

Personal Care Services Time-Tasking Tool



Completing the Time-Tasking Tool

This Time-Tasking Tool provides the basis for calculating the number of minutes and hours of Personal Care Services (PCS) and Consumer Directed Personal Assistance Services (CDPAS) that are medically necessary for an MVP Health Care® Member.

Whenever there is a change in the required amount of care a Member needs, or there is a change in assistance from other sources, an updated Uniform Assessment System (UAS) and Time-Tasking Tool are completed by a licensed Registered Nurse (RN) from the Independent Assessment Contractor. The updated Time-Tasking Tool may result in a change in the minutes/hours of personal care or consumer directed personal assistance approved for the Member.

The necessary level of assistance required for each task will be assessed and documented based on the Member's and/or representative's responses to questions during the UAS assessment conducted by an RN from the Independent Assessment Contractor.

Care provided by outside sources is not to be included in the total recommended minutes per task per week. Outside sources include family members, agencies, or friends.

Per New York State Personal Care Services Guidelines, Level 1 Services are not to exceed a total eight hours per week.

Steps for Completing the Time-Tasking Tool

Identify the Member's level of assistance required for each task using the UAS assessment results and information collected by the RN during the meeting with the member or caregiver. The level of assistance selected for a task will determine the range of time applicable for the task. Not every Member will require the maximum number of minutes allotted for each level of assistance.

If the assessing nurse determines that additional time beyond what is allotted to complete a task is necessary, documentation is required to provide the rationale for exceeding the allotted time range, including documentation of the Member's assessed or observed medical needs. Time is not allowed outside the allotted range for the convenience of the provider or attendant. The UAS nurse needs to review and obtain written supervisory approval for any time required over the allotted time for a task.

Calculate all totals based on the time requested for each level of service.



Questions about the Time-Tasking Tool or Personal Care Services?

Email LTSSPCS@mvphealthcare.com

Personal Care Services Time-Tasking Tool



Assessment Date (MM/DD/YYYY)

Initial Assessment Reassessment

MVP Member Name

Date of Birth (MM/DD/YYYY)

MVP Member ID No.

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Section 1: Level 1 Services

Task or Activity: Environmental Care

All areas used by the Member such as bathrooms to be cleaned after showering or changing linens weekly.
The task excludes common areas not specifically related to the Member's needs.

	Time Allotted per Week for Task	Minutes Required per Week for Task
<input type="checkbox"/> I Independent; no limitations <i>No assistance required.</i>	0 minutes	▶
<input type="checkbox"/> MA Minimal Assistance; verbal cueing and monitoring <i>Cleaning, making the bed, and straightening areas.</i>	0-30 minutes	
<input type="checkbox"/> LA Limited Assistance; 50% support <i>Cleaning up after personal care tasks, cleaning floors of living area, kitchen, and bathroom; changing bed linens, dusting, and disposing of garbage.</i>	30-45 minutes	
<input type="checkbox"/> EA Extensive Assistance; over 50% support <i>Cleaning up after personal care tasks; cleaning floors of living area, kitchen, and bathroom; changing bed linens, dusting, and disposing of garbage.</i>	45-60 minutes	
<input type="checkbox"/> TD Total Dependence; maximum assistance <i>Requires total assistance with cleaning.</i>	60-90 minutes	

Rationale if requesting a number of minutes for this task that is greater than the allotted range.

Task or Activity: Laundry

Laundry, in-home or out-of-home.

	Time Allotted per Week for Task	Minutes Required per Week for Task
<input type="checkbox"/> In-home Laundry	60 minutes	▶
<input type="checkbox"/> Out-of-home Laundry	90 minutes	

Rationale if requesting a number of minutes for this task that is greater than the allotted range.

Task or Activity: Managing Bills

	Time Allotted per Week for Task	Minutes Required per Week for Task
	10 minutes	▶

Rationale if requesting a number of minutes for this task that is greater than the allotted range.

Member Name

MVP Member ID No.

Section 1: Level 1 Services continued

Task or Activity: Meal Preparation

Cutting and serving prepared food; meal planning and preparation; grinding and pureeing food.

	Time Allotted per Week for Task	Number of Episodes per Week for Each Task
	0–245 minutes for all levels of assistance <i>10 minutes per Breakfast</i> <i>10 minutes per Lunch</i> <i>15 minutes per Dinner</i>	Breakfast ► Lunch ► Dinner ►
		Calculate the Total Minutes Required per Week for Task ►

Rationale if requesting a number of minutes for this task that is greater than the allotted range.

Task or Activity: Shopping

Preparing a shopping list, going to store, shopping for all items, picking up medications, carrying groceries into home, and unpacking/storing grocery items.

