

Client Name _____

Client Number _____

Client Acuity Scale Worksheet

Date of Assessment _____

**Clients are assigned to a Level if they meet one or more of the criteria listed within each Level.
Point values are different for different LIFE AREAS by page.**

Life Area	Level #1 (1 point)	Level #2 (4 points)	Level #3 (6 points)	Level #4 (8 points)	Comments
Basic Needs Level _____ Points _____	___ Food, clothing, and other sustenance items available through client's own means. ___ Has ongoing access to assistance programs that maintain basic needs consistently. ___ Able to perform activities of daily living (ADL) independently.	___ Sustenance needs met on a regular basis with occasional need for help accessing assistance programs. ___ Unable to routinely meet basic needs without emergency assistance. ___ Needs assistance to perform some ADL weekly.	___ Routinely needs help accessing assistance programs for basic needs. ___ History of difficulties in accessing assistance programs on own. ___ Often w/o food, clothing or other basic needs. ___ Needs in-home ADL assistance daily.	___ Has no access to food. ___ Without most basic needs. ___ Unable to perform most ADL. ___ No home to receive assistance with ADL.	
Medical Needs Level _____ Points _____	___ Stable health with access to ongoing HIV medical care. ___ Lab work periodically monitored. ___ Asymptomatic in medical care.	___ Needs primary care referral. ___ Short-term acute condition; receiving medical care. ___ Chronic non-HIV related condition under control with medication/ treatment. ___ HIV symptomatic with one or more conditions that impair overall health.	___ Poor health. ___ Needs treatment or medication for non-HIV related condition. ___ Debilitating HIV disease symptoms/infections. ___ Multiple medical diagnoses. ___ Home bound; home health needed.	___ Medical emergency. ___ Client is in end-Level of HIV disease. ___ Intensive/complicated home care required. ___ Hospice services or placement indicated. ___ Client is pregnant (mandatory level 4 client). ___ Client post-partum (within 6 weeks of delivery) – mandatory level 4. ___ Newly diagnosed and first time pregnant (mandatory level 4). ___ Client needs prenatal care.	

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Life Area	Level #1 (1 point)	Level #2 (4 points)	Level #3 (6 points)	Level #4 (8 points)	Comments
Living Situation Level _____ Points _____	___ Clean, habitable apartment or house. ___ Living situation stable; not in jeopardy.	___ Needs short-term assistance with rent/utilities to maintain stable housing. ___ Housing is in jeopardy due to projected financial strain or housing is marginally habitable. ___ Formerly independent person temporarily residing with friends or relatives.	___ Eviction imminent. ___ Home completely uninhabitable due to health and/or safety hazards. ___ Living in shelter.	___ Homeless. ___ Recently evicted. ___ Arrangements to stay with friends have fallen through. ___ Client has been evicted from residential program. ___ Needs assisted living facility; unable to live independently.	
Mental Health Level _____ Points _____	___ No history of mental illness, psychological disorders or psychotropic medications. ___ No need for counseling referral.	___ Level of client/family stress is high. Needs emotional support to avert crisis. ___ Need for counseling referral.	___ History of mental health disorders/treatment in client and/or family. ___ Experiencing an acute episode and/or crisis. ___ Severe stress or family crisis re: HIV; need for mental health assessment.	___ Danger to self or others. ___ Needs immediate psychiatric assessment/evaluation.	
Addictions Level _____ Points _____	___ No difficulties with addictions including: alcohol, drugs, sex, or gambling.	___ Past problems with addiction; less than one year in recovery.	___ Current addiction but is willing to seek help in overcoming addiction. ___ Major addiction impairment of significant other.	___ Current addiction; not willing to seek or resume treatment. ___ Fails to realize impact of addiction on life. ___ Current substance abuse has an impact on current pregnancy. ___ Current substance abuse has an impact on ability to parent child/children. ___ Current substance abuse has resulted in removal of child/children from home.	

