DOHR CAREWare

Users Manual

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# Table of Contents

What is CAREWare? ........................................................................................................ 4

Overview of CAREWare ................................................................................................. 4

How CAREWare Data Will Be Used ............................................................................... 4

Safeguarding Client Confidentiality .................................................................................. 5

Cross-Provider and Provider-Specific Information .......................................................... 5

Installing Software to Access DOHR CAREWare ............................................................ 6

Workstation Requirements to run DOHR CAREWare ...................................................... 6

Step 1: Installing Cisco AnyConnect Client ..................................................................... 6

Step 2: Install Windows XP Patch (if you do not have Windows XP, skip this Step) ......... 7

Logging into DOHR CAREWare ....................................................................................... 8

Step 1: VPN with Cisco AnyConnect .............................................................................. 8

Step 2: Open Internet Explorer and Go To Site ............................................................... 9

Step 3: Log on to CAREWare .......................................................................................... 13

Disconnecting from CAREWare and Cisco ................................................................... 14

Client Data Entry ............................................................................................................ 15

Adding a New Client ........................................................................................................ 15

Client Names .................................................................................................................. 15

Gender .............................................................................................................................. 17

Birth Date ......................................................................................................................... 17

Checking for Duplicate Clients and Duplicate URNs ...................................................... 18

Possible Duplicate .......................................................................................................... 18

Not a Duplicate, but Same URN ..................................................................................... 20

Demographics Tab .......................................................................................................... 21

Finding a Client ................................................................................................................ 24

Deleting a Client .............................................................................................................. 24

Entering and Editing Services ......................................................................................... 25

Client Enrollment for Services ....................................................................................... 25

Entering Services ............................................................................................................. 27

Editing Services ............................................................................................................... 28

Searching for Services .................................................................................................... 29

Annual Reviews .............................................................................................................. 30
Reports
Standard CAREWare Client Report
Other Reports
Financial Report
RDR
Required Fields in DOHR CAREWare
Web Based DOHR Reports and Documents
Accessing the Online System
Web Based 6-Month Review Eligibility Documentation
Finding a Client
Assessing the Authorization for Release of Documents
Entering Client Review Dates
Reviewing Existing Documents
Types of Documents
Certification Forms
Uploading a New Document
Print Review and Document History
Reviews Needed Report:
Report Tab
Log Out
Very Important!
Appendix A
Document List

Acknowledgement: Much of this user manual was extracted from HRSA’s CAREWare Manual and Minnesota’s CAREWare guide.
What is 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).

DOHR CAREWare is a secure, centralized, software application designed to report client-level data from HIV services programs funded through Part A 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.

Denver Office of HIV Resources (DOHR) CAREWare is used to report clients served by providers funded by the Ryan White Part A grant.

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 people in Denver with HIV, and reporting the activities of our providers to the federal government, state legislature, and community members are vital functions of the DOHR.

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 the DOHR and the 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;
- 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 unique identifiers of clients receiving any HIV service funded by DOHR.

The client-level reporting system will allow the DOHR, 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 Denver?
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 to HRSA.
- A client name will only be shared between DOHR-funded providers serving that client. Access to client names by staff of DOHR 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 DOHR, HRSA, or consultants specifically contracted for data analysis.

**IMPORTANT:** If you have questions or need support with CAREWare from DOHR, never email client names! Use the eURN or call. Unless you have a special, secure email system, email is not a secure means of communication.

**Cross-Provider and Provider-Specific Information**

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

<table>
<thead>
<tr>
<th>Cross-Provider:</th>
<th>Demographic data including all patient identifiers (name, date of birth, address), HIV Status, HIV/AIDS Date, and Annual Review information (income, insurance, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider-Specific:</td>
<td>Service Data, Case Notes, Enrollment Date, Closed Date</td>
</tr>
</tbody>
</table>
Installing Software to Access DOHR CAREWare

Workstation Requirements to run DOHR CAREWare

1. Your workstation must have Windows XP, Vista, or 7.
   a. If you have Windows XP, you must have Service Pack 3 installed
2. Your workstation must use Internet Explorer to access CAREWare
3. Your workstation must have Cisco AnyConnect installed

Step 1: Installing Cisco AnyConnect Client

If you are on a computer that has never accessed CAREWare, you may need to install that Cisco AnyConnect program. You will need administrator rights to install this program.

