



Adult Personal Care Services Allocation Tool

Name(First/Last)		Member ID		Assessment Type:	Choose
				Assessment Date:	
Paid Caregiver Relative?		Care Coordinator		Review Date:	
Lives with Paid Caregiver?				Reviewers Initials:	
Shared PCS household?		Care Coordinator Phone Number			
Diagnoses					
Does Member Reside with Natural Supports (over age 18)? If yes, explain.					
Durable Medical Equipment (shower chair/bench, cane/walker/wheelchair, grab bars, bedside commode, etc.):					
Are there any safety concerns? If yes, explain.:					

Key Considerations When Assessing:

Needs level is assessed as follows:

Mild (M): Member requires assistance with 0-25% of the task

Severe (S): Member requires assistance with 26-75% of the task

Total (T): Member requires assistance with 76-100% of the task

Prompting/Cueing is referenced in both mild and severe to provide support for members with developmental delay, cognitive impairment, traumatic brain injury and/or behavioral health condition(s) that impact functional abilities.

Service needs that are outside the scope of personal care services, necessitating skilled care, should be requested via the Member's Private Duty Nursing benefit.

***Time recommendations do not represent limits and are individualized to best address the needs of the Member.**

Should the time needed exceed the recommendation, include documentation in the Notes section regarding the Member's needs and associated diagnoses.

1. Bathing (daily)

M - Mild Needs Level

S - Severe Needs Level

T - Total Needs Level

Member requires assistance with 0-25% of the task		Member requires assistance with 26-75% of the task		Member requires assistance with 76-100% of the task	
*0 – 15 min		*16 – 30 min		*31-45 min	
Check 'X'	Description	Check 'X'	Description	Check 'X'	Description
	Lay out supplies		Tub bath/dry		Total Assist
	Draw water		Sponge bath/dry		
	In/out of tub/shower		Wash Hair		
	Standby Safety		Dry Hair		
	Prompting/cueing		Shave legs/underarms		
			Prompting/cueing		
				Total Minutes	

Needs Level

Bathing	
---------	--

Other Supports			
----------------	--	--	--

Minutes Per Day	-
Days per Week	

NOTE: Additional time may be provided to heat and/or haul water for bathing. Refer to the "Summary of PCS Service time" below.

Notes:

2. Dressing (daily)

M - Mild Needs Level		S - Severe Needs Level		T - Total Needs Level	
Member requires assistance with 0-25% of the task		Member requires assistance with 26-75% of the task		Member requires assistance with 76-100% of the task	
*0 – 10 min		*11-15 min		*16-20 min	
Check 'X'	Description	Check 'X'	Description	Check 'X'	Description
	Lay out clothing		In/out clothes		Total Assist
	Zip, button, sock/shoe		Transfer from bed		
	Standby Safety		Prompting/cueing		
	Prompting/cueing				
				Total Minutes	

Needs Level

Dressing	
----------	--

Other Supports			
----------------	--	--	--

Minutes Per Day	-
Days per Week	

Notes:

3. Grooming (daily)

M - Mild Needs Level		S - Severe Needs Level		T - Total Needs Level	
Member requires assistance with 0-25% of the task		Member requires assistance with 26-75% of the task		Member requires assistance with 76-100% of the task	
*0 – 10 min		*11-15 min		*16-20 min	
Check 'X'	Description	Check 'X'	Description	Check 'X'	Description
	Lay out supplies		Shave face		Total Assist
	Comb/brush hair		Skin care =>3/day		
	Skin care =<3/day		Set/roll/braid hair		
	Standby Safety		Non-Rx skin care		
	Prompting/cueing		Nail care		
			Brush Teeth		
			Apply Makeup		
			Prompting/cueing		
				Total Minutes	

Needs Level

Grooming	
----------	--

Other Supports			
----------------	--	--	--

Minutes Per Day	-
Days per Week	

Notes:

4. Individual Bowel and Bladder (daily)

M - Mild Needs Level		S - Severe Needs Level		T - Total Needs Level	
Member requires assistance with 0-25% of the task		Member requires assistance with 26-75% of the task		Member requires assistance with 76-100% of the task	
*0 – 20 min		*21 – 45 min		*46 – 60 min	
Check 'X'	Description	Check 'X'	Description	Check 'X'	Description
	Prepare supplies		On/off commode		Total Assist
	Cleaning help		Urinal assist		
	Cleaning self help		Toileting hygiene		
	Standby help		Feminine hygiene		
	Prompting/cueing		Change diapers		
			Empty cath bag		
			Colostomy bag change		
			External cath change		
			Clothing help		
			Prompting/cueing		
				Total Minutes	

Frequency of Daily Incontinence: Choose

Needs Level Individual Bowel and Bladder

Other Supports

Minutes Per Day	-
Days per Week	<input type="text"/>

NOTE: Except for perineal care and toileting, a member must be medically stable and able to communicate and direct his/her own bowel/bladder needs.
 *When assessing for Diaper change needs, ensure appropriate documentation is provided to support the frequency

Notes:

5. Meal Preparation and Assistance (daily)					
M - Mild Needs Level		S - Severe Needs Level		T - Total Needs Level	
Member requires assistance with 0-25% of the task		Member requires assistance with 26-75% of the task		Member requires assistance with 76-100% of the task	
*0 – 15 min		*16 – 30 min		*31 – 45 min	
Check 'X'	Description	Check 'X'	Description	Check 'X'	Description
	Meal Planning		Cook full meal(s)		Total Assist

