services and Definitions document), that was completed by your agency in collaboration with the Part A Grantee, that specifies your agency’s Ryan White funded subservices for the calendar year.

1. In the CAREWare Main Menu screen click on Reports and when the Reports screen appears click on Financial Report.

2. When the Financial Report screen appears, indicate all of your Ryan White funding sources in the Funding Source window or a specific funding source such as Part A. Enter the timeframe, check Include Subservice Detail to view all subservices, and click Run Report.
3. When the report appears in the Report Viewer Screen, you can print or export the report.

4. **To monitor your data entry**, compare the subservices in the report to those subservices in the Subservice Funding document for the calendar year. Let's monitor Outpatient/Ambulatory services as an example. Based on their Subservice Funding document, this agency is funded for all Outpatient/ambulatory medical services by various combinations of Ryan White parts.
### HRSA CORE SERVICES
#### a. Outpatient/ambulatory medical services

<table>
<thead>
<tr>
<th>Subservice Name</th>
<th>Definition</th>
<th>Funded Y/N</th>
<th>Source (A,B,C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Int3 Primary care V'n</td>
<td>1(rc) Primary care V'n</td>
<td>Y</td>
<td>A,B,C</td>
</tr>
<tr>
<td>Compensaw. e Prmary care V'n</td>
<td>1(rc) Primary care V'n</td>
<td>Y</td>
<td>A,B,C</td>
</tr>
<tr>
<td>1ntra Prmarycare Vsh.</td>
<td>1(rc) Primary care V'n</td>
<td>Y</td>
<td>A,B,C</td>
</tr>
<tr>
<td>1E:16:08/06 Vsh</td>
<td>1(rc) Primary care V'n</td>
<td>Y</td>
<td>A,B,C</td>
</tr>
<tr>
<td>MED 0 6-36</td>
<td>1(rc) Primary care V'n</td>
<td>Y</td>
<td>A,B,C</td>
</tr>
</tbody>
</table>

### Medication Pick Up

<table>
<thead>
<tr>
<th>Name</th>
<th>Definition</th>
<th>Funded Y/N</th>
<th>Source (A,B,C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Either a pharmacist or other trained healthcare provider may hand dispense medications to the client. Medication pick-up visit must include adherence discussion and/or medication counseling. Includes pick-up of ADAP medications and refilling pill boxes as part of adherence program.</td>
<td>1(rc) Primary care V'n</td>
<td>Y</td>
<td>A,B,C</td>
</tr>
</tbody>
</table>

### VISA

| VISA | 1(rc) Primary care V'n | Y | A,B,C |

### Specialty Care Visit

<table>
<thead>
<tr>
<th>Name</th>
<th>Definition</th>
<th>Funded Y/N</th>
<th>Source (A,B,C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISA</td>
<td>1(rc) Primary care V'n</td>
<td>Y</td>
<td>C</td>
</tr>
</tbody>
</table>

---

**Notes:**
- VISA: VISA to TB/CDC/DMH/TV 00-3BIC/CT/TV.
- Lab draw only. No visit with provider.
3. Now looking at the Financial Report for January, only nine of the eleven funded sub-services were entered into CAREWare. No Specialty Care Visits or Routine HIV/TC Primary Care Visits were entered. There are a couple of things that need to be verified.

   a. Did the agency provide either of these two services in January? If not, there are no issues.
   
   b. If the agency did provide these in January, why weren’t they entered into CAREWare?
      
      i. Does the data entry staff know to enter these subservices? If not, provide clarification about funded subservices.
      
      ii. Does the data entry staff know what to look for in the data collection forms to identify that these subservices were provided? If not, provide clarification about subservice definitions and locating funded services on data collection forms.
      
      iii. Are the missing subservices available in the CAREWare service drop down list? If not, contact the Part A Grantee CAREWare System Administrator.

<table>
<thead>
<tr>
<th>Service</th>
<th>Clients</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health ed./risk reduction/prevention</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Client Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health ed./risk reduction/prevention Totals</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Food Bank/Home-delivered Meals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional Supplement non-RD</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Food Bank/Home-delivered Meals Totals</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Outpatient/Ambulatory Medical Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Primary Care Visit</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Comprehensive Primary Care Visit</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Drug Reimbursement Prescription</td>
<td>15</td>
<td>44</td>
</tr>
<tr>
<td>Enrollment/Intake/Re-enrollment</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Initial Primary Care Visit</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Interim Primary Care Visit</td>
<td>99</td>
<td>100</td>
</tr>
<tr>
<td>Lab Visit</td>
<td>134</td>
<td>641</td>
</tr>
<tr>
<td>Limited Service Visit</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>Medication Pick Up</td>
<td>90</td>
<td>340</td>
</tr>
<tr>
<td>Outpatient/Ambulatory Medical Care Totals</td>
<td>195</td>
<td>1172</td>
</tr>
<tr>
<td>Medical Nutrition Therapy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **To monitor provision of services at your agency**, review the units for each subservice and service category; and the number of clients served for each subservice and service category. There are a couple of things that need to be verified.

