

STANDARDS OF CASE MANAGEMENT SERVICES

Training modules

1. Introduction to the Standards of Service
2. Intake & Eligibility
3. Screening & Assessment
4. Acuity Scale
5. Care Planning
6. Information & Referral
7. Follow Up & Monitoring
8. Changes in Enrollment Status

*Training modules are meant to be watched in order

MODULE 4:
Acuity Scale

Objectives:

1. Introduction to the Acuity Scale
2. Introduction to Acuity-based guidelines

Standards of Service

Purpose

HIV Community Services Program is a needs-based program which strives to provide the greatest level of support to clients with the greatest need

The Acuity Scale assists you in prioritizing your time, ensuring that clients are receiving the appropriate amount of service based on their need, functioning, and program capacity

Purpose

Each life area is measured on four levels, which determines the overall acuity

* The calculation of the acuity differs whether you're working in the regional model or the county-based model

Please review the slides for the model you in which you work*:

County-based model:

Slides 6-32

Regional model:

Slides 33-60

County-based acuity

Psychosocial areas

- Basic needs
- Transportation
- Risk reduction
- Health insurance/medical care coverage
- Self-sufficiency
- Housing/living arrangement
- Mental health
- Addictions

Medical areas

- Co-morbidities
- Medical needs
- Adherence & HIV knowledge
- Nutritional health
- Oral health

Psychosocial is scored out of 44 points.
Medical is scored out of 40 points.

County Acuity combines Psychosocial and Medical score into a combined single Acuity level.

Psychosocial acuity

Prioritize a person's needs regarding:

- Basic needs
- Transportation
- Risk reduction
- Health insurance/medical care coverage
- Self-sufficiency
- Housing/living arrangement
- Mental health
- Addictions

Medical acuity

Prioritize a person's needs related to:

- Co-morbidities
- Medical needs
- Adherence & HIV knowledge
- Nutritional health
- Oral health

Calculating the acuity

1. Follow directions on the appropriate form for calculation

2. Total the points and assign the overall acuity

Acuity Forms

Exceptions to County acuity assignment

If any of the following conditions apply, the client is automatically a **level 4** and must be reassessed in 60 days:

- Incarcerated within the last 90 days
- Diagnosed with HIV in the last 180 days
- Currently homeless

If any of the following conditions apply, the client is automatically an acuity **level 3** and must be reassessed in 60 days:

- Client is virally unsuppressed (>200 copies/mL) at last HIV viral load
- It has been more than 12 months since last reported viral load

Calculating the acuity

Let's look back to Miguel's acuity.

PUBLIC HEALTH DIVISION
HIV Community Services Program

Oregon Health Authority

Psychosocial Acuity - County

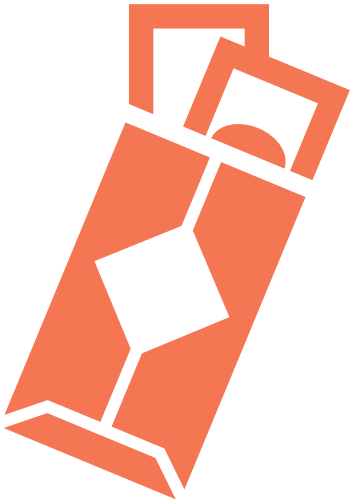
Client name: Client number:

(Check the appropriate level in each life area. Multiply the number of "checks" in each column by the number of "points" for a total.)
If any of the following conditions apply, the psychosocial acuity level is automatically 4 and the acuity must be reassessed in 60 days:
☐ Incarcerated within the last 90 days. ☐ Diagnosed with HIV in the last 180 days. ☐ Currently homeless.

Life area	1 *(1 point)*	2 *(2 points)*	3 *(3 points)*	4 *(4 points)*
Basic needs	☐ Client is able to meet own basic needs. Client is able to access community assistance on their own as needed.	☐ Occasional help to access assistance. Needs occasional food or financial assistance < 2 months per year.	☐ Difficulty accessing assistance. Often w/o basics. Accesses food or financial assistance 3–6 months per year.	☐ Has limited access to food. Without most basic needs. Accesses food or financial assistance > 7 months per year.
Transportation	☐ Has reliable transportation. Is able to cover costs of transportation.	☐ Needs occasional assistance < 2 mo. per year.	☐ No means. Under or un-served area. Needs assistance 3–6 mo. per year.	☐ Serious impact on medical care. Needs assistance > 7 mo. per year.
Risk reduction	☐ Understand risks and practices harm reduction behavior.	☐ Poor understanding of risk and no exposure to high risk situations or behaviors.	☐ Has poor knowledge and/or occasionally engages in risky behaviors.	☐ Lacks knowledge and/or engages in significant risky behaviors.
Health insurance/medical care coverage	☐ Has own medical insurance and payer. Able to access medical care.	☐ Enrolled in CAREAssist. Needs occasional assistance accessing medical care < 2 times per year.	☐ Needs CM assistance or referral to access insurance or CAREAssist. No medical crisis. Needs assistance accessing medical care 3–6 times per year.	☐ Needs immediate assistance to access insurance or CAREAssist. Medical crisis. Does not have access to medical care.
Self sufficiency	☐ Independent. F/U on referrals and access services.	☐ Sometimes requires assistance in F/U and completing forms.	☐ Difficulty w/ F/U; completing forms; accessing services.	☐ Never F/U; unable to complete forms; burns bridges.
Life area	**1 *(1 point)***	**2 *(4 points)***	**3 *(6 points)***	**4 *(8 points)***
Housing/living arrangement	☐ Living in clean, habitable, stable housing. Does not need assistance.	☐ Stable housing subsidized or not. Occasionally needs assistance with housing < 2 mo. per year.	☐ Temporary housing. OHOP violation or eviction imminent. Frequently accesses assistance 3–6 mo. per year or pays rent late. Unsafe housing.	☐ Homeless. Recently evicted. Unable to live independently. Accesses assistance > 7 mo. per year.

