Minnesota CAREWare User Manual

The Basics

Technical Assistance

Contact the Minnesota CAREWare Help Desk first for Assistance

If you have specific questions regarding the Minnesota CAREWare application, please contact members of the Minnesota CAREWare Help Desk via e-mail at: health.cwpems@state.mn.us, Monday through Friday, between 7:00 a.m. and 3:30 p.m., Central Standard Time.

Minnesota CAREWare Help Desk
E-mail: health.cwpems@state.mn.us

You may also complete a Help Desk ticket on the Minnesota CAREWare Webpage (http://www.health.state.mn.us/careware)

Please also check the Minnesota CAREWare website for additional information and resources.

HRSA Resources

For more information about the standard Ryan White (RW) CAREWare application:

Toll-free helpline: 1-877-CWHELP1 or 1-877-294-3571
E-mail help desk: cwhelp@jprog.com
Monday - Friday from 12:00 - 5:00 p.m., Eastern Standard Time

For updated information on RW CAREWare, visit the RW CAREWare website at CAREWare 6 (https://hab.hrsa.gov/program-grants-management/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 Annual Data Report (RDR) and the new 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).
Minnesota CAREWare is a secure, centralized, software application designed to report client-level data from HIV services programs funded through Part A and Part B of the Ryan White HIV/AIDS Treatment Modernization Act. The majority of Ryan White HIV/AIDS Program funds support primary medical care and essential support services. Minnesota CAREWare is used to report clients served by providers funded through the Hennepin County Human Services and Public Health Department (HSPHD), the Part A grantee, and/or the Minnesota Department of Human Services (DHS), the Part B grantee.

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 Minnesotans with HIV disease, and reporting the activities of our providers to the federal government, state legislature, and community members are vital functions of the HSPHD and DHS. Through a contractual agreement, the STD/HIV/TB Section of the Minnesota Department of Health (MDH) is responsible for collecting, analyzing, and reporting the client-level data on behalf of the HSPHD and DHS.

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. A system-wide evaluation allows MDH, HSPHD, DHS, and the Minnesota HIV Services Planning Council (Planning Council) to:

▪ Target funds to populations most in need, especially those not receiving services;
▪ Report accurate data to HRSA, Congress, and other funding bodies;
▪ Help community providers to better meet the needs of persons with HIV disease through the evaluation of their services in the context of the entire services system; and
▪ Strengthen the effort to work for changes in the broader health care and social services system by providing accurate analysis of the needs of Minnesotans with HIV disease.

This type of system-wide evaluation and analysis requires several components, including the need to collect the names and birth dates of clients receiving any HIV service funded by the HSPHD or DHS.

The client-level reporting system will allow the HSPHD, DHS, and the Planning Council to answer these and other important evaluation questions, such as:

▪ How many people are served through the HIV programs? What are the demographic characteristics of these persons?
▪ How do these people compare to the entire population of persons with HIV in Minnesota?
▪ How many people served through HIV programs are seeing a medical provider for their HIV care? What are the characteristics of those who are not in care?
▪ Are people receiving case management more likely to access additional Ryan White support services?
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.
▪ A client name will only be shared between DHS/HSPHD-funded providers serving that client. Access to client names by staff of the STD/HIV/TB Section of MDH 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 (using a unique client ID only) from CAREWare will not be shared with any entity other than HSPHD, DHS, HRSA, or consultants specifically contracted to perform data analysis.
▪ All clients of HIV services will be informed that this information is being collected by MDH, HSPHD and DHS in order to comply with federal law and to improve the HIV services system.

Words and Phrases to Know in CAREWare

Tiers

CAREWare 5.0 is comprised of three parts: the client, business, and data tiers.

▪ The client tier is the “front end” of CAREWare that sits on the user desktop computers and allows them to request or submit data.
▪ The business tier is the “middleman” that takes requests from the client tier and either denies them (if the user doesn’t have permissions, for instance) or accepts them and transmits the information between the data tier and the client tiers.
▪ The data tier is the “back end” of 4.0/4.1 is a SQL Server database.

Domains

CAREWare uses two types of domains - Central Administration and Provider.

Central Administration

MDH functions as the central administrator. Administration Users in the central administration (CA) domain set up users and grant/revoke permissions in each provider domain, establish contracts and services, and perform a variety of oversight tasks (audit reports, quality reports, etc.). Users within the CA domain cannot add or edit client data – they can only view client records. However, Administration Users can log into a provider domain to edit client records if needed (e.g., a name was entered incorrectly).
Provider

A provider domain is set up for each funded agency. Users at each provider will only log into their own provider domain. Users in a provider domain are able to enter and edit client data, run reports, create reports, and perform other functions based on the permissions assigned by the central administrator.

Cross-Provider and Provider-Specific Information

Information in CAREWare may be cross-provider (shared across providers) or provider-specific.

Cross-Provider

Demographic data, including all patient identifiers (name, date of birth, address) and Annual Review information (income, insurance, etc.) are cross-provider: they are not “owned” by a specific provider. For example, say a user at Provider #1 changes a client’s address. Let’s say that Provider #2 serves that same client and accesses that client’s record on the network. If a user at Provider #2 goes into that client’s record, they will see the change of address made by the user at Provider #1. The second user could change the address as well, because these demographic fields are common across all providers on the network.

Provider-Specific

CAREWare handles client service and clinical information differently from common demographic data that was described above: service records and clinical information are provider-specific. What this means is that even if two providers serve the same client and elect to share data over the network, these providers can only view the other’s data on that client, but never edit or change it. These fields are “owned” by the provider who entered them.
### CAREWare Data Entry Features

Common data entry features in CAREWare:

<table>
<thead>
<tr>
<th>Type</th>
<th>View</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text Box</td>
<td>![Text Box Icon]</td>
<td>Allows single line of text entry or display</td>
</tr>
<tr>
<td>Text Area</td>
<td>![Text Area Icon]</td>
<td>Allows multiple lines of text entry or display</td>
</tr>
<tr>
<td>Check Boxes</td>
<td>![Check Box Icons]</td>
<td>Allows selection of 1 or more options</td>
</tr>
<tr>
<td>Radio Buttons</td>
<td>![Radio Button Icons]</td>
<td>Allows selection of 1 option</td>
</tr>
<tr>
<td>Drop Box</td>
<td>![Drop Box Icon]</td>
<td>Allows selection of 1 option from a pull down menu</td>
</tr>
<tr>
<td>Button</td>
<td>![Button Icon]</td>
<td>Executes a CAREWare function</td>
</tr>
</tbody>
</table>
Getting Ready for Minnesota CAREWare

User Requirements to Access Minnesota CAREWare

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

▪ Complete the annual client privacy/HIPAA training. If your agency does not have a HIPAA training module available, you may access an online training at [Minnesota CAREWare Website](http://www.health.state.mn.us/careware) under the Annual Client Privacy/HIPAA Training link on the right side of the page.

▪ Sign your agency’s annual Data Privacy Confidentiality Agreement.

▪ Complete the User Registration Form and forward to your Provider’s Authorized Representative (PAR) for signature. The form is available at: [Getting Ready for CAREWare](https://www.health.state.mn.us/diseases/hiv/partners/careware/gettingready.html)

▪ Submit the completed, signed form to MDH as instructed on the form.

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

▪ Complete the annual client privacy/HIPAA training.

▪ Sign your agency’s annual Data Privacy Confidentiality Agreement.

▪ Your PAR will complete and sign a form that lists the names of all staff that have completed annual HIPAA training and have signed the data privacy confidentiality agreement within your agency. If your agency does not have an Employee Data Privacy Confidentiality Agreement, a sample of the form is available at [Getting Ready for CAREWare](https://www.health.state.mn.us/diseases/hiv/partners/careware/gettingready.html). Your PAR will submit the form to MDH to maintain user access to CAREWare.

Once your user account has been established, you will be contacted by the Minnesota CAREWare Help Desk staff with your username and password for CAREWare. You will be asked to change your password during your initial login.

Workstation Requirements to Run Minnesota CAREWare

▪ Your workstation must have Microsoft Windows XP operating system

▪ Your workstation must have at least 2 GB of RAM, 30 gb Hard-drive and a 2.00 GHz processor

▪ Your workstation must have Internet Explorer version 7 or higher

▪ Your workstation must have the Microsoft .NET Framework version 2.0 installed

Since each agency’s set-up is different, please contact your agency’s information technology (IT) staff/contractor if you have questions or run into issues as you are verifying that your workstation meets the requirements to run Minnesota CAREWare. If you don’t have an IT person, or if your IT person has questions, please contact the Minnesota CAREWare Help Desk at health.cwpems@state.mn.us.
Windows XP Operating System

How to Verify Your Workstation Has Windows XP Operating System

- Click on the Windows Start button in the bottom left corner of your screen
- Select Shut Down, and the Shut Down Windows window will display on your screen
- The operating system information is found at the top of the window
- Select Cancel if you do not want to shut down your computer at this time

NOTE: If you do not have Windows XP as your operating system, please contact your IT person.

Internet Explorer

How to Verify Your Internet Explorer Version

- Open Internet Explorer
- Select Help menu
- Select About Internet Explorer
- The about Internet Explorer window will display on your screen.
If you have Internet Explorer 7 or higher, then your workstation meets this requirement. If you have an earlier version, you will need to install Internet Explorer 7 or 8 using the instructions provided below.

**Link to Download Internet Explorer 7 or Internet Explorer 8**

Please check with your IT person first to determine which version of Internet Explorer your agency uses and visit to find available software programs [Microsoft Download Center](https://www.microsoft.com/en-US/Download/confirmation.aspx?id=8356). In order to install Internet Explorer, you will need to have administrative rights on your computer or you will need an IT person to install it for you.

**Logging In to Minnesota CAREWare**

- Click Twice on the Run RW CAREWARE Client icon.

The RW CAREWare login window will display on your screen. Type in the following information:

- Your Minnesota CAREWare User Name (will be provided to you by MDH)
- Your Minnesota CAREWare Password (will initially be provided to you by MDH)
- Open the options button
- Make sure that the server is listed as mncareware.ixn.com
- Make sure that the Port is listed as 8124
- Make sure that the TLS Encryption box is selected
- Click Login
After logging in to CAREWare, the main menu will appear. This menu allows you to navigate to different areas of CAREWare, perform certain functions, and read system messages. The options available to each user are based on the assigned user type and permissions granted by the system administrator.
Changing Your Passwords

You should change your passwords after you initially receive them from MDH and have logged in for the first time, and at any time you feel your password may have been compromised.

Changing Your Minnesota CAREWare Password

The very first time you log in to Minnesota CAREWare, you will be asked to change your password. Enter your new password and continue your login.

You will be required to change your CAREWare password every 120 days. You will receive a message when you log in to the system that will let you know that it is time to change your password. If you need to change your password before it is set to expire, contact the Minnesota CAREWare Help Desk.

- Select My Settings from the Main Menu screen in CAREWare.

- Select Change My Password from the My Settings screen.

- Enter your new password twice and select Change Password.
Password Requirements

- Minimum length for the WinSCP and CAREWare application passwords is 8 characters with at least one number and one special character (!, @, #, $, %, ^, &, *).
- Passwords must not be disclosed to anyone.
- Passwords must be changed immediately if they have been revealed to someone else.
- Passwords must be manually entered at each level of authentication and cannot be stored.
- Passwords should not be written down. If users need to write down passwords, they must be kept in a secure location such as a locked drawer or office.
- Passwords should always be changed after the System Administrator issues a temporary password.

Other Information

- The idle user account time out for the CAREWare application is 20 minutes.
- The idle user account time out for the WinSCP application is 30 minutes.
- Only one connection can be made per user.
- Unique passwords must be used to access the WinSCP and CAREWare application.
- The account will be locked after three (3) consecutive, unsuccessful login attempts.

