CAREWAre Data Entry Guide for Regional Early Intervention Services

September 2019

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Regional EIS Data Elements

Client Demographics	**Required Data Element**
Year of Birth	•
Ethnicity	•
Hispanic Subgroup	•
NHPI Subgroup	•
Gender	•
Sex at Birth	•
Health Insurance	•
HIV/AIDS Status	•
Client Risk Factor	•
Client Clinical Data	
Prescribed ART	•
Prescribed PrEP	•

Demographic Data Entry

test1, restoration M

Appointments | Orders | Forms | ChangeLog | Client Report | Duplicate Client | Delete Client | Find List | New Search | Close

Demographics | Service | Annual Review | Encounters | Referrals | HIV C&T | Relations | Returning citizens | Test Tab | Custom Tab 3 | Subform | Pharmacy | Sch

First Name: restoration
Middle Name: M
Last Name: test1
Unique ID: RSTS0101001U
Encrypted URN: s9NSE1QLD
Gender: Male
Date of Birth: 1/1/2000
Est?
Sex at Birth: Female
Encrypted UCI: 6037F6DB5E5A209CF21C21B73CDF81848700C88CU
Client ID:

Address | Mailing Address
Street Address: 1900 N Capitaol St
Include on label report
City: Washington
State: District of Columbia
Zip Code: 20001
County: Washington
Phone Number: 202-123-2565
Phone Type:

Race(s): Black or African American
Ethnicity: Non-Hispanic
Hispanic Subgroup:

nrollment Status: ctive
Enrollment Date: 8/8/2019
Eligibility Status: Ryan White Eligible
Vital Status: Alive
Case Closed Date:
Eligibility History

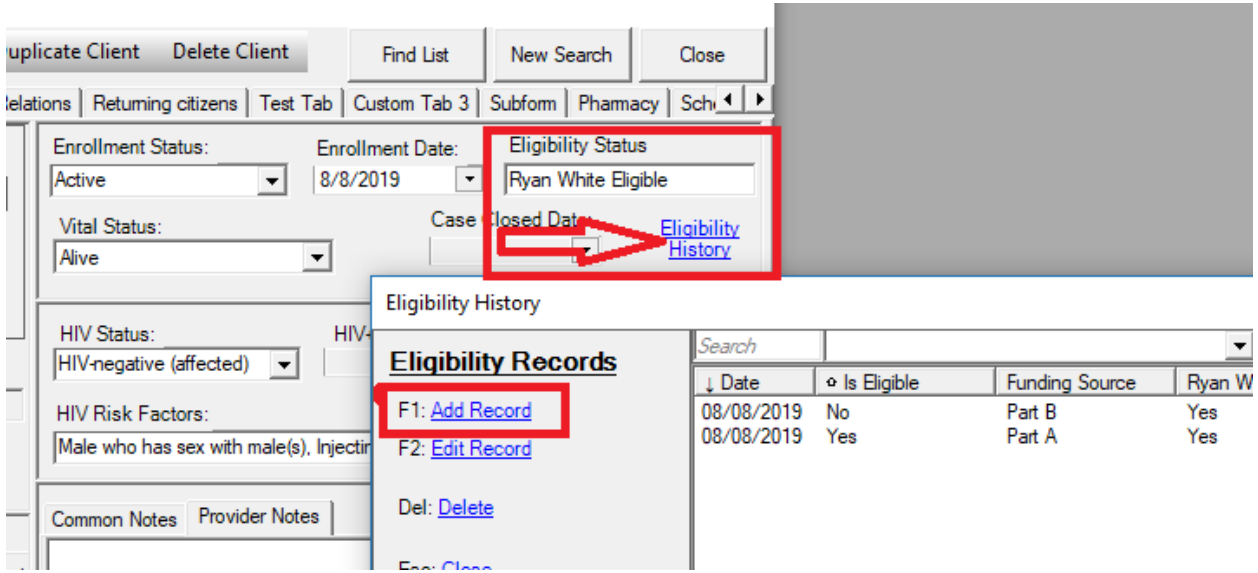
HIV Status: HIV-negative (affected)
HIV+ Date: Est?
AIDS Date: Est?
HIV Risk Factors: Male who has sex with male(s), Injecting Drug Use

ommon Notes | Provider Notes | User Messages | Case Notes

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Eligibility History

- For clients whose HIV status is “HIV-negative(Affected)”, no eligibility history is required
- For HIV + clients, enter eligibility status as follows
  - ❖Eligibility History➔ add record➔