Basic needs

Miguel made decent money in the service industry and is currently looking for a bartending job in Eugene. He's also interested in finishing up his degree but wants to get a job first. He is currently living off his savings and the help of his sister until he can find a job.



What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(2 points)*	3 *(3 points)*	4 *(4 points)*
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Transportation

Miguel has a personal vehicle that is somewhat reliable. His car currently need some work, but Miguel does not have the money to fix it right now.

What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(2 points)*	3 *(3 points)*	4 *(4 points)*
Transportation	❑ Has reliable transportation. Is able to cover costs of transportation.	❑ Needs occasional assistance < 2 mo. per year.	❑ No means. Under or un-served area. Needs assistance 3–6 mo. per year.	❑ Serious impact on medical care. Needs assistance > 7 mo. per year.

Risk reduction

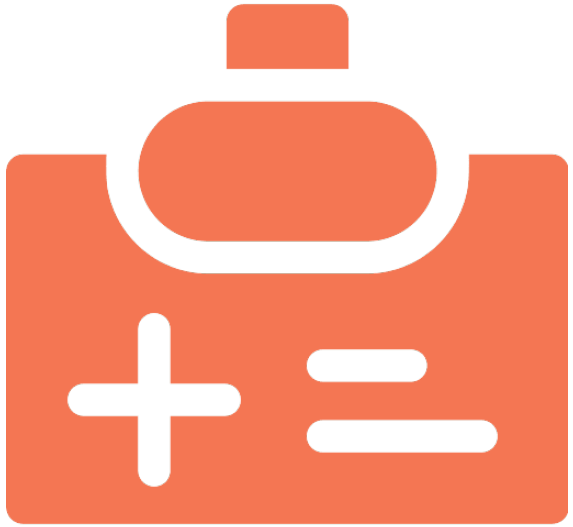
Miguel and Ray were in a monogamous relationship and were both HIV positive. They did not use condoms in their relationship. They broke up 2 months ago and Miguel reported no partners since the breakup. He states an understanding of risk, PrEP, U=U, and is highly motivated to practice risk reduction.

What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(2 points)*	3 *(3 points)*	4 *(4 points)*
Risk reduction	❑ Understand risks and practices harm reduction behavior.	❑ Poor understanding of risk and no exposure to high risk situations or behaviors.	❑ Has poor knowledge and/or occasionally engages in risky behaviors.	❑ Lacks knowledge and/or engages in significant risky behaviors.

Health insurance/medical care coverage

Currently uninsured, needs to secure health insurance and referral to CAREAssist.

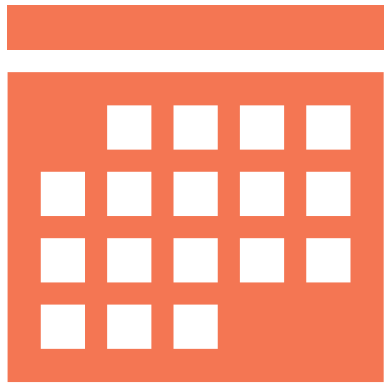


What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(2 points)*	3 *(3 points)*	4 *(4 points)*
Health insurance/medical care coverage	❑ Has own medical insurance and payer. Able to access medical care.	❑ Enrolled in CAREAssist. Needs occasional assistance accessing medical care < 2 times per year.	❑ Needs CM assistance or referral to access insurance or CAREAssist. No medical crisis. Needs assistance accessing medical care 3–6 times per year.	❑ Needs immediate assistance to access insurance or CAREAssist. Medical crisis. Does not have access to medical care.

Self-sufficiency

Miguel has been responsive thus far to phone calls, appointments, and completing paperwork. No problems indicated.



What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(2 points)*	3 *(3 points)*	4 *(4 points)*
Self-sufficiency	❑ Independent. F/U on referrals and access services.	❑ Sometimes requires assistance in F/U and completing forms.	❑ Difficulty w/ F/U; completing forms; accessing services.	❑ Never F/U; unable to complete forms; burns bridges.

Housing/living arrangement

His family is from Corvallis and his younger sister currently lives in Eugene. He's able to temporarily live with his sister until he can get himself settled.

What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(4 points)*	3 *(6 points)*	4 *(8 points)*
Housing/living arrangement	❑ Living in clean, habitable, stable housing. Does not need assistance.	❑ Stable housing subsidized or not. Occasionally needs assistance with housing < 2 mo. per year.	❑ Temporary housing. OHOP violation or eviction imminent. Frequently accesses assistance 3–6 mo. per year or pays rent late. Unsafe housing.	❑ Homeless. Recently evicted. Unable to live independently. Accesses assistance > 7 mo. per year.

Mental health

Diagnosis of depression that is well managed when on medications. He's been a bit more depressed since the breakup, especially since he's been off his medications. He had one previous suicide attempt when he was a teenager that was related to his undiagnosed depression and being bullied for being gay. No current suicidal ideation. States a desire to get back on his anti-depressant.

