LOUISIANA CAREWARE ACCESS NETWORK

RYAN WHITE CAREWARE
POLICIES & PROCEDURES

LaCAN Data Management Policies & Procedures

1.   Policy: Data Security & Confidentiality

Effective Date: April 1, 2012

Confidential information includes not only sensitive health and risk-related information, but also client personal identifiers, potentially identifying information, and any other information provided to contractors for which confidentiality was assured when the individual or establishment provided the information. "Potentially identifying information" includes information that when viewed in conjunction with other information could possibly identify and/or be harmful to a particular person or group of people.

Communicating CAREWare Client Information:
- Information containing patient or client personal identifiers is never sent by email, even if encrypted. CAREWare client URNs, UCIs, eURNs, and any other agency client IDs will not be transmitted via email between any parties. LaCAN users, partners, and SHP staff will communicate about specific client records either during a live telephone conversation or by using a secure electronic transmission established by SHP staff.
- Electronic files containing patient or client personal identifiers, URNs, UCIs, eURNs, and any other agency client IDs will be transmitted to SHP and LaCAN Partners only via secure folders established by SHP.
- Personal identifiers are never left on voicemail messages.
- Printed CAREWare reports should not be faxed unless being sent to a fax machine that is demonstrated to be housed in a locked office or secure area.

Physical and Electronic Security:
- Computers used to access CAREWare must:
    - Be located in an agency office setting;
    - Be in a secure area/office and/or behind a door with a locking mechanism;
    - Be password protected at the Windows login level and have a password protected screensaver program installed and activated;
    - Have the monitor facing away from open doorways, hallways, or other areas so onscreen data/information cannot be accidentally seen by non-agency or non-pertinent personnel;
    - Have current, SHP-approved anti-virus software and Windows updates as described in the *Approved Anti-Virus Software* section of this policy.

- CAREWare must not be accessed from any mobile device or unapproved laptop. The procedure for requesting laptop approval is outlined in the Hardware Requirements policy below.
- CAREWare passwords must not be saved anywhere that may be seen by others.
- Users are not permitted to save CAREWare data to their computer without prior LaCAN and SHP approval, which should be requested via an email to the SHP Help Desk at hap@la.gov.
- Users will be automatically logged out of CAREWare after 30 minutes of inactivity.

LaCAN Data System Access:
- Prior to being granted access to confidential information, each CAREWare user must:
  - Complete and submit:
    - Request to Add/Remove User
    - User Confidentiality Agreement
  - Complete the web-based LaCAN Privacy Training

  All are found at https://louisianahealthhub.org/careware/. All users will also be provided a copy of the current Louisiana STD/HIV Program Security and Confidentiality Policy.
- Access to and use of confidential records in CAREWare is limited to purposes related to each person's designated role ("need to know") at their employing agency. Not all CAREWare users are entitled to view or use all aspects of CAREWare. Full modification rights and view-only rights are defined for each person as determined by the LaCAN Partners and the supervisory staff at each user's employing agency.
- Each person authorized to access CAREWare must have a unique CAREWare username, and CAREWare password to verify authorization to access the LaCAN CAREWare system. Such identification codes and passwords shall be issued and changed regularly in accordance with the LaCAN policies.
- CAREWare accounts are user-specific and may only be accessed by the user assigned to that account.

LaCAN User Passwords:
All CAREWare passwords users must be 12-32 alphanumeric characters, including at least two numbers, at least one upper case letter, and at least one lower-case letter. CAREWare will prompt users to change their password every 90 days.
Passwords may not include the following:
- Any version of the user's name or username;
- User's birth date;
- Agency name or abbreviation;
- Sequential numbers (i.e. 12345678);
- A password already in use by the user for accessing anything else (e.g. VPN, screensaver, or Windows password).

> **Other Important Security Points to Remember:**
> - **NO ONE should know your CAREWare password, including coworkers, supervisors or IT. If someone needs access to CAREWare, they should have their own account.**
> - Password must be changed after the first log in after being reset to the default password.
> - Do NOT use a password that is easily guessed by anyone (e.g., your child's name or your birthdate).
> - Do NOT distribute your CAREWare username or password to others.
> - Do NOT write your CAREWare username or password where it can be easily accessed by others.
> - Do NOT walk away from your computer with the CAREWare browser still up.
> - Do NOT leave your computer unattended before logging off.

Client Data Security Breach:
o A security breach can be defined as, but is not limited to, the following:
   - Hardcopy or computer media from CAREWare, including mail outs, containing confidential material is lost or stolen.
   - Hardcopy or computer media from CAREWare containing confidential material has been given or shown to a person who is not authorized to receive it.
   - There is evidence of a break in to an office with a computer able to access CAREWare.
   - There is evidence of someone trying to "hack" into a CAREWare computer or the CAREWare network.
   - There is evidence, through media story or other that someone has obtained confidential material that may have come from the LaCAN system.
o If a breach occurs, the State of Louisiana Office of Public Health STD/HIV Program (SHP) Services Data Manager must be notified immediately at 504-568-7474. If this person is not available, the SHP Data Management & Analysis Unit Manager is notified at the same phone number. SHP will notify all other LaCAN Partners as appropriate.
o All media calls related to a breach must be referred to the SHP Administrative Director.
o Any breach of confidentiality will immediately be investigated to assess causes and implement remedies. Infractions related to inappropriate access to or disclosure of confidential information may result in loss of CAREWare access, disciplinary action, termination of employment, loss of professional licensure, and/or federal, civil, or criminal penalties. (HIPAA Privacy 164.530; 45 C.F.R, §§160.300 et seq., 160.400 et seq., 160.500 et seq., 42 U.S.C. §1320d-6) SHP and LaCAN will comply with all applicable federal and state requirements for the reporting and notification of breaches of protected health information. (45 C.F.R. §§164.400 et seq., R.S. 51:3071 et seq.)