General Guidance for Creating a Password

- The password MUST be at least 8 characters in length.
- The password MUST contain at least one number and one special character.
- The password should NOT be the same as your username.
- The password should NOT contain your first or last name.

Other Important Security Points to Remember

- Do NOT share your login information with others.
- Do NOT distribute your CAREWare username or password to others.
- Do NOT write your CAREWare username or password where it can be 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.
- Do NOT close your browser or shut down your computer before logging out of CAREWare.

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

If you are locked out, contact the MN CAREWare Help Desk at health.cwpems@state.mn.us.
CAREWare Timeout

For security reasons, CAREWare will automatically time out after 20 minutes of inactivity. If this happens, you will receive an error message and you 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.
Frequency of Data Entry/Data Submission

Please refer to the Required Fields in CAREWare document for specifics on the frequency of data entry/submission for each required field in CAREWare.

Rationale

Providers will collect client-level data and make it available to MDH according to the schedule below. Providers and clients will benefit from making shared demographic data available to other providers. Grantees will be able to administer the Ryan White program more efficiently and effectively with access to current data.

Monthly Data Entry/Submission

Demographic and service data from the previous month must be entered into the CAREWare system or submitted to MDH by the 15th of the following month.

Corrections to errors identified by MDH in one month’s data will be made with the following month’s data entry/submission.

Quarterly Data Entry/Submission

Clinical data will be entered into CAREWare or submitted to MDH quarterly on April 15th, July 15th, October 15th, and January 15th. This is only required for agencies funded through Ryan White to provide Outpatient/Ambulatory Health Services.

Semi-Annual Data Entry/Submission

Annual review and Form I (Minnesota-specific variables) data will be entered into CAREWare or submitted to MDH every six months on July 15th for the first half of the year and January 15th for the second half of the year.

Data Import into CAREWare

All data submitted to MDH will be reviewed, analyzed for duplication and quality assurance measures, and imported into CAREWare by the 30th of each month.
Demographic Information

Adding a New Client

From the main menu, select Add Client.

The Add Client screen will appear and prompts you for the minimum information necessary to create a new record. All of the information requested here is used to generate the Unique Record Number (URN), so it is critical that this information be accurate.

The URN (unique record number), a standard 11-digit value which is automatically assigned to the client and is shown below for the purpose of how a URN is created:

- 1st letter of the client’s first name (A-Z)
- 3rd letter of the client’s first name (A-Z)
- 1st letter of the client’s last name (A-Z)
- 2-digit Month of Birth (1-12)
- 2-digit Date of Birth (1-31)
- 2-digit Year of Birth (00-99)
- 1-digit code for Gender
  - 1=Male
  - 2=Female
  - 3=Transgender Other
  - 4=Transgender Male to Female
  - 5=Transgender Female to Male
- U = Unique (A-Z)
Please enter this information carefully because you won’t be able to change it after you click on Add Client. You will need to contact the Minnesota CAREWare Help Desk to make any changes to this information after the client has been added.

![Add Client](image)

**Client Name**

Important Note: If a client needs to report a change in their name (i.e., the client has gotten married, divorced, or has legally changed any part of their name to something other than what is reported), you must contact the Minnesota CAREWare Help Desk at health.cwpems@state.mn.us to make these changes. Changing a name will require a change to the Unique Record Number (URN) that has already assigned to the client.

**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 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.
- Do not capitalize the whole last name.
- Do not use all small letters for the last name.
- Do not use apostrophes, hyphens, accents, tildes, or other symbols in the last name.
- Do not include spaces in the last name, except when using suffixes like Jr. or III.
- Do not use periods after suffixes like Jr. or Sr.
- Examples:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>How to Enter in CAREWare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson</td>
<td>Johnson</td>
</tr>
<tr>
<td>Hanson Pérez</td>
<td>HansonPerez</td>
</tr>
<tr>
<td>Smith-Jones</td>
<td>SmithJones</td>
</tr>
<tr>
<td>McMurphy</td>
<td>McMurphy</td>
</tr>
<tr>
<td>O’Connor</td>
<td>OConnor</td>
</tr>
</tbody>
</table>
Peña  Pena

**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., Peggy Sue), capitalize the first letter of each name.
- Do not capitalize the whole first name (e.g., do not enter “Thomas” as “THOMAS”).
- Do not use all small letters for the first name (e.g., do not enter “Thomas” as “thomas”).
- Do not use hyphens, accents (e.g., é ó), tildes (e.g., ñ ã), or other symbols (e.g., ü à č), in the first name.
- Do not include spaces in the first name.
- If the client uses a nickname, you may include the nickname in parentheses after the first name to help identify the client or communicate their preference.
- Examples:

<table>
<thead>
<tr>
<th>First Name</th>
<th>How to Enter in CAREWare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda</td>
<td>Linda</td>
</tr>
<tr>
<td>Peggy Sue</td>
<td>PeggySue</td>
</tr>
<tr>
<td>Jimmy-John</td>
<td>JimmyJohn</td>
</tr>
<tr>
<td>Raúl</td>
<td>Raul</td>
</tr>
<tr>
<td>William</td>
<td>William (Bill)</td>
</tr>
</tbody>
</table>

**Middle Name**
Enter the *legal* middle initial of the client. You may enter the full middle name if you wish.

- If the client does not have a middle name or the middle name is unknown, leave it blank.
- 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.
Examples:

<table>
<thead>
<tr>
<th>Middle Name</th>
<th>How to Enter in CAREWare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ann</td>
<td>Ann</td>
</tr>
<tr>
<td>Gerald</td>
<td>Gerald</td>
</tr>
<tr>
<td>R. [name unknown]</td>
<td>R</td>
</tr>
<tr>
<td>No middle name</td>
<td></td>
</tr>
<tr>
<td>Unknown middle name</td>
<td></td>
</tr>
</tbody>
</table>

Note: PDI CAREWare providers will need to ensure that client names are formatted this way in their own systems so that the names are imported correctly into CAREWare.

Generation of Unique Record Number (URN)

As you are entering this client information, you will see that the client’s URN is being generated after entering the client’s name, gender and birth date, check to make sure you’ve entered the information correctly, and click Add Client.

Checking for Duplicate Clients and Duplicate URNs

It is likely that a client will receive services from multiple providers within the Minnesota Ryan White service network. It is also possible that two different clients will have the same URN.

The URN is generated based on the 1st and 3rd letter of the first name, the 1st and 3rd letter of the last name, the birth date, and a code assigned to each gender value. In addition, CAREWare assigns a “U” at the end if it is the only client with that URN.
When you click Add Client, CAREWare will check across all providers to see if the client already exists in the system or if there is another client with the same URN.

**New client with unique URN**

If the client is new to the entire system and there is no other client with the same URN, the Demographics tab will display on your screen.

If the information you entered on the Add Client screen is similar to an existing client, you will get the following screen which asks you to confirm that the information you’ve entered is correct to make sure you’re not entering a duplicate client.
In order to decide if the client you have entered is a new client or an existing client, Select, View more information about the selected client.

If you have decided the client you have entered is an existing client, Select Cancel the add client process to return to the Demographics tab on the existing clients record.

If you decide the information that is presented on the screen is not the client that you were adding and want to view information on another client, select, Return to the list of possible matches to view another client.

If you are sure the client you are trying to add is the client that is presented on the screen, select, This is the client I was attempting to add. Continue to the client screen.

If you are sure the client you are trying to add is not included in the list of possible matches, select, The client I am adding is not on the list. Create a new client record.

Client already served in Ryan White system

If you generate the URN of a client who is new to your agency, but has already been seen by another provider and is in the central database, this screen will appear.
Click View more information about the selected client to see if your new client is in fact an existing client at another provider. You’ll see a screen with client’s name, gender, birth date, address, phone, ethnicity and race and the following options:

- If, after a review of the demographic screen, you determine that this is the same client, select, this is the client I was attempting to add. Continue to client screen, and you’ll be taken to that client’s Demographic tab.
- If there are more than one possible match, and the first one you selected is not the same person as the client you’re attempting to add, select, Return to the list of possible matches to determine whether another possible match is the same person as your new client.
- If you determine the client you’re attempting to add is not the same person as an existing client, select, the client I am adding is not on the list. Create a new client record. The Duplicate URN Resolution screen will appear (see next page):
NEW client with duplicate URN

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 matching client. So, for example, one client’s URN would become MRSI0902752A and the other one would become MRSI0902752B.

Because you do not have the permissions necessary to change URN-related fields, you will need to click Cancel Add Client and contact the Minnesota CAREWare Help Desk at health.cwpems@state.mn.us to add the new client for you and assign the new letters to the end of the URNs.

Gender

Gender is based on the client’s self-identification.

Sex at Birth

Enter the client’s assigned sex at birth. Select one of the two available options in CAREWare:

- Male
- Female
Gender

Enter the client’s gender identity. Select one of the five available options in CAREWare:

- Male
- Female
- For any individual who identifies as a transgender woman, choose the gender category of ‘Transgender Male to Female (MtF)’ in CAREWare
- For any individual who identifies as a transgender man, choose the gender category of ‘Transgender Female to Male (FtM)’ in CAREWare
- For any individual who identifies as non-binary/gender fluid, choose the gender category of ‘Transgender Other’ in CAREWare

Note: The default gender in CAREWare is Male, so be sure to change this if the client is not male.

Important Note: if a client needs to report a change in their gender (i.e., the client identifies as a gender other than what is currently reported), you must contact the Minnesota CAREWare Help Desk at health.cwpems@state.mn to make the change as it will change the Unique Record Number (URN) already assigned to the client.

Birth Date

Enter the date of birth as identified by the client in the mm/dd/yyyy format.

Note: If the client’s actual date of birth is unknown, but they have a date of birth that is used on their driver’s license, passport, etc., use this date and do NOT select “estimated date of birth.”

If part or all of the client’s 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 month is unknown, report as “01”
- If day is unknown, report as “01”
- If the month and day are unknown, use ‘01’ for both the month and the day (01/01)
- Provide the client’s best guess for his/her year of birth
- Mark “estimated date of birth”

Note: ‘9999’ is not a valid response for year.

Only the year of birth will be reported to HRSA.
Demographics Tab

The Demographics tab is where you enter or edit the client’s basic demographic information. All fields on this tab (except for Client ID, Provider Notes, and Case Notes) are cross-provider which means that they are shared across all providers who serve this client. Information on the Demographics tab is automatically saved after you enter it.

URN-Related Fields

Once you enter a new client, the fields that are used to generate the URN will be grayed out and you will not be able make any changes to them. You will need to contact the Minnesota CAREWare Help Desk to make changes to these fields.

You will see the Client URN and an Encrypted URN. You will also see the Encrypted UCI, which is what is submitted to HRSA with the semi-annual client level Ryan White Services Report (RSR).
Client ID

The Client ID field may initially be populated with the MDH client code when you start using Minnesota CAREWare.

Unlike most of the fields on the Demographics tab, this field is provider-specific. If your agency uses its own client ID, you can enter that ID in this field and only other staff at your agency will be able to see/edit it.

Case Managed Clients

We recommend that you enter the PMI number in the Client ID field for case managed clients. A report will be developed in the future to allow you to generate unit rate information from CAREWare for these clients.

Address

You are required to enter State, County and Zip Code. When you select the State from the pull down menu, the associated counties will be available in the County pull down menu.

Providers are encouraged to enter the complete street address for their use in maintaining client communications.

