# ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Developmental Disabilities

#### **HCBS MEMBER NEEDS ASSESSMENT**

Member's Name:			Date of M	eeting:	AHCCCS ID:		
This tool is to be use please review with yo	•	ot intended to replace p	rofessional experience. If the	nere are questions or c	omments about a spec	 cific task,	
Living Situation:	Lives Alone	Lives with Family	Lives with Non-Family				
Supervision Need:	Wandering Risk	Confused/Disoriente	ed at risk to themselves	Unable to call for he	lp, even with lifeline	N/A	
Name/Relationship o	f Informal Supports (IF	FS) that will be assisting	g with care:				

Tasks completed by Informal Supports must be marked "**IFS**" on the spreadsheet below in the appropriate space to clearly identify when IFS is being provided. Ensuring member's needs are met.

If lives with others, Days/Hours others are not available to assist the member \_\_\_\_\_

TASK	Description	Approx.	Tasks per			Time to	comple	te the n	eeded ta	ısk		Comments
IASK	Description	Time	day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL	Comments
Housekeeping and Cleaning	Independent: no assistance needed.	0 min/day										
	Lives with others: Cleaning member's area only.	1 – 60 min/week										
	Without support: Member lives alone. Consider the size of the home.	1 – 120 min/week										
aundry olding and	Independent: no assistance needed.	0 min/week										
putting away laundry is included.	Washer and dryer are on- site, inside the member's home, garage or yard.	1 – 30 min/week										
	Washer is on-site but close are line dried.	1 – 60 min/week										
	Laundry is done in apartment laundry facility.	1 – 90 min/week										

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## **HCBS MEMBER NEEDS ASSESSMENT**

TASK	Description	Approx.	Tasks per			Time to	comple	te the n	eeded ta	ask		Comments
IAOR	Description	Time	day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL	Comments
Laundry	Laundry facility is off-site, such as a community laundromat facility.	1 – 120 min/week										
	Incontinence episodes – soiled clothes and linens.	1 – 10 min/week										
moraamig	Independent: no assistance needed.	0 min/day										
	Pick up with family shopping.	1 – 5 min/week										
	Lives alone.	1 – 90 min/week										
Meal Prep and Clean Up	Independent: no assistance needed.	0 min/day										
In general, should not	Breakfast:	1 – 15 min/day										
exceed 75 minutes per day. Includes	If member eats the same meal with others:	1 – 5 min/day										
blenderizing or pureeing food	Lunch:	1 – 20 min/day										
but not cutting up food.	If member eats the same meal with others: If HDM is in place, please note this on the line for the appropriate day.	1 – 5 min/day										
	Dinner:	1 – 20 min/day										
	If member eats the same meal with others:	1 – 5 min/day										
<u> </u> 	Alternative meal schedule or snacks: (ex. Diabetic diet with multiple small meals/snacks per day requiring prep)	1 – 10 min/day										

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## **HCBS MEMBER NEEDS ASSESSMENT**

TACK	Decemention	Approx.	Tasks per			Time to	comple	te the n	eeded ta	ısk		Comments
TASK	Description	Time	day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL	Comments
Eating and Feeding	Independent: no assistance needed.	0 min/day										
Enter number of meals eaten per day requiring	Minimum: meals set up, cutting food or cueing and reminders.	1 – 10 min/day										
assistance, then enter the time per meal.	Moderate: as above plus hands-on assistance, cueing or supervision for 50 – 75% of the meal.	1 – 15 min/day										
	Maximum: hands-on assistance with 75% or more of the meal, bringing food to mouth or totally feeding the member. Constant supervision and cueing.	1 – 30 min/day										
Bathing As needed per	Independent: no assistance needed.	0 min/day										
week. In general not to exceed	Sponge bath	1 – 5 min/day										
45 transfers including bath time.	Minimum: some supervision, cueing or set up. Assist with getting in and out of the tub. Help with back or lower body.	1 – 15 min/day										
	Moderate: step-by-step cueing or supervision. Hands-on assistance with 50 – 75% of the bathing process.	1 – 30 min/day										
	Maximum: 75%+ with bathing process. One or more assists. Hoyer lift needed/ bed baths.	1 – 45 min/day										

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## **HCBS MEMBER NEEDS ASSESSMENT**

