



Pre-Quiz

Acuity scores should be updated how often, at minimum?

- A. Acuity scores only need to be completed at the start of MCM assessment and planning
- B. Twice a year, the minimum amount of times care plans must also be updated
- C. Every 4 months
- D. Every 3 months



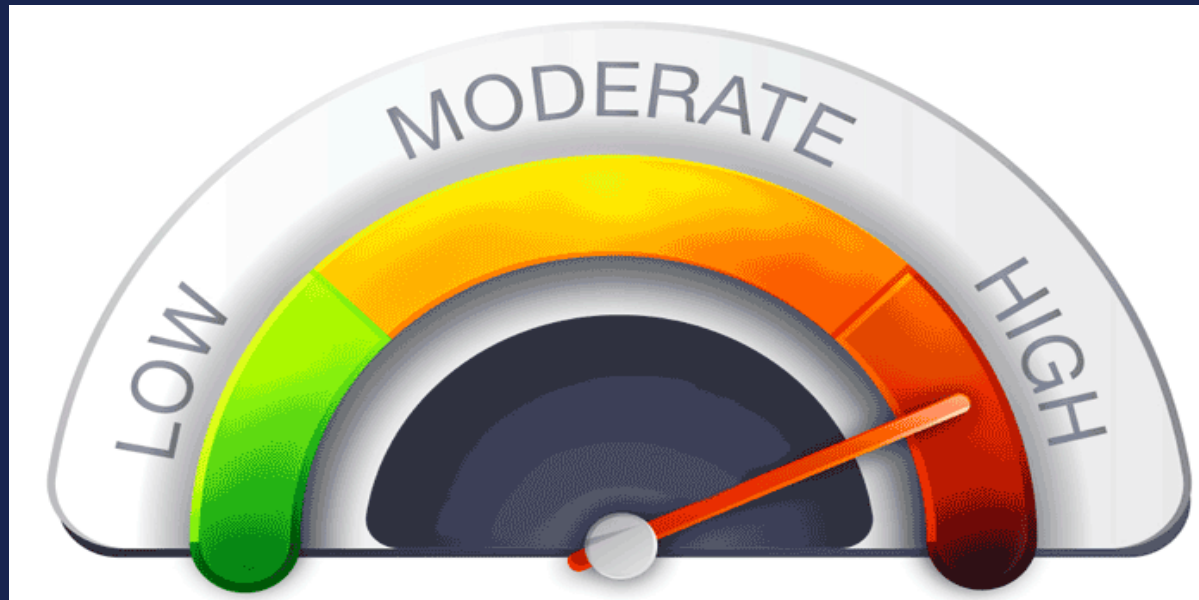
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Acuity Scale: What Is It?

- Definition: A tool that assists **medical** case managers with determining frequency of contact with the client and intensity of case management



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Acuity Scale

Questions it can answer

- How often should a client be contacted?
- When is the client's projected graduation from case management?
- How often you need to update MCM care plans



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Acuity Scale

Questions it CAN'T answer

- Does the client need case management?
- What type of case management is necessary?
- How to adapt for special populations as defined by standards of care?

