



HIV/AIDS Medical Case Management Acuity Assessment
Massachusetts Department of Public Health
Boston Public Health Commission



Area of Functioning: HIV Care Adherence				Acuity Score:			
				Dates of last 2 HIV Appointments:			
				<i>dd/mm/yyyy</i>			
				<i>dd/mm/yyyy</i>			
Intensive Need (3)		Moderate Need (2)		Basic Need (1)		Self Management (0)	
<input type="checkbox"/>	Has missed 2 or more consecutive HIV medical appointments in the last 6 months	<input type="checkbox"/>	Has missed 1 or 2 (non-consecutive) HIV medical appointments in the last 6 months but has been seen by member of HIV medical team	<input type="checkbox"/>	Has attended HIV medical appointments in the last 6 months as indicated by HIV medical provider, but has missed 1 appointment in the last 12 months	<input type="checkbox"/>	Has attended all scheduled HIV medical appointments in the last 12 months as indicated by HIV medical provider
<input type="checkbox"/>	Has significant challenges (limited language, cognitive ability, mental health, etc.) and requires on-going accompaniment or assistance with medical appointments	<input type="checkbox"/>	Requests accompaniments to medical appointments from MCM or other member of the care team	<input type="checkbox"/>	Needs assistance with making and keeping HIV medical appointments	<input type="checkbox"/>	Does not require any assistance or reminders to schedule or keep medical appointments
<input type="checkbox"/>	Has not been seen by HIV medical team in the last 6 months	<input type="checkbox"/>	Needs referral to or help accessing a culturally competent service provider (e.g. LGBT, linguistically appropriate, etc.)				
<i>Comments (include referrals needed):</i> 							



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Area of Functioning: Current HIV Health Status				Acuity Score:			
Viral Load:							
Intensive Need (3)		Moderate Need (2)		Basic Need (1)		Self Management (0)	
<input type="checkbox"/>	Has detectable VL and CD4 below 200	<input type="checkbox"/>	Has detectable VL and is working towards viral suppression with the medical team	<input type="checkbox"/>	Is on ARVs, in care, and being monitored by medical team, but unable to achieve viral suppression	<input type="checkbox"/>	Is virally suppressed
<input type="checkbox"/>	Has current OI and is not being treated	<input type="checkbox"/>	Has history of OI in last 6 months which are treated and/or client using prophylaxis (if indicated)	<input type="checkbox"/>	Has no history of OIs in last 6 months, but has been diagnosed with an OI in the last 12	<input type="checkbox"/>	Has no history of OIs in last 12 months
<input type="checkbox"/>	Has been hospitalized or visited the ER in last 30 days due to HIV related illness	<input type="checkbox"/>	Has been hospitalized or visited the ER in last 6 months due to HIV related illness	<input type="checkbox"/>	Has had no hospitalizations or visited the ER in last 6 months, but at least 1 hospitalizations or visit to the ER in the last 12	<input type="checkbox"/>	Has no history of hospitalizations or visits to the ER in last 12 months due to HIV related illness
<input type="checkbox"/>	Newly diagnosed within last 6 months and concurrently diagnosed with AIDS	<input type="checkbox"/>	Newly diagnosed within the last 6 months and/or is new to the MCM program	<input type="checkbox"/>	Newly diagnosed within the last 12 month		
<input type="checkbox"/>	Demonstrates no understanding of HIV labs and lab results	<input type="checkbox"/>	Demonstrates minimal understanding of HIV labs and lab results	<input type="checkbox"/>	Demonstrates some understanding of HIV labs and lab results	<input type="checkbox"/>	Demonstrates understanding/ Knows of HIV labs and lab results
<i>Comments (include referrals needed):</i> 							