2. **Policy & Procedure: Data Sharing in CAREWare**
    Effective Date: January 1, 2012

Policy

The LaCAN Partners are committed to the sharing of client data between LaCAN provider agencies when appropriate to improve services to persons living with HIV, enhance performance measurement, and increase the quality of Ryan White HIV services data. The LaCAN Partners have established a process for sharing Protected Health Information (PHI) in a confidential environment that complies with the Privacy Regulations of the Health Insurance Portability and Accountability Act ("HIPAA"), the Health Information Technology for Economic and Clinical Health ("HITECH") Act, and all applicable state laws. This effort is intended to minimize the burdens on both patients and service providers to improve coordination and quality of care to patients serviced by Ryan White HIV services providers in Louisiana.

The LaCAN system will utilize client-by-client data sharing for services and clinical information for clients who have received services at a LaCAN provider on or after January 1, 2012. The purpose of implementing client data sharing in CAREWare is for LaCAN providers to have access to service and clinical data entered by other LaCAN providers for the same client. LaCAN users are able to see data only for clients who have received services at their agency or have been referred to their agency by another LaCAN provider using the internal referral function in CAREWare. No LaCAN provider will have access to information on clients that have not received services through their agency.

As of January 1, 2012, all clients receiving services funded by a LaCAN Partner are required to have a signed "Client Consent for CAREWare Data Sharing and Notice of Data Collection" attached to their CAREWare client record. No services or clinical information may be requested or granted sharing in CAREWare if the client has marked the "not shared" option on this form.

If a client who has previously granted providers the right to share services and clinical information in CAREWare wishes to revoke the sharing, their provider must give the client the "Client Revocation of CAREWare Sharing" form to sign. Providers are required to automatically comply with a client's wish to revoke sharing by deactivating services and clinical sharing in CAREWare. This form is to be attached to the client's CAREWare record.

Procedure for Client Consent to Share
- o   All clients will be presented the LaCAN-distributed "Client Consent for CAREWare Data Sharing and Notice of Data Collection" and the accompanying CAREWare information sheet at the time of intake by their Case Manager (or other appropriate provider staff).
- o   Provider staff will answer any questions the client has about the consent form. This discussion may take place via phone if the client cannot meet face-to-face. This discussion should be documented in the client's case notes. If staff are unable to answer questions, they are required to document the client's questions and communicate them to their supervisor or designated LaCAN Partner contact.
- o   After the client signs the form and indicates their sharing preference, the provider will scan the document and attach to the client's CAREWare record. The paper copy of the consent form will be placed in the client's hard copy file at the provider.
- o   If a client has agreed to share their information, the provider will request services and

clinical information to be shared through CAREWare with the providers listed in the CAREWare sharing option.

- o Providers currently funded through a LaCAN Partner will grant sharing of services and clinical information for any client with a consent attached to their CAREWare record.
- o If a provider fails to grant sharing of services and clinical information when requested by another provider with client consent, a LaCAN Partner data manager will grant the approval in CAREWare.

Procedure for Deactivating Client Consent to Share

- o When a client expresses to a LaCAN provider that they no longer wish to share data in CAREWare, that provider will supply the client with the "Client Revocation of CAREWare Sharing" form to sign.
- o After the client signs the form revoking sharing, the provider will scan the document and attach to the client's CAREWare record. The paper copy of the consent form will be placed in the client's hard copy file at the provider.
- o The provider will deactivate their services and clinical sharing in CAREWare.
- o The provider will notify their designated LaCAN Partner contact within 1 business day that the client has revoked sharing and the LaCAN Partner will revoke all other sharing in CAREWare for the client.

3.   Policy: Hardware Requirements

Effective Date: April 1, 2011

Hardware Requirements
The following hardware is required for all sites and computers accessing CAREWare:

- o Broadband connection
- o Color screen
- o Windows 7 operating system or higher
- o LaCAN approved antivirus software (see Appendix C for list of LaCAN approved antivirus software.)

Portable Computing Devices (Laptops)

CAREWare is not approved for use on laptop computers without specific approval from the Louisiana Department of Health & Hospitals' Office of Public Health STD/HIV Program and adherence to the following requirements:

- o The provider must submit a form to SHP stating the following:
  - The laptop user has a separate signed statement indicating receipt and understanding of laptop agreement/requirements;
  - The laptop is docked; and
  - The laptop does not leave the office.
  - The Laptop Approval form can be found here: https://louisianahealthhub.org/careware/

o The provider must verify annually that the laptop designated for CAREWare use still meets the requirements in the submitted letter.

4.   Policy & Procedure: Required Fields & Data Entry Timelines

Effective Date: January 1, 2012

Policy

The LaCAN Partners strongly encourage providers to use the CAREWare system to the fullest extent of its capabilities. Providers are required to ensure the correct entry and consistent updating of required client data and service elements in CAREWare for each client. CAREWare is intended to be a "real time" system, and accomplishing this requires timely data entry.

Providers are required to develop written procedures addressing the implementation and quality management of the elements contained in this policy. Provider policies should at a minimum include details of who will be responsible for the entry of data and the monitoring of data quality. The LACAN Partners will monitor the language and implementation of these policies on a regular basis.

Data Quality Management Plan Minimums

Data Quality Management Plans should at a **minimum** include:
o A plan to conduct data security checks with documentation of checks:
   • See LaCAN Data Management Policies and Procedures: Physical and Electronic Security
   • Ensure that computers are:
      ▪ Located in an agency office setting
      ▪ In a secure area/office and/or behind a door with a locking mechanism
      ▪ Are password protected at the Windows login level and have a password protected screensaver program installed and activated
      ▪ Have the monitor facing away from open doorways, hallways, or other areas so onscreen data/information cannot be accidentally seen by non-agency or non-pertinent personnel
      ▪ Have current, SHP-approved anti-virus software and Windows updates
   • Ensure that CAREWare is not accessed from any mobile device or unapproved laptop.
   • Ensure that CAREWare passwords are not be saved by anywhere accessible by others.
   • Ensure that Users are not saving CAREWare data to their computer without prior LaCAN and SHP approval.

o A plan to conduct periodic data quality checks and how this will be documented:
   • Compare CAREWare to Client files for accuracy and timeliness of data entry.
   • Establish a policy outlining how many clients files will be checked and at what frequency.

