AMPM Exhibit 1620-17A, Child HCBS Needs Tool (for ages 0-17) DRAFT

This tool is to be used when assessing ALTCS members, aged 0 through 17 years. This tool is to be used as a guide by ALTCS Case Managers and is not intended to replace professional experience.

Members have a right to a comprehensive assessment, based on their unique needs and circumstances, and regardless of the presence or lack thereof of informal supports.

If there are questions or comments about a specific task, case managers shall review with their 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, and/or Habilitation services or when a member/Health Care Decision Maker (HCDM) requests this assessment for these services. Time entered should be reflective of the number of minutes each day that support is needed for the task.

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.

If a member/HCDM makes a comment/request about a task that is not age-appropriate, please document those comments as this may support the extraordinary care review (exception) process post completion of the HNT assessment process.

Member Age on Date of Assessment: _____ DRAFT **Assessment Date:** _____

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
Housekeeping & Cleaning (Do not assess for ages under 18; allowable as an age-appropriate Habilitation goal for members aged 13+)	Not assessed due to member age.													
Laundry (Do not assess for ages under 18; allowable as an age-appropriate Habilitation goal for members 16+)	Not assessed due to member age.													
Incontinence-Based Laundry (Do not assess for ages under 4)	Not assessed due to member age.													
	Independent: No assistance needed.	0 min/day												
	Incontinence Episodes - Soiled Clothes and/or Linens	1-30 min/day									0			
Food Shopping (Do not assess for ages under 18; allowable as an age-appropriate Habilitation goal for ages 16+)	Not assessed due to member age.													
Medication Pick Up (Allowable if home delivery options are not available and/or if member has specific conditions re: medication administration in-person at a provider office)	Not applicable or No assistance needed.	0 min/week												
	Pick-up needed	1-30 min/ week									0			

Member Name: _____ **AHCCCS ID:** _____

Page 1 Total: Assessed Need	0	Page 1 Total: IFS	0

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
Meal Prep & Clean Up (Do not assess for ages under 12) If the child has specialty meal preparation needs, do not assess this task; use Specialty Meal Preparation below. This task should not be assessed if the child is eating food prepared for the entire family. Examples of when this support may be necessary include but are not limited to: - the child is able to be home alone for short periods of time but is unable to prepare their own meal due to physical, behavioral, or safety limitations. - the child is able to be safely home with	Not assessed due to member age.													
	Independent: No assistance needed.	0 min/day												
	Breakfast Preparation	1-30 min/day									0			
	Lunch Preparation	1-30 min/day									0			
	Dinner Preparation	1-30 min/day									0			
											Page 2 Total: Assessed Need	0		**Page 2 Total: IFS**	0

Member Name: _____ **AHCCCS ID:** _____

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
Specialty Meal Prep & Clean Up Do not assess if the child does not have specialty meal preparation needs. Authorized if the child is unable to eat the same meal as the rest of the family due to prescribed specialty diet, food allergies, or if the meal requres special preparation due to documented medical, physical, or behavioral limitations. Examples include but are not limited to: - Blending or pureeing food, but not cutting up food, - Medically tailored meals, - Food/hydration thickening or thinning to achieve appropriate consistency.	N/A - member does not have a specialty meal preparation need													
	Breakfast Preparation and/or Modification If member cannot eat the same meal that is prepared/eaten by other persons in the home or if the member eats the same meal but requires the meal to be presented in a different way (e.g. chopped, pureed)	1-30 min/day									0			
	Lunch Preparation and/or Modification If member cannot eat the same meal that is prepared/eaten by other persons in the home or if the member eats the same meal but requires the meal to be presented in a different way (e.g. chopped, pureed)	1-30 min/day									0			
	Dinner Preparation and/or Modification If member cannot eat the same meal that is prepared/eaten by other persons in the home or if the member eats the same meal but requires the meal to be presented in a different way (e.g. chopped, pureed)	1-30 min/day									0			
	Alternative Meal Schedule: Ex: Diabetic with multiple small meals per day requiring special preparation	1-15 min per small meal									0			
											Page 3 Total: Assessed Need 0		**Page 3 Total: IFS**	0

