

GUIDANCE/FAQs FOR THE MEDICAL CARE COORDINATION (MCC) ASSESSMENT

SECTION I: HEALTH STATUS (PAGES 2-6)

This section is completed by the MCM using information from patient's medical record

IF PATIENT IS NEWLY DIAGNOSED OR NEW TO THE CLINIC, ask the following questions to initially complete the Health Status section –and return to section to complete after patient's first medical visit

- *Are you currently having any health issues related to your HIV? (check all responses that apply in the Health Status section)*
 - *Do you have any other current health issues? (check all responses that apply in the Health Status section)*
1. Provide month and year of date patient was first diagnosed with HIV
 - If year is known, but month is unknown, enter “06”and/or if day is unknown, enter “15”
 - Year should not be unknown since verification of HIV diagnosis is required for service delivery and will be carried over into the Assessment
 2. Provide month and year of date of patient's most recent CD4 count result.
 - If year is known, but month is unknown, enter “06”and/or if day is unknown, enter “15”
 - If year is unknown, then then check the “not available” box
 3. Provide month and year of date of patient's most recent viral load test result.
 - Viral load values
 - If viral load result in chart is “undetectable” then enter “0”
 - If viral load result in chart is < value (for example, <48 copies) then enter one less than the value (for example, <48 copies is entered as 47)
If **NO** viral load test result available, then check “not available” box
 - Viral load date
 - If year is known, but month is unknown, enter “06”and/or if day is unknown, enter “15”
 - If year is unknown, then then check “not available” box
 4. AIDS diagnosis
 - If patient does NOT have an AIDS diagnosis, check box “No” and skip to question 5.
 - If patient has an AIDS diagnosis, check box “Yes” and please indicate month, day and year of AIDS diagnosis.
 - If year is known, but month is unknown, enter “06”and/or if day is unknown, enter “15”
 - Year should not be unknown since verification of HIV diagnosis is required for service delivery and will be carried over into the Assessment
 5. Check box for sex of patient at birth
 6. IF PATIENT IS FEMALE: indicate if patient is currently pregnant

PAST OR CURRENT MEDICAL CONDITIONS

7.1. HIV Related Complications or Conditions

- Check the boxes in the table for any of the complications or conditions listed in the table to indicate if patient has been diagnosed with this condition in the past (ever)

- If the “past” box is checked for a condition and it continues to be a current or ongoing health condition, check the “Active” box
Example: Patient was diagnosed with Kaposi Sarcoma last year but still receiving treatment for it- would check boxes for both Past and Active
- If the “past box is checked for a condition and it is no longer an ongoing health condition, then leave the “Active” box blank
Example: Patient was diagnosed with and treated for an STD 5 years ago
- If patient has not been diagnosed with any of these complications/conditions, then check “No past or active HIV related complications or conditions” box at the top of the table
- If the patient is newly diagnosed or new to the clinic, check the “UNKNOWN” box at the top of the table and return to correct after patient’s first medical visit

7.2 Chronic Disease Conditions

- If the patient was ever diagnosed with any of the chronic disease conditions listed in the table, then check the corresponding boxes in the “Ever diagnosed, Yes” column
 - If the “Ever diagnosed” box is checked for any condition and the condition is either under poor control, please then check the corresponding boxes in the “Under poor control, Yes” column.
Example 1: A patient with diabetes whose HgA1C is greater than 8 and has not met his/her treatment goals

Example 2: A patient who was diagnosed with osteoarthritis of the knees who had PT and pain medications in the past and is currently experiencing pain daily

Example 3: A patient with history of MI who now has new chest pain and is scheduled for evaluation and testing (cath)
 - If the “Ever diagnosed” box is checked, but the patient is not experiencing any difficulty managing it:

Example: Patient with asthma diagnosed 10 years ago but does not take daily medications or rescue medications for asthma- in this case, check the “Ever diagnosed” box but not the “Under poor control box.”