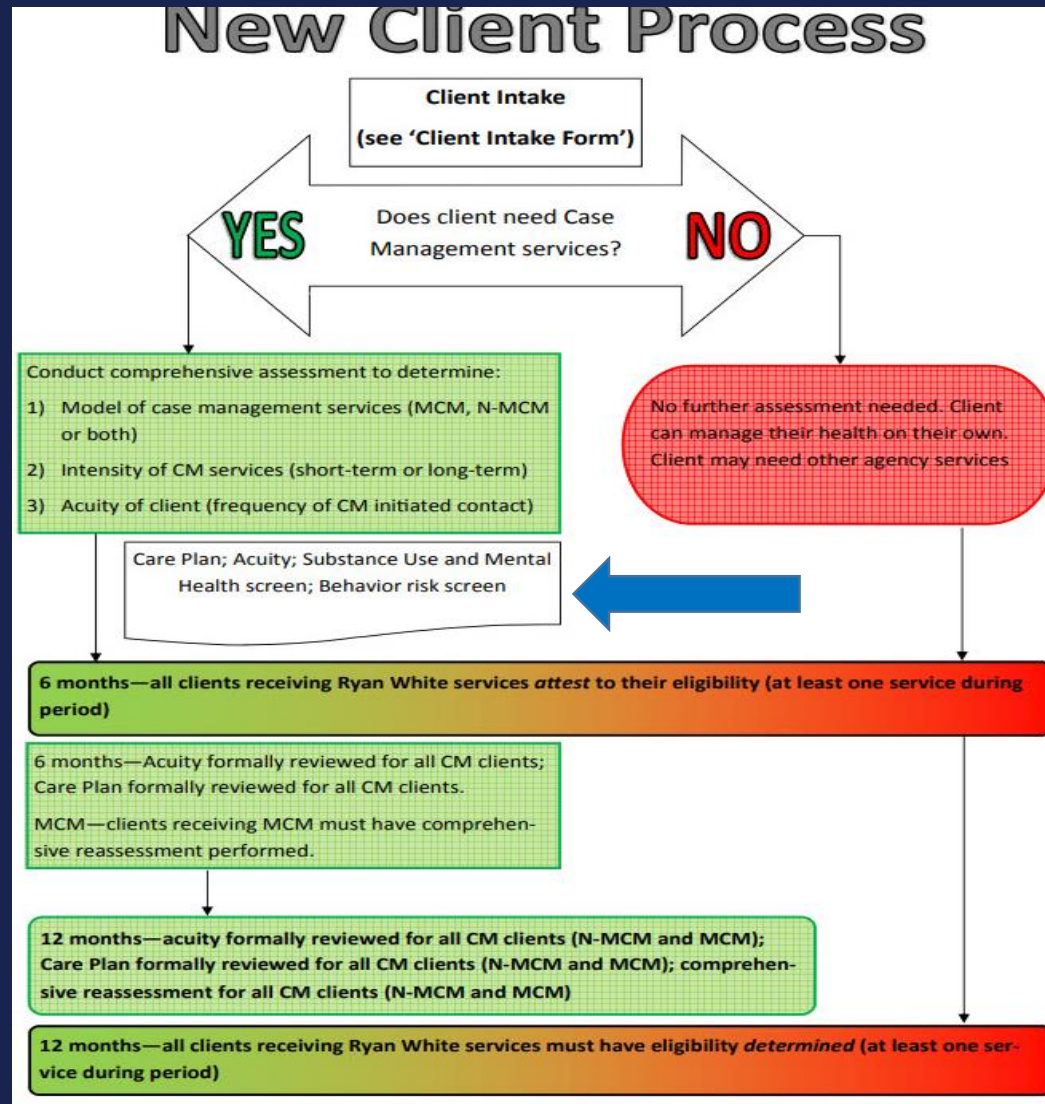


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Acuity: When Does It Happen?



