

**Personal Assistance Tool**

| Member Name:                |   |              |           |                    | Medicaid #:   |   |   |   |   |   |   |                    | Date of Assessment:  |   |   |   |   |   |   |                    |
|-----------------------------|---|--------------|-----------|--------------------|---|---|---|---|---|---|---|--------------------|--|---|---|---|---|---|---|--------------------|
| Task                        | 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 |   |   |   |   |   |   |                    |
|                             | Frequency/Day   | Minutes/Task | Days/Week | Total Minutes/Week | S   | M | T | W | T | F | S | Total Minutes/Week | S  | M | T | W | T | F | S | Total Minutes/Week |
| Personal Assistance Level 1 |   |              |           |                    |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |   |                    |
| 1                           | Routine House Cleaning<br><input type="checkbox"/> Bathroom (0200)<br><input type="checkbox"/> Kitchen (0205)<br><input type="checkbox"/> Bedroom (0210)<br><input type="checkbox"/> Changing linen (0215)<br><input type="checkbox"/> Make bed (0220)<br><input type="checkbox"/> Empty Trash (0225) |              |           |                    |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |   |                    |
| 2                           | Laundry<br><input type="checkbox"/> Washing (0230)<br><input type="checkbox"/> Drying (0235)<br><input type="checkbox"/> Ironing (0240)<br><input type="checkbox"/> Mending (0245)  |              |           |                    |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |   |                    |
| 3                           | Shopping/Errands (0250)   |              |           |                    |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |   |                    |
| 4                           | Transportation/Escort (0255)  |              |           |                    |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |   |                    |
| 5                           | Meal Preparation (0260)   |              |           |                    |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |   |                    |
| 6                           | Companion (0265)  |              |           |                    |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |   |                    |
| 7                           | Other   |              |           |                    |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |   |                    |
| Personal Assistance Level 2 |   |              |           |                    |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |   |                    |
| 1                           | Eating/Feeding<br><input type="checkbox"/> Prepare/Serve (0300)<br><input type="checkbox"/> Assist/Feed (0305)<br><input type="checkbox"/> Record Oral Intake (0310)  |              |           |                    |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |   |                    |
| 2                           | Bathing<br><input type="checkbox"/> Bed Bath (0315)<br><input type="checkbox"/> Shower (0320)<br><input type="checkbox"/> Shampoo (0325)  |              |           |                    |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |   |                    |
| 3                           | Dressing (Upper and Lower Body)<br><input type="checkbox"/> Upper Body (0330)<br><input type="checkbox"/> Lower Body (0335)   |              |           |                    |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |   |                    |

|   |  |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |
|---|--|---------------------------|--|--|--|---------------------------|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|--|--|
| 4   | Grooming/Personal Hygiene<br><input type="checkbox"/> Oral care (0340)<br><input type="checkbox"/> Shave (0345)  |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 5   | Hair and Skin care<br><input type="checkbox"/> Brush (0350)<br><input type="checkbox"/> Comb (0355)<br><input type="checkbox"/> Nail Care (0360)<br><input type="checkbox"/> Foot Care (0365)<br><input type="checkbox"/> Skin care (0367) |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 6   | Toileting (do not include transfer and ambulation) (0370)  |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 7   | Ambulation   |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 8   | Bed Mobility/Transfers (0375)  |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 9   | Manual Wheelchair Mobility (0377)  |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 10  | Medication Assistance<br><input type="checkbox"/> Remind (0385)<br><input type="checkbox"/> Assist (0380)  |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 12  | *Other: _(see attached task Description) _____   |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| <b>SUBTOTAL MINUTES/WEEK</b>  |  | <b>Total Minutes/Week</b> |  |  |  | <b>Total Minutes/Week</b> |  |  |  | <b>Total Minutes/Week</b> |  |  |  |  |  |  |  |  |  |  |  |
| <b>Total Minutes of Care Required/Week</b>  |  |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| <b>Total Minutes of Care Performed by Unpaid Support System/Week</b>                                    |  |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| <b>Total Minutes of Care Performed by Health Plan Provider/Week</b>                                     |  |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| <b>Total Hours of Care Performed by Health Plan Provider/Week</b>                                       |  |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| <b>Total Hours of Care Performed by Health Plan Provider/Month (based on 7Days/Week x 31Days/Month)</b> |  |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| <b>Justification for Allocation of Hours:</b>   |  |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| <b>Assessor Signature</b>   |  |                           |  |  |  |                           |  |  |  | <b>Print Name/Title</b>   |  |  |  |  |  |  |  |  |  |  |  |

## Instructions for Personal Assistance Tool

**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 a member has no middle initial, leave blank.
2. **Medicaid #** - Enter member's Medicaid Identification Number.
3. **Date of Assessment** - Enter date assessment was completed.
4. **Daily Activities** - Select the activity and the corresponding EVV task code.
5. **Degree of Assistance** - The assessor will determine the member's degree of assistance using the completed Attachment for IADLs and ADLs included in the HFA.
  - a. *Independent* - No assistance, set up, or supervision.
  - b. *Minima I* - 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 to complete the task.
  - d. *Total* - Unable to complete the task on own or needs total assistance to complete the task.
6. **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