What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(4 points)*	3 *(6 points)*	4 *(8 points)*
Mental health	❑ No reported mental health problems. No need for referral.	❑ Reports current difficulties/stress — is functioning. Engaged in mental health care.	❑ Experiencing severe difficulty in day-to-day functioning. Requires significant support. Needs referral to mental health care.	❑ Danger to self/others, needs immediate intervention. Needs but not accessing therapy.

Addictions

Miguel is a heavy smoker, no other drug use, uses alcohol, marijuana recreationally. Occasionally, he uses cocaine, and other Rx medications. He does not report any history of injecting drugs. He's never had any justice related contacts or hospitalizations as a result of this use, and never been in treatment. However, his sister and his doctor both voice concern over his tobacco use. No current interest in quitting smoking.

What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(4 points)*	3 *(6 points)*	4 *(8 points)*
Addictions	❑ No risk, or low risk alcohol/drug use. No tobacco use.	❑ Risky use of alcohol/drugs. Tobacco user, contemplating or attempting to quit.	❑ Harmful use of alcohol/drugs. Tobacco user. No desire to quit.	❑ Dependent use of alcohol/drugs.

Medical Acuity

Now we are going to look at Miguel's RN acuity.

PUBLIC HEALTH DIVISION
HIV Community Services Program

Oregon Health Authority

Medical Acuity — County

Client name: Client number:

Check the appropriate level in each life area. Multiply the number of "checks" in each column by the number of points for a total.

Life area	1 *(1 point)*	2 *(4 points)*	3 *(6 points)*	4 *(8 points)*
Co-morbidities[1]	☐ No other diagnoses.	☐ Comorbidities, however well managed.	☐ Multiple comorbidities with complications.	☐ Multiple comorbidities with significant complications.
Medical needs[2]	☐ Stable health with ongoing access to medical care. Virally sustained (last 2 VL labs, at least 90 days apart, were <200 copies/mL).	☐ Needs medical care referral. Short-term acute condition. Virally suppressed (<200 copies/mL).	☐ Poor health. HIV debilitating. Home bound. Virally unsuppressed (≥200 copies/mL).	☐ Medical emergency, end stage. Not accessing care. Virally unsuppressed (≥200 copies/mL).
Adherence & HIV knowledge	☐ Adherent to medications and appointments without assistance, or medications not currently prescribed. Very clear understanding of disease.	☐ Adherent to medications and appointments majority of time. Good understanding of disease.	☐ Misses at least half medications and/or appointments. Doesn't understand medications. Some understanding of disease.	☐ Resistant or unable to adhere to medication regime. Sporadic medical care. Little to no understanding of disease progression.
Nutritional health	☐ No signs of wasting. No significant weight problems or problems eating. BMI in healthy range.	☐ Unexplained weight loss. Occasional episodes nausea, vomiting, diarrhea. BMI in overweight range.	☐ Initial visual signs of wasting syndrome or physical malady. Problems eating. Chronic nausea, vomiting, diarrhea. BMI in overweight/obese range, metabolic complications.	☐ Advanced visual signs of wasting syndrome or other physical malady. Severe problems eating. Acute nausea, vomiting, diarrhea. BMI in obese range, metabolic complications.
Oral health	☐ Currently in dental care, has seen a dentist w/in 6 months. No complaints of pain. Reports practicing daily oral hygiene.	☐ No current dentist. Not seen a dentist w/in 6 mo. Dentures need adjusting. Reports not practicing daily oral hygiene.	☐ No dentist. Observed problems with teeth, gums, mouth. Reported episodic pain. Reports episodic or moderate difficulty eating.	☐ No dentist. Current severe pain reported. Observed severe problems with teeth, gums, mouth. Few or no teeth. Significant difficulty eating.
Points per level				
Total points: 0	**Assigned level:**		**Date:**	

[1] Including mental health or substance use disorders, diabetes, heart disease, viral hepatitis, arthritis, cancer, autoimmune disease, etc.
[2] If client is virally unsuppressed (>200 copies/mL) at last HIV viral load, or it has been more than 12 months since last reported viral load, the overall acuity is automatically 3 and the acuity must be reassessed in 60 days:

Co-morbidities

Miguel has no other diagnosis.

What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(4 points)*	3 *(6 points)*	4 *(8 points)*
Co-morbidities	❑ No other diagnosis.	❑ Comorbidities, however well managed.	❑ Multiple comorbidities with complications.	❑ Multiple comorbidities with significant complications.

Medical needs

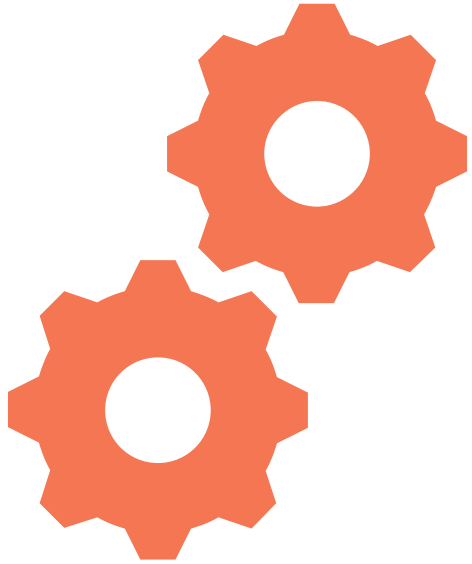
Needs referral to medical care for current labs. No reported or observed symptoms. Reports his last VL was undetectable and CD4 was around 500.

