

Individual Name	Individual No.
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21. **During the last two weeks, on how many days have you had trouble concentrating or making decisions?**
Durante las últimas dos semanas, ¿cuántos días ha tenido dificultad para concentrarse o tomar decisiones?
22. **Does the individual have the ability to make decisions independently?**
¿Puede tomar decisiones independientemente la persona?
23. **Does the individual appear to have short-term memory impairment?**
¿Parece tener la persona problemas de memoria a corto plazo?
24. **Total Score**

Priority Status Yes No

A&A Calculations:

Monthly Amount of A&A	
Conversion to Weekly Amount (Monthly Amount ÷ 4.33).....	
Conversion to Hours (Weekly Amount ÷ Max. Attendant Care) = Total A&A Hours (Enter this amount on Page 1 in Less Total A&A Hours)	
Total A&A Hours	

	Update
Signature – Case Manager	Initials
Signature – Supervisor: Variance <input type="checkbox"/> Email OK (Date)	Initials

Comments:

Individual Name	Individual No.
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Part C–Task/Minute and Subtask Guide

(Primary Home Care, Community Attendant Services, Family Care, Client Managed Personal Attendant Services)

General – The minute range for each task and score is the minimum and maximum time that may be allowed for the task at that score level. Times must be shown in 5-minute increments and if needed, rounded up to the next highest 5-minute increment. Check each subtask the individual requires. If there is more than one individual residing in the home, use the companion range for common household tasks (cleaning, meal preparation and shopping). If the individual has a caregiver or other agency doing part of a task, so that the service arrangement is coded P/C or P/A, less time may be allowed for the purchased part of the task without supervisory approval.

Specific Tasks – Each task has one or more activities or subtasks that form the overall purchased task. When calculating times, carefully consider which activities will be purchased. An individual with an impairment score of 2 may need subtasks listed under impairment score 1; or an individual with an impairment score of 3 may need subtasks listed under impairment score 1 and 2. Check all subtasks that apply for the individual's specific circumstances to specify the type of assistance provided and support the time allocated for that task.

Tasks/Activities	Level of Impairment – Minimum and Maximum Minutes Allowed					
	Impairment Score 1	Minute Range	Impairment Score 2	Minute Range	Impairment Score 3	Minute Range
01 Bathing	<input type="checkbox"/> Laying out supplies <input type="checkbox"/> Drawing water <input type="checkbox"/> Standby assistance for safety <input type="checkbox"/> Minimal assistance in/out of tub or shower <input type="checkbox"/> Reminding or monitoring	5-10	<input type="checkbox"/> Tub/shower bathing <input type="checkbox"/> Sponge bathing <input type="checkbox"/> Bed bathing <input type="checkbox"/> Drying <input type="checkbox"/> Extensive assistance in/out of tub or shower	15-30	<input type="checkbox"/> Total assistance with bathing	35-45
<input type="checkbox"/> If hauling and heating water are required, add an extra 30 minutes for all impairment levels.						
02 Dressing	<input type="checkbox"/> Laying out clothing <input type="checkbox"/> May require occasional help with zippers, buttons, putting on socks or shoes <input type="checkbox"/> Reminding or monitoring	5-10	<input type="checkbox"/> Always requires assistance with zippers, buttons, socks or shoes <input type="checkbox"/> Requires assistance getting into and out of garments	15-20	<input type="checkbox"/> Total assistance with dressing	25-30
03 Exercise (No Score)	<input type="checkbox"/> Taking individual for a walk	Time allocated is based on the individual's or physician's request.				5-30
04 Feeding Note: Tube feeding cannot be purchased	<input type="checkbox"/> Verbal reminders/encouragement <input type="checkbox"/> Standby assistance <input type="checkbox"/> Applying adaptive devices Note: Feeding is calculated by the number of meals per week, not the number of days	5-10	<input type="checkbox"/> Spoon feeding <input type="checkbox"/> Bottle feeding	15-20	<input type="checkbox"/> Total help with feeding	25-30
05 Grooming 05a Shaving, Oral Care and Nail Care	Enter the higher score on P. 1 <input type="checkbox"/> Laying out supplies <input type="checkbox"/> Verbal reminders	5-10	<input type="checkbox"/> Shaving <input type="checkbox"/> Brushing teeth <input type="checkbox"/> Shaving legs, underarms <input type="checkbox"/> Caring for nails	15-20	<input type="checkbox"/> Total help with grooming	25-30
05b Routine Hair and Skin Care	<input type="checkbox"/> Laying out supplies <input type="checkbox"/> Verbal reminders <input type="checkbox"/> Combing/brushing hair <input type="checkbox"/> Applying non-prescription lotion to skin	5-10	<input type="checkbox"/> Washing hair <input type="checkbox"/> Drying hair <input type="checkbox"/> Setting/rolling/braiding hair <input type="checkbox"/> Washing hands and face <input type="checkbox"/> Applying makeup	15-30	<input type="checkbox"/> Total help with routine hair and skin care	35-45
06-07 Toileting	<input type="checkbox"/> Preparing toileting supplies/ equipment <input type="checkbox"/> Assisting with clothing during toileting <input type="checkbox"/> Occasional help with cleaning self <input type="checkbox"/> Occasional help with catheter or colostomy care <input type="checkbox"/> Standby assistance	5-10	<input type="checkbox"/> Assisting on/off bedpan <input type="checkbox"/> Assisting with the use of urinal <input type="checkbox"/> Assisting with toileting hygiene <input type="checkbox"/> Assisting with feminine hygiene needs <input type="checkbox"/> Changing diapers <input type="checkbox"/> Changing external catheter <input type="checkbox"/> Emptying catheter bag <input type="checkbox"/> Changing colostomy bag	15-20	<input type="checkbox"/> Total assistance with toileting	25-30