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Life Area	Level #1 (1 point)	Level #2 (4 points)	Level #3 (6 points)	Level #4 (8 points)	Comments
Adherence Level _____ Points _____	___ Adherent to medications as prescribed for more than 6 months without assistance. ___ Currently understands medications. ___ Able to maintain primary care. ___ Keeps medical appointments as scheduled. ___ Not currently being prescribed medications. ___ Expresses no issues with side effects or schedule. ___ Can name or describe current medications.	___ Adherent to medications as prescribed less than 6 months and more than 3 months with minimal assistance. ___ Keeps majority of medical appointments.	___ Adherent to medications and treatment plan with regular, ongoing assistance. ___ Doesn't understand medications. ___ Misses taking or giving several doses of scheduled meds weekly. ___ Misses at least half of scheduled medical appointments. ___ Takes long/extended "drug holidays" AMA. ___ Takes non- HIV systemic therapies without MD knowledge.	___ Resistance/minimal adherence to medications and treatment plan even with assistance. ___ Refuses/declines to take medications against medical advice. ___ Medical care sporadic due to many missed appointments. ___ Uses ER only for primary care. ___ Inability to take/give meds as scheduled; requires professional assistance to take/give meds and keep appointments. ___ Cannot describe or name current medications.	
Culture & Language Level _____ Points _____	___ Understands service system and is able to navigate it. ___ Language is not a barrier to accessing services (including sign language.) ___ No cultural barriers to accessing services.	___ Needs culturally appropriate interpretation services for medical/case management services. ___ Family needs education and/or interpretation to provide support to the client. ___ Some cultural barriers to accessing services.	___ Culturally appropriate interpretation services are needed for client to access additional services. ___ Family's lack of understanding is barrier to care. ___ Non-disclosure of HIV to family is barrier to care.	___ Cultural factors significantly impair client and/or family's ability to effectively access and utilize services. ___ Crisis intervention is necessary. ___ Many cultural barriers to accessing services.	
Dependents Level _____ Points _____	___ Stable. Information given about permanency planning. ___ No dependents.	___ Permanency planning referral needed. ___ Refer to legal/family counseling. ___ Disclosure needs. ___ Occasional child care/ respite needs. ___ Needs referral to parenting classes.	___ Needs assistance accessing permanency planning. ___ Ongoing child care/day care needs. ___ Grief, transition care, therapeutic intervention needed. ___ Needs assistance accessing parenting classes.	___ Involvement with Child Prot. Svcs, Child/Family Svcs. ___ Crisis related to dependent. ___ Prot. Svcs. prepared to remove children. ___ Runaway children. ___ Dependent is danger to self and others. ___ Dependent involved with other issues such as juvenile justice.	

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Life Area	Level #1 (1 point)	Level #2 (3 points)	Level #3 (4points)	Level #4 (5 points)	Comments
Transportation Level _____ Points _____	___ Has own or other means of transportation consistently available. ___ Can drive self. ___ Can afford private or public transportation.	___ Has minimal access to private transportation. ___ Needs occasional assistance with finances for transportation.	___ No means via self/ others. ___ In area un- or under – served by public transportation. ___ Unaware of or needs help accessing transportation services.	___ Lack of transportation is a serious contributing factor to current crisis. ___ Lack of transportation is a serious contributing factor to lack of regular medical care.	
Health Insurance/Medical Care Coverage Level _____ Points _____	___ Has insurance/medical care coverage. ___ Has ability to pay for care on own. ___ Enrolled in ADAP.	___ Client needs information and guidance accessing insurance or other coverage for medical costs.	___ Assistance needed in accessing insurance or other coverage for medical costs. No medical crisis.	___ Needs immediate assistance in accessing insurance or other coverage for medical costs due to medical crisis. ___ Not currently eligible for insurance or public benefits. Unable to access care. ___ No insurance for her child/children.	
Domestic Abuse/Violence Level _____ Points _____	___ No history of abuse or domestic violence.	___ History, past relationships with violence. ___ History and pattern in current relationship.	___ Agency(ies) involved due to signs of potential abuse (emotional, sexual, physical). ___ Reports current violent episodes.	___ Medical and/or legal intervention has occurred. ___ Life-threatening violence and/or abuse chronically and presently occurring. ___ Unsafe home environment.	
Developmental Disability/Cognitive Impairment Level _____ Points _____	___ No signs of impairment. ___ Has ability to function independently.	___ Signs of impairment with no diagnosis; refer for evaluation.	___ Diagnosis of Developmental (DD) Disability/Cognitive Impairment with DD Services in place.	___ DD Diagnosis/Cognitive Impairment without DD Services.	

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Life Area	Level #1 (1 point)	Level #2 (2 points)	Level #3 (3 points)	Level #4 (4 points)	Comments
Support System (to include emotional, spiritual, and other) Level _____ Points _____	___ Dependable emotional and physical availability of relatives and friends to support client.	___ Gaps exist in support system. ___ Family and/or significant others often unavailable when crises occur.	___ No stable support system accessible. ___ Only support is provided by professional caregivers.	___ Acute situation where client is unable to cope without professional support within a particular situation/time frame.	
Knowledge of HIV Disease Level _____ Points _____	___ Verbalizes clear understanding about disease.	___ Some understanding verbalized. ___ Needs additional information in some areas.	___ Little understanding. ___ Needs counseling or referral to make informed decisions about health.	___ Ignorant of HIV disease progression, etc. Unable to make informed decisions about health. ___Lack of understanding of the prevention of mother-to-child transmission.	
Risk Reduction Level _____ Points _____	___ Abstaining from risky behavior by safer practices. ___ Client has good understanding of risk reduction transmission. ___Understands the importance of preventing the spread of HIV. ___Understands the importance of avoiding re-infection.	___ Occasional risk behavior (unsafe behaviors of any type <=20% of the time). ___ Client has fair understanding of risks.	___ Moderate risk behavior (unsafe behaviors of any type >20-50% of the time). ___ Client has poor understanding of risks. ___Client with mild/moderate cognitive or emotional problems that could be barriers to safer behavior.	___ Significant risk behavior (unsafe behaviors of any type >50% of the time). ___ Client has little or no understanding of risks. ___Client with significant/severe cognitive or emotional problems that could be barriers to safer behavior. ___Client has no understanding of prevention methods or how to avoid re-infection.	

