

Client's Name		ND Ryan White Client Number		Ryan White Case Management Site	
Life Area & Score		0 points Self Mgmt.		1 point Basic Need	
				2 points Moderate Need	
				3 points High Need	
Medical Case Management					
Linkage and Retention in Medical Care <i>Acuity Score:</i>		<input type="checkbox"/> Client attended all HIV medical appointments in the last 12 months.		<input type="checkbox"/> Client missed one appointment in the last 12 months or has rescheduled multiple appointments.	
				<input type="checkbox"/> Client missed more than one medical appointment in the last 12 months.	
				<input type="checkbox"/> No reported labs in the past 12 months. Client is: <input type="checkbox"/> newly diagnosed <input type="checkbox"/> pregnant <input type="checkbox"/> immunocompromised <input type="checkbox"/> released from a correctional facility within the past 90 days <input type="checkbox"/> is/was hospitalized or used ER or urgent care in the last 30 days	
Understanding of HIV & Risk Behavior <i>Acuity Score:</i>		<input type="checkbox"/> Understands risks & practices harm reduction behavior and communicates with sexual partners about safer sex (e.g. condom use, PrEP, testing)		<input type="checkbox"/> Understands risks and practices harm reduction most of the time.	
				<input type="checkbox"/> Has poor knowledge and engages in risky behaviors. Viral load detectable. Needs partner services.	
				<input type="checkbox"/> Frequently engages in risky behaviors. Not virally suppressed. High risk for HIV transmission. Needs partner services.	
Medication Adherence <i>Acuity Score:</i>		<input type="checkbox"/> Complete medication adherence reflected in the undetectable viral load.		<input type="checkbox"/> Misses doses occasionally with continued viral load suppression.	
				<input type="checkbox"/> Misses doses frequently. Has a detectable viral load below 200 copies/mL.	
				<input type="checkbox"/> Misses doses daily and has a viral load over 200 copies/mL. Needs adherence counseling.	
Health Coverage <i>Acuity Score:</i>		<input type="checkbox"/> Has medical coverage. Able to access medical care.		<input type="checkbox"/> Enrolled in health coverage but requires support to maintain coverage.	
				<input type="checkbox"/> Has medical coverage but requires ADAP premium assistance and CM support to maintain coverage.	
				<input type="checkbox"/> No health coverage. <input type="checkbox"/> Not eligible for public or private coverage. <input type="checkbox"/> Eligible but not enrolled.	
Non-Medical Case Management					
Basic Needs <i>Acuity Score:</i>		<input type="checkbox"/> Food, clothing, and other basic items available through client's own means. <input type="checkbox"/> Has ongoing access to assistance programs that maintain basic needs consistently.		<input type="checkbox"/> Basic needs met on a regular basis with occasional need for help accessing assistance programs. <input type="checkbox"/> Unable to routinely meet basic needs without	
				<input type="checkbox"/> Routinely needs help accessing assistance programs for basic needs. <input type="checkbox"/> History of difficulties in accessing assistance programs on own.	
				<input type="checkbox"/> Has no access to food. <input type="checkbox"/> Without most basic needs. <input type="checkbox"/> Unable to perform most ADL. <input type="checkbox"/> No home to receive assistance with ADL.	

Life Area & Score	0 points Self Mgmt.	1 point Basic Need	2 points Moderate Need	3 points High Need
	<input type="checkbox"/> Able to perform activities of daily living independently (ADL)	emergency assistance. <input type="checkbox"/> Needs assistance to perform some ADL weekly.	<input type="checkbox"/> Often w/o food, clothing, or other basic needs. <input type="checkbox"/> Needs in-home ADL assistance daily.	
Mental Health <i>Acuity Score:</i>	<input type="checkbox"/> No history of mental health problems. No need for referral.	<input type="checkbox"/> Past problems and/or reports current difficulties/stress – is functioning or already engaged in mental health care.	<input type="checkbox"/> Having trouble in day-to-day functioning. Requires significant support. Needs referral to mental health care.	<input type="checkbox"/> Danger to self or others and needs immediate intervention. Needs referral to mental health care.
Substance Use <i>Acuity Score:</i>	<input type="checkbox"/> No difficulties with substance use. No referrals needed.	<input type="checkbox"/> Past problems but currently in recovery. Not impacting ability to function daily or access medical care.	<input type="checkbox"/> Current substance use – willing to seek help. Impacts ability to function and access medical care.	<input type="checkbox"/> Current substance use – not willing to seek help. Unable to function daily or maintain medical care.
Housing <i>Acuity Score:</i>	<input type="checkbox"/> Living in clean, stable housing. Does not need assistance.	<input type="checkbox"/> Stable housing (subsidized or not). Occasionally needs housing assistance (<2 times per year).	<input type="checkbox"/> Temporary housing (subsidized or not). Frequent violations and eviction notices and history of homelessness.	<input type="checkbox"/> Unstable housing. Currently facing eviction or homelessness.
Language and Cultural Barriers <i>Acuity Score:</i>	<input type="checkbox"/> No language/cultural barriers.	<input type="checkbox"/> Some language/cultural barriers that do not majorly affect access to medical care or services.	<input type="checkbox"/> Language & cultural barriers that prevent client from accessing medical care and services.	<input type="checkbox"/> Language/cultural barriers. Client is not able to access medical care or treatment without translation services and CM assistance.
Transportation <i>Acuity Score:</i>	<input type="checkbox"/> Has consistent and reliable access to transportation with no need for agency support.	<input type="checkbox"/> Occasionally needs transportation assistance to stay in medical care.	<input type="checkbox"/> Has a car or a bus pass but requires CM assistance in coordinating and reimbursing transportation.	<input type="checkbox"/> Limited or no access to transportation (language, cognitive ability, mental health) which impacts access to medical care and services.
Total Points:	Add up the total points from each line to determine the total 0 pts: Self-Management 11-20 pts: Moderate Case Management			
Notes:				
Case Manager Signature			Date	