

Oregon Client Acuity Scale Worksheet

“Confidential — this form must always be saved on a secure network
accessible only by Ryan White funded staff”

Life area	Level 1 (1 point)	Eval # (1st, 2nd...)			Level 2 (2 points)	Eval # (1st, 2nd...)			Level 3 (3 points)	Eval # (1st, 2nd...)			Level 4 (4 points)	Eval # (1st, 2nd...)			
Basic needs	Food, clothing and other sustenance items available thru client's own means.				Sustenance needs met on regular basis with occasional need for help accessing assistance programs.				Routinely needs help accessing assistance programs for basic needs.				No access to food. Without most basic needs.				
Eval #: Date:																	
Lev: Pts:	Has on-going access to assistance programs that maintain basic needs consistently.				Unable to routinely meet basic needs w/o emergency assistance.				History of difficulties in accessing assistance programs on own.				Unable to perform most ADL. No home to receive assistance with ADL.				
Eval #: Date:																	
Lev: Pts:	Able to perform activities of daily living (ADL) independently.				Needs assistance to perform some ADLs weekly.				Often w/o food, clothing or other basic needs. Needs in-home ADL assistance daily.								
Eval #: Date:																	
Lev: Pts:																	
Transportation	Has own or other means of transportation consistently available.				Has minimal access to private transportation.				No means via self or others. In area un-served or under served by public transportation.				Lack of transportation is a serious contributing factor to current crisis. Lack of transportation is a serious contributing factor to lack of regular medical care.				
Eval #: Date:																	
Lev: Pts:	Can drive self. Can afford private or public transportation.				Needs occasional assistance with finances for transportation.				Unaware of or needs help accessing transportation services.								
Eval #: Date:																	
Lev: Pts:																	
Risk reduction	Abstaining from risky behavior by safer practices.				Occasional risk behavior (<i>unsafe behaviors of any type <= 20% of time</i>).				Moderate risk behavior (<i>unsafe behaviors of any type >20-50% of time</i>).				Declines to answer. Significant risk behavior (<i>unsafe behaviors of any type >50% of time</i>).				
Eval #: Date:																	
Lev: Pts:	Client has good understanding of risks.				Client has fair understanding of risks.				Client has poor understanding of risks. Client with mild/moderate A&D, MH or relationship barriers to safer behaviors.				Client has little or no understanding of risks. Client with significant A&D, MH or relationship barriers to safer behavior.				
Eval #: Date:																	
Lev: Pts:																	
Total page points																	
Eval #:		Eval #:		Eval #:		Eval #:		Eval #:		Eval #:		Eval #:		Eval #:		Eval #:	

Life area	Level 1 (1 point)	Eval # (1st, 2nd...)			Level 2 (2 points)	Eval # (1st, 2nd...)			Level 3 (3 points)	Eval # (1st, 2nd...)			Level 4 (4 points)	Eval # (1st, 2nd...)		
Health insurance/ medical care coverage	Has insurance/medical care coverage.				Client needs information and referral to insurance or other coverage for medical costs.				Case management assistance needed in accessing insurance or other coverage for medical costs (<i>such as prescription drug coverage</i>). No medical crisis.				Needs immediate assistance in accessing insurance or other coverage for medical costs due to medical crisis.			
Eval #:																
Date:	Has ability to pay for care on own.												Not currently eligible for insurance or public benefits. Unable to access care.			
Lev: Pts:																
Eval #:	Enrolled in CAREAssist.															
Date:																
Lev: Pts:																
Eval #:																
Date:																
Lev: Pts:																
Eval #:																
Date:																
Lev: Pts:																
Self sufficiency	Independently always follows up on referrals.				Sometimes requires assistance in following-up on referrals.				Follows-up on referrals with difficulty.				Never follows-up on referrals.			
Eval #:																
Date:	Able to complete forms independently.				Sometimes requires assistance in completing forms.				Difficulty completing forms.				Unable to complete forms.			
Lev: Pts:																
Eval #:	Able to live within financial means. Never needs financial assistance.				Needs financial assistance 1-2 times per year.				Needs financial assistance 3-6 times per year.				Routinely needs financial assistance 6+ times per year.			
Date:																
Lev: Pts:					Access to some limited services.				Difficulty accessing services.				Burns bridges. Majority of services not available.			
Eval #:																
Date:	Does not burn bridges. Is able to access services eligible for and are available.															
Lev: Pts:																

