

## Subservice Definitions

May 2018

Use this document to look up the definitions for the subservices your agency is funded for.

Yellow highlights indicate changes since the last version.



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OHA Subservice	Unit (if applicable)	Subservice Definition
<b>MEDICAL CASE MANAGEMENT</b>		
Intake/initial assessment	Completed	Enter "1" unit when the intake or initial assessment has been completed. The intake/initial assessment is a program specific document to be completed when a client first enrolls or re-enrolls (after a period of inactivity) into medical case management.
Initial acuity assessment	Completed	Enter "1" unit when an acuity assessment has been completed for the first time. The Acuity Assessment Tool will be completed in conjunction with the intake/initial assessment and helps to establish a baseline acuity score.
MCM acuity reassessment	Completed	Enter "1" unit when the acuity reassessment tool has been completed for Medical Case Management clients. Active clients must be reassessed every six months at a minimum and the Acuity Assessment Tool must be used. Client acuity scores must be recorded in CAREWare.
Care Access acuity reassessment	Completed	Enter "1" unit when the acuity reassessment tool has been completed for Care Access clients. Active Care Access clients must be reassessed using the Acuity Assessment tool every six months at a minimum. For more information about Care Access eligibility, please see the "MDPH OHA Acuity Assessment Guidance" document.
ISP/Care Plan	Completed	Enter "1" unit when individual service plan/care plan is completed. Active clients must have an updated ISP/care plan every six months at a minimum. This is done in conjunction with the initial acuity assessment and every time an acuity reassessment is completed.
Communication with medical provider	15 minute increments	Any communication (face to face, phone, email, etc.) with client's medical provider.
Communication with non-medical provider	15 minute increments	Any communication (face to face, phone, email, etc.) with a non-medical provider on behalf of a client.
Face-to-face session	15 minute increments	Any face-to-face encounter between provider and client.
Client communication (not face-to-face)	15 minute increments	Any other communication with client (phone, email, text, etc.) that is not in-

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		person.
Referrals (non-medical)	Completed	Enter "1" unit" when any referral is made for the client that is not related to the client's medical care. To confirm the linkage was made, indicate the date the client attended the appointment.
Linkage to medical care	Completed	Enter "1" unit only when a client has been connected to a medical provider for care (activities relating to this linkage, such as communication with medical provider or client communication should be captured under those corresponding subservices). To confirm the linkage was made, indicate the date the client attended the appointment.
Linkage to health insurance	Completed	Enter "1" unit when a client has been connected to health insurance (activities relating to this linkage such as communication with the client should be captured under other those corresponding subservices).
HDAP linkage and recertification	Completed	Enter "1" unit when a client has been connected to HDAP or when the HDAP recertification has been completed (activities relating to this linkage such as communication with medical provider or client should be captured under those corresponding subservices).
Referrals to Partner Services	Completed	Enter "1" unit when a referral to Partner Services has been made (activities relating to this referral such as communication with a non-medical provider or client communication should be captured with those corresponding subservice categories). To confirm the linkage was made, indicate the date the client attended the appointment.
ARCH		
Intake/Initial ARCH Assessment	Completed	Enter "1" unit when an intake or initial assessment has been completed. The intake/initial assessment is a program specific document to be completed when a client first enrolls or re-enrolls (after a period of inactivity) into ARCH services.
Initial ARCH acuity assessment	Completed	Enter "1" unit when an initial acuity assessment has been completed for the first time. The Acuity Assessment Tool will be completed in conjunction with the

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		intake/initial assessment. This will establish a baseline acuity score for the client.
ARCH acuity reassessment	Completed	Enter "1" unit when the acuity reassessment has been completed for ARCH clients. Active clients must be reassessed every three months at a minimum and the Acuity Assessment Tool must be used. Client acuity scores must be recorded in CAREWare.
ARCH ISP/Care Plan	Completed	Enter "1" unit when an individual service plan/care plan is completed for ARCH clients. Active clients must have an updated ISP/care plan every six months at a minimum. This is done in conjunction with the initial acuity assessment and every time an acuity reassessment is completed.
ARCH adherence support (face to face)	15 min increments	Any face-to-face adherence support (medical appointments or medication) encounter between provider and client.
ARCH adherence support (not face to face)	15 min increments	Any adherence support communication with the client (phone, email, text, etc.) that is not in-person.
ARCH Communication with medical provider	15 min increments	Any communication (face to face, phone, email, etc.) with client's medical provider.
ARCH Communication with non-medical provider	15 min increments	Any communication (face to face, phone, email, etc.) with a non-medical provider on behalf of a client.
ARCH client communication (face to face)	15 min increments	Any face-to-face encounter between provider and client that is not related to adherence to medication or medical appointment.
ARCH client communication (not face-to-face)	15 min increments	Any communication with client (phone, email, text, etc.) that is not in person.
Referrals (non-medical)	Completed	Enter "1" unit" when any referral is made for the client that is not related to the client's medical care. To confirm the linkage was made, indicate the date the client attended the appointment.
Linkage to medical care	Completed	Enter "1" unit only when a client has been connected to a medical provider for care (activities relating to this linkage, such as communication with medical

