

**NEVADA RYAN WHITE  
PART B PROGRAM  
CAREWare User Guide**

**Revised: 9/28/2017**

***Nevada  
Department of  
Health and Human  
Services***

***Division of Public  
and Behavioral  
Health***

***Bureau of  
Behavioral Health,  
Prevention, and  
Wellness***

***Office of HIV/AIDS***

***This document will provide general guidance in entering data into CAREWare for compliance with the reporting requirements of the State of Nevada’s Ryan White Part B Program and AIDS Drug Assistance Program managed by the Office of HIV/AIDS.***

***The Nevada Division of Public and Behavioral Health, Bureau of Behavioral Health, Prevention, and Wellness, Office of HIV/AIDS gratefully recognizes and appreciates the work of our community partners and service providers in supplying recommendations for edits, changes, and improvements in this document.***

***If there are any recommendations for change or clarifying questions regarding the information presented in this document, please do not hesitate to reach out to the Office of HIV/AIDS at [CAREWareHelp@health.nv.gov](mailto:CAREWareHelp@health.nv.gov).***

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# What is CAREWare?

## *OVERVIEW OF CAREWARE*

CAREWare is free, scalable software for managing and monitoring HIV clinical and supportive care and will quickly produce a completed Ryan White HIV/AIDS Program Services Report (RSR) for meeting reporting requirements to the federal grantee, the U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau (DHHS, HRSA, HAB).

Nevada CAREWare is a secure, centralized, software application designed to report client-level data from HIV services programs funded through Part B of the Ryan White HIV/AIDS Program, as well as through state dollars. Ryan White and state funds are used in Nevada to support core medical and essential support services. Nevada CAREWare is used to report information about clients served by providers funded through the Part B grantee, Office of HIV/AIDS (OHA), Division of Public and Behavioral Health (DPBH).

## *HOW CAREWARE DATA WILL BE USED*

Demand for HIV-related services continues to grow, and the system of services available to persons with HIV disease is becoming more complex. Evaluating the success of these programs in meeting the needs of Nevadans with HIV disease, and reporting the activities of our providers to the federal government, state legislature, and community members are vital functions of the OHA. As the range of HIV services grows more complex, and needs continue to outweigh resources, monitoring the success of the entire system becomes more important.

## *SAFEGUARDING CLIENT CONFIDENTIALITY*

Safeguarding the confidentiality of clients is of critical importance, at both the local and federal level. In order to maintain client confidentiality, the following will occur:

- Client names will not be reported to HRSA. Client level data will be reported to HRSA using an encrypted unique client identifier.
  - The full birth date of clients will not be reported to HRSA. Only year of birth will be reported to HRSA.
  - A client name will only be shared between OHA-funded providers serving that client. Access to client names by staff of the OHA will be limited to those few who have a job-related need (technical assistance, data management, system administration, and cross-reference with the HIV/AIDS Surveillance System).
  - Client-specific information from CAREWare will only be shared with an entity other than the State of Nevada and its subdivisions, HRSA, funded providers, or consultants specifically contracted for data analysis if a client has given his/her consent.
  - All clients of HIV services will be informed that this information is being collected by OHA in order to comply with federal law and to improve the HIV services system.
- 📖 See Policy 15-24 Data Security and Confidentiality for additional guidance.

# Getting Ready for CAREWare

## *USER REQUIREMENTS TO ACCESS CAREWARE*

In order to establish a new account to access Nevada CAREWare, you must complete the following steps:

- 1) Complete annual client privacy/HIPAA training.
- 2) Complete the CAREWare Roster Create/Change/Delete Form (Form 15-25)
- 3) Complete the CAREWare User Agreement Form (Form 15-20)
- 4) Submit the completed, signed forms to Office of HIV/AIDS

Once your user account has been established, you will be contacted by OHA with your user name and passwords. You will be given one user name and two temporary passwords – one for CAREWare and one for Remote Desktop Web Access (RD Web Access).

Following your initial set-up as a CAREWare user, you will be required to complete the following steps on an annual basis:

- 1) Complete the annual client privacy/HIPAA training.
- 2) Complete the CAREWare User Agreement Form (Form 15-20) which attests the reading of Policy 15-24: Data Security and Confidentiality.

User Deletion Requests through Form 15-25 are completed the day that they are received. Please email [CAREWareHelp@health.nv.gov](mailto:CAREWareHelp@health.nv.gov) when a staff member leaves your agency to ensure terminated access to CAREWare.

## *COMPUTER REQUIREMENTS TO RUN CAREWARE*

Your IT Staff will be able to verify whether your computer meets the following specifications:

- 1) Your computer must have the Microsoft XP, Vista, or Windows 7 operating system
- 2) Your computer must have Microsoft .NET Framework Version 2.0 or higher installed
- 3) Your computer must have Microsoft .NET Framework 2.0 Service Pack 2 or higher installed

To unlock your account, reset your password, or if you have any specific questions regarding Nevada's CAREWare application – contact the OHA CAREWare Helpdesk at [CAREWareHelp@health.nv.gov](mailto:CAREWareHelp@health.nv.gov).

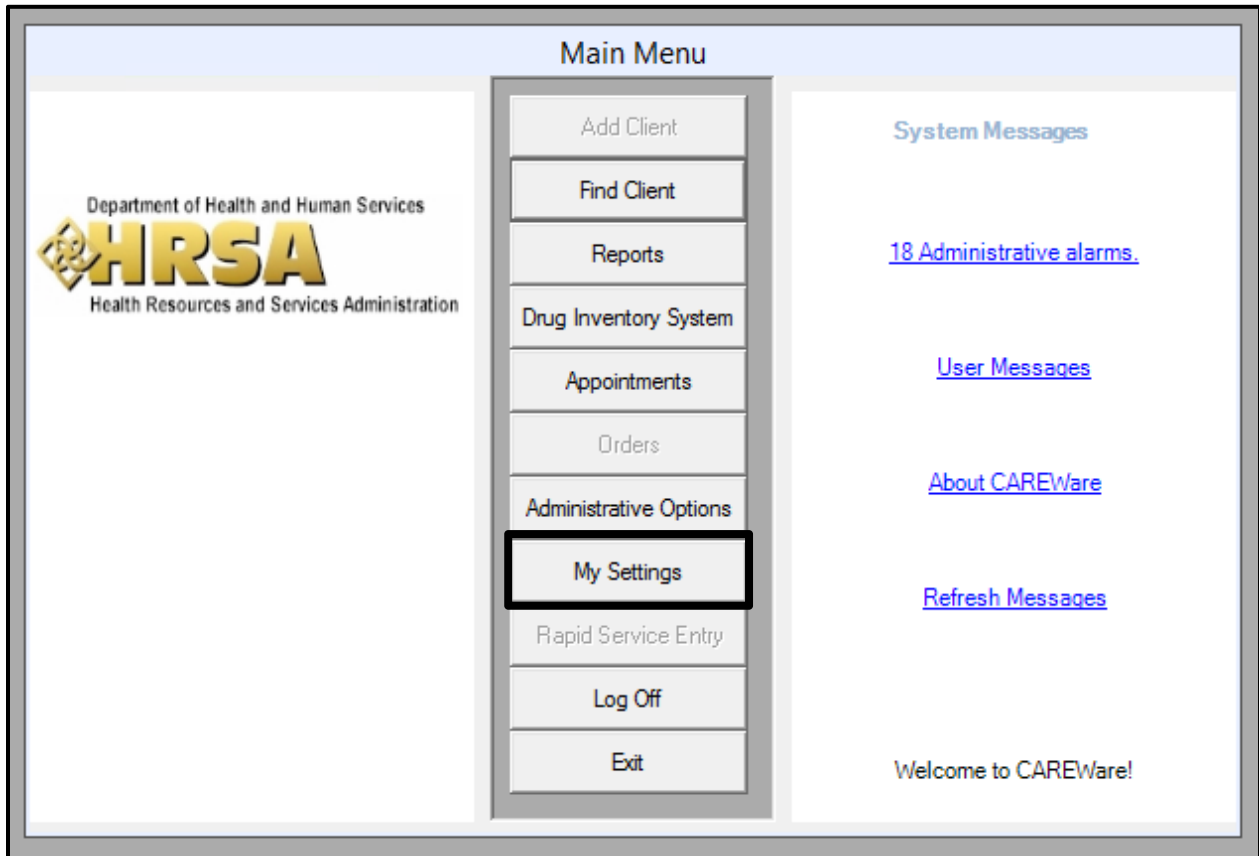
# General Tips

- Visit the **CAREWare online manual** website at <http://hab.hrsa.gov/manageyourgrant/careware.html> for more information. Enroll in the listserv to get regular updates and tips from other CAREWare users across the country and important updates from HRSA.

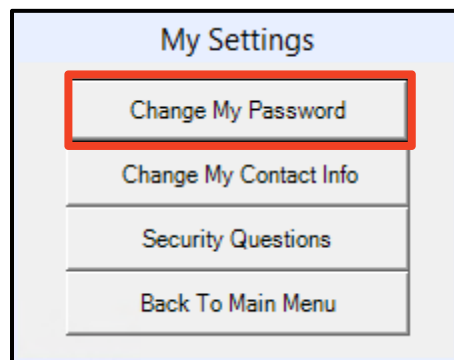
The screenshot shows the HRSA CAREWare website. At the top, it features the U.S. Department of Health and Human Services logo and the HRSA HIV/AIDS Programs logo. A navigation menu includes 'About', 'Deliver HIV/AIDS Care', 'Get Help', 'Manage Your Grant', 'Data', 'News & Publications', 'Global HIV/AIDS', and 'ACA'. The main content area is titled 'Ryan White CAREWare' and includes a 'What is CAREWare?' section, a 'Download Software' section with links for 'CAREWare Business Tier Build 845' and 'Full Setup files for new users', and a 'CAREWare is 15 Years Old!' announcement. A sidebar on the left lists various resources like 'Gantee Basics', 'HRSA Contacts', and 'Policies and Program Letters'. A right sidebar titled 'Additional Resources' contains links for 'CAREWare Help Desk', 'Frequently Asked Questions', 'Join or Leave the CAREWare Listserv', 'HAB Performance Measures', and 'Gantee-submitted Resources'.

- If you join the CAREWare Listserv create a rule in your Outlook to filter the messages so that you don't get stuck going through the emails that come through. [Click here for directions on how to create a rule within Outlook.](#)
- Be Patient.** CAREWare is accessed through a remote desktop and it takes time for messages and actions to be transmitted. Wait for the Communicating light bulb symbol in the bottom right hand corner to clear before clicking any other buttons.

🖱️ **Changing your password:** Changing your password is easy. When you first log in, click on **My Settings** on the main screen

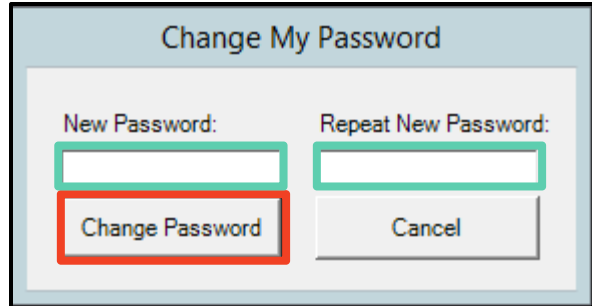


A second window will appear. In this window, click on **Change My Password**.

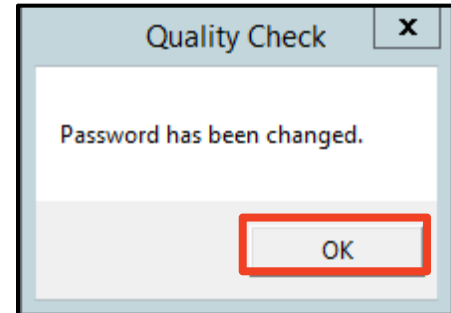




A third window will appear. Enter your **New Password**. Passwords are case sensitive. Enter your new password again in the **Repeat New Password** field. And then click **Change Password**.



If the password change is successful, you will see this window. Click **OK**.



### **Password Guidance**

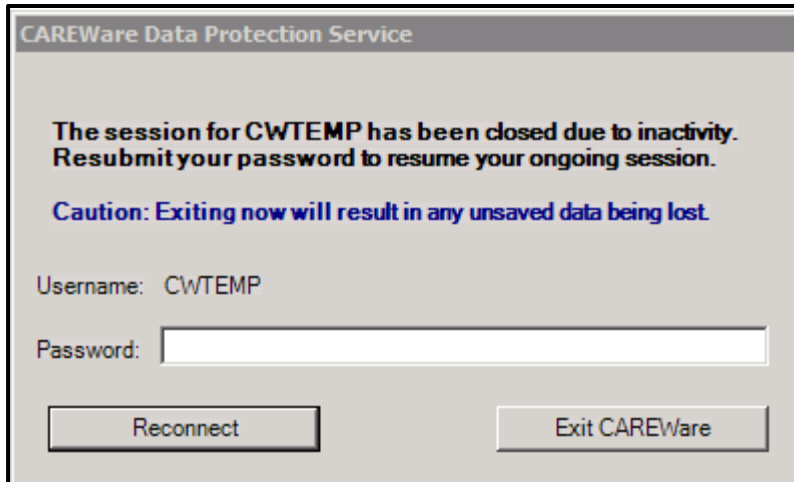
- 📖 Minimum password length is 8 characters.
- 📖 Passwords must contain at least one number and one special character (!, @, #, \$, %, ^, &, \*).
- 📖 Maximum time to keep a password is 120 days. You will receive a message when it is time to change your passwords.
- 📖 Passwords should only be written down if they are kept in a secure location, such as a locked office or locked drawer.
- 📖 Passwords must not be disclosed to anyone other than the user.
- 📖 Passwords must always be changed after the system administrator issues a temporary password.

### **Other Information**

- 📖 Idle user account timeout for CAREWare is 60 minutes.
- 📖 One connection is allowed per user.
- 📖 The account will be locked after five (5) consecutive, unsuccessful login attempts.

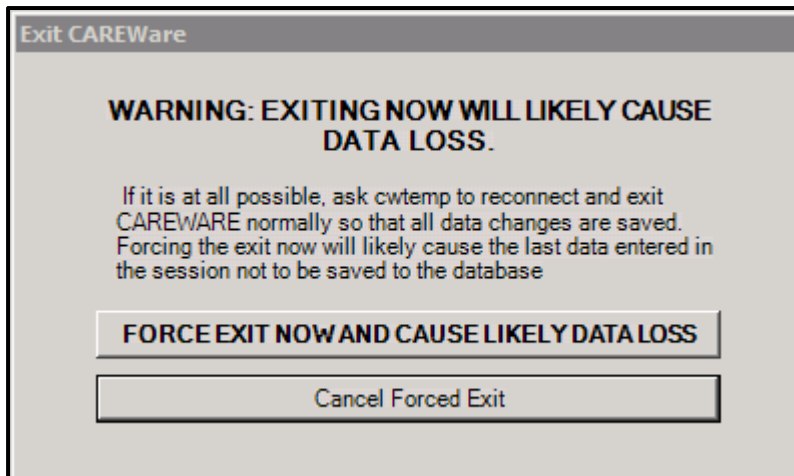
You have five attempts to enter your CAREWare username and password. If you enter your username and/or password incorrectly five times, the CAREWare Administrator at OHA will need to reissue a temporary password to you before you can attempt to log in again. If you are locked out, contact the OHA.

**CAREWare Timeout:** For security reasons, CAREWare will automatically time out after **60 minutes** of inactivity. If this happens, you will receive an error message and will have to log back in to continue.



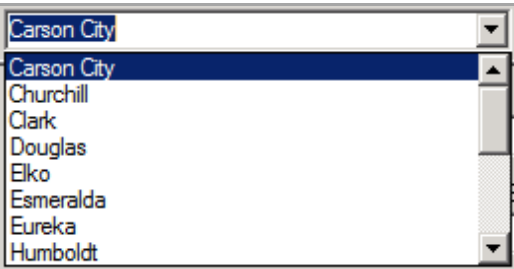
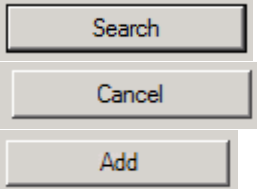


Re-entering your password and clicking Reconnect will take you back to the screen you were working on before your session became inactive.

If you click on Exit CAREWare, you will receive a warning that exiting now will likely cause data loss. If you are sure that you were not in the middle of something you need to save, you can go ahead and click Force Exit Now and Cause Likely Data Loss. Otherwise, click Cancel Forced Exit to return to the CAREWare Data Protection Service window where you'll be asked to re-enter your password in order to reconnect.



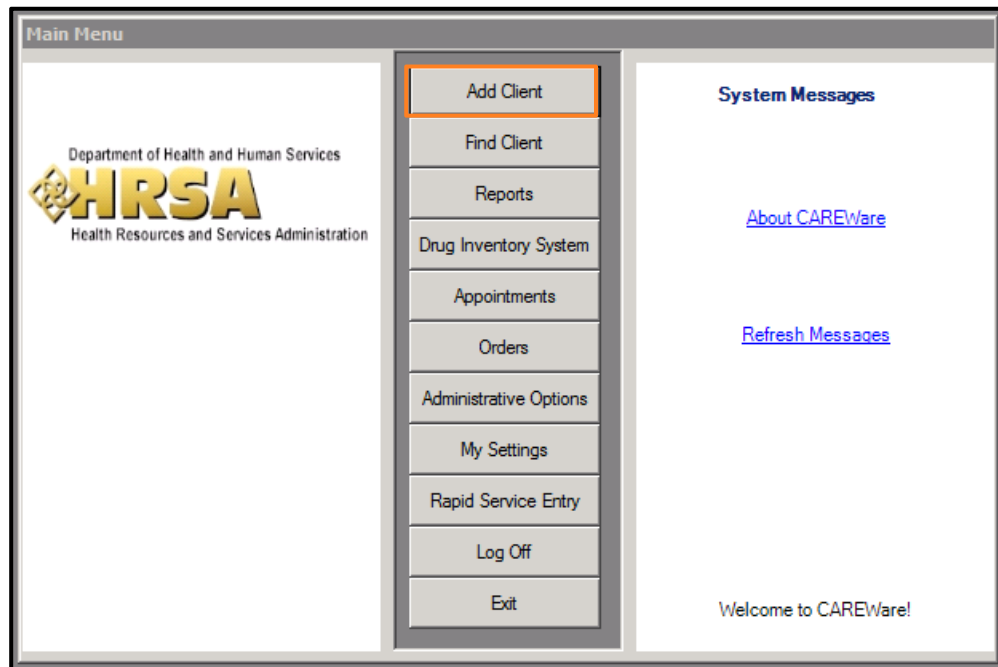
 **CAREWare Data Entry Features:** Common data entry features in CAREWare

Type	View	Description
Text Box		Allows a single line of text
Text Area		Allows for multiple lines of text
Check Boxes	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3	Allows for the selection of more than one option
Radio Buttons	<input type="radio"/> Yes <input type="radio"/> No	Allows for the selection of one option
Drop Box		Allows the selection of one option from a pull down menu
Buttons		Executes a CAREWare function

# Client Data Entry

## 1. ADDING A CLIENT INTO YOUR PROVIDER DOMAIN

1. Log in to CAREWare. On the main screen, click **Add Client**.



2. The **Add Client** window will appear. You must enter **Last Name**, **First Name**, **Gender**, and **BirthDate**. Do not click the check box next to Forms. When you are done entering the information, click **Add Client** at the bottom.

The 'Add Client' window is shown with the following fields and controls:

- Generated URN: [Text Field]
- Last Name: [Text Field]
- First Name: [Text Field]
- Middle Name: [Text Field]
- Gender: [Dropdown Menu]
- BirthDate: [Text Field]
- Estimated?
- Forms
- Add Client** (button, highlighted with a red border)
- Cancel (button)

3. There are three possible outcomes that will happen after you click **Add Client**.

- a) If there are *no potential matches*, you will be taken to the client's Demographics screen. (See the [Adding Demographic Information](#) subsection for more information).
- b) If there is an *exact match*, the Possible Duplicate Client List window will appear.
- c) If there is are *similar matches*, an Add New Client Confirmation Window will appear.

If you add a new client and are taken directly to the Demographic Information screen and you are not an Eligibility and Enrollment Provider, please consult [Appendix V; New CAREWare Client Immediate Referral \(link\)](#)

**3b)** Exact Matches will open the **Possible Duplicate Client List** window. Click **View more information about the selected client** to view the client's record. It might

be possible that the client is not a true match, so it is necessary to review all of the identifying information.

After reviewing, choose the appropriate option at the bottom of the window.

Last Name:	First Name:	Unique ID:
Cook	John	JHCO0102...

[View more information about the selected client.](#)

[Cancel the add client process.](#)

URN Fields:

First Name: John Middle Name: James Last Name: Cook

Date of Birth: 1/2/1983 Gender: Male Unique ID: JHCO0102831U

Address Fields:

Address: 4150 Technology Way Ste 200 City: Carson City

State: Nevada County: Carson City Zip Code: 89706 Phone Number: 7756844025

Ethnicity:

Hispanic  Non-Hispanic  Unknown

Race

White  American Indian or Alaska Native  Other

Black or African American  Native Hawaiian or Other Pacific Islander  Unknown

Asian

[Return to the list of possible matches to view another client.](#)

[This is the client I was attempting to add. Continue to client screen.](#)

[The client I am adding is not on the list. Create a new client record.](#)

**3c) Similar Matches will open in the Add New Client Confirmation window.**

Score	Name	Gender	Birth Date	Unique ID
95	Cook, John...	Male	01/02/1983	JHCO0102...

In the **Score** column, you will see how likely the match is; the higher the score, the more likely a match the client is. You can select any client from this list and **click F2-Go To Client Screen** to view the client and see if it is a match to the one you are searching for.

Cook, John

[Appointments](#) | [Orders](#) | [Forms](#) | [ChangeLog](#) | [Client Report](#) | [Duplicate Client](#) | [Delete Client](#) | [Find List](#) | [New Search](#) | [Close](#)

[Demographics](#) | [Drug Services](#) | [Service](#) | [Annual Review](#) | [Encounters](#) | [Referrals](#) | [HIV C&T](#) | [Pregnancy](#) | [Relations](#) | [Eligibility and Enrollment Fields](#) | [Custom Tab](#)

First Name: John Middle Name: Last Name: Cook Gender: Transgender MtF Date of Birth: 1/2/1983 Sex at Birth: Male Client ID: COOJO010283 Ramsell Member ID: COOJO010283	Unique ID: JHCO0102834U Encrypted URN: jbnLDRZTh Encrypted UCI: 122ADADD4E7F4F5919C9B12CDA29D2778667ECD6U	Enrollment Status: Active Enrollment Date: 6/5/2015 Eligibility Status: Ryan White Eligible Vital Status: Alive Case Closed Date: HIV Status: HIV-positive (not AIDS) HIV+ Date: 1/1/2000 AIDS Date: HIV Risk Factors:
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[Common Notes](#) | [Provider Notes](#) | [User Messages](#) | [Case Notes](#)

**\*\*TEST CLIENT\*\***  
 5/4/17 - Office of HIV/AIDS : Test Note

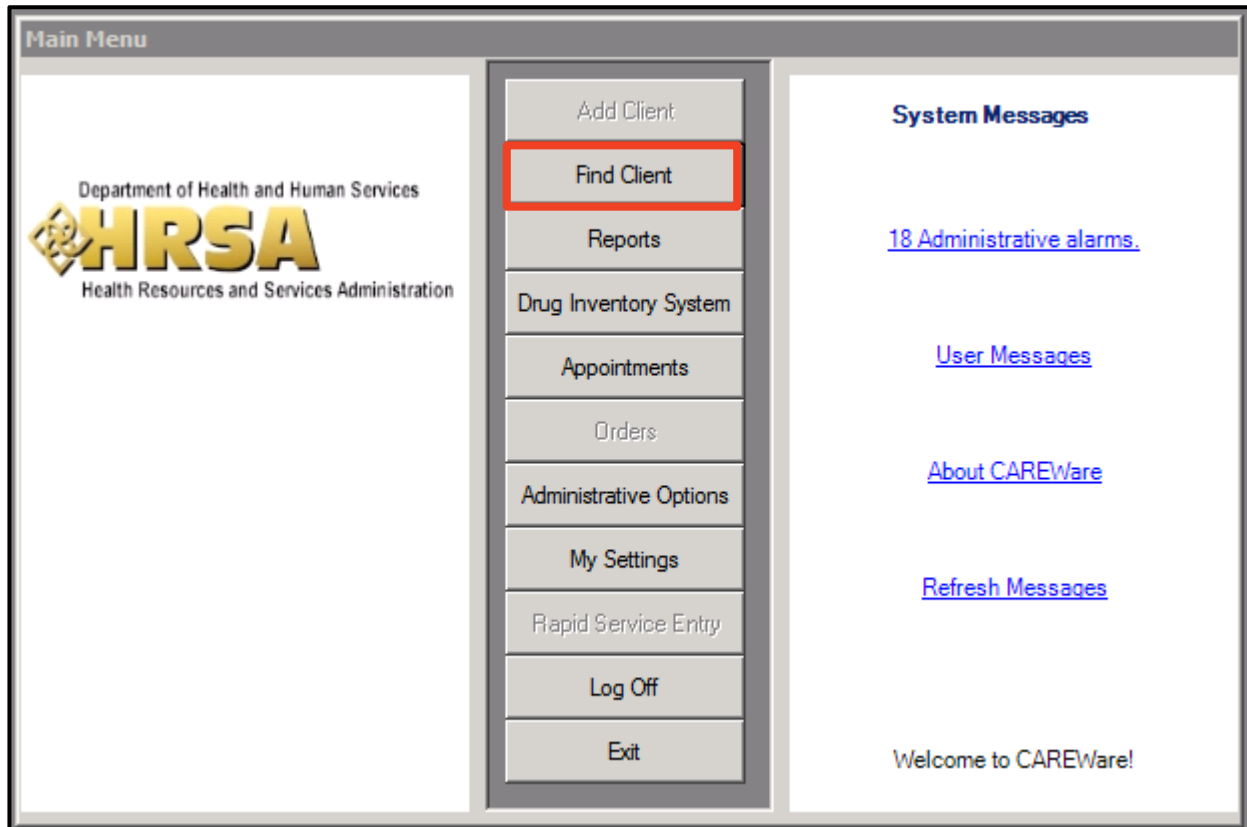
Race(s): White, Black or African American, American Indian or Alaska Native  
 Ethnicity: Hispanic  
 Hispanic Subgroup: Mexican, Mexican American, Chicar

If upon review, the client is a match: click **Close**, in the top right hand corner of the client screen. Then **Esc-Cancel** in the **Add New Client Confirmation** window. Then use the Find Client process to look up the existing client and edit the record.