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Area of Functioning: Other Non-HIV Related Medical Issues				Acuity Score:			
Intensive Need (3)		Moderate Need (2)		Basic Need (1)		Self Management (0)	
<input type="checkbox"/>	Has been hospitalized or visited the ER for non-HIV related illness in last 30 days	<input type="checkbox"/>	Has been hospitalized or visited the ER in last 6 months due to non-HIV related illness	<input type="checkbox"/>	Has had no non-HIV related hospitalizations or visits to the ER in last 6 months, but at least 1 in the last 12	<input type="checkbox"/>	Has no history of non-HIV related hospitalizations or visits to the ER in last 12 months
<input type="checkbox"/>	Has 2 or more non-HIV medical conditions (chronic or non-chronic) that impact health and/or care adherence	<input type="checkbox"/>	Has a non-HIV related medical condition (chronic or non-chronic) that impacts health and/or care adherence	<input type="checkbox"/>	Has a non-HIV related medical condition, but is not receiving treatment and/or this condition does not impact health and/or care adherence	<input type="checkbox"/>	Has no non-HIV related medical condition
<input type="checkbox"/>	Currently receiving treatment for non-HIV related medical conditions (e.g. chemo, dialysis, HCV, on-going dental complications, etc.) that impacts daily living	<input type="checkbox"/>	Currently recovering from treatment for non-HIV related medical conditions (e.g. chemo, dialysis, HCV, on-going dental complications, etc.) that impacts daily living	<input type="checkbox"/>	Has no current non-HIV related medical condition but past illnesses require monitoring by a medical provider		
<input type="checkbox"/>	Has significant challenges (limited language, cognitive ability, mental health, etc.) and requires assistance to make and keep non-HIV related medical appointments	<input type="checkbox"/>	Needs referral to or help accessing a culturally competent service provider (e.g. LGBT, linguistically appropriate, etc.) for non-HIV related medical issues	<input type="checkbox"/>	Requests assistance with reminders for non-HIV related medical appointments	<input type="checkbox"/>	No assistance needed for reminders for non-HIV related medical appointments
<input type="checkbox"/>	Has significant challenges (limited language, cognitive ability, mental health, etc.) and requires accompaniments to specialty medical appointments	<input type="checkbox"/>	Requests accompaniments to specialty medical appointments from MCM or other member of the care team	<input type="checkbox"/>	Requests assistance with coordinating non-HIV related medical care	<input type="checkbox"/>	No assistance needed with coordinating non-HIV related medical care
<i>Comments (include referrals needed):</i> 							