- Compare a **minimum** of 10% of active clients each quarter

o A policy for determining when a client's case is considered closed: (After a certain number of attempts to contact, a certain number of months since last service, etc.)
- Develop a plan to ensure that clients' enrollment status is current, closing out those who are no longer receiving services based on your established policy.

o A plan to check that all active clients are eligible to receive Ryan White Part B services. Documentation in file and CAREWare must reflect this.
- All active clients are HIV positive
- All active clients are currently Louisiana residents
- All active clients have an eligible Federal Poverty Level
  - No greater than 300%

o A plan detailing how clients' eligibility will be reviewed every six months

Individual users and their employing agencies are responsible for the validity, accuracy, and security of the data they collect and enter into the LaCAN system. Invalid, inaccurate, or incomplete data will result in a corrective action plan by the LaCAN Partner providing the agency's primary funding.

The fields listed below represent the minimum requirements for data entry as necessitated by federal, state, and city reporting requirements. Providers may require additional data entry through their internal policies.

Procedure: Required Fields
See Appendix A: LaCAN CAREWare Data Entry Required Fields for fields required by each LaCAN Partner. See Appendix B: Ryan White Part B Required Fields for additional required fields for entering services.

Procedure: Data Entry Timelines
A. Newly enrolled clients will be added to CAREWare within 5 business days of their enrollment date.
B. Services will be entered into CAREWare by the 2nd business day of the month following service provision or invoice receipt, unless an extension is requested from the provider's LaCAN funder. *(Exception: Louisiana Health Insurance Program services, ADAP services, and other services entered through Provider Data Import)*
C. Outgoing referrals must be entered within 5 business days of initiation. Referral outcomes must be entered within 5 business days of the outcome information being received.
D. Changes to client information (demographic data, addresses, insurance coverage, and annual review information) will be updated in CAREWare within 5 business days of receipt by the LaCAN provider.

Procedure: Changes to Common Client Data Fields
Many fields in CAREWare are automatically shared with other providers the client receives services from. Providers will note in the *Common Notes* box on the Demographics tab when they update client information, including the date of the update, initials of the updater, agency name, and what was changed. The following example is suggested:
"12/1/2011 AgencyX OT: Updated address"

Common fields in CAREWare are:
Name
Date of Birth
Gender
Sex at Birth
Address, City, State, County, Phone
Race, Ethnicity
Hispanic Subgroup
Asian Subgroup
HIV Status, HIV+ Date, AIDS Date
HIV Risk Factors
Common Notes
Vital Status
Deceased Date
Primary Insurance
Housing/Living Arrangement
Annual Household Income
Number of People in Client's Household
Poverty Level
All fields on the Custom Annual Tab
All fields on the Client Information Tab
All fields on the Emergency Contacts Tab
All fields on select subforms
Most Attachments

5.   Policy & Procedures: Entering Client Identifiers & Addresses
        Effective Date: January 1, 2012

Policy
LaCAN Providers are required to follow the procedures below for entering client identifiers and addresses in CAREWare. Each provider is expected to develop internal policies that address who will be responsible for adding new clients to CAREWare and how the provider will monitor the accuracy of the client information entered.
Procedures for Entering Client Identifiers & Addresses in CAREWare

CLIENT NAMES
Client names must be entered using uniform rules to reduce the number of duplicates and ensure

that clients can be properly matched between databases. Names in CAREWare are an official record of who is served. Do not use nicknames, aliases, John/Jane Doe, or anything other than a client's legal and verifiable name. ***If the name on a client's official ID conflicts with their intake form or another handwritten document, always use the name on the official ID.***

FIRST NAME
Enter the **legal** first name of the client from an identification card such as driver's license, birth certificate, social security card, passport, or other official document.

- Capitalize the first letter of the first name. If the first name is made up of two names or two parts of a name (e.g. Joe Bob or DSario), capitalize the first letter of each name or each part of the name.
- **Do not use** hyphens, apostrophes, accents (e.g., é ò), tildes (e.g., ñ ã), or other symbols (e.g., ü å ĉ), in the first name.
- Do not put "-C" or any other non-identifier information in any name field.
- **Do not put any suffixes** (e.g. Jr, Sr, III) in the first name field. If essential for contacting the client, put this in the last name field as instructed below.
- **Do not put initials in the first name field** – only the full legal first name.
- If a client is transgender but has not legally changed their name, put their preferred first name in parentheses after their legal first name (e.g., client legally named William but goes by Tanya would be "William (Tanya)").
- **Do not use nicknames or abbreviations in the first name field** (e.g. client is legally named Anthony but goes by Tony; this would be "Anthony").

Examples:

First Name	How to Enter in CAREWare
John, Jr.	John
D'Sario	DSario
Raúl	Raul
Kathryn, but client goes by Kate	Kathryn
William, but client goes by Tanya	William (Tanya)

MIDDLE NAME
Enter the **legal** middle name of the client from an identification card such as driver's license, birth certificate, social security card, passport, or other official document.

- If the client does not have a middle name or the client's middle name is unknown, leave it blank. A lack of a middle name will not impact the URN.
- The guidance provided for entering the first name should also be followed for entering the middle name.
- If only the middle initial is known, enter the initial with no period.

LAST NAME
Enter the **legal** last name of the client from an identification card such as driver's license, birth certificate, social security card, passport, or other official document.

- Capitalize the first letter of the last name. If the last name is made up of two names or two parts of a name (e.g. Johnson Smith, McMurphy, or O'Malley), capitalize the first letter of each name or each part of the name.
- If a client uses multiple last names (this may be common among Hispanic clients), follow legal documents provided by the client. In the absence of documentation or if the documents have conflicting information, use the client's first surname as the beginning of the last name field. Additional surnames may be added in the field after the first surname.
- **Do not use** apostrophes, accents, tildes, or any symbols other than hyphens in the last name. Use hyphens only to match their official identification, as shown in the next item and in the example below.
- If a client's name is legally hyphenated, put the names in the same order that they appear on the client's official identification (i.e., if name appears as Johnson-Smith on driver's license, do *not* enter as Smith-Johnson).
- If a client's legal name has a suffix, or a suffix is necessary to differentiate them when contacting clients, then a suffix may be included in the last name field. To add a suffix, put a comma after the last name, then a single space, then the suffix, and then a period. **For examples:** Joe Williams, JR. or Don Juan, III.
- **Do not put initials in the last name field** – only the full legal last name.

