

# Exhibit 1620-17

## HCBS MEMBER NEEDS ASSESSMENT

This tool is to be used as a guide and is not intended to replace professional experience. If there are questions or comments about a specific task, please review with your supervisor.

This tool is to be used anytime a member is requesting Attendant Care, Personal Care, or Homemaker Services.

**Living Situation:**   ☐ Lives Alone   ☐ Lives with Family   ☐ Lives with Non-family

**Supervision Need:**   ☐ Wandering Risk   ☐ Confused/Disoriented at risk to themselves   ☐ Unable to call for help, even with lifeline   ☐ NA

**Name/ Relationship of Informal Supports that will be assisting with care:**

Tasks completed by Informal Supports must be marked "IFS" on the spreadsheet below in the appropriate space to clearly identify when IFS is being provided. Ensuring members needs are met.

**If lives with others, indicate Days/Hours others are not available to assist member:**

TASK	DESCRIPTION	APPROX TIME	TASKS PE DAY R	MON	TUE	WE D	THU	FRI	SAT	SUN	TOTAL	COMMENTS (WHO IS PROVIDING CARE/ WHY> <TIME NEEDED)
<b>HOUSEKEEPING AND CLEANING</b>	Independent: No assistance needed.	0 min/day										
	Lives with others: Cleaning member's area only.	1-60 min/week										
	Without Support: Member lives alone. Consider the size of the home.	1-120 min/week										
<b>LAUNDRY Folding and Putting Away Laundry is included.</b>	Independent: No assistance needed.	0 min/week										
	Washer & dryer are on site, inside the member's home, garage, or yard.	1-30 min/week										
	Washer is on site but clothes are line dried.	1-60 min/week										
	Laundry is done in Apartment Laundry Facility	1-90 min/week										
	Laundry facility is <b>off site</b> , such as community Laundromat facility.	1-120 min/week										
	Incontinence Episodes – Soiled Clothes and Linens	1-10 min/week										
<b>SHOPPING Including medication pick-up</b>	Independent: No assistance needed.	0 min/day										
	Pick-up with Family Shopping	1-5 min/week										
	Lives alone.	1-90 min/week										
<b>MEAL PREP &amp; CLEAN UP In general, should not exceed 75 minutes per day Includes blenderizing or pureeing but not cutting up food</b>	Independent: No assistance needed.	0 min/day										
	Breakfast: If member eats same meal with others:	1-15 min/day 1-5 min/day										
	Lunch: If member eats same meal with others: If HDM is in place, please note this on this line for the appropriate day.	1-20 min/day 1-5 min/day										
	Dinner: If member eats same meal with others:	1-40 min/day 1-5 min/day										
	Alternative Meal Schedule or snacks: Ex: Diabetic with multiple small meals/snack per day requiring prep.	1-10 min/meal										

Member Name: \_\_\_\_\_

AHCCCS ID: \_\_\_\_\_

**Page 1 Total:**

TASK	DESCRIPTION	APPROX TIME	TASKS PER DAY	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL	COMMENTS (WHO IS PROVIDING CARE)
<b>EATING &amp; FEEDING</b> Enter number of meals eaten per day requiring assistance, then enter the time per meal	Independent: No assistance needed	0 min/day										
	Minimum: Meal set up, cutting food, or cueing /reminders.	1-10 min/meal										
	Moderate: As above plus hands-on assist, cueing, or supervision for 50-75% of meal.	1-15 min/meal										
	Maximum: Hands-on assist with 75%+ of meal, bringing food to mouth or totally feeding member. Constant supervision and cueing.	1-30 min/meal										
<b>BATHING</b> As needed per week. In general not to exceed 45 transfers including in bath time.	Independent: No assistance needed	0 min/day										
	Sponge bath:	1-5min/day										
	Minimum: Some supervision, cueing, or set-up. Assist with getting in & out of tub. Help with back or lower body.	1-15 min/day										
	Moderate: Step-by-step cueing or supervision. Hands-on assist with 50-75% of the bathing process.	1-30 min/day										
	Moderate: Step-by-step cueing or supervision. Hands-on assist with 50-75% of the bath process.	1-30 min/day										
	Maximum: 75%+ with bathing process. One or more assist. <b>Hoyer needed / bed-baths.</b>	1-45 min/day										
<b>DRESSING AND GROOMING AM</b>	Independent: No assistance needed	0 min/day										
	Minimum: Some supervision, reminding, selecting clothes.	1-10 min/day										
	Moderate: Supervision or hands-on with 50-75% of dressing activity. Regular asst. with buttons, shoes & socks, fixing hair or brushing teeth.	1-15 min/day										
	Maximum: Hands-on with 75%+ of dressing and grooming tasks. Complete assist with dressing includes transfer if needed.	1-20 min/day										
<b>DRESSING AND GROOMING PM</b>	Independent: No assistance needed	0 min/day										
	Minimum: Some supervision, reminding, selecting clothes.	1-10 min/day										
	Moderate: Supervision or hands-on with 50-75% of dressing activity. Regular asst. with buttons, shoes & socks, or brushing teeth.	1-15 min/day										
	Maximum: Hands-on with 75% of dressing and grooming tasks. Complete assist with dressing includes transfer if needed.	1-20 min/day										

