

**AIDS Connecticut  
Acuity Index**

Tenant Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Acuity Index								
Housing and Lease	Levels				Tenant Score		Service Plan Goal	
	0	1	2	3	New	Last	Active	Deferred
<b>Rent Payment</b>	Rep Payee/Tenant has not paid rent for last 6 months or has only paid on-time 1-3 times in last 12 months	Rep Payee/Tenant has paid rent on-time 4-6 times in last 12 months	Rep Payee/Tenant has paid rent on-time 7-9 times in last 12 months	Rep Payee/Tenant has paid rent on-time every month for the last 12 months				
<b>Utility Bill Payment</b>	Tenant has paid utility bills on-time for 1-3 months in last 12 months	Tenant has paid utility bills on-time for 4-6 months in last 12 months	Tenant has paid utility bills on-time for 7-9 months in the last 12 months	Tenant has paid utility bills on-time for 10-12 months in last 12 months OR utilities are included in rent.				
<b>Lease (include all leases if tenant moved)</b>	Tenant has been in supportive housing less than 12 months OR has held a lease less than 12 months	Tenant has been in a supportive housing program and has held lease for 12-23 consecutive months	Tenant has been in a supportive housing program and has held lease for 24-36 consecutive months	Tenant has been in a supportive housing program and has held lease for over 36 consecutive months				
<b>Housing Subtotal</b>								
<b>Comments:</b>								

Tenant Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Arrears and Debt	Levels				Tenant Score		Service Plan Goal	
	0	1	2	3	New	Last	Active	Deferred
<b>Rent Arrears</b>	Tenant has outstanding rent arrears and is not willing to set up payment plan	Tenant has 3 or more months of rent arrears and has set up a payment plan	Tenant has 1-2 months of rent arrears and is current on payment plan	Tenant has no rent arrears				
<b>Utility Arrears</b>	Tenant has utility arrears and is not willing to set up payment plan	Tenant has more than \$500 in utility arrears and has set up a payment plan	Tenant has less than \$500 in utility arrears and is current on payment plan	Tenant has no utility arrears				
<b>Debt</b>	Tenant debt greater than 50 percent of income and tenant is unable to meet these obligations	Tenant debt is greater than 50 percent of income and tenant is able to meet these obligations	Tenant debt is less than 50 percent of income and tenant is able to meet these obligations	Tenant debt is between 0 and 10 percent of income and tenant is able to meet these obligations				
<b>Arrears and Debt Subtotal</b>								
<b>Comments:</b>								

Tenant Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Income and Benefits	Levels				Tenant Score		Service Plan Goal	
	0	1	2	3	New	Last	Active	Deferred
<b>Stable/Consistent Source of Cash Income</b>	Tenant has no stable/consistent source of cash income	Tenant has cash income but it is not stable/consistent	Tenant has had stable/consistent cash income for the last 1 – 6 months	Tenant has had stable/consistent cash income for the last 7 or more months				
<b>Benefits</b>	Tenant has no benefits and has not yet applied for benefits	Tenant has applied for benefits but has not yet received them	Tenant has received all benefits entitled to for the last 1-6 months	Tenant has received all benefits entitled to for the last 7 or more months OR is not eligible for benefits				
<b>Employment</b>	Tenant is not employed, is able to work but not seeking employment OR tenant is not able to work and has not received disability benefits	Tenant is not employed, is able to work and is seeking employment or participating in employment services (training, job readiness, etc.)	Tenant is able to work and has been employed for less than 6 months	Tenant is able to work and has been employed for more than 6 months OR tenant is not able to work and receiving disability benefits				
<b>Income and Benefits Subtotal</b>								
<b>Comments:</b>								

Tenant Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Support Services and Resources	Levels				Tenant Score		Service Plan Goal	
	0	1	2	3	New	Last	Active	Deferred
<b>Crisis Intervention</b>	Tenant has required has required over 5 crisis interventions in the past 12 months	Tenant required 3-5 crisis interventions in the past 12 months and did not work quickly with case manager to identify needs/help	Tenant required 3-5 crisis interventions in past 12 months and worked quickly with case manager to identify needs/help	Tenant required less than 3 crisis interventions in past 12 months and worked quickly with case manager to identify needs/help				
<b>Life Skills</b>	Tenant is unable to independently meet basic needs such as hygiene, food, activities of daily living	Tenant can independently meet a few basic needs such as hygiene, food, activities of daily living	Tenant can independently meet most but not all basic needs such as hygiene, food, activities of daily living	Tenant is able to independently meet all basic needs				
<b>Legal</b>	Tenant has outstanding warrants or has been incarcerated for more than 90 days in the prior year	Tenant has current charges or trial pending, or is noncompliant with current criminal justice supervision	Tenant has been fully compliant with criminal justice supervision for less than 12 months	Tenant has been fully compliant with criminal justice supervision for more than 12 months OR has no criminal justice supervision requirements				
<b>Mobility &amp; Transportation</b>	Tenant has no access to public or private transportation	Transportation is available, but is unreliable or unaffordable	Transportation is available and reliable, but limited and/or inconvenient	Transportation is generally accessible to meet basic travel needs				
<b>Safe Living Environment</b>	Tenant had over 5 contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months	Tenant had 3-5 contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months	Tenant had 1-2 contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months	Tenant had no contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months				
<b>Support Services and Resources Subtotal</b>								