If upon review, the client is not a match to any client already in CAREWare, click **Close** in the upper right hand corner of the client screen. Click **Add Client** at the bottom of the **Add Client** window. Click **F1-Add New Client** in the **Add New Client Confirmation** window.

## 2. FINDING A CLIENT IN CAREWARE

For all other service providers who are not authorized to add a new client into CAREWare log in to CAREWare. On the main screen, click **Find Client**.



The **Find Client** dialogue box will appear. There are multiple ways to search for a client. You can search by a full or partial **Last Name** or **First Name**. CAREWare will search for names that sound like the name you entered. You can search by the **Client ID**, **Unique ID**, **Client UCI**, or the **Ramsell Member ID**.

- ☞ The **Client ID** is defined as your agency's specific way of identifying a client – some agencies might use a chronological numeric scheme (1, 2, 3, 4...), some might use a second health record database number to assist in linkage (i.e. eClinicalWorks number, Sales Force number), and some might use a combination of letters and numbers based off of name and date of birth.
- ☞ The **Unique ID** is defined as the **1<sup>st</sup> and 3<sup>rd</sup> letter of the first name, 1<sup>st</sup> and 3<sup>rd</sup> letter of the last name, the birth day, a gender code, and a uniqueness variable**.
  - **John Cook**, DOB: **01/02/1983**, Male (**JHCO0102831U**)
  - If two clients have the same base URN, the system will ask you to assign a letter other than "U" to the end of the URN for both the new client and the existing matching client. So, for example, one client's URN would become **JHCO0102831A** and **JHCO0102831B** (for **Johan Cione**, DOB: **01/02/1983**, **Male**)



- P The **Client UCI** is also known as the Encrypted UCI that is required for the RSR data report. Since the RSR is a report on client level data, the way to submit this information without actual client identifiers is to have a unique encrypted ID number. The eUCI/UCI for the above example is C05BC2E2FE0D0113800E75783EB95956784F4DB5U.
- P The **Ramsell Member ID** is the membership ID number that pharmacies use to process benefits.
- P If you need any other search box – please contact [CAREWareHelp@health.nv.gov](mailto:CAREWareHelp@health.nv.gov) for the request to add that.

If there are too many matches (> 1,000) a window will appear asking you to enter more information. If you are not able to narrow down which client you are looking for, contact the referring agency, eligibility provider, or the Nevada RWPB Program to obtain more identifying information.

### 3. ADDING DEMOGRAPHIC INFORMATION

Most fields in the **Demographics** screen are required for the Eligibility & Enrollment Provider to fill out. If you are entering a client for the first time, make sure all fields are complete. The **Demographics** screen looks like this:

1. **Name** – Only enter the client’s legal name, i.e. the name that is on their driver’s license or other legal ID card. Many people use an alias or prefer to be addressed using a nickname/chosen name, and this can be noted in the common notes section. See the Data Field Standards section for [Last](#), [First](#), and [Middle](#) Name guidance. Read Policy Guidance 15-23 for more information on Hispanic Surnames.

2. **Date of Birth** – enter the client’s legal Date of Birth. If it is estimated, check the box next to **Est?** [See the Data Field Standards section for Birth Date guidance.](#)

3. **Gender** – Select the most appropriate response from the drop down menu. Ask the client how they currently identify. This may or may not correspond with the gender on their ID or the sex on their birth certificate/medical records. [See the Data Field Standards section for Gender guidance.](#)

4. **Sex at Birth** – This is the sex that the client was assigned to at birth, for example, the sex that is on the client’s birth certificate. This may or may not be the same as the client’s gender. This field, in conjunction with the gender field, is the best method for identifying transgender clients. If a client receives a legal birth certificate change in their gender demarcation, then field can be changed, if a client’s current sex demarcation is changed on their identification but not changed on their birth certificate then the Sex at Birth remains the same.

5. **Client ID** - This is an Agency Specific field. Each provider might number or index the client by a different unique identifier. The entry in this field will only been seen and searchable by your agency. It ought to be consistent.

6. **Ramsell Benefits ID** – this is the client’s benefits ID number that pharmacies use to process ADAP medication benefits.

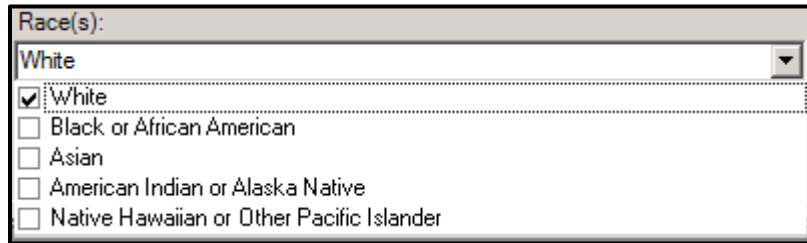
7. **Address** – The client’s current **physical** address must be entered. If the client is homeless; type Homeless in the Street Address field, enter the city, the zip code and the county where the client resides most of the time. You will be able to indicate the client is homeless in the Annual Review tab. The county field is used in several reports, so please be sure to enter this. **Ask the client if it is alright to mail**

**them at this address.** If you click “Include on label report” then the client’s physical address will be copied into the Mailing Address tab. If the client has a different mailing address that is not their physical address please indicate that in the second tab labeled “Mailing Address” section. [See the Data Field Standards section for Address guidance.](#)

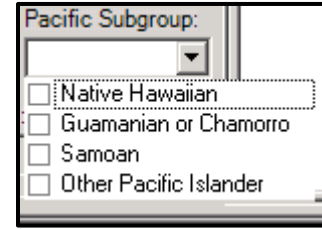
8. **Phone Number** – Enter the phone number where you are most likely to reach the client. If the client does not have a phone number, leave this field blank. The phone number is to be entered as such: xxx-xxx-xxxx.

Alternate phone numbers are to be entered into this second tab as well.

9. **Race** – Use the drop down to enter the client’s race. Multiple race categories can be checked. At least one option must be chosen. [See the Data Fields Standards section for Race, Ethnicity, and Subgroup guidance.](#)

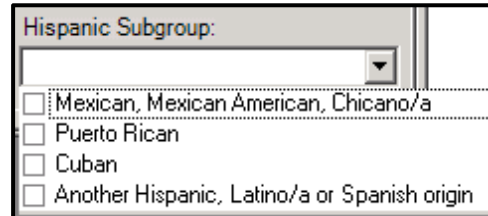
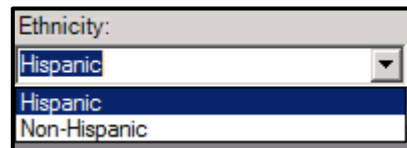


If you select *Asian* and/or *Native Hawaiian or Other Pacific Islander*, you will be prompted to fill a National Origin subgroup. [See the Data Fields Standards section for Race, Ethnicity, and Subgroup guidance.](#)

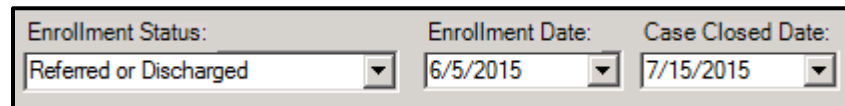


10. **Ethnicity** – Use this drop down to select the client’s ethnicity.

If you select Hispanic, you will be prompted to select a Hispanic National Origin subgroup. [See the Data Fields Standards section for Race, Ethnicity, and Subgroup guidance.](#)



11. **Enrollment Status** – The default for Enrollment Status is “Active.” This means that



the client is currently receiving services at your agency. If your client relocates or is no longer receiving services at your agency, change the enrollment status accordingly. The enrollment status is specific to each agency, so this will not change the enrollment status at another agency. [See the Data Fields Standards section for Enrollment Status guidance.](#)

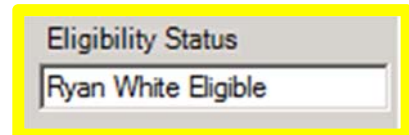
12. **Enrollment Date** – The Enrollment Date is the date the client first started receiving services at your agency. The enrollment date is specific to your agency, and if you change it, it does not change

the enrollment date at another agency. The enrollment date cannot be after the first date of service at your agency.

- ☞ The Enrollment Date must be earlier than or equal to the first service you enter on the Service tab. If you do not enter an Enrollment Date, it will automatically be set to the date of the first service you enter for the client.

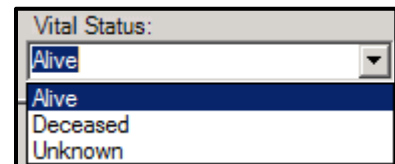
13. **Case Close Date** – If the Enrollment Status is not “Active,” you will need to enter a Case Closed Date.

14. **Eligibility Status** – This is a field has errors in the background coding of it. Please ignore this field and its contents. To check the true Eligibility Status of a client – please review the Start and End dates on the Eligibility & Enrollment Fields Tab.



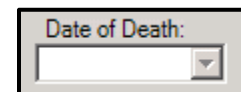
A screenshot of a dropdown menu titled "Eligibility Status". The menu is open, showing a single option: "Ryan White Eligible".

15. **Vital Status** – The default value for the Vital Status is *Alive*. If *Alive* is not correct, choose the appropriate option from the drop down menu.



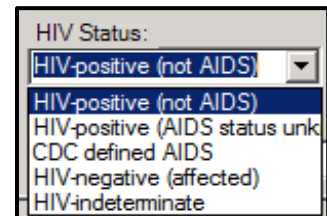
A screenshot of a dropdown menu titled "Vital Status:". The menu is open, showing three options: "Alive", "Deceased", and "Unknown".

16. **Date of Death** – If “Deceased” is the Vital Status, you must enter a Date of Death.



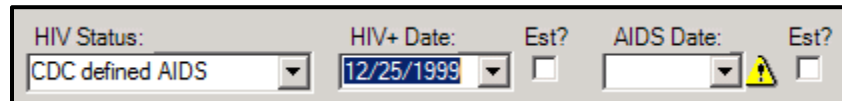
A screenshot of a dropdown menu titled "Date of Death:". The menu is open, showing a blank input field.

17. **HIV Status** – Choose the best option from the drop down menu. HIV Status is a required field and must be entered. [See the Data Fields Standards section for HIV Status guidance.](#)



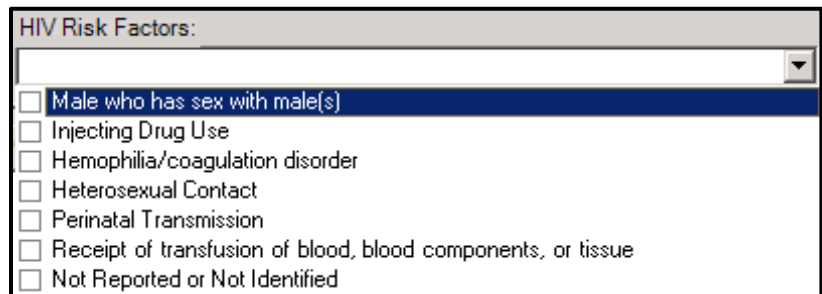
A screenshot of a dropdown menu titled "HIV Status:". The menu is open, showing five options: "HIV-positive (not AIDS)", "HIV-positive (not AIDS)", "HIV-positive (AIDS status unk)", "CDC defined AIDS", "HIV-negative (affected)", and "HIV-indeterminate".

18. **HIV+ Date and AIDS Date** – Your selection of HIV status will trigger red alert flags for HIV+ Date for HIV positive clients, and AIDS Date for CDC-defined AIDS clients. Enter a date if known; if it’s a rough guess, enter a date and click the Est? (Estimated) box.



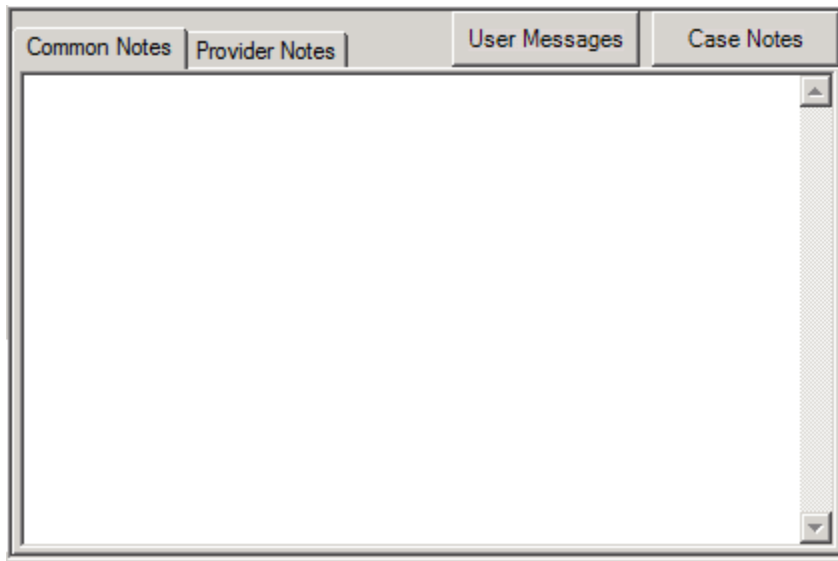
A screenshot of a form section containing three fields: "HIV Status:" with a dropdown menu showing "CDC defined AIDS", "HIV+ Date:" with a date field containing "12/25/1999", and "AIDS Date:" with a date field and a yellow warning triangle icon. There are also "Est?" checkboxes next to each date field.

19. **HIV Risk Factor** – Select the HIV risk factor(s) reported by the client. Choose all that apply. [See the Data Field Standards section for HIV Risk Factor guidance.](#)



A screenshot of a dropdown menu titled "HIV Risk Factors:". The menu is open, showing a list of risk factors with checkboxes: "Male who has sex with male(s)", "Injecting Drug Use", "Hemophilia/coagulation disorder", "Heterosexual Contact", "Perinatal Transmission", "Receipt of transfusion of blood, blood components, or tissue", and "Not Reported or Not Identified".

## 4. ADDING NOTES



**Common Notes** are for general comments for all system users, usually as flags for client interactions. **Only include information that all providers need to know.** When entering a new common note, begin the note with the date, the name of your agency, and your first and last initials

*Example:*

*5/21/2015 Silver Support Services – TKT: Do not leave voicemail messages*

*Do not call before 1:00 pm, works night shift*

*Remind client to check in with case manager*

If a client has a **different physical home address** that is not their mailing address, please put that information in the first lines and keep that information in the first lines of the Common Notes.

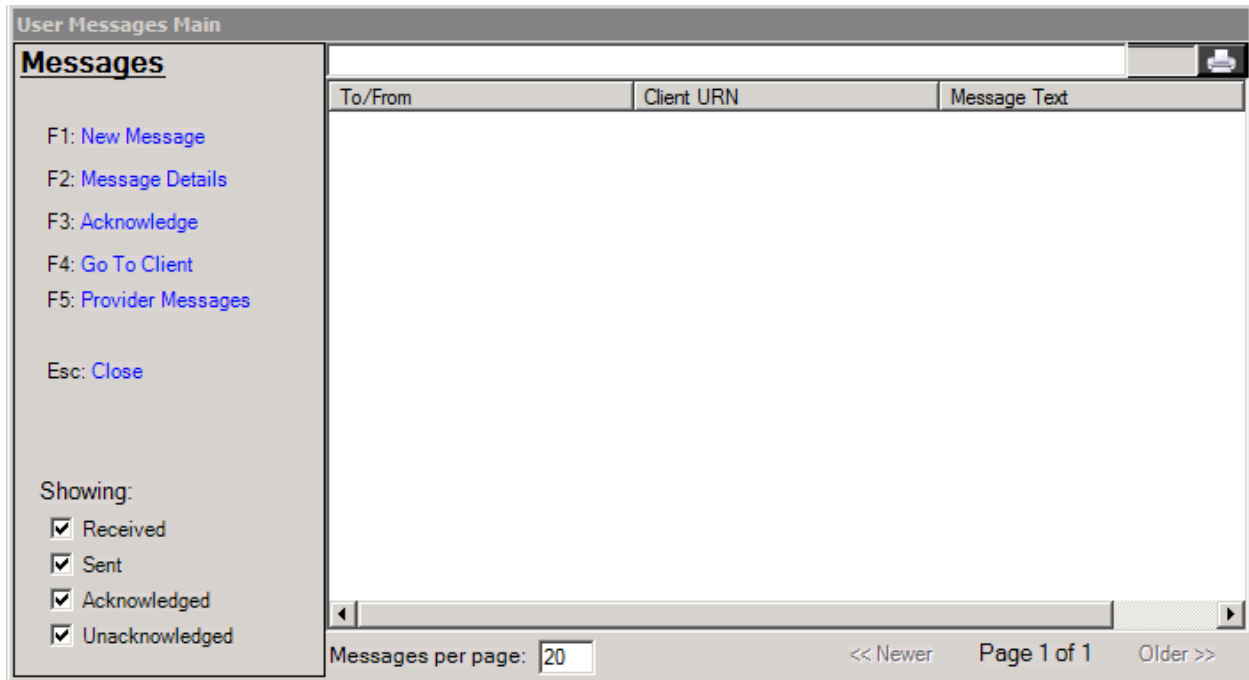
Do **not** include the client’s eligibility dates in the Common Notes Section.

**Provider Notes** function similarly but are specific to the provider, so they might include “Client does not want a referral to XYZ Agency” or other information a medical provider would not share with a social services provider, “Client is in treatment with Dr. Suarez for bipolar disorder.” These notes can only be viewed and entered by CAREWare users within your provider domain. Each agency can establish its own protocol for the formatting and use of Provider Notes.

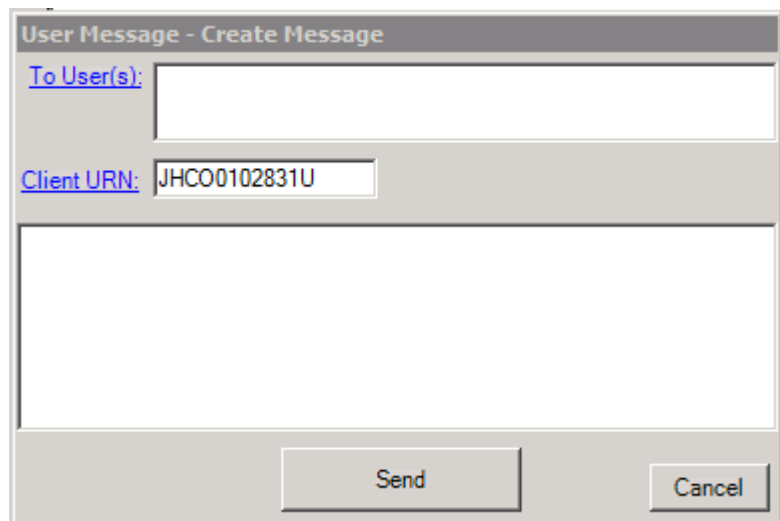
 Please enter notes in a chronological order with the most recent on top.



## User Messages

**User Messages** allow users to send each other messages about this client, including messages from the Central Admin user to all users. These messages are flagged on the CAREWare “home page.” These messages are directly tied to the client, so general messages cannot be sent and messages to a group cannot be sent.



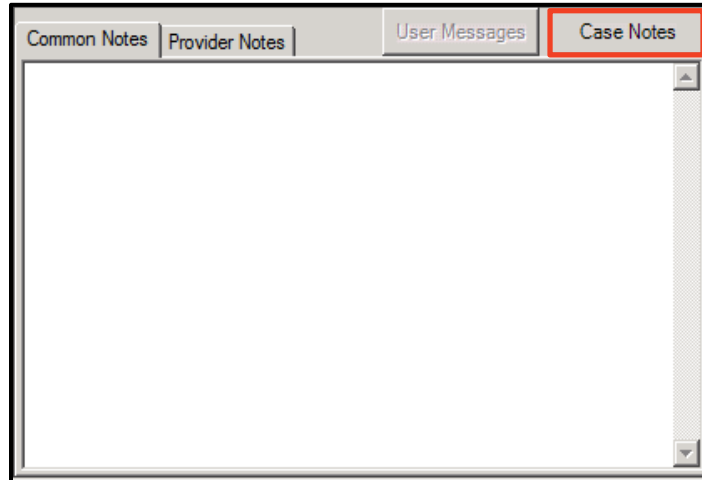
Click on **New Message** to create a new message and then click on To User(s) to find the specific user at a specific agency that you would like to communicate with. Remember that if you are communicating pertaining to a referral – that must only be done in the Referrals tab. Communications through here are to be information that you want a specific person to know about this client.



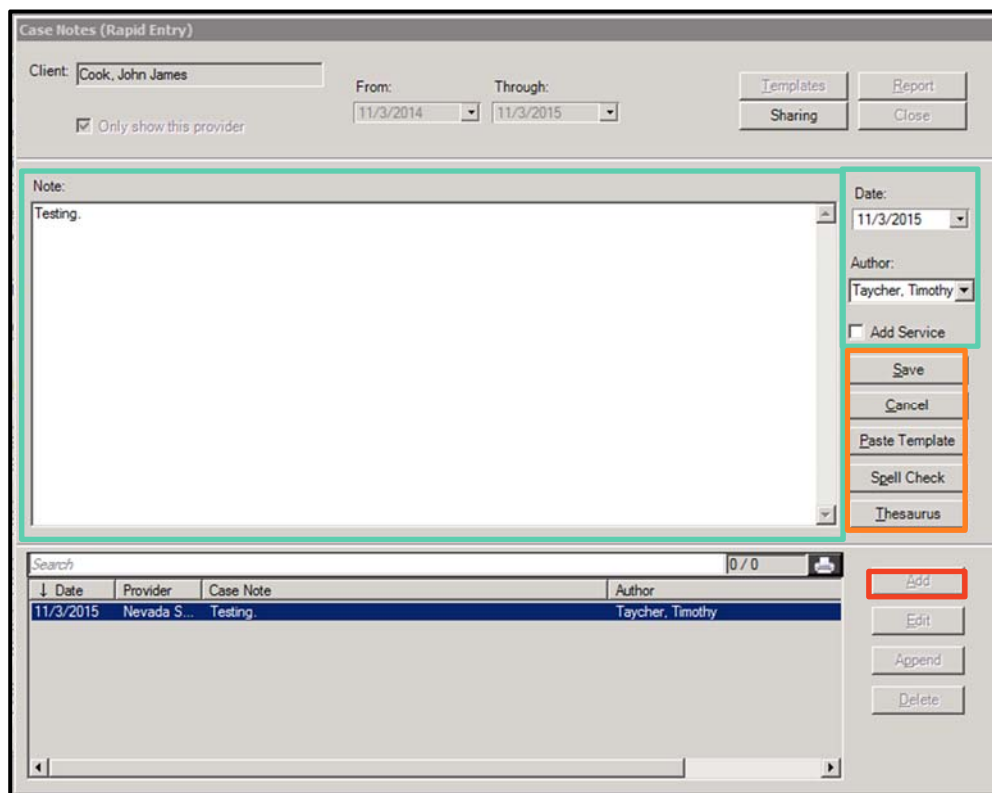
-  Do not send any state OHA staff user messages through CAREWare. Use the [CAREWareHelp@health.nv.gov](mailto:CAREWareHelp@health.nv.gov) email address to ask that state staff call and troubleshoot any client specific question but do not email any client information to the email address, just ask for a call back.
-  Tip: copy and paste the client URN into the message body; we have noticed that there is a glitch within CAREWare that sometimes causes the Client URN field to be deleted upon sending a message.

## Case Notes

Case notes can only be seen by each user within your domain but can be shared with another provider on a case-by-case basis. To enter a case note from the Demographics page, click **Case Notes**



Click **Add**, Enter the **Date**, select a Case Note **Author**, and then enter the text of the **Case Note**.



Click **Spell Check** and use the **Thesaurus** if necessary, then click **Save**.



## Case Notes Functions

Case Notes (Rapid Entry)

Client:  From:  Through:

Only show this provider

Note:

Date:

Author:

Add Service

Search  0 / 0

↓ Date	Provider	Case Note	Author
11/3/2015	Nevada S...	Testing.	Taycher, Timothy

Within the Case Notes window, there is now the benefit of having a larger area to type in, a **Spell Check** option, a **Thesaurus** option, and the ability to go back and **Append** previously entered notes. To delete a Case Note – please email [CAREWareHelp@health.nv.gov](mailto:CAREWareHelp@health.nv.gov). If any provider has a standard template/wording that is used as the baseline for a more individualized case note – please email that wording to [CAREWareHelp@health.nv.gov](mailto:CAREWareHelp@health.nv.gov) stating that you would like to add a **Case Note Template**.

