

HOME AND COMMUNITY BASED SERVICES MEMBER NEEDS TOOL - GUIDELINES:<sup>1</sup>

Attendant Care, Personal Care, ~~and~~ Homemaker, and Habilitation<sup>2</sup> services are intended to augment and support the existing informal care and community services being provided to the member<sup>3</sup> to allow the member to remain in a home setting.

The Home and Community Based Services (HCBS) Needs Tool (HNT), AMPM ~~Chapter 1600~~,<sup>4</sup> Exhibit 1620-17 is intended to evaluate the member's functional care needs. While the tool will also help and which document which of those needs will be met by informal support system and which parts will be provided by the formal paid caregiver, the member's needs do not change based on who provides the care<sup>5</sup>.

Prior to authorizing Attendant Care, Personal Care, ~~or~~ Homemaker, or Habilitation services, the ALTCS Case Manager shall complete the Person-Centered Service Plan (PCSP), AMPM Exhibit 1620-10, the HNT, and the Uniform Assessment Tool (UAT).

The HNT shall be completed with direct involvement of the member/Health Care Decision Maker (HCDM). Discussion shall 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 shall 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.

There can be no differentiation or discrimination in the types ~~of or~~ frequencies of service authorized simply because the member's caregiver will be a family member or other live-in individual. All services the member needs shall be assessed regardless of who (paid or informal) is providing the service.<sup>6</sup>

Times shown on the HNT are only guidelines that reflect the approximate time frame that it takes to complete tasks based on **general and reasonable expectations** in homecare provision. Time for each category shall be based on the evaluation of the member's individual needs, and informal supports available.<sup>7</sup>

<sup>1</sup> Revised title to more accurately address the contents of the Exhibit. Changes made throughout Exhibit when applicable.

<sup>2</sup> Added habilitation to align with policy

<sup>3</sup> Added for clarity that it is provided to the member

<sup>4</sup> Removed do not need to call out the Chapter number it is provided in the Exhibit number.

<sup>5</sup> Added clarification per workgroup feedback

<sup>6</sup> Change based on workgroup feedback

<sup>7</sup> Change for clarity. Informal support availability does not affect member's need.

Time above the suggested amount in any category may be assessed, but the case manager shall provide an explanation for the amount of time needed to complete that task for the member. This shall be documented in the *Comments (Who is Providing Care/Why > < time needed)* section of the HNT. Exceptions should be clearly documented and explained.<sup>8</sup> Comments shall also be included for any changes in assessing tasks (tasks per day and minutes each task takes) to reflect the member's current condition.<sup>9</sup>

Age-appropriate tasks shall not be assessed unless there is a clearly defined exception. For example, mobility requiring maximum assistance shall not be assessed for a member aged 12 months or younger because that is an age-appropriate developmental milestone. This also applies to habilitation goals. For example, it would not be appropriate to provide paid habilitation support to teach a child under four years of age to brush their teeth independently as that is an age-appropriate developmental milestone. Habilitation goals shall be checked against the age-appropriateness outlined in the HNT to ensure paid habilitation is appropriate.<sup>10</sup>

The approximate time for the task to be completed criteria shall be used for considerations of an exception to age-appropriate designated tasks. A justification for the actual time a task requires to be completed (when exceeds the approximate time) and the steps included in the process shall be documented in the comments for any exceptions. Only the additional time over and above the approximate time will be authorized. Finally, it is necessary to apply a reasonable test by comparing the situation to parenting for a child without a disability or illness.<sup>11</sup>

The discussion regarding the various caregiver options for minors (AMPM Exhibit 1620-21, Minor Caregiver Options Discussion Guide and Decision Roadmap) occurs after the service need and hours have been assessed through the HNT. That said, for minor children, if during the course of the assessment it is determined the child needs paid services during the overnight hours (between 10:00 pm and 6:00 am), the comment section must be utilized to document the specific needs that necessitate paid services provided by the parent during the overnight hours. Parents of minor children are only permitted to provide paid care between the hours of 6:00 am and 10:00 pm unless the member's needs are otherwise documented in the HNT.<sup>12</sup>

Attendant care and habilitation shall not be provided at the same time.<sup>13</sup>

There shall be adequate documentation in the member's PCSP to support the assessment and hours authorized. There shall be consistency between the PCSP, the HNT, and the UAT.

<sup>8</sup> Changed based on workgroup feedback.

