# CAREWARE 6

# TRAINING MANUAL



Prepared by: STD/HIV/Hepatitis Program

Last Updated: October 1, 2020

## CAREWARE 6

CAREWare 6 is the newest version of CAREWare. It has a new interface that runs in an internet browser rather than a program installed on your computer. CAREWare 6 can be used with the following browsers:

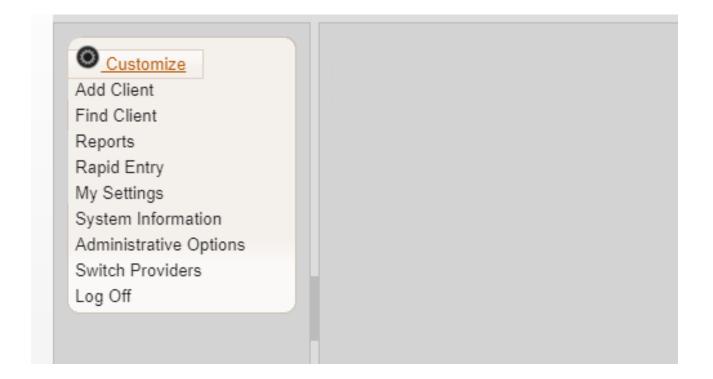
- Chrome
- Firefox
- Microsoft Edge
- Safari

Internet Explorer cannot be used to access CAREWare 6.



### **MENU OF LINKS**

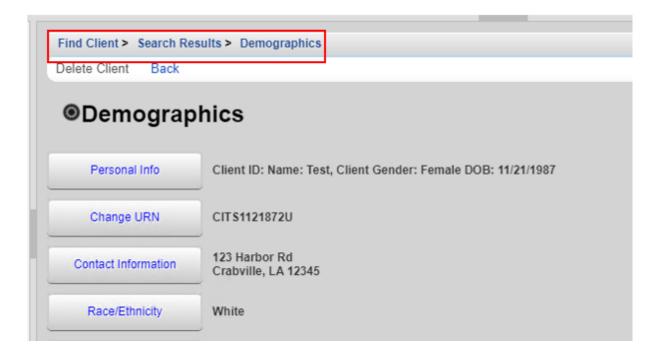
Upon logging in to CAREWare, you will find a Menu of Links on the left-hand side of the screen. Simply click on the item you wish to access.



### BREADCRUMBS

Breadcrumbs or Breadcrumb Trails allow users to keep track and maintain awareness of their locations within CAREWare 6.

 In this example: Find Client > Search Results > Demographics is considered the Breadcrumb Trail



If the items in the Breadcrumb trail are blue (as in the example above), click on the item link to return to that section. If they are black, you must either click **Save** or **Cancel** to return to the previous section.

Find Client > Search Results > Demographics > Personal Info		
Save Cancel		
Personal Info		
First Name:	Johnny	
Middle Name:		
Last Name:	Appleseed	

### **CUSTOMIZATION**

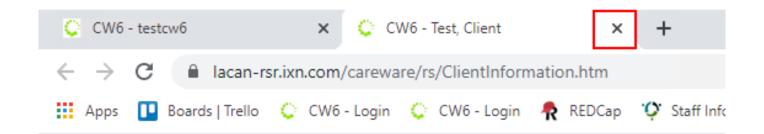
You can customize which menu items are visible by clicking on the Customize button and uncheck any items you don't want on the menu then click **Save**.

Save Back	Customize menu items > Personal Menu Settings Save Back Print or Export Menu Item Customization		
Search:			
Show	Menu Item		
	Add Client		
	Administrative Optic		
	Appointments		
	Find Client		
	My Settings		
	Rapid Entry		
	Reports		
	Switch Providers		

### **CLIENT RECORDS**

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Client records open in a separate tab on your browser. When you have finished with a client's record, make sure to close out of that tab.



# LOGGING INTO CAREWARE 6

- **01** Open your browser and go to <u>lacan.ixn.com</u>
- **02** Enter your CAREWare username and click **Submit**.

Submit	
Login	
Username:	Enter your CAREWare Username

**03** Enter your CAREWare password and click **Submit**.

Login Submit Cancel
Login
Enter your password Password:

**04** (If Applicable) Select the Domain you would like to use and click **Submit**.

Login	
Login	
Search:	
Provider	Locked
PIOVIDEI	

### **RESETTING PASSWORDS**

After three failed login attempts your account will be locked.

- Click **Email Reset Code**
- Check your email for the Reset Token.
- Enter the Reset token and click **Submit.**

Login > Login > Login Submit Email Reset Code Cancel	
Login Your account was locked due to too many Failed login attempts A reset token has been emailed to you. Enter the reset token to reset your password. >> User account locked. A reset token has been emailed to your reguster	<b>Note:</b> If you do not receive an email with the token, please contact SHHP and we can reset your password.
Reset Token:	

- Enter your new password, then retype it and click **Submit**.
- You will then be asked to log in with your new password.

Login > Login > Logi	n
Submit Cancel	
Login	
	Enter a new password
	>> Password failed validation: The minimum password requirements are:
	Minimum Length: 12
	Minimum Lower Case Characters: 1
	Minimum Upper Case Characters: 1
	Minimum Numeric Characters: 1
	Minimum Special Characters: 1
	<<
New Password:	
Retype Password:	

# ACCESSING CAREWARE 6

### TWO-FACTOR AUTHENTICATION IN CAREWARE

### WHAT IS TWO-FACTOR AUTHENTICATION?

Two-factorauthentication (2FA) is a type of multi-factor authentication which is a way to protect access to data systems by requiring both something the user knows, like a password, and something the user possesses, such as a code or token to log in. Use of 2FA is required in your organization's installation of CAREWare. This document will instruct you on how to enroll in 2FA with either your mobile device or with an authenticator application that stays on your desktop or computer.

### WHAT WILL CHANGE WITH TWO-FACTOR AUTHENTICATION?

CAREWare users will be able to get the two-factor code from one of two places:

- Username
- Password
- Two factor code from the WinAuth application or the Google Authenticator App

### **TWO-FACTOR AUTHENTICATION OPTIONS**

CAREWare users will be able to get the two-factor code from one of two places:

- The Google Authenticator (available free in iOS App Store and the Google Play app store)
- The WinAuth application (available free online)

The WinAuth app is the easier of the two options to use. Using the WinAuth application will require your IT staff to install a program and configure it in order to receive codes to use during the login process.

### OPTION 1: GOOGLE AUTHENTICATOR APP ENROLLMENT

- **01** In the App Store or the Google Play app Store, search for and download Google Authenticator.
- **02** Sign into CAREWare as usual. You will be asked to set up your 2-factor app and then enter the code or token to verify that you are the appropriate user of the account.
- **03** On your mobile device open the Google Authenticator app and select **Begin Setup.**
- **04** Select **Scan Barcode**. You may be prompted to allow access to the camera or other resources on your phone. **Allow access**.

- **05** With your phone, in the Google Authenticator app, take a picture of the QR code to enroll your device.
- **06** You should now see a six-digit number and a countdown. IMPORTANT: Wait until the countdown ends and a new number appears before proceeding to the next step.
- 07 Once the number regenerates, type the six-digit number into CAREWare and press Submit.

