

### AMPM Exhibit 1620-17, HCBS Member Needs **Assessment Tool**

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

This tool is to be used anytime the person-centered **planning** process determines that a member might benefit from Attendant Care, Personal Care, Homemaker, or Habilitation services or a member/**Health Care Decision Maker** (HCDM) requests this assessment for these services.

**Living Situation:**

☐ Lives Alone

☐ Lives with Family

☐ Lives with Non-family

Use the guidance in the section below ("do not assess for") to ensure age appropriate milestones are not authorized for paid services unless extraordinary care needs are clearly documented,

| Task   | Description   | Approx Time                 | Tasks per day | MON | TUE | WED | THU | FRI | SAT | SUN | TOTAL ASSESSED | IFS Hours | Comments<br>(Who is Providing Care/ Why > < time needed) |
|--|---|-----------------------------|---------------|-----|-----|-----|-----|-----|-----|-----|----------------|-----------|--|
| <b>Housekeeping &amp; Cleaning</b><br>(Do not assess for ages under 18)  | Independent: No assistance needed.  | 0 min/day                   |               |     |     |     |     |     |     |     | 0              | 0         |  |
|  | Lives with others: Cleaning member's area only.   | 1-60 min/week               |               |     |     |     |     |     |     |     | 0              | 0         |  |
|  | Without Support: Member lives alone. Consider the size of the home.   | 1-120 min/week              |               |     |     |     |     |     |     |     | 0              | 0         |  |
|  |   |                             |               |     |     |     |     |     |     |     |                |           |  |
| <b>Laundry</b><br>Folding and Putting Away Laundry is included. (Do not assess for ages under 18 unless otherwise specified)   | Independent: No assistance needed.  | 0 min/week                  |               |     |     |     |     |     |     |     | 0              | 0         |  |
|  | Washer & dryer are on site, inside the member's home, garage, or yard.  | 1-30 min/week               |               |     |     |     |     |     |     |     | 0              | 0         |  |
|  | Washer is on site but clothes are line dried.   | 1-60 min/week               |               |     |     |     |     |     |     |     | 0              | 0         |  |
|  | Laundry is done in Apartment Laundry Facility   | 1-90 min/week               |               |     |     |     |     |     |     |     | 0              | 0         |  |
|  | Laundry facility is <b>off site</b> , such as community laundromat facility.  | 1-120 min/week              |               |     |     |     |     |     |     |     | 0              | 0         |  |
|  | Incontinence Episodes - Soiled Clothes and Linens (Do not assess for ages 5 and under)  | 1-10 min/day                |               |     |     |     |     |     |     |     | 0              | 0         |  |
|  |   |                             |               |     |     |     |     |     |     |     |                |           |  |
| <b>Shopping</b><br>Including medication pick-up (Do not assess for ages under 18)  | Independent: No assistance needed.  | 0 min/week                  |               |     |     |     |     |     |     |     | 0              | 0         |  |
|  | Pick-up with Family Shopping  | 1-5 min/ week               |               |     |     |     |     |     |     |     | 0              | 0         |  |
|  | Lives alone.  | 1-90 min/ week              |               |     |     |     |     |     |     |     | 0              | 0         |  |
| <b>Meal Prep &amp; Clean Up</b><br>In general, should not exceed 75 minutes per day<br>Includes blenderizing or pureeing but not cutting up food (Do not assess for ages under 18 for typical meal prep) | Independent: No assistance needed.  | 0 min/day                   |               |     |     |     |     |     |     |     | 0              | 0         |  |
|  | Breakfast:<br>If member eats same meal with others:   | 1-15 min/day<br>1-5 min/day |               |     |     |     |     |     |     |     | 0              | 0         |  |
|  | Lunch:<br>If member eats same meal with others:<br>If HDM is in place, please note this on this line for the appropriate day. | 1-20 min/day<br>1-5 min/day |               |     |     |     |     |     |     |     | 0              | 0         |  |
|  | Dinner:<br>If member eats same meal with others:  | 1-40 min/day<br>5 min/day   |               |     |     |     |     |     |     |     | 0              | 0         |  |
|  | Alternative Meal Schedule or snacks:<br>Ex: Diabetic with multiple small meals/snack per day as required.                     | 1-10 min/ meal              |               |     |     |     |     |     |     |     | 0              | 0         |  |
|  |   |                             |               |     |     |     |     |     |     |     |                |           |  |
|  |   |                             |               |     |     |     |     |     |     |     |                |           |  |