1) Go to: https://ccdvpn.denvergov.org/CCD_VPN
2) Log in using your network logon

   a) Click “Continue” on the unauthorized access statement

   b) Next the following Cisco screen will appear. Be patient and let the automatic installer run.
i) If the installer won’t run or fails then you can click the link that says “Click here” for the manual install. If you do the manual install then you will need to return to this screen and click “retry” in order to finish the installation.

![Installation Screen](image)

![RDP Client Icon](image)

c) If the installation was successful, in the lower right hand of your computer in the task bar there should be an icon that looks like the following:

Step 2: Install Windows XP Patch (if you do not have Windows XP, skip this Step)

Logging into DOHR CAREWare

Step 1: VPN with Cisco AnyConnect

1) Open the Cisco AnyConnect program.
   a) You can either go to Start ➔ All Programs ➔ Cisco ➔ Cisco AnyConnect Secure Mobility Client
   b) Or, in the task bar of your computer click the small Cisco icon

   i) Note: To make it easier to find, I recommend right clicking on this icon and sending a shortcut to your computer’s desktop
   c) Double click the Cisco icon to log into Cisco. Press Connect.

4. Enter your network username and password in order to VPN into the City’s network.
   a. Your user name will either be a number (like below) or alpha characters.

   ![Cisco AnyConnect Screenshot]
5. A warning will pop up. Press Accept.

![Cisco AnyConnect](image)

6. After you press Accept, you will be logged in. There won’t be any notification to indicate this. The pop up screen (in #5 above) will go away and the small Cisco icon in the Windows task bar will have a padlock image over it.

Step 2: Open Internet Explorer and Go To Site

7. Use your Internet Explorer Browser to go to: https://govrds01.gov.dnvr/RDWeb/Pages/en-US/login.aspx

8. You may get a browser that says “There is a problem with the website’s security certificate”. Click “Continue to this website (not recommended)”.
   a. If you got the message above (in step 8) then do the following:
      i. Click on the Certificate Error window box
      ii. Click View Certificates
      iii. Click Install Certificate
iv. On the Certificate Import Wizard, Click **Next**

v. Select **“Place all certificates in the following store”** (#1 in picture below)
   1. Click **Browse** (#2 in picture below)
   2. Find the folder **Trusted Root Certification Authorities** (#3 in picture below)
   3. Click **OK** (#4 in picture below)
   4. Click **Next**

vi. Click **Finish**

vii. You may get the following Security Warning. Click **“Yes”**.

viii. You should not get the Security Certificate warning next time you log in.
9. Log in using the login that you used to use for the Citrix login. Type `gov\username` and then the password in the password box. The “gov\” part is very important.
10. If this is your first log in, you will need to install a certificate before you can open CAREWare. In the browser, click on Certificate Error. Then “View certificates.” On the pop up, click “Install Certificate...” Follow the instructions to install the certificate.

11. Click on the CAREWare icon to launch the application.

12. If this is your first login, you also may get the following screen. Click “Yes” or if you have Windows XP and you click “View Certificate” you may be able to install this certificate and you no longer will get this message.
13. You may have to log in again with your network logon (use gov/username).
   a. This does not happen on every computer. If you have XP and do step 12, it should eliminate the 3rd login (sorry Windows 7 users). Do not forget the “gov/” in the user name.

14. You may also get the message below. Click “Connect”.

Step 3: Log on to CAREWare

1. Now you are logging into the server and launching CAREWare—it may take a few moments. Soon, you should get the familiar CAREWare login screen. Enter your CAREWare login here.
Disconnecting from CAREWare and Cisco

1. When you have completed your CAREWare session, properly disconnect by clicking Exit on the Main CAREWare Menu.

2. Once CAREWare shuts down, you will be back to the Remote Desktop. Click Sign Out.

3. Finally to disconnect from Cisco click on the Cisco image in your task bar and click Disconnect on the form that pops up.
Client Data Entry

Adding a New Client

1. 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.

Please enter this information carefully because you will not be able to change it after you click on Add Client. After you add the client, changes to the name will need to be done by DOHR.