Setup 2 Factor App testuser Submit Cancel
testuser Submit Cancel
Setup you 2 factor app (like Google Authenticator or WinAuth) then enter the token from your app:
Manual Entry Key: SYIORTQBBDEX67HIASB7DEYPPDK4KXVX

**08** You should now be logged into CAREWare.

### **REGULAR LOGIN PROCESS WITH THE GOOGLE AUTHENTICATOR APP**

Once you have enrolled your device with the Google Authenticator app, when you log into CAREWare, you will get a code from this application every time you log in and will need to enter it each time you want to access CAREWare.

IMPORTANT: Wait until the countdown ends and a new number appears before entering the six-digit code into CAREWare.

Login process: Username> Password > Authenticator Code

- **01** Start CAREWare as normal. Log in with your usual username and password.
- **02** When prompted for the code, open your Google Authenticator app and wait for the current code to be replaced by a new code.
- **03** When the new code appears, enter the six-digit number into CAREWare and submit it. You should be logged in.

### **OPTION 2: WINAUTH AUTHENTICATOR APP ENROLLMENT**

- **01** Your IT staff will need to install and set up a shortcut for you to use WinAuth
- **02** Sign in to CAREWare as usual. You will be asked to set up your 2 factor app, then enter the token to verify that you are the appropriate user of the account

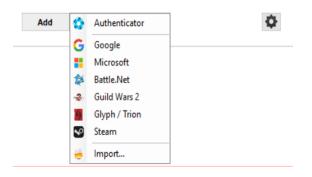


### **03** Launch WinAuth. Click **Add** to set up the CAREWare authenticator. Select the top option-Authenticator.

- ^

WinAuth

Click the "Add" button to create or import your authenticator



**04** On the next screen, add the name CAREWare for the Name.

Add	Add Authenticator		
Name:	CAREware		

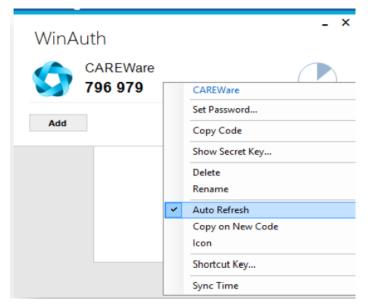
**05** Select the Manual Entry Key from the Setup 2 Factor App screen in CAREWare, right click and copy it. Right click and select paste in the field to the left of the Decode button in WinAuth.

	Sdm	Name CARDON	ъ	
	Google Authen Alen Born your		t Code for your authenticator Spa ode, you can pasts the URL of the i	
	Unde			Decore
	Cut		time-based or a counter-based kely time-based, so just leave th	
	Copy		C Counter-based	
	Pacte Datate		C COURS-DATES	
			tton to check the first code.	
	Select All		Unity Authoriticator	
	Right to left Read	ng anter		
	Show Unicode co Instat Unicode co		g code matches your service.	
	Open IME			
	Reconversion			
*			0	E Canvel

- **06** The Time-based option is the default and should not be configured differently that it is.
- **07** Press Verify Authenticator. A six-digit code should appear at the bottom of the screen with a green timer that shrinks as it expires.

IMPORTANT: Wait until the countdown ends and a new number appears before proceeding to the next step.

- 08 Once the number regenerates, type the six-digit number into CAREWare and press Submit.
- **09** You should now be logged into CAREWare.
- 10 In WinAuth, press OK. This brings you to a "Protection" Screen where you can create a password to protect your code generator for CAREWare.
- 11 Do not select the "Encrypt to only be useable on this computer" nor "Lock with a YubiKey"
- 12 Press OK.
- **13** On the code generation window, right click and make sure **Auto Refresh** is checked.



When you launch WinAuth, you will be prompted for the password you created in step 10 above and you will see this window containing your CAREWare 2FA code.



### **REGULAR LOGIN PROCESS WITH THE WINAUTH AUTHENTICATOR APP**

Once you have enrolled with the WinAuth authenticator app, when you login to CAREWare, you will get a code from it every time you login and must enter this code in order to proceed.

IMPORTANT: Wait until the countdown ends and a new number appears before entering the six-digit code into CAREWare.

Login process: Username > Password > WinAuth Code

- **01** Start CAREWare as normal. Login with your usual username and password.
- **02** When prompted for the code, open your WinAuth authenticator app and wait for the current code to be replaced by a new code.
- **03** When the new code appears, enter the six-digit number into CAREWare and submit it. You should be logged in.

### HOW TO GET ASSISTANCE WITH TWO-FACTOR AUTHENTICATION

If you have specific questions regarding the CAREWare application, WinAuth application, or Google Authenticator, please contact the CAREWare Help Desk by:

• Completing a help desk ticket at: <u>https://louisianahealthhub.org/careware-</u> <u>submission-form/</u>



**01** Select **Add Client** from the main menu and a new tab will open in your browser.

ſ	Customize
1	Add Client
	rind Client
	Reports
	Rapid Entry
	Appointments
	My Settings
	System Information
	System Messages
ŀ	Administrative Options
	Switch Providers
	Log Off

**02** Enter the Last Name, First Name, Gender, and Date of Birth of the client. All fields are required, except Middle Name and the DOB Estimated checkbox . Click Add.

Add	
Last Name:	
First Name:	
Middle Name:	
Gender:	
Date of Birth:	
DOB Estimated?:	

Note: Enter the legal last name, first name and Date of birth of the client from an identification card such as driver's license, birth certificate, social security card, passport or other official document.

### **POSSIBLE DUPLICATE CLIENT**

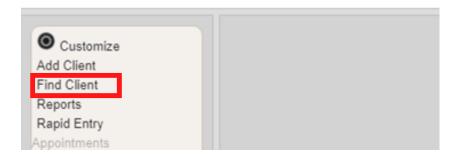
- **01** If a client's information is similar to an existing CAREWare record, you will see the message stating "The client you are adding is a possible duplicate."
- **02** Select the client from the list and select **View More Information** to review additional client information.



04 If it is the same person, click **This is the same client**. The existing client record will be displayed. If it's a new client, click **This is a new client**. Doing so will create a new client record. If the client matches multiple clients in the database, click **Back** and repeat step #2.



**01** To search for a client, select **Find Client** from the main menu.



**02** Enter search text into any of the fields and press **Client Search**.

Search Results	
Client Search	
Find Clie	ent
Last Name:	
First Name:	
DOB:	
ClientID:	
URNorEURN:	
Encrypted UCI:	
Active Only:	

**()3** A list of matches to your search appears. Select the correct name from the list and click **View Details**.

	Search Results					
View Details	Back Print or Ex	xport				
Search	Results					
Search:						
Last Name	First Name	Client ID	URN	EURN	Encrypted UCI	Match Type
Last Name Appleseed	First Name John	Client ID	URN JHAP0105851U	EURN XqYSZJ4bl	Encrypted UCI ECA88A4A1FE6588	
		Client ID EMR123				Exact

**04** After clicking **View Details**, the Demographics screen will appear.

### DEMOGRAPHICS

Like CAREWare 5, the demographic information is shared across domains with the exception of Eligibility, Enrollment Status, and Provider Notes.

A Link Summary is displayed to the right of each link item. In the example below, once Demographics is selected from the Menu of Links, a new screen appears with additional link items. To the right of each is a Link Summary.

The demographics screen in CAREWare 6 has the demographic information broken down into sections.