Total page points

Eval #:		Eval #:		Eval #:	
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Life area	Level 1 (1 point)	Eval # (1st, 2nd...)			Level 2 (4 points)	Eval # (1st, 2nd...)			Level 3 (6 points)	Eval # (1st, 2nd...)			Level 4 (8 points)	Eval # (1st, 2nd...)			
Housing/ living arrangement	Living in housing of choice: clean, habitable apartment or house.				Living in stable subsidized housing (<i>public housing, private subsidized housing or secure section-8 voucher</i>).				Formerly independent person temporarily residing with family or friends. Eviction imminent.				Needs assisted living facility; unable to live independently. Home uninhabitable due to health and/or safety hazards.				
	Eval #:																
	Date:	Living situation stable; not in jeopardy.				Safe and secure non-subsidized housing, but choices limited due to moderate income.				Living in temporary (<3 mo.) transitional shelter.				Recently evicted from rental or residential program.			
	Lev: Pts:																
	Eval #:	[Greyed out]				Housing is habitable, but requires limited improvements.				Housing is in jeopardy due to immediate projected financial strain (<30 days); needs assistance with rent/ utilities to maintain housing.				Homeless (<i>living in emergency shelter, car, on street/camping, etc...</i>).			
	Date:																
	Lev: Pts:					Housing is in jeopardy due to projected financial strain (>30 days); needs assistance with rent/ utilities to maintain housing.				Living in long-term (>3 mo.) transitional rental housing.							
	Eval #:																
	Date:																
	Lev: Pts:																
Mental health	No history of mental illness, psychological disorders or psychotropic medications.				History of mental health disorders/treatment in client and/or family.				Experiencing an acute episode and/or crisis. Severe stress or family crisis re:HIV; need for mental health assessment.				Danger to self or others. Needs immediate psychiatric assessment/ evaluation.				
Eval #:																	
Date:	No need for counseling referral.				Level of client/family stress is high. Needs emotional support to avert crisis.				Depression, not functioning. Requires significant emotional support.				Active chaos or problems due to violence or abuse. Requires therapy, not accessing it.				
Lev: Pts:																	
Eval #:	[Greyed out]				Need for counseling referral.				Significant trouble getting along with others.								
Date:																	
Lev: Pts:					Depression, functioning.												
Eval #:																	
Date:				Has some trouble getting along with others.													
Lev: Pts:																	

Total page points					
Eval #:		Eval #:		Eval #:	

Life area	Level 1 (1 point)	Eval # (1st, 2nd...)			Level 2 (4 points)	Eval # (1st, 2nd...)			Level 3 (6 points)	Eval # (1st, 2nd...)			Level 4 (8 points)	Eval # (1st, 2nd...)		
Addictions	No difficulties with addictions including: alcohol, drugs, sex or gambling.				Past problems with addiction; <1 year in recovery.				Current addiction but is willing to seek help in overcoming addiction.				Current addiction; not willing to seek or resume treatment.			
Eval #:																
Date:																
Lev: Pts:	Past problems with addiction; >1 year in recovery.								Major addiction impairment of significant other.				Fails to realize impact of addiction on life/ indifference regarding consequences of substance use.			
Eval #:																
Date:																
Lev: Pts:	No need for treatment referral.								Past problems with addictions; <3 months in recovery.							
Eval #:																
Date:																
Lev: Pts:																

Total page points			
Eval #:		Eval #:	

RN assessment (part B)

