

## BRIEF CLIENT ACUITY ASSESSMENT

Client Name: \_\_\_\_\_

14 Char Code: \_\_\_\_\_

	AREA OF NEED	SCORE	JUSTIFICATION
1	MEDICAL/CLINICAL		
2	BASIC NECESSITIES/ LIFE SKILLS		
3	MENTAL HEALTH/ PSYCHOSOCIAL		
4	SUBSTANCE/ ALCOHOL USE		
5	HOUSING/ LIVING SITUATION		
6	SUPPORT SYSTEM		
7	INSURANCE BENEFITS		
8	TRANSPORTATION		
9	HIV-RELATED LEGAL		
10	CULTURAL/ LINGUISTIC		
11	SELF-EFFICACY		

12	HIV EDUCATION/ PREVENTION		
13	EMPLOYMENT/ INCOME		
14	MEDICATION ADHERENCE		

### SCORING

AREA	SCORE	AREA	SCORE
MEDICAL		BASIC NEED	
MENTAL X MENTAL		SUBSTANCE X SUBSTANCE	
HOUSING X HOUSING		SUPPORT	
INSURANCE		TRANSPORTATION	
LEGAL		CULTURAL	
EFFICACY		EDUCATION	
INCOME		ADHERENCE	
<b>WEIGHTED SCORE:</b>			

### LEVEL OF HEALTH CASE MANAGEMENT: (CHECK ONE)

	<b>Clinical Support (Weighted Score: 14 – 16)</b>
	Open file, but ongoing medical case management not indicated. Able to follow through. Assist PRN.
	<b>Limited Health Case Management (Weighted Score: 17 – 28)</b>
	Minimal: elimination of initial barriers to care, some assistance necessary for follow through; coping skills evident, information sharing; brief contact, agency referral;
	<b>Intermediate Health Case Management (Weighted Score: 29 – 44)</b>
	Moderate: makes most contacts for follow through; child/family unable to complete tasks, limited coping skills; limited family support
	<b>Intensive Health Case Management (Weighted Score: 45+)</b>
	Severe: child/family resistance hinders process; non-compliance, depressed, no family support Extreme: SW/CM involvement beyond severe; legal CPS intervention

\_\_\_\_\_  
Health Case Manager Signature

\_\_\_\_\_  
Date