HIV Status & Risk Factor

- HIV Status Indicate the most recent HIV/AIDS status of the client.
  - **HIV-positive, not AIDS—**Client has been diagnosed with HIV but has not been diagnosed with AIDS.
  - **HIV-positive, AIDS status unknown**—Client has been diagnosed with HIV. It is not known whether the client has been diagnosed with AIDS.
  - CDC-defined AIDS—Client is an HIV-infected individual who meets the CDC AIDS case definition for an adult or child. NOTE: Once a client has been diagnosed with AIDS, he or she always is counted in the CDC-defined AIDS category regardless of changes in CD4 counts. For additional information, see: https://www.cdc.gov/hiv/statistics/surveillance/terms.html
  - **HIV-negative (affected)—**Use for Negative Patients only. Client has tested negative for HIV, is an affected partner or family member of an individual who is HIV-positive, and has received at least one Reg EIS services during the reporting period.
  - **HIV-indeterminate (infants only)—**A child under the age of 2 whose HIV status is not yet determined but was born to an HIV-infected mother

test1, restoration M

Appointments | Orders | Forms | ChangeLog | Client Report | Duplicate Client | Delete Client | Find List | New Search | Close

Demographics | Service | Annual Review | Encounters | Referrals | HIV C&T | Relations | Returning citizens | Test Tab | Custom Tab 3 | Subform | Pharmacy | Sch

First Name: restoration
Middle Name: M
Last Name: test1
Gender: Male
Date of Birth: 1/1/2000
Est? ☐
Sex at Birth: Female
Client ID:

Unique ID: RSTS0101001U
Encrypted URN: s9NSE1QLD
Encrypted UCI: 6037F6DB5E5A209CF21C21B73CDF81848700C88CU

Enrollment Status: Active
Enrollment Date: 8/8/2019
Eligibility Status: Ryan White Eligible
Vital Status: Alive
Case Closed Date:
Eligibility History

HIV Status: HIV-negative (affected)
- HIV-positive (not AIDS)
- HIV-positive (AIDS status unk
- CDC defined AIDS
- HIV-negative (affected)
- HIV-indeterminate

HIV+ Date: Est?
AIDS Date: Est?
Injecting Drug Use

Common Notes | Provider Notes | User Messages | Case Notes

Address | Mailing Address
Street Address: 1900 N Capitaol St
☐ Include on label report
City: Washington
State: District of Columbia
Zip Code: 20001

HIV Risk Factors: *Check all that apply*

- **Male who has sex with male(s)** - (MSM) cases include men who report sexual contact with other men (i.e., homosexual contact) and men who report sexual contact with both men and women (i.e., bisexual contact).
- **Injecting drug use - (IDU)** cases include clients who report use of drugs intravenously or through skin-popping.
- **Hemophilia/coagulation disorder** cases include clients with delayed clotting of the blood

- **Heterosexual contact** cases include clients who report specific heterosexual contact with an individual with, or at increased risk for, HIV infection (e.g., an injection drug user).
- **Perinatal Transmission (mother with/at risk for HIV infection)** cases include transmission from mother to child during pregnancy. This category is exclusively for infants and children infected by mothers who are HIV-positive or at risk.
- **Receipt of transfusion of blood, blood components, or tissue** cases include transmission through receipt of infected blood or tissue products given for medical care.
- **Not reported/not identified** client's exposure category is known, but not listed above. List the exposure category in the adjacent field or if unknown indicates the client's exposure category is unknown or was not reported.

test1, restoration M

Appointments | Orders | Forms | ChangeLog | Client Report | Duplicate Client | Delete Client | Find List | New Search | Close

Demographics | Service | Annual Review | Encounters | Referrals | HIV C&T | Relations | Returning citizens | Test Tab | Custom Tab 3 | Subform | Pharmacy | Sch

First Name: restoration
Middle Name: M
Last Name: test1
Gender: Male
Date of Birth: 1/1/2000
Est? ☐
Sex at Birth: Female
Client ID:

Unique ID: RSTS0101001U
Encrypted URN: s9NSE1QLD
Encrypted UCI: 6037F6DB5E5A209CF21C21B73CDF81848700C88CU

Address | Mailing Address
Street Address: 1900 N Capitaol St
☐ Include on label report
City:
State:
Zip Code:

Enrollment Status: Active
Enrollment Date: 8/8/2019
Eligibility Status: Ryan White Eligible
Vital Status: Alive
Case Closed Date:
Eligibility History

HIV Status: HIV-negative (affected)
HIV+ Date: Est? ☐
AIDS Date: Est? ☐

HIV Risk Factors:
Male who has sex with male(s), Injecting Drug Use

- ☑ Male who has sex with male(s)
- ☑ Injecting Drug Use
- ☐ Hemophilia/coagulation disorder
- ☐ Heterosexual Contact
- ☐ Perinatal Transmission
- ☐ Receipt of transfusion of blood, blood components, or tissue
- ☐ Not Reported or Not Identified

