CAREWare Ryan White HIV/AIDS Program Services Report (RSR) Manual 2026

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The CAREWare Ryan White HIV/AIDS Program Services Report (RSR) Manual guides users through the entire process of generating required data for the RSR Client Report required to be reported to Health Resources and Services Administration (HRSA) through the Electronic Handbook (EHB) each year. This guide covers all areas in CAREWare that connect that data to the RSR Client Export file so that Ryan White recipients have the most complete RSR data possible.

In this manual, the following topics are covered: data entry, contract setup, clinical functionality, data sharing, importing, exporting, reporting, and CAREWare navigation steps and processes as they relate to the completion of the RSR Client Report. Each of these modules are explained in detail so that any user can enter a client with 100% complete RSR data as long as that data exists. Through data sharing options, client level data can be coordinated between providers in CAREWare when that data is not collected by the RSR reporting recipient. Using importing and exporting options, data can be coordinated between a subrecipient and the RSR reporting recipient when the provider's data exists outside of CAREWare or on a separate server. CAREWare provides the tools necessary to ensure that any client records generated as a result of Ryan White funding are available for inclusion in the RSR Client Report for HRSA reporting.

CAREWare is designed through collaboration with HRSA and the DISQ team to ensure that the current version of CAREWare includes and accurately calculates all RSR client level data elements meeting the HRSA standards for Ryan White Service reporting each year. A new version of CAREWare is released annually, which includes changes to RSR data elements based on HRSA reporting requirements and Ryan White funded recipient feedback. This new version of CAREWare is available at least three months prior to the RSR reporting deadline in March of the following reporting year and typically available for installation in the prior year the report is due. This gives recipients access to the required RSR Client Report, RSR Viewer, and RSR Validation features in plenty of time to make sure that data is as complete as possible.

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Introduction to CAREWare and the RSR

CAREWare was created in 1999 as a data management tool for collecting and reporting Ryan White and HIV related data. During those 26 years, many iterations of CAREWare have existed, each with new features and modules often created from requests from the very users of CAREWare culminating in a customized application designed to accurately report Ryan White services and related data elements for HRSA required reports like the RSR. The CAREWare application has gone from a set of physical discs that needed to be mailed to providers to install to a browser based application that can be accessed from any machine remotely and can send requests to labs using the new CAREWare FHIR Interface. These new features and customizations are all coordinated with HRSA to ensure that HRSA defined data elements meet RSR, ADR, and Ending the HIV Epidemic (EHE) Triannial reporting standards.

Background

CAREWare is updated each year to meet HRSA requirements for the RSR. It is designed to replicate all processes necessary such that when the XML file is uploaded to the EHB for submission, any responses from the EHB, could have already been seen in CAREWare. This means that CAREWare already includes all of the business tier rules and validations the EHB uses to check the client data and validate its accuracy. These annual updates are completed after careful consideration of the HRSA reporting requirements, feedback from CAREWare users, and a desire to make the application as user friendly as possible. CAREWare by design retains the reporting functions from the prior year as a means for users to continue to enter and check their RSR data throughout the year in between CAREWare upgrades. Typically, these RSR releases of CAREWare are done in fall each year for that reporting year. The RSR is due the following March. jProg, the company that creates CAREWare, releases updates frequently throughout the year which users can request access to so they can update their system to the latest version of the application. This provides users access to new features and tools that may assist them in completing the RSR and making sure their data is accurate, even if those changes are not specific to the HRSA defined RSR report itself.

Terminology

CAREWare and the RSR use a number of commonly used terms. In this manual, there are also a number of terms used exclusively in CAREWare that may require some additional explanation.

Provider - In CAREWare, a provider is a distinct entity with its own client list, contracts, and other providers level data elements. This is a way in CAREWare to distinguish clinical providers and their clients from each other, protecting PII data and ensuring that reports only include records that should be reported for that agency. By separating data by providers, access to clinical data can be limited for staff that should only see clients from the organization they work for. This is important for state CAREWare systems. Client records and other data can be shared between providers by activating those settings.

Recipient - In CAREWare, the organization granted funding for the services provided. The RSR is generated for a specific provider, which should be the recipient reporting the client level data to HRSA through the EHB. If data from other providers should be included in the recipient's RSR Client Report, that data should be shared in CAREWare. Only shared clinical data between providers is included in the RSR. If services from subrecipients shou;d be included in the recipient's RSR export, those services need to be exported from the subrecipient and imported to the recipient to be included.

Subrecipient - In CAREWare, this is a provider that delivers services funded by the recipient's grant award. In CAREWare a subrecipient can be a separate provider, or multiple subrecipients can report their services together in a single provider for the recipient, distinguishing their services by unique contracts. That setup should be determined by the recipient and subrecipient based on considerations of how the agencies shared PII data with each other. If there should be any PII data where access should be limited by staff of each subrecipient, it may be best to add subrecipients as separate providers in CAREWare and use data sharing and import options to ensure the data is complete in the recipients providers for the RSR.

Setting up CAREWare for RSR Client Level Data

The process for setting up a provider for completing the RSR mostly involves contracts and clinical data setup. Completing contract setup establishes the responses necessary in the EHB for answering the questions regarding services being funded and delivered for the provider report, is part of the calculation for matching funding sources and service categories for the recipient report, and is required for entering services in clients' records to be reported by category in the RSR in the RSR client xml file that is uploaded in the EHB for the recipient. Clinical data setup is necessary as HRSA defined labs, screening, and screening labs need to be active for a provider before those clinical data elements can be entered in CAREWare for clients. The medication list needs to be updated with current medications for the reporting year and those medications need to be active for the providers before medications can be prescribed to clients in CAREWare. Once these data elements are activated in CAREWare, data entry can be completed in the client tabs for services, labs, screening, screening labs, and medications.

We can start with contract setup, which really starts with providers setup if this is a new provider to CAREWare or there are changes to funding for the providers.

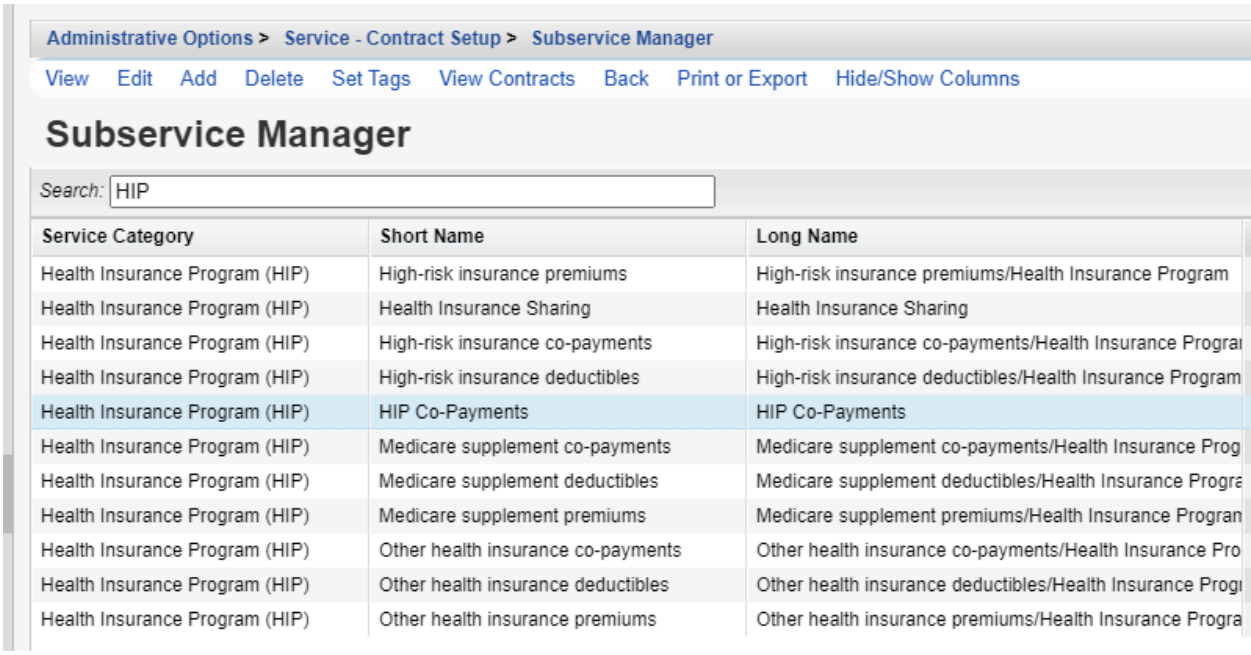
Note: Instructions in CAREWare may vary slightly depending on if the user is following the steps in Central Administration or in the provider itself. An example of these differences can be observed in setting up contracts. In the process of setting up a new contract, there is a checkbox labeled Central?. If that checkbox is checked, the contract can only be edited in Central Administration. If that checkbox is unchecked, providers level users can make changes to the contract as long as they have sufficient permissions.

Provider setup involves setting the funding sources of the providers, enabling or disabling data sharing settings, and entering information about the agency. The important information in providers setup that pertains to the RSR are the funding sources and data sharing settings. CAREWare providers denote their funding sources under Ryan White HIV/AIDS Program(s).

Checking these boxes sets the providers as funded for these funding sources, however this does not impact the results of the RSR. The RSR funding is reported by the providers in the recipient report. CAREWare considers subservices funded by specific funding sources based on the service category the service is a subservice of and the contract that subservice is active for.

Example: Let's say the provider checks Part A and Part B here. The provider creates a contract that is Part B funded and has a service called Case Manager Phone Call set as a subservice of the service category Medical Case Management. If the provider enters one of those services for a client that is RW eligible with a service date during the reporting period, that service and that client is counted for the RSR. This shows as a Medical Case Management service delivered in the RSR. Whether the funding is Part A or Part B or whether the client is eligible for Part A or Part B is irrelevant for the RSR Client Export file. In CAREWare, filters by funding or the financial report, are going to show the sub service and that service category as Part B funded, For the RSR, even if that same subservice were activated for a non-RW funded contract and those services were entered for a client during the RSR period, the services would still be counted as RW funded and still considered Part B funded as the RSR recognizes service categories by funding across the providers rather than contract by contract.

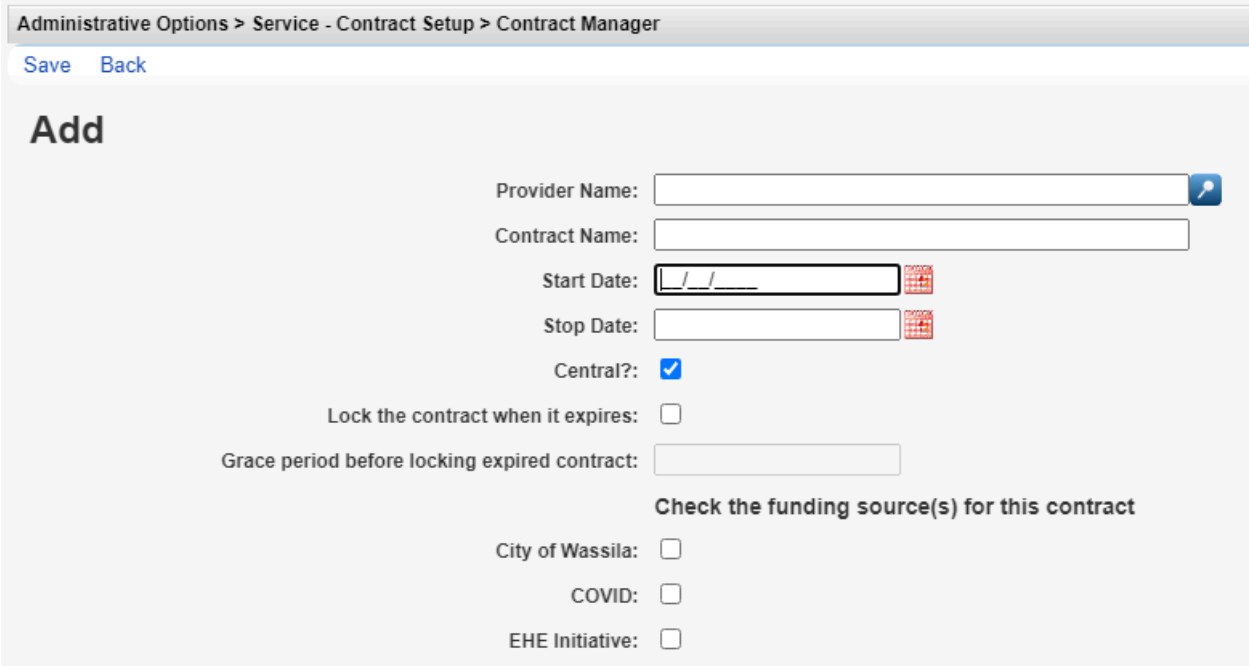
The checkbox for HIP is unique in that checking this box is required to activate the Health Insurance Premium and Cost Sharing Assistance module to be able to enter and report those services for the RSR. By enabling the HIP module, CAREWare generates a HRSA defined subservices necessary for reporting the Health Insurance Premium services counted in the RSR.



This is unique and different from other services as other services are created by users, may be unique to the providers, and are assigned to HRSA defined service categories which are reported in the RSR.

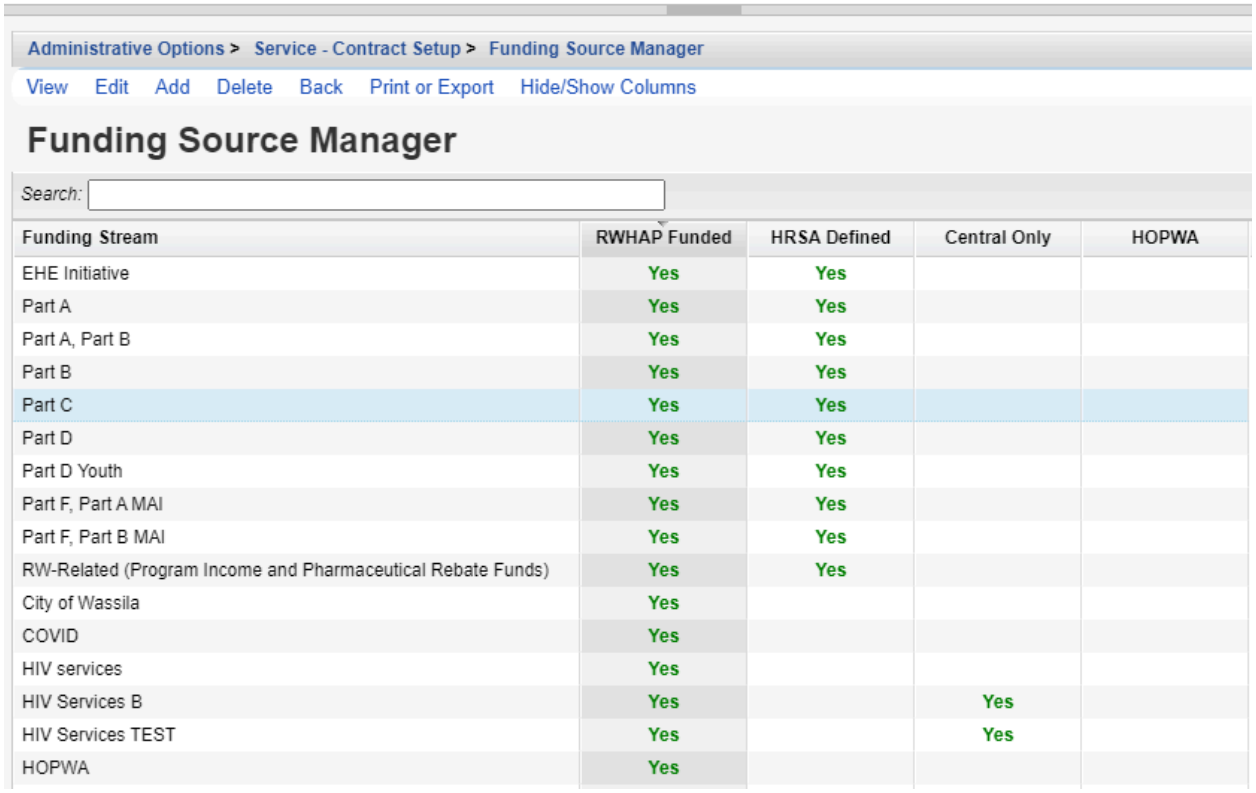
Once the provider's setup is complete, a contract can be added to activate services and establish funding and budgets for those services. In the process of setting up a contract there are a few settings that are required and there are some that are optional. While descriptions of those settings are covered here, those settings required for the RSR will be discussed in this manual..

The first step in creating a contract is to add a contract under Contract Management.



If the contract is added under Central Administration as seen here, the providers the contract is being added for needs to be selected. If the contract is added in a provider, the first field is the contract name. The contract name needs to be unique from other contract names. If a contract is copied to replicate the same services and budgets for the following year, the name should be altered a bit to distinguish that contract from the prior year's contract. The Start Date and End Date determine when the subservices of the contract are active and when services can be entered for a client record. The added contract only appears as an option during service data entry if the service date entered is on or after the Start Date of the contract and on or before the End Date of the contract. This is important to consider for the RSR as RSR services are entered and reported based on a calendar year and grants or fiscal years may start and end at different times of the year like March 31 or June 30.

The next RSR impacting field is the funding. Only RWHAP funded sources count for the RSR. This can be assured by using HRSA defined funding sources or determined by verifying the funding under the Funding Source Manager.



Funding Stream	RWHAP Funded	HRSA Defined	Central Only	HOPWA
EHE Initiative	Yes	Yes		
Part A	Yes	Yes		
Part A, Part B	Yes	Yes		
Part B	Yes	Yes		
Part C	Yes	Yes		
Part D	Yes	Yes		
Part D Youth	Yes	Yes		
Part F, Part A MAI	Yes	Yes		
Part F, Part B MAI	Yes	Yes		
RW-Related (Program Income and Pharmaceutical Rebate Funds)	Yes	Yes		
City of Wassila	Yes			
COVID	Yes			
HIV services	Yes			
HIV Services B	Yes		Yes	
HIV Services TEST	Yes		Yes	
HOPWA	Yes			

Each funding source with a Yes under HRSA Defined are funding sources created by HRSA, which count for RSR reporting. That means that if a subservice of Medical Case Management services is active for this contract, the contract has Part A selected for the funding source, and a client receives that service during the RSR reporting period, that provider has delivered a Ryan White funded Medical Case Management Service.

Note: Remember that if Medical Case Management is Part A funded in one contract in the providers, HRSA considers the providers Part A funded for Medical Case Management services so any other contract regardless of funding with Medical Case Management services are included in the RSR at that point. If a provider needs to pay for services using non-RW funds it is ideal to use custom service categories instead of HRSA defined service categories as funding may be difficult to organize in a way that prevents those non-RW funded services from being reported for the RSR otherwise. If custom service categories are created, make sure the names of the service categories are significantly different from HRSA defined service categories as that may cause confusion for users when creating contracts, entering services, or reporting for the RSR.

Once the funding source is selected, the contract is saved. To activate services for the contract, a contract item needs to be created where those services are set as active. The contract item includes budgetary information as well as options to set default prices and units for services delivered.

Here is a list of HRSA defined service categories that count for the RSR and determine data elements required for the RSR.

CORE Medical and Support Service Visits		CORE Medical Services Delivered
Child Care Services	Medical Transportation Services	AIDS Pharmaceutical Assistance
Early Intervention Services	Mental Health Services	Health Insurance Program (HIP)
EHE Initiative Services	Non-Medical Case Management Services	
Emergency Financial Assistance	Oral Health Care	
Food Bank/Home-Delivered Meals	Other Professional Services	
Health Education/Risk Reduction	Outpatient/Ambulatory Health Services	
Home and Community-Based Health Services	Outreach Services	
Home Health Care	Psychosocial Support	
Hospice Services	Referral for Health Care and Support Services	
Housing Services	Rehabilitation Services	
Linguistics Services	Respite Care	
Medical Case Management	Substance Abuse Outpatient Care	
Medical Nutrition Therapy	Substance Abuse Services (Residential)	

To review the RSR data elements required by service category, check the RSR Appendix A document under RSR Documents.

One example of data elements required by service category or by funding are the EHE Initiative Services. If a provider is EHE Initiative funded, then questions 76 (New Clients) and 77 (Received Service in Previous Year) are required data elements for the RSR. If

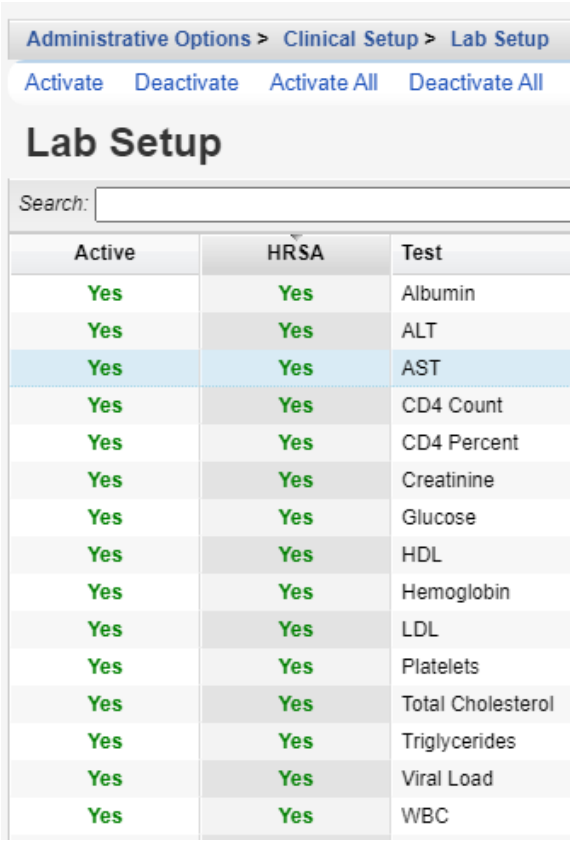
the provider is not EHE Initiative Funded the counts for those two questions remain 0 even if the provider has new clients or clients had services in the prior year. Remember that if any one contract is EHE Initiative Funded then the entire provider is considered EHE Initiative Funded. Question 77 includes clients with Outpatient/Ambulatory Health Services, Medical Case Management (MCM), Non-Medical Case Management (NMCM), or EHE Initiative Services. These service categories are counted for this question even if they are not active in an EHE Initiative funded contract.

These same data elements from contracts and services are important for generating the EYE Triannual Report discussed later in this manual.

Once the funding source(s) are checked in the contract setup, the contract can be saved. In order for services to be funded by this contract, subservices need to be activated for the contract under a contract item. Each contract item has options for managing budgets which can be reviewed here, however those contractual elements are not used for RSR reporting, they are not covered in this document. Once the subservices are active for the contract, those services can be entered into client records for reporting for the RSR.