What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(4 points)*	3 *(6 points)*	4 *(8 points)*
Medical needs	❑ Stable health with ongoing access to medical care. Virally sustained (last 2 VL labs, at least 90 days apart, were <200 copies/mL).	❑ Needs medical care referral. Short-term acute condition. Virally suppressed (<200 copies/mL).	❑ Poor health. HIV debilitating. Home bound. Virally unsuppressed (≥200 copies/mL).	❑ Medical emergency, end stage. Not accessing care. Virally unsuppressed (≥200 copies/mL).

Adherence & HIV knowledge

He reports strong adherence and an effective system for taking medications and understands U=U. He hasn't missed a dose in past week. No current side effects. Miguel is very confident and knowledgeable about HIV risk.



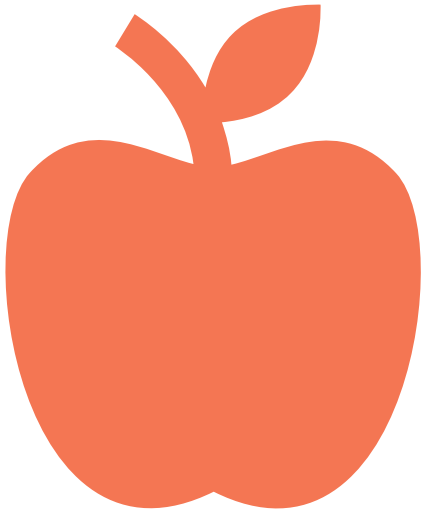
What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(4 points)*	3 *(6 points)*	4 *(8 points)*
Medical needs	❑ Adherent to medications and appointments without assistance, or medications not currently prescribed. Very clear understanding of disease.	❑ Adherent to medications and appointments majority of time. Good understanding of disease.	❑ Misses at least half medications and/or appointments. Doesn't understand medications. Some understanding of disease.	❑ Resistant or unable to adhere to medication regime. Sporadic medical care. Little to no understanding of disease progression.

Nutritional health

No observed wasting or reported nutrition or weight problems.

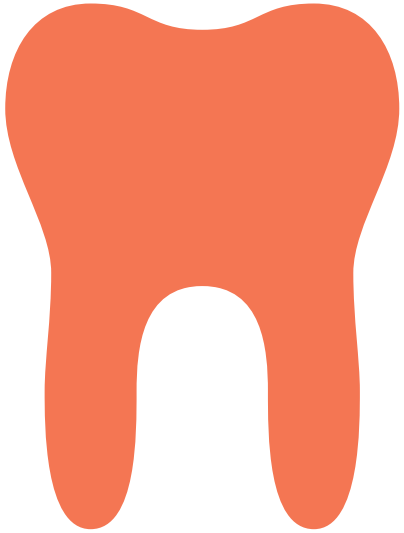
What level would you assign Miguel?



Life area	1 *(1 point)*	2 *(4 points)*	3 *(6 points)*	4 *(8 points)*
Nutritional health	❑ No signs of wasting. No significant weight problems or problems eating. BMI in healthy range.	❑ Unexplained weight loss. Occasional episodes nausea, vomiting, diarrhea. BMI in overweight range.	❑ Initial visual signs of wasting syndrome or physical malady. Problems eating. Chronic nausea, vomiting, diarrhea. BMI in overweight/obese range, metabolic complications.	❑ Advanced visual signs of wasting syndrome or other physical malady. Severe problems eating. Acute nausea, vomiting, diarrhea. BMI in obese range, metabolic complications.

Dental care

He has visible decay upon examination, and expresses dental pain that he's tolerating, but client seems shy/hesitant to discuss dental care. Hasn't seen a dentist for several years.



What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(4 points)*	3 *(6 points)*	4 *(8 points)*
Dental care	❑ Currently in dental care, has seen a dentist w/in 6 months. No complaints of pain. Reports practicing daily oral hygiene.	❑ No current dentist. Not seen a dentist w/in 6 mo. Dentures need adjusting. Reports not practicing daily oral hygiene.	❑ No dentist. Observed problems with teeth, gums, mouth. Reported episodic pain. Reports episodic or moderate difficulty eating.	❑ No dentist. Current severe pain reported. Observed severe problems with teeth, gums, mouth. Few or no teeth. Significant difficulty eating.

Whenever possible, help clients apply for CAREAssist, submit a dental insurance application, and refer clients to HIV Alliance's Dental Case Management program to coordinate dental services with Part F prior to using Support Services.

Scoring

Psychosocial acuity	Points
Basic needs	1
Transportation	1
Risk reduction	1
Health insurance/medical care coverage	3
Self-sufficiency	1
Housing/living arrangement	1
Mental health	6
Addictions	6
	20

RN acuity	Points
Co-morbidities	1
Medical needs	4
Adherence & HIV knowledge	1
Nutritional health	1
Oral health	6
	13

Overall score = 33
Acuity level = 2

Minimum guidelines

Level	Guidelines
Level 1 = 13-22 points	• Annual update • Annual triage • Care Plan developed and reviewed, appropriate interventions identified, and follow-up provided (telephone or face to face) every 6 months
Level 2 = 23-42 points	• Annual update • Annual triage • Care Plan developed and reviewed, appropriate interventions identified, and follow-up provided (telephone or face to face) every 6 months
Level 3 = 43-63 points	• Annual update • Annual face-to-face nursing assessment and psychosocial screening • Care Plan developed and reviewed, appropriate interventions identified, and follow-up provided (telephone or face to face) every 30 days • Case Conferencing recommended every 30 days
Level 4 = 64-84 points	• Annual update • Annual face-to-face nursing assessment and psychosocial rescreening • Care Plan developed and reviewed, appropriate interventions identified, and follow-up provided (telephone or face to face) every 2 weeks • Case Conferencing recommended every 2 weeks

Minimum guidelines

Please review the Standards of Service for full information on monitoring guidelines as determined by the assigned acuity level

Quiz time!