Client Names

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 (e.g. Hanson Perez), capitalize the first letter of each name. Do not capitalize the whole last name.
- Do not use hyphens, accents (e.g., e o), tildes (e.g., n a), or other symbols (e.g., u a ĉ) in the last name.
- Do not use spaces in the last name, except when using suffixes like Jr. or III. Do not use periods after suffixes like Jr. or Sr.
Examples of How to Enter Last Names in CAREWare:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>How to Enter into CAREWARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson</td>
<td>Johnson</td>
</tr>
<tr>
<td>Hanson Perez</td>
<td>HansonPerez</td>
</tr>
<tr>
<td>O’Connor</td>
<td>OConnor</td>
</tr>
<tr>
<td>Smith-Jones</td>
<td>SmithJones</td>
</tr>
<tr>
<td>Peña</td>
<td>Pena</td>
</tr>
<tr>
<td>Peters Jr.</td>
<td>Peters Jr</td>
</tr>
</tbody>
</table>

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. Mary Jo), capitalize the first letter of each name. Do not capitalize the whole first name.
- Do not use hyphens, accents, tildes, or other symbols in the first name.
- Do not use 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 of How to Enter Last Names in CAREWare:

<table>
<thead>
<tr>
<th>First Name</th>
<th>How to Enter into CAREWARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda</td>
<td>Linda</td>
</tr>
<tr>
<td>Mary Jo</td>
<td>MaryJo</td>
</tr>
<tr>
<td>Jimmy-John</td>
<td>JimmyJohn</td>
</tr>
<tr>
<td>Raúl</td>
<td>Raul</td>
</tr>
<tr>
<td>Bill</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.

- Do not use a period following the initial.
- If the client does not have a middle name, enter an “X”.
- If the client’s middle name is unknown, leave it blank.
Gender
Choices are:
- Male
- Female
- Transgender Unknown - Unknown whether transgender client identifies as ‘male to female’ or ‘female to male’
- Refused to Report - Client refused to report their gender
- Unknown - Client’s gender is unknown
- Transgender MtF - Transgender Male to Female
- Transgender FtM - Transgender Female to Male

Note: Only choose Transgender is the client has legally changed from a male to female or vice-versa. If their driver’s license still says male or female then use that information, not what they report themselves to be.

Birth Date
Enter the date of birth as identified by the client in the mm/dd/yyyy format. Use the birth date on their driver’s license, passport, ID card, etc. Do NOT select “estimated date of birth,” unless there is no documentation.

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”
- Provide the client’s best guess for his/her year of birth
- Mark “estimated date of birth”

Only the year of birth is reported to HRSA.

Click Add Client
Checking for Duplicate Clients and Duplicate URNs

It is possible that:
- A client will receive services from multiple providers within the network.
- Or, 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.

Possible Duplicate

When it is a possible duplicate, the following screen will appear:

Highlight the existing client and click “View more information about the selected client.”
Check the existing client information. If it is the same client then click “This is the client I was attempting to add. Continue to Client Screen.” If not then click the Create a new client record button.

<table>
<thead>
<tr>
<th>Possible Duplicate Client Information.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>URN Fields:</strong></td>
</tr>
<tr>
<td><strong>First Name:</strong></td>
</tr>
<tr>
<td><strong>Middle Name:</strong></td>
</tr>
<tr>
<td><strong>Last Name:</strong></td>
</tr>
<tr>
<td><strong>Date of Birth:</strong></td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
</tr>
<tr>
<td><strong>URN:</strong></td>
</tr>
<tr>
<td><strong>Address Fields:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>City:</strong></td>
</tr>
<tr>
<td><strong>State:</strong></td>
</tr>
<tr>
<td><strong>County:</strong></td>
</tr>
<tr>
<td><strong>Zip Code:</strong></td>
</tr>
<tr>
<td><strong>Phone Number:</strong></td>
</tr>
<tr>
<td><strong>Ethnicity:</strong></td>
</tr>
<tr>
<td>☐ Hispanic</td>
</tr>
<tr>
<td>☐ Non-Hispanic</td>
</tr>
<tr>
<td>☐ Unknown</td>
</tr>
<tr>
<td><strong>Race:</strong></td>
</tr>
<tr>
<td>☐ White</td>
</tr>
<tr>
<td>☐ American Indian or Alaska Native</td>
</tr>
<tr>
<td>☐ Other</td>
</tr>
<tr>
<td>☐ Black or African American</td>
</tr>
<tr>
<td>☐ Native Hawaiian or Other Pacific</td>
</tr>
<tr>
<td>☐ Islander</td>
</tr>
<tr>
<td>☐ Other</td>
</tr>
<tr>
<td>☐ Unknown</td>
</tr>
<tr>
<td>☐ Asian</td>
</tr>
<tr>
<td>☐ Hawaiian</td>
</tr>
<tr>
<td>☐ Islander</td>
</tr>
<tr>
<td>☐ Other</td>
</tr>
<tr>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>

This will bring you to the client screen to enter the demographic information where you can continue to edit/add information.
Not a Duplicate, but Same URN

If your client is not the matching client in the system, then select “The client I am adding is not on the list. Create a new client record.”