Life area	Level 1 (1 point)	Eval # (1st, 2nd...)			Level 2 (4 points)	Eval # (1st, 2nd...)			Level 3 (6 points)	Eval # (1st, 2nd...)			Level 4 (8 points)	Eval # (1st, 2nd...)			
Knowledge of HIV disease Eval #: Date: Lev: Pts: Eval #: Date: Lev: Pts: Eval #: Date: Lev: Pts:	Verbalizes clear understanding about disease.				Some understanding verbalized.				Little understanding.				Ignorant of HIV disease progression, etc. Unable to make informed decisions about health.				
	Needs additional information in some areas.							Needs counseling or referral to make informed decisions about health.									
Adherence Eval #: Date: Lev: Pts: Eval #: Date: Lev: Pts: Eval #: Date: Lev: Pts:	Adherent to medications as prescribed for more than 6 months without assistance.				Adherent to medications as prescribed with minimal assistance.				Adherent to medications and treatment plan with regular, ongoing assistance.				Resistance/minimal adherence to medications and treatment plan even with assistance.				
	Currently understands medications.				Keeps majority of medical appointments.				Doesn't understand medications.					Refuses/declines to take medications against medical advise.			
	Able to maintain primary care.							Misses taking or giving several doses of scheduled meds weekly.				Medical care sporadic due to many missed appointments.					
	Keeps medical appointments as scheduled.							Misses at least half of scheduled medical appointments.						Uses ER only for primary care.			
	Not currently being prescribed medications.							Takes long/extended "drug holidays" AMA.				Inability to take/give meds as scheduled; requires professional assistance to take/give meds and keep appointments.					
								Takes non-HIV systemic therapies without MD Knowledge.									

Total page points					
Eval #:		Eval #:		Eval #:	

Life area	Level 1 (1 point)	Eval # (1st, 2nd,...)			Level 2 (4 points)	Eval # (1st, 2nd,...)			Level 3 (6 points)	Eval # (1st, 2nd,...)			Level 4 (8 points)	Eval # (1st, 2nd,...)		
Medical needs	Stable health with access to ongoing HIV medical care.				Need primary care referral.				Poor health.				Medical emergency.			
Eval #:									HIV care referral needed - ASAP.					Client is in end-stage of HIV disease.		
Date:	Lab work periodically.				HIV care referral needed - client stable.				Needs treatment or medication for non-HIV related condition.				Intensive/complicated home care required.			
Lev: Pts:										Debilitating HIV disease symptoms/infections.					Hospice services or placement indicated.	
Eval #:	Asymptomatic in medical care.				Short-term acute condition; receiving medical care.				Multiple medical diagnoses.							
Date:										Home bound; home health needed.						
Lev: Pts:					Chronic non-HIV related condition under control with medication/treatment											
Eval #:																
Date:					HIV symptomatic with one or more conditions that impair overall health.											
Lev: Pts:																
Nutrition	No signs of wasting syndrome or obvious physical maladies.				Unplanned weight loss in the past six months.				Visual assessment shows initial signs of wasting syndrome or other obvious physical maladies < not advanced >.					Visual assessment shows advanced signs of wasting syndrome or other obvious physical maladies.		
Eval #:										Abdominal problems reported.					Severe problems eating.	
Date:	No abdominal pain reported.				Requests assistance in improving nutrition.				Changes in eating habits in the past 3 months.					Acute abdominal pain.		
Lev: Pts:										Chronic nausea, vomiting and/or diarrhea.					Acute nausea, vomiting and/or diarrhea.	
Eval #:	No significant weight problems.				Occasional episodes of nausea, vomiting or diarrhea.									Significant weight loss in past 3 months.		
Date:																
Lev: Pts:	No problems with eating.															
Eval #:																
Date:	No problems with nausea or vomiting or diarrhea.															
Lev: Pts:																
	No need for nutritional intervention.															

Total page points

Eval #:		Eval #:		Eval #:	
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Client name: _____ DHS 8416 (9/09) Page 6 of 8

