# Case Management Comprehensive Biopsychosocial Acuity Scale

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ URN:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Case Manager:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scoring Instructions:

1. Circle numeric score for each category in the appropriate box;
2. total circled values in each column;
3. add each column total for final acuity score;
4. select recommendation for level of CM.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category / Score** | **N/A (0)**  Client does not require any assistance in this area | **Low (1)**  Client requires **little assistance** self-managing in this area. | **Mid (2)**  Client requires **occasional assistance** self- managing in this area. | **High (3)**  Client frequently requires a **high level of assistance** self-managing in this area. | **Crisis (4)**  Client frequently in crisis and requires a **high level of assistance** self- managing in this area. |
| A. Linguistic & Cultural | 0 | 1 | 2 | 3 | 4 |
| B. Family & Social Support | 0 | 1 | 2 | 3 | 4 |
| C. Housing/Living Situation | **0** | **1** | **4** | **9** | **16** |
| D. Employment & Financial | 0 | 1 | 2 | 3 | 4 |
| E. Transportation | 0 | 1 | 2 | 3 | 4 |
| F. Legal | 0 | 1 | 2 | 3 | 4 |
| G. Food & Nutrition | 0 | 1 | 2 | 3 | 4 |
| H. Functional | 0 | 1 | 2 | 3 | 4 |
| I. Dental | 0 | 1 | 2 | 3 | 4 |
| J. Sexual Health | 0 | 1 | 2 | 3 | 4 |
| K. Medical History | 0 | 1 | 2 | 3 | 4 |
| L. Medication & Adherence | 0 | 1 | 2 | 3 | 4 |
| M. Perinatal | 0 | 1 | 2 | 3 | 4 |
| N. Mental Health | **0** | **1** | **4** | **9** | **16** |
| O. Substance Use | **0** | **1** | **4** | **9** | **16** |
| P. Violence, Abuse & Neglect | 0 | 1 | 2 | 3 | 4 |
| Q. Evacuation & Crisis Plan | 0 | 1 | 2 | 3 | 4 |
| **Column Totals** | **N/A =** | **Low =** | **Mid =** | **High =** | **Crisis =** |
|  |  |  |  |  | **Total Score =** |
| **Select based on total score** | **N/A ☐ (0-15)** | **Low ☐ (16-26)** | **Mid ☐ (27-36)** | **High ☐ (37-63)** | **Crisis ☐ (64-104)** |
|  | **No CM needed** | **Follow-up every**  **6 months** | **≥ 1 follow-up every 6 months** | **≥ 1 follow-up every 60 days** | **≥ 1 follow-up every month** |

# Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_