- Check the box next to Include on label report if you would like this client’s address to be included in the mailing labels report that can be generated from CAREWare.
Race

Race is based on the client’s self-identification. Select all of the following that apply

- White - Person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American - Person having origins in any of the black racial groups of Africa.
- Asian - 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, Laos, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native - Person having origins in any of the original peoples of North, Central or South America, and who maintains tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander - Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

If the client’s race is listed as Asian or Native Hawaiian or Other Pacific Islander, you must choose an appropriate race subgroup.

Asian Subgroup

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

Pacific Subgroup

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
Ethnicity

Ethnicity is based on the client’s self-identification. You may select one of the following options.

- Hispanic - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish-speaking culture or origin, regardless of race.
- Non-Hispanic - A person who does not identify their ethnicity as Hispanic or Latino.

Hispanic Subgroup

- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino/a or Spanish origin

Note: The default ethnicity is Non-Hispanic, so be sure to change this if is not true for the client.

Demographics Tab

The following fields on the Demographic tab must be entered/updated every six months: Enrollment Status, Enrollment Date, Eligibility Status and Vital Status.

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
- Removed - Client was removed from your agency due to violation of your agency’s rules.
- Incarcerated – Client will not continue services because s/he is serving a sentence in a federal, state, or local penitentiary, prison, jail, reformatory, work house or other correctional facility.
- Relocated – Client moved out of the agency’s service area and will not continue to receive Ryan White services at your agency.
Active is the default value for this field. Be sure to change this if the client is no longer active at your agency by selecting one of the other options and providing a Case Closed Date.

**Enrollment Date**

Enrollment Date refers to the FIRST date the client received an HIV-related service at your agency.

Note: 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.

**Eligibility Status**

Eligibility Status refers to when the client became eligible to receive Ryan White Services.

Proof of Eligibility includes: proof of HIV status, proof of residency, and proof of income eligibility based on the income limit established by the TGA, for Minnesota, at or less than 300% of Federal Poverty, and proof of insurance.

To enter this information, click on the Eligibility History button.
The following window will appear.

Choose Add Record. The following window will appear.

Enter the date, Funding Source, and Is Eligible fields and then Save the record.

Note: The default response for the Eligibility Status is Not Eligible for Ryan White.

**Vital Status**

The Vital Status field is shared across providers. The default value for Vital Status is Alive, so you won’t need to do anything if the client is alive. The other options are Deceased or Unknown.

**Date of Death**

If you select ‘Deceased’ in the Vital Status field, the Date of Death field will activate. This field is also shared across providers.

- If the month of death is unknown, report as “01”
- If the day of death is unknown, report as “01”
- Provide the year of death; if unsure, use the current year

While CAREWare will not require you to enter the Deceased Date, this is a required field for the RSR if the client is deceased.
**Case Closed**

The Case Closed field is specific to your agency only and will be activated if any of the following are selected for Enrollment Status.

- Referred or Discharged
- Removed
- Incarcerated
- Relocated

The Case Closed field is not required, but may be helpful information for your agency to track.

*Services may be entered after a deceased date (e.g., when a case management service is provided to the family), but not after a case closed date and not before the enrollment date.*

**HIV Status**

Select the response from the pull down menu that best describes the client’s HIV status.

Note that the HIV Status field is closely related to the HIV+ Date and AIDS Date fields.

- HIV Positive (not AIDS) - Client has been diagnosed with HIV infection but has not advanced to AIDS. If you select this response, you will be required to add the HIV+ Date.
- HIV Positive (AIDS status unknown) - Client has been diagnosed with HIV infection and it is unknown whether s/he has advanced to AIDS. If you select this response, you will be required to add the HIV+ Date.
- CDC-defined AIDS - Client has received an AIDS diagnosis at some time based on the CDC AIDS case definition, although his/her health may have improved since then. If you select this response, you will be required to add the HIV+ Date and the AIDS Date.
- HIV Negative (affected) - Client has tested negative for HIV. Client is an affected partner or family member of an individual who is HIV positive and the client has received at least one Ryan White funded service from your agency during this reporting period.
- HIV Indeterminate - An infant whose HIV status is not yet determined but was born to an HIV-infected mother.
HIV+ Date and AIDS Date

HIV+ Date is the date that the client was diagnosed with HIV. AIDS Date is the date the client was diagnosed with AIDS.

You must enter the HIV+ Date if you select any of the following in the HIV Status field:

- HIV Positive (not AIDS),
- HIV Positive (AIDS status unknown)
- CDC-defined AIDS

You must also enter the AIDS Date if you select CDC-defined AIDS.

Estimated dates

If part or all of the date of HIV diagnosis and or AIDS diagnosis is unknown.

- If the month of diagnosis is unknown, report as “01”
- If the day of diagnosis is unknown, report as “01”
- If the year of diagnosis is unknown, use the client’s best guess as to the year they think they received their HIV diagnosis and/or AIDS diagnosis
- Check the box next to Est? if any part of the date is estimated

HIV Risk Factors

You must enter the client’s HIV Risk Factors, even if you select HIV Negative (affected) as the client’s HIV Status. Select all that apply.

For a client who is HIV positive or has AIDS, select all of the following that the client has identified as their mode(s) of exposure for becoming infected.
For a client who is HIV negative, select all of the following that the client has identified as risk factors for HIV infection.

- Male who has sex with males(s) - This option will not be available for female clients
- Injecting Drug Use
- Hemophilia/coagulation disorder
- Heterosexual Contact
- Perinatal Transmission
- Receipt of transfusions of blood, blood components or tissue
- Other, specify - You will be prompted to enter a description of the risk factor
- Not Reported or Not Identified

HIV Risk Factors:

[Checkboxes]

Notes Fields

There are three different types of notes fields in CAREWare:

Common Notes, Provider Notes and Case Notes.
Common Notes

Common Notes are shared across all providers that serve the client so should only include information that all providers need to know.

Note: Changes to a client’s address require a common note.

When entering a new common note, begin the note with the date, the name of your agency, and your first and last initials.

Example: 5/26/09 ABC Agency - AR: Updated client’s address.

If a common note already exists, a new note should be added above the existing one.

Provider Notes

Provider 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.

To enter a Provider Note, just click on the Provider Notes tab and type in the note.

Case Notes

Case Notes can only be viewed and entered by case managers and clinical staff within your provider domain. Users who have permissions to enter case notes will not be able to edit or delete a case note once it has been entered.

- To enter a case note, click on the Case Notes tab and the following screen will display.

  ▪ Click Add.
  ▪ The Case Notes (Rapid Entry) screen will activate.
Enter the Date that corresponds to the case note.

Note: the default will be today’s date.

- From the Author pull down menu, select your name.
- Type in the case note in the Note field.
- Click Save to save the case note.
- The saved case note will appear in the list of case notes at the bottom of the screen.
- Click Cancel if you realize you’ve made mistake and do not want the note to be saved. Remember, you will not be able to edit or delete a case note after it’s been saved.

If you would like to add information about a service(s) the client received at your agency, check the box next to Add Service and the Services tab will open after saving the case note.
Finding a Client

The Find Client function from the Main Menu searches for a client within your own provider domain only; it does not search for the client across provider domains.

The Find Client function is useful in several instances:

- To determine whether a client you have served for the first time is already a client within your agency. Remember: Find Client will not tell you whether the client is served at another provider, only your provider.
- To access an existing client record when you need to add or edit information about that client.

Click Find Client in the Main Menu

- The following screen will display
You can search by any of the fields that appear in the Find Client screen.

- Wildcards allow you to search all clients by entering "*" in the Last Name and clicking Search.
- You can also use wildcards to search for clients whose last names begin with certain letters (e.g., type "Mc*" in the Last Name field to search for all clients whose last name starts with or sounds like "Mc").
- You can search for up to a maximum of 100 clients at a time.
- If you uncheck the View Active Clients Only box in the lower left-hand corner, your search will include inactive and deceased clients.

The Search Results screen will display

If your parameters didn’t give you the client you wanted, you can press Modify Search to return to the Find Client screen and edit your search criteria, or New Search to start over.

Open client’s record by highlighting client and clicking Details, or by double-clicking the name.
Deleting a Client

Minnesota 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 Minnesota CAREWare Help Desk at health.cwpems@state.mn.us.
Service Information

Service Tab

To enter information about the services a client has received, click on the Service tab and the following screen will display.

Entering Services

Information about the services a client received must be entered monthly. However, each date of service must be entered by the day that the service was received.

Note: Home-delivered Meals, On-site Meals, and Food Shelf services can be entered weekly. In other words, you can enter the date of service as the first day of the week, and enter the units of service for the full week.

To enter a service received by a client, click on New Service in the Service tab.
Enter the Date the service was received in the screen that displays.

- Note: The current date will automatically appear in the date field so be sure to change this, if needed, to the actual date of service.

From the Service Name pull down menu, select the service received by the client on the date you’ve specified.

Note: You will only see a list of the services that your agency is contracted to provide.

The contract that funds the service selected will automatically be entered in the Contract field.
Enter the number of units of service provided on this date in the Units field.

**Note:** Default value is ‘1’ be sure to change this if you provided more than one unit of service.

The Price and Cost for many services will be $0.00, as in the example. You can leave as $0.00.

For some services, such as Medical Case Management, the Price will be set based on unit rate. When you enter the number of units provided, the Cost will be calculated.

- Click Save to save the service information you just entered.

If you realize you’ve entered the service in error, you can click Cancel.

As you save a service, it will appear in a list with the most recent service listed first.

From that list, you can highlight a service and click Edit Service if you need to change something, or Delete Service if you entered it in error.
You can review service data from prior years by selecting preview services.
- Note: Data prior to 2009 will not be in Minnesota CAREWare.

Rapid Service Entry

Rapid Service Entry is a time-saving feature that allows you to add service information for multiple clients without having to open each individual client record.

Accessing Rapid Service Entry

- Select Rapid Service Entry from the Main Menu.

- Select F1 - Rapid Service Entry from the Rapid Entry Menu.
The Service Rapid Entry screen will display

Refining the Display

**Contains Last**

The initial default is for the display to contain the last 50 Records as of Today. Once you modify the settings, the next time you go to Rapid Service Entry, the display will appear as you set it the previous time.

You can modify the display settings in several ways:

- You can choose to view Records, Calendar Months, or Calendar Years
- You can specify the last number of records, calendar months or calendar years
- You can enter a specific date as of when you want the search to be performed
Search criteria

First specify how you want to define your search in the Column field. The following are the most useful options:

- Date – to search for clients who received services on a specific date
- Client – to search for a specific client
- Service – to search for a specific type of service
- Contract - to search for services funded through a specific contract
- Units – to search for services with a unit of service or a lab that is measured by unit
- Total – to search by the total amount paid
- Received – to search for services received
- Provider – to search by a specific provider

In the Search Criteria field, you can then limit what you are searching for. For example, if you selected ‘Service’ in the Contract field, you can type ‘Medical Case Management’ in the Search field, and only Medical Case Management services will be listed. The refinement will start as you type in the first letter and get more specific as you enter more. So, when you type ‘M,’ the list will include all services that start with that letter, when you add the ‘e’ the list will narrow to services that start with those two letters, etc.

Entering New Services for Multiple Clients

To enter services for multiple clients, click on F1 – New Service in the upper left hand corner of the Service Rapid Entry screen.
The following screen will display

![Add a record](image)

Highlight the client for which you want to enter a service or set the Column field to ‘Client’ and enter their name in Search Criteria. You’ll see that the name of the selected client appears in the Current Client field in the bottom half of the screen.

- Enter the Service Date on which the service was provided.
- Click the arrow next to the Service Name field, and from the pull down menu select the service that was provided on that date.
- Enter the number of service units provided in the Units field.
- Click F1 – Save in the upper left hand corner.
- Repeat the process to enter another service for same client or select another client from list.