## 5. ADDING CARE SERVICES

To enter information about the services a client has received, click on the **Services** tab at the top of the Client Record. The following screen will appear:

Cook, John James

Appointments   Orders   Forms   ChangeLog   Client Report   Merge Client   Delete Client   Find List   New Search   Close

Demographics   Drug Services   **Service**   Annual Review   Encounters   Referrals   HIV C&T   Relations   Eligibility and Enrollment Fields   Custom Tab 2   Custom Tz

[New Service](#)   [Edit Service](#)   [Delete Service](#)   [Sharing Options](#)   [Preview Services](#)

Search 15 / 15

Date	Subservice	Contract	Units	Price	Total	Amount Re...	DomainNa...	Service Pr...	Start Time	End Time	Er
04/08/2016	H STRMU ...	HOPWA	0	\$1.00	\$0.00	\$300.00	HOPES		12:00 AM	12:00 AM	Li
03/31/2016	Utility Assis...	Other Fund...	1	\$0.00	\$0.00	\$0.00	Nevada St...		12:00 AM	12:00 AM	M
03/30/2016	Utility Assis...	RWPB Fun...	1	\$65.00	\$65.00	\$0.00	Nevada St...		12:00 AM	12:00 AM	D
01/29/2016	MCM Asse...	Medical Ca...	4	\$0.00	\$0.00	\$0.00	Southern N...		12:00 AM	12:00 AM	Bi
01/29/2016	Individual ...	Psychosoci...	4	\$0.00	\$0.00	\$0.00	Community ...		12:00 AM	12:00 AM	Er
01/26/2016	Bus Pass 10	Medical Tr...	1	\$0.00	\$0.00	\$0.00	HOPES		12:00 AM	12:00 AM	C
01/26/2016	Fuel Voucher	Medical Tr...	1	\$5.00	\$5.00	\$0.00	HOPES		12:00 AM	12:00 AM	Jc
01/11/2016	Group Cou...	Psychosoci...	4	\$0.00	\$0.00	\$0.00	Community ...		12:00 AM	12:00 AM	Er
12/08/2015	Health and...	Outreach S...	1	\$0.00	\$0.00	\$0.00	Horizon Ri...		12:00 AM	12:00 AM	M
12/07/2015	Information...	HD15047	1	\$0.00	\$0.00	\$0.00	CARE Coal...		12:00 AM	12:00 AM	Vi
12/04/2015	Group Gen...	The Center...	1	\$0.00	\$0.00	\$0.00	The Gay a...		12:00 AM	12:00 AM	T
12/01/2015	OAMC Clie...	Outpatient/...	1	\$0.00	\$0.00	\$0.00	Access to ...		12:00 AM	12:00 AM	
09/01/2015	ARTAS - Fi...	Early Interv...	1	\$0.00	\$0.00	\$0.00	Southern N...		12:00 AM	12:00 AM	
08/27/2015	Group Med...	Health Edu...	1	\$0.00	\$0.00	\$0.00	ACCEPT		12:00 AM	12:00 AM	As
03/02/2015	Health and...	Outreach S...	1	\$0.00	\$0.00	\$0.00	Community ...		12:00 AM	12:00 AM	

Results per page:    << Prev   Page 1 of 1   Next >>

2. Click on **New Service** at the top of the window and the service window will pop up.

Date:    Service Name:    Contract:    Units:    Price:    Cost:

3. Ensure that the **Date** that is selected is the date of service, not the entry date. In the **Service Name** box select the name of the service that was delivered. There are full definitions and explanations of the Service Names in the Standards of Care for the Office of HIV/AIDS funded service categories.

4. The **Service Name**, **Contract**, **Unit**, **Price**, and **Cost** are specific to each provider and are setup by the State RWPB Program Office. If you notice that something does not look right with these fields, please contact OHA.

5. The default for the **Unit** is 1. If your service is being evaluated in hours, 1 unit is 15 minutes; if your service is being evaluated in sessions, 1 unit is 1 session; if your service is being evaluated in subsidies, the unit is 1 with the amount of the subsidy entered in the price box, 1 unit is equal to 1 month insurance.

6. The **Price** and **Costs** are default to \$0.00. Per unit costs have not yet been calculated by the OHA. Price/Cost for subsidies (housing, rent, insurance) are required to be entered.

5. Once you select a service name, additional fields will appear. Notice that there is an **Employee Name** field. Use the Employee Name dropdown field to select the name of the employee who provided the service and type in any **Service Notes** relating to the delivery of the service. Once you have completed all of the fields, click **Save** in the bottom of the right hand corner. Clicking **Print** will print this individual service.

Date:	Service Name:	Contract:	Units	Price:	Cost:
12/1/2015	OAMC Client Coordination	Outpatient/Ambulatory Medical C	1	\$0.00	\$0.00

Employee Name  
Timothy Taycher

Service Notes  
Advised client of appointment with HIV Specialist.

Amount Received Save Cancel Print

After you click **Save**, you will be taken out to the main Service Screen.

🔗 If you made a mistake entering the service, highlight the service you would like to edit and then click **Edit Service**. If you need to delete the service, contact OHA.

🔗 Click **Preview Services** then **Create Report** to create a report of the services for this client.

Client Services Report

Close

Check the individual items that you wish to appear on the report.

↓ Date	Subservice	Contract	Units	Price	Total	Amount Re...	DomainNa...	Service Pr...	Start Time	End Time
<input checked="" type="checkbox"/> 04/08/...	H STRMU ...	HOPWA	0	\$1.00	\$0.00	\$300.00	HOPES		12:00 AM	12:00 AM
<input checked="" type="checkbox"/> 03/31/...	Utility Assis...	Other Fund...	1	\$0.00	\$0.00	\$0.00	Nevada St...		12:00 AM	12:00 AM
<input checked="" type="checkbox"/> 03/30/...	Utility Assis...	RWPB Fun...	1	\$65.00	\$65.00	\$0.00	Nevada St...		12:00 AM	12:00 AM
<input checked="" type="checkbox"/> 01/29/...	MCM Asse...	Medical Ca...	4	\$0.00	\$0.00	\$0.00	Southern N...		12:00 AM	12:00 AM
<input checked="" type="checkbox"/> 01/29/...	Individual ...	Psychosoci...	4	\$0.00	\$0.00	\$0.00	Community ...		12:00 AM	12:00 AM
<input checked="" type="checkbox"/> 01/26/...	Bus Pass 10	Medical Tr...	1	\$0.00	\$0.00	\$0.00	HOPES		12:00 AM	12:00 AM
<input checked="" type="checkbox"/> 01/26/...	Fuel Voucher	Medical Tr...	1	\$5.00	\$5.00	\$0.00	HOPES		12:00 AM	12:00 AM
<input checked="" type="checkbox"/> 01/11/...	Group Cou...	Psychosoci...	4	\$0.00	\$0.00	\$0.00	Community ...		12:00 AM	12:00 AM
<input checked="" type="checkbox"/> 12/08/...	Health and...	Outreach S...	1	\$0.00	\$0.00	\$0.00	Horizon Ri...		12:00 AM	12:00 AM
<input checked="" type="checkbox"/> 12/07/...	Information...	HD15047	1	\$0.00	\$0.00	\$0.00	CARE Coal...		12:00 AM	12:00 AM
<input checked="" type="checkbox"/> 12/04/...	Group Gen...	The Center...	1	\$0.00	\$0.00	\$0.00	The Gay a...		12:00 AM	12:00 AM
<input checked="" type="checkbox"/> 12/01/...	OAMC Clie...	Outpatient/...	1	\$0.00	\$0.00	\$0.00	Access to ...		12:00 AM	12:00 AM

Include Amount Received Detail

Check All    Uncheck All    Create Report

- ℞ Information about services that a client received in a given month must be entered by the 10<sup>th</sup> of the following month. If the 10<sup>th</sup> falls on a Saturday, Sunday, or Holiday then the data must be entered by close of business on the next work day.
- ℞ Services are automatically listed in descending order of service date. Click on the header of the Date column to view the services in ascending order of service date. Note that this setting will not be maintained.
- ℞ Once a client has received many services, it will not be possible to view all services received at one time. To narrow down the service information you are viewing, type in a full or partial Service Name in the Search field right above the list of services (e.g., 'medical case management' or 'bus') to include only those services. You can also search according to funding source by typing in the name of the Contract
- ℞ For a full list of all of the subservices in CAREWare for OHA Part B review [Appendix II](#).
- ℞ Some Service Units and Providers have elected to have more service detail options

## 6. ANNUAL REVIEW INFORMATION

Note: Only Eligibility & Enrollment Providers will have access to edit this screen. While the term is “Annual Review” it is a misnomer, this is the information that must be updated on a biannual basis.

When you click on the **Annual Review** tab, you will see 4 sub-tabs: **Annual**, **Annual RSR View**, **Annual Custom Fields**, and **Quarterly**. Eligibility information is entered in these tabs, and **only the agency that provided the eligibility appointment needs to enter this information**. But also, remember that Annual Review fields, like most demographic fields, are common or cross-provider. Values changed by one provider will be viewed—and can also be edited—by another provider only if that provider is allowed eligibility provisions via their subgrant.

The screenshot displays the Annual Review Information screen for a client named Cook, John James. The interface includes a navigation bar with tabs for Appointments, Orders, Forms, ChangeLog, Client Report, Merge Client, Delete Client, Find List, New Search, and Close. Below this, there are sub-tabs for Demographics, Drug Services, Service, Annual Review, Encounters, Referrals, HIV C&T, Relations, Eligibility and Enrollment Fields, Custom Tab 2, and Custom T. The main content area is divided into several sections:

- Summary Data as of:** 4/17/2016, Bring Forward button.
- Insurance:** 12/28/2015. Primary Insurance: No Insurance. Other Insurance: (empty).
- Federal Poverty Level:** 8/20/2015. Household Income: \$46,000. Household Size: 1. Poverty Level: 391%.
- Annual Screening:**
  - HIV Primary Care: 8/20/2015. Publicly-funded clinic or health dept.
  - Housing Arrangement: 8/20/2015. Stable/Permanent.
  - HIV Risk Reduction Counseling: (empty).
  - Mental Health: (empty).
  - Substance Abuse: (empty).
- Insurance Table:** A table with columns for Date, Primary Insurance, and Other Insurance. The table contains the following data:

Date	Primary Insurance	Other Insurance
12/28/2015	No Insurance	
9/29/2015	Medicare Part A/B	Medicare Part D, Other (Hum
9/2/2015	Medicare Part A/B	
9/1/2015	Medicare Part A/B	Medicare Part D
3/1/2013	Medicare Part A/B	

1. The **Annual** tab is where you will enter all information at the annual and 6-month eligibility re-certification appointments.
2. The **Annual RSR** shows which values will be used in an RSR report for a given year. This information is pulled from the **Annual** tab and no information is entered in the **Annual RSR View**.
3. The **Annual Custom Fields** contain specific information on the other non-RWPB entitlement programs.
4. The **Quarterly** tab is outdated and is no longer used. Do NOT enter information in this tab.

## ***Annual Tab***

To enter data for each field in the **Annual** tab, hover your mouse towards the right side of the field and a box with a **plus** sign. Click on this to open a second **data entry screen** for the specific category.

- ⌘ Eligibility information is saved for each calendar year. Eligibility information DOES NOT roll over automatically, so at the next eligibility or re-certification appointment, all information must be updated in the Annual Review tab.

## Insurance

**All Eligibility and Enrollment Specialists:** From the Primary Insurance drop down, choose the appropriate insurance type. There are several options, so make sure to scroll down to view all of them. If the client has multiple types of insurance, determine which one is used most of the time, and select only this one from the drop down menu. Under the “Other Insurance” boxes, check all that apply to the client.

For example, if the client has a “Private-Individual” Marketplace Exchange plan and also has veterans status to receive medical services from the Veterans Health Administration, chose “Private-Individual” as the Primary Insurance from the drop down box and also check off “VA, Other Military” in the check boxes section.

For private insurance, there is the distinction between “Private – Individual” and “Private Employer”. If you are not sure what type of private insurance a person has, choose “Private – Individual” as the default. We do not expect you to go to unreasonable lengths to determine this.

If Ryan White Part B funds are used to purchase a client’s insurance through the marketplace then choose “Private – Individual”; if RWPB funds are used for copay assistance through an employer sponsored health plan choose “Private – Employer”; if a client is on ADAP services only and does not have insurance choose “No Insurance.” [See Data Field Standards section for guidance on Insurance options.](#)

Cook, John James

Appointments Orders Forms ChangeLog Client Report Duplicate Client Delete Client Find List New Search Close

Demographics Drug Services Service Annual Review Encounters Referrals HIV C&T Relations Eligibility and Enrollment Fields Custom Tab 2 Custom Tab 3

Annual Annual RSR View Annual Custom Fields Quarterly

Summary Data as of 7/11/2016 Bring Forward

<b>Insurance</b>	7/11/2016
Primary Insurance: Private - Individual	
Other Insurance: VA, Tricare and other military health...	

<b>Federal Poverty Level</b>	8/20/2015
Household Income: \$46,000	
Household Size: 1	Poverty Level: 391%

**Annual Screening**

HIV Primary Care	8/20/2015
Publicly-funded clinic or health dept.	
Housing Arrangement	8/20/2015
Stable/Permanent	
HIV Risk Reduction Counseling	
Mental Health	
Substance Abuse	

**Insurance Assessment :**

Primary Insurance: Private - Individual Date: 7/11/2016

**Other Insurance**

Private - Individual  Medicare (Part unspecified)

Private - Employer  Medicaid

Medicare Part A/B  VA, Other Military

Medicare Part D  IHS

Full LIS

Other: \_\_\_\_\_

High Risk Insurance Pool

Save Cancel



**All Eligibility and Enrollment Specialists:** If the client is requesting assistance from RWPB ADAP, e.g. health insurance premium and/or medication copay assistance, Form 16-10 Survey of Insurance Coverage Verification Form must be completed and attached to the [Internal Referral to Access to Healthcare Network](#) (this is in addition to including Form 16-10 in the enrollment packet).

Access to Healthcare Network will complete Form 15-38, ADAP Cost Effectiveness Worksheet, to determine the appropriate ADAP Program in which to enroll the client.

**Access to Healthcare Network (AHN):** Once the insurance type has been completed on the **Annual** tab, detailed insurance information will need to be added by **AHN** to the Insurance Data Review Form on the **Forms** tab. Click on the **Forms** tab at the top of the page to open a new screen. Client insurance information is **required** to be updated on the Insurance Data Review Form.

Cook, John James

Appointments Orders **Forms** ChangeLog Client Report Duplicate Client Delete Client Find List New Search Close

Demographics Drug Services Service Annual Review Encounters Referrals HIV C&T Relations Eligibility and Enrollment Fields Custom Tab 2 Custom Te

**Annual** Annual RSR View Annual Custom Fields Quarterly

Summary Data as of 7/11/2016 Bring Forward

**Insurance** Add Edit Delete

Search 6 / 6

Date	Primary Insurance	Other Insurance
7/11/2016	Private - Individual	VA, Tricare and other military health...
12/28/2015	No Insurance	
9/29/2015	Medicare Part A/B	Medicare Part D, Other (Hum...
9/2/2015	Medicare Part A/B	
9/1/2015	Medicare Part A/B	Medicare Part D
3/1/2013	Medicare Part A/B	

**Insurance** 7/11/2016  
 Primary Insurance: **Private - Individual**  
 Other Insurance: **VA, Tricare and other military health...**

**Federal Poverty Level** 8/20/2015  
 Household Income: **\$46,000**  
 Household Size: **1** Poverty Level: **391%**

**Annual Screening**

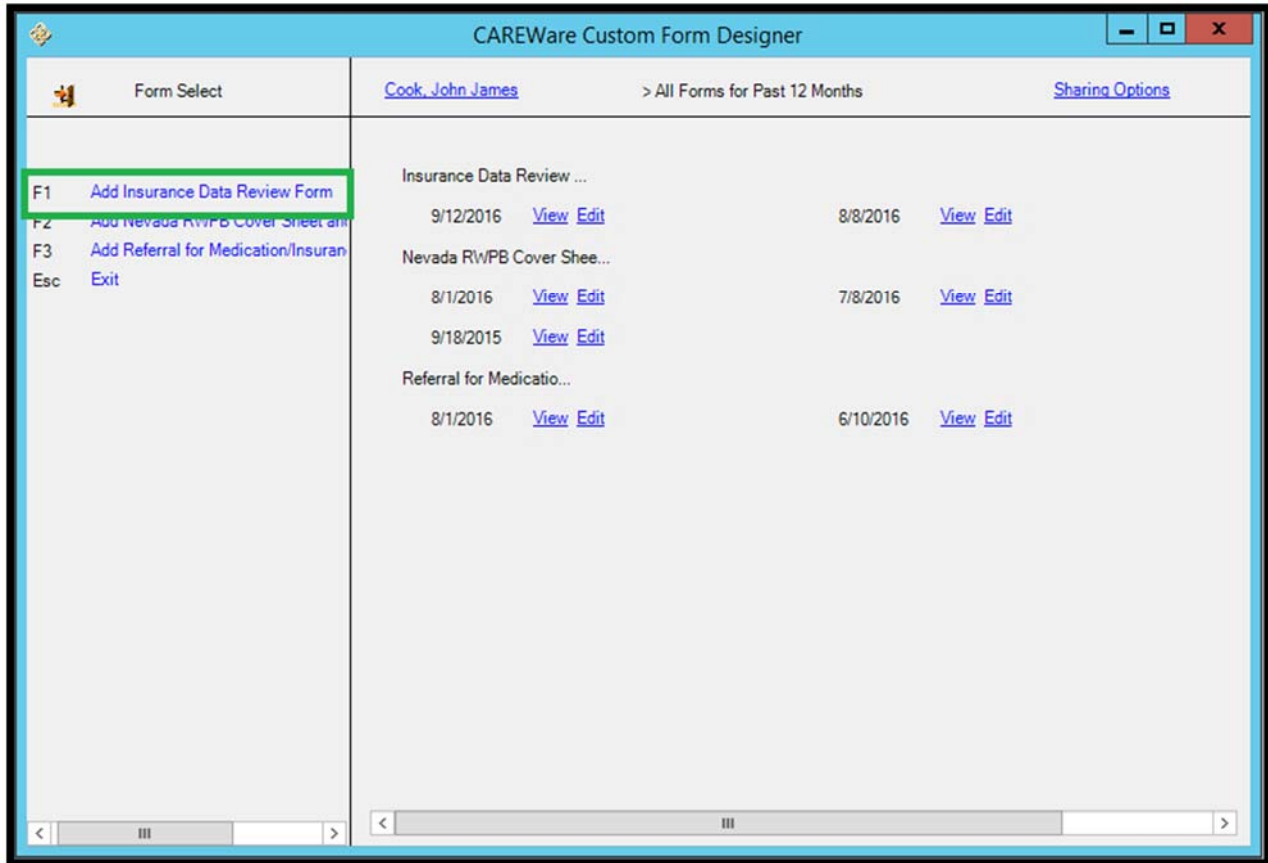
HIV Primary Care <b>Publicly-funded clinic or health dept.</b>	8/20/2015
Housing Arrangement <b>Stable/Permanent</b>	8/20/2015
HIV Risk Reduction Counseling	
Mental Health	
Substance Abuse	

Only Access to Healthcare Network will complete the Insurance Data Review Form when analyzing the best ADAP assistance program.

A new form is required at **each** Annual certification visit and any time the client indicates a change in insurance plans/status.



Clicking on Forms tab will open up the CAREWare Custom Form Designer window, use the left navigation panel to select **Add Insurance Data Review Form** to open the Insurance Data Review Form.



✎ The Insurance Data Review Form has been broken down by insurance type; Medicaid, Private Insurance and Marketplace; and Medicare. For most clients, only one section will need to be filled in on each form.

✎ Saved fields in the Insurance Data Review Form will automatically update the Annual Custom Fields tab in the client's file.

The Insurance Data Review Form will look similar to the image below. The *Form Date*, *Client Name*, and *Client URN* will automatically populate. The **Insurance** information listed in the top, white box will automatically populate from the insurance information entered on the **Annual** tab.

**Insurance Data Review Form**

Form Date: 9/12/2016

**Client Name:** Cook, John James

**Client URN:** JHCO0102831U

**Insurance** 7/11/2016

Primary Insurance: Private - Individual

Other Insurance: VA, Tricare and other military health...

Change/View Insurance Assessment

Next identify the type of insurance the client has by reviewing the client’s insurance cards. Fill in the corresponding insurance section that matches the client’s current insurance cards; Medicaid, Employer, Marketplace, Medicare, or Retiree.

**Medicaid**

1/1/2016 Medicaid Start

6/30/2016 Medicaid End

JJC0000001 Medicaid Number

MCO - Amerigroup Community Care Medicaid Plan and Provider

If the client is a **Medicaid** recipient, complete the *Medicaid Start Date*, *Medicaid End Date*, *Medicaid Number*, and *Medicaid Plan and Provider*.

If the client is on a **Marketplace** plan (on or off Exchange plan) use the Private Insurance and Marketplace only section. Complete the *Plan Start Date*, *Plan End Date*, *Health Insurance Carrier*, *Member ID Number* (client's member ID number), *Health Insurance Plan Type*, *Employer Name* (if applicable), *Marketplace Plan ID*, and *Metal Tier*.

Private Insurance	
1/1/2016 <i>Plan Start Date</i>	12/31/2016 <i>Plan End Date</i>
Health Plan of Nevada <i>Health Insurance Carrier</i>	JJC0000001 <i>Member ID Number</i>
Marketplace On Exchange Plan <i>Health Insurance Plan Type</i>	JJC Inc. <i>Employer Name</i>
Marketplace Only	
95865NV0030018 <i>Marketplace Plan ID</i>	Silver <i>Metal Tier</i>

If the client is on an **Employer** plan as an active employee use the Private Insurance section. Complete the *Plan Start Date*, *Plan End Date*, *Health Insurance Carrier*, *Member ID Number* (client's member ID number), *Health Insurance Plan Type*, and *Employer Name*.

Private Insurance	
1/1/2016 <i>Plan Start Date</i>	12/31/2016 <i>Plan End Date</i>
Culinary Health Fund <i>Health Insurance Carrier</i>	JJC0000001 <i>Member ID Number</i>
Employer Sponsored - Not Retiree Coverage <i>Health Insurance Plan Type</i>	JJC Inc. <i>Employer Name</i>

If the client is on **Medicare** plans, you will need determine the type of Medicare plans the client has. There are six combinations of plans the client could have: Original Medicare Parts A and B only; Original Medicare Parts A, B, and D; Original Medicare A, B, D and a Medigap secondary policy; Original Medicare A, B, and Retiree secondary policy (policy includes prescription drug coverage); Original Medicare A, B, D, and a Retiree secondary policy (policy without drug coverage); or Medicare Part C called a “Medicare Health Plan” or “Advantage Plan” which can be a HMO, PPO, or PFFS policy.

<b>Medicare</b>	
<input type="text" value="000-00-0000A"/>	<input type="text" value="10/1/2015"/>
<i>Medicare Number</i>	<i>Earliest Part A/B Effective Date</i>
<b>Medicare HMO/PPO</b>	
<input type="text" value="No"/>	<input type="text"/>
<i>Medicare HMO/PPO Enrollment</i>	<i>Medicare HMO/PPO Plan Name</i>
<input type="text"/>	
<i>Medicare HMO/PPO Member ID Number</i>	
<b>Medigap</b>	
<input type="text" value="No"/>	<input type="text"/>
<i>Medigap Enrollment</i>	<i>Medigap Plan Type</i>
<input type="text"/>	<input type="text"/>
<i>Medigap Insurer</i>	<i>Medigap Member ID Number</i>
<b>Medicare Part D</b>	
<input type="text" value="10/1/2015"/>	<input type="text" value="12/31/2015"/>
<i>Part D Start Date</i>	<i>Part D End Date</i>
<input type="text" value="AARP MedicareRx - Saver Plus"/>	<input type="text" value="JJC00000001"/>
<i>Part D Carrier</i>	<i>Part D Member ID Number</i>

Complete the following sections based on plan type:

- Original Medicare Parts A and B only
  - *Medicare Number* (combination of numbers and a letter found on Red/White/Blue Medicare card) and *Earliest Medicare Part A/B Effective Date* (found on Red/White/Blue Medicare card)
- Original Medicare Parts A, B, and D
  - *Medicare Number, Earliest Medicare Part A/B Effective Date, Part D Start Date, Part D End Date, Part D Carrier, and Part D Member ID Number*
- Original Medicare Parts A and B with Medigap with/without Part D drug coverage

- Medicare Number, Earliest Medicare Part A/B Effective Date, Medigap Enrollment, Medigap Plan Type, Medigap Insurer, Medigap Member ID Number
- If applicable: Part D Start Date, Part D End Date, Part D Carrier, and Part D Member ID Number
- Original Medicare Parts A and B with Retiree secondary policy with/without Part D drug coverage
  - Medicare Number, Earliest Medicare Part A/B Effective Date
  - Private Insurance section: Plan Start Date, Plan End Date, Health Insurance Carrier, Member ID Number (client's member ID number), Health Insurance Plan Type, and Employer Name
  - If applicable: Part D Start Date, Part D End Date, Part D Carrier, and Part D Member ID Number

Use Private Insurance section for Retiree Insurance Policies

### Private Insurance

<input style="width: 95%;" type="text" value="1/1/2016"/>	<input style="width: 95%;" type="text" value="12/31/2016"/>
<i>Plan Start Date</i>	<i>Plan End Date</i>
<input style="width: 95%;" type="text" value="Food Employers Benefit Fund"/>	<input style="width: 95%;" type="text" value="JJC0000001"/>
<i>Health Insurance Carrier</i>	<i>Member ID Number</i>
<input style="width: 95%;" type="text" value="Retiree Coverage - Does Not Include Rx Covera"/>	<input style="width: 95%;" type="text" value="Food Employers"/>
<i>Health Insurance Plan Type</i>	<i>Employer Name</i>

- Medicare Part C Health Plan (aka Advantage Plan)
  - Medicare Number, Earliest Medicare Part A/B Effective Date, Medicare HMO/PPO Enrollment, Medicare HMO/PPO Plan Name, Medicare HMO/PPO Member ID Number

Once the Insurance Data Review Form has been completed, save the form by clicking **Save** or

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid green; padding: 2px;">F1</td> <td style="padding: 2px;">Save</td> </tr> <tr> <td style="padding: 2px;">PgUp</td> <td style="padding: 2px;">Previous Page</td> </tr> <tr> <td style="padding: 2px;">PgDn</td> <td style="padding: 2px;">Next Page</td> </tr> <tr> <td style="padding: 2px;">Esc</td> <td style="padding: 2px;">Back</td> </tr> <tr> <td style="padding: 2px;">Ctrl-Z</td> <td style="padding: 2px;">Undo</td> </tr> <tr> <td style="padding: 2px;">Ctrl-Y</td> <td style="padding: 2px;">Redo</td> </tr> <tr> <td style="padding: 2px;">Ctrl-P</td> <td style="padding: 2px;">Print</td> </tr> </table>	F1	Save	PgUp	Previous Page	PgDn	Next Page	Esc	Back	Ctrl-Z	Undo	Ctrl-Y	Redo	Ctrl-P	Print	<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Insurance Data Review Form</b> </div> <p>Form Date: <input style="width: 100%;" type="text" value="9/12/2016"/></p> <div style="background-color: #ADD8E6; padding: 5px; border: 1px solid black;"> <p><b>Client Name:</b> Cook, John James</p> <p><b>Client URN:</b> JHCO0102831U</p> </div>
F1	Save														
PgUp	Previous Page														
PgDn	Next Page														
Esc	Back														
Ctrl-Z	Undo														
Ctrl-Y	Redo														
Ctrl-P	Print														

press F1 to save the Insurance Data Review Form.

You can double-check your entries at any time by going back to the **Annual Review tab** and clicking on the **Annual Custom Fields** tab to review the client's **health insurance information** at a glance or make changes. Changing fields in the Annual Custom Fields tab will automatically update the Insurance Data Review Form.