The next step in setting up the contract for the RSR is to get clinical data setup to match HRSA reporting requirements. Like the funding sources, clinical data elements are denoted as HRSA defined to make it easy to recognize the official labs, screenings, and screening labs that are required for the RSR. In any case, where a provider needs to add a new lab, screening, or screening lab that is the equivalent of or should count as the HRSA defined test, they can set the test to count for the RSR and HIVQM measures using the setting Test Name for HRSA Reporting.

The HRSA defined labs should already be active for the providers in CAREWare, however it is important to verify that is the case as any inactive lab is excluded from the list when adding labs to clients. Only active labs can be added to clients in a provider and only active labs can be mapped when importing clinical data.



Active	HRSA	Test
Yes	Yes	Albumin
Yes	Yes	ALT
Yes	Yes	AST
Yes	Yes	CD4 Count
Yes	Yes	CD4 Percent
Yes	Yes	Creatinine
Yes	Yes	Glucose
Yes	Yes	HDL
Yes	Yes	Hemoglobin
Yes	Yes	LDL
Yes	Yes	Platelets
Yes	Yes	Total Cholesterol
Yes	Yes	Triglycerides
Yes	Yes	Viral Load
Yes	Yes	WBC

In cases, where a providers needs to track a lab, screening, or screening lab that is not in CAREWare and should count for the RSR and HIVQM performance measures, the Test Name for HRSA Reporting function can be used by adding the test in CAREWare and setting the Test Name for HRSA Reporting to match the equivalent test that counts.

In this example, Prenatal RPR was added in CAREWare to track prenatal syphilis screening separately from the HRSA defined syphilis screening. By setting the Test Name for HRSA Reporting to Syphilis, any screening entered for a client as Prenatal RPR counts for question 55 in the RSR and counts for the performance measure HAB 13.

Active	Test	Titer	Treatment	HRSA Defined	Test Name For HRSA Reporting
	Prenatal RPR	Yes	Yes		Syphilis
Yes	Syphilis	Yes	Yes	Yes	

Once HRSA defined labs, screenings, and screening labs are activated for the providers, those records can be manually added or imported to meet RSR reporting requirements.

The next step is to ensure that eligibility can be tracked for the providers. eligibility status is a required data element for clients to be included in the RSR. Only clients the services dated after they are deemed eligible and before the eligibility ends are included in the RSR. Services with a date outside of the range of a client's eligibility are excluded from the RSR. In respect to setting up a provider, the only field that needs to be populated to enter or import eligibility is the funding source. The funding source list is populated by the funding sources in contracts that are active as of the date of the eligibility status record.

Example: A provider has a contract that is Part A funded with a Start Date of 3/1/2024 and an End Date of 2/28/2026. The providers is getting Part B funding for the next fiscal year and the new contract is added with a Start Date of 3/1/2026 and an End Date of 2/28/2026 If a user adds an eligibility status record for a client in February of 2026, the only option for eligibility is Part A. If a user adds an eligibility status record for the client in June 2026, the only option for eligibility is Part B.

Note: For the purposes of the RSR, the funding source is irrelevant in determining if a client is or is not included, except that the client must be eligible for a RWHAP funded funding source at the time they receive a service. It doesn't matter if the client is eligible for Part A and received a Part B funded service. Only that the client is RWHAP eligible at the time and the service category is RWHAP funded for the providers.

Note: A client remains eligible until a record is added under Eligibility History stating the client is no longer eligible or the eligibility is stopped. Eligibility does not have to be updated each year for the purposes of completing the RSR. Tracking Eligibility History, entering specific eligibility dates, and funding sources, is an extra feature along with custom eligibility fields for providers to use for internal tracking purposes. If a client became eligible for Part B funding in 2015, they are still counted as eligible in 2026, unless the provider adds a record ending that eligibility.

Now that the provider is set up for completing the RSR, data can be entered or imported to ensure the RSR is as complete as possible. CAREWare provides several options for tracking RSR completeness throughout the year, so it may be advantageous to use those reporting options to keep track of progress the entire year. These tools include the RSR Viewer, RSR Validation Report, The RSR Client Validation in the client record, and performance measures like the CORE measures and HAB measures, which can provide insight into gaps in clinical data entry. As data is entered or imported, different data elements appear as required that may not have been required the prior month. If

Outpatient Ambulatory Health Services are imported one month, the completeness in the RSR Viewer may show new gaps in data entry and more clients may be required to have CD4 Count, Viral Load, Syphilis screenings, and pregnancy screenings and have yet to have those records added. Understanding the data element requirements as they relate to service categories delivered is important to understand that the completeness of the RSR may vary throughout the year in these reports, however they exist as a set of tools to keep up with data requirements the entire year to make completing the RSR as accurate and as easy as possible when it is finally due in March of the following year.

Entering RSR Client Level Data

In this section, all of the steps to add a client such that the client is 100% complete for the RSR are covered. In understanding that process, there are a few things to consider prior to adding a RSR client and the required data elements, which can save a considerable amount of time.

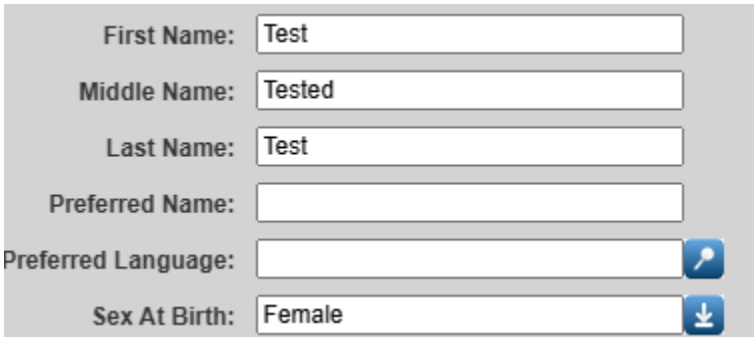
- Do these records already exist elsewhere, either in another CAREWare server, another CAREWare provider, a lab like Labcorp, in EHARS, in an EMR like EPIC, etc? If these records already exist in another application, can those records be imported into CAREWare instead of manually adding them? Importing the bulk of required data can save a lot of time and build out data to trigger validation checks making it easier for users to focus on data corrections and cleaning up the data.
- Do any of these records exist in a spreadsheet or are they already tracked in a spreadsheet? If staff are manually entering records from a spreadsheet or any record process that could be converted to a spreadsheet, those files can be converted to an import process using the CAREWare Data Translation Module, which again can save users a considerable amount of time, which they can use for cleaning up the data improving completeness.
- Do any of these records already exist for the client elsewhere in CAREWare other than the recipient provider reporting for the RSR? If the client is also getting services from another provider in CAREWare, Data Sharing Settings should be updated to ensure that clinical and eligibility data is shared across providers. Once data sharing is established, either Provider by Provider or Client by Client, those shared records are automatically included in the RSR for this provider, again saving the time that would be spent entering the records a second time. In addition to saving time, eliminating double data entry reduces the chances of

data entry error, which can impact the quality and completeness of RSR related data.

For more information about importing data into CAREWare for the RSR review the next section in this manual Importing RSR client level data.

The first step in completing required RSR data for a client is to add the client to CAREWare for that provider. Even if a client is already getting services in another CAREWare provider, the client needs to be added to the provider that is generating, exporting, and reporting the RSR. Those client level data records can be shared across providers, however the client still has to be added, be eligible, and receive at least one service in this provider to be included in the exported RSR Client Export file. If a client already exists in another provider and is added to this provider, CAREWare prompts the user to check and make sure the client in the other providers is the same person and therefore the same client record. If the clients are similar and just happen to have the same birth data, CAREWare prompts the user to distinguish the two clients by changing the suffix in the URN from the default letter U to another letter in the alphabet for each record.

To add a client in CAREWare, enter the client's First Name, Last Name, DOB, and sex at birth in the Add Client screen.



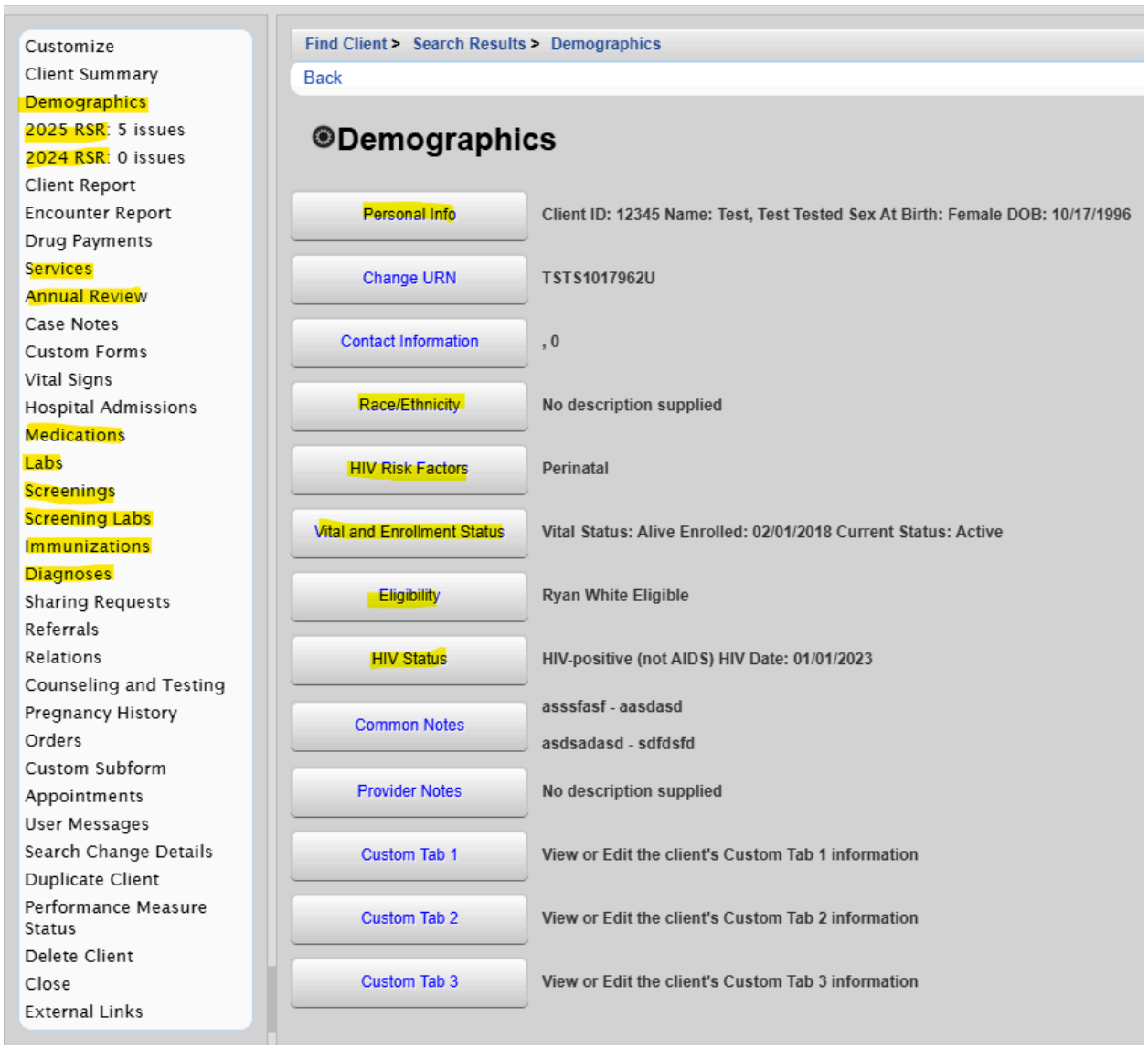
The client's first name, last name, DOB, and sex at birth are used to generate the encrypted UCI (eUCI) number used in the RSR. PII data is excluded in RSR reporting, which means the client's actual name is excluded from the exported client level data file. The eUCI is a unique identifier used to ensure that the client is only counted once for the RSR and any validation errors can be attributed to that specific client in the EHB.

CAREWare has numerous options for alternate custom identifiers as well as a built in field for clients with a preferred name, however the client's first name, last name, DOB, and sex at birth are required fields to create the eUCI required for the RSR and they are required for adding a client to a providers in CAREWare.

Note: (SV4) the eUCI is used to complete the RSR field SV4 Client's Encrypted Unique Identifier

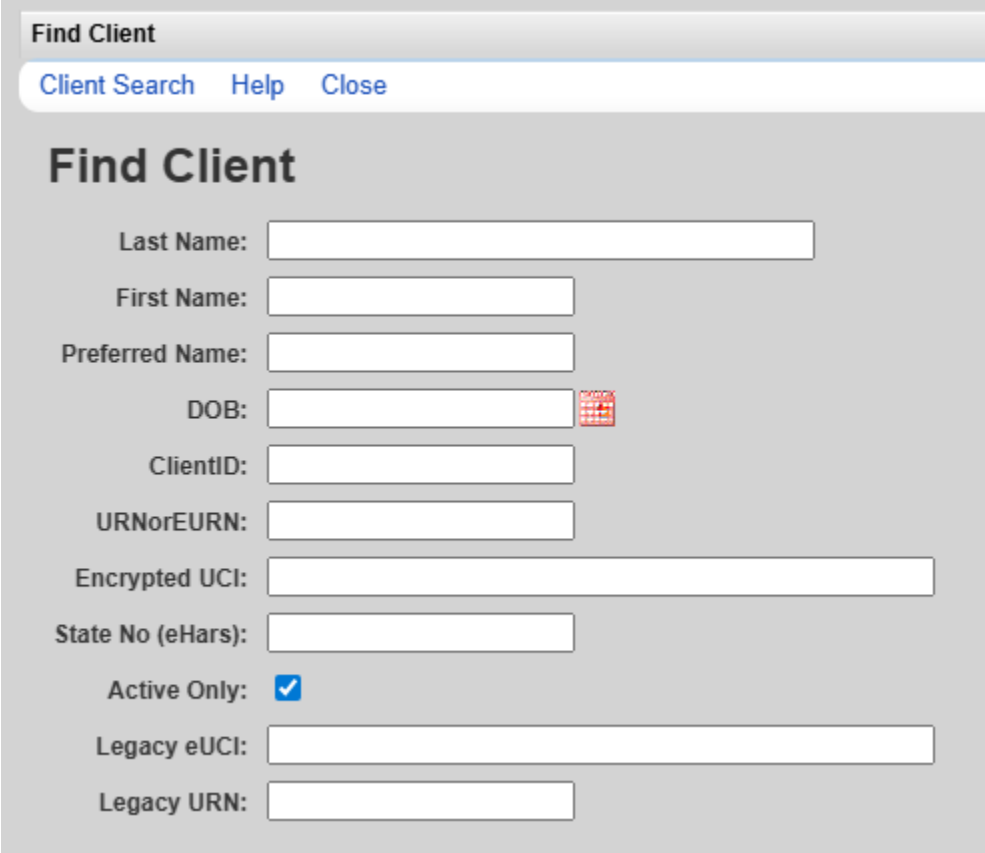
Note: (Q.4) The DOB is used to complete the RSR question 4 Client's year of birth.

Once a client is added in CAREWare, the client's record opens at the Demographics tab. Other data entry tabs are listed on the left.



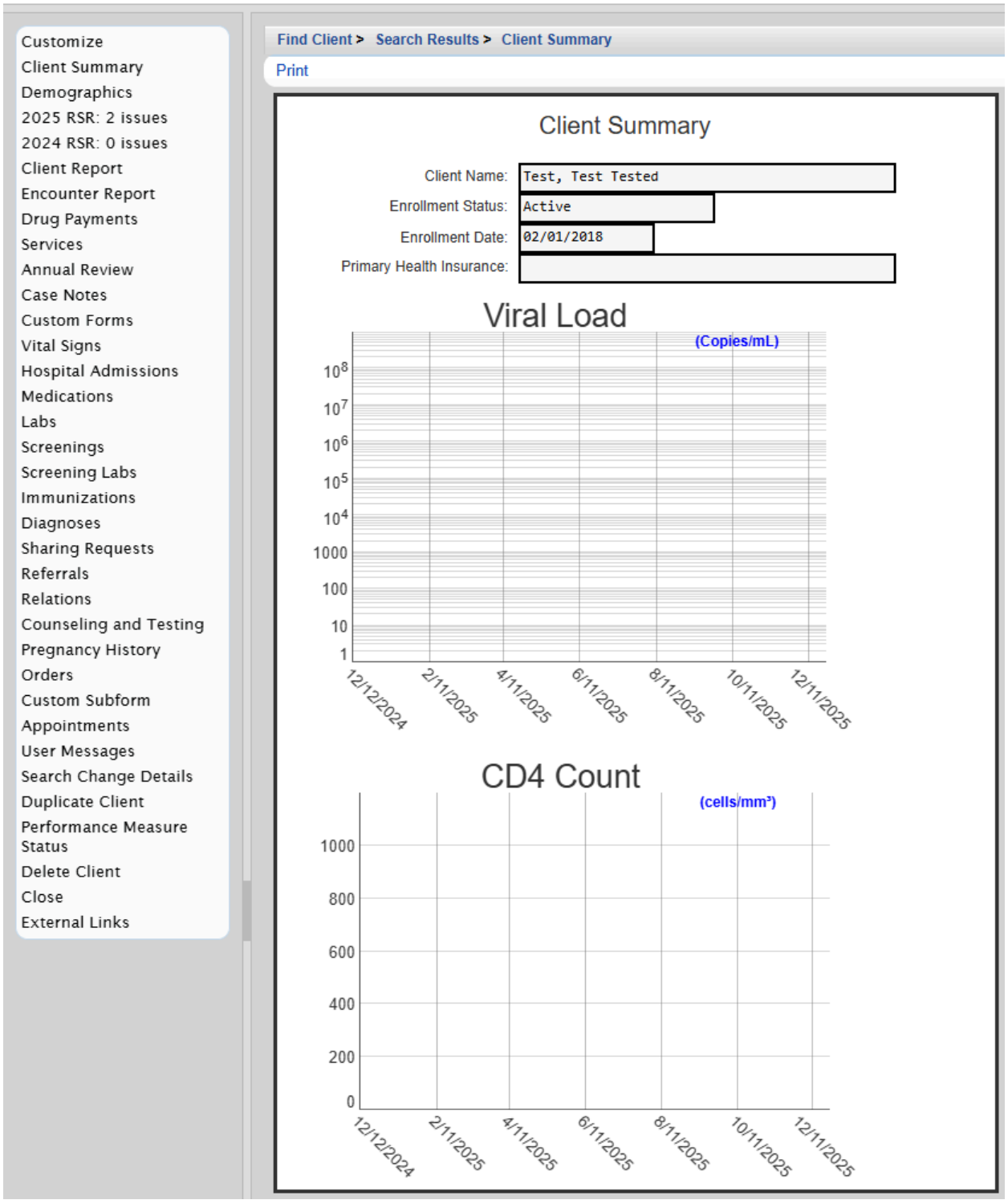
Note: The tabs highlighted are important for RSR data entry as well as tracking RSR required data elements. The highlighted tabs 2026 RSR and 2024 RSR are for the RSR Client Validations reports that count the number of missing data fields required for the RSR and are automatically updated as records are added in CAREWare for the client.

After a client is added, users can return to the client using Find Client. Clicking Find Client opens another tab, displaying fields that can be used to search for the client. That may involve searching for the client using their first and last name or using the eUCI or a custom id like the Client ID to search for them.



Note: It is important to note that the Find Client results are tied to the enrollment status. By default the box Active Only is checked. As this new client has yet to have any data entered, this example client's enrollment status is blank and therefore the client is inactive. The Active Only checkbox needs to be unchecked to see that client in Find Client results.

Once the client is opened again, using Find Client, the record opens with the Client Summary, which is another set of functions that can be used to track client level data requirements and RSR completeness.



Note: There is also a Provider Summary, which can display performance measure results, which again can be used to track required data needs for RSR completeness.

Once the client is open, users should start with demographics and complete as many fields as are known for the client as they relate to the RSR. enrollment Status and eligibility status need to be complete before services can be entered and services need to be entered before other required data elements can be known.

Note: Remember to use the RSR Client Validation report as a guide for entering required client level data. As each record is entered, CAREWare automatically checks to see if that new record has triggered another required data point for the RSR.

In Demographics, click Personal Info and make sure the client's name, DOB, and sex at birth are correct. That is necessary to make sure this is the correct client to work on and it can help to reduce duplicate client records in CAREWare.

Note: Duplicate clients can be resolved by merging the clients either by clicking Duplicate Client in the client record or merging the clients using the Central Client Merge feature.

Once the client's personal information is verified as accurate and updated, the next step is to make sure the client is enrolled, active, and eligible to receive services. To set a client as actively enrolled click Vital and enrollment Status. By default the client is active and alive. The only field that needs to be completed is the enrollment date. Generally this is the date the client became enrolled in the program, which may or may not be associated with receiving services for that provider. For CAREWare, the first service needs to be on or after the client's enrollment date. If the enrollment date is unknown or in question, the first date of service is a good option for the enrollment date.

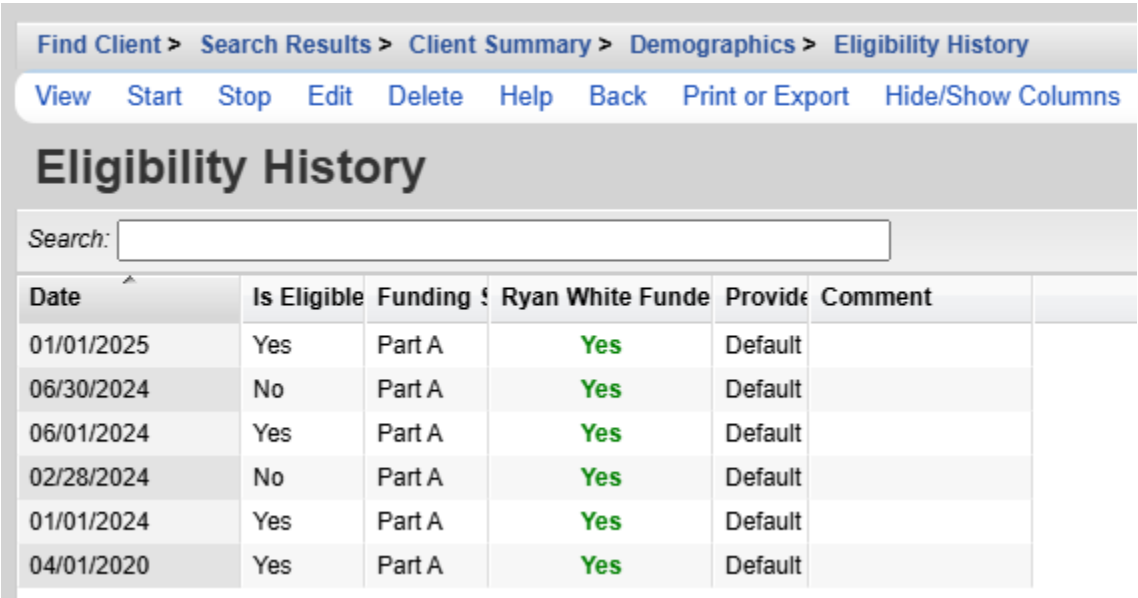
Note: The enrollment date is set once in CAREWare and remains the same, regardless of changes to the client's eligibility status or enrollment status. If a client becomes ineligible for services or a specific funding source, changes to eligibility are tracked under eligibility status. If a client is referred out, their enrollment status can be changed to referred or discharged and a case closed date can be entered. If the client returns to the area or providers for services, the client's enrollment status is updated to Active and the enrollment date remains the same as it was. The enrollment date is never updated each time the client returns to services.