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

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

Page 1 Total: 0 0

| Task  | Description   | Approx Time   | Tasks per day | MON | TUE | WED | THU | FRI | SAT | SUN | TOTAL ASSESSED | IFS Hours | Comments (Who is Providing Care) |
|---|---|---------------|---------------|-----|-----|-----|-----|-----|-----|-----|----------------|-----------|----------------------------------|
| <b>Eating &amp; Feeding</b>   | Independent: No assistance needed.  | 0 min/meal    |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
| Enter number of meals eaten per day requiring assistance, then enter the time per meal. | Minimum: Meal set up, cutting food, or cueing/reminders. (Do not assess for ages 5 and under)   | 1-10 min/meal |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
|   | Moderate: As above plus hands-on assist, cueing, or supervision for 50-75% of meal. (Do not assess for ages 2 and under)  | 1-15 min/meal |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
|   | Maximum: Hands-on assist with 75%+ of meal, bringing food to mouth or totally feeding member. Constant supervision and cueing. (Do not assess for age 1 and under)                  | 1-30 min/meal |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
| <b>Bathing</b>  | Independent: No assistance needed.  | 0 min/day     |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
| As needed per week. In general, not to exceed 45 minutes per day                        | Sponge bath:(Do not assess for ages 4 and under)  | 1-5 min/day   |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
|   | Minimum: Some supervision, cueing, or set-up. Assist with getting in & out of tub. Help with back or lower body. (Do not assess for ages 8 and under)                               | 1-15 min/day  |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
|   | Moderate: Step-by-step cueing or supervision. Hands-on assist with 50-75% of the bathing process. (Do not assess for ages 8 and under)  | 1-30 min/day  |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
| Transfer included in Bathing time   | Maximum: 75%+ assist with bathing process. One or more assist. <b>Hoyer needed / Bed-baths.</b> (Do not assess for ages 4 and under)  | 1-45 min/day  |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
| <b>Dressing and Grooming AM</b>   | Independent: No assistance needed.  | 0 min/day     |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
|   | Minimum: Some supervision, reminding, selecting clothes. (Do not assess for ages 6 and under)   | 1-10 min/day  |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
|   | Moderate: Supervision or hands-on with 50-75% of dressing activity. (Do not assess for ages 5 and under) Regular assist with buttons, shoes & socks, fixing hair or brushing teeth. | 1-15 min/day  |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
|   | Maximum: Hands-on with 75%+ of dressing and grooming tasks. Complete assist with dressing includes transfer if needed. (Do not assess for ages 3 and under)                         | 1-20 min/day  |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
| <b>Member Name:</b> 0 <b>AHCCCS ID:</b> 0 <b>Page 2 Total:</b> 0 0                      |   |               |               |     |     |     |     |     |     |     |                |           |                                  |

