

STATE OF HAWAII
Personal Assistance Tool Instructions

The State recommends that this tool be formatted in Excel for calculation functionality.

1. **Member Name**- Enter member’s legal name (Last, First, Middle Initial). If member has no middle initial, leave blank.
2. **Degree of Assistance**- The assessor will determine the member’s degree of assistance.
 - a. *Independent*- No assistance, set up, or supervision.
 - b. *Minimal*- Able to complete some tasks with assistance, includes oversight, encouragement or cueing, or supervision
 - c. *Moderate*- Able to complete some of task but need assistance with most of task
 - d. *Total*- Unable to complete tasks on own or needs assistance to complete the task
3. **Suggested Times (Minutes)** - The assessor will enter the minutes based on the Degree of Assistance. Refer to Table 1. Personal Assistance Guidelines for allocating hours. If the minutes exceed the maximum suggested minutes, please document reason in the Justification for Allocation of Hours.

Table 1. Personal Assistance Guidelines

TASKS	Degree of Assistance		
Personal Assistance Level 1			
Routine House Cleaning <ul style="list-style-type: none"> • Dusting • Cleaning up after personal care tasks (bathing, toileting, meal preparation, etc.) • Cleaning floors in living areas used by member • Cleaning counters, stovetop, washing dishes • Carrying out trash and setting out garbage for pickup • Emptying and cleaning bedside commode • Cleaning bathroom (floor, toilet, tub/shower, sink) • Changing bed linens • Making up bed 	Minimum	<i>Lives alone:</i> Up to 120 minutes per week <i>Lives with family or friends:</i> Up to 60 minutes per week	
	Moderate	<i>Lives alone:</i> Up to 180 minutes per week <i>Lives with family or friends:</i> Up to 120 minutes per week	
	Total	<i>Lives alone:</i> Up to 240 minutes per week <i>Lives with family or friends:</i> Up to 180 minutes per week	
	Laundry <ul style="list-style-type: none"> • Gathering and sorting • Hand washing garments • Loading and unloading of washer or dryer in residence • Hanging clothes to dry • Folding and putting away clothes • Laundromat 		Member has a washer and dryer : Up to 60 minutes per week Member has no washer and dryer but a Laundromat on premises: Up to 90 minutes per week Member has no washer and dryer and Laundromat is not within walking distance: Up to 120 minutes per week
	Shopping and Errands <ul style="list-style-type: none"> • Preparing shopping list • Grocery shopping • Picking up medication, medical supplies, or household items • Putting groceries away • Paying bills 		Members that live alone: Up to 90 minutes per week Member that lives with family or friends: Up to 60 minutes per week
	Attendant <ul style="list-style-type: none"> • Transportation arrangements • Accompanying member to doctor’s office, clinic or other trips made for the purpose of obtaining medical diagnosis or treatment. • Wait time at the doctor’s office or clinic with a member when necessary due to member’s condition and/or distance from home. 		As needed. Member that live alone: Up to 90 minutes per week visit Member that lives with family or friends: Up to 90 minutes per week visit
Meal Preparation <ul style="list-style-type: none"> • Meal planning • Preparing foods • Cooking full meal • Warming up prepared food • Cutting food for member • Serving food • Grinding and pureeing food 	Minimum	Up to 10 minutes per meal	
	Moderate	Up to 20 minutes per meal	
	Total	Up to 30 minutes per meal	
Personal Assistance Level 2			

