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HAHSTA CARE & TREATMENT DC EMA CAREWARE DATA ELEMENTS

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**DC Department of Health – HIV/AIDS, Hepatitis, STD, Tuberculosis Administration:
Care and Treatment Division
DC EMA CAREWare Data Elements Specification**

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Acronyms

Acronyms	Definitions
OAHS	Outpatient/Ambulatory Health Services
MCM	Medical Case Management
NMCM	Non-Medical Case Management
EIS	Early Intervention Services
EHE	Ending the HIV Epidemic initiative services
HIPCS	Health Insurance Premium and Cost-Sharing Assistance
PrEP	Pre-exposure Prophylaxis
PEP	Post Exposure Prophylaxis

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Summary

HAHSTA expects 100% completion for the data elements indicated below. These are the minimum CAREWare client-level data elements required monthly for payment.

All Data deliverables are due to be imported by 10th business day including clinical data.

For providers that are uploading data: note that the Table and Field Names were derived from the Provider Data Import (PDI) specification documents. Reference the PDI materials on [HAHSTA's ShareFile](#) site or [Provider Data Import - Specifications](#) site for field format requirements. It is very important that providers coordinate with HAHSTA to establish what codes and values should be used and that the same values are consistently used. Failure to do this will result in inability to upload data and/or incorrect data being imported.

exp_provider Table (All service categories)

Field Name	Description/Comment
prv_name	The name of the provider
prv_taxpayer_id	The agency's taxpayer ID

exp_client Table (All service categories)

Note: an exp_client record must be included for any associated record in the file, even if the client record itself has not changed since the last export.

Field Name	Description/Comment
cln_pk	Used only for database relations within this file.
cln_eurn	Encrypted URN (usually nine characters). Required if cln_first_name or cln_last_name is blank.
cln_urn_suffix	Used to distinguish multiple clients with the same URN.
cln_client_id	The ID that you use to identify clients.
cln_last_name	The client's last name.
cln_first_name	The client's first name.
cln_middle_name	New field holds 25 characters, but initial is acceptable.
cln_street	Number and street name of the client's address.
cln_city	The client's city of residence.
cln_state	FIPS code for the state.
cln_county	FIPS code for the county. Must be a valid county code for the given State. If no state is given then this must be null as well.
cln_zip	Do not code the hyphen.
cln_phone	Use any format.
cln_dob	Full DOB is required.
cln_dob_estimated	Signifies whether or not the DOB is an estimate
cln_gender	Code for: <ul style="list-style-type: none"> • 1 - Male • 2 - Female • 3 - Transgender Unk • 4 - Transgender MtF • 5 - Transgender FtM • 6 – Refused to Report • 9 – unknown
cln_race_white	Checked if the client is white.
cln_race_black	Checked if the client is African American.
cln_race_asian	Checked if the client is Asian.
cln_race_pacific	Checked if the client is Native Hawaiian or Other Pacific Islander.
cln_race_indian	Checked if the client is American Indian or Alaska Native.

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cln_race_other	Checked if the client is a race other than the options listed.
cln_race_unknown	Checked if the client’s race is unknown (another race box cannot be checked).
cln_hispanic	Indicates Hispanic ethnicity (Yes, No, or Unknown); technically, distinct from the race fields but often used in a similar fashion. Code for: 0 – No 1 – Yes
cln_risk_msm	Men who have Sex with Men; now a separate Boolean value.
cln_risk_idu	Intravenous Drug Use; now a separate Boolean value.
cln_risk_hetero	Heterosexual contact; now a separate Boolean value.
cln_risk_hemo	Hemophilia/coagulation disorder; now a separate Boolean value.
cln_risk_perinatal	Perinatal transmission; now a separate Boolean value.
cln_risk_transfusion	Receipt of transfusion of blood, blood components, or tissue; now a separate Boolean value.
cln_risk_other	Now a separate Boolean value.
cln_risk_other_description	Description of the “other” risk; now a separate Boolean value.
cln_vital_status	Code for: 1 - Alive 2 - Deceased 3 - Unknown Enrollment Status now a separate value.
cln_date_of_death	
cln_enrollment_status	Code for: <ul style="list-style-type: none"> • Active • Referred or Discharged • Removed • Incarcerated • Relocated • Deceased Vital Status now a separate value.
cln_enrollment_date	Enrollment date of client
cln_date_case_closed	Date client’s case is closed
cln_hiv_status	Code for: 1 - HIV-positive (not AIDS) 2 - HIV-positive (AIDS status unknown), 3 - CDC defined AIDS, 4 - HIV-negative (affected), 5 - HIV-indeterminate, or
cln_hiv_date	The date on which the client was diagnosed HIV+.
cln_hiv_date_est	Yes if the HIV+ date is an estimate.
cln_aids_date	The date on which the client was diagnosed with AIDS.
cln_aids_date_est	Yes if the AIDS date is an estimate.
cln_date_art_first_prescribed	Date ART first prescribed to the client.
cln_pre_art_reason	Code for explanation of why client was not prescribed ART after diagnosed with HIV: 1 - Treatment not medically indicated per guidelines, 2 - Client not ready (as determined by clinician), 3 - Client refused therapy, or