Member Name: 0 **AHCCCS ID:** 0

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
Eating & Feeding (Do not assess for ages under 5) Member needs support to eat (examples include meal cueing, hand over hand feeding and/or full assistance to transfer food from plate to mouth)	Not assessed due to member age.													
	Independent: No assistance needed.	0 min/day												
	Breakfast Support	1-30 min/day									0			
	Lunch Support	1-30 min/day									0			
	Dinner Support	1-30 min/day									0			
	Alternative Meal Schedule Ex. Diabetic with mutiple small meals required per day	1-15 min per small meal									0			
Specialty Eating & Feeding Note: For G-Tube feeding and hydration support, a physician will likely prescribe the frequency of occurrence throughout the day; tasks per day should reflect prescription orders. **Note**, for G-Tube feeding and hydration, a Direct Care Worker (DCW) may not be paid for this task unless they have been assessed, and signed off on by a registered nurse that they are able to provide G-Tube feedings/hydration appropriately and know what to look for if there is a change in condition that requires reporting to the member's care team and/or a clinical visit.	N/A - member does not have a specialty eating/feeding need													
	G-Tube Feeding/Cleaning as prescribed	1-30 min per feeding									0			
	G-Tube Hydration Support as prescribed; may also include electrolytes	1-30 min per event									0			
	Neuro-Muscular or Other Conditions requiring chewing/choking supervision (e.g. dysphagia, cerebral palsy; complex dental issues)	1-30 min per meal									0			
Bathing (Do not assess for ages under 5) Transfer needs should be included in Bathing time	Not assessed due to member age.													
	Independent: No assistance needed.	0 min/day												
	Sponge bath:	1-15 min/day									0			
	Partial assistance: Inclusive of supervision, cueing, set- up, and/or partial assistance needed, but does not require full bathing support for the entire body	1-20 min/day									0			
	Full assistance or bed-based bath	1-45 min/day									0			
											Page 4 Total: Assessed Need	0		**Page 4 Total: IFS** 0

Member Name: 0 **AHCCCS ID:** 0

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
Dressing (Do not assess for ages under 5) Times should include any transfer needs.	**Not assessed due to member age.**													
	Independent: No assistance needed.	**0 min/day**												
	AM Dressing Support: *Minimum:* Some supervision, reminding, selecting clothes. *Moderate:* Supervision or hands-on with 50-75% of dressing activity. *Maximum:* Hands-on dressing at or more that 75% of the dressing process or full dressing support.	**Minimum: 1-5 min/day** **Moderate: 1-10 min/day** **Maximum: 1-15 min/day**									**0**			
	PM Dressing Support: *Minimum:* Some supervision, reminding, selecting clothes. *Moderate:* Supervision or hands-on with 50-75% of dressing activity. *Maximum:* Hands-on dressing at or more that 75% of the dressing process or full dressing support.	**Minimum: 1-5 min/day** **Moderate: 1-10 min/day** **Maximum: 1-15 min/day**									**0**			
Grooming (Do not assess for ages under 5)	**Not assessed due to member age.**													
	Independent: No assistance needed.	**0 min/day**												
	AM Grooming Support: *Minimum:* Some supervision, reminding/cueing *Moderate:* Supervision or hands-on with 50-75% of grooming activity. *Maximum:* Hands-on grooming at or more that 75% of the grooming process or full grooming support.	**Minimum: 1-5 min/day** **Moderate: 1-8 min/day** **Maximum: 1-10 min/day**									**0**			
	PM Grooming Support: *Minimum:* Some supervision, reminding/cueing *Moderate:* Supervision or hands-on with 50-75% of grooming activity. *Maximum:* Hands-on grooming at or more that 75% of the grooming process or full grooming support.	**Minimum: 1-5 min/day** **Moderate: 1-8 min/day** **Maximum: 1-10 min/day**									**0**			
											Page 5 Total: Assessed Need	0		**Page 5 Total: IFS** 0

