ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities
HCBS MEMBER NEEDS ASSESSMENT

Member's Name: _____

Date of Meeting: _____ **AHCCCS ID:** _____

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

Living Situation:

☐ **Lives Alone** ☐ **Lives with Family** ☐ **Lives with Non-Family**

Supervision Need:

☐ **Wandering Risk**
☐ **Confused/Disoriented at risk to themselves**
☐ **Unable to call for help, even with lifeline**
☐ **N/A**

See page 26 for EOE/ADA disclosures

Name/Relationship of Informal Supports Assisting 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, indicate Days/Hours others are not available to assist member

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TASK	Description	Approx. Time	Tasks per day	Time to complete the needed task							
				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Housekeeping and Cleaning	Independent: no assistance needed.	0 min/ day									0
	Comments										
	Lives with others: Cleaning member's area only.	1 – 60 min/ week									0
	Comments										
	Without support: Member lives alone. Consider the size of the home.	1 – 120 min/ week									0
	Comments										

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TASK	Description	Approx. Time	Tasks per day	Time to complete the needed task							
				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Laundry Folding and putting away laundry is included.	Independent: no assistance needed.	0 min/ week									0
	Comments										
	Washer and dryer are on-site, inside the member's home, garage or yard.	1 – 30 min/ week									0
	Comments										
	Washer is on-site but close are line dried.	1 – 60 min/ week									0
	Comments										
	Laundry is done in apartment laundry facility.	1 – 90 min/ week									0

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				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Laundry	**Comments**										
	Laundry facility is off-site, such as a community laundromat facility.	**1 – 120 min/ week**									**0**
	Comments										
	Incontinence episodes – soiled clothes and linens.	**1 – 10 min/ week**									**0**
	Comments										
Shopping **Including medication pick up.**	**Independent: no assistance needed.**	**0 min/ day**									**0**
	Comments										

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TASK	Description	Approx. Time	Tasks per day	Time to complete the needed task							
				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Shopping	Pick up with family shopping.	1 – 5 min/ week									0
	Comments										
	Lives alone.	1 – 90 min/ week									0
	Comments										
Meal Prep and Clean Up In general, should not exceed 75 minutes per day. Includes blenderizing or pureeing food but not cutting up food.	Independent: no assistance needed.	0 min/ day									0
	Comments										
	Breakfast: If member eats the same meal with others:	1 – 15 min/ day 1 – 5 min/ day									0

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				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Meal Prep and Clean Up	**Comments**										
	Lunch: **If member eats the same meal with others:** ***If HDM is in place, please note this on the line for the appropriate day.***	**1 – 20 min/ day** **1 – 5 min/ day**									**0**
	Comments										
	Dinner: **If member eats the same meal with others:**	**1 – 20 min/ day** **1 – 5 min/ day**									**0**

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				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Meal Prep and Clean Up	**Comments**										
	Alternative meal schedule or snacks: ***(ex. Diabetic diet with multiple small meals/ snacks per day requiring prep)***	**1 – 10 min/ day**									**0**
	Comments										
Eating and Feeding **Enter number of meals eaten per day requiring assistance, then enter the time per meal.**	**Independent: no assistance needed.**	**0 min/ day**									**0**
	Comments										
	Minimum: meals set up, cutting food or cueing and reminders.	**1 – 10 min/ day**									**0**

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TASK	Description	Approx. Time	Tasks per day	Time to complete the needed task							
				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Eating and Feeding	Comments										
	Moderate: as above plus hands-on assistance, cueing or supervision for 50 – 75% of the meal.	1 – 15 min/ day									0
	Comments										
	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									0

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				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Eating and Feeding	**Comments**										
Bathing **As needed per week. In general not to exceed 45 transfers including bath time.**	**Independent: no assistance needed.**	**0 min/ day**									**0**
	Comments										
	Sponge bath	**1 – 5 min/ day**									**0**
	Comments										
	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**									**0**

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				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Bathing	**Comments**										
	Moderate: step-by-step cueing or supervision. Hands-on assistance with 50 – 75% of the bathing process.	**1 – 30 min/ day**									**0**
	Comments										
	Maximum: 75%+ with bathing process. One or more assists. Hoyer lift needed/ bed baths.	**1 – 45 min/ day**									**0**
	Comments										

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TASK	Description	Approx. Time	Tasks per day	Time to complete the needed task							
				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Dressing and Grooming AM	Independent: no assistance needed.	0 min/ day									0
	Comments										
	Minimum: some supervision, reminding, selecting clothes.	1 – 10 min/ day									0
	Comments										
	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									0

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TASK	Description	Approx. Time	Tasks per day	Time to complete the needed task							
				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Dressing and Grooming AM	Comments										
	Maximum: hands-on with 75%+ of dressing and grooming tasks. Complete assist with dressing, includes transfer if needed.	1 – 20 min/ day									0
	Comments										
Dressing and Grooming PM	Independent: no assistance needed.	0 min/ day									0
	Comments										
	Minimum: some supervision, reminding, selecting clothes.	1 – 10 min/ day									0

