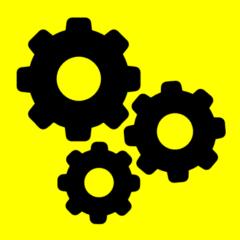


DC EMA CAREWare Centralized Eligibility System



User Guide Version 2025







HIV, AIDS, Hepatitis, STD and TB Administration Care and Treatment Division

DC EMA CAREWare Centralized Eligibility System User Guide 2025

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What is Centralized Eligibility?

DC EMA CAREWare (CW) Centralized Eligibility (CE) is a system whereby network providers can upload and access Ryan White services eligibility fields and documentation for shared clients. Eligibility records and supporting documents will be viewable across providers of shared clients.

How Does Centralized Eligibility Work?

For CE to work, every provider must have Provider-by-Provider Sharing enabled in the system. These pre-configured permissions are centrally managed by HAHSTA. The success of the CE system is dependent on the accuracy of client records across all DC EMA CAREWare domains to include the proactive prevention, identification, and reconciliation of duplicate clients in the system. CAREWare has functionality to check for possible duplicates. As such, it is crucial to properly review customer information when possible duplicate flagging occurs prior to marking a client as new.

What Are the Benefits of Centralized Eligibility?

This functionality will reduce the burden of <u>Ryan White eligibility determination and recertification</u> requirements (<u>PCN 21-02</u>) for the customers and providers. CE also enables Program Officers and authorized HAHSTA staff to review service eligibility information and documents remotely using CAREWare.

Data-Sharing in CAREWare

Providers have the option of sharing services, clinical data, case notes, custom sub-forms, appointments, form designer records, and eligibility status records with other network providers. Sharing data with other providers, who have a need-to-know specific information about clients they also serve, has many advantages:

- Comprehensive picture of a client's needs, services rendered, and gaps in care.
- Cutdown on or avoid duplicate testing and service delivery.
- Identify potentially dangerous medication interactions.
- Provide better continuity of care.

Sharing data can be limited to individual clients, individual providers, to specific data types (such as services or case notes) and to date ranges. Client-by-Client Sharing sets sharing to specific clients and

supports agreements with expiration dates. Provider-by-Provider Sharing establishes which other providers can view the shared data (this task will be performed centrally by HAHSTA). Currently, Provider sharing across DC EMA CAREWare network is activated only for eligibility status and documents.

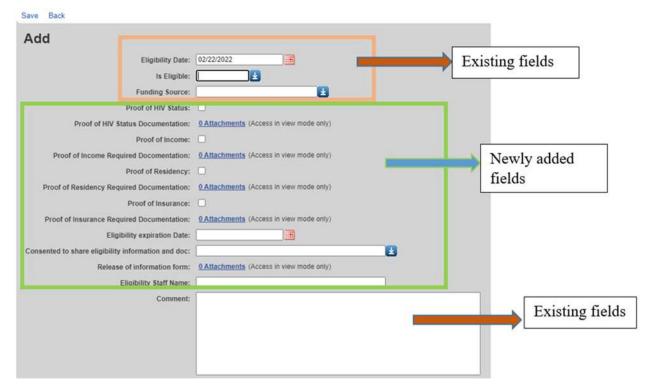
Eligibility Record Sharing

When a client's eligibility status changes from eligible to not eligible (or vice versa) their Eligibility History must be manually updated for each Ryan White Part for which your program receives funding. Note: If a client receives services at more than one Care and Treatment funded provider, all information on the Annual Review screen can be seen and edited by staff at either/every provider providing services to that client. However, information in the Eligibility tab can be viewed by providers sharing the client but can only be modified or edited by providers which initially created them.

Expanded Eligibility Record Fields

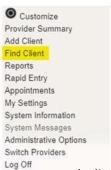
Originally, the Demographic/Eligibility tab had the following fields: Eligibility date, Is Eligible (Yes or No Options), Funding Source (Part A, Part B, MAI, etc.) and a Comment box. The Demographic/Eligibility tab has now been expanded to include the following custom fields in addition to the original fields: Proof of HIV Status, Proof of HIV Status Documentation, Proof of Income, Proof of Income Documentation, Proof of Residency, Proof of Residency Documentation, Proof of Insurance, Proof of Insurance Documentation, Eligibility Expiration Date, Consent to Share Eligibility Information, Release of Information Form, Name of Staff Collecting Eligibility.