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Life Area	Level #1 (1 point)	Level #2 (2 points)	Level #3 (3 points)	Level #4 (4 points)	Comments
Legal Level _____ Points _____	___ No recent or current legal problems. ___ All legal documents client desires are completed.	___ Wants assistance completing standard legal documents. ___ Possible recent or current legal problems.	___ Present involvement in civil or criminal matters. ___ Incarcerated. ___ Unaware of standard legal documents which may be necessary.	___ Immediate crisis involving legal matters, e.g. legal altercation with landlord/employers, civil & criminal matters, immigration and family/spouse.	
Financial Planning/Counseling Level _____ Points _____	___ Steady source of income which is not in jeopardy. ___ Has savings/resources. ___ Able to meet monthly obligations. ___ No financial planning or counseling required.	___ Has steady source of income which is in jeopardy. ___ Occasional need for financial assistance or awaiting outcome of benefits applications. ___ Needs information about benefits, financial matters. ___ Has short-term benefits.	___ No income. ___ Benefits denied. ___ Unfamiliar with application process. ___ Unable to apply without assistance. ___ Needs financial planning & counseling.	___ Immediate need for emergency financial assistance. ___ Needs referral to representative payee.	

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Acuity Level Guidelines:

Level 1: 17-20 points

- **Case management system Intake.**
- **Minimum telephone contact every 6 months to verify address/phone number and to check on the client's current status.**
- **Documentation in progress notes.**

Level 2: 21 – 34 points

- **Initial Assessment.**
- **Re-assessment at a minimum of every six months.**
- **Minimum contact (telephone or face-to-face) every 6 months.**
- **Documentation in progress notes or care plan as indicated.**

Level 3: 35-70 points

- **Initial Assessment.**
- **Minimum 6 month re-assessments.**
- **Minimum contact (telephone or face-to-face) every 30 days.**
- **Minimum evaluation of care plan every 30 days.**
- **Multi-disciplinary team with case manager supervision.**
- **Nurse case manager sign-off on both the assessment and the care plan.**
- **Documentation in progress notes and care plan.**

Level 4: 71-99 points

- **Initial Assessment.**
- **Minimum 6 month re-assessments.**
- **Minimum contact (telephone or face-to-face) every 2 weeks.**
- **Minimum evaluation of care plan every 2 weeks.**
- **Multi-disciplinary team with case manager coordinating and managing the team.**
- **Documentation in progress notes and care plan.**

Scale Total _____ Assigned Acuity Level _____

Client Name _____ Date: _____

Case Manager Signature:

Exception:

At the discretion of the case manager, release from a correctional facility may be a condition warranting an Acuity Level 3 during the first 90 days after release.

Client Name _____

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Entering Acuity Scores and Assigned Acuity Levels in CAREWare

The Acuity Assessment Tool will be used to assess the level of need of clients requesting case management services. The Acuity Assessment Tool gives both an acuity score (ranging from a minimum of 17 to a maximum of 99 points) and an assigned acuity level based on the score, ranging from 1 (lowest need) to 4 (highest need). The

completed Acuity Assessment Tool will be kept in the client's chart. The score and assigned acuity level will be entered into CAREWare in the Labs sub-tab of the Encounters tab.

To enter the Acuity Score and Level into CAREWare, click on the Encounters tab, then on the Labs sub-tab when in the client's record in CAREWare. Then click on Rapid Entry.

On the Labs Rapid Entry screen, click on the Add button.