Note: (Q.2) The Vital Status is used to complete the RSR question 2 Client's Vital Status at the end of the reporting period.

Once a client is actively enrolled, the client needs their eligibility status updated before entering services.

Note: Services, the service category of those services, is the determining factor in which data is required for the RSR. Services should be the first client level data entered once a client is enrolled and eligible to receive them as that triggers RSR validations informing the user of what is required. Programs may have different requirements and should follow those requirements, however for the purpose of completing the RSR and using the tools in CAREWare for completeness and accuracy, it can be really beneficial to enter or import delivered services first if they are known to the user for the client.

To update a client's eligibility status, click Eligibility.



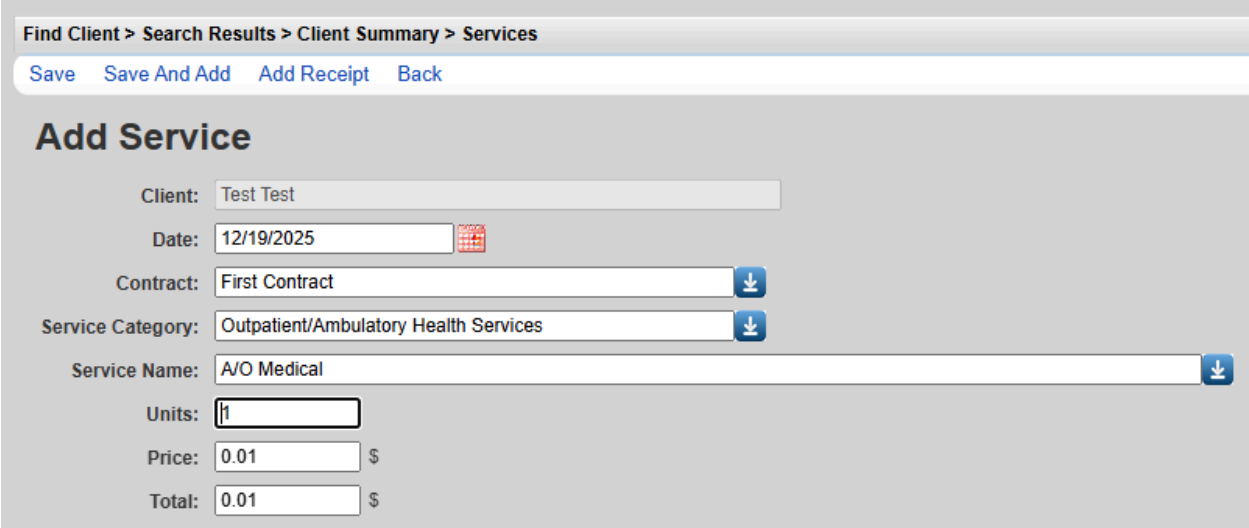
Eligibility is started for a client by clicking Start. The Eligibility Date needs to be set to the date the client is first eligible for the selected funding source or their first date of service.

Note: The funding sources listed in the drop down list are based on active contracts as of the eligibility date. For providers on a state run CAREWare server, that may require contacting the state CAREWare administrator to review or update the contract.

Once the eligibility date and funding source are selected, the client is eligible for receiving RWHAP funded services.

Note: Some providers require annual review records to be completed prior to entering services as that is part of the process of determining eligibility. Consult the grant manager for requirements for a client to qualify to receive specific funding or specific services in regards to Ryan White funds.

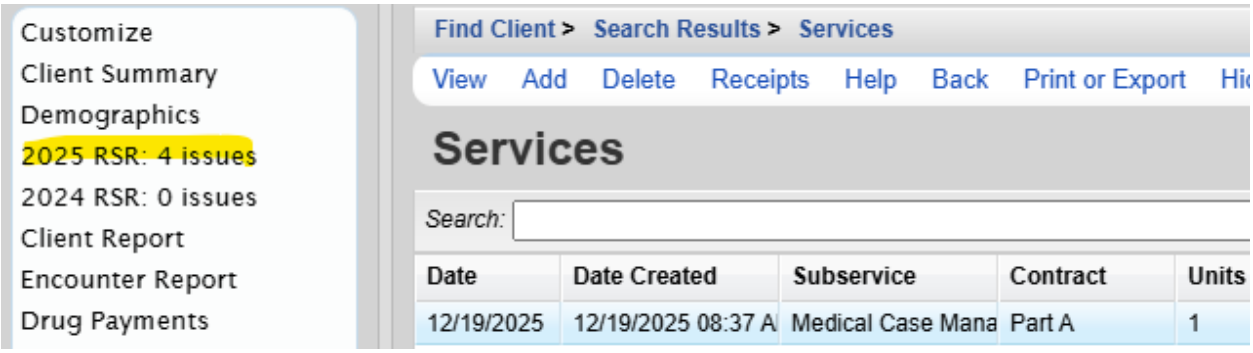
To enter a service for a client, Click Services.



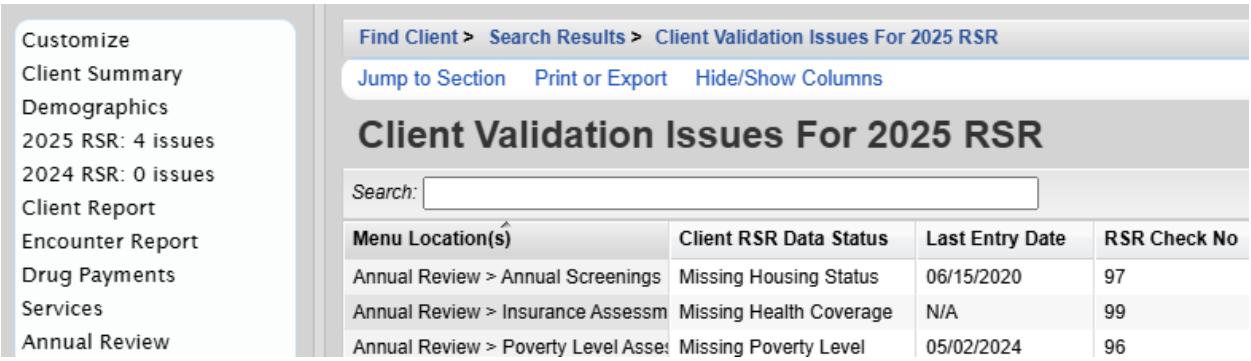
After clicking add to add a service to a client, the service date needs to be selected. The service date needs to be on or after the client's enrollment date and eligibility date. The contracts listed in the drop down menu are based on the contract start and end dates set in contract management. The subservices list includes any services active for those contracts that are active as of the date of service selected. The units and price for the service are based on the default units and default prices set in the contract item for the contract selected. If the contract item lacks a default number of units or default price, the unit displays 1 and the price displays $0.00.

When entering a service for a client for the purposes of the RSR, the date, contract, and service name are required fields. Once the first service is entered, users can see the RSR Client Validations adjust for required date elements informing the user of the next set of information to enter in CAREWare for the client for the RSR.

As we see here, once the first service is added, there are now three alerts to be addressed for the client. The service added is a subservice of the service category Medical Case Management.

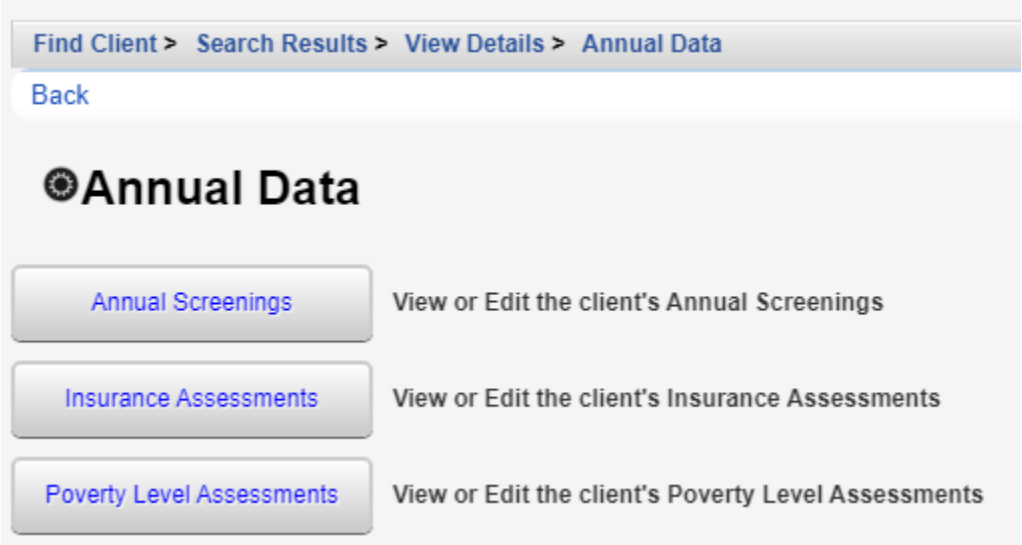


Here we can see that a client with Medical Case Management services requires annual review records to be completed.



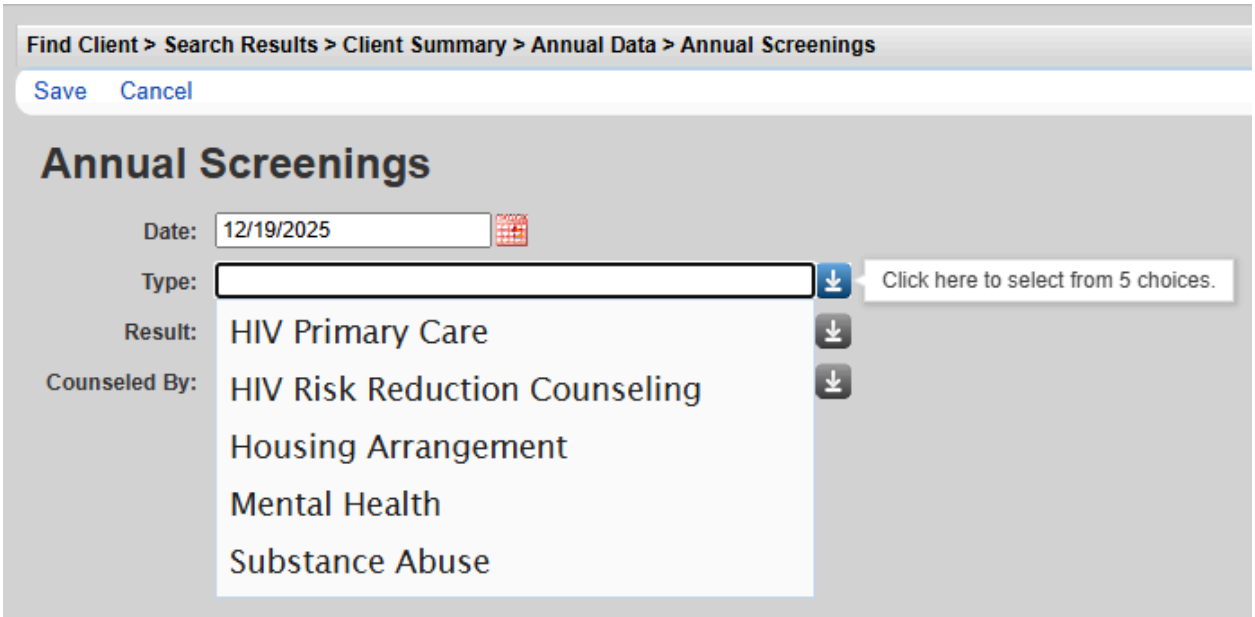
Click on one of the records and click Jump to Section or click Annual Review on the left to start entering these required annual review data elements for the client.

The client needs Housing Status, which is an Annual screening, Medical Insurance, which is an insurance assessment, and Poverty Level, which is entered under Poverty Level Assessments completed.



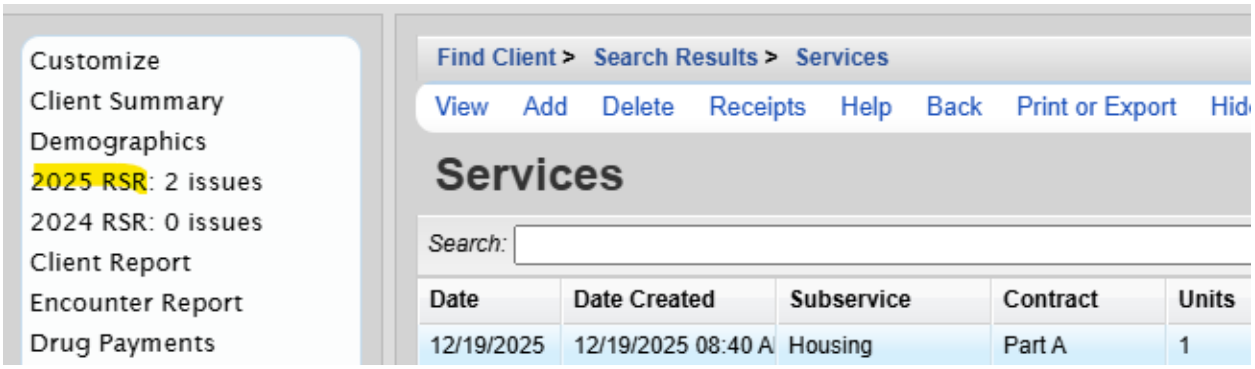
Let's start with the Annual screenings section, which would have opened directly if the first record was clicked along with Jump to Section.

When adding annual screenings, the Type needs to be selected in order to get the options for that type of screening. In this example client the Housing Status is required so the Housing Arrangement needs to be selected.



Once the Housing Arrangement is selected, the correct results list is populated for that screening. Once the correct date and result are selected the record can be saved.

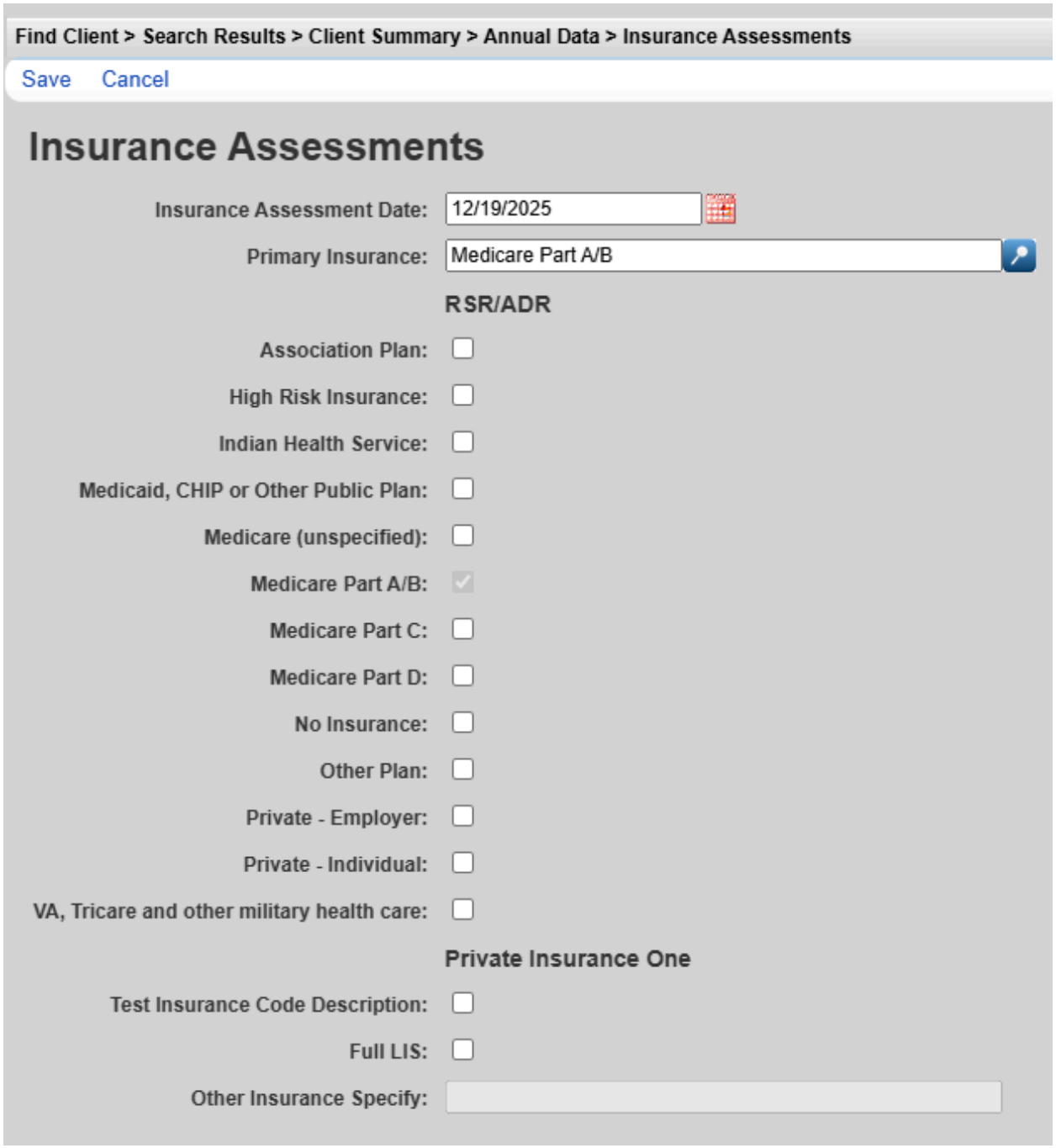
As we can see in this example, by entering the housing arrangement record with a date during the 2026 reporting period, that satisfies the RSR validation and reduces the number of alerts required for this client to be considered complete for the RSR.



Note: (Q.10) The housing arrangement is used to complete the RSR question 10 Client's housing status.

The next validation to resolve is for the client's required medical insurance. By adding an insurance assessment record the client's primary and secondary insurance information can be added to complete that required data.

In this example the client has a primary insurance of Medicare Part A/B and a secondary insurance checked for Medicaid, CHIP, or Other Public Plan.

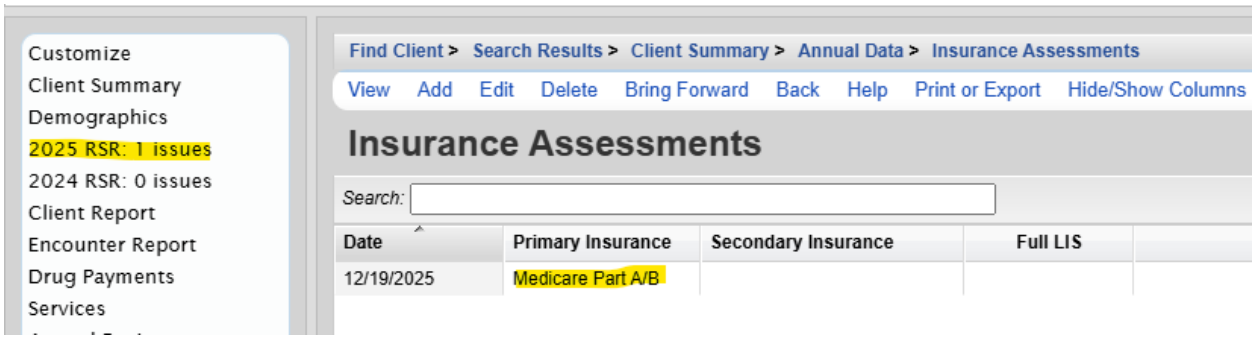


For the RSR, all insurance coverage for the client should be reported, even if the client's insurance changes over time. Those changes should be documented by adding additional insurance assessment records throughout the year. To satisfy the requirement for this RSR validation, only one insurance assessment record with a date during the reporting period needs to be added. If the client's insurance coverage is unchanged, that record could have been used by clicking Bring Forward, however

HRSA requires that all insurance coverage the client has throughout the year is reported for the RSR.

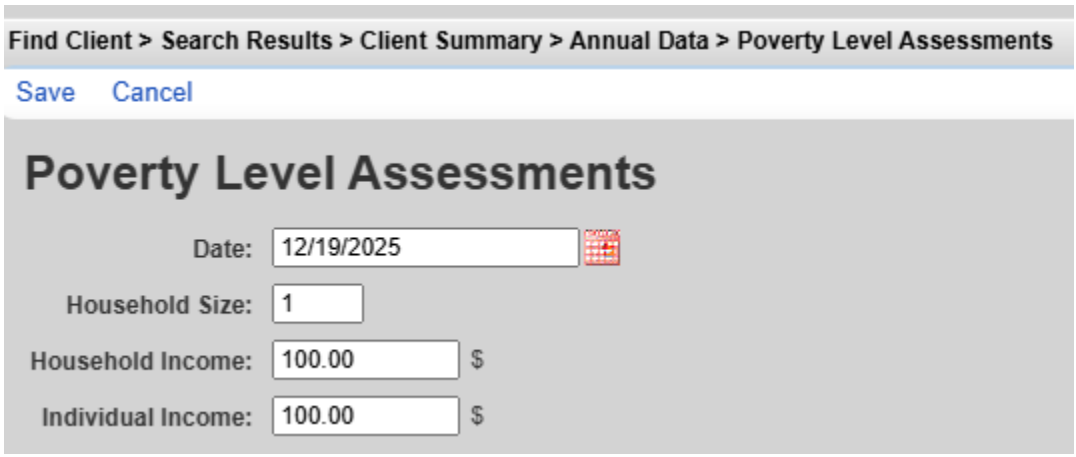
Note: (Q.15) The housing arrangement is used to complete the RSR question 15 Client's health coverage.

As we can see here, that resolves another RSR Validation issue.



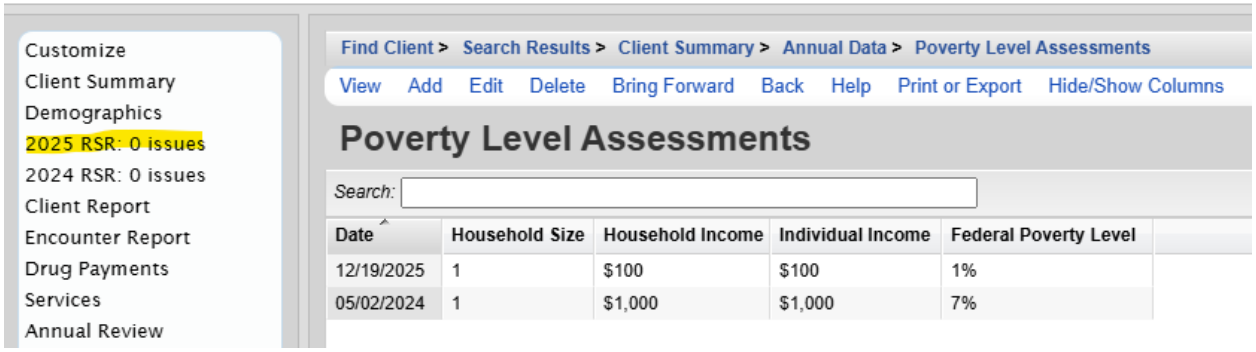
The next RSR validation issue to resolve for this client is the poverty level assessment, which can be resolved by clicking Poverty Level Assessment under Annual Review or by clicking the validation message and Jump to Section.