Member Name: \_\_\_\_\_

AHCCCS  
ID: \_\_\_\_\_

**Page 2 Total:**

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TASK	DESCRIPTION	APPROX TIME	TASKS PER DAY	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL	COMMENTS (WHO IS PROVIDING CARE)
TOILETING	Independent: No assistance needed	0 min/event										
	Minimum: Stand-by assist, supervision, reminders	1-5 min/event										
	Moderate: 50-70% assist with clothing, diapers, post-toilet hygiene or equipment	1-10 min/event										
	Maximum: Total assist with clothing, briefs, entire toileting process. Includes episodes of incontinence.	1-15 min/event										
	Catheter: Pouring out bag and cleaning bag or other supplies.	1-15 min/day										
	Ostomy: Pouring out and cleaning bag	1-15 min/day										
MOBILITY	Independent: No assistance needed with/without assistive devices	0 min/day										
	Minimum: Some supervision, stand-by, or reminders for safety. Adjusting devices or restraints	1-10 min/day										
	Moderate: Needs hands-on assist. One-person assist with/without assistive devices	1-15 min/day										
	Maximum: One or more person assist, totally dependent.	1-30 min/day										
TRANSFERRING Includes bathing and Toileting Transfers	Independent: No assistance needed with/without assistive devices	0 min/day										
	Minimum: Some supervision, stand-by, or reminders for safety. Adjusting devices or restraints.	1-10 min/day										
	Moderate: Needs hands-on assist. One-person assist with/without assistive devices.	1-15 min/day										
	Maximum: One or more person assist, totally dependent.	1-30 min/day										
	Bed Bound: Frequent turning & repositioning in the bed. Outside caregiver 20-40 min/day. Live-in caregiver 60-90 min/day.	20-40 min/day 60-90 min/day										
	Hoyer: If hoyer time assessed no transfer time in other areas.	1-20 min/event										

Member Name \_\_\_\_\_ AHCCCS ID: \_\_\_\_\_

**Page 3 Total:**

**Total minutes  
w/o Supervision:**

**Total Hours:**

<b>GENERAL SUPERVISION</b>	Supervision is based on need, and can be provided based on member need identified on Page 1.	X Time/Day										
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**Total minutes  
with Supervision:**

**Total Hours:**

Member Name: \_\_\_\_\_ AHCCCS ID: \_\_\_\_\_

# ATTENDANT CARE-PERSONAL CARE- HOMEMAKER WORKSHEET SUMMARY

## TOTAL PAID HOURS IDENTIFIED

Page 1 Total Minutes:	0
Page 2 Total Minutes:	0
Page 3 Total Minutes:	0
Supervision (if Applicable)	0
Total Minutes	0
Total Hours	0.00

☐ I have contacted the IFS/s named above (top of page 1) and s/he voluntarily agree/s to provide the services indicated, with no compensation.

_____	_____	_____	_____
<i>Case Manager Signature</i>	<i>Original Date</i>	<i>Supervisor Signature &gt;20 hrs</i>	<i>Original Date</i>

☐ I have contacted the IFS/s named above (top of page 1) and s/he voluntarily agree/s to provide the services indicated, with no compensation.

_____	_____	_____	_____
<i>Case Manager Signature</i>	<i>1<sup>st</sup> Review Date</i>	<i>Supervisor Signature <math>\geq</math>20 hrs</i>	<i>1<sup>st</sup> Review Date</i>

☐ I have contacted the IFS/s named above (top of page 1) and s/he voluntarily agree/s to provide the services indicated, with no compensation.