Capturing Services

Hi-V Model

- Find'em
- Teach'em
- Test'em
- Link'em
- Keep'em

RegEIS subservice categories based on the scope of work	Hi-V Model
1. RegEIS-Newly diagnosed	Test'em
2. RegEIS-Provided education	Find'em &Teach'em
a. HIV	
b. STI	
c. HCV	
d. RRS	
e. HL	
f. U=U	
3. RegEIS-Tested for HIV	Test'em
4. RegEIS-Tested for STI	Test'em
5. RegEIS-Tested for HCV	Test'em
6. RegEIS-Linked to Preventive services	Link'em
7. RegEIS-Linked to Health Care Services	Link'em
8. RegEIS-Linked to Support Services	Link'em
9. RegEIS-Prescribed ART on same day of Diagnosis	Keep'em
10. RegEIS-Prescribed ART within 7 days of diagnosis	Keep'em
11. RegEIS-Prescribed PrEP on Initial Visit	Keep'em
12. RegEIS-Prescribed PrEP within 7 days of initial visit	Keep'em
13. RegEIS-Prescribed PEP on Initial Visit	Keep'em
14. RegEIS-Prescribed PEP within 7 days of Initial visit	Keep'em
15. RegEIS-Received Comprehensive HRR interventions	Keep'em
16. RegEIS-CHRR plan implemented	Keep'em
# of patients retained for 6 or more months could be generated	Keep'em

RegEIS Service Categories

- RegEIS-Outreach Contacts
- RegEIS-Educated
  - HIV, STI, Hep C, RRS, Health Litracy and Access, U=U
- RegEIS-Tested for HIV,STI's and Hep C
  - HIV, STI, Hep C
- RegEIS-Newly Diagnosed
- RegEIS-Referred to Services
  - Preventive, Health Care, Support Services
- RegEIS_Linked to Services
  - Preventive, Health Care, Support Services
- RegEIS_ART/PrEP/PEP Initiated on same day of visit
- RegEIS_ART/PrEP/PEP Initiated within 7 days of visit
- RegEIS_Received CHRR interventions
- RegEIS_CHRR Plan Implemented
- RegEIS_Engaged and retained in care for 6 or more months

test1, restoration M

Appointments | Orders | Forms | ChangeLog | Client Report | Duplicate Client | Delete Client | Find List | New Search | Close

Demographics | Service | Annual Review | Encounters | Referrals | HIV C&T | Relations | Returning citizens | Test Tab | Custom Tab 3 | Subform | Pharmacy | Sch

New Service | Edit Service | Delete Service | Sharing Options | Preview Services

Date: 8/28/2019

Service Name: gEIS_ART/PrEP/PEP Initiated on same day of visit

Contract: Regional EIS

Units: 1

Price: $0.00

Cost: $0.00

Preventive

- RegEIS_ART/PrEP/PEP Initiated on same day of visit
- RegEIS_CHRR Plan Implemented
- RegEIS_Educated
- RegEIS_Engaged and retained in care for 6 or more months
- RegEIS_Linked to Services
- RegEIS_Outreach Contacts
- RegEIS_Received CHRR interventions
- RegEIS_Referred to Services
- RegEIS_RegEIS-Newly Diagnosed
- RegEIS_Tested for HIV,STI's and Hep C

Amount Received | Save | Cancel | Print

Results per page: 50 | << Prev | Page 1 of 1 | Next >>

test1, restoration M

Appointments | Orders | Forms | ChangeLog | Client Report | Duplicate Client | Delete Client | Find List | New Search | Clos

Demographics | Service | Annual Review | Encounters | Referrals | HIV C&T | Relations | Returning citizens | Test Tab | Custom Tab 3 | Subform | Pharmacy | Sch

New Service | Edit Service | Delete Service | Sharing Options | Preview Services

Date:	Service Name:	Contract:	Units	Price:	Cost:
9/13/2019	RegEIS_Linked to Services	Regional EIS	1	$0.00	$0.00

☐ Preventive ☐ Health Care ☐ Support ☐ Rapid ART/ART ☐ PrEP ☐ PEP

Date:	Service Name:	Contract:	Units	Price:	Cost:
9/13/2019	RegEIS_Referred to Services	Regional EIS	1	$0.00	$0.00

☐ Preventive ☐ Health Care ☐ Support ☐ Rapid ART/ART ☐ PrEP ☐ PEP

Amount Received | Save | Cancel | Print

test1, restoration M

Appointments | Orders | Forms | ChangeLog | Client Report | Duplicate Client | Delete Client | Find List | New Search | Close

Demographics | Service | Annual Review | Encounters | Referrals | HIV C&T | Relations | Returning citizens | Test Tab | Custom Tab 3 | Subform | Pharmacy | Sch