Figure 1. Screenshot of Eligibility tab in CAREWare



Adding an Eligibility Record

To add eligibility records to a client's CAREWare account, click on "Find Client" options from the menu.



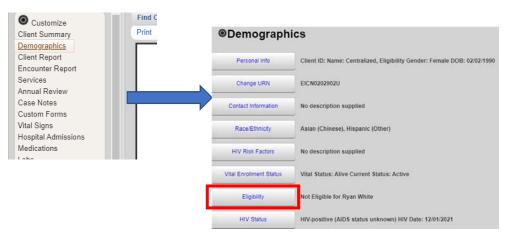
A "Find Client" search box will appear. You may search clients by Last Name, Fist Name, Preferred Name, DOB, Client ID, URN or EURN and Encrypted UCI. In this case, we are using the client's Last name. The full name we are looking for is Centralized, Eligibility. Start by typing the first few letters of the Last Name and hit "Client Search." If you want the search to include inactive clients, uncheck the "Active Only" checkbox.



A pop-up window will appear with matches for the search criteria entered. Select the record of interest and click "View Details" in the upper left-hand corner.



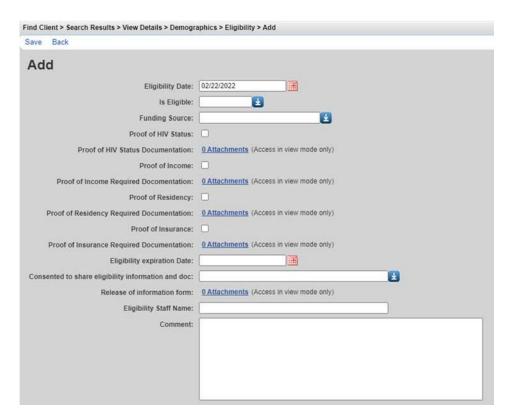
Next click "Demographics" from the client menu link list. A Demographics window will open. Look for and select the "Eligibility" option to start adding records.



"Eligibility History" records window will open. There may be multiple records listed for clients with previously eligibility determinations. From the actions links click "Start"



The following screen will open.



For "Is Eligible" select the appropriate Yes/No option.

For "Funding Source" select from the dropdown list of Ryan White-related funding sources. A client's Eligibility Status changes to Ryan White Eligible when yes is eligible and a RW funding source are entered. Clients can be eligible for multiple funding sources. Separate Eligibility records need to be entered for each funding source they are eligible for. For instance, they may be eligible for Part A (which began 03/01/2022) and Part B services (which began 04/01/2022). Separate Eligibility records need to be created for each funding source and corresponding date.

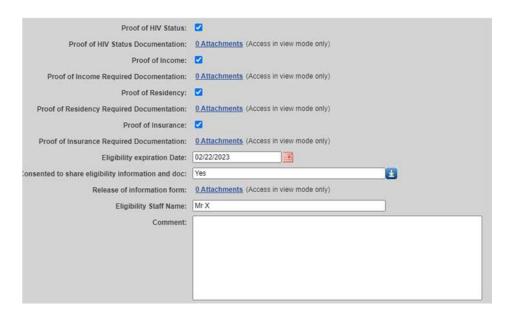
Note: Eligibility Status – eligible or ineligible – and Eligibility Date entered here determines whether services and outcome data will be included in the Ryan White Services Report (RSR).

RW-funded services delivered during the date span in which clients are missing or deemed ineligible are excluded from the RSR except for Outpatient Ambulatory Health Services (OAHS). If a client is eligible for OAHS anytime during the RSR report year, all OAHS services are included in the RSR. For all other services, they are only counted if the service date is during the time frame the client is eligible for the corresponding RW-related funding source.

Complete the top section of the add eligibility screen as follows:



Next click the appropriate Proof of HIV Status, Proof of Income, Proof of Residency, and Insurance checkboxes. Enter "Eligibility expiration date" and select if patient consented to share eligibility information and documents with other providers. Enter your name and any additional comments, then click "Save".