Examples:

Last Name	How to Enter in CAREWare
O'Connor	OConnor
Johnson-Smith	Johnson-Smith
Turner, JR.	Turner, JR.
Ramírez de Arroyo	Ramirez de Arroyo
Peña	Pena

Note: *Hispanic Surnames*

Many persons of Hispanic origin use two last names or surnames. The two surnames are referred as the first apellido and the second apellido. Many Hispanic Americans, such as Rafael Vicente Correa Delgado have one or two given names (Rafael Vicente in the example), a paternal surname and a maternal surname. In this example the person may be referred to as Mr. Correa or Mr. Correa Delgado but never as Mr. Delgado.

A child is given the surname of both his/her father and mother. The child receives the first surname of his/her father (which becomes the child's first surname) and the first surname of his/her mother (which becomes the child's second surname.)

When a woman gets married, she often does not change her name. Her first surname remains the same (her father's first), but her second surname could change to that of her husband. Sometimes the word 'de' is added between the two surnames to indicate that the second surname is her husband's. In today's world, many women do not change their name for

professional or personal reasons. Unlike marriage-related name changes for women in the United States, typically under Hispanic naming convention, the woman in the marriage never changes her first surname (the name from her father.)

When entering the legal names of Hispanic clients into CAREWare, it may be somewhat confusing which name should go in the "last name" field. Follow the convention used on any legal document that is presented by the client. In the absence of documentation and/or if the document has conflicting information, use the client's father first surname (first apellido) as the beginning of the last name field. Additional surnames may be added in the field after the first surname.

The following table provides some an example to illustrate the above explanation.

Father	Mother before marriage	Mother after marriage	Child
Legal Name: *Gabriel Eligio García*	Legal Name*: Luisa Santiaga Márquez Iguaran*	Legal Name may be:	Legal Name: *Gabriel García Márquez*
Usually referred to as: *Mr. García*	Usually referred to as: *Ms. Márquez*	*Luisa Santiaga Márquez Iguaran (de) García*	
First given name: *Gabriel*	First given name: *Luisa*	*Luisa Márquez García*	
Second given name: *Eligio*	Second given name: *Santiaga*	*Luisa Márquez-García*	
Father's first surname: *García*	Father's first surname: *Márquez*	Usually referred to as:	
		Mrs. Márquez	
	Mother's first surname: *Iguaran*	*Mrs. Márquez García*	
		Mrs. Márquez-García	

CLIENT DATE OF BIRTH
Enter only correct, legal, and verifiable dates of birth for clients. The date of birth should be taken from a form of official identification such as a driver's license or Louisiana identification card. Do not estimate the date of birth for any client or enter a "placeholder" date of birth. **If you need to add a client to CAREWare and do not know their date of birth, contact SHP for assistance.**

CLIENT GENDER
All LaCAN providers will use the Ryan White Services Report (RSR) guidance for entering client gender:

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.

- **Male –** An individual with a strong and persistent identification with the male sex.
- **Female –** An individual with a 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. The term transgender refers to a continuum of gender expressions, identities, and roles, which expand the dominant cultural values of what it means to be male or female.

SEX AT BIRTH

Indicate the client's sex assigned at birth. This field will auto-populate based on the selected client gender unless "Transgender Unknown" is selected.

- **Male-** Individual assigned a male sex at birth.
- **Female-** Individual assigned a female sex at birth.

Further clarification expanding on the RSR definitions:

- If a client does not identify as transgender, use Male or Female as appropriate for their sex.
- If a client identifies as transgender or has transitioned to a different sex, select either "Transgender Male-to-Female" or "Transgender Female-to-Male" in the gender field. Their gender does not need to have been changed on their official identification to be marked as transgender in CAREWare.
- If you are attempting to add a client to CAREWare who is transgender and is likely to have received Louisiana Ryan White services in the past 10 years, contact your CAREWare administrator if you are unable to find a matching record.

CLIENT ADDRESS

Providers are required to enter the complete physical address for their use in maintaining client communications and accurate reporting.

If a provider *changes* any of the client address fields, the provider will note that a change was made in the common notes section of the client record. The note will include the date the change was made, the initials of the individual who made the change, and the agency at which the individual works.

Example: Client address changed 6/25/11 by AR at Agency ABC.

Adding/Removing Users & Connecting to the LaCAN System

Requesting to Add/Remove a CAREWare User

Each provider should designate a person within their program who is responsible for coordinating new user information and software installation.

To add a new user:
1. Complete the "LaCAN Request to Add/Remove User" form. Have the new user and the user's supervisor sign it.
2. Review the "LaCAN User Confidentiality Statement" with the new user. Have the new user and the user's supervisor sign it.
3. Have the new user complete the online LaCAN HIPAA training. Users must have a score of at least 80% to gain access to CAREWare. This score is sent automatically to LaCAN and there is not a time limit for the training. The user may complete the training multiple times to get the 80% score.
4. Scan & email the user's forms (Add form and Confidentiality form) to your agency's designated LaCAN Partner.
5. The LaCAN Partner will approve/deny the request and forward the forms to SHP. SHP will set up the user in CAREWare and contact the agency with the user's login information.

To remove a user from the CAREWare system after they leave the agency or no longer need access:
1. Complete the "LaCAN Request to Add/Remove User" form.
2. Fax or scan/email the form to your agency's designated LaCAN Partner.
3. The LaCAN Partner will forward the form to SHP for account deactivation.

Find the Add/Remove user forms here:
https://louisianahealthhub.org/careware/

Appendices

Appendix A:

Field Requirements in LaCAN CAREWare - UPDATED 2/2/16
The following table summarizes the fields that are in LaCAN CAREWare. It also tells you whether the field is cross-provider (viewable/editable by all providers serving this client); whether the fields are required for the Medical or Non-Medical Ryan White Services Report (RSR), for LaCAN data collection (LA), and/or as a CAREWare function (CW); the frequency with which the data must be entered or submitted; and any corresponding notes.

