

Acuity Index

Personally identifiable information is collected to assist HIV case managers in planning and coordinating services for persons with HIV infection (and will be used only for that purpose). Completion of this assessment is voluntary however to determine case management eligibility and service level an acuity score is necessary. This assessment must be completed on an annual basis for Acuity Level 1 and 2 clients, every 180 days for Acuity Index Level 3 clients, and/or as life circumstances change.

General information

Client name (Last, First, MI): _____ Client ID number: _____ Date of completion: _____

Case manager name: _____ Agency name: _____

Expiration date (maximum 12 months from date of completion): _____

HIV care continuum: weighted

Category	Level 0 (0 pts)	Level 1 (3 pts)	Level 2 (6 pts.)	Level 3 (9 pts.)
1. Linkage and retention in HIV medical care ☐	Consistently engaged in HIV medical care. Attends HIV medical appointments as dictated by treatment plan.	Attended more than 50% of scheduled HIV medical appointments in the last 6 months. Requires minimal assistance accessing and maintaining engagement in HIV medical care.	Attended less than 50% of scheduled HIV medical appointments in the last 6 months. Newly diagnosed and engaged in HIV medical care less than 6 months. Requires moderate assistance accessing and maintaining engagement in HIV medical care.	Has not attended HIV medical appointment in the last 6 months. Newly diagnosed and has not scheduled or attended any HIV medical appointments within three months of diagnosis. Recently released from the DOC needs to reestablish HIV medical care in the community. Transitioning from pediatric to adult HIV medical care and services.

				Requires immediate and/or intensive assistance accessing and maintaining engagement in HIV medical care. ²
2. Adherence to Antiretroviral Therapy (ART) ☐	Consistently adherent to ART with undetectable viral load (<200 copies/ml). Long-term non-progressor: viral load controlled without ART.	Prescribed ART and has undetectable viral load but some concerns regarding adherence (medical provider raises concerns or client reports missing 5 or more doses in a month). Starting or restarting ART and client and/or medical provider voice no concerns regarding ability to adhere. Requires minimal support and/or education in order to maintain adherence.	Prescribed ART and has detectable viral load with CD4 count > 200. Starting or restarting ART and client and/or medical provider voice some concerns regarding ability to adhere. Requires moderate support and/or education in order to maintain adherence.	Prescribed ART and has detectable viral load with CD4 count < 200. Refuses to take ART against medical advice. Starting or restarting ART and client and/or medical provider voice strong concerns regarding ability to adhere. Medical provider does not recommend starting ART due to strong concerns regarding client's ability to adhere. Requires immediate intervention and/or intensive support and education in order to maintain adherence.
3. Other medical needs ☐	Medically stable. No acute co-infections or other chronic medical conditions.	Chronic medical conditions other than HIV that are currently controlled with medication and/or other treatment. Presence of acute co-infections that are being treated.	Multiple chronic medical conditions other than HIV for which treatment needs to be established. Presence of untreated acute co-infections. Requires less than 10 hours per week of in-home assistance with ADLs due to medical.	Multiple chronic medical conditions and/or acute co-infections currently untreated due to clients' inability or refusal to comply with treatment plan. Requires more than 10 hours per week of in-home assistance with ADLs due to medical conditions. Pregnant or delivered in the past year. Currently experiencing medical crisis.

4. HIV/STI risk reduction ☐	Strong understanding of risk reduction. Abstaining from risky behaviors.	Adequate understanding of risk reduction. Engaging in protective practices that reduce risk to self and others the majority of the time. No recent STIs.	Moderate understanding of risk reduction. Engaging in protective practices that reduce risk to self or others about half of the time. Reported STI in the past year.	Little or no understanding of risk reduction. Unable and/or unwilling to engage in protective practices that reduce risk to self or others. Significant cognitive, physical, and/or emotional barriers to engaging in protective practices. Ongoing history of STIs.
5. Health literacy ☐	Clear understanding of HIV disease, treatment, and service availability including health insurance and benefits. Strong self-advocacy skills (w/ providers). Confident in ability to navigate systems of care (includes following clinic/pharmacy procedures, filling out paperwork, etc.)	Basic understanding of HIV disease, treatment, service availability, health insurance, and benefits. Moderate self-advocacy skills (w/ providers). Requires minimal assistance navigating systems of care.	Limited understanding of HIV disease, treatment, service availability, health insurance, and benefits. Poor self-advocacy skills (w/ providers). Requires moderate assistance navigating systems of care.	Uninformed about HIV disease, treatment, service availability, health insurance, and benefits. Demonstrates denial about diagnosis. Unable to advocate for self (w/ providers). Unable to navigate systems of care without intensive support.
6. Oral health ☐	All dental needs are being met (routine cleanings every 6 months and restorative care as needed)	Engaged in dental care at least 1 time per year. Has a denture that fit appropriately and	Has not been engaged in dental care for more than 1 year.	Emergency dental services required. Refuses dental intervention against medical advice.

