

Acuity and Chronicity Tool

Area of Functioning Current Acuity Level	Intensive Need (3)	Moderate Need (2)	Basic Need (1)	Self-Management (0)	Predicted Chronicity
Medical Care and Treatment Adherence					
Care Adherence <i>Acuity Level:</i>	<input type="checkbox"/> Missed 4 or more medical appointments in the last 6 months or has not been seen in the last 6 month <input type="checkbox"/> Severe medical illness w/o capacity for treatment adherence <input type="checkbox"/> Unable to tolerate 4-walls clinic or has received denial of service > 1 clinic	<input type="checkbox"/> Missed 3 medical appointments in the last 6 months or has not been seen in the last 3 months <input type="checkbox"/> Multiple physical conditions w/ low treatment adherence <input type="checkbox"/> Able to tolerate 4-walls clinic with an escort and redirection <input type="checkbox"/> Can self-direct to open-access clinic or drop-in	<input type="checkbox"/> Missed 3 medical appointments in the last 12 months <input type="checkbox"/> Engages w/ clinic to address physical conditions with support <input type="checkbox"/> Able to attend 4-walls clinic with intensive reminders; may need navigation to appt, but navigator doesn't need to stay	<input type="checkbox"/> Engages in clinic w/ standard appointment reminders only (phone, text, email) <input type="checkbox"/> Engages w/ clinic independently to address physical conditions	
Current Health Status <i>Acuity Level:</i>	<input type="checkbox"/> Detectable VL, CD4 < 200, and/or refuses ART, OI in the last month <input type="checkbox"/> Current acute medical issues not treated or well controlled <input type="checkbox"/> Hospitalized in the last month for acute disease <input type="checkbox"/> High risk pregnancy	<input type="checkbox"/> Detectable VL, CD4 200-350, and/or refuses ART, OI in the last 6 months <input type="checkbox"/> Current acute medical issue being treated <input type="checkbox"/> Hospitalized in the last 6 months <input type="checkbox"/> Pregnancy	<input type="checkbox"/> Detectable VL but on ART, no OI in the last 6 month or on treatment for OI <input type="checkbox"/> Acute medical issues in the last 6 months resolved <input type="checkbox"/> No hospitalizations in the last 6 months	<input type="checkbox"/> Virally suppressed, no OI in the last 12 months <input type="checkbox"/> No current acute medical issues <input type="checkbox"/> No hospitalizations in the last 12 months	
Chronic Illness <i>Acuity Level:</i>	<input type="checkbox"/> > 2 visits to the ER in the last month to treat illness or 1-2% high utilizer of single or multiple system in the last year <input type="checkbox"/> Meets palliative care definition (health condition likely result in death 2 years) <input type="checkbox"/> Complex coordination between multiple medical providers and medically focused agencies	<input type="checkbox"/> > 2 visits to the ER in the last 2 months or current 3-5 % high utilizer in the last year== <input type="checkbox"/> Multiple poorly controlled medical illnesses <input type="checkbox"/> Not flourishing medically in current level of care <input type="checkbox"/> Active coordination between multiple care providers	<input type="checkbox"/> 1 or more visits to the ER in the last 3 months or prior 1-5 % high utilizer in the last 2-3 years <input type="checkbox"/> Illness is chronic, but taking medication and stable medically with support from wrap-around care	<input type="checkbox"/> 0 visit to the ED in the last 6 months <input type="checkbox"/> No history of high utilization <input type="checkbox"/> Chronic condition is managed through current treatment and no wrap-around support is needed <input type="checkbox"/> Empowered for self-care of chronic illness	

This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative Building a Medical Home for Multiply Diagnosed HIV Homeless Populations. Learn more at <http://cahpp.org/project/medheart/models-of-care>