**Entering New Services for a Selected Client**

To enter a service for a selected client, highlight the client’s name from the list in the Service Rapid Entry screen and click on F2 – New Service for Selected Client.

The following screen will display.

![Add a record](image)

Enter the Service Date on which the service was provided.
Click the arrow next to the Service Name field, and from the pull down menu select the service that was provided on that date.

- Enter the number of service units provided in the Units field.
- Click F1 – Save in the upper left hand corner.

Repeat the process to enter another service for this same client or select another client from the list on the Service Rapid Entry screen.

**Other Options**

From the main Service Rapid Entry screen, you may also click:

- F3 - Edit Selected to edit a selected service record
- F4 – Delete Selected to delete a selected service record
- ESC – Exit to return to the main menu

**Sharing Service Information**

With a written Release of Information (ROI) from a client, it is possible to share information about the services that clients received from one provider with another provider(s) that serves the client.

Note: Only CAREWare users with administrative permissions will be able to request and grant service sharing. All users within the provider domain to which sharing was granted will be able to view the shared service information.

**Requesting Service Sharing**

- Click Service Sharing in the lower left hand corner of the Service tab.

- This button will be grayed out for CAREWare users who do not have administrative permissions. For users with administrative permissions, this button will only be grayed out if the client is only served at your agency.
Click New Request in the Service Sharing screen.

The Request Service Sharing screen will display with a list of other providers at which the client receives services. Based on the information in the client’s ROI, select the provider(s) from which the client has indicated they want their service information shared.

If the client wants your agency to only be able to see information about the services they receive from one provider, you would just highlight that provider and click Request.

- To select all providers, highlight the first provider, hold down the Shift key on your keyboard and highlight the last provider. This will select all providers listed. Click Request.
- To select some providers, highlight the first provider you want to select, hold down Ctrl key on your keyboard and highlight the other provider(s) you want to select. Click Request.

You will see that your requests are pending. Click Close to return to the Service tab.
To cancel a request, highlight the provider(s) and click Cancel Request.

**Granting Service Sharing**

From the Main Menu, you will see whether there are any incoming share requests from other agencies (you will also see if your agency has any outgoing share requests). You can update this message at any time by clicking on Refresh Messages. While all CAREWare users within a provider domain will be able to see this message, only users with the appropriate administrative permissions will be able to grant the incoming share requests.
Click on the incoming share message in the Main Menu. The following screen will display, showing the providers that have requested sharing and for which clients, and whether the request is for service information sharing or clinical information sharing.

Note: only users with Clinical Administrator permissions will be able to grant incoming clinical information share requests. All users with administrator permissions can grant service sharing requests.

Highlight the client for which you want to review the sharing request and click Details.

You will be taken to the Demographics tab for that client. Move to the Service tab, and click Service Sharing in the lower left hand corner. The Service Sharing screen will display.

Click near ‘Pending’ for the provider to which you are going to grant the sharing request (with an ROI from the client), and a pull down menu will appear. Select Granted.
Repeat for other requests, based on an ROI.
Click Close to save.
The left side of this screen shows with which providers you share information about the services this particular client receives at your agency. The right side of the screen shows which providers share information about the services this client receives at their agencies.

**Viewing Shared Service Information**

Once service sharing has been granted by another provider, all CAREWare users within the provider domain that requested the sharing will be able to view information about all services the client received at the other provider(s).

As you can see below, you will be able to view the date a service was provided, the type of service, the contract that funds the service, the number of units, total unit cost (if applicable) and the provider. You will not be able to edit or delete service records entered by another provider.

![Service Sharing Screen](image)

**Cancelling a Sharing Request**

If, after agreeing to have their service information shared between agencies, a client decides that they no longer want their service information shared, there are two ways to cancel the sharing of this information, this would be done if there was an updated ROI or if the previous ROI expired and the client did not sign a new one. Both options require you to first click on Service Sharing in the lower left corner of the client’s Service tab.
If the client no longer wants your agency to share their service information with another agency, a user with administrative permissions at your agency can go to the left side of the Service Sharing screen, click next to the option ‘Granted’ for that provider. In the pull down menu that appears, select Denied. Then click Close to save.

If the client no longer wants another provider to share information about the services they receive there with your agency, a user with administrative permissions at that agency can go to the right side of the Service Sharing screen, highlight the appropriate provider(s) and select Cancel Request. Then click Close to save.

**Annual Review Tab**

To enter information about the client’s insurance, housing situation, and income, click on the Annual Review tab.

The information on the Annual Review tab can be entered or updated at any time throughout the year, but must be entered/updated semi-annually (July 15 and January 15).
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 the next provider, if the same client receives services at two or more providers within the network.

You will not be able to enter any information on the Annual Review tab until you’ve entered at least one service record for a given client in the current calendar year. This is to ensure that the information you enter in the Annual Review screen will only be tallied in the RSR for clients who have received at least one service in that year.

The current year will automatically display for each of the Annual Review fields, Insurance, Federal Poverty Level, and Annual Screening, which includes Housing Arrangement.

Annual Review data from prior years can be seen by selecting a date in the pull down menu in the Summary Data as of field as shown below.

- Note: Data prior to 2009 will not be in Minnesota CAREWare.
Primary Insurance

Select the client’s primary source of health insurance.

- Indian Health Service (IHS) – A healthcare program offered through the Department of Health and Human Services which provides medical assistance to eligible American Indians.
- Medicaid (MA in Minnesota) - A jointly funded Federal and State health insurance program for certain low-income and needy people. This includes Medical Assistance for Employed Persons with Disabilities (MA-EPD).
- Medicare (unspecified) - Health insurance program for people 65 years of age and older, some disabled people under 65 years of age, and people with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant).
- Medicare Part A/B – Health and Medical insurance program to cover inpatient hospital care, skilled nursing facility care, home health care and hospice, but does not provide long-term or custodial care and includes doctor’s services, diagnostic tests, and outpatient care.
- Medicare Part D – Prescription Coverage insurance program to cover prescription drug costs.
- No Insurance/Uninsured - The client does not have insurance to cover health care costs at some time during the reporting period, the client self-pays, or services are covered by Ryan White funds because the client has no other way to pay for these medical expenses.
- Other - The client has an insurance type other than the options listed. This includes MCHA and other Federal, State, and/or local government programs providing a broad asset of benefits for eligible individuals. Examples include: General Assistance Medical Care (GAMC), Minnesota Care, and Minnesota Limited Benefits (MLB).
- Private Employer - Health insurance plans such as Blue Cross/Blue Shield, Health Partners, Medica, PHP, MHP, U-Care, etc., and programs provided through the client’s employer.
- Private Individual – Health insurance purchased on the private market by an individual and not offered as part of their employment package or part of their group insurance plan.
- Veterans Health Administration (VA), military health care (TRICARE), and other military health care – Health insurance provided to active duty, reserve, and eligible veterans hospital care and outpatient care services to promote, preserve, and restore health and includes treatment, procedures, supplies or services.
Other Insurance

Once you select the client’s primary source of insurance, the Other Insurance field will activate. Do nothing with this field if client has only one source of insurance, or has no insurance.

If the client had an additional source(s) of health insurance at the end of the current six-month reporting period, select all that apply. Note that the option you selected for Primary Insurance will not be available for your selection in this field.

- Private
- Medicare
- Medicaid
- Other Public
- No Insurance
- Other
- Unknown

Primary HIV Medical Care

You are not required to provide a response for the Primary HIV Medical Care field, but you can if the information is useful to you.

This field is asking in which type of setting the client receives their primary HIV medical care. CAREWare has the following options:

- Publicly-funded clinic or health department
- Private practice
- Hospital outpatient center
- Emergency Room
- No primary source of care
- Other
- Unknown
Housing / Living Arrangement

Select the response that best describes the client’s housing situation.

- **Stable/Permanent** – Includes renting or owning an unsubsidized house, room or apartment; unsubsidized permanent placement with family or other self-sufficient arrangement; HOPWA-funded housing assistance; subsidized housing; permanent housing for formerly homeless persons (e.g., Shelter Plus Care, Supportive Housing Program, and Moderate Rehabilitation Program for SRO Dwellings); Institutional settings (e.g., psychiatric facility, foster care home, group home, or other residence or long-term facility; and

- **Non-permanently Housed (Temporary)** - Includes transitional housing for homeless people, temporary arrangement to stay with family or friends, other temporary arrangements such as a short-term housing subsidy, and temporary placement in an institution (e.g., hospital, psychiatric hospital, substance abuse treatment facility, or detox center).

- **Unstable** – Includes emergency shelter; any location not designed for use as a sleeping accommodation (e.g., vehicle, abandoned building, bus/train/subway station, airport, outside); jail, prison or juvenile detention facility; and hotel/motel paid for with emergency shelter voucher.

Household Income

Enter the anticipated 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 zero.
- If you are uncertain about how to calculate the income for a specific client due to special circumstances, please contact your contract manager for guidance.
Household Size

In the Household Size field, enter the number of people of any age (including the client) in the household who are legally dependent on the annual household income.

- The response must always include 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 your contract manager for guidance.

Poverty Level

CAREWare will automatically calculate the Poverty Level for you based on the Household Income and Household Size.

Part C

There are two fields that will be grayed out for all providers except Part C grantees. These fields will only be able to be viewed and edited by Part C clinical providers.
Was Client Counseled about HIV Transmission Risks?

Only CAREWare users who are primary care providers should answer this question.

- Note: For clients whose data was imported into CAREWare from bubble sheets/data files for the first half of 2009 and who did not also receive Ryan White-funded primary care, the response to this question will automatically appear as ‘No.’

This will continue to occur for clients whose data is imported into CAREWare from data files and did not receive Ryan White-funded primary. However, when you enter a new client directly into CAREWare, the response will be blank.

It is extremely important that CAREWare users who have permissions as a General Service Provider and/or Medical Case Manager do NOT try to edit this field.

There are two reasons for this:

It is likely that you will get an error message saying that you do not have the permissions necessary to edit Title III fields, and you will lose whatever data you have entered on the Annual Review tab. HRSA is specifically looking for whether the client was counseled by a primary care clinician.

This question should ONLY be answered by the agencies funded to provide primary care.

Annual Review Fields for Primary Care Providers ONLY

There are four fields on the Annual Review tab that will only be activated for CAREWare users who have clinical provider permissions. However, only agencies funded to provide primary care are required to answer these questions for the RSR.

The responses to these fields will be visible to all CAREWare users across providers.
Was Client Counseled about HIV Transmission Risks?
Indicate whether the client was screened for and counseled about their HIV transmission risks.

The response options are:

- Yes
- No

Who Counseled about Transmission Risks?
This field will be activated if you select ‘Yes’ to the question, Was Client Counseled about HIV Transmission Risks.

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.

Was Client Screened for Mental Health?
Indicate whether the client was screened for mental health issues.

The response options are:

- No
- Yes
- Not medically indicated
- Unknown

Was Client Screened for Substance Abuse?
Indicate whether the client was screened for substance abuse.

The response options are:

- No
- Yes
- Not medically indicated
- Unknown

Quarter Tabs
The Quarter tabs (Quarter 1, Quarter 2, Quarter 3, and Quarter 4) will only be activated for CAREWare users who have clinical provider permissions. However, the purpose for activating them is to allow you to complete the four fields just described.

You will not be able to edit them without having permissions for the quarterly tabs.

The fields on the Quarter tabs provide space to enter more detailed information about a client’s substance abuse and mental health history, but they are NOT required.

**Clinical Information**

Note: This section will continue to be developed to include information on how to enter Medications, Labs, Screenings, Immunizations, and Case Notes.

