

CAREWare Update

Feb. 15, 2012



*Maine Center for Disease
Control and Prevention*
An Office of the
Department of Health and Human Services

Refreshers & Clarifications

Housing/Living Arrangement

- There's a difference between *Nonpermanent Housing* and *Unstable Housing*
- *Nonpermanent Housing* includes:
 - Transitional housing
 - Temporarily staying with friends or family (couch surfing)
 - Hotel or motel (not paid for with emergency shelter voucher)
 - Other temporary arrangement
- *Unstable Housing Arrangements* include:
 - Emergency shelter
 - Place not designed for, or ordinarily used as, a regular sleeping accommodation for people (vehicle, abandoned building, bus/train station/airport)
 - Hotel or motel paid for with emergency shelter voucher

Institution

- Although there is an option for “institution” in the Housing/Living Arrangement, **you should not use this option**
- Instead use:
 - ***Stable Permanent Housing*** for institutional setting with greater support and continued residence expected (psychiatric hospital or other psychiatric facility, foster care home or foster care group home, or other residence or longterm care facility)
 - ***Nonpermanent housing*** for temporary placement in an institution (e.g., hospital, psychiatric hospital, or other psychiatric facility, substance abuse treatment facility, or detoxification center)
 - ***Unstable Housing*** for jail, prison, or a juvenile detention facility

Discharges

- Discharging clients in CAREWare is still a 3-or 4-step process
 1. Service Code # 1800
 - **No longer need to indicate Discharge Type on service entry**

Add/Edit Service Details

Date:	Service Name:	Contract:	Units:	Price:	Cost:
1/24/2012	1800 Discharge	test	1	\$0.00	\$0.00

Provider
DB ADMIN

Discharges

2. At the top of the screen, change the client's Vital Status (if appropriate).
 - If the client has died, the Deceased Date box will become active and you must enter the date of death.

The screenshot shows a software interface with several tabs: Demographics, Services, Annual Review, Encounters, Referrals, HIV C&T, Relations, QA, and Inc. Below the tabs, there are several input fields with dropdown menus:

- Year: 2007
- Vital Status: Alive (dropdown menu is open, showing options: Alive, Deceased, Unknown)
- Deceased Date: (empty)
- Enrl Status: Inactive/Cas
- Enrl Date: 6/1/2005
- Case Closed: 6/25/2007

Below these fields, there are labels for "Add/Edit S", "Date:", "Name:", and "Contract:", each followed by a dropdown menu.

Discharges

3. Update the Enrollment Status

The screenshot displays a software interface with a navigation bar at the top containing tabs: Demographics, Drug Services, Service, Annual Review, Encounters, Referrals, HIV C&T, Relations, and QA. Below the navigation bar, there are several input fields: Year (set to 2009), Vital Status (set to Alive), Deceased Date (empty), Enrl Status (set to Active), Enrl Date (empty), and Case Closed (empty). A dropdown menu is open for the Enrl Status field, showing the following options: Active (highlighted), Inactive/Case Closed, Unknown, Referred, Removed, Incarcerated, and Relocated. Below the main fields, there is a section titled 'Add/Edit Service Details' with fields for Date, Service Name, and Contract.

Enrollment Status

- Although there is an option for “Inactive/Case Closed,” **you should not use this option unless the client has died**
- Use one of the following:
 - *Referred or Discharged*—The client was referred to another program or services and will not continue to receive services at this agency; the client became self-sufficient and no longer needed Ryan White Program-funded services; the client voluntary left your program; or the client refuses to participate.
 - *Removed*—The client was removed due to violation of rules.
 - *Incarcerated*
 - *Relocated/Moved*
 - *Unknown*—The client has been “lost to care.”

From: CAREWare [CAREWARE@LIST.NIH.GOV] on behalf of
Milberg, John (HRSA) [JMilberg@HRSA.GOV]

Sent: Thu 1/19/2012 5:02 PM

To: CAREWARE@LIST.NIH.GOV

Cc:

Subject: Enrollment status=Discharged

We've had a few questions about how CAREWare reports Enrollment Status in the RSR, especially with regard to clients who are "discharged" or have completed a service at an agency for some reason.