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Area of Functioning: HIV Medication Adherence				Acuity Score:			
Intensive Need (3)		Moderate Need (2)		Basic Need (1)			
				Self Management (0)			
<input type="checkbox"/>	Misses HIV medication doses daily	<input type="checkbox"/>	Misses HIV medication doses weekly	<input type="checkbox"/>	Misses HIV medication doses monthly, or on occasion	<input type="checkbox"/>	Rarely or never misses a dose of HIV medications
<input type="checkbox"/>	Needs and is not currently enrolled in directly-observed therapy (DOT) or other intensive adherence support	<input type="checkbox"/>	Needs and is enrolled in DOT or other intensive adherence support				
<input type="checkbox"/>	Experiences significant challenges that consistently impact adherence to HIV medication	<input type="checkbox"/>	Experiences some challenges that occasionally impact adherence to HIV medication	<input type="checkbox"/>	Experiences challenges, but manages them with no impact on adherence to HIV medication	<input type="checkbox"/>	No concerns reported related to HIV medication adherence
<input type="checkbox"/>	Demonstrates no understanding of correlation between medication adherence and achieving/sustaining viral load suppression	<input type="checkbox"/>	Demonstrates minimal understanding of correlation between HIV medication adherence and achieving/sustaining viral load suppression	<input type="checkbox"/>	Demonstrates some understanding of correlation between HIV medication adherence and achieving/sustaining viral load suppression	<input type="checkbox"/>	Demonstrates full understanding of correlation between HIV medication adherence and achieving/sustaining viral load suppression
<input type="checkbox"/>	Demonstrates no understanding of basic health or prescription information (e.g. drug resistance, drug interactions, etc.) due language barriers or cognitive function	<input type="checkbox"/>	Needs assistance to understand health and prescription information due to language barrier or cognitive function	<input type="checkbox"/>	Needs some assistance to understand health and prescription information	<input type="checkbox"/>	Manages health and prescription information with no assistance
<input type="checkbox"/>	Not on ARVS against medical providers advice	<input type="checkbox"/>	Is starting new ARV treatment regimen	<input type="checkbox"/>	Not on ARVs in consultation/support from medical provider	<input type="checkbox"/>	On ARVs and does not need additional assistance
<input type="checkbox"/>	Cultural beliefs around medication prevent client from taking medication as prescribed by medical provider						
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Area of Functioning: Health Insurance & HDAP Status				Acuity Score:			
Intensive Need (3)		Moderate Need (2)		Basic Need (1)			
				Self Management (0)			
<input type="checkbox"/>	Lacks health insurance (e.g. MassHealth/Medicaid, no access to employer-based health insurance, outside open enrollment period for private insurance, with no "qualifying event", etc.)	<input type="checkbox"/>	Has health insurance and needs but lacks HDAP coverage	<input type="checkbox"/>	Has health insurance, HDAP and/or other health benefits, but requires support to maintain coverage and complete re-certifications	<input type="checkbox"/>	Has health insurance, HDAP and/or other health benefits and requires no support to maintain coverage and complete re-certifications
<input type="checkbox"/>	Is ineligible for Masshealth or other comprehensive insurance coverage (e.g. receives Health Safety Net)	<input type="checkbox"/>	Client is uninsured and is awaiting enrollment (pending applications) in health insurance and/or other health benefits.				
<input type="checkbox"/>	MCM spends significant amount of time coordinating activities relating to maintaining Mass Health or other insurance coverage (e.g. prior authorizations, signatures, eligibility criteria, etc.)	<input type="checkbox"/>	MCM spends moderate amount of time coordinating activities relating to maintaining Mass Health and/or other insurance coverage (e.g. prior authorizations, signatures, eligibility criteria, etc.)				
<input type="checkbox"/>	Client is "under insured": has health insurance, HDAP and/or other benefits, but faces significant deductibles and/or medical co-pays.	<input type="checkbox"/>	Client receives CHII benefits and requires assistance in maintaining coverage and eligibility				

Comments (include referrals needed):