| Task                     | Description   | Approx Time    | Tasks per day | MON          | TUE | WED | THU | FRI           | SAT | SUN | TOTAL ASSESSED | IFS Hours | Comments (Who is Providing Care) |
|--------------------------|---|----------------|---------------|--------------|-----|-----|-----|---------------|-----|-----|----------------|-----------|----------------------------------|
| Dressing and Grooming PM | Independent: No assistance needed.  | 0 min/day      |               |              |     |     |     |               |     |     | 0              | 0         |                                  |
|                          | Minimum: Some supervision, reminding, selecting clothes. (Do not assess for ages 6 and under)   | 1-10 min/day   |               |              |     |     |     |               |     |     | 0              | 0         |                                  |
|                          | Moderate: Supervision or hands-on with 50-75% of dressing activity. Regular assist with buttons, shoes & socks, or brushing teeth. (Do not assess for ages 5 and under) | 1-15 min/day   |               |              |     |     |     |               |     |     | 0              | 0         |                                  |
|                          | Maximum: Hands-on with 75%+ of dressing and grooming tasks. Complete assist with dressing includes transfer if needed. (Do not assess for ages 3 and under)             | 1-20 min/day   |               |              |     |     |     |               |     |     | 0              | 0         |                                  |
|                          |   |                |               |              |     |     |     |               |     |     |                |           |                                  |
| Toileting                | Independent: No assistance needed.  | 0 min/event    |               |              |     |     |     |               |     |     | 0              | 0         |                                  |
|                          | Minimum: Stand-by assist, supervision, reminders.(Do not assess for ages 5 and under)   | 1-5 min/event  |               |              |     |     |     |               |     |     | 0              | 0         |                                  |
|                          | Moderate: 50-75% assist with clothing, diapers, post-toilet hygiene or equipment. (Do not assess for ages 4 and under)  | 1-10 min/event |               |              |     |     |     |               |     |     | 0              | 0         |                                  |
|                          | Maximum: Total assist with clothing, briefs, entire toileting process. Includes episodes of incontinence. (Do not assess for ages 3 and under)                          | 1-15 min/event |               |              |     |     |     |               |     |     | 0              | 0         |                                  |
|                          | Catheter: Pouring out bag and cleaning bag or other supplies.   | 1-15 min/day   |               |              |     |     |     |               |     |     | 0              | 0         |                                  |
|                          | Ostomy: Pouring out and cleaning bag.   | 1-15 min/day   |               |              |     |     |     |               |     |     | 0              | 0         |                                  |
|                          |   |                |               |              |     |     |     |               |     |     |                |           |                                  |
| Member Name: 0           |   |                |               | AHCCCS ID: 0 |     |     |     | Page 3 Total: |     | 0   | 0              |           |                                  |

| Task  | Description   | Approx Time                    | Tasks per day | MON | TUE | WED | THU | FRI | SAT | SUN | TOTAL ASSESSED | IFS Hours | Comments (Who is Providing Care) |
|---|---|--------------------------------|---------------|-----|-----|-----|-----|-----|-----|-----|----------------|-----------|----------------------------------|
| <b>Mobility</b>   | Independent- No assistance with/without assistive devices.  | 0 min/day                      |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
|   | Minimum: Some supervision, stand-by, or reminders for safety. Adjusting devices or restraints. (Do not assess for ages 6 years and under without assistive devices) | 1-10 min/day                   |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
|   | Moderate: Needs hands-on assist. One-person assist with/without assistive devices. (Do not assess for ages 2 and under without assistive devices)                   | 1-15 min/day                   |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
|   | Maximum: One or more person assist, totally dependent. (Do not assess for ages 12 months and under)   | 1-30 min/day                   |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
| <b>Transferring</b><br>Excludes bathing and Toileting Transfers | Independent- No assistance with/without assistive devices.  | 0 min/day                      |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
|   | Minimum: Some supervision, stand-by, or reminders for safety. Adjusting devices or restraints. (Do not assess for ages 5 and under without assistive devices)       | 1-10 min/day                   |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
|   | Moderate: Needs hands-on assist. One-person assist with/without assistive devices. (Do not assess for ages 3 and under without assistive devices)                   | 1-15 min/day                   |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
|   | Maximum: One or more person assist, totally dependent. (Do not assess for ages 12 months and under)   | 1-30 min/day                   |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
|   | <b>Bed Bound:</b> Frequent turning & repositioning in the bed, Outside caregiver 20-40 min/day, Live-in caregiver 60-90 min/day.                                    | 20-40 min/day<br>60-90 min/day |               |     |     |     |     |     |     |     | 0              | 0         |                                  |
|   | <b>Hoyer:</b> If hoyer time assessed no transfer time in other areas  | 1-20 min/ event                |               |     |     |     |     |     |     |     | 0              | 0         |                                  |

|                      |   |   |
|----------------------|---|---|
| <b>Page 4 Total:</b> | 0 | 0 |
|----------------------|---|---|

|                                       |      |
|---------------------------------------|------|
| <b>Total minutes w/o Supervision:</b> | 0    |
| <b>Total Assessed Hours:</b>          | 0.00 |