●Demograp	hics
Personal Info	Client ID: Name: test, person Gender: Female DOB: 03/02/1984
Change URN	PRT \$0302842U
Contact Information	1263 Street Dr Townville, LA 12345
Race/Ethnicity	American Indian, Asian (Filipino)
HIV Risk Factors	Hemophilia
Vital Enroliment Status	Vital Status: Alive Enrolled: 03/15/2014 Current Status: Referred or Discharge
Eligibility	Ryan White Eligible
HIV Status	HIV-positive (AIDS status unknown) HIV Date: 02/02/2012
	8/12/2020 RP @SHHP Case Notes are seen across domains. 12/1/15 MW @ SHP: merged duplicate client record
Common Notes	10/15/15 JS @ CARES: updated client address and emergency contacts
	9/1/15 MW @ SHP: updated client address. Client moved to Lafayette
Provider Notes	8/12/2020 RP: These notes are only seen at your agency
Client Information	View or Edit the client's Client Information information
Emergency Contacts	View or Edit the client's Emergency Contacts information
LA HAP Elig Info	View or Edit the client's LA HAP Elig Info information

### **PERSONAL INFO**

Personal In	fo
First Name:	person
Middle Name:	
Last Name:	test
Preferred Language:	
Gender:	Female
Date of Birth:	3/2/1984
DOB Estimated?:	
Sex At Birth:	Female
URN:	PRTS0302842U
Encrypted URN:	Hgu8aigWU
Encrypted UCI:	10D6A7C556FFEC6515DB572E7BE99DC1B981A61DU
Client ID:	
LastService:	8/14/2020
Last Poverty Level:	08/17/2019

Note: The Personal Info section includes the date of Last Service and Last Poverty Level.

### CHANGE URN

Find Client > Search Results > Demographics > Change URN	
Save Cancel	
Change URN	Note: T
New URN: PRTS0302842U	

### Note: The Change URN section allows the URN to be edited if needed

### **CONTACT INFORMATION**

Contact Informati	on
Address:	1263 Street Dr
City:	Townville
State:	Louisiana
County:	Orleans 2
Zip Code:	12345
Phone:	123-456-7890
Phone Type:	2
Include in mailing label reports?:	
Mailing Address:	
Mailing City:	
Mailing State:	2
Mailing Zip Code:	
Alt. Phone 1:	
Phone Type (Alt. Phone 1):	2
Alt. Phone 3 Phone Type (Alt. Phone 2	

### RACE/ETHNICITY

Race/Ethnicity	
Asian:	
Asian Indian:	
Asian Chinese:	
Asian Filipino:	
Asian Japanese:	
Asian Korean:	
Asian Vietnamese:	
Asian Other:	
Black or African American:	
American Indian or Alaska Native:	
Other:	
Native Hawaiian or Other Pacific Islander:	
White:	
Hispanic or Latino:	No

Select the race and ethnicity the client identifies as Multiple selections are allowed. Any clients who identify as Asian, Native Hawaiian or Pacific Islander, or Hispanic, will need to be select a subgroup as well.

### **HIV RISK FACTORS**

Case Closed Date:

Date of Death:

ind Client > Search Results > Demographics > HIV Risk Factors	
Save Cancel	
HIV Risk Factors	
Male to Male sexual contact (MSM):	
Injection Drug Use (IDU):	
Heterosexual Contact:	
Perinatal Transmission:	
Hemophilia/Coagulation Disorder:	2
Receipt of transfusion of blood, blood components, or tissue:	
Not Reported or Not Identified:	
VITAL ENROLLMENT STATUS	
Find Client > Search Results > Demographics > Vital Enrollment Status	
Save Cancel	
Vital Enrollment Status	
Enrollment Status: Referred or Discharged	
Enrollment Date: 3/15/2014	
Latest Eligibility Status: Ryan White Eligible	
Vital Status: Alive	

Check all the boxes that apply for HIV Risk Factors (modes of HIV transmission to the client.) These entries may be based on client selfreport and/or the case manager's professional assessment.

Select the appropriate Enrollment Status from the drop down menu. This field is agency-specific.

For example, a client may have an Enrollment Status of "Relocated" at Crescent Care but "Active" at Southwest Louisiana AIDS Council.

### ELIGIBILITY

### **01** Click Add

Find C	lient >	Search	Results	> Demog	raphics >	Eligibility		
View	Add	Edit	Delete	Back	Print or E	Export		
_	Eligibility History							
Search: Date		le	Eliaibla	Funding	Fource	Duan V	/hite Funded	Co
03/02/2	016	Ye	-	Part B_bf		Ryan v	Yes	CO
03/02/2	016	N	0	CAPUS				

- **02** Complete the fields below and click **SAVE** 
  - Eligibility Date
  - Is Eligible?
  - Funding Source
  - Current Review Type
  - Next 6 Mos Review Due Date
  - Appointment Date if Applicable
  - Staff or Provider Name
  - Comment

Note: Current Review Type, Next 6 Mos Review Due Date, Appointment Date if Applicable and Staff or Provider Name are new fields and should be completed for each eligibility record.

Save cancel	
Add	
Eligbility Date:	9/10/2020
Is Eligible:	2
Funding Source:	2
Current Review Type:	¥
Next 6 Mos Review Due Date:	
Appointment date if applicable:	
Staff or Provider Name:	
Comment:	

A new record needs to be added for each Funding Source the client is eligible for.

Eligibility Records should be added:

- At the time of Enrollment
- At the time of Disenrollment
- Every 6 months when a client is actively enrolled

### **HIV STATUS**

HIV Sta	HIV Status		
HIV Status:	HIV-positive (AIDS status unknown)		
HIV+ Date:	2/2/2012		
Estimated?:			
AIDS Date:			
Estimated?:			

### **COMMON NOTES**

Common Notes are available to any agency that serves the client.

When you change information in one of the client's shared fields (e.g. address), put a notification in this box. Example: "12/1/2011 OT @ Agency: Updated address"

Common	Notes
Common Notes:	8/12/2020 RP @SHHP Case Notes are seen across domains. 12/1/15 MW @ SHP: merged duplicate client record
	10/15/15 JS @ CARES: updated client address and emergency contacts
	9/1/15 MW @ SHP: updated client address. Client moved to Lafayette.

### **PROVIDER NOTES**

The Provider Notes field can be used to collect additional information about the client. The information in this field is only available to the agency entering the data.

Provider	Notes	
Provider Notes:	8/12/2020 RP: These notes are only seen at your agency.	

### **CLIENT INFORMATION**

<b>Client Information</b>	
Other Case Management Program:	
Case Management Program:	
Case Manager Assigned: Part A:	
Case Manager Assigned: Part C:	
Case Manager Assigned: Part B:	
Case Manager Assigned: Part D:	
Case Manager Assigned: Housing:	
SSN:	
Primary Language:	
Secondary Language:	
Non-logo mailing only:	
Veteran:	
Client Consent to Share:	
Attachments:	0 Attachments (Access in view mode only)

### **EMERGENCY CONTACTS**

### Emergency Contacts

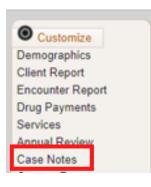
EmergContact1 Name:	
EmergContact1 Relationship:	
EmergContact1 Address1:	
EmergContact1 Address2:	
EmergContact1 City:	
EmergContact1 State:	
EmergContact1 Zip Code:	
EmergContact1 Phone:	
EmergContact1 Cell:	
EmergContact1 Email:	
EmergContact1 Comments:	

### LAHAP ELIG INFO

LA HAP Elig Info	
Date Ramsell Data Generated:	
Member ID_Ramsell:	
Most Recent LA HAP Enrollment Status:	
Most Recent LA HAP Group:	
Most Recent LA HAP Plan:	
Most Recent LA HAP Eligibility Start Date:	
Most Recent LA HAP Eligibility End Date:	
Most Recent LA HAP Plan Start Date:	
Most Recent LA HAP Plan End Date:	
Most Recent LA HAP Priv Ins Status:	
Most Recent LA HAP Priv Ins Type:	
Most Recent LA HAP Medicare Status:	
Most Recent LA HAP Application First Received Date:	
Most Recent LA HAP Application Completed Date:	

### CASE NOTES

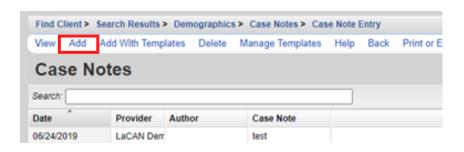
**01** Select **Case Notes** from the main menu.