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		provider or client communication should be captured under those corresponding subservices.)
Linkage to health insurance	Completed	Enter "1" unit when a client has been connected to health insurance (activities relating to this linkage such as communication with the client should be captured under those corresponding subservices.)
HDAP linkage and recertification	Completed	Enter "1" unit when a client has been connected to HDAP or when the HDAP recertification has been completed (activities relating to this linkage such as communication with medical provider or client should be captured under those corresponding subservices)
Referrals to Partner Services	Completed	Enter "1" unit when a referral to Partner Services has been made (activities relating to this referral such as communication with a non-medical provider or client communication should be captured with those corresponding communication subservice categories).
Transition out of ARCH services	Completed	Enter "1" when the client has transitioned out of ARCH services.
<b>MEDICAL TRANSPORTATION SERVICES</b>		
Taxi/Transportation	1 way	One-way ride by taxi, commercial transportation, or ride-share company (lyft, uber, etc.) for the purposes of accessing care services.
Mileage reimbursement	Completed	One-way ride for which a client is directly reimbursed for mileage traveled in client's own vehicle. To be used only when all other transportation options have been exhausted.
Public transportation ride	1 way	One way transportation by public transport system (tokens or bus passes) for client for the purposes of accessing care services.
Public transportation pass	Pass given	One-way transportation by public transport system (pass) for client for the purposes of accessing care services.
<b>PSYCHOSOCIAL SUPPORT</b>		

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Individual-Level peer support session	15 minute increments	Any encounter (face-to-face, phone, email, or text) between a peer who is living with HIV and an individual client.
Group-Level peer support session	Completed	Enter "1" when the client has attended 1 group facilitated by a peer who is living with HIV.
<b>FOOD BANK/HOME-DELIVERED MEALS</b>		
Home-delivered meals	Meal given	Number of meals delivered by a professional to the home for clients.
Congregate meals	Attended meal	Number of meals client received in a group setting that is not the client's home.
<b>HOUSING SERVICES</b>		
HS&A assessment	Completed	Enter "1" when the assessment is completed.
HS&A face-to-face session	15 minute increments	Any face-to-face encounter between HS&A provider and client.
HS&A phone session	15 minute increments	Any phone encounter between HS&A provider and client.
Temporary placement secured	Completed	Enter "1" when the temporary placement is secured.
Permanent placement secured	Completed	Enter "1" when the permanent placement is secured.
Communication on behalf of client	15 minute increments	Any communication (face to face, phone, email, etc.) with another service provider on behalf of a client.
<b>EMERGENCY FINANCIAL ASSISTANCE</b>		
Rental start-up	Completed	Enter "1" when the claim is completed.
Homelessness prevention	Completed	Enter "1" when the claim is completed.
Utilities assistance	Completed	Enter "1" when the claim is completed.
<b>LEGAL SERVICES</b>		

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Legal services assessment	Activity completed	Enter "1" when the legal services assessment is completed.
Individual-level legal services	15 minute increments	Face-to-face or telephone encounter between provider and client during which legal services are provided.
Group-level legal services	Completed	Enter "1" when the client has attended 1 group.
Legal case work	15 minute increments	Any activity related to client's case, including research and document preparation.
Legal representation	15 minute increments	Time spent by provider representing client in court or at hearings.
Communication on behalf of client	15 minute increments	Any communication (face to face, phone, email, etc.) with another service provider on behalf of a client.
<b>ORAL HEALTH CARE</b>		
Initial intake	Activity completed	Enter "1" when the initial intake is completed.
Treatment committed	Activity completed	Enter "1" when the treatment is completed.
Treatment claim	Activity completed	Enter "1" when the claim is completed.
Communication with client	15 minute increments	Any communication (face to face, phone, email, etc.) with a client.
Communication on behalf of client	15 minute increments	Any communication (face to face, phone, email, etc.) with another service provider on behalf of a client.
<b>NON CARE ACT SERVICE (STATE FUNDED) - CORRECTIONAL LINKAGE-TO-CARE</b>		
CLTC Intake/initial assessment	Completed	Enter "1" unit when the intake or initial assessment has been completed.
Pre-release visits	15 minute increments	Face-to-face visits with client in a correctional setting (pre-release).
Communication with medical provider	15 minute increments	Any communication (face-to-face, phone, email, etc.) with client's medical provider.

