

Medical Case Management Client Acuity Scale Multi-Year Summary Worksheet

Please complete at time of annual assessment.

Client Name: _____ CARE ID: _____

Date:										
	Points	Points	Points	Points	Points	Points	Points	Points	Points	Points
Self-care										
HIV Medical Needs										
Non-HIV Medical Needs										
Health Status										
Health Care Access										
Medication Adherence										
Knowledge										
Language/Cultural Barriers										
Total Points										
Case Management Level										
Level 1: 10 or less										
Level 2: 11-20 points										
Level 3: 21-30 points										
Level 4: 31-39 points										