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Area of Functioning: Sexual and Reproductive Health Status				Acuity Score:			
Intensive Need (3)		Moderate Need (2)		Basic Need (1)		Self Management (0)	
<input type="checkbox"/>	Does not (or is unable) to communicate with sexual partner(s) around sex, safety, and sexual health needs (e.g. negotiating condom use, PrEP use, partner's health status, client's HIV status, etc.)	<input type="checkbox"/>	Inconsistently communicates with sexual partner(s) around sex, safety, and sexual health needs (e.g. negotiating condom use, PrEP use, partner's health status, client's HIV status etc.)	<input type="checkbox"/>	Requests support to communicate with sexual partner(s) around sex, safety, and sexual health needs (e.g. negotiating condom use, PrEP use, partner's health status, client's HIV status, etc.)	<input type="checkbox"/>	Consistently communicates with sexual partner(s) around sex, safety, and sexual health needs (e.g. can negotiate condom use, PrEP use, partner's health status, client's HIV status, etc.)
<input type="checkbox"/>	Demonstrates no understanding of HIV/HCV/STI transmission, and/or no understanding of correlation between HIV transmission and viral load suppression	<input type="checkbox"/>	Demonstrates minimal knowledge of HIV/HCV/STI transmission, and minimal understanding of correlation between HIV transmission and viral load suppression	<input type="checkbox"/>	Needs occasional assistance understanding HIV, HCV, STI transmission and/or assistance understanding correlation between HIV transmission and viral load suppression	<input type="checkbox"/>	Demonstrates understanding of HIV, HCV, STI transmission, and/or understanding of correlation between HIV transmission and viral load suppression
<input type="checkbox"/>	Reports at least 1 STI diagnosed in the past 6 months	<input type="checkbox"/>	Reports at least 1 STI diagnosed in the past 12 months	<input type="checkbox"/>	No history of STIs in the past 12 months, but at least once diagnosed in the last 24	<input type="checkbox"/>	Client reports not being sexually active
<input type="checkbox"/>	Engages in transactional sex (e.g. for money, drugs, a place to stay, etc.)			<input type="checkbox"/>	No discussion of HIV status with sexual partner(s), but maintains a suppressed viral load	<input type="checkbox"/>	Sexual partner(s) currently on PrEP
<input type="checkbox"/>	HIV+ female not on treatment and pregnant or desires pregnancy	<input type="checkbox"/>	HIV+ female on treatment and is pregnant or couple desires pregnancy				
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Area of Functioning: Current Mental Health Status				Acuity Score:			
Intensive Need (3)		Moderate Need (2)		Basic Need (1)		Self Management (0)	
<input type="checkbox"/>	Clinical diagnosis with no current mental health provider, no pending appointments, no desire and/or is resistant to seek treatment	<input type="checkbox"/>	Clinical diagnosis or otherwise engaged with a mental health provider, but inconsistent with appointment attendance and/or treatment adherence	<input type="checkbox"/>	Engaged with a mental health provider and is consistent with mental health treatment and/or appointments	<input type="checkbox"/>	No indication of need for clinical mental health assessment
<input type="checkbox"/>	Currently awaiting treatment or appointment with mental health professional	<input type="checkbox"/>	Referral to a new mental health professional in the past 6 months	<input type="checkbox"/>	Receives MCM support to make and keep appointments with mental health professional	<input type="checkbox"/>	No support needed to make and keep appointments with mental health professional
<input type="checkbox"/>	Consistent challenges with adherence to prescribed psychiatric medicines or treatment protocol	<input type="checkbox"/>	Moderate challenges with adherence to prescribed psychiatric medicines or treatment protocol (missed doses more than a few times a month)	<input type="checkbox"/>	Some challenges with adherence to prescribed psychiatric medicines or treatment protocol (occasional missed doses)	<input type="checkbox"/>	No challenges with adherence to prescribed psychiatric medicines or treatment protocol
<input type="checkbox"/>	Indication of need for mental health support, clinical mental health assessment, and/or treatment and does not receive it	<input type="checkbox"/>	Needs referral to or help accessing a culturally competent mental health provider (e.g. LGBT, linguistically appropriate, etc.)				
<input type="checkbox"/>	Behavior relating to mental health status negatively impacts daily living, interactions with providers, and/or other social supports	<input type="checkbox"/>	MCM or other member of the care team is an integral part of mental health support (e.g. regular check-ins etc.)				

Comments (include referrals needed):