After clicking Add, the Date and Household Size need to be updated.



The household size needs to be a value of at least 1. The household income is required for determining eligibility for certain programs and funding.

Once the record is saved with a poverty level assessment date during the reporting year, we can see the required data element for the RSR has been satisfied and the validation alert has been resolved.



Note: (Q.9) The housing arrangement is used to complete the RSR question 9 Client's percent of the federal poverty level.

If the client were to receive another service, that could change the required data elements and trigger other RSR validation alerts or warnings to occur. If the client were to receive an Outpatient Ambulatory Health Service, then clinical data would also be required like CD4 Count, Viral Load, and Pregnancy records. Again these data entry requirements by service category are listed in the RSR Appendix A guide here.

For the purposes of this manual and the intention of having a 100% complete client record for the RSR, the next section covers each question in the RSR and the associated steps for answering that question in CAREWare.

For a comprehensive list of questions for the RSR, use the RSR Viewer. Each question is listed in order set by the HRSA defined requirements in the annual RSR Instruction Manual.

The first section uses the letter SV, these are identifiers for the providers and the client.

SV2 and SV 3 are unique identifiers for the providers, which is created by CAREWare when the RSR Client Report is exported.

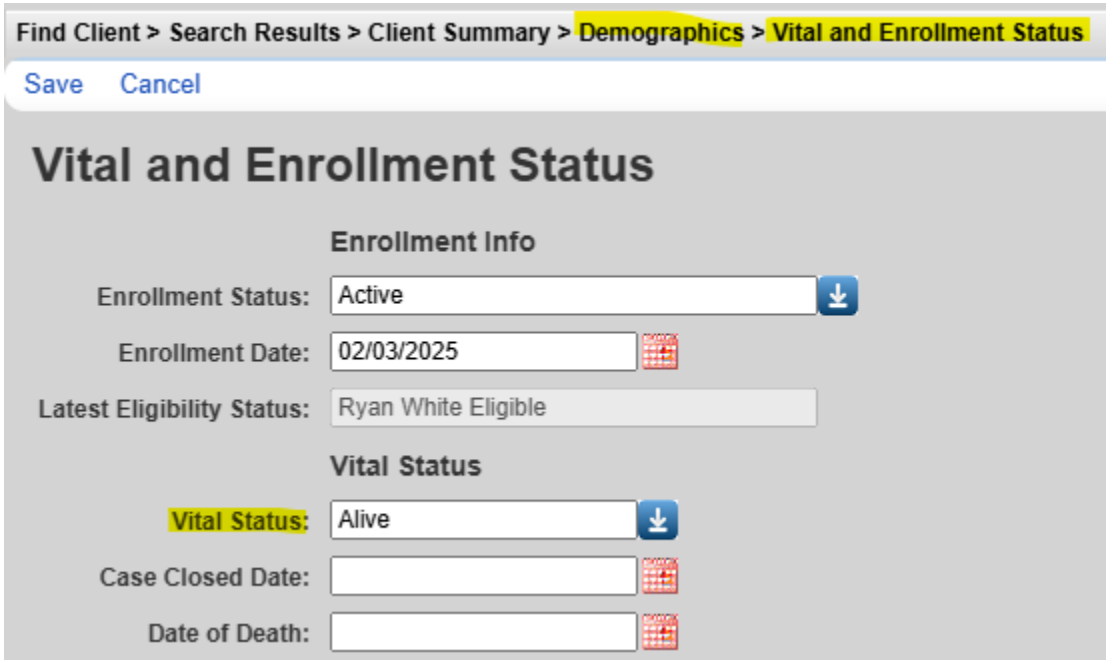
SV4 is the eUCI number for each client, which as stated earlier is based on the client's first name, last name, DOB, and sex at birth which are excluded from the RSR Client Report as PII data is excluded from the RSR reporting process. The eUCI is used in place as it is an encrypted ID for the client.

Q.2 Client's Vital Status at the end of the reporting period, was described earlier and is completed by entering the client's Vital Status under Vital and enrollment Status in Demographics.

Location: Find Client > Search Results> View Details > Demographics > Vital and enrollment Status

Permissions: Edit Vital/enrollment Status, View Vital/enrollment Status

Service Categories: OAHS, MCM, NMCM, EHE

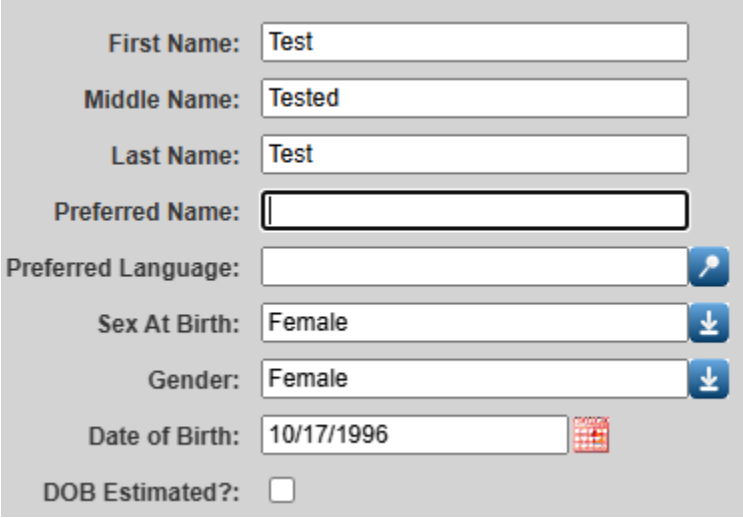


Q.4 Client's Birth Year is entered when the client is added to CAREWare with their date of birth.

Location: Find Client > Search Results > View Details > Demographics > Personal Info

Permissions: Edit URN Fields

Service Categories: All Service Categories

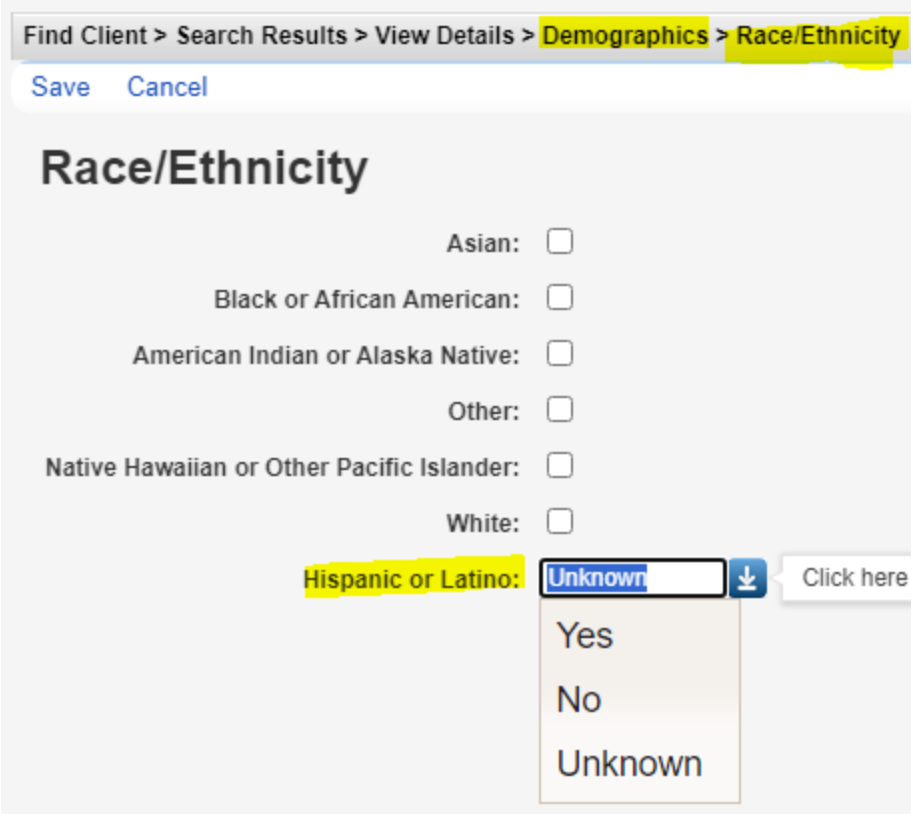


Q.5 Client's self-reported ethnicity is completed by selecting Yes or No for Hispanic or Latino under Race/Ethnicity in Demographics.

Location: Find Client > Search Results > View Details > Demographics > Race/Ethnicity

Permissions: View Race/Ethnicity, Edit Race/Ethnicity

Service Categories: All Service Categories



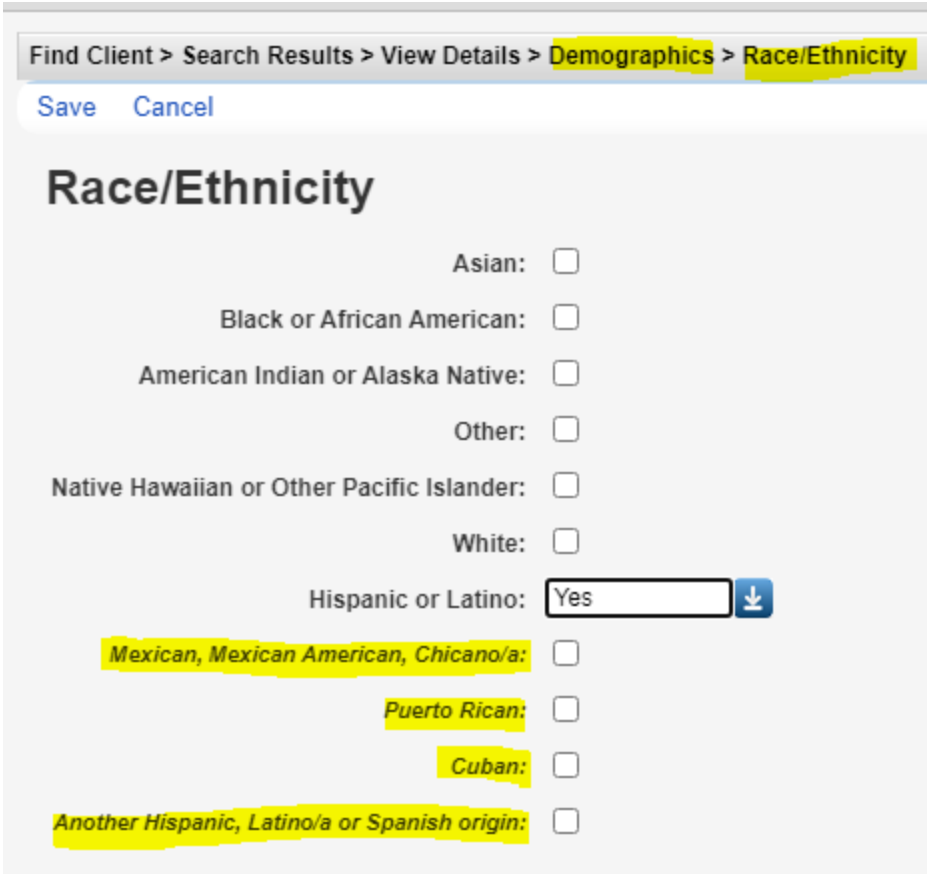
Note: Ethnicity is distinct from the five options for race above it (Other is excluded from the RSR) and for the RSR both the race and ethnicity have to be selected. Answering Yes or No for Hispanic or Latino answers question 5 for the RSR, however a client's race still needs to be completed for Q. 6. This means a client would be entered in CAREWare as Asian and Hispanic or White and Hispanic in the Race.Ethnicity tab.

Q68: Client report Hispanic subgroup is required if Yes is selected for Q.5. If Yes is selected for Hispanic or Latino, the Hispanic subgroup options appear.

Location: Find Client > Search Results > View Details > Demographics > Race/Ethnicity

Permissions: View Race/Ethnicity, Edit Race/Ethnicity

Service Categories: All Service Categories



At least one option needs to be checked and more than one selection can be checked.

Q.6: Client's self-reported race is completed by selecting one of the five race options above Hispanic or Latino (Other is excluded from the RSR).

Location: Find Client > Search Results > View Details > Demographics > Race/Ethnicity

Permissions: View Race/Ethnicity, Edit Race/Ethnicity

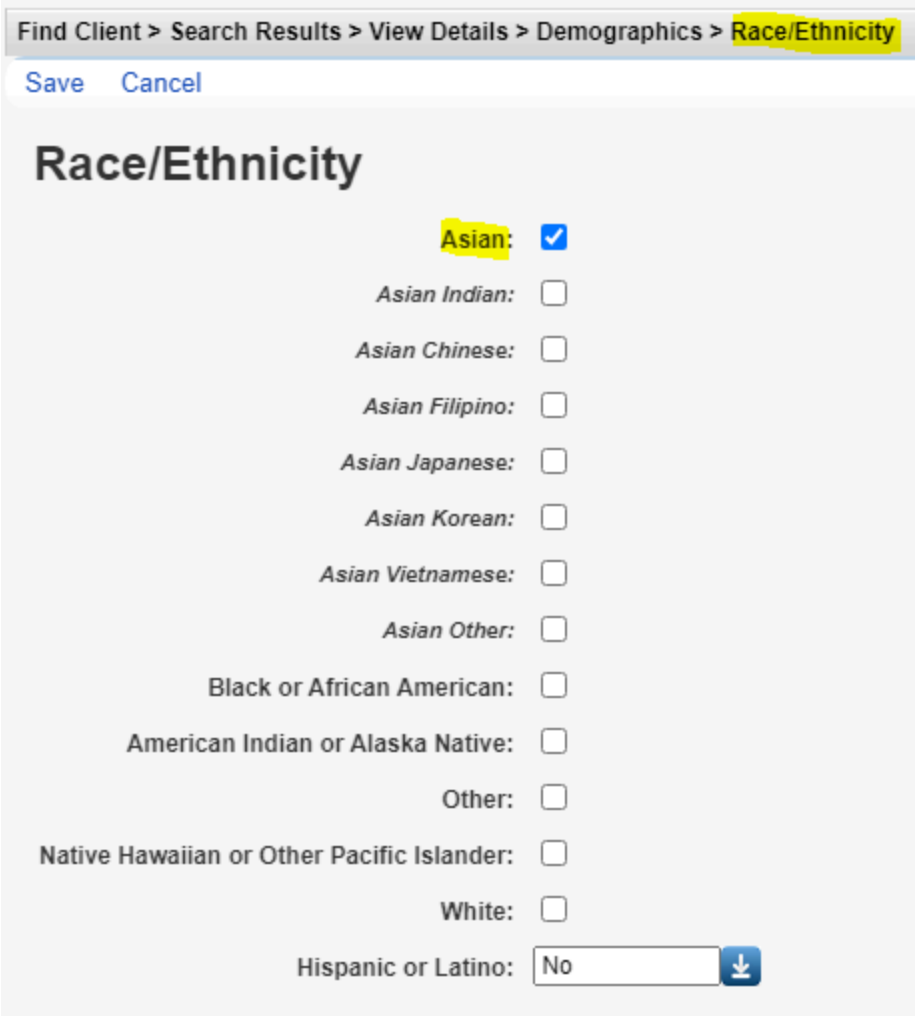
Service Categories: All Service Categories

Q.69 Client report Asian subgroup is completed by checking one or more of the Asian subgroup options after checking Asian as a race for the client.

Location: Find Client > Search Results > View Details > Demographics > Race/Ethnicity

Permissions: View Race/Ethnicity, Edit Race/Ethnicity

Service Categories: All Service Categories

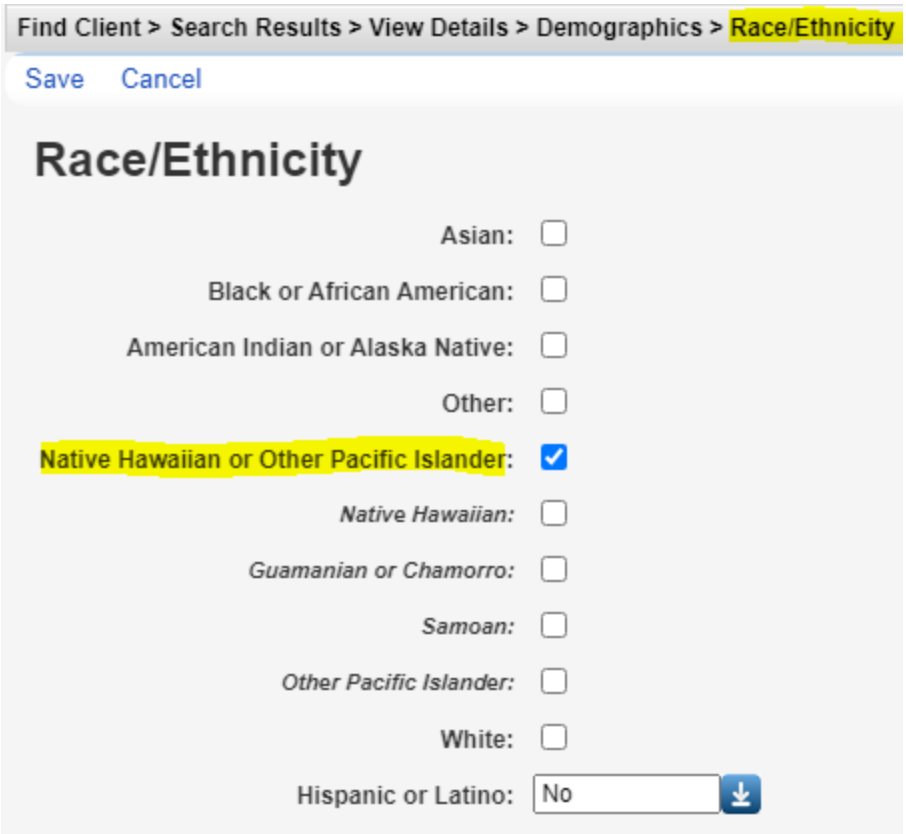


Q.70 Client's Native Hawaiian/Pacific Islander (NHPI) subgroup is completed by selecting a Native Hawaiian or Other Pacific Islander option if checked.

Location: Find Client > Search Results > View Details > Demographics > Race/Ethnicity

Permissions: View Race/Ethnicity, Edit Race/Ethnicity

Service Categories: All Service Categories

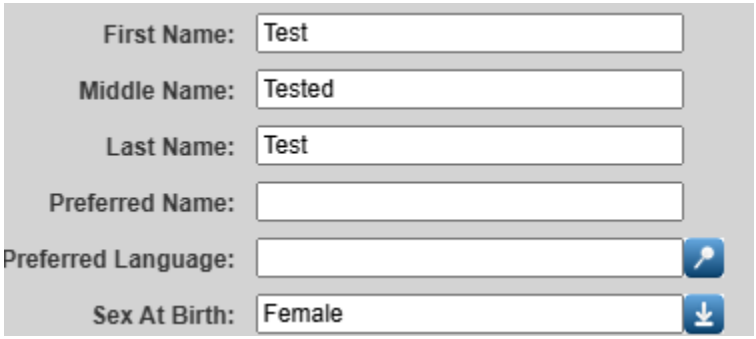


Q.71 Client sex at birth is completed by entering male or female under sex at birth in Personal Info.

Location: Find Client > Search Results > View Details > Demographics > Personal Info

Permissions: Edit URN Fields

Service Categories: All Service Categories

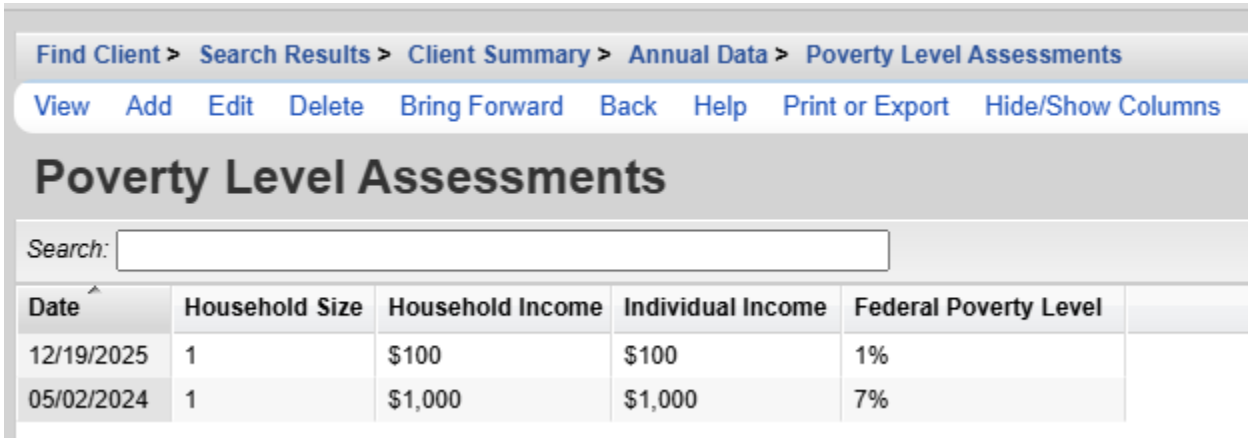


Q.9 Client's percent of the federal poverty level is completed by entering a Poverty Level Assessment under Annual Review with a date during the reporting period.

Location: Find Client > Search Results > View Details > Annual Data > Poverty Level Assessments

Permissions: View Insurance/Poverty, Edit Insurance/Poverty

Service Categories: OAHS, MCM, NMCM, EHE

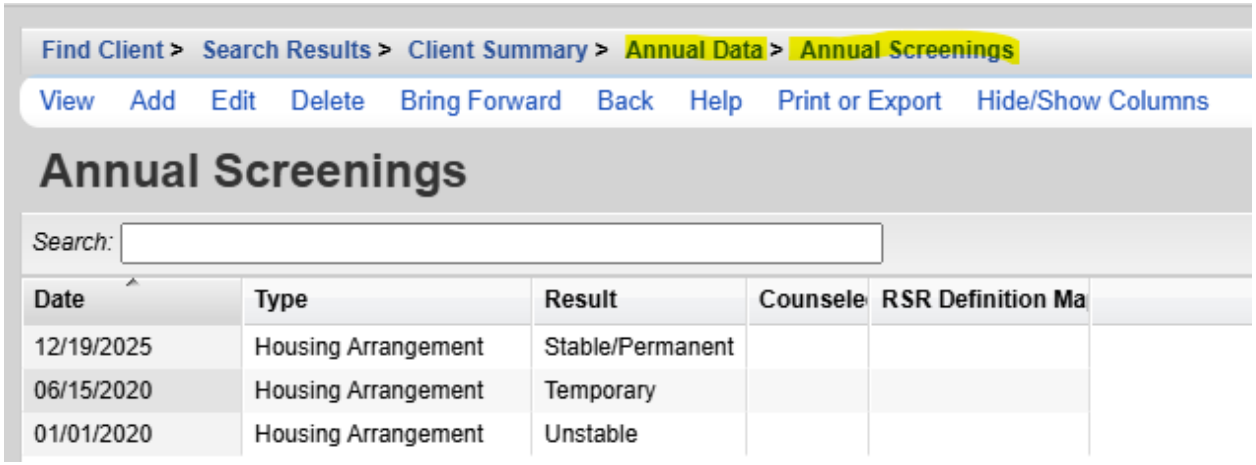


Q.10 Client's housing status is completed by adding a housing arrangement record under annual review with a date during the reporting period.