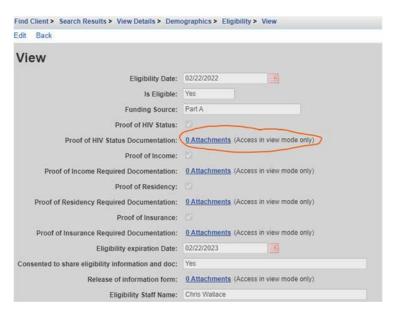
Once you click save, the eligibility record will be added to the "Eligibility History."



Add Attachments/Documents

From the "Eligibility History" screen double-click or select the record and click "View" for the record to which the attachment(s) will be added. Everything will be grayed out. (It is supposed to look like that, so

don't worry). Do not select edit. Instead, select the category that you want to add an attachment (ex. Proof of HIV Status Documentation).



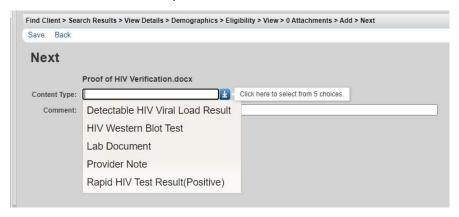
Then select "Add" and select the "Choose Files" button and choose the correct file.



Prior to uploading files, label and save the eligibility files that will be uploaded in a convenient location. Click on "Choose Files" and navigate to the folder where the file(s) is saved using Windows Explorer.



After selecting the file, make sure the message "Upload Completed Successfully" appears then select "Next." Under "Content Type" select the type of document being uploaded from the drop-down menu, add a Comment if necessary and select "Save."



You will be taken back to the main page of that attachment category. You can add another document under that category, if needed. If you don't need to add any additional documents, then select "Back."



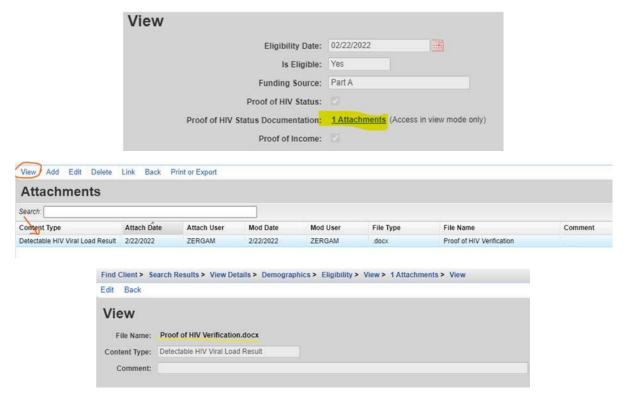
Note: If you need to delete an attachment, click the attachment (one time) and select Delete at the top of the page. It will ask you to confirm. Select Confirm. Once you do that, the attachment will be deleted.

Attachments can only be deleted by users of providers who uploaded the document with delete attachment permission only.

Viewing Client Eligibility Attachments (Basic Overview)

For your agency and other Ryan White network providers.

- 1. Log-in to CAREWare.
- 2. Select "Find Client" and search for the client of interest.
- 3. Once the client file is open, select the "Eligibility" tab under "Demographics" from the menu of links on the right-hand side.
- 4. If there are no documents or records, you may have to add eligibility records and attach supporting documentations. If there is record available, highlight the records, and then click view from the link actions on the top.



- 5. To view the attachment in that category, click it. The attachment page will open and show all the attachments under that category.
- 6. Double-click the attachment to view it in detail. Click the name of the file and it will open in a separate tab.
- 7. Print or download the document for your records.
- 8. Exit the tab when you are done viewing the document. That will take you back to home.