New Service | Edit Service | Delete Service | Sharing Options | Preview Services

Date:	Service Name:	Contract:	Units	Price:	Cost:
9/13/2019	gEIS_ART/PrEP/PEP Initiated on same day of visit	Regional EIS	1	$0.00	$0.00

☐ Rapid ART ☐ PrEP ☐ PEP

Amount Received | Save | Cancel | Print

test1, restoration M

Appointments | Orders | Forms | ChangeLog | Client Report | Duplicate Client | Delete Client | Find List | New Search | Clo

Demographics | Service | Annual Review | Encounters | Referrals | HIV C&T | Relations | Returning citizens | Test Tab | Custom Tab 3 | Subform | Pharmacy | Sc

New Service | Edit Service | Delete Service | Sharing Options | Preview Services

Date: 8/28/2019

Service Name: RegEIS_Tested for HIV,STI's and Hep C

Contract: Regional EIS

Units: 1

Price: $0.00

Cost: $0.00

☐ HIV ☐ STIs ☐ Hep C

Amount Received | Save | Cancel | Print

test1, restoration M

Appointments | Orders | Forms | ChangeLog | Client Report | Duplicate Client | Delete Client | Find List | New Search | Close

Demographics | Service | Annual Review | Encounters | Referrals | HIV C&T | Relations | Returning citizens | Test Tab | Custom Tab 3 | Subform | Pharmacy | Sch

New Service | Edit Service | Delete Service | Sharing Options | Preview Services

Date:	Service Name:	Contract:	Units	Price:	Cost:
8/28/2019	RegEIS_Educated	Regional EIS	1	$0.00	$0.00

☐ HIV ☐ STIs ☐ HRRS ☐ Health Litracy and Access ☐ U=U

Amount Received | Save | Cancel | Print

Results per page: 50 << Prev Page 1 of 1 Next >>

Financial Report Snapshot

Financial Report

Tuesday, January 1, 2019 through Tuesday, December 31, 2019

Report Criteria:

Provider(s):	HAHSTA TEST PROVIDER
Funding Source:	Part A
Group By Providers:	True
Include subservice detail:	True

HAHSTA TEST PROVIDER

Early Intervention Services	Clients:	Units:	Total:	Amount Received:	Not Received:
EIS Diagnostic testing/services	1	2	$0.00	$0.00	$0.00
RegEIS_ART/PrEP/PEP Initiated on same day of visit	1	1	$0.00	$0.00	$0.00
RegEIS_Educated	3	4	$0.00	$0.00	$0.00
RegEIS_Linked to Services	1	1	$0.00	$0.00	$0.00
RegEIS_Outreach Contacts	3	3	$0.00	$0.00	$0.00
RegEIS_Referred to Services	2	2	$0.00	$0.00	$0.00
RegEIS_RegEIS-Newly Diagnosed	3	3	$0.00	$0.00	$0.00
RegEIS_Tested for HIV,STI's and Hep C	2	3	$0.00	$0.00	$0.00
Early Intervention Services Totals:	**3**	**19**	**$0.00**	**$0.00**	**$0.00**

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Tracking Referrals

test1, restoration M

Appointments | Orders | Forms | ChangeLog | Client Report | Duplicate Client | Delete Client | Find List | New Search | Close

Demographics | Service | Annual Review | Encounters | Referrals | HIV C&T | Relations | Returning citizens | Test Tab | Custom Tab 3 | Subform | Pharmacy | Sch

Add/Edit Referral Information

Referral Date: Type: Refer-To Provider: Add Requested Service Category Type: Referral Class: ....

Referral Status: Referral Complete Date: Referral Comments:

Silent Referral Save Cancel

F1: Add Referral F2: Edit Referral Del: Delete Referral

Search 1 / 1

Direction	↓ Referral ...	Provider	Service Category	Status	Complete...	Referral Class	Comments
Outgoing	8/8/2019	Dr. Millions Private...	Outpatient/Ambul...	Completed	8/8/2019	Infectious Disease...	

Add/Edit Referral Information

Referral Date: | Type: | Refer-To Provider: | Add | Requested Service Category Type: | Referral Class: | ...