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Part C–Task/Minute and Subtask Guide (continued)

Tasks/Activities	Level of Impairment – Minimum and Maximum Minutes Allowed					
	Impairment Score 1	Minute Range	Impairment Score 2	Minute Range	Impairment Score 3	Minute Range
08 Transfer	<input type="checkbox"/> Helping with positioning (adjusting/changing position) <input type="checkbox"/> Minimal assistance in rising <input type="checkbox"/> Standby assistance	5-10	<input type="checkbox"/> Non-ambulatory movement from one stationary position to another <input type="checkbox"/> Hands-on assistance with rising from a sitting to a standing position <input type="checkbox"/> Extensive assistance with positioning or turning	15-20	<input type="checkbox"/> Total assistance with positioning or transferring from bed to chair	25-30
09 Walking (Ambulation)	<input type="checkbox"/> Standby assistance with walking <input type="checkbox"/> Assistance with putting on and removing leg braces	5-10	<input type="checkbox"/> Steadying in walking/using steps <input type="checkbox"/> Assistance with wheelchair ambulation	15-20	<input type="checkbox"/> Total assistance with wheelchair ambulation	25-30
10 Cleaning (Weekly Minutes) If companion case, use the range for companion.	<input type="checkbox"/> Minimal assistance with cleaning <input type="checkbox"/> Make bed <input type="checkbox"/> Straightening areas	Individual 60-90 Companion 30-45	<input type="checkbox"/> Cleaning up after personal care tasks <input type="checkbox"/> Cleaning floors of living area used by individual <input type="checkbox"/> Dusting <input type="checkbox"/> Cleaning bathroom <input type="checkbox"/> Changing bed linens <input type="checkbox"/> Cleaning stove top, counters, washing dishes <input type="checkbox"/> Cleaning refrigerator and stove <input type="checkbox"/> Emptying and cleaning bedside commode <input type="checkbox"/> Carrying out trash, setting out garbage for pickup	Individual 95-235 Companion 50-180	<input type="checkbox"/> Total assistance with cleaning	Individual 240-300 Companion 50-180
11 Laundry (Weekly Minutes) (Authorized per individual)	<input type="checkbox"/> Minimal assistance <input type="checkbox"/> Light hand washing <input type="checkbox"/> Gathering and sorting <input type="checkbox"/> Folding and putting away clothes	30	<input type="checkbox"/> Individual has no special laundry needs and has: <input type="checkbox"/> Washer and dryer <input type="checkbox"/> Washer or dryer only <input type="checkbox"/> No washer/no dryer <input type="checkbox"/> Individual has special laundry needs and has: <input type="checkbox"/> Washer and dryer <input type="checkbox"/> Washer or dryer only <input type="checkbox"/> No washer/no dryer	60 90 120 120 180 240	<input type="checkbox"/> Individual has no special laundry needs and has: <input type="checkbox"/> Washer and dryer <input type="checkbox"/> Washer or dryer only <input type="checkbox"/> No washer/no dryer <input type="checkbox"/> Individual has special laundry needs and has: <input type="checkbox"/> Washer and dryer <input type="checkbox"/> Washer or dryer only <input type="checkbox"/> No washer/no dryer	60 90 120 120 180 240