_____	_____	_____	_____
<i>Case Manager Signature</i>	<i>2<sup>nd</sup> Review Date</i>	<i>Supervisor Signature <math>\geq</math>20 hrs</i>	<i>2<sup>nd</sup> Review Date</i>

☐ I have contacted the IFS/s named above (top of page 1) and s/he voluntarily agree/s to provide the services indicated, with no compensation.

_____	_____	_____	_____
<i>Case Manager Signature</i>	<i>3<sup>rd</sup> Review Date</i>	<i>Supervisor Signature <math>\geq</math>20 hrs</i>	<i>3<sup>rd</sup> Review Date</i>

## **HCBS NEEDS TOOL (HNT)**

### **INSTRUCTIONS**

#### **HCBS NEEDS TOOL GUIDELINES:**

Attendant Care, Personal Care, and Homemaker services are intended to augment and support the existing informal care and community services being provided to allow the member to remain in a home setting.

The HCBS Needs Tool (HNT) is intended to evaluate the member's functional care needs and which of those needs will be met by informal support system and which parts will be provided by the formal paid caregiver.

Prior to authorizing Attendant Care, Personal Care or Homemaker services, the case manager must complete the program contractor's assessment tool, the HNT, the Uniform Assessment Tool (UAT) and the service plan.

The HNT must be completed with direct involvement of the member and/or representative. Discussion must take place about what care is needed, the average amount of time it takes to complete that care for the member and the availability of informal supports and community services to meet those needs. Discussion should include stressors the informal caregivers may be experiencing in providing care and the supports that can be provided through community resources as well as Arizona Long Term Care System (ALTCS) services.

Times shown on the HNT are only guidelines that reflect approximate the time frame that it takes to complete tasks based on **general and reasonable expectations** in homecare provision. Time for each category must be based on the evaluation of the member's individual needs and informal supports available.

Time above the suggested amount in any category may be assessed but the case manager must provide an explanation for the amount of time needed to complete that task for the member.

There must be adequate case file documentation to support the assessment and hours authorized. There must be consistency between the program contractor's assessment tool, the HNT, the UAT and the service plan.

After the member's needs are assessed, the Cost Effectiveness Study (CES) must be calculated to determine what can be provided within the ALTCS cost effectiveness standards. Services whose costs are at or below 100% of the cost of institutionalization or those that are expected to be at this level within 6 months may be authorized.

**COMPLETING THE HCBS NEEDS TOOL**  
TOP OF FORM – PAGE 1

**LIVING SITUATION:**

Select appropriate choice based on the member's situation.

**SUPERVISION NEED:**

Select one or more of the choices or NA if none of the other choices apply.

- Wandering Risk - Member has already been found to leave their home unsafely and/or is unable to find their way back.
- Confused/Disoriented - Member is confused and/or disoriented to the point they are unable to perform functional activities on the HNT and in fact are at risk if they do, such as leaving the stove on when cooking, leaving the shower running after a bath, not being able to judge the temperature of the water for bathing, attempting to walk without necessary assistive devices, etc.
- Unable to call for help, even with lifeline - Member's medical condition is such that even with a lifeline system they would be unable to call for help, such as a member in a coma or on a vent or a member with Dementia who does not understand how the system works.

If member lives alone and one of the applicable choices is selected, a discussion about an alternative living situation should take place. Consider completing a Care Management Risk Agreement.

**NAME/RELATIONSHIP OF INFORMAL SUPPORTS:**

List the individuals who are available to provide informal support.

On the worksheet enter "IFS" on the specific tasks and days for which the informal support is present to provide the care.

Listing the IFS information is mandatory as it is always necessary to clearly document what care is already being provided to the member in order to demonstrate what needs remain unmet.

**In addition to informal supports, if the member is receiving care from another source, such as Medicare home health or hospice, be sure to include this.**

**DAYS/HOURS FAMILY NOT AVAILABLE:**

Make note of the time others in the household are away from the home on a regular basis for other obligations.

## **COMPLETING THE HCBS NEEDS TOOL TASKS**

### **HOUSEKEEPING/CLEANING**

Housekeeping includes cleaning tasks necessary to attain and maintain sanitary living conditions for the member.

