Acumentra HEALTH

# Optional 1915 (i) Needs-Based Criteria Work Sheet

*1915(i) Needs-Based Criteria: The person needs daily assistance of at least 1 hour per day to perform at least two Personal Care Services specified in OAR 309-016-0695.*

**Services Received/Needed:**

Assistance includes supervision, prompting, and hands-on assistance.

| Personal Care Services | No Assistance | Daily (est. time) | Weekly (est. time) |
|---|---|---|---|
| Arranging Transportation (e.g., MH groups) | | | |
| Crisis Intervention/Safety | | | |
| Grooming | | | |
| Health Monitoring | | | |
| Laundry | | | |
| Light housework | | | |
| Meal preparation | | | |
| Medication Admin/Monitoring | | | |
| Mental Health status and symptom monitoring | | | |
| Money management | | | |
| Nurse delegated tasks (e.g., checking blood sugar) | | | |
| Personal hygiene (e.g. showering, tooth brushing) | | | |

**Individual's AXIS I Psychiatric Diagnosis:** _____

**If applicable, AXIS II and/or AXIS III Diagnosis:** _____

**Any additional information you feel not addressed above:**