This will take you to the following screen. Here you just need to assign a different URN to the end of the URN. Click Finish when you are done.
Demographics Tab

The Demographics tab is where you enter or edit the client’s basic demographic information. All fields on this tab are shared between providers (except for Client ID, Provider Notes, and Case Notes). Information 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 to make any changes to them. You will need to contact the DOHR 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 client level Ryan White Services Report (RSR).

Fields on the Demographic Tab

Client ID:

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.
Address:
You are required to enter the Address, 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.

Ethnicity:
Ethnicity is based on the client’s self-identification. You may only 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
- Unknown - The client’s ethnicity is unknown or was not reported - avoid select “Unknown.”

Race:
Race is based on the client’s self-identification. Select all that apply. If a client is Hispanic try to gather if the race with “White”, “Black”, etc. Use the same rules the Census does. Avoid using “Other” or “Unknown.”

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 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.
- Unknown - A client who is not an infant and whose HIV/AIDS status is unknown or was not reported.
**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 or AIDS 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

**ESTIMATED DATES**

If part or all of the date of HIV diagnosis and or AIDS diagnosis is unknown:
- If month of diagnosis is unknown, report as “01”
- If day of diagnosis is unknown, report as “01”
- If year of diagnosis is unknown, use client’s best guess as to the year of 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) or Unknown as the client’s HIV Status. Select all that apply.

**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 them.
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.

Click Find Client in the Main Menu and 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 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 Last Name to search for all clients whose last name starts with or sounds like “Mc”).
- If you uncheck the View Active Clients Only box, your search will include inactive and deceased clients.

NOTE: You may search on the eURN of the client by entering the eURN in the Client URN search field

Deleting a Client

DOHR CAREWare users do not have the permissions to do this. Please contact DOHR for support.
Entering and Editing Services

Client Enrollment for Services
To enter information about the services a client has received, click on the Service tab and the following screen will display. First, it must be verified that the client is enrolled and alive to receive services.

![Service Tab Screen](image)

**Year**
The current year will automatically display in the Year field. You can review service data from prior years by selecting a year in the pull down menu. Note: Data prior to 2009 will not be in Minnesota CAREWare.

**Vital Status**
The Vital Status field is shared across providers. The default value for Vital Status is Alive, so you will not need to do anything if the client is alive. The other options are Deceased and Unknown.

**Deceased Date**
If you select ‘Deceased’ in the Vital Status field, the Deceased Date 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.
**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.’ Do not use “Unknown” or “Inactive/Closed.”

Select one of the following:

- **Active** - Client continues to receive at least one service at your agency
- **Referred** - Client was referred to another agency OR is discharged from your program
- **Incarcerated** – Client will not continue in 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.
- **Removed** - Client was removed from your agency’s services due to violation of your agency’s rules.
- **Unknown** - Your agency has lost contact with the client; client has been “lost to care.”
- **Inactive/Closed** – Do Not Use This Selection (this translates to “Unknown” in the RSR report. Use Referred to indicate “discharged from program”).

Active is the default value for this field. Be sure to change this if the client is no longer active at your agency.

Note: Inactive/Closed is a generic selection for a client who is closed or inactive. The following options also mean that a client is closed at your agency, but provide more a specific reason for the closure: Referred, Removed, Incarcerated, and Relocated.

**Enrollment Date**
The 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.

**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:

- Inactive/Case Closed
- Referred
- Removed
- Incarcerated
- Relocated

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

**Services may not be entered after a case closed date and not before the enrollment date.**
Entering Services
Information about the services during the prior month must be entered by the 10\textsuperscript{th} of each month.

To enter a service received by a client, click on New Service in the Service tab.

1. Enter the Date the service was received in the screen that displays.
2. From the Service Name pull down menu, select the service received by the client.
3. Select the appropriate Contract.
4. Enter the Units provided to the client during the service visit.
5. Click Save.

Note: You will only see a list of the services that your agency is contracted to provide. If you have more than one contract for that particular service then the contract dropdown will have more than one value, so select the appropriate contract. In most cases, there will only be one Ryan White Part A contract for a given service (the exception may be if your agency wants to track services not funded by Ryan White Part A).

You do not have to enter the Price or Cost, unless your agency would like to track these financials.
Editing Services

As you save a service, it will appear in the list at the bottom of the screen, 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.
Searching for Services

Once a client has received many services, it will not be possible to view all services received at one time. To conduct a search about the services a client has received, use the Search Criteria and Column fields.