		attends dental appointment at least once a year for fit adjustment.	Currently engaged in complex restorative dental plan. Has a denture that does not fit and does not attend dental appointments for fit adjustment.	Prescribed dentures but refuses to wear them.
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Care coordination: weighted services

Category	Level 0 (0 pts)	Level 1 (2 pts)	Level 2 (4 pts.)	Level 3 (6 pts.)
7. Behavioral health ☐	No history of mental illness or use of psychotropic medications.	Actively engaged in treatment and/or condition is stable. Condition does not interfere with ability to attend HIV medical appointments and/or adhere to ART.	Sporadic engagement in treatment or treatment unsuccessful. Condition has moderately interfered with ability to attend HIV medical appointments and/or adhere to ART (periodically missing medical appointments and/or doses of ART).	Not engaged in treatment. Refuses referral to treatment against medical advice. Needs to access treatment, but services currently unavailable. Active crisis occurring. Condition has resulted in significant interference or inability to attend HIV medical appointments and/or adhere to ART (consistently missing medical appointments and doses of ART resulting in detectable viral load, falling out of HIV medical care).
8. Substance abuse ☐	No current or history of substance abuse issues.	Actively engaged in treatment.	Sporadic engagement in treatment or treatment unsuccessful.	Not engaged in treatment. Refuses referral to treatment against medical advice.

		Greater than 1-year sobriety and actively involved in relapse prevention. Current use that does not interfere with ability to attend HIV medical appointments and/or adhere to ART.	Less than 1-year sobriety. Current use that has moderately interfered with ability to attend HIV medical appointments and/or adhere to ART.	Current use has resulted in significant interference or inability to attend HIV medical appointments and/or adhere to ART.
9. Health insurance ☐	Adequate health insurance. Does not require assistance in securing or maintaining coverage. Requires assistance only semi-annually or annually to renew coverage.	Currently uninsured due to ineligibility for coverage, but access to HIV medical care and ART has not been impacted (RW and ADAP). Currently uninsured, but applications for coverage pending. Requires assistance at least quarterly in securing or maintaining coverage.	Currently uninsured due to refusal to enroll in coverage or lack of follow-up in application process. Requires frequent assistance in securing or maintaining coverage.	Currently uninsured resulting in limited access to HIV medical care and ART. Frequent eligibility changes between Medicaid and Marketplace coverage resulting in gaps in access to HIV medical care and ART. Currently insured, however high co-pays and/or deductibles preventing client from engaging in regular care and/or accessing ART.
10. Housing ☐	Stable and affordable independent housing.	Has section 8 voucher or HOPWA assistance. Stable subsidized housing for greater than 1 year. Currently institutionalized: Not	Transitional housing. Not independent but actively seeking alternative. Not stably housed for at least 1 year.	Homeless, evicted, no place to stay. Temporary shelter. Recently released from institution.

		independent, but <i>not</i> seeking alternative.	Imminent eviction or uninhabitable home.	
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Care coordination: un-weighted services

Category	Level 0 (0 pts)	Level 1 (1 pts)	Level 2 (2 pts.)	Level 3 (3 pts.)
11. Nutrition ☐	No need for nutritional intervention.	Nutritional needs are being met and client is stable. Nutritional status has minimal effect on health.	Have nutritional needs that are not being addressed and health is significantly affected by nutritional status.	Report of wasting by medical provider. Significant observed or reported weight loss or gain in past 3 months. Nutritional status is profoundly affecting health.
12. Income and entitlements ☐	Income stable and sufficient. Successfully accessing food and other benefits programs. Able to complete applications and manage benefits independently. Requires assistance only semi-annually or annually to renew benefits.	Income is stable, but insufficient to cover necessary expenses. Applications for benefits have been completed and are pending approval. Currently using payee who is reliable and appropriately managing finances. Requires assistance at least quarterly in securing or maintaining benefits.	Source of income is in jeopardy. Have only short-term benefits. Currently using payee who is unreliable and/or inappropriately managing finances. Requires frequent assistance in securing or maintaining benefits.	No income and no application for benefits. Immediate need for financial assistance. Payee recommended, but unavailable. Unable to secure and maintain benefits without intensive intervention and assistance..