**Clinical Information Sharing**

With a written Release of Information (ROI) from a client, it is possible to share clinical information from a Ryan White-funded primary care provider with another agency that also serves the client.

Only users with Case Manager, Case Management Administrator, Clinical Provider and/or Clinical Administrator permissions will be able to view the shared clinical information.

Note: Only CAREWare users with Case Management Administrator and/or Clinical Administrator permissions will be able to request clinical information sharing.

Only users with Clinical Administrator permissions will be able to grant clinical information sharing.
Requesting Clinical Information Sharing

- Click on the Encounters tab in the client’s record.
- Click Sharing Options in the upper right of the Encounters tab.

Note: This button will be grayed out for CAREWare users who do not have the appropriate administrative permissions.

For users with the appropriate administrative permissions, this button will be grayed out if the client is not receiving primary care services at a Ryan White-funded provider.

- Click Sharing Options.
- New Request.
The Request Service Sharing screen will display with a list of provider(s) at which the client receives primary care services. Based on the information in the client’s ROI, select the provider(s) from which the client has indicated they want their clinical information shared.

- If the client wants your agency to only be able to see their clinical information from one provider, you would just highlight that provider and click Request.
- To select all providers, highlight the first provider, hold down the Shift key on your keyboard and highlight the last provider. This will select all providers listed. Click Request.
- To select some providers, highlight the first provider you want to select, hold down Ctrl key on your keyboard and highlight the other provider(s) you want to select. Click Request.

You will see that your request(s) is pending. Click Close to return to the Service tab.
- To cancel a request, highlight the provider(s) and click Cancel Request.
Granting Clinical Information Sharing

From the Main Menu, you will see whether there are any incoming share requests from other agencies (you will also see if you have any outgoing share requests). You can update this message at any time by clicking on Refresh Messages. While all CAREWare users within a provider domain will be able to see this message, only users with Clinical Administrator permissions will be able to grant the incoming clinical information share requests. (All users with administrator permissions can grant service sharing requests).

- Click on the incoming share message in the Main Menu.

The following screen will display, showing the providers that have requested sharing, for which clients, and whether a request is for service information or clinical information.

- Highlight the client for which you want to review the sharing request and click Details.
You will be taken to the Demographics tab for that client. Move to the Encounters tab, and click Sharing Options in the upper right. The Clinical Sharing screen will display.

- Click near ‘Pending’ for the provider to which you are going to grant the clinical information sharing request (with an ROI from the client), and a pull down menu will appear.
- Select Granted.
- Repeat for any other requests, based on an ROI.
- Click Close to save.

The left side of this screen shows with which providers you share clinical information about this client. The right side of the screen shows which providers share clinical information about this client with your agency.

**Viewing Shared Clinical Information**

Once clinical information sharing has been granted by a Ryan White-funded primary care provider, the clinical information can be viewed by all case managers, case management administrators, clinical staff and clinical administrators within the provider domain that requested the sharing.

Those with the appropriate permissions will be able to view information about medications, labs, screening labs, screenings and immunizations. The information is limited to the fields that are required to be reported by primary care providers in the Ryan White Services Report (RSR).

You will not be able to view case notes from another agency. You will not be able to edit or delete clinical information entered by another agency.
TIP: Uncheck the box next to, only show data for this provider, in order to view the clinical information.

Those with the appropriate permissions to view shared clinical information will also be able to view information related to pregnancy and prenatal care by clicking on the Pregnancy tab, which only appears for female clients.
Cancelling a Sharing Request

If, after agreeing to have their clinical information shared between agencies, a client decides that they no longer want to share their clinical information anymore, there are two ways to cancel the sharing of this information. This would be done either with an updated ROI or if the previous ROI expired and the client did not sign a new one.

Both options require you to first click on Sharing Options in the upper right side of the client’s Encounters tab.

- If the client no longer wants your agency to share their clinical information with another agency, the clinical administrator at your agency can go to the left side of the Clinical Sharing screen, click next to ‘Granted’ for that provider. In the pull down menu that appears, select Denied. Then click Close to save.

- If the client no longer wants another provider to share clinical information with your agency, a case management or clinical administrator at that agency can go to the right side of the Clinical Sharing screen highlight the appropriate provider(s) and select Cancel Request. Then click Close to save.
Uploading and Downloading Files

Getting Ready for Uploading and Downloading Files with WinSCP

WinSCP

This part of the manual provides instructions for installing and configuring WinSCP, which allows you to upload files to and download files from the Minnesota CAREWare server.

IMPORTANT INFORMATION FOR IT STAFF: SFTP connections run over port 22 so the computer accessing Minnesota CAREWare server will need to be allowed to make outgoing connections over this port.

A. Install WinSCP Client

NOTE: You will need administrative rights on your computer or you will need an IT person to install the CAREWare client tier for you.

1. Download WinSCP client here: WinSCP 5.15 Download (http://winscp.net/eng/download.php)
   a. At the time of this writing, the latest stable version is 5.11.2 WinSCP-5.11.2 (https://winscp.net/download/WinSCP-5.11.2-Portable.zip)

2. Install the package after download. The default selections when going through the installation are fine, with the following exception:
   a. Unselect the Include Google Chrome, along with the WinSCP option as pictured below:

   ![WinSCP recommends Google Chrome, a faster way to browse the web]

   ![Include Google Chrome, along with WinSCP]

   3) After installation, the WinSCP icon should be on your desktop

B. Configure WinSCP
1. Double click on the WinSCP icon and the WinSCP Login window will open

![WinSCP Login Window]

2. Enter the following information:
   a. Host name: mncareware.ixn.com
   b. User name: (use username provided to you)
   c. Password: (use password provided to you)

3. At the bottom of the screen, click Save…

![Save Button]

4. Click **OK**

5. You will then see the connection name that you just saved.
   a. Select it and click **Login** at the bottom:

6. You will be prompted for your password. Please enter it and select **OK**.
7. If you connect successfully, you will see a screen similar to the one shown below:
a. The left side of the screen is your **Local Computer Files**. You will use this side to find the file you want to upload. The right side of the screen shows what is on the Minnesota CAREWare server.
Uploading and Downloading Files from the MN CAREWare Server

Note: If you are uploading a data file for submission to MDH, read the Instructions on Password Protecting Your Data File first

Uploading Files

1) To upload a file to the server, use the left hand side of WinSCP to find the file on your local computer

2) Once you find it, simply drag the file over to the right side of WinSCP to upload it to the Minnesota CAREWare server.

In the example below, TestConnection.exe is being uploaded to the server:

3) When the file successfully uploads, you will see it on the right-hand side:
4) You can also upload a file by dragging it from a folder into the right-side of WinSCP:

Downloading Files
1) To download a file, simply do the reverse as uploading a file. Select the file on the right-hand side of WinSCP and drag it to the left side:

Note: If you are preparing to log into the Minnesota CAREWare system for the very first time, please refer to the Getting Ready for Minnesota CAREWare guide.
Password Protecting Your Data File

This section only applies to agencies that submit data to MDH in an electronic file instead of directly entering the data into CAREWare.

Your data file MUST be password protected before you upload it to your agency’s share folder on the Minnesota CAREWare server.

Password Protecting a Microsoft Excel File

From the File menu in your Excel document, Select Save As.

The Save As window will display on your screen.

- Click on Tools and select General Options.

- Enter the Password to Open and click OK.
Contact the Minnesota CAREWare Help Desk by phone or e-mail with your password the first time you use it. Please use the same password with each submission.

**Administrative Functions**

**User Login Report**

In order to monitor the activity of CAREWare users within your provider domain, users with administrative permissions can run the User Login Report. This report is accessed by clicking Reports in the Main Menu and then User Login Report from the Report menu.

The User Login Report screen will display, allowing you to set parameters for the report.
▪ You will not be able to change the Domain Type or Domains. You will only be able to run this report for your provider domain.

**Users**

▪ You can select to run the report for one or more CAREWare users.
▪ To select one user, highlight the user name you want.
▪ To select all users, click Select All below the list of users.
▪ To select some users, highlight the first user name you want, hold the Ctrl button on your keyboard and select the other desired users.

**From Date and Through Date**

Enter the dates for which you want the report to begin and end.

**Order By**

For each field in the report, you can select whether you want it to be ordered according to the Domains, which will only be your provider domain, the Login Date/Time, or by Users. You can also leave these order by fields blank.

Click Generate System Login/Logout Report.

For the user(s) selected, the User Login Report provides a list of the dates and times they logged in and out within the specified time period. You cannot tell what the user did while logged into CAREWare; only that they logged in and out.
Change Provider Logo

To place your agency’s logo so that it appears next to the CAREWare main menu, you must first save a JPEG, BMP or GIF file of your logo to your agency’s share folder on the Minnesota CAREWare server. To do this, follow the uploading instructions in the Uploading and Downloading Files section of the Minnesota CAREWare User Manual.

Once your logo has been saved in your agency’s share folder, click on Administrative Options in the Main Menu of CAREWare.

- From the Administrative Options menu, select Change Provider Logo.
You will be asked to select the file from your agency’s share folder. Select the file and click Open.

You will receive a message saying your logo was successfully changed. Click OK.

When you return to the Main Menu, your agency’s logo will appear.
It will be visible to all users within your provider domain.

Creating Custom Reports

As described in the Reports section of the Minnesota CAREWare User Manual, MDH will be working on developing custom reports for all providers to use as we move forward.

In the meantime, however, all administrative users at each provider have the permissions needed to create custom reports.

Helpful guidance on how to create custom reports is available from HRSA at the following link: CAREWare 6 (https://hab.hrsa.gov/program-grants-management/careware)

The two documents that provide guidance are listed in the Quick Start Manual section:

- Quick Start #7: Running Basic Custom Reports
- Quick Start #8: Running Advanced Custom Reports

Setting Up Employees as Case Note Authors

This function will only be available to users with Case Management Administrator and Clinical Administrator permissions.

When an employee is set up as a case note author, their name will appear in the pull down menu of authors in the Case Notes screen.

When the author’s name is selected from this pull down menu, the name will also automatically display at the bottom of the screen when the case note is saved.
Employee Setup

Click on Administrative Options in the Main Menu.

From the Administrative Options menu, select Employee Setup. The Employee screen will display.

Click New to add a case note author.

Enter the employee’s Last Name and First Name. Check the boxes next to Case Note Author and Active. Click Save.

If an employee later leaves or moves to a job where they no longer need to enter case notes, return to Employee Setup, highlight the name of the person from the list, and click Delete.
Sharing Service and Clinical Information

Sharing Service Information

All CAREWare users with administrative permissions will be able to request the sharing of service information from other agencies, as well as grant requests for shared service information received from other agencies. Sharing of service information can only occur with a written Release of Information from the client.

This process is described in detail in ‘Sharing Service Information’ found in the Service Information section of the Minnesota CAREWare User Manual.

Sharing Clinical Information

Only CAREWare users with Case Management Administrator and/or Clinical Administrator permissions will be able to request the sharing of clinical information from a Ryan White-funded primary care provider. Only users with Clinical Administrator permissions will be able to grant requests for shared clinical information from a case management or clinical site. Sharing of clinical information can only occur with a written Release of Information from the client.

This process is described in detail in ‘Sharing Clinical Information’ found in the Clinical Information section of the Minnesota CAREWare User Manual.

Quality Assurance Reports

Accessing Quality Assurance Reports

At this time, there are several custom reports that have been created in Minnesota CAREWare to help you with identifying duplicate clients and to identify missing or unknown information that is required for the Ryan White Services Data Reports (RSRs) that are submitted to HRSA.

All Minnesota CAREWare users are able to access the quality assurance reports.

To access the quality assurance reports, first click on Reports in the Main Menu.
Then click on Custom Reports from the Reports menu.