NOTE: Clinical judgment is necessary as the criteria for being under poor control will vary by condition.
- If the patient is newly diagnosed or new to the clinic, check the “UNKNOWN” box at the top of the table and return to correct after patient’s first medical visit

7.3 Neurologic/Mental Health

- Check the boxes in the table for any of the neurological or mental health conditions listed in the table to indicate if the patient has been diagnosed with this condition in the past (ever) and if it is active (current health problem)
Example: Someone with history of major depression years ago who no longer requires treatment- check past but do not check active.
- If patient has not been diagnosed with any of these of these complications/conditions, then check “No past or active neurological/mental health conditions” box

- If the patient is newly diagnosed or new to the clinic, check the “UNKNOWN” box at the top of the table and return to correct after patient’s first medical visit

- **MEDICAL CO-MORBIDITIES**

-Check the boxes in the table (YES/NO) to indicate whether patient has ever been diagnosed with or vaccinated for the listed co-morbidities

- If patient never tested positive for TB, please provide date of most recent TB test and test result
 - If month is unknown, use ‘06’ for month and use known year
 - If year is unknown, use report “unknown” and enter date as “unknown” in Casewatch
- If patients were diagnosed with or were vaccinated for any of the listed co-morbidities, please indicate “Yes” or “No” and provide month and year of treatment or vaccination
 - If year is known and month is unknown, use ‘06’ for month
 - If month and year are unknown, report as “unknown” and enter date as “unknown” in Casewatch
- **NOTE:** If patient is unable remember whether he/she received a vaccination (type of vaccination and date) and you cannot get records (or in the case of Hepatitis A or B, antibody tests to determine immunity), treat as if patient has NOT been vaccinated for that condition and check “No” on the table

If a hepatitis A or B antibody tests are performed to determine patient’s immunity and patient appears immune (from either prior vaccination or prior exposure), check “YES” on the table and record the month and year of the vaccination as “unknown” on hard copy of Assessment and in Casewatch

- **CURRENT MEDICATIONS**

9.1 HIV Medications

-Check the box to indicate if HIV medications (antiretroviral therapy) are currently prescribed for the patient

If “YES” then indicate in the table the specific medication currently prescribed and:

- If patient has filled the prescription recently (Yes/No)
- If the patient is taking medication as prescribed (for example, time of day, with food, without food)
- If patient is experiencing any side effects from medications (check appropriate box)

If “NO” skip to Question 9.2

9.2 Indicate “Yes” or “No” if patient is taking any mental health medications

-If “Yes,” list names of medications

9.3 If patient is taking any other medications (beside ARTs or mental health medications),

- If “Yes,” list names of medications

9.4 Indicate “Yes” or “No” if patient is taking any herbal or vitamin supplements
-If “Yes,” list names of supplements

- Has patient been diagnosed with an STD in the past 6 months?
-Check the box to indicate if the patient has been diagnosed with an STD in the past 6 months
If “YES” then indicate in the table below the diagnoses date for each specific STD and indicate whether it was treated or not
 - If date is unknown, record as “unknown” and enter date as “unknown” in CasewatchIf “NO” skip to Question 11

- Please indicate in table if patient has received pneumococcal and influenza vaccinations.
-If “YES” then also provide the month and year the vaccinations were completed
 - If year is known and month is unknown, use ‘06’ for month
 - If month and year are unknown, record as “unknown and enter date as “unknown” in Casewatch
-If “NO” skip to Question 12
NOTE: If you cannot get records to document vaccination, treat patient as if he/she has not been vaccinated for that condition and check “No” on the table.

- Indicate “Yes” or “No” for the Nutrition questions listed

SECTION II: QUALITY OF LIFE (PAGES 7-8)

1. Check one of the boxes to indicate what patient thinks about his/her general health status
2. Check “YES” or “NO,” to indicate if patient has any health concerns
3. Read each task (3a-3p) listed in the table out loud to the patient and check “YES” or “NO” to indicate if patient needs help each task
-If “YES” then write in who helps the patient with each task (for example, brother, friend, caretaker, spouse)
4. IF PATIENT IS OVER 50 YEARS OLD: Read aloud to patient questions 4-10 in the table and check response as “YES,” “No,” or “Refused/Don’t know”

SECTION III: ANTIRETROVIRAL ACCESS AND ADHERENCE (PAGES 9-10)

-If patient is NOT currently on antiretroviral therapy (ART) check box at top of this section and skip to Section IV

- This includes patients who are not taking ART or who have been taking ART for less than a week (7 days)
- It is optional to ask these patients Q1-3 below

-If patient is currently on ART, ask questions in this Section

- This includes patients who have been on ART for at least 1 week (7 days or more)

1. Ask patient if he/she can explain to you what a CD4 cell count is:
-Check “Yes” if the patient gives an accurate explanation and ask Question 1a
-Check “No” if he/she does not know or can’t explain, then skip to Question 2

NOTE: Use your professional judgment regarding the accuracy of the patient's description but the minimum should include that CD4 cells are part of the immune system that is attacked by the HIV virus which weakens the immune system and that the goal of treatment is to make the CD4 count stay stable or go up to strengthen the immune system.

