The State recommends that this tool be formatted in Excel for calculation functionality.

- 1. Member Name- Enter member's legal name (Last, First, Middle Initial). If member has no middle initial, leave blank.
- 2. **Degree of Assistance** The assessor will determine the member's degree of assistance.
 - a. Independent- No assistance, set up, or supervision.
 - b. *Minimal* Able to complete some tasks with assistance, includes oversight, encouragement or cueing, or supervision
 - c. Moderate- Able to complete some of task but need assistance with most of task
 - d. Total- Unable to complete tasks on own or needs assistance to complete the task
- 3. **Suggested Times (Minutes)** The assessor will enter the minutes based on the Degree of Assistance. Refer to Table 1. Personal Assistance Guidelines for allocating hours. If the minutes exceed the maximum suggested minutes, please document reason in the Justification for Allocation of Hours.

Table 1. Personal Assistance Guidelines

TASKS	Degree of Assistance		
Personal Assistance Level 1		Degree of Assistance	
Routine House Cleaning	Minimum	Lives alone: Up to 120 minutes per week	
 Dusting 			
 Cleaning up after personal care tasks (bathing, toileting, meal 		Lives with family or friends: Up to 60 minutes per week	
preparation, etc.)	Moderate	Lives alone: Up to 180 minutes per week	
 Cleaning floors in living areas used by member 			
Cleaning counters, stovetop, washing dishes		Lives with family or friends: Up to 120 minutes per	
Carrying out trash and setting out garbage for pickup		week	
Emptying and cleaning bedside commode Cleaning bedside commode	Total	Lives alone: Up to 240 minutes per week	
Cleaning bathroom (floor, toilet, tub/shower, sink)Changing bed linens		Lives with family or friends: Up to 180 minutes per	
Making up bed		week	
Laundry			
Gathering and sorting	Member has a w	Mambar has a washer and driver. He to 60 minutes nor week	
Hand washing garments	Member has a washer and dryer: Up to 60 minutes per week Member has no washer and dryer but a Laundromat on premises: Up to 90 minutes per week Member has no washer and dryer and Laundromat is not within walking distance: Up to 120 minutes per week		
Loading and unloading of washer or dryer in residence			
Hanging clothes to dry			
Folding and putting away clothes			
• Laundromat			
Shopping/Errands			
 Preparing shopping list 	Members that live alone: Up to 90 minutes per week Member that lives with family or friends: Up to 60 minutes per week		
Grocery shopping			
 Picking up medication, medical supplies, or household items 			
 Putting groceries away 			
Paying bills			
Transportation/Escort			
 Transportation arrangements 	As needed. Member that live alone: Up to 90 minutes per week visit Member that lives with family or friends: Up to 90 minutes per week visit		
 Accompanying member to doctor's office, clinic or other trips 			
made for the purpose of obtaining medical diagnosis or			
treatment.			
Wait time at the doctor's office or clinic with a member when			
necessary due to member's condition and/or distance from home.			
Meal Preparation	Minimum	Up to 10 minutes per meal	
Meal planning	IVIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	op to 10 minutes per mear	
Preparing foods			
Cooking full meal	Moderate	Up to 20 minutes per meal	
Warming up prepared food			
Cutting food for member	T-1-1	Un to 20 minutes nor mani	
Serving food	Total	Up to 30 minutes per meal	
Grinding and pureeing food			