Individual Name	Individual No.
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Part C–Task/Minute and Subtask Guide (continued)

Tasks/Activities	Level of Impairment – Minimum and Maximum Minutes Allowed					
	Impairment Score 1	Minute Range	Impairment Score 2	Minute Range	Impairment Score 3	Minute Range
12 Meal Preparation (Daily Minutes) If companion case, use the range for companion. *For a varied meal schedule, see the optional chart below for calculations.	<input type="checkbox"/> Warming, cutting, serving prepared food <input type="checkbox"/> Meal planning <input type="checkbox"/> Helping prepare meals <input type="checkbox"/> Light Breakfast <input type="checkbox"/> Snacks	Individual 10-25 Companion 5-10	<input type="checkbox"/> Cooking full meal. Indicate meals to be cooked. The maximum time per meal is 30 minutes. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Additional time for leftovers. Allow an extra 15 minutes per day for cooking enough for leftovers for the next meal, if needed. <input type="checkbox"/> Grinding and pureeing food	Individual 30-90 (Must allow a minimum of 30 minutes regardless of the number of meals) Companion 15-45	<input type="checkbox"/> Total assistance with meal preparation	Individual 30-90 (Must allow a minimum of 30 minutes regardless of the number of meals) Companion 15-45

Individual receives Home-Delivered Meals

13 Escort (Not Scored)	<input type="checkbox"/> Arranging for transportation <input type="checkbox"/> Accompanying individual to obtain medical treatment <input type="checkbox"/> Waiting with the individual at the site due to individual's condition or distance from home <input type="checkbox"/> Escort is needed less than once a month <input type="checkbox"/> Escort is needed at least once a month The case manager must document the specific individual need. If escort occurs at least once a month, time can be allocated and prorated weekly.
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14 Shopping (Weekly Minutes) Note: If companion case, use the range for companion.	<input type="checkbox"/> Preparing a shopping list <input type="checkbox"/> Picking up extra items	Individual 10-30 Companion 5-15	<input type="checkbox"/> Going to the store and shopping for all items <input type="checkbox"/> Picking up medications <input type="checkbox"/> Putting items away	Individual 35-90 Companion 20-45	<input type="checkbox"/> Total assistance with shopping	Individual 35-90 Companion 20-45
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The time allowed for shopping depends if all shopping is done by the attendant or if someone else does the major shopping and only extra items are picked up. The time also depends on the individual's proximity to a store. Time is allowed for traveling to and from the store.

Supervisory Approval is required to authorize any minutes outside these guidelines. The need for more minutes or fewer minutes within a specific impairment score must be documented and justified when requesting supervisory approval. See the form instructions for exceptions and procedures for requesting supervisory approval.

Optional Meal Preparation Chart (for a Varied Meal Schedule)

Breakfast	_____ Minutes	X	_____ Days	=	_____ Minutes	Individual <input type="checkbox"/>	or	Companion <input type="checkbox"/>
Lunch	_____ Minutes	X	_____ Days	=	_____ Minutes	Individual <input type="checkbox"/>	or	Companion <input type="checkbox"/>
Supper	_____ Minutes	X	_____ Days	=	_____ Minutes	Individual <input type="checkbox"/>	or	Companion <input type="checkbox"/>
Additional Time For Leftovers	_____ Minutes	X	_____ Days	=	_____ Minutes	Individual <input type="checkbox"/>	or	Companion <input type="checkbox"/>

Total Minutes per Week = _____

Average Daily Minutes = Total Minutes per Week _____ ÷ No. of Days per Week = _____

Round up to the next 5 minute increment. Enter this amount on Form 2060 Page 1, Minutes per Day for Meals.

Days per Week – On Form 2060 Page 1 enter the highest number of days meals are prepared, even if not all meals are prepared daily. Due to rounding, the final total may be higher than the calculations on this page.