### **02** Select Case Note Entry.



### **03** Select Add.



**04** Enter the Case Note date, Author, and case note text and click **Save**.

Save Back		
Date:	9/10/2020	
Add Service:		
Author:	test1, test2	<b>Note:</b> If you want to add a
Case Note:	Enter your text here.	service associated with the note, select <b>Add Service</b> .

### CASE NOTES TEMPLATE

**01** Click Add With Templates.

Find Client >	Search Results >	Demographic	s > Case Notes > Cas	e Note I	Entry	
View Add	Add With Temp	lates Delete	Manage Templates	Help	Back	Print or 8
Case N Search:	lotes					
Date	Provider	Author	Case Note			
06/24/2019	LaCAN Dem		test			

**02** Check the box next to the template you would like to use and click **Continue Add With Templates.** 

Case Note Template Manager				
Search:			כ	
Select	Name	Text		
	template 4	Name: Date: Case manager; Observations:		

**03** Enter the Date of the Service, Author, and complete the Case Note in the format you have selected and click **Save**.

Save Apply t	emplate 4 Back			
Continue Add With Templates				
Date:	9/10/2020			
Add Service:				
Author:				
Case Note:	Name :			
	Date:			

### ADDING A NEW TEMPLATE

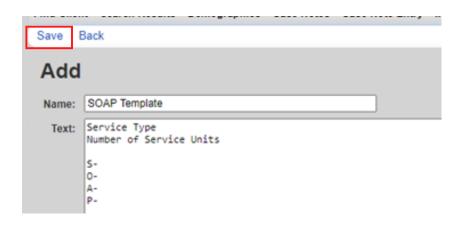
### **01** Click Manage Templates.

View Add	Add With Templ	ates Delete	Manage Templates	Help	Back	Print or
Case N	otes					
Search:						
Search: Date	Provider	Author	Case Note			
	Provider LaCAN Derr	Author	Case Note test			

### **02** Click Add.

View Add Delete Back Print or Export							
Case Note Template Manager							
Search:							
Name	Text						
template 4	Name: Date: Case manager; Observations:						
test templa	Date:						

**03** Create a name for your Template, type out template format you would like to use and click **Save**.





**01** Click **Services** from the Menu of Links.



**02** The Services screen will now be displayed. Click Add.

Find Client >	Search Results > Dem	ographics > Service	15						
View Add	elete Receipts H	Help Print or Expo	ort						
Service	s								
Search:									
Date	Subservice	Contract	Units	Price	Total	Amount Received	Provider	Staff or P	R
02/07/2020	Health Models Disc	CAPUS Health Mod	1	\$0.00	\$0.00	\$0.00	LaCAN Derr		
10/11/2019	Non-MCM: Other St	LaCAN Part B Dem	1	\$0.00	\$0.00	\$0.00	LaCAN Derr		

**03** Select Service Name from the Subservice drop-down list, previously setup in CAREWare for each funded provider. Select the desired service and click **Next**.

Next Back	
Add	
Client:	person test
Date:	1/14/2020
Service Name:	Non-MCM: Social Work face-to-face

**04** Enter the Contract for this service, and any other necessary information, such as Units, Price, total and any fields required for the service. Once complete, click **Save**.

Save Back	
Next	
Client:	person test
Date:	1/14/2020
Service Name:	Non-MCM: Social Work face-to-face
Contract:	LaCAN Part B Demo 19-20
Units:	1
Price:	0.00 S

### **EDITING A SERVICE**

**01** To edit a previously entered service, click on the service you would like to edit and click **View**.

Find Client >	Search Results > Demo	ographics > Service	15				
View Add	Delete Receipts H	telp Print or Expo	ort				
Service	s						
Search:							
Date	Subservice	Contract	Units	Price	Total	Amount Received	Provide
02/07/2020	Health Models Discl	CAPUS Health Mod	1	\$0.00	\$0.00	\$0.00	LaCAN
		LaCAN Part B Dem		\$0.00	\$0.00	\$0.00	LaCAN

**02** Click **Edit**, make any edits you need to, then click **Save**.

Find Client > Search Res	ults > Demographics > Services > View
Edit Receipts Back	
View	
Provider:	LaCAN Demo
Date:	10/11/2019
Service Name:	Non-MCM: Other Staff non-face-to-face
Contract:	LaCAN Part B Demo 19-20
Units:	1
Price:	0.00 \$
Total:	0.00 \$
Staff or Provider Name:	

# RAPID SERVICE ENTRY

### **01** Select Rapid Entry from the Main Menu



### 02 Select Service Rapid Entry

#### **03** Click View Service List

Rapid Entry > S	ervice Rapid Entry	
Edit View Ser	vice List Back	
Service	Rapid Entry	
Contains last:	1	
:	Calendar Months	
As Of:	8/14/2020	

**04** Search for the client you are entering the service for and click **New Service for Selected Client** 

Rapid Entry >	Service Rapid Entr	v > Services						
Choose A Clien	t New Service F	For Chosen Client	New Service For S	elected Client	Edit	Delete E	Back	Print
Services	s							
Search: test				]				
Date	Date	Last Name	First Name	Middle Nam	е	Service		Unit
09/30/2019	09/30/2019	Appleseed	Johnny			Case Manag	ement.	1
09/30/2019	09/30/2019	Charming	Henry			Case Manag	ement.	1
09/30/2019	09/30/2019	test	test3			Case Manag	ement.	1
09/20/2019	09/20/2019	test	person			CAPUS 15 M	Vinute E	2
09/20/2019	09/20/2019	test	person			CAPUS Ince	entive	1
09/05/2019	09/05/2019	test	person			CAPUS 15 M	Vinute E	1
09/05/2019	09/05/2019	test	person			CAPUS Ince	entive	1
09/05/2019	09/05/2019	test	person			CAPUS 15 M	Vinute E	1
09/05/2019	09/05/2019	test	person			CAPUS Ince	entive	1

**05** Enter the Date of service and the Service Name then click **Next**.

Rapid Entry > Serv	vice Rapid Entry > Services > Add Service
New Ser	vice For Selected Client
Client:	person test
Date:	2/2/2020
Service Name:	1 Transportation Dollar Issued

**06** Enter the Contract for this service, and any other necessary information, such as Units, Price, Total and any fields required for the service. Once complete, click **Save**.

# ANNUAL REVIEW

Annually, CAREWare users are required to review and update two annual review fields and one screening for all RWHAP eligible clients. These fields are:

- Housing Arrangement (found within the Annual Screenings tab)
- Insurance Assessments
- Poverty Level Assessments

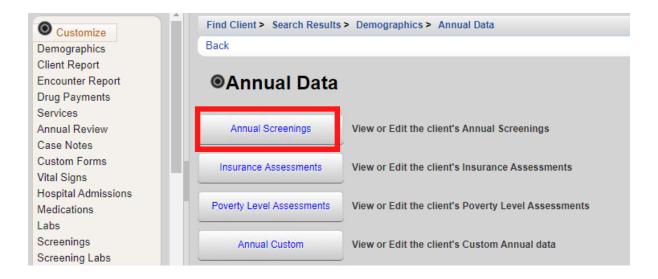
These three fields are RSR-required data elements for clients that received ANY service in the reporting year.

