

**UTAH DEPARTMENT OF HEALTH
DIVISION OF MEDICAID & HEALTH FINANCING
NEW CHOICES WAIVER**

UNIT ALLOCATION FOR ATTENDANT CARE SERVICES

POINTS:

- 0. Independent:** No help, setup or oversight, **or** help setup, oversight provided only 1 or 2 times (with any task or subtask)
- 1. Setup Help Only:** Article or device provided within reach of participant 3 or more times
- 2. Supervision:** Oversight, encouragement or cueing provided 3 or more times during last 3 days **or** supervision (1 or more times) plus physical assistance provided only 1 or 2 times (for a total of 3 or more episodes of help or supervision)
- 3. Limited Assistance:** Participant highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3 or more times, **or** a combination of non-weight bearing help with more help provided only 1 or 2 times during period (for a total of 3 or more episodes of physical help)
- 4. Extensive Assistance:** Participant performed part of activity on his/her own (50% or more of subtasks), but help of the following type(s) were provided 3 or more times:
 - Weight bearing support, **or**
 - Full performance by another during part (but not all) of last 3 days.
- 5. Maximal Assistance:** Participant was involved and completed less than 50% of subtasks on his/her own (includes 2+ person assist). Participant received weight-bearing help or full performance of certain subtasks 3 or more times
- 6. Total Dependence:** Full performance of activity by another.

Point Total	36-53 Minimal Assistance	20-59 units/wk	One unit equals 15 minutes. If more than allocated units are listed on the care plan, the CM must document justification in the NCW log.
	54-71 Moderate Assistance	60-111 units/wk	
	72-90 Intense Assistance	112-140 units/wk	

FUNCTIONAL STATUS

ACTIVITY	POINTS
Bathe	Medicaid State Plan-Do not include in total
Groom	Medicaid State Plan-Do not include in total
Dress/Undress	Medicaid State Plan-Do not include in total
In/Out of bed	
In/Out of chair	
Toileting	
Drink/Eat	
Take medication	
Mobility in home	
Put on braces/prosthesis	
Use telephone	
Prepare meals	
Wash dishes	
Clean house	
Do laundry	
Admit visitors	
Manage finances/mail	
Shopping	
TOTAL:	