| Task   | Description   | Approx Time | Tasks per day | MON | TUE | WED | THU | FRI | SAT | SUN | TOTAL ASSESSED | IFS Hours  | Comments (Who is Providing Care) |
|--|---|-------------|---------------|-----|-----|-----|-----|-----|-----|-----|----------------|--|----------------------------------|
| <b>General Supervision</b>   |   | X Time/ Day |               |     |     |     |     |     |     |     | 0              | 0  |                                  |
| Supervision Need:  | <b>Age Group Guidance</b>   |             |               |     |     |     |     |     |     |     |                |  |                                  |
| <input type="checkbox"/> N/A   | 0-6: Do not assess for ages 6 and under   |             |               |     |     |     |     |     |     |     |                |  |                                  |
| <input type="checkbox"/> Confused/Disoriented at risk to themselves  | 7-9: Assess only if the child needs active supervision at all times.  |             |               |     |     |     |     |     |     |     |                |  |                                  |
| <input type="checkbox"/> Unable to call for help, even with Lifeline | 10-14: Assess only if the child cannot be left unattended for a couple of hours with access to an adult (phone, in the house, etc.) |             |               |     |     |     |     |     |     |     |                |  |                                  |
| <input type="checkbox"/> Complex medical or behavioral needs         | 15+: Assess only if the member cannot be left unattended for more than a couple of hours.   |             |               |     |     |     |     |     |     |     |                |  |                                  |
|  |   |             |               |     |     |     |     |     |     |     |                | <div>Total minutes with Supervision:</div> <div>0</div> <div>0</div> |                                  |
|  |   |             |               |     |     |     |     |     |     |     |                | <div>Total Hours:</div> <div>0.00</div> <div>0.00</div>              |                                  |

### Habilitation

Habilitation goals should not be considered for age appropriate learning. For example, habilitation hours should not be authorized for a child under 4.5 to learn how to brush their teeth. "Use the guidance in the section above ("do not assess for") to ensure goals are age appropriate. If paid attendant care would not be appropriate to assess for, then paid habilitation would also be inappropriate unless extenuating circumstances are clearly documented.

| Habilitation Hourly Outcomes   | Description of Outcome to be Achieved | Minutes to Teach Task | Number of Times Paid Support is Needed |     |     |     |     |     |     |  | TOTAL ASSESSED | Comments                              |
|--|---------------------------------------|-----------------------|--|-----|-----|-----|-----|-----|-----|--|----------------|---------------------------------------|
|  |                                       |                       | MON                                    | TUE | WED | THU | FRI | SAT | SUN |  |                |                                       |
| <b>Daily Life and Employment</b><br>What a person does as part of everyday life (i.e. school, employment, volunteering, communication, routines, life skills.  |                                       |                       |  |     |     |     |     |     |     |  | 0              |                                       |
|  |                                       |                       |  |     |     |     |     |     |     |  | 0              |                                       |
|  |                                       |                       |  |     |     |     |     |     |     |  | 0              |                                       |
|  |                                       |                       |  |     |     |     |     |     |     |  | 0              |                                       |
| <b>Community Living</b><br>Where and how someone lives (i.e. housing and living options, community access, transportation, home adaptations and modifications) |                                       |                       |  |     |     |     |     |     |     |  | 0              |                                       |
|  |                                       |                       |  |     |     |     |     |     |     |  | 0              |                                       |
|  |                                       |                       |  |     |     |     |     |     |     |  | 0              |                                       |
|  |                                       |                       |  |     |     |     |     |     |     |  | 0              |                                       |
| <b>Safety and Security</b><br>Staying safe and secure (i.e. emergencies, well-being, supported decision making options, legal rights and issues)               |                                       |                       |  |     |     |     |     |     |     |  | 0              |                                       |
|  |                                       |                       |  |     |     |     |     |     |     |  | 0              |                                       |
|  |                                       |                       |  |     |     |     |     |     |     |  | 0              |                                       |
|  |                                       |                       |  |     |     |     |     |     |     |  | 0              |                                       |
|  |                                       |                       |  |     |     |     |     |     |     |  |                | <div>Page 5 Total:</div> <div>0</div> |