There are also three additional annual screenings (as of the 2019 RSR, these screenings are no longer RSR-required data elements):

- HIV Risk Reduction Counseling
- Mental Health
- Substance Abuse

### **ANNUAL SCREENINGS**

**01** Select **Annual Review** from the menu on the left side of the screen. Then Select **Annual Screenings**.



#### **02** On the next page, click Add.

Find Client >	Search Results > Demographics > Anno	ual Data > Annual Screening	js		
View Add	Edit Delete Bring Forward Back	Help Print or Export			
Annual	Screenings				
Date	Туре	Result	Counsele		
08/17/2020	HIV Risk Reduction Counseling	Yes	Case mgr/		
08/17/2020	HIV Primary Care	Private practice			
	Housing Arrangement	Stable/Permanent	Stable/Permanent		
08/17/2020					
08/17/2020 08/17/2020	Mental Health	Not medically indicat	t		

**03** Enter Date and select Type, Result, and Counseled By (if applicable) from the drop-down lists. Once all information is entered, click **Save**.

Save Cancel	
Date:	9/10/2020
Type:	Housing Arrangement
Result:	Stable/Permanent
Counseled By:	

The following Types are available in the drop-down list. Refer to the guidance below regarding the Result field:

- HIV Risk Reduction Counseling If the counseling has been provided, select the appropriate authorized counselor who performed it.
- Housing Arrangement Please refer to HRSA guidelines to determine the difference between stable/permanent, temporary, and unstable.
- Mental Health Select Yes, No, or Not Medically Indicated, if applicable.
- Substance Abuse Select Yes, No, or Not Medically Indicated, if applicable.
- HIV Primary Care Enter the location where the client receives their primary HIV medical care.

### **INSURANCE ASSESSMENTS**

**01** Select **Annual Review** from the menu on the left side of the screen. Then Select **Insurance Assessments**.

O Customize	Find Client > Search Results	> Demographics > Annual Data
Demographics	Back	
Client Report Encounter Report Drug Payments	Annual Data	_
Annual Review	Annual Screenings	/iew or Edit the client's Annual Screenings
Custom Forms Vital Signs	Insurance Assessments	View or Edit the client's Insurance Assessments
Hospital Admissions Medications	Poverty Level Assessments	View or Edit the client's Poverty Level Assessments
Labs Screenings Screening Labs	Annual Custom	View or Edit the client's Custom Annual data

#### **02** On the next page, click Add.

Viev Add	E lit Delete E	Bring Forward	Back	Help	Print or Export			
Insurar	nce Asses	sments						
Search:								
Date	Primary Insura	ance	Seco	ndary I	nsurance		High Risk Insura	nc
09/10/2020	Private - Individ	dual						

- **03** Enter Insurance Assessment Date, then select the client's Primary Insurance from the drop-down list. Once the value is selected from the drop-down list for primary insurance, the value will automatically be checked in the list below.
- **04** Select secondary insurance/other insurance using the checkboxes, as applicable. Click **Save**.

Find Client > Search Results > D	emographics > Annual Data > Insurance Assessments > Add
Save Cancel	
Add	
Insurance Assessment Date:	3/6/2019
Primary Insurance:	Medicaid 🛃
Private Individual:	
Private Employer:	
Medicare Part A/B:	
Medicare Part D:	
Full LIS:	
Medicare (Part unspecified):	
Medicaid:	8
VA, Other Military:	
IHS:	
Other Public:	
Other:	
Other Insurance Specify:	
High Risk Insurance Pool:	
Insurer:	
-	

### **POVERTY LEVEL ASSESSMENTS**

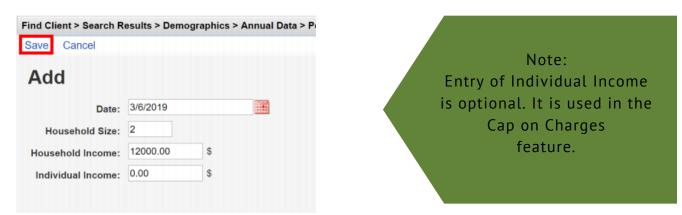
**01** Select **Annual Review** from the menu on the left side of the screen. Then Select **Poverty Level Assessments**.

O Customize	Find Client > Search Results	> Demographics > Annual Data
Demographics	Back	
Client Report Encounter Report Drug Payments Services	●Annual Data	
Annual Review	Annual Screenings	View or Edit the client's Annual Screenings
Case Notes Custom Forms Vital Signs	Insurance Assessments	View or Edit the client's Insurance Assessments
Hospital Admissions Medications Labs	Poverty Level Assessments	View or Edit the client's Poverty Level Assessments
Screenings Screening Labs	Annual Custom	View or I dit the client's Custom Annual data

**02** On the next page, click Add.

Find Client > Sea	rch Results >	<u>Demographi</u>	<u>cs</u> > Annual Dat	a > Poverty Level As	ssessments
View Add Lic	lit Delete	Bring Forwar	d Back Hel	Print or Export	
Poverty I	_ever A	ssessn	ients		
Search:			Household Incor	ne Individual Incol	me Federal Poverty Le

### **03** Enter Date, Household Size, and Household Income. Click **Save**.



### **BRING FORWARD**

If the Household income and size are staying the same at the time of your recertification, you can bring that information forward in a new record.

### **01** Select **Bring Forward**

	dit Delete Bring For	ward Back Help	Print or Export	
Povertv	Level Assess	sments		
Search:				
Search.				
Date	Household Size	Household Income	Individual Income	Federal Poverty Le
08/17/2019	1	\$13,000	\$13,000	104%
	1 6	\$13,000 \$34,000	\$13,000 \$0	104% 101%
08/17/2019 01/31/2018 01/12/2016	1 6 1			

### **02** Select the date you are recertifying and click **Save**.



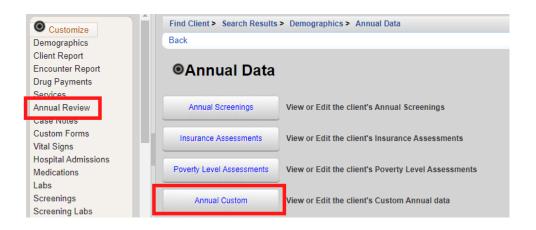
A new record with the Bring Forward date will be created.

Find C	Find Client > Search Results > Demographics > Annual Data > Poverty Level Assessments							
View	View Add Edit Delete Bring Forward Back Help Print or Export							
Ρο	Poverty Level Assessments							
Search:								
Date	^		House	ehold Size	Household	Income	Individual Income	Federal Po
08/17/2	020		1		\$13,000		\$13,000	102%

### ANNUAL CUSTOM

These fields should be completed at the same time as those on the Annual screen. Fields with "NOLA" in them are not required for agencies not funded by New Orleans Part A.