9. Select Back to return to the main page.

Link Actions When Attaching/Uploading Documents



- Add brings up a standard Browse window. CAREWare accepts these file types: DOC, JPG, JPEG, PDF, and DOCX. Once a file is selected and the Upload Completed Successfully message appears, the user must select the Contact Type and enter an optional Comment. A Comment helps to identify the document or its purpose at a later date for other users if the client is served by more than one provider. Save completes the upload process.
- Edit is not recommended. To correct data entered in error, the preferred method is to delete the attachment and add it back. "Edit" and "Delete" are active only for the user who uploaded the document or for the CAREWare organization's Site Administrator or Champion.
- **Link** allows users to point to a different document uploaded for the same client in a different item. This keeps the user from having to upload the same document twice. For example, a pay stub that verifies both income and residence.

Note: If you do not see any other attachments for this client after selecting Link, close Attachments for this item and return to the hyperlink where the original document is stored. Select a new Content Type. This is needed because the options for Content Type changed when HAHSTA issued official lists of acceptable source documents. However, an original Content Type will be retained until it is changed manually to a current option from the list. Once the Content Type has been changed to a valid selection, return to Attachments for the new document and select Link to see all the attached documents for this client. Select the attachment that meets the requirement for the new type of document and then Link in the Link Action bar. All information on the original will appear in Attachments for the new document.

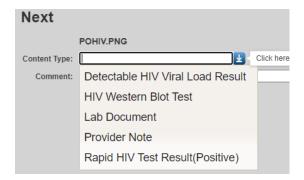
Types of Eligibility Documents for Upload

HIV Status Verification Documentation

Once you checked the Proof of HIV Verification checkbox upload the verification document(s). Make sure to obtain accurate information about the client's HIV-positive date and status in Demographics.

Acceptable Proof of HIV Verification Documents are written documentation from a medical provider or

laboratory reports denoting CD4 count and viral load. Laboratory results should be within 6-months of the date of certification. The dropdown options include:



Proof of Income Documentation

Click the underlined hyperlink to open a window to upload a scanned/saved copy of the document verifying the client's recent income. Upload additional documents as verification documents change. If a document uploaded for another item covers this one, link to it rather than upload it twice.

Customer income may not exceed 500% of the Federal Poverty Level (FPL). Income sources should be reported by the customer and any household members for whom customers have legal responsibility. For each income source, the customer must indicate the gross amount, how often the income is received, and whether it is client income or a household members. The following is an abbreviated list of acceptable forms of proof of income. For the complete list see DC Health's Ryan White Program Enrollment and Eligibility Policy.

- Pay stubs for the past 60 days. The pay stub must show the year-to-date earnings, hours worked, all deductions, and the dates covered by the paystub
- A notarized letter from the employer showing gross pay for the past 60 days, along with a copy of the most recent income tax return
- Business records for 2 months prior to application, indicating type of business, gross income, net income, and most recent year's individual income tax return.
- Copy of the tenant's lease showing customer as the landlord and a copy of their most recent income tax return
- SSD/SSI award letters, unemployment checks, social security checks, pension checks,
 etc. from the past 60 days

- Zero income attestation form and/or a letter from a supporting friend or family member stating how they support the customer
- Self-reported income(Self-attestation reporting cash-only income)

Drop-down options to select when uploading income documents are shown below:

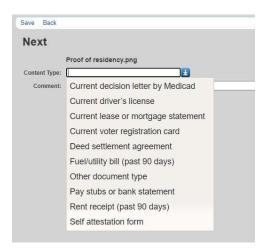


Proof of Residency Documentation

The following is an abbreviated list of acceptable methods of meeting the burden of proof for residency. For the complete list see DC Health's Ryan White Program Enrollment and Eligibility Policy.

- Current lease or mortgage statement
- Deed settlement agreement
- Current driver's license
- Current voter registration card
- Letter from any federal/state/local government agency addressed to applicant (within 1 year)
- Fuel/utility bill (past 60 days)
- Property tax bill or statement (past 60 days)
- Rent receipt (past 60 days)
- Pay stubs or bank statement with the name and address of the customer (past 60 days)
- Active (unexpired) homeowner's or renter's insurance policy
- DC Healthcare Alliance Proof of DC Residency form

• If homeless, a written statement from case manager or facility Drop-down options in CAREWare for residency verification:



Proof of Insurance Documentation

First go to Annual Review from menu of links on the left-hand side on clients account and document insurance assessment date, primary and secondary insurance. Then under the Eligibility tab checkmark the proof of insurance checkbox and upload the insurance verification documents. Acceptable documents are Insurance ID or other written letters from an insurance company or government institutions. If client has no insurance, document under Annual review section and checkmark the Proof of insurance checkbox under eligibility tab. If patient has proof of no coverage, upload the document otherwise it isn't necessary to upload document if client is uninsured. Possible content type when uploading insurance verification is shown on the screen below.