| <b>Personal Assistance Level 1</b>   |   | <b>Degree of Assistance and Suggested Times</b> |  |   |
|--|---|---|--|---|
| Personal Assistance Level 1  | Tasks<br>Description  |   |  |   |
| <b>Routine House Cleaning</b><br><br><input type="checkbox"/> Bathroom (0200)<br><input type="checkbox"/> Kitchen (0205)<br><input type="checkbox"/> Bedroom (0210)<br><input type="checkbox"/> Change linen (0215)<br><input type="checkbox"/> Make bed (0220)<br><input type="checkbox"/> Empty Trash (0225) | <ul style="list-style-type: none"> <li>• Dusting</li> <li>• Cleaning up after personal care tasks (bathing, toileting, meal preparation, etc.)</li> <li>• Cleaning floors in living areas used by member</li> <li>• Cleaning counters, stovetop, washing dishes</li> <li>• Carrying out trash and setting out garbage for pickup</li> <li>• Emptying and cleaning bedside commode</li> <li>• Cleaning bathroom (floor, toilet, tub/shower, sink)</li> <li>• Changing bed linens</li> <li>• Making up bed</li> </ul> | <b>Minimum</b>                                  | <i>Member that lives alone: Up to 120 minutes per week</i>   |   |
|  |   |   |  | <i>Member that lives with family or friends: Up to 60 minutes per week</i>  |
|  |   | <b>Moderate</b>                                 |  | <i>Member that lives alone: Up to 180 minutes per week</i>                  |
|  |   |   |  | <i>Member that lives with family or friends: Up to 120 minutes per week</i> |
|  |   | <b>Total</b>                                    |  | <i>Member that lives with alone: Up to 120 minutes per week</i>             |
|  |   |   |  | <i>Member that lives with family or friends: Up to 180 minutes per week</i> |
| <b>Laundry</b><br><br><input type="checkbox"/> Washing (0230)<br><input type="checkbox"/> Drying (0235)<br><input type="checkbox"/> Ironing (0240)<br><input type="checkbox"/> Mending (0245)  | <ul style="list-style-type: none"> <li>• Gathering and sorting</li> <li>• Hand washing garments</li> <li>• Loading and unloading of washer or dryer in residence</li> <li>• Hanging clothes to dry</li> <li>• Folding and putting away clothes</li> </ul>   |   | <ul style="list-style-type: none"> <li>• <i>Member has a washer and dryer: Up to 60 minutes per week.</i></li> <li>• <i>Member has no washer and dryer but has a laundromat on premises: Up to 90 minutes per week.</i></li> </ul> |   |

|   |  |   |
|---|--|---|
|   | <ul style="list-style-type: none"> <li>• Laundromat</li> </ul>   | <ul style="list-style-type: none"> <li>• <i>Member has no washer and dryer, and laundromat is not within walking distance:</i> Up to 120 minutes per week</li> </ul>  |
| <b>Shopping/Errands</b><br><input type="checkbox"/> Shopping/ Errands (0250)  | <ul style="list-style-type: none"> <li>• Preparing shopping list</li> <li>• Grocery shopping</li> <li>• Picking up medication, medical supplies, or household items</li> <li>• Putting groceries away</li> <li>• Paying bills</li> </ul>   | <ul style="list-style-type: none"> <li>• <i>Member that lives alone:</i> Up to 90 minutes per week</li> <li>• <i>Member that lives with family or friends:</i> Up to 60 minutes per week</li> </ul>                                   |
| <b>Transportation/Escort</b><br><input type="checkbox"/> Transportation/Escort (0255)                                 | <ul style="list-style-type: none"> <li>• Transportation arrangements</li> <li>• Accompanying member to doctor's office, clinic or other trips made for the purpose of obtaining medical diagnosis or treatment.</li> <li>• Wait time at the doctor's office or clinic with a member when necessary due to member's condition and/or distance from home.</li> </ul> | <ul style="list-style-type: none"> <li>• As needed.</li> <li>• <i>Member that lives alone:</i> Up to 90 minutes per week visit</li> <li>• <i>Member that lives with family or friends:</i> Up to 90 minutes per week visit</li> </ul> |
| <b>Meal Preparation</b><br><input type="checkbox"/> Meal Preparation (0260)   | <ul style="list-style-type: none"> <li>• Meal planning</li> <li>• Preparing foods</li> <li>• Cooking full meal</li> <li>• Warming up prepared food</li> <li>• Cutting food for member</li> <li>• Serving food</li> <li>• Grinding and pureeing food</li> </ul>   | <b>Minimum</b> Up to 10 minutes per meal  |
|   |  | <b>Moderate</b> Up to 20 minutes per meal   |
|   |  | <b>Total</b> Up to 30 minutes per meal  |
| <b>Companion</b><br><input type="checkbox"/> Companion (0265)   | <ul style="list-style-type: none"> <li>• Accompanying member on daily task that helps to accomplish daily living skills/task.</li> </ul>   | <ul style="list-style-type: none"> <li>• As needed.</li> <li>• <i>Member that lives alone:</i> Up to 90 minutes per week visit</li> <li>• <i>Member that lives with family or friends:</i> Up to 90 minutes per week visit</li> </ul> |
| <b>Other</b><br>- List Other Personal Assistance Level 1 not listed above, e.g., light yard work, simple home repairs |  | <ul style="list-style-type: none"> <li>• As needed.</li> <li>• Up to 60 minutes per week.</li> </ul>  |