Referral Status: Pending | Referral Complete Date: | Referral Comments:

Silent Referral | Save | Cancel

ChangeLog | Client Report | Duplicate Client | Delete Client | Find List | New Search

Encounters | Referrals | HIV C&T | Relations

Refer-To Provider: | Add

Referral | Del: Delete Referral

Provider	Service Category	Statu
Dr. Millions Private...	Outpatient/Ambul...	Comp

ExternalProviderSetup

External Providers

F1: Add Provider

F2: Edit Provider

Del: Delete Provider

Esc: Close

Search

Active	Provider
☐	CCNV
☐	19th St
☐	A Wider
☐	Adams
☑	AIDS He
☐	Alliance
☐	Amercia
☐	Androme
☐	APRA
☐	Bennett
☐	BOICE
☐	Bovelle,
☐	Bread fo
☐	Bread f
☐	Btye Ba
☐	Capitol
☐	casa rub
☐	CASA R

External Provider Details

Provider Name:

Street Address:

City: | State: | Zip:

Phone: | Fax:

Main Contact Name: | Role:

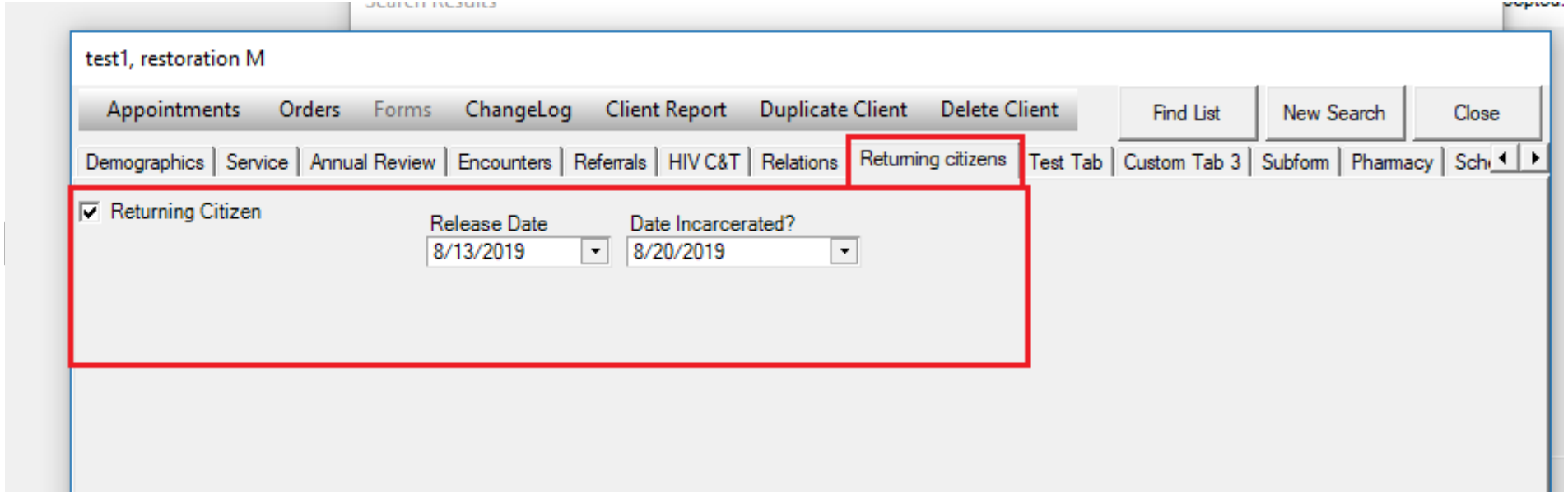
Secondary Contact Name: | Role:

Note:

Save | Cancel

Returning citizens

- The transition from incarceration back to the community is a critical time when individuals can experience factors that can interrupt adherence to treatment. It also represents an opportunity to engage individuals in healthcare access.
- HAHSTA is highly interested in addressing the needs of individuals experiencing reentry into the community using proven best practices and increasing the accessibility to treatment and an effective transition-to-community services for returning citizens.



Tracking ART and PrEP

- Follow steps

test1, restoration M

Appointments | Orders | Forms | Changelog | Client Report | Duplicate Client | Delete Client | Find List | New Search | Close

Demographics | Service | Annual Review | Encounters (1) | Referrals | HIV C&T | Relations | Returning citizens | Test Tab | Custom Tab 3 | Subform | Pharmacy | Sch

Encounter Date: 08/20/2019 | HAHSTA | Create Encounter (2) | Delete Encounter | Encounter Report | Sharing Options

Only show data for this provider

Vital Signs | Hospital/ER Admissions | Medications (3) | Labs | Screening Labs | Screenings | Immunizations | Diagnoses | Case Note

Current Medications:

Date ART 1st Prescribed: 8/8/2019 (4) | Pre-ART Reason: | Setup | Rapid Entry (5)

Allergies:

Medications Rapid Entry

Client: test1, restoration M | HIV+ Date: | Date ART 1st Prescribed: 8/8/2019 | Pre-ART Reason:

Setup | Report | Chart | Close

Allergies:

Filter

From: 8/20/2018 | Through: 8/20/2019 | Indication: | OI: | Show All | Only Include Current Medications On Report

Medication:	Abbrev.:	Units:	Str:	Dose:	Frq:	Total Daily ...	Indication:	OI:
cobicistat/el...	ELV+TDF+...	1	550	550	qd	550	Other	