Location: Find Client > Search Results > View Details > Annual Data > Annual screenings

Permissions: View Annual screenings, Edit Annual screenings

Service Categories: OAHS, MCM, NMCM, Housing, EHE



Q.11 Client's housing status collection date is also completed by the same housing arrangement record with a date during the reporting period.

Location: Find Client > Search Results > View Details > Annual Data > Annual screenings

Permissions: View Annual screenings, Edit Annual screenings

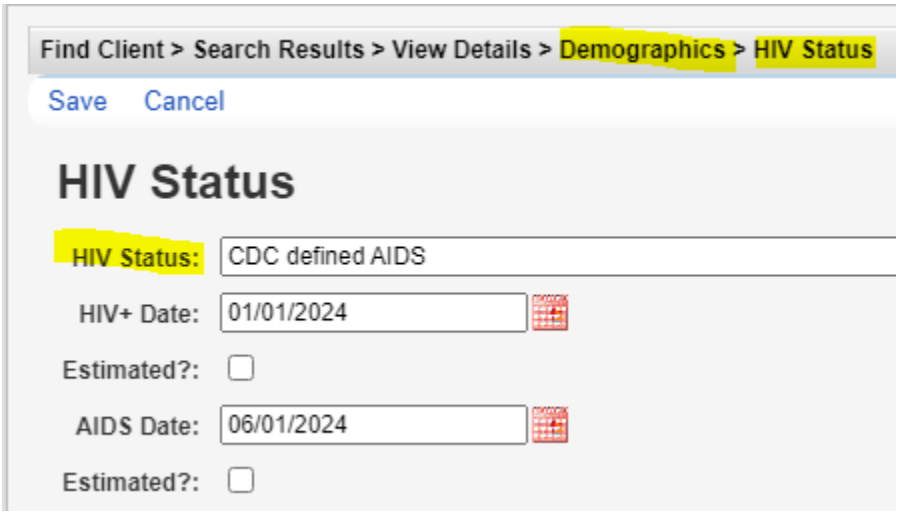
Service Categories: OAHS, MCM, NMCM, Housing, EHE

Q.12 Client's HIV/AIDS status is completed by adding the client's HIV status and HIV diagnosis date under HIV Status under Demographics.

Location: Find Client > Search Results > View Details > Demographics > HIV Status

Permissions: View HIV Status, Edit HIV Status

Service Categories: OAHS, MCM, NMCM, EHE

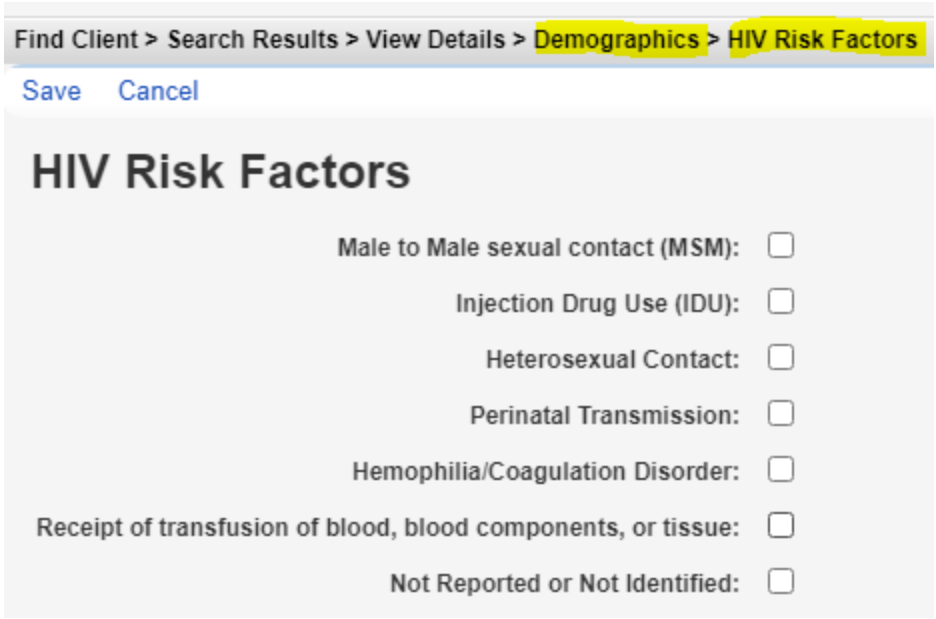


Q.14 Client's risk factor for HIV is completed under HIV Risk Factors in Demographics.

Location: Find Client > Search Results > View Details > Demographics > HIV Risk Factors

Permissions: View Risk Factors, Edit Risk Factors

Service Categories: OAHS, MCM, NMCM, EHE

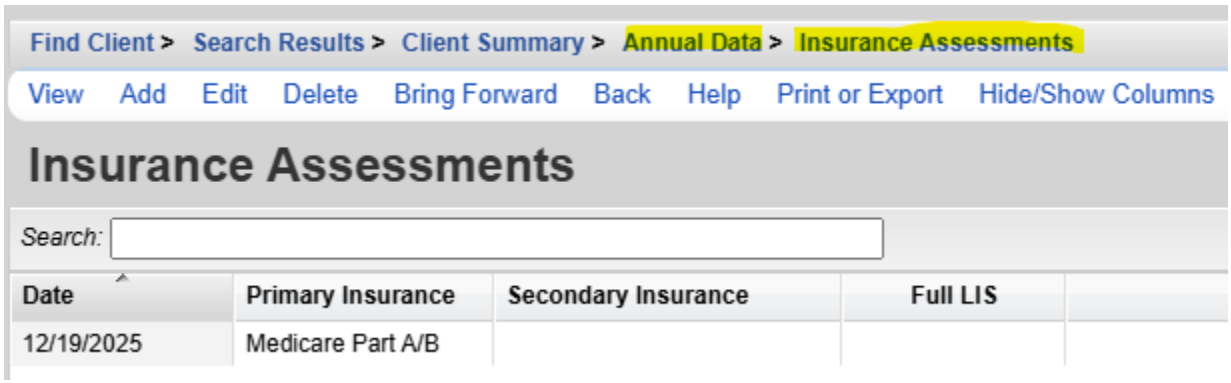


Q.15 Client's health coverage is completed by entering an insurance assessment record with a date during the reporting period.

Location: Find Client > Search Results > View Details > Annual Data > Insurance Assessments

Permissions: View Insurance/Poverty, Edit Insurance/Poverty

Service Categories: OAHS, MCM, OH, EIS, HHC, HCHS, HS, MHS, MNT, NMCM, EHE

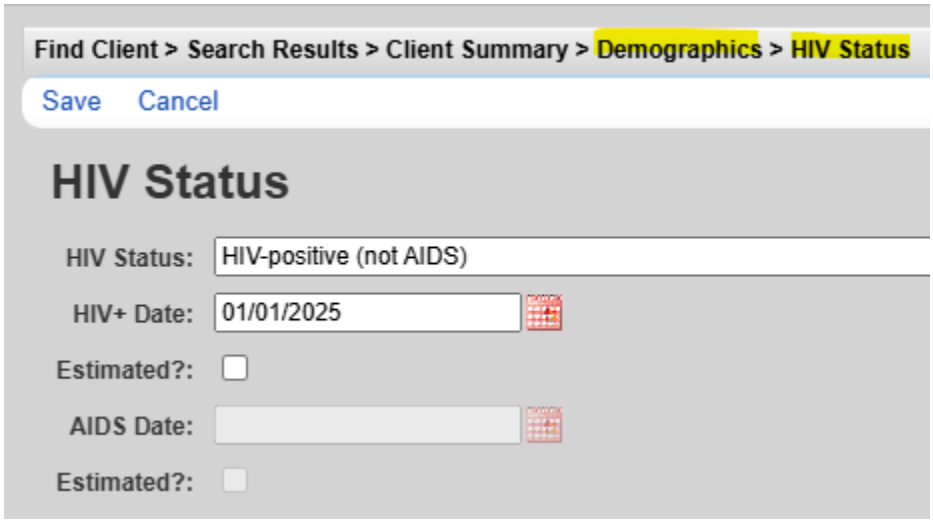


Q.72 HIV diagnosis year is completed by entering HIV Date for the client under HIV Status under Demographics.

Location: Find Client > Search Results > View Details > Demographics > HIV Status

Permissions: View HIV Status, Edit HIV Status

Service Categories: OAHS, MCM, NMCM, EHE

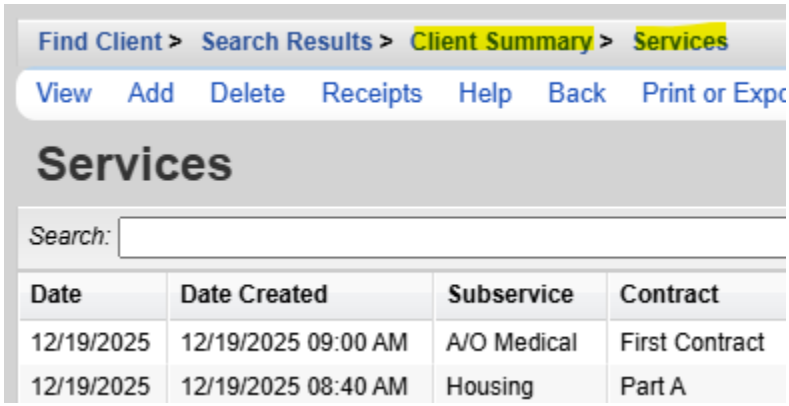


Q.76 New client is completed by entering the clients first ever service with a service date during the reporting period.

Location: Find Client > Search Results > View Details > Services

Permissions: View Service Records, Add/Edit Service Records, Delete Service Records

Service Categories: All Service Categories



Note: Q76 is only completed for EHE Initiative funded providers. Which means the provider needs to have at least one active contract that is EHE Initiative funding during the reporting period.

Q.77 Received service previous year is completed by entering a client's service with a service date during the year prior to the reporting period.

Location: Find Client > Search Results > View Details > Services

Permissions: View Service Records, Add/Edit Service Records, Delete Service Records

Service Categories: OAHS, MCM, NMCM, EHE

Q.16, 17, 18-19, 20, 21-27, 28-44, 75, and 78 Service visits delivered are completed in the same services tab by entering all of the services the client received throughout the year.

Location: Find Client > Search Results > View Details > Services

Permissions: View Service Records, Add/Edit Service Records, Delete Service Records

Service Categories: All Service Categories

Q.47 Date of client's first HIV outpatient/ambulatory health service visit is also completed in the services tab by entering an outpatient ambulatory health server with a date during the reporting period.

Location: Find Client > Search Results > View Details > Services

Permissions: View Service Records, Add/Edit Service Records, Delete Service Records

Service Categories: OAHS

Q.48: Dates of the client's outpatient/ambulatory health service visits are also completed in the services tab by entering an outpatient ambulatory health server with a date during the reporting period.

Location: Find Client > Search Results > View Details > Services

Permissions: View Service Records, Add/Edit Service Records, Delete Service Records

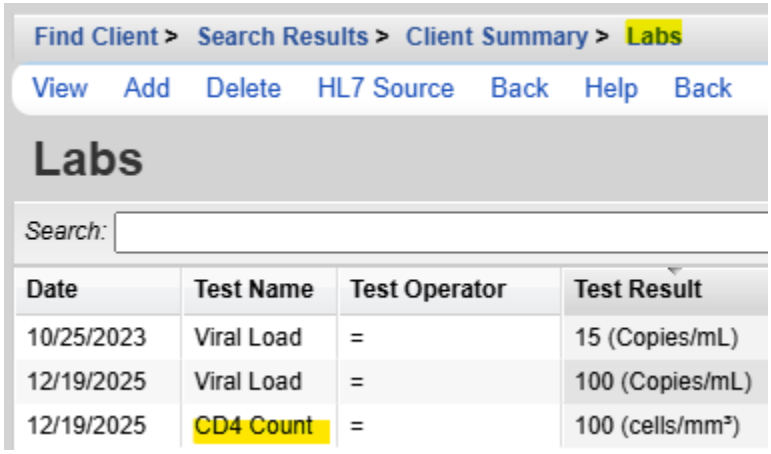
Service Categories: OAHS

Q.49: Client's CD4 test is completed by adding a CD4 Count lab to a client under the labs tab with a date during the reporting period.

Location: Find Client > Search Results > View Details > labs

Permissions: Add/Edit labs, View labs, Delete labs

Service Categories: OAHS

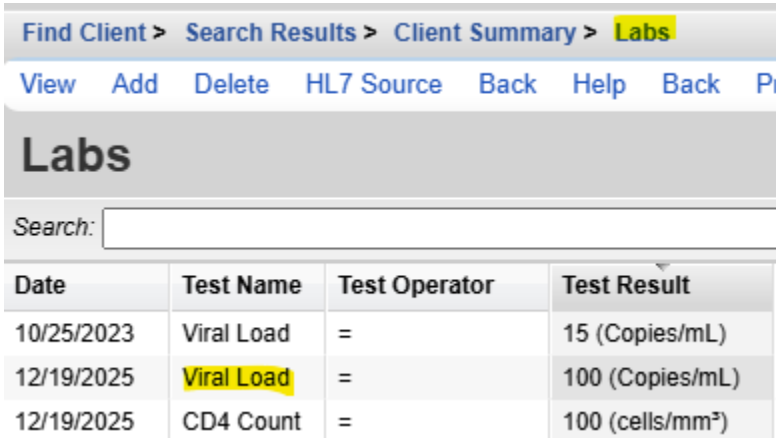


Q.50 Client's viral load test is completed by adding a Viral Load lab to a client record under labs with a date during the reporting period.

Location: Find Client > Search Results > View Details > labs

Permissions: Add/Edit labs, View labs, Delete labs

Service Categories: OAHS

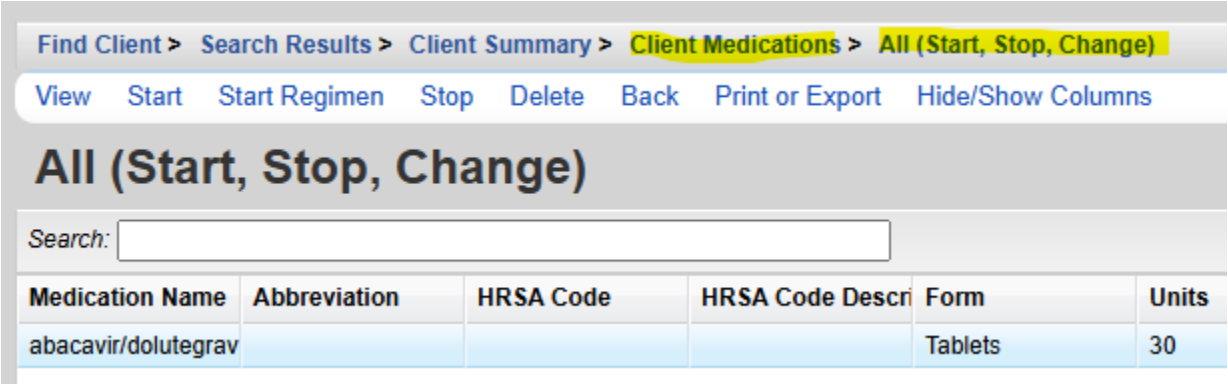


Q.52 Client prescribed ART is completed by adding a medication record for a medication that includes ARV ingredients.

Location: Find Client > Search Results > View Details > Client Medications

Permissions: Start Medications, Stop Medications, View Medications

Service Categories: OAHS

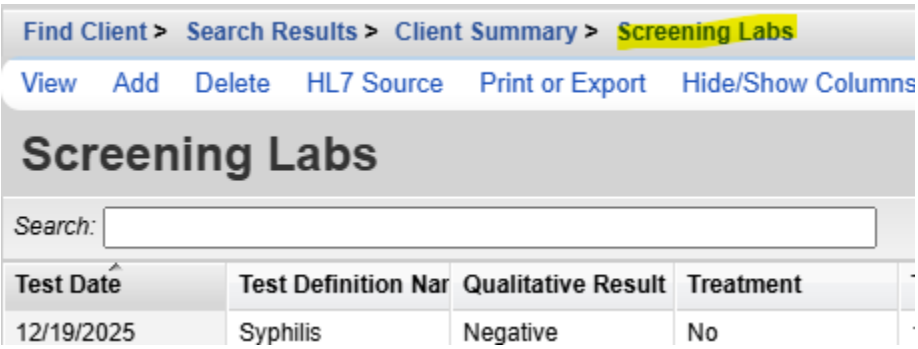


Q.55 Client was screened for syphilis during this reporting period is completed by adding a syphilis screening for the client under screening labs with a date during the reporting period.

Location: Find Client > Search Results > View Details > screening labs

Permissions: Add/Edit screening labs, Delete screening labs, View screening labs

Service Categories: OAHS

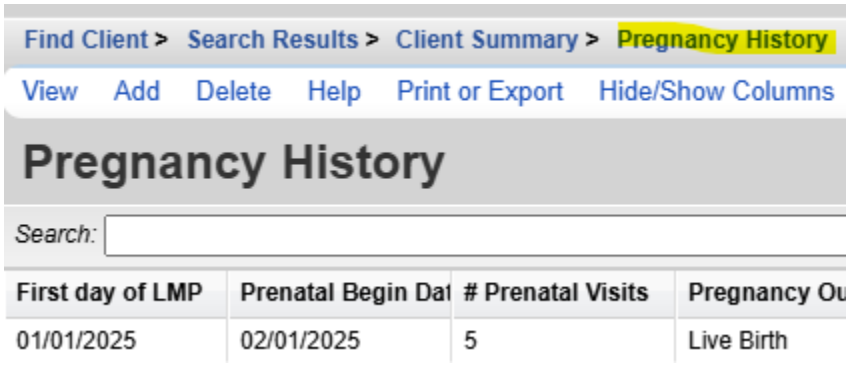


Q.64 Client was pregnant is completed by entering a pregnancy history record date during the reporting period for a female client.

Location: Find Client > Search Results > View Details > Pregnancy History

Permissions: Add/Edit Pregnancy Data, Delete Pregnancy Data, Edit Prenatal Care Data, View Pregnancy Data, View Prenatal Care Data

Service Categories: OAHS

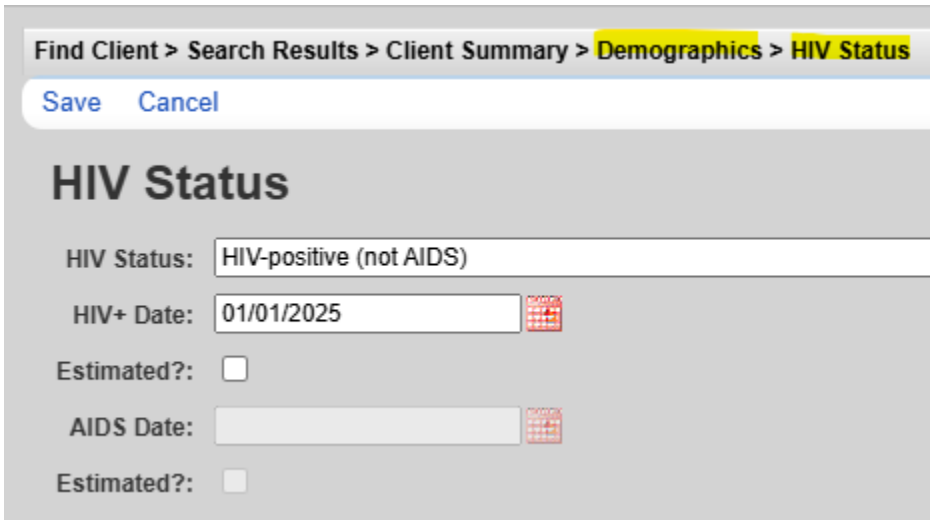


Q.73 Positive HIV test date is completed by entering the client's HIV Date under HIV Status under Demographics.

Location: Find Client > Search Results > View Details > Demographics > HIV Status

Permissions: View HIV Status, Edit HIV Status

Service Categories: OAHS

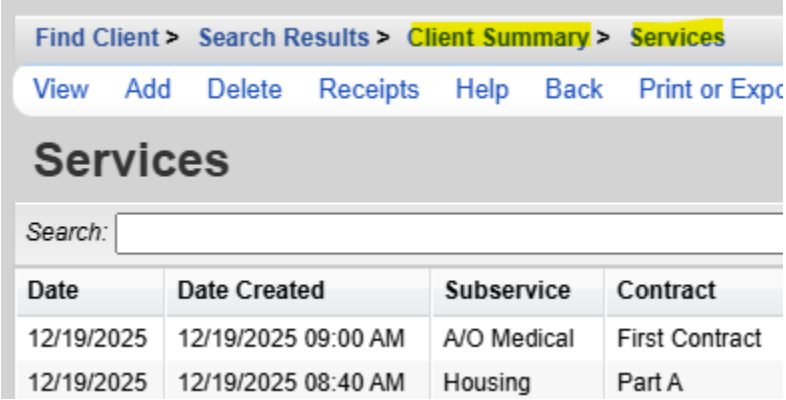


Q.74 Outpatient/ambulatory health service link date is completed by entering an outpatient ambulatory health service record under the services tab with a service date during the reporting period and after the client's HIV Date.

