

# COMPREHENSIVE CLIENT ACUITY ASSESSMENT

CLIENT NAME: \_\_\_\_\_

14 CHAR CODE: \_\_\_\_\_

## 1 MEDICAL/CLINICAL

This category concerns access to primary medical care, oral health services, specialty clinical care for HIV disease, physical therapy and access to HIV specific medications. Consider general stability of health (regardless of specific diagnosis, ability to maintain an ongoing relationship with providers of medical and clinical services, access to and local availability of medical and clinical services, and medical condition as it relates to the amount of time and resources necessary to initiate and maintain their access to care and medications.

SEVERITY OF NEED:	
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Justification:

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## 2 BASIC NECESSITIES/LIFE SKILLS

This category concerns food, clothing, skills related to activities of daily living (ADLs) and access to household items necessary for daily living. Consider general ability to function/cope with activities of daily living (e.g. get to and from work, medical appts. And/or cook for self or other dependent family members), ability to maintain basic personal and household hygiene standards, ability to manage activities of daily living (ADL) in light of mental health, substance use, disease progression, effects of medications, living situations, and/or education level, and/or, attention to a dependent family member's basic needs (i.e. clothing, feeding and caring for children).

SEVERITY OF NEED:	
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Justification:

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**3 MENTAL HEALTH/PSYCHOSOCIAL**

This category broadly involves the client’s level of impairment with respect to emotional stability, mental health status, history of past or current clinical depression, social adjustment disorders or other potentially significant mental health issues. Consider ability to demonstrate appropriate behavior and coping skills in everyday interactions and problems, ability to deal with family and other significant relationships, history of mental health issues (counseling, treatment, stabilization dependent on medication and/or treatment, and/or, current mental health (harm to self or others, emotional instability, current diagnoses).

SEVERITY OF NEED:	
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Justification:

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**4 SUBSTANCE/ALCOHOL USE**

This category covers addictive, dependent or abusive use of mind/mood altering substances (alcohol, illicit, nonprescription and prescription drugs). Behavioral, legal or family-related problems associated with substance use should be considered. Consider history and current level of substance use, degree to which substance use is affecting the client’s ability to function, concurrent mental health issues which may be aggravated by substance use, and client’s willingness to acknowledge substance use issues (denial, in or seeking treatment), the degree to which another’s substance use is affecting the client’s life (child, primary relationship, adherence to medical or mental health treatment), and/or, ability to access services (motivation, health coverage, access and availability).

SEVERITY OF NEED:	
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Justification:

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**5 HOUSING/LIVING SITUATION**

This category is specific to physical shelter, living environment, access to critical utilities (heat, water, etc.) and the relationship of the client to others residing within the living environment (partner/family). Consider current physical living situation (own house, rent, homeless), ability to pay rent, utilities and other housing requirements, living environment, who resides with the client (dependents, partner with shared income, abusive relationship), and/or ability to maintain access to housing services (history of incarceration, substance use, availability of housing in the area).

SEVERITY OF NEED:	
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Justification:

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**6 SUPPORT SYSTEM**

This category refers specifically to the network of formal and informal relationships providing appropriate emotional support to the client. This includes friends, family, faith communities, agencies and support groups. Consider current support system, level of need for additional support, ability to identify additional supportive services, and/or availability of supportive services in the area needed by the client (support groups at a time and place client can access them).

SEVERITY OF NEED:	
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Justification:

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**7 INSURANCE BENEFITS**

This category concerns the client’s eligibility for, and access to, private or public insurance coverage adequate to provide a continuum of care for medical, dental or psychosocial services. This category also includes access to HIV medications through the AIDS Drug Assistance Program (ADAP). Consider current medical coverage, current need for insurance coverage, eligibility for private or public insurance benefits, and/or ability to identify benefits and/or follow up on insurance enrollment requirements (produce needed documents, navigate the paperwork/system).