- Tip: Check the box next to Maximize All Reports in order for the reports to appear in full screen.

From the Custom Reports screen, you will be able to select the report you want to run and set the parameters that are necessary to get the information that you are looking for.

For the quality assurance reports, you will want to select the appropriate Date Span and Clinical Review Year.

You will not check the boxes next to:

- Show New Clients Only,
- Show Specifications, or
- Sum Numeric Fields
So, for example, if running the quality assurance reports to identify missing information for the second half of 2013, you would enter the

**From:** date as 7/1/2013, and
**Through:** date as 12/31/2013

![Date Span](image)

After setting the parameters and highlighting the report you want to run, click Run Report.

- **Important Note:** All the quality assurance reports will only include clients who received a service during the Date Span you enter in the Custom Reports screen.

Please note the following naming conventions for custom reports in Minnesota CAREWare:

- **MDH-A:** Report created by MDH that includes only aggregate data
- **MDH-N:** Report created by MDH that includes client names
- **MDH-U:** Report created by MDH that includes the client URNs, but not client names
Identifying Duplicate Clients

We ask that you run this report first to identify clients who have been entered into the system more than once (duplicate clients) before running the other reports that will help you identify missing required information.

Client List Report

The MDH-N Client List report produces a list of any clients who received a service at your agency during the Date Span entered in the Custom Reports screen. It also includes their URN, client ID (which may be blank), date of birth, gender and race.

Reviewing this report will assist you in identifying duplicate clients. First review all the names to see if there are clients that have the same or similar names. If there are, compare the basic demographic information in the report to make an initial determination of whether these clients are actually the same person. If you identify two (or more) clients in the list that may be the same person, view the client records in CAREWare to make a final determination about whether the person has duplicate client records.
Reporting Duplicate Clients to MDH

If you find duplicate client records, please contact the Minnesota CAREWare Help Desk by confidential fax at: 651-201-4040 (attention: Tina Klein) so that we can fix them for you.

Do NOT notify us of duplicate clients by email – it is a HIPAA violation to send client names and URNs via email.

If a client has multiple records, we will merge them to create one client record.

In order to do this, we need the following information:

- The name and URN of the primary client record you want to maintain:
- The primary client record must have the correct name, gender, and date of birth. If all records have the correct name, gender, and date of birth, then select the primary client record based on which one has the most correct information.
- The name(s) and URN(s) of duplicate client record(s) you want merged with primary record.

Minnesota CAREWare Help Desk staff will notify you when duplicate records have been merged.

Quality Assurance Reports for Missing HRSA Variables

Several reports have been created to assist you in identify missing information that is required for the annual Ryan White Services Data Reports (RSRs) submitted to HRSA. You should run these reports and then enter the missing information. You should also update variables where ‘unknown’ is reported whenever possible for the clients indicated, as an unknown response is invalid.

Once you have completed the information for all clients listed in the reports, run the reports again. If you were able to complete/update everything, then no clients will appear in the reports, you will get a message saying “No records were found. The report will not be displayed”.

Be aware, though, that you may still have clients listed in one or more of the reports if ‘unknown’ is a valid response to one of the HRSA-required variables, for example, the client’s race is truly unknown.
**Missing Demographic Data Report**

The MDH-N MissingDemographicData report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.

In addition, the report will only include clients who meet one or more of the following criteria:

- Gender is listed as ‘Unknown’ or ‘Refused to Report’
- Hispanic is listed as ‘Unknown’
- Race is listed as ‘Not Specified’ or ‘Unknown’
- County is blank
- State is blank
- Zip Code is blank

Note: The Client ID field can be blank in all of these quality assurance reports. It is not a required field; you can choose to use it if your agency uses a unique identifier other than the URN to identify clients.
# How to Correct Missing Demographic Data

<table>
<thead>
<tr>
<th>Field</th>
<th>Current Value Listed in Report</th>
<th>Correcting the Current Value</th>
<th>When to Keep Current Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENDER</td>
<td>Unknown</td>
<td>If client’s self-identified gender is known, contact the MN CAREWare Help Desk* so that we can correct it for you</td>
<td>Gender is truly unknown</td>
</tr>
<tr>
<td></td>
<td>Refused to Report</td>
<td>If client’s self-identified gender is known and client is willing to report it, contact the MN CAREWare Help Desk* so that we can correct it for you</td>
<td>Refuses to report gender</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>Unknown</td>
<td>Enter ‘Yes’ if client self-identifies as Hispanic/Latino. Enter ‘No’ if client does not identify as Hispanic/Latino. Unknown is not a valid response</td>
<td>Unknown is not valid</td>
</tr>
<tr>
<td>RACE</td>
<td>Not Specified</td>
<td>If client’s self-identified race(s) is known, select the appropriate response(s).</td>
<td>Cannot be blank (not specified)</td>
</tr>
<tr>
<td></td>
<td>No race selected</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>If client’s self-identified race(s) is known, select the appropriate response(s).</td>
<td>Unknown is not valid</td>
</tr>
<tr>
<td>COUNTY</td>
<td>Blank</td>
<td>Select the client’s county of residence. If client has no permanent address, select the county where the client spent the night prior to your most recent contact with the client</td>
<td>Cannot be blank if:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Client resides in MN, or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Client resides in St Croix or Pierce County in WI</td>
</tr>
<tr>
<td>STATE</td>
<td>Blank</td>
<td>Select the client’s state of residence</td>
<td>Cannot be blank</td>
</tr>
<tr>
<td>ZIP</td>
<td>Blank</td>
<td>Enter the client’s zip code of residence. If client has unstable housing, enter the zip code where the client spent the night prior to your most recent contact with the client</td>
<td>Cannot be blank</td>
</tr>
</tbody>
</table>
Important Note: When contacting the MN CAREWare Help Desk about changing the gender of a client (or about changing a client name or date of birth), please do NOT include the client’s name, URN, or Client ID in your email or help desk ticket. Just mention in your message that you need to make a change to a client’s name, gender and/or date of birth and we will contact you to get the details and to make the necessary corrections.

**Missing Client Status Data Report**

The MDH-N MissingClientStatusData report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.

In addition, the report will only include clients who meet one or more of the following criteria:

- Enrollment Date is blank
- Enrollment Status is listed as ‘Unknown,’ ‘Inactive/Case Closed’ or is blank
- Vital Status is listed as ‘Unknown’ or is blank
- Date of Death is blank when Vital Status is listed as ‘Deceased’
- HIV Status is listed as ‘Unknown’
- HIV Date is blank when HIV Status is listed as ‘HIV-positive (not AIDS),’ ‘HIV-positive (AIDS status unknown)’ or ‘CDC defined AIDS’
- AIDS Date is blank when HIV Status is listed ‘CDC-defined AIDS’
- HIV Risk Factor is listed as ‘Not Specified’
  - No HIV Risk Factor has been selected in CAREWare, or
  - Risk Factor is selected as ‘Undetermined/Unknown,’ ‘Risk not Reported or Not Identified’, AND
  - Client’s HIV Status is ‘HIV-positive (not AIDS),’ ‘HIV-positive (AIDS status unknown)’ or ‘CDC defined AIDS’
# How to Correct Missing Client Status Data

<table>
<thead>
<tr>
<th>Field</th>
<th>Current Value Listed in Report</th>
<th>Correcting the Current Value</th>
<th>When to Keep Current Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENROLLMENT DATE</td>
<td>Blank</td>
<td>Enter the date on which the client first received an HIV-related service at your agency</td>
<td>Cannot be blank</td>
</tr>
<tr>
<td>ENROLLMENT STATUS</td>
<td>Blank</td>
<td>Enter the client’s current enrollment status at your agency</td>
<td>Cannot be blank</td>
</tr>
<tr>
<td></td>
<td>Inactive/Case Closed</td>
<td>Select the option that describes why client is no longer active. ‘Referred’ is the most common response and means that the client was referred to another agency and will no longer receive services at your agency OR the client no longer needs services from your agency, the client voluntarily left your agency, or the client refused to participate</td>
<td>Cannot be ‘Inactive/Case Closed’ because it is then reported as ‘Unknown’ on the RSR</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>Enter the client’s current enrollment status at your agency</td>
<td>Cannot be ‘Unknown’</td>
</tr>
<tr>
<td>VITAL STATUS</td>
<td>Blank</td>
<td>Enter the client’s vital status as ‘Alive’ or ‘Deceased’</td>
<td>Cannot be blank</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>Enter the client’s vital status as ‘Alive’ or ‘Deceased’</td>
<td>Cannot be ‘Unknown’</td>
</tr>
<tr>
<td>DATE OF DEATH</td>
<td>Blank</td>
<td>Enter the date of death if <strong>Vital Status</strong> is listed as ‘Deceased’</td>
<td>Must be blank if <strong>Vital Status</strong> is ‘Alive’</td>
</tr>
</tbody>
</table>
Missing Annual Review Data Report

The MDH-N MissingAnnualReviewData report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.

Make sure you set the Clinical Review year to the most recent year available!

In addition, the report will only include clients who meet one or more of the following criteria:

- Primary Insurance is listed as ‘Unknown’ or is blank
- Housing Status is listed as ‘Unknown/Unreported’ or is blank
- Income is blank
- Household (HH) Size is blank

- Note: this report will also pull clients whose household size is listed as 10 or higher to help you identify household sizes that may have been entered incorrectly.
Important Note: HRSA is paying more attention to the quality and completeness of the data. Particular areas of concern are ‘unknown’ responses reported for Primary Insurance, Housing Status, and Poverty Level. The RSR calculates Poverty Level from Income and Household Size, and an ‘unknown’ value is generated if there is nothing reported for Income and/or Household Size.

HRSA expects this information to be collected for all clients served through Ryan White Program.

For the RSR, which is submitted individually for each provider, ‘unknown’ responses for these fields will result in an alert, although the system will allow us to still submit the data for a particular provider with the ‘unknown’ values. However, many things that start as alerts in the RSR process become either warnings or errors in the following year. If ‘unknown’ responses for these fields become warnings, we will be able submit the data with the ‘unknown’ values, but must provide a comment explaining why the particular provider had ‘unknown’ values and how the provider will fix the issue in the next year. If ‘unknown’ responses for these items become errors, we will not able to submit the data until the provider has replaced all of the ‘unknown’ values.