**Personal Assistance Level 2**

| Tasks   |  | Degree of Assistance and Suggested Times |  |
|---|--|--|--|
| Personal Assistance Level 2   | Description  |  |  |
| <b>Eating/Feeding</b><br><input type="checkbox"/> Prepare/Serve (0300)<br><input type="checkbox"/> Assist/Feed (0305)<br><input type="checkbox"/> Record Oral Intake (0310) | <ul style="list-style-type: none"> <li>Standby assistance and encouragement</li> <li>Assistance with using eating or drinking utensils or adaptive devices.</li> <li>Spoon feeding</li> <li>Bottle feeding</li> </ul>  | <b>Minimum</b>                           | Up to 5 minutes per meal   |
|   |  | <b>Moderate</b>                          | Up to 20 minutes per meal  |
|   |  | <b>Total</b>                             | Up to 30 minutes per meal  |
| <b>Bathing</b><br><input type="checkbox"/> Bed Bath (0315)<br><input type="checkbox"/> Shower (0320)<br><input type="checkbox"/> Shampoo (0325)                             | <ul style="list-style-type: none"> <li>Standby assistance</li> <li>Drawing water in sink, tub or basin</li> <li>Hauling/heating water</li> <li>Gathering and setting up supplies</li> <li>Assisting with transferred in/out of tub or shower</li> <li>Sponge bath</li> <li>Bed bath</li> <li>Washing, rinsing, and towelng the body or body parts</li> </ul> | <b>Minimum</b>                           | Up to 5 minutes per bath   |
|   |  | <b>Moderate</b>                          | Up to 30 minutes per bath  |
|   |  | <b>Total</b>                             | Up to 45 minutes per bath  |
| <b>Dressing (Upper Body)</b><br><input type="checkbox"/> Upper Body (0330)  | <ul style="list-style-type: none"> <li>Undressing</li> <li>Dressing</li> <li>Gathering and laying out clothes</li> <li>Assisting with applying on and removing orthotics or prosthetic devices</li> </ul>  | <b>Minimum</b>                           | Up to 5 minutes per activity   |
|   |  | <b>Moderate</b>                          | Up to 20 minutes per activity  |
|   |  | <b>Total</b>                             | Up to 30 minutes per activity  |
| <b>Dressing (Lower Body)</b><br><input type="checkbox"/> Lower Body (0335)  | <ul style="list-style-type: none"> <li>Undressing</li> <li>Dressing</li> <li>Gathering and laying out clothes</li> <li>Assisting with applying on and removing orthotics or prosthetic devices</li> </ul>  | <b>Minimum</b>                           | Up to 5 minutes per activity   |
|   |  | <b>Moderate</b>                          | Up to 20 minutes per activity  |
|   |  | <b>Total</b>                             | Up to 30 minutes per activity  |
| <b>Grooming/Personal Hygiene</b><br><input type="checkbox"/> Oral care (0340)<br><input type="checkbox"/> Shave (0345)  | <ul style="list-style-type: none"> <li>Gathering and laying supplies</li> <li>Oral care- brushing teeth, cleaning dentures</li> <li>Shaving facial or body hair</li> </ul>   | <b>Minimum</b>                           | Up to 5 minutes per task   |
|   |  | <b>Moderate</b>                          | <i>Female:</i> Up to 30 minutes per task   |
|   |  |  | <i>Male:</i> Up to 15 minutes per task   |
|   |  | <b>Total</b>                             | <i>Female:</i> Up to 45 minutes per task<br><i>Male:</i> Up to 30 minutes per task |

|   |  |   |  |
|---|--|---|--|
| <b>Hair and Skin care</b><br><input type="checkbox"/> Brush (0350)<br><input type="checkbox"/> Comb (0355)<br><input type="checkbox"/> Nail Care (0360)<br><input type="checkbox"/> Foot Care (0365)<br><input type="checkbox"/> Skin care (0367) | <ul style="list-style-type: none"> <li>Laying out supplies</li> <li>Washing hair</li> <li>Drying hair</li> <li>Combing/brushing hair</li> <li>Washing hands and face</li> <li>Applying nonprescription lotion to skin</li> </ul>   | <b>Minimum</b><br><b>Moderate</b><br><b>Total</b> | Up to 5 minutes per task<br><i>Female:</i> Up to 30 minutes per task<br><i>Male:</i> Up to 15 minutes per task<br><i>Female:</i> Up to 45 minutes per task<br><i>Male:</i> Up to 30 minutes per task |
| <b>Toileting</b> (do not include transfer and ambulation)<br><br><input type="checkbox"/> Toileting (0370)  | <ul style="list-style-type: none"> <li>Standby assistance</li> <li>Assisting with clothing during toileting</li> <li>Preparing toileting equipment and supplies</li> <li>Assisting with feminine hygiene needs</li> <li>Assisting with toilet hygiene such as use of toilet paper and hand washing</li> <li>Assisting on/off bed pan</li> <li>Assisting with urinal</li> <li>Brief changes</li> <li>Colostomy bag empty/change</li> <li>External catheter change</li> <li>Catheter bag empty/change</li> </ul> | <b>Minimum</b><br><b>Moderate</b><br><b>Total</b> | Up to 10 minutes per activity<br>Up to 20 minutes per activity<br>Up to 30 minutes per activity  |
| <b>Ambulation</b>   | <ul style="list-style-type: none"> <li>Assisting member in positioning for use of assistive devices</li> <li>Standby assistance</li> <li>Assisting with ambulation using steps</li> <li>Assisting with ambulation indoor/outdoor</li> </ul>  | <b>Minimum</b><br><b>Moderate</b><br><b>Total</b> | Up to 5 minutes per activity<br>Up to 15 minutes per activity<br>Up to 30 minutes per activity   |
| <b>Bed Mobility/Transfers</b><br><br><input type="checkbox"/> Bed Mobility/Transfers (0375)   | <ul style="list-style-type: none"> <li>Assisting/repositioning in Bed/Chair</li> <li>Assisting Chair/Bed transfer</li> <li>Assisting Toilet transfer</li> <li>Assisting Car transfer</li> <li>Hoyer lift transfer</li> </ul>   | <b>Minimum</b><br><b>Moderate</b><br><b>Total</b> | Up to 5 minutes per activity<br>Up to 15 minutes per activity<br>Up to 30 minutes per activity   |
| <b>Manual Wheelchair Mobility</b><br><br><input type="checkbox"/> Manual Wheelchair Mobility (0377)   | <ul style="list-style-type: none"> <li>Assisting Indoors/Outdoors</li> </ul>   | Up to 30 minutes per day                          |  |