Adams, Adam

Forms | Change Log | Client Report | Delete Client | Find List | New Search | Close

Demographics | Services | Annual Review | Encounters | Referrals | CM Test Custom | MI CUSTOM | CM Intake Data | Care Plan Subform | Scheduler

Encounter Date: 9/21/2007 | Test CM | Create Encounter | Delete Encounter | Encounter Report | Sharing Options

Only show data for this provider

Vital Signs | Hospital/ER Admissions | Medications | Labs | Screening Labs | Screenings | Immunizations | Diagnoses | Case Note

Labs

Add/Edit

Current Test: Acuity Assessment Score Points | Result: | Save | Delete

Test	Date of Prior ...	Prior Result	Current Result (9/21/...	Provider
Acuity Assessment Score Points	2/21/2007	45	25	Test CM Provider
Assigned Acuity Level Level	2/21/2007	3	2	Test CM Provider
CD4 Count (cells/mm ³)	6/18/2007	400		
QoL1:1 get adequate attention to my care needs (1-5)	6/18/2007	5		
QoL2:Overall I feel hopeful about my future (1-5)	6/18/2007	4		
QoL3:1 feel I'm coping well with HIV disease (1-5)	6/18/2007	4		
QoL4:My life has improved over the last 6-12 mos (1-5)	6/18/2007	4		
QoL5: My health is satisfactory (1-5)	6/18/2007	4		
QoL6: My sense of well-being is satisfactory (1-5)	6/18/2007	4		
QoL Avg (1-30)	6/18/2007	4.2		
QoL Total Score (6-30)	6/18/2007	25		
Viral Load (Copies/mL)	6/18/2007	<= 400		

Adams, Adam

Labs Rapid Entry

Client: Adams, Adam | From: 9/21/2006 | Through: 9/21/2007

Primary Filter: Acuity Assessment Score Points | Secondary Filter: Assigned Acuity Level Level

Only show this provider | Show all Labs (no chart)

Test: | Date: | Result: | Save | Cancel

Comment: | Save | Cancel

Test	Date	Result	Provider	Com
Acuity Assessment Score ...	9/21/2007	25	Test CM Provider	No
Assigned Acuity Level Level	9/21/2007	2	Test CM Provider	No
CD4 Count (cells/mm ³)	6/18/2007	400	Test CM Provider	No
QoL1:1 get adequate attent...	6/18/2007	5	Test CM Provider	No
QoL2:Overall I feel hopeful...	6/18/2007	4	Test CM Provider	No
QoL3:1 feel I'm coping well ...	6/18/2007	4	Test CM Provider	No
QoL4:My life has improved ...	6/18/2007	4	Test CM Provider	No
QoL5: My health is satisfac...	6/18/2007	4	Test CM Provider	No

Add | Edit | Delete

Then click on the drop-down Test pick list and choose Acuity Assessment Score as the test. Enter the date of the acuity assessment and the score in the Result box. A comment may be added in the comment box. Click on the Save button to save the acuity assessment score record.

Test: Acuity Assessment Score Points

Date: 6/21/2007 | Result: | Save | Cancel

Comment: | Save | Cancel

Test	Date	Result	Provider	Com
Acuity Assessment Score ...	9/21/2006	72	Test CM Provider	No
Assigned Acuity Level Level	9/21/2006	4	Test CM Provider	No
Acuity Assessment Score ...	2/21/2007	45	Test CM Provider	No
Assigned Acuity Level Level	2/21/2007	3	Test CM Provider	No
Acuity Assessment Score ...	9/21/2007	25	Test CM Provider	No
Assigned Acuity Level Level	9/21/2007	2	Test CM Provider	No

Add | Edit | Delete

Repeat the process to record the Assigned Acuity level. Click Add, choose Assigned Acuity Level as the test, enter the date of the assessment, and the assigned Acuity Level (1 to 4) and a comment (if desired).

Client Name _____

Client Number _____

Click on Save.

After a period of time with multiple acuity assessment scores recorded for the client, it is possible to create a chart that graphs the changes in acuity over time. To do this, go the Labs Rapid Entry screen in the client's record. Uncheck the Show all Labs box. In the Primary Filter drop-down list choose Acuity Assessment Score Points and in the Secondary Filter choose Acuity Level. Set the date range of interest and you will see a graph of the acuity trends. To print a report with the graph, click on the Report button. The report will include the graph and a table with the lab values represented in the graph.

The screenshot shows the 'Labs Rapid Entry' window for 'Adams, Adam'. The Primary Filter is set to 'Acuity Assessment Score Points' and the Secondary Filter is 'Assigned Acuity Level Level'. The date range is from 2/21/2006 to 9/21/2007. The 'Show all Labs (no chart)' checkbox is unchecked. The graph displays two data series: 'Acuity Assessment Score' (black line with circles) and 'Assigned Acuity Level' (red line with diamonds). The table below the graph provides the following data:

Test	Date	Result	Provider	Com
Acuity Assessment Score ...	9/21/2006	72	Test CM Provider	No
Assigned Acuity Level Level	9/21/2006	4	Test CM Provider	No
Acuity Assessment Score ...	2/21/2007	45	Test CM Provider	No
Assigned Acuity Level Level	2/21/2007	3	Test CM Provider	No
Acuity Assessment Score ...	9/21/2007	25	Test CM Provider	No
Assigned Acuity Level Level	9/21/2007	2	Test CM Provider	No