

CSH TIER ASSESSMENT WORKSHEET

Client's Name: _____ DOB: _____
Last First MI

Area Assessed	Date:	Date:	Date:	Date:	Date:
Medical Needs/Functional Impairments					
Care Coordination Resources					
Finances					
Resource Utilization					
Coping/Problem Solving					
Education/Follow-through					
Transition					
Transportation					
Communication*					
Total Score					
Tier Assigned					
Month to be Reassessed					
Care Coordinators Name:					

*communication barrier: **blind, deaf, hearing impaired, requires interpreter, or cannot read written material**

Levels of Care	Activities	Minimum Contacts
Tier I	Provide information about providers/vendors so the family can make choices about the use or participation in these services.	<ul style="list-style-type: none"> ● New eligible will have six (6) month follow-up ● Face-to-face for annual with financial update
Tier II	Assist in establishing care giver/client linkage at least part of the time. Follow-up for travel arrangements to assure out-of-town appointments are kept.	<ul style="list-style-type: none"> ● Every three (3) months ● Face-to-face for annual with financial update or PRN
Tier III	Assist in making most of the linkages between care giver/client. Closer follow-up for travel arrangements and assisting/assuring family is making appointments. Multiple services coordination.	<ul style="list-style-type: none"> ● Every month ● Face-to-face for annual with financial update PRN

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CSH TIER ASSESSMENT WORKSHEET (cont)

AREA	1 pt. for each box	2 pt. for each box	3 pt. for each box
Medical Needs/ Functional Impairments	Simple, predictable special health care needs. Minimal functional impairments.	Moderately complex but predictable special health care needs. Moderate functional impairment.	Very complex, unpredictable special health care needs. Requires special procedures/intermittent skilled nursing.
Care Coordination Resources	Managed by primary care provider with consult to a specialist at least once per year.	Requires periodic medical specialty consultation with 1-2 specialists and at least 2- 4 times a year.	Requires complex multi disciplinary team with more than 3 specialists every 1-3 months.
Finances	Family able to meet financial needs &/or has a source of payment for health needs.	Family may have difficulty meeting financial needs &/or has an inadequate source of payment for health needs.	Family unable to meet financial health needs &/or no source of payment for health needs.
Resource Utilization	Is aware and able to utilize resources appropriately and does not require assistance.	Requires some assistance in identification/utilization of resources and moderate need for DME/supplies in an ongoing basis.	Requires extensive assistance to access/utilize resources. High need for referrals and f/u. Requires DME and frequent problems obtaining it.
Coping/ Problem Solving	Family able to meet needs in an acceptable way. Family supportive of the health and developmental needs of the child.	Family may periodically express difficulty in meeting the health and developmental needs of the child and family. High risk behavior in child or family.	Family may be consistently be over whelmed and have difficulty in meeting the health and developmental needs of the child and family. Child in foster care or a ward of the state.
Education/ Follow-through	Minimal teaching/learning needs. Family usually follows through with plan of care.	Moderate teaching/learning needs. Family requires periodic assistance with plan of care.	Extensive teaching/learning needs. Family requires ongoing assistance with plan of care.
Transition	Child not experiencing a change in settings/arenas.	Family is planning &/or child experiencing minor change from a familiar setting/arena to another setting/arena.	Family is planning &/or child experiencing major change from a familiar setting/arena to another setting/arena.
Transportation	Transportation reliable. Finances can cover cost of trip.	Transportation not always reliable. Money not always available for trips.	Transportation not always available/reliable. Needs financial assistance for the trip.
Communication *	Able to express needs without difficulty.	Barrier for expressing needs is easily overcome.	Barrier for expressing needs is difficult to overcome.
Scoring	9-14 pt.= Tier I	15-20 pt.= Tier II	21+= Tier III

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