Member Name: 0 **AHCCCS ID:** 0

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
Toileting (Do not assess for ages under 4) If the child has specialty toileting needs (catheter, ostomy, toileting schedule, etc.) do not assess this section; assess in Specialty Toileting Needs.	Not assessed due to member age.													
	Independent: No assistance needed.	0 min/day												
	Minimum: Stand-by assist, supervision, reminders.	1-5 min/event									0			
	Moderate: 50-75% assist with clothing, diapers, post-toilet hygiene or equipment.	1-10 min/event									0			
	Maximum: Total assist with clothing, briefs, entire toileting process. Includes episodes of incontinence	1-15 min/event									0			
Specialty Toileting Needs Needs do not include standard toilet training activities; a formal toileting schedule is one developed by a physician, occupational therapist, or behavioral therapist and is not at the member's/HCDM descretion.☒ ☒ ☒ ☒ ☒	N/A: Member does not have a specialty toileting need													
	Independent: No assistance needed.	0 min/day												
	Catheter: Pouring out bag and cleaning bag or other supplies only.	1-15 min/day									0			
	Ostomy: Pouring out and cleaning bag.	1-20 min/day									0			
	Smearing behaviors that require personal and/or environmental cleaning	1-30 min/event									0			
	Chronic Constipation/Holding Behaviors	1-15 min/event									0			
	Formal Toileting Schedule in place due to medical and/or behavioral needs	1-10 min/event									0			
											Page 6 Total: Assessed Need	0		**Page 6 Total: IFS** 0

Member Name: 0 **AHCCCS ID:** 0

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
Mobility (Do not assess for ages under 2) Not to exceed 60 minutes/day Member needs support to safely move from one location within the home to another during the day	Not assessed due to member age.													
	Independent: No assistance needed.	0 min/day												
	Minimum: Some supervision, stand-by, or reminders for safety and/or adjusting devices and/or straps/harnesses/belts.	1-15 min/day									0			
	Moderate: Needs hands-on assist. One-person assist with or without assistive devices.	1-30 min/day									0			
	Maximum: One or more person assist, totally dependent.	1-60 min/day									0			
Transferring (Do not assess for ages under 2) Excludes bathing and toileting Transfers	Not assessed due to member age.													
	Independent: No assistance needed.	0 min/day												
	Minimum: Some supervision, stand-by, or reminders for safety.	1-10 min/day									0			
	Moderate: Needs hands-on assist. One-person assist with/without assistive devices.	1-15 min/day									0			
	Maximum: One or more person assistance, totally dependent.	1-30 min/day									0			
	Person who is Unable to Leave Their Bed: Frequent turning & repositioning in the bed.	1-90 min/day									0			
	Mechanical Lift: If mechanical lift time assessed, do not allocate transfer time in other areas	1-60 min/day									0			

Member Name: 0

AHCCCS ID: 0

Page 7 Total: Assessed Need	0	**Page 7 Total: IFS**	0

Attendant Care General Supervision

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
General Supervision: (Do not assess for ages under 10) Behaviors and/or conditions that may further support a need include but are not limited to: * Member is prone to putting things in their mouth or present with other choking risks * Behavioral considerations (e.g. fascination with electrical outlets or appliances and related inappropriate/unsafe use; flight risk, danger to others in the home without additional supports) * Medical complexities that require real-time monitoring	Not assessed due to member age.													
	Independent: No assistance needed.	0 min/event												
	For Children aged 10-17: Assess only if the child requires a caregiver to be readily and easily accessible in the home or if the child requires a caregiver to be within arm's reach to maintain safety in the context of their medical and/or behavioral conditions.	# minutes per day; based on need and typical day structure									**0**			

Attendant Care Specialty Supervision

Specialty Supervision: Ages 0-9 Most situations in this category are life or death matters where significant adverse harm (or worse) could occur without ongoing, real time monitoring of the child. This is not intended to replace or supplement standard care needs and/or parental responsibilities of young children; condition diagnoses/clinical documentation should be provided to support specialty supervision needs.	No specialty supervision needs identified.	0 min/event											
	Documented PICA/other conditions that result in the child frequently putting non-food items in their mouth. Standard developmental exploration does not count for purposes of this assessment.	# minutes per day; based on need and typical day structure									**0**		
	Uncontrolled seizures that require caregiver to physically intervene to prevent harm	# minutes per day; based on need and typical day structure									**0**		
	High airway risk due to trach/ventilator dependence	# minutes per day; based on need and typical day structure									**0**		
	Frequent, severe self-injurious behavior (e.g. head banging, self-biting), physical aggression towards others (e.g directed towards younger siblings, pets), and environmental risk-taking (e.g. unsafe climbing, property destruction, mouthing electrical cords, unsafe interaction with electrical outlets despite use of reasonable safety precautions, and/or elopement risk depite use of reasonable safety precuations including door locks).	# minutes per day; based on need and typical day structure									**0**		