|  |  |  |  |  |  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|--|--|--|--|--|---|--|
| <b>Social and Spirituality</b><br>Building friendships and relationships, leisure activities, personal networks, and faith community   |  |  |  |  |  |  |  |  |  |  | 0 |  |
|  |  |  |  |  |  |  |  |  |  |  | 0 |  |
|  |  |  |  |  |  |  |  |  |  |  | 0 |  |
|  |  |  |  |  |  |  |  |  |  |  | 0 |  |
| <b>Healthy Living</b><br>Managing and accessing health care and staying well (i.e. medical, mental health, behavioral health, development, wellness, and nutrition)                                |  |  |  |  |  |  |  |  |  |  | 0 |  |
|  |  |  |  |  |  |  |  |  |  |  | 0 |  |
|  |  |  |  |  |  |  |  |  |  |  | 0 |  |
|  |  |  |  |  |  |  |  |  |  |  | 0 |  |
| <b>Advocacy and Engagement</b><br>Building valued roles, making choices, setting goals, assuming responsibility, and driving how one's life is lived.  |  |  |  |  |  |  |  |  |  |  | 0 |  |
|  |  |  |  |  |  |  |  |  |  |  | 0 |  |
|  |  |  |  |  |  |  |  |  |  |  | 0 |  |
|  |  |  |  |  |  |  |  |  |  |  | 0 |  |
| <b>Services &amp; Supports</b><br>Resources and strategies to promote the development, education, interests, and personal well-being of a person and that enhances individual and family function. |  |  |  |  |  |  |  |  |  |  | 0 |  |
|  |  |  |  |  |  |  |  |  |  |  | 0 |  |
|  |  |  |  |  |  |  |  |  |  |  | 0 |  |
|  |  |  |  |  |  |  |  |  |  |  | 0 |  |
| <b>Other</b>   |  |  |  |  |  |  |  |  |  |  | 0 |  |
|  |  |  |  |  |  |  |  |  |  |  | 0 |  |
|  |  |  |  |  |  |  |  |  |  |  | 0 |  |
|  |  |  |  |  |  |  |  |  |  |  | 0 |  |

|                             |      |
|-----------------------------|------|
| Page 6 Total:               | 0    |
| Total Habilitation Minutes: | 0    |
| Total Assessed Hours:       | 0.00 |

Member Name: 0

AHCCCS ID: 0

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**Attendant Care - Personal Care - Homemaker - Habilitation****Worksheet Summary**

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| Total Assessed Hours Identified     |      | Total IFS | Total Authorized Hours (Assessed minus IFS) |
|-------------------------------------|------|-----------|---|
| Page 1 Total Minutes:               | 0    | 0         | 0   |
| Page 2 Total Minutes:               | 0    | 0         | 0   |
| Page 3 Total Minutes:               | 0    | 0         | 0   |
| Page 4 Total Minutes:               | 0    | 0         | 0   |
| Supervision (if Applicable)         | 0    | 0         | 0   |
| Habilitation (if Applicable)        | 0    |           | 0   |
| Total Minutes/Week                  | 0    | 0         | 0   |
| Total Hours/Week                    | 0.00 | 0.00      | 0   |
| Total Units/Month (15min = 1 unit): | 0    | 0         | 0   |

Total Hours per week x 4 x 4.3 = Total units/month

**(This goes on CA180 CES Screen for all 3 months)****Informal Supports**

Are there family/friends that want to provide any of the services unpaid or informally? Please note, parents or family are **NOT** required to provide unpaid support. Informal/natural supports are unpaid supports that are provided voluntarily to the individual in lieu of ALTCS HCBS paid services. Informal supports will not be counted against member's assessed need.

Name/Relationship of Informal Supports that will be assisting with care (IFS):

\_\_\_\_\_  
If IFS are identified, what Days/Hours are they not available to assist member:

\_\_\_\_\_  
☐ I have contacted the IFS/s names above and they voluntarily agree to provide the services needed, with no compensation.

\_\_\_\_\_  
**Case Manager Signature      Original Date**

\_\_\_\_\_  
**Supervisor Signature >20hrs      Original Date**

☐ I have contacted the IFS/s names above and they voluntarily agree to provide the services needed, with no compensation.

\_\_\_\_\_  
**Case Manager Signature      1st Review Date**

\_\_\_\_\_  
**Supervisor Signature ≥20hrs      1st Review Date**

☐ I have contacted the IFS/s names above and they voluntarily agree to provide the services needed, with no compensation.

\_\_\_\_\_  
**Case Manager Signature      2nd Review Date**

\_\_\_\_\_  
**Supervisor Signature ≥20hrs      2nd Review Date**

☐ I have contacted the IFS/s names above and they voluntarily agree to provide the services needed, with no compensation.

\_\_\_\_\_  
**Case Manager Signature      3rd Review Date**

\_\_\_\_\_  
**Supervisor Signature ≥20hrs      3rd Review Date**

**Member Name:**      0

**AHCCCS ID:**      0