

CARE ID: _____ MCM Name: _____ Date: _____

2016 Contra Costa Screening Tool for Medical Case Management Level

This form is to be used by providers to assist in the determination of the client's level of function *at time of entry into services* and *at time of each reassessment* to ensure they are receiving the appropriate level of care. Please circle the number which best represents the client's current experiences. Record the scores on page 2 to determine the medical case management level for the client intake form.

“ / ” = and/or Circle a score in each that most represents the client's current level of function.

Self-Care	1	Self-sufficient. Manages personal hygiene, food preparation, basic needs, home and household chores
	2	Requires minimal assistance with personal hygiene / food preparation / accessing basic needs / home and household chores
	3	Requires frequent assistance with personal hygiene / food preparation / accessing basic needs / home and household chores
	5	Requires full-time care / requires assistance for total care
HIV Medical Needs	1	HIV/AIDS medical conditions are monitored and under control
	2	Some HIV-related health conditions are not under control
	4	Has acute or untreated HIV-related medical conditions
	5	HIV-related life-threatening health emergency or situation
Non-HIV Medical Needs	1	No non-HIV/AIDS medical conditions
	2	Some non-HIV medical conditions that are monitored and under control
	3	Emerging or untreated non-HIV medical conditions
	5	Non-HIV related life-threatening health emergency or situation / pregnant / homeless / substance abuse and/or mental health issues that impair functioning
Health Status	1	Medically stable, attending only routine medical appointments.
	2	Additional health issues requiring care beyond routine check-ups. e.g. Diabetes, Dialysis, TB
	3	Hospitalization or visit to the Emergency Room in the last year
	5	Served by a hospice program / 2 or more hospitalizations and/or visits to Emergency Room in last 12 months
Health Care Access	1	Independent access to local health care providers/ works cooperatively with providers
	2	Minimal assistance with coordination of access / advocacy needed
	4	Coordination for multiple providers needed / barriers to care exist / lack of local providers / lack of insurance
	5	Poor cooperation with providers / frequent change in providers / frequent need for advocacy and assistance with access (e.g. transportation, reminders) / 2 or more missed medical appts (past 12 months)
Medication Adherence	1	Client reports ability and willingness to adhere to medications
	2	Requires some support to adhere to prescribed medication regimen
	4	Client reports inconsistent ability to adhere to prescribed medication regimen / substantial support needed
	5	Inability or unwillingness to adhere to prescribed medication regimen / new to ARVs / viral load above 200 / CD4 below 200
Knowledge	1	Adequate knowledge of health conditions, positive health behaviors, transmission risk reduction and self care / minimal teaching need
	2	Minimal knowledge deficit / demonstrates some knowledge of transmission risk / some teaching needed
	3	Moderate knowledge deficit of health conditions, positive health behaviors, and self care / poor understanding of transmission risk behaviors
	5	Significant knowledge deficit of health conditions, positive health behaviors, and self care / no knowledge of transmission risk / developmentally delayed / no desire to change risky behavior
Language/ Cultural Barriers	1	No language, cultural, or literacy barriers. Literate in English
	2	Limited English / minimal cultural barriers / limited literacy / very limited ability to read and write in English / literate in native language
	3	Some cultural barriers / very limited literacy / not able to read or write in English
	4	Monolingual non-English speaking / multiple cultural barriers / undocumented / illiterate in primary language

Record scores on page 2 to determine case management level →

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Function	Score	Notes
Self Care		
HIV Medical Needs		
Non-HIV Medical Needs		
Health Status		
Health Care Access		
Medication Adherence		
Knowledge		
Language/Cultural Barriers		
TOTAL SCORE		

_____ *MCM Initials here indicate score was recorded on blue multi-year summary worksheet in client chart*

Check Appropriate Case Management Level based on total score above:

- Total Score 10 or less = Level 1** (Functioning well)
- Total Score 11 to 20 = Level 2** (Needs some assistance)
- Total Score 21 to 30 = Level 3** (Fluctuation between severe episodes / periods of functioning)
- Total Score 31 to 39 = Level 4** (Severely impacted)

Refer to the Nurse Case Management (Medi-Cal Waiver) program for assessment as needed.