Multiple choice

Tracy is currently an acuity 4. At a minimum, how often are you required to contact them to review the Care Plan and identify appropriate interventions?

A. Once a day
B. Once a week
C. Once every two weeks
D. Once a month

Multiple choice

Your client was at an acuity 2 when they got arrested for a DUI. They're due to be released from jail later this week. What will their acuity likely be upon release?

A. Level 1
B. Level 2
C. Level 3
D. Level 4

Multiple choice

How often should you complete an acuity form for a client with a low acuity?

A. Once a year
B. Once every 6 months when you determine eligibility
C. Once a month
D. Whenever it is warranted

Regional-based acuity

Psychosocial Areas

- Basic needs
- Transportation
- Risk reduction
- Health insurance/medical care coverage
- Self-sufficiency
- Housing/living arrangement
- Mental health
- Addictions

Medical areas

- Co-morbidities
- Medical needs
- Adherence & HIV knowledge
- Nutritional health
- Oral health

Psychosocial is scored out of 32 points.
Medical is scored out of 20 points.

Psychosocial acuity

Prioritize a person's needs regarding:

- Basic needs
- Transportation
- Risk reduction
- Health insurance/medical care coverage
- Self-sufficiency
- Housing/living arrangement
- Mental health
- Addictions

RN acuity

Prioritize a person's needs related to:

- Co-morbidities
- Medical needs
- Adherence & HIV knowledge
- Nutritional health
- Oral health

Calculating the acuity

1. Follow directions on the appropriate form for calculation

2. Total the points and assign acuity

Acuity Forms

Exceptions to psychosocial acuity assignment

If any of the following conditions apply, the client is automatically a CC **level 4** and must be reassessed in 60 days:

- Incarcerated within the last 90 days
- Diagnosed with HIV in the last 180 days
- Currently homeless

Calculating the acuity

Let's look back to Miguel's acuity.

PUBLIC HEALTH DIVISION
HIV Community Services Program

Oregon Health Authority

Psychosocial Acuity — Regional

Client name: Client number:

(Check the appropriate level in each life area. Multiply the number of "checks" in each column by the number of "points" for a total.)
If any of the following conditions apply, the psychosocial acuity level is automatically 4 and the acuity must be reassessed in 60 days:
☐ Incarcerated within the last 90 days. ☐ Diagnosed with HIV in the last 180 days. ☐ Currently homeless.

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Basic needs

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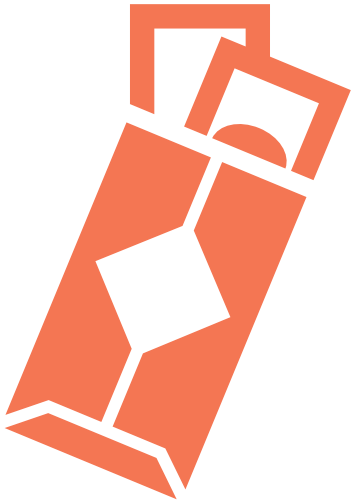
What level would you assign Miguel?



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Transportation

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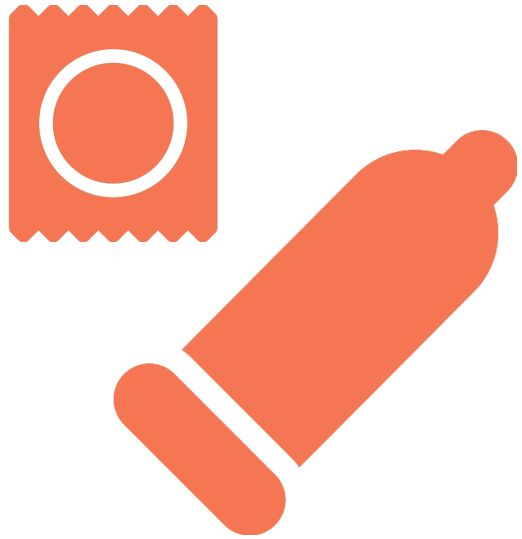
Risk reduction

Miguel and Ray were in a monogamous relationship and were both HIV positive. They did not use condoms in their relationship. They broke up 2 months ago and Miguel reported no partners since the breakup. He states an understanding of risks and is highly motivated to practice risk reduction.



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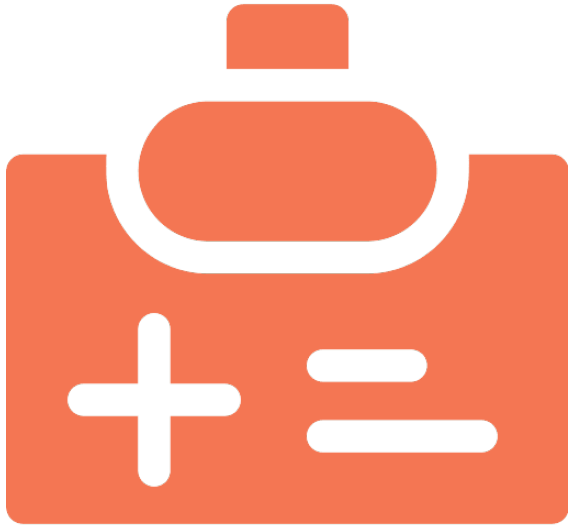
Health insurance/medical care coverage

Currently uninsured. Needs to secure health insurance and referral to CAREAssist.