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Communication with non-medical provider	15 minute increments	Any communication (face-to-face, phone, email, etc.) with a non-medical provider on behalf of client.
Client communication (not face-to-face)	15 minute increments	Any communication with client (phone, email, text, etc.) that is not in-person (pre or post-release).
Client communication (face-to-face)	15 minute increments	Any communication with client (phone, email, text, etc.) that is in-person (post-release).
Referrals (non-medical)	Completed	Enter "1" unit" when any referral made for the client is not related to the client's medical care.
Linkage to MCM (HIV+ only)	Completed	Enter "1" unit" when a referral is made for an HIV+ client to medical case management.
Linkage to medical care	Completed	Enter "1" unit when a client has been connected to a medical provider for care (activities relating to this linkage should be captured under other subservices like communication with medical provider or client).
Linkage to health insurance	Completed	Enter "1" unit when a client has been connected to health insurance (activities relating to this linkage should be captured under other subservices like communication with medical provider or client).
Linkage to drug assistance	Completed	Enter "1" unit when a client has been connected to HDAP or another drug assistance program has been completed (activities relating to this linkage should be captured under other subservices like communication with medical provider or client).
Referrals to Partner Services	Completed	Enter "1" unit when a referral to Partner Services has been made (activities relating to this referral should be captured with other communication subservice categories).
<b>NON CARE ACT SERVICE (STATE FUNDED) – PACT (JRI only)</b>		
Intake/Initial PACT assessment	Completed	Enter "1" unit when an initial intake and/or assessment is completed for a new PACT client. <b>The intake/initial assessment is a program specific document to</b>

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		be completed when a client first enrolls or re-enrolls (after a period of inactivity) into medical case management.
PACT initial acuity assessment	Completed	Enter "1" unit when an acuity assessment is completed for a new PACT clients (not receiving MCM at other agencies). The Acuity Assessment Tool will be completed in conjunction with the intake/initial assessment and helps to establish a baseline acuity score..
PACT acuity reassessment	Completed	Enter "1" unit when an acuity reassessment is completed for PACT clients (not receiving MCM at other agencies). Active clients must be reassessed every six months at a minimum and the Acuity Assessment Tool must be used. Client acuity scores must be recorded in CAREWare.
PACT ISP/Care Plan	Completed	Enter "1" unit when an individual service plan/care plan is completed for PACT clients. Active clients must have an updated ISP/care plan every six months at a minimum. This is done in conjunction with the initial acuity assessment and every time an acuity reassessment is completed.
PACT adherence support	Completed	Enter "1" unit when client is provided with adherence support choose from dropdown options: DOT, pill box, or pharmacy.
PACT communication with medical provider	15 min increments	Any communication (face to face, phone, email, etc.) with client's medical provider.
PACT medical accompaniment	Completed	Enter "1" when a client has been accompanied to a medical appointment by a PACT staff member.
PACT communication with non-medical provider	15 min increments	Any communication (face to face, phone, email, etc.) with a non-medical provider on behalf of a client.
PACT face to face session	15 min increments	Any face-to-face communication with client.
PACT client communication (not face-to-face)	15 min increments	Any communication with client not face to face: phone calls, texts, emails.
Referrals (non-medical)	Completed	Enter "1" unit" when any referral is made for the client that is not related to the client's medical care. To confirm the linkage was made, indicate the date the

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		client attended the appointment.
Linkage to medical care	Completed	Enter "1" unit only when a client has been connected to a medical provider for care (activities relating to this linkage, such as communication with medical provider or client communication should be captured under those corresponding subservices).
HDAP linkage and recertification	Completed	Enter "1" unit when a client has been connected to health insurance (activities relating to this linkage such as communication with the client should be captured under those corresponding subservices).