|  |  |                           |
|--|--|---------------------------|
| <b>Medication Assistance</b><br><input type="checkbox"/> Remind (0385)<br><input type="checkbox"/> Assist (0380) | <ul style="list-style-type: none"> <li>• Medication reminding</li> <li>• Getting a glass of water</li> <li>• Bringing medication container to member</li> <li>• Opening medication container at request of member</li> </ul> | Up to 15 minutes per day  |
| <b>Other</b> – Other PA2 not listed above  | <ul style="list-style-type: none"> <li>• Checking and reporting any equipment or supplies that need to be repaired or replenished.</li> <li>• Taking and recording vital signs, including blood pressure</li> </ul>          | Up to 30 minutes per day. |

**7. Total Minutes of Care Required/Week**

- a. *Frequency/Day* - Enter how many times the member needs the task done each day.
- b. *Minutes/Task* - Enter how many minutes it takes to do the task each time.
- c. *Days/Week* - Enter how many days a task is needed in a week. Most tasks are done daily, but there may be tasks 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 with 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.*

**8. 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 task is done for the member by Support System which includes care provided by family, friends, or other programs such as DDD, DOE, etc. Enter how many minutes the member needs the task done each day and place it on the appropriate day of the week for each task.
- b. *Total Minutes/Week* - Minutes will be added up and totaled at the end of column. This provides the assessor with 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.*

**9. 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 tasks 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 with 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.*

**10. Subtotal Minutes/Week**

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

11. **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)**

- 12. **Justification for Allocation of Hours** - Provide reason(s) the hours are more than the suggested times.
- 13. **Assessor Signature** - The licensed health coordinator must print name/title and sign the tool to acknowledge that the appropriate hours have been allotted.



**Instructions for Personal Assistance Tool**

***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 a member has no middle initial, leave blank.
2. **Medicaid #** - Enter member’s Medicaid Identification Number.
3. **Date of Assessment** - Enter date assessment was completed.
4. **Daily Activities** - Select the activity and the corresponding EVV task code.
5. **Degree of Assistance** - The assessor will determine the member’s degree of assistance using the completed Attachment for IADLs and ADLs included in the HFA.
  - a. *Independent* - No assistance, set up, or supervision.
  - b. *Minima I-* 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 to complete the task.
  - d. *Total* - Unable to complete the task on own or needs total assistance to complete the task.
6. **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

| <b>Personal Assistance Level 1</b>   |   | <b>Degree of Assistance and Suggested Times</b> |   |
|--|---|---|---|
| <b>Tasks</b>   | <b>Description</b>  |   |   |
| <b>Personal Assistance Level 1</b><br><br><b>Routine House Cleaning</b><br><br><input type="checkbox"/> Bathroom (0200)<br><input type="checkbox"/> Kitchen (0205)<br><input type="checkbox"/> Bedroom (0210)<br><input type="checkbox"/> Change linen (0215)<br><input type="checkbox"/> Make bed (0220)<br><input type="checkbox"/> Empty Trash (0225) | <ul style="list-style-type: none"> <li>• Dusting</li> <li>• Cleaning up after personal care tasks (bathing, toileting, meal preparation, etc.)</li> <li>• Cleaning floors in living areas used by member</li> <li>• Cleaning counters, stovetop, washing dishes</li> <li>• Carrying out trash and setting out garbage for pickup</li> <li>• Emptying and cleaning bedside commode</li> <li>• Cleaning bathroom (floor, toilet,</li> </ul> | <b>Minimum</b>                                  | <i>Member that lives alone: Up to 120 minutes per week</i><br><br><i>Member that lives with family or friends: Up to 60 minutes per week</i>  |
|  |   | <b>Moderate</b>                                 | <i>Member that lives alone: Up to 180 minutes per week</i><br><br><i>Member that lives with family or friends: Up to 120 minutes per week</i> |
|  |   | <b>Total</b>                                    | <i>Member that lives with alone: Up to 120 minutes per week</i><br><br><i>Member that lives with family or</i>                                |

