



LUKE BRONIN  
MAYOR

# CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

131 Coventry Street  
Hartford, Connecticut 06112  
Ph: (860) 757-4700  
Fax: (860) 722-6851  
www.hartford.gov



EBONY-JACKSON SHAHEED  
HEALTH DIRECTOR

Dear Part A Provider,

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

## Medical Case Management CAREWare Subcategory Service Names:

### ***MCM\_Phone***

To be used when a client is contacted via phone for coordination of services (**this does not include if they did not answer and a voicemail was left or if the MCM speaks with a collateral.**)

### ***MCM\_Face to Face-***

*To be used when a client comes to the office for an on-site visit or when a client is seen face to face in a field setting.*

### ***MCM\_CM Conference-***

*To be used when a MCM/NMCM convenes with other providers that are a part of the client's care and treatment team to discuss client care plan (i.e.-morning huddles at Medical Sites)*

### ***MCM\_Follow-up Monitoring-***

*To be used after a referral for services or labs has been made and follow up is needed to ensure that client received the service or lab, also for use in following up with client on care-plan goals/objectives.*

### ***MCM\_Service Plan-Initial***

*To be used when service plan has been initiated, completed and client has signed service plan*

### ***MCM Service Plan-Update***

*To be used when service plan has been updated and signed by client at a six-month reassessment or at a significant change in acuity. Also to be used when new goals are added to an existing plan.*

### ***MCM\_Case Closed for MCM Services-***

*To be used when a client has been discharged from Medical Case Management services*

### ***MCM\_Ongoing Education/Treatment-***

*To be used if MCM has provided an educational session including materials (such as pamphlets, condoms, or other resources) in regards to medication adherence and other items related to clients' care and treatment.*

***MCM\_ Referral for Core Services-***

*To be used if MCM has made a referral for medical(Outpatient Ambulatory Care) or specialty medical services (ie Women's health), dental, mental health, substance abuse, early intervention services, Health Insurance Premium and Cost Sharing assistance, Medical Case Management, or Medical Nutrition Therapy*

***MCM\_ Referral for DPH Partner Services-***

*To be used if a referral for Partner Services was made for a client who has identified that they have put a partner (sex or substance use) at risk for HIV for notification.*

***MCM\_ Referral for Support Services-***

*To be used if MCM makes a referral to Emergency Financial Assistance program, Food-bank, housing, medical transportation, psychosocial support, treatment adherence counseling and/or any other community or state entitlement programs.*

***MCM\_ Treatment Resource Information/Education-***

*To be used if MCM educates client or provides educational materials about how client can maintain a healthy lifestyle while in treatment*

***MCM Teleconference or MCM Telehealth***

*To be used when MCM is providing services utilizing telecommunication technology (i.e Zoom, MS Teams, Google Meet etc)*

***MCM\_ Referral to Peer Navigator-(New)***

*To be used if MCM makes a referral to peer navigator for assistance with navigating healthcare programs or community resources*

***MCM\_ Viral Load Suppression Care Coordination -(New)***

*To be used if MCM is actively engaging client who is not virally suppressed obtain viral load suppression through care coordination (can include participation in PDSA with medical site).*

***Referenced Document***

*\*Each service name correlates to the MCM Roles & Responsibilities referenced in the MCM Standards of Care*