First, specify how you want to define your search in the **Column field**. You can choose from the following options:

- **Date** - to search for a service(s) provided on a specific date
- **Service Name** - to search for a specific type of service
- **Contract** - to search for services funded through a specific contract
- **Units** - to search for services for which a specific number of units were provided
- **Total** - to search for services that have a specified total unit cost
- **Received** - to search for services for which a specified payment amount was received from client (not applicable in DOHR)
- **Provider** - to search for services provided by a specified provider (only applicable if service information is being shared across providers)

In the **Search Criteria field**, you can then limit your search. For example, if you selected ‘Service Name’ in the Contract field, you can type ‘Medical Case Management’ in the Search field, and only Medical Case Management services will be listed.
Annual Reviews

Click the **Annual Review tab**. Before Annual Review information may be entered, the client must have at least one service visit.

The information on the Annual Review tab can be entered or updated at any time during the year, but it is a good policy to enter/update the information on specific semiannual dates (e.g. July 15 and January 15).

The Annual Review fields, like most demographic fields, are common or cross-provider. Values changed by one provider will be viewed—and can be edited—by the next provider, if the same client receives services at two or more providers within the network.

**Annual Year**
The current year will automatically display in the Annual Year field. You can review annual review data from prior years by selecting a year in the pull down menu. Note: Data prior to 2009 will not be in DOHR CAREWare.
**Primary Insurance**
Select the client’s primary source of health insurance at the end of the current six-month reporting period:

- Medicaid - A jointly funded Federal and State health insurance program for some low income and needy people.
- Medicare - 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).
- No Insurance - The client does not have insurance to cover health care costs, the client self-pays, or services are covered by Ryan White funds.
- Other - The client has an insurance type other than the options listed.
- Other Public (e.g. Champus, VA) - Includes other Federal, State, and/or local government programs providing a broad asset of benefits for eligible individuals. Examples include: military health care (CHAMPUS), Indian Health Services, and Veterans Health Administration (VA)
- Private – Private health insurance plans such as Kaiser, Blue Cross/Blue Shield, etc. Includes group insurance programs provided through the client’s employer.
- Unknown - Source of health insurance is unknown and not documented. This should never be used because you must verify insurance status to provide services.

Please note **CICP** is not insurance. If this is the only health care “insurance” that the client has, then select **“No Insurance.”**

**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.

**Primary HIV Medical Care**
This field is not required. You can enter the information if it 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:
**Housing / Living Arrangement**
Required. Select the response that best describes the client’s housing situation at the end of the six-month reporting period.

- **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

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

- **Institution** - Institutional settings with greater support and continued residency expected (e.g., psychiatric hospital or other psychiatric facility, foster care home, or other long-term care facility)

- **Other** - Client’s housing situation is not described by the options provided.

- **Unknown/Unreported** – Client’s housing status is unknown or was unreported.

- **Unstable** – Includes emergency shelter; any location not designed for use as 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, complete six zeros. For documentation in the client’s file, the client must sign a declaration stating no income.
- 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 be 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.

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

**Part C section**
*Not Required* in Part A.

**Transmission Risks Questions**
Only CAREWare users who are *primary care providers* should answer this. HRSA is specifically looking for whether the client was counseled by a primary care clinician.

*Was Client Counseled about HIV Transmission Risks?*
Indicate whether the client was screened for and counseled about their HIV transmission risks during the current six-month period.

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

*Was Client Screened for Mental Health?*
Indicate whether the client was screened for mental health issues during the current six-month reporting period.

*Was Client Screened for Substance Abuse?*
Indicate whether the client was screened for substance abuse during the current six-month reporting period.

**Quarter Tabs**
*Not Required.*
Reports

Standard CAREWare Reports

CAREWare has a number of standard reports. Your access to reports will depend on your user permissions.

Standard CAREWare Client Report

All CAREWare users will be able to run the Client Report, which is accessed by clicking Client Report from any tab in a specific client’s record.
**Client Report (One page)**

In most cases, this will be the only selection made here.

The **Client Report** provides a summary of Demographic, Annual Review information for the client. Below is an example. This page can be printed out and put in the client’s file if needed.

---

**Demographics:**

<table>
<thead>
<tr>
<th>First Name: Grumpy</th>
<th>Mt</th>
<th>Last Name: Dwarf II</th>
<th>Birth Date: 7/1/1967</th>
<th>Gender: Male</th>
<th>Client ID:</th>
<th>Client URN: DODA201671</th>
<th>Client Encrypted URN: SMJ7CM</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address: 123 ashen oak</th>
<th>City: Denver</th>
<th>State: Colorado</th>
<th>Zip Code: 80201</th>
<th>County: Denver</th>
<th>Phone: 711-111-1111</th>
</tr>
</thead>
</table>

**Ethnicity:**

- Hispanic
- Non-Hispanic
- Unknown
- White
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- Other

**Common Notes:**

These notes are for all providers to see that service this client.

