

Location of RSR Client-level Data Elements in CAREWare

Client Demographics <i>These elements are required of all clients that received any core or support service.</i>			
SV4	Unique client ID (UCI)-Encrypted	Encrypted using hash function	Auto-calculated by CAREWare from first and last name, date of birth, and gender of each client
4.	Client's year of birth	_____ YYYY	Demographic tab Date of Birth of Client
5.	What is the client's ethnicity?	Hispanic/Latino Non-Hispanic/Latino	Demographics tab Ethnicity Hispanic or Non-Hispanic
68	Hispanic Subgroups <i>(Select one or more)</i>	<ul style="list-style-type: none"> ● Mexican, Mexican American, Chicano/a ● Puerto Rican ● Cuban ● Other Hispanic, Latino/a or Spanish origin 	Demographics tab Activated if Hispanic ethnicity is true.
6.	What is the client's race? <i>(Select one or more)</i>	<ul style="list-style-type: none"> ● White ● Black or African American ● Asian ● Native Hawaiian/ Pacific Islander ● American Indian or Alaska Native 	Demographics tab More than one race can be selected.
69	If Asian, what subgroup? <i>(Select one or more)</i>	<ul style="list-style-type: none"> ● Asian Indian ● Chinese ● Filipino ● Japanese ● Korean ● Vietnamese ● Other Asian 	Demographics tab Activated if Asian race is selected
70	If Native Hawaiian/Pacific Islander, what subgroup? <i>(Select one or more)</i>	<ul style="list-style-type: none"> ● Native Hawaiian ● Guamanian or Chamorro ● Samoan ● Other Pacific Islander 	Demographics tab Activated if NHPi race is selected

7.	What is the client's current gender?	<ul style="list-style-type: none"> • Male • Female • Transgender • Unknown 	Demographics tab Can select Male to Female or Female to Male or Transgender Unknown from Gender selections on Add Client screen or Demographics tab.
8.	If response is "Transgender" in Q7, then answer: What is the client's transgender subgroup, if known?	<ul style="list-style-type: none"> • Male to female • Female to male 	
71	Sex at Birth	<ul style="list-style-type: none"> • 1 = Male • 2 = Female 	Demographics tab
Data elements required if client receives Outpatient/Ambulatory Medical Care, Medical Case Management or Case Management (non-medical)			
2.	What was the client's vital enrollment status <u>at the end of this reporting period?</u>	<ul style="list-style-type: none"> • Active • Referred or discharged • Removed due to violation of rules • Incarcerated • Relocated • Deceased 	Demographics tab <ul style="list-style-type: none"> • Enrollment Status • Vital Status is used to record Deceased • Date of death and close date tell CAREWare when status changed and what to report at end of RSR year. Missing dates can affect the result reported.
9.	Client's percent of the Federal poverty level <u>at the end of the reporting period</u>	<ul style="list-style-type: none"> • Below 100% of the FPL • 100-138% of the Federal poverty level • 139-200% of the Federal poverty level • 201-250% of the Federal poverty level • 251-400% of the Federal poverty level • 401-500% of the Federal poverty level • More than 500% of the FPL 	Annual Review tab Must enter household size and household income for CAREWare to calculate percent of Federal Poverty Level and group the client s into the appropriate category in the RSR report.
10.	Client's housing status <u>at the end of the reporting period</u> <i>This information is also required of housing service providers</i>	<ul style="list-style-type: none"> • Stable/permanent • Temporary • Unstable 	Annual Review tab <ul style="list-style-type: none"> • Values of Non-permanent and Institutional mapped to Temporary in RSR • Other and Unknown set to Missing in RSR