13. Transportation ☐	Has own means of transportation consistently available. Can afford and is comfortable using public or private transportation.	Inconsistent transportation, however ability to attend HIV medical appointments and/or access ART has not been impacted.	Requires frequent transportation assistance in order to attend HIV medical appointments and access ART. Uncomfortable using public transportation.	No public or private transportation available that significantly impacts ability to attend HIV medical appointments and/or access ART. Refuses to use public transportation.
14. Legal ☐	No legal issues. Has completed HC-POA.	No legal problems but has not completed standard legal documents (POA, Living Will, Permanency Planning, etc.). Undocumented immigrant, however immigration status has not affected access to HIV medical care or ART.	Pending legal issues. Probation. Bankruptcy. Child-support issues. Undocumented immigrant with pending or unresolved legal issues related to immigration status that may impact ability to access HIV medical care and/or ART.	Crisis involving legal system. Undocumented immigrant whose immigration status has affected ability to access HIV medical care and/or ART.
15. Culture and communication ☐	English-speaking Literate	English-speaking or reliable interpreter services available. Low to medium level of literacy. Blind/visually impaired, deaf/ hard of hearing and/or otherwise unable to communicate verbally but can access services	Non-English speaking and inconsistent interpreter services available. Low literacy level Blind/visually impaired, deaf/ hard of hearing and/or otherwise unable to communicate verbally and requires regular assistance to access services.	Non-English speaking with no access to interpreter services. Illiterate Blind/visually impaired, deaf/ hard of hearing and/or otherwise unable to communicate verbally and unable to access services without frequent assistance.

		independently or with minimal assistance.	In need of culturally specific HIV education and/or interpretation.	Multiple communication/cultural barriers that inhibit access to care and require intensive intervention.
16. Children and dependents ☐	Stable No dependents	Limited assistance with dependents/children required. Occasional child care/respice needs.	On-going child care/day care needs. Client is a minor and aware of HIV status. Child abuse suspected.	Active crisis involving dependent(s). Single parent without support system. Client is a minor child and unaware of status. Involvement of Child Protective Services.
17. Social support ☐	Supportive significant other, friends, and family are aware of client's HIV status.	Regular/periodic access to support network (church, support groups, AA, etc.). Occasionally requires emotional support from case manager.	Inconsistent or no dependable support system. Few individuals aware of client's HIV status. Suspected abuse by support person. Regularly requires emotional support from case manager.	Absent, overburdened or poor support system. Recent loss of primary emotional support. Has not disclosed HIV status outside of care providers. Support person is abusive.

Acuity index scoring**Weighted****Unweighted**

1. ☐ Linkage and retention in HIV care
2. ☐ Adherence to ART
3. ☐ Other medical needs
4. ☐ HIV/STI risk reduction
5. ☐ Health literacy
6. ☐ Oral health

7. ☐ Behavioral health
8. ☐ Substance abuse
9. ☐ Health insurance
10. ☐ Housing

11. ☐ Nutrition
12. ☐ Income and entitlements
13. ☐ Transportation
14. ☐ Legal
15. ☐ Culture and communication

16. ☐ Children and dependents
17. ☐ Social support

☐ **Total Acuity Index**

Total acuity	Frequency of contacts and service requirements
0–16	Service level 0 Brief Services/Non-Case Managed; Only reactive contact required; eligibility for services should be re-evaluated at a minimum annually if client is accessing services
17–33	Service level 1 Minimal proactive contact required; quarterly direct client contact; annual assessment; minimum annual Acuity Index review; biannual review of service plan by case manager and client; annual review of service plan by supervisor
34–55	Service level 2 Moderate proactive contact required; monthly direct client contact; annual assessment; minimum annual Acuity Index review; biannual review of service plan by case manager, client and supervisor
56–87	Service level 3 Intensive proactive contact required; twice monthly direct client contact; biannual assessment; minimum biannual Acuity Index review; quarterly review of service plan by case manager and client; biannual review of service plan by supervisor

Scoring adjustments

If a case manager feels that the client's score on the Acuity Index does not accurately reflect the client's level of need, the case manager (with approval from the Agency Case Management supervisor) may adjust the client's service level based on professional judgment.

The following are examples of situations where adjustments in scoring may be made:

- Currently homeless which significantly impacts client's ability to attend medical appointments and/or adhere to ART
- HIV-related hospitalization in the past 90 days
- Mental health and/or AODA crisis occurring which significantly impacts client's ability to attend HIV medical appointments are/or adhere to ART

Documentation providing justification of the scoring adjustment must be included below or in the client's chart:

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Client Service Level (0-3)

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Eligible for Case Management (Y/N)

Signature — Case manager: _____ **Date signed:** _____