

MDHHS HIV Ryan White Acuity Scale

Areas of Functioning	LEVEL 4 (4 points)	LEVEL 3 (3 points)	LEVEL 2 (2 points)	LEVEL 1 (1 point)
<p>Transportation</p> <p>Score _____</p>	<p><input type="checkbox"/> Has limited or no access to HIV-related transportation which impacts engagement in medical care, appointments and other support services</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Has significant challenges (i.e. mental health, language) to coordinate HIV-related transportation</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Available options for HIV-related transportation put client at significant risk (i.e. driving with a no valid license, unregistered vehicle, uninsured vehicle)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Has disabilities that impact mobility, and are permanent or long term (i.e. wheelchair, no public transportation)</p>	<p><input type="checkbox"/> Requests assistance in coordinating transportation</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Available options for transportation contain some risks (i.e. unreliable car, relies on friend for transportation)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Client has some issues that impact mobility and are short-term or expected to resolve (i.e. broken leg, recovering from surgery)</p>	<p><input type="checkbox"/> Relies on public transportation or agency supported transportation vouchers or family/friend to stay engaged in medical care</p>	<p><input type="checkbox"/> Has consistent and reliable access to transportation with no need for agency support</p>
<p>Comments:</p>				

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<p>Housing</p> <p>Score _____</p>	<p><input type="checkbox"/> Currently lives in shelter or a place not meant for human habitation (i.e. car, street, etc.)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Current living situation has a major health or safety hazard</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Needs a referral to supportive housing program and/or other in-home support services to remain safe in their home</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Is expected to be released from incarceration in next 3 months or was released from incarceration within the last 6 months</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Eviction or loss of current housing</p>	<p><input type="checkbox"/> Seeks to relocate in order to improve proximity to medical care, safety of housing environment, or access to services and support</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Has difficulties managing Activities of Daily Living in current living situation</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Has chronic challenges maintaining housing</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Lives in transitional/temporary housing</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Currently working with a housing program or HOPWA</p>	<p><input type="checkbox"/> Lives in permanent or stable/safe housing but needs short term rent or utility assistance to remain housed</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Requests assistance to complete paperwork to maintain eligibility for housing subsidies</p>	<p><input type="checkbox"/> Has stable and affordable housing that meets client's needs</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Currently resides in a supportive housing program and/or has a housing subsidy or other housing voucher</p>
<p>Comments:</p>				

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Areas of Functioning	LEVEL 4 (4 points)	LEVEL 3 (3 points)	LEVEL 2 (2 points)	LEVEL 1 (1 point)
<p>Finances and Benefits</p> <p>Score _____</p>	<p><input type="checkbox"/> Has no stable income or benefits established and no identified source of financial support</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Requires but does not receive public benefits such as SSI/SSDI and/or has pending applications for financial benefits</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Receives no public benefits such as SSI/SSDI and is ineligible to receive them due to undocumented status</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Needs referral to representative payee</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Application for benefits like SSI/SSDI have been denied or are being appealed</p>	<p><input type="checkbox"/> Income inadequate to meet basic needs without assistance</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Expenses currently exceed income</p>	<p><input type="checkbox"/> Income occasionally; inadequate to meet basic needs</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Requests support with benefits applications or other means to increase and manage income</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Requests assistance with budgeting</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Currently uses a representative payee</p>	<p><input type="checkbox"/> Has steady income; manages all financial obligations</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Receives benefits and requires no assistance with maintaining benefits</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> No need for representative payee</p>
<p>Comments:</p>				