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Area of Functioning: Current Substance Use				Acuity Score:			
Intensive Need (3)		Moderate Need (2)		Basic Need (1)		Self Management (0)	
<input type="checkbox"/>	Chronic daily drug or alcohol use or dependence that consistently interferes with adherence to HIV care and treatment and/or activities of daily living and expresses no desire for treatment (e.g. methadone, Suboxone, detox, etc.)	<input type="checkbox"/>	Current or recent drug or alcohol use or dependence that sometimes interferes with adherence to HIV care and/or daily living	<input type="checkbox"/>	Current or recent drug or alcohol use does not interfere with adherence to care, treatment, and/or activities of daily living but MCM assesses a need for additional support or regular check-in	<input type="checkbox"/>	Current or recent drug or alcohol use that does not interfere with adherence to care, treatment, or activities of daily living.
<input type="checkbox"/>	Intermittent engagement in drug and alcohol treatment (e.g. methadone, Suboxone, detox, etc.)	<input type="checkbox"/>	Currently in residential or in-patient treatment for drug or alcohol use	<input type="checkbox"/>	Currently receiving treatment for drug and alcohol use in an out-patient setting	<input type="checkbox"/>	Receives sufficient supports around past substance use and/or no indication of need for additional support
<input type="checkbox"/>	Expresses a need or desire for drug or alcohol treatment (e.g. suboxone, methadone, detox, etc.) but has not yet received it	<input type="checkbox"/>	Currently on a wait list to receive treatment for substance use disorder	<input type="checkbox"/>	Currently engaging with a recovery support program/group (e.g. AA, NA, holistic recovery, etc)	<input type="checkbox"/>	No current or past issues with drug or alcohol use
<input type="checkbox"/>	Imminent harm associated with substance use and/or no engagement/interest in harm reduction practices (e.g. sharing needles, narcan, etc.)	<input type="checkbox"/>	Experiences harm associated with substance use with minimal ability to engage in harm reduction practices (e.g. sharing needles, narcan, etc.)	<input type="checkbox"/>	Experiences harm associated with substance use with some ability to engage in harm reduction practices (e.g. sharing needles, narcan, etc.)	<input type="checkbox"/>	No harm associated with current or past alcohol and drug use. Is able to engage in harm reduction practices (e.g. no needle sharing, carries narcan, etc.)
<input type="checkbox"/>	Ongoing alcohol use in the context of liver disease (e.g., HIV/HCV co-infection etc.)						

Comments (include referrals needed):



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Area of Functioning: Current Housing Status				Acuity Score:			
Intensive Need (3)		Moderate Need (2)		Basic Need (1)		Self Management (0)	
<input type="checkbox"/>	Currently lives in shelter or any place not meant for human habitation (e.g. street, car, etc.)	<input type="checkbox"/>	Seeks to relocate in order to improve proximity to medical care, safety of housing environment, or access to services and supports	<input type="checkbox"/>	Lives in permanent or stable/safe housing but needs short term rent or utility assistance to remain housed	<input type="checkbox"/>	Has stable and affordable housing that meets client's needs
<input type="checkbox"/>	Current living situation has major health or safety hazards or limits the client's ability to care for themselves	<input type="checkbox"/>	Has difficulties managing ADLs (e.g. navigating stairs, showering) in current living situation	<input type="checkbox"/>	Requests assistance from MCM to complete paperwork to maintain eligibility for housing subsidies		
<input type="checkbox"/>	Needs a referral to a supportive housing program and/or other in-home support services to remain safe in their home	<input type="checkbox"/>	Currently resides in a supportive housing program and/or has a housing subsidy or other housing voucher	<input type="checkbox"/>	Currently working with a MCM to maintain housing subsidy		
<input type="checkbox"/>	Is expected to be released from incarceration in the next 3 months or was released from incarceration within the last 6 months	<input type="checkbox"/>	Has chronic challenges maintaining housing				
<input type="checkbox"/>	Faces eviction or loss of current housing	<input type="checkbox"/>	Lives in transitional/temporary housing or is doubled-up with no imminent loss of housing	<input type="checkbox"/>	Currently working with a housing search and advocacy case manager		

Comments (include referrals needed):



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Area of Functioning: Current Legal Status				Acuity Score:			
Intensive Need (3)		Moderate Need (2)		Basic Need (1)		Self Management (0)	
<input type="checkbox"/>	Has critical legal issues that impact ability to access needed services and/or benefits (e.g. discrimination, employment, DCF, custody, housing, disability, CORI, etc)	<input type="checkbox"/>	Has pending legal issues related to benefits access, discrimination, employment, health insurance coverage, housing, or disability (e.g. appeal for SSI)	<input type="checkbox"/>	Needs assistance completing standard legal documents	<input type="checkbox"/>	No current or recent legal issues
<input type="checkbox"/>	Has a need to complete standard legal documents and/or paperwork (e.g., will, guardianship, ID, birth certificate, etc.)	<input type="checkbox"/>	Needs linkage to services to address legal issues that impact ability to obtain needed services or benefits	<input type="checkbox"/>	Currently working with a provider to address legal issues	<input type="checkbox"/>	All desired legal documents are complete
<input type="checkbox"/>	Has issues relating to immigration status						
<input type="checkbox"/>	Currently on parole or probation						
<input type="checkbox"/>	Has outstanding warrants and/or open legal cases						