|   |  |  |  |
|---|--|--|--|
|   | <ul style="list-style-type: none"> <li>tub/shower, sink)</li> <li>• Changing bed linens</li> <li>• Making up bed</li> </ul>  |  | <ul style="list-style-type: none"> <li><i>friends: Up to 180 minutes per week</i></li> </ul> |
| <p><b>Laundry</b></p> <p><input type="checkbox"/>Washing (0230)<br/><input type="checkbox"/>Drying (0235)<br/><input type="checkbox"/>Ironing (0240)<br/><input type="checkbox"/>Mending (0245)</p> | <ul style="list-style-type: none"> <li>• Gathering and sorting</li> <li>• Hand washing garments</li> <li>• Loading and unloading of washer or dryer in residence</li> <li>• Hanging clothes to dry</li> <li>• Folding and putting away clothes</li> <li>• Laundromat</li> </ul>  | <ul style="list-style-type: none"> <li>• <i>Member has a washer and dryer: Up to 60 minutes per week.</i></li> <li>• <i>Member has no washer and dryer but has a laundromat on premises: Up to 90 minutes per week.</i></li> <li>• <i>Member has no washer and dryer, and laundromat is not within walking distance: Up to 120 minutes per week</i></li> </ul> |  |
| <p><b>Shopping/Errands</b></p> <p><input type="checkbox"/> Shopping/ Errands (0250)</p>   | <ul style="list-style-type: none"> <li>• Preparing shopping list</li> <li>• Grocery shopping</li> <li>• Picking up medication, medical supplies, or household items</li> <li>• Putting groceries away</li> <li>• Paying bills</li> </ul>   | <ul style="list-style-type: none"> <li>• <i>Member that lives alone: Up to 90 minutes per week</i></li> <li>• <i>Member that lives with family or friends: Up to 60 minutes per week</i></li> </ul>  |  |
| <p><b>Transportation/Escort</b></p> <p><input type="checkbox"/>Transportation/Escort (0255)</p>   | <ul style="list-style-type: none"> <li>• Transportation arrangements</li> <li>• Accompanying member to doctor's office, clinic or other trips made for the purpose of obtaining medical diagnosis or treatment.</li> <li>• Wait time at the doctor's office or clinic with a member when necessary due to member's condition and/or distance from home.</li> </ul> | <ul style="list-style-type: none"> <li>• As needed.</li> <li>• <i>Member that lives alone: Up to 90 minutes per week visit</i></li> <li>• <i>Member that lives with family or friends: Up to 90 minutes per week visit</i></li> </ul>  |  |

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>Meal Preparation</b><br><br><input type="checkbox"/> Meal Preparation (0260)   | <ul style="list-style-type: none"> <li>• Meal planning</li> <li>• Preparing foods</li> <li>• Cooking full meal</li> <li>• Warming up prepared food</li> <li>• Cutting food for member</li> <li>• Serving food</li> <li>• Grinding and pureeing food</li> </ul> | <b>Minimum</b>  | Up to 10 minutes per meal |
|   |  | <b>Moderate</b>   | Up to 20 minutes per meal |
|   |  | <b>Total</b>  | Up to 30 minutes per meal |
| <b>Companion</b><br><br><input type="checkbox"/> Companion (0265)   | <ul style="list-style-type: none"> <li>• Accompanying member on daily task that helps to accomplish daily living skills/task.</li> </ul>   | <ul style="list-style-type: none"> <li>• As needed.</li> <li>• <i>Member that lives alone:</i> Up to 90 minutes per week visit</li> <li>• <i>Member that lives with family or friends:</i> Up to 90 minutes per week visit</li> </ul> |                           |
| <b>Other</b><br><br>- List Other Personal Assistance Level 1 not listed above, e.g., light yard work, simple home repairs |  | <ul style="list-style-type: none"> <li>• As needed.</li> <li>• Up to 60 minutes per week.</li> </ul>  |                           |

**Personal Assistance Level 2**

| Tasks   |  | Degree of Assistance and Suggested Times |                           |
|---|--|--|---------------------------|
| Personal Assistance Level 2   | Description  |  |                           |
| <b>Eating/Feeding</b><br><br><input type="checkbox"/> Prepare/Serve (0300)<br><input type="checkbox"/> Assist/Feed (0305)<br><input type="checkbox"/> Record Oral Intake (0310) | <ul style="list-style-type: none"> <li>• Standby assistance and encouragement</li> <li>• Assistance with using eating or drinking utensils or adaptive devices.</li> <li>• Spoon feeding</li> <li>• Bottle feeding</li> </ul>  | <b>Minimum</b>                           | Up to 5 minutes per meal  |
|   |  | <b>Moderate</b>                          | Up to 20 minutes per meal |
|   |  | <b>Total</b>                             | Up to 30 minutes per meal |
| <b>Bathing</b><br><br><input type="checkbox"/> Bed Bath (0315)<br><input type="checkbox"/> Shower (0320)<br><input type="checkbox"/> Shampoo (0325)                             | <ul style="list-style-type: none"> <li>• Standby assistance</li> <li>• Drawing water in sink, tub or basin</li> <li>• Hauling/heating water</li> <li>• Gathering and setting up supplies</li> <li>• Assisting with transferred in/out of tub or shower</li> <li>• Sponge bath</li> <li>• Bed bath</li> </ul> | <b>Minimum</b>                           | Up to 5 minutes per bath  |
|   |  | <b>Moderate</b>                          | Up to 30 minutes per bath |
|   |  | <b>Total</b>                             | Up to 45 minutes per bath |

