

HIV Medical Case Management Standard Assessment Update

Client Name/ID: _____ Case Manager: _____

Description of current need(s):

Acuity Assessment of Current Need(s)					
Area	0 pts	1 pt	2 pts	3 pts	4 pts
	Client identifies no needs in this area	Client identifies low needs in this area	Client identifies moderate needs in this area	Client identifies high needs in this area	Client is in crisis in this area
1. Access					
2. Housing					
3. Food/Nutrition					
4. Transportation/Home Care					
5. Education/Employment/Financial Support					
6. Treatment Adherence					
7. Dental Care					
8. Mental Health/Social Support					
9. Substance Use					
10. Relationships					
11. Legal					
12. Other					

Total Acuity Score: _____ **Agreed frequency of contact:** _____

Guide to Scoring:

- 0 = Discharge
- 1-12 = Minimal assistance needed, assess for discharge as appropriate
- 13-24 = Moderate assistance needed
- 25-36 = Significant assistance needed
- 37-48 = Extensive assistance needed

Case Manager signature: _____

Date: _____

