

Assessment Prep Worksheet

A one-week care log for the MDHHS Home Help assessment — accuracy, documented, is what wins hours.

The MDHHS Adult Services Worker scores how much help your loved one needs with daily activities — and that score decides the paid hours. Families lose hours when the elder “showtimes” (performs their best for a visitor) and when caregivers describe care vaguely (“I help her a lot”). This worksheet fixes both: log one full week before the visit, then bring it with you.

Describe the worst days, not the best ones. The assessment should reflect real need, not a good morning. Don't exaggerate — concrete, accurate detail is what holds up.

What gets scored (rank 1–5 for each)

Personal care (ADLs): bathing · dressing · eating · grooming · mobility · toileting · transferring

Household tasks (IADLs): housework · laundry · medication · meal preparation · shopping

Scale: 1 = independent · 2 = needs reminding or guiding · 3 = needs some hands-on help · 4 = needs substantial hands-on help · 5 = someone else must do it. **At least one personal-care activity must score 3 or higher to qualify.**

Use concrete language

“She cannot step over the tub wall without someone holding her” beats “I help her bathe.” “He missed his evening pills three times this week until I started handing them to him” beats “I remind him about medication.” If your loved one uses adaptive equipment, say so — someone who would need hands-on care without their equipment can still rank 3 or higher.

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The one-week care log

For each day, write down every task you helped with, how many minutes it actually took, and what went wrong or almost went wrong (near-falls, refusals, accidents, repeats). Short notes are fine — dates and minutes matter most.

Day 1 • Date: _____		
Task / activity	Minutes	What happened (falls, refusals, help needed)

Day 2 • Date: _____		
Task / activity	Minutes	What happened (falls, refusals, help needed)

Day 3 • Date: _____		
Task / activity	Minutes	What happened (falls, refusals, help needed)

Day 4 • Date: _____		
Task / activity	Minutes	What happened (falls, refusals, help needed)

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Day 5 • Date: _____		
Task / activity	Minutes	What happened (falls, refusals, help needed)

Day 6 • Date: _____		
Task / activity	Minutes	What happened (falls, refusals, help needed)

Day 7 • Date: _____		
Task / activity	Minutes	What happened (falls, refusals, help needed)

Notes for the assessor

Anything that doesn't fit above: nighttime needs, wandering, oxygen, incontinence supplies, what happens when you're not there.

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