|  |   |   |  |
|--|---|---|--|
|  | <ul style="list-style-type: none"> <li>Washing, rinsing, and toweling the body or body parts</li> </ul>   |   |  |
| <b>Dressing (Upper Body)</b><br><br><input type="checkbox"/> Upper Body (0330)   | <ul style="list-style-type: none"> <li>Undressing</li> <li>Dressing</li> <li>Gathering and laying out clothes</li> <li>Assisting with applying on and removing orthotics or prosthetic devices</li> </ul> | <b>Minimum</b>  | Up to 5 minutes per activity   |
|  |   | <b>Moderate</b>   | Up to 20 minutes per activity  |
|  |   | <b>Total</b>  | Up to 30 minutes per activity  |
| <b>Dressing (Lower Body)</b><br><br><input type="checkbox"/> Lower Body (0335)   | <ul style="list-style-type: none"> <li>Undressing</li> <li>Dressing</li> <li>Gathering and laying out clothes</li> <li>Assisting with applying on and removing orthotics or prosthetic devices</li> </ul> | <b>Minimum</b>  | Up to 5 minutes per activity   |
|  |   | <b>Moderate</b>   | Up to 20 minutes per activity  |
|  |   | <b>Total</b>  | Up to 30 minutes per activity  |
| <b>Grooming/Personal Hygiene</b><br><br><input type="checkbox"/> Oral care (0340)<br><input type="checkbox"/> Shave (0345) | <ul style="list-style-type: none"> <li>Gathering and laying supplies</li> <li>Oral care- brushing teeth, cleaning dentures</li> <li>Shaving facial or body hair</li> </ul>                                | <b>Minimum</b>  | Up to 5 minutes per task   |
|  |   | <b>Moderate</b>   | <i>Female:</i> Up to 30 minutes per task   |
|  |   |   | <i>Male:</i> Up to 15 minutes per task   |
|  |   | <b>Total</b>  | <i>Female:</i> Up to 45 minutes per task   |
|  |   |   | <i>Male:</i> Up to 30 minutes per task   |
|  |   | <b>Hair and Skin care</b><br><br><input type="checkbox"/> Brush (0350)<br><input type="checkbox"/> Comb (0355)<br><input type="checkbox"/> Nail Care (0360)<br><input type="checkbox"/> Foot Care (0365)<br><input type="checkbox"/> Skin care (0367) | <ul style="list-style-type: none"> <li>Laying out supplies</li> <li>Washing hair</li> <li>Drying hair</li> <li>Combing/brushing hair</li> <li>Washing hands and face</li> <li>Applying nonprescription lotion to skin</li> </ul> |
| <b>Moderate</b>  | <i>Female:</i> Up to 30 minutes per task  |   |  |
|  | <i>Male:</i> Up to 15 minutes per task  |   |  |
| <b>Total</b>   | <i>Female:</i> Up to 45 minutes per task  |   |  |

|  |  |                          |  |
|--|--|--------------------------|--|
|  |  |                          | <i>Male:</i> Up to 30 minutes per task |
| <b>Toileting</b> (do not include transfer and ambulation)<br><br><input type="checkbox"/> Toileting (0370)           | <ul style="list-style-type: none"> <li>• Standby assistance</li> <li>• Assisting with clothing during toileting</li> <li>• Preparing toileting equipment and supplies</li> <li>• Assisting with feminine hygiene needs</li> <li>• Assisting with toilet hygiene such as use of toilet paper and hand washing</li> <li>• Assisting on/off bed pan</li> <li>• Assisting with urinal</li> <li>• Brief changes</li> <li>• Colostomy bag empty/change</li> <li>• External catheter change</li> <li>• Catheter bag empty/change</li> </ul> | <b>Minimum</b>           | Up to 10 minutes per activity          |
|  |  | <b>Moderate</b>          | Up to 20 minutes per activity          |
|  |  | <b>Total</b>             | Up to 30 minutes per activity          |
| <b>Ambulation</b>  | <ul style="list-style-type: none"> <li>• Assisting member in positioning for use of assistive devices</li> <li>• Standby assistance</li> <li>• Assisting with ambulation using steps</li> <li>• Assisting with ambulation indoor/outdoor</li> </ul>  | <b>Minimum</b>           | Up to 5 minutes per activity           |
|  |  | <b>Moderate</b>          | Up to 15 minutes per activity          |
|  |  | <b>Total</b>             | Up to 30 minutes per activity          |
| <b>Bed Mobility/Transfers</b><br><br><input type="checkbox"/> Bed Mobility/Transfers (0375)                          | <ul style="list-style-type: none"> <li>• Assisting/repositioning in Bed/Chair</li> <li>• Assisting Chair/Bed transfer</li> <li>• Assisting Toilet transfer</li> <li>• Assisting Car transfer</li> <li>• Hoyer lift transfer</li> </ul>   | <b>Minimum</b>           | Up to 5 minutes per activity           |
|  |  | <b>Moderate</b>          | Up to 15 minutes per activity          |
|  |  | <b>Total</b>             | Up to 30 minutes per activity          |
| <b>Manual Wheelchair Mobility</b><br><br><input type="checkbox"/> Manual Wheelchair Mobility (0377)                  | <ul style="list-style-type: none"> <li>• Assisting Indoors/Outdoors</li> </ul>   | Up to 30 minutes per day |  |
| <b>Medication Assistance</b><br><br><input type="checkbox"/> Remind (0385)<br><input type="checkbox"/> Assist (0380) | <ul style="list-style-type: none"> <li>• Medication reminding</li> <li>• Getting a glass of water</li> <li>• Bringing medication container to member</li> </ul>  | Up to 15 minutes per day |  |

|   |   |                           |
|---|---|---------------------------|
|   | <ul style="list-style-type: none"> <li>Opening medication container at request of member</li> </ul>   |                           |
| <b>Other</b> – Other PA2 not listed above | <ul style="list-style-type: none"> <li>Checking and reporting any equipment or supplies that need to be repaired or replenished.</li> <li>Taking and recording vital signs, including blood pressure</li> </ul> | Up to 30 minutes per day. |