**Comments:**

Tenant Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Health	Levels				Tenant Score		Service Plan Goal	
	0	1	2	3	New	Last	Active	Deferred
<b>Mental Health Care Use</b>	Tenant has not had contact with a mental health provider in the past 12 months	Tenant has contact with a mental health provider and has kept less than 50 percent of appointments in the last 12 months	Tenant has contact with a mental health provider and has kept more than 50 percent of appointments in the last 12 months	Tenant has contact with a mental health provider and has kept more than 90 percent of appointments in the last 12 months OR Tenant has no need for mental health services				
<b>Primary/Specialty Health Care Use</b>	Tenant has not had contact with a primary and/or specialty health care provider in the past 12 months	Tenant has contact with a primary and/or specialty health care provider and follows preventive screening and treatment recommendations less than 50 percent of the time	Tenant has contact with a primary and/or specialty health care provider and follows preventive screening and treatment recommendations 50 to 90 percent of the time	Tenant has contact with a primary and/or specialty health care provider and follows preventive screening and treatment recommendations more than 90 percent of the time				
<b>Medication Adherence</b>	Tenant self-reports never taking prescribed medications	Tenant self-reports rarely taking prescribed medications	Tenant self-reports sometimes taking prescribed medications	Tenant self-reports regularly taking prescribed medications OR has no prescribed medications				
<b>Harm Reduction (such as substance use, gambling, risky sexual and other behaviors)</b>	Tenant does not see behavior(s) as harmful	Tenant acknowledges behavior(s) may be harmful and is contemplating adoption of harm reduction goals	Tenant has set harm reduction goals and has taken some action to achieve them	Tenant has adopted behaviors to achieve harm reduction goals OR does not engage in harmful behaviors				
<b>Connection to Community Supports</b>	Tenant has no community supports outside of supportive housing program	Tenant has limited community supports and is not interested in attaining others	Tenant has adequate community supports or has limited supports but is interested in attaining others	Tenant seeks out community supports and has many connections including specialized services				
<b>Health Subtotal</b>								
<b>Comments:</b>								

Tenant Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

HIV Specific Health & Wellness	Levels				Tenant Score		Service Plan Goal	
	0	1	2	3	New	Last	Active	Deferred
<b>HIV Awareness &amp; Education</b>	No real knowledge of HIV and uninterested in HIV education and support	Tenant has limited knowledge of HIV and is not interested in further education	Tenant has adequate knowledge of HIV and has openness to further education but does not seek further education or HIV support	Tenant has substantial knowledge of HIV and regularly seeks HIV updates and connections				
<b>HIV Medication Adherence</b>	Tenant self-reports (or is known as) never taking prescribed medications	Tenant self-reports (or is known as) rarely taking prescribed medications	Tenant self-reports (or is known as) sporadically taking prescribed medications	Tenant self-reports (or is known as) regularly taking prescribed medications OR has no prescribed medications				
<b>HIV Progression</b>	<p>Advanced HIV, with debilitating symptoms, multiple medication (ART) resistance, including opportunistic infections and cancer, CD4 &lt;200 and Viral Load &gt;200</p> <p><b>Previous</b> Viral Load CD4Count Date_____</p> <p><b>Most Recent</b> Viral Load CD4 Count Date_____</p>	<p>Symptomatic with one or more conditions requiring treatment and are high risk for opportunistic infections and cancer. CD4 count &lt;200 and Viral Load &gt;200</p> <p><b>Previous</b> Viral Load CD4Count Date_____</p> <p><b>Most Recent</b> Viral Load CD4 Count Date_____</p>	<p>May or may not experience HIV symptoms (ie: Flu-like), and monitor with ART treatment and CD4 that &lt;500 and Viral Load &gt;200.</p> <p><b>Previous</b> Viral Load CD4Count Date_____</p> <p><b>Most Recent</b> Viral Load CD4 Count Date_____</p>	<p>Asymptomatic, normal CD4 (500-1500) and Viral Load (&lt;200) (monitors the progression)</p> <p><b>Previous</b> Viral Load CD4Count Date_____</p> <p><b>Most Recent</b> Viral Load CD4 Count Date_____</p>				
<b>Hepatitis</b>	<p>Symptomatic with high risk for cirrhosis of the liver</p> <p>Client has failed previous treatment regimens or is not treatment ready</p> <p>Client not educated on risks of disease progression (liver failure,</p>	<p>Chronic Hepatitis C (untreated long-term viral infection, failed past treatment, reinfection, detectable PCR &gt;20)</p> <p>Client is not a candidate for treatment (rare) or refusing HCV treatment</p>	<p>Client is positive HCV RNA VL but not ready for treatment or ready to seek treatment but not yet in care</p> <p>Client is educated about Hep-C status and risks involved</p>	<p>Client has had a negative Hep C AB test &lt;or=12 months or if HCV positive has been treated or resolved and achieved SVR (VL&lt;20)</p>				