What level would you assign Miguel?

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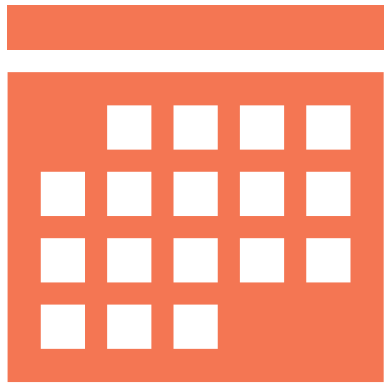
Self-sufficiency

Miguel has been responsive thus far to phone calls, appointments, and completing paperwork. No problems indicated.



What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(2 points)*	3 *(3 points)*	4 *(4 points)*
Self-sufficiency	❑ Independent. F/U on referrals and access services.	❑ Sometimes requires assistance in F/U and completing forms.	❑ Difficulty w/ F/U; completing forms; accessing services.	❑ Never F/U; unable to complete forms; burns bridges.

Housing/living arrangement

His family is from Corvallis and his younger sister currently lives in Eugene. He's able to temporarily live with his sister until he can get himself settled.

What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(2 points)*	3 *(3 points)*	4 *(4 points)*
Housing/living arrangement	❑ Living in clean, habitable, stable housing. Does not need assistance.	❑ Stable housing subsidized or not. Occasionally needs assistance with housing < 2 mo. per year.	❑ Temporary housing. OHOP violation or eviction imminent. Frequently accesses assistance 3–6 mo. per year or pays rent late. Unsafe housing.	❑ Homeless. Recently evicted. Unable to live independently. Accesses assistance > 7 mo. per year.

Mental health

Diagnosis of depression that is well managed when on medications. He's been a bit more depressed since the breakup, especially since he's been off his medications. He had one previous suicide attempt when he was a teenager that was related to his undiagnosed depression and being bullied for being gay. No current suicidal ideation. States a desire to get back on his anti-depressant.

What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(2 points)*	3 *(3 points)*	4 *(4 points)*
Mental health	❑ No reported mental health problems. No need for referral.	❑ Reports current difficulties/stress — is functioning. Engaged in mental health care.	❑ Experiencing severe difficulty in day-to-day functioning. Requires significant support. Needs referral to mental health care.	❑ Danger to self/others, needs immediate intervention. Needs but not accessing therapy.

Addictions

Heavy smoker, no other drug use, uses alcohol, marijuana recreationally. Occasionally uses cocaine, and other Rx medications. He does not report any history of injecting drugs. He's never had any justice related contacts or hospitalizations as a result of this use, and never been in treatment. However, his sister and his doctor both voice concern over his tobacco use. No current interest in quitting smoking.

What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(2 points)*	3 *(3 points)*	4 *(4 points)*
Addictions	❑ No risk, or low risk alcohol/drug use. No tobacco use.	❑ Risky use of alcohol/drugs. Tobacco user, contemplating or attempting to quit.	❑ Harmful use of alcohol/drugs. Tobacco user. No desire to quit.	❑ Dependent use of alcohol/drugs.

Medical Acuity

PUBLIC HEALTH DIVISION
HIV Community Services Program

Oregon Health Authority

Medical Acuity — Regional

Client name: Client number:

Check the appropriate level in each life area. Multiply the number of "checks" in each column by the number of points for a total.

Life area	1 *(1 point)*	2 *(2 points)*	3 *(3 points)*	4 *(4 points)*
Co-morbidities[1]	☐ No other diagnoses.	☐ Comorbidities, however well managed.	☐ Multiple comorbidities with complications.	☐ Multiple comorbidities with significant complications.
Medical needs[2]	☐ Stable health with ongoing access to medical care. Not HIV symptomatic. Virally sustained (last 2 VL labs, at least 90 days apart, were <200 copies/mL).	☐ Needs medical care referral. Short-term acute condition. HIV symptomatic. Virally suppressed.	☐ Poor health. HIV debilitating. Multiple diagnoses. Home bound. Virally unsuppressed (≥200 copies/mL)	☐ Medical emergency, end stage, intensive and complicated home care required. Uses ER only for primary care. Virally unsuppressed (≥200 copies/mL)
Adherence & HIV knowledge	☐ Adherent to medications and appointments without assistance, or medications not currently prescribed. Very clear understanding of disease.	☐ Adherent to medications and appointments majority of time. Good understanding of disease.	☐ Misses at least half medications and/or appointments. Doesn't understand medications. Some understanding of disease.	☐ Resistant or unable to adhere to medication regime. Sporadic medical care. Little to no understanding of disease progression.
Nutritional health	☐ No signs of wasting. No significant weight problems or problems eating. BMI in healthy range.	☐ Unexplained weight loss. Occasional episodes nausea, vomiting, diarrhea. BMI in overweight range.	☐ Initial visual signs of wasting syndrome or physical malady. Problems eating. Chronic nausea, vomiting, diarrhea. BMI in overweight/obese range, metabolic complications.	☐ Advanced visual signs of wasting syndrome or other physical malady. Severe problems eating. Acute nausea, vomiting, diarrhea. BMI in obese range, metabolic complications.
Oral health	☐ Currently in dental care, has seen a dentist w/in 6 months. No complaints of pain. Reports practicing daily oral hygiene.	☐ No current dentist. Not seen a dentist w/in 6 mo. Dentures need adjusting. Reports not practicing daily oral hygiene.	☐ No dentist. Observed problems with teeth, gums, mouth. Reported episodic pain. Reports episodic or moderate difficulty eating.	☐ No dentist. Current severe pain reported. Observed severe problems with teeth, gums, mouth. Few or no teeth. Significant difficulty eating.
Points per level				
Total points: 0			**Date:**	

