Ryan White Program
MCM Acuity Assessment Tool
MCM Provider Training

Introduction

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Agenda

- Training overview
- Review of process and who was involved
- CAREWare entry
- Overview of the Acuity Assessment Tool
- Questions on use of AA Tool
- Sample Screening Tools
- Resources

Purpose and Use of the Acuity Assessment

- The AA (Acuity Assessment) is an objective tool used to establish the frequency and intensity of engagement that a MCM client requires

- The AA will help the client and case manager identify barriers that are preventing the client from access, retention and/or treatment adherence

- The AA will inform the individualized service plan (ISP). Hence, the ISP must reflect the needs identified by the AA Tool.

- All MCM providers will utilize the same AA Tool which includes priority (**) categories.

Process

- **January 2019** Survey and May 2019 All Provider meeting gave feedback that indicated a need to revise Acuity Assessment Tool

- **August and October 2019** meetings were held to identify needed changes

- **October 2019 – March 2020** Several providers put in hours to redevelop and refine it

- **April 2020** Online survey to providers on revised Tool

- **June 2020** the Council approved the MCM Standards

- **Dec 2020 – Jan 2021** were opportunities to provide feedback about the tool and clarify how to use it

- **Training February 18th**

- **March 1st Implementation for all providers**

Special Thanks To…

- Courtney Eckstein (RAAN)
- Matt Johnson (JustUs Health)
- Becky Neumann (Allina)
- Mary St. Marie (Mayo)
- Amanda Johnson (Health Partners)
- Sokun Derosier (Health Partners)
- Courtney Dering (Health Partners)

Reporting on CAREWare

DHS and MDH agree on:

- Providers will be able enter a two tier system in CAREWare on March 1, 2021.

- There will be no changes in how direct and non-direct entry providers enter tiers into CAREWare. Those who currently enter a score or provide an individual service plan would continue to do so.

- There should be no additional cost for PDI providers.

Reporting on CAREWare

- **Tier A**: (previous scale Tiers 1-3 is now Tier A) Individuals who have a score of 7 or higher

  - Or have a score of 6 or under but have a positive in a high need category (**)

- **Tier B**: (previous scale 'self-managed' is now Tier B) Individuals who have a score of 6 or below

Overview of the Acuity Tool

Key Changes

- Two tiers vs the four tiers

- There is no longer a Mini-acuity Scale; the Acuity Assessment is to be applied to everyone at all times

- Priority Categories have ** - automatic Tier A

- The Categories are renamed and reordered to fit with client's priority needs

- Additional/optional clarifying questions have been developed to assist and guide new case managers

Two Tiers and Scoring

- Tier A = High intensity needs
  - Client is automatically in Tier A if
    - Clients score 7 or more or
    - Has one or more of the ** High Need Categories
  - Note - When an individual has a score of 6 and under **but** has an identified ** high need category they will **score a 99** (Once the issue is resolved in the high need category and the client continues to have a score of 6 or under, the MCM will place the individual in Tier B

- Tier B = Low intensity needs
  - Clients score 6 or below

Acuity Assessment Tool Review

Contact Frequency Expectations
(Also in Standards)

	Contact Frequency	Assessment and Planning Frequency		
	Phone or Face-to-Face	Complete Acuity Assessment	ISP	Reassessment
Tier A	A minimum phone or face-to-face every 3 months unless the ISP requires a greater frequency; however a face to face should occur at least every 6 months.	Initial assessment should be started within 5 days of initial client contact and completed within 30 days of intake	Within 45 days of intake	Every 6 months
Tier B	A minimum phone or face-to-face every 6 months; a face-to-face should occur yearly.	Initial assessment should be started within 5 days of initial client contact and completed within 30 days of intake	Within 45 days of intake	Annually

Questions on the Tool

Do we have to ask clients each category question even though we have worked with them for years? (Eg: Mental Health diagnosis)

- Yes and here's why
  - Each category question needs to be asked every assessment because something might have changed for the client
  - However, the wording can be your own to fit the situation

Questions on the Tool

I'm thinking of one of my clients and he doesn't fit exactly into the questions in the Housing section. How do I score him?

Answer:

- The Assessment can't cover all the situations you will find – for Housing the important issue is whether they are stably or unstably housed

- Use your judgement and experience while listening carefully to your client

- This is equally important in categories like HIV Knowledge and HIV Medications and Treatment Adherence

Questions on the Tool

In the Incarceration category, the two questions are very similar (*Have you been involved in the criminal justice system in the last 12 months? And Have you been incarcerated in the last 30 days?*) **Do we need to ask both of them?**

Answer:

- Yes, there are a ton of gaps in care and potential issues clients can experience (a lot related to housing) as a result of incarceration and that can vary depending on how recently they were incarcerated.

Questions on the Tool

In the Risk Assessment Category, the question is: *Have you been diagnosed with an STI or injected drugs in the past 12 months? And then, if yes, complete Sexual risk assessment tool. Consult with supervisor).* If we have already completed the Sexual Risk Assessment with them, do we need to do this again and again?

Answer:

- Yes, ask the question because something may have changed for the client since the last time you asked but then follow up with questions and actions as the client's need indicates.

- Other providers have requested to see Screening Tools that other agencies are using as samples and those are available now.

Sample Screening Tools

1. 2 Mental Health and Substance Use Screening tools – RAAN
2. Acuity Assessment Xcel Spread Sheet – The Aliveness Project
3. Culturally Responsive Sexual Health Screening Tool – Hennepin County

Resources

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Thank you!!