STATE OF HAWAII
Personal Assistance Tool Instructions

Eating/Feeding <ul style="list-style-type: none"> • Standby assistance and encouragement • Assistance with using eating or drinking utensils or adaptive devices • Spoon feeding • Bottle feeding 	Minimum	Up to 5 minutes per meal
	Moderate	Up to 20 minutes per meal
	Total	Up to 30 minutes per meal
Bathing <ul style="list-style-type: none"> • Standby assistance • Drawing water in sink, tub or basin • Hauling/heating water • Gathering and setting up supplies • Assisting with transferred in/out of tub or shower • Sponge bath • Bed bath • Washing, rinsing, and towelng the body or body parts 	Minimum	Up to 5 minutes per bath
	Moderate	Up to 30 minutes per bath
	Total	Up to 45 minutes per bath
Dressing (Upper and Lower Body) <ul style="list-style-type: none"> • Undressing • Dressing • Gathering and laying out clothes 	Minimum	Up to 5 minutes per activity
	Moderate	Up to 20 minutes per activity
	Total	Up to 30 minutes per activity
Grooming/Personal Hygiene <ul style="list-style-type: none"> • Gathering and laying supplies • Oral care- brushing teeth, cleaning dentures • Shaving facial or body hair • Laying out supplies • Washing hair • Drying hair • Combing/brushing hair • Washing hands and face • Applying nonprescription lotion to skin 	Minimum	Up to 5 minutes per task
	Moderate	<i>Female:</i> Up to 30 minutes per task
		<i>Male:</i> Up to 15 minutes per task
	Total	<i>Female :</i> Up to 45 minutes per task
<i>Male:</i> Up to 30 minutes per task		
Toileting (do not include transfer and ambulation) <ul style="list-style-type: none"> • Standby assistance • Assisting with clothing during toileting • Preparing toileting equipment and supplies • Assisting with feminine hygiene needs • Assisting with toilet hygiene such as use of toilet paper and hand washing • Assisting on/off bed pan • Assisting with urinal • Brief changes • Colostomy bag empty/change • External catheter change • Catheter bag empty/change 	Minimum	Up to 10 minutes
	Moderate	Up to 20 minutes
	Total	Up to 30 minutes
Ambulation and Transfers <ul style="list-style-type: none"> • Standby assistance • Non-ambulatory movement from one stationary position to another (transfer) • Assisting with ambulation using steps • Assisting/repositioning in bed/chair • Assisting member in rising from a sitting to a standing position • Assisting member in positioning for use of assistive devices • Assisting with applying on and removing orthotics or prosthetic devices 	Minimum	Up to 5 minutes
	Moderate	Up to 15
	Total	Up to 30
Medication Assistance <ul style="list-style-type: none"> • Medication reminding • Getting a glass of water • Bringing medication container to member • Opening medication container at request of member 	Up to 15 minutes per day	

4. **Total Minutes of Care Required/Week**

- a. *Frequency/Day*- Enter how many times the member needs the skill done each day.

STATE OF HAWAII
Personal Assistance Tool Instructions

- b. *Minutes/Task*- Enter how many minutes it takes to do the skill each time.
 - c. *Days/Week*- Enter how many days a skill is needed in a week. Most skills are done daily, but there may be something like an IM injection that may be done once or twice a week etc.
 - d. *Total Minutes/Week*- Minutes will be added up and totaled at the end of column. This provides the assessor the ability to check that all minutes required per week are performed by either Support System or Health Plan Provider.
 - e. *For example: A member needs assistance with meal preparation 3 times a day. It takes 10 minutes each time which will total 30 minutes required per day and total 210 minutes per week.*
5. **Total Minutes of Care Performed by Support System/Week**
- a. *Frequency Per Day/Total Minutes Per Week*- The assessor will ask how many times a skill is done for the member by Support System which include care provided by family, friends, or other programs such as DDD, DOE etc. Enter how many minutes the member needs the skill done each day and place in the appropriate day of the week for each skill.
 - b. *Total Minutes/Week*- Minutes will be added up and totaled at the end of column. This provides the assessor the total minutes per week that will be performed by the Support System.
 - c. *For example: Support System will provide assistance with meal preparation 2 times daily, 20 minutes per day, which total 140 minutes per week.*
6. **Total Minutes of Care Performed by Health Plan Provider/Week**
- a. *Frequency Per Day/Total Minutes Per Week*- The assessor must calculate the Health Plan Provider frequency of skills each day and the total time based on all the information entered into the form.
 - b. *Total Minutes/Week*- Minutes will be added up and totaled at the end of column. This provides the assessor the total minutes per week that will be performed by the Health Plan Provider.
 - c. *For example: The Paid Caregiver will provide meal preparation 1 time daily, 10 minutes per day, which total 70 minutes per week.*
7. **Subtotal Skilled Minutes/Week**
- a. *Total Minutes of Care Required/Week*- Total time the skills take to perform per week.
 - b. *Total Minutes of Care Performed by Support System/Week*- Total time the Support System performs per week.
 - c. *Total Minutes of Care Performed by Health Plan Provider/Week*-Total time the Health Plan Provider will perform per week.
8. **Final Calculation of Hours**
- a. The assessor will recheck totals and then calculate total minutes to hours.
 - b. All fields will need to be populated:
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 7 Days/Week x 31Days/Month)
9. **Justification for Allocation of Hours**- Provide reason the hours are more than the suggested times.
10. **Assessor Signature**- The assessor must print and sign tool to acknowledge that the appropriate hours have been allotted.
11. **Member/Authorized Representative Signature**- The member/authorized representative must print and sign tool to acknowledge that the appropriate hours have been allotted by the assessor.