**01** Select Annual Review from the menu on the left side of the screen. Then Select Annual Custom



### On the next page, click Add.

View A	Add Edit Back H	lelp Print or Export				
Ann	ual Custom					
Search:						
Year	Education Level	Employment Status	Annual Marital Status	Instructions for Enterin	Primary Income Source	Pr
2019				http://new.dhh.louisiana.g		
2018				http://new.dhh.louisiana.g		
2017				http://new.dhh.louisiana.g		
2016				http://new.dhh.louisiana.g		
2015				http://new.dhh.louisiana.g		
2014				http://new.dhh.louisiana.g		
2020	High School/GED	Part time	Married shouse absent	http://new.dhh.louisiana.c	Wages or Salary	м

### Complete the fields, then click **Save**.

Save Cancel	
Add	
Year:	2020
Education Level:	High school graduate
Employment Status:	Unemployed
Annual Marital Status:	Married, spouse absent
Instructions for Entering Custom Annual Data:	http://new.dhh.louisiana.gov/index.cfm/page/1147
Primary Income Source:	Wages or Salary
Primary Care Source:	Dr. Hemmingcourt
Number of children in HH:	0
Number of HIV+ children in HH:	0
Has client been incarcerated?:	NO
ADAP Card Date Received by Agency:	
Date entered PMC in current year:	
Part A NOLA Enrollment Status:	<u>*</u>

# M E D I C A T I O N

### **01** From the Demographics screen, select **Medications** from the Menu of Links.

Customize	Find Client > Search Results > Demographics						
Demographics	Delete Client Back	Delete Client Back					
Client Report							
Encounter Report	Operation Series Ser						
Drug Payments							
Services							
Annual Review	Personal Info Client ID: Name: tes	t, person Gender: Female DOB: 03/02/1984					
Case Notes							
Custom Forms	Change URN PRTS0302842U						
Vital Signs							
Hospital Admissions Medications	Contact Information 1263 Street Dr Townville, LA 12345						

### **02** Select Allergies and ART.

Back	
	ications
Allergies and ART	ART First Prescribed: 04/25/2018Pre-ART reason: Client refused therapyNo medication allergies recorded
All (Start, Stop, Change)	3 medication records entered
Current Medications	tenofovir (08/21/2020), abacavir (04/25/2018), abacavir (04/25/2018)
Past Medications	No past medications

### **03** Select **Edit** to enter allergies and ART information

Edit	Back	
Alle	ergies an	d ART
	Allergies:	
		405/0040
ARTP	rescribed Date:	4/25/2018
Pi	e-ART Reason:	Client refused therapy

**04** After making the desired edits, click **Save** and then **Back** (see previous screenshot) to return to the Client Medications screen.

The second se	0
Find Client > Search Res	ults > Demographics > Client Medications > Allergies and ART > Edit
Save Cancel	
Allergies an	d ART
Allergies:	
ART Prescribed Date:	4/25/2018
Pre-ART Reason:	Client refused therapy
	Client not ready (as determined by clinician)
	Client refused therapy
	Other extenuating circumstances (e.g. inadequate insurance, ability to pay)
	Treatment not medically indicated per guidelines

**05** From the Client Medications screen, select All (Start Stop, Change).

Back	and - Somegraphice - Short medications
© <u>Client Med</u>	ications
Allergies and ART	ART First Prescribed: 04/25/2018Pre-ART reason: Client refused therapyNo medication allergies recorded
All (Start, Stop, Change)	3 medication records entered
Current Medications	tenofovir (08/21/2020), abacavir (04/25/2018), abacavir (04/25/2018)
Past Medications	No past medications

**06** Select **Start** to enter a new client medication.

View Start Start	tart Regimen S	top Delete	Back Print	or Export		
All (Start, Stop, Change)						
Search:						
Medication Name	Abbreviation	Form	Units	Strength (mg)	De	
tenofovir	TDF		23	300	69	
abacavir	ABC	Solution	1	90	90	
abacavir	ABC	Solution	1	90	90	

- **07** Enter the following information (as applicable):
  - Start Date
  - Medication Name enter the first few letters of the medication to filter results
  - Units number of days of the prescription, (30-day or 90-day)
  - Form type, capsule, tablet, etc. (optional)
  - Strength in milligrams •
  - Frequency once a day, twice a day, etc.
  - Indication reason the medication is prescribed. The default indication is ART (Anti-retroviral Therapy)
  - OI opportunistic infection (as applicable)
  - Comment optional
  - Instructions optional

Save Back	
Start	
Start Date:	
Medication Name:	
Units:	
Form:	
Strength:	mg
Frequency:	
Med ICD10:	
Indication:	
OI:	
Comment:	
Instructions:	

# L A B S

**01** From the Demographics screen, select **Labs** from the Menu of Links. On the Labs screen, click **Add**.

Demographics Client Report	View Add	Delete HL7 Sou	rce Help Print or	Export		
Encounter Report	Labs					
Drug Payments	Search:	Search				
Services					-	
Annual Review	Date	Test Name	Test Operator	Test Result	Assay	Pro
Case Notes	08/07/2017	CD4 Count	=	500 (cells/mm <sup>3</sup> )		La
Custom Forms						
Vital Signs						
Hospital Admissions						
Medications						
Labs						
Screenings						
Screening Labs						
ocreening Lubb						

**02** Enter the following information (as applicable) and then click **Save**.

- Date
- Lab
- Test Operator
- Test Result
- Assay
- Comment

Save Back	
Add	
Date:	9/10/2020
Lab:	±
Test Operator:	= 🛃
Test Result:	
Assay:	±
Comment:	

# S C R E E N I N G S

**01** From the Demographics screen, select Screenings from the Menu of Links. On the Screenings screen, click Add.

Demographics Client Report					
Encounter Report	Screen	ings			
Drug Payments	Search:				
Services	Search.				
Annual Review	Test Date	Test Definition Name	Qualitative Result	Action/Treatment	Test Score
Case Notes	08/24/2020	Chlamydia DNA Probe w/Rflx	Negative		
Custom Forms					
Vital Signs					
Hospital Admissions					
Medications					
labs					
Screenings					
Screening Labs					

- **02** Enter the following information (as applicable) and then click **Save**.
  - Test Date
  - Test Definition, (TST TB skin test)
  - Result
  - Action
  - Test Score
  - Test Comments

Save Fack	
Add	
Test Date:	9/10/2020
Test Definition:	
Result:	±
Action:	±
Test Score:	
Test Comments:	

# SCREENING LABS

**01** From the Demographics screen, select Screenings from the Menu of Links. On the Screening Labs screen, click **Add**.

Demographics Client Report Encounter Report		Delete HL7 Source Print	or Export		
Drug Payments Services	Search:				
Annual Review	Test Date	Test Definition Name	Qualitative Result	Treatment	Titer
Case Notes	08/24/2020	(82607) Vitamin B-12	Negative	No	
Custom Forms					
Vital Signs					
Hospital Admissions					
Medications					
abs					
Screenings					
Screening Labs					

- **02** Enter the following information (as applicable) and then click **Save**.
  - •Test Date
  - •Test Definition
  - •Result
  - •Treatment
  - •Titer 1
  - •Test Comments

Save Back	
Add	
Test Date:	9/10/2020
Test Definition:	
Result:	±
Treatment:	±
Titer 1:	
Test Comments:	

# **CUSTOM SUBFORMS**

Any Custom Subforms that were in used in CAREWare 5 will be in CAREWare The process of adding or editing a record on a Custom Subform will be the same regardless of which Custom Subform you are using.