Currently, the options on the Service tab are as follows:



The 2012 RSR Instruction manual clarifies that Referred should also include those who are Discharged (see p. 41 <http://hab.hrsa.gov/manageyourgrant/files/hab2011rsrinstrmanual.pdf>)

So, if you haven't known how to classify those clients, set their enrollment status to Referred!

We will update the label in CAREWare to reflect this.

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Discharges

4. Lastly, make sure you go to the QA screen and change the CM assigned to “Discharged”
 - If another agency is serving that client, it is up to them to make sure that the CM is accurately reflected

Updates & Changes

Data Entry

- All quarterly data must be entered in CAREWare by 15 days after the close of the quarter
 - Instead of 30 days
- Service menu has been consolidated
- No longer tracking adherence, prevention, and goal achievement in CAREWare services
- No longer need to specify type of discharge on service entry

Why?

- Simplify data entry
- Simplify recordkeeping
- Faster reporting

Case Notes

- **All** case notes must be entered in CAREWare
- Case notes must be entered within 15 days of the contact
- Revision to case note template

Exceptions

- Client is also an employee of the agency
 - Case notes should be created outside of CAREWare to protect privacy
- CM has requested a reasonable accommodation for a physical limitation associated with extensive typing
 - Provider must maintain appropriate documentation from CM's physician related to the reasonable accommodation
- Agency administrators must notify the Part B Program of these exceptions in writing

Services

Code	Service Name	Units	Definition
1000	Care Plan	1 unit = 15 minutes	This service should be logged when a case manager completes a care plan with the client.
1200	Referral and monitoring service from care plan	1 unit = 15 minutes	This service should be logged when a case manager coordinates a referral for a client, facilitates the client's link to a service identified in the care plan, follows up to ensure that a client has received a service identified on the care plan, or screens for barriers related to accessing a service identified on the care plan. This includes collateral contacts.
1300	Comprehensive assessment	1 unit = 15 minutes	This service should be logged when a case manager completes an intake, re-intake, or annual assessment.
1400	Temporary coordination for institutionalized client	1 unit = 15 minutes	This service should be logged for time-limited assistance with coordinating a client's transition into or out of institutionalized care (including hospitals, assisted living, rehabilitation facilities, and correctional facilities) as long as these services relate to the client's care plan and needs identified on the assessment. This includes collateral contacts.
1800	Discharge	1 unit	This service should be logged when a client is discharged from Part B case management.

One Service for Day-to-Day Contacts

Add/Edit Service Details

Date:	Service Name:	Contract:	Units:	Price:	Cost:
11/17/2011	1200 Referral and monitoring service from care plan	test	2	\$0.00	\$0.00

Provider	Travel in Units
DB ADMIN	4

- No longer required to track adherence and prevention with any service
- No longer required to track goal achievement with care plan service

Case Notes

- All case notes must be entered in CAREWare
- Case notes must be entered within 15 days of the contact
- All case notes must indicate how the contact supported treatment adherence

Case Notes (Rapid Entry)

Client:

Only show this provider

Note:

Care Plan goal:

How contact supports Treatment Adherence:

Total billable units for contact

Place of service delivery:

Description of encounter:

Referrals made:

Follow up:

Custom Annual tab

- Eliminated
- Required fields moved elsewhere
- No longer required to track the following info in CW:
 - MH/SA info
 - Ok to call, mail, email

QA tab

Demographics	Drug Services	Service	Annual Review	Encounters	Referrals	HIV C&T	Pregnancy	Relations	QA	Medical and Insurance	Releases
CM assigned	Income Date	SSN	Subsidy Type	Chronic Homelessness	<input type="checkbox"/> Domestic Violence Survivor						
discharged		555-55-5555									
<input type="checkbox"/> Veteran	Incarceration	Country of Origin	Subculture								
Languages											

- No longer required to track HIV/AIDS verifications on file in CW

Income verification tab

- Eliminated
- Income date moved to QA tab
- No need to track income sources in CW

Medical and Insurance tab

Demographics	Drug Services	Service	Annual Review	Encounters	Referrals	HIV C&T	Pregnancy	Relations	QA	Medical and Insurance	Releases
Part C	MD Name	Ins Info	<input checked="" type="checkbox"/> ADAP	ADAP ID	End Date						
Regional Medical Ce				dhhs12345							
ADAP Release Expiration	MaineCare Type	MaineCare Number	MaineCare Review								
		12345678A	3/26/2010								

- No new fields, just moved from different places