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| SNAP ETAP logo | **Whole-Person Approach Acuity Tool**An assessment to determine needed services and referrals |

**Background and Purpose:** A whole-person approach supports a client’s health and social service needs to help improve and maintain overall well-being and stability, while also reducing the likelihood of acquiring sexually transmitted infections (STIs). An acuity tool is used to assess the intensity of care or support a person needs. The acuity tool helps define a starting point for support. Not all needs may not be addressed in one meeting, they may be addressed over time through ongoing case management. In order to best serve the client, this tool includes a list of questions case managers can ask to learn more about a client’s physical, social, and mental health circumstances and determine appropriate next steps. These questions can help case managers identify the service needs of the client with a goal of connecting them to support either through services offered within their organization or through referrals to external organizations or providers.

**Customizing the Acuity Tool:** The items below reflect a menu of services and a scoring system to determine the level of case management the client needs based on their answers. Your organization may not provide all of these services, but you may know of another organization that does offer them, or you may want to discuss certain topics with your clients. The acuity tool is fully customizable; for any non-applicable topics, simply delete the topic and associated questions or delete specific questions within a section. Additionally, if there are topics not listed, add them and create questions to address them.

**Using the Tool with or without Tiering:** Some organizations use a tiered case management approach, which involves assigning clients to different levels of support (e.g., low, medium, or high acuity) based on their needs.

* If your organization **does** **not** use a tiered approach, this tool can serve as a standalone assessment to help guide service delivery.
* If your organization **does** use a tiered approach, this tool can be applied by counting the number of “needs follow up” responses to determine a score. The scoring should be adjusted to the corresponding tier based on the number of questions used (dependent on the services available and how the tool is adapted).

Tiered Scoring Example\*

1. Case Management Not Indicated: 0-5
2. Basic Case Management: 6-11
3. Moderate Case Management: 12-17
4. Comprehensive Case Management: 17+

\**For more assistance with tiered scoring refer to the Tiered Case Management Resource*

**Instructions:** When using the acuity tool at intake, ask the client each question. Use the drop down menu in the ‘client response’ column to indicate whether follow-up is needed. After completing the acuity tool, go back to each question marked ‘needs follow up’ icon to begin addressing needs internally or making external referrals. The more ‘needs follow-up’ icons the more service needs they may need assistance with.

No follow-up needed --✔️

Needs follow-up - ➕

## Health Assessment

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| Questions | No follow up needed -✔️ | Needs follow up - ➕ | Client Response |
| Medical Care |  |  |  |
| Do you currently (within the past 12 months) have a stable medical provider (Doctor, Nurse, etc.) who you see for your health care? | Yes | No |   |
| When did you last see your medical provider? | In the last 12 months | More than 12 months ago |   |
| Are you sexually active? | Yes | No |   |
| If you’re sexually active, have you received HIV and STI testing services in the last year? | Yes | No |   |
| If you’re sexually active, have you received HIV and STI testing services after an exposure? |  |  |   |
| Mental Health |  |  |  |
| During the past 12 months, were you ever prescribed medications for depression or anxiety? | No | Yes |   |
| During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row? | No | Yes |   |
| During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure? | No | Yes |   |
| During the past 12 months, did you have an experience or moment when all of a sudden you felt frightened, anxious, or very uneasy when most people would not be afraid or anxious? | No | Yes |   |
| During the past 12 months, did you have an experience or moment when for no reason your heart suddenly started to race, you felt faint, or you couldn't catch your breath? [If respondent volunteers, "only when having a heart attack or due to physical causes," mark NO.] | No | Yes |   |
| Do you currently have a counselor/psychiatrist/therapist that you see for mental health care? | No concerns/desire to address orcurrently accessingmental health care | Needs assistance toaccess mental healthcare or resources |   |
| Substance Use |  |  |  |
| When was the last time you had more than 3 (for women/men >65 yrs.)/4 (for men) drinks in one day? | No, not in the lastin the past 3months | Yes, within the past 3months |   |
| On average, how many drinks do you have in a typical week? | 0 - 13 (for men)0 - 6 (for women) | 14 or more (formen) 7 or more(for women) |   |
| In the past 12 months, have you used drugs other than those required for medical reasons? | No | Yes |   |
| Do you currently smoke or use any form of tobacco? | No  | Yes |   |
| Have you shared drug-injection equipment (needles, syringes, cotton, cooker, water) with others? | No | Yes |   |
| If yes, have you had a test for hepatitis C? | Yes | No |   |
| Oral Health |  |  |  |
| Are you having any problems with your mouth or teeth such as pain when chewing or eating? Sores in your mouth, bleeding or tender gums? | No | Yes |   |
| When was the last time you attended a dental appointment? | In the last 12 months | More than 12 months ago |   |
| Reproductive Health |  |  |  |
| Have you received reproductive health care, either through a primary physician, a specialist, or at a free clinic? If yes, when was the last time you accessed this type of care? | Yes and in the last 12 months | No or more than 12 months ago |   |
| Are you or your partner currently pregnant? If yes, are you or your partner currently receiving prenatal care? | No | Yes to pregnant and no to receiving prenatal care |   |
| Immunization |  |  |  |
| Have you been vaccinated for hepatitis A? | Yes | No |   |
| Have you been vaccinated for hepatitis B? | Yes | No |   |
| Have you been vaccinated for mpox? | Yes | No |   |
| Have you been vaccinated for HPV? | Yes | No |   |
| Have you received a booster for Tetanus in the last 5 years? | Yes | No |   |
| Have you received your flu shot this year? | Yes | No |   |
| Have you received your COVID shot this year? | Yes | No |   |