Counseling and lesting						
Pregnancy History	Find Client > Search Re	Find Client > Search Results > Demographics				
Orders	Delete Client Back	Delete Client Back				
HOPWA (Household Beneficiaries)						
SHP Corrections - RETIRED TAB	Oemograp	hics				
SPNS Videoconf Assessment Form	Personal Info	Client ID: Name: test, person Gender: Femal				
SPNS Videoconf Personal Needs Tool						
SPNS Videoconf Intake Follow Up Form	Change URN	PRT\$0302842U				
LPCC Videoconf Assessment	Contact Information	1263 Street Dr Townville, LA 12345				
LPCC Videoconf Personal Needs Tool	Race/Ethnicity					
LPCC Videoconf Intake Follow Up Form						
A 1	THE REPORT OF TH	11				

# ADDING A SUBFORM

**01** From the Demographics screen, select the subform you would like to use from the Menu of Links.

02 Click Add.



**03** Complete the fields for the subform and click **Save**.

Save Back	
Add	
Entry Date:	
Name:	
HOPWA Date of Birth:	
HOPWA Gender:	<b>T</b>
Race:	¥
Hispanic:	
Beneficiary is HIV Positive:	
Most Recent HOPWA Year Beneficiary Valid For:	¥

# EDITING A SUBFORM

- **01** From the Demographics screen, select the subform you would like to use from the Menu of Links.
- **02** Click to highlight the subform record you would like to edit and Click View.

<u>View</u> Add	Delete Print or Ex	port		
Save				
Search:				]
Entry Date	Name	HOPWA Gender	Race	HOPWA Date of Birth
08/04/2019	Test Daughter	Female	Multi-Racial	04/04/2004

**03** Make any changes you wish to make and click **Edit**.

8/4/2019
Test Daughter
4/4/2004
Female
Multi-Racial
19-20

# **REPORTS**

# **FINANCIAL REPORT**

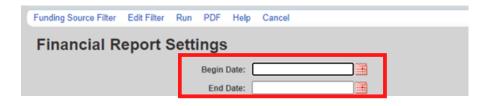
**01** Select **Reports** from the main menu.



#### **02** Select Financial Report from the Reports Menu.



#### **03** Select your Date Span.



# 04 Click Funding Source Filter.

Funding Source Filter Edit Filter Run PDF Help	Cancel				
Financial Report Settings					
Begin Date: End Date:					
Funding Sources:	No Funding Source Filter Applied.				
Include Subservice Detail?:					
Include Provider Information?:					
Pull Amount Received from receipts in the date span?:					
Apply Filter:					

**05** Select your funding source(s) and click **Save**.

nding	g Source Filter	
part B		
lect	Funding Source	
	MAI - Part B	
)	Part A - BR TGA	
	Part B_bf60	
	Part B_COVID	
-	Part F. Part B MAI	

Note: The Funding Source list will only display up to 20 funding sources per page. If you do not see the source you are looking for, try using the search box to find the funding source.

- **06** Check any boxes that apply;
  - Include Subservice Detail?
  - Include Provider Information?
  - Pull amount Received from receipts in the Date Span?
  - Apply Filter

#### 07 Click Run.

Funding Source Filter Edit Filter Run DF Help	Cancel			
Financial Report Settings				
Begin Date:	9/1/2019			
End Date:	9/1/2020			
Funding Sources:	Part 8_bf60			
Include Subservice Detail?:				
Include Provider Information ?:				
Pull Amount Received from receipts in the date span?:				
Apply Filter:				



### Your financial report will display like this:

Sunday, September 1, 2019 through Tuesday, September 1, 2020					
Report Criteria:					
Providers:	LaCAN Demo				
Funding Sources:	Part 8_bf60				
Group By Providers:	False				
Include Subservice Detail:	True				
Receipts In Period:	False				
LaCAN Demo					
Assessments		Clients:	Units:	Total:	Amount Received:
Case Management Acuity Sca	íe .	3	3	\$0.00	\$0.00
AssessmentsTotals:		3	3	\$0.00	\$0.00
Case Management (non-med	fical)	Clients:	Units:	Total:	Amount Received:
Non-MCM: Other Staff non-face-to-face		1	1	\$0.00	50.00

#### Financial Report

### **09** To view as PDF: Click **PDF**.

Funding Source Filter Edit Filter Run PDF Help	Cancel					
Financial Report Settings	Financial Report Settings					
Begin Date:	9/1/2019					
End Date:	9/1/2020					
Funding Sources:	Part 8_bf60					
Include Subservice Detail?:						
Include Provider Information?:						
Pull Amount Received from receipts in the date span?:	•					
Apply Filter:	0					



# The report will then display as a PDF file.

#### **Financial Report**

Sunday, September 1, 2019 through Tuesday, September 1, 2020

Report Criteria:						
Providers:	LaCAN Demo					
Funding Sources:	Part B_bf60					
Group By Providers:	False					
Include Subservice Detail:	True					
Receipts In Period:	False					
LaCAN Dem o						
Assessments		Clients:	Units:	Total:	Amount Received:	Not Received:
Case Management Acuity Scale		3	3	\$0.00	\$0.00	\$0.00
AssessmentsTotals:		3	3	\$0.00	\$0.00	\$0.00
Case Management (non-medica	al)	Clients:	Units:	Total:	Amount Received:	Not Received:
Non-MCM: Other Staff non-face-to-f	ace	1	1	\$0.00	\$0.00	\$0.00
Non-MCM: Social Work face-to-face		1	1	\$0.00	\$0.00	\$0.00
Case Management (non-medical)Totals:		2	2	\$0.00	\$0.00	\$0.00
Food Bank/Home-delivered Meals		Clients-	Units	Total	Amount Received	Not Received:

# **CREATING CUSTOM REPORTS**

- **01** Select **Reports** from the Main Menu.
- **02** Select **Custom Reports** from the link menu.

CAREWare Reports				
HRSA Reports	RSR and ADR			
Custom Reports	Run or manage custom reports			
Performance Measures	Run or Manage Performance Measures			
Client Data Reports	Run reports on client information			
Financial Report	Setup and run the financial report			
Administrative Reports	Administrative reports and options			
Permission Reports	Run and search permissons held by a user at a point in			

## **03** Select Manage/Run Custom Reports from the link menu.



#### **04** Select Add.

CAREWare Reports > 0	usion Reports -	manage Run Cust	on Reports	
Manage Run Add	Delete Make Re	ead Only Back	Help Print or Exp	ort
Manage/Rur	1 Custom	Reports		
Search:				
Name	CrossTab	Report Type	Report Type	Description
Death dates		01	Demographics	dates of death
First Medical Service		01	Demographics	1st srvc
First Medical Service			Demographics	add em up
Sum of Services		01	Demographics	auu eni up
		01	Demographics	add eni up

**05** Enter in the following information (as applicable) and click **Save**.

- •Report Name
- •Report Type
- Is Crosstab (checkbox)
- •Description (optional)
- •Use Totals (checkbox will automatically sum total fields in the report)
- •Header/Footer Format (optional)

CAREWare Repo	rts > Custom Reports > Manage Run Custom Reports > Add
Save Back	
Add	
	Setup Details
Report Name:	Clients by Race and Gender
Report Type:	Demographics
Is Crosstab:	
Description:	
Use Totals:	8
	Header/Footer Format
Font Name:	Arial

**06** After clicking save, you will be on the custom report's menu. Select **Field Selection**.



### **07** Select Add.

CAREWare	Report	s > Custon	n Reports	> Manage Run	Custom R	eports >	Clients by Rac	e and Gender >	Field Selection
Manage	Add	Move Up	Move Do	own Delete	Template	s Back	Print or Exp	ort	
Field	Field Selection								
Search:									
Field Name		Column He	ader C	Column Width (in	) Totals		Sort	Sort Pric	ority Status

**()8** Use the Search box to find the fields to display in the report. In this example, "Name" was entered. Since the complete client name is desired for the report, the Name field has been selected. Click **Use Field**.