SEVERITY OF NEED:	
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Justification:

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**8 TRANSPORTATION**

This category covers the client’s ability to travel for medical, groceries and other essential HIV-related purposes. Consider current transportation methods (car, taxi, bus, walking, etc.), ability to access transportation (have money for bus, close bus routes, can physically get to medical care, transportation appropriate for dependents), and/or lack of transportation affecting their ability to access medical care or other essential needs (e.g., grocery).

SEVERITY OF NEED:	
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Justification:

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**9 HIV-RELATED LEGAL**

This category pertains specifically to *HIV-related* legal needs such as guardianship orders, medical durable power of attorney, social security insurance (SSI) benefits advocacy and assignment, living wills, do not resuscitate (DNR) orders and other needs directly related to the client’s HIV status. Consider ability to identify need for legal services and knowledge of where to obtain them as they relate to their HIV status (power of attorney, guardianship for minor dependents), and/or need for legal services directly related to their HIV disease.

SEVERITY OF NEED:	
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Justification:

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**10 CULTURAL/LINGUISTIC**

This category relates to the client’s ability to function appropriately in spoken and written English and the client’s ability to fully understand what is happening to and around them. This category also encompasses issues relating to the cultural sensitivity of providers to client’s needs based on gender identity, sexual orientation, religion, age, sight/hearing/physical disability, race and ethnicity. Consider ability to read, write and speak English or other languages essential to receiving services, ability to understand their disease with respect to their educational, linguistic or cultural competence, ability to access linguistically and/or culturally appropriate services (medical, supportive), and/or immigration status as it relates to gaining access to services.

SEVERITY OF NEED:	
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Justification:

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**11 SELF-EFFICACY**

This category encompasses the client’s ability to initiate and maintain positive behavioral changes, be an effective self-advocate and seek out and maintain services independently. Consider ability to make choices and put forth effort to change or access services or change behaviors (follow up on referrals, make phone calls, ask appropriate/needed questions), ability to persist when confronted with obstacles to accessing services and/or making positive behavioral changes, judgment of their capabilities to perform given tasks, and/or ability to access services or make positive changes in behaviors.

SEVERITY OF NEED:	
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Justification:

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**12 HIV EDUCATION/PREVENTION**

This category covers the client’s knowledge of HIV disease, HIV-transmission modes, his/her ability to identify past and present HIV transmission risk and ability and willingness to *engage* in and sustain behavior change interventions, including notifying past and present partners. Consider current and past risk taking behavior (sharing needles, anonymous sexual partners, unprotected sexual exposure, etc.), knowledge of HIV transmission and prevention; awareness of his/her own risk, willingness and skills level necessary to initiate and maintain risk reduction behaviors, including disclosure of HIV status with past, current or future needle sharing or sex partners, participation in HIV behavior change interventions, and/or history of other sexually transmitted diseases.

SEVERITY OF NEED:	
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Justification:

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**13 EMPLOYMENT/INCOME**

This category refers to the adequacy of the client’s income, from all sources, to maintain independent access to care and to meet basic needs. Consider current source of income (employed, depend on other’s income), current need for income to cover basic needs (head of household with dependents, excessive debt, emergency situations), and/or need for job placement/training or debt counseling.

SEVERITY OF NEED:	
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Justification:

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**14 MEDICATION ADHERENCE**

This category refers to the client’s ability to take all HIV-related medications as prescribed by their physician. Consider , desire and readiness to take HIV-related medications, ability to take medications consistently, ability to weigh pros and cons of taking antiretroviral medications, and/or ability to access HIV-related medications (insurance, ADAP).

SEVERITY OF NEED:	
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## 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>TOTAL 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

<b>DISCUSSED WITH CLIENT:</b>		<b>NEXT REASSESSMENT:</b>	
<b>(DATE)</b>		<b>(DATE)</b>	

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*Health Case Manager Signature*

\_\_\_\_\_  
*Date*