

APPENDIX B:

Medical Case Management Acuity Screening Tool

UMDNJ ID PRACTICE

Case Management Acuity Screening Tool

Patient name _____ DOB _____ Unique I.D.# _____

Area of service/Date of Assessment				
Medical/Clinical				
<i>score</i>				
2	General stability			
4	Mild/moderate problems, occasional need for assistance to access health services			
6	Medically fragile/inconsistent or intermittent HIV care requires ongoing assistance to access health services/coordinate health services.			
8	Severely ill, unable to maintain ADL's, complex coordination or end of life issues			
<i>score</i>	Basic Necessities/Life Skills			
1	Basic needs adequately met			
2	Can meet basic needs but may require referral for resources			
3	Noticeably poor ADL management			
4	Unable to manage ADLs without immediate ongoing assistance			
<i>score</i>	Mental Health/PsychoSocial			
2	No history/evidence of mental illness. High level social functioning History of mental illness stabilized with meds or past treatment.			
4	Minimal difficulty with family/other relationships			
6	Moderate emotional stress, ongoing diagnosis treatment of chronic or major mental illness, limited access to mental health services inability to adhere to psych meds			
8	Danger to self or others requires immediate psych. Intervention			
<i>score</i>	Substance/Alcohol Use			
2	No evidence to suggest substance abuse/dependence			
4	History of substance use/abuse no current indication of same may need referral or education			
6	Current use, functional difficulties due to own or family members substance abuse, client identifies need for treatment			
8	Ongoing substance abuse crisis, emergency medical detox indicated, major impairment of function, family crises, dangerous infection risk behaviors			
<i>score</i>	Oral Health			
1	Has received dental care within past 6 months			
2	Has not received dental care in past 6 months, daily oral hygiene not practiced			
3	Reports oral pain, or bleeding gums, and/or difficulty eating			
4	Difficulty eating and talking due to oral pain, observed appearance of tooth decay or other oral problems, few or no teeth			
Area of service/Date of Assessment				

score Adherence				
2	Adherence > or = 95% or chooses not to take ARVs, no barriers to adherence to meds or appts			
4	Possible sporadic barriers to adherence, requires occasional care management information and referral to maintain optimal adherence			
6	Misses sev'l scheduled medication doses per week or misses scheduled medical appts, experiencing ongoing barriers to adherence, OR newly diagnosed and requires HIV/AIDS and or adherence education			
8	Medication crisis, stopped taking meds AMA, non compliant due to dementia, substance abuse, decreased ability to perform ADLs			
Score HIV education/Prevention				
2	Adequate knowledge/skills necessary to initiate or maintain protective behaviors. No recent STD			
4	Mainly knowledgeable, no recent STDs, possible difficulty initiating/maintaining protective behaviors			
6	Client reports difficulty maintaining protective behaviors, or reports frequent relapse to risk-behaviors, recent history STD, and or minimal/incorrect knowledge of HIV disease.			
8	Actively engaging in risk behaviors, unwilling/unable to identify and personalize transmission risk. Requires immediate referral to appropriate behavior change interventions			
Score Housing				
1	Stable, clean housing			
2	Requires short term assistance with rent/utilities to maintain housing			
3	Housing at risk or barely habitable, or in temporary shelter			
4	Eviction or homeless or shelter resident			
Score Benefits/Insurance				
1	All applicable benefits in place or has private resources			
2	Requires some assistance to obtain or to complete/ compile documentation for some benefits			
3	Requires ongoing assistance to obtain and complete documentation for needed benefits			
4	Not eligible or no applicable benefits in place. Needs immediate assistance with eligibility reviews etc			
Score Legal				
1	No unmet HIV related legal needs			
2	May need minimal one time assistance for DPOA, will, guardianship or adoption			
3	Needs assistance to identify HIV legal needs and ongoing follow up			
4	Client recently released from prison. In crisis situation. Legal issues not properly resolved			
Area of service/Date of Assessment				
Score Cultural/Linguistic				

1	No difficulty accessing services, capable within linguistic/cultural environment			
2	May require occasional assistance from translators, sign interpreters or understanding complicated forms			
3	Often needs translation or sign interpretation, may be functionally illiterate, possible barriers due to lack of cultural sensitivity of providers			
4	Client unable to understand or function within the service system. In crisis situation and requires immediate assistance with translation, advocates or culturally sensitive system interpreters			

Acuity level guidelines;

Less than 25 No medical case management required. Provide necessary referral or recommendations as needed

26-34 Initial face to face assessment and an annual reassessment. Minimum contact (every 6 months) to verify address/tel number and check on client's current status

35-43 Initial face to face nursing assessment and at least an annual reassessment. Minimum contact every 30 days (tel or face to face) Initial service plan and reevaluation of service plan every 90 days

44 and greater Initial face to face assessment and at least an annual reassessment. Minimum contact every 2 weeks (tel or face to face) Initial service plan and reevaluation of service plan every 30 days

Scores above midpoint in any specific area should be addressed in the service plan below

UMDNJ IDP MIN PROGRAM SERVICE PLAN

Issues identified: Medical/Clinical Basic necessities/life skills Mental health/psycho social Substance/Alcohol use Oral health
Adherence HIV Education/prevention Housing Benefits/Insurance Legal Cultural/Linguistic

GOALS	DESCRIPTION	OUTCOME/DATE
Resolve barriers to health care <input type="checkbox"/> Supports <input type="checkbox"/> Beliefs <input type="checkbox"/> Resources <input type="checkbox"/> Other		
Learn About <input type="checkbox"/> HIV pathogenesis <input type="checkbox"/> Treatment options <input type="checkbox"/> Lab values <input type="checkbox"/> Adherence to meds <input type="checkbox"/> Wellness <input type="checkbox"/> Nutrition <input type="checkbox"/> Complementary supports <input type="checkbox"/> Other		

<p>Maintain involvement in healthcare</p> <ul style="list-style-type: none"> <input type="checkbox"/> Keep clinic appointments <input type="checkbox"/> Monitor lab values <input type="checkbox"/> Manage side effects/symptoms <input type="checkbox"/> Adhere to meds <input type="checkbox"/> Improve communication with healthcare providers <input type="checkbox"/> Other 		
<p>Prevention</p> <ul style="list-style-type: none"> <input type="checkbox"/> Educate on transmission, prevention, co-infection <input type="checkbox"/> Risk reduction counseling <input type="checkbox"/> Other 		
<p>Complimentary Supports</p> <ul style="list-style-type: none"> <input type="checkbox"/> Improve nutrition <input type="checkbox"/> Reduce stress <input type="checkbox"/> Psychosocial supports <input type="checkbox"/> Complimentary therapies 		

Signature by Case Manager _____ Signature by Case Manager Supervisor _____

Date: _____

Date: _____

I have read/reviewed the above and approve the plan of care to address my on-going case management needs

Signature by Client _____

Date: _____