2. Ask patient if he/she can explain to you what a viral load is:
 - Check "Yes" if the patient gives an accurate explanation and ask Question 2a
 - Check "No" if he/she does not know or can't explain, then skip to Question 3

NOTE: Use your professional judgment regarding the accuracy of the patient's description but it should include that it is measure of the amount of HIV virus in their body and that the goal of treatment is for their viral load count to go down to lower the amount of HIV virus in the blood.

3. Ask patient to describe what medications he/she are taking for their HIV (antiretroviral therapy) and should include the names of all of the antiretroviral medications he/she has listed on Table 7.1 in Section I

NOTE: Use your professional judgment regarding the accuracy of the patient's description but it should include the names of each ARTs the patient is taking and include all of the ARTs in his/her regimen

4. Check only one box to show how many doses of HIV medication (ART) the patient says he/she took as prescribed (the way their doctor or pharmacist told them) in the past 7 days/week. For example, how many doses did they take in the morning, or with food or on an empty stomach? Different ART medications MAY have different dosing requirements.
5. Show patients the card with the line shown under Question 5 to help them answer (show you) how much of their HIV medications they have taken as prescribed (the way their doctor or pharmacist told them) in the last month

NOTE: If the patient has been taking their ARTs for less than a month, ask them estimate how much they took in the last week or over however many days since they started their ART regimen.

6. Check "YES" or "NO"
7. Check "YES" or "NO"
8. Check "YES" or "NO"
9. Check in the box below to indicate all of the reasons patients find it hard to take their HIV medication
10. Check all answers that patient reports
11. Check all answers that patient reports
12. Check "YES" or "NO"
 - If "YES" then ask patients why they have trouble getting their HIV medications

SECTION IV: MEDICAL ACCESS, LINKAGE, AND RETENTION (PAGES 11-12)

1. Indicate YES or NO if patient has a doctor he/she sees regularly (at least 1 time in the past 6 months) for HIV care
 - IF NO, if patient has not seen a doctor for their HIV at least once in the past 6 months, discuss with patient to find out reasons why. Is patient:
 - 1) Newly diagnosed and never in care?
 - 2) Diagnosed a long time ago and just starting care?
 - 3) Has been in care before but fell out of care (stopped coming)?
 - 4) Transferring care from another clinic?
 - 5) Some other reason?

Based on reason, determine best way to connect patient with doctor at HIV medical home
 - IF YES, provide month and year of most recent HIV appointment
 - If patient cannot remember date, record as “unknown” and enter as “unknown” in Casewatch
2. Indicate YES or NO if patient has a dentist he/she sees regularly (at least 1 time in the past 6 months)
 - IF NO, ask if patient needs a referral to a dentist and indicate if a referral was given
 - IF YES, provide month and year of most recent dentist appointment
 - If patient cannot remember date, record as “unknown” and enter as “unknown” in Casewatch
3. Indicate YES or NO if patient has an eye doctor he/she sees regularly (at least 1 time in the past year)
 - IF NO, ask if patient needs a referral to an eye doctor and indicate if a referral was given
 - IF YES, provide month and year of most recent eye doctor appointment
 - If patient cannot remember date, record as “unknown” and enter as “unknown” in Casewatch
4. Indicate YES or NO if patient has had a doctor or provider he/she sees regularly mental health issues (at least 1 time in the past 6 months)
 - IF NO, ask if patient needs a referral to a mental health provider and indicate if a referral was given
 - IF YES, provide month and year of most recent appointment with a mental health provider
 - If patient cannot remember date, record as “unknown” and enter as “unknown” in Casewatch
5. Indicate YES or NO if the patient has been hospitalized (for any reason) in the 6 months prior to completing this Assessment
 - If YES, provide reason for most recent hospitalization
6. Indicate YES or NO if the patient has been to the emergency room (for any reason) in the 6 months prior to completing this Assessment
 - If YES, provide reason for most recent emergency room visit
7. Indicate YES or NO if the patient reports ever missing appointments with his/her HIV care doctor
 - IF NO, if patient reports never missing appointments, check no

NOTE: If the patient has is new to care and has not had an HIV care appointment yet, check NO

-IF YES, check the box to indicate how often the patient misses HIV care appointments

8. Read question aloud to patient and check all of the reasons that best describe the reasons the patient gives for missed HIV medical appointments. If the patient provides more than one reason, ask him/her what is the most important or most common reason and write the number in the box

NOTE: If the patient is new to care and has not had an HIV care appointment yet, do not check any reasons and leave most common reason blank

9. Indicate who reminds the patient to go to his/her HIV care appointments.

SECTION V: HOUSING (PAGE 13)

1. Indicate patient's current living situation
 - a. If "stable" continue to questions 1a-1d
 - b. If "temporary" continue to questions 2a-2d
 - c. If "homeless" continue to questions 3a-3d.