## Financial Support Assessment

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| Questions | No follow up needed -✔️ | Needs follow up - ➕ | Client Response |
| Are you able to meet your monthly obligations with your current income? | Yes | No |   |
| Do you need assistance with employment? | No | Yes |   |
| Do you have any current or recent parenting and or guardianship issues that require additional assistance? | No | Yes |   |
| Please describe your current housing situation. | Stable | Unstable |   |
| Do you have any trouble paying rent? | No | Yes |   |
| Do you have any trouble paying for utilities? | No | Yes |   |
| Do you have any trouble accessing or obtaining transportation to get to/from work or medical care? | No | Yes |   |
| Do you need any assistance with technology bills (internet, cell phone, etc.)? | No  | Yes |   |

## Social Supports Assessment

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| Questions | No follow up needed -✔️ | Needs follow up - ➕ | Client Response |
| Are your basic living needs, such as clothes, food, utilities, etc. met? | Yes | No |   |
| Can you perform daily activities that keep you independent in your home such as bathing, grooming, dressing, cooking, cleaning, etc.? | Yes | No |   |
| Are you having any problems with accessing healthy foods? | No | Yes |   |
| Do you have any current or recent legal issues that require additional assistance (i.e. powers of attorney, child support/custody)? | No | Yes |   |
| Do you have any child care needs? | No | Yes |   |
| Do you or your family have any cultural or language barriers that prevent you from identifying and accessing services or interrupts access to care? | No  | Yes |   |
| Do you or your family have any language barriers that prevent you from identifying and accessing services? | No  | Yes |   |
| Please describe your support network (family, friends, and loved ones) and their ability to support you emotionally.  | Stable | Unstable |   |
| Do you feel safe in your own home? | Yes | No |   |
| Are you in contact with a person who hurts, threatens, neglects, or takes advantage/exploits you in any way (physically, mentally, emotionally, sexually, financially, etc.)? | No | Yes |   |

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|  | **Whole-Person Approach Acuity Tool**Tiered Case Management Resource |

An acuity tool utilizes a flexible, tiered scoring system to help organizations determine the appropriate level of case management based on individual client needs. The scoring thresholds are meant to serve as a general framework and can be adjusted to align with an organization’s existing infrastructure, staffing, and program model. This approach ensures that services are tailored and scalable, based on available resources, and client population needs. Each client is assessed and assigned a score that corresponds to a level of case management support.

*Case Management Not Indicated* (0–5 points):

* Individuals scoring within this range typically demonstrate minimal or no immediate needs that require case management services. They are largely self-sufficient or have access to adequate support.

*Basic Case Management* (6–11 points):

* Clients in this tier may require occasional support or guidance in navigating services. Case management may include periodic check-ins, referrals, or assistance with simple service coordination.

*Moderate Case Management* (12–17 points):

* Individuals scoring in this range are likely facing multiple or ongoing barriers and would benefit from more consistent engagement. Services may include structured planning, coordination of multiple providers, and regular follow-up to ensure progress.

*Comprehensive Case Management* (17+ points):

* This tier is reserved for clients with complex, high-acuity needs who require intensive, ongoing support. Case managers may be deeply involved in crisis intervention, service integration, and advocacy to ensure client stability and progress across multiple domains.

**Note:** These tier names and score ranges are examples and may look different in your organization. You may choose to rename the tiers, adjust the point ranges, add or reduce the amount of levels based on your team’s capacity, population served, internal workflows, or use different acuity tools based on service type (e.g., HIV care, HIV prevention). The flexibility of the model allows organizations to adapt the tool to best meet the needs of their clients and service delivery approach.

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| *This publication is supported by the Minority HIV/AIDS Fund (MHAF) with the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $2,750,000 with 100 percent funded by HRSA/HHS and $0 amount and 0 percent funded by non government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government. For more information, please visit HRSA.gov.* | *SNAP ETAP logo* *JSI Logo* |