Release of Information Form

During the eligibility assessment, providers are required to upload a Release of Information (ROI) document signed by a client as it is highly likely that the client's eligibility information and required documents will be shared with other Ryan White network providers. The core requirements to be included in the ROI document are:

- 1. A specific description of the information that will be used;
- 2. The name of the authorized person or organization requesting the information;
- The name of the person or organization with whom the requestor will share the requested information;
- 4. A specific description of the purpose of sharing the requested information;
- 5. An expiration date of the purpose of the disclosure; and
- 6. The signature of the individual, whose information is requested, or the signature of an authorized representative with a description of the representative's authority. 45 C.F.R. § 164.508(c)(1)(i)-(vi) (2013), http://www.ecfr.gov/cgi-bin/text-idx?SID=2bbfc70ecdc65bfa13c058b40b2f0314&mc=true&node=se45.1.164 1508&rgn=div8.

Refer to the Appendix of this user guide for detailed release of information requirements.

Uploading Release of Information Documentation

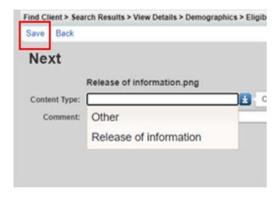
To upload ROI document, make sure you are on the view mode and click on the Release of information form <u>Attachment</u> hyperlink. Then click Add



Next click choose files as shown below and click next



Next Select the content type from the drop-down and provide any comments in the comment fields and click save. The screen should look like the ones shown below.



Once you're done uploading the document successfully, the records should look like this



Centralized Eligibility Record

Now that we have seen how to enter eligibility information and upload documents in CAREWare clients account under Eligibility tab, now let us see how the information will be shared/visible if the patient goes to another Ryan White services provider using the same DC EMA CAREWare system.

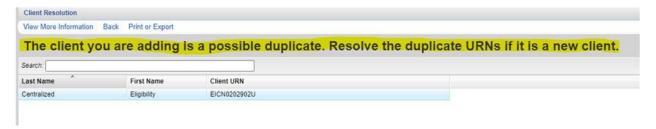
For demonstration purposes we will assume patient (Centralized, Eligibility: DOB:02/02/1990 and Gender: Female) goes to HOPWA test provider to receive needed services.

Add the client to CW as you normally would do for new patient.



CAREWare has a built-in mechanism to search for possible duplicates in the entire database using unique identifier created automatically when the client's initial account is created. Since, this client is

already in CW, when attempting to add it to CW, you will receive a flag from CW with the following message.



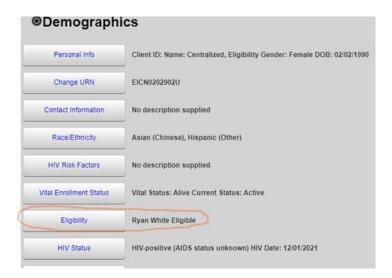
Select the client and click on "View More Information" from the link actions on the top. CAREWare will display additional detailed information about the client for you to review.



Verify the client information and if this is the same client click on "This is the same client" from the Link action on the top.



Provide any additional available patient information then click save. This will automatically take you to the patient's demographic screen.

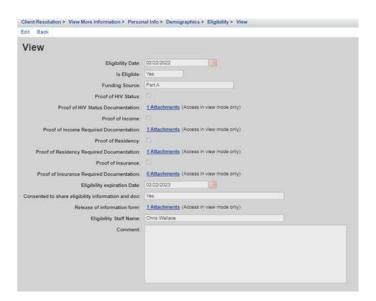


By default, the Eligibility tab summary description is "Not Ryan White Eligible". Now that the information from previous provider is being shared you will see that the eligibility status for this client is Ryan White Eligible. This is great! Now click on the eligibility tab and you will be able to view all records, eligibility information and documents created by other Ryan White providers in the network.



