Medical Case Management Client Acuity Scale Multi-Year Summary Worksheet

Please complete at time of annual assessment.

Client Name: ________________________________ CARE ID: __________________

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<th>Date:</th>
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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