Exceptions to medical acuity assignment

The Medical Case Manager (MCM) **will** assign the client to ongoing Medical Case Management regardless of acuity* if:

- Client is newly diagnosed (they will receive a minimum of 3 months of Medical Case Management)
- Client was virally unsuppressed (>200 copies/mL at last lab)
- It has been longer than 12 months since last reported viral load lab
- Client shows evidence of significant physical decline

The MCM **may** assign the client ongoing Medical Case Management regardless of acuity if:

- Client has been recently released from a hospital or jail
- Client is under the age of 18
- Client has multiple medical diagnoses
- Client is noncompliant with medical care
- Client is having problems adhering to medication
- Client is symptomatic
- Client has been released from a correctional facility within the past 90 days

Acuity should be reassessed in 60 days for new HIV diagnosed clients

Co-morbidities

Miguel has no other diagnosis.

What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(2 points)*	3 *(3 points)*	4 *(4 points)*
Co-morbidities	❑ No other diagnosis.	❑ Comorbidities, however well managed.	❑ Multiple comorbidities with complications.	❑ Multiple comorbidities with significant complications.

Medical needs

Needs referral to medical care for current labs. No reported or observed symptoms. Reports his last VL was undetectable and CD4 was around 500.

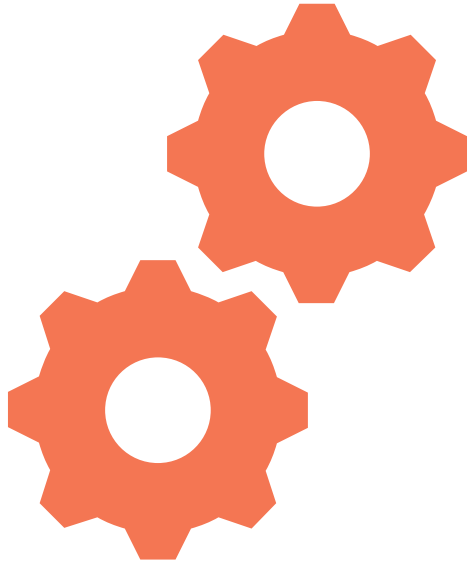
What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(2 points)*	3 *(3 points)*	4 *(4 points)*
Medical needs	❑ Stable health with ongoing access to medical care. Virally sustained (last 2 VL labs, at least 90 days apart, were <200 copies/mL).	❑ Needs medical care referral. Short-term acute condition. Virally suppressed (<200 copies/mL).	❑ Poor health. HIV debilitating. Home bound. Virally unsuppressed (≥200 copies/mL).	❑ Medical emergency, end stage. Not accessing care. Virally unsuppressed (≥200 copies/mL).

Adherence & HIV knowledge

Reports strong adherence and an effective system for taking medications and understands U=U. Hasn't missed a dose in past week. No current side effects. Miguel is very confident and knowledgeable about HIV risk.

What level would you assign Miguel?

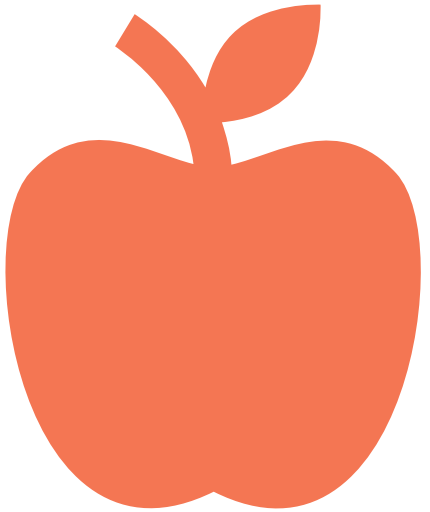


Life area	1 *(1 point)*	2 *(2 points)*	3 *(3 points)*	4 *(4 points)*
Medical needs	❑ Adherent to medications and appointments without assistance, or medications not currently prescribed. Very clear understanding of disease.	❑ Adherent to medications and appointments majority of time. Good understanding of disease.	❑ Misses at least half medications and/or appointments. Doesn't understand medications. Some understanding of disease.	❑ Resistant or unable to adhere to medication regime. Sporadic medical care. Little to no understanding of disease progression.

Nutritional health

No observed wasting or reported nutrition or weight problems.

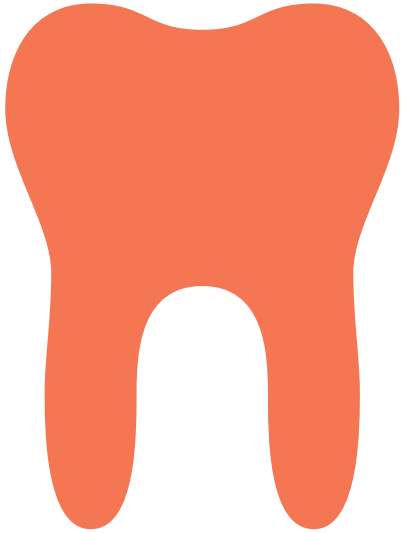
What level would you assign Miguel?