Start (6) | Stop | Change Dose | Zoom/Correct Error

Start Medication(s) Page 1

1. Enter the start date for the medication(s).
2. Select the regimen you are starting
   OR
   Click on the medication(s) you want to start.
3. Click Next>>

All Medications | ART Medications | Non-ART Medications

Start Date: 8/20/2019

Regimen:

Start	Regimen Name

Regimen Setup

Medication(s): Filter: tr

Start	Medication Name
☐	bictegravir/emtricitabine/tenofovir
☐	cobicistat/elvitegravir/emtricitabine/tenofovir disopr
☐	efavirenz/emtricitabine/tenofovir
☐	emtricitabine
☐	emtricitabine/rilpivirine/tenofovir
☑	emtricitabine-tenofovir (7)
☐	etravirine

Cancel | Next>> (8)

Start Medication

PrEP

4. Enter the strength, frequency and other related information for each medication

5. Click Finish.

9

Medication:	Units:	Form:	Strength:	Frequency:	Dose:	Indication:	OI:	Comment:	Instructions:
emtricitabine-tenofo						ART			

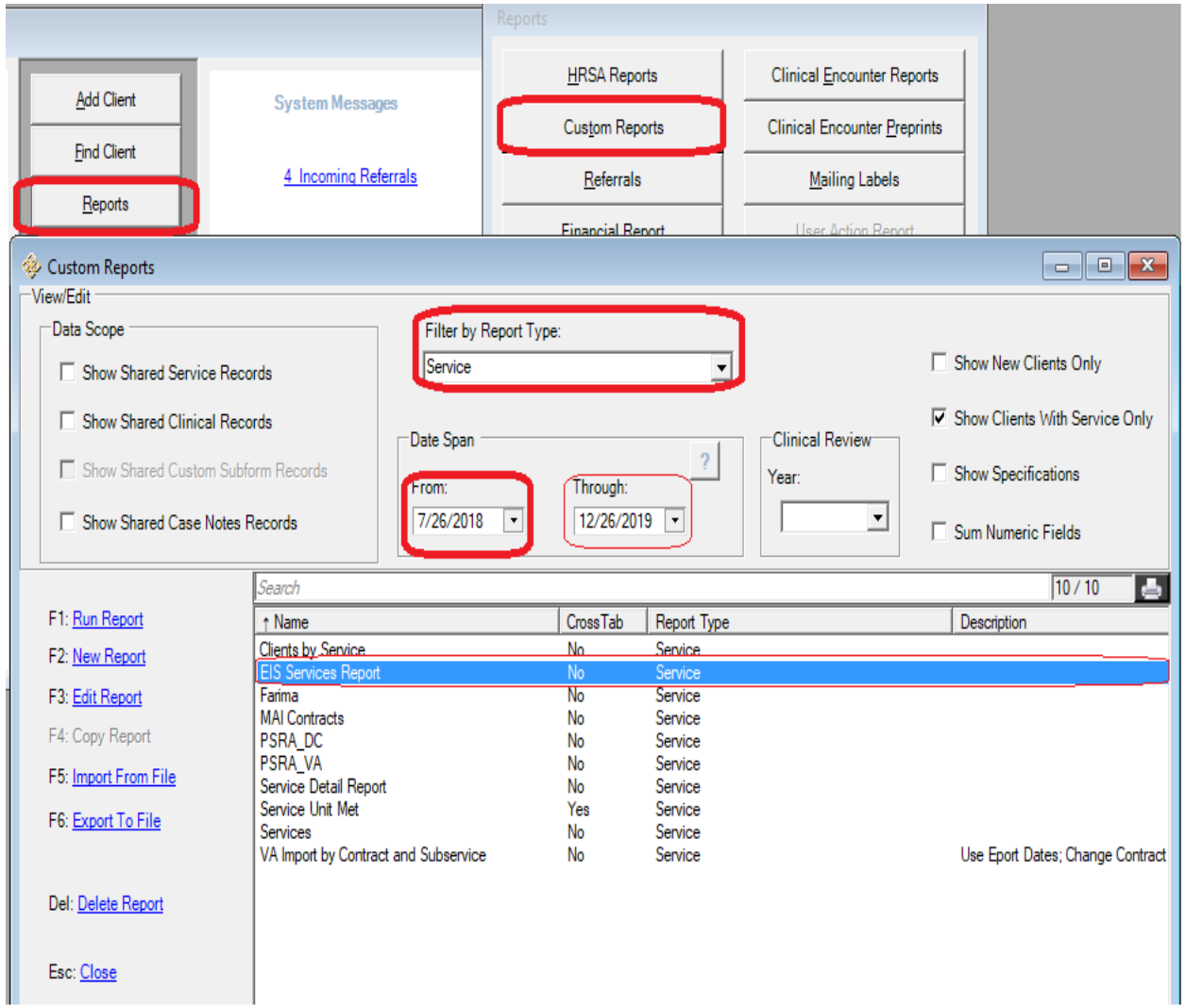
If patient is HIV -ve please enter PrEP in the comment field