<sup>9</sup> Added per Workgroup request

<sup>10</sup> Changed to explain HNT age appropriateness addition and how it works with habilitation.

<sup>11</sup> Added guidance for determining time to authorize for exceptions

<sup>12</sup> Revised in response to HB2945

<sup>13</sup> Added to reflect policy clarification.

After the member's needs are assessed, the Cost Effectiveness Study (CES) shall 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 six months may be authorized.



**COMPLETING THE HCBS NEEDS ~~TOOL~~ ASSESSMENT**

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**LIVING SITUATION:**

Select the appropriate choice based on the member's situation.

**SUPERVISION NEED:**

Select one or more of the choices or N/A 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 at risk to themselves – 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 THAT WILL BE ASSISTING WITH CARE:**

List the individuals who are available to provide informal support.

On the ~~worksheet tool~~, enter the time Informal Supports will be able to assist "IFS" on the specific tasks ~~and days~~ for which the informal support is present to provide the care in the IFS Hours column.

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 OTHERS NOT AVAILABLE TO ASSIST MEMBER:**

If the member lives with others, indicate the time others in the household are away from the home on a regular basis for other obligations.

**COMPLETING THE HCBS NEEDS TOOL  
TASKS**

THE GUIDELINES AND CONSIDERATIONS BELOW CAN BE USED WHEN COMPLETING THE HCBS NEEDS TOOL.<sup>14</sup>

**HOUSEKEEPING & CLEANING**

Housekeeping includes cleaning tasks necessary to attain and maintain sanitary living conditions for the member. Housekeeping and cleaning shall not be assessed for ages under 18.<sup>15</sup>

**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 two 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 laundry to be washed, putting the laundry in the washer, putting the laundry in the dryer or on the line, and folding/putting away the laundry, with the goal of maintaining the member's laundry in a clean manner and neat appearance. These tasks apply only to the member's clothing and linens. Laundry shall not be assessed for ages 18 and under, with the exception of incontinence episodes, which shall not be assessed for ages five and under.

<sup>14</sup> Added clarification to use with Exhibit 1620-17 HNT

<sup>15</sup> Added clarification to align with Exhibit 1620-17 HNT

### 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 has to be done at an apartment laundry complex or 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: 1-60 min/week.
- Laundry is done in apartment complex laundry room:  
Time Guide: 1-90 min/week.
- 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. [Shopping shall not be assessed for ages 18 and under.](#)<sup>16</sup>

### 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.

<sup>16</sup> [Added clarification to align with Exhibit 1620-17 HNT](#)

- 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 **shall** 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 **in** 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 two minutes, cutting and putting together cheese and crackers might only take five minutes, etc.

Meal preparation and meal clean-up shall not be assessed for ages 18 and under.<sup>17</sup>

#### **ASSESSMENT CONSIDERATIONS**

- Ask the member how many times a day **s/he** they eats and needs assistance in the preparation and cleanup involved with the meals. Some members may only eat lunch and dinner and can manage morning coffee on their own.

<sup>17</sup> Added clarification to align with Exhibit 1620-17 HNT

- 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 themselves.

**TIME GUIDE:** Do not write in the gray areas. In general, meal preparation and cleanup should not exceed 75 minutes per day.

- 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:  
1-40 min.
- Dinner with others:  
1-5 min/day
- Alternative Meal Schedule:  
1-10 min per meal.

### **EATING & FEEDING**

Eating ~~and~~ 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. [Refer to AMPM Exhibit 1620-17 for the guidance on the HCBS Needs Tool for age considerations<sup>18</sup>.](#)

<sup>18</sup> [Added clarification to align with Exhibit 1620-17 HNT](#)

### 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 shall be fed:-  
~~Time Guide:-~~<sup>19</sup>1-30 min/meal.

### BATHING

Bathing is the process of washing, rinsing, and towel drying 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.

[Refer to AMPM Exhibit 1620-17 for the guidance on the HCBS Needs Tool for age considerations<sup>20</sup>.](#)

### ASSESSMENT CONSIDERATIONS

- How many times per week does the member bathe (member specific, as needed)?

<sup>19</sup> Revised for consistency

<sup>20</sup> Added clarification to align with Exhibit 1620-17 HNT

- 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 themselves.
- A bed bath is for members who are unable to leave their bed without maximum assistance<sup>21</sup> 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 shall be included in BATHING.