**7. Total Minutes of Care Required/Week**

- Frequency/Day* - Enter how many times the member needs the task done each day.
- Minutes/Task* - Enter how many minutes it takes to do the task each time.
- Days/Week* - Enter how many days a task is needed in a week. Most tasks are done daily, but there may be tasks that may be done once or twice a week etc.
- Total Minutes/Week* - Minutes will be added up and totaled at the end of column. This provides the assessor with the ability to check that all minutes required per week are performed by either Support System or Health Plan Provider.
- 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.*

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

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

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

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

**10. Subtotal Minutes/Week**

- Total Minutes of Care Required/Week - Total time the tasks take to perform per week.
- Total Minutes of Care Performed by Support System/Week - Total time the Support System performs the task per week.

- c. Total Minutes of Care Performed by Health Plan Provider/Week - Total time the Health Plan Provider performs the task per week.
11. **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)
12. **Justification for Allocation of Hours** - Provide reason(s) the hours are more than the suggested times.
13. **Assessor Signature** - The licensed health coordinator must print name/title and sign the tool to acknowledge that the appropriate hours have been allotted.

Skilled Nursing Tool

| Member Name: |  |                                      |                          | Medicaid #:                         |               |            |                     | Date of Assessment:                                    |             |             |             |             |  |             |                           |             |             |             |             |             |             |             |                           |  |
|--------------|--|--------------------------------------|--------------------------|-------------------------------------|---------------|------------|---------------------|--|-------------|-------------|-------------|-------------|--|-------------|---------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---------------------------|--|
|              | Nursing Intervention   | Frequency/Complexity                 | Suggested Time (Minutes) | Total Minutes of Care Required/Week |               |            |                     | Total Minutes of Care Performed by Support System/Week |             |             |             |             | Total Minutes of Care Performed by Health Plan Provider/Week |             |                           |             |             |             |             |             |             |             |                           |  |
|              |  |                                      |                          | Frequency /Day                      | Minutes/ Task | Days/ Week | Total Minutes/ Week | S<br>U<br>N  | M<br>O<br>N | T<br>U<br>E | W<br>E<br>D | T<br>H<br>U | F<br>R<br>I  | S<br>A<br>T | Total<br>Minutes/<br>Week | S<br>U<br>N | M<br>O<br>N | T<br>U<br>E | W<br>E<br>D | T<br>H<br>U | F<br>R<br>I | S<br>A<br>T | Total<br>Minutes/<br>Week |  |
| 1            | Ventilator Care<br><input type="checkbox"/> Ventilator Care (540)<br><input type="checkbox"/> Check Ventilator Settings (0545)<br>Type: FIO2 %, VT, Peep , Rate , PS   | >12 hours (per day)                  | Up to 40                 |                                     |               |            |                     |  |             |             |             |             |  |             |                           |             |             |             |             |             |             |             |                           |  |
|              |  | <12 hours (per day)                  | Up to 30                 |                                     |               |            |                     |  |             |             |             |             |  |             |                           |             |             |             |             |             |             |             |                           |  |
| 2            | BIPAP/CPAP Care  | >12 hours (per day)                  | Up to 40                 |                                     |               |            |                     |  |             |             |             |             |  |             |                           |             |             |             |             |             |             |             |                           |  |
|              |  | <12 hours (per day)                  | Up to 30                 |                                     |               |            |                     |  |             |             |             |             |  |             |                           |             |             |             |             |             |             |             |                           |  |
| 3            | Tracheostomy Care (0535)   | Per day                              | Up to 15                 |                                     |               |            |                     |  |             |             |             |             |  |             |                           |             |             |             |             |             |             |             |                           |  |
| 4            | Suctioning (oral, nasal, tracheal)<br><input type="checkbox"/> Oral Suctioning (0505)<br><input type="checkbox"/> Suctioning non-oral* (0510)  | Per episode                          | Up to 10                 |                                     |               |            |                     |  |             |             |             |             |  |             |                           |             |             |             |             |             |             |             |                           |  |
| 5            | Nebulization therapy (0515)  | Per episode                          | Up to 15                 |                                     |               |            |                     |  |             |             |             |             |  |             |                           |             |             |             |             |             |             |             |                           |  |
| 6            | Cough insufflators and exsufflators  | Per episode                          | Up to 15                 |                                     |               |            |                     |  |             |             |             |             |  |             |                           |             |             |             |             |             |             |             |                           |  |
| 7            | Chest vest therapy   | Per episode                          | Up to 15                 |                                     |               |            |                     |  |             |             |             |             |  |             |                           |             |             |             |             |             |             |             |                           |  |
| 8            | Nutrition (parenteral, G-tube, J-tube)<br><input type="checkbox"/> Record Feeding Intake (0450)<br><input type="checkbox"/> Tube Feeding* (0455) Feeding Orders: _____<br><input type="checkbox"/> G-Tube care (0460)<br><input type="checkbox"/> Monitor skin condition for adequate hydration (0465)                     | Bolus feeds per episode              | Up to 15                 |                                     |               |            |                     |  |             |             |             |             |  |             |                           |             |             |             |             |             |             |             |                           |  |
|              |  | Continuous (per day)                 | Up to 30                 |                                     |               |            |                     |  |             |             |             |             |  |             |                           |             |             |             |             |             |             |             |                           |  |
| 9            | Special Skin Care (wounds, burns, ulcers, G/J tube site care)<br><input type="checkbox"/> Decubitus Care (0600) <input type="checkbox"/> Dressing (0605)<br><input type="checkbox"/> Clean (0610)<br><input type="checkbox"/> Sterile*(0615)   | Simple (dry gauze, tape) per episode | Up to 10                 |                                     |               |            |                     |  |             |             |             |             |  |             |                           |             |             |             |             |             |             |             |                           |  |
|              |  | Moderate (duoderm) per episode       | Up to 15                 |                                     |               |            |                     |  |             |             |             |             |  |             |                           |             |             |             |             |             |             |             |                           |  |
|              |  | Complex (per episode)                | Up to 20                 |                                     |               |            |                     |  |             |             |             |             |  |             |                           |             |             |             |             |             |             |             |                           |  |
| 10           | Orthopedic appliance<br><input type="checkbox"/> Transfer - Patient Lift (0925)  | Splint/cast per episode              | Up to 10                 |                                     |               |            |                     |  |             |             |             |             |  |             |                           |             |             |             |             |             |             |             |                           |  |
|              |  | Complex (describe) per episode       | Up to 20                 |                                     |               |            |                     |  |             |             |             |             |  |             |                           |             |             |             |             |             |             |             |                           |  |
| 11           | Urinary bladder catheterization, irrigation<br><input type="checkbox"/> Urinary Catheterization* (0825)<br><input type="checkbox"/> Catheter Care (0830)<br><input type="checkbox"/> Catheter Irrigation* (0835)<br><input type="checkbox"/> Condom care (0840)<br><input type="checkbox"/> Empty Urine Drainage Bag (845) | Per episode                          | Up to 15                 |                                     |               |            |                     |  |             |             |             |             |  |             |                           |             |             |             |             |             |             |             |                           |  |



