#### HTG DOCUMENTATION WORKSHEET

#### **Documentation of Hours** Important: This Worksheet Should Be Used in Conjunction with Time Per Task Tools For All Tasks Include Time for Clean Techniques/Universal Precautions When Required Category **Domestic (Housework)** Task **Total Need** Adjustments Authorized FI Rank (Enter) Routine housework Guideline 6.00 hours Additional time per month Reason for assistance: per household Additional information to document Need and Adjustments (include shared living factors and other factors such as size of dwelling, Alt. Resources, etc.): Reason for more or less time than guideline (extra bedding changes, etc.): Laundry In-home Out-of-home **Total Need Task Adjustments Authorized** Routine laundry FI Rank (Enter) Additional time Guideline 1.00 hour Reason for assistance: In-Home per week Guideline 1.50 hours **Out-of-Home** per week Additional information to document Need and Adjustments (include laundry done separately, etc.): Note: Laundry facilities on premises of apartment complex, mobile home park, etc. are considered in-home Reason for more or less time than guideline (extra laundry due to incontinence, (DSS Policy). etc.): **Shopping and Errands Total Need** Task **Adjustments** Authorized Food shopping FI Rank (Enter) Other shopping/errands Guideline 1.00 hour **Food Shopping** per week Reason for assistance: Guideline 0.50 hours Other Shopping/ per week Additional information to document Need and Adjustments (include distance to **Errands** nearest store consistent with needs and economy, need for shopping to be done separately, etc.): Reason for more or less time than guideline:

			Needs help w	vith 🗌 Breakfast 🔲 L	unch 🗌	Dinner	
FI Rank (E	nter)		Needs field w	Example of	Need	# of Days	Total
<u> </u>	Low	High	Meal	Typical Meal	Per Meal	Per Week	Need
Rank 2	3.02	7.00	Breakfast				
			Lunch				
Rank 3	3.50	7.00	Dinner				
Rank 4	5.25	7.00	Snacks				
Rank 5	7.00	7.00	Reason for a	assistance:		11	
Note: Comp above range		eed with	Additional in	g exceptions (required when formation to document excesses such as MOW:			ntification of
	•		Note: Asses	sed time should reflect actua	I schedule/fre	eauencv with wl	hich provide
Weal Cleanu FI Rank (E Rank 2 Rank 3	•	High 3.50 3.50	performs me	ssed time should reflect actual cleanup. Example: Constent times per week.  Frequency (Daily, 3 time	mer rinses al		
FI Rank (E	nter) Low 1.17	3.50	performs me washes three	eal cleanup. Example: Consu e times per week. Frequency	mer rinses al	I dishes and pro	ovider
FI Rank (E Rank 2 Rank 3	Low 1.17 1.75	3.50 3.50	meal  Breakfast	eal cleanup. Example: Consu e times per week. Frequency (Daily, 3 time	mer rinses al	I dishes and pro	Total
FI Rank (E  Rank 2  Rank 3  Rank 4  Rank 5	1.17 1.75 1.75 2.33	3.50 3.50 3.50 3.50	meal Breakfast Lunch	eal cleanup. Example: Consu e times per week. Frequency (Daily, 3 time	mer rinses al	I dishes and pro	Total
Rank 2 Rank 3 Rank 4	1.17 1.75 1.75 2.33	3.50 3.50 3.50 3.50	meal  Breakfast	Frequency (Daily, 3 time per week, etc	mer rinses al	I dishes and pro	Total

## Ambulation

FI Rank (En		
	Low	High
Rank 2	0.58	1.75
Rank 3	1.00	2.10
Rank 4	1.75	3.50
Rank 5	1.75	3.50

Note: Compare Total Need with above range.

Walking Inside Home						
From/To	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need Per Week		
Retrieving Assist	tive Device(s)					
Device	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need Per Week		
Assistance From House To Con And Con To House For Medical Annt 9						
Assistance From House To Car And Car To House For Medical Appt. & Alt. Resource						
		# of Times	Total Need	Total Need Per Week		

Per

Month

Per

**Month** 

(Monthly Need ÷ 4.33)

From Car to House
Reason for assistance:

From House to Car

Additional information to document exceptions to guidelines and identification of Alt. Resources:

Time

**Assessed** 

# Bathing, Oral Hygiene, and Grooming

FI Rank (En		
	Low	High
Rank 2	0.50	1.92
Rank 3 1.27		3.15
Rank 4	2.35	4.08
Rank 5	3.00	5.10

Note: Compare Total Need with above range.

Task	Need Per Occurrence	# of Times Per Day	# of Days Per Week	Total Need
Assistance with getting in/out of tub/shower				
Oral hygiene				
Grooming				

Reason for assistance:

Additional information to document exceptions to guidelines and identification of Alt. Resources:

## **Routine Bed Baths**

FI Rank (En		
	Low	High
Rank 2	0.50	1.75
Rank 3	Rank 3 1.00	
Rank 4	1.17	3.50
Rank 5	1.75	3.50

Note: Compare Total Need with above range.

Task	Need Per	# of Times	# of Days	Total
	Occurrence	Per Day	Per Week	Need
Bed baths				

Reason for assistance:

Additional information to document exceptions to guidelines and identification of Alt. Resources:

## **Dressing**

FI Rank (Er		
	Low	High
Rank 2	0.56	1.20
Rank 3	1.00	1.86
Rank 4	1.50	2.33
Rank 5	1.90	3.50

Note: Compare Total Need with above range.