Example:

Client prefers to be called Grumpy, not Grumpy.

**Vital Status:**

- Alive

**Deceased Date:**

**Enrollment Status:**

- Active

**Enrollment Date:**

**Pre-ART Reason:**

- 

**HIV Status:**

- CDC-defined AIDS

**HIV Date:**

- 7/1/1980

**AIDS Date:**

- 3/1/2011

**HIV Risk Factors:**

- Male who had sex with male(s)
- Heterosexual contact
- Receipt of transfusion of blood, blood components, or tissue
- Injecting Drug Use
- Perinatal Transmission
- Other, specify: [ ]

**Hemophilia/coagulation disorder:**

- Undetermined/unknown, Risk not reported or identified

**Annual Review for 2011:**

**HIV Medication History**

- Date ARV's First Prescribed: [ ]

**Primary Insurance:**

- No Insurance

**Primary HIV Medical Care:**

- Hospital outpatient center
Other Reports

To access other CAREWare reports: from the Main Menu click on Reports.

The following report options are available.
Financial Report
This report is most useful if when you enter services, you also enter the unit cost of each service. If you entered the “amount received” at the time of service, that will be calculated in this report as well. Even if you do not use the financial information, this report also shows how many clients you have served in each service/subservice.

Financial Report Output:

---

**Financial Report**
Saturday, January 01, 2011 through Saturday, December 31, 2011

**Report Criteria:**
- Provider(s): DOHR Specialists
- Funding Sources: No Funding Required, RW Title I, RW Title IV
- Group By Provider: True
- Include subservice detail: True

**DOHR Specialists**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Clients</th>
<th>Units</th>
<th>Total</th>
<th>Amount Received</th>
<th>Not Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Care Mail</td>
<td>1</td>
<td>1</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Oral Health Care Totals</td>
<td>1</td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Treatment</td>
<td>1</td>
<td>1</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Mental Health Services Totals</td>
<td>1</td>
<td>1</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Housing Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Housing</td>
<td>2</td>
<td>3</td>
<td>$40.00</td>
<td>$10.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Housing Services Totals</td>
<td>2</td>
<td>3</td>
<td>$40.00</td>
<td>$10.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Other support services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other support services</td>
<td>1</td>
<td>1</td>
<td>$45.00</td>
<td>$0.00</td>
<td>$45.00</td>
</tr>
<tr>
<td>Other support services Totals</td>
<td>1</td>
<td>1</td>
<td>$45.00</td>
<td>$0.00</td>
<td>$45.00</td>
</tr>
<tr>
<td>Provider Total</td>
<td>7</td>
<td>6</td>
<td>$85.00</td>
<td>$10.00</td>
<td>$75.00</td>
</tr>
</tbody>
</table>
RDR

All CAREWare users will be able to run the RDR report. This report was the main report sent to HRSA before the RSR was developed. This report has good aggregate information about the clients served by your agency.

To run the RDR

- Enter the date span of the time period for which you’re interested.
  - If your date span includes more than 2 calendar years, you will need to select which annual review year you would like to include
  - Ignore all of the other tabs
- Click “Create RDR” ...and wait, this may take a few moments for the report to appear
To navigate the RDR pages, use the green arrow buttons at the top of the page.

Pages 4, 5, and 6 contain aggregate counts of your Part A clients by demographic factors and services (the example report below has 0’s because none of the examples in this tutorial use Ryan White funded contracts).
Required Fields in DOHR CAREWare

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Cross-Provider</th>
<th>Required By?</th>
<th>Frequency of Data Entry</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>RSR</td>
<td>CW</td>
<td>As Needed</td>
</tr>
<tr>
<td>Last Name</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>First Name</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Middle Name</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Gender</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Birth Date</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>State</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>County</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Zip Code</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Race</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

DEMOGRAPHICS TAB

Required to create unique record number (URN) in CAREWare and encrypted unique client ID (UCI) that is sent to HRSA for the RSR.

Required to create URN in CAREWare and encrypted UCI that is sent to HRSA for the RSR.

Middle initial required only. Use ‘X’ if no middle name. Leave blank if not sure what middle name is. Used for de-duplication.

Required to create URN in CAREWare and encrypted UCI that is sent to HRSA for the RSR.