|                                      |   |                              |          |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |
|--------------------------------------|---|------------------------------|----------|---------------------------|--|--|--|---------------------------|--|--|--|---------------------------|--|--|--|--|--|--|--|--|
|                                      | <input type="checkbox"/> Record Output (850)<br><input type="checkbox"/> Drain bag: Empty ½ full or more often (855)  |                              |          |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |
| 12                                   | Vascular access catheter care   | Per day                      | Up to 15 |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |
| 13                                   | Ileostomy/colostomy care  | Per day                      | Up to 20 |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |
| 14                                   | Medications administered by LPN/RN (oral, nasal, ophthalmic, ear, enteral-G or J tube, rectal, IM, subcu)<br><input type="checkbox"/> See Medication Sheet and administer as ordered by physician* (0700)<br><input type="checkbox"/> Update medication list (0705)<br><input type="checkbox"/> All caregivers to know medication, purpose, effects, and side effects | Per dose                     | Up to 10 |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |
| 15                                   | Intravascular medications   | Per dose                     | Up to 15 |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |
| 16                                   | Monitors  | Cardio-respiratory (per day) | Up to 10 |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |
|                                      |   | Pulse oximeter (per day)     | Up to 10 |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |
| 17                                   | Glucose Monitoring (0170)   | Per episode                  | Up to 10 |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |
| 18                                   | *Other: _(see attached task Description) _____  |                              |          |                           |  |  |  |                           |  |  |  |                           |  |  |  |  |  |  |  |  |
| <b>SUBTOTAL SKILLED MINUTES/WEEK</b> |   |                              |          | <b>Total Minutes/Week</b> |  |  |  | <b>Total Minutes/Week</b> |  |  |  | <b>Total Minutes/Week</b> |  |  |  |  |  |  |  |  |

|   |                         |  |
|---|-------------------------|--|
| <b>Total Minutes of Care Required/Week</b>  |                         |  |
| <b>Total Minutes of Care Performed by Support System/Week</b>   |                         |  |
| <b>Total Minutes of Care Performed by Health Plan Provider/Week</b>                                     |                         |  |
| <b>Total Hours of Care Performed by Health Plan Provider/Week</b>                                       |                         |  |
| <b>Total Hours of Care Performed by Health Plan Provider/Month (based on 7Days/Week x 31Days/Month)</b> |                         |  |
| <b>Justification for Allocation of Hours:</b>   |                         |  |
| <b>Assessor Signature</b>   | <b>Print Name/Title</b> |  |

### Instructions for Skilled Nursing Tool

**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 a member has no middle initial, leave it blank.
2. **Medicaid #:** Enter member's Medicaid Identification Number.
3. **Date of Assessment:** Enter date assessment was completed.
4. **Nursing Intervention:** Select the Intervention and the corresponding EVV task.
5. **Frequency/Complexity-** How often and complexity of skill.
6. **Suggested Times (Minutes) -** The assessor will enter the minutes based on the frequency and complexity of each skill. If the minutes exceed the maximum suggested minutes, please document reason in the Justification for Allocation of Hours.
7. **Total Minutes of Care Required/Week**
  - a. *Frequency/Day-* Enter how many times the member needs the skill done each day.
  - 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 gets nebulizer treatments 3 times a day and it takes 10 minutes each time which will total 30 minutes required per day. Treatment orders are daily which total 210 minutes per week.*
8. **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 day 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 provides 2 nebulizer treatments daily, 20 minutes per day, which total 140 minutes per week.*
9. **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 1 nebulizer treatment daily, 10 minutes per day, which total 70 minutes per week.*
10. **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.

**11. 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)

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