The screenshot shows the 'Annual Custom Fields' tab for a client named 'Cook, John'. The interface includes a navigation bar with tabs like 'Appointments', 'Orders', 'Forms', 'ChangeLog', 'Client Report', 'Duplicate Client', 'Delete Client', 'Find List', 'New Search', and 'Close'. Below this, there are more specific tabs: 'Demographics', 'Drug Services', 'Service', 'Annual Review', 'Encounters', 'Referrals', 'HIV C&T', 'Relations', 'Eligibility and Enrollment Fields', 'Custom Tab 2', and 'Custom Tz'. The 'Annual Review' tab is active, and within it, the 'Annual Custom Fields' sub-tab is selected. A dropdown menu for 'Annual Year' is set to '2017'. The main form area contains several sections of data entry fields, all highlighted with a red border:

- ADAP Program Type**, **ADAP Program Start Date**, **ADAP Program End Date**, and **Medicaid Eligible During Month of** (all dropdown menus).
- Medicaid Number**, **Medicaid Plan and Provider**, **Insurance Start Date**, **Insurance End Date**, and **Insurance Carrier** (all dropdown menus).
- Insurance ID No.**, **Employer Name**, **Marketplace Plan ID**, **Metal Tier (Marketplace Only)**, and **Earliest Medicare Part A/B Effective Date** (all dropdown menus).
- Health Insurance Plan Type**, **Medicare Number**, **Medicare HMO/PPO Enrollment**, and **Medicare HMO/PPO Plan Name** (all dropdown menus).
- Medicare HMO/PPO Member ID Number**, **Medigap Enrollment**, **Medigap Plan Type**, **Medigap Insurer**, and **Medigap Member ID Number** (all dropdown menus).
- Medicare Part D Start Date**, **Medicare Part D End Date**, and **Medicare Part D Carrier** (all dropdown menus).

Remember, a new form is required at **each** Annual certification visit and any time the client indicates a change in insurance plans/status.

You can view historical health insurance plan information by using the **Annual Year** drop down box, or by looking under the Forms tab and viewing past Insurance Data Review Forms. The Annual Year drop down feature will only show the insurance plan that was listed on the last day of the year. For example, if the client had two plans in one year, only the plan listed on December 31, 2015 would show for the year 2015.

## Federal Poverty Level

Hover your mouse towards the right of the **Federal Poverty Level** bar to bring up the **plus** sign. Click on this to bring up the **Poverty Level Assessment** screen. Enter the client's household income. Enter the client's household size. The poverty level will automatically populate. [See the Data Field Standards section for Federal Poverty Level \(Household Income/Size\) guidance.](#)

The screenshot shows a software interface for a patient named "Cook, John James". The main window has a menu bar with options like "Appointments", "Orders", "Forms", "ChangeLog", "Client Report", "Merge Client", "Delete Client", "Find List", "New Search", and "Close". Below the menu bar, there are tabs for "Demographics", "Drug Services", "Service", "Annual Review", "Encounters", "Referrals", "HIV C&T", "Relations", "Eligibility and Enrollment Fields", "Custom Tab 2", and "Custom T...". The "Annual" tab is selected, and there are sub-tabs for "Annual RSR View", "Annual Custom Fields", and "Quarterly".

The "Summary Data as of" section shows the date "4/17/2016" and a "Bring Forward" button. The "Federal Poverty Level" section is highlighted with an orange box and shows a plus sign. It displays "Household Income: \$46,000" and "Household Size: 1", resulting in a "Poverty Level: 391%".

The "Annual Screening" section shows several items with dates: "HIV Primary Care" (8/20/2015) with the note "Publicly-funded clinic or health dept.", "Housing Arrangement" (8/20/2015) with the note "Stable/Permanent", "HIV Risk Reduction Counseling", "Mental Health", and "Substance Abuse".

The "Federal Poverty Level" table shows a search for "2 / 2" and a table with columns "Date", "Household Income", and "Household Size". The table contains two rows: "8/20/2015" with "\$46,000" and "1", and "7/9/2015" with "\$46,000" and "1".

The "Poverty Level Assessment" dialog box is open, showing input fields for "Household Income", "Date" (set to "4/17/2016"), "Household Size", and "Poverty Level" (set to "0%"). There are "Save" and "Cancel" buttons at the bottom.



## HIV Primary Care

Hover your mouse towards the right of the HIV Primary Care bar to bring up the **plus** sign. Click on this to bring up the **Annual Screening** screen. Make sure HIV Primary Care is selected for type and select the best option under result. [See the Date Fields Standards Section for HIV Primary Care Location guidance.](#)

The screenshot displays the 'Annual Screening' interface for a patient named Cook, John James. The interface includes a navigation menu at the top with options like 'Appointments', 'Orders', 'Forms', 'ChangeLog', 'Client Report', 'Merge Client', and 'Delete Client'. Below this is a secondary menu with 'Demographics', 'Drug Services', 'Service', 'Annual Review', 'Encounters', 'Referrals', 'HIV C&T', 'Relations', 'Eligibility and Enrollment Fields', 'Custom Tab 2', and 'Custom Tz'. The main content area is divided into two sections: 'Summary Data as of' and 'Annual Screening'.

**Summary Data as of 4/17/2016**

<b>Insurance</b>	12/28/2015
Primary Insurance: <b>No Insurance</b>	
Other Insurance:	
<b>Federal Poverty Level</b>	8/20/2015
Household Income: <b>\$46,000</b>	
Household Size: <b>1</b>	Poverty Level: <b>391%</b>

**Annual Screening**

Date	Screening	Result
8/20/2015	HIV Primary Care	Publicly-funded clinic or health
8/20/2015	Housing Arrangement	Stable/Permanent
8/20/2015	Housing Arrangement	Stable/Permanent

The 'Annual Screening' table has a search bar with '3 / 3' results. Below the table, there is a modal dialog for adding a new screening entry. The dialog is titled 'Annual Screening:' and contains the following fields:

- Date: 4/17/2016 (dropdown)
- Type: HIV Primary Care (dropdown)
- Result: (empty dropdown)

Buttons for 'Save' and 'Cancel' are located at the bottom of the dialog. The 'Annual Screening' table in the main interface has a plus sign (+) next to the date '8/20/2015' for the 'HIV Primary Care' entry, which is highlighted with an orange box.



## Housing Arrangement

Hover your mouse towards the right of the Housing Arrangement bar to bring up the **plus** sign. Click on this to bring up the **Annual Screening** screen. Choose the best option from the dropdown menu. [See the Data Field Standards for Housing Arrangement guidance.](#)

The screenshot displays the 'Annual Screening' interface for a patient named Cook, John James. The interface is divided into several sections:

- Summary Data as of:** 4/17/2016. Includes a 'Bring Forward' button.
- Insurance:** 12/28/2015. Primary Insurance: No Insurance. Other Insurance: (blank).
- Federal Poverty Level:** 8/20/2015. Household Income: \$46,000. Household Size: 1. Poverty Level: 391%.
- Annual Screening List:**
  - HIV Primary Care: 8/20/2015. Result: Publicly-funded clinic or health dept.
  - Housing Arrangement: 8/20/2015. Result: Stable/Permanent. A small orange square with a '+' sign is visible to the right of the date.
  - HIV Risk Reduction Counseling
  - Mental Health
  - Substance Abuse
- Annual Screening Modal Dialog:** A dialog box is open, allowing for the addition of a new screening. It contains:
  - Date: 4/17/2016 (dropdown)
  - Type: Housing Arrangement (dropdown)
  - Result: (empty dropdown)
  - Buttons: Save, Cancel

### ***Historical Information***

As you enter annual review data over time for this client, the historical information will be available on the right side of the screen. When you hover your mouse over one of the categories on the left side (i.e., Insurance, Federal Poverty Level, or Annual Screening), the associated historical information will appear on the right.

In order to make changes, you can highlight an entry on the right side and click Edit to change the information or Delete if the information was entered in error.

## Bringing Forward Annual Review Data

Much of the data on the Annual Review tab may stay the same from one six-month period to another. CAREWare contains a feature that will “roll over” these data from one period to the next.

Please note that as you view the Annual Review tab, a date will appear in red if the associated data are more than a year old. When that is the case, the name of the Annual Review tab will also appear with an asterisk (\*) as seen in the screen shot below. Once the data have been updated, the asterisk will disappear and the dates will all be in green.

To roll over previous data that are still accurate, click the **Bring Forward** button at the top of the tab.

You will be given the option to bring forward the information related to **Insurance**, **Federal Poverty Level**, **HIV Primary Care**, and **Housing Arrangement**. Check the box next to the categories for which there is no change in information. The **Assessment Date** will automatically default to today’s date, but you can change it to an earlier date. Click **Save**.

The information you selected will be carried forward with the new assessment date.

The screenshot shows the CAREWare Annual Review interface for a client named John James Cook. The interface includes a navigation menu at the top with options like Appointments, Orders, Forms, ChangeLog, Client Report, Merge Client, Delete Client, Find List, New Search, and Close. Below the menu, there are tabs for Demographics, Drug Services, Service, Annual Review, Encounters, Referrals, HIV C&T, Relations, Eligibility and Enrollment Fields, Custom Tab 2, and Custom Tr. The main content area is divided into two sections: Summary Data and Annual Screening. The Summary Data section shows the current assessment date as 4/17/2016 and a 'Bring Forward' button. The Annual Screening section shows a table of screening results for HIV Primary Care, Housing Arrangement, and HIV Risk Reduction Counseling. A dialog box titled 'Bring Forward Values' is open in the foreground, allowing the user to select which categories to bring forward and to specify the assessment date (4/17/2016). The dialog box contains checkboxes for Insurance, Federal Poverty Level, HIV Primary Care, and Housing Arrangement, each with its corresponding data and date. The 'Save' and 'Cancel' buttons are at the bottom of the dialog box.

Date	Screening	Result
8/20/2015	HIV Primary Care	Publicly-funded clinic or health
8/20/2015	Housing Arrangement	Stable/Permanent
8/20/2015	Housing Arrangement	Stable/Permanent

Category	Date
Insurance	12/28/2015
Federal Poverty Level	8/20/2015
HIV Primary Care	8/20/2015
Housing Arrangement	8/20/2015

## Annual Screenings for **Outpatient Ambulatory Medical Clients Only**

There are three areas under Annual Screenings that **only apply to providers who are funded to deliver Outpatient Ambulatory Medical Care**. Agencies that are funded to provide other services do not need to complete these sections. The responses to these sections as reported by primary care providers or eligibility & enrollment providers with verifiable data will be visible to all CAREWare users at providers that serve the client.

### ***HIV Risk Reduction Counseling***

Indicate whether the client received risk reduction screening and/or counseling during the current calendar year reporting period. HIV risk reduction screening and counseling refers to a short questionnaire administered to identify patients at risk for HIV infection or re-infection, followed by counseling about ways to reduce their risk.

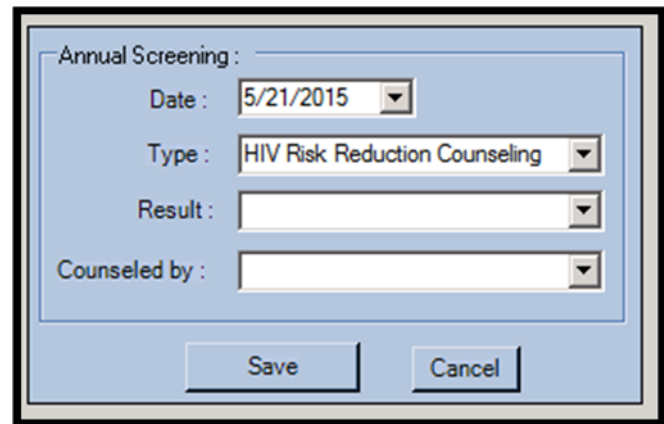
The response options available in the **Result** pull down menu are:

- Yes
- No

If you select *Yes* under **Result**, also select the appropriate response from the **Counseled by** pull down menu. The response options are:

- *Primary Care Clinician*
- *Case Manager/Social Worker*
- *Other Trained Counselor*
- *Unknown*

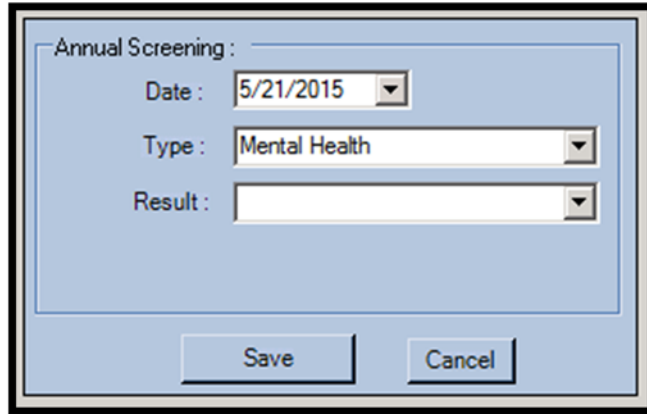
Select *Primary care clinician* only if the following definition is met: A short questionnaire was administered by a clinician to identify a patient at risk for HIV re-infection or transmission, and the clinician counseled the patient about ways to reduce their risk.



The screenshot shows a software interface for an 'Annual Screening'. It contains four dropdown menus: 'Date' (set to 5/21/2015), 'Type' (set to HIV Risk Reduction Counseling), 'Result' (empty), and 'Counseled by' (empty). At the bottom are 'Save' and 'Cancel' buttons.

### **Mental Health Screening**

Indicate whether the client was screened for mental health issues during the current calendar year reporting period. Mental health screenings include the use of brief structured instruments or commonly used questions to assess potential mental health problems. Screenings are designed to determine whether the client presents signs or symptoms of a mental health problem and if the client should be referred to a mental health professional. Screens are not diagnostic tools and, although typically administered by a mental health professional, may be administered by trained health care professionals in other medical/clinical disciplines.



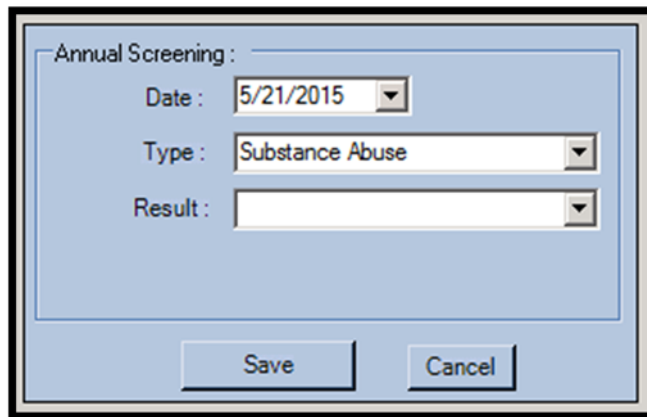
The screenshot shows a software window titled "Annual Screening:". It contains three dropdown menus: "Date" with the value "5/21/2015", "Type" with the value "Mental Health", and "Result" which is currently blank. At the bottom of the window are two buttons labeled "Save" and "Cancel".

The response options available in the Result pull down menu are:

- No
- Yes
- Not medically indicated
- Unknown

### **Substance Abuse**

Although this section is called substance "abuse" in CAREWare, the question asked in the RSR is whether the client was screened for substance "use" (alcohol and drugs) during the current calendar year reporting period. Substance use screening is a quick, simple way to identify clients who may need further assessment or treatment for substance use disorders. Screening may include biomarkers (e.g., positive drug screen or liver disease) and client reports of consumption patterns.



The screenshot shows a software window titled "Annual Screening:". It contains three dropdown menus: "Date" with the value "5/21/2015", "Type" with the value "Substance Abuse", and "Result" which is currently blank. At the bottom of the window are two buttons labeled "Save" and "Cancel".

The response options available in the Result pull down menu are:

- No
- Yes
- Not medically indicated
- Unknown

## Annual Custom Tab

The **Annual Custom Fields** subtab contains specific information on the **enrollment information for other forms of insurance**. This tab is to be edited only by the provider of Health Insurance Premium Assistance, Co-Pay Assistance, and ADAP Prescription Drug Assistance – currently Access to Healthcare Network.

**Current Ryan White ABCD Eligibility Start and End Dates** as well as the **Eligibility Pending** and **Part B Eligibility Pending Items** are in the **Eligibility and Enrollment Fields** tab. Historical RWPB eligibility dates will be located in the **Subform** tab NOT in the **Common Notes** field in the **Demographics** tab. See [Subsection 11. Subform and Historical RWPB Eligibility Dates](#).

The screenshot shows the 'Annual Custom Fields' subtab for a client named 'Cook, John'. The interface includes a navigation bar with tabs like 'Appointments', 'Orders', 'Forms', 'ChangeLog', 'Client Report', 'Duplicate Client', 'Delete Client', 'Find List', 'New Search', and 'Close'. Below this, there are sub-tabs for 'Demographics', 'Drug Services', 'Service', 'Annual Review', 'Encounters', 'Referrals', 'HIVC&T', 'Relations', 'Eligibility and Enrollment Fields', 'Custom Tab 2', and 'Custom Tab 3'. The 'Annual Custom Fields' subtab is active, showing a form with the following fields:

- Annual Year: 2017 (dropdown)
- ADAP Program Type (dropdown), ADAP Program Start Date (dropdown), ADAP Program End Date (dropdown), Medicaid Eligible During Month of (dropdown)
- Medicaid Number (text box), Medicaid Plan and Provider (dropdown), Insurance Start Date (dropdown), Insurance End Date (dropdown), Insurance Carrier (dropdown)
- Insurance ID No. (text box), Employer Name (text box), Marketplace Plan ID (text box), Metal Tier (Marketplace Only) (dropdown), Earliest Medicare Part A/B Effective Date (dropdown)
- Health Insurance Plan Type (dropdown), Medicare Number (text box), Medicare HMO/PPO Enrollment (dropdown), Medicare HMO/PPO Plan Name (dropdown)
- Medicare HMO/PPO Member ID Number (text box), Medigap Enrollment (dropdown), Medigap Plan Type (dropdown), Medigap Insurer (dropdown), Medigap Member ID Number (text box)
- Medicare Part D Start Date (dropdown), Medicare Part D End Date (dropdown), Medicare Part D Carrier (dropdown)

The better way for Access to Healthcare Network to enter the information upon doing their insurance assessment is to go into the Forms and utilize the **Insurance Data Review Form**. It is required that this form is generated if there is any known/reported change in the client's insurance status.

If there is any information that you believe will be helpful for all providers to be able to have access to, please email [CAREWareHelp@health.nv.gov](mailto:CAREWareHelp@health.nv.gov) the suggestions.

## 7. ADDING ENCOUNTERS

The Encounters tab contains sub-tabs for entering Medications, Labs, Screening Labs, and Screenings among other items. Some fields within these tabs are required by HRSA, however, most of what is entered in the Encounters tab depends largely on your agency. Please refer to the Ryan White Service Report Manual and the ADAP Data Report Manual, latest editions, for the required elements. Entry into this tab is for only clinical providers and Eligibility & Enrollment providers.

The screenshot displays the 'Cook, John James' patient record in the 'Encounters' tab. The interface includes a navigation bar with tabs for 'Appointments', 'Orders', 'Forms', 'ChangeLog', 'Client Report', 'Merge Client', and 'Delete Client'. Below this is a secondary navigation bar with tabs for 'Demographics', 'Drug Services', 'Service', 'Annual Review', 'Encounters', 'Referrals', 'HIV C&T', 'Relations', 'Eligibility and Enrollment Fields', 'Custom Tab 2', and 'Custom T...'. The 'Encounter Date' is set to '04/17/2016' with an 'Access' dropdown. Action buttons include 'Create Encounter', 'Delete Encounter', 'Encounter Report', and 'Sharing Options'. A checkbox 'Only show data for this provider' is checked. The 'Vital Signs' section is active, showing a 'Values are in:' dropdown set to 'English' and a 'Rapid Entry' button. The table below has columns for 'Prior Value', 'Date Taken', 'Current Value', and 'Current Value Provider'. The rows are for 'Height(inches)', 'Weight(lbs)', 'Pulse (bpm)', 'Temperature(F)', and 'B.P. Sys/Dia:'. A 'Pregnant?' section has checkboxes for 'Last visit' and 'Currently', and a 'View/Edit History' button.

	Prior Value:	Date Taken:	Current Value:	Current Value Provider:
Height(inches)				
Weight(lbs)				
Pulse (bpm):				
Temperature(F)				
B.P. Sys/Dia:				

Pregnant?  
 Last visit     Currently    [View/Edit History](#)



## Medications Tab

The medications tab is used to enter medications that staff at your agency prescribes to the client. This means that only a few of the Ryan White providers enter data in this tab.

To enter information on medications, click the **Create Encounter** button. The **Encounter Date** window will open, the default **Date** is today's date, select the date that the client had their new or recertification enrollment appointment. Click **Create Encounter**.

Cook, John James

Appointments Orders Forms ChangeLog Client Report Merge Client Delete Client Find List New Search Close

Demographics Drug Services Service Annual Review Encounters Referrals HIV C&T Relations Eligibility and Enrollment Fields Custom Tab 2 Custom Te

Encounter Date: 04/17/2016 | Access t **Create Encounter** Delete Encounter Encounter Report Sharing Options

Only show data for this provider

Vital Signs Hospital/ER Admissions **Medications** Labs Screening Labs Screenings Immunizations Diagnoses Case Note

**Current Medications:** Date ART 1st Prescribed: 1/1/2000 5/2/2015 Pre-ART Reason: Treatment not medically indicated per guidelir ? Setup Rapid Entry

Allergies:

Medication:	Abbreviation:	Class:	Units:	Strength:	Dose:	Frequency:	Daily Dose:	Indic
Agenerase (Amprenavir) (Capsul...	APV	PI	1	1	1	qd	1	ART
Aczone (Dapsone) (Capsules)			1	1	1	qd	1	Othe
Actos (Pioglitazone) (Capsules)			1	1	1	qd	1	Othe
Alinia (Nitazoxanide) (Capsules)			1	1	1	qd	1	Othe
Atripla (efavirenz + emtricitabine ...	EFV+TDF+...	NRTI/NN...	1	1100	1100	qd	1100	ART
Stribild or Genvoya (Tablets)	ELV+TDF+...	NRTI/II	1	800	800	qd	800	ART
Stribild or Genvoya (Tablets)	ELV+TDF+...	NRTI/II	1	510	510	qd	510	ART
Stribild or Genvoya (Tablets)	ELV+TDF+...	NRTI/II	1	800	800	qd	800	ART

< III >

Start Stop Correct Data Error Change Dose

Create Encounter

Encounter Date: 4/17/2016

**Create Encounter** Cancel



This Start button will now be activated, click the **Start** button.

Cook, John James

Appointments | Orders | Forms | ChangeLog | Client Report | Merge Client | Delete Client | Find List | New Search | Close

Demographics | Drug Services | Service | Annual Review | Encounters | Referrals | HIV C&T | Relations | Eligibility and Enrollment Fields | Custom Tab 2 | Custom Te

Encounter Date: 04/17/2016 | Access t | Create Encounter | Delete Encounter | Encounter Report | Sharing Options

Only show data for this provider

Vital Signs | Hospital/ER Admissions | Medications | Labs | Screening Labs | Screenings | Immunizations | Diagnoses | Case Note

**Current Medications:** Date ARV 1st Prescribed: 5/2/2015 | Pre-ART Reason: Treatment not medically indicated per guidelir | Setup | Rapid Entry

Allergies:

Medication:	Abbreviation:	Class:	Units:	Strength:	Dose:	Frequency:	Daily Dose:	Indic
Agenerase (Amprenavir) (Capsul...	APV	PI	1	1	1	qd	1	ART
Aczone (Dapsone) (Capsules)			1	1	1	qd	1	Othe
Actos (Pioglitazone) (Capsules)			1	1	1	qd	1	Othe
Alinia (Nitazoxanide) (Capsules)			1	1	1	qd	1	Othe
Atripla (efavirenz + emtricitabine ...	EFV+TDF+...	NRTI/NN...	1	1100	1100	qd	1100	ART
Stribild or Genvoya (Tablets)	ELV+TDF+...	NRTI/II	1	800	800	qd	800	ART
Stribild or Genvoya (Tablets)	ELV+TDF+...	NRTI/II	1	510	510	qd	510	ART
Stribild or Genvoya (Tablets)	ELV+TDF+...	NRTI/II	1	800	800	qd	800	ART

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In this window, follow the directions at the top. Select the **Medications** or **Regimen** (for popular medications only), click **Next** in the bottom right hand corner. You can use the **Filter** box to search medications. If the drug is in the **Regimen** list then you will not have to enter in the strength, dosage, units, etc. Look at the **Regimen** list first then **Medications** list.

**Start Medication(s) Page 1**

1. Enter the start date for the medication(s).
2. Select the regimen you are starting  
OR  
Click on the medication(s) you want to start.
3. Click Next>>

Start Date:

Regimen:

Start	Regimen Name
<input type="checkbox"/>	Acyclovir
<input type="checkbox"/>	Atorvastatin
<input type="checkbox"/>	Atripla
<input type="checkbox"/>	Bactrim (SMZ/TMP DS)
<input type="checkbox"/>	Combivir

Regimen Setup

Medication(s):

Start	Medication Name
<input type="checkbox"/>	Actos (Pioglitazone)
<input type="checkbox"/>	Aczone (Dapsone)
<input type="checkbox"/>	Agenerase (Amprenavir)
<input type="checkbox"/>	Alinia (Nitazoxanide)
<input type="checkbox"/>	Apo-hydro (Hydrochlorothiazide)
<input type="checkbox"/>	Aptivus (tipranavir)
<input type="checkbox"/>	Aranesp (Darbepoetin alfa)
<input type="checkbox"/>	Aristocort (Triamcinolone)
<input type="checkbox"/>	Atripla (efavirenz + emtricitabine + tenofovir)

III

The **Start Medication** window will go to Page 2. Follow the instructions at the top and click **Finish** when you are done. If you selected a **Regimen** from the previous page then the **Unit/Form/Strength/Frequency/Dose** will be auto populated; if you selected a non-**Regimen** medication then you will need to look up the **Unit/Form/Strength/Frequency/Dose**. Positively Aware has a great Drug Chart at <http://www.positivelyaware.com/drugs/hiv/hiv-drug-chart>.

**Start Medication**

4. Enter the strength, frequency and other related information for each medication.
5. Click Finish.

Medication:  Units:  Form:  Strength:  Frequency:  Dose:  Indication:  OI:  Comment:  Instructions:

When you click **Finish**, you will be taken out to the Medication Rapid Entry screen.