**TIME GUIDE:** Do not write in the gray areas. In general, bathing should not exceed 45 minutes per day.

- 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 one or more persons<sup>s</sup> 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 AND 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. [Refer to AMPM Exhibit 1620-17 for the guidance on the HCBS Needs Tool for age considerations<sup>22</sup>.](#)

### **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?

<sup>21</sup> Modified to be more person centered

<sup>22</sup> Added clarification to align with Exhibit 1620-17 HNT

- 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 sweatpants, 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. In general, bathing should not exceed 45 minutes per day.

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. When determining the time needed for assistance with dressing and grooming, specific tasks should be considered.

- Independent. The member does not need assistance with any part of dressing, undressing, or grooming.  
**Time Guide:** 0 min/day.
- Minimum. The member needs some supervision or reminding. Includes selecting and laying out clothes.  
**Time Guide:** 1-10 min/day.
- 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/day.
- 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/day.

## **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. [Refer to AMPM Exhibit 1620-17 for the guidance on the HCBS Needs Tool for age considerations<sup>23</sup>.](#)

## **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 their 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.

<sup>23</sup> [Added clarification to align with Exhibit 1620-17 HNT](#)

- 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 individual.

Transfer time is not counted in the mobility section but in the transfer section below. [Refer to AMPM Exhibit 1620-17 for the guidance on the HCBS Needs Tool for age considerations<sup>24</sup>.](#)

## **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 wheelchair 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.

<sup>24</sup> [Added clarification to align with Exhibit 1620-17 HNT](#)

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 shall 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. [Refer to AMPM Exhibit 1620-17 for the guidance on the HCBS Needs Tool for age considerations<sup>25</sup>.](#)

### **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 shall 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 shall 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:-

<sup>25</sup> [Added clarification to align with Exhibit 1620-17 HNT](#)

**Time Guide:** 1-15 min/day.

- Maximum. May need two 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**

Select one or more of the choices or N/A 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 at risk to themselves - 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 a Lifeline system - 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.<sup>26</sup>
- Complex Medical or Behavioral Needs – Member's medical or behavioral condition is such that they would be unsafe without supervision, such as a member with frequent seizures on a daily basis.<sup>27</sup>

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.

~~Supervision time shall 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.~~

### **SUPERVISION GUIDANCE FOR MINORS**

Paid supervision through the attendant care service shall always be a last resort. Supervision must be based on need. The age ranges in the matrix below outline the supervision needs for a child not experiencing disability to help identify when a child has extraordinary needs that fall outside of these typical ranges and may require additional supervision.

### **TYPES OF SUPERVISION**

<sup>26</sup> Moved to align with HNT tool changes.

<sup>27</sup> Added to align with HNT tool changes.

<b>ACTIVE SUPERVISION</b>	<u>A RESPONSIBLE ADULT WITH VISUAL SIGHT ON CHILD AT ALL TIMES.</u>
<b>DIRECT SUPERVISION</b>	<u>A RESPONSIBLE ADULT IS READILY AND EASILY ACCESSIBLE IN THE HOME.</u>
<b>INDIRECT SUPERVISION</b>	<u>A RESPONSIBLE ADULT IS AVAILABLE BY PHONE AND CHECKS IN ON THE CHILD EVERY COUPLE OF HOURS. THE CHILD MUST HAVE ACCESS TO A PHONE.</u>

AGES	ACTIVE SUPERVISION	DIRECT SUPERVISION	INDIRECT SUPERVISION	TYPICAL SUPERVISION MILESTONES	EXCEPTIONS
0-6	X			<u>Typical to have eyes on supervision needed at all times. Paid supervision shall not be approved unless there is an extenuating circumstance.</u>	<u>No paid supervision unless extenuating circumstances can be demonstrated.</u>
7-9		X		<u>Okay to be left unattended as long as a responsible adult is immediately accessible in the home.</u>	<u>Paid supervision may be acceptable as a last resort if the child requires active supervision at all times due to medical and/or behavioral issues.</u>

AGES	ACTIVE SUPERVISION	DIRECT SUPERVISION	INDIRECT SUPERVISION	TYPICAL SUPERVISION MILESTONES	EXCEPTIONS
10-14		X	X	<u>Okay to be left unattended for a couple of hours with access to an</u>	

				adult (phone, in the house, etc.)	
15+			X	Okay to be left unattended for more than a couple of hours.	