SECTION VI: FINANCIAL (PAGE 14)

1. Indicate YES or NO if patient has any type of monthly income.
2. Indicate YES, NO or DON'T KNOW if patient monthly income source is regular and dependable. This means the patient has reasonable expectation of receiving similar income month to month.
3. Indicate YES, NO or DON'T KNOW if patient is able to meet monthly expenses.

SECTION VII: TRANSPORTATION (PAGE 14)

1. Indicate number of hours or minutes it takes patient to get to the HIV clinic from where he/she lives. Circle unit of time (hours or minutes).
2. Indicate mode of transportation patient usually uses to get to clinic – can be more than one choice.
3. Indicate YES or NO if source of transportation is reliable. Example: Bus transportation- while buses can sometimes run late, they are generally perceived by most people as being reliable. Having to ask a different neighbor or friend to drive one to appointments may be unreliable.
4. Indicate how often patient reports ever missing an HIV appointment due to lack of transportation.

SECTION VIII: LEGAL/END OF LIFE NEEDS (PAGE 15)

1. Indicate YES or NO if patient was ever incarcerated
 - If NO – skip to Q2
 - If YES
 - a) Indicate YES, NO, REFUSED if incarcerated in the past 6 months
 - b) Indicate YES or NO if in jail
 - If YES, provide name of jail (where most recently incarcerated if more than once)
 - c) Indicate YES or NO if in prison
 - If YES, provide name of prison (where most recently incarcerated if more than once)
 - d) Indicate how long patient was incarcerated
 - e) Indicate if patient is on parole or probation
 - Verify if parole/probation officer can be contacted and document contact information
2. Indicate if patient has any of the items listed in Q2
3. Indicate if patient needs assistance obtaining any of the times listed in Q2
4. Provide the name of the person who will speak for the patient to make health care decisions, his/her relationship to the patient and his/her phone number

SECTION IX: SUPPORT SYSTEMS AND RELATIONSHIPS (PAGE 16-18)

1. Indicate patient's current relationship status
2. Check to indicate all people who support patient (provide advice, talk to and care about him/her)
3. Check to indicate all people who cause distress in the patient's life
4. Write the number of people to whom the patient reports disclosing his/her HIV status.
-If disclosed to no one then write "0"
5. Check to indicate all people to whom patient reports disclosing HIV status
6. Indicate YES, NO or DON'T KNOW if patient wants help disclosing his/her HIV status
7. Read description of the questions aloud to the patient reminding him/her to respond: none of the time, a little of the time, some of the time or most of the time.
Q7a-Q7e: Indicate patient response
8. Read introduction to questions about violence to patient that includes informing him/her of the 2 exceptions to health information confidentiality. Indicate YES or NO if patient reports ever having been a victim of domestic violence.
-If NO, skip to Q9
-If YES, record month and year of most recent episode and a brief description
 - If patient cannot remember month, use '06' for month
 - If patient cannot remember date, record as "unknown" and enter as "unknown" in Casewatch
9. Indicate YES or NO if patient reports having been threatened with a weapon in the past month
-If YES, there is possible ongoing violence – document and seek consultation with clinic supervisor immediately
10. Indicate YES or NO if patient reports having to seek medical care for being beaten in the past month
-If YES, there is possible ongoing violence – document and seek consultation with clinic supervisor immediately
11. Indicate YES or NO if patient reports that someone has acted like he/she wanted to kill patient
-If YES, there is possible ongoing violence – document and seek consultation with clinic supervisor immediately
12. Indicate how often patient reports feeling someone had no respect for their feelings (never, rarely, occasionally, often or always)
-If OCCASIONALLY, OFTEN OR ALWAYS, there is possible ongoing violence – document and seek consultation with clinic supervisor immediately
13. Indicate YES or NO if patient reports having dependents
-If NO, skip to Q14
-If YES, list in table for Q13a
14. Indicate YES or NO if patient reports that dependents or other family members may need services related to HIV or other issues

