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EBONY-JACKSON SHAHEED
HEALTH DIRECTOR

Dear Part A Provider,

The City of Hartford Ryan White Program has standard subcategories in CAREWare for the Mental Health service category. They are defined as follows:

Mental Health Services CAREWare Subcategory Names:

Mental Health Assessment/Crisis

*Urgent-care evaluation, triage, and referral services for individuals who present with major mental illness or who are in crisis and in need of immediate psychiatric services (or services by a **licensed** mental health professional).*

Mental Health: Fee for Services

Services rendered by a licensed mental health professional to an individual or group of individuals diagnosed with a mental health disorder for which they will be reimbursed.

MH_Evaluation and Diagnosis

*An assessment conducted by a **licensed** mental-health professional prior to the initiation of any treatment. It includes gathering the client's relevant history, completing a mental status screening, assessing cognitive functioning, a multi-axial differential diagnosis, and creating a plan of care.*

MH_Group Telehealth Sessions

Psychological treatment and/or counseling services provided by a licensed mental health professional via telecommunication technology (i.e. Zoom, MS Teams, Google Meet, Doxy, etc.) to a group of PWH whose members have a diagnosed mental illness.

MH_Individual Telehealth Sessions/Visits

Psychological/psychiatric treatment and/or counseling services offered to an individual with a diagnosed mental illness by a licensed mental health professional via telecommunication technology (i.e. Zoom, MS Teams, Google Meet, Doxy, etc.)

MH_Intensive Outpatient Program

*Ongoing psychotherapeutic services provided by a **licensed** mental health professional employed at an outpatient facility to individuals who were diagnosed with a mental health disorder by a **licensed** mental health professional or by a clinician under the supervision of a licensed mental health professional.*

MH_Medication (psychiatric) Management

The prescribing and monitoring of psychotropic medications by or under the supervision of a psychiatrist or by relationships with the psychiatric(s) or primary care provider prescribing their psychotropic medication(s). Clients should be educated on the risks and benefits of treatment with psychotropic

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medications, including but not limited to potential side effects or adverse reactions, duration of treatment, risk during pregnancy or lactation, and alternatives to treatment with psychotropic medications. The client must give informed consent to treatment either written or verbal with witness.

MH_Psychiatric Services Individual

*Services provided to an individual by a **licensed** psychiatrist or a clinician under their supervision to address the mental, emotional and/or behavioral needs of an individual diagnosed with a mental health disorder.*

MH_Psychological Services Group

*Services provided by a **licensed** psychologist or a clinician under their supervision to address the mental, emotional and/or behavioral needs of a group comprised of individuals diagnosed with a mental health disorder.*

MH_Psychological Services Individual

*Services provided by a **licensed** psychologist or a clinician under their supervision to address the mental, emotional and/or behavioral needs of an individual diagnosed with a mental health disorder.*