ADULT HOME AND COMMUNITY BASED SERVICES NEEDS TOOL - GUIDELINES
(Use for ALTCS members aged 18+)

Direct care services (Attendant Care, Personal Care, and Homemaker services) and Habilitation services are intended to augment and support the existing informal care and community services being provided to the member to allow the member to remain in a home setting.

The Adult tab of the Home and Community Based Services (HCBS) Needs Tool (HNT), AMPM Exhibit 1620-17 is intended to evaluate the member's functional care needs. This document provides directions on how to use the Adult HNT as well as how to document comments, feedback, and/or concerns shared by the member/family. While the tool will also help document which of those needs will be met by an 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 and must be comprehensively assessed before determining who will provide the care. Members have a right to a comprehensive assessment, based on their unique needs and circumstances, and regardless of the presence of informal supports or lack thereof. Additionally, members must receive a comprehensive care assessment at least annually, even if the member reports there has been no change in condition. Assessments must thoroughly document the member's needs, even if all services cannot be offered due to cost effectiveness, the member is not interested in receiving the services, and/or any other reason that may limit full service provision.

Prior to authorizing Direct Care or Habilitation services, the ALTCS Case Manager shall complete the Person-Centered Service Plan (PCSP) AMPM Exhibit 1620-10 and the HNT.
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 and the amount of time it takes to complete that care for the member. After the comprehensive needs assessment is completed, the availability of informal supports and community services that may be utilized to meet those needs can also be discussed; however, informal supports and community services are not obligated to be utilized. 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.

Direct care services must be medically necessary and based on an assessment of each member's unique needs. For adults whose spouses are interested in being the paid caregiver, care and services must also be determined to be extraordinary in nature. Extraordinary care is evaluated for each task independently and is based on the member's needs and how that person is generally supported by the people around them (i.e. their spouse). The care needed is evaluated based on the member's ability to complete the task, the time it takes to complete the task, and the level of support needed to complete the task.

There can be no differentiation or discrimination in the types 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.

Times shown on the HNT are only guidelines that reflect the time 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. Comments must be documented on the HNT to support the time allotment when services are being authorized.

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. 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.

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

After the member's needs are assessed and documented, 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 ASSESSMENT
TASKS

The guidelines and considerations below can be used when completing the HCBS needs tool.

LIVING SITUATION

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

HOUSEKEEPING & CLEANING

Housekeeping includes cleaning tasks necessary to attain and maintain sanitary living conditions for the member.

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.

For incontinence-specific laundry tasks, evaluate the member's need for laundry support due to incontinence episodes. These 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. Time assessed is

limited to active time spent on the tasks described above and should not include time waiting for wash/dry cycles to finish. These tasks apply only to the member's clothing and linens and does not include bathing, re-dressing, or other tasks specific to member cleanliness; those needs should be assessed/documented elsewhere on the tool under the appropriate task(s).

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: 1-30 min/day.

SHOPPING

Shopping includes grocery shopping, obtaining medications or medical supplies and household items for the member. Shopping may include medication pick up; medication pick-up is specific to obtaining medications for a member's chronic conditions when home delivery of medications is not an option. Travel time and time to put away groceries is included.

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 informal supports are unwilling to complete shopping for the member, this must be clearly documented.
- 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.
- 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 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 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 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. Consider if there are instances where the member is unable to eat the same meals as the family due to prescribed specialty diet or if the meal requires special preparation due to documented medical, physical, or behavioral limitations. Examples of specialty diet include restrictive dietary needs or specific nutritional requirements such as low carb, gluten free, lactose free, etc. Special preparation includes food modifications for the member to safely consume food such as blending, pureeing, thickening, etc. 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. 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 nutritional levels 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.

NOTE: If the member is being assessed for this category, all meals should be assessed here, and no time should be assessed under breakfast, lunch, or dinner.

ASSESSMENT CONSIDERATIONS

- Does the member reside alone, or with others? If they reside in a home with others, do they eat the same meals, do they require separate food preparation, and/or do they have different food preferences/requirements than others?
- Ask the member how many times a day they eat and need 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.
- Ask the member what they normally eat for breakfast/lunch/dinner. This can give an idea of the complexity of meals being prepared.
- Does the member have any special diet/special food preparation requirements?
- If the member requires special diet or food preparation but does not require assistance with the preparation, the member is independent.
- 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 microwaved, 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. .

- Independent:
  - 0 min/day.
- Breakfast Preparation and/or Modification:
  - 1-30 min.
- Lunch Preparation and/or Modification:
  - 1-30 min.
- Dinner Preparation and/or Modification:
  - 1-30 min.
- Alternative Meal Schedule:
  - 1-15 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. Supports can include things like simple meal set up, cutting up food, and/or cueing the member to eat, partial hand over hand feeding and/or active chewing/choking supervision, or full assistance to transfer food from a receptacle to the member's mouth. This category also includes G-Tube feeding/hydration.