   a. Does the number of clients served in the report fall in line with the number of clients actually being served at your agency for the timeframe?
      
      i. If not, is the issue the report (CW data entry) or what is happening at the agency?
      
      ii. If the issue isn’t data entry, why are fewer/more than expected clients being served?
      
      iii. For example, looking at Client Education above, if you know that your agency serves a minimum of 30 clients per month for that subservice and there are only 19 served for a one month period then you need to investigate further and ask the questions above.
b. Does the number of units provided in the report fall in line with the number of units of actually provided at your agency for the timeframe?
   i. If not, is the issue the report (CW data entry) or what is happening at the agency?
   ii. If the issue isn’t data entry, why are fewer/more than expected units being provided?
   iii. For example, looking at Lab Visit above, 134 clients each had approximately 5 lab visits each during the month; or maybe 100 clients each had approximately 6 visits and 34 clients each had 1 visit (or any other possible combination you may think is possible). Is either of these scenarios feasible for your agency? If not, ask the questions above.
   iv. For example, looking at Face-to-Face Interim Contact below, 854 clients had 6,155 units. This means that 854 clients had approximately 27 hours of Medical Case Management (MCM) each during a one month period; or maybe 600 clients had approximately 31 hours of MCM each and 254 clients had 17 hours each (1 unit equals 15 minutes – refer to the Sub-service and Definitions document). Is either of these scenarios feasible for your agency? If not, ask the questions above.

<table>
<thead>
<tr>
<th>Medical Case Management</th>
<th>Clients</th>
<th>Units</th>
<th>Total</th>
<th>Amount Received</th>
<th>Not Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face-to-Face Interim Contact</td>
<td>854</td>
<td>6155</td>
<td>$20.00</td>
<td>$0.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>Initial Enrollment</td>
<td>218</td>
<td>1821</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Non Face-to-Face Interim Contact</td>
<td>991</td>
<td>7661</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Update Service Plan</td>
<td>228</td>
<td>1672</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Medical Case Management Totals</td>
<td>1363</td>
<td>17309</td>
<td>$20.00</td>
<td>$0.00</td>
<td>$20.00</td>
</tr>
</tbody>
</table>
Running and Utilizing an RDR and RSR

The prebuilt RDR in CAREWare is a useful report to monitor data entry, services, and client statistics.

1. In the CAREWare Main Menu screen click on Reports and when the Reports screen appears click on RDR.

2. Enter the report timeframe and click Create RDR.
3. When the report appears in the Report Viewer Screen, you can print or export the report.

4. **Demographics** – Looking at Section 2, you can verify that the overall client count and the other counts in the various demographic subcategories look accurate for your agency. For example, if you show an HIV positive client <2 years of age and your agency doesn’t serve children, then you need to correct the error.

<table>
<thead>
<tr>
<th>Number of clients</th>
<th>HIV-positive</th>
<th>HIV-affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 2 years</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2-12 years</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13-24 years</td>
<td>233</td>
<td>0</td>
</tr>
<tr>
<td>25-44 years</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>45-64 years</td>
<td>133</td>
<td>0</td>
</tr>
<tr>
<td>65 years or older</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>392</td>
<td>0</td>
</tr>
</tbody>
</table>
5. Services - Looking at Section 3, you can verify the accuracy of count of clients served in each service category at your agency for the report timeframe. For example, if your agency is funded for Child Care services and zero clients served appear in the report, make the necessary corrections in CAREWare by identifying and correcting the data entry issue. Further, if you know your agency serves 1,000 clients each month in Outpatient/ambulatory care and only 387 appear in the report, make the necessary corrections in CAREWare by identifying and correcting the data entry issue.

### SECTION 3. SERVICE INFORMATION

Service providers funded under ALL PARTS should complete this section. Read the instructions carefully concerning reporting of services offered to HIV+ affected clients. If you offered a particular service, check the box in column 2 and list the number of clients and the total number of visits, within each service category. If you offered a particular service but do not know the number of clients or visits during the reporting period, check the unknown box. Include HIV-indeterminate clients in the HIV+ column ONLY. Part D funded agencies may report services to affected clients in rows a to c. If you do not receive Part D funding, do not complete these boxes for affected clients.

