

INDIVIDUAL'S NAME:

DATE:

SOCIAL WORKER/CASE MANAGER:

	Cleaning	Laundry (off site)**	Laundry (In Home)	Shopping***	Meal Prep	Ambulation	Transfers	Bathing	Dressing	Eating	Toileting	Totals
Minutes Allowed*	30	120	30	45	30	15	15	30	15	30	30	
Times per day	0	0	0	0	0	0	0	0	0	0	0	
Days per week	0	0	0	0	0	0	0	0	0	0	0	
Level of Assistance												
0 = Independent	x	x	x	x	x	x	x	x	x	x	x	
1 = Minimum / Supervision												
2 = Moderate / Limited Assist												
3 = Maximum / Extensive Assistance												
4 = Total / Total Dependence												
Total Minutes Per Day	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Minutes Per Week	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Hours per day	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Hours per week	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CMA Total Hours Per Month	(Total hours per week x 4.333)											0.00

* **Minutes Allowed:** The numbers represented are maximum minutes allowed per task (allowable minutes)

****Laundry:** Only enter information in EITHER the "Laundry (Off Site)" OR the "Laundry (In Home)". Cannot enter information in both columns, must complete only one of the laundry columns.

** **Laundry (Off Site):** Limit is 1 time per day AND 1 time per week

*** **Shopping:** Limit is a max of 1 time per day AND 2 times per week

Functional Impairment Calculator												
This calculation is made to represent those functional limitations that add substantial time necessary to complete the task (beyond the level of assistance noted above). Individuals must have a documented diagnosis and supporting documentation outlining how the individual's functional impairment significantly impacts their ability to perform the tasks outlined above. Examples of qualifying functional impairments include: - Behavioral Issues, Limited Range of Motion, Spasticity/ Muscle Tone, Fine Motor Deficit, Cognitive Impairment, Decreased Endurance, Pain, Open Wound,												
Functional Impairment Calculator	1	1	1	1	1	2	2	1.5	1.33	2	2	
Total Minutes Per Day	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Minutes Per Week	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Hours per day	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Hours per week	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CMA Total Hours Per Month	(Total hours per week x 4.333)											0.00

HOURS IN EXCESS OF 7 HOURS PER DAY (49 HOURS PER WEEK OR 212.31 PER MONTH) REQUIRE APPROVAL FROM SUPERVISOR

Signature

Date

INSTRUCTIONS:

NAME: (Must enter in Column B) Enter client name and who completed the calculator at the top.

DATE: (Must enter in column N) The date the tool was completed.

SOCIAL WORKER/CASE MANAGER: (Must enter in Column B) Enter the name of the social worker or case manager completing the tool.

Listed ADLs and IADLs: Each ADL and IADL listed is recorded in the assessment.

Minutes Allowed: The minutes allowed are maximum minutes allowed for each task and cannot be changed.

Times per Day: Enter how many times per day the individual needs assistance with this task.

0 must be entered if the task does not occur.

Days per Week: Enter how many days per week the individual needs assistance with this task.

0 must be entered if the task does not occur.

Restrictions on Minutes Allowed:

Laundry - Times per day and days per week cannot be entered in both laundry categories. Only allowed to enter time in EITHER laundry category.

"Laundry off site" is limited to 1 time per day and 1 time per week.

"Shopping" has a maximum of 1 time per day 2 times per week.

Level of Assistance: Enter an 'x' to indicate the level of assistance in the assessment.

Changing the level of assistance: Must delete the 'x' from the original cell and re-type it in the new cell. Cannot click-and-drag, or cut and paste the 'x' from one cell to another.

There must be an 'x' in every box even if code is 0.

The calculator will determine the total minutes per day, minutes per week and total hours per day, and hours per week for each task. It will also provide the total hours per month.

Functional Impairment Calculator: This calculation is made to represent those functional limitations that add substantial time necessary to complete the task (beyond the level of assistance noted above). Individuals must have a documented diagnosis and supporting documentation outlining how the individual's functional impairment significantly impacts their ability to perform the tasks outlined above. Examples of qualifying functional impairments include:

NOTE: Additional limitations must be documented.

Supervisor Review and Approval: For hours in excess of the totals listed below. The social worker or case manager must receive approval from his/her supervisor:

More than 7 hours per day,
More than 49 hours per week,
More than 212.31 hours per month.