- If NO, skip to Q15
- If YES, briefly describe

15. Indicate YES or NO if patient reports seeking comfort through religious/spiritual means
16. Indicate YES or NO if patient reports that issues related to his/her religious/spiritual beliefs prevent him/her from managing his/her HIV
 - If NO, skip to Section X
 - If YES, briefly describe

SECTION X: RISK BEHAVIORS (PAGES 19-20)

- Q1-8. Read introduction to questions aloud and indicate patient response as TRUE or FALSE
9. Indicate if patient reports having anal or vaginal sex in the past 6 months
10. Record NUMBER of partners patient reports having anal or vaginal sex with in the past 6 months
 - If patient does not remember number of patients, enter 999
 - Patient should NOT report 0 partners- if so, return to Q9
11. Record NUMBER of partners patient reports in Q10 that patient NOT use a condom with (enter 999 if patient does not remember number of partners)
 - Indicate YES or NO if patient asked all partners their HIV status (Q11a)
 - Indicate YES or NO if patient told all partners his/her HIV status (Q11b)
12. Indicate YES or NO if patient reports having exchange sex with partners from Q10
13. Indicate YES or NO if patient reports having a primary sex partner
 - If NO, skip to Q14
 - If YES, indicate YES or NO if patient reports that primary sex partner knows patient's HIV status (Q13a)
 - If YES, skip to Q14
 - If NO:
 - Indicate if patient would like help disclosing HIV status to primary sex partner (Q13a1)
 - Indicate all reasons reported by patient for not disclosing HIV status to primary sex partner (Q13a2)
14. Indicate YES or NO if patient has ever been referred to or used Partner Services
 - If NO, skip to Q15
 - If YES, indicate all of the disclosure options the patient chose and the number of patients disclosed to for each (Q14a)
 - Use 999 if patient does not remember number of partners
15. Indicate YES or NO if patient would like assistance notifying past partners about his/her HIV status

SECTION XI: ALCOHOL/DRUG USE AND ADDICTION (PAGES 21-22)

1. Indicate YES or NO if patient reports ever using drugs or alcohol
 - If NO, skip to Section XII
 - If YES
 - indicate YES or NO if patient reports ever using injection drugs
 - indicate YES or NO if patient reports using drugs or alcohol in the past 6 months
 - If NO, skip to Q25
 - If YES, indicate YES or NO if patient reports using any injection drugs in the past 6 months
- 2-15: Indicate YES or NO for each type of drugs patient reports using in the past 6 months
- 16-24: Indicate YES or NO for how patient reports using drugs or alcohol in the past 6 months
25. Indicate YES or NO if patient reports currently trying to reduce drug or alcohol use
26. Indicate YES or NO if patient wants help to reduce drug or alcohol use
27. Indicate YES or NO if patient reports ever being in a drug or alcohol treatment program
 - If NO, skip to Q28
 - If YES, record month and date
 - If patient cannot remember date, record as “unknown” and enter as “unknown” in Casewatch
28. Indicate YES or NO if patient reports currently being in a drug or alcohol support group

SECTION XII: MENTAL HEALTH (PAGES 23-24)

1. Indicate YES, NO or REFUSED if patient reports ever experiencing or being diagnosed with a mental/emotional problem/illness
 - If NO or REFUSED, skip to Q2
 - If YES, indicate emotional illness/problem (Q1a)
2. Indicate YES or NO if patient reports ever receiving mental health counseling/therapy
 - If NO, skip to Q3
 - If YES or REFUSED, indicate if patient reports currently receiving mental health counseling/therapy (Q1a)
3. Indicate YES or NO if patient reports ever being hospitalized for a mental or emotional illness
 - If NO, go to Q4
 - If YES, provide month and year of most recent hospitalization
 - If patient cannot remember date, record as “unknown” and enter as “unknown” in Casewatch
- 4-19: Indicate frequency patient reports being bothered by these symptoms: not at all, some days, more than half the days, nearly every day
20. IF patient responded to any of Q4-19:
 - Some days, more than half the days, nearly every day, then ask Q20
 - Not at all to all of Q4-19, then SKIP to Q21
21. Indicate YES, NO or REFUSED if patient reports currently considering hurting self or others
 - IF YES, but no current plan, document patient’s feelings and actions
 - IF YES and has a current plan, consult immediately with clinic supervisor