To stop a medication, highlight the medication and click **Stop** on the right hand side of the window.

Cook, John James

Appointments Orders Forms ChangeLog Client Report Merge Client Delete Client Find List New Search Close

Demographics Drug Services Service Annual Review Encounters Referrals HIV C&T Relations Eligibility and Enrollment Fields Custom Tab 2 Custom Tz

Encounter Date: 04/17/2016 | Access t Create Encounter Delete Encounter Encounter Report Sharing Options

Only show data for this provider

Vital Signs Hospital/ER Admissions Medications Labs Screening Labs Screenings Immunizations Diagnoses Case Note

**Current Medications:** Date AKI 1st Prescribed: 1/1/2000 5/2/2015 Pre-ART Reason: Treatment not medically indicated per guideline Setup Rapid Entry

Allergies:

Medication:	Abbreviation:	Class:	Units:	Strength:	Dose:	Frequency:	Daily Dose:	lr
Agenerase (Amprenavir) (Capsul...	APV	PI	1	1	1	qd	1	A
Zovirax (Acyclovir) (Tablets)			1	500	500	qd	500	C
Aczone (Dapsone) (Capsules)			1	1	1	qd	1	C
Actos (Pioglitazone) (Capsules)			1	1	1	qd	1	C
Alinia (Nitazoxanide) (Capsules)			1	1	1	qd	1	C
Atripla (efavirenz + emtricitabine ...	EFV+TDF+...	NRTI/NN...	1	1100	1100	qd	1100	A
Stribild or Genvoya (Tablets)	ELV+TDF+...	NRTI/II	1	800	800	qd	800	A
Stribild or Genvoya (Tablets)	ELV+TDF+...	NRTI/II	1	510	510	qd	510	A
Stribild or Genvoya (Tablets)	ELV+TDF+...	NRTI/II	1	800	800	qd	800	A

Start Stop Correct Data Error Change Dose

Make sure to enter all of the vital information in the **Stop Medication** window and then click **Stop Selected Med** at the bottom of the window.

**Stop Medication**

1. Enter the last date that client took the medication(s) and the reason for discontinuing the medication(s):

Stop Date: 4/17/2016 Reason for Discontinuing:

2. Check the medication(s) that are being stopped:

Stop	Medication Name
<input type="checkbox"/>	Agenerase (Amprenavir) (Capsules)
<input type="checkbox"/>	Zovirax (Acyclovir) (Tablets)
<input type="checkbox"/>	Aczone (Dapsone) (Capsules)
<input type="checkbox"/>	Actos (Pioglitazone) (Capsules)
<input type="checkbox"/>	Alinia (Nitazoxanide) (Capsules)
<input type="checkbox"/>	Atripla (efavirenz + emtricitabine + tenofovir) (Tablets)
<input type="checkbox"/>	Stribild or Genvoya (Tablets)
<input type="checkbox"/>	Stribild or Genvoya (Tablets)
<input type="checkbox"/>	Stribild or Genvoya (Tablets)

Close Stop Selected Med(s) Go to Start New Med(s) Form

## Key Terms

- 📖 Units: amount that the client is prescribed to take at a time
- 📖 Form: how the medication is packaged
- 📖 Strength: in milligrams; if it is a combination, total milligram strength of combined elements
- 📖 Frequency: qd (Daily); bid (twice daily); tid (three times a day); qid (four times a day); prn (as needed); qw (weekly); biw (twice a week); tiw (three times a day); qiw (four times a week); qow (every other week); qod (every other day); qh (every hour); qhs (every night at bedtime); qm (every morning); q6h (every six hours); q12h (every 12 hours)
- 📖 Dose: calculated by multiplying the Units by Strength by Frequency (i.e., 1 / 100mg pill, is a dose of 100mg; 2 / 100mg pills is a dose of 200mg)
- 📖 Indication: the reason why the client is taking the medication, ART (Antiretroviral Therapy); OI Prophylaxis (Opportunistic Infection Prevention); OI Treatment (Opportunistic Infection Treatment).
- 📖 OI: Opportunistic Infection; only if OI Prophylaxis or OI Treatment is selected. Use the drop down to select the OI indicated.

## Labs Tab

The **Labs** tab is where labs such as CD4s and Viral Loads are entered. **Only labs that staff at your agency provides to the client or if Eligibility & Enrollment providers have the accurate information need to be entered in CAREWare, so only few agencies will enter labs.**

Click on the **Labs** tab and then click on **Rapid Entry** to go to the lab data entry screen.

The screenshot shows the CAREWare interface for a patient named Cook, John James. The top navigation bar includes tabs for Appointments, Orders, Forms, ChangeLog, Client Report, Merge Client, Delete Client, Find List, New Search, and Close. Below this is a secondary navigation bar with tabs for Demographics, Drug Services, Service, Annual Review, Encounters, Referrals, HIV C&T, Relations, Eligibility and Enrollment Fields, Custom Tab 2, and Custom T2. The main content area shows the 'Encounter Date' as 04/17/2016 and includes buttons for 'Create Encounter', 'Delete Encounter', 'Encounter Report', and 'Sharing Options'. A checkbox is checked for 'Only show data for this provider'. The 'Labs' tab is highlighted in orange, and the 'Rapid Entry' button is highlighted in red. Below the 'Labs' tab, there is an 'Add/Edit' section with a 'Current Test' dropdown set to 'Absolute Lymphocytes', a 'Result' field, and 'Save' and 'Delete' buttons. At the bottom, there is a table listing various lab tests and their results.

Test:	Date of Prior Test:	Prior Result:	Current Re...	Provider:	Comment:
Absolute Ly...					
Albumin (g/dL)					
Albumin/Glo...					
Alkaline Pho...					
ALT (IU/L)					
AST (IU/L)					
Bands					
Basophils					
Bilirubin, Total					
Blood Urea ...					
Calcium					
Carbon Diox...					
CD4 Count (...)	09/15/2015	215			
CD4 Percent	06/23/2015	17			
CD4/CD8 R...					

Click **Add** in the bottom left hand corner and then use the drop down menu under **Test** to select the test name.

Test:	Date:	Result:	Provider:	Comment:
CD4 Count (...)	1/26/2016	891	HOPES	No
Viral Load (C...	1/26/2016	> 20	Access to ...	No
CD4 Count (...)	9/15/2015	215	Access to ...	No
Viral Load (C...	9/15/2015	1000	Access to ...	No
CD4 Count (...)	7/28/2015	200	Access to ...	No
Viral Load (C...	7/28/2015	1000	Access to ...	No
CD4 Count (...)	7/9/2015	700	Access to ...	No
CD4 Count (...)	6/23/2015	400	Access to ...	No

Once you select the **Test** name, the **Date**, the **in/equality symbols**, the **Result**, and **Comments** fields will become active. If you are entering a lab from another provider (i.e. LabCorp, Quest, etc.), enter the name of that facility in the **Comment** field. Click **Save** when you are done.

Note: With a Viral Load lab test there is an additional drop down menu for **Assay**. Consult the lab report to determine which option to choose.

## 8. REFERRALS (OUTGOING AND INCOMING)

Referrals are an essential component of the Ryan White HIV/AIDS Program care network. There are a number of services within the State of Nevada, and it is important that clients are referred to services at other agencies using standard protocols so that they can access the service in a timely manner. Referrals allow for an agency to confirm the eligibility of a new client and also allow the referring case manager to see if the client did follow-up and access the service. Documents can also be scanned into CAREWare under the Referrals document tab, eliminating the need for faxes. Consult with each agency to determine which documents are needed to complete the referral. The State RWPB office also monitors the number of referrals made and completed by each agency on a monthly basis, so it is important to be thoughtful in making referrals that the client actually needs and will use.

- ✎ Referrals are to be completed within the CAREWare database. Faxes and other communications alone are no longer an accepted way to send, receive, and track referrals.
- ✎ There are two types of referrals within CAREWare: internal and external.
  - Internal Referrals are made between providers within the Ryan White Part B provider network via CAREWare electronic transmittal and upload of scanned referral documents.
  - External referrals are referrals made to non-Ryan White Part B funded agencies and programs and are the responsibility of the referring provider to track and resolve.
- ✎ Ryan White Part B funded agencies are only required to enter in CAREWare internal referrals.
- ✎ Ryan White Part A – Las Vegas Transitional Grant Area uses the same referral policy and procedure as Ryan White Part B but referrals from and to Part A from a Part B provider are considered an External Referral.

## ***Provider Initiating Internal Referrals***

It is the responsibility of the referring provider to check client's Ryan White Part B eligibility prior to making any referral. Referring providers are to complete all the required data fields in the CAREWare **Referrals** tab

The following fields must be completed in the **Referrals** tab for all internal referrals:

- Referral Date
- Type (Internal)
- Refer-To Provider
- Request Service Category Type
- Referral Class (Only select the appropriate option if the referral is made to an Eligibility & Enrollment Provider for a new client or for a recertification appointment)
- Comments from employee making referral
- Name of employee making referral
- Attachment of Referral Documents

The referring provider must ensure the specific purpose of the referral is clear. Incomplete or inappropriate referrals may be rejected at the discretion of the provider receiving the referral. Internal referrals must be documented in CAREWare within five days of the client encounter. Any referrals documented in CAREWare more than five days from the client encounter must be pre-approved by the OHA.

1. Prepare the scanned referral document packet. Only referral-related documents should be scanned and uploaded to the **Referrals** tab. Ensure that the documents are current and within five days of the client encounter. Please consult the agency that you are referring to for information on their required referral documents.
2. When scanning, all pages must be face up and face the same direction. Make sure that any documents with small print, such as ID or insurance cards, are enlarged so that the text is legible.
3. Scan all referral documents as one PDF file. CAREWare can only accept PDF files. Clearly label the file with the contents of the file (do not just type "referral").  
Each scanning and computer system is different. If you have questions on how to scan to your computer, consult with your agency's IT staff.
4. When you are ready to initiate the referral and upload your file to CAREWare go the **Referrals** tab in the Client's record and click the **Add Referral** link.



Cook, John James

Appointments Orders Forms ChangeLog Client Report Merge Client Delete Client Find List New Search Close

Demographics Drug Services Service Annual Review Encounters **Referrals** HIV C&T Relations Eligibility and Enrollment Fields Custom Tab 2 Custom T4

Add/Edit Referral Information

Referral Date: Type: Refer-To Provider: Requested Service Category Type: Referral Class:

Referral Status: Referral Complete Date: Referral Comments:

Silent Referral Save Cancel

F1: Add Referral F2: Edit Referral Del: Delete Referral

Direction	Referral	Provider	Service Cat...	Status	Complete...	Referral Cla...	Comments	Name of E...	Comments f...	Ni
Incoming	3/24/2016	Southern N...	Referral: H...	Completed	3/30/2016					M
Incoming	1/26/2016	HOPES	Referral: H...	Completed	1/28/2016	Recertificat...		Please mak...		Lc
Incoming	1/26/2016	HOPES	Referral: H...	Completed	1/28/2016	Recertificat...				Lc
Incoming	12/9/2015	CARE Coali...	Referral: H...	Completed	12/17/2015	New Applic...		Please sch...		Ar
Incoming	12/7/2015	The Gay a...	Referral: H...	Completed	12/9/2015	New Applic...		Please mak...		Ar
Incoming	10/19/2015	Community ...	Referral: H...	Completed	10/21/2015					Ar

- The referral fields at the top will be activated. It may look like some fields are missing, but once you select the **Requested Service Category Type**, the additional fields will appear. Complete the required fields **Referral Date**, **Type**, **Refer-To Provider**, **Requested Service Category Type**, and **Referral Class** (if applicable).

Cook, John James

Appointments Orders Forms ChangeLog Client Report Merge Client Delete Client Find List New Search Close

Demographics Drug Services Service Annual Review Encounters Referrals HIV C&T Relations Eligibility and Enrollment Fields Custom Tab 2 Custom T4

Add/Edit Referral Information

Referral Date: Type: Refer-To Provider: Requested Service Category Type: Referral Class:

Referral Status: Referral Complete Date: Referral Comments:

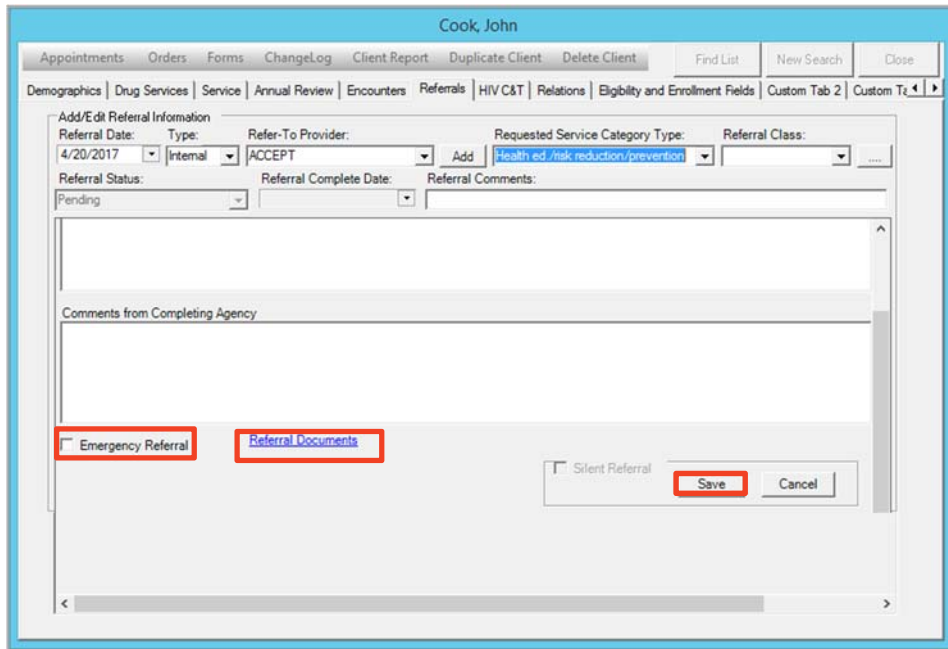
Pending

F1: Add Referral F2: Edit Referral Del: Delete Referral

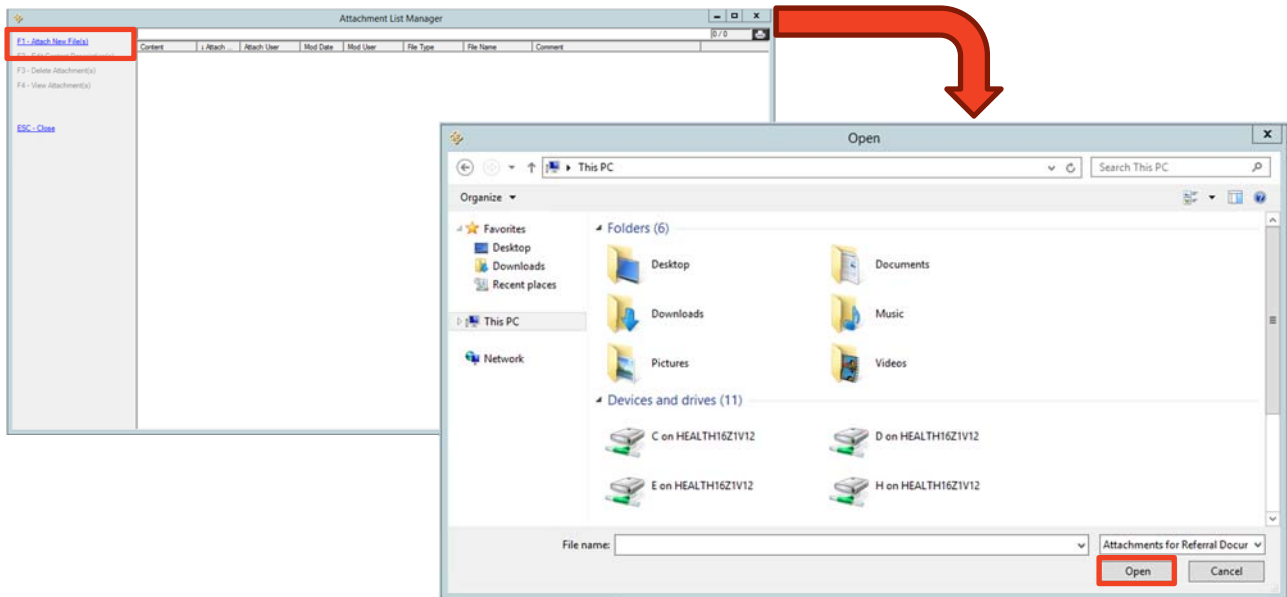
Direction	Referral	Provider	Service Cat...	Status	Complete...	Referral Cla...	Comments	Name of E...	Comments f...	Ni
Incoming	3/24/2016	Southern N...	Referral: H...	Completed	3/30/2016					M
Incoming	1/26/2016	HOPES	Referral: H...	Completed	1/28/2016	Recertificat...		Please mak...		Lc
Incoming	1/26/2016	HOPES	Referral: H...	Completed	1/28/2016	Recertificat...				Lc
Incoming	12/9/2015	CARE Coali...	Referral: H...	Completed	12/17/2015	New Applic...		Please sch...		Ar
Incoming	12/7/2015	The Gay a...	Referral: H...	Completed	12/9/2015	New Applic...		Please mak...		Ar
Incoming	10/19/2015	Community ...	Referral: H...	Completed	10/21/2015					Ar

- Once you select the **Requested Service Category Type**, the remaining fields will appear.

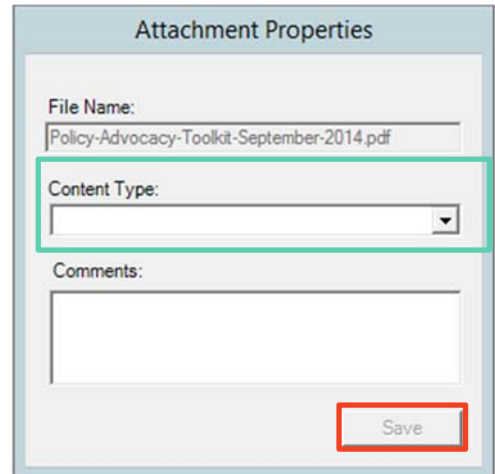
- ✎ Only the Completing Agency can complete the **Referral Status** and **Referral Complete Date** fields.
  - ✎ Do not fill out any comments in the **Referral Comments** field. That section does not provide adequate space to easily write and review comments.
7. Type your name as the employee at the agency completing the referral for the client in the **Name of Staff Initiating Referral** field and type in any additional notes or comments in the **Comments from Initiating Agency** regarding this referral.
  8. Leave the **Comments from Completing Agency** fields blank as those are to be completed by the Refer-To Provider.
  9. Scroll down to the bottom of this section and click the **Referral Documents** link if there are any documents to attach. The **Emergency Referral** button is for an initiating agency to flag to the receiving agency that this referral ought to take some sort of priority. All referrals must be completed within 30 calendar days, Emergency Referrals must be completed within five calendar days. This ought to only be used in true emergencies.



10. The **Attachment List Manager** window will appear. Click **Attach New File(s)**. This will bring up a screen that will allow you to browse your computer for the file that you wish you attach. Select the file you would like to upload and click **Open**.



11. The **Attachment Properties** window will open. Choose the appropriate **Content Type** (the name of the agency that you are referring to) and type in any **Comments** that might be appropriate. Do not type service notes or case notes into this field, as this field only pertains to the attachment. Then click **Save**.

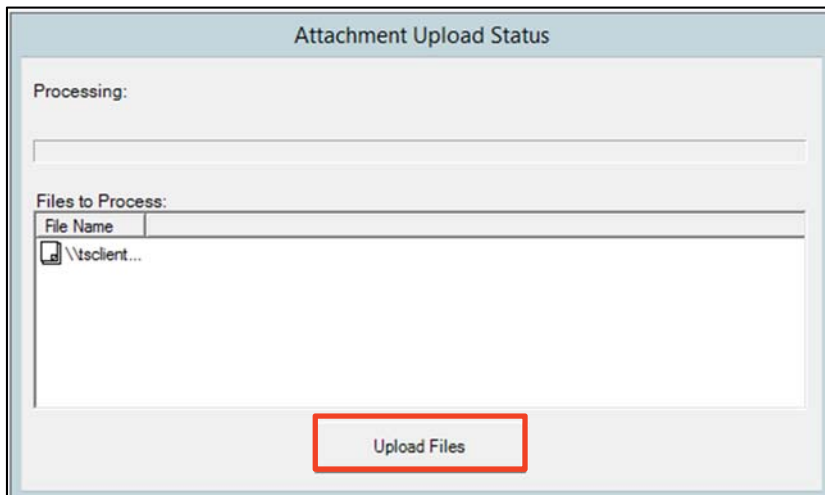


The Attachment Properties dialog box contains the following fields:

- File Name:** Policy-Advocacy-Toolkit-September-2014.pdf
- Content Type:** A dropdown menu with a downward arrow, highlighted with a green border.
- Comments:** A large empty text area.
- Save:** A button at the bottom right, highlighted with a red border.

12. You will then see the **Attachment Upload Status** screen. Click **Upload Files**.

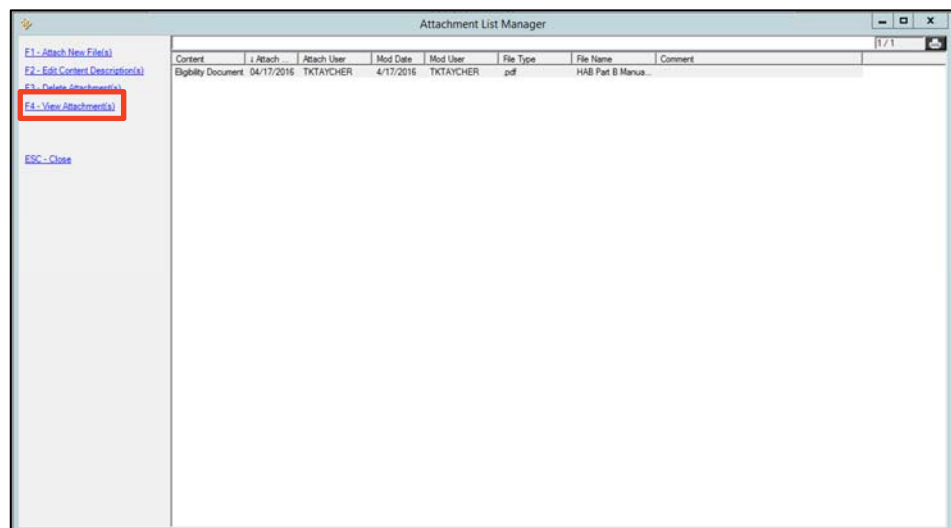
13. When it is done uploading you will see the **Attachment List Manager** screen again with the attachment listed in the right hand side.



The Attachment Upload Status dialog box contains the following elements:

- Processing:** A horizontal progress bar.
- Files to Process:** A table with one row:

File Name
\\tsclient...
- Upload Files:** A button at the bottom center, highlighted with a red border.



The Attachment List Manager window displays a table with the following data:

Content	Attach	Attach User	Mod Date	Mod User	File Type	File Name	Comment
Eligibility Document	04/17/2016	TKTAYCHER	4/17/2016	TKTAYCHER	pdf	HAB Part B Manua...	

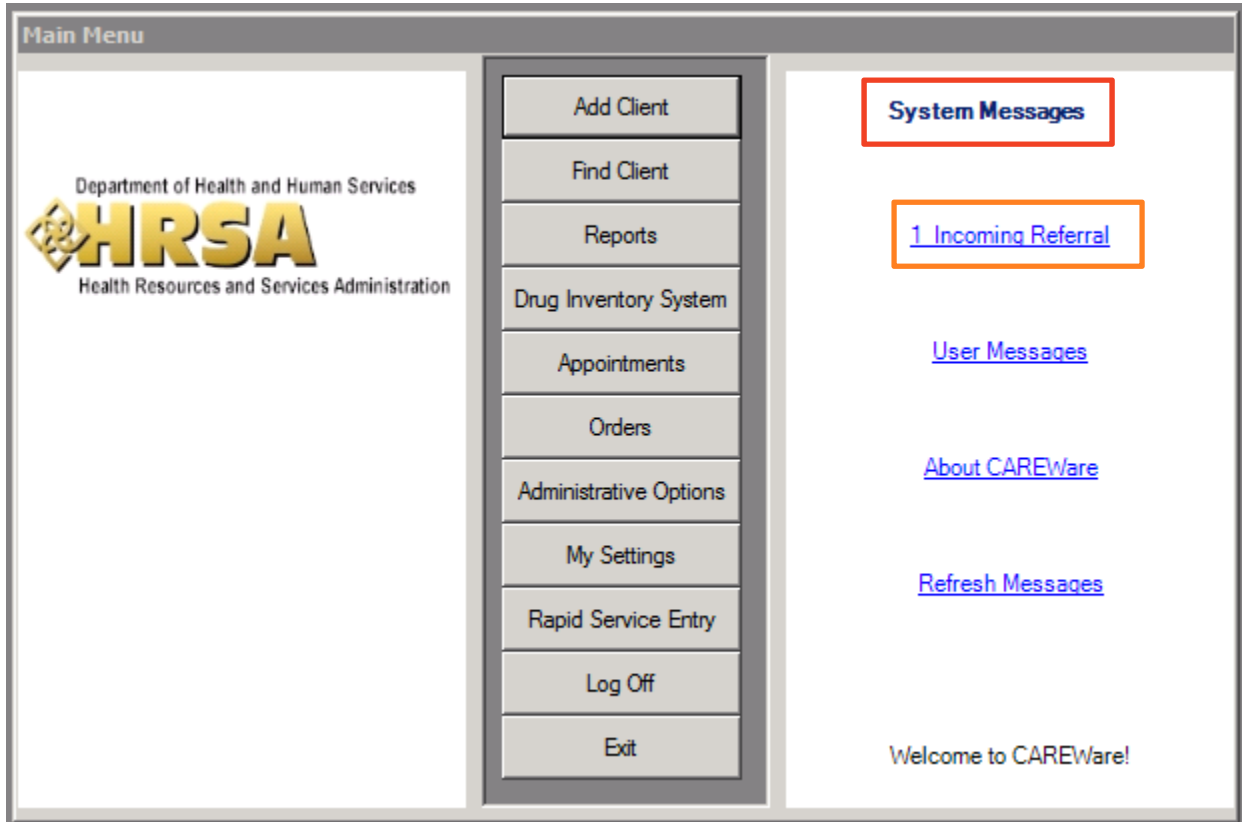
On the left side of the window, the following menu items are visible:

- F1 - Attach New File(s)
- F2 - Edit Content Description(s)
- F3 - Delete Attachment(s)
- F4 - View Attachment(s)** (highlighted with a red border)
- ESC - Close

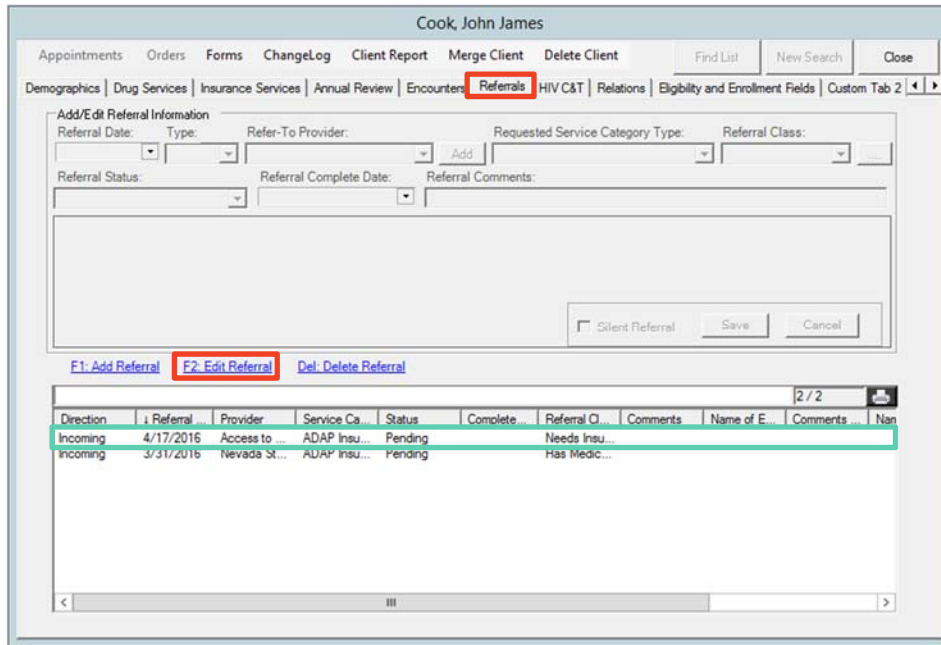
- ✎ Make sure that the referral documents packer uploaded correctly. Open the referral documents packet from CAREWare to ensure that the file is complete, legible, and has not been corrupted. Select the file you would like to view and click **F4 – View Attachment(s)**.
- ✎ The Attachment will open in another window in Adobe Reader. From the Adobe Reader window, you can save or print the document.
- ✎ The OHA is not responsible for information lost due to errors in document scanning and/or uploading. OHA recommends that scanned documents are kept in a folder on the Provider's computer network until a backup of the document is made and all uploading is complete.
- ✎ Lost documents are not the responsibility of the OHA.
- ✎ Keep scanned documents in a secure folder on your network and do not leave client documents on scanning devices. It is the responsibility of each Provider to maintain the security and confidentiality of their client files. Compromises in client information are not the responsibility of the Grantee.
- ✎ Uploaded documents can only be deleted by the Grantee's office. If a document is uploaded in error, please contact OHA to delete.
- ✎ Any destruction or shredding of documents is to be based on each Provider's policies and procedures, and will not be the responsibility of the Grantee. Consult your agency's policy before disposing of any client documents.