Life area	Level 1 (1 point)	Eval # (1st, 2nd...)			Level 2 (4 points)	Eval # (1st, 2nd...)			Level 3 (6 points)	Eval # (1st, 2nd...)			Level 4 (8 points)	Eval # (1st, 2nd...)					
Oral health	Is currently in active dental care.				Does not have a regular dentist.				Reports episodic pain and/or sensitivity in teeth, gums or mouth.				Current tooth, gum or mouth pain and severe discomfort.						
Eval #:																			
Date:	Has seen dentist in past six months.				No dental insurance.				Missing days from work because of problems with teeth, gums or mouth.				Very few or no teeth.						
Lev: Pts:																			
Eval #:	No complaints of mouth, tongue, tooth or gum pain and teeth and gums appear healthy as observed during assessment.				Has not seen a dentist in more than 6 months.				Client reports difficulty interacting with others because oral health problems negatively impact self-esteem.				Observed appearance of decayed teeth; white, hairy growth or creamy, bump-like patches; oral lesions or bleeding from gums/teeth.						
Date:																			
Lev: Pts:																			
Eval #:																			
Date:	Client reports practicing daily oral hygiene.				Client reports not practicing daily oral hygiene.				Client reports significant difficulty eating due to oral health problems.				Client reports significant difficulty eating due to oral health problems.						
Lev: Pts:																			
					Dentures need adjusting, but still able to eat.				Observed appearance of dark, discolored teeth; missing teeth; bleeding, red gums; other problems with mouth.				Client has difficulty talking because of oral health problems.						
									Client reports episodic or moderate difficulty eating.										

Total page points

Eval #:		Eval #:		Eval #:	
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Client name: _____ DHS 8416 (9/09) Page 7 of 8

Acuity level guidelines

Level 1: 13-22 points

- Initial face-to-face nursing assessment and psychosocial screening.
- Annual face-to-face nursing reassessment and psychosocial rescreening.
- Documentation in progress notes or CAREWare case notes.
- Ongoing nurse consultation as needed.
- Nurse and psychosocial Care Plan developed, appropriate intervention identified and ongoing follow-up provided.
- Care Plan Form (DHS 8400) updated annually.

Level 2: 23-42 points

- Initial face-to-face nursing assessment and psychosocial screening.
- Annual face-to-face nursing reassessment and psychosocial screening.
- Minimum contact (telephone or face-to-face) every 6 months to verify address/phone number and to check on client's current status.
- Ongoing nurse consultation as needed.
- Nurse and psychosocial Care Plan developed, appropriate intervention identified and ongoing follow-up provided.
- Care planning, goals, activities and outcomes documented on the Care Plan Form (DHS 8400) and updated every 6 months.

Level 3: 43-63 points

- Initial face-to-face nursing assessment and psychosocial screening.
- Minimum annual face-to-face nursing reassessment and psychosocial re-screening.
- Minimum contact (telephone or face-to-face) every 30 days.
- Minimum evaluation of goals, activities and outcomes every 30 days.
- Nurse must be consulted (see Nurse Roles and Responsibilities in Standards) on client's care planning goals, activities and outcomes (care plan). A nursing note and signature to show consultation must be in the client's file a minimum of every 90 days.
- Nurse and psychosocial Care Plan (Care Plan form) developed, appropriate intervention identified and ongoing follow-up provided.
- Care planning, goals, activities and outcomes documented on the Care Plan Form (DHS 8400) and updated every 6 months.

Level 4: 64-84 points

- Initial face-to-face nursing assessment and psychosocial screening.
- Minimum annual face-to-face nursing reassessment and psychosocial rescreening.
- Minimum contact (telephone or face-to-face) every 2 weeks.
- Minimum evaluation of goals, activities and outcomes every 2 weeks.
- Nurse is consulted (see Nurse Roles and Responsibilities in Standards) on client's care planning goals, activities and outcomes (care plan). A nursing note and signature to show consultation must be in the client's file a minimum of every 30 days.
- Nurse and psychosocial Care Plan (Care Plan form) developed, appropriate intervention identified and ongoing follow-up provided.
- Care planning, goals, activities and outcomes documented on the Care Plan Form (DHS 8400) and updated every 6 months.

Exceptions: * At the discretion of the Nurse Case Manager, release from a correctional facility may be a condition warranting an Acuity Level 3 during the first 90 days after release. The Nurse Case Manager may assign an overall acuity of 3 or 4 if a client is assessed a level 3 or level 4 in the "Medical Needs" life area. Follow-up standards for these acuity levels will apply.

Total page points			
Eval #:		Eval #:	

Client name: _____