<table>
<thead>
<tr>
<th>Name</th>
<th>URN:</th>
<th>Client Id</th>
<th>Primary Insurance</th>
<th>Housing Status</th>
<th>Income</th>
<th>HR Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appleseed, Johnny M</td>
<td>JAP1123671U</td>
<td>JHF4456</td>
<td>Medicaid</td>
<td>Non-permanently Housed</td>
<td>2500.0000</td>
<td>101.00.0000</td>
</tr>
<tr>
<td>Bear, Theodore (Teddy)</td>
<td>TEBA0120561B</td>
<td>786</td>
<td>Unknown</td>
<td>Unknown / Unreported</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Beauty, Sleeping</td>
<td>SEBA0101702U</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boop, Betty T</td>
<td>BTBO0105682U</td>
<td>THSO01961</td>
<td>Other public (e.g. Chelsea, VA)</td>
<td>Stable/Permanent</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Charming, Prince O</td>
<td>PCAO011751A</td>
<td></td>
<td>Unknown</td>
<td>Stable/Permanent</td>
<td>28190.0000</td>
<td>11</td>
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<tr>
<td>Crockett, Devy F</td>
<td>DVCO0145569U</td>
<td>12345</td>
<td>Unknown</td>
<td>Stable/Permanent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duck, mother</td>
<td>MDCO0212562U</td>
<td>10987</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mann, Snow</td>
<td>SOM010164G</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ridinghood, Little Red</td>
<td>LIRI011951U</td>
<td>199921</td>
<td>Private</td>
<td>Institution</td>
<td>5700.0000</td>
<td>1</td>
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<tr>
<td>Smiley, Sunny</td>
<td>SWO011002A</td>
<td>45646</td>
<td>Unknown</td>
<td>Unreported / Unreported</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thumb, Tom T</td>
<td>TMU0202256U</td>
<td>5678</td>
<td></td>
<td>Unreported / Unreported</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vader, Darth M</td>
<td>DRV0224531U</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Charming, Prince O</td>
<td>PCAO011751A</td>
<td></td>
<td>Unknown</td>
<td>Stable/Permanent</td>
<td>28190.0000</td>
<td>11</td>
</tr>
<tr>
<td>Crockett, Devy F</td>
<td>DVCO0145569U</td>
<td>12345</td>
<td>Unknown</td>
<td>Stable/Permanent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duck, mother</td>
<td>MDCO0212562U</td>
<td>10987</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mann, Snow</td>
<td>SOM010164G</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ridinghood, Little Red</td>
<td>LIRI011951U</td>
<td>199921</td>
<td>Private</td>
<td>Institution</td>
<td>5700.0000</td>
<td>1</td>
</tr>
<tr>
<td>Smiley, Sunny</td>
<td>SWO011002A</td>
<td>45646</td>
<td>Unknown</td>
<td>Unreported / Unreported</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thumb, Tom T</td>
<td>TMU0202256U</td>
<td>5678</td>
<td></td>
<td>Unreported / Unreported</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vader, Darth M</td>
<td>DRV0224531U</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## How to Correct Missing Annual Review Data

<table>
<thead>
<tr>
<th>Field</th>
<th>Current Value Listed in Report</th>
<th>Correcting the Current Value</th>
<th>When to Keep Current Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY INSURANCE</td>
<td>Blank</td>
<td>Select the client’s current primary insurance</td>
<td>Cannot be blank</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>Select the client’s current primary insurance, if known</td>
<td>Client’s primary insurance is truly unknown</td>
</tr>
<tr>
<td>HOUSING STATUS</td>
<td>Blank</td>
<td>Select the client’s current housing/living situation</td>
<td>Cannot be blank</td>
</tr>
<tr>
<td></td>
<td>Unknown/unreported</td>
<td>Select the client’s current housing/living situation, if known</td>
<td>Client’s housing/living situation is truly unknown</td>
</tr>
<tr>
<td>INCOME</td>
<td>Blank</td>
<td>Enter the client’s current annual income</td>
<td>Cannot be blank</td>
</tr>
<tr>
<td>HH SIZE</td>
<td>Blank</td>
<td>Enter the number of people in the household legally dependent on the household income</td>
<td>Cannot be blank</td>
</tr>
</tbody>
</table>
Missing Screening Data Report

This report is ONLY available to providers that receive Ryan White funding to provide primary care (HCMC, HealthPartners, and West Side)

The MDH-N MissingScreeningData report will only include clients who received a primary care service at your agency during the Date Span entered in the Custom Reports screen.

In addition, the report will only include clients who meet one or more of the following criteria

- HIV Risk Counseling is blank
- Counseled By is listed as ‘Unknown’ or blank when response to HIV Risk Counseling is ‘Yes’
- Mental Health Screening is listed as ‘Unknown,’ ‘Not Specified,’ or blank
  (‘not specified’ and blank both mean that a response has not been selected in CAREWare)
- Substance Abuse Screening is listed as ‘Unknown,’ ‘Not Specified,’ or blank
  (‘not specified’ and blank both mean that a response has not been selected in CAREWare)

Note: A client who received more than one primary care service during the date span will be listed only once in the report, unless it’s a duplicate client, as shown with Prince Charming in the sample report above. The number of primary care services the client received at your agency during the Date Span is listed in the column labeled “# Primary Care Svcs.”
# How to Correct Missing Screening Data

<table>
<thead>
<tr>
<th>Field</th>
<th>Current Value Listed in Report</th>
<th>Correcting the Current Value</th>
<th>When to Keep Current Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV RISK COUNSELING</td>
<td>Blank</td>
<td>Select ‘Yes’ or ‘No’ as to whether the client was counseled about HIV risks</td>
<td>Cannot be blank for clients who received primary care services</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Important note for HCMC and HealthPartners:</strong> If you enter a value of ‘1’ (yes) in this field, it will automatically import a value of ‘primary care clinician’ for who counseled the patient. This is because HRSA specifically wants to know whether the client was counseled by a primary care clinician. If the patient received HIV risk counseling from someone else (or was not counseled), enter a value of ‘0’ (no) in this field.</td>
<td></td>
</tr>
<tr>
<td>COUNSELED BY</td>
<td>Blank</td>
<td>Select the type of provider that conducted the HIV risk counseling</td>
<td>Cannot be blank if client received HIV risk counseling</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>HCMC and HealthPartners:</strong> This field does not exist in the clinical data file. See note above</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>Select the type of provider that conducted the HIV risk counseling, if known</td>
<td>The type of provider that conducted the counseling is truly unknown</td>
</tr>
<tr>
<td>MENTAL HEALTH SCREENING</td>
<td>Blank or Not Specified</td>
<td>Select the correct response as to whether the client received a mental health screening during the most recent six-month reporting period</td>
<td>Cannot be blank/not specified for clients who received primary care services</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>Select ‘Yes,’ ‘No’ or ‘Not Medically Indicated’ if known</td>
<td>It is truly unknown whether the client received a mental health screening during the most recent six-month reporting period</td>
</tr>
<tr>
<td></td>
<td>Blank or Not Specified</td>
<td>Select the correct response as to whether the client received a mental health screening during the most recent six-month reporting period</td>
<td>Cannot be blank/not specified for clients who received primary care services</td>
</tr>
</tbody>
</table>
Quality Assurance Reports for Form I

There are a number of custom reports in Minnesota CAREWare that can be used to help you monitor the quality and completeness of your Form I data.

Unfortunately, there is no way in CAREWare to accurately identify the number of people or which specific clients do not have a Form I completed for the current reporting period. You will receive that information in a report from the Part A and/or Part B grantees.

Report Related to Missing Country of Birth or Date Moved to Minnesota

It is possible, however, to identify individuals who are missing responses to the questions regarding the client’s country of birth and/or when the client moved to Minnesota. This report will identify individuals who have received services at your agency and have never had these questions answered, but will not specifically identify individuals who do not have a Form I for the current six-month reporting period.

Missing Country of Birth or Date Moved to MN

The MDH-N Missing Country of Birth or Date Moved to MN report generates a list of clients who received a service but do not have a response in the Client’s Country of Birth and/or Date Client Moved to MN fields. The number of records at the end of the report will tell you the number of clients who are missing this information.

The MDH-N Missing Country of Birth or Date Moved to MN report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.
In addition, the report will only include clients who meet one or both of the following criteria:

- Client’s Country of Birth is blank
- Date Client Moved to Minnesota is blank

Reports Related to Whether Clients Saw an HIV Medical Provider

There are a set of custom reports that can be used to help you track responses to the following Form I questions:

Did the client see an HIV medical provider in the last 6 months?

- If yes, date of last appointment
- If no, date of referral to HIV medical provider (*leave blank if no referral provided*)
- If referral given, date of follow-up with client (*leave blank if no follow-up*)
- If referral given, date of follow-up with provider (*leave blank if no follow-up*)

Important Note: The Form Date for Form I must fall within the reporting period.

For Form I’s that are being completed for clients served during January – June, the Form Date must fall between 1/1/20XX and 6/30/20XX.

For Form I’s that are being completed for clients served during July – December, the Form Date must fall within 7/1/20XX and 12/31/20XX.
The following reports are created to only pull data for clients whose Form I’s have a Form Date that falls on or within six months prior to the Through Date you enter in the Date Span in the Custom Reports screen.

Tip for the following reports:

If you entered/reported Form Dates that were after the end of the six-month reporting period, set the Through Date in the Date Span to the latest Form Date you used in order to view more accurate data for your agency (e.g., set the Through Date to 7/15/2013 instead of 6/30/2013).

In the future, however, be sure that your Form Dates fall within current six-month reporting period.

**Client Saw HIV Medical Provider**

The MDH-A Client Saw HIV Medical Provider report provides the number of clients with each possible response to the question of whether the client had seen an HIV medical provider in the last 6 months. The MDH-A Client Saw HIV Medical Provider report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.

In addition, the report will only include clients who meet the following criterion:

- Form Date falls on or within six months prior to the Through Date entered in the Date Span

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**Clients Referred to HIV Medical Provider**

The MDH-A Client Referred to HIV Medical Provider report provides the number of clients for whom a date of referral was reported. This should be compared to the number of clients who had a “No” response in the previous report. The date of referral can only be entered into CAREWare if the response to whether the client saw an HIV medical provider in the last 6 months is “No.”

The MDH-A Client Referred to HIV Medical Provider report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.
In addition, the report will only include clients who meet the following criteria:

- Form Date falls on or within six months prior to the Through Date entered in the Date Span
- Client Saw HIV Medical Provider in Last 6 Months is reported as ‘No’
- Date of Referral contains a date

**Follow-up on Referral**

The MDH-A Follow-up On Referral report provides the number of clients for whom follow-up on a referral was reported with either the client or the provider. This should be compared to the number of clients referred in the previous report. (The dates of follow-up with client and/or provider can only be entered into CAREWare if a date of referral is entered.)

The MDH-A Follow-up On Referral report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.

In addition, the report will only include clients who meet the following criteria:

- Form Date falls on or within six months prior to the Through Date entered in the Date Span
- Client Saw HIV Medical Provider in Last 6 Months is reported as ‘No’
- Date of Referral contains a date
- Date of Follow-up With Client AND/OR Date of Follow-up with Provider contains a date
Clients Did Not See HIV Medical Provider

The MDH-N Clients Did Not See HIV Medical Provider report generates a list of all clients who did not have a response of ‘Yes’ to the question of whether they had seen an HIV medical provider in the last six months. The report provides the response to that question for each client, as well as the corresponding Form Date. This report can be used in conjunction with the MDH-A Client Saw Medical Provider report to identify the specific clients who did not see an HIV medical provider.

The MDH-N Clients Did Not See HIV Medical Provider report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.

In addition, the report will only include clients who meet the following criteria:

- Form Date falls on or within six months prior to the Through Date entered in the Date Span
- Client Saw HIV Medical Provider in Last 6 Months is not reported as ‘Yes’
Clients Not Referred to HIV Medical Provider

The MDH-N Clients Not Referred to HIV Medical Provider report generates a list of the clients who had a response of ‘No’ to the question of whether they had seen an HIV medical provider in the last six months and who did not receive a referral.

The MDH-N Clients Not Referred to HIV Medical Provider report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.

In addition, the report will only include clients who meet the following criteria:

- Form Date falls on or within six months prior to the Through Date entered in the Date Span
- Client Saw HIV Medical Provider in Last 6 Months is reported as ‘No’
- Date of Referral is blank

Clients With No Referral Follow-up

The MDH-N Clients With No Referral Follow-up report generates a list of the clients who had a response of ‘No’ to the question of whether they had seen an HIV medical provider in the last six months, received a referral, but no follow-up was reported.

The MDH-N Clients With No Referral Follow-up report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.

In addition, the report will only include clients who meet the following criteria:

- Form Date falls on or within six months prior to the Through Date entered in the Date Span
- Client Saw HIV Medical Provider in Last 6 Months is reported as ‘No’
- Date of Referral contains a date
- Date of Follow-up with Client AND Date of Follow-up with Provider are both blank
Clients With Last Appointment Greater Than 6 Months

The MDH-N Clients With Last Appt > 6 Months report generates a list of the clients with a reported date of last appointment with an HIV medical provider that occurred six months or more before the Through Date entered in the Date Span. This report is meant to be used as a tool to identify clients who may have had a lapse in care.