Required to create URN in CAREWare Only year of birth is sent to HRSA.

State required in CAREWare to generate the list of counties that apply to the state.

Used locally for data analysis/description of clients served.

Only the first three digits of zip code sent to HRSA used locally for data analysis/description of clients served.
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Cross-Provider</th>
<th>Required By?</th>
<th>Frequency of Data Entry</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>RSR</td>
<td>CW</td>
<td>As Needed</td>
</tr>
<tr>
<td>HIV Status</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>HIV+ Date</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>AIDS Date</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>HIV Risk Factors</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>ANNUAL REVIEW TAB</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Insurance</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Other Insurance</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Housing/Living Arrangement</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Household Income</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Household Size</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Poverty Level</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Was Client Counseled about HIV Transmission Risks?</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Cross-Provider</td>
<td>Required By?</td>
<td>Frequency of Data Entry</td>
<td>Notes</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------</td>
<td>--------------</td>
<td>-------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Who Counseled About Transmission Risks?</td>
<td>X</td>
<td>X</td>
<td>As Needed</td>
<td>ONLY Ryan White-funded primary care providers are required to enter/update this for clients who received a RW-funded primary care visit during the 6-month period.</td>
</tr>
<tr>
<td>Was Client Screened for Mental Health?</td>
<td>X</td>
<td>X</td>
<td>Monthly</td>
<td>ONLY Ryan White-funded primary care providers are required to enter/update this for clients who received a RW-funded primary care visit during the 6-month period.</td>
</tr>
<tr>
<td>Was Client Screened for Substance Abuse?</td>
<td>X</td>
<td>X</td>
<td>6 Months</td>
<td>ONLY Ryan White-funded primary care providers are required to enter/update this for clients who received a RW-funded primary care visit during the 6-month period.</td>
</tr>
<tr>
<td>SERVICE TAB</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Status</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Must enter date of death if ‘Deceased’ is selected for Vital Status.</td>
</tr>
<tr>
<td>Deceased Date</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Must enter date of death if ‘Deceased’ is selected for Vital Status.</td>
</tr>
<tr>
<td>Enrollment Status</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Must enter an enrollment date the first time you enter a service for a client. This field will not need to be updated after that, unless you realize that there was an error.</td>
</tr>
<tr>
<td>Date (of Service)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Note: If a client gives consent to share their service information, all of the following fields (Date – Cost) are automatically shared with the provider(s) authorized by the client.</td>
</tr>
</tbody>
</table>
## ENCLOSED TAB - ONLY REQUIRED FOR PRIMARY CARE PROVIDERS

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Cross-Provider</th>
<th>Required By?</th>
<th>Frequency of Data Entry</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Name</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Units</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medications**
- Start Date
- Medication
- Unit
- Strength
- Frequency
- Indication
- OI
- Stop date

- These fields are required in CAREWare to answer the RSR questions of whether the client was on ART and/or PCP prophylaxis during the reporting period.
- The OI field is only activated if you select ‘OI Prophylaxis’ as the response to the Indication field.
- The Stop Date is only required if the client stopped taking a medication.

**Labs**
- Test
- Date
- Result

- These fields required in CAREWare to answer the RSR questions about CD4 counts and viral loads.
- Select the test that was done (CD4 Count or Viral Load), enter the date the test was conducted, and enter the result.

**Screening Labs**
- Test
- Date
- Result

- These fields required in CAREWare to answer the RSR questions about Hepatitis B, Hepatitis C and Syphilis screenings.
- Select the screening that was done, enter the date it was conducted, and enter the result.
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Cross-Provider</th>
<th>Required By?</th>
<th>Frequency of Data Entry</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>RSR</td>
<td>CW</td>
<td>As Needed</td>
</tr>
<tr>
<td>Screenings</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>-Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Result</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunizations</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>-Vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>-Estimated Conception</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Prenatal Care Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-ART Taken</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Web Based DOHR Reports and Documents

Accessing the Online System

1) You must have the Cisco AnyConnect VPN software installed (see the section “Installing Software to Access DOHR CAREWare” in this User Manual)

2) Once you are connected to the VPN, use Internet Explorer to navigate to: http://eha07mohr

3) The following log on screen will appear.
   a) Select your agency name and Enter your CAREWare user name and password:
Web Based 6-Month Review Eligibility Documentation

Once you are logged on to the main web page the first screen is the 6-month review documentation.

Finding a Client

1) Find a client by starting to type the eURN, first name, or last name. Please note: this is a temporary search field and will be replaced when a more robust search field is ready for deployment.