Total Minutes Supervision Needed/Week: 0.00 **Total Minutes of IFS/Week:** 0.00

Overnight Care Needs

☐ **Please indicate here if the member has overnight care needs (between the hours of 10:00 PM and 6:00 AM).**

Description of Overnight Care Needs:

Habilitation

The ALTCS Case Manager must use the guidance in the sections above in the TASK and DESCRIPTION columns of this tool to determine age-appropriate milestones before establishing Habilitation outcomes for activities of daily living. Habilitation goals are not limited to activities of daily living and may also include things such as skills to support community integration, soft skills (e.g. communication, eye contact), personal safety/situational awareness, etc. Planning teams may identify the support needed to promote individuals Health, Home Life and Daily Life within the context of their daily schedule.

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 Task fields ~~section~~ above (e.g. “do not assess for”, "allowable as a habilitation goal at XX age) 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 and/or allowable per written guidance.

General Guidelines:

0-2: Do not assess

3 and older: Not to exceed 14 hours in a 7 day period

Description of Goal/Outcome to be Achieved		Minutes to Teach Task	Number of Times Paid Support is Needed							TOTAL ASSESSED MINUTES/WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
			MON	TUE	WED	THU	FRI	SAT	SUN				
Not assessed due to member age.													
Independent: No assistance needed.		0 min/day											
1										0			
2										0			
3										0			
4										0			
5										0			

Total Weekly Habilitation Minutes: 0

Total Minutes of IFS/Week: 0.00

Member Name: 0

AHCCCS ID: 0

Informal Supports (IFS)

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. Once this is conversation occurs, fill out the orange columns above if informal supports have been identified and are voluntarily agreeing to support the member in an unpaid capacity.

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

	Name	Relationship	Minutes/Week They Can Assist	Any Days IFS is Not Available	Notes/Comments
1					
2					
3					
4					
5					

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

Direct Care (Attendant Care - Personal Care - Homemaker) and Habilitation Services

Worksheet Summary

Service Authorizations

Task	Weekly Assessed Need (Minutes/Week)	Weekly Informal Supports Minutes (If Identified)	Weekly Total Authorized Minutes *(Assessed Need - Informal Supports)*	Weekly Total Authorized Hours (Total Authorized Minutes/60)
Page 1 Tasks	0.00	0.00	0.00	0.00
Page 2 Tasks	0.00	0.00	0.00	0.00
Page 3 Tasks	0.00	0.00	0.00	0.00
Page 4 Tasks	0.00	0.00	0.00	0.00
Page 5 Tasks	0.00	0.00	0.00	0.00
Page 6 Tasks	0.00	0.00	0.00	0.00
Page 7 Tasks	0.00	0.00	0.00	0.00
Supervision	0.00	0.00	0.00	0.00
Habilitation	0.00	0.00	0.00	0.00
Total Minutes/Week	0	0	0	
Total Hours/Week	0.00	0	0.00	
Total Units/Month (Total Hours/Week x 4 x 4.3)			0.00	

This amount goes on CA160 CES Screen for all 3 months.

Extraordinary Care Review Process

In instances where there is concern regarding the assessed hours for minor children, which must be documented above, due to the age limitations and number of assessed hours or lack thereof, members or their HCDM can request for a secondary review. This is called the extraordinary care review process. This process will have clinicians evaluate this HNT, the member's medical records, and other information you may provide, to determine if extraordinary circumstances exist for the member and if the member should receive additional service hours.

☐ Yes, I want to receive written information about the extraordinary care review process.