#### **ASSESSMENT CONSIDERATIONS**

- Housekeeping does not include excessive tasks such as mowing the lawn, carpet cleaning, moving furniture, etc.
- For members living alone, housekeeping may apply to the entire residence. The size of the home may be considered if the member and/or provider are able to show that more than 2 hours per week is necessary to maintain sanitary living conditions.
- For members sharing a residence, housekeeping applies only to the areas used by the member. This area includes the member's bedroom and one bathroom.
- Case managers should staff the case with a supervisor if the member's paid caregiver is not maintaining the member's living area appropriately.

**TIME GUIDE:** Do not write in the gray areas.

- Independent: Member needs no assistance in maintaining sanitary living conditions  
Time Guide: 0 min/week.
- Member lives with others. Cleaning for member areas only, including the member's bedroom and bathroom.  
Time Guide: 1 to 60 min/week.
- Without Support. Member lives alone. Consider the size of the home.  
Time Guide: 1 to 120 min/week.

### **LAUNDRY**

Laundry tasks include preparing clothes to be washed, putting the clothes in the washer, putting the clothes in the dryer or on the line, and folding/putting away the clothes, with the goal of maintaining the member's clothing in a clean manner and neat appearance. These tasks apply only to member's clothing and linens.

#### **ASSESSMENT CONSIDERATIONS**

- Routine changing of bed linens is considered part of bedroom housekeeping.
- Caregiver should be completing other activities in the home while the washer/dryer are in process.
- If laundry must be done at Apartment laundry complex and community laundry complex more time can be given since the caregiver must sit and watch the clothes and cannot perform other activities during that time.
- If a member soils their clothing or bedding due to incontinence, the laundry may need to be washed more frequently (even daily) which means a single smaller load each time versus multiple larger loads once a week.

**TIME GUIDE:** Do not write in the gray areas.

- Independent: No assistance needed  
Time Guide: 0 min
- Washer/dryer on site:  
Time Guide: 1-30 min/week.
- Washer is on site but clothes are line dried:  
Time Guide: 1-90 min/week.
- Laundry is done in apartment complex laundry room:
- Laundry facility is off site such as community laundry facility:  
Time Guide: 1-120 min/week.
- Incontinence Episodes: Soiled clothes and Linens  
Time Guide: 1-10 min/day

## **SHOPPING**

Shopping includes grocery shopping, obtaining medications or medical supplies, and household items for the member. Travel time and time to put away groceries is included.

## **ASSESSMENT CONSIDERATIONS**

- If the member is living with informal supports, the informal supports should obtain items for the member at the same time that they are obtaining items for themselves or others in that household.
- If a family member or other live-in is a paid caregiver, this caregiver is expected to provide this service efficiently and pick up items for the member at the same time they are shopping for themselves/household and not make unnecessary extra trips. Some time may be allotted for these caregivers in picking up items for the member while shopping for their own household as well.
- Efforts should be made to coordinate that medications may be picked up at the same store/location where they will get their groceries and other household items.
- If a caregiver must take the bus or walk to the store more time may allotted to address the individual situation.
- Multiple trips to the grocery store per week or trips to a preferred store further away are personal preferences and are not a necessity.
- Shopping for recreation is not considered a medical necessity.

**TIME GUIDE:** Do not write in the gray areas.

- Lives with Informal Supports / Independent: 0 min/week.
- Lives with paid caregivers: 1-5 min/week
- Lives alone and needs outside assistance: 1-90 min/week.

## **MEAL PREPARATION & MEAL CLEAN-UP**

Meal preparation includes meal planning, preparing the foods to be cooked or served, and actually cooking or putting foods together. This task is inclusive of tasks associated with the time spent putting the meal together before it is brought to the table or is served to member. This



includes blenderizing or pureeing foods. Cutting foods into appropriate size pieces for the member to eat is part of Eating/Feeding, not Meal Preparation.

Clean-up includes storing the foods utilized/left over and the cleaning of the dishes involved in the preparation and presentation of the food.

Alternative Meal Schedule is for members with diabetes or others that eat multiple small meals throughout the day to maintain proper levels in their bodies for medical reasons. This can include getting the member an apple or some cheese and crackers or other small meals to help regulate the body. Adjust time to the appropriate levels based on the situation, for example, cleaning or cutting up an apple may only take 2 minutes, cutting and putting together cheese and crackers might only take 5 minutes, etc.