<table>
<thead>
<tr>
<th>Service Categories</th>
<th>2</th>
<th>3a</th>
<th>4a</th>
<th>4b</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Outpatient/ambulatory medical care</td>
<td></td>
<td>307</td>
<td>307</td>
<td></td>
</tr>
<tr>
<td>b. Local AIDS Pharmaceutical Assistance/Dispense Program</td>
<td></td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>c. Oral health care</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>d. Early intervention services (Parts A and B)</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>e. Health Insurance Premium &amp; Cost Sharing</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>f. Home health care</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>g. Home and community-based health services</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>h. Hospice services</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>i. Mental health services</td>
<td></td>
<td>124</td>
<td>124</td>
<td>124</td>
</tr>
<tr>
<td>j. Medical nutrition therapy</td>
<td></td>
<td>37</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>k. Medical case management (including treatment adherence)</td>
<td></td>
<td>125</td>
<td>125</td>
<td>125</td>
</tr>
<tr>
<td>l. Substance abuse services/outpatient</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUPPORT SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Case management (non-medical)</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>n. Child care services</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>o. Pediatric developmental assessment/intervention services</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>p. Emergency financial assistance</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>q. Food bank/home-delivered meals</td>
<td></td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>r. Health education/risk education</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>s. Housing services</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>t. Legal services</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>u. Linguistic services</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>v. Medical transportation services</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>w. Outreach services</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>x. Preventive planning</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>y. Psychosocial support services</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>z. Referral for health care/support services</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>aa. Rehabilitation services</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ab. Respite care</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ac. Substance abuse services/residential</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ad. Treatment adherence counseling</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6. Counseling and Testing - If your agency receives Ryan White funding for counseling and testing, you should be entering HIV counseling and testing data into CAREWare. Looking at Section 4, you can verify the accuracy of count of tests and counseling provided at your agency for the report timeframe.

SECTION 4, HIV COU SEL AVGA AND TESTING

Paras A, B, C, and D grantee/service providers that selected the eligible reporting scope “02” in Item 6, and provided HIV-antibody counseling and testing during this report period, must report on all items in Section 4. Those who selected the funded reporting scope “02” in Item 6, and those who did not use Ryan White HVAIDS Program funds for testing during this report period, should respond “Yes” to Item 34, “No” to Item 35, and then skip to Section 5.

Report the number of individuals who received HIV counseling and testing during the reporting period. This number should include all individuals who received HIV counseling and testing in your program, whether or not they were reported as clients in section 2. This is the exact section of the Ryan White HVAIDS Program Data Report where individuals who are not considered clients may be reported.

NOTE: HIV counseling and testing are funded as components of Early Interventions for Par A and B, HIV counseling and testing are required components of Part C program, Part D funds may be used to support these

34. a. Were HIV counseling and testing provided as part of your program during this reporting period?
   [ ] Yes (Continue)
   [ ] No (Skip to Section 5.)

35. Were Ryan White HIV/AIDS Program funds used to support HIV counseling and testing services during this reporting period?
   [ ] Yes (Continue)
   [ ] No (Skip to Section 5) if you selected scope “02”

36. How many individuals received HIV pretest counseling during this reporting period?
   Number of:
   [ ] 0 Confidential
   [ ] 66 Anonymous

37. How many individuals were tested for HIV during this reporting period?
   Number of:
   [ ] 0 Confidential
   [ ] 66 Anonymous

38. Of the individuals who were tested for HIV (Item 37 above), how many had a positive test result during this reporting period?
   [ ] 30

39. Of the individuals who were tested for HIV (Item 37 above), how many received HIV-posttest counseling during this reporting period, regardless of test results?
   Number of:
   [ ] 0 Confidential
   [ ] 66 Anonymous

40. Of the individuals who tested positive (Item 38 above), how many did NOT return for HIV-posttest counseling during this reporting period?
   [ ] 6

41. a. Did your program offer partner notification on services during this reporting period?
   [ ] Yes
   [ ] No (Skip to Section 5.)

   b. If “yes” in Item 41a, how many at-risk partners were notified during this reporting period?
7. **Medical Information** – Looking at Section 5, you can verify the accuracy of the count of medical test/screenings, treatments, medications, etc. provided by your agency for the report timeframe. Also, you can verify the count of patients receiving outpatient/ambulatory care. For example, you may notice that your agency conducted 200 syphilis screenings, but no treatments were provided. You need to confirm that there were no positive screenings that required treatment and if there were the treatments need to be entered. Further, you may know that 90% of your clients are on HAART. If the number of clients on HAART isn’t accurate, make sure that all of the ARV medications have been entered into CAREWare.

| 48. Number of clients who received each of the following at any time during the reporting period: |
|----------------------------------|----------------------------------|
| 150 Screening/testing for syphilis | Treatment for syphilis |
| 29 Screening/testing for any sexually transmitted infection (STI) other than syphilis and HIV | Treatment for an STI (other than syphilis) |
| 34 Treatment for Hepatitis C | Treatment for Hepatitis C |