## Provider Completing Internal Referrals

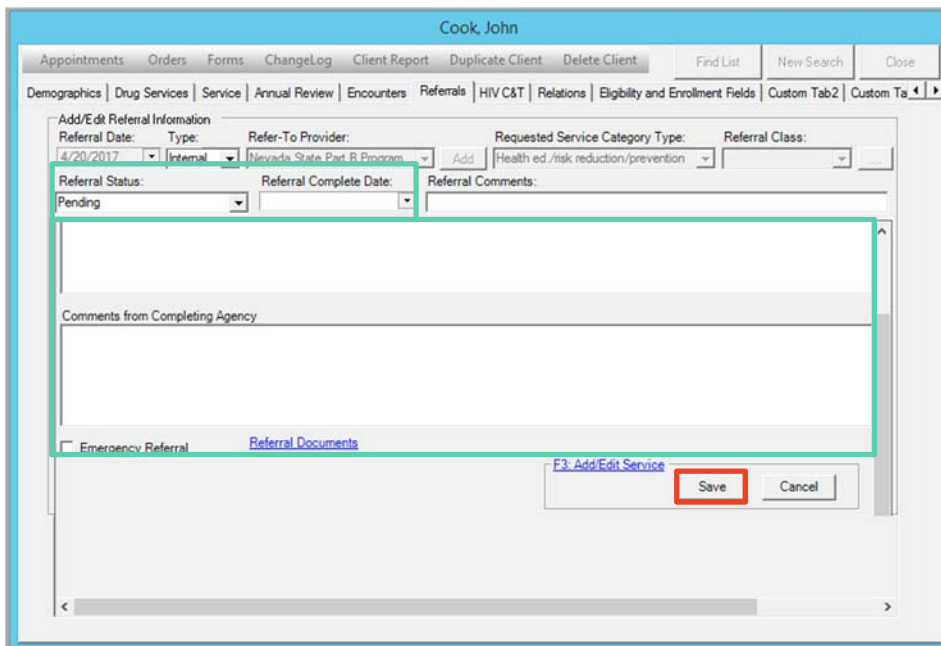
It is the responsibility of all providers receiving referrals to address all incoming internal CAREWare referrals in a timely manner. **Incoming Internal Referrals** can be found in the **System Messages** section on the right-hand side of the **Main Menu** screen. Providers completing/receiving referrals must verify client's Ryan White Part B eligibility prior to completing all referrals. Clients shall be contacted by provider completing referral within 5 business days of receiving all necessary referral documents. Clients shall receive an appointment with the receiving agency within 30 days of being contacted.



Providers receiving internal referrals can navigate to the **Referrals** tab and select the appropriate **incoming referral** and then click **Edit Referral**.



Referral Completing Providers are responsible for updating the **Referral Status** in CAREWare, entering a **Referral Complete Date**, as well as the **Name of employee completing referral** and any additional **Comments**. Referrals are considered complete when an appointment has been scheduled, check has been issued, or other applicable item/service has been prepared. Click **Save** when finished.



**⚠** Providers marking incomplete or inappropriate referrals as “Rejected” must indicate Name of employee completing referral and clearly state reason for rejecting referral in the Comments from employee completing referral field.

- ▣ All internal referrals should be resolved, e.g., Referral Status changed to “Completed, Lost to follow up, or Rejected,” within 30 days. A minimum of three attempts must be made to contact client prior to changing the Referral Status to “Lost to follow up.”



## Provider Initiating External Referrals

External referrals made to non-Ryan White Part B providers must be tracked/resolved by the agency making the referral. As with internal referrals, providers have 30 days to mark outgoing external referrals as complete. They do not send any communications to other providers and can only be viewed by your agency.

1. Access the Client's record and verify **RWPB Eligibility** in the **Eligibility and Enrollment Fields** tab. If the Client is not currently eligible for RWPB Services then proceed to make a referral only to an Eligibility & Enrollment Provider. No other referral can be made if a client is currently not current on their eligibility.

The screenshot shows the 'Eligibility and Enrollment Fields' tab for client 'Cook, John James'. The 'Application Type' is set to 'New Application'. The 'Current Part B Eligibility Start' is 2/29/2016 and the 'Current Part B Eligibility End' is 11/1/2016. Other fields include Emergency Contact Name (Scooby Doo), SSN or TIN, Preferred Name/Pronouns, Alternate Phone Number, Preferred Language (English), Alt. Phone Type, E-mail Address (Capricorn\_JJC@gmail.com), Relationship Status (Unmarried Couple), Education Level (Some College), Veteran Status, Special Needs, Primary Care Provider Name, Primary Care Provider Contact Information, and Date of Last Primary Care Visit (5/1/2015).

2. When you are ready to initiate the referral and upload your file to CAREWare go the **Referrals** tab in the Client's record and click the **Add Referral** link.

The screenshot shows the 'Referrals' tab for client 'Cook, John James'. The 'Add Referral' link is highlighted with a red box. Below the form is a table of referral history with the following data:

Direction	Referral Date	Provider	Service Cat	Status	Complete Date	Referral Class	Comments	Name of E...	Comments f...	...
Outgoing	4/17/2016	NEVADA A...	ADAP Insur...	Pending	3/30/2016	Needs Insu...				M
Incoming	3/24/2016	Southern N...	Referral: H...	Completed	3/30/2016					Lc
Incoming	1/26/2016	HOPEs	Referral: H...	Completed	1/28/2016	Recertificat...			Please mak...	Lc
Incoming	1/26/2016	HOPEs	Referral: H...	Completed	1/28/2016	Recertificat...			Please sch...	Ar
Incoming	12/9/2015	CARE Coall...	Referral: H...	Completed	12/17/2015	New Applic...			Please mak...	Ar
Incoming	12/7/2015	The Gay a...	Referral: H...	Completed	12/9/2015	New Applic...			Please mak...	Ar
Incoming	10/19/2015	Community ...	Referral: H...	Completed	10/21/2015					Ar

- The referral fields at the top will be activated. It may look like some fields are missing, but once you select the **Requested Service Category Type**, the additional fields will appear. Complete the required fields:

- Referral Date**
- Type** – choose External
- Refer-To Provider** – choose the appropriate external agency, if you do not see that agency, click **Add** then fill in the appropriate information in the External Provider Setup window.
- Requested Service Category Type** – Choose the appropriate Service Category; if you are unsure of the Service Category definitions contact the OHA; if you are referring for a service that is not listed, choose “Non CARE Act Service.”

- Enter in the appropriate **Employee Name** and **Comments** to assist your agency in completing the referral. Scroll down and click **Save** when finished.

### ***Provider Completing External Referrals***

All External Referrals are to be initiated and completed in CAREWare by the home agency. It is the responsibility of an agency that creates an External Referral to complete the referral by changing the **Referral Status**, **Referral Complete Date**, **Employee Name** and **Comments** at the home agency about the completion of the referral. Click **Save** when finished.

## 9. ELIGIBILITY & ENROLLMENT FIELDS

To ensure that all data elements contained in the common RWHAP All Parts Application are located in CAREWare, the **Eligibility and Enrollment Fields** tab was created for the Eligibility and Enrollment Providers to complete on a biannual basis. Please review the [Data Field Standards for this tab in Appendix I](#).

The screenshot shows the 'Eligibility and Enrollment Fields' tab for a client named 'Cook, John'. The interface includes a navigation bar with tabs for 'Appointments', 'Orders', 'Forms', 'ChangeLog', 'Client Report', 'Duplicate Client', 'Delete Client', 'Find List', 'New Search', and 'Close'. The 'Eligibility and Enrollment Fields' tab is highlighted with a red box. Below the navigation bar, there are several sections for data entry:

- Current Eligibility Start Date:** 2/29/2016
- Current Eligibility End Date:** 11/1/2016
- Emergency Contact Name and Information:** Scooby Doo, 775-684-4247, Knows about Diagnosis
- SSN or TIN:** No SSN
- Preferred Name/Pronouns:** (empty)
- Preferred Language:** Spanish
- Alternate Phone Number:** (empty)
- Alt. Phone Type:** (empty)
- E-mail Address:** Capricom\_JJC@gmail.com
- Should mail be confidential?:**
- May we contact you by phone?:**
- May we leave a message?:**
- Relationship Status:** Unmarried Couple
- Education Level:** Some College
- Veteran Status:**
- Eligibility Agency:** AHF - Internal Referral
- Most Recent Eligibility Specialist:** Joshua Benitez
- Eligibility Is Pending:**
- Enrollment Pending Notes:** (empty text area)
- Proof of HIV Diagnosis in Packet:**
- Current Lab Work in Packet:**
- Proof of Identification in Packet:**
- Existing Insurance Coverage in Packet:**

These fields are mandatory to be filled out as they constitute a complete application. The fields completed here appear on the Client Report which is discussed in the [Attaching Eligibility Documents](#) section and the [Generating the RWHAP Application](#) section. To understand the correlation between the RWHAP All Parts Application and the screens in CAREWare see [Appendix III: Application Correlation to CAREWare](#).

## 10. ATTACHING ELIGIBILITY DOCUMENTS

As part of eligibility, all eligibility documents are scanned into CAREWare. This allows other case managers and eligibility specialists to view the documents, which can help in coordinating the processing of pending eligibility documents and eligibility for other programs.

1. Only eligibility-related documents should be uploaded and scanned. (See CGD 15-55 for the required documents and order of documents to be scanned into CAREWare)
2. When scanning, all pages must be face up and face the same direction. Some documents such as bank statements and lease agreements tend to be quite lengthy. It is not necessary to include every page, only the pages that contain information relevant to eligibility, such as first page and signature page for lease agreements and the deposits page for bank statements.
3. Scan all eligibility documents as one PDF file.
  - a. For the annual eligibility appointment, label this document with the clients name (LastFirst), then as “**Annual**” with the date of the eligibility appointment, NOT the date you scanned the document. For example: **CookJohn\_Annual\_06-05-15**.
  - b. If it is the six month recertification, label the document as “**Recertification**” with the date of the recertification appointment (i.e., **CookJohn\_Recertification\_12-05-15**).
4. If a client does not have all of their documents at their appointment, scan what is available and label it as Annual or Recertification. When the remainder of the documents are presented, scan and label the file under the same convention with the date of the original eligibility appointment, so that it is clear with which appointment the document corresponds.

- When you are ready to upload your file to CAREWare, go to the **Eligibility & Enrollment Fields** tab. **Scroll down** to the bottom of this screen and click **File Attachment** to open up the **Attachment List Manager** window.

Cook, John James

Appointments | Orders | Forms | ChangeLog | Client Report | Duplicate Client | Delete Client | Find List | New Search | Close

Demographics | Drug Services | Service | Annual Review | Encounters | Referrals | HIV C&T | Relations | Eligibility and Enrollment Fields | Custom Tab 2 | Custom Tz

SSN or TIN | Preferred Name/Pronouns | Alternate Phone Number | Preferred Language | Alt. Phone Type

E-mail Address |  Should mail be confidential? |  May we contact you by phone? |  May we leave a message?

Relationship Status | Education Level |  Veteran Status | Special Needs

Primary Care Provider Name | HIV Specialist Name | Eligibility Agency

Most Recent Eligibility Specialist |  Part B Eligibility Is Pending

Part B Eligibility Pending Items

Proof of HIV Diagnosis in Packet |  Current Lab Work in Packet |  Proof of Identification in Packet |  Existing Insurance Coverage in Packet

Nevada Residency in Packet |  Income Information in Packet |  15-46 Recertification Form in Packet | **Eligibility Documents**

ROI form signed after 9/26/16

- Click **F1 – Attach New File(s)** and the screen with your computer files will appear. Select the file that you would like to upload and click **Open**.

Attachment List Manager

F1 - Attach New File(s)

F2 - Edit Content Description(s)

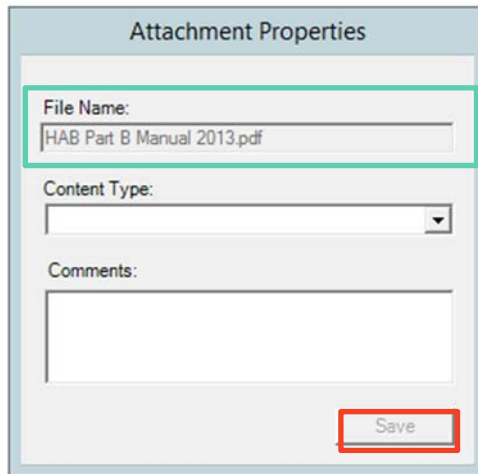
F3 - Delete Attachment(s)

F4 - View Attachment(s)

ESC - Close

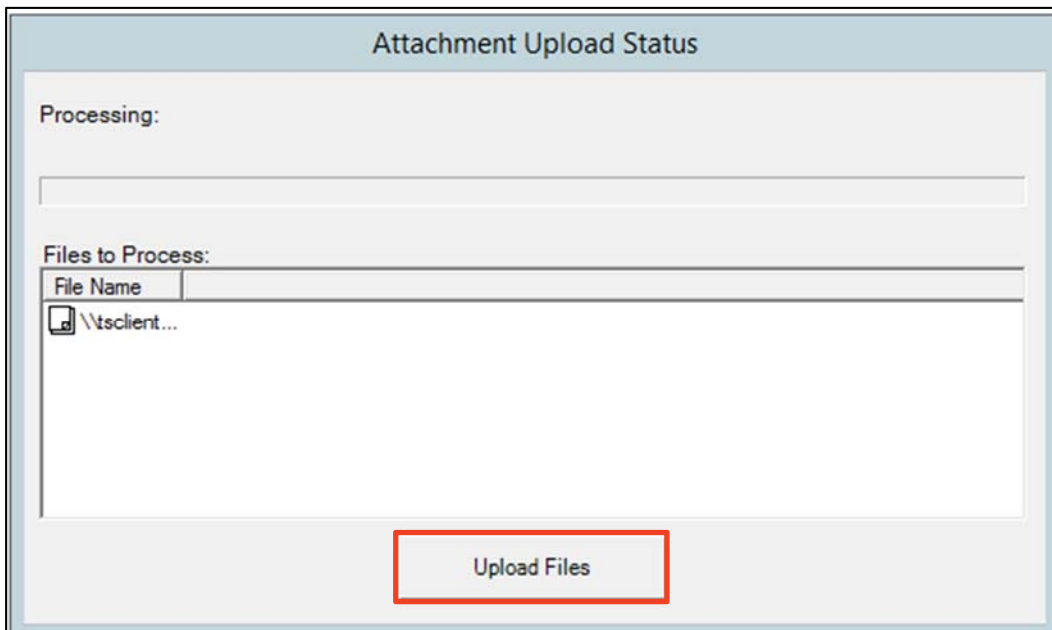
Content	Attach	Attach User	Mod Date	Mod User	File Type	File Name	Comment

7. The **Attachment Properties** screen will appear where you will choose the correct content type – either **New** or **Recertification**. In the comments field list the date of the eligibility appointment and any pending documents. Click **Save** when you are done.




The image shows a dialog box titled "Attachment Properties". It contains three main sections: "File Name:" with a text input field containing "HAB Part B Manual 2013.pdf"; "Content Type:" with a dropdown menu; and "Comments:" with a large empty text area. A "Save" button is located at the bottom right of the dialog box.

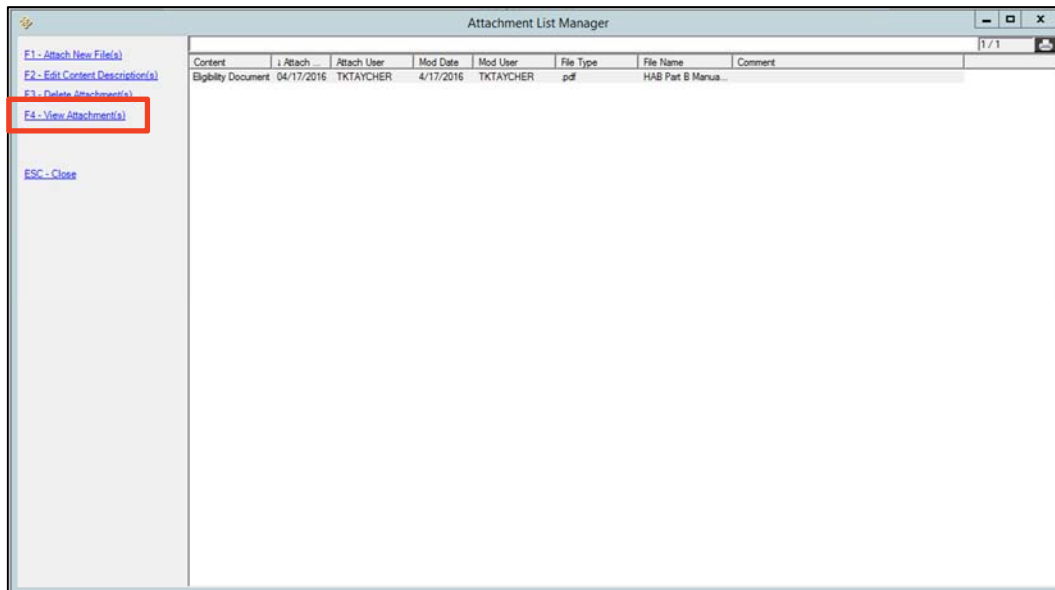
8. You will see another **"Attachment Upload Status"** screen. Click **Upload Files** at the bottom.



The image shows a dialog box titled "Attachment Upload Status". It has two main sections: "Processing:" with an empty text field, and "Files to Process:" with a table. The table has a header row with "File Name" and a single row with a file icon and the text "\tsclient...". An "Upload Files" button is located at the bottom center of the dialog box.

File Name
 \tsclient...

9. Once the document has uploaded to CAREWare, you will see it in the “Attachment List Manager” window.



- ✎ Make sure that the Eligibility Packet uploaded correctly. Open the eligibility packet from CAREWare to ensure that the file is complete, legible, and has not been corrupted. Select the file you would like to view and click **F4 – View Attachment(s)**.
- ✎ The Attachment will open in another window in Adobe Reader. From the Adobe Reader window, you can save or print the document.
- ✎ The OHA is not responsible for information lost due to errors in document scanning and/or uploading. OHA recommends that scanned documents are kept in a folder on the Provider’s computer network until a backup of the document is made and all uploading is complete.
- ✎ Lost documents are not the responsibility of the OHA.
- ✎ Keep scanned documents in a secure folder on your network and do not leave client documents on scanning devices. It is the responsibility of each Provider to maintain the security and confidentiality of their client files. Compromises in client information are not the responsibility of the Grantee.
- ✎ Uploaded documents can only be deleted by the Grantee’s office. If a document is uploaded in error, please contact OHA to delete.
- ✎ Any destruction or shredding of documents is to be based on each Provider’s policies and procedures, and will not be the responsibility of the Grantee. Consult your agency’s policy before disposing of any client documents.



## 11. SUBFORM AND HISTORICAL RWPB ELIGIBILITY DATES

It is very helpful for providers to know the historical RWPB eligibility status of clients as they do their daily service delivery. If a provider sees that a client is regular or irregular in their RWPB Eligibility and Enrollment recertifications then that would be an opportunity to personalize service delivery.

Historical RWPB Eligibility Data will be located in the **Subform** tab and **Historical RWPB Eligibility Dates** subtab.

The screenshot shows a software window titled 'Cook, John James'. The top navigation bar includes 'Appointments', 'Orders', 'Forms', 'ChangeLog', 'Client Report', 'Merge Client', 'Delete Client', 'Find List', 'New Search', and 'Close'. Below this is a secondary navigation bar with 'Encounters', 'Referrals', 'HIV C&T', 'Relations', 'Eligibility and Enrollment Fields', 'Custom Tab 2', 'Custom Tab 3', 'Subform', 'Pharmacy', 'Scheduler', and 'Performance Meas'. The 'Subform' tab is selected and highlighted with a red box. The main content area is titled 'Historical RWPB Eligibility Dates' and 'Edit Page'. It contains a table with the following data:

Entry Date	Historical P...	Historical P...	Domain
08/12/2015	08/01/2015	02/29/2016	Access to ...
01/27/2016	01/01/2014	07/31/2014	Access to ...

At the bottom of the form, there are buttons for 'Sharing', 'Add Row', 'Edit Row', and 'Delete Row'. The 'Add Row' button is highlighted with a red box.

When Eligibility and Enrollment Specialists with RWPB recertify a client in the program, they are to add their prior eligibility window into this **Historical RWPB Eligibility Dates** form by clicking **Add Row** and entering in the correct dates. They are then to change the **Current RWPB Start and End Dates** in the **Eligibility and Enrollment Fields** tab.

## *12. DELETING OR MERGING A CLIENT*

CAREWare users will not have the permissions necessary to delete a client. If you believe that a client record was entered in your provider domain in error, please contact the Nevada OHA. Do NOT include the client name in the email; only include the URN/Unique ID in the email.

# Appendix I: Data Field Standards

## LAST NAME

Enter the legal last name of the client.

- ✎ Capitalize the first letter of the last name. If the last name is made up of two names (e.g. Hanson Pérez), capitalize the first letter of each name. Do not capitalize the whole last name.
- ✎ Do not use hyphens, accents (e.g., á, é), tildes (e.g., ñ, õ), or other symbols (e.g., ü, ß, ç) in the last name.
- ✎ Do not use spaces in the last name, except when using suffixes like Jr. or III. Do not use periods after suffixes like Jr. and Sr.
- ✎ If the client does not have a last name, use Nln as the designation for “No last name”
- ✎ Read Policy Guidance 15-23 for more information on Hispanic Surnames

Legal Last Name	How to Enter into CAREWare
Johnson	Johnson
Hanson Pérez	HansonPerez
Smith-Jones	SmithJones
O’Connor	OConnor
Peña	Pena
Peters Jr.	Peters Jr

## FIRST NAME

Enter the legal first name of the client.

- ✎ Capitalize the first letter of the first name. If the first name is made up of two names (e.g. Mary Jo), capitalize the first letter of each name. Do not capitalize the whole first name.
- ✎ Do not use hyphens, accents, tildes, or other symbols in the last name.
- ✎ Do not use spaces in the last name.
- ✎ If the client uses a different chosen name, include that name in the Case Notes section of the client demographics page and also include the client’s preferred pronouns.

Legal First Name	How to Enter into CAREWare
Linda	Linda
Mary Jo	MaryJo
Jimmy-John	JimmyJohn
Raúl	Raul
Scott	Scott

## MIDDLE NAMES

Enter the legal middle name of the client. You may enter the full middle name, it is not a requirement.

- ☞ If the client does not have a middle name or the middle name is unknown, leave it blank
- ☞ The general guidance for entering a first name should be followed for entering a middle name.
- ☞ If only the middle initial is known, enter the initial without a period.