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	4 - Other extenuating circumstances (e.g. inadequate insurance, ability to pay)
cln_encrypted_UCI	If URN fields are supplied then this value is not used (it is generated from the URN).
cln_race_label	Enables entry of multiple race subgroup values from this field
cln_risk_label	Enables entry of multiple risk subgroup values from this field
cln_birth_gender	Code for: <ul style="list-style-type: none"> • Male • Female
cln_hispanic_subgroup	Enables entry of multiple Hispanic subgroup values from this field <ol style="list-style-type: none"> 1- Mexican, Mexican American, Chicano 2- Puerto Rican 3- Cuban 4- Another Hispanic, Latino/a or Spanish Origin
cln_pacific_subgroup	Enables entry of multiple pacific subgroup values from this field <ol style="list-style-type: none"> 1- Native Hawaiian 2- Guamanian or Chamorro 3- Samoan 4- Other Pacific Islander
cln_asian_subgroup	Enables entry of multiple Asian subgroup values from this field <ol style="list-style-type: none"> 1- Asian Indian 2- Chinese 3- Filipino 4- Japanese 5- Korean 6- Vietnamese 7- Other Asian
cln_phone_type	Phone Type Code for: <ol style="list-style-type: none"> 01 - Home 02 - Mobile 03 - Work 04 - Fax
cst_Date_Incarcerated	Pick the date client is incarcerated
cst_Release_Date	Pick the date client is released from incarceration
cst_Returning_Citizen_	Code for: <ol style="list-style-type: none"> 0 - No 1 - Yes
cst_PrEP_and_Testing_Data_Collection_or_Update	Pick the date the information is collected or updated.
cst_H800_Ever_Heard_of_PrEP	The client/patient's awareness of HIV Pre-exposure prophylaxis (PrEP), the medication taken daily to reduce the risk for acquiring HIV infection. Indicate if the client/patient has ever heard of PrEP Code and description 01-Yes 02- No
cst_H802_Used_PrEP_Anytime_in_the_Last_12_months	An indication of whether the client/patient has used PrEP anytime in the last 12 months. Indicate if the client/patient used PrEP in the last 12 months. 01-Yes