<table>
<thead>
<tr>
<th>49. Number of clients who were newly diagnosed with AIDS during this reporting period (See instructions for the criteria for an AIDS diagnosis):</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>50. Number of HIV-positive clients known to have died during this reporting period:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

| 51. Number of clients on the following types of antiretroviral therapies at the end of the reporting period: |
|----------------------------------|----------------------------------|
| 200 None | HAART |
| 4 Other (mono or dual therapy) | Unknown/unreported |
| Total |

<table>
<thead>
<tr>
<th>52. Number of women who received a pelvic exam and cervical Pap test during this reporting period:</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
</tr>
</tbody>
</table>

| 53. Pregnancy: |
|----------------------------------|----------------------------------|
| a. Number of women who were HIV-positive and were pregnant during this reporting period: |
| 2 |
| b. Number of pregnant women (Item 53a above) who entered prenatal care in the: |
| 0 First trimester |
| 0 Second trimester |
| 0 Third trimester |
| 0 At time of delivery |
| 2 Unknown |
| 2 Total |
| c. Number of pregnant women (Item 53a above) who received antiretroviral medications to prevent the transmission of HIV to their children: |
| 1 |
| d. Number of infants delivered to pregnant women (Item 53a above): |
| 1 |
| e. Report the HIV status at the end of the reporting period of the infants delivered (Item 53d above): |
| 1 HIV-positive, confirmed |
| 0 HIV-indeterminate |
| 0 HIV-negative, confirmed |

54. What type of quality management program did your agency use to assess services by medical providers during this reporting period? (Check only one.)

- [ ] None
- [ ] Quality management program introduced this reporting period
- [ ] Established quality management program
- [X] Established program with new quality standards added this reporting period
Running and Utilizing a No Service in X Days Report

The No Service in X Days Report in CAREWare is a useful report to identify clients that are in need of services.

1. In the CAREWare Main Menu screen click on Reports and when the Reports screen appears click on No Service in X Days.

![CAREWare Main Menu and Reports Screen]

2. When the No Service in X Days screen appears, click on Subservice Type. Then from the drop down list select the subservice you are interested in, the choices in the list depend on what your agency is funded for. Then enter the number of days you want to investigate and click Run Report. For example, you may want to look at clients that haven’t had an Acute Primary Care visit within 90 days because your agency calls these clients to get them in for an appointment. **Note:** You can enter specific criteria by clicking the ellipsis and adding a report filter – for example if you want to look at only females you can set the field gender = female.

![No Service in X Days Report Screen]
3. When the report appears in the Report Viewer Screen, you can print or export the report.

![Report Viewer Screen](image)

**Clients With no Service in 90 days.**

Data Scope: Cobb County Board of Health

Report Criteria:
- Provider: Cobb County Board of Health
- Subservice: Acute Primary Care Visit/Ambulatory/Outpatient Medical Care
- Last qualifying service: at least 90 days ago.
- Enrollment Status: active/unknown

<table>
<thead>
<tr>
<th>Name</th>
<th>URN</th>
<th>Last Service Date</th>
<th>Provider</th>
</tr>
</thead>
</table>

4. Although, not seen in the above report, a list of client names and URNs will appear in the report. In this example, these are the clients who have not had an Acute Primary Care visit in the last 90 days. The report also pulls the last date the client was seen.
Running and Utilizing a Clinical Encounter Report

The Clinical Encounter Report in CAREWare is a useful report to identify clients that are in need of clinical services.

1. In the CAREWare Main Menu screen click on Reports and when the Reports screen appears click on Clinical Encounter Reports.

2. When the Clinical Encounter Report Setup screen appears, click on the clinical service type. Then enter the number of days you want to investigate and click Run Report. For example, you may want to look at clients that haven’t had a Syphilis test in the last year because your agency calls these clients to get them in for screening. Note: You can enter specific criteria by clicking the ellipsis and adding a report filter – for example if you want to look at only males you can set the field gender = male.
3. When the report appears in the Report Viewer Screen, you can print or export the report.

4. Although, not seen in the above report, a list of client names and URNs will appear in the report. In this example, these are the clients who have not had Syphilis screening in the last year. The report also pulls the last date the client was seen and the result of the last screening as shown above.
Performance Measures Module

- To enter the Performance Measure module, go to Administrative Options and select Performance Measure Module in the bottom right. The Performance Measures Worksheet will appear.

- The five core clinical performance measures developed by HRSA/HAB are pre-built (HAB1-HAB5). Note that the numbering of these measures does not imply any degree of importance! You will not be able to edit them, but you can copy them and develop different measures from the originals. Just click F11 Refresh Counts to see the percentages for these measures as of today.
The following notice will appear when you hover over the HAB measures.