Legal Middle Name	How to Enter into CAREWare
Ann	Ann
R.	R
No Middle Name	
Unknown Middle Name	

## *GENDER*

When adding a new client, you must enter a gender in CAREWare. The drop down list shows several options for the field. Indicate the client’s gender (the socially and psychologically constructed, understood, and interpreted set of characteristics that describe the current sexual identity of an individual) based on his or her self-report. The following options are available in CAREWare:

- Male - An individual with strong and persistent identification with the male sex.
- Female - An individual with strong and persistent identification with the female sex.
- ☞ *Transgender - An individual whose gender identity is not congruent with his or her biological gender, regardless of the status of surgical and hormonal gender reassignment processes. Sometimes the term is used as an umbrella term encompassing transsexuals, transvestites, cross-dressers, and others. The term transgender refers to a continuum of gender expressions, identities, and roles, which expand the current dominant cultural values of what it means to be male or female.*
- Transgender MtF – Transgender Male to Female / Transgender Female / Transwoman
- Transgender FtM – Transgender Female to Male / Transgender Male / Transman
- Transgender Unknown – This category is treated in CAREWare as the umbrella term for all other gender identifications. This includes, but is not limited to Agender, Androgynous, Gender Diverse, Gender Fluid, Genderfuck, Genderqueer, etc.
- Refused to Report – Client refused to report their gender
- Unknown – Client’s gender is unknown

## *BIRTH DATE*

Enter the date of birth as identified by the client in the mm/dd/yyyy format. If the client’s actual date of birth is unknown and the client does not have a standard date of birth they use on driver’s license, passport, etc., then:

- ☞ If the month is unknown, report as “01”

- ℞ If the day is unknown, report as “01”
- ℞ Provide the client’s best guess for their year of birth. “9999” or any variation is not a valid response for year.
- ℞ Select “Estimated Year of Birth”

## *ADDRESS*

To ensure accurate data entry of a client’s mailing address please follow this guidance.

### Street Address

- ℞ The Delivery Address Line should be [complete and standardized as defined by the United States Postal Service](#). USPS requires all capitalized letters but to maintain consistency with the rest of the data elements within CAREWare the capitalization should follow the correct casing.
  - 1500 E Main Ave Apt 201
- ℞ Directional Guidance is abbreviated only if it is not part of the street name
  - North → N
  - South → S
  - East → E
  - West → W
  - South Meadows Parkway → South Meadows Pkwy
  - South Drive → South Dr
- ℞ The street suffix must be abbreviated according to the USPS guidance.
  - Alley → Aly
  - Avenue → Ave
  - Boulevard → Blvd
  - Circle → Cir
  - Drive → Dr
- ℞ The Secondary Address Unit Designation such as apartment, building, suite, or office are required to be typed into CAREWare after the street designation.
  - Apartment → Apt
  - Building → Bldg
  - Floor → Fl
  - Suite → Ste
  - Unit → Unit
  - Room → Rm
- ℞ The pound sign (#) is used with a space after the Secondary Address Unit Designation (see above) and the specific number.

○ Apt # 201

℞ The City is to be typed in proper sentence casing and spelled correctly with no abbreviations

Las Vegas	Correct	Carson	Incorrect
LV	Incorrect	Carson City	Correct
North Las Vegas	Correct	HENDERSON	Incorrect
N Las Vegas	Incorrect	Henderson	Correct

## *RACE, ETHNICITY, AND SUBGROUPS*

**Race** is determined by the client’s self-report.

℞ Multiracial clients should select all categories that apply.

℞ There is no option or *Other* or *Unknown*.

℞ Race and Ethnicity Categories were determined by the [Federal Office of Management and Budget \(October 30, 1997\)](#)

- American Indian or Alaska Native*—A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian*—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. If a client identifies as Asian, choose all Asian subgroups that apply in the Asian Subgroup field.
- Black or African American*—A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander*—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. If a client identifies as Native Hawaiian/Pacific Islander, choose all Native Hawaiian/Pacific Islander subgroups that apply in the Native Hawaiian or Other Pacific Islander Subgroup field.
- White*—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Ethnicity** is determined by the client’s self-report

℞ Clients must choose only one option.

- *Hispanic, Latino/a, or Spanish origin* — A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be synonymous with “Hispanic or Latino.” If a client identifies as Hispanic, Latino/a, or Spanish origin, choose all Hispanic subgroups that apply in the Hispanic Subgroup field.

- Non-Hispanic, Latino/a, or Spanish origin* — A person who does not identify his or her ethnicity as “Hispanic or Latino.”

If the client identifies as **Hispanic, Latino/a, or Spanish Origin**, you are also required to report one or more of the following Hispanic subgroups based on how the clients self-identifies their country of origin or their descent:

- Mexican, Mexican American, Chicano/a* - Person born in Mexico or of Mexican descent
- Puerto Rican* - Person born in Puerto Rico or of Puerto Rican descent
- Cuban* – Person born in Cuba or of Cuban descent
- Other Hispanic, Latino/a, or Spanish origin* - Person born in another Hispanic/Latino country or of other Hispanic/Latino descent

If the client identifies as **Asian**, you are also required to report one or more of the following Asian subgroups, based on how the clients self-identifies their country of origin or their descent:

- Asian Indian* - Person born in India, Pakistan, or Bangladesh or of Asian Indian descent
- Chinese* - Person born in China or of Chinese descent
- Filipino* - Person born in the Philippines or of Filipino descent
- Japanese* - Person born in Japan or of Japanese descent
- Korean* - Person born in Korea or of Korean descent
- Vietnamese* - Person born in Vietnam or of Vietnamese descent
- Other Asian* - Person born in another Asian country or of other Asian descent

If the client identifies as **Pacific Islander**, you are also required to report one or more of the following Pacific Islander subgroups, based on how the clients self-identifies their country of origin or descent:

- Native Hawaiian* - Person born in Hawaii or of Native Hawaiian heritage.
- Guamanian or Chamorro* - Person born in Guam or the Marianas Islands or of Guamanian or Chamorran descent.
- Samoa* - Person born in Samoa or of Samoan descent
- Other Pacific Islander* - Person born in another Pacific Island or of other Pacific Islander descent

## *ENROLLMENT STATUS*

The Enrollment Status field refers to the client’s enrollment status at your agency only. Please be aware that if a client is closed in one program but is still receiving services through another program within your agency, the status should be ‘Active.’

Select one of the following:

- Active* - Client continues to receive at least one service at your agency
- Referred or Discharged* - Client was referred to another agency AND is no longer receiving services at your agency. Also select this response if client was discharged from your agency because they became self-sufficient and no longer needed Ryan White-funded

services, client voluntarily leaves your agency, client is lost to follow-up, or client refuses to participate.

- *Removed* - Client was removed from your agency's services due to violation of your agency's rules.
- *Incarcerated* - Client will not continue in services because they are serving a sentence in a federal, state, or local penitentiary, prison, jail, reformatory, work house or other correctional facility. If the client is incarcerated and will continue to receive services from your agency, select Active.
- *Relocated* - Client moved out of the agency's service area and will not continue to receive Ryan White services at your agency. **This is also the option to be used if a client is deceased.**

*Active* is the default value for this field. Be sure to change this if the client is no longer active at your agency.

- ℞ CAREWare no longer offers *Inactive/Closed* and *Unknown* as response options for Enrollment Status.

## *HIV STATUS*

This data element is the client's HIV/AIDS status at the end of the reporting period. For HIV-affected clients for whom HIV/AIDS status is not known, leave this value blank. The response categories for this element are:

- *HIV-negative (affected)* — Client has tested negative for HIV, is an affected partner or family member of an individual who is HIV positive, and has received at least one RWHAP-funded support service during the reporting period.
  - *HIV-positive, not AIDS* — Client has been diagnosed with HIV but has not been diagnosed with AIDS.
  - *HIV-positive, AIDS status unknown* — Client has been diagnosed with HIV. It is not known whether the client has been diagnosed with AIDS.
  - *CDC-defined AIDS* — Client is an HIV-infected individual who meets the CDC AIDS case definition for an adult or child. NOTE: Once a client has been diagnosed with AIDS, he or she always is counted in the CDC-defined AIDS category regardless of changes in CD4 counts. For additional information, see: <http://www.cdc.gov/hiv/topics/surveillance/resources/guidelines/index.htm>
  - *HIV-indeterminate (infants <2 years only)* — A child under the age of 2 whose HIV status is not yet determined but was born to an HIV-infected mother.
- ℞ AIDS is the most severe manifestation of infection with HIV. CDC lists numerous opportunistic infections and cancers that, in the presence of HIV infection constitute an AIDS diagnosis.
  - ℞ AIDS defining conditions include: pneumocystis carinii pneumonia (PCP), Mycobacterium avium complex (MAC), Mycobacterium tuberculosis, cytomegalovirus disease, toxoplasmosis, cervical cancer, and others. See <http://aidsinfo.nih.gov> for more information on AIDS diagnosis, opportunistic infections, and cell counts.



- ℞ If the client self-reports a history of any AIDS defining condition (see box on AIDS definition), the HIV Status should be entered as “CDC defined AIDS.”
- ℞ If the client self-reports or provides medical documentation (e.g. lab reports) of an HIV Status of “CDC defined AIDS,” enter the HIV Status as such.
  - HIV+ Date: Enter the date the client was identified as HIV+. This date may be a client’s estimate. For example, if a client says “sometime in the middle of ‘86”, enter “06/01/1986”. If the date is an estimate, check the “Est?” box
  - AIDS Date: Enter the date the client was diagnosed with AIDS. Verification of the AIDS diagnosis should be made through the CDC-defined criteria for AIDS. Refer to the case management standards for additional guidance.

## *HIV RISK FACTORS*

Check all the boxes that apply for HIV Risk Factors (modes of HIV transmission to the client.) These entries may be based on client self-report and/or the case manager’s professional assessment. If you have a question about a mode of transmission that does not appear to fit in the categories, contact the Nevada Office of HIV/AIDS for guidance.

- Men who have sex with men (MSM) cases include men who report sexual contact with other men (i.e., homosexual contact) and men who report sexual contact with both men and women (i.e., bisexual contact). For Transgender individuals who were assigned Male at birth – this category is reported as Sexual Contact **NOT MSM**.
- Intravenous drug use (IDU) cases whose transmission category is classified as injection drug use are persons who received an injection, either self-administered or given by another person, of a drug that was not prescribed by a physician for this person. The drug itself is not the source of the HIV infection, but rather the sharing of syringes or other injection equipment (e.g., cookers and cottons), which can result in transmission of blood borne pathogens, such as HIV.
- Hemophilia/coagulation disorder cases include clients with delayed clotting of the blood who used a blood product for treatment of the overlying blood disorder including, but not limited to Factor VIII or Factor IX.
- Heterosexual contact cases include clients who report specific heterosexual contact with an individual with, or at increased risk for, HIV infection (e.g., a person who uses injection drugs).
- Receipt of transfusion of blood, blood components, or tissue cases include transmission through receipt of infected blood or tissue products given for medical care – this is not for individuals with an underlying blood disorder.
- Mother with/at risk for HIV infection (perinatal transmission) cases include the transmission of disease from mother to child during pregnancy. This category is exclusively for infants and children infected by mothers who are HIV-positive or at risk.
- Risk not reported or identified indicates the individual’s exposure is unknown, or does not fit into the categories above. This includes occupational transmission,

## *INSURANCE OPTIONS*

From the pull down menu, select the client's primary source of health insurance at the end of the current six-month reporting period:

- IHS* - Indian Health Services
- Medicaid* – Although not listed this way in CAREWare, this option includes Medicaid and Other Public insurance plans. Medicaid is a jointly funded Federal and State health insurance program for certain low-income and other groups of individual people.
- Medicare (unspecified)* - Health insurance program for people 65 years of age and older, some people with disabilities under 65 years of age, and people with End-Stage Renal Disease.
- Medicare Part A/B* – Medicare Part A covers hospital care, skilled nursing facility care, nursing home care, hospice care, and home health services. Medicare Part B covers medically necessary and preventive medical services.
- Medicare Part D* – Medicare Part D covers outpatient prescription drugs for individuals who are entitled to benefits under Medicare Part A and/or are enrolled in Part B (although premiums may be paid by Nevada's ADAP SPAP Program)..
- No Insurance* - The client does not have insurance to cover health care costs, the client self-pays, or services are covered by Ryan White funds.
- Other* - The client has an insurance type other than the options listed.
- Private - Employer* - Group insurance coverage provided through the client's employer (although premiums may be paid by Nevada's ADAP HICP Program).
- Private - Individual* - Health insurance plans such as Blue Cross/Blue Shield, HealthPartners, United HealthCare, etc., that are purchased for an individual (although premiums may be paid by Nevada's ADAP HICP Program).
- VA, Tricare, and other military health care* – Health plans that provide coverage to service members, veterans, and their families.
- CAREWare no longer offers Unknown or Other Public as response options for Primary Insurance.

## *FEDERAL POVERTY LEVEL (HOUSEHOLD INCOME/HOUSEHOLD SIZE)*

All clients must present proof of income not to exceed 400% of the federal poverty level (FPL) based on their Modified Adjusted Gross Income. Enter the annual **Household Income** for the current year. A family income refers only to the income on which this individual can legally rely on; e.g., includes income of spouse or minor children. Remember that family income is based on the legal definition of family; e.g., if married and both people work, use both incomes. However, if two people live together and share expenses but are not legally married, do not use both incomes.

- If the household has an intermittent or uncertain income, have the client estimate their current monthly household income and multiply by twelve.

- ☞ If the household has no income, enter '0'. Ask the client to complete the "No Income Statement Form"
- ☞ If you are uncertain about how to calculate the income for a specific client due to special circumstances, please contact OHA for guidance

All clients must provide proof of **household**. The household consists of the tax filing unit. For individuals who do not file a tax return and are not claimed as a tax dependent, household size is the individual and the following (if living with the individual): spouse/registered domestic partner; natural, adopted, and step children (those under age 21). If applicant is a child, household would include natural, adopted, and step parents and natural, adopted, and step siblings.

- ☞ The response must always be at least '1' for the client.
- ☞ If the client is unclear, ask the client how many family members they are able to claim as dependents on their income taxes.
- ☞ If you are uncertain about how to calculate household size for a specific client due to special circumstances, please contact OHA for guidance.

Poverty Level is automatically calculated using guidance from the United States Department of Health and Human Services, see [80 FR 3236 published January 22, 2015](#).

See OHA Policy 13-02: Modified Adjusted Gross Income for more information.

[See Nevada Health Link's definition of Household Income which is used as the baseline for Nevada's Ryan White Part B program.](#)

### *HIV PRIMARY CARE LOCATION*

This field is asking in which type of setting the client receives their primary HIV medical care. Select one of the following from the Result pull down menu:

- Emergency Room
- Hospital/Outpatient Center
- No Primary Source of Care
- Other
- Private Practice
- Publically-funded clinic or health department
- Unknown

### *HOUSING ARRANGEMENT*

Select the response from the Result pull down menu that best describes the client's housing situation at the end of the six-month reporting period.

- Institution – Although this option still appears in CAREWare, this is now reported under Stable/Permanent.
- Non-permanently Housed – Although this option still appears in CAREWare, this is now reported under Temporary.

- Other - Although this option still appears in CAREWare, it is not a valid response.

- *Stable/Permanent Housing* – Includes renting or owning an unsubsidized house, room or apartment; unsubsidized permanent placement with family or other self-sufficient arrangement; HOPWA-funded housing assistance (does NOT include short-term rent, mortgage and utility assistance); subsidized housing; permanent housing for formerly homeless persons (e.g., Shelter Plus Care, Supportive Housing Program, and Moderate Rehabilitation Program for SRO Dwellings); or institutional settings with greater support and continued residence expected (e.g., psychiatric hospital/facility, foster care home or foster care group home, or other residence or long-term care facility)
- *Temporary Housing* – Includes transitional housing for homeless people, temporary arrangement to stay or live with family or friends, other temporary such as a Ryan White housing subsidy, temporary placement in an institution (e.g., hospital, psychiatric hospital/facility, substance abuse treatment facility, or detox center), or hotel/motel paid for without emergency shelter voucher.
- *Unstable Housing* – Includes emergency shelter; any location not designed for use as sleeping accommodation (e.g., vehicle, abandoned building, bus/train/subway station, airport, anywhere outside); jail, prison or juvenile detention facility; and hotel/motel paid for with emergency shelter voucher.

## ELIGIBILITY AND ENROLLMENT FIELDS TAB

### Current Eligibility Start Date and Current Eligibility End Date

These are the start and end dates of the client's Universal Ryan White ABCD enrollment in Nevada.

Current Eligibility Start Date	Current Eligibility End Date
2/29/2016	11/1/2016

### Emergency Contact Name and Information

In this field, please ask the client if they have someone that they would like to have as an emergency contact person in case there is an issue at any of the service providers. It is a good idea to have a phone number or mailing address and whether the emergency contact person knows about the client's HIV status.

Emergency Contact Name and Information
Scooby Doo 775-684-4247 Knows about Diagnosis

### SSN or TIN

A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws. It is issued *either* by the Social Security Administration (SSA) *or* by the IRS. A Social Security number (SSN) is issued by the SSA whereas all other TINs are issued by the IRS.

SSN or TIN
No SSN

In the Social Security Number/Individual Taxpayer Identification Number (SSN/ITIN) field please use the format **123-45-6789** with the hyphens. Both of these taxpayer ID numbers have nine digits separated by a hyphen after the third and fifth digit. If a client does not have a SSN or ITIN

then type in **No SSN** so that we know that the question was asked – **do not enter in 000-00-0000** – that is inaccurate data and creates errors in data reporting. If a client has a SSN/TIN but does not remember their SSN/TIN type in **UA** for Unavailable. In the past we have asked Eligibility & Enrollment providers to add (SSN) or (TIN) after the nine-digit number. That guidance is no longer effective – **do not distinguish between SSNs and TINs**

### ***Preferred Name/Pronouns***

This field is where the Eligibility & Enrollment Specialists can put in the preferred name of a client and the pronouns by which they would like to be addressed. This is an important field for our trans\* clients whose legal name on the Demographics page does not match the name they use in their day-to-day life.

Preferred Name/Pronouns
<input type="text"/>

### ***Alternate Phone Number and Alt. Phone Type***

These two fields are to collect information related to an alternate phone number the client might have, whether it be a cell phone, work phone, fax, pager, home phone, etc.

Alternate Phone Number	Alt. Phone Type
<input type="text"/>	<input type="text"/>

### ***Preferred Language***

Because of the racial and ethnic diversity of our state and with residents of Nevada coming from all over the world, many of our client's prefer to be communicated with in a language other than English. Please type in one language that the client prefers to be communicated with. Please ensure that you are spelling the language correctly.

Preferred Language
Spanish

### ***E-mail Address***

Client's who would like to receive communication from either the Ryan White Program or one of the partner agencies can supply their email to their Eligibility & Enrollment Specialist.

E-mail Address
Capricorn_JJC@gmail.com

### ***Contact Confidentiality Questions***

The Eligibility & Enrollment Specialists

<input type="checkbox"/> Should mail be confidential?	<input type="checkbox"/> May we contact you by phone?	<input type="checkbox"/> May we leave a message?
---	---	--

are required to ask clients if there are any methods of communications that are or are not confidential. This helps protect client privacy. The three questions on this tab are: Should mail be confidential? May we contact you by phone? May we leave a message?

### ***Relationship Status***

This demographic data field assists the Ryan White Program understand better the population dynamics that is served. The Relationship Status options are Divorced, Domestic Partnership, Married, Separated but legally together, Single, Unmarried Couple, Widowed. If there are any other Relationship Statuses that an Eligibility & Enrollment Specialist runs into that is not on the list, please contact [CARWareHelp@health.nv.gov](mailto:CARWareHelp@health.nv.gov) for that addition.

A screenshot of a dropdown menu titled "Relationship Status". The menu is open, showing a list of options: "Unmarried Couple" (selected), "Divorced", "Domestic Partnership", "Married", "Separated but legally together", "Single", "Unmarried Couple", and "Widowed".

### Education Level

Another demographic field that assists the Ryan White Program know the population that is being served is the Education Level field. The options here are: No High School, Some High School, High School Diploma/GED, Trade/Technical School, Some College, College Degree, Graduate Degree, or Unknown/Other.

A screenshot of a dropdown menu titled "Education Level". The menu is open, showing a list of options: "Some College" (selected), "College Degree", "Graduate Degree", "High School Diploma/GED", "No High School", "Some College", "Some High School", "Trade/Technical School", and "Unknown/Other".

### Veterans Status

**Veteran Status** Is the client a veterans of the United States military? If so, please check this box.

### Eligibility Agency and Most Recent Eligibility Specialist

Please select your agency and your name from the list.

A screenshot of a dropdown menu titled "Most Recent Eligibility Specialist". The menu is open, showing a list of names: "Jennifer Vazquez" (selected), "Joshua Benitez", "Karina Ponce", "Laura Marin", "Laurie Langdok", "Lisa Carter", "Lorianna Angel-Guadron", and "Lucinda Badillo".

A screenshot of a dropdown menu titled "Eligibility Agency". The menu is open, showing a list of agency names: "AHF - Internal Referral" (selected), "AHN", "CCC - Indirect", "COMC - Indirect", "HOPES", "HRC - Internal Referral", "SNHD", and "UMC - Indirect".

### Eligibility and Enrollment Status and Notes

If a client's eligibility is pending check the box and then type in the notes about the pending status in the Enrollment Pending Notes box. When documents are part of the Enrollment Packet, check the appropriate box and attach the documents via the hyperlink.

**Eligibility Is Pending**


**Enrollment Pending Notes**

Proof of HIV Diagnosis in Packet  
  Current Lab Work in Packet  
  Proof of Identification in Packet  
  Existing Insurance Coverage in Packet  
 Nevada Residency in Packet  
  Income Information in Packet  
  15-46 Recertification Form in Packet  
[Eligibility Documents](#)  
 has current signed ROI

# Appendix II: Application Correlation to CAREWare

Orange Highlighted Fields are found on the Eligibility & Enrollment Tab

Blue Highlighted Fields are found on the Demographics Tab



**Nevada Ryan White Parts ABCD  
Common Guidance Document  
Universal Application**

Application Date: \_\_\_\_\_

New Application (Never Enrolled in a Ryan White Program in Nevada before)  
 Annual Update  
 Six-Month Recertification (This form not Required – please fill out 15-46 Self Attestation)

CONTACT INFORMATION			
Legal Name: Last, First, Middle Initial		Goes by or AKA:	
Birth Date:	SSN or Identifier:	Primary Language:	
Home Address:		City:	State: Zip:
Mail Address:		City:	State: Zip:
1. Phone – include area code:	Type:	May we contact you by mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Phone – include area code:	Type:	Should mail be confidential?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e-mail:		May we contact you by phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Message OKAY?	<input type="checkbox"/> Yes <input type="checkbox"/> No

With the Home Address provided, do you rent, own, live with family on a permanent basis, use HOPWA funded housing assistance, Section 8 assistance, the HOME Investment Partnership Program, live in Public Housing, Shelter Plus Care, Supportive Housing Program, or Moderate Rehabilitation Program for SRO Dwellings?

 Yes  
 No, Please fill out Form 15-44 Non-Stable Housing Declaration

EMERGENCY CONTACT			
Name:	1. Phone – include area code:	2. Phone – include area code:	
Address:	City:	State:	Zip:
Notes:			

15-53 Eligibility Application  
Revised: 9/20/16

Red Highlighted Fields are found on the Annual Review Tab



**DEMOGRAPHICS**

Current Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Sex at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Transgender Male-to-Female (MTF) <input type="checkbox"/> Transgender Female-to-Male (FTM) <input type="checkbox"/> Transgender (trans*, gender queer, gender non-conforming)		
Ethnicity: <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Hispanic/Latino, (if checked, choose an option below) <input type="checkbox"/> Mexican, Mexican American, Chicano/a <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Another Hispanic, Latino/a or Spanish origin		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Chinese <input type="checkbox"/> Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian
Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Unmarried Couple <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown <input type="checkbox"/> Other:		
Education Level: <input type="checkbox"/> No High School <input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Trade/Technical School <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Graduate Degree		
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Special Needs:

**HIV/AIDS STATUS AND DIAGNOSIS INFORMATION**

HIV/AIDS Status:  HIV Negative (Affected)  HIV Positive  
 CDC Defined AIDS  HIV Indeterminate (infants <2 years old)  HIV Positive (AIDS status unknown)

Date of First HIV+ Diagnosis:	<input type="checkbox"/> Estimated?
Date of First AIDS Diagnosis:	<input type="checkbox"/> Estimated?

**How do you believe you contracted HIV?**

- Male to Male sexual contact
- Injection Drug Use
- Heterosexual Contact
- Hemophilia/Coagulation Disorder
- Recipient of transfusion of blood, blood components, or tissue
- Perinatal Transmission
- Undetermined/Unknown, risk not reported or identified
- Other, please specify: \_\_\_\_\_



**BASIC MEDICAL**

**Medical Providers**

Primary Care Physician Name:  
HIV Specialist Name:

**Current Prescribed Medications**

ART Drug	Prescribed by	Start Date	Dosage

**RYAN WHITE AND OTHER SERVICE NEEDS**

Which Ryan White Services do you need?

- Medical case management
- Housing assistance
- Assistance with food and meals
- Substance use therapy
- Health education/prevention
- Dental care
- Medical nutrition therapy (dietician)
- Mental health therapy
- Support group
- Medical care
- Vision
- Treatment adherence
- Psychosocial support
- Transportation assistance
- Other:

Purple Highlighted Fields are found on the Encounters Tab

**CLIENT AFFIDAVIT**

Under penalty of perjury, I swear or affirm that all of the information supplied by me in this affidavit is complete, true and correct, and the State of Nevada may rely on this information. I, therefore, release all records to the State of Nevada to perform a verification of all application information provided. If I deliberately misrepresent information on this application my benefits will be terminated immediately and I may be prosecuted under applicable State & Federal Statutes, including but not limited to criminal charges, fines and property liens. I understand that I may be held personally liable for the cost of all drugs, core medical and support services if I deliberately falsified any documents or statements on this application.

It is my responsibility to renew my eligibility within 6 months of this application.

Name (Please Print) Signature Date

I had assistance in understanding and completing this application by

Name (Please Print) Signature Date

Client Signature of Affirmation and Additional Notes are located on the Cover Sheet

## Appendix III: Required Eligibility & Enrollment Fields

The following is a list of **required** fields in CAREWare that must be completed to be considered a full application. This is a listing of each individual field name on the Ryan White Part B Service Application in Appendix III in one column and the CAREWare field name in a second column, and which tab/sub tab to find that field name in the last column. Refer to Appendix III: Application Correlation to CAREWare to visually see where the application fits into CAREWare.