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Medical Care and Treatment Adherence (continued)					
Function: <ul style="list-style-type: none"> • Physical • Cognitive • Impulse control/decision making • Accommodations <i>Acuity Level:</i>	<input type="checkbox"/> Challenges in various areas of physical function with severe impact <input type="checkbox"/> Challenges with thinking that has severe impact on functioning <input type="checkbox"/> Screening MoCa < 17 <input type="checkbox"/> Diagnosed dementia <input type="checkbox"/> Impulse control or decision-making ability impairing health and life functions <input type="checkbox"/> Despite accommodations, persistent inability to function, impairing health and ADLs/IADLs	<input type="checkbox"/> Challenges with ambulation, moving, or senses, impairing 1 or more life functions <input type="checkbox"/> Challenges with memory impairing one or more life functions <input type="checkbox"/> MoCa between 18-22 <input type="checkbox"/> Impulse control or decision-making impairing 1 or more life functions <input type="checkbox"/> Accommodations not fully effective or available	<input type="checkbox"/> Occasional unexplained ability to ambulate <input type="checkbox"/> Occasional inability to follow through due to cognitive impairment <input type="checkbox"/> History of TBI, ETOH, substance use or medical condition associated with cognitive impairment <input type="checkbox"/> MoCa 22-26 <input type="checkbox"/> Impulse control or decision making occasionally impairing life functions <input type="checkbox"/> Accommodations meet needs	<input type="checkbox"/> No conditions commonly associated with mobility and sensory impairment <input type="checkbox"/> No conditions associated with cognitive impairment <input type="checkbox"/> MoCa >26 <input type="checkbox"/> Impulse control or decision making does not impair any life functions <input type="checkbox"/> No accommodations needed	
Medication Adherence <i>Acuity Level:</i>	<input type="checkbox"/> Misses doses daily <input type="checkbox"/> Requires DOT or other intensive adherence support, cannot self-manage medicines <input type="checkbox"/> < 30% adherent <input type="checkbox"/> Not taking ART or other life-saving medication	<input type="checkbox"/> Misses doses weekly <input type="checkbox"/> New to ART or lifesaving regimen <input type="checkbox"/> Missed treatment or prescription refill in the last month <input type="checkbox"/> Takes some chronic disease medications but is unable to take all medications daily <input type="checkbox"/> 30-60 % adherent	<input type="checkbox"/> Misses doses monthly <input type="checkbox"/> Missed treatment or prescription refill in the last 3 months <input type="checkbox"/> 60-90% adherent	<input type="checkbox"/> Rarely misses treatment <input type="checkbox"/> 90-100% adherent	
Housing					
<i>Acuity Level:</i>	<input type="checkbox"/> Lives in a place not meant for human habitation (street, car, park, etc.) AND unable to negotiate for self in that environment <input type="checkbox"/> Critical unmet ADL/IADL needs; major health or safety hazards in current housing <input type="checkbox"/> Expected to be released from incarceration, placement, or long-term care facility in the next month <input type="checkbox"/> Faces imminent eviction	<input type="checkbox"/> Lives in a place not meant for human habitation AND able to negotiate for self in that environment <input type="checkbox"/> Requires support in managing ADLs and/or IADLs <input type="checkbox"/> Lives in a shelter, transitional/temporary housing or is doubled up <input type="checkbox"/> Released from incarceration in the last 3 months	<input type="checkbox"/> Lives in permanent or stable/safe housing but needs wrap-around support to remain housed <input type="checkbox"/> May require occasional support in managing ADLs or IADLs <input type="checkbox"/> Demonstrated ability to use in-home support services or equivalent (i.e. relatives) <input type="checkbox"/> Released from incarceration in the last year	<input type="checkbox"/> Resides in stable, affordable and appropriate housing with no issues that impact housing retention <input type="checkbox"/> Does not require support managing ADL/IADL	