Comments (include referrals needed):



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Area of Functioning: Support System and Relationships				Acuity Score:			
Intensive Need (3)		Moderate Need (2)		Basic Need (1)			
Intensive Need (3)		Moderate Need (2)		Self Management (0)			
<input type="checkbox"/>	Reports no close relationships, family, or supportive relationships	<input type="checkbox"/>	Reports feeling isolated or unsupported in current relationships (e.g. family and friends)	<input type="checkbox"/>	Reports having a support system, but identified need for regular check-ins from MCM	<input type="checkbox"/>	Reports sufficient social and emotional support without regular MCM or peer check-in
<input type="checkbox"/>	Reports significant social isolation due to the fact that they have not discussed HIV status with any members of social support system due to stigma, language barriers, cultural beliefs around HIV, etc.	<input type="checkbox"/>	Reports some social isolation due to the fact that they have not discussed HIV status with any members of social support system due to stigma, language barriers, cultural beliefs around HIV, etc.	<input type="checkbox"/>	Requests assistance to share information about their HIV status to members of social support system in order to increase social support and emotional health	<input type="checkbox"/>	Decisions about disclosure or who is aware of client's HIV status does not have an impact on availability of social support or emotional health in client's life
		<input type="checkbox"/>	Relies on MCM, peer, or other program staff for social support				
<input type="checkbox"/>	Reports current or potential intimate partner violence and needs immediate intervention	<input type="checkbox"/>	Has experienced intimate partner violence in the past that impacts current relationships, financial situation, housing status, etc.			<input type="checkbox"/>	Past experience with intimate partner violence does not impact present care
<i>Comments (include referrals needed):</i> 							



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Area of Functioning: Current Income/Personal Finance Management Status				Acuity Score:			
Intensive Need (3)		Moderate Need (2)		Basic Need (1)			
Self Management (0)							
<input type="checkbox"/>	Has no stable income or benefits established and no identified source of financial support	<input type="checkbox"/>	Income inadequate to meet basic needs at the end of every month for 3 or more months in a 6 month period	<input type="checkbox"/>	Income occasionally (no more than 2 times in a 6 month period) inadequate to meet basic needs	<input type="checkbox"/>	Has steady income; manages all financial obligations
<input type="checkbox"/>	Requires but does not receive public benefits such as SSI/SSDI and/ or has pending applications for financial benefits			<input type="checkbox"/>	Requests support with benefits applications or other means to increase and manage income	<input type="checkbox"/>	Receives benefits and requires no assistance with maintaining benefits
<input type="checkbox"/>	Receives no public benefits such as SSI/SSDI and is ineligible to receive them due to immigration status						
<input type="checkbox"/>	Has immediate need for financial assistance to stay housed, maintain utilities, obtain food, or access medical care	<input type="checkbox"/>	Expenses currently exceed income	<input type="checkbox"/>	Requests assistance with budgeting		
<input type="checkbox"/>	Needs referral to representative payee	<input type="checkbox"/>	Currently uses a representative payee			<input type="checkbox"/>	No need for representative payee
<input type="checkbox"/>	Application for benefits such as SSI/SSDI have been denied or are under appeal						
<i>Comments (include referrals needed):</i> 							