Assessing the Authorization for Release of Documents

1) If the Client has a document sharing authorization uploaded then they will have a Green checkmark.

2) If they do not then the will have a Red X

3) In order to use this system there must be a signed “Authorization for Release of Documents” uploaded for the client.
Entering Client Review Dates
After you select a client, the Review Date information will appear. The client review date is essential in order to provide future notifications of when a client will be due for their next 6-month review with your agency. This review date is agency specific and is not shared with other providers.

In this example, the last client review date was February 1, 2011. To add a new date click the add button and select a date.

Reviewing Existing Documents
After you select a client, the existing documents for that client will be listed in this table. The age of the documents may be viewed by the lettering coloring:

- **Green** lettering indicates documents with a document date within the past 6 months.
- **Blue** lettering indicates documents with a document date between 6 months and 12 months old.
- **Gray** lettering indicates documents with a document date older than 1 year

In this example, no new proof of income or proof of insurance is needed because the Document Date is less than 6 months old (from the date of the search). For residence, if the original document, such as a lease, was still valid at the 6-month period, then only a Proof of Residence Certification form would be needed. If the Proof of Residence was a certification, as in this example, then a new lease would be needed.
Types of Documents
Document types supported by include:

a) Identification
b) Proof of Insurance
c) Proof of Income
d) Proof of Residence
e) Authorization for Release of Documents

Certification Forms
In cases where the document provided 6 months ago is still valid, then the client only needs to sign a certification document that states that nothing has changed. An example Certification Form is available on the web system under the Templates page. Certification may exist for Proof of Insurance, Proof of Income, or Proof of Residence.

No eligibility category may have two certification forms in a row. For example, if 6 months ago there was a certification for Proof of Residence, then the next Proof of Residence must be the actual document (lease, federal form, etc).
Uploading a New Document

To upload a new document in the system:

1) Select the Client
2) Click on the “Upload New File” button

   ![Upload New File Button]

   a) The following screen should appear.

   ![Upload New File Screen]

   b) Click Browse to find the file on your computer
   c) Enter the Document Name – whatever you’d like to name it
   d) Select the document type from the dropdown list
   e) If this is a certification form then check the Certification checkbox
      i) Proof of Income, Proof of Insurance, or Proof of Residence are eligibility requirements that
         are eligible for certification. See the Six-Month Review Information document for more
         explanation
   f) Select the actual document date (not the date uploaded).
      i) For example during 2012 on May 1st a client may have brought in a lease that began on
         January 1, 2012 1/1/2012 would be the date to enter here.
   g) Add any notes that may be relevant.
h) Use the “Browse” button to locate the file on your computer. Files are limited to the following types:
   i) PDF
   ii) JPG or JPEG
   iii) TIF or TIFF
   iv) GIF
   v) BMP

Reports

Print Review and Document History

1. To print a history of a client’s reviews and documents click on the “Print Review and Document History” button:

2. A new page will pop up with the review and document report. To save this document to your computer, you may click on the dropdown list to select the file type then click “Export”
Reviews Needed Report:
This report lists the clients in your agency that will need a review by a user-specified date. This report can be run using the following icon:
**Report Tab**

The reports tab will open up a new window.

Current options may change, as reports are added or modified. Currently, you may run reports to get counts of clients and services. Client lists are available for 6-month reviews needed client lists based on demographics.

**Log Out**

**Very Important!**

Please click the Log Off link to log out of the system. If you do not log out you may have difficulties logging into the CAREWare application via the VPN. If you have troubles logging into CAREWare you may need to re-enter this web-based system and click Log Off.
Appendix A

Document List

**Authorization for Release of Documents**: This form *must* be signed by each client prior to the upload or review of documents. A client must be informed that these documents may be shared between providers from whom they have had services. This form can be downloaded from the web-based system under the Templates.

**Six-Month Review Information**: This form provides instructions about the 6-month eligibility screening implementation in the Denver Part A TGA. This form can be downloaded from the web-based system under the Templates.

**Eligibility Review Log**: This form may be used and can be downloaded from the web-based system under the Templates tab. Alternatively, you may also run the “Print Review and Document History” to list the reviews by your agency and all of the documents associated with a client. In the web-based system, under Files, look for the following icon for this log.

![Print Review and Document History](image)

**Document Certification Form**: This form may be downloaded from the DOHR web-based system, under the “Templates” tab.

**Reviews Needed Report**: This report lists the clients in your agency that will need a review by a user-specified date. This report can be run using the following icon in the web-based system:

![Reviews Needed](image)