HCDM Printed Name and Signature _____ Date _____

I understand that receiving information about the extraordinary care review process, does not immediately grant my child a right to an extraordinary care review. **HCDM Initials:** _____

I understand that once I receive written information about the extraordinary care review process and related requirements, I will be required to submit a formal request if I want to have an ECR for the member. I understand I may submit supporting documentation for the extraordinary care review within the timelines required. I also understand I may have to complete an additional assessment called the PEDI-CAT on behalf of the member. **HCDM Initials:** _____

☐ No, I do not want to receive written information about the extraordinary care review process at this time.

HCDM Printed Name and Signature _____

Based on the above assessment and documented needs of the member:

☐ Yes, I want to pursue an Extraordinary Care Review for the outcome of this HNT.

HCDM Printed Name and Signature _____ Date _____

Please indicate the area(s) you have concerns with: **Attendant Care Assessment** **Habilitation Assessment** **Both**

My specific concerns regarding this HNT assessment are:

Please provide specific concerns as well as rationale for the concerns in as much detail as possible. This will help the assigned ECR clinician understand what you are asking for.

☐ No, I do not want to pursue an Extraordinary Care Review for the outcome of this HNT.

HCDM Printed Name and Signature _____ Date _____

I understand that I may change my mind at a later date and can request an Extraordinary Care Review at that time. **HCDM Initials:** _____

For Administrative Purposes Only

Date that Written Noticiation regarding the ECR process was provided to the HCDM: _____

Date the ECR process was requested by the HCDM: _____

Date of the ECR process decision (if applicable): _____

ECR process decision (select one):

☐ Additional hours/services are approved.

☐ No additional hours or services approved.

☐ No additional hours or services approved, but services outside of the HNT are recommended.

Changes made to the HNT as a result of the ECR process, when applicable: _____

Date of Notification to the HCDM regarding the outcome of the ECR:

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

AMPM Exhibit 1620-17A, Adult HCBS Needs Tool (for ages 18+) DRAFT

This tool is to be used when assessing ALTCS members, aged 18 and older. This tool is to be used as a guide by ALTCS Case Managers and is not intended to replace professional experience.

Members have a right to a comprehensive assessment, based on their unique needs and circumstances, and regardless of the presence or lack thereof of informal supports.

If there are questions or comments about a specific task, the case managers shall review with their 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 when a member/Health Care Decision Maker (HCDM) requests this assessment for these services. Time entered should be reflective of the number of minutes each day that support is needed for the task.

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

Member Age on Date of _____ **Assessment Date:** _____

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
Housekeeping & Cleaning	Independent: No assistance needed.	0 min/day												
	Lives with others: Cleaning member's area only.	1-60 min/week									0			
	Without Support: Member lives alone. Consider the size of the home	1-120 min/week									0			
Laundry Folding and Putting Away Laundry is included.	Independent: No assistance needed.	0 min/week												
	Washer & dryer are on site, inside the member's home, dryer is unused	1-30 min/week									0			
	Washer is on site but clothes are line dried.	1-60 min/week									0			
	Laundry is done in Apartment Laundry Facility	1-90 min/week									0			
	Laundry facility is **off site**, such as community laundromat facility	1-120 min/week									0			
	Incontinence Episodes - Soiled Clothes and/or Linens	1-30 min/day									0			
Shopping Including medication pick-up	Independent: No assistance needed.	0 min/week												
	Pick-up with Family Shopping	1-5 min/ week									0			
	Lives alone.	1-90 min/ week									0			

Member Name: _____ **AHCCCS ID:** _____ **Page 1 Total:** 0 **Page 1 Total: IFS** 0

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
Meal Prep & Clean Up Includes blending or pureeing but not cutting up food	Independent: No assistance needed.	0 min/day												
	Breakfast Preparation and/or Modification If member lives alone, cannot eat the same meal that is prepared/eaten by other persons in the home, or if the member eats the same meal but requires the meal to be presented in a different way (e.g. chopped, pureed)	1-30 min/day									0			
	Lunch Preparation and/or Modification If member lives alone, cannot eat the same meal that is prepared/eaten by other persons in the home, or if the member eats the same meal but requires the meal to be presented in a different way (e.g. chopped, pureed)	1-30 min/day									0			
	Dinner Preparation and/or Modification If member lives alone, cannot eat the same meal that is prepared/eaten by other persons in the home, or if the member eats the same meal but requires the meal to be presented in a different way (e.g. chopped, pureed)	1-30 min/day									0			
	Alternative Meal Schedule: Ex: Diabetic with multiple small meals/snack per day requiring prep.	1-30 min/day									0			