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	02-No
cst_X731_Currently_Taking_Daily_PrEP_Medicine	An indication if the client is currently on Pre-exposure prophylaxis (PrEP) medicine. Indicate if the client is currently on Pre-exposure prophylaxis (PrEP) medicine. 01-Yes 02-No
cst_G204_Previous_HIV_Test	The client's self-report of having had at least one prior HIV test. Indicate if the client reports having at least one prior HIV test 01- Yes 02- No 99- Don't know
cst_G205a_Previous_HIV_Test_Result	The client's result from his/her most recent HIV test confirmed through record review or surveillance. If the client reports having had a previous HIV test (i.e., G204: Previous HIV Test = "Yes"), then indicate the client's HIV test result as found using a record review or surveillance report. If no report found, may use self-report as alternative. 01- Record Found – Positive 02- Record Found – Negative 03- Record Found – Preliminary Positive 04- Record Found – Indeterminate 05- No Record Found – Self Report Negative 06- No Record Found – Self Report Positive 07- No Record Found – No Self Report
cst_X111_Result_Provided	The act of informing the client of the HIV test result. Indicate whether the result of this HIV test was provided 01- Yes 02- Yes, client obtained the result from another agency 03- No
cst_X138_New_or_Previous_HIVpositive_Diagnosis	The indication of if the client/patient's HIV infection is a new diagnosis or if their infection was previously diagnosed. Indicate whether the current positive HIV test is a new diagnosis for this client/patient or if their infection was previously diagnosed. 01- New Diagnosis (Verified) 02- New Diagnosis (Not Verified) 03- Previous Diagnosis 04- Unable to Determine
cst_X748_Screened_for_PrEP_Eligibility	Refers to whether an assessment was conducted to determine if he or she meets the appropriate criteria for using preexposure prophylaxis (PrEP). Indicate whether the client/patient was screened for PrEP eligibility. 01- Yes 02- No
cst_X749_Eligible_for_PrEP_Referral	An indication of whether the client/patient met the appropriate criteria for receiving a referral for using PrEP. Indicate whether the client/patient was eligible to receive a referral for PrEP. 01- Yes, by CDC criteria 02- Yes, by local criteria or protocol 03- No
cst_X750_Referred_to_a_PrEP_Provider	An indication of whether the client/patient was given a referral to a PrEP provider. PrEP providers are peers, volunteers, and staff members of clinics, health departments, and community-based organizations. Indicate whether the client/patient was given a referral to a PrEP provider. 01- Yes

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	02- No
cst_X751_Assistance_with_Linkage_to_a_PrEP_Pro	An indication of whether the client/patient was provided navigation or linkage services to assist with linkage to a PrEP provider. Indicate whether the client/patient was provided navigation or linkage services to assist them with linkage to a PrEP provider. 01- Yes 02- No
cst_Proof_of_HIV_Status	Proof of HIV Status
cst_Proof_of_HIV_Status_Documentation	Proof of HIV Status Documentation
cst_Proof_of_Income	Proof of Income
cst_Proof_of_Income_Required_Documentation	Proof of Income Required Documentation
cst_Proof_of_Residency_	Proof of Residency
cst_Proof_of_Residency_Required_Documentation	Proof of Residency Required Documentation
cst_Proof_of_Insurance_	Proof of Insurance
cst_Proof_of_Insurance_Required_Documentation	Proof of Insurance Required Documentation
cst_Eligibility_expiration_Date_	Eligibility expiration Date
cst_Consented_to_share_eligibility_information	Consented to share eligibility information and doc
cst_Release_of_information_form_	Release of information form
cst_Eligibility_Staff_Name	Eligibility Staff Name
NOTE: To create a unique identifier for each client, first name, last name, DOB, and gender are required for all clients. Additionally, responses to “cln_date_art_first_prescribed” and “cln_pre_art_reason” are both used to calculate medication use in RW clients.	

* All Boolean fields are required by CAREWare. Any left null will be interpreted as FALSE.

** CAREWare dropdown lists that specify an Unknown option do not permit null values. Any left null will be interpreted as “Unknown.”

*** Null value will default to ‘U’

exp_service Table (All service categories)

Field Name	Description/Comment
srv_pk	Not used by the import process; only useful for user reference.
srv_cln_fk	Points to the client record to which this record is related.
srv_delete	Yes if this record has been deleted at the provider and should be deleted in CAREWare.
srv_subservice	Code for the description of the service provided to the client. The master list is created and maintained by the central administrator.
srv_date	Date of service
srv_contract_name	Specifies which contract the service is attached to. NOTE: An error will occur if the value provided does not match a valid contract name.
srv_category	Label for the service category to which this service entry belongs. *This field is not imported*

