

STATE OF HAWAII
Personal Assistance Tool

<i>Member Name:</i>					<i>Medicaid #:</i>							<i>Date of Assessment:</i>								
Task	Total Minutes of Care Required/Week				Total Minutes of Care Performed by Support System/Week							Total Minutes of Care Performed by Health Plan Provider/Week								
	Frequency/ Day	Minutes/ Task	Days/ Week	Total Minutes/ Week	S U N	M O N	T U E	W E D	T H U	F R I	S A T	Total Minutes/ Week	S U N	M O N	T U E	W E D	T H U	F R I	S A T	Total Minutes/ Week
Personal Assistance Level 1																				
1	Routine House Cleaning																			
2	Laundry																			
3	Shopping and Errands																			
4	Attendant																			
5	Meal Preparation																			
Personal Assistance Level 2																				
6	Eating/Feeding																			
7	Bathing																			
8	Dressing (Upper and Lower Body)																			
9	Grooming/Personal Hygiene																			
10	Toileting																			
11	Ambulation and Transfers																			
12	Medication Assistance																			
SUBTOTAL MINUTES/WEEK		Total Minutes/Week			Total Minutes/Week							Total Minutes/Week								
Total Minutes of Care Required/Week																				
Total Minutes of Care Performed by Support System/Week																				
Total Minutes of Care Performed by Health Plan Provider/Week																				
Total Hours of Care Performed by Health Plan Provider/Week																				
Total Hours of Care Performed by Health Plan Provider/Month (based on 7Days/Week x 31Days/Month)																				
Justification for Allocation of Hours:																				
Assessor Signature										Print Name/Title										
Member/Authorized Representative Signature										Print Name/Relationship to Member										