

Case Management Acuity Scale

Check one box for each life area. Add scores for all 18 life areas for total acuity score.

Life Area	Self-Management (0 points)	Basic (1 point)	Moderate (2 points)	Intensive (3points)
Medical and Mental Health				
Linked to HIV medical care	<input type="checkbox"/> Engaged in consistent HIV medical care	<input type="checkbox"/> Completed 50% or more HIV medical appointments in the last 6 months	<input type="checkbox"/> Has completed < 50% of HIV medical appointments OR has completed 1st medical visit	<input type="checkbox"/> <u>Newly diagnosed</u> , lost to care, or no medical care in more than 6 months
Current HIV Health Status	<input type="checkbox"/> Is virally suppressed, no history of opportunistic infections (OI), no hospitalization in > 12 months	<input type="checkbox"/> Detectable viral load (VL) but on ARVs, no OIs in the > 6 months or is on treatment, no hospitalization > 6 months	<input type="checkbox"/> Refuses ARVs with CD4 > 200, OI not treated in the < 6 months, hospitalized < 6 months, or <u>newly dx in the < 6 months</u>	<input type="checkbox"/> Refuses ARVs with CD4 < 200, OI not treated in the > 6 months, hospitalized > 6 months, or <u>newly dx in the > 6 months</u>
Medication Adherence	<input type="checkbox"/> Adherent to medications as prescribed for > 6 months without assistance OR is not being prescribed medication	<input type="checkbox"/> Adherent to medications as prescribed less than 6 months and more than 3 months with minimal assistance	<input type="checkbox"/> Misses taking or giving several doses of scheduled medications weekly. Takes long/extended “drug holidays” against medical advice	<input type="checkbox"/> Resistance/minimal adherence to medications and treatment plan even with assistance
Mental Health	<input type="checkbox"/> No history of mental health problems or long term stability demonstrated, no need for referral	<input type="checkbox"/> Past problems and/or reports current difficulties, already engaged in mental health care	<input type="checkbox"/> Experiencing severe difficulty in daily functioning, requires significant support, needs referral to mental health	<input type="checkbox"/> Danger to self or others, needs immediate intervention, needs but not accessing therapy
Substance Misuse	<input type="checkbox"/> No difficulties with substance misuse or long term stability demonstrated, no need for referral	<input type="checkbox"/> Past problems, <1 year recovery, recurrent problems, not impacting ability to pay bills or health	<input type="checkbox"/> Current substance misuse, willing to seek help, impact ability to pay bills and access to medical care	<input type="checkbox"/> Current substance misuse, not willing to seek help, unable to pay bills or maintain medical care. Crisis

HIV Knowledge & Understanding	<input type="checkbox"/> Verbalizes clear understanding about HIV	<input type="checkbox"/> Some understanding verbalized, needs additional information in some areas	<input type="checkbox"/> Little understanding, needs counseling or referral to make informed health decisions	<input type="checkbox"/> Uninformed of HIV disease progression, unable to make informed decisions about health
Sexual Health	<input type="checkbox"/> Practices safer sex 100% of the time, demonstrates a strong understanding of safer sex	<input type="checkbox"/> Engages in safer sex practices >75% of the time, demonstrates a fair understanding of safer sex	<input type="checkbox"/> Engages in safer sex practices 50-75% of the time, demonstrates poor understanding of safer sex	<input type="checkbox"/> Engages in safer sex practices <50% of the time, little or no understanding of safer sex
Dental	<input type="checkbox"/> Has own medical insurance and payer, able to access dental care	<input type="checkbox"/> Aware of dental services offered and requires assistance accessing dental care < 2 times a year, referral needed	<input type="checkbox"/> Needs info and referral to access dental services, no dental crisis, needs information or education on dental services	<input type="checkbox"/> Needs immediate assistance to access dental care, dental crisis. Does not have access to dental care
Psychosocial Health				
Housing/ Living Situation	<input type="checkbox"/> Living in habitable, stable housing, does not need assistance	<input type="checkbox"/> Stable housing subsidized or not, occasionally needs assistance with paying for housing <3 times per year	<input type="checkbox"/> Unstable housing subsidized or not, housing subsidy violation/ eviction imminent, needs housing assistance 3-6 times a year	<input type="checkbox"/> Unable to live independently, recently evicted, homeless, temporary housing, accesses assistance > 7 times a year
Culture/Language	<input type="checkbox"/> Understands service system and is able to navigate it	<input type="checkbox"/> Client may be functionally illiterate and needs most forms and written materials explained	<input type="checkbox"/> Client may require translation or sign interpretation, and needs assistance understanding complicated materials	<input type="checkbox"/> Unable to understand service system, or is in crisis and needs immediate assistance with translation
Legal	<input type="checkbox"/> No recent or current legal problems, all legal documents client desires are completed	<input type="checkbox"/> Possible recent or current legal problems, client wants assistance in completing standard legal documents	<input type="checkbox"/> Client is on probation or parole-recently released in the last 3 months	<input type="checkbox"/> Incarcerated OR immediate crisis (legal altercation, no POA, guardianship issues, etc.)