The MDH-N Clients With Last Appt > 6 Months-up report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.

In addition, the report will only include clients who meet the following criteria:

- Form Date falls on or within six months prior to the Through Date entered in the Date Span
- Client Saw HIV Medical Provider in Last 6 Months is reported as ‘Yes’
- Date of Last Appointment occurred six months or more before the Through Date entered in the Date Span

<table>
<thead>
<tr>
<th>MDH-N Clients with Last Appt &gt; 6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Scope: Clinic XYZ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Client Saw HIV Doc in Last 6 Mos?</th>
<th>Date of Last Appt:</th>
<th>Form Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beauty, Sleeping</td>
<td>Yes</td>
<td>8/11/2011</td>
<td>12/31/2012</td>
</tr>
<tr>
<td>Doo, Scooby Dooby</td>
<td>Yes</td>
<td>1/10/2012</td>
<td>12/18/2012</td>
</tr>
</tbody>
</table>
Downloading Reports

Unfortunately, you will not be able to print the quality assurance reports directly from Minnesota CAREWare. However, using the following steps, you will be able download the reports to your computer. Once the reports are downloaded, you can print them as you would normally print any document from your computer. These steps are the same for any report that you would like to download from Minnesota CAREWare.

Downloading a Report to Your Computer

When you are viewing a report, the Report Viewer menu will appear at the top of your screen. Click on the Export Report Document icon on the left side.

The Export screen will display.

From the Export Type pull down menu, select the desired format. We suggest PDF or Excel, although please be aware that choosing Excel sometimes results in your computer getting hung up without generating the report. Your options are:

- Rich Text Format (RFT)
- Portable Document Format (PDF)
- HTML Format (HTM)
- Microsoft Excel Format (XLS)
- Tagged Image Format (TIF)
- Text Format (TXT)
- Next to the File field, click on the ellipses (..)

The Save As screen will display. Choose the location on your computer where you want to save the report. Name the report and click Save.
You will be returned to the Export screen. Click OK.

The report will have been saved to the location on your computer that you selected and you can print the report from there.

**Custom Reports**

**Accessing Custom Reports**

At this time, there are several custom reports that have been created in Minnesota CAREWare to help you with identifying duplicate clients, identifying missing or unknown information that is required for the Ryan White Services Data Reports (RSRs) that are submitted to HRSA, quality assurance reports for data submissions, or reports for specific service types. All Minnesota CAREWare users are able to access the quality assurance reports.

To access the quality assurance reports, first click on Reports in the Main Menu
Then click on Custom Reports from the Reports menu.

Tip: Check the box next to Maximize All Reports in order for reports to appear in full screen size.

From Custom Reports screen, you will select the report you want to run and set the parameters.
For the quality assurance reports, you will want to select the appropriate Date Span and Clinical Review Year. You will not check the boxes next to Show New Clients Only, Show Specifications or Sum Numeric Fields.

So, for example, if running the quality assurance reports to identify missing information for the second half of 2016, for the Semi-Annual Demographics file, you would select the QA MDH-N Semi-2016 report, enter the From date as 7/1/2016 and the Through date as 12/31/2016.

After setting the parameters and highlighting the report you want to run, click Run Report.

- Important Note: All the quality assurance reports will only include clients who received a service during the Date Span you enter in the Custom Reports screen.

Please note the following naming conventions for custom reports in Minnesota CAREWare:

- MDH-A: Report created by MDH that includes only aggregate data
- MDH-N: Report created by MDH that includes client names
- MDH-U: Report created by MDH that includes the client URNs, but not client names.

**Quality Assurance Reports for Form I**

There are a number of custom reports in Minnesota CAREWare that can be used to help you monitor the quality and completeness of your Form I data.
Un fortunately, there is no way in CAREWare to accurately identify the number of people or which specific clients do not have a Form I completed for the current reporting period. You will receive that information in a report from the Part A and/or Part B grantees.

**Missing Form I**

The Missing Form I report generates a list of clients who received a service but do not have a response in the Custom Sub-form Date field, the date field is null. The number of records at the end of the report will tell you the number of clients who are missing this information.

![Custom Reports - Filter](image)

**Form I Data**

The Form I Data report generates a list of clients who received a service and will show the responses for each field located on Form I. The number of records at the end of the report will tell you the number of clients who have this information.
Report Related to Missing Country of Birth or Date Moved to Minnesota

It is possible, however, to identify individuals who are missing responses to the questions regarding the client’s country of birth and/or when the client moved to Minnesota. This report will identify individuals who have received services at your agency and have never had these questions answered, but will not specifically identify individuals who do not have a Form I for the current six-month reporting period.
Missing Country of Birth or Date Moved to MN

The MDH-N Missing Country of Birth or Date Moved to MN report generates a list of clients who received a service but do not have a response in the Client’s Country of Birth and/or Date Client Moved to MN fields. The number of records at the end of the report will tell you the number of clients who are missing this information.

The MDH-N Missing Country of Birth or Date Moved to MN report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.

In addition, the report will only include clients who meet one or both of the following criteria:

- Client’s Country of Birth is blank
- Date Client Moved to Minnesota is blank
Reports Related to Whether Clients Saw an HIV Medical Provider

There are a set of custom reports that can be used to help you track responses to the following Form I questions

- Did the client see an HIV medical provider in the last 6 months?
- If yes, date of last appointment
- If no, date of referral to HIV medical provider (leave blank if no referral provided)
- If referral given, date of follow-up with client (leave blank if no follow-up)
- If referral given, date of follow-up with provider (leave blank if no follow-up)

Important Note: The Form Date for Form I must fall within the reporting period.

For Form I’s that are being completed for clients served during January – June, the Form Date must fall between 1/1/20XX and 6/30/20XX.

For Form I’s that are being completed for clients served during July – December, the Form Date must fall within 7/1/20XX and 12/31/20XX.

The following reports are created to only pull data for clients whose Form I’s have a Form Date that falls on or within six months prior to the Through Date you enter in the Date Span in the Custom Reports screen.

Tip for All of The Following Reports: If you entered/reported Form Dates that were after the end of the six-month reporting period, set the Through Date in the Date Span to the latest Form Date you used in order to view more accurate data for your agency (e.g., set the Through Date to 7/15/2013 instead of 6/30/2013).

In the future, however, be sure that your Form Dates fall within current six-month reporting period.
**Client Saw HIV Medical Provider**

The MDH-A Client Saw HIV Medical Provider report provides the number of clients with each possible response to the question of whether the client had seen an HIV medical provider in the last 6 months.

The MDH-A Client Saw HIV Medical Provider report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.

In addition, the report will only include clients who meet the following criterion:

- Form Date falls on or within six months prior to the Through Date entered in the Date Span

**Clients Referred to HIV Medical Provider**

The MDH-A Client Referred to HIV Medical Provider report provides the number of clients for whom a date of referral was reported. This should be compared to the number of clients who had a “No” response in the previous report. (The date of referral can only be entered into CAREWare if the response to whether the client saw an HIV medical provider in the last 6 months is “No.”)

The MDH-A Client Referred to HIV Medical Provider report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.

In addition, the report will only include clients who meet the following criteria:

- Form Date falls on or within six months prior to the Through Date entered in the Date Span
- Client Saw HIV Medical Provider in Last 6 Months is reported as ‘No’
- Date of Referral contains a date
Follow-up on Referral

The MDH-A Follow-up on Referral report provides the number of clients for whom follow-up on a referral was reported with either the client or the provider. This should be compared to the number of clients referred in the previous report.

The dates of follow-up with client and/or provider can only be entered into CAREWare if a date of referral is entered.

The MDH-A Follow-up on Referral report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.

In addition, the report will only include clients who meet the following criteria:

- Form Date falls on or within six months prior to the Through Date entered in the Date Span
- Client Saw HIV Medical Provider in Last 6 Months is reported as ‘No’
- Date of Referral contains a date
- Date of Follow-up With Client AND/OR Date of Follow-up with Provider contains a date

Clients Did Not See HIV Medical Provider

The MDH-N Clients Did Not See HIV Medical Provider report generates a list of all clients who did not have a response of ‘Yes’ to the question of whether they had seen an HIV medical provider in the last six months. The report provides the response to that question for each client, as well as the corresponding Form Date. This report can be used in conjunction with the MDH-A Client Saw Medical Provider report to identify the specific clients who did not see an HIV medical provider.
The MDH-N Clients Did Not See HIV Medical Provider report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.

In addition, the report will only include clients who meet the following criteria:

- Form Date falls on or within six months prior to the Through Date entered in the Date Span
- Client Saw HIV Medical Provider in Last 6 Months is **not** reported as ‘Yes’

### Clients Not Referred to HIV Medical Provider

The MDH-N Clients Not Referred to HIV Medical Provider report generates a list of the clients who had a response of ‘No’ to the question of whether they had seen an HIV medical provider in the last six months and who did not receive a referral.

The MDH-N Clients Not Referred to HIV Medical Provider report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.
In addition, the report will only include clients who meet the following criteria:

- Form Date falls on or within six months prior to the Through Date entered in the Date Span
- Client Saw HIV Medical Provider in Last 6 Months is reported as ‘No’
- Date of Referral is blank

**Clients with No Referral Follow-up**

The MDH-N Clients With No Referral Follow-up report generates a list of the clients who had a response of ‘No’ to the question of whether they had seen an HIV medical provider in the last six months, received a referral, but no follow-up was reported.

The MDH-N Clients with No Referral Follow-up report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.

In addition, the report will only include clients who meet the following criteria:

- Form Date falls on or within six months prior to the Through Date entered in the Date Span
- Client Saw HIV Medical Provider in Last 6 Months is reported as ‘No’
- Date of Referral contains a date
- Date of Follow-up with Client AND Date of Follow-up with Provider are both blank
Clients with Last Appointment Greater Than 6 Months

The MDH-N Clients With Last Appt > 6 Months report generates a list of the clients with a reported date of last appointment with an HIV medical provider that occurred six months or more before the Through Date entered in the Date Span. This report is meant to be used as a tool to identify clients who may have had a lapse in care.

The MDH-N Clients with Last Appt > 6 Months-up report will only include clients who received a service at your agency during the Date Span entered in the Custom Reports screen.

In addition, the report will only include clients who meet the following criteria:

- Form Date falls on or within six months prior to the Through Date entered in the Date Span
- Client Saw HIV Medical Provider in Last 6 Months is reported as ‘Yes’
- Date of Last Appointment occurred six months or more before the Through Date entered in the Date Span

Important Note: HRSA is paying more attention to the quality and completeness of the data. Particular areas of concern are ‘unknown’ responses reported for Primary Insurance, Housing Status and Poverty Level (the RSR calculates Poverty Level from Income and Household Size, and an ‘unknown’ value is generated if there is nothing reported for Income and/or Household Size). HRSA expects this information to be collected for all clients served through the Ryan White Program.

For the RSR, submitted individually for each provider, ‘unknown’ responses will result in an alert, although the system will allow us to still submit the data for a particular provider with the ‘unknown’ values. However, many things that start as alerts in the RSR process become either warnings or errors in the following year.

If ‘unknown’ responses for these items becomes warnings, we will be able submit the data with the ‘unknown’ values, but must provide a comment explaining why the particular provider had ‘unknown’ values and how the provider will fix the issue in the next year.

If ‘unknown’ responses for these items become errors, we will not able to submit the data until the provider has replaced all of the ‘unknown’ values.