**QUESTIONS AND CONSIDERATIONS**

**Are there other family members, friends, or other natural support available to help with supervision?**  
It is typical for parents to reach out to family, friends and other trusted adults to help with supervision.

**What does the school day look like?**

If the child attends a school program, supervision and other Home and Community Based Services (HCBS) may be provided directly by the school. The school may also offer before and after school care to ensure supervision until the parent can collect their child. It is typical for parents to use these services and pay any associated fees directly.

**What does the child’s sleep schedule look like? How does the adult in the home need to intervene?**

It is typical for children under the age of two to wake up multiple times during the night. In this situation, it is also typical for the parent or guardian to help the child return to sleep. It would be considered extraordinary if an older child is not able to sleep through the night or the child requires multiple hours with adult supervision because of sleep issues during the night.

**If the parent is in the home, what prevents them from supervising the child?**

If the parent is working from home and the child only requires indirect supervision, no paid supervision shall be authorized. Parents cannot work from home for an employer and simultaneously be paid through ALTCS to provide services to their child.

**Does the child have a documented medical need that requires 24-hour eyes on supervision over the age of six (e.g., multiple daily seizures, non-verbal, medical needs like feeding tubes, pulsometer monitoring, autism driven eloping)?**

If so, other paid services like Licensed Health Aid (LHA) or attendant care may be more appropriate than supervision to meet the child’s needs.

**Does the child have a physical limitation that would prevent them from safely leaving the home in the event of an emergency (e.g., house fire, flood)?**

If so, paid supervision may be appropriate if there are no natural supports that can provide informal supervision.

In determining if an older child (ages 10+) may be left alone for a short period of time, determine if they are able to feed themselves. Are they able to call someone in case of an emergency? Do they understand how to safely respond if someone knocks on the door? Can the child take necessary medication by themselves?

If the older child is unable to be safely left alone for a short period of time, supervision either paid or informal may be appropriate.

Are there nearby childcare centers willing and able to care for the child and their extraordinary needs?

It is typical for parents to pay for childcare for their children. Understanding a child eligible for ALTCS may have extraordinary needs, there may be childcare centers available that can meet the needs of the child. If not paid or informal supervision may be appropriate.

Is there a medical need for paid attendant care supervision (i.e. multiple daily seizures, medical needs like feeding tubes, or autism driven eloping)? Would a parent of a child that doesn't experience disability be responsible for finding care for this child?

If so, paid ALTCS services may not be appropriate. It is typical for parents to use family, friends or other informal support to help with childcare and supervision.

Can environmental modifications mitigate the risks requiring paid attendant care supervision (e.g., safe sleep bed, high door locks the child cannot reach, alarms on the windows and doors)?

If so, environmental modifications shall be a priority to lessen the need for paid supervision.

Can habilitation goals be used to teach/improve skills to mitigate risks and lessen the need for paid attendant care supervision?

If so, habilitation shall be used in place of paid supervision to teach those skills and lessen the need for paid supervision.

#### **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, including parents or guardians for minor children<sup>28</sup>/IFS is available/willing/able<sup>29</sup> 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.

Another example would be a member who is a minor that experiences multiple seizures daily. The school aged child receives supervision during the day at school and home, but nighttime supervision hours may be needed.

<sup>28</sup> Added for clarification

<sup>29</sup> Added for clarification

- Informal Supports (IFS) [hours](#) shall be clearly noted on the tool [in the IFS column](#)<sup>30</sup>; if they have agreed and 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 times, 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.
- Additional guidance for paid supervision for minor children can be found in AMPM Exhibit 1620-23 HCBS Supervision Guidance for Minors.<sup>31</sup>

#### 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.

#### SIGNATURES

Upon completion, the Cease Manager is required to sign and date the HNT and must attest that *“I have contacted the IFS/s named above ~~(top of Page 1)~~<sup>32</sup> and s/he voluntarily agree/s to provide the services indicated, with no compensation”* by checking the box above the signature line.

If a member’s assessed units/hours exceed the number of units/hours that the Cease Manager is allowed to approve, the supervisor’s signature line can be used as a way to indicate that the supervisor has reviewed the HNT and is in agreement with the assessed units/hours. With the exception of Tribal ALTCS Programs, supervisor signatures are optional.

<sup>30</sup> [Added direction to match changes in HNT tool](#)

<sup>31</sup> [Added direction to use new Exhibit in 1620 for additional guidance.](#)

<sup>32</sup> [Removed to match tool revisions](#)