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.
- If a member is able to feed themselves, but requires extra time, the member is independent. Time for feeding should not be assessed merely to expedite the eating process.
- Use of adaptive eating devices/equipment does not disqualify a member from being independent.
- If the member has a feeding tube but does not require assistance to manage it, the member is independent.
- If the member is being assessed based on an alternative meal schedule, all meals should be assessed here, and no time should be assessed under breakfast, lunch, or dinner.

TIME GUIDE: Do not write in the gray areas.

- Independent. Needs no assistance in eating or feeding one's self:
  - 0 min/meal.
- Breakfast Support:
  - 1-30 min
- Lunch Support:
  - 1- 30 min
- Dinner Support:
  - 1-30 min
- Alternate Meals Support:
  - 1-15 min/ small meal.
- G-Tube Feeding/Cleaning as prescribed:
  - 1-30 min/feeding
- G-Tube Hydration Support (including electrolytes if appropriate) as prescribed:
  - 1-30 min/event

BATHING

Bathing is the process of washing, rinsing, and toweling 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 member from being independent.

If the member 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 older adults 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. For instances where additional bathing may be necessary due to a member's behaviors related to toileting, please see the Toileting Task, which includes both personal and environmental cleaning and allows for multiple cleaning sessions throughout the day.

ASSESSMENT CONSIDERATIONS

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

- Independent. The member is able to bathe without any supervision or assistance:
  - 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:
  - 1-15 min/day.
- Partial Assistance: The member needs supervision, cueing, set-up, and/or some bathing (hands on) assistance with washing/drying part(s) of the body. Needs some cueing or assistance getting in/out of the tub/shower.
  - 1-20 min/day.
- Full Assistance: The member is dependent on others for assistance with 75% or more of the bathing process. May require one or more persons 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:
  - 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, face cleaning, shaving, and fixing hair.

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?
- For members with motor control considerations, it may be appropriate to utilize assistive supports such as electric or safety razors to foster more independence, rather than someone else completing the task for the member.
- 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.
- 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, dressing and grooming should not exceed 50 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:
  - 0 min/day.
- Minimum. The member needs some supervision or reminding. Includes selecting and laying out clothes:
  - 1-15 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:
  - 1-20 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:
  - 1-25 min/day.

TOILETING

Toileting tasks include reminders, toileting schedule, the taking off and putting on of clothing and/or incontinence briefs/pads, post-toilet hygiene, and use of equipment such as a urinal, cleaning of a catheter or ostomy bag, managing toileting schedule, bathroom supervision for safety and/or behavior management.

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. Administering suppositories or laxatives should not be part of assessed time, as this is symptom management, not toileting.
- 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.
- The time to take care of a member's ostomy bag (even when twice a day) should generally not require more than 20 minutes/day.
- If the member is able to manage catheter and/or ostomy care without assistance, time should not be assessed.
- Number of toileting events per day for those whose needs do not involve catheter/ostomy.
- If the member is on a toileting schedule, it must be prescribed by a clinician.
- If the member demonstrates constipation or holding behaviors, what assistance is being provided during the toileting routine, and how much time do those interventions take

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:
  - 0 min/task.
- Minimum. The member needs standby assist or supervision with toileting:
  - 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:
  - 1-10 min/task.
- Maximum. Total assist with clothing, diapers, post-toilet hygiene and/or equipment for either continent or incontinent members:
  - 1-15 min/task.
- Catheter: The member has catheter and needs assistance to pour out the urine and clean the bag:
  - 1-15 min/day.
- Ostomy: The member has an ostomy and needs assistance to pour out the feces and clean or change the bag:
  - 1-20 min/day.
- 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

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.

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 (frequent falls, forgetting to use assistive devices, etc.)?
- Does the member have weakness, unstable gait, or unstable balance?

TIME GUIDE: Do not write in the gray areas.

The number of times a member is assisted with mobility per day is Not counted; rather an approximate amount of time spent per day on mobility assistance shall be assessed.

- Independent. The member is independent in mobility with or without assistive devices:
  - 0 min/day.
- Minimum. The member needs some supervision, standby, or reminders for safety. This may include adjusting of assistive devices or restraints:
  - 1-15 min/day.
- Moderate. The member needs hands-on assistance for safety. One-person assist, with or without assistive devices:
  - 1-30 min/day.
- Maximum. May need one or more persons or may be totally dependent on others for mobility:
  - 1-60 min/day.