12.	What was the client's HIV/AIDS status <u>at the end of the reporting period</u> ?	<ul style="list-style-type: none"> ● HIV negative ● HIV-positive, not AIDS ● HIV-positive, AIDS status unknown ● CDC-defined AIDS ● HIV indeterminate (infants only) 	<p>Demographic tab-HIV Status by Date: The client's HV status is determined using the HIV and AIDS diagnosis dates, if they exist, relative to the end date of the RSR export.</p> <ol style="list-style-type: none"> 1. If no HIV or AIDS diagnosis date, then current HIV status reported. (All statuses) 2. If HIV diagnosis date prior to the report end date (and no AIDS diag. date), then current HIV status is reported. (All statuses) 3. If AIDS diag. date exists and is before end date, then HIV status is CDC-defined AIDS. 4. If HIV status= CDC-defined AIDS and no AIDS date, then HIV status is HIV Positive (Aids Status Unknown). (****) 5. If HIV status is CDC-defined AIDS and AIDS date is missing OR after report end date, then HIV status is HIV Positive ((Not AIDS). (***) 6. If client is > 60 months, and HIV Status= Positive and HIV date is after report end date, then HIV status= HIV negative/affected. (Only HIV + (not Aids) and HIV+ (Aids status unknown)) 7. If client is < 60 months old, and has an HIV diagnosis date (-/+) after report end date, then HIV status =HIV indeterminate. (Any statuses)
72.	Year of HIV Diagnosis (only for newly enrolled clients)	<ul style="list-style-type: none"> ● YYYY 	<p>Demographics tab Taken from the HIV Diagnosis Date if client is newly enrolled</p>

14.	What is the client's risk factor for HIV infection (select one or more)	<ul style="list-style-type: none"> ● Male who has sex with male(s) (MSM) ● Injecting drug use (IDU) ● Hemophilia/ coagulation disorder ● Heterosexual contact ● Receipt of blood transfusion, blood components, or tissue ● Perinatal transmission ● Not Reported or not identified 	<p>Demographics tab More than one risk can be selected.</p>
<p>Health Insurance Information is required of clients who receive Medical Care, Medical Case Management, Case Management (non medical), or any core service. It is not required if a client only received support (non-core) services.</p>			
15.	Indicate <u>all sources</u> of the client's health insurance <u>during this reporting period</u> :	<ul style="list-style-type: none"> ● Private – Employer ● Private--Individual ● Medicare ● Medicaid, CHIP or other public plan ● Veteran's Administration, TRICARE, or other Military health care ● Indian Health Insurance ● No Insurance ● Other Plan 	<p>Annual Review tab More than one insurance can be selected, and only one Primary Insurance per date.</p>
<p>Service Records</p>			
16, 18,19,21 - 27 Core Medical Services	<ul style="list-style-type: none"> ● Outpatient ambulatory health services ● Oral health care ● Early intervention services (Parts A and B) ● Home health care ● Home and community-based health services ● Hospice services ● Mental health services ● Medical nutrition therapy ● Medical case management (including treatment adherence) ● Substance abuse services—outpatient ● Did the client receive Local AIDS Pharmaceutical Assistance (APA, not ADAP) ● Was Health Insurance Program (HIP) funding provided 	<p>Service tab for all: Only services that are in a contract that has some RWHAP-funding are included. Number of visits <u>in reporting period</u> for each core service if client was eligible and provider was funded to deliver the service, even if the service was not paid for by RWHAP for that client.</p> <p>Yes for APA and HIP services (not visit count) Counts the number of clients with Yes for HIP or APA services</p>	

<p>17, 20, 28 - 45 Core Medical and Support Services</p>	<ul style="list-style-type: none"> ● Local AIDS Pharmaceutical Assistance (Local APA) ● Health Insurance Program (HIP) ● Case Management (non-medical) ● Child Care ● Pediatric development assessment/early intervention ● Emergency financial assistance ● Food bank/home-delivered meals ● Health education/risk reduction ● Housing ● Legal ● Linguistic ● Medical Transportation ● Outreach ● Permanency planning ● Psychosocial support ● Referral for health care/supportive ● Treatment adherence counseling 	<p>Yes for none-core services (not count of visits). Counts the number of clients who had the service based on eligibility and if the provider was funded to deliver the service.</p>
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Clinical information:

Outpatient/ambulatory medical care providers should report clinical data for HIV-positive clients if the client received a medical visit and were eligible to receive services.