Location: Find Client > Search Results > View Details > Services

Permissions: View Service Records, Add/Edit Service Records, Delete Service Records

Service Categories: OAHS

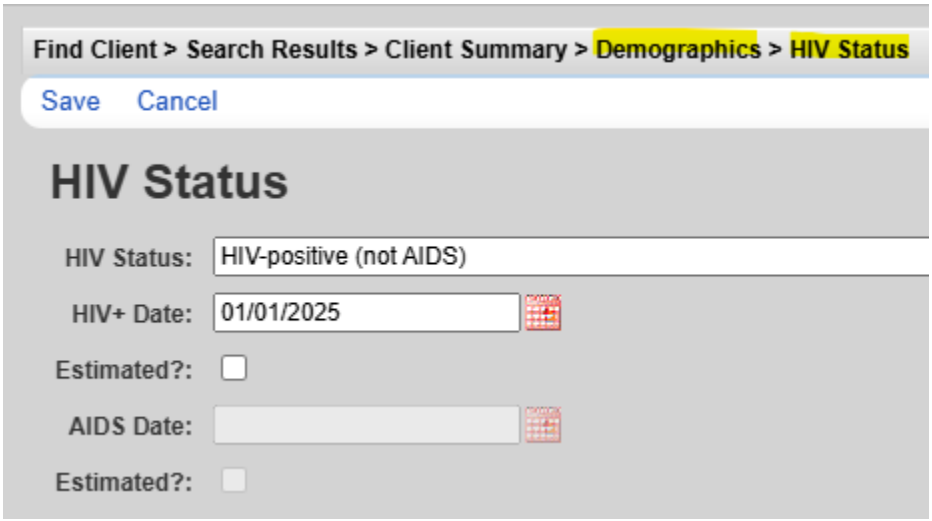


And

Location: Find Client > Search Results > View Details > Demographics > HIV Status

Permissions: View HIV Status, Edit HIV Status

Service Categories: OAHS



Once records are entered for each of these areas for each of these questions, the client record is complete for the RSR. This can be verified by reviewing the exported RSR Client Report file using the RSR Viewer. To verify the RSR Client Report file is error free when uploaded to the EHB, users can use the RSR Validation Report before uploading the file to the EHB. These tools under HRSA reports are the primary method for

checking the RSR Client Level data for completeness and accuracy before sending the data to HRSA through the EHB. CAREWare has a number of additional reporting tools that can be used to verify data completeness or get lists of data that still needs to be entered, which are discussed in detail in the section Using CAREWare Reports for RSR Quality Validations in this manual.

Importing RSR Client Level Data

CAREWare has several options for importing data into CAREWare. This is an important tool for the RSR as some providers' client level data is stored in other systems like EPIC or eClinical Works resulting in double data entry or in systems like EHARS or Labcorp, where users are manually entering data into CAREWare which already exists. By importing records from these other systems, data entry can be expedited, accuracy can be increased, and the process can be automated to ensure the data is available for reports in a timely manner. Some organizations even add a separate provider to receive clinical data, which is then shared out to RSR recipient service providers. This allows for systems, which may send over non-RW clients by accident to be stored in a separate provider, where only the clinical data necessary for the service providers is then shared. The CAREWare import system includes field mapping options and client matching options to clean data during the import process and ensure client level data matches the RSR requirements. Additionally, CAREWare includes the Test Name for HRSA Reporting, mentioned earlier, to set clinical data to count for the RSR, even if the lab or EMR uses a different set of labs or a different naming convention for clinical data. These functions work as a clinical filter resulting in HRSA defined data elements existing in CAREWare, even if the system the data comes from fails to meet those standards.

The CAREWare import system includes several options to protect PII data and prevent data from being dumped into the CAREWare system by allowing users to match clients on several different fields ensuring non-RW clients are screened out preventing them from being added to CAREWare. Users can match clients on their first and last name even if their sex at birth differs between systems, match on a medical record number, or match on a custom field significant to the other system to ensure that the client is easily identified as the same client between both systems. CAREWare includes the option to add multiple distinct import settings so that if that field is different from one system to the next, CAREWare can be set to match clients on all of those distinct matching fields by establishing a different import setting for each source the data is coming from.

CAREWare includes processes to automate imports to occur on a regular basis as data is available or on a schedule so that staff are aware of the time data is appearing in the system for review. The automation options include functions like folders files can be

sent to securely using a Secure File Transfer Protocol (SFTP), sockets for securely processing clinical data, SQL import options which use security features already present in SQL, and a FHIR interface which can send requests for client level data using encrypted messages. These secure and automated functions like the HL7 Interface, FHIR Interface, SQL imports, and the Data Translation Module include a number of options when it comes to the format of the data required for the import process. CAREWare uses a template system for coding the data, and users can configure data from other systems to match that template ensuring both systems can communicate reporting accurate data that matches RSR requirements.

In regards to the RSR, these import options help support CAREWare users in securely collecting data from many other sources, where a client's medical records are stored, collaborate with other medical record systems, save time with reduced data entry, improve accuracy through mapping, filtering, and screening systems, and improve completeness by bringing the data from these systems together in one place when exporting the RSR Client Report. As these systems bring data into CAREWare, the same HRSA reporting tools can be used to validate the records and report completeness throughout the year. If issues arise, these import systems can be recalibrated, adjusting mappings or updating settings to ensure the system meets the users' needs for reporting RSR data to HRSA.

To start, let's review one of the import options in regards to the process of getting RSR data into CAREWare. The first import option reviewed is the CAREWare CSV option. The CAREWare CSV is just that, a CSV formatted file, which conforms to a scripted CAREWare template. This means the structure of that import file needs to conform to the table and column structure set in the CAREWare CSV Template. When it comes to RSR client level data, that template uses columns which are more generalized placeholders for incoming data that is later matched to specific RSR client level data elements.

Example: A user intends to import a client's viral load test result. In the CAREWare CSV template, the client's first name, last name, DOB, and sex at birth are entered in the exp_test table in order to match the client to the test being imported. In that same exp_test table, the lab date, name of the lab, and the results are also entered.

In this example, here are the data elements and the columns they are placed in:

First Name is Test and is in the first_name column

Last Name is RSRtest and is in the last_name column.

The client's sex at birth is male, is set as a code of 1, and is in the column cln_birth_gender.

The client's date of birth is 1/1/2020 and is in the dob column

The name of the test is 550390, which is a code from Labcorp, and is in the column tst_cs_1_def_code

The result is 100 and is in the tst_cs_1_val_code column.

first_name	last_name	sex_at_birth	gend	gend	dob	urn_suffix	match_id	tst_pk	tst_delete	tst_cs_1	tst_cs_1_def_code
Test	RSRTest	1			01/01/2020			1	FALSE		550390

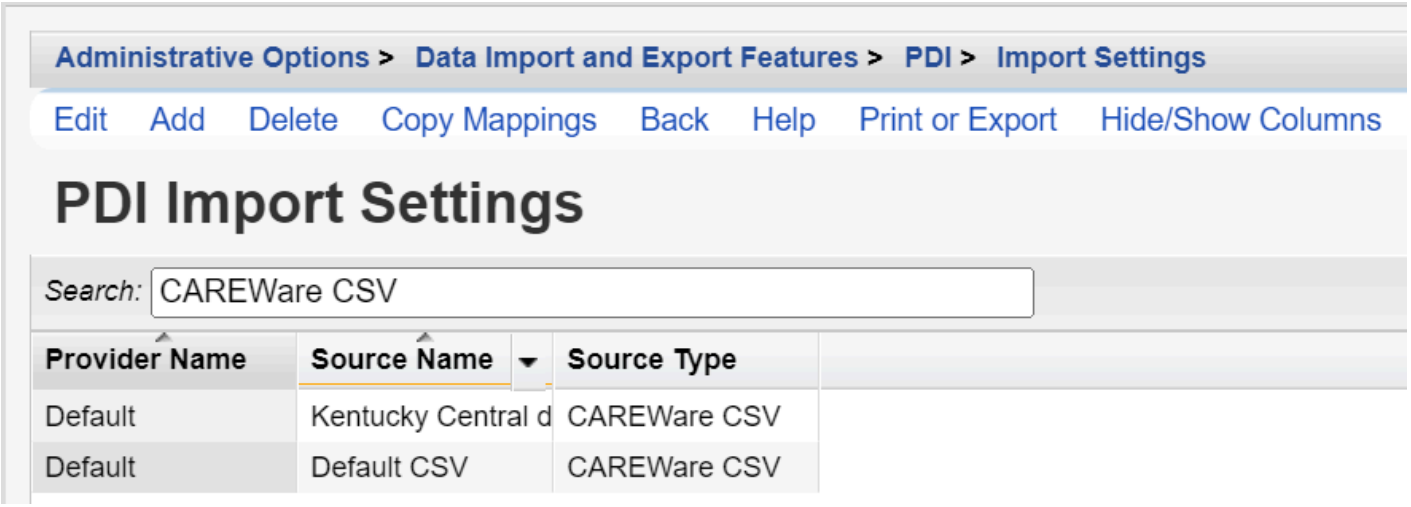
If this record were imported into CAREWare, the client would be matched based on their first name, last name, DOB, and sex at birth.

Note: The sex at birth could have been entered as male or M, or whatever is meaningful for the source the data is coming from. Once imported into CAREWare users are asked to match any values that are different from the HRSA defined values or are novel. If there isn't a sufficient match, the value can be ignored or the value can be added to CAREWare and then matched.

The test code would be matched in a similar way, setting 550390 to be equal to viral load during the import so that CAREWare adds a test called viral load instead of the Labcorp code 550390 or imported as 550390 adding the lab with that name and later set to count as a viral load for the RSR using Test Name for HRSA Reporting under clinical setup.

Note: In order to add the test 550390 or map it to a test with the same name or a test that is not HRSA defined with a different name, that distinct test name needs to be added to the providers list under clinical setup and activated for the providers prior to matching it during the import. Otherwise users find there is no value to match it to during the matching process. The option to match incoming values only appears for existing and active values in CAREWare.

To import this record, a user needs to zip the exp_test table with this record in it with an exp_providers file that contains the name of the providers and the name of the import source as it is listed under Import Settings.



Here is what that record should look like in the exp_providers table:

prv_pk	prv_name	prv_source
1	Default	Default CSV

The Provider Name from Import Settings is set under the column prv_name.

The Source Name from Import Settings is set under the column prv_source.

The prv_pk is the provider's primary key. This can always be set to a default value of 1. It is just a unique value for that row for that one import. It never has to match any prior imported record.

Once the exp_providers table is set, it can be placed in a folder with the exp_test file to be imported. If that lab were to be imported as it, the record would be added for the client and counted for the RSR, if the client has an Outpatient Ambulatory Health Service. Only clients with Outpatient Ambulatory Health Services from the providers completing the RSR Client Export have their viral load test counted in the RSR. If the test is being imported for clients that already have those services delivered then the file can be imported as is, however let's take a look at the structure of the service table to import the Outpatient Ambulatory Health Service as well.

As we can see here, the exp_service table also includes the client's first name, last name, DOB, and sex at birth for matching purposes.

The service name is Outpatient and in the srv_cs_1_def_code column.

The service date is 3/1/2026 and in the srv_date column.

first_name	last_name	sex_at_birth	gend	gend	dob	match_id	srv_pk	srv_delete	srv_cs_1	srv_cs_1_def_code	srv_date
Test	RSRTest	1			01/01/2020		1			Outpatient	03/01/2025

Note: The client's sex at birth and dob are different in this table than in the other. In cases where sources have differences in client identifying information, providers have a few options to deal with this.

- Exclude the record from the import process by retaining the error, leaving the record uncorrected, and leaving the record unprocessed.
- Use a different client matching value like a medical record number.
- Set the CAREWare Import Settings for manual client matching. When these two records are imported, users can choose one as the correct record, process and add it, then match the incorrect record to the now existing record adding the service to the client from the test table record for instance.
- Process both records automatically adding them and then merge the records later.
- Correct the incoming dob and sex at birth for the incoming record, fixing it so that it matches the client from the exp_test table.

srv_quantity	srv_price	srv_contract_name	srv_category
1	0.01	First Contract	Outpatient/Ambulatory Health Services

When importing services, the required fields are the client matching fields, the name of the service, and the service date. The record of the fields are optional as long as the service is only active for one contract as of the date of the service.

Example: If the service Outpatient is only active for the contract First Contract, then the contract name is not required, CAREWare automatically adds the service using that contract. If the service Outpatient is active for the contract First Contract and Default Contract and the contract Default Contract ended on 2/28/2024, then the contract name is still not required as the only active contract between the two as of 3/1/2024 is First Contract. If both of those contracts are active as of 3/1/2024, then the contract name is required in order to inform CAREWare of which contract is funding the service for that client on that date.

Similarly the service category is always optional unless somehow the same service name is used for two different service categories, which is highly discouraged as it may cause issues in CAREWare due to the duplication of a field name as well as confusion for users during service entry. Generally CAREWare has controls to prevent the same name being used in more than one place.

Once the service data is entered matching the CAREWare CSV Template guidelines, the three files; exp_test, exp_service, and exp_providers, can be zipped together and imported by clicking New Import in CAREWare and then managing that import and processing it under Import History.

At this point, a client has been matched and added to CAREWare with an Outpatient Ambulatory Health Service and a Viral Load test. This meets the requirements for questions 16, 47, 48, and 50, however if the client lacks any other clinical data is going to count as missing for other questions required for the RSR for clients that received at least one Outpatient Ambulatory Health Service.

Below each question in the RSR is reviewed based on the location of those data elements in the CAREWare CSV Specifications.

The first section uses the letter SV, these are identifiers for the providers and the client.

Note: The table listed is for the table required to import the specific data element listed for the RSR question. Clients may need additional information for that data element to be required, such as a specific subservice of a service category. If that service needs to be imported, the record needs to be imported using the exp_service table as per questions related to services listed below. Required if a client received Service Categories is meant to inform users that if a client received a subservice from one of those service categories, then the question is now required for the client. The column listed is the specific column where data is imported to answer that question. HRSA defined values are the values that HRSA recognizes as correct responses to the questions for the RSR. In many cases, responses like unknown or other are excluded from the RSR.

SV.2 RSR system's unique providers ID and SV.3 RSR system's unique providers registration code are unique identifiers for the providers, which is created by CAREWare when the RSR Client Report is exported. Technically the providers name is imported using the exp_providers table, however that is truly only used for matching purposes to the import settings. The import process does not add a provider to CAREWare, it matches an existing provider and import setting.

SV4: Client's encrypted Unique Client Identifier is created when a client is added to CAREWare through the import system using the client's first name, last name, DOB, and sex at birth to create the URN, which is then encrypted as the encrypted UCI as separate values. HRSA reports use the Encrypted Unique Client Identifier (eUCI) for the 2026 RSR unique identifier for clients.CAREWare retains the Legacy URN and Legacy eUCI (unique identifiers calculated using the old URN fields) for matching clients on older RSR reports from 2024 and earlier.

Q.2: Client's Vital Status at the end of the reporting period

Required if client received Service Categories: OAHS, MCM, NMCM, EHE

Table: exp_client

Column(s): cln_vital_status

HRSA defined values:

- Alive
- Deceased
- Unknown

Note: CAREWare uses Alive by default for all clients. If a client is deceased, they also need the date of death entered in column cln_date_of_death. The client also needs their enrollment status changed to referred or discharged entered in column cln_enrollment_status as well as a case closed date entered in column cln_date_case_closed.

Q.4: Client's year of birth

Required if client received Service Categories: All Service Categories

Table: exp_client

Column(s): cln_dob

Note: The client's Date of Birth (DOB) is also entered in each table where the client has client level data. If a client has a service, the client's DOB is entered in the exp_service table. The exp_client table is only used when Demographics information is updated for the client. If an import is to only include service records the correct table for the DOB is exp_service and the correct column is dob. The exp_client table can then be excluded from the import.

Q.5: Client's self-reported ethnicity

Required if client received Service Categories: All Service Categories

Table: exp_client

Column(s): cln_ethnicity_cs_def_code

HRSA defined values:

- Hispanic
- Non-Hispanic
- Unknown

Note: If a client is Hispanic, then the client's Hispanic subgroup is required.

Note: A client's race is still required even if Hispanic is selected for the RSR. The race options are:

- Asian
- Black or African American
- American Indian or Alaskan Native
- Other
- Native Hawaiian or Other Pacific Islander
- White

This means that a client needs to be reported by their ethnicity as Hispanic and their race, which is one of the options listed in order for questions about race to be complete.

Q.68: Client report Hispanic subgroup

Required if client received Service Categories: All Service Categories

Table: exp_client

Column(s): cln_hispanic_subgroup

HRSA defined values:

- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino/a or Spanish origin

Note: More than one value can be entered. If the text value of the client's ethnicity is entered, CAREWare provides an option to match those values to the HRSA defined values in CAREWare.

Q.6: Client's self-reported race

Required if client received Service Categories: All Service Categories

Table: exp_client

Column(s): cln_race_cs_1_def_code

HRSA defined values:

- Asian
- Black or African American
- American Indian or Alaskan Native
- Other
- Native Hawaiian or Other Pacific Islander
- White

Note: More than one value can be entered. If the text value of the client's race is entered, CAREWare provides an option to match those values to the HRSA defined values in CAREWare.

Q.69: Client report Asian subgroup

Required if client received Service Categories: All Service Categories

Table: exp_client

Column(s): cln_asian_subgroup

HRSA defined values:

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

Note: More than one value can be entered. If the text value of the client's race is entered, CAREWare provides an option to match those values to the HRSA defined values in CAREWare.

Q.70: Client report Native Hawaiian/Pacific Islander (NHPI) subgroup

Required if client received Service Categories: All Service Categories

Table: exp_client

Column(s): cln_pacific_subgroup

HRSA defined values:

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

Q.71: Client sex at birth

Required if client received Service Categories: All Service Categories

Table: exp_client

Column(s): cln_birth_gender

HRSA defined values:

- Male
- Female
- Unknown

Q.9: Client's percent of the federal poverty level

Required if client received Service Categories: OAHS, MCM, NMCM, EHE

Table: exp_poverty_level_assessment

Column(s): pvr_lv_household_income, pvr_lv_household_size, prv_lv_date

Note: The household size must be at least 1 for the column pvr_lv_household_size.

Q.10: Client's housing status

Required if client received Service Categories: OAHS, MCM, NMCM, Housing, EHE

Table: exp_test

Column(s): tst_cs_1_def_code, tst_date, tst_result

Q.11: Client's housing status collection date

Required if client received Service Categories: OAHS, MCM, NMCM, Housing, EH

Table: exp_test

Column(s): tst_cs_1_def_code, tst_date, tst_result

Q.12: Client's HIV/AIDS status

Required if client received Service Categories: OAHS, MCM, NMCM, EHE

Table: exp_client

Column(s): cln_hiv_status

Q.14: Client's risk factor for HIV

Required if client received Service Categories: OAHS, MCM, NMCM, EHE

Table: exp_client

Column(s): cln_hiv_risk_label

HRSA defined values:

- Male to Male sexual contact (MSM)
- Injection Drug Use (IDU)
- Heterosexual Contact
- Perinatal Transmission
- Hemophilia/Coagulation Disorder
- Receipt of transfusion of blood, blood components, or tissue
- Not Reported or Not Identified

Note: More than one value can be entered. If the text value of the client's HIV Risk Factor is entered, CAREWare provides an option to match those values to the HRSA defined values in CAREWare.

Q.15: Client's health coverage

Required if client received Service Categories: OAHS, MCM, OH, EIS, HHC, HCHS, HS, MHS, MNT, NMCM, EHE

Table: exp_insurance_assessment

Column(s): ins_as_cs_1_def_code, ins_as_date

Q.72: HIV diagnosis year

Required if client received Service Categories: OAHS, MCM, NMCM, EHE

Table: exp_client

Column(s): cln_hiv_date

Q.76: New client

Required if client received Service Categories: All Service Categories

Table: exp_service

Column(s): srv_cs_1_def_code, srv_date

Q.77: Received service previous year

Required if client received Service Categories: OAHS, MCM, NMCM, EHE

Table: exp_service

Column(s): srv_cs_1_def_code, srv_date

Q.16, 17, 18-19, 20, 21-27, 28-44, 75, and 78 Service Visits Delivered

Required if client received Service Categories: All Service Categories

Table: exp_service

Column(s): srv_cs_1_def_code, srv_date

Q.47: Date of client's first HIV outpatient/ambulatory health service visit

Required if client received Service Categories: OAHS

Table: exp_service

Column(s): srv_cs_1_def_code, srv_date

Q.48: Dates of the client's outpatient/ambulatory health service visits

Required if client received Service Categories: OAHS

Table: exp_service

Column(s): srv_cs_1_def_code, srv_date

Q.49: Client's CD4 test

Required if client received Service Categories: OAHS

Table: exp_test

Column(s): tst_cs_1_def_code, tst_date, tst_result

Q.50: Client's viral load test

Required if client received Service Categories: OAHS

Table: exp_test

Column(s): tst_cs_1_def_code, tst_date, tst_result

Q.52: Client prescribed ART

Required if client received Service Categories: OAHS

Table: exp_medication

Column(s): mdc_cs_1_def_code, mdc_start_date, mdc_indication

Q.55: Client was screened for syphilis during this reporting period

Table: exp_test

Column(s): tst_cs_1_def_code, tst_date, tst_result

Required if client received Service Categories: OAHS

Q.64: Client was pregnant

Required if client received Service Categories: OAHS

Table: exp_pregnancy

Column(s): prg_est_conception_date or prg_delivery_date

Q.73: Positive HIV test date

Required if client received Service Categories: OAHS

Table: exp_client

Column(s): cln_hiv_date

Q.74: Outpatient/ambulatory health service link date

Required if client received Service Categories: OAHS

Table: exp_client

Column(s): cln_hiv_date

and

Table: exp_service

Column(s): srv_cs_1_def_code, srv_date

These questions listed are all of the questions in the RSR and an explanation of where those data elements are included in the CAREWare CSV template. These same data elements can be imported into CAREWare in a number of other ways, like the SQL PDI, FHIR, HL7, or DTM. Each of these import options have their own format and requirements for matching the RSR required data elements to CAREWare values in their respective templates. The RSR Client Level Data Elements can be explored in more detail here. These RSR documents include explanations for RSR data elements for the CSV format used by the CAREWare CSV and Data Translation Module as well as the HL7 format, FHIR format, and the SQL PDI Template.

Additional import options

Using the SQL PDI import option for importing RSR client level data

The SQL Provider Data Import Option (SQL PDI) uses the same primary and foreign key system as the old MDB template. This means the matching client record for a client level data record in another table depends on the client matching information in the exp_client table. This template is created when the SQL PDI feature is enabled generating a separate database for CAREWare called cw_pdi. This database stores imported and exported files in an additional holding space to the TDI tables in cw_data, import holding tanks, used for holding records prior to processing them and adding them to the client. The cw_pdi database table structure and format can be reviewed here.

In the context of importing RSR client level data elements, the demographics fields are still included in the exp_client table, services are still included in the exp_service table, labs, screenings, and screening labs are still included in the test table. The required fields to import those records are largely the same. The difference is the exp_service

table has a srv_cln_fk, which matches the corresponding client in the exp_client table using the column cln_pk, instead of including columns to enter the client's first name, last name, DOB, and sex at birth in the exp_service table for client matching. In addition, matching on a custom field requires an additional column be added to the exp_client table with that custom field, which is completed by CAREWare when configured to do so. If clients are matched on Client ID, that Client ID is entered in the exp_client table instead of match_id as it is in the CAREWare CSV template. In general, the location in the cw_pdi database, the SQL PDI Template, where the RSR questions response data fields are retained is similar to the CAREWare CSV template. Some other differences is that the column for the service name is srv_subservice instead of srv_cs_1_def_code as it is in the CAREWare CSV. Rather than list each question and the corresponding differences, please review the RSR Client Level Data Elements for imports here where the corresponding columns from the CSV, DTM, and SQL PDI are listed expressing those differences.