TRANSFERRING

Transferring is the member's ability to move horizontally and/or vertically between the bed, chair, wheelchair, commode, etc. Use of assistive devices to aid in transfers does not disqualify the member from being independent.

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 on transfer assistance shall be assessed.

- Independent. The member is independent in transfer with or without assistive devices:
  - 0 min/day.
- Minimum. The member needs some supervision, standby, or reminders for safety. This may include adjusting of assistive devices or restraints:
  - 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:
  - 1-15 min/day.
- Maximum. May need two or more persons or may be totally dependent on others for transfers:
  - 1-30 min/day.
- Person who is unable to leave their bed: requires frequent turning and repositioning in bed:
  - 1-90 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:
  - 1-60 min/event.

GENERAL SUPERVISION

Select one or more of the choices or Other 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.
- Complex Medical or Behavioral Needs – Member's medical or behavioral condition is such that they would be unsafe without supervision.

- Uncontrolled Seizures.
- Documented PICA/other conditions that result in the member frequently putting non-food items in their mouth.
- High airway risk due to trach/ventilator dependence
- Frequent, severe self-injurious behavior or aggression towards others
- Other – Member has a need for supervision that is not described in one of the scenarios above. Documentation must clearly define the need as well as justify the assessed time.

If the member lives alone and one of the applicable choices is selected, a discussion about an alternative living situation should take place; members are allowed to choose their living arrangement but should be made aware if there are appropriate alternatives to consider. Consider completing a Care Management Risk Agreement if warranted.

The supervision need must be based on safety concerns related to each member's specific medical and/or behavioral needs and limitations and must be clearly documented.

Paid supervision through the attendant care service shall always be a last resort. Supervision must be based on need.

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 Informal Supports (IFS) is available/willing/able 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.
- Paid supervision time assessed must indicate the person supervising is awake. The Case Manager shall not authorize for a paid caregiver to sleep and be paid for supervision.
- Informal Supports (IFS) hours shall be clearly noted on the tool in the IFS column 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.

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.

HABILITATION:

Habilitation is designed to facilitate the learning of new skills and foster greater independence for the member. It is to be assessed when it is believed that the member has the capacity to increase their independence in the completion of a task with the help of instruction and assistance. Habilitation goals are not limited to ADLs and may include various skills to promote/support health, home, and community skills.

ASSESSMENT CONSIDERATIONS:

- The amount of time to be assessed for habilitation must consider the member's capacity to learn, practice, and retain information. Ongoing assessment/monitoring of the member's progress should occur for each habilitation goal to ensure it remains appropriate.
- Members may not receive attendant care during the same day/time that habilitation is being delivered.
- Habilitation services can be provided in the home or in the community, based upon where the skill is most likely to be used.

TIME GUIDE:
Time allotments should take into consideration a member's daily schedule, their individual capacity to learn/engage, and the skill(s) that are being developed.

INFORMAL SUPPORTS:

The discussion regarding who the member wants engaged in their care shall occur AFTER the needs of the member have been identified. The member is generally able to choose the caregiver(s) that they want, including family members and friends although neither are obligated to provide care if unable and/or unwilling to do so. Case managers should also explore how care will be received such as formal (paid) caregivers, informal (unpaid) supports, or a combination of both.

- If the member wants an agency to identify and hire all caregivers, that is appropriate.
- If a member is married and the spouse wants to provide paid care, they may do so as long as they meet all the requirements outlined in the Spouses As Paid Caregiver service model. In this instance, it should be made clear that if the member has assessed needs greater than 40 hours, there is a hard limit to the amount of services they may receive.
- If the member wants known family members or friends to be the paid caregiver, that is allowable as long as the person(s) meet the Direct Care Worker (DCW) requirements established by the provider agency.

- If the member wants to direct their own care, they are able to do so via the Self-Directed Attendant Care service model; the case manager should provide all the information on the model and aid the member in starting the process.

Discuss formal and informal supports with the member. Ask the member what their preference is in terms of who provides the assessed care. If the member has informal supports that they intend to use, list the individuals who are available to provide informal support. Family members and/or friends shall not be pressured to provide care/services (whether formal or informal) if they are not interested and/or able to do so. Also, the member shall not be made to feel that they are obligated to identify caregivers for the member; this is a responsibility of the provider agency.

If informal supports are being used, this must be documented on the HNT. Enter the time(s) that informal supports will be able to assist as well as the specific task(s) for which the informal supports will be engaged; this should be entered 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. This should be completed even if there are no IFS being provided.

In addition to informal supports, if the member is receiving care from another source, such as Medicare home health or hospice, be sure to document 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.

SIGNATURES

Upon completion, the Case Manager is required to sign and date the HNT and must attest that *"I have contacted the IFSs named above and they voluntarily agrees 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 Case 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.