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TASK	Description	Approx. Time	Tasks per day	Time to complete the needed task							
				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Dressing and Grooming PM	**Comments**										
	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**									**0**
	Comments										
	Maximum: hands-on with 75%+ of dressing and grooming tasks. Complete assist with dressing, includes transfer if needed.	**1 – 20 min/ day**									**0**

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TASK	Description	Approx. Time	Tasks per day	Time to complete the needed task							
				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Dressing and Grooming PM	Comments										
Toileting	Independent: no assistance needed.	0 min/ day									0
	Comments										
	Minimum: standby assist, supervision, reminders.	1 – 5 min/ event									0
	Comments										
	Moderate: 50 – 70% assist with clothing, diapers, post-toilet hygiene or equipment.	1 – 10 min/ event									0

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TASK	Description	Approx. Time	Tasks per day	Time to complete the needed task							
				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Toileting	Comments										
	Maximum: total assist with clothing, briefs, entire toileting process. Includes episodes of incontinence.	1 – 15 min/ event									0
	Comments										
	Catheter: pouring out bagging, cleaning bag or other supplies.	1 – 15 min/ day									0
	Comments										
	Ostomy: pouring out and cleaning bag.	1 – 15 min/ day									0

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TASK	Description	Approx. Time	Tasks per day	Time to complete the needed task							
				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Toileting	Comments										
Mobility	Independent: no assistance needed with or without assistive devices.	0 min/ day									0
	Comments										
	Minimum: some supervision, standby or reminders for safety. Adjusting devices or restraints.	1 – 10 min/ day									0
	Comments										

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TASK	Description	Approx. Time	Tasks per day	Time to complete the needed task							
				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Mobility	**Moderate: needs hands-on assistance. One person assist with or without assistive devices.**	**1 – 15 min/ day**									**0**
	Comments										
	Maximum: one or more person assist, totally dependent.	**1 – 30 min/ day**									**0**
	Comments										
Transferring **Includes bathing and toileting transfers.**	**Independent: no assistance needed with or without assistive devices.**	**0 min/ day**									**0**
	Comments										

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TASK	Description	Approx. Time	Tasks per day	Time to complete the needed task							
				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Transferring	Minimum: some supervision, standby or reminders for safety.	1 – 10 min/ day									0
	Comments										
	Moderate: needs hands-on assistance. One person assist with or without assistive devices.	1 – 15 min/ day									0
	Comments										
	Maximum: one or more person assist, totally dependent.	1 – 30 min/ day									0
	Comments										

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TASK	Description	Approx. Time	Tasks per day	Time to complete the needed task							
				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Transferring	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									0
	Comments										
	Hoyer: if Hoyer time is assessed no transfer time in other areas.	1 – 20 min/ event									0
	Comments										

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TASK	Description	Approx. Time	Tasks per day	Time to complete the needed task							
				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
General Supervision	Supervision is based on need, and can be provided based on member need identified on page 2.	X time/ day									0
	Comments										

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HABILITATION HOURLY OUTCOMES (HAH) ☐ N/A									
OUTCOME	Minutes to *teach* task (HAH)	Number of Times Paid Support is Needed							TOTAL
		MON	TUE	WED	THU	FRI	SAT	SUN	
									0
									0
									0
									0
									0
									0

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Date of Meeting: _____ **AHCCCS ID:** _____

OUTCOME	Minutes to *teach* task (HAH)	Number of Times Paid Support is Needed							TOTAL
		MON	TUE	WED	THU	FRI	SAT	SUN	
									0
									0
									0
									0
									0
									0
								Habilitation Hourly Outcomes Total	0

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TOTAL PAID HOURS IDENTIFIED	AMOUNT OF TIME
Housekeeping and Cleaning Total Minutes	0
Laundry Total Minutes	0
Shopping Total Minutes	0
Meal Prep and Clean Up Total Minutes	0
Eating and Feeding Total Minutes	0
Bathing Total Minutes	0
Dressing and Grooming AM and PM Total Minutes	0
Toileting Total Minutes	0
Mobility Total Minutes	0
Transferring Total Minutes	0
Supervision Total Minutes *(if applicable)*	0
Total Minutes	0
Total Hours	0

Member's Name: _____

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☐ **I have contacted the Informal Supports named above (Top of Page 2) and they voluntarily agree to provide the services indicated with no compensation.**

_____ _____

Case Manager Signature ***Original Date***

_____ _____

Supervisor Signature ≥ 20 Hours ***Original Date***

☐ **I have contacted the Informal Supports named above (Top of Page 2) and they voluntarily agree to provide the services indicated with no compensation.**

_____ _____

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

_____ _____

Supervisor Signature ≥ 20 Hours ***1st Review Date***

☐ **I have contacted the Informal Supports named above (Top of Page 2) and they voluntarily agree to provide the services indicated with no compensation.**

Member's Name: _____

Date of Meeting: _____ **AHCCCS ID:** _____

_____ _____

Support Coordinator Signature ***2nd Review Date***

_____ _____

Support Coordinator Signature ***2nd Review Date***

☐ **I have contacted the Informal Supports named above (Top of Page 2) and they voluntarily agree to provide the services indicated with no compensation.**

_____ _____

Support Coordinator Signature ***3rd Review Date***

_____ _____

Support Coordinator Signature ***3rd Review Date***