	Help preparing meals		Grind/puree food		
	Warm, Cut and serve		Prompting/cueing		
	Prompting/cueing				
				Total Minutes	

Needs Level

Meal Preparation and Assistance

Other Supports

Minutes Per Day	-
Days per Week	<input type="text"/>

NOTE: Assess for shared household

Notes:

6. Eating (daily)					
M - Mild Needs Level		S - Severe Needs Level		T - Total Needs Level	
Member requires assistance with 0-25% of the task		Member requires assistance with 26-75% of the task		Member requires assistance with 76-100% of the task	
*0 – 5 min		*6 – 15 min		*16 – 30 min	
Check 'X'	Description	Check 'X'	Description	Check 'X'	Description
<input type="text"/>	Standby Help	<input type="text"/>	Spoon Feed	<input type="text"/>	Total Assist
<input type="text"/>	Prompting/cueing	<input type="text"/>	Bottle Feed		
		<input type="text"/>	Placing Feed Devices		
		<input type="text"/>	Prompting/cueing		
				Total Minutes	

Check 'X'	Description
<input type="text"/>	Breakfast
<input type="text"/>	Lunch
<input type="text"/>	Dinner

Needs Level

Eating

Other Supports

Minutes Per Day	-
Days per Week	

NOTE: Time is provided for each meal indicated above. Multiply the time provided by the number of meals that member needs assistance with.

Notes:

7. Supportive Mobility Assistance (daily)

7. Supportive Mobility Assistance (daily)					
M - Mild Needs Level		S - Severe Needs Level		T - Total Needs Level	
Member requires assistance with 0-25% of the task		Member requires assistance with 26-75% of the task		Member requires assistance with 76-100% of the task	
*0 – 20 min		*21 – 60 min		*61 – 90 min	
Check 'X'	Description	Check 'X'	Description	Check 'X'	Description
	Some ambulation		Much ambulation		Total Assist
	Some transferring		Much transferring		
	Some repositioning		Much repositioning		
	Prompting/cueing		Prompting/cueing		
				Total Minutes	

Needs Level

Supportive Mobility Assistance	
--------------------------------	--

Other Supports			
----------------	--	--	--

Minutes Per Day	-
Days per Week	

Notes:

8. Household and Support Services (weekly)

Cleaning

M - Mild Needs Level	S - Severe Needs Level	T - Total Needs Level
Member requires assistance with 0-25% of the task	Member requires assistance with 26-75% of the task	Member requires assistance with 76-100% of the task
*0 – 45 min	*46 – 90 min	*91 – 120 min

Check 'X'	Description	Check 'X'	Description	Check 'X'	Description
	Light cleaning		Dusting		Total Assist
	Pick up after tasks		Clean kitchen		
	Make bed		Bathroom		
	Standby Safety		Carry out trash		
	Prompting/cueing		Living room		
			Refrigerator		
			Change linens		
			Clean bed-side toilet		
			Prompting/cueing		
				Total Minutes	

Laundry

M - Mild Needs Level		S - Severe Needs Level		T - Total Needs Level	
Member requires assistance with 0-25% of the task		Member requires assistance with 26-75% of the task		Member requires assistance with 76-100% of the task	
0 – 30 min		31 – 60 min		61 – 90 min	
Check 'X'	Description	Check 'X'	Description	Check 'X'	Description
	Light laundry		Load dryer		Total Assist
	Light hand washing		Load washer		
	Gather/sort laundry		Fold/put away laundry		
	Prompting/cueing		Prompting/cueing		
	Standby safety				
				Total Minutes	

Support

M - Mild Needs Level		S - Severe Needs Level		T - Total Needs Level	
Member requires assistance with 0-25% of the task		Member requires assistance with 26-75% of the task		Member requires assistance with 76-100% of the task	
0 – 15 min		16-30 min		31-40 min	
Check 'X'	Description	Check 'X'	Description	Check 'X'	Description
	Make shopping list		Shop for food		Total Assist
	Feed Service Animal		Shop for clothes		
	Few shopping items		Errands/pick up meds		
	Prompting/cueing		Prompting/cueing		
	Self-admin meds				
	Standby Safety				
				Total Minutes	

Needs Level

Cleaning	
----------	--

Laundry	
---------	--

Support	
---------	--

Other Supports		
----------------	--	--

Minutes Per Week	-
------------------	---

(1) For any rating, add actual travel time, as appropriate, not to exceed 90 minutes per week.

(2) For any rating, exclude assist with medications for persons unable to self-administer.

(3) For any rating, assess jointly in shared living spaces and individually for special needs to include independent living spaces.

Notes:

Summary of Weekly PCS Service time	
PCS Tasks	Weekly Minutes
1. Bathing	-
2. Dressing	-
3. Grooming	-
4. Individual Bowel and Bladder	-
5. Meal Preparation and Assistance	-
6. Eating	-
7. Supportive Mobility Assistance	-
8. Household and Support Systems	-
Add up to 15 min/day if heating water is required for bathing	
Add up to 20 min/day if hauling water is required for bathing	
Total Weekly PCS Hours	-