Member Name: 0

AHCCCS ID: 0

Page 2 Total:	0

Page 2 Total: IFS	0

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
Eating & Feeding Member needs support to eat (examples include meal set up/cutting food, meal cueing, chewing/choking supervision (for conditions such as dyspagia, cerebral palsy, complex dental issues), hand over hand feeding and/or full assistance to transfer food from plate to mouth) **Note:** chewing/choking supervision may require additional time for each meal **Note:** for G-Tube feeding and hydration, an Direct Care Worker (DCW) may not be paid for this	Independent: No assistance needed.	0 min/day												
	Breakfast Support	1-30 min/day									0			
	Lunch Support	1-30 min/day									0			
	Dinner Support	1-30 min/day									0			
	Smaller meals during day	1-30 min/day									0			
	G-Tube Feeding/Cleaning as prescribed	1-30 min per feeding												
	G-Tube Hydration Support as prescribed; may also include electrolytes	1-30 min per event												
Bathing As needed per week. In general, not to exceed 45 minutes per day	Independent: No assistance needed.	0 min/day												
	Sponge bath	1-15 min/day									0			
	Minimum: Some supervision, cueing, or set-up. Assist with getting in & out of tub. Help with back or lower body.	1-15 min/day									0			
	Moderate: Step-by-step cueing or supervision. Hands-on assist with 50-75% of the bathing process.	1-30 min/day									0			
	Maximum: 75%+ assist with bathing process or a bed-based bath	1-45 min/day									0			
Dressing and Grooming AM	Independent: No assistance needed.	0 min/day												
	Minimum: Some supervision, reminding, selecting clothes	1-15 min/day									0			
	Moderate: Supervision or hands-on with 50-75% of dressing activity. Regular assist with buttons, shoes & socks, fixing hair or brushing	1-20 min/day									0			
	Maximum: Hands-on with 75%+ of dressing and grooming tasks. Complete assist with dressing	1-25 min/day									0			

Member Name:	0	**AHCCCS ID:** 0	**Page 3 Total:**	0	**Page 3 Total: IFS** 0

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
Dressing and Grooming PM	Independent: No assistance needed.	0 min/day												
	Minimum: Some supervision, reminding, selecting clothes	1-15 min/day									0			
	Moderate: Supervision or hands-on with 50-75% of dressing activity. Regular assist with	1-20 min/day									0			
	Maximum: Hands-on with 75%+ of dressing and grooming tasks. Complete assist with dressing	1-25 min/day									0			
Toileting A formal toileting schedule is developed by a clinician, such as a physician, occupational therapist, or behavioral therapist and is not at the member's/HCDM descretion.	Independent: No assistance needed.	0 min/event												
	Minimum: Stand-by assist, supervision, reminders	1-5 min/event									0			
	Moderate: 50-75% assist with clothing, diapers, post toilet hygiene or equipment	1-10 min/event									0			
	Maximum: Total assist with clothing, briefs, entire toiletting process. Includes episodes of	1-15 min/event									0			
	Catheter: Pouring out bag and cleaning bag or other supplies	1-15 min/**day**									0			
	Ostomy: Pouring out and cleaning bag.	1-20 min/**day**									0			
	Smearing behaviors that require personal and/or environmental cleaning	1-30 min/event												
	Chronic Constipation/Holding Behaviors	1-15 min/event												
	Formal Toileting Schedule in Place due to behavioral needs	1-10 min/event												

Member Name:	**0**	**AHCCCS ID:**	**0**	**Page 4 Total:**	0		**Page 4 Total: IFS** 0