Demographics Tab									
		RSR Requirement		Required For		Frequency			
Field Name	Cross Provider	Clinical RSR	Non-Clinical RSR	Only Part B Agencies	All LaCAN Agencies	Enter w/in 5 days of change or enrollment	Enter w/in 30 days	Update every 6 months	Notes
Last Name	✓	✓	✓		✓	✓			Use legal last name only. No nicknames, initials, or symbols. Refer to LaCAN Policies & Procedures for examples of how to enter names. Very important to have correct because it affects the URN.
First Name	✓	✓	✓		✓	✓			Use legal first name only. No nicknames, initials, or symbols. Do not use parent's name if entering a child. Refer to LaCAN Policies & Procedures for examples of how to enter names. Very important to have correct because it affects the URN.
Middle Name	✓				✓	✓			Legal middle name only. Leave blank if client does not have middle name
Birth Sex	✓	✓	✓		✓	✓			Male or Female. The sex the client was assigned at birth. Does not affect URN, but this is required for RSR
Gender	✓	✓	✓		✓	✓			Male, Female, Trans FTM, Trans MTF, Trans Unknown. If a client does not identify as trans, use male or female as appropriate. Very important to have correct because it affects URN.
Birth Date	✓	✓	✓		✓	✓			Legal date of birth only. Do not estimate.
Client ID									The confidential ID number used to identify clients within the agency. For New Orleans Part A Agencies this is the URN.
Address	✓				✓	✓		✓	Client's Physical address. If client is homeless, put "homeless" and the date. E.G. "homeless 11-1-11"
City	✓				✓	✓		✓	City where the client resides.
State	✓				✓	✓		✓	State required in CAREWare to generate list of counties that apply to the state.
County	✓				✓	✓		✓	Parish where client resides

Field	1	2	3	4	5	6	7	8	Description
Zip Code	✓	✓	✓		✓	✓		✓	Required for RSR and address. Only the first three digits of the zip codes are submitted with the RSR
Ethnicity	✓	✓	✓		✓	✓			Client's self-reported ethnicity (Hispanic or non-Hispanic). See manual for further description
Race	✓	✓	✓		✓	✓			Client's self-reported race. See manual for further description.
Ethnicity & Race Subgroups	✓	✓	✓		✓	✓			Client's self-reported race &/or ethnicity subgroups. See RSR manual for further description.
Vital Status	✓	✓	✓		✓	✓		✓	Client's current vital status (seen by all providers)
Deceased Date	✓	✓	✓		✓	✓		✓	Must enter date of death if 'Deceased' is selected for Vital Status.
Enrollment Status		✓	✓		✓	✓	✓	✓	Specific for each agency. Enter the client's current enrollment status at your agency. See manual for definitions.
Enrollment Date					✓		✓		Will need to enter an enrollment date the first time you enter a service for a client. This field will not need to be updated after that, unless you realize that there was an error. Should be the *first* time a client received services at your agency.
Case Closed Date					✓		✓		If client's case is closed, enter date of closure.
HIV Status	✓	✓	✓		✓	✓		✓	Use designations as described in the manual.
HIV+ Date	✓				✓	✓		✓	Required in CAREWare if you select any of the following for HIV Status: HIV Positive (not AIDS), HIV Positive (AIDS status unknown), or CDC-defined AIDS.
AIDS Date	✓	✓	✓		✓	✓		✓	Required in CAREWare if you select 'CDC-defined AIDS' for HIV Status. Only year of AIDS diagnosis is sent to HRSA.
HIV Risk Factors	✓	✓	✓		✓	✓			Required by the RSR for ALL clients, even those whose HIV Status is 'Negative (affected)' or 'Unknown'.
Common Notes	✓	✓			✓	✓			Use this field to note when you make changes to common fields in the client record. Note date, agency, your name, and what was changed. Example: "11-05-11 @SLAC MT changed client address"

Eligibility History (Demographics Tab)

Field Name	Cross Provider	RSR Requirement		Required For		Frequency			Notes
		Clinical RSR	Non-Clinical RSR	Only Part B Agencies	All LaCAN Agencies	Enter w/in 5 days of change or enrollment	Enter w/in 30 days	Update every 6 months	
Eligibility Status	✓	✓	✓		✓	✓		✓	Whether or not a client is eligible to receive Ryan White Services.
Eligibility Date	✓	✓	✓		✓	✓		✓	Date client's eligibility for services was reviewed. Required by HRSA to be verified every 6 months
Funding Source	✓	✓	✓		✓	✓		✓	Funding source client is elibible to revcieve services for. Create a new record for every funding source at your agency.
Is Eligible?	✓	✓	✓		✓	✓		✓	Select if a client is or is not eligible to receive services for each funding source at your agency. If a client was eligible but is no longer a new record must be created indicating that.
Comment									Use this field to note when a client is no longer eligible and why they are no longer eligible.

Client Information Tab

Field Name	Cross-Provider	RSR Requirement		Required for		Frequency			Notes
		Clinical RSR	Non-clinical RSR	Only Part B Agencies	All LaCAN Agencies	Enter w/in 5 days of change or enrollment	Enter w/in 30 days	Update every 6 months	
Consent to Mail	✓				✓	✓		✓	Select client's mailing preference. If client wishes to use a different mailing address, enter that address in the "Consented Mailing Address" text field.
Non-Logo Mailing Only	✓				✓	✓		✓	Check if only mail without the agency's logo should be sent to client.
Consented Mailing Address	✓				✓	✓		✓	If client wishes to receive mail at a different address than the one listed on their Demographic Tab (the physical address), enter the address here.