CAREWare Reports > Custon Use Field Back Print or E		e Run Custom Reports > Clients	by Race and Gender > Field Selection > Add
Report Fields			
Search: Name			
Field Name	Keywords	Previous Field Name	Description
Medications by indication	Demographics	Client Meds By Ind.	Returns full medication name for selected indication
Current Regimen	Demographics	Current Regimen	Returns a list of ARV medications in a current regimen
First Name	Demographics	First Name	
Last Name	Demographics	Last Name	
Last Service In Contract	Demographics	Last Service In Contract	Returns name of service category
Middle Name	Demographics	Middle Name	
Name	Demographics	Name	
Physician name	Demographics	Phys. Name	
Preferred Name (Cin. Custom)		Preferred Name (Cin. Custom)	Culturally Sensitive Name requested by the client

**09** You will now be on the Use Field menu. Enter in the following information (as applicable) and click Save.

- Column Header
- Sort
- Sort Priority
- Header Column Format
- Data Column Format

Reports > Manage Run Cust	om Reports > Clients by Race and Gender > Field Selection > Add > Use Field
Name	
Name	
Ascending	1
1	
Header Column Format	1
1.44	inches
Arial	±
8	
8	
Black	
Data Column Format	
Arial	±
8	
8	
Black	
Left	ŧ
	Name Name Name Name Ascending 1 Header Column Format 1.44 Arial Black Data Column Format Arial Black Black Black

10 After clicking save, you will be on the selected field's menu. Return to the Field Selection menu by clicking Field Selection within the breadcrumb trail. Repeat steps 8 through 10 to add additional Report Field selections (such as Race/Ethnicity and Gender).



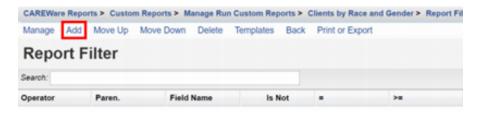
To Return to the custom report's menu, click the name of the custom report in the breadcrumb trail (in this example, "Clients by Race and Gender") or click **Back** from the Field Selection menu.

Manage Add	Move Up Move	Down Delete To	emplates Bac	k Print or Expo	rt	
Field Selection						
Search:						
Presenter Present						
Field Mana	Colores Handar	Column HEath (a)	Tetele	Burt	Reat Palasita	Product .
Field Name	Column Header	Column Width (in)	Totals	Sort	Sort Priority	Status
Field Name	Column Header Name	Column Width (in)	Totals Group By	Sort	Sort Priority	Status Complete
				Sort		

# 11 Click Report Filter.



#### 12 Click Add.



**13** Enter "Gender" in the Search box to limit available Field Names. Chose the appropriate Field Name and select **Use Field**.

	Custom Reports > Manag	e Run Custom Reports > Cli	ents by Race and Gender > Report Filter > Add		
Report Field	ls				
Search: Gender	Keywords	Previous Field Name	Description		
ADR Gender ADR Gender					
Gender	Demographics	Gender			

14 Select Female from drop-down box. Click Save.



# **RUNNING A CUSTOM REPORT**

#### **01** Select **Reports** from the Main Menu.



#### **02** Select **Custom Reports** from the link menu.

CAREWare	CAREWare Reports			
HRSA Reports	RSR and ADR			
Custom Reports	Run or manage custom reports			
Performance Measures	Run or Manage Performance Measures			
Client Data Reports	Run reports on client information			
Financial Report	Setup and run the financial report			
Administrative Reports	Administrative reports and options			
Permission Reports	Run and search permissons held by a user at a point in			

#### **03** Select Manage/Run Custom Reports from the link menu.



#### 04 Select Run Report.

- **05** Click **Edit**. Select the following report parameters and click **Save** (will be visible after clicking Edit).
  - Date From
  - Date Through
  - Clinical Review Year (optional typically matches the reporting year)
  - Output Display Download as CSV Open in New Window Open as PDF
  - Show New Client only (check box)
  - Show Clients with Service only (check box will only list clients with services within date span)
  - Show Specifications (check box to list report criteria)
  - Sum Numeric Fields (check box)
  - Domain Sharing Settings (default value)

CAREWare Reports > Custom Reports >	Manage Run Custom Report	ts > Clients by Race and Gender > Run Report
Edit Run Report Back		
Run Report		
	Parameters	
Date From:	3/27/2018	
Date Through:	3/27/2019	
Clinical Review Year:	2019	
Output Display:	Open in New Window	]
Show New Clients only:		
Show Clients with Service only:	8	
Show Specifications:		
Sum Numeric Fields:		
	Domain Sharing Setting	gs
Show Shared Service Records:		

**06** Click **Run Report** and then click **View** [name of report] (in this example, View Clients by Race and Gender).

Report			
	Parameters		
Date From:	1/1/2019	Report generatio	on complete.
Date Through:	12/31/2019		
<b>Clinical Review Year:</b>	2019	View Clients by	Race and C
Output Display:	Open in New Window		
Show New Clients only:			
Clients with Service only:	8		
Show Specifications:			
Sum Numeric Fields:			
	Domain Sharing Settings		
ow Shared Service Records:			
w Shared Clinical Records:			
Custom Subform Records:			
Show Shared Case Notes:			

The report will appear in a new tab within your browser.

# Clients by Race and Gender

Data Scope:	Ryan White AIDS Care and Treatment Clinic
Report Start Date:	01/01/2019
Report End Date:	12/31/2019

Name:	Race/Ethnicity:	Gender:
Adap, Sigourney	Hispanic	Female
Appleseed, Johnny	Hispanic	Male
Appleseed, Martha	Not Specified	Transgender MtF
Badge, Jane	Hispanic	Female
Badland, Abbey	Hispanic	Female
Baker, Clam	Pacific Islander	Male
Brown, Buster	Hispanic	Transgender MtF

# DEMOGRAPHICS

- Vital Status
- Date of Birth
- Race
  - Asian Subgroup
  - Native Hawaiian or Pacific Islander Subgroup
- Ethnicity
  - Hispanic Subgroup
- Sex at Birth
- Gender
- HIV Status
- HIV Risk Factor
- HIV Diagnosis Year

## **ANNUAL REVIEW**

- Poverty Level
- Housing Status
- Insurance

# FOR AGENCIES PROVIDING OUTPATIENT AMBULATORY HEALTH SERVICES

- First Ambulatory Care Date
- Last CD4 Test Results
- Last
- Viral Load Results
- Prescribed ART?
- Screened Syphilis
- Pregnant?

# **NEED CAREWARE HELP?**

# LACAN WEBSITE

For more information about CAREWare 6 or to access Trainings and Resources, visit the LaCAN Website

https://louisianahealthhub.org/careware/

# **HELP DESK**

If you are experiencing issues with CAREWare or need to ask a question please create a ticket with the LaCAN Helpdesk

Create a Helpdesk Ticket

When creating a ticket please be sure to include

- Your Name
- CAREWAre User Name
- Agency
- Phone
- Email
- Web Browser
- Issue Type
- If reporting error, paste the text of the error from CW
- Description of issue or error. Do not include any client PHI or user passwords.