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
Mobility Member needs support to safely move from one location within the home to another during the day. Not to exceed 60 minutes/day	Independent- No assistance with/without assistive devices.	0 min/day												
	Minimum: Some supervision, stand-by, or reminders for safety. Adjusting devices or restraints.	1-15 min/day									0			
	Moderate: Needs hands-on assist. One-person assist with/without assistive devices.	1-30 min/day									0			
	Maximum: One or more person assist, totally dependent.	1-60 min/day									0			
Transferring Excludes bathing and Toileting Transfers	Independent- No assistance with/without assistive devices.	0 min/day												
	Minimum: Some supervision, stand-by, or reminders for safety. Adjusting devices or restraints.	1-10 min/day									0			
	Moderate: Needs hands-on assist. One-person assist with/without assistive devices.	1-15 min/day									0			
	Maximum: One or more person assist, totally dependent.	1-30 min/day									0			
	Person who is Unable to Leave Their Bed: Frequent turning & repositioning in the bed.	1-90 min/day									0			
	Mechanical Lift: If mechanical lift time assessed, do not allocate transfer time in other areas	1-60 min/day									0			

Member Name:	0			**AHCCCS ID:**	0						**Page 5 Total:**	0		**Page 5 Total: IFS**	0

Attendant Care Supervision

	Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
General Supervision															
Supervision Needs may include but are not limited to:		Independent: No assistance needed.	0 min/event												
☐	Wandering Risk		# minutes per day; based on need and typical day structure									0			
☐	Confused/Disoriented at risk to themselves											0			
☐	Unable to call for help, even with Lifeline											0			
☐	Complex medical or behavioral needs											0			
☐	Uncontrolled seizures														
☐	Documented PICA/other conditions that result in the child frequently putting non-food items in their mouth														
☐	High airway risk due to trach/ventilator dependence														
☐	Frequent, severe self-injurious behavior (e.g. head banging, running, or other forms of self harm/potential self harm) or aggression towards others														
☐	Other:											0			
												Total Minutes Supervision Needed/Week:	0	**Total Minutes of IFS/Week:**	0

Habiliation

The ALTCS Case Manager must use the guidance in the sections above in the TASK and DESCRIPTION columns of this tool to determine age-appropriate milestones before establishing Habilitation outcomes for activities of daily living. Habilitation goals are not limited to activities of daily living and may also include things such as skills to support community integration, soft skills (e.g. communication, eye contact), personal safety/situational awareness, etc. Planning teams may identify the support needed to promote individual's Health, Home Life, and Daily Life within the context of their daily schedule.
Habilitation goals should not be considered for age appropriate learning.
If paid attendant care would not be appropriate to assess for, then paid habilitation would also be inappropriate unless extenuating circumstances are clearly documented.

	Habiliation Hourly Outcomes	Description of Outcome to be Achieved	Minutes to Teach Task	Number of Times Paid Support is Needed MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
Independent: No assistance needed.			0 min/day											
1											0			
2											0			
3											0			
4											0			
5											0			
											Total Weekly Habilitation Minutes:	0	**Total Minutes of IFS/Week:**	0

Member Name: 0 **AHCCCS ID:** 0

Informal Supports (IFS)

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. Once this is conversation occurs, fill out the orange columns above if informal supports have been identified and are voluntarily agreeing to support the member in an unpaid capacity.

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

	Name	Relationship	Minutes/Week They Can Assist	Any Days IFS is Not Available	Notes/Comments
1					
2					
3					
4					
5					

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

Direct Care (Attendant Care - Personal Care - Homemaker) and Habilitation Services

Worksheet Summary

Service Authorizations

Task	Weekly Assessed Need (Minutes/Week)	Weekly Informal Supports Minutes (If Identified)	Weekly Total Authorized Minutes *(Assessed Need - Informal Supports)*	Weekly Total Authorized Hours (Total Authorized Minutes/60)
Page 1 Tasks	0.00	0.00	0.00	0.00
Page 2 Tasks	0.00	0.00	0.00	0.00
Page 3 Tasks	0.00	0.00	0.00	0.00
Page 4 Tasks	0.00	0.00	0.00	0.00
Page 5 Tasks	0.00	0.00	0.00	0.00
Supervision	0.00	0.00	0.00	0.00
Habilitation	0.00	0.00	0.00	0.00
Total Minutes/Week	0.00	0.00	0.00	
Total Hours/Week	0.00	0.00	0.00	
Total Units/Month (Total Hours/Week x 4 x 4.3)			0.00	

This amount goes on CA160 CES Screen for all 3 months.

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: _____

AHCCCS ID: _____