Using the DTM import option for importing RSR client level data

The Data Translation Module (DTM) uses the same template as the CAREWare CSV import option, with view variations in the names of those columns. The format or structure of that template is exactly the same as the CAREWare CSV Template. All RSR questions are answered by importing records matched to the same CAREWare template columns during the setup of the DTM.

The DTM does have some unique functions that the CAREWare CSV import option lacks. When importing RSR data, the DTM can convert reports from CAREWare or other sources into an import file. That means that a single report containing all of the required data elements for clients with Outpatient Ambulatory Health Services, with each column for those data elements can be exported and then imported into CAREWare converted to match the CAREWare CSV import template by matching the column headers of that report to the columns in the CAREWare CSV template. So when reviewing the process to import a service, the imported file column header for the service name could be EPIC Services Delivered. The column EPIC Services Delivered is then matched to the column srv_cs_1_def_code in the DTM CSV Spec settings telling CAREWare the information in that column is the name of the service. Once processed the services are added much the same way that the CAREWare CSV data is processed and added.

The DTM also includes options for automating the import process by setting CAREWare to monitor folders awaiting files that match the format specified in the DTM settings. These file folder locations can be customized and keywords can be set to ensure that only the files that should be processed by those settings are. By automating the import

and processing of the files, third party applications like EPIC or eClinicalWorks can send reports to CAREWare knowing those reports will automatically be converted for the import system eliminating the need for staff to access the files and manually process them. Staff still need to monitor the Import History and make decisions about mapping values and resolving errors in order for the records to be added.

Using the HL7 import option for importing RSR client level data

The CAREWare HL7 file format matches the Health Level 7 (HL7) standards used across the health information industry. The HL7 Interface includes two functions for importing and processing records that meet the HL7 standards, a folder that monitored files in HL7 format, and a socket server and socket client system designed to work with third party HL7 apps like the Labcorp LK Transfer or the Quest Hub. Each of these options allow for different data elements to be processed in a more automated way similar to the file folder process the DTM uses. This file folder path is set in the common storage settings table in the CAREWare database, can be updated in the common storage tab in the CW Admin Utility, or be updated under common storage values in Central Administration while logged into CAREWare. As the HL7 records are processed, these files are placed in folders for either successfully processed files or files with errors. Errors are logged separately in HL7 logs and HL7 Administrative Alarms providing additional feedback on inconsistencies with the standardized HL7 format and CAREWare Business Tier rules guiding imported data.

While the process and format of the HL7 format is significantly different from the CAREWare CSV or SQL PDI format, the data fields required for completing the RSR are still the same. For a detailed explanation of imported data elements for the RSR using the HL7 format, click here. While there are some limitations to which data elements CAREWare can process using the HL7 format, all of the required data elements for the RSR can be imported using the HL7. In some cases, the records may need to be processed by placing them in the incoming HL7 files folder or they may need to be processed using an installed socket server. The HL7 option creates a venue for multiple organizations to securely send their data to CAREWare. Each lab or clinical provider can be activated for sending data to CAREWare. Each of those activated sources can be granted unique import settings configuring that source to process data that is acceptable by the RSR recipient. This means the recipient can control which labs are imported and which are skipped. They can also still use the Test Name for HRSA Reporting feature to set imported labs to count for the RSR even if that lab name or code varies from the HRSA defined names included with CAREWare.

The HL7 format includes many of the same options for matching clients, using the client's first name, last name, DOB, and sex at birth, Client ID, or a custom field. This

allows for matching clients on medical record numbers from other systems like EPIC to ensure the records imported using the HL7 Interface are being added to the correct client matched in both systems. These import options for matching clients, matching client level data elements, and using custom fields give users a lot of control in how and what data is processed into CAREWare.

Using the FHIR import option for importing RSR client level data

The CAREWare FHIR Interface has an additional set of functionality the HL7 Interface lacks, which sets it apart as a more powerful tool in regards to control of data imported to CAREWare by other systems, in that it can be set to request that data from those systems directly for the clients that exist in CAREWare. This data request process can tailor the data elements imported to CAREWare further ensuring only the necessary RSR Client Level Data Elements are imported for only the RW funded clients that currently exist in CAREWare. This can greatly reduce the amount of time setting imported data to be skipped, mapping labs that may or may not be required for a RW funded provider, or matching clients that may or may not receive services at this provider.

When considering which import option is best to collect RSR client level data, it is important to review how those other systems record that data as well as the options those systems have for exporting that data. Labcorp can send data to CAREWare using the LKTransfer socket, however that means asking for a group of clients and a list of different test types, which may or may not match the CAREWare system and should be configured properly using the Import Settings to sort out the data that is required for the RSR as well as filter out non-RW clients. EPIC can export client data as reports or use the HL7 Interface. The exported reports can be processed using the CAREWare Data Translation Module and may be more user friendly in adjusting the configuration for that import process in CAREWare. Some EHR's use database systems like SQL or systems that work well with SQL. Having two database systems on the same network could mean that sending data through SQL is the easiest and most secure way to calibrate the two systems in sync for RSR client level data. If an EHR already has applications and processes in place to handle the FHIR Interface, that can be a controlled way to narrow the focus of data requests only pulling the data required for the RSR and only for clients that already exist in CAREWare.

Exporting RSR Client Level Data

Some RSR recipients may have various reasons to export their RSR client level data such as developing reports to be analyzed outside CAREWare, to send this data to third party systems to ensure the client record is complete and matches those systems, or for

reporting RSR data to county or state health agencies. For exporting RSR data out of CAREWare, there are many options to choose from. The primary method for exporting data out of CAREWare is the Provider Data Export (PDE) option, which includes options for exporting data in CSV or SQL PDI format. The PDE process can be automated to schedule exports to a folder on the CAREWare server in the CAREWare CSV format or to be exported to the cw_pdi database using the SQL PDI format. When setting up CAREWare to export RSR client level data, those export options include filters to narrow the scope of the clients exported based on filters which can ensure that only RSR clients and RSR data are exported. These exports can be scheduled to occur at any frequency the provider wishes, on certain days, every week, once a month, once a quarter, etc. The filters can be as simple as RSR Clients in Period or more complex filtering the exported tables to only include services with certain funding sources or specific labs, screenings, and screening labs important for the RSR. The exports can be set to only include tables that store RSR client level data in them such as the service, lab, medications tables. These customizations and configurations can narrow the scope of exports to RSR specific data.

Exporting RSR data using the Provider Data Export (PDE) Option

When exporting RSR client level data using the PDE menu, there are a few things to consider.

- Start Date and End Date
- Optional settings like Use Last Updated Date, Include Metadata, and Export Deleted Records
- Client Match Field
- Provider Selected
- The filters to be included; client level filters and client data level filters
- Which tables should be included

Start Date and End Date

Let's discuss the start date and end date and how that impacts exporting RSR client level data. The start date and end date are essentially similar to the start date and end date used in other reporting options in CAREWare. These dates set a limit for which records are to be included in the exported file and individual tables using a similar mechanism CAREWare uses in reports called the critical date. The critical date is a specific date CAREWare uses for custom reports types to determine which records are included in reports based on the type of report created. CAREWare applies the same critical dates from reports to the same tables listed in the PDE menu.

Example: A PDE is run where the name and service table are selected. The critical date for a service type report in CAREWare is the srv_date, the service date. In the PDE, the services table uses the same critical date, the srv_date, the service date. If a PDE is run with the name and service table checked, and the start date is 1/1/2026, the end date is 12/31/2026, then the services included in the exp_service table after the export only include services with a service date between those dates. For the exp_client table, only clients that have a service are included in the exp_client table.

Note: For the exp_medications table, there is an exception to the critical date rule. When the medications table is included in an export, any active medication is included in the table and any client with an active medication is included in the exp_client table. That means that medications started 10 years ago that lack an end date for that medication are included even if the export is run for only this year.

In regards to the RSR, considering the questions included in the RSR, the general rule for the start date and end date is to use the reporting period for the RSR. So for the 2026 RSR data, use the date 01/01/2026 for the start date and set the end date to 12/31/2026. Now understanding that means that only 2026 services are to be included, that means that EHE Initiative providers could be missing services delivered for the clients last year when it comes to answering question 77. Now if the export process happens year after year, it is likely those services from last year's RSR have already been included in the last export. So if these records are being exported on a regular basis and imported to the other system, then it is likely those historical records are already present. If the data is being exported from CAREWare with the intention of analyzing those records outside CAREWare rather than importing them to another database, it may be important to consider historical records for clients important for the RSR like last year's services. As far as the client's HIV diagnosis date, that is included in the exp_client table and not limited by any critical date. If a screening needs to be considered from prior to the reporting year or a client's pregnancy started the prior year and was active up until the client was referred out, the RSR recipient exporting the data may consider extending the date span of the export to meet those data needs or exporting tables related to the RSR separately to incorporate those separate data and date considerations.

The PDE options, Use Last Updated Date, Include Metadata, and Export Deleted Records can impact the RSR data exported in the following ways:

Use Last Updated Date

Use Last Updated Date changes the date used when calculating the critical dates for each table based on the date the record was updated rather than the date the data element was delivered for the client.

Example: Let's say a client received a viral load test on 02/01/2026 and an OAHS service for that lab draw on 02/01/2026. In January 2026, someone goes into that client's service tab and they edit the price of that OAHS service. If the PDE is set to export data with a start date of 01/01/2026 and an end date of 12/31/2026, and Use Last Updated Date is checked, the viral load is included in the export as the last date it was updated was the date it was entered and delivered. The OAHS service would be excluded from that export, even though the service was entered and delivered during 2026, it was updated in 2026 and therefore would be excluded.

In general, for the purpose of the RSR, it is best to leave the Use Last Updated Date checkbox unchecked. It may work fine during the reporting year, however could result in records missing if the export is set to include data from the prior year.

Include Metadata

Include Metadata is used to export setup data for CAREWare along with the corresponding client level data. For the RSR, this can include funding options set for contracts, changes to services for those contracts, labs or screenings set with Test Name for HRSA Reporting configurations, or new medications activated for the providers. This setup information would have to be manually configured in a county or state CAREWare system in order to import the corresponding client level data for the RSR. By including the metadata, CAREWare updates the settings in CAREWare to include those changes during the import process. This option is more often used when data is being exported and imported between CAREWare systems. For the purpose of external analysis of these RSR records, the metadata may be useful in understanding funding sources or tests set to count as HRSA defined fields. The metadata setup information is stored in a separate set of tables labeled as MTD tables. The only setup information included in the export are for records that have a corresponding client level data record associated with it.

Example: A user checks Include Metadata while the tables client and service are checked. The date span of the PDE is set for 01/01/2026 and 12/31/2026. In the local instance of CAREWare OAHS services are included in a contract funded by Part A and EHE Initiative funding. In the state CAREWare, that contract is listed as Part A funded only. If the metadata is exported, the OAHS services and the contract they are active for changes from just Part A funded to also include EHE Initiative funding. That means that in the local CAREWare instance and the state CAREWare instance questions 76 and 77 are now going to be counted. If Include Metadata was left unchecked, the local CAREWare instance and the state CAREWare instance would have a discrepancy in funding for those services. When the RSR is run, the local CAREWare instance would show client counts for questions 76 and 77. When the same RSR is run for the state

CAREWare instance, questions 76 and 77 would appear to have zero clients counted for those questions.

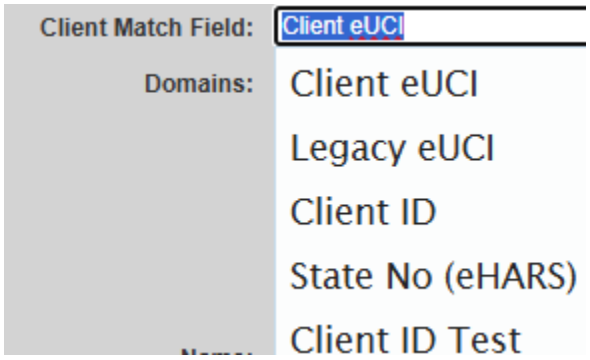
Including Metadata is an important step to ensure that multiple CAREWare systems storing data for the same RSR recipient are in sync and therefore are set up the same way delivering the same results for reports. Include Metadata saves users time having to manually adjust those settings to match and prevents data setup errors that can result in discrepancies in the setup and therefore discrepancies in report results. Generally it is recommended to check Include Metadata when exporting data, when the intention is to import that data to another CAREWare system where the providers should be configured in exactly the same way in both systems.

Export Deleted Records

Export Deleted Records is meant as a quality check option to see instances when records are removed from CAREWare. Generally once records are deleted, the only option to recover them is through a backup. CAREWare can export lists of deleted records to the cw_pdi database using the SQL PDE option. Generally this is not a method for recovering the records but for getting a list logging the deleted record for a period of time. The best way to recover deleted records, to ensure all of the associated records, and the original condition of those records are intact, is to recover them from a backup file. The backup file may be a complete backup of the entire CAREWare database or an import file or exported file from an earlier time. In most cases, in regards to the RSR, this checkbox should remain unchecked.

Client Match Field

The client match field is similar to the setting under Import Setting for matching client's exporting the client's eUCI, Legacy eUCI, Client ID, State No (eHARS), or custom field value used for matching clients into the match_ID column of the CAREWare CSV format, or into the exp_client table in the appropriate column for the SQL PDI format.



Example: A local CAREWare instance needs to report clients to the state CAREWare system and wants to ensure the clients have the same record in those two systems as well as their EPIC system. In the local CAREWare system, the EPIC MRN is stored as the Client ID. By selecting Client ID as the Client Match Field in the PDE menu, CAREWare placed the EPIC MRN number in the match_id column for each of the client level data tables. If services are exported, the clients first name, last name, DOB, and sex at birth are in the exp_service table and under match_id, the Client ID is present. That way when imported to the state system, the state CAREWare system can be set to match clients on that EPIC MRN number by setting the source to match on Client ID.

Provider Selected

The provider selected can be important for the RSR as the RSR is created and exported from a single provider in CAREWare. For the PDE process, CAREWare exported providers level data in separate folders each with their own client level data tables. If organizations choose to export multiple providers level records for subrecipients and need to import that data into a single recipient providers for completing the RSR, the import setting and providers information in those exported files need to be updated to match the providers and import source information for that recipient completing the RSR in CAREWare. If the recipient and subrecipients are all in the same CAREWare instance, clinical data could just be shared between providers, however services need to be imported or added to the providers that exports the RSR Client Export file. Shared services are excluded from the RSR client level data calculations.

PDE filtering options

The PDE can be filtered in a number of ways to narrow the scope of exported data. It can be filtered to only recently changed records by checking Use Last Updated Date, so that the records imported are only records that have been edited within a time frame. The PDE can be filtered in regards to the clients included beyond the built in critical date and limitation on clients appearing the in export based on having a client level data record, an additional client filter can be added to only export clients and their associated client level data records based on another condition. The PDE can be filtered to only include services with a certain funding source, limited to specific types of labs like only Viral Load and CD 4 Counts, limited to only export certain custom subforms, or limit which custom field data is included in the service or client tables. Each of these filters can be used to control which records are included in the export down to be able to export only a single client based on that client's Client ID. In regards to the RSR, the PDE can be set to only include RSR related tables, RSR eligible clients, and only RW funded services.

Note: HRSA considers funding set for services to be by providers and by service category rather than by the individual subservices based on the contract they are active for. If there is an OAHS subservice called Nursing Visit, that is active for a Part A funded contract and a Non-RW funded contract and a client receives the service from the non-RW funded contract, for the purposes of the RSR, that OAHS service is considered Part A funded and included in the RSR. While the PDE can filter by funding source, the RSR has more complex calculations set by HRSA defined parameters to meet the RSR reporting requirements for the current reporting period.

For more details on these filtering options review the New Export guide here.

PDE tables to be included based on RSR client level data requirements

The tables required for the RSR are as follows:

Name - Includes fields to generate the eUCI used in the RSR, HIV Risk Factor, HIV Diagnosis and date, race, racial subgroups, enrollment, and Vital Status.

Includes data elements for questions SV4, Q.2, Q.4, Q.5, Q.68, Q.6, Q.69, Q.70, Q.7, Q.71, Q.12, Q.14, Q.72, Q.73

Services - Includes fields to answer questions regarding services the clients receive, which determines data required for each client for the RSR.

Includes data elements for questions Q,76, Q.77, Q.16, Q.17, Q.18, Q19, Q.20, Q.21 - 44, Q.47, Q.48, Q.74, Q.75, Q.78

Eligibility - Includes eligibility status records. The critical date for this table is still the eligibility date. This means that only eligibility records with a date on or after the start date and on or before the end date of the export are included. Since clients are considered eligible until there is a stop date set for that eligibility, it is possible that clients deemed eligible for the RSR may be missing eligibility records in this table as that eligibility record was dated prior to the reporting period.

In this case regarding RSR questions, this determines if a client is included in the RSR and which services are included in the RSR. A client must be RW eligible at the time of service for that service to count toward the RSR.

Insurance **Assessments** - Includes insurance assessment records with a date during the date span of the export. This includes primary and secondary insurance. Remember HRSA wants all insurance assessment records including all secondary insurance types reported for the RSR.

Includes data elements for questions Q.15

labs/screenings/screening labs - Includes all labs, screenings, and screening labs, which includes annual review screenings such as the housing arrangement.

Includes data elements for questions Q.10, Q.11, Q.49, Q. 50, Q.55

Medications - Includes all medications currently active for clients as of the start date of the export.

Includes data elements for questions Q.52

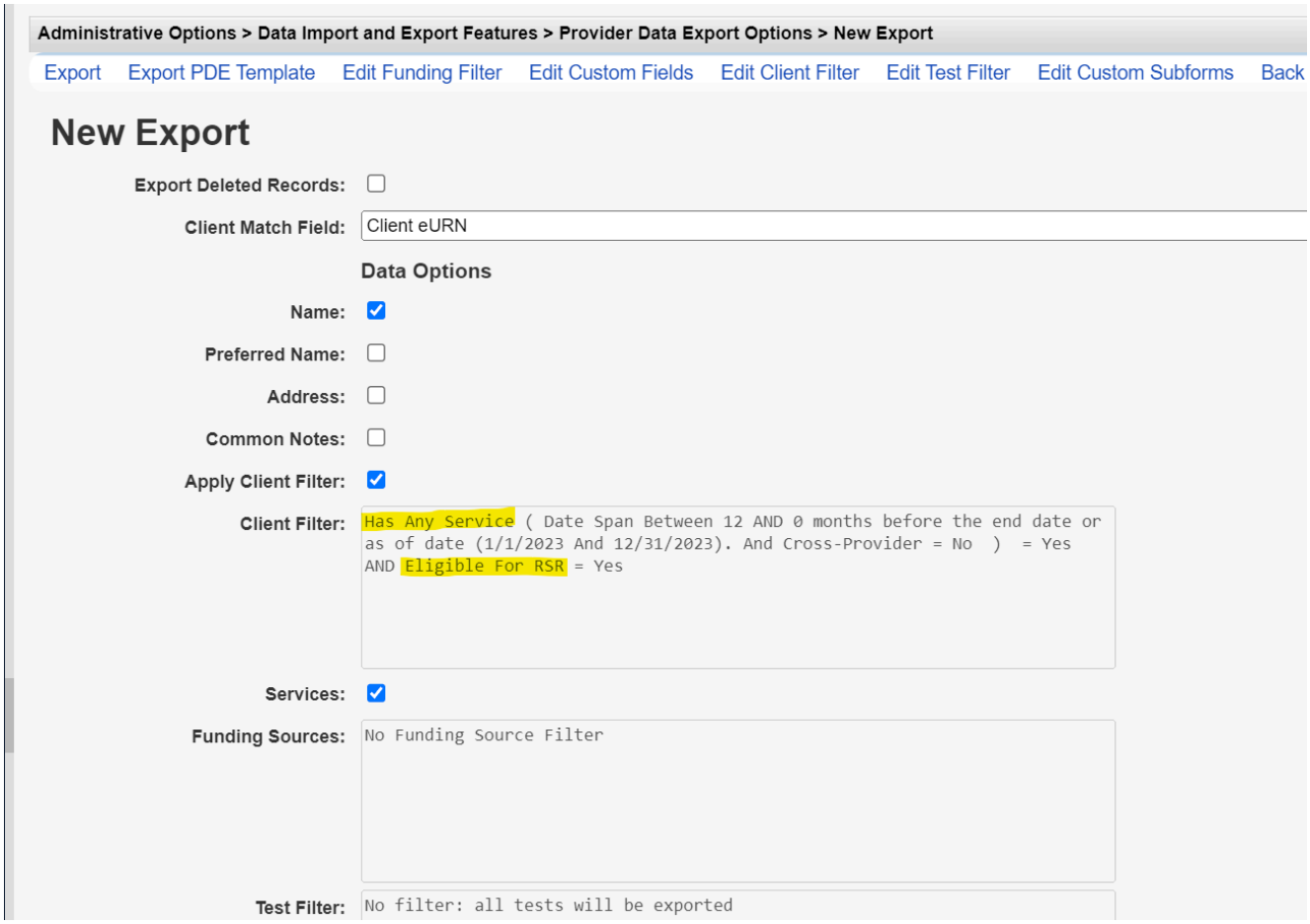
Poverty Level Assessments - Includes poverty level assessments with a date during the date span of the export. For importing this data, all household size values need to be set as >= 1. A zero results in an error.

Includes data elements for questions Q.9

Pregnancy History - Includes any client that is currently pregnant as of the start date of the export. That may include pregnancies that started before the start date.

Includes data elements for questions Q.64

Once data for these tables are exported, the records answering the questions as stated in the importing data for the RSR appear in a zipped folder. Only the tables selected are included in the export. Since medications are included with these tables, understanding that the client list for the export is based on clients that have records in each of these tables, and that the medications exported are based on currently prescribed medications, the exp_client table may include clients that last received services several years ago that are simply lacking a stop date for their medications. The best way to narrow the scope of an export to only include RSR clients would be to filter for Has any service with a date span set to match the reporting period. This would limit the export to only including medications for clients that also received a service during the period. If the provider has a number of non-RW services that are subservices of custom service categories or service categories that have no RW funding in any contract, they can further narrow the scope by adding a client filter for Eligible for RSR.



Note: Make sure to check Apply Client Filter after the filters are added to make sure the filters are applied to the export when it is run.

In addition to the primary option for exporting data out of CAREWare, the PDE, CAREWare includes a number of other options to export data including scheduling exports of custom reports, which as stated earlier can be converted as an import file using the DTM or used to report to third party EHR systems.

The other export options or functions include the following:

SQL Exports - SQL exports includes the file format option SQL PDI in the PDE menu as well as options to set CAREWare to regularly send client level data from the cw_data database and export it to the cw_pdi database.