<table>
<thead>
<tr>
<th>Code</th>
<th>Performance Measure</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAB1</td>
<td>Two Primary Care visits &gt;= 3mos...</td>
<td>3</td>
<td>15</td>
<td>20.00%</td>
</tr>
<tr>
<td>HAB2</td>
<td>Percentage with &gt;=2 CD4 Counts</td>
<td>3</td>
<td>15</td>
<td>20.00%</td>
</tr>
<tr>
<td>HAB3</td>
<td>CD4&lt;200 with PCP prophylaxis</td>
<td>1</td>
<td>1</td>
<td>100.00%</td>
</tr>
<tr>
<td>HAB4</td>
<td>AIDS Clients on HAART</td>
<td>9</td>
<td>9</td>
<td>100.00%</td>
</tr>
<tr>
<td>HAB5</td>
<td>Percentage of pregnant women...</td>
<td>4</td>
<td>4</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Important reminder:
- For the HAB measures, an Outpatient/ambulatory medical care visit should comply with the formal definition outlined by HAB in its guidance and include only the provision of professional diagnostic and therapeutic services rendered by a physician, physician’s assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting restricted to clinics, medical offices, and mobile vans where clients generally do not stay overnight.

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**Creating a new performance measure**

Select F5: Add New Performance Measure.

In the New Performance Measure Setup screen, fill in the following:

The name of the Performance Measure

A Performance Measure code (this can be any number or letter that CAREWare uses to sort)

A description of the numerator and denominator

Click F4: Save

---

**Building Denominator and Numerator filters**

Let’s build a measure that calculates the percentage of adult (18 yrs and older) HIV-positive females who had a documented Pap smear result in the measurement year. (Note that the formal HAB criteria for this measure includes clients less than 18 years of age who are sexually active, but that is not shown here.)
1. Select F1 or click Denominator Filter

The following screen will come up with your custom filter already named (and grayed out so that it can’t be changed). Start building your filter. Here we’ve entered 4 criteria joined by the AND operator:

HIV Positive = Yes and

Gender=Female and

Age>=18 and

HRSA visits by Category in Span >=1 ambulatory care visit in the last year.

This screen should be quite familiar to users of custom reports. Note that the “Advanced” button at the top must be checked to be able to use the “And” or ”Or” operators.

Now let’s build the numerator: **Select F2 or click Numerator Filter**

**IMPORTANT:** The filter criteria entered in the Denominator should NOT be repeated in the Numerator. CAREWare has already stored that information!

**Numerator Filter:**

To select clients with a Pap smear in the year, we need only one field, “Received Lab or Screening.”

Because it is a calculated field, first click the ellipsis (see arrow in first screen shot below) to provide CAREWare with two pieces of information required for this subfilter: 1) The test of interest (in this case Pap smear) and the
number of days CAREWare should go back from the As Of Date of the report to determine if there is a Pap smear record (we'll go back 365 days, i.e. one year). Click save when the parameters are set. Here's a view of the subfilter screen for the numerator field:

Now set your values for the subfilter.

And on the main screen set the return value to “Yes” (in this case, client had a Pap smear in the time range.)

New Feature: When you place your cursor over a calculated field that has a subfilter, CAREWare will show you the criteria you have selected; you don't need to click the ellipse to review what you have set.

CAREWare now has all the information it needs to generate this specific Performance Measure. Save your filter and return to the Performance Measures screen.

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Select F3 or click Refresh Counts and your figures will be generated, as in this screen, showing that 5 of 7 clients (71.4%) met the numerator/denominator criteria:

<table>
<thead>
<tr>
<th>Performance Measure:</th>
<th>Receipt of PAP smear in HIV+ women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code:</td>
<td>Provider:</td>
</tr>
<tr>
<td>JM1</td>
<td>Ryan White AIDS Cave</td>
</tr>
<tr>
<td></td>
<td>Nmr Count: 5</td>
</tr>
<tr>
<td></td>
<td>Dnm Count: 7</td>
</tr>
<tr>
<td></td>
<td>Percent: 71.43%</td>
</tr>
</tbody>
</table>

Editing existing Performance Measures

To edit existing measures, simply double-click the item of interest.

Producing reports and investigating specific clients

Now we are ready to use the second major feature in the Performance Measure module: The ability to see which clients are or are not in the numerator, or view the records of those individuals that did not meet the criteria, and jump right to their records, or produce reports.

Close out of the Add Performance Measure Screen

Select F1 or Click Single Performance Measure Client List. The following screen will appear:
We can generate 4 different lists, as shown here. Let’s first do a “Real-time Lookup List.” All names listed here are purely fictitious!