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Behavioral Health					
Mental Health Care Adherence <i>Acuity Level:</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Missed 4 or more mental health appointments in the last 6 months or has not been seen in the last 6 month <input type="checkbox"/> Severe mental illness with no current mental health provider or treatment engagement <input type="checkbox"/> Unable to tolerate 4-walls mental health clinic or has received denial of service at >1 mental health clinics 	<ul style="list-style-type: none"> <input type="checkbox"/> Missed 3 mental health appointments in the last 6 months or has not been seen in the last 3 months <input type="checkbox"/> Clinical mental health diagnosis with no current health provider or inconsistent treatment engagement <input type="checkbox"/> Unable to tolerate 4-walls mental health clinic without an escort and redirection <input type="checkbox"/> Can self-direct to open access or drop-in mental health services 	<ul style="list-style-type: none"> <input type="checkbox"/> Missed 3 mental health appointments <input type="checkbox"/> in the last 12 months <input type="checkbox"/> Needs face to face appointment reminders or navigation to appointments <input type="checkbox"/> Clinical mental health diagnosis with consistent treatment adherence 	<ul style="list-style-type: none"> <input type="checkbox"/> Attends mental health appointments w/ standard reminders <input type="checkbox"/> No indication of need for clinical mental health assessment, change of treatment, or need for support complying with treatment 	
Acute Psych Issues <i>Acuity Level:</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Psych hospitalization in the last month <input type="checkbox"/> Imminent danger to self/others or grave disability <input type="checkbox"/> Psychosis with high risk of decompensation <input type="checkbox"/> Exhibits impulse and/or self-destructive behaviors 	<ul style="list-style-type: none"> <input type="checkbox"/> Psych hospitalization or psych emergency visit in the last 3 months <input type="checkbox"/> Reports thoughts of harm to self/others but contracts for safety <input type="checkbox"/> Active psychosis, willing to take medication <input type="checkbox"/> Exhibits erratic behavior 	<ul style="list-style-type: none"> <input type="checkbox"/> No psych hospitalizations in the last 6 months <input type="checkbox"/> Need for additional mental health support or regular check-in with mental health clinician <input type="checkbox"/> Active psychosis in the last 6 months, but stable on medication 	<ul style="list-style-type: none"> <input type="checkbox"/> No psych hospitalizations in the last 12 months <input type="checkbox"/> No acute psych issues 	
Chronic Illness <i>Acuity Level:</i>	<ul style="list-style-type: none"> <input type="checkbox"/> > 2 visits to the psych ER in the last month to treat illness or 1-2% high utilizer of single or multiple system in the last year <input type="checkbox"/> Mental health diagnosis has severe or life threatening impact on health and adherence, no insight <input type="checkbox"/> Complex coordination between multiple mental health providers 	<ul style="list-style-type: none"> <input type="checkbox"/> > 2 visits to the psych ER in the last 2 months or current 3-5% high utilizer in the last year <input type="checkbox"/> Mental health diagnosis has major impact on health and adherence, little insight <input type="checkbox"/> Active coordination between multiple mental health providers <input type="checkbox"/> Personality Disorder 	<ul style="list-style-type: none"> <input type="checkbox"/> 1 or more visits to the psych ER in the last 3 months or 1-5 % high utilizer in the last 2-3 years <input type="checkbox"/> Illness is chronic, but on medication and stable medically with support of wrap-around care <input type="checkbox"/> Seeking mental health recovery 	<ul style="list-style-type: none"> <input type="checkbox"/> 0 visit to psych ED in the last 6 months <input type="checkbox"/> No history of high utilizer <input type="checkbox"/> Chronic condition is managed through current treatment and no wrap-around support is needed <input type="checkbox"/> Empowered for self-care of chronic mental illness 	