Other - List Other Personal Assistance Level 1 not listed above, e.g. light yard work, simple home repairs		As needed. Up to 60 minutes per week.	
Personal	Assistance Level 2		
Eating/Fe	eeding	Minimum	Up to 5 minutes per meal
•	Standby assistance and encouragement		
•	Assistance with using eating or drinking utensils or adaptive devices	Moderate	Up to 20 minutes per meal
•	Spoon feeding	Total	Up to 30 minutes per meal
•	Bottle feeding		
Bathing		Minimum	Up to 5 minutes per bath
•	Standby assistance		
•	Drawing water in sink, tub or basin		
•	Hauling/heating water	Moderate	Up to 30 minutes per bath
•	Gathering and setting up supplies		
•	Assisting with transferred in/out of tub or shower		
•	Sponge bath	Total	Up to 45 minutes per bath
•	Bed bath		
•	Washing, rinsing, and toweling the body or body parts		
_	(Upper and Lower Body)	Minimum	Up to 5 minutes per activity
•	Undressing		
•	Dressing Gathering and laying out clothes	Moderate	Up to 20 minutes per activity
•	Assisting with applying on and removing orthotics or	Total	Up to 30 minutes per activity
Croomin	prosthetic devices	Minimum	Unito Eminutos por tack
Groomin, •	g/Personal Hygiene Gathering and laying supplies	Minimum	Up to 5 minutes per task
•	Oral care- brushing teeth, cleaning dentures	Moderate	Female: Up to 30 minutes per task
•	Shaving facial or body hair	Moderate	remale. Op to 30 minutes per task
•	Laying out supplies		Male: Up to 15 minutes per task
	Washing hair		Wale. Op to 13 milities per task
•	Drying hair	Total	Female: Up to 45 minutes per task
	Combing/brushing hair	Total	remale . Op to 45 minutes per task
	Washing hands and face		Male: Up to 30 minutes per task
•	Applying nonprescription lotion to skin		Water Op to 30 minutes per task
Toileting (do not include transfer and ambulation)		Minimum	Up to 10 minutes per activity
•	Standby assistance	141111111111111111111111111111111111111	op to 10 minutes per detivity
•	Assisting with clothing during toileting		
•	Preparing toileting equipment and supplies		
•	Assisting with feminine hygiene needs		Harta 20 minutes and esticitu
•	Assisting with toilet hygiene such as use of toilet paper and	Moderate	Up to 20 minutes per activity
	hand washing		
•	Assisting on/off bed pan		
•	Assisting with urinal		
•	Brief changes	Total	Up to 30 minutes per activity
•	Colostomy bag empty/change		
•	External catheter change		
•	Catheter bag empty/change		
Ambulati		Minimum	Up to 5 minutes per activity
•	Assisting member in positioning for use of assistive devices		
•	Standby assistance		
•	Assisting with ambulation using steps	Moderate	Up to 15 minutes per activity
•	Assisting with ambulation indoors/outdoors		
		Total	Up to 30 minutes per activity
Bed Mob	ility/Transfers	Minimum	Unito 5 minutes per activity
•	Assisting/repositioning in Bed/Chair	wiiiiiiium	Up to 5 minutes per activity
•	Assisting Chair/Bed transfer		Up to 15 minutes per activity
•	Assisting Toilet transfer		
•	Assisting Car transfer	Total	Unito 20 minutos nor activitus
•	Hoyer lift transfer	Total	Up to 30 minutes per activity

Manual Wheelchair Mobility • Assisting Indoors/Outdoors	Up to 30 minutes per day	
Medication Assistance	Up to 15 minutes per day	
Other – Other PA2 not listed above Checking and reporting any equipment or supplies that need to be repaired or replenished. Taking and recording vital signs, including blood pressure	Up to 30 minutes per day.	

4. Total Minutes of Care Required/Week

- a. Frequency/Day- Enter how many times the member needs the skill done each <u>day</u>.
- b. *Minutes/Task-* Enter how many minutes it takes to do the skill each time.
- c. Days/Week- Enter how many days a skill is needed in a week. Most skills are done daily, but there may be something like an IM injection that may be done once or twice a week etc.
- d. *Total Minutes/Week* Minutes will be added up and totaled at the end of column. This provides the assessor the ability to check that all minutes required per week are performed by either Support System or Health Plan Provider.
- e. For example: A member needs assistance with meal preparation 3 times a day. It takes 10 minutes each time which will total 30 minutes required per day and total 210 minutes per week.

5. Total Minutes of Care Performed by Unpaid Support System/Week

- a. Frequency Per Day/Total Minutes Per Week- The assessor will ask how many times a skill is done for the member by Support System which include care provided by family, friends, or other programs such as DDD, DOE etc. Enter how many minutes the member needs the skill done each <u>day</u> and place in the appropriate day of the week for each skill
- b. *Total Minutes/Week* Minutes will be added up and totaled at the end of column. This provides the assessor the total minutes per week that will be performed by the Support System.
- c. For example: Support System will provide assistance with meal preparation 2 times daily, 20 minutes per day, which total 140 minutes per week.

6. Total Minutes of Care Performed by Health Plan Provider/Week

- a. Frequency Per Day/Total Minutes Per Week- The assessor must calculate the Health Plan Provider frequency of skills each day and the total time based on all the information entered into the form.
- b. *Total Minutes/Week* Minutes will be added up and totaled at the end of column. This provides the assessor the total minutes per week that will be performed by the Health Plan Provider.
- c. For example: The Paid Caregiver will provide meal preparation 1 time daily, 10 minutes per day, which total 70 minutes per week.

7. Subtotal Skilled Minutes/Week

- a. Total Minutes of Care Required/Week- Total time the skills take to perform per week.
- b. Total Minutes of Care Performed by Support System/Week- Total time the Support System performs per week.
- c. Total Minutes of Care Performed by Health Plan Provider/Week-Total time the Health Plan Provider will perform per week.

8. Final Calculation of Hours

- a. The assessor will recheck totals and then calculate total minutes to hours.
- b. All fields will need to be populated:

Total Minutes of Care Required/Week
Total Minutes of Care Performed by Unpaid Support System/Week
Total Minutes of Care Performed by Health Plan Provider/Week
Total Hours of Care Performed by Health Plan Provider/Week
Total Hours of Care Performed by Health Plan Provider/Month (based on 7 Days/Week x 31 Days/Month)

- 9. **Justification for Allocation of Hours-** Provide reason the hours are more than the suggested times.
- 10. Assessor Signature- The assessor must print and sign tool to acknowledge that the appropriate hours have been allotted.