Custom Reports - Custom reports can be created using specific custom reports types that correspond to the tables included in the PDE process. There is a services report type, which can be used to get lists of clients and their services. The custom reports can be set to include customized headers that match the CAREWare CSV format, the SQL

PDI format, or unique headers which can be translated for import into CAREWare using the DTM. The services report type can include metadata in the report for contract setup information, which can be used for building imports for CAREWare, creating a providers setup information in a new CAREWare system, or for external analysis.

Print or Export - In most places in CAREWare lists can be exported in CSV format, which include the headers for that list. CAREWare includes options to customize lists headers adding data points like the client foreign key or the subservice primary key required for the SQL PDI format.

Scheduling exports - CAREWare CSV, SQL PDI, and custom reports export options all include scheduling functionality to automate the export process based on reporting time frames such as daily exports, weekly exports, quarterly exports, or exports on specific dates. These processes can be set to work with SFTP applications to securely send these records to county or state CAREWare systems keeping those CAREWare instances up to date as far as required RSR client level data elements are concerned.

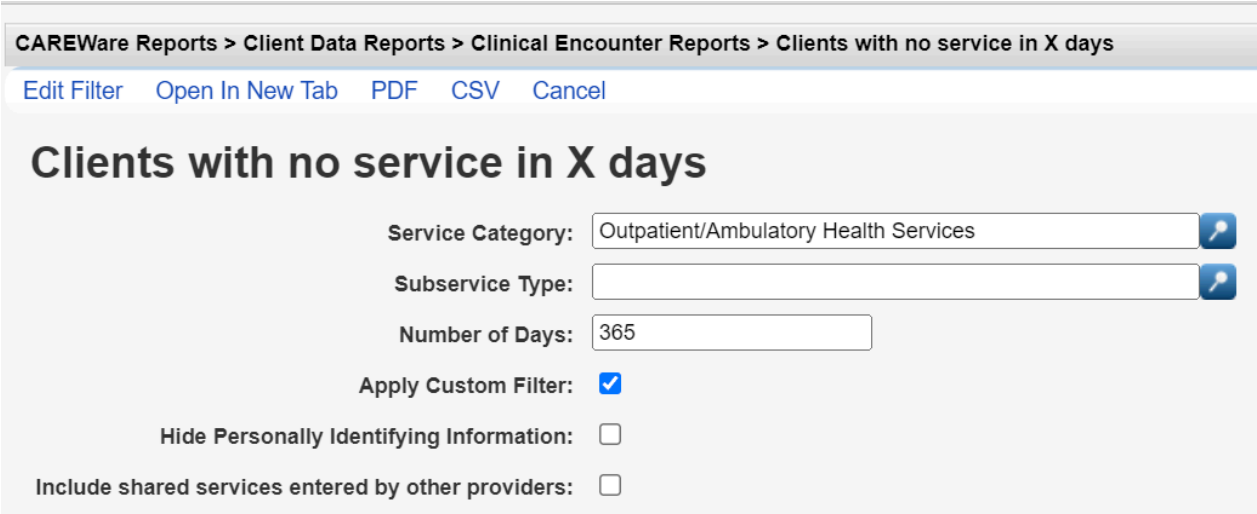
Using CAREWare Reports for RSR Quality Validations

CAREWare includes several tools for generating reports which can be used to see completeness of RSR data, check for RSR validation issues, keep staff up to date on client level data needs, or verify the accuracy of the RSR client level data counts. These reporting tools include built in reports created by HRSA, created by jProg the company that creates CAREWare, custom reports created by users, or performance measures which display a percentage of clients that meet a certain criteria or a client list. Clinical reports built into CAREWare that can be used for validating RSR data include the service detail report, No service in X days report, clients with no test in x days, or clients with last selected lab result. Custom report options that could help validate RSR data could be demographics reports with lists of clients that have or did not have RW funded service or were or were not RW eligible at the time of service like the reports here. It could be a service report filtered to list clients with OAHS services and their last Viral Load and CD 4 Count lab dates to see if the clients are due for labs. Performance measures can be used to build similar lists by using two sets of filters, one for the denominator to set the sample group, and the other as the numerator to determine which clients qualify to meet the measure. This could be used to get a list of clients that have OAHS services during the RSR reporting period and in the numerator have a Viral Load lab date. By selecting Not in the Numerator for the performance measure client list, a user could see clients that are missing labs, where those labs are required for the RSR.

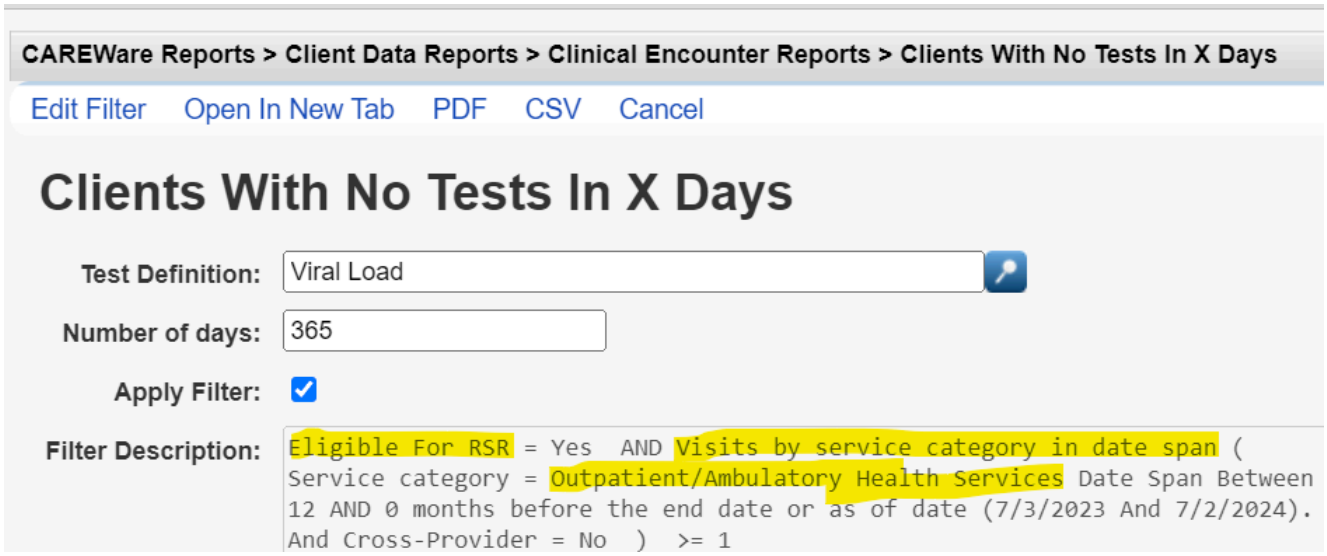
Using Canned Reports for RSR Validation

By running the Clinical Encounter Reports, users can check RSR required data elements and more importantly check for gaps in that data.

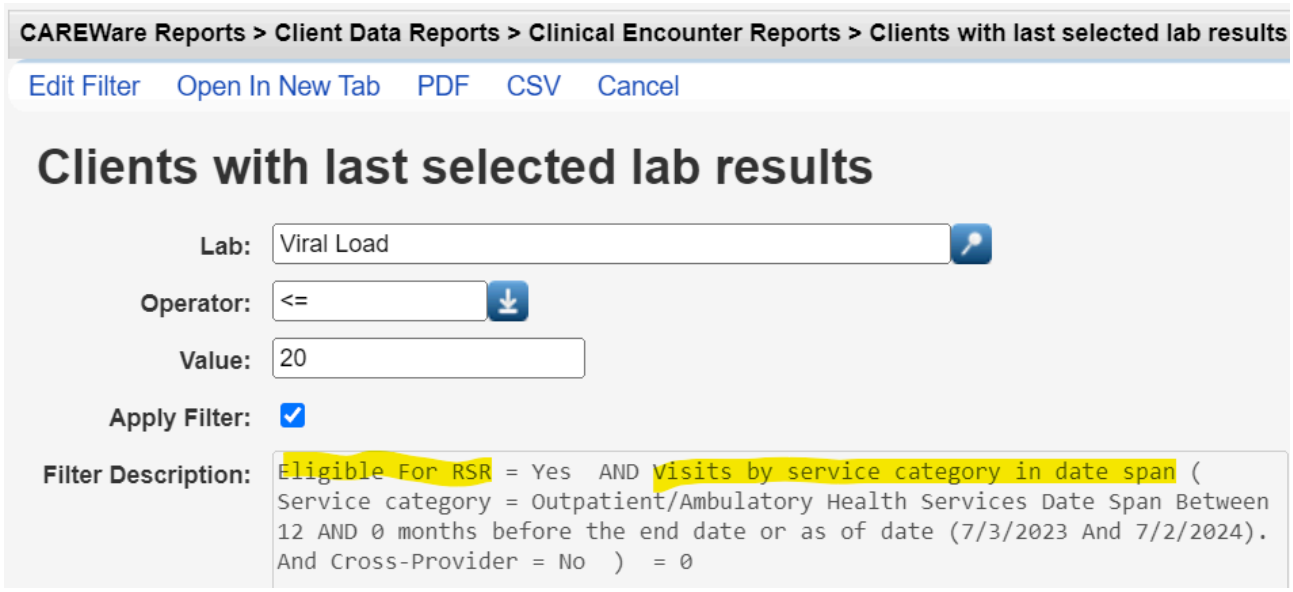
The No Service in X Days Report can generate a list of clients that have not had a service from a specific service category within a specific date span. The report includes options to filter the list based on custom reports filter options. That means the report can be set to create a list of clients that are Eligible for RSR and have yet to receive services. That can inform users of a client's need for delivered services or that a client's eligibility status needs to be reviewed for update.



The Clients with no test in X days report can be used to create a similar check for clients that are missing labs, by filtering the list for clients that are Eligible for RSR and have a least once OAHS service within the last year, using the filter Visits by Service Category in Date Span.



The report Clients with last selected lab result can be used to get a list of clients that fall outside of the parameters for acceptable test results for viral load as per HRSA requirements or get a list of clients lacking an OAHS service that have had a lab that meets the reporting requirements.



Using Custom Reports for RSR Validation

CAREWare includes hundreds of custom reports field and filter options tailored to several pre-built custom reports types, with additional report options for running the reports, which can be used to validate the quality of RSR client level data, verify gaps in required data, or check the accuracy of RSR Validation checks from HRSA reports. Here are a few examples of pre-built custom reports which can be used as a quality check for RSR data and can be downloaded and imported into CAREWare for use. For most reports the primary filter for checking for RSR clients is Eligible for RSR, which ensures the client is an RSR client. Additional options for filtering reports to see the RSR client list could be Has Any Services, RW eligibility status by Date, or HIV Positive. By using these filters, the clients included in the report can be narrowed to clients that meet certain criteria for questions in the RSR.

Example: A custom report could be created to list clients that have OAHS services during the period and are missing records required for clients that have OAHS services. So the report could have a report filter of Visits by Service Category in Span set to Outpatient Ambulatory Health Services, Max Months = 12, Min Monts = 0, Cross-providers = No, and >= 1 for the service count. The field selection could be Last Quantitative lab Date set to Viral Load, Max Months = 12, Min Months = 0, and Cross-providers = Yes. This would list clients that had an OAHS service from this provider regardless of shared data and list their viral load date. If the report shows a blank record for the viral load date, the user now knows the client has an OAHS service during the RSR period and is missing their viral load test result which is required for the RSR. In this case, the ideal report type would be the demographics report type to ensure the results include an unduplicated list of clients. The client identifier for the report fields could be eUCI to match the EHB or it could include the client's Client ID or MRN to match another system if that data exists and needs to be pulled from that other system.

Using Performance measures for RSR Validation

CAREWare comes with a number of HRSA defined CORE and HAB performance measures already designed to validate RSR data elements or similar data points.

Example: HAB 13 - syphilis screening includes a denominator filter for clients that had an OAHS service within the last year and a numerator filter for clients that were screened for syphilis, which checks data points related to Q.55.

Example: CORE 01 - Viral Load Suppression includes a denominator filter for clients that had an OAHS service within the last year and a numerator filter for clients that had a viral load result of 199 or less, which shows clients that had an OAHS service and a viral load test for Q.50. Q.50 Client's viral load test is only checking to see that they have a test date rather than a specific result, so that HRSA defined performance

measure can be copied and edited to just check to see the client has a viral load regardless of the result by changing the numerator filter from Last Quantitative lab Value and changing it to Last Quantitative lab Date. Now the performance measure has been customized to meet the requirements for Q.50 for the RSR. A user may choose to add additional filters to further match the requirements for the RSR like the filter Eligible for RSR as clients need to be eligible to be counted for the RSR and that filter is not included in the HRSA defined measure that comes with CAREWare.

To download and import HRSA defined CORE and/or HAB measures or other performance measures for data quality click here.

Making sure RSR data is complete in CAREWare

CAREWare includes a number of tools to ensure RSR data is complete and valid prior to sending that RSR Client Export XML file to the HRSA EHB for submission. The primary tool used for checking completeness is the RSR Viewer. The primary tool used for checking validations is the RSR Validation Report. In addition to those HRSA report options, users can use canned reports, custom reports, performance measures, and exported data to check their data required to answer RSR questions or meet RSR validation rules. In each client record, an individual RSR Client Validation is built to validate a client in real time as data is entered or imported. These HRSA report tools can be used throughout the year to check frequently for any required data for the RSR and to reduce the amount of work necessary to bring the recipient up to speed with meeting RSR requirements before the report is due in March each year.

RSR Client Validation

The RSR Client Validation was discussed at the beginning of this manual in the context of a data entry tool for guidance. It can also be a tool for ensuring data completeness. If a RSR validation rule is triggered showing a client is missing their viral load lab date, that tells the user the client meets the other criteria for Q.50, however is going to be counted as missing. That means the client is RW eligible and has an OAHS service during the reporting period and needs a viral load record entered for this year. If the user adds or imports that viral load record with a date during the reporting period, the validation is met and the warning is removed from the client record. Generally a client with zero RSR Client validations is complete based on the services delivered and data currently entered for the client.

RSR Viewer

The RSR Viewer produces counts of clients for each question in the RSR using the actual RSR Client Export XML file that would be sent to HRSA through the EHB. By opening the file in the viewer, users can verify their data is complete or that clients are missing required information. Clicking on a number for a client count, produces a list of those clients that meet the criteria for that question or are listed as missing for that question. Users can also navigate to the client record using that list to update the clients if the data is available. Once all of the missing client records are added to CAREWare using the viewer, the RSR Client Export can be run again creating a new XML file that is more complete than the last. That new file can be opened using the RSR Viewer as well and the process can begin again, until there are zero clients listed under missing for that file. Once that is true the RSR client level data is complete.

Note: Only clients that are RW eligible and have at least one service during the reporting period are included in the RSR Client Export XML file and are counted in the RSR Viewer. If new services are added, the completeness counts can change and there may be client's newly added as missing for required RSR data elements. If clients appear to be missing, if the total count of RW clients appears to be low, it is likely clients need their eligibility status updated to be included in the RSR. Any changes to eligibility or service can change the counts in regards to RSR completeness.

RSR Validation Report

The RSR Validation Report checks the CAREWare database for any data inconsistencies related to validation checks created by HRSA for the RSR, which would appear in the EHB as alerts, warnings, or errors. By running the RSR Validation Report in CAREWare before uploading the RSR data to the EHB, these validation issues can be dealt with and resolved cleaning up the data reducing errors in the EHB. The RSR Validation Report is checking all clients in CAREWare regardless of whether or not they are eligible for the RSR. This may mean that clients are counted in this report, who may not be included in the RSR Client Export XML, and therefore may not be counted as an error in the EHB. This tool is still valuable for the RSR as it can be a first place to clear up glaring inconsistencies in data entry and to get larger lists of data that needs to be imported.

Example: It is December 2026, users have been entering all of the data they have for clients throughout the year. When the RSR Validation Report is run, there are over 1000 clients missing their viral load and CD 4 counts. The recipient's RSR includes 500 clients. It may be that all of the required labs are in for those 500 clients. It may also be true that hundreds of clients are missing eligibility records, have had services, and are not showing as missing as they were excluded from the RSR Client Export and the RSR

Viewer as well. It may also be true that the recipient may need to enable data sharing settings to include cross-providers labs included in this provider that were entered in other providers. The recipient may need to seek other data sources like the EHARS to get a more complete picture of the client's clinical data.

The RSR Validation Report is an indicator of issues that may not have been noticed or addressed through data entry and may require a more large-scale fix like data sharing or data imports from other sources to ensure the RSR data is complete. The RSR Validation Report may also indicate clinical processes that are simply not completed by the recipient requiring an explanation in the EHB as a memo or guidance from EHB staff early in the RSR reporting process to make corrections to meet the required data as per HRSA guidelines.

Generating the EHE Triannual Report in CAREWare

As it has been mentioned earlier in this manual, many of the steps and data points required for completing the RSR also complete data points for the EHE Triannual Report. Unlike the RSR, which is submitted once a year, the EHE Triannual Report is submitted three times a year. This process could be a good quality check for the RSR in regards to RW funded client counts by service category. The EHE Triannual Report is limited in scope in comparison to the RSR. It reports counts for clients with any service, by HRSA defined service categories, by prescribed ART, and whether clients are new or existing. In CAREWare, this report is generated as an export file and can be reviewed using the EHE Triannual Report Viewer much the same way the RSR Viewer is used to show the results included in the exported report. CAREWare includes a real time look up option in those client lists to quickly navigate to the client record to update it.

Note: The EHE Initiative service category should only be used for EHE Initiative funded services that do not meet the criteria for existing HRSA defined service categories.

Example: A client receives an Uber to the food bank. The client is getting non-medical transportation and non-food-bank assistance help. This is a support service which doesn't fall into any of the HRSA defined EHE service categories. That service could be entered as EHE Initiative as the category.

Entering and importing data for the EHE Triannual Report

Section 1 of the EHE Triannual Report includes service related information.

1 - Any RWHAP or Initiative Service - These are clients that had any service, that is a subservice of a HRSA defined service category, active for a RWHAP or EHE Initiative funded contract.

Data entry for this question involves the service table in the client record and the exp_service table in the CAREWare template system as described earlier.

Important data fields

Date entry: service date, service name, service contract, service category

Imports: srv_date and srv_cs_1_def_code

1a, 1b, 1c, 1d, 1f, 1g, and 1h - These are counts by the service category.

The HRSA defined service categories that count for the EHE Triannual Report are:

EHE initiative Services

Outpatient/Ambulatory Health Services

Medical Case Management, Including Treatment Adherence Services

Non-medical Case Management Services

Mental Health Services

Substance Abuse Services (Residential)

Housing

2 - Prescribed ART in the reporting period - This is a count of clients that have at least one prescribed ART medication and had at least one Outpatient/Ambulatory Health Service during the reporting period.

Important data fields

Date entry: medication name, medication start date, medication end date, ARV ingredient count of the medication, Medication Indication, service date, service name, service contract, service category

Imports: mdc_cs_1_def_code, mdc_start_date, mdc_end_date, mdc_indication, srv_date and srv_cs_1_def_code

Additional calculations by category

New Clients - These are clients that had their first ever service during the reporting period.

Existing Clients - These are clients that had at least once service within the prior year.

Total Clients - These are all clients meeting the category criteria.

Example: A provider had 2 clients with OAHS services in the First (Jan-Apr) EHE Triannual Report. A gets prescription assistance and labs drawn in May for the first time after being diagnosed with HIV. Those OAHS services are entered in that client's service tab. When the report is run again for the next reporting period Second (May-Aug), the total client count should then be 3, the new client count for OAHS would be 1, as long as all three clients received follow up services, the existing client count would be 2 for OAHS services. Since the new client received prescriptions, the Prescribed ART in the reporting period would be the same as the OAHS category count with 1 new client, 2 existing clients, and 3 total clients.

Note: For the section on Health Outcomes - Prescribed ART in the reporting period, these are only counts of clients that have medication records added to CAREWare under the provider running the report. Shared clinical data and shared service data are excluded from the EHE Triannual Report, unlike the RSR, which includes shared clinical data.

Getting CAREWare Support for the RSR

When it comes to getting support for completing the RSR using CAREWare, the biggest issue users typically report is that they need training for CAREWare in regards to the RSR. It is our hope this manual has provided some guidance in how CAREWare can be used for completing the RSR. It is understandable that, even though there are hundreds of written user guides associated with completing the RSR using CAREWare, the fact that hundreds of user guides needed to be written is an indication that it can be overwhelming to complete the RSR for the first time. CAREWare includes a lot of options for customization and many of these features require some trial and error or several years of experience to master. The CAREWare Help Desk is always available to answer questions, provide guidance, identify and resolve errors, or point the way to the right information to move forward, however the training needs are outside the scope of the CAREWare Help Desk due to contractual and time constraints.

Here are a few places users can go to get additional information in how to use CAREWare for the RSR:

jProg CAREWare FAQ - The FAQ pages included in the CAREWare RSR Manual cover everything necessary for completing the RSR using CAREWare and more. The FAQ page created by jProg, the company that creates CAREWare, is extensive including additional resources and guidance not included in this manual. The search field on the front page can be used to identify additional instructions for the RSR as well as other features in CAREWare.

DISQ CAREWare FAQ - The DISQ team spends a considerable amount of time providing guidance for data collection and developing practices for recipients that help with completing the RSR using CAREWare. The DISQ team regularly writes user manuals, provides webinars, and provides direct training for completing the RSR as well as other HRSA reports. The TARGET site includes many years of guidance along with recently updated user guides and links to previously conducted webinars specifically for the RSR.

CAREWare Listserv - The CAREWare Listserv is a group email where announcements are made regarding CAREWare and the RSR. Any scheduled webinars for the RSR are announced in the CAREWare Listserv well in advance. LInks to old webinars are posted there. The CAREWare Listserv is also a great place to discuss CAREWare use, RSR data concerns, RW service or clinical questions, or to make requests for changes to the RSR or RSR data elements. These discussions may involve the company jProg, the CAREWare Help Desk, the DISQ team, or the hundreds of CAREWare providers that are signed up for the CAREWare Listserv. The CAREWare Listserv is a place where recipients can talk to each other sharing tips as well as reports they use for completing the RSR and making sure the data is complete.

CAREWare Training Videos - RSR training videos and webinars are posted for access after the live events so that users can access them based on their scheduling needs if they can't make the live events. These webinars and videos are updated annually reflecting the changes to RSR data requirements, functions, or procedures.

HRSA EHB - In the end, the RSR is uploaded to the EHB to be submitted to HRSA. The EHB staff are available to answer questions regarding issues in the EHB and data reporting requirements for applications that create the client report for submission, which includes CAREWare.

In addition to these resources, nationally there are many CAREWare consultants that provide options for direct training for CAREWare in regards to the RSR. These consultants can often be contacted by making a post on the CAREWare Listserv expressing an interest in training opportunities. jProg, the company that creates CAREWare, also offers training options for users which can be discussed by contacting the CAREWare Help Desk.