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Areas of Functioning	LEVEL 4 (4 points)	LEVEL 3 (3 points)	LEVEL 2 (2 points)	LEVEL 1 (1 point)
<p>Insurance</p> <p>Score_____</p>	<input type="checkbox"/> Has no health insurance <p style="text-align: center;">OR</p> <input type="checkbox"/> Is not eligible for Medicaid or other comprehensive insurance coverage (i.e. QHP, Employee sponsored) <p style="text-align: center;">OR</p> <input type="checkbox"/> Is “under insured”; has health insurance, MIDAP and/or other health benefits, and has significant deductibles and/or medical copays related to HIV	<input type="checkbox"/> Has health insurance but needs MIDAP coverage and/or other coverage related to HIV <p style="text-align: center;">OR</p> <input type="checkbox"/> Is uninsured and is awaiting (pending application) for health insurance and/or other health benefits	<input type="checkbox"/> Has health insurance, MIDAP and/or other health benefits, but requires support to maintain coverage and complete recertifications	<input type="checkbox"/> Has health insurance, MIDAP and/or other health benefits and requires no support to maintain coverage and complete recertifications
<p>Comments:</p>				

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Areas of Functioning	LEVEL 4 (4 points)	LEVEL 3 (3 points)	LEVEL 2 (2 points)	LEVEL 1 (1 point)
<p>Psychosocial Supports</p> <p>Score _____</p>	<p><input type="checkbox"/> Has critical legal issues that impact ability to access needed services and/or benefits (i.e. discrimination, employment, custody, housing, disability)</p> <p style="text-align: center; color: red;">OR</p> <p><input type="checkbox"/> Has no dental provider and reports severe dental issues</p> <p style="text-align: center; color: red;">OR</p> <p><input type="checkbox"/> Has no vision provider and reports severe vision issues</p>	<p><input type="checkbox"/> Has pending legal issues related to benefit access, discrimination, employment, health insurance coverage, housing, or disability (appeal for SSI)</p> <p style="text-align: center; color: red;">OR</p> <p><input type="checkbox"/> Needs linkage to services to address legal issues that impact ability to obtain needed services or benefits</p>	<p><input type="checkbox"/> Currently working with a provider to address legal issues</p>	<p><input type="checkbox"/> No current or recent legal issues</p>
<p>Comments:</p>				

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Areas of Functioning	LEVEL 4 (4 points)	LEVEL 3 (3 points)	LEVEL 2 (2 points)	LEVEL 1 (1 point)
<p>Health and Medical Care</p> <p>Score _____</p>	<p><input type="checkbox"/> Has missed 1 or more HIV-related medical appointments in the last 6 months</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Has significant challenges (i.e. limited language, cognitive ability, mental health) and requires on-going accompaniment or assistance with medical appointments</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Uses ER or urgent care as their primary care provider</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Has non-HIV related medical condition that impacts health and/or care adherence that is or is not being managed by medical provider</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Needs referral to or help accessing culturally competent medical service provider (i.e. LGBT, linguistically appropriate)</p>	<p><input type="checkbox"/> Currently recovering from treatment from a non-HIV related medical condition(s) that impacts daily living</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Needs assistance with making and keeping HIV medical appointments</p>	<p><input type="checkbox"/> Requests accompaniments to medical appointments</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Has missed 1 or more HIV-related medical appointments in the last 12 months</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Has a non-HIV related medical condition, but this condition does not impact health and/or care adherence</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Needs assistance with making and keeping non-HIV medical appointments</p>	<p><input type="checkbox"/> Does not require any assistance or reminders to schedule or keep HIV and non-HIV medical appointments</p>
<p>Comments:</p>				

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Areas of Functioning	LEVEL 4 (4 points)	LEVEL 3 (3 points)	LEVEL 2 (2 points)	LEVEL 1 (1 point)
<p>HIV Health Status</p> <p>Score _____</p>	<input type="checkbox"/> Has detectable viral load and/or CD4 count below 200 <p style="text-align: center;">OR</p> <input type="checkbox"/> Has been hospitalized or visited the ER in last 30 days due to an HIV-related issue(s) <p style="text-align: center;">OR</p> <input type="checkbox"/> Newly diagnosed within last 6 months	<input type="checkbox"/> Has been hospitalized or visited the ER in last 6 months due to an HIV-related issue(s) <p style="text-align: center;">OR</p> <input type="checkbox"/> Is on ARVs, in care, and being monitored by medical team, but unable to achieve viral load suppression <p style="text-align: center;">OR</p> <input type="checkbox"/> Newly diagnosed in the last 12 months	<input type="checkbox"/> Has been hospitalizations or visited the ER in last 12 months due to HIV-related issue(s)	<input type="checkbox"/> Is virally suppressed or CD4 count above 200 <p style="text-align: center;">OR</p> <input type="checkbox"/> Has no history of hospitalizations or visits to the ER in the last 12 months due to HIV-related issue(s)
<p>Comments:</p>				