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Acuity Scale: Application

Texas Case Management Acuity Scale



*Make only one selection for each of the 18 life areas

Life Area	Self-Management (0 points)	Basic (1 point)	Moderate (2 points)	Intensive (3 points)
Medical and Mental Health				
Linked to HIV medical care	Engaged in consistent HIV medical care <i>Selection</i>	Completed 50% or more HIV medical appointments in the last 6 months <i>Selection</i>	Has completed < 50% of HIV medical appointments OR has completed 1st medical visit <i>Selection</i>	Newly diagnosed, lost to care, or no medical care in more than 6 months <i>Selection</i>
Current HIV Health Status	Virally suppressed, no history of opportunistic infections (OI), no hospitalization in > 12 months <i>Selection</i>	Detectable viral load (VL) but on ARVs, no OIs in the < 6 months or is on treatment, no hospitalization < 6 months <i>Selection</i>	Refuses ARVs with CD4 > 200, OI not treated in the < 6 months, hospitalized < 6 months, newly dx in the < 6 months <i>Selection</i>	Refuses ARVs with CD4 < 200, OI not treated in the > 6 months, hospitalized > 6 months, newly dx in the > 6 months <i>Selection</i>
Medication Adherence	Adherent to medications as prescribed for more than 6 months without assistance OR is not being prescribed <i>Selection</i>	Adherent to medications as prescribed less than 6 months and more than 3 months with minimal assistance <i>Selection</i>	Misses taking several doses of scheduled meds weekly. Takes long/extended "drug holidays" against medical advice <i>Selection</i>	Resistance/minimal adherence to medications and treatment plan even with assistance <i>Selection</i>
Mental Health	No history of mental health problems or long term stability demonstrated, no need for referral <i>Selection</i>	Past problems and/or reports current difficulties, already engaged in mental health care <i>Selection</i>	Experiencing severe difficulty in daily functioning, requires significant support, needs referral to mental health care <i>Selection</i>	Danger to self or others, needs immediate intervention, needs but not accessing therapy <i>Selection</i>
Substance Misuse	No difficulties with substance misuse or long term stability demonstrated, no need for referral <i>Selection</i>	Past problems, < 1 year recovery, recurrent problems, not impacting ability to pay bills or health <i>Selection</i>	Current substance misuse, willing to seek help, impact ability to pay bills and access to medical care <i>Selection</i>	Current substance misuse, not willing to seek help, unable to pay bills or maintain medical care. Crisis <i>Selection</i>
HIV Knowledge & Understanding	Verbalizes clear understanding about HIV <i>Selection</i>	Some understanding verbalized, needs additional information in some areas <i>Selection</i>	Little understanding, needs counseling or referral to make informed health decisions <i>Selection</i>	Uninformed of HIV disease progression, unable to make informed decisions about health <i>Selection</i>
Sexual Health	Practices safer sex 100% of the time, demonstrates a strong understanding of safer sex <i>Selection</i>	Engages in safer sex practices > 75% of the time, demonstrates a fair understanding of safer sex <i>Selection</i>	Engages in safer sex practices 50-75% of the time, demonstrates poor understanding of safer sex <i>Selection</i>	Engages in safer sex practices < 50% of the time, little or no understanding of safer sex <i>Selection</i>



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<https://www.dshs.texas.gov/hivstd/contractor/cm.shtm> (Click: Texas Acuity Scale Link)

Acuity Scale: Application



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No Case Management:

0-9 points

- NO Care Plan
- Documentation in ARIES will NOT reflect case management

Basic Case Management:

Projected graduation 3-6 months

10-18 points

- Initial Case Management Assessment
- Minimum contact every 90 days to reassess acuity
- Ongoing documentation in ARIES
- Up-to-date Care Plan
- Active case management services are reflected in documentation

Moderate Case Management:

Projected graduation 6-9 months

19-36 points

- Initial Case Management Assessment
- Minimum contact every 60 days to reassess acuity
- Ongoing documentation in ARIES
- Up-to-date Care Plan
- Active case management services are reflected in documentation

Intensive Case Management:

Projected graduation 9-12 months

** Contact for special populations will need to follow the Case Management Standards of Care expectations and guidelines*

37-54 points

- Initial Case Management Assessment
- Minimum contact every 45 days to reassess acuity
- Ongoing documentation in ARIES
- Up-to-date Care Plan
- Active case management services are reflected in documentation

Performance Measures

- Clients must have completed acuity levels documented using an approved acuity scale, in primary client record
- Clients must have documented evidence of review of acuity, at a minimum of every three months, to ensure acuity is still appropriate
- Acuity and frequency of contact by MCM must match



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Critical Thinking Scenarios

What would you do?

- Sammy recently began receiving services from the MCM. As you begin to work with Sammy, your initial assessment score was 15, indicating a moderate level of depression and less cognitive functioning. You are going to be working with Sammy out of MCM, with a depression specialist. You are going to share your findings with the MCM staff and the group. You are going to refer Sammy to the group. What would you do?



What would you do upon the beginning of the process. How would you ensure that Sammy's cognitive acuity is maintained and less impaired? How would you share your findings with the MCM staff and the group? How would you refer Sammy out of MCM, with a depression specialist? How would you share your findings with the MCM staff and the group? How would you refer Sammy to the group? What would you do?