RWPB Application Field Name	CAREWare Field Name	CAREWare Field Location
<b>Legal Name (Last, First, Middle Initial)</b>	First Name	Demographics tab
	Middle Name	
	Last Name	
<b>Goes by or AKA</b>	Preferred Name/Pronoun	Eligibility and Enrollment Fields tab
<b>Birth Date</b>	Date of Birth	Demographics tab
<b>SSN or Identifier</b>	SSN or TIN	Eligibility and Enrollment Fields tab
<b>Primary Language</b>	Preferred Language	Eligibility and Enrollment Fields tab
<b>Home Address</b>	Street Address	Demographics tab
<b>City (Home Address)</b>	City	Demographics tab
<b>State (Home Address)</b>	State	Demographics tab
<b>Zip (Home Address)</b>	Zip	Demographics tab
<b>Date (Home Address)</b>	Not in CAREWare	
<b>Mail Address</b>	Street Address	Demographics tab
<b>City (Mail Address)</b>	City	Demographics tab
<b>State (Mail Address)</b>	State	Demographics tab
<b>Zip (Mail Address)</b>	Zip	Demographics tab
<b>1. Phone – include area code</b>	Phone Number	Demographics tab
<b>Type (1. Phone...)</b>	Not in CAREWare	

<b>RWPB Application Field Name</b>	<b>CAREWare Field Name</b>	<b>CAREWare Field Location</b>
<b>2. Phone – include area code</b>	Alternate Phone Number	Demographics tab
<b>Type (2. Phone...)</b>	Alt. Phone Type	Demographics tab
<b>e-mail</b>	E-mail Address	Eligibility and Enrollment Fields tab
<b>May we contact you by mail?</b>	Include on label report	Demographics tab
<b>Should mail be confidential?</b>	Should mail be confidential?	Eligibility and Enrollment Fields tab
<b>May we contact you by phone?</b>	May we contact you by phone?	Eligibility and Enrollment Fields tab
<b>Message OKAY?</b>	May we leave a message?	Eligibility and Enrollment Fields tab
<b>Emergency Contact (incl. Name, 1. Phone, 2. Phone, Address, City, State, Zip, Notes)</b>	Emergency Contact Name and Contact Information	Eligibility and Enrollment Fields tab
<b>Current Gender</b>	Gender	Demographics tab
<b>Sex at birth</b>	Sex at Birth	Demographics tab
<b>Ethnicity</b>	Ethnicity	Demographics tab
<b>Race</b>	Race(s)	Demographics tab
<b>Marital Status</b>	Relationship Status	Eligibility and Enrollment Fields tab
<b>Education</b>	Education level	Eligibility and Enrollment Fields tab
<b>Are you a veteran?</b>	Veteran status	Eligibility and Enrollment Fields tab
<b>Living Situation</b>	Housing Arrangement	Annual Review → Annual
<b>HIV/AIDS Status</b>	HIV Status	Demographics tab
<b>Date of First HIV+ Diagnosis</b>	HIV+ Date	Demographics tab
<b>Date of First AIDS Diagnosis</b>	AIDS Date	Demographics tab

<b>RWPB Application Field Name</b>	<b>CAREWare Field Name</b>	<b>CAREWare Field Location</b>
<b>How do you believe you contracted HIV?</b>	HIV Risk Factors	Demographics tab
<b>ART Drug</b>	Medication	Encounters → Medications → Start
<b>Prescribed By (ART Drug)</b>	Provider	Encounters → Medications → Start
<b>Start Date</b>	Start	Encounters → Medications → Start
<b>Dosage</b>	Daily Dose	Encounters → Medications → Start
<b>Ryan White and Other Service Needs</b>	ADAP-Only	Eligibility and Enrollment Fields tab
	Premium Assistance (HICP)	
	Co-pay Assistance (COB)	
	Medicare Part A/B	
	RWPB Care Services	
	LIS Referral	
	Medicare Part D (SPAP)	

*REQUIRED FIELDS IN CAREWARE THAT ARE NOT ON THE RYAN WHITE PART B APPLICATION*

<b>Field Name</b>	<b>CAREWare Field Location</b>	<b>Sample</b>
<b>Ramsell Member ID</b>	Demographics	04246360010
<b>Eligibility Agency</b>	Eligibility and Enrollment Fields	Drop Down and select AFAN, AHN, or SNHD
<b>Most Recent Eligibility Specialist</b>	Eligibility and Enrollment Fields	Drop Down and select your name, if your name is not on the list or if there is a change, email <a href="mailto:CAREWareHelp@health.nv.gov">CAREWareHelp@health.nv.gov</a>
<b>Part B Eligibility Pending</b>	Eligibility and Enrollment Fields	Only check this box if the client's application is not 100% complete
<b>Part B Eligibility Pending Items</b>	Eligibility and Enrollment Fields	Enter in the name of the documents that the client still needs to bring in to have a 100% complete application
<b>CD4 T Cells and Viral Load Lab Results</b>	Encounters → Labs	Enter in the Viral Load and CD4 T Cell values

## *REQUIRED TABS IN CAREWARE TO BE COMPLETED BY ELIGIBILITY AND ENROLLMENT PROVIDER*

The [Demographics Tab](#)

The [Eligibility & Enrollment Fields Tab](#)

- The [Annual Review Tab and Annual Subtab](#) is where key data is collected from the client on a biannual basis. Insurance, Federal Poverty Level, and where the client receives their HIV Primary Care is collected as well as if the client has received a HIV Risk Reduction Counseling, Mental Health Assessment, or Substance Abuse Assessment within the prior year.
- The [Encounters Tab and Medications Subtab](#) is where the prescribed medication is entered into CAREWare. It is required that any ARV or OI medications are entered into this tab.
- The [Encounters Tab and Labs Subtab](#) is where the required CD4 and Viral Load tests are entered.

# Appendix V: New CAREWare Client Immediate Referral Plan

The way that CAREWare functions is that each provider can have a sub-database of the clients that have received a service at a particular provider. Not all clients enrolled to receive RWPB services ought to be in the sub-database of each provider at the outset. Only clients who have received services at a particular agency ought to be in the sub-database of that provider. The State of Nevada RWPB Program has established three providers to be Eligibility & Enrollment (E&E) providers.

When a client goes to a non-E&E provider to receive services there is a great possibility that they have already been to one of the three E&E providers to get enrolled in the RWPB Program and have their application completed. Clients are entered into CAREWare on the day that they have their E&E appointment, so that if the client is determined eligible for Care Services the client can receive those services on the same day.

There might be the possibility that a non-E&E provider will attempt to add a client from the main RWPB database into their provider sub-database and that client will not already exist. This will happen when the directions are followed in the [Client Data Entry, Adding a Client into your Provider Domain subsection](#). When this happens, the client record screen will open with no

The screenshot displays the CAREWare client record for James Cook. The interface includes a top navigation bar with buttons for 'Appointments', 'Orders', 'Forms', 'ChangeLog', 'Client Report', 'Merge Client', and 'Delete Client'. Below this is a search bar with 'Find List', 'New Search', and 'Close' buttons. The main content area is divided into several sections: 'Demographics' (First Name: James, Middle Name: [blank], Last Name: Cook, Gender: Male, Date of Birth: 1/2/1984, Sex at Birth: Male, Client ID: [blank], RWPB Member ID No.: [blank]), 'Unique ID' (JMCO0102841U), 'Encrypted URN' (YaMrYKVt9), 'Encrypted UCI' (5E995379949AC45D9D63F2F84AC2E76ACCC39375U), 'Enrollment Status' (Active), 'Enrollment Date' [blank], 'Case Closed Date' [blank], 'Vital Status' (Alive), 'Date of Death' [blank], 'HIV Status' [blank], 'HIV+ Date' [blank], 'AIDS Date' [blank], and 'HIV Risk Factors' [blank]). The bottom section contains 'Street Address', 'City', 'State', 'Zip Code', 'County', 'Phone Number', 'Race(s)', 'Ethnicity' (Non-Hispanic), and 'Hispanic Subgroup'. A large text area on the right is labeled 'Common Notes', 'Provider Notes', 'User Messages', and 'Case Notes'.

information entered into any of the fields (aside from the ones you used to add the client to your provider domain and default fields). See the image below for what this looks like.

If this is to happen, the priority is to notify the central eligibility agency through a referral. The client needs to be determined to be eligible before delivering a service to the client. The following steps are to be completed if a non-E&E provider adds a new/undetermined/unenrolled client into CAREWare.

1. Fill in the client's contact information in the **Street Address, City, State, Zip Code, County** and **Phone Number** if that is available.

The screenshot shows the CAREWare interface for a client named James Cook. The contact information section, including Street Address, City, State, Zip Code, County, and Phone Number, is highlighted with a green border. Other visible fields include First Name (James), Last Name (Cook), Date of Birth (1/2/1984), and Enrollment Status (Active).

2. Update the client's **Enrollment Date** as the date that the client received the service.
3. Follow the directions in the [Referrals subsection](#) to create an **Internal** referral to the central eligibility agency with the **Requested Service Category Type** of **Referral: Health Care/Supportive Service** and **Check Eligibility** in the **Referral Class**.
4. In the **Comments from Initiating Agency** – ask that you be notified when the client has been determined eligible. Inform the central eligibility agency in the comments of the date that the service was delivered to the client for that date to be the initial start date of the client's eligibility.
5. Once you receive notification that the client has been determined eligible or ineligible, add the service unit. If the client is determined ineligible, change the **Enrollment Status** to **Referred or Discharged** and the **Case Close Date** of when you received the notification.



# Appendix VI: Eligibility and Enrollment Process

## 1. GENERATING THE RWHAP APPLICATION

While there exists an application for RWPB Services that can be used by a client prior to their Eligibility and Enrollment assessment with an Eligibility and Enrollment Provider it is not a requirement to have the Application completed as long as the required information is entered into CAREWare. The **Client Report** button on the Client's record will produce an individual report that contains all of the required data elements that stands in as the client's application. Please see [Appendix III: Application Correlation to CAREWare](#) for a diagram on where each data element that is on the application is located within CAREWare.

The screenshot shows the CAREWare interface for a client named Cook, John James. The 'Client Report' button is highlighted with a red box. The form is divided into several sections:

- Demographics:** First Name (John), Middle Name (James), Last Name (Cook), Gender (Male), Date of Birth (1/2/1983), Sex at Birth (Male), Encrypted UCI (C05BC2E2FE0D0113800E75783EB95956784F4DB5U), Client ID (COOJO010283), RWPB Member ID No. (COOJO010283).
- Unique ID:** JHCO0102831U, Encrypted URN: vY42N1eRc.
- Enrollment Status:** Active, Enrollment Date: 6/5/2015, Eligibility Status: Not Eligible for Ryan White.
- Vital Status:** Alive, Case Closed Date: (empty).
- HIV Status:** HIV-positive (not AIDS), HIV+ Date: 1/1/2000, Est? (checked), AIDS Date: (empty), Est? (unchecked).
- HIV Risk Factors:** Male who has sex with male(s).
- Street Address:** Homeless, City: Las Vegas, State: Nevada, Zip Code: 89101, County: Clark, Phone Number: 775-684-4025.
- Race(s):** American Indian or Alaska Native, Ethnicity: Non-Hispanic, Hispanic Subgroup: (empty).

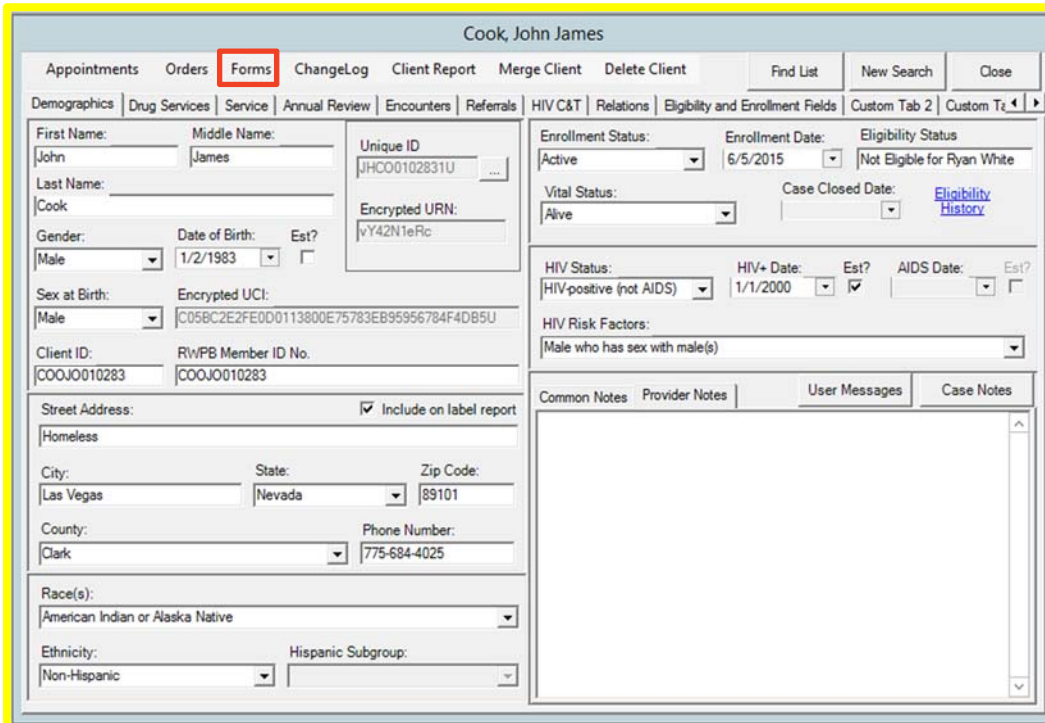
The 'Client Report' button is located in the top navigation bar, between 'ChangeLog' and 'Merge Client'.

Then select the **Client Report (Two Page)** button for the RWPB Application Fields printout.



## 2. GENERATING THE RWPB COVERSHEET

The Coversheet is a very important part of the Enrollment Process as it contains the necessary information for the Quality Managers to immediately know the program, status, and vital notes on a client that has been seen by an Eligibility Specialist. The Coversheet is a form that has been created in CAREWare that will allow the Eligibility Provider to automatically fill the necessary fields, print out the form, have the client attest that the application information is correct then scan the Coversheet into the eligibility document package detailed in the [Attaching Eligibility Documents](#) section. Begin, by first being in the client's record and click the **Forms** button.



**Cook, John James**

Appointments Orders **Forms** ChangeLog Client Report Merge Client Delete Client Find List New Search Close

Demographics Drug Services Service Annual Review Encounters Referrals HIV C&T Relations Eligibility and Enrollment Fields Custom Tab 2 Custom Tr

First Name: John Middle Name: James Unique ID: JHCO0102831U  
Last Name: Cook Encrypted URN: vY42N1eFc  
Gender: Male Date of Birth: 1/2/1983 Est?   
Sex at Birth: Male Encrypted UCI: C058C2E2FE0D0113800E75783EB95956784F4DB5U  
Client ID: COOJO010283 RWPB Member ID No. COOJO010283

Enrollment Status: Active Enrollment Date: 6/5/2015 Eligibility Status: Not Eligible for Ryan White  
Vital Status: Alive Case Closed Date: Eligibility History  
HIV Status: HIV-positive (not AIDS) HIV+ Date: 1/1/2000 Est?  AIDS Date: Est?   
HIV Risk Factors: Male who has sex with male(s)

Street Address: Homeless  Include on label report  
City: Las Vegas State: Nevada Zip Code: 89101  
County: Clark Phone Number: 775-684-4025  
Race(s): American Indian or Alaska Native  
Ethnicity: Non-Hispanic Hispanic Subgroup:

Common Notes Provider Notes User Messages Case Notes

This will open up the CAREWare Custom Form Designer window. In the right hand of the screen there is the option to **“Add Nevada RWPB Cover Sheet & Affidavit Form.”**

When you click that then the Coversheet will populate. Complete the form by selecting the various **dates, application type**, and ensure that the **Documents** that are provided in the packet are checked, etc. Print out the form when complete, have the client sign the form to affirm that the information supplied in the Client Report printout is correct. Scan the signed form to be included in the full eligibility packet.

<b>Nevada RWPB Cover Sheet and Affidavit</b>	
Current Date: <input type="text" value="9/20/2016"/>	Last Renewal Date: <input type="text" value="9/20/2016"/>
Application Type: <input type="text" value="Six Month Recertification"/>	Input Completion Date: <input type="text" value="9/20/2016"/>
<b>Client Name:</b> <b>Cook, John James</b> <b>Date of Birth:</b> <input type="text" value="1/2/1983"/>	<b>Universal Ryan White Enrollment</b> <b>From:</b> <input type="text" value="2/29/2016"/> <b>To:</b> <input type="text" value="11/1/2016"/>
<b>Enrollment Documents</b> <i>Check the boxes for the documents that are included in this enrollment packet</i> <input type="checkbox"/> Proof of HIV Diagnosis <input type="checkbox"/> Proof of Identification <input type="checkbox"/> Current Lab Work <input type="checkbox"/> Proof of Nevada Residency <input type="checkbox"/> Proof of Low-Income Status <input type="checkbox"/> Check of Existing Insurance Coverage <input checked="" type="checkbox"/> 15-46 Recertification Form	<b>Enrollment Notes</b> <input type="checkbox"/> Case Notes <div style="border: 1px solid gray; padding: 5px; min-height: 150px;">CaseNoteContent 1</div>
<b>Pending Eligibility</b> <input checked="" type="checkbox"/> Is full six months of eligibility pending?	
<b>Release of Information</b> <input type="checkbox"/> ROI form signed after 9/26/16	
<b>Eligibility Agency:</b> <input type="text" value="AHN"/>	<b>Eligibility Specialist:</b> <input type="text" value="Jennifer Vazquez"/>
<p>Under penalty of perjury, I swear or affirm that all of the information supplied by me in this affidavit is complete, true and correct, and the State of Nevada may rely on this information. I, therefore, release all records to the State of Nevada to perform a verification of all application information provided. If I deliberately misrepresent information on this application my benefits will be terminated immediately and I may be prosecuted under applicable State and Federal Statutes, including but not limited to criminal charges, fines and property liens.</p> <p>I understand that I may be held personally liable for the cost of all drugs, core medical and support services if I deliberately falsified any documents or statements on this application.</p> <p>It is my responsibility to renew my eligibility within 6 months of this application.</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p> <p>I do not read English but I was assisted by the following individual in understanding this form:</p> <p><b>Name:</b> _____ <b>Phone No.:</b> _____</p>	

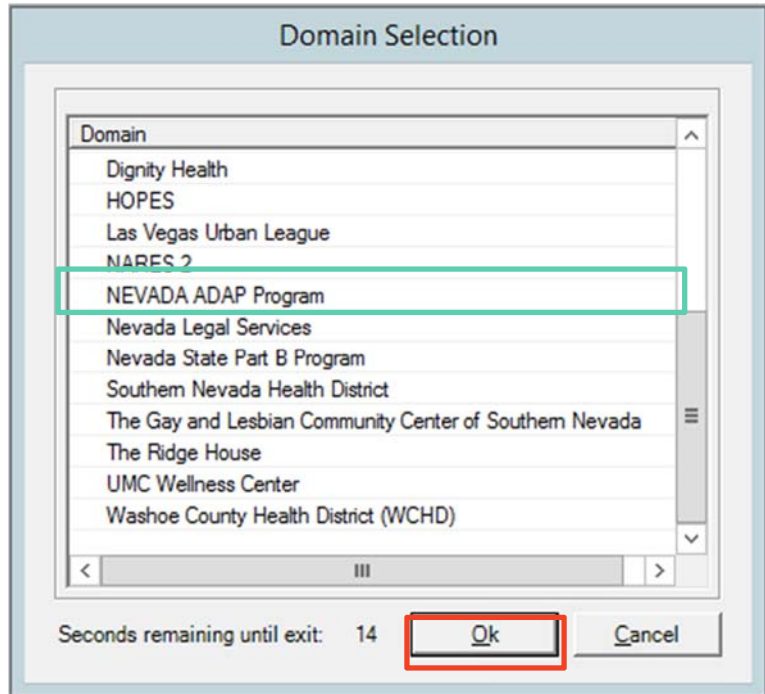
# Appendix VII: ADAP Drug and Insurance Assistance Enrollment

## 1. ADAP DRUG AND INSURANCE ASSISTANCE PROGRAM ENROLLMENT

Only providers who are part of the drug and insurance assistance service category will have the option to log into two different domains when they enter their CAREWare username and password on the main screen. When entering in Insurance Service data, select the **NEVADA ADAP Program** domain and click **OK**.

The Main Menu will look the same for the Nevada ADAP Program except that the logo will be the Nevada State Seal.

The process works the same, in that each client of the Nevada ADAP Program (both drug and insurance assistance) must be entered into the sub-database/provider database. This is done through the process outlined in the [Adding a Client into your Provider Domain subsection](#).



On the client's **Demographic** tab, the screen will look the same as in a provider Domain, but the important distinction is that the **Enrollment Status** section is now called **ADAP Enrollment Status**.

When a client is enrolled, and re-enrolls, in an ADAP service of drug or insurance assistance click on **Enrollment History** which opens the **ADAP Enrollment History** window. Click **Add Record** to enter in a new **Eligibility Status** for ADAP. Then change the **Application Date** on the **Demographics** tab to when the date that the client was received into the ADAP Program.



## 2. DRUG SERVICES

The central Eligibility and Enrollment provider will also have access to the Nevada ADAP Program Domain within CAREWare. This is where the Providers will be able to see the drug services that the client received in the **Drug Services** tab. The information that will be in the Drug Services tab will come from the Pharmacy Benefit Manager. There will be no tasks to complete out of this tab.

The screenshot displays the 'Drug Services' tab for a client named 'Cook, John James'. The interface includes a navigation menu with options like 'Appointments', 'Orders', 'Forms', 'ChangeLog', 'Client Report', 'Merge Client', and 'Delete Client'. A search bar is present with a 'Search' button and a '0 / 0' indicator. Below the search bar is a table with the following columns: 'Date', 'Dispenser', 'Generic', 'Brand', and 'NDC'. The table is currently empty. At the bottom of the interface, there is a 'Results per page' dropdown set to '100', a page indicator 'Page 1 of 1', and three buttons: 'Add', 'Edit', and 'Delete'.

### 3. INSURANCE SERVICES

The Eligibility and Enrollment Providers will also have access to the Nevada ADAP Program Domain within CAREWare. This is where the Providers will enter the necessary insurance information. The **Insurance Services** tab is required to be completed for clients receiving insurance assistance through RWPB.

Insurance Services works in the same way that the Services tab works for the RWPB Care Services with some slight variations. Review the instructions in the [Adding Care Services](#) subsection. The provider responsible for making insurance payments on behalf of a client will select the Nevada ADAP Program domain when they initially log into CAREWare. Only that provider will have the option to choose between their domain and the Nevada ADAP Program domain.

1. The *Nevada ADAP Program* domain looks the same as the provider domain and functions in the same way, where clients need to be added to the sub-database of the ADAP Program through the **Add Client** button.
2. Once a client is added to the *Nevada ADAP Program* domain, then navigate to the **Insurance Services** tab and click **New Service**.

Cook, John James

Appointments Orders Forms ChangeLog Client Report Merge Client Delete Client Find List New Search Close

Demographics Drug Services **Insurance Services** Annual Review Encounters Referrals HIV C&T Relations Eligibility and Enrollment Fields Custom Tab 2

**New Service** Edit Service Delete Service Sharing Options Preview Services

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Date	Subservice	Contract	Units	Price	Total	Amount Re...	DomainNa...	Service Pr...	Start Time	End Time	Er
04/08/2016	H STRMU ...	HOPWA	0	\$1.00	\$0.00	\$300.00	HOPES		12:00 AM	12:00 AM	Li
03/31/2016	Utility Assis...	Other Fund...	1	\$0.00	\$0.00	\$0.00	Nevada St...		12:00 AM	12:00 AM	M
03/30/2016	Utility Assis...	RWPB Fun...	1	\$65.00	\$65.00	\$0.00	Nevada St...		12:00 AM	12:00 AM	D
01/29/2016	MCM Asse...	Medical Ca...	4	\$0.00	\$0.00	\$0.00	Southern N...		12:00 AM	12:00 AM	Bi
01/29/2016	Individual ...	Psychosoci...	4	\$0.00	\$0.00	\$0.00	Community ...		12:00 AM	12:00 AM	Er
01/26/2016	Bus Pass 10	Medical Tr...	1	\$0.00	\$0.00	\$0.00	HOPES		12:00 AM	12:00 AM	Cr
01/26/2016	Fuel Voucher	Medical Tr...	1	\$5.00	\$5.00	\$0.00	HOPES		12:00 AM	12:00 AM	Jc
01/11/2016	Group Cou...	Psychosoci...	4	\$0.00	\$0.00	\$0.00	Community ...		12:00 AM	12:00 AM	Er
12/08/2015	Health and...	Outreach S...	1	\$0.00	\$0.00	\$0.00	Horizon Ri...		12:00 AM	12:00 AM	M
12/07/2015	Information...	HD15047	1	\$0.00	\$0.00	\$0.00	CARE Coal...		12:00 AM	12:00 AM	Vi
12/04/2015	Group Gen...	The Center...	1	\$0.00	\$0.00	\$0.00	The Gay a...		12:00 AM	12:00 AM	Tr
12/01/2015	OAMC Clie...	Outpatient/...	1	\$0.00	\$0.00	\$0.00	Access to ...		12:00 AM	12:00 AM	Ti
09/01/2015	ARTAS - Fi...	Early Interv...	1	\$0.00	\$0.00	\$0.00	Southern N...		12:00 AM	12:00 AM	
08/27/2015	Group Med...	Health Edu...	1	\$0.00	\$0.00	\$0.00	ACCEPT		12:00 AM	12:00 AM	A
03/02/2015	Health and...	Outreach S...	1	\$0.00	\$0.00	\$0.00	Community ...		12:00 AM	12:00 AM	

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3. Select the **Date** that the service was delivered and **Service Name**. The Months Covered field is default to 1 which is a one month supply of medication (for Co-Payment or Co-Insurance), one month of insurance coverage (for Premium Payment). If a quarterly payment is made, then the **Months Covered** unit would be 3. The **Price** must reflect what 1 unit would cost so that the **Cost** is a multiplication of the **Months Covered** unit and **Price**. Select the name of the employee coordinating the payment and enter any necessary comments. Click **Save**.

Date:	Service Name:	Contract:	Months Covered	Price:	Cost:
4/17/2016	Other health insurance co-payments (ADAP)	Pharmacy Benefit Manager 13-17	1	\$0.00	\$0.00

Employee Name

Service Notes

Amount Received Save Cancel Print