TASK	Description	Approx.	Tasks per			Time to	comple	te the n	eeded ta	isk		Comments
IAGK	Description	Time	day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL	Comments
Dressing and Grooming AM	Independent: no assistance needed.	0 min/day										
	Minimum: some supervision, reminding, selecting clothes.	1 – 10 min/day										
	Moderate: supervision or hands-on with 50 – 75% of dressing activity. Regular assistance with buttons, shoes and socks, fixing hair or brushing teeth.	1 – 15 min/day										
	Maximum: hands-on with 75%+ of dressing and grooming tasks. Complete assist with dressing, includes transfer if needed.	1 – 20 min/day										
Dressing and Grooming PM	Independent: no assistance needed.	0 min/day										
	Minimum: some supervision, reminding, selecting clothes.	1 – 10 min/day										
	Moderate: supervision or hands-on with 50 – 75% of dressing activity. Regular assistance with buttons, shoes and socks, fixing hair or brushing teeth.	1 – 15 min/day										
	Maximum: hands-on with 75%+ of dressing and grooming tasks. Complete assist with dressing, includes transfer if needed.	1 – 20 min/day										

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## **HCBS MEMBER NEEDS ASSESSMENT**

TASK	Description	Approx.	Tasks per			Time to	comple	te the n	eeded ta	ask		Comments
IASK	Description	Time	day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL	Comments
Toileting	Independent: no assistance needed.	0 min/day										
	Minimum: standby assist, supervision, reminders.	1 – 5 min/event										
	Moderate: 50 – 70% assist with clothing, diapers, post-toilet hygiene or equipment.	1 – 10 min/event										
	Maximum: total assist with clothing, briefs, entire toileting process. Includes episodes of incontinence.	1 – 15 min/event										
	Catheter: pouring out bagging, cleaning bag or other supplies.	1 – 15 min/day										
	Ostomy: pouring out and cleaning bag.	1 – 15 min/day										
Mobility	Independent: no assistance needed with or without assistive devices.	0 min/day										
	Minimum: some supervision, standby or reminders for safety. Adjusting devices or restraints.	1 – 10 min/day										
	Moderate: needs hands- on assistance. One person assist with or without assistive devices.	1 – 15 min/day										
	Maximum: one or more person assist, totally dependent.	1 – 30 min/day										

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## **HCBS MEMBER NEEDS ASSESSMENT**

TASK	Description	Approx.	Tasks per			Time to	comple	te the n	eeded ta	sk		Comments
IASK	Description	Time	day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL	Comments
Transferring Includes bathing and toileting transfers.	Independent: no assistance needed with or without assistive devices.	0 min/day										
	Minimum: some supervision, standby or reminders for safety.	1 – 10 min/day										
	Moderate: needs hands- on assistance. One person assist with or without assistive devices.	1 – 15 min/day										
	Maximum: one or more person assist, totally dependent.	1 – 30 min/day										
	Bedbound: frequent turning and repositioning in the bed. Outside caregiver 20 – 40 minutes per day. Live-in caregiver 60 – 90 minutes per day.	20 – 40 min/day 60 – 90 min/day										
	Hoyer: if Hoyer time is assessed no transfer time in other areas.	1 – 20 min/event										
General Supervision	Supervision is based on need, and can be provided based on member need identified on page 1.	X time/day										

## **HCBS MEMBER NEEDS ASSESSMENT**

Member's Name:	Date of Meeting:	AHCCCS ID:

HABILITATION HOURLY OUTCOMES (HAH) N/A									
OUTCOME	Minutes to teach task  MON THE WED THIL FRI SAT S							ed	
OUTCOME	(HAH)	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
				Habili	itation F	lourly O	utcome	s Total	

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#### HCRG MEMBED NEEDS ASSESSMENT

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Member's Name:		Date of Meeting:				
	TOTAL PAID HOURS IDENTIFIED	AMOUNT OF TIME				
	Housekeeping and Cleaning Total Minutes					
	Laundry Total Minutes					
	Shopping Total Minutes					
	Meal Prep and Clean Up Total Minutes					
	Eating and Feeding Total Minutes					
	Bathing Total Minutes					
	Dressing and Grooming AM and PM Total Mi	nutes				
	Toileting Total Minutes					
	Mobility Total Minutes					
	Transferring Total Minutes					
	Supervision Total Minutes (if applicable)					
	Total Minutes					
	Total Hours					
I have contacted the Informal Suppo	orts named above (Top of Page 1) and they volun	tarily agree to provide the services in	ndicated with no compensation.			
Support Coordinator Signature	Original Date					
I have contacted the Informal Suppo	orts named above (Top of Page 1) and they volun	tarily agree to provide the services in	ndicated with no compensation.			
Support Coordinator Signature	1st Review Date					
I have contacted the Informal Suppo	orts named above (Top of Page 1) and they volun	tarily agree to provide the services in	ndicated with no compensation.			
Support Coordinator Signature	2 <sup>nd</sup> Review Date					
I have contacted the Informal Suppo	orts named above (Top of Page 1) and they volun	tarily agree to provide the services in	ndicated with no compensation.			
Support Coordinator Signature	3 <sup>rd</sup> Review Date					

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-771-2893; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local