Field Name	Cross-Provider	Clinical RSR	Non-Clinical RSR	Only Part B Agencies	All LaCAN Agencies	Enter w/in 5 days of change or enrollment	Enter w/in 30 days	Update every 6 months	Notes
Case Management Program	✓				✓	✓			The client' current primary case management program. To be updated if the client changes programs. Example: Part B Medical Case Management.
Other Case Management Program	✓				✓	✓			Type other case management program here if selecting "Other" in Case Management Program field.
Case Manager Assigned: Part A	✓					✓			Name of current Part A case manager. Leave blank if client does not have Part A case manager.
Case Manager Assigned: Part B	✓			✓		✓			Name of current Part B case manager. Leave blank if client does not have Part A case manager.
Case Manager Assigned: Part D	✓					✓			Name of current Part D case manager. Leave blank if client does not have Part A case manager.
SSN	✓				✓	✓			Client's legal SSN. If client does not have a SSN, leave blank.
Primary Language	✓				✓	✓			The language the client is most comfortable speaking. If the client is most comfortable speaking Spanish and can only speak some English, put Spanish as their primary language.
Secondary Language	✓				✓	✓			Other language spoken by the client. Leave blank if not applicable.
Veteran	✓				✓	✓			Check this box if client is a veteran

Emergency Contacts Tab									
		RSR Requirement		Required For		Frequency			
Field Name	Cross-Provider	Clinical RSR	Non-Clinical RSR	Only Part B Agencies	All LaCAN Agencies	Enter w/in 5 days of change or enrollment	Enter w/in 30 days	Update every 6 months	Notes
EmergContact1 Name	✓				✓	✓			Name of client's first emergency contact
EmergContact1 Relationship	✓				✓	✓			Client's relationship to first emergency contact
EmergContact1 Aware of HIV Status	✓				✓	✓			Check if first emergency contact is aware of client's HIV status
EmergContact1 Auth to take kids	✓				✓	✓			Check if first emergency contact is authorized to take custody of client's children in emergency

Field									Description
EmergContact1 Address1	✓				✓	✓			First emergency contact's street address
EmergContact1 Address2	✓				✓	✓			First emergency contact's street address (2nd line if necessary)
EmergContact1 City	✓				✓	✓			First emergency contact's city
EmergContact1 State	✓				✓	✓			First emergency contact's state
EmergContact1 Zip Code	✓				✓	✓			First emergency contact's zip code
EmergContact1 Phone	✓				✓	✓			First emergency contact's phone
EmergContact1 Cell	✓				✓	✓			First emergency contact's cell phone number
EmergContact1 Email	✓				✓	✓			First emergency contact's email address
EmergContact1 Comments	✓								Comments or notes regarding emergency contact. (e.g. best times to contact, special instructions)
EmergContact2 Name	✓				✓	✓			Name of client's second emergency contact
EmergContact2 Relationship	✓				✓	✓			Client's relationship to second emergency contact
EmergContact2 Aware of HIV Status	✓				✓	✓			Check if second emergency contact is aware of client's HIV status
EmergContact2 Auth to take kids	✓				✓	✓			Check if second emergency contact is authorized to take custody of client's children in emergency
EmergContact2 Address1	✓				✓	✓			Second emergency contact's street address
EmergContact2 Address2	✓				✓	✓			Second emergency contact's street address (2nd line if necessary)
EmergContact2 City	✓				✓	✓			Second emergency contact's city
EmergContact2 State	✓				✓	✓			Second emergency contact's state
EmergContact2 Zip Code	✓				✓	✓			Second emergency contact's zip code
EmergContact2 Phone	✓				✓	✓			Second emergency contact's phone
EmergContact2 Cell	✓				✓				Second emergency contact's cell phone number
EmergContact2 Email	✓				✓	✓			Second emergency contact's email address
EmergContact 2 Comments	✓								Comments or notes regarding emergency contact. (e.g. best times to contact, special instructions)
Emerg Evac Plan	✓								Client's emergency evacuation plan (required for New Orleans agencies)

Annual Review & Custom Annual Tabs

Field Name	Cross-Provider	RSR Requirement		Required For		Frequency			Notes
		Clinical RSR	Non-Clinical RSR	Only Part B Agencies	All LaCAN Agencies	Enter w/in 5 days of change or enrollment	Enter w/in 30 days	Update every 6 months	
Insurance Assessment Date	✓	✓	✓		✓	✓		✓	Insurance status is required to be assessed at least every 6 months.
Insurance Assessment: Primary Insurance	✓	✓	✓		✓	✓		✓	Insurance source used by the client for the majority of their medical care on the date of the insurance assessment. See manual for definitions and examples.
Insurance Assessment: Other Insurance	✓	✓	✓		✓	✓		✓	Do not need to complete if client only has one source of insurance (identified under Primary Insurance) or has no insurance (also identified under Primary Insurance). See manual for definitions and examples.
FPL Assessment Date	✓	✓	✓		✓	✓		✓	FPL (household size and income) is required to be assessed at least every 6 months
FPL Assessment: Household Income	✓				✓	✓		✓	Total annual income of client and their spouse or blood relatives in the household. Required by CAREWare to calculate Poverty Level.
FPL Assessment: Household Size	✓				✓	✓		✓	Including client, the number of people living in the household who are either dependent upon the client or included in the above income. Required by CAREWare to calculate Poverty Level.
FPL Assessment: Poverty Level	✓	✓	✓		✓	✓		✓	Automatically calculated by CAREWare after Household Income and Household Size are entered.
Annual Screening: HIV Primary Care	✓				✓	✓		✓	Type of clinic where client receives most of their HIV medical care
Annual Screening: Housing/ Living Arrangements	✓	✓	✓		✓	✓		✓	Client's living arrangement this calendar year. See manual for examples and definitions of each type
Annual Screening: HIV Risk Reduction Counseling & Counseled By	✓	✓	✓			✓			ONLY Ryan White-funded primary care providers are required to enter/update this for clients who received a RW-funded primary care visit during the 6-month period.
Annual Screening: Mental Health & Result	✓	✓	✓			✓			ONLY Ryan White-funded primary care providers are required to enter/update this for clients who received a RW-funded primary care visit during the 6-month period
Annual Screening: Substance Abuse & Result	✓	✓	✓			✓			ONLY Ryan White-funded primary care providers are require to enter/update this for clients who received a RW-funded primary care visit during the 6-month period
Education Level	✓	✓	✓		✓	✓			Client's highest education level this calendar year. Self-report.