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cst_Health_Care	When entering referral or Linkage to services, check the box if done/provided/completed
cst_Health_Litracy_and_Access	When entering referral or Linkage to services, check the box if done/provided/completed
cst_Hep_C	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_HIV	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_HRRS	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_PEP	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_PrEP	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_Preventive	When entering referral or Linkage to services, check the box if done/provided/completed
cst_Rapid_ART	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_Rapid_ARTART	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_STIs	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_Support	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_UU	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_Acuity_Level	Client's Acuity scale or Level of care determined by Initial and subsequent Medical Case Management visits 1/Self-Management 2/Basic Management 3/ Moderate Management 4/Intensive Management
cst_Acuity_Level_Date	Date acuity level/scale assessed
Cst_Telehealth_Visit_type	01:Telehealth - video, 02:Telehealth - telephone
Cst_Face_To_Face_Visit_Type	01:F2F office, 02:F2F hospital, 03: F2F home, 04: F2F corrections, 05: F2F other

* All Boolean fields are required by CAREWare. Any left null will be interpreted as FALSE.

** The quantity field defaults to 1 if no value is supplied.

*** Price defaults to \$0 if no values are supplied.

exp_relations (only if reporting on affected dependents)

Field Name	Description/Comment
rlt_pk	Uniquely identifies each record.
rlt_delete	Yes if this record has been deleted at the provider and should be deleted in CAREWare.
rlt_index_cln_fk	FK to the index client in the relation.
rlt_dependant_cln_fk	FK to the dependent client in the relation.
rlt_relation_fk	Code for the relation the dependent client has with the index client.
rlt_relation_label	Descriptive label to help with matching.

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exp_test Table (OAHS, MCM, NMCM, EHE services, EIS & HIPCS)

Field Name	Description/Comment
tst_pk	Uniquely identifies each record.
tst_cln_fk	Points to the client record to which this record is related.
tst_delete	Yes if this record has been deleted at the provider and should be deleted in CAREWare.
tst_test_definition_code	Code for the specific type of test. The master list is created and maintained by the central administrator.
tst_date	Date of the test. (This is usually the date the specimen was collected)
tst_comment	Free text that can be used to supply additional information about the test.
tst_result	Code for a qualitative test result. This is a customizable list of result codes. Note: if an operator is included in the result, it is expected to be one of the following: Acceptable values are: <ul style="list-style-type: none"> • "<" • "<=" • "=" • ">=" • ">"
tst_titer	Include if the test produces a titer result.
tst_test_definition_label	Descriptive label for Test code, primarily used in the CAREWare PDE.
tst_action_code	Code for Action taken for this test. Will be mapped to a CAREWare test action.
tst_action_label	Descriptive label for action.

* All Boolean fields are required by CAREWare. Any left null will be interpreted as FALSE.

Housing status data now goes to the test table for import. Check the [PDI specification guide](#) for detail

exp_diagnosis Table (Outpatient/Ambulatory Health Services-only)

Field Name	Description/Comment
dgn_pk	Uniquely identifies each record.
dgn_cln_fk	Points to the client record to which this record is related.
dgn_delete	Yes if this record has been deleted at the provider and should be deleted in CAREWare.
dgn_definition_code	Code for the specific diagnosis. The master list is created and maintained by the central administrator.
dgn_assessment	Code for: <ul style="list-style-type: none"> 1 - Definitive 2 - Presumptive 3 - Unknown
dgn_date	Date the diagnosis was given
dgn_comment	Free text that can be used to supply additional information about the diagnosis.
dgn_definition_name	Descriptive label for diagnosis code, primarily used in the CAREWare PDE
prv_name	Added to allow importing data from multiple domains in a single file; prv_name acts as a referential key to the provider for each record.
dgn_problem	Medical issue resulting in diagnosis
dgn_problem_status	Status of client's problem
dgn_date_resolved	Date of when problem was resolved
dgn_date_icd10_code	ICD-10 diagnosis code

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exp_immunization Table (Outpatient/Ambulatory Health Services-only)

Field Name	Description/Comment
imm_pk	Uniquely identifies each record.
imm_cln_fk	Points to the client record to which this record is related.
imm_delete	Yes if this record has been deleted at the provider and should be deleted in CAREWare.
imm_definition_code	Code for the specific diagnosis. The master list is created and maintained by the central administrator.
imm_received_code	Determines whether the immunization was given. CAREWare values: 1 - Yes 2 - NMI 3 - No 4 - Refused
imm_date	Date the immunization was given
imm_immunity_code	Code for any immunity: 01 - Immune 02 - Nonimmune 03 - History of infection 04 - History of vaccination 99 - Unknown

exp_insurance_assessment Table (All service categories)