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Area of Functioning: Current Transportation/Mobility Status				Acuity Score:			
Intensive Need (3)		Moderate Need (2)		Basic Need (1)		Self Management (0)	
<input type="checkbox"/>	Has limited or no access to transportation which impacts engagement in medical care, appointments, and other support services	<input type="checkbox"/>	Has PT-1, The Ride, a disability T pass, or access to agency transport vouchers/passes but requires MCM assistance to complete applications and/or maintain eligibility	<input type="checkbox"/>	Relies on PT-1 or agency supported transportation vouchers or family/friend	<input type="checkbox"/>	Has consistent and reliable access to transportation with no need for agency support
<input type="checkbox"/>	Has significant challenges (limited language, cognitive ability, mental health, etc.) which requires MCM to coordinate transportation	<input type="checkbox"/>	Requests assistance in coordinating transportation	<input type="checkbox"/>	Occasionally needs assistance with transportation to stay engaged in medical care		
<input type="checkbox"/>	Available options for transportation put client at significant risk (e.g. driving with a suspended license; unregistered car)	<input type="checkbox"/>	Available options for transportation contain some risks (e.g. Unreliable car; relies on friend for transportation)				
<input type="checkbox"/>	Client has significant issues that impact mobility, and are permanent or long-term (e.g. uses a wheelchair; no public transportation available; agoraphobia)	<input type="checkbox"/>	Client has some issues that impact mobility and are short-term or expected to resolve (e.g. broken leg; recovering from surgery)				

Comments (include referrals needed):



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Area of Functioning: Current Nutritional Status				Acuity Score:			
Intensive Need (3)		Moderate Need (2)		Basic Need (1)		Self Management (0)	
<input type="checkbox"/>	Relies on food pantries, soup kitchens or other community food resources on a weekly basis	<input type="checkbox"/>	Relies on food pantries, soup kitchens, and other community food resources 1x per month or more	<input type="checkbox"/>	Relies on food pantries, soup kitchens, or other community food resources less than 1x per month	<input type="checkbox"/>	All nutritional needs are met and/or MCM assistance not needed to access food assistance
<input type="checkbox"/>	Needs a referral to and/or an application to obtain access to community food resources (e.g. food pantries, soup kitchens, etc.)	<input type="checkbox"/>	Needs assistance to access community food resources (e.g. translation services, coordinating transportation, transporting food packages, etc.)				
<input type="checkbox"/>	Has significant nutrition-related issues that impact HIV care and adherence (e.g. Unable to store or prepare food; poor appetite; chronic diarrhea or nausea)	<input type="checkbox"/>	Needs linkage to nutritional counseling or other nutrition support services to manage chronic or non-urgent health issues	<input type="checkbox"/>	Needs information about nutrition, and/or food preparation to improve or maintain health		
<input type="checkbox"/>	Needs a referral to obtain food related benefits (e.g. SNAP, WIC, etc.)	<input type="checkbox"/>	Needs assistance completing applications to maintain current food related benefits (e.g. SNAP, WIC, etc.)	<input type="checkbox"/>	Receives food related benefits (e.g. SNAP, WIC, etc.) to meet nutritional needs for self or household		
<input type="checkbox"/>	Is ineligible for food related benefits (e.g. SNAP, WIC, etc.)	<input type="checkbox"/>	Relies on access to an agency food program and/or assistance from MCM in order to obtain adequate food	<input type="checkbox"/>	Client benefits from accessing agency food program		
<input type="checkbox"/>	Needs a prescription for nutritional supplements to maintain health.	<input type="checkbox"/>	Needs and is prescribed nutritional supplements to maintain health (e.g. Ensure)				

Comments (include referrals needed):



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Summary & Signatures			
Acuity Score:	0	Level of Need	
Client Name:	(Select one option from the list)		
Client Code			
MCM Name:			
MCM Signature:			
Date	mm/dd/yyyy		

Required Documentation Checklist:	
<input type="checkbox"/>	Income verification/self attestation form
<input type="checkbox"/>	MA State Residency
<input type="checkbox"/>	ISP completed
<input type="checkbox"/>	Care access client (no ISP)