#### **ASSESSMENT CONSIDERATIONS**

- Ask the member how many times a day s/he eats and needs assistance in the preparation and cleanup involved with the meals. Some may only eat lunch and dinner and can manage morning coffee on their own.
- Ask the member what they normally eat for breakfast/lunch/dinner. This could give an idea of the complexity of meals being prepared.
- Does the member have any special diet / special food preparation requirements. Are they eating the same meals as others that live in the home?
- Will the member eat more often if this support is put in place? This could help the member if there are nutritional or weight loss concerns.
- If the caregiver will not be at the residence all day, meals can be prepared in advance and left in a convenient place for the member, such as a lunch or dinner plate can be left in the fridge and quickly micro-waved, or cold foods can also be left in the fridge or a cooler close to the member for their convenience. If the caregiver prepares meals for the day early in the day, time can be assigned for those meals. The feasibility of this ahead of time preparation depends on whether the member is able to access the prepared meal and serve him/herself.

**TIME GUIDE:** Do not write in the gray areas.

- Independent: 0 min/day.
- Breakfast: 1-15 min
- Breakfast with others: 1-5 min/day
- Lunch: 1-20 min.
- Lunch with others: 1-5 min/day
- Dinner: 1-30 min.
- Dinner with others: 1-5 min/day
- Alternative Meal Schedule: 1-10 min per meal.

## **EATING/FEEDING**

Eating/Feeding is the process of getting oral nourishment from a receptacle (dish, plate, cup, glass, bottle, etc.) into the body after it is cooked or prepared for eating. This does not include tube feeding as that is considered a skilled task not performed by a Direct Care Worker.

### **ASSESSMENT CONSIDERATIONS**

- How many meals does the member eat per day?
- Time for the preparation of meals is calculated in the Meal Preparation category but cutting foods into appropriate size pieces for the member to eat is considered part of Eating/Feeding.

**TIME GUIDE:** Do not write in the gray areas.

- **Independent.** Needs no assistance in eating or feeding one's self.  
**Time Guide:** 0 min/meal.
- **Minimum.** May need assistance to have meal set-up, including cutting food, opening carton, and/or cueing.  
**Time Guide:** 1-10 min/meal.
- **Moderate.** As above, plus, may need hands-on physical assistance, supervision, or cueing with 50% to 75% of the meal task, but the member is still able to participate physically.  
**Time Guide:** 1-15 min/meal.
- **Maximum.** Needs hands-on physical assistance with approximately 75% or more of the meal task. Total set-up, constant supervision, and/or continual cueing, bringing food to mouth, or must be fed.  
**Time Guide:** 1-30 min/meal.

## **BATHING**

Bathing is the process of washing, rinsing, and toweling the body or body parts and transferring in/out of the tub or shower. This includes the ability to get the bath water and/or equipment ready for bathing in either the shower or tub or at the sink or bedside. Use of assistive devices such as tub/shower chair, pedal/knee controlled faucets, or long-handled brushes do not disqualify the client from being independent.

If the client has a problem getting to and from the bathroom to bathe, this should be reflected in the mobility section and not affect the score for bathing.

Transfer time into the shower/tub is included in the bath time.

Daily bathing of the elderly is not recommended due to damage that occurs to the skin from the water and the soap. Bathing more than once per day is a personal preference and not a necessity.

### **ASSESSMENT CONSIDERATIONS**

- How many times per week does the member bathe (member specific, as needed)?
- A person may not need a full bath (bathtub, shower or bed bath) every day. If a person does not want to be bathed daily they generally need to at least have their face, underarms and private areas washed on a daily basis.

- Sponge baths can be completed by the member or the caregiver if the member is not able to use the sponge or wash cloth to clean himself/herself.
- A bed bath is for members who are bed bound and cannot get out of the bed to be bathed in a shower or tub.
- Clean up after incontinence episodes would generally be considered under the TOILETING section as it does not usually require a full bath. If however, the clean up does require a bath, the frequency and time for this must be included in BATHING.