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	cirrhosis, cancer) or risks of transmission.  <b>Last Hep C Test Date: VL</b> (*If tested. If no viral load obtained or client is negative document as N/A):	Client is educated on risks of disease progression and transmission  <b>Last Hep C Test Date: VL</b> (*If tested. If no viral load obtained or client is negative document as N/A):	<b>Last Hep C Test Date: VL</b> (*If tested. If no viral load obtained or client is negative document as N/A):	<b>SVR Date (if applicable): RX MD:</b>				
<b>Transmission &amp; Infection Risk</b>	Tenant currently engages in high-risk transmission behaviors	Currently engages in occasional high-risk transmission behaviors	Tenant has not engaged in high-risk transmission behaviors in the last 3 months	Tenant does not engage in high risk transmission behaviors for at least 6 months				
<b>HIV Health Subtotal</b>								
<b>Comments</b>								



Tenant Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parenting and Child Services	Levels				Tenant Score		Service Plan Goal	
	0	1	2	3	New	Last	Active	Deferred
<b>Childcare</b>	Needs childcare, but none is available/accessible and/or child is not eligible.	Childcare is unreliable or unaffordable, inadequate, supervision is a problem for childcare that is available	Affordable subsidized childcare is available, but limited	Reliable, affordable childcare is available, no need for subsidies				
<b>Children's Education</b>	One or more school aged children not enrolled in school	One or more school-aged children enrolled in school, but not attending classes. Parent is unaware and/or has difficulty addressing children issues without significant case management involvement	One or more school-aged children enrolled in school, but only occasionally attending classes. Parent is aware and/or has difficulty addressing children issues without case management involvement.	Enrolled in school and attending classes most of the time. Parent is aware and addressing children issues.				
<b>Parenting</b>	There are safety concerns regarding parenting skills	Parenting skills are minimal	Parenting skills are apparent but not adequate	Parenting skills are adequate				
<b>Child Welfare Involvement</b>	High level of mandated involvement with child welfare system	Current involvement with child welfare system, no resolution of matter/case	Recent involvement with child welfare but matter resolved and closed	No history of child welfare involvement OR involvement was more than 2 years ago				
<b>Children with Special Needs</b>	Children not connected with services	Children connected with limited services and/or participation minimal with prompting	Children connected with services but participation minimal with prompting	Children with special needs fully participate in services OR children have no special needs				
<b>Parenting and Child Services Subtotal</b>								
<b>Comments:</b>								

Tenant Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Acuity Index Interpretation**

Domain	Score Range			Tenant Score
	High Acuity	Medium Acuity	Low Acuity	
Housing and Lease	0-3	4-7	8-9	
Arrears and Debts	0-3	4-7	8-9	
Income and Benefits	0-3	4-7	8-9	
Support Services and Resources	0-6	7-12	13-15	
Health	0-6	7-12	13-15	
HIV Specific Health & Wellness	0-6	7-12	13-15	
Parenting and Child Services	0-6	7-12	13-15	

**Interpretation:**

- **All domains fall in Low Acuity range:** Other housing options with community supports should be considered as a short term goal. Client is a candidate for “Moving-On” from Supportive Housing.
- **One or more domains scores in Medium Acuity range but no domains score in High Acuity range:** Other housing options with community-based supports should be considered as a long term goal.
- **One or more domains falls in High Acuity range:** Tenant should remain in supportive housing.

**Signatures**

The information in this assessment was collected in good faith and is as accurate as possible.

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date