Click F1-Make Client List

The all-important “As of Date”: Remember that all measures are generated relative to the As of Date. We can change that date to anything we’d like, but of course your results will likely change!

Quality of Care Feature:

Looking into the future: Say that it is the end of the third quarter (September 30th) and you want a list of clients who, if they don’t come in for a visit in the next three months, will not meet your performance measure of interest. Simply set the “As of Date” to that future—say December 31—and the list will generate relative to that time point.
We can go straight to either of these client records, and select any location in CAREWare to jump to. First select a name from the list, then pick a location or screen in their record that you would like to go to, and then click “Go To Selected Client.” Say that you needed to edit one of the client’s records when you realize that the Pap smear had not been entered into CAREWare. After you make the appropriate edits to any client’s record, return to this screen, simply click “Refresh List” at the top and the list of names will be updated.

Now let’s produce a regular printable report of our 2 clients not in the numerator: Return to single Performance Measure screen and select Quick paper list. It will produce the screen shot below.

**Receipt of PAP smear in HIV+ women**

Not In Numerator (clients not meeting performance measure) as of 05/12/2008

Total Clients: 2

<table>
<thead>
<tr>
<th>Name</th>
<th>URN:</th>
<th>Client Id</th>
<th>Age</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue, Rita</td>
<td>RTBU1110482U</td>
<td>1511</td>
<td>53</td>
<td>Female</td>
</tr>
<tr>
<td>Red, Sally</td>
<td>SLR0121655U</td>
<td>52</td>
<td></td>
<td>Female</td>
</tr>
</tbody>
</table>
Displaying Performance Measures in a graph

Now let's display our Performance Measure measures graphically and compare them to previous time periods. To do this, return to the main **Performance Measures Worksheet** screen and select **F2 Single Performance Measure Aggregate report**. The following screen will appear:

![Single Performance Measure Aggregate Report](image)

Complete the following:

1. **As of date**: CAREWare will run your Performance Measures relative to this date. Today’s date is the default value.

2. Indicate if you want to compare the Performance Measure rate to previous time periods. Here we’ve entered a year (365 days) and 3 time periods for comparison.

3. Indicate what features/headers you want placed on the report (Cols/Rows, Line Graph, etc.

J1M - Receipt of PAP smear in HIV+ women

Percentage of HIV positive female clients who had PAP screen results documented in the measurement year.

<table>
<thead>
<tr>
<th>As Of Date:</th>
<th>Numerator:</th>
<th>Denominator:</th>
<th>Percent:</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/13/2008</td>
<td>5</td>
<td>7</td>
<td>71.43%</td>
</tr>
<tr>
<td>05/14/2007</td>
<td>0</td>
<td>3</td>
<td>0.00%</td>
</tr>
<tr>
<td>05/14/2006</td>
<td>1</td>
<td>2</td>
<td>50.00%</td>
</tr>
</tbody>
</table>

Adding Performance Measure Tab to Client screen

To view Performance Measures on at the client level, select **F4 Client Tab Setup** on the main Quality Assurance screen. Select which Performance Measures that you want to appear on the client screen. Now when we go to client records, a new Performance Measures Tab will be setup. Note that you may need to scroll to the right to reveal this tab (see arrow below). Here’s an example of a client’s Performance Measures tab:
Other Features: Exporting, Importing and Copying Performance Measures

- To send a Performance Measure to another user, simply click **F9 Make File (Advanced)**. Name the file and put it in an easy-to-remember location like your Desktop.

- The other user simply selects **F10 Load from File (Advanced)** to import your settings and run that Performance Measure right away.

- To copy a Performance Measure (so you don’t have to recreate from scratch) simply select **F8 Copy to New Performance Measure**.
F1: Single Performance Measure Client List
F2: Single Performance Measure Ag01egate Report
F3: Multiple Performance Measure Report
F4: Client Tab Setup
F5: Add New Performance Measure
F6: Performance Measure Setup
F7: Delete Performance Measure
F8: Copy To New Performance Measure
F9: Make File (Advanced)
FIO: Load From File (Advanced)
F1: Refresh Counts
F12: Refresh Single Performance Measure

Automatically get client counts for active performance measures when this form opens

"Denominator and Numerator are unduplicated client counts with filters applied" As Of Today"
## Filter settings used in HAB clinical performance measures