	Time Allotted per Week for Task	Minutes Required per Week for Task
	0–60 minutes for all levels of assistance	►

Rationale if requesting a number of minutes for this task that is greater than the allotted range.

Section 1 Total Minutes*	►
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*Per New York State Personal Care Services Guidelines, Level 1 Services are not to exceed a total eight hours per week.

 **If requesting only Level 1 Services for this Member, proceed to Section 4–Summary on page 10.**

Member Name

MVP Member ID No.

Section 2: Level 2 Services

Task or Activity: Bathing

Cleansing all surfaces of the body and includes assistance with changing clothing, getting in and out of the bathtub or shower, wetting, soaping, and rinsing skin, shampooing hair, drying body, applying lotion to skin, applying deodorant, and routine catheter care. This task does not include the activities of grooming, washing hands and face only, and clean-up following incontinence and meals.

	Time Allotted per Frequency	
<input type="checkbox"/> I Independent; no limitations <i>No assistance required.</i>	0 minutes	Minutes required per frequency
<input type="checkbox"/> MA Minimal Assistance; verbal cueing and monitoring <i>Laying out supplies, standby assistance for safety, assisting getting in and out of bathtub or shower, monitoring activity.</i>	5–10 minutes	▶ Number of times per day
<input type="checkbox"/> LA Limited Assistance; 50% support <i>Bathtub or shower bathing, drying, limited assistance in and out of bathtub or shower.</i>	10–20 minutes	▶ Number of days required per week
<input type="checkbox"/> EA Extensive Assistance; over 50% support <i>Bathtub or shower bathing, sponge bathing, bed bathing, drying, extensive assistance in and out of bathtub or shower.</i>	15–25 minutes	▶
<input type="checkbox"/> TD Total Dependence; maximum assistance <i>Requires total assistance with bathing.</i>	20–30 minutes	▶

Calculate the Total Minutes Required per Week for Task

Rationale if requesting a number of minutes for this task that is greater than the allotted range.

Task or Activity: Dressing

Activities related to garments covering the upper and lower torso. Typically, changes are from sleepwear to daywear, or daywear to sleepwear.

	Time Allotted per Frequency	
<input type="checkbox"/> I Independent; no limitations <i>No assistance required.</i>	0 minutes	Minutes required per frequency
<input type="checkbox"/> MA Minimal Assistance; verbal cueing and monitoring <i>Laying out clothing; occasional help with zippers, buttons, putting on socks, shoes, braces, prosthetics, TED hose, splints; monitoring activity.</i>	5–10 minutes	▶ Number of days required per week
<input type="checkbox"/> LA Limited Assistance; 50% support <i>Zippers, buttons, socks, shoes, braces, prosthetics, TED hose, splints; getting in and out of garments.</i>	10–20 minutes	▶
<input type="checkbox"/> EA Extensive Assistance; over 50% support <i>Zippers, buttons, socks, shoes, braces, prosthetics, TED hose, splints; getting in and out of garments.</i>	15–25 minutes	
<input type="checkbox"/> TD Total Dependence; maximum assistance <i>Requires total assistance with dressing.</i>	20–30 minutes	▶

Calculate the Total Minutes Required per Week for Task

Rationale if requesting a number of minutes for this task that is greater than the allotted range.

Member Name

MVP Member ID No.

Section 2: Level 2 Services continued

Task or Activity: Eating

The use of conventional or adaptive utensils to ingest meals by mouth. Time for meal preparation is included with time for services incidental to activities of daily living. May vary depending on the complexity of the meal.

	Time Allotted per Frequency	
<input type="checkbox"/> I Independent; no limitations <i>No assistance required.</i>	0 minutes	Minutes required per frequency ▶ Number of times per week ▶ Number of days required per week ▶ Calculate the Total Minutes Required per Week for Task ▶
<input type="checkbox"/> MA Minimal Assistance; verbal cueing and monitoring <i>Verbal encouragement, standby assistance, applying adaptive devices.</i>	5–10 minutes	
<input type="checkbox"/> LA Limited Assistance; 50% support <i>Applying adaptive devices, pacing, spoon feeding.</i>	10–20 minutes	
<input type="checkbox"/> EA Extensive Assistance; over 50% support <i>Feeding by spoon, bottle, or tube.</i>	10–25 minutes	
<input type="checkbox"/> TD Total Dependence; maximum assistance <i>Requires total assistance with feeding.</i>	10–30 minutes	

Rationale if requesting a number of minutes for this task that is greater than the allotted range.

Task or Activity: Grooming/Routine Hair and Skin Care

Washing face, hands, and feet; combing, brushing, and shampooing hair, shaving; nail care; and oral or denture care. Do not include activities that can be completed during bathing.

