

How to Complete the Ryan White HIV/AIDS Program Annual Data Report (RDR) Using *RW CAREWare*

Note: All Agency-related questions are entered one time only into CAREWare either in the Setup Wizard or at the time the report itself is generated in the RDR setup page.

RDR Section	Agency-related Questions	Client-level Questions	CAREWare Tab Location
Section 1: Service Provider Information	ALL	(none)	<ul style="list-style-type: none"> • Setup Wizard • RDR setup screen
Section 2: Client Information	(none)	Q23, 23: HIV Status New clients based on enrollment Year Q25-27: Gender/Age/Hispanic ethnicity/Race Q28-31: Household income/Housing/Med Insurance Q. 32: Vital/enrollment Status	<ul style="list-style-type: none"> • Demographics • Enrollment date on Service tab • Demographics • Annual Review • Service tab
Section 3: Service Information	Services provided must appear in a Contract	Q 33: Service Counts	<ul style="list-style-type: none"> • Services
Section 4: HIV Counseling & Testing Note: Clients who receive C&T but no other CARE Act service will be counted in Section 4 but NOT Section 2 or 3.	Q.34/35/41	Counts of clients tested anonymously must be hand-entered in RDR setup, or after upload to the web.	<ul style="list-style-type: none"> • HIV C&T

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<p>Section 5: Medical Information</p> <p>Note: This section includes ONLY HIV-positive clients with at least one outpatient/ambulatory medical care visit in the reporting year.</p> <p>The Total number of clients in item 42 should equal 33a, column 3a (HIV-positives with a primary care visit reported in Section 3.)</p>	<p>Q. 54 Enter in RDR Setup</p>	<p>Q. 44: (HIV Risk factors)</p> <p>Q. 45: New clients derived from enrollment data</p> <p>Q. 46: (CD4/viral load)</p> <p>Q. 47a-e: TB data</p> <p>Q. 48: STIs</p> <p>Q. 49: Client newly diagnosed with AIDS</p> <p>Q.50: Deaths</p> <p>Q. 51: ARVs</p> <p>Q. 52 Pelvic Exam and Pap smear</p> <p>Q. 53a-e: Pregnancies</p>	<ul style="list-style-type: none"> • Demographics • Enroll Date on Services tab • Labs CERF • PPD entered in Screenings CERF; Treatment data entered in Medications • STIs entered in Screening Labs CERF • AIDS Diagnosis date on demographic screen • Death date entered on Service tab • ARVs entered in medications CERF • Pelvic exam and Pap entered separately in Screening CERF • Pregnancy data entered in Pregnancy tab
<p>Section 6.1: Part C Demographic Tables</p> <p>Note: To get counted in this section, must be a Part C grantee as indicated in Setup Wizard AND client must be HIV positive and have received at least one primary health care service in the year. Primary health care services are set in Contracts.</p>	<p>Q. 62, 63a, 64: In RDR setup</p>	<p>All Tables automatically generated by CAREWare using client level race/ethnicity, gender, age, HIV risk group data</p> <p>Q. 65 Referred outside Part C network</p>	<ul style="list-style-type: none"> • Part C referral entered on Annual Review Screen

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<p>Section 6.2: Part D Information</p> <p>Note: To be included in the Title IV Tables of the RDR, agency must be a Part D Grantee and client must be one of the following:</p> <ul style="list-style-type: none"> • HIV-positive female (any age) • HIV-positive male less than 25 years of age • Any relation of either of those 	(none)	<p>All Tables automatically generated by CAREWare using client level race/ethnicity, gender, age, HIV risk group data</p> <p>Note: If a HIV-negative client is receiving services through Title IV and there is no legitimate Index case, <i>temporarily</i> link that client to a legitimate HIV-positive case</p>	<p>Relations Tab accessed on main CAREWare screen of any client.</p>

IMPORTANT: There is often NOT a direct relationship between items that are reported in aggregate in the RDR and their client level equivalent in CAREWare. For example, CAREWare collects both the estimated date of conception of a new pregnancy and the date that prenatal care began; from those two dates we can readily calculate the data required for the RDR, namely the trimester that prenatal care began.

Important items to remember when setting up contracts:

- Part C primary health care services must be designated in Contracts.
- Newly authorized Service categories (core vs. support) available. Don't forget to reclassify services, especially medical and non-medical case management as needed.