

Project AIDS Care Waiver: Level of Need (LON) Assessment Case Management Tool

Instructions: Identify the initial Level of Need (LON) by entering a number on the criteria that best describes the client's situation. Use the space labeled (B) for the first re-assessment, and the spaces labeled (C) and (D) for any following re-assessments.

Client Name: _____
(Please print)

Client Case Number: _____

Life Area	Brief Intervention (0 points)	Minimal Intervention (1 point)	Moderate Intervention (2 points)	Intensive Intervention (3 points)
<i>HIV Disease Progression</i> Initial Score _____ (B)____ (C)____ (D) ____	No HIV symptoms	HIV symptoms present	HIV symptoms moderate	Severe medical condition and needs
<i>Adherence to Medical Treatment</i> Initial Score _____ (B)____ (C)____ (D) ____	Consistently keeps medical appointments	Currently receiving medical care occasionally missed appointments	Frequently missed appointments	Non-adherent to medical treatment and seeing severe disease manifestations
<i>Medications</i> Initial Score _____ (B)____ (C)____ (D) ____	Filling medication prescriptions; self-administering medications as prescribed; no medications prescribed	Taking medications with assistance; no medications desired; occasionally misses taking medications	Medication side effects; difficulty filling medications (i.e. transportation, money etc); not taking medications as prescribed; frequently misses taking medications	Loss of access to medications; pregnant client not taking medications; self-medication without medical direction; newly diagnosed; misses taking all medications

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<p><i>Substance Abuse</i> Initial Score _____ (B)____ (C)____ (D) ____</p>	<p>No substance abuse issues currently; history of substance abuse; clean for one or more years</p>	<p>Current substance usage; currently in substance abuse treatment; adherent to substance abuse treatment</p>	<p>Current problems with alcohol/drugs affecting self, family, friends, work, etc; continued use of substance despite consequences; on-going intervention required to support adherence to substance abuse treatment</p>	<p>Danger to self and/or others</p>
<p><i>Mental Health</i> Initial Score _____ (B)____ (C)____ (D) ____</p>	<p>No current mental health issues identified; past mental health issues</p>	<p>Adherent to mental health treatment; taking psychotropic medications as prescribed; some counseling needed</p>	<p>Needs ongoing counseling; needs assistance with adherence to mental health treatment (i.e., psychiatric care, counseling, medications)</p>	<p>New HIV diagnosis; danger to self and/or others; needs immediate attention to mental health crisis</p>
<p><i>Other Medical Need</i> Initial Score _____ (B)____ (C)____ (D) ____</p>	<p>No referral needed; healthy; no assistance needed to access eye, dental, nutrition, and other medically related needs</p>	<p>Referral needed; requires minimal assistance with access to preventative services or other medically related services</p>	<p>Priority referral; requires moderate intervention with barriers to access preventive or medical services</p>	<p>Urgent referral; requires intensive immediate intervention with preventive or other medical services</p>

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<p><i>Health Insurance/Benefits</i> Initial Score _____ (B)____ (C)____ (D) _____</p>	<p>Insured; receives Private, Ryan White, Medicaid, Medicare medical services currently</p>	<p>Requires assistance with co-pay</p>	<p>Requires assistance to retain PAC or other health-related services and/or insurance programs, i.e., Ryan White, Medicare, etc.</p>	<p>Uninsured; not eligible for Ryan White, Medicaid, OR Medicare services; no income</p>
<p><i>Financial Assets/Needs</i> Initial Score _____ (B)____ (C)____ (D) _____</p>	<p>Able to meet monthly financial obligations; steady income</p>	<p>Expenses greater than income</p>	<p>Eligible to receive financial assistance; requires supplemental financial services</p>	<p>No income; not eligible to receive financial assistance</p>
<p><i>Support System (family, significant other, spiritual, support group(s), professional caregiver, buddy/companion)</i> Initial Score _____ (B)____ (C)____ (D) _____</p>	<p>Dependable, readily available support system(s) in place</p>	<p>Support system(s) not readily available; requires minimal assistance</p>	<p>Support system(s) not dependable; requires moderate assistance for self; requires assistance with dependent children</p>	<p>No support system available and requires immediate intervention</p>
<p><i>Language/Literacy</i> Initial Score _____ (B)____ (C)____ (D) _____</p>	<p>Client can speak English; reads/writes English at or above 9th grade level; can complete documents in English</p>	<p>Primary language not English, but can speak English; reads/writes English at 6th to 8th grade level; reads/writes primary language at 9th grade and above</p>	<p>Client can speak English, but does not read or write English; reads/writes primary language at 6th to 8th grade level</p>	<p>Client cannot speak, read, write English; needs interpreter; cannot complete documents in English; reads/writes primary language at a 1st to 5th grade level</p>

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<i>Culture</i> Initial Score _____ (B)____ (C)____ (D) ____	No cultural barrier to accessing, understanding services	Minimal culture barriers to accessing/understanding all service areas; accepts providers/services outside of their culture	Moderate barriers to accessing/understanding services; accepts some providers/services outside of their culture	Needs interpreter; accepts provider/services of their own culture
<i>Housing</i> Initial Score _____ (B)____ (C)____ (D) ____	Has permanent or stable housing	Requires assistance to retain housing	Homeless shelter; temporarily living with others; imminent homelessness; has transitional housing	Homeless; evicted; safety hazards present (i.e., substandard housing, domestic violence, hostile living environment)
<i>Transportation</i> Initial Score _____ (B)____ (C)____ (D) ____	Able to meet all transportation needs	Occasional transportation needs; bus pass needed	Needs help accessing transportation; unable to meet transportation needs by public transportation	Lacks transportation and unaware of transportation resources
<i>Functional Assessment/ Activities of Daily Living (ADL)=bathing, toileting, dressing eating, ambulating/transferring, cognitive awareness, food preparation</i> Initial Score _____ (B)____ (C)____ (D) ____	No impairment in Activities of Daily Living (ADL)	Functional impairment corrected with adaptive equipment or assistance of caregiver or support person	Requires assistance from external agencies for ADL; functional impairment for one or more ADL	Requires assistance for three or more ADL; no caregiver/support; at risk for institutionalization
<i>Legal Needs</i> Initial Score _____ (B)____ (C)____ (D) ____	No legal issues; pre-need legal documents completed	Client requests assistance completing pre-need legal documents (living will, health care surrogate, etc.)	Legal issues (i.e., parole, community control, family reunification, alimony); permanence planning (legal guardianship for dependents)	Legal crisis (i.e., eviction, deportation, green card, child(ren) removal from home)

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Scoring:

The total score will be found in a range that will become the Level of Need for the client. The total score is calculated by adding the score from each life area for which the client was assessed. The two charts following will allow you to document the Level of Need for this client.

Score	Level of Need
0 points	Brief
1 to 15 points	Minimal
16 to 30 points	Moderate
31 to 45 points	Intensive

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Assessment	Date	Score	Level of Need (LON)	Completed by (print name and title)
Initial	___/___/___			
Revised (B)	___/___/___			
Revised (C)	___/___/___			
Revised (D)	___/___/___			
Revised (E)	___/___/___			

Write the word Brief, Minimal, Moderate in the LON column to describe the level of need based on scoring.

Schedule of Client Follow-up

Level of Need	Score	Contact at Least By Phone	Contact at Least Face to Face
Brief	0 points	Every 6 months	Every 12 months
Minimal	1 to 15 points	Every 2 months	Every 6 months
Moderate	16 to 30 points	Every month	Every 3 months
Intensive	31 to 45 points	Every 2 weeks	Every month

Follow-up to be continued until client moves to a lower Level of Need.