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Denominator</th>
<th>Numerator</th>
</tr>
</thead>
</table>
| HAB01  | Two plus medical visits in year                  | • HIV positive:Yes  
• HRSA visits by category in span: (>=1 Outpatient/ambulatory care visit in last year)  
• Enrl Status by date (enrolled at least 6 months before As of Date)                                                                                                                                                                                                                                                                  | • **Srv Cat Interval Count:** (>=2 Outpatient/amb care visits at least 90 days apart in last year)  
• **Lab Interval Count:**  
>= 2 CD4 Counts at least 90 days apart in year before As of Date.                                                                                                                                                                                                                                                                                                                                                     |
| HAB02  | Two plus CD4 T-cell counts                       | • HIV positive:Yes  
• HRSA visits by category in span: (>=1 Outpatient/amb care visits at least 6 months before As of Date)  
• Enrl Status by date: (enrolled at least 6 months before As of Date)                                                                                                                                                                                                                                                                                                                                 | • **Lab Interval Count:**  
>= 2 CD4 Counts at least 90 days apart in year before As of Date.                                                                                                                                                                                                                                                                                                                                                     |
| HAB03  | PCP prophylaxis                                   | See below for further explanation of this measure  
• HIV positive:Yes  
• HRSA visits by category in span: (>=1 Outpatient/amb care visits at least 3 months before As of Date)  
• Lowest Quant Test: CD4 test <200 in last year.                                                                                                                                                                                                                                                                                                                                                     | • **Has OI Proph in period:** Yes and OI indication=PCP in last year  
• **Max ARV Count:** >=3 ARV meds in last year  
• **ART Taken for PMTCT:** Yes in last year                                                                                                                                                                                                                                                                                                                                                         |
| HAB04  | AIDS clients on HAART                            | • HIV status by Date=AIDS  
• HRSA visits by category in span: (>=1 Outpatient/amb care visits at least 3 months before As of Date)  
• Enrl Status by date: (enrolled at least 3 months before As of Date)                                                                                                                                                                                                                                                                                                                                 | • **Max ARV Count:** >=3 ARV meds in last year  
• **ART Taken for PMTCT:** Yes in last year                                                                                                                                                                                                                                                                                                                                                         |
| HAB05  | ARV therapy for pregnant women                   | • HIV positive:Yes  
• Gender: Female  
• HRSA visits by category in span: (>=1 Outpatient/amb care visits at least 3 months before as of date)  
• Pregnant in period: At least 3 months before As of Date.  
• Last preg outcome: **Not equal** to Therapeutic or spontaneous abortion or stillbirth. (Client will be included if last pregnancy outcome is null.)  
• Enrl Status by date: (enrolled at least 6 months before As of Date)                                                                                                                                                                                                                                                                                               | • **Max ARV Count:** >=1 ARV meds in last year OR  
• **ART Taken for PMTCT:** Yes in last year                                                                                                                                                                                                                                                                                                                                                         |
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Denominator</th>
<th>Numerator</th>
</tr>
</thead>
</table>
| HAB06  | Adherence Assessment & Counseling | 1. HIV Positive: Yes  
2. Enrl Status by Date: 180 days before End Date  
3. ARV Count: >=1  
4. HRSA visits by Category in span: >=1 outpatient/ ambulatory care visit in last year | **Srv Cat Interval Count:** >=2 for Treatment adherence counseling service |
| HAB07  | Cervical Cancer Screening        | 1. Gender: female  
2. HIV Positive: Yes  
3. Age: >=18 years by end date or <18 AND history of sexual activity (screening)  
4. HRSA visits by Category in span: >=1 outpatient/ ambulatory care visit in last year | **Received lab or screening:** Yes, Pap smear in last year |
| HAB08  | Hepatitis B Vaccination          | 1. HIV Positive: Yes  
2. Enrl Status by Date: Active 365 days before End Date of report  
3. HRSA visits by Category in span: >=1 outpatient/ ambulatory care visit in last year  
4. Has Qualitative Test Result: All following serologic tests are **not** positive: HBSAg, HBsAb, HBeAg, HBeAb, HBV-DNA | **Had vaccination:** Hep B or Twinrix=Yes |
| HAB09  | Hepatitis C Screening            | 1. HIV Positive: Yes  
2. HRSA visits by Category in span: >=1 outpatient/ ambulatory care visit in last year | **Received Lab or Screening:** Yes for HCV RNA or Hep C Antibody test |
| HAB10 | HIV Risk Counseling | 1. *HIV Positive:* Yes  
2. *HRSA visits by Category in span:* >=1 outpatient/ambulatory care visit in last year | *HRSA visits by Category in span:* >=1 Health ed/risk reduction/prevention visit in last year or *Counseled about HIV risks* (from Ann. Review screen) |
|-------|------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| HAB11 | Lipid Screening  | 1. *HIV Positive:* Yes  
2. *HRSA visits by Category in span:* >=1 outpatient/ambulatory care visit in last year  
3. *ARV Count(number):* >=3 | *Received lab or screening test:*  
Total Cholesterol or LDL or HDL or Triglycerides  
(in measurement year) |
| HAB12 | Oral Exam        | 1. *HIV Positive:* Yes  
2. *HRSA visits by Category in span:* >=1 outpatient/ambulatory care visit in last year | *HRSA visits by Category in span:* >=1 Oral Health Care visit in measurement year  
Or *Referred for Serv. Category:* Yes, Oral Health care AND referral completed |
| HB13  | Syphilis screening | 1. *HIV Positive:* Yes  
2. *HRSA visits by Category in span:* >=1 outpatient/ambulatory care visit in last year  
3. *Age:* >= 18 at end date of report or <18 and report history of sexual activity. | *Received lab or screening test:* Syphilis  
In measurement year |
| HB14  | TB screening     | *HIV Positive:* Yes  
*HRSA visits by Category in span:* >=1 outpatient/ambulatory care visit in last year  
*TST indicated:* Yes | *Received lab or screening test:*  
TST or Quantiferon/TIGRA |
AIDS: According to the 1993 CDC definition, all HIV infected persons with a CD4+ T-lymphocyte count less than 200 cells/µL or a CD4+ percentage of less than 14 OR HIV infected persons diagnosed with an AIDS defining illness listed below