Field Name	Cross-Provider	Clinical RSR	Non-Clinical RSR	Only Part B Agencies	All LaCAN Agencies	Enter w/in 5 days of change or enrollment	Enter w/in 30 days	Update every 6 months	Notes
Employment Status	✓				✓	✓			Client's employment status this calendar year.
Primary Income Source	✓				✓	✓			Client's primary income source this calendar year.
Primary Care Source	✓				✓	✓			Client's source of primary care (physician name or clinic name).
Number of children in HH	✓				✓	✓			Number of children (under 18 yrs) in client's household this calendar year.
Number of HIV+ children in HH	✓				✓	✓			Number of HIV+ children (under 18 yrs) in client's household this calendar year.
Annual Marital Status	✓				✓	✓			Client's marital status this calendar year.
Has client been incarcerated?	✓				✓	✓			Client's incarceration status this calendar year.

Services Tab

Field Name	Cross-Provider	RSR Requirement		Required for		Frequency			Notes
		Clinical RSR	Non-Clinical RSR	Only Part B Agencies	All LaCAN Agencies	Enter w/in 5 days of change or enrollment	Enter w/in 30 days	Update every 6 months	
Note: *if a client gives consent to share their information, all of the following fields (Date – Site) are automatically shared with the provider(s) authorized by the client.* *Some services will have additional custom service fields that appear depending on the service selected. Not all fields are listed below. Your grantee will provide you with a document listing additional fields to be completed per service name. Additional rows are provided below for you to fill in these fields if needed.*									
Date (of service)		✓	✓		✓		✓		Date the service was provided. Information about services received by a client needs to be entered monthly. However, the date should be entered for each service a client received during that month. So if a client received case management on three different dates, each date would be entered separately.
Service Name		✓	✓		✓		✓		Select from list of contracted services. What appears in the list depends on what your agency is under contract for on the date of service.
Contract		✓	✓		✓		✓		The contract field will automatically be populated when you select a service. If multiple contracts are available, choose the contract that funded this client's service
Units		✓	✓		✓		✓		Each agency will receive a spreadsheet that describes what to count as a unit (e.g., bus card, session, billable unit, etc.) for each type of service the agency provides. This is determined by each agency's contract with their grantee(s).
Price		✓	✓		✓		✓		Price will depend on how your agency is contracted to provide services and the reimbursement structure. Some services that are billed based on unit cost will have the

					✓		✓		unit cost set in CAREWare. Do NOT change the unit cost for these services.
Cost					✓		✓		The cost will automatically calculate for services with a unit rate (number of units x price= cost)
Staff or Provider Name					✓		✓		Select the name or agency that provided the service. For case management services, select the case manager.
Site					✓		✓		Site where the service was provided.

Appendix B:
Part 1

Louisiana Part B Case Management Service Entry Guidance

This technical assistance document is intended to clarify which work performed by case management staff may be entered in CAREWare as billable units. It complements the service definitions in each agency's Ryan White Part B contract and does not replace any contractual documents.

The negotiated unit cost associated with case management units includes all work done by case management staff that qualifies as case management– administrative tasks and travel time are not billable units because they are already included in the unit cost calculation.

Case management units are not intended to account for every moment of a case manager's time and a single case manager will rarely (outside of extreme circumstances) have 40 hours of client contact in one 40 hour work week. It is understood and expected that case managers will spend a portion of their time doing things that should not be entered in CAREWare as units of service, such as traveling to visit a client, writing case notes, and completing required forms. *These administrative tasks have been accounted for in the negotiated case management unit costs and are not separately billable.*

Each case management unit entered should reflect 15 minutes of either face-to-face or telephone contact with a client.

Examples of general tasks and their eligibility for CAREWare CM service entry

Billable in CAREWare	Not Billable in CAREWare
These are activities that would be eligible for entry as a Part B case management service in CAREWare:	These are activities that many case managers perform during the normal course of the day, but should not be entered as Part B case management services in CAREWare:
- Conducting an intake with the client - Setting up appointments with other providers on a client's behalf - Advocating for a client with a third party - Speaking to a third party about whether a client is eligible/ approved for the third party's services (if the client is unable to do this themselves) - Speaking directly to a client to remind them about an upcoming appointment - Assessing client needs with the client - Conducting case management face-to-face with the client - Conducting case management over the phone with the client - Conducting a videoconference meeting with the client	- Driving to or from a client's house or appointment - Faxing a document anywhere - Scheduling an appointment for a client to meet with you - Updating client records in CAREWare or their physical file - Filling out forms for about a client - Filing client documents - Entering case notes - Receiving a message from a client or leaving a message for a client - Sending a mass mailing to clients - Sending birthday/holiday cards to clients - Providing a food card, gas voucher, food bank delivery, etc. with no other discussion or case management involved

Example Scenarios

1. **Case manager (CM) sees client (CL) in his office for 30 minutes. They discuss CL's upcoming doctor appointment and support services CL needs. CL leaves and CM spends the next 15 minutes writing up a case note for the visit.**

   Units of Service: 2 units of 15 min. case management
   Explanation: CM spent 30 minutes with CL discussing their case – this is 2 units of service. The additional 15 minutes spent entering the case note is an administrative task and does not qualify as a unit of service. The cost of the additional time spent on administrative tasks is built into the unit cost established during contract negotiations.

2. **Case manager (CM) sees client (CL) in his office for 30 minutes. They discuss CL's oral health needs. CL leaves and CM spends the next 15 minutes writing up a case note for the visit. CM then calls the CL's doctor and schedules the CL's appointment.**

   Units of Service: 3 units of 15 min. case management
   Explanation: 2 units of service for the 30 minutes spent with CL discussing CL's needs. 1 unit of service for scheduling the oral health appointment on behalf of CL. Units are not entered for writing the case note or entering the referral.

3. a. **CL goes to CM's office to pick up a food voucher or groceries. CM gives CL the voucher/bag of groceries and CL leaves without further discussion.**

   b. **CM mails CL a food voucher after CL calls to request it. Nothing else is discussed during the phone call.**

   Units of Service: Each scenario is a food bank entry only.
   Explanation: No case management has been provided in either situation. The client did receive a service – food bank – but no case management was required to receive this.