Life area	1 *(1 point)*	2 *(2 points)*	3 *(3 points)*	4 *(4 points)*
Nutritional health	❑ No signs of wasting. No significant weight problems or problems eating. BMI in healthy range.	❑ Unexplained weight loss. Occasional episodes nausea, vomiting, diarrhea. BMI in overweight range.	❑ Initial visual signs of wasting syndrome or physical malady. Problems eating. Chronic nausea, vomiting, diarrhea. BMI in overweight/obese range, metabolic complications.	❑ Advanced visual signs of wasting syndrome or other physical malady. Severe problems eating. Acute nausea, vomiting, diarrhea. BMI in obese range, metabolic complications.

Dental care

Visible decay upon examination, and Miguel expresses dental pain that he's tolerating, but client seems shy/hesitant to discuss dental care. Hasn't seen a dentist for several years.



What level would you assign Miguel?

Life area	1 *(1 point)*	2 *(2 points)*	3 *(3 points)*	4 *(4 points)*
Dental care	❑ Currently in dental care, has seen a dentist w/in 6 months. No complaints of pain. Reports practicing daily oral hygiene.	❑ No current dentist. Not seen a dentist w/in 6 mo. Dentures need adjusting. Reports not practicing daily oral hygiene.	❑ No dentist. Observed problems with teeth, gums, mouth. Reported episodic pain. Reports episodic or moderate difficulty eating.	❑ No dentist. Current severe pain reported. Observed severe problems with teeth, gums, mouth. Few or no teeth. Significant difficulty eating.

Whenever possible, help clients apply for CAREAssist, submit a dental insurance application, and refer clients to HIV Alliance's Dental Case Management program to coordinate dental services with Part F prior to using Support Services.

Scoring

CC acuity	Acuity	Points
Basic needs	1	**1**
Transportation	1	**1**
Risk reduction	1	**1**
Health insurance/medical care coverage	3	**3**
Self-sufficiency	1	**1**
Housing/living arrangement	1	**1**
Mental health	3	**3**
Addictions	1	**3**
		14

Overall CC acuity = 2

MCM acuity	Acuity	Points
Co-morbidities	1	**1**
Medical needs	2	**2**
Adherence & HIV knowledge	1	**1**
Nutritional health	1	**1**
Oral health	3	**3**
		8

Overall MCM acuity = 2

Minimum CC acuity guidelines

Level	Guidelines
Level 1 = 0-8 points	• Initial Psychosocial Screening • Annual CC Triage and update via mail • Eligibility verified every 12 months (annual update) • Optional Care Plan
Level 2 = 9-16 points	• Initial Psychosocial Screening • Eligibility verified every 12 months (annual update) • Annual CC Triage and update (telephone or face-to-face) • Optional Care Plan
Level 3 = 17-24 points	• Initial Psychosocial Screening and annually thereafter • Eligibility verified every 12 months (annual update) • Care Plan developed and monitored, with minimum contact by CC (telephone or face-to-face), every **30 days** • A case conference with internal staff or external providers is recommended every **30 days**
Level 4 = 25-32 points	• Initial Psychosocial Screening and annually thereafter • Eligibility verified every 12 months (annual update) • Care Plan developed and monitored, with minimum contact by CC (telephone or face-to-face), every **2 weeks** • A case conference with internal staff or external providers is recommended every **2 weeks**

Minimum MCM acuity guidelines

Level	Guidelines
Level 1 = 0-5 points	• Initial face-to-face Nursing Assessment • Based on results of annual Medical Case Management Triage Tool, clients may also receive a Nursing Assessment
Level 2 = 6-10 points	• Initial face-to-face Nursing Assessment • Based on results of annual Medical Case Management Triage Tool, clients may also receive a Nursing Assessment
Level 3 = 11-15 points	• Initial face-to-face Nursing Assessment • Minimum annual face-to-face Nursing Assessment • Nurse Plan developed and monitored with minimum contact by MCM **every 30 days** • A case conference with internal staff and/or external providers is recommended every **30 days**
Level 4 = 25-32 points	• Initial face-to-face Nursing Assessment • Minimum annual face-to-face Nursing Assessment • Nurse Plan developed and monitored with minimum contact by MCM **every 2 weeks** • A case conference with internal staff and/or external providers is recommended every **2 weeks**

Quiz time!

Multiple choice

Tracy is currently an acuity 2 for RN acuity. At a minimum, how often is a Medical Case Manger required to contact them?

A. Only if identified through triage
B. Once a month
C. Once every six weeks
D. Once a year

Multiple choice

Your client was at a Psychosocial acuity 2 when they got arrested for a DUI. They're due to be released from jail later this week. What will their acuity likely be upon release?

A. Level 1
B. Level 2
C. Level 3
D. Level 4

Multiple choice

How often should you complete an acuity form for a client with a low acuity?

A. Once a year
B. Once every 6 months when you determine eligibility
C. Once a month
D. Whenever it is warranted

CAREWare

Acuity should be recorded in CAREWare in the forms section.

See the CAREWare training, CAREWare quick guides and the Support Services Guide for more information about how to enter this data.

Module overview

- Introduction to acuity scale

Conclusion

We recommend that you review the Standards of HIV Case Management, bookmark and explore the OHA website for helpful resources, and continue your training.

Thank you!