10

<<Back | Finish

Reports

- EIS Service Report
- Reports➔Custom Reports➔ Filter by report type "Service"➔Enter date span➔Select 'EIS Service Report'➔Run Report



RW CAREWare Report Viewer

File

View As PDF | Print... | 100 % | 1/1 | Backward | Forward

Export

Export Type: Rich Text Format (RTF)

- Rich Text Format (RTF)
- Portable Document Format (PDF)
- HTML Format (HTM)
- Excel 2003 Format (XLS)
- Excel CSV Format (CSV)
- Tagged Image Format (TIF)
- Text Format (TXT)
- XML Format (XML)

File

OK | Cancel

HAHSTA TEST PROVIDER

First Name:	DOB:	Srv Date:	Srv Short Name:	Srv Contract:
Prince	3/12/1963	8/6/2019	EIS_Find'em	Regional EIS
Prince	3/12/1963	8/6/2019	EIS_Test'em	Regional EIS
Prince	3/12/1963	8/6/2019	EIS_Link'em	Regional EIS
Lobster	9/10/2000	8/7/2019	EIS_Find'em	Regional EIS
Lobster	9/10/2000	8/7/2019	EIS_Test'em	Regional EIS
Lobster	9/10/2000	8/7/2019	EIS_Link'em	Regional EIS
Lobster	9/10/2000	8/7/2019	EIS_Teach'em	Regional EIS
Lobster	9/10/2000	8/7/2019	EIS_Keep'em	Regional EIS
Lobster	9/10/2000	8/7/2019	OAHS -$- New patient, 99204	Part A -$- TEST
restoration	1/1/2000	8/13/2019	EIS_Find'em	
restoration	1/1/2000	8/8/2019	EIS Diagnostic testing/services	
restoration	1/1/2000	8/8/2019	OAHS -$- New patient, 99204	

Export

Export Type: Tagged Image Format (TIF)

File

EIS Services Report

Data Scope: HAHSTA TEST PROVIDER

eURN:	Last Name:	First Name:	DOB:	Srv Date:	Srv Short Nar
eALTw1yQI	Akeem	Prince	3/12/1963	8/6/2019	EIS_Find'em
eALTw1yQI	Akeem	Prince	3/12/1963	8/6/2019	EIS_Test'em

Save As

OneDrive - Government of The District of Columbia › CAREWare 6_2019 › Regional EIS

Search Regional EIS

Organize | New folder

- Regional EIS
- OneDrive - Govern
- Attachments
- CAREWare 6_201
- New User Docs
- Regional EIS
- CoC 2013_2017t
- CSSB
- Hodan
- Keep up with the
- May Webinar Sli
- MY CQI Resourc
- Personal files

Name	Date modified	Type	Size

No items match your search.

File name: EIS Service Report Prov_Name_Date

Save as type: Tiff Format (*.tif)

Hide Folders | Save | Cancel

EIS Services Report

Data Scope: **HAHSTA TEST PROVIDER**

eURN:	Last Name:	First Name:	DOB:	Srv Date:	Srv Short Name:	Srv Contract:
eALTw1yQI	Akeem	Prince	3/12/1963	8/6/2019	EIS_Find'em	Regional EIS
eALTw1yQI	Akeem	Prince	3/12/1963	8/6/2019	EIS_Test'em	Regional EIS
eALTw1yQI	Akeem	Prince	3/12/1963	8/6/2019	EIS_Link'em	Regional EIS
qtG0JlldC	Red	Lobster	9/10/2000	8/7/2019	EIS_Find'em	Regional EIS
qtG0JlldC	Red	Lobster	9/10/2000	8/7/2019	EIS_Test'em	Regional EIS
qtG0JlldC	Red	Lobster	9/10/2000	8/7/2019	EIS_Link'em	Regional EIS
qtG0JlldC	Red	Lobster	9/10/2000	8/7/2019	EIS_Teach'em	Regional EIS
qtG0JlldC	Red	Lobster	9/10/2000	8/7/2019	EIS_Keep'em	Regional EIS
qtG0JlldC	Red	Lobster	9/10/2000	8/7/2019	OAHS -$- New patient, 99204	Part A -$ - TEST
s9NSE1QLD	test1	restoration	1/1/2000	8/13/2019	EIS_Find'em	Regional EIS
s9NSE1QLD	test1	restoration	1/1/2000	8/8/2019	EIS Diagnostic testing/services	Part A_EIS
s9NSE1QLD	test1	restoration	1/1/2000	8/8/2019	OAHS -$- New patient, 99204	Part A -$ - TEST