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Areas of Functioning	LEVEL 4 (4 points)	LEVEL 3 (3 points)	LEVEL 2 (2 points)	LEVEL 1 (1 point)
<p>HIV Medication Adherence</p> <p>Score _____</p>	<p><input type="checkbox"/> Misses HIV medication doses daily OR</p> <p><input type="checkbox"/> Experiences significant challenges that occasionally impact adherence to HIV medications OR</p> <p><input type="checkbox"/> Demonstrates no understanding of correlation between HIV medication adherence and achieving/sustaining viral load suppression OR</p> <p><input type="checkbox"/> Has no understanding of basic health and prescription information OR</p> <p><input type="checkbox"/> Not on ARVs</p>	<p><input type="checkbox"/> Misses HIV medication doses weekly OR</p> <p><input type="checkbox"/> Experiences some challenges that occasionally impact adherence to HIV medications OR</p> <p><input type="checkbox"/> Demonstrates minimal understanding of correlation between HIV medication adherence and achieving/sustaining viral load suppression OR</p> <p><input type="checkbox"/> Needs some assistance to understand health and prescription information OR</p> <p><input type="checkbox"/> New to ARV treatment</p>	<p><input type="checkbox"/> Misses HIV medication doses monthly or on occasion OR</p> <p><input type="checkbox"/> Experiences challenges, but manages them with no impact on adherence to HIV medication OR</p> <p><input type="checkbox"/> Demonstrates some understanding of correlation between HIV medication adherence and achieving/sustaining viral load suppression</p>	<p><input type="checkbox"/> Never misses a dose of HIV medications OR</p> <p><input type="checkbox"/> No Concerns reported related to HIV medication adherence OR</p> <p><input type="checkbox"/> Demonstrates full understanding of correlation between HIV medication adherence and achieving/sustaining viral load suppression OR</p> <p><input type="checkbox"/> Manages health and prescription information with no assistance OR</p> <p><input type="checkbox"/> On ARVs and does not need additional assistance</p>
<p>Comments:</p> 				

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Areas of Functioning	LEVEL 4 (4 points)	LEVEL 3 (3 points)	LEVEL 2 (2 points)	LEVEL 1 (1 point)
<p>Food and Nutrition</p> <p>Score _____</p>	<p><input type="checkbox"/> Relies on food pantry, soup kitchen, other community food resources weekly</p> <p style="text-align: center; color: red;">OR</p> <p><input type="checkbox"/> Needs a referral to and/or an application to access community resources and/or to obtain food related benefits (i.e. SNAP, WIC, Bridge Card)</p> <p style="text-align: center; color: red;">OR</p> <p><input type="checkbox"/> Has significant nutrition-related issues that impact HIV care and adherence (i.e. unable to store or prep food, poor appetite, nausea)</p>	<p><input type="checkbox"/> Relies on food pantry, soup kitchen, other community food resources 1x per month or more</p> <p style="text-align: center; color: red;">OR</p> <p><input type="checkbox"/> Needs assistance to access community food resources (i.e. translation, transportation)</p> <p style="text-align: center; color: red;">OR</p> <p><input type="checkbox"/> Relies on access to an agency food program and/or assistance in order to obtain adequate food or food vouchers</p>	<p><input type="checkbox"/> Relies on food pantries, soup kitchens, or other community food resources less than 1x per month</p> <p style="text-align: center; color: red;">OR</p> <p><input type="checkbox"/> Receives food related benefits (i.e. SNAP, WIC, Bridge Card) to meet nutritional needs for self or household</p>	<p><input type="checkbox"/> All nutritional needs are met and assistance not needed</p>
<p>Comments:</p>				