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<p>Substance Use <i>Acuity Level:</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> High risk on DPH risk assessment or SAMISS <input type="checkbox"/> Chronic daily use that significantly interferes with health, medication adherence and/or daily living AND not in substance use treatment <input type="checkbox"/> Doesn't acknowledge negative impact of substance use <input type="checkbox"/> >2 ED visits in last month related to substance use <input type="checkbox"/> Continuous IVDU with medical consequences 	<ul style="list-style-type: none"> <input type="checkbox"/> Moderate risk on DPH risk assessment or SAMISS <input type="checkbox"/> Current or recent use that sometimes interferes with health, medication adherence and/or daily living AND loosely engaged in substance use treatment <input type="checkbox"/> Does acknowledge negative impact of substance use <input type="checkbox"/> >2 ED visits in the last 6 months related to substance use <input type="checkbox"/> Frequent IVDU w/ clean needles 	<ul style="list-style-type: none"> <input type="checkbox"/> Mild risk on DPH risk assessment or SAMISS <input type="checkbox"/> Current or recent use that does not interfere with health, medication adherence and/or daily living, but indicates need for regular support or check-in. <input type="checkbox"/> In recovery < 1 year 	<ul style="list-style-type: none"> <input type="checkbox"/> No substance use in the last year <input type="checkbox"/> In recovery with no indication of need for additional support –may still have a sponsor, attend meetings 	
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Case Management					
Legal <i>Acuity Level:</i>	<input type="checkbox"/> Involved in eviction proceedings or faces imminent risk of eviction <input type="checkbox"/> Has time-sensitive need to complete standard legal documents (e.g. will, guardianship, CPS docs, etc.) <input type="checkbox"/> Needs linkage and escort to services to address urgent legal issues <input type="checkbox"/> Has outstanding warrants	<input type="checkbox"/> Legal issues related to benefits access <input type="checkbox"/> Current legal dispute <input type="checkbox"/> Needs linkage to services to address significant legal issues	<input type="checkbox"/> Needs assistance completing standard legal documents <input type="checkbox"/> Needs linkage to services to address basic legal issues	<input type="checkbox"/> No current or recent legal issues <input type="checkbox"/> All desired legal documents are complete	
Income/Personal Finance Management <i>Acuity Level:</i>	<input type="checkbox"/> Immediate need for financial assistance to stay housed, maintain utilities, obtain food, or access medical care <input type="checkbox"/> Needs referral to representative payee	<input type="checkbox"/> Income is inadequate to consistently meet basic needs <input type="checkbox"/> Benefits denied <input type="checkbox"/> Makes financial decisions that have negative outcomes	<input type="checkbox"/> Income occasionally inadequate to meet basic needs; requests support with benefits applications <input type="checkbox"/> Benefits application pending; requests support with budgeting	<input type="checkbox"/> Has steady income; manages all financial obligations	
Nutrition <i>Acuity Level:</i>	<input type="checkbox"/> Little or no access to food; needs immediate linkage to medical care due to acute problems related to weight, appetite, nausea, vomiting, or other urgent health issue <input type="checkbox"/> Always presents hungry	<input type="checkbox"/> Limited access to food; routinely runs out of food <input type="checkbox"/> Needs linkage to nutritional counseling to help manage chronic or non-urgent health issues <input type="checkbox"/> Occasionally presents hungry	<input type="checkbox"/> Occasionally needs assistance accessing food <input type="checkbox"/> Needs information about nutrition, and/or food preparation to improve or maintain healthy	<input type="checkbox"/> All nutrition needs are met	
Care Coordination <i>Acuity Level:</i>	<input type="checkbox"/> Complex coordination between multiple providers and agencies	<input type="checkbox"/> Active coordination between multiple care providers	<input type="checkbox"/> Occasional Coordination between providers	<input type="checkbox"/> Rarely needs coordination between providers	

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Navigation					
System Surfing <i>Acuity Level:</i>	<input type="checkbox"/> No access to safety net programs which impacts health <input type="checkbox"/> Cognitively impaired or severe systems trauma	<input type="checkbox"/> Inconsistent follow-up and routinely needs assistance to stay engaged in care <input type="checkbox"/> Challenges that limit ability to follow up with appointments	<input type="checkbox"/> Occasionally needs assistance to stay engaged in medical care and safety net programs <input type="checkbox"/> Can make own appointments	<input type="checkbox"/> Consistent and reliable access to and engagement in care and safety net programs	
Health Literacy <i>Acuity Level:</i>	<input type="checkbox"/> Demonstrates no understanding of illness, treatment, or risk reduction <input type="checkbox"/> Exhibits extreme difficulty understanding basic health or prescription information <input type="checkbox"/> Exhibits delusional thinking	<input type="checkbox"/> Demonstrates minimal understanding of illness, treatment, or risk reduction <input type="checkbox"/> Exhibits significant difficulty understanding basic health or prescription information	<input type="checkbox"/> Demonstrates basic understanding of illness, treatment, or risk reduction <input type="checkbox"/> Needs additional information and assistance to understand health and prescription information	<input type="checkbox"/> Demonstrates solid understanding of illness, treatment, or risk reduction <input type="checkbox"/> Manages health and prescription information with little or no assistance	
DV/Intimate Partner Violence					
<i>Acuity Level:</i>	<input type="checkbox"/> Reports current or potential domestic violence and needs immediate intervention	<input type="checkbox"/> Reports feeling isolated, unsupported or manipulated in relationships <input type="checkbox"/> Has experienced domestic violence in the last year	<input type="checkbox"/> Utilizes support to maintain healthy relationships <input type="checkbox"/> History of domestic violence	<input type="checkbox"/> No history of domestic violence <input type="checkbox"/> Independently maintains healthy relationships with partners	