Field Name	Description/Comment
ins_as_pk	Uniquely identifies each record.
ins_as_primary_insurance_code	Primary Insurance for the client. Codes are: 3 - Medicaid 4 - Other public (e.g. Champus, VA) 5 - No Insurance 6 - Other 7 - Medicare part A/B 8 - Medicare part D 9 - Unknown 10 - Private – Employer 11 - Private – Individual 13 - VA, Tricare and other military health care 14 - IHS
ins_as_primary_insurance_label	Label for primary insurance
ins_as_ins_tp_private	Adds private insurance as other insurance
ins_as_ins_tp_medicare	Adds Medicare insurance as other insurance
ins_as_ins_tp_medicaid	Adds Medicaid insurance as other insurance
ins_as_ins_tp_other_public	Adds Other Public insurance as other insurance
ins_as_ins_tp_no_insurance	Adds No insurance as other insurance.
ins_as_ins_tp_other	Adds other insurance as other insurance
ins_as_ins_tp_unknown	Adds unknown insurance as other insurance
ins_as_ins_tp_medicare_ab	Adds Medicare Part A/B insurance as other insurance
ins_as_ins_tp_medicare_d	Adds Medicare Part D insurance as other insurance.
ins_as_other_insurance	Stores the value of the 'other' insurance if 'ins_as_ins_tp_other' is chosen
ins_as_date	Date the insurance record was added
ins_as_cln_fk	Points to the client record to which this record is related

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Ins_as_delete	If set, it will delete the record
Ins_tp_primary_insurance_label	The client's Primary Insurance. This label field is not required, but the code field is (see above).
ins_as_ins_tp_medicare_ab	Adds Medicare insurance part A/B
ins_as_ins_tp_medicare_d	Adds Medicare insurance part D
Ins_as_delete	If set, it will delete the record
Ins_as_full_lis	With Medicare Part D Checked Full LIS Secondary Insurance
Ins_as_high_risk_pool	
prv_name	Added to allow importing data from multiple domains in a single file; prv_name acts as a referential key to the provider for each record.
Ins_as_ins_tp_private_ind	Adds Private – Individual as other insurance.
Ins_as_ins_tp_private_emp	Adds Private - Employer as other insurance.
Ins_as_ins_tp_va_military	Adds VA-military as other insurance.
Ins_as_ins_ihs	Adds Indian Health Services as other insurance.

exp_eligibility Table (All service categories)

Field Name	Description/Comment
elg_pk	Uniquely identifies each record
elg_cln_pk	Yes if this record has been deleted at the provider and should be deleted in CAREWare. Null value is false.
elg_date	Date of change to client's eligibility status
elg_yes_no_code	Eligibility status confirmation reference code
elg_yes_no_label	Descriptive label for confirmation
elg_elg_cs_code	Eligibility status custom reference code
elg_elg_cs_label	Descriptive label for custom fields
elg_comment	Any comments the user wishes to enter.
elg_delete	
prv_name	Added to allow importing data from multiple domains in a single file; prv_name acts as a referential key to the provider for each record.
elg_fnd_sr_code	Eligibility status funding reference code
elg_fnd_sr_label	Descriptive label for funding source

exp_referral (EHE, EIS, NMCM, MCM, Referral services)

Field Name	Description/Comment
rfr_pk	Uniquely identifies each record
rfr_delete	Yes if this record has been deleted at the provider and should be deleted in CAREWare. Null value is false.
rfr_cln_fk	Foreign key to the cw_client table.
rfr_referred_to	Name of provider client Referred to
rfr_service_category	Description of Service Category client is being referred for
rfr_date_referred	Enter referral date
rfr_status	Descriptive label for custom fields
rfr_date_received	Date referral is received
rfr_class	Referral provider specialty
rfr_comment	Any comments the user wishes to enter.
rfr_referred_to_label	Descriptive label for provider client is referred to
rfr_class_label	Descriptive label for referral class
prv_name	Provider Name

