## **Demographics**

- Required of all clients who received any core medical, support service or EHE Initiative funded service if they are ELIGIBLE for services
- Eligibility recorded in CAREWare in Eligibility History accessed from the Demographics tab in the client record

tne	the client record			
Field ID	Field Name	Coding	Location in CAREWare	
SV4	Unique client ID (eUCI)-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	Demographics>Personal Info - Date of Birth field	
5	What is the client's self-reported ethnicity?	Hispanic/Latino     Non-Hispanic/Latino	Demographics>Race/Ethnicity - Hispanic or Latino field	
68	Hispanic Subgroups (Select one or more)	<ul> <li>Mexican, Mexican American, Chicano/a</li> <li>Puerto Rican</li> <li>Cuban</li> <li>Other Hispanic, Latino/a or Spanish origin</li> </ul>	Demographics>Race/Ethnicity Check each Hispanic ethnicity that is true. (The Hispanic or Latino field value must be set to Yes to see these options.)	
6	What is the client's race? (Select one or more)	<ul> <li>White</li> <li>Black or African</li></ul>	Demographics>Race/Ethnicity  More than one race can be selected	
69	If Asian, what subgroup? (Select one or more)	<ul> <li>Asian Indian</li> <li>Chinese</li> <li>Filipino</li> <li>Japanese</li> <li>Korean</li> <li>Vietnamese</li> <li>Other Asian</li> </ul>	Demographics>Race/Ethnicity  Check each Asian race that is true. (The Asian field value must be checked to see these options.)	
70	If Native Hawaiian/Pacific Islander, what subgroup? (Select one or more)	<ul> <li>Native Hawaiian</li> <li>Guamanian or Chamorro</li> <li>Samoan</li> <li>Other Pacific Islander</li> </ul>	Demographics>Race/Ethnicity  Check each NHPI race that is true. (The Native Hawaiian or Other Pacific Islander field value must be checked to see these options.)	
7	Client's current self- reported gender	<ul> <li>Male</li> <li>Female</li> <li>Transgender</li> <li>Unknown</li> <li>Transgender Male to Female</li> <li>Transgender Female to Male</li> <li>Transgender unknown</li> </ul>	Demographics>Personal Info – Gender field	
71	Client sex at birth	Male     Female	Demographics>Personal Info – Sex At Birth field	

Data elements required if client receives Outpatient Ambulatory Health Services, Medical Case Management, Non-Medical Case Management or EHE Initiative services except where noted.			
Field ID	Field Name	Coding	Location in CAREWare
2	What was the client's vital status at the end of this reporting period?	<ul><li>Alive</li><li>Deceased</li><li>Unknown</li></ul>	Demographics>Vital Enrollment Status - Vital Status field
9	Client's percent of the Federal poverty level	Continuous variable- actual poverty level percentage reported	Annual Review>Poverty Level Assessments  Household size must be 1 or higher  Value will only be exported if it falls within the current reporting period; otherwise no value will be reported.
10	Client's housing status	<ul><li>Stable/permanent</li><li>Temporary</li><li>Unstable</li></ul>	Annual Review>Annual Screenings>  Value will only be exported if it falls within the current reporting period; otherwise no value will be reported.  Also required for clients receiving housing services
11	Client's housing status collection date	MM/DD/YYYY	Annual Review>Annual Screenings>  Value will only be exported if it falls within the current reporting period; otherwise no value will be reported.  Also required for clients receiving housing services
12	What was the client's HIV/AIDS status?	<ul> <li>CDC defined AIDS</li> <li>HIV indeterminate (infants &lt; 2 years only)</li> <li>HIV-negative (affected)</li> <li>HIV-positive (AIDS Status Unknown)</li> <li>HIV-positive, not AIDS</li> </ul>	Demographics>HIV Status- HIV Status field HIV/AIDS dates must be prior to the end of the report year.
72	Year of HIV Diagnosis	YYYY	Demographics>HIV Status- HIV+ Date or AIDS Date
14	Client's risk factor for HIV	Male to Male sexual contact (MSM)     Injecting drug use (IDU)     Heterosexual Contact     Perinatal transmission     Hemophilia/ coagulation disorder     Receipt of blood transfusion, blood components, or tissue     Not Reported or not identified	Demographics>HIV Risk Factors  More than one risk can be selected.

Data elements required if client receives Outpatient Ambulatory Health Services, Medical Case Management, Non-Medical Case Management or EHE Initiative services except where noted.			
Field ID	Field Name	Coding	Location in CAREWare
15	Client's health coverage (includes all health coverage reported during the reporting period)	<ul> <li>Private – Employer</li> <li>PrivateIndividual</li> <li>Medicare</li> <li>Medicaid, CHIP or other public plan</li> <li>Veteran's         Administration,         TRICARE, or other Military health care</li> <li>Indian Health         Insurance</li> <li>Other Plan</li> <li>No Insurance/uninsured</li> </ul>	Annual Review >Insurance Assessments  Select the Primary Insurance from the drop down list and check all insurance coverage that apply  Value will only be exported if it falls within the current reporting period; otherwise no value will be reported  Also required for clients that receive any core medical services
76	New Clients	<ul><li>Yes</li><li>No</li></ul>	Demographics>Vital Enrollment Status Services Clients are considered new if their enrollment date is in the current reporting period and they received a service or If enrollment status is missing, if the client's first service ever is in the current reporting period.
77	Received a service in the previous year	<ul><li>Yes</li><li>No</li></ul>	Services