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Areas of Functioning	LEVEL 4 (4 points)	LEVEL 3 (3 points)	LEVEL 2 (2 points)	LEVEL 1 (1 point)
<p>Mental Health</p> <p>Score _____</p>	<p><input type="checkbox"/> Clinical diagnosis with no current mental health provider, no pending appointment, no desire to attend and/or is resistant to seek treatment</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Currently awaiting treatment or appointment with mental health professional</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Indication of need for mental health support, clinical mental health assessment, and/or treatment, but does not receive it</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Behavior relating to mental health status negatively impacts daily living, interactions with providers, and/or other social groups</p>	<p><input type="checkbox"/> Clinical diagnosis or otherwise engages with a mental health provider, but inconsistent or needs assistance with appointment attendance and/or treatment adherence</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Needs referral to or needs help accessing a culturally competent mental health provider</p>	<p><input type="checkbox"/> Engaged with mental health provider and is consistent with mental health treatment and/or appointments</p>	<p><input type="checkbox"/> No indication of mental health need</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> No support needed to make and keep appointments with mental health professional</p>
<p>Comments:</p>				

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Areas of Functioning	LEVEL 4 (4 points)	LEVEL 3 (3 points)	LEVEL 2 (2 points)	LEVEL 1 (1 point)
<p>Substance Abuse</p> <p>Score _____</p>	<p><input type="checkbox"/> Daily substance use or dependence that consistently interferes with adherence to HIV care and treatment and/or activities of daily living and expresses no desire for treatment</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> No engagement in substance use treatment and/or recent relapse</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> No interest in harm reduction practices</p>	<p><input type="checkbox"/> Current or recent substance use that sometimes interferes with adherence to care, treatment, or activities of daily living.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Recently discharged from an in-patient treatment program for substance use</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Minimal interest in harm reduction practices</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Expresses a need or desire for substance use treatment, but has not received it</p>	<p><input type="checkbox"/> Current or recent substance use that does not interfere with adherence to care, treatment, or activities of daily living</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Currently receiving treatment for substance use in an out-patient setting and/or engaging with a recovery support program</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Some interest in harm reduction practices</p>	<p><input type="checkbox"/> Receives sufficient support around past substance use and/or no indication of need for additional support</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> No current or past issues with substance use</p>
<p>Comments:</p>				

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Areas of Functioning	LEVEL 4 (4 points)	LEVEL 3 (3 points)	LEVEL 2 (2 points)	LEVEL 1 (1 point)
<p>HIV Prevention and Risk Reduction</p> <p>Score _____</p>	<p><input type="checkbox"/> Does not communicate with sexual partner(s) around sex, safety, and sexual health needs (i.e. can negotiate condom use, PrEP use, partner's health status, client's HIV status)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Demonstrates no understanding HIV, HCV, STI transmission and/or assisting understanding of correlation between HIV transmission and viral load suppression</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> HIV+ female not on treatment and is pregnant or couple desires pregnancy</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Engages in transactional sex (i.e. money, drugs, housing)</p>	<p><input type="checkbox"/> Inconsistently communicates with sexual partner(s) around sex, safety, and sexual health needs (i.e. can negotiate condom use, PrEP use, partner's health status, client's HIV status)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Demonstrates minimal understanding HIV, HCV, STI transmission and/or assisting understanding of correlation between HIV transmission and viral load suppression</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> HIV+ female on treatment and is pregnant or couple desires pregnancy</p>	<p><input type="checkbox"/> Request support to communicate with sexual partner(s) around sex, safety, and sexual health needs (e.g. can negotiate condom use, PrEP use, partner's health status, client's HIV status)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Needs occasional assistance understanding HIV, HCV, STI transmission and/or assisting understanding of correlation between HIV transmission and viral load suppression</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> No discussion of HIV status with sexual partner(s), but maintains viral load suppression</p>	<p><input type="checkbox"/> Consistently communicates with sexual partner(s) around sex, safety, and sexual health needs (e.g. can negotiate condom use, PrEP use, partner's health status, client's HIV status)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Demonstrates understanding of HIV, HCV, STI transmission, and or understanding of correlation between HIV transmission and viral load suppression</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Client reports not being sexually active</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Sexual partner(s) currently on PrEP</p>
<p>Comments:</p>				