Task	Need Per Occurrence	# of Times Per Day	# of Days Per Week	Total Need
Assistance with clothing, shoes, socks/stockings				
Assistance with putting on/taking off corsets, elastic stockings, braces, etc.				
Bringing tools to consumer				

Reason for assistance:

Additional information to document exceptions to guidelines and identification of Alt. Resources:

#### **Bowel and Bladder Care**

FI Rank (En		
	Low	High
Rank 2	0.58	2.00
Rank 3	1.17	3.33
Rank 4	2.91	5.83
Rank 5	4.08	8.00

Note: Compare Total Need with above range.

Task	Need Per Occurrence	# of Times Per Day	# of Days Per Week	Total Need
Assistance with getting on/off toilet/commode				
Wiping/cleaning consumer				
Assist with using, emptying, cleaning bedpans/commodes, urinals, etc.				
Application of diapers				
Changing barrier pads				

Reason for assistance:

Additional information to document exceptions to guidelines and identification of Alt. Resources:

### **Menstrual Care**

Functional Index Rank does not apply.

Low	High
0.28	0.80

Note: Compare Total Need with above range.

Task	Need Per Occurrence	# of Times Per Day	# of Days Per Week	Total Need*
External application of sanitary napkins				
Using/disposing barrier pads				

Reason for assistance:

Additional information to document exceptions to guidelines and identification of Alt. Resources:

\*Remember that hours on SOC 293 are weekly. For menstrual care, in most cases, divide weekly need by 4.33 to authorize correct need.

#### Transfer

FI Rank (Enter)		
	Low	High
Rank 2	0.50	1.17
Rank 3	0.58	1.40
Rank 4	1.10	2.33
Rank 5	1.17	3.50

Note: Compare Total Need with above range.

Assistance From Standing, Sitting, Or Prone Position To Another					
Task	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need	
Transfer From One Piece Of Equipment Or Furniture To Another					

Reason for assistance:

Additional information to document exceptions to guidelines and identification of Alt. Resources:

## Feeding

FI Rank (Enter)		
	Low	High
Rank 2	0.70	2.30
Rank 3	1.17	3.50
Rank 4	3.50	7.00
Rank 5	5.25	9.33

Note: Compare Total Need with above range.

Feeding Or Related Assistance With Consumption Of Food And Fluid Intake				
Task	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need
Breakfast				
Lunch				
Dinner				
Snacks				
Other Fluids				

Reason for assistance:

Additional information to document exceptions to guidelines and identification of Alt. Resources:

#### Repositioning / Rubbing Skin **Need Per** # of Times # of Days Total Task Occurrence Per Day Per Week Need Functional Index Rank does not Rubbing skin to apply. promote circulation Low High Turning in bed 0.75 2.80 Repositioning Range of motion Note: Compare Total Need with exercises above range. Assistive walking Reason for assistance: Additional information to document exceptions to guidelines and identification of Alt. Resources: Care and Assistance with Prosthetic **Devices and Assistance with Self-**Assistance With Taking Off/Putting On Prosthetic Devices And Vision And **Administration of Medications Hearing Aids** Functional Index Rank does not Total Time # of Times # of Days apply. Per Week Need **Device** Assessed Per Day Low High 0.47 1.12 Maintaining/Cleaning Prosthetic Devices And Vision And Hearing Aids Note: Compare Total Need with Time # of Times # of Days Total above range. **Device** Assessed Per Day Per Week Need **Setting Up Medications** Time # of Times # of Days Total Per Week Assessed Per Day Need **Assistance With Self-Administration Of Medications Time** # of Times # of Days Total Per Day Per Week Need Assessed Reason for assistance: Additional information to document exceptions to guidelines and identification of Alt. Resources:

Accompaniment to Medical Appts.					
	Appt. Type (Specify doctor, dentist, etc.)	Frequency of Visits	Travel Time Each Way	Total Monthly Need	Average Weekly Need*
	Reason for assistance:				
	Additional information to document exceptions to guidelines and identification of Alt. Resources:				
	*Remember that SOC 293 hours reflect weekly need, so monthly need must be divided by 4.33 to arrive at weekly need. (Example: 1.00 hour each way 1 time per month would be a monthly need of 2.00 hours ÷ 4.33 = .46 weekly)				
Accompaniment to Alt. Resources					
Note: Assessed only when transport is to/from site where Alt. Resources provide IHSS-type services in lieu of IHSS. Example: Transport to Senior Center where consumer receives meal.	Name of Alt. Resource	Frequency of Visits	Travel Time Each Way	Total Monthly Need	Average Weekly Need*
	Reason for assistance:				
	Additional information to document exceptions to guidelines and identification of Alt. Resources:				ification of
	*Remember that SOC 293 hours reflect weekly need, so monthly need must be divided by 4.33 to arrive at weekly need. (Example: 1.00 hour each way 1 time per month would be a monthly need of 2.00 hours ÷ 4.33 = .46 weekly)				
Heavy Cleaning	Task			Hours	Assessed
	Reason for assistance:				

Remove Ice, Snow		
Note: Limited to removal of snow, or other hazardous substances from entrances and essential walkways when access to the home is hazardous.	Task	Hours Assessed*
	Reason for assistance:	
	*Remember that this service is seasonal a yearly basis.	and should not be authorized on a
Yard Hazard Abatement		
Note: Limited to light work in the yard for removal of high grass or weeds and rubbish when constituting a fire hazard.	Task	Hours Assessed*
	Reason for assistance:	
	*Remember that this service should not be basis.	e routinely authorized on an ongoing