Now highlight/select each record to view documents and other information for the client. Since the client is Ryan White Eligible, you can provide eligible service to this client without having the need to complete new eligibility assessment.

To view document, select the record and click on View from the link actions on the top. Please refer the how to view attachment section and follow the instruction provided to view each attachment.



Shared Client Fields

In addition, go to the *Annual review* menu link on the left and verify that *Housing arrangement*,

Insurance Assessment and Poverty Level Assessments section are completed. These data elements data are also shared across providers serving a single client.

Completing missing shared data elements or eligibility documents during a client encounter makes for seamless collaboration and improved care coordination.

Note: Enrollment status data is provider specific. Thus, each provider should update the enrolment status to reflect the client's current enrolment status at their agency. Services may not be entered before the enrollment date.

Adding Eligibility Records using the Provider Data Import Function

This section is currently being tested and will be incorporated in future updates.

Appendix – A. CAREWare Release of Information

RE: Release of Information for CAREWare Clients

<u>Issue</u>

Under federal and District of Columbia laws, what are the required elements for the release of information (ROI) that DC CAREWare clients must sign in order for their providers to legally exchange the clients' information with one another.

Legal Requirements

Any effective ROI must contain the following elements. The requirements of the ROI are primarily dictated by relevant sections of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub. L. No. 104-191, 110 Stat. 1936, as well as sections of the Code of Federal Regulations and District of Columbia Code. Each section below is followed by specific citations to the relevant law.

Core Requirements

There are six core elements required in any effective ROI. They are:

- 1. A specific description of the information that will be used;
- 2. The name of the authorized person or organization requesting the information;
- 3. The name of the person or organization with whom the requestor will share the requested information;
- 4. A specific description of the purpose of sharing the requested information;
- 5. An expiration date of the purpose of the disclosure; and
- 6. The signature of the individual, whose information is requested, or the signature of an authorized representative with a description of the representative's authority.

45 C.F.R. § 164.508(c)(1)(i)-(vi) (2013), http://www.ecfr.gov/cgi-bin/text-idx?SID=2bbfc70ecdc65bfa13c058b40b2f0314&mc=true&node=se45.1.164 1508&rgn=div8.

Additional Required Statements

In addition, there must be several statements listed in an ROI. These statements must make the subject of the ROI aware of the following:

- 1. The individual may revoke the ROI in writing;
- 2. Treatment may not be conditioned on whether or not the subject signs the ROI; and
- 3. In the event that the information disclosed as a result of the ROI is "re-disclosed" by the named recipient, the authorization does not apply.

§ 164.508(c)(1)(i)-(vi).

Moreover, the authorization must be written in "plain language" and a copy must be provided to the individual. § 164.508(c)(3)-(4).

DC Law Requirements

In addition to HIPAA, which is federal law, there are District of Columbia laws which also protect patients' information privacy and do not preempt federal law because they are either 1) consistent with HIPAA or 2) add additional protections for patients. See Summary of the HIPAA Privacy Rule, State Law, http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html (last visited June 29, 2015). These laws particularly address mental health and mandate that legal disclosure of mental health information must be authorized by the patient. D.C. Code § 7-1202.01 (LexisNexis 2015). Further, the D.C. Code defines mental health information as "any written, recorded or oral information acquired by a mental health professional in attending a client in a professional capacity which...[i]ndicates the identity of a client; and...[r]elates to the diagnosis or treatment of a client's mental or emotional condition." § 7-1201.01. If mental health services are included in the information which may be disclosed pursuant to a signed ROI, the ROI must inform the authorizing individual that she may inspect her mental health record, and it must also include the authorization expiration date, which may not exceed 365 days from the authorization date.

§ 7-1202.02. Also, the authorization must accompany all disclosures and must be included in the client's mental health record. *Id*.

Appendix – B. Disclaimer

Note that throughout this manual the term client is used to denote the field labels within the CAREWare system. Within the Washington DC, EMA clients are referred to as consumers.



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