

CLIENT ACUITY REASSESSMENT

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	
WEIGHTED SCORE:			

LEVEL OF HEALTH CASE MANAGEMENT: (CHECK ONE)

	Clinical Support (Weighted Score: 14 – 16)
	Open file, but ongoing medical case management not indicated. Able to follow through. Assist PRN.
	Limited Health Case Management (Weighted Score: 17 – 28)
	Minimal: elimination of initial barriers to care, some assistance necessary for follow through; coping skills evident, information sharing; brief contact, agency referral;
	Intermediate Health Case Management (Weighted Score: 29 – 44)
	Moderate: makes most contacts for follow through; child/family unable to complete tasks, limited coping skills; limited family support
	Intensive Health Case Management (Weighted Score: 45+)
	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