**TIME GUIDE:** Do not write in the gray areas.

- Independent. The member is able to bathe without any supervision or assistance.  
Time Guide: 0 min/day.
- Sponge bath. The member does not bathe on these days but still wants to freshen up with water and a sponge or washcloth.  
Time Guide: 1-5 min/day.
- Minimum. The member needs minimal supervision and set-up. Needs some cueing or assistance getting in/out of the tub/shower. May need some assistance with washing back and/or lower extremities.  
Time Guide: 1-15 min/day.
- Moderate. The member needs step-by-step cueing or supervision with the entire bathing process or hands-on assistance with 50% to 75% of the bathing process.  
Time Guide: 1-30 min/day.
- Maximum. The member is dependent on others for assistance with 75% or more of the bathing process. May require two or more person assist to get in and out of the shower/tub or requires the use of a mechanical lift or member is only able to receive bed baths.  
Time Guide: 1-45 min/day.

### **DRESSING/GROOMING AM & PM**

Dressing includes the laying out, taking off, putting on, and fastening of clothing and footwear. Grooming includes oral hygiene, nail care, shaving and fixing hair.

### **ASSESSMENT CONSIDERATIONS**

- Can the member choose their own clothes, put them on, and put on socks and shoes?
- If someone lays out the clothes, can the member put them on?
- Does the member successfully use assistive devices in dressing, such as reachers, sock pullers, shoehorns?
- While it may be faster for a caregiver to put on a member's clothes, if the member is still physically able to do this activity then the member should be considered independent.
- Dressing and grooming in the morning is likely to take more time than evening activity.
- Not all people get changed multiple times a day. Some people get changed once in the morning into fresh clothes and may wear and sleep in the same clothing. Examples include: a house coat, shorts and tee-shirts, or sweat pants, etc.
- For a member with Diabetes, nail care of the feet should only be completed by the member or a medical professional.

**TIME GUIDE:** Do not write in the gray areas.

Complete time for the AM section and, if appropriate, give additional time in the PM section. The time in the AM section is not expected to match the time in the PM section.

- Independent. The member does not need assistance with any part of dressing, undressing, or grooming.  
Time Guide: 0 min/task.
- Minimum. The member needs some supervision or reminding. Includes selecting and laying out clothes.  
Time Guide: 1-10 min/task.
- Moderate. The member needs hands-on assistance by another person, or supervision with 50% to 75% of dressing/grooming activities. Regular assistance with buttons, zippers, and buckles, socks, and shoes. Regular assistance with fixing hair and/or oral hygiene.  
Time Guide: 1-15 min/task.
- Maximum. The member needs hands-on assistance with 75% or more of the dressing/grooming activities. Complete assist with dressing including transfer assist if needed.  
Time Guide: 1-20 min/task.

## **TOILETING**

Toileting tasks include reminders, toileting schedule, the taking off and putting on of clothing and/or diapers, post-toilet hygiene, use of equipment such as a urinal, and cleaning of a catheter or ostomy bag.

### **ASSESSMENT CONSIDERATIONS**

- It is not healthy/safe to use suppositories or laxatives to have more than one bowel movement per day. If this is occurring, notify the member's PCP.
- If the member is incontinent but is able to manage his/her own incontinence supplies and change themselves, then the member is still independent.
- The time to pour out the urine from a catheter bag should generally not require more than 15 minutes/day.
- The time to take care of a member's ostomy bag (even when twice a day) should generally not require more than 15 minutes/day.

**TIME GUIDE:** Do not write in the gray areas.

- Independent. The member does not need assistance in any part of toileting or is able to manage own incontinence with use of briefs or pads that the member is able to change on their own.  
Time Guide: 0 min/task.
- Minimum. The member needs standby assist or supervision with toileting.  
Time Guide: 1-5 min/task.
- Moderate. The member needs moderate assistance with clothing, diapers, post-toilet hygiene, and/or equipment for either continent or incontinent members.  
Time Guide: 1-10 min/task.

- Maximum. Total assist with clothing, diapers, post-toilet hygiene and/or equipment for either continent or incontinent members.  
Time Guide: 1-15 min/task.
- Catheter: The member has catheter and needs assistance to pour out the urine and clean the bag.  
Time Guide: 1-15 min/day.
- Ostomy: The member has an ostomy and needs assistance to pour out the feces and clean or change the bag.  
Time Guide: 1-15 min/day.

## **MOBILITY**

Mobility is the extent of the member's purposeful movement within their residence. The use of assistive devices such as a wheelchair, walker, or quad cane does not disqualify the member from being independent, nor does it guarantee an increase in the need for assistance by another person.