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Areas of Functioning	LEVEL 4 (4 points)	LEVEL 3 (3 points)	LEVEL 2 (2 points)	LEVEL 1 (1 point)
<p>Social Support and Spirituality</p> <p>Score _____</p>	<p><input type="checkbox"/> Reports no close relationships, family, or supportive relationships</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Reports significant social isolation</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Reports current or potential intimate partner violence and needs immediate intervention</p>	<p><input type="checkbox"/> Reports some social isolation</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Has experienced intimate partner violence in the past that impacts current relationships, financial status, or housing status</p>	<p><input type="checkbox"/> Reports having a support system, but identified need for regular check-ins</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Requests assistance to share information about their HIV status to members of social support system in order to increase social support and emotional health</p>	<p><input type="checkbox"/> Reports sufficient social and emotional support without regular check-ins</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Decisions about disclosure or about who is aware of client's HIV status does not have an impact of availability or social and emotional support in client's life</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Past experience with intimate partner violence does not impact current relationships, financial status, or housing status</p>
<p>Comments:</p>				

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Client Name: _____ Final score: _____ Acuity Level of need assigned: _____

Case manager's signature: _____ Date: _____

Area of Function	Assessment Date	Assessment Date	Assessment Date	Assessment Date
	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
Viral Load				
Transportation				
Housing				
Finances and Benefits				
Insurance				
Psychosocial Support				
Health and Medical Care				
HIV Health Status				
HIV Medication Adherence				
Food and Nutrition				
Mental Health				
Substance Use				
HIV Prevention and Risk Reduction				
Social Support and Spirituality				
OVERALL ACUITY SCORE				

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CLIENT ACUITY SCALE WORKSHEET ACUITY LEVEL GUIDELINES

LEVEL 1: 13-20 points

- Service Category: Non-Medical Case Management
- Identified barriers **do not** impact client's ability to remain engaged in HIV medical care and to meet social service needs
- Client **does not** require monitoring and follow-up regarding the coordination and follow-up of medical treatments
- Client requires sporadic and time-limited assistance
- Contact with client is on an as needed basis, mostly for the purpose of providing and following-up on referrals
- Reassessments are not required; if client remains in services longer than 6 months, then a recertification of client eligibility for Ryan White services must be conducted (see MDCH Guidance #14-01)

LEVEL 2: 21-33 points

- Service Category: Medical Case Management
- Identified barriers **minimally** impact client's ability to remain engaged in HIV medical care and to meet social service needs
- Client **does** require monitoring and follow-up regarding the coordination and follow-up of medical treatments
- Client requires sporadic and time-limited assistance
- Contact with client is at minimum once every 3 months unless client contacts MCM with a concern in between
- Reassessments are completed once every 6 months; when appropriate, client is graduated into non-medical case management (NMCM)

LEVEL 3: 34-46 points

- Service Category: Medical Case Management
- Identified barriers **moderately** impact client's ability to remain engaged in HIV medical care and to meet social service needs;
- Client requires ongoing and regular assistance
- Contact with client is at minimum once every month unless client contacts MCM with a concern in between
- Reassessments are completed once every 6 months

LEVEL 4: 47-52 points

- Service Category: Medical Case Management
- Identified barriers **severely** impact client's ability to remain engaged in HIV medical care and to meet social service needs
- Client requires ongoing and intensive assistance
- Contact with client is at minimum twice a month unless client contacts MCM with a concern in between
- Reassessments are completed, at minimum, once every 6 months; programs can also choose to complete reassessments once every 3 months for these clients