## **Services**

- Only services that are set up in a contract that has some RWHAP-RWHAP related, CARES Act or EHE funding are included in the RSR
- RSR includes number of visits in the current reporting year for each core medical and EHE initiative service (except for LPAP/CPAP and Health Insurance Premium and Cost Sharing Assistance) if the client was eligible and provider was funded to deliver the service, even if the service was not paid for with RWHAP or RWHAP-related funding. LPAP/CPAP and Health Insurance Premium and Cost Sharing Assistance are reported as delivered for clients receiving the service.
- Only one visit per day per service category is reported

Eigld ID	Eigld Nama	Coding	Location in CARCING
Field ID	Field Name	Coding	Location in CAREWare
16, 18–19, 21–27	Core Medical Services	<ul> <li>Outpatient/Ambulatory Health Services</li> <li>Oral Health are</li> <li>Early Intervention Services</li> <li>Home Health Care</li> <li>Home and Community-Based Health Services</li> <li>Hospice</li> <li>Mental Health Services</li> <li>Medical Nutrition Therapy</li> <li>Medical Case Management, including Treatment Adherence Services</li> <li>Substance Abuse Outpatient Care</li> </ul>	Services      Service funding sources are established in contracts     Core medical services only reported for HIV-positive or indeterminate clients
28, 29, 31-34, 36-44, 75	Support Services	<ul> <li>Non-Medical Case Management Services</li> <li>Child Care Services</li> <li>Emergency Financial Assistance</li> <li>Food Bank/Home-Delivered Meals</li> <li>Health Education/Risk Reduction</li> <li>Housing</li> <li>Linguistic Services</li> <li>Medical Transportation</li> <li>Outreach Services</li> <li>Psychosocial Support Services</li> <li>Referral for Health Care and Supportive Services</li> <li>Rehabilitation Services</li> <li>Respite Care</li> <li>Substance Abuse Services         <ul> <li>(residential)</li> <li>Other Professional Services</li> </ul> </li> </ul>	Service funding sources are established in contracts
78	Ending the Epidemic Initiative Services	EHE Initiative Services	Services  • Service funding sources are established in contracts
17, 20	Core Medical Services	AIDS Pharmaceutical Assistance (LPAP, CPAP)     Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals	Services     Service funding sources are established in contracts     Core medical services only reported for HIV-positive or indeterminate clients

# **Clinical Information**

Only reported for HIV-positive clients that have at least one Outpatient/ambulatory health service visit

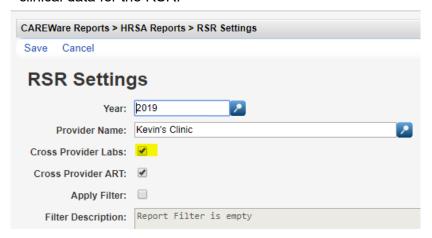
Field ID	Field Name	Coding	Location in CAREWare
47	Date of the client's <u>first</u> outpatient /ambulatory care visit at this provider agency	MM/DD/YYYY	Service The first service date may be in a different year and may not have been paid for by RWHAP
48	All dates of the client's outpatient ambulatory health service visits during this reporting period.	MM/DD/YYYY	Services
49	All <b>CD4 counts</b> and their dates for this client <u>during the report period.</u>	Test Values and Dates	Labs Enter date and result for CD4 tests throughout the year
50	All <b>Viral Load</b> counts and their dates for this client <u>during this</u> report period	Test Values and Dates	Labs Enter date and result for Viral Load tests throughout the year
52	Client prescribed ART	<ul><li>Yes</li><li>No</li></ul>	Medications. At least one ART medication (indication=ART)
55	Was the client screened for syphilis during this reporting period? (excludes all clients under the age of 18 who are not sexually active)	<ul><li>Yes</li><li>No</li><li>Not medically indicated</li></ul>	Screening Labs Test is labeled Syphilis (not RPR) and date is in the RSR calendar year.  New and custom screenings can be set as the equivalent Test Name for HRSA Reporting under Screening Lab Setup to be included in the RSR
64	(For HIV+ women only) Was the client pregnant during this reporting period?	<ul><li>Yes</li><li>No</li><li>Not applicable</li></ul>	Pregnancy History CAREWare uses the estimated date of last menstrual period (LMP) and the pregnancy outcome date to populate this field
73	Positive HIV Test Date Required of clients newly diagnosed in the reporting year	MM/DD/YYYY	Demographics>HIV Status HIV+ Date or AIDS Date Counseling and Testing First Test Date with positive result.
74	OAHS Linkage Date	MM/DD/YYYY	Demographics>HIV Status- HIV+ Date or AIDS Date Service Date of first medical visit when the HIV diagnosis date is in the current reporting year (newly diagnosed HIV)

### **NOTES:**

OAHS = Outpatient Ambulatory Health Services

#### **CAREWare networks:**

If you are connected to other providers on a centralized CAREWare network and have agreed to share clinical data with them on a need-to-know basis (that is, for clients that you have in common), you may select **Cross Provider Labs** and **Cross Provider ART** to include shared clinical data for the RSR.



### Assigning custom screenings/screening labs to ensure complete RSR reporting

If a custom screening lab for Hepatitis C called "My Hep C Test." needs to be reported in the RSR, do the following:

- 1. Click Administrative Options.
- 2. Clinical Setup.
- 3. Click Screening Lab Setup.
- 4. Click the test.
- 5. Click Edit.
- 6. Type the *Test Name for HRSA Reporting* (ex. Hepatitis C Antibody).
- 7. Click Save.

In the field "Test Name for HRSA Reporting" select the equivalent RSR field associated with the custom test. For example, here we've selected "Hepatitis C Antibody." This will ensure that the customized Hep C test will get reported in the RSR in the Hep C screening field.