- Candidiasis of bronchi, trachea, or lungs
- Candidiasis, esophageal
- Cervical cancer, invasive
- Coccidioidomycosis, disseminated or extrapulmonary
- Cryptococciosis, extrapulmonary
- Cryptosporidiosis, chronic intestinal (greater than 1 month's duration)
- Cytomegalovirus disease (other than liver, spleen, or nodes)
- Cytomegalovirus retinitis (with loss of vision)
- Encephalopathy, HIV-related
- Herpes simplex: chronic ulcer(s) (greater than 1 month's duration); or bronchitis, pneumonitis, or esophagitis
- Histoplasmosis, disseminated or extrapulmonary
- Isosporiasis, chronic intestinal (greater than 1 month's duration)
- Kaposi's sarcoma
- Lymphoma, Burkitt's (or equivalent term)
- Lymphoma, immunoblastic (or equivalent term)
- Lymphoma, primary, of brain
- Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary
- Mycobacterium tuberculosis, any site (pulmonary or extrapulmonary)
- Mycobacterium, other species or unidentified species, disseminated or extrapulmonary
- Pneumocystis carinii pneumonia
- Pneumonia, recurrent
- Progressive multifocal leukoencephalopathy
- Salmonella septicemia, recurrent
- Toxoplasmosis of brain
- Wasting syndrome due to HIV

**Hemophilia/Cloagulation Disorder:** Individuals diagnosed with delayed clotting of the blood.

**Heterosexual Contact:** Individuals who report sexual contact with someone of the opposite sex that is at increased risk for HIV infection.

**Injecting drug user (IDU):** Individuals who report using drugs intravenously (with needles) or through skin-popping.

**Institution:** Residential, health care, and correctional facilities. Residential facilities include supervised group homes and extended treatment programs for alcohol and other drug abuse or for mental illness. Health care facilities include hospitals, nursing homes and hospices. Correctional facilities include jails, prisons, and correctional halfway houses.

**Medicare:** A health insurance program for individuals ages 65 years and older, individuals with disabilities under age 65 (those who receive Social Security Disability Income – SSDI), and individuals with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant).

**Medicaid:** A jointly funded, Federal-State health insurance program for individuals with low incomes.

**No Insurance:** When an individual has no insurance to cover the cost of services (self-pay).

**Non-Permanently Housed:** Individuals who are homeless, live in transient housing, or live in transitional housing. Homeless individuals live in shelters, vehicles, the streets, or other places not intended as a regular accommodation for living. Transitional housing includes any stable but temporary living arrangement, regardless of whether or not it is part of a formal program.

**Other Public Insurance:** Other Federal, State, and/or local government programs providing a broad array of benefits for eligible individuals. Examples include State-funded insurance plans, military health care (TRICARE), State Children’s Insurance Program (SCHIP), Indian Health Services, and Veterans Health Administration.

**Perinatal Transmission:** Transmission of disease from mother to child during pregnancy. Infants and children infected are by mothers who are HIV-positive.

**Permanently Housed:** Individuals that live in apartments, houses, foster homes, long-term residences, and boarding homes that have no time restrictions.
Private Insurance: Health insurance plans such as BlueCross/BlueShield, Kaiser Permanente, and Aetna. The policy premiums may be paid for by an employer, by the client, or by a health insurance continuation program.

Receipt of transfusion of blood, blood components, or tissue: Transmission of disease through receipt of infected blood or tissue products given for medical treatment.