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rfr_service_category_label	Descriptive label for service category client is referred for
rfr_status_label	Descriptive label for referral status

Exp_medication (OAHS, MCM, and EHE services)

Field Name	Description/Comment
mdc_pk	Uniquely identifies each record
mdc_cln_fk	Foreign key to the cw_client table.
mdc_delete	Yes if this record has been deleted at the provider and should be deleted in CAREWare. Null value is false.
mdc_medication_code	Uniqe code of medication selected from CAREWare list
mdc_units	The quantity in number of units.
mdc_strength	The unit strength of the regimen.
mdc_frequency	Number of frequency medication is taken per day Code for: 01 – qd 02 – bid 03 – tid 04 – qid 05 – prn 06 – qw 07 – biw 08 – tiw 09 – qow 10 – qod 11 – qh 12 – qhs 13 – qm 14 – q6h 15 – q12h
mdc_start_date	Put date of ART/PrEP prescribed
mdc_end_date	Enter date if medication is stopped
mdc_indication*	Choose options from drop down menu for indication. Code for: 01 – ART 02 – OI Prophylaxis 03 – OI Treatment 99 - Other
mdc_prophylaxis	If indication is OI then indicate the type next to the indication field Code for: 01 – Pneumocytis carinii pneumonia (PCP) 02 – M. avium complex (mac) 03 – M. tuberculosis (Mtb) 04 – Candida 05 – Cytomegalovirus (CMV) 06 – Toxoplasma gondii 07 – Varicella zoster virus (VZV) 08 - Other
mdc_discontinue_reason	Select Reason for discontinuing ART/PrEP
mdc_comment*	User comment. Please enter PrEP for all clients with HIV status “HIV-Negative Affected”

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mdc_medication_label	The description of the type of medication
prv_name	Provider Name
mdc_instructions	Any instruction given to the client

*Please refer to the *DC EMA CAREWare: Documenting PrEP & PEP* for more details when documenting PrEP and PEP

exp_poverty_level_assessment Table (All service category)

Field Name	Description/Comment
pvr_lv_pk	Uniquely identifies each record.
Pvr_lv_household_income	1-9999
Pvr_lv_household_size	\$0.00 - \$999,999,999.99
Pvr_lv_date	Date the poverty level record was added
Pvr_lv_delete	If set, it deletes poverty level record
Pvr_lv_cln_fk	Points to the client record to which this record is related
prv_name	Added to allow importing data from multiple domains in a single file; prv_name acts as a referential key to the provider for each record.

exp_pregnancy Table (OAHS and MCM)

Field Name	Description/Comment
prg_pk	Uniquely identifies each record
prg_hs_cln_fk	Foreign key to the cw_client table.
prg_est_conception_date	Pregnancy conception date
prg_hs_delivery_date	Pregnancy delivery date
prg_hs_pn_take_art_yes_un_rfk	During this pregnancy did the client take ART to reduce risk of maternal HIV transmission?

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Location of RSR Client-level Data Elements

This table maps location of RSR client level data elements required in CAREWare system. The table is aimed to facilitate preparation of providers throughout the year for successful submission of their Ryan White Services Report (RSR)

Demographics

- *Required of all clients who received any core medical or support service if they are ELIGIBLE for RWHAP services. For more information regarding reporting requirements based on services received, review Appendix A in the RSR Instruction Manual.*
- *Eligibility recorded in CAREWare in Eligibility History accessed from the Demographics tab in the client record.*