Transfer time is not counted in the mobility section but in the transfer section below.

## **ASSESSMENT CONSIDERATIONS**

- Can the member purposely move about his/her residence independently with or without the use of assistive devices? A member that can propel themselves in a wheel chair should be considered independent.
- Is the member unsafe without the assistance of another person in ambulating?
- Does the member have weakness, unstable gait or unstable balance?

**TIME GUIDE:** Do not write in the gray areas.

The number of times a member is assisted with mobility per day is Not counted; rather an approximate amount of time spent per day in mobility assistance must be assessed.

- Independent. The member is independent in mobility with or without assistive devices.  
Time Guide: 0 min/day.
- Minimum. The member needs some supervision, standby, or reminders for safety. This may include adjusting of assistive devices or restraints  
Time Guide: 1-10 min/day.
- Moderate. The member needs hands-on assistance for safety. One person assist, with or without assistive devices.  
Time Guide: 1-15 min/day.
- Maximum. May need one or more persons or may be totally dependent on others for mobility.  
Time Guide: 1-30 min/day.

## **TRANSFERRING**

Transferring is the member's ability to move horizontally and/or vertically between the bed, chair, wheelchair, commode, etc.

## **ASSESSMENT CONSIDERATIONS**

- Is the member able to use any mechanical devices such as a walker, cane, or handrails of wheelchair to assist with transfers?
- Is the member unsafe without the assistance of another person in transferring?
- Can the member physically participate in the transfer by pivoting, holding on, or bracing themselves to assist the caregiver?
- If a mechanical lift is needed, then all transfer time must be noted in the lift section and not in the other min-max assistance sections.

**TIME GUIDE:** Do not write in the gray areas.

- The number of times a member is transferred per day is NOT counted (except when transferred by Lift); rather an approximate amount of time spent per day is transfer assistance must be assessed. Independent. The member is independent in transfer with or without assistive devices.  
Time Guide: 0 min/day.
- Minimum. The member needs some supervision, standby, or reminders for safety. This may include adjusting of assistive devices or restraints  
Time Guide: 1-10 min/day.
- Moderate. The member needs hands-on assistance for safety. One person assist, with or without assistive devices. The member may be able to bear weight and pivot.  
Time Guide: 1-15 min/day.
- Maximum. May need one or more persons or may be totally dependent on others for transfers.  
Time Guide: 1-30 min/day.
- Mechanical Lift: Member requires the use of a mechanical lift. If member transferred by Lift, time for transfer will be counted in this area only and not in any of the min-max areas above.  
Time Guide: 1-20 min/event
- BED -BOUND: Requires frequent turning and repositioning in bed.  
Time Guide: 20-90 min/day

## **GENERAL SUPERVISION**

Supervision time must be considered for members who, in the first section of this tool, were assessed, because of their disability or medical condition, to be at risk of being unsafe if they were left alone.

## **ASSESSMENT CONSIDERATIONS**

- For those needing supervision time, the time assessed should cover the time between the specific tasks the caregiver is performing and the time the family/IFS is available/willing to supervise the member.

For example: The member needs around the clock care due to dementia, and has a history of unsafe behaviors, but the family is unavailable to provide this care 7 AM to 6 PM (11 hours) Monday through Friday, totaling 55 hours per week of care. If the functional assistance adds up to 20 hours, then the supervision need would be the remaining 35 hours.

- Informal Supports (IFS) must be clearly noted on the tool if they are available and willing to cover supervision time so it is clear that the member is receiving care and not being left unattended.
- For those receiving supervision time, the caregiver may need to assist with the self-administration of medications (as applicable), monitoring of the member's medical condition, monitoring the member's level of functioning, oversight of decision making and activities of daily living, and documentation of the same during this supervision time.

Reminder: Only licensed medical professionals are allowed to be paid to administer or use discretion/judgment in the dispensing of medications to another person. Family members working as caregivers who choose to administer medications or set up med-boxes are allowed to do so but they *cannot be paid* to do so.

- For those receiving supervision time, the caregiver may need to attend medical appointments with the member, if the member's family or IFS is not able to attend. Additional time will not be added as the member's supervision time has already been calculated to include the time between the functional needs and the time the family or IFS is available to supervise the member.

## **TIME GUIDE**

Varies upon the needs of the individual member to fill in the period of time between functional assistance being provided and when family/IFS is able to supervise the member.