

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



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_Case Closed for MCM Services

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

MCM_Completed Phone Contact

To be used when a client is contacted via phone or text message for coordination of services and is available to speak with or responds to the MCM. This does not include if they did not answer and a voicemail was left or if the MCM spoke with a collateral or the client does not text back.

MCM_CM Conference or Care Coordination

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 and organize client care plan and care activities to ensure the client's needs are known (i.e.morning huddles at Medical Sites, appointment follow up or confirmation, client advocacy, etc.)

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 in person in a field setting.

MCM_ Follow-up Assessment

To be used when the Initial Assessment of a medical case management client has been updated (usually six (6) months after the Initial Assessment is completed).

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_Initial Assessment To be used when completing the Initial Assessment of a medical case management client.

MCM Service Plan-Initial

To be used when a service plan has been initiated, completed and client has signed the plan.

MCM Service Plan-Update

To be used when a 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. **NOTE:** Plans can be updated **BEFORE** the six-month reassessment as goals are met and changes are needed!

MCM_Transition to Triage MCM

To be used when a client who received traditional medical case management services is switched to triage 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, how client can maintain a healthy lifestyle while in treatment, and other items related to the 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 care, mental health services, substance misuse treatment, 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_Teleconfernce or MCM_Telehealth

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

MCM Referral to Peer Navigator/ MCM Referral for Peer Navigation Services

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

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