Field ID	Field Name	Coding	Location in CAREWare
SV4	Encrypted Unique client ID (eUCI)	Encrypted using hash function	Auto-calculated by CAREWare from first and last name, date of birth, and gender of each client
4	Client's year of birth	<u>YYYY</u>	Demographics>Personal Info - Date of Birth field
5	What is the client's self-reported ethnicity?	<ul style="list-style-type: none"> ● Hispanic/Latino ● Non-Hispanic/Latino 	Demographics>Race/Ethnicity - Hispanic or Latino field
68	Hispanic Subgroups <i>(Select one or more)</i>	<ul style="list-style-type: none"> ● Mexican, Mexican American, Chicano/a ● Puerto Rican ● Cuban ● Other Hispanic, Latino/a or Spanish origin 	Demographics>Race/Ethnicity Check each Hispanic ethnicity that is true. (The Hispanic or Latino field value must be set to Yes to see these options.)
6	What is the client's race? <i>(Select one or more)</i>	<ul style="list-style-type: none"> ● White ● Black or African American ● Asian ● Native Hawaiian/ Pacific Islander ● American Indian or Alaska Native 	Demographics>Race/Ethnicity More than one race can be selected.
69	If Asian, what subgroup? <i>(Select one or more)</i>	<ul style="list-style-type: none"> ● Asian Indian ● Chinese ● Filipino ● Japanese ● Korean ● Vietnamese ● Other 	Demographics>Race/Ethnicity Check each Asian race that is true. (The Asian field value must be checked to see these options.)
70	If Native Hawaiian/Pacific Islander, what subgroup? <i>(Select one or more)</i>	<ul style="list-style-type: none"> ● Native Hawaiian ● Guamanian or Chamorro ● Samoan ● Other Pacific Islander 	Demographics>Race/Ethnicity Check each NHPI race that is true. (The Native Hawaiian or Other Pacific Islander field value must be checked to see these options.)

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Field ID	Field Name	Coding	Location in CAREWare
7	Client's current self- reported gender	<ul style="list-style-type: none"> ● Male ● Female ● Transgender ● Unknown ● Transgender Male to Female ● Transgender Female to Male ● Transgender unknown 	Demographics>Personal Info – Gender field
71	Client sex at birth	<ul style="list-style-type: none"> ● Male ● Female 	Demographics>Personal Info – Sex At Birth field
Data elements required if client receives Outpatient Ambulatory Health Services, Medical Case Management or Non-Medical Case Management except where noted			
2	What was the client's vital at the end of this reporting period?	<ul style="list-style-type: none"> ● Alive ● Deceased ● Unknown 	Demographics>Vital Enrollment Status - Vital Status field
9	Client's percent of the Federal poverty level	Continuous variable-actual poverty level percentage reported	Annual Review>Poverty Level Assessments Household size must be 1 or higher Value will only be exported if it falls within the current reporting period; otherwise no value will be reported.
10	Client's housing status	<ul style="list-style-type: none"> ● Stable/permanent ● Temporary ● Unstable 	Annual Review>Annual Screenings> Value will only be exported if it falls within the current reporting period; otherwise no value will be reported. <i>Also required for clients receiving if housing services.</i>
11	Client's housing status collection date	mm/dd/yyyy	Annual Review>Annual Screenings> Value will only be exported if it falls within the current reporting period; otherwise no value will be reported. <i>Also required if for clients receiving housing services.</i>
12	What was the client's HIV/AIDS status?	<ul style="list-style-type: none"> ☐ CDC defined AIDS ☐ HIV indeterminate (infants only < 2 yrs) ☐ HIV-negative (affected) ☐ HIV-positive, AIDS status unknown ☐ HIV-positive, not AIDS 	Demographics>HIV Status- HIV Status field HIV/AIDS dates must be prior to the end of the report year.

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Field ID	Field Name	Coding	Location in CAREWare
72	Year of HIV Diagnosis	YYYY	Demographics>HIV Status- HIV+ Date or AIDS Date
14	Client's risk factor for HIV	<ul style="list-style-type: none"> ● Male to Male sexual contact (MSM) ● Injection drug use (IDU) ● Heterosexual Contact ● Perinatal transmission ● Hemophilia/ coagulation disorder ● Receipt of blood transfusion, blood components, or tissue ● Not Reported or not 	<p>Demographics>HIV Risk Factors</p> <p>More than one risk can be selected</p>
15	Client's health coverage (includes all health coverage reported during the reporting period)	<ul style="list-style-type: none"> ● Private - Employer ● Private - Individual ● Medicare ● Medicaid, CHIP or other public plan ● Veteran's Administration, TRICARE, or other Military health care ● Indian Health Insurance ● Other Plan 	<p>Annual Review >Insurance Assessments</p> <p>Select the Primary Insurance from the drop down list and check all insurance coverage that apply</p> <p>Value will only be exported if it falls within the current reporting period; otherwise no value will be reported</p> <p>Also required for clients that receive any core medical service</p>