eURN	Last Name	First Name	DOB	Srv Date	Srv Short Name	Srv Contract	Rapid ART (S	PrEP (Srv. Cu	Hep C (Srv. Custo	Preventive	Health Care	Support (Srv	HIV (Srv. C	Hep C (S	Custom)
s9NSE1QLD	test1	restoration	1/1/2000	9/13/2019	RegEIS_ART/PrEP/PEP Initiated on s	Regional EIS	Yes	Yes	No	No	No	No	No	No	
s9NSE1QLD	test1	restoration	1/1/2000	9/13/2019	RegEIS_Educated	Regional EIS	No	No	No	No	No	No	Yes	No	
s9NSE1QLD	test1	restoration	1/1/2000	9/13/2019	RegEIS_RegEIS-Newly Diagnosed	Regional EIS	No	No	Yes	No	No	No	Yes	Yes	
s9NSE1QLD	test1	restoration	1/1/2000	9/13/2019	RegEIS_Linked to Services	Regional EIS	No	Yes	No	Yes	Yes	Yes	No	No	
s9NSE1QLD	test1	restoration	1/1/2000	9/13/2019	RegEIS_Linked to Services	Regional EIS	No	No	No	No	No	No	No	No	
s9NSE1QLD	test1	restoration	1/1/2000	9/13/2019	RegEIS_Referred to Services	Regional EIS	No	Yes	No	Yes	Yes	Yes	No	No	

Number of Records **12**

Financial reports

Main Menu

Department of Health and Human Services
HRSA
Health Resources and Services Administration

Add Client
Find Client
1 Reports
Drug Inventory System
Appointments
Orders
Administrative Options
My Settings
Rapid Service Entry
Log Off
Exit

Reports

HRSA Reports
Custom Reports
Referrals
2 Financial Report
No Service in X Days
WICY Report
Service Detail Report
Sharing Change Report
Contract Change Report

Maximize All Reports?

RW CAREWare 5.0 - Financial Report

Data Scope:

Domains:
HAHSTA TEST PROVIDER

Group By Providers

Date Selection:

Year:

-OR-

From: 8/1/2019 Through: 8/31/2019 3

Funding Source	RW Funded?
Part A - MAI - YouthReach	Yes
Fake Foundation	No
Part A	Yes 4
Part B	Yes
Part C	Yes
Part D	Yes
Part D Youth	Yes
Part F, Part A MAI	Yes

5 Include Subservice Detail

Include Provider Information

Pull amount received data from receipts in the date span

Report Filter:

Apply Custom Filter Edit Filter

Run Report 6

Close

RW CAREWare Report Viewer

File

View As PDF Print... 100 % 1/2 Backward Forward

Financial Report

Thursday, August 1, 2019 through Saturday, August 31, 2019

Report Criteria:

Provider(s):	HAHSTA TEST PROVIDER
Funding Source:	Part A
Group By Providers:	True
Include subservice detail:	True

HAHSTA TEST PROVIDER

Early Intervention Services	**Clients:**	**Units:**	**Total:**	**Amount Received:**	**Not Received:**
EIS Diagnostic testing/services	1	2	$0.00	$0.00	$0.00
EIS_Find'em	3	3	$0.00	$0.00	$0.00
EIS_Keep'em	1	1	$0.00	$0.00	$0.00
EIS_Link'em	2	2	$0.00	$0.00	$0.00
EIS_Teach'em	1	1	$0.00	$0.00	$0.00
EIS_Test'em	2	2	$0.00	$0.00	$0.00
Early Intervention Services Totals:	**3**	**11**	**$0.00**	**$0.00**	**$0.00**
Mental Health Services	**Clients:**	**Units:**	**Total:**	**Amount Received:**	**Not Received:**
MH Diagnostic interview	1	1	$0.00	$0.00	$0.00
Mental Health Services Totals:	**1**	**1**	**$0.00**	**$0.00**	**$0.00**
Outpatient/Ambulatory Health Services	**Clients:**	**Units:**	**Total:**	**Amount Received:**	**Not Received:**
OAHS -$- New patient, 99204	2	2	$200.00	$0.00	$200.00
Outpatient/Ambulatory Health Services Totals:	**2**	**2**	**$200.00**	**$0.00**	**$200.00**
Provider Total	**3**	**14**	**$200.00**	**$0.00**	**$200.00**

Contact us with any questions

- CAREWAre (Input and Technical Assistance) at care.ware@dc.gov
- Data (Output) at hodan.eyow@dc.gov

Thank you!