4. **A CL calls the CBO and leaves a detailed message with the office manager regarding which services he needs assistance paying. The office manager gives the message to the appropriate CM. The CM enters a case note is entered summarizing what the client said.**

   Units of Service: None.
   Explanation: No case management was provided. Receiving a message from a client is an administrative task and the cost is already built into the unit cost established during contract negotiations.

5. **The CM meets with a currently incarcerated potential CL via video conference for 60 minutes as part of the SPNS Correctional Program intervention. They complete the SPNS VC assessment and personal needs tool, which the CM later enters into CAREWare.**

   Units of Service: 4 units of case management
   Explanation: 4 units (15 minutes x 4 = 60 minutes) of case management were provided. The cost of any data entry associated with a client (e.g. entering information in CW) has already been included in the CM unit cost and is not entered as separate units.

Appendix B: Part 2
Service-Specific Part B Field Requirements in LaCAN CAREWare

The following tables specify and explain service-specific data entry requirements for Part B funded agencies.
Each field listed is **required** for service billed as of June 1, 2015.

Service Name or Description	Custom Field Name	Custom Field Description	Values	Rationale
All Part B Case Management *face-to-face* **services** *Beginning 7/1/15, all CM entries must have a corresponding case note entry in CAREWare (must have the same date as the CM service)*	**Staff or Provider Name**	Already included in CAREWare; person providing the service; drop-down box	All staff or provider names	Provides record of which staff member provided the service
	Service Comment	Already included in CAREWare; free text field	Any comment related to the service that *does not* need to be in a case note.	Allows for providers to enter additional information not covered in other fields
	Site	Already included for some agencies; drop down box Site of service provision	• Agency • Client's home • Medical Office • Other *(contact SHP to request additional values)*	Provides record of location of service provision
	Other Site	Text Field	Specify the site if choosing "other" in the site field.	Provides record of location of service provision
	Service Entry Date	Date Field	Date service entered (not when services was provided)	Provides record of data entry timeline
	Encounter Topics: Multiple Checkboxes	Series of checkboxes; Indicate all topics that were discussed during the CM encounter. At least one checkbox must be marked for each CM service entry	• Intake • Initial Assessment • 6-month reassessment • Annual Assessment • Home Visit • Insurance • Case Closure • Advocacy • Follow-Up • Housing • Case Conferencing • Transportation Coordination • Other Encounter *(Contact SHP to request add'l values)*	Provides record of topics included in billed CM service and assurance that services billed are eligible for CM units; Case notes to document coverage of these topics must be entered in the case notes section of CAREWare.
	Other Encounter Topic	Text field	Specify additional encounter topic if "other" is selected as an encounter topic	Provides record of topics included in billed CM service; Case Notes to document coverage of these topics must be entered in the case notes section of CW

Service Name or Description	Custom Field Name	Custom Field Description	Values	Rationale
All Part B Case Management *Other Encounter* **services** ***Beginning 7/1/15, all CM entries must have a corresponding case note entry in CAREWare (must have the same date as the CM service)***	**Staff or Provider Name**	Already included in CAREWare; person providing the service; drop-down box	All staff or provider names	Provides record of which staff member provided the service
	Service Comment	Already included in CAREWare; free text field	Any comment related to the service that *does not* need to be in a case note.	Allows for providers to enter additional information not covered in other fields
	Contact Method	Dropdown box; method of contacting client for non-face-to-face CM	• Telephone contact • Letter to client via mail • No Client Contact • Other	Provides record of how CM was provided and assurance that method is allowable
	Other Contact Method	Text Field	Specify the site if choosing "other" in the site field.	Provides record of how CM was provided and assurance that method is allowable
	Service Entry Date	Date Field	Date service entered (not when services was provided)	Provides record of data entry timeline
	Encounter Topics: Multiple Checkboxes	Series of checkboxes; Indicate all topics that were discussed during the CM encounter. At least one checkbox must be marked for each CM service entry	• Intake • Initial Assessment • 6-month reassessment • Annual Assessment • Home Visit • Insurance • Case Closure • Advocacy • Follow-Up • Housing • Case Conferencing • Transportation Coordination • Other Encounter *(Contact SHP to request add'l values)*	Provides record of topics included in billed CM service and assurance that services billed are eligible for CM units; Case notes to document coverage of these topics must be entered in the case notes section of CAREWare.
	Other Encounter Topic	Text field	Specify additional encounter topic if "other" is selected as an encounter topic	Provides record of topics included in billed CM service; Case Notes to document coverage of these topics must be entered in the case notes section of CW

Service Name or Description	Custom Field Name	Custom Field Description	Values	Rationale
All Part B Case Management *Transportation services*	**Staff or Provider Name**	Already included in CAREWare; person providing the service; drop-down box	All staff or provider names	Provides record of which staff member provided the service
	Service Comment	Already included in CAREWare; free text field	Any comment related to the service that *does not* need to be in a case note.	Allows for providers to enter additional information not covered in other fields
	Transportation Type	Dropdown box; Type of transportation service provided to client	• Gas voucher • Bus passes • Transportation gas card • Taxi service Mileage reimbursement (non-cash payment to someone other than the client)	Provides record of type of transportation provided
	Transportation Destination	Dropdown box; destination for the transportation service provided	• HIV Medical Appointment • Mental Health Counseling Appointment • Non-HIV Medical Appointment • Oral Health Appointment • Other • Pharmacy • Substance Use Treatment Appointment	Provides record that transportation funds were used for allowable destination
	Other Transportation Destination	Text field; used if destination is not listed above	Specify addition transportation destination if "other" is selected above. Destination is subject to approval prior to invoice	Provides record that RW transportation funds were used for allowable destination
	Service Entry Date	Date Field	Date service entered (not when services was provided)	Provides record of data entry timeline

Appendix C:

LaCAN Approved Anti-Virus Software

1. Bitdefender Antivirus Plus 2015
2. Norton Security
3. McAffee Antivirus Plus
4. Trend Micro Titanium Antivirus +
5. Avira Antivirus Pro
6. Sophos
7. BullGuard Antivirus
8. eScan Anti-Virus
9. Panda Antivirus Pro
10. Avast! Pro Antivirus