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Services**

- Only services that are set up in a contract that has some RWHAP-funding are included in the RSR
- RSR includes number of visits inthecurrentreportingyear for each core medical and support service (except for LPAP/CPAP and Health Insurance Premium and Cost Sharing Assistance) if the client was eligible and provider was funded to deliver the service, even if the service was not paid for by RWHAP for that client. LPAP/CPAP and Health Insurance Premium and Cost Sharing Assistance are reported as delivered for clients receiving the service.
- Only one visit per day per service category is reported

Field ID	Field Name	Coding	Location in CAREWare
16,18,19, 21, 27	Core Medical Services	<ul style="list-style-type: none"> ● Outpatient/Ambulatory Health Services ● Oral Health Care ● Early Intervention Services ● Home Health Care ● Home and Community-Based Health Services ● Hospice ● Mental Health Services ● Medical Nutrition Therapy ● Medical Case Management, including Treatment Adherence Services 	<p>Services</p> <ul style="list-style-type: none"> ● Service funding sources are established in contracts ● Core medical services only reported for HIV-positive or indeterminate clients
28, 44, 75	Support Services	<ul style="list-style-type: none"> ● Non-Medical Case Management Services ● Child Care Services ● Emergency Financial Assistance ● Food Bank/Home-Delivered Meals ● Health Education/Risk Reduction ● Housing ● Linguistic Services ● Medical Transportation ● Outreach Services ● Psychosocial Support Services ● Referral for Health Care and Supportive Services ● Rehabilitation Services ● Respite Care ● Substance Abuse Services (residential) 	<p>Services</p> <ul style="list-style-type: none"> ● Service funding sources are established in contracts
17, 20	Core Medical Services	<ul style="list-style-type: none"> ● AIDS Pharmaceutical Assistance (LPAP, CPAP) ● Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals 	<p>Services</p> <ul style="list-style-type: none"> ● Service funding sources are established in contracts ● Core medical services only reported for HIV- positive or indeterminate clients

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Clinical Information**

●Only reported for HIV-positive clients that have at least one Outpatient/ambulatory health service (OAHs) visit

Field ID	Field Name	Coding	Location in CAREWare
47	Date of the client's <u>first outpatient/ambulatory care visit</u> at this provider agency	mm/dd/yyyy	Service The first service date may be in a different year and may not have been paid for by RWHAP
48	All dates of the client's outpatient ambulatory health service visits during this reporting period	mm/dd/yyyy	Service
49	All CD4 counts and their dates for this client during the reporting period	Test Values and Dates	Clinical encounter: Lab tab Enter date and result for CD4 tests throughout the year
50	All Viral Load counts and their dates for this client during the reporting period	Test Values and Dates	Labs Enter date and result for Viral Load tests throughout the year
52	Client prescribed ART	<ul style="list-style-type: none"> • Yes • N 	Labs At least one ART medication (indication=ART)
55	Was the client screened for syphilis during this reporting period? (excludes all clients under the age of 18 who are not sexually active)	<ul style="list-style-type: none"> • Yes • No • Not medically indicated 	Screening Labs Test is labeled Syphilis (not RPR) and date is in the RSR calendar year. New and custom screenings can be set as the equivalent Test Name for HRSA Reporting under Screening Lab Setup to be included in the RSR
64	(For HIV+ women only) Was the client pregnant during this reporting period?	<ul style="list-style-type: none"> • Yes • No • Not applicable 	Pregnancy History CAREWare uses the estimated date of last menstrual period (LMP) and the pregnancy outcome date to populate this field
73	Positive HIV Test Date Required of clients newly diagnosed in the reporting year	mm/dd/yyyy	Demographics>HIV Status HIV+ Date or AIDS Date Counseling and Testing First Test Date with positive result
74	OAHs Link Date Required of clients newly diagnosed in the reporting year	mm/dd/yyyy	Service Date of first medical visit when the HIV diagnosis date is in the current reporting year (newly diagnosed HIV)