Transportation	<input type="checkbox"/> Client has reliable transportation. Is able to cover costs of transportation (e.g. bus tickets)	<input type="checkbox"/> Needs occasional assistance < 3 times a year, ride arrangements needed	<input type="checkbox"/> No means. Under or unserved area for public transportation. Needs assistance 3-6 times per year	<input type="checkbox"/> Lack of transportation is a serious contributing factor to lack of medical care, needs assistance > 7 times per year
Support System	<input type="checkbox"/> Client reports no support needs	<input type="checkbox"/> Mostly stable, but requests additional support (support group)	<input type="checkbox"/> Inconsistent support (family out of town, limited friends)	<input type="checkbox"/> No support- in crisis or in jeopardy of crisis
Domestic Violence/ Intimate Partner Violence	<input type="checkbox"/> No reported domestic violence/ intimate partner violence	<input type="checkbox"/> History of domestic violence/ intimate partner violence occurred > than 1 year ago	<input type="checkbox"/> Domestic violence/ intimate partner violence reported within last year	<input type="checkbox"/> Active domestic violence/ intimate partner violence- life threatening situation
Utilities	<input type="checkbox"/> Requires no financial assistance	<input type="checkbox"/> Utilities in jeopardy of disconnection	<input type="checkbox"/> One utility disconnected or in imminent danger of being disconnected	<input type="checkbox"/> More than one utility disconnected
Self-Efficacy/Activities of Daily Living	<input type="checkbox"/> Client's basic needs being adequately met; no evidence of inability to manage basic needs/ADLS	<input type="checkbox"/> Client has the ability to meet basic needs and manage ADL, but may need referral and information to identify available resources	<input type="checkbox"/> Needs assistance identifying, obtaining, and maintaining basic needs and managing ADL. Poor ADL management is noticeable/ pronounced	<input type="checkbox"/> Unable to perform basic life skills/ ADLs without assistance, acute nutritional deficit, access barriers to food or clothing, in crisis, etc.
Health Insurance/ Financial				
Health Insurance/ Medical Care Coverage	<input type="checkbox"/> Has own medical insurance and payer, able to access medical care	<input type="checkbox"/> Enrolled in medical care benefits program, needs occasional assistance accessing medical care < 3 times per year	<input type="checkbox"/> Needs referral, no medical crisis, needs assistance accessing medical care 3-6 times per year	<input type="checkbox"/> Needs immediate assistance to access insurance or medical care, medical crisis, does not have access to medical care
Financial	<input type="checkbox"/> Steady source of income OR has savings/ resources not in jeopardy	<input type="checkbox"/> Occasional need for financial assistance or awaiting outcomes of benefits applications	<input type="checkbox"/> No income, benefits denied, needs financial planning and counseling	<input type="checkbox"/> Immediate need for financial assistance

Total Acuity Points _____

Is client pregnant? * _____

*Suggested MCM? _____

Client's Name _____

Client's Agency ID _____

Date _____

Acuity Scale Guidelines

Stratification	Contact Frequency
<p>Case Management not Indicated</p> <p>Acuity Scale Score: 0-9</p>	<ul style="list-style-type: none"> • Initial Case Management Assessment • NO Care Plan • Documentation in ARIES will NOT reflect case management services
<p>Basic Case Management</p> <p>Acuity Scale Score: 10-18</p> <p><i>Projected graduation: 3-6 months</i></p>	<ul style="list-style-type: none"> • Initial Case Management Assessment • Minimum contact every 90 days to re-assess acuity if appropriate • Ongoing documentation in ARIES • Up-to-date care plan • Active case management services are reflected in documentation
<p>Moderate Case Management</p> <p>Acuity Scale Score: 19-36</p> <p><i>Projected graduation: 6-9 months</i></p>	<ul style="list-style-type: none"> • Initial Case Management Assessment • Minimum contact every 60 days to re-assess acuity if appropriate • Ongoing documentation in ARIES • Up-to-date care plan • Active case management services are reflected in documentation
<p>Comprehensive Case Management</p> <p>Acuity Scale Score: 37-54</p> <p><i>Projected graduation: 9-12 months</i></p>	<ul style="list-style-type: none"> • Initial Case Management Assessment • Minimum contact every 45 days to re-assess acuity if appropriate • Ongoing documentation in ARIES • Up-to-date care plan • Active case management services are reflected in documentation

****Client's Ryan White eligibility still needs to be assessed every 6 months, and may or may not be a function of a case manager***

Texas DSHS would like to acknowledge the Virginia Department of Health Division of Disease Prevention HIV Care Services & Dallas County Texas from whom we borrowed generously