Field #	Variable Description	Coding	CAREWare location
46.	Was HIV risk reduction screening/counseling provided to this client <u>during this reporting period</u> ?	<ul style="list-style-type: none"> • Yes • No • Unknown 	Annual review tab
47.	Date of the client's <u>first outpatient /ambulatory care visit</u> at this provider agency	___/___/___ MM/DD/YYYY (If only month and year are known, enter "01" as the day.) Unknown	Service tab The first service date may be in a different year and may not have been paid for by RWHAP
48.	List <u>all the dates</u> of the client's outpatient ambulatory care visits in this provider's HIV care setting with a clinical care provider <u>during this reporting period</u> .	___/___/___ MM/DD/YYYY	Service tab
49.	Report all CD4 counts and their dates for this client <u>during this report period</u> .	Value ___ Date ___/___/___ MM/DD/YYYY	Clinical encounter: Lab tab Enter date and result for CD4 tests throughout the year
50.	Report all Viral Load counts and their dates for this client <u>during this report period</u>	Value ___ Date ___/___/___ MM/DD/YYYY	Clinical encounter Lab tab Enter date and result for Viral Load tests throughout the year
51.	Was the client prescribed PCP prophylaxis at any time <u>during this reporting period</u> ?	<ul style="list-style-type: none"> • Yes • No • Not medically indicated No, client refused 	Clinical encounter Medications Client is assumed on PCP prophylaxis if no Stop date for that indication (where indication = OI prophylaxis and OI= PCP)
52.	Was the client prescribed HAART at any time <u>during this reporting period</u> ?	<ul style="list-style-type: none"> • Yes • No, not ready (as determined by clinician) • No, client refused • No, intolerance, side-effect, toxicity • No, HAART payment assistance unavailable • No, other reason 	Clinical encounter Medications tab HAART is 3 or more ARVs If No ARVs: Enter in Pre-ART Reason field on Medications tab

54.	Was the client screened for TB <u>since HIV diagnosis</u> ?	<ul style="list-style-type: none"> • Yes • No • Not medically indicated 	<p>Clinical encounters Screenings tab: TST, or TB Radiograph Screening labs tab: IGRA</p> <p>Demographic tab CAREWare looks for HIV diagnosis date if it exists. If no HIV diagnosis date, but TB test exists, then answer is Yes.</p>
55.	Was the client screened for syphilis <u>during this reporting period</u> ? (excludes all clients under the age of 18 who are not sexually active)	<ul style="list-style-type: none"> • Yes • No • Not medically indicated 	<p>Clinical encounters, Screening Labs tab Test is labeled Syphilis not RPR and date is in the RSR calendar year.</p>
57.	Was the client screened for Hepatitis B <u>since HIV diagnosis</u> ?	<ul style="list-style-type: none"> • Yes • No • Not medically indicated • Unknown 	<p>Demographics tab HIV Diagnosis date</p> <p>Clinical encounters Screening labs tab for any of the following with date after HIV Dx. date:</p> <ul style="list-style-type: none"> • HBsAb • HBsAg • HBeAb • HBeAg • HBV(DNA)
58.	Has the client completed the vaccine series for Hepatitis B?	<ul style="list-style-type: none"> • Yes • No • Not medically indicated 	<p>Clinical encounters, Immunization tab</p> <p>Either Hep. B third dose or Twinrix 3rd dose has been recorded in CAREWare</p>
60.	Was the client screened for Hepatitis C <u>since his/her HIV diagnosis date</u> ?	<ul style="list-style-type: none"> • Yes • No • Not medically indicated • Unknown 	<p>Clinical encounters</p> <p>Screening labs tab <i>Record of either</i></p> <ul style="list-style-type: none"> • Hep. C Antibody test or • HCV RNA <p>And a date after HIV Diagnosis date</p>
61.	Was the client screened for substance use (alcohol and drugs) <u>during this reporting period</u> ?	<ul style="list-style-type: none"> • Yes • No • Not medically indicated 	<p>Annual review tab Record this at least once each year. This is just to indicate that screening was done, not to indicate that client has a substance abuse issue.</p>
62.	Was the client screened for mental health <u>during this reporting period</u> ?	<ul style="list-style-type: none"> • Yes • No • Not medically indicated 	<p>Annual review tab Record this at least once each year. This is just to indicate that screening was done, not to indicate that client has a mental health issue.</p>

63.	(For HIV+ women only) Did the client receive a Pap smear <u>during this reporting period?</u>	<ul style="list-style-type: none"> • Yes • No • Not medically indicated • Not applicable 	Clinical encounters Screenings tab Pap Smear dated in the RSR year
64.	(For HIV+ women only) Was the client pregnant <u>during this reporting period?</u>	<ul style="list-style-type: none"> • Yes • No • Not applicable 	Pregnancy tab CAREWare uses the estimated conception date and the pregnancy outcome date to answer this
73.	Positive HIV Test Date Required of clients with new HIV diagnosis in year	Mm/dd/yyyy	Demographics Tab HIV Diagnosis Date
74.	OAMC Link Date	Mm/dd/yyyy	HIV C&T tab First Test Date with positive result. Service Tab Date of first medical visit when the HIV diagnosis date is in the current RSR year (a new diagnosis of HIV).