



This document contains the questions and answers from the January 27th CAREWare MA webinar “Subservices and Units.” If you have additional questions, please contact the helpdesk at CAREWareMAhelpdesk@jsi.com.

SERVICE CATEGORY: MEDICAL CASE MANAGEMENT

What subservice should be used for linkage to care?

For linkage to medical providers, use the “linkage to medical care” subservice. For all other services, use the “Referrals (non-medical)” subservice.

How should housing renewal application and oral health renewal application be reported?

This, including any other applications such as a DTA recertification or a utilities assistance application, completed on behalf of clients, should be reported as “referral (non-medical)” under medical case management.

Let’s say a patient calls to request a refill. The case manager has to call the medical provider for approval, then call the pharmacy, then call the patient back to tell him/her it has been completed. Would that be recorded as 4 separate phone calls or only 1?

This would be counted as one phone call under “communication with medical provider.”

How would a medical case manager transporting a client be reported? How about a medical case manager performing medical accompaniments, or a medical case manager performing interpreting services?

Medical accompaniments are reported as face-to-face sessions. Medical case managers are not funded by OHA to provide medical interpretation services.

For “communication with medical provider,” how is “medical provider” defined? Would nurse case managers be considered medical providers?

Medical providers are individuals who provide the client/patient with health care. Communication with a nurse case manager funded by OHA to provide Medical Case Management services would not be reported using this subservice unless the nurse case manager also provides the client/patient with health care.

We are funded for housing search and advocacy within our medical case management grant. Should we be documenting this work under the housing search and advocacy service category or under medical case management?

If your agency has a separate budget for housing search and advocacy (HS&A), it should document this work using the subservices available under the housing search and advocacy category. If your agency does not have a separate budget for HS&A, document activities under MCM as “face-to-face sessions”, “client communication”, and “referrals (non-medical)”. There are only a few agencies funded to provide HS&A throughout the state. If you are unsure about your funding, call your contract manager.



SERVICE CATEGORY: MEDICAL TRANSPORTATION

If an agency has their own van for transportation services, how should this be reported?

As Taxi/Transportation.

For medical transportation, how should PT-1 coordination be recorded?

Report PT-1 transportation coordination as "referrals (non medical)" under medical case management. Any work with a medical provider to get it signed counts as well - under "communication with medical provider." If there's communication with the client, then use either "client communication (not face-to-face)" or "face-to-face session." If a PT-1 is completed for non-medical services, such as mental health appointments or substance use treatment, then the communication with providers required to get the PT-1 completed are counted as "communication with non-medical provider."

How should transportation using staff cars be reported?

This would be counted as a face-to-face session. There is no separate transportation category for staff cars.

SERVICE CATEGORY: PSYCHOSOCIAL SUPPORT (PEER)

Is peer communication on behalf of a client only used for communication outside of the agency or can time where the peer advocates with other agency staff be counted?

The "communication on behalf of client" subservice should be used any time a peer staff member communicates with anyone, internal or external, with the intent to assist the client in coordinating services or to act as an advocate.

Where does the peer record phone calls with clients?

Phone calls with clients for the expressed purpose of providing psychosocial support, adherence support, or coordinating care are counted under "Individual-Level peer support session." Administrative tasks such as voice mails or appointment reminder calls are not considered peer support sessions and therefore should not be reported.

How should peer appointment accompaniment be reported?

Unless the accompaniment by a peer is to a medical appointment (in which case it should be counted under the "medical accompaniment" subservice) the visit should be counted using the "individual level peer support session" subservice.

DEMOGRAPHIC DATA

How often does "housing arrangement" need to be updated?

Housing arrangement should be updated at least once every six months – or, more frequently, if there is a change in status. The same is true for poverty and insurance, i.e. every six months or more frequently if a change in status necessitates. Agencies that are funded for medical case management must also update HIV risk reduction counseling, mental health screening, and substance use screening every six months. There is no specific date for by which these need to be

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updated - they should be updated within six months of the last update for the client. If your agency submits the Ryan White Services Report (RSR), it's a good idea to make sure this is up to date at the end of the calendar year (December).

What is the definition for “enrollment date” on the demographics page?

The enrollment date is the date the client first received HIV services at your agency. For details, see the “Fields and Definitions” document posted on carewarema.jsi.com.

For agencies who are importing data, can they include demographics every time we do a services import?

Yes this is a great way to make sure demographic information is up to date.

OTHER (NOT SERVICE-SPECIFIC) QUESTIONS

How would a half hour of time be recorded in units?

One half hour of time would be reported as 2 units. Each unit equals 15 minutes.

When running reports in CAREWare, will agency staff only be able to see the services the agency is funded for?

Yes - agency staff only have access to the data for their own agency.

How do we report a sexual health assessment?

Sexual health assessments as well as non-clinical substance use and mental health assessments should be completed as a component of the initial assessment and subsequent acuity reassessments. Conversations that take place to conduct these assessments are counted as “face-to-face” sessions and details should be recorded in progress notes. Otherwise they are not reported separately with a unit of service.

Is CAREWare used for prevention services?

No. CAREWare is used only for client health services.