	Time Allotted per Frequency	
<input type="checkbox"/> I Independent; no limitations <i>No assistance required.</i>	0 minutes	Minutes required per frequency ▶ Number of times required per week ▶ Calculate the Total Minutes Required per Week for Task ▶
<input type="checkbox"/> MA Minimal Assistance; verbal cueing and monitoring <i>Laying out supplies, combing/brushing hair, applying non-prescription lotion to skin.</i>	5–10 minutes	
<input type="checkbox"/> LA Limited Assistance; 50% support <i>Brushing teeth, shaving, hair and nail care, applying makeup, applying lotion.</i>	10–20 minutes	
<input type="checkbox"/> EA Extensive Assistance; over 50% support <i>Brushing teeth; shaving face, legs, and underarms; hair care; nail care; washing face and hands; applying makeup; applying lotion.</i>	15–25 minutes	
<input type="checkbox"/> TD Total Dependence; maximum assistance <i>Requires total assistance with grooming, and routine hair and skin care activities.</i>	20–30 minutes	

Rationale if requesting a number of minutes for this task that is greater than the allotted range.

Member Name

MVP Member ID No.

Section 2: Level 2 Services continued

Task or Activity: Toileting

Transfers on and off the toilet or other container for collection of waste, and cleansing affected body surfaces; changing personal hygiene products used for incontinence; emptying an ostomy or catheter bag; and adjusting clothing. Includes all transfers related to toileting.

Maximum four episodes per day.

	Time Allotted per Frequency	
<input type="checkbox"/> I Independent; no limitations <i>No assistance required.</i>	0 minutes	Minutes required per frequency
<input type="checkbox"/> MA Minimal Assistance; verbal cueing and monitoring <i>Preparing toileting supplies/equipment, assisting with clothing during toileting, occasional assistance with cleaning self, ostomy care; standby assistance.</i>	0-5 minutes	▶ Number of times per day
<input type="checkbox"/> LA Limited Assistance; 50% support <i>Toileting hygiene; feminine hygiene needs; clothing during toileting; changing incontinence supplies; external catheter and ostomy care.</i>	5-10 minutes	▶ Number of days required per week
<input type="checkbox"/> EA Extensive Assistance; over 50% support <i>Bedpan; use of urinal; toileting hygiene; feminine hygiene needs; clothing during toileting; changing incontinence supplies; external catheter and ostomy care.</i>	10-20 minutes	▶
<input type="checkbox"/> TD Total Dependence; maximum assistance <i>Requires total assistance with toileting activities.</i>	15-20 minutes	▶
		Calculate the Total Minutes Required per Week for Task

Rationale if requesting a number of minutes for this task that is greater than the allotted range.

Task or Activity: Transferring

The physical moving from one surface to another, such as from bed to wheelchair or from scooter to bed. The ability to use assistive devices for simple transfers. Does not include transfers related to bathing or toileting. **Maximum four episodes per day.**

	Time Allotted per Frequency	
<input type="checkbox"/> I Independent; no limitations <i>No assistance required.</i>	0 minutes	Minutes required per frequency
<input type="checkbox"/> MA Minimal Assistance; verbal cueing and monitoring <i>Positioning (adjusting or changing position), rising, standby assistance.</i>	5-10 minutes	▶ Number of times per day
<input type="checkbox"/> LA Limited Assistance; 50% support <i>Hands-on with rising from a sitting to a standing position, limited assistance with positioning or turning.</i>	10-20 minutes	▶ Number of days required per week
<input type="checkbox"/> EA Extensive Assistance; over 50% support <i>Positioning, or turning and rising from a sitting position to a standing position or turning</i>	15-25 minutes	▶
<input type="checkbox"/> TD Total Dependence; maximum assistance <i>Requires total assistance with positioning or transferring from bed to chair.</i>	20-30 minutes	▶
		Calculate the Total Minutes Required per Week for Task

Rationale if requesting a number of minutes for this task that is greater than the allotted range.

Member Name

MVP Member ID No.

Section 2: Level 2 Services continued

Task or Activity: Mobility/Ambulation

Recreational or therapeutic activities. **Maximum four episodes per day.**

	Time Allotted per Frequency	
<input type="checkbox"/> I Independent; no limitations <i>No assistance required.</i>	10–15 minutes per episode for all levels of assistance	Minutes required per frequency ▶
<input type="checkbox"/> MA Minimal Assistance; verbal cueing and monitoring <i>Standby assistance with walking, assistance with putting on and removing leg braces.</i>		Number of times per day ▶
<input type="checkbox"/> LA Limited Assistance; 50% support <i>Hands-on with rising from a sitting to a standing position, steadying while walking/using steps.</i>		Number of days required per week ▶
<input type="checkbox"/> EA Extensive Assistance; over 50% support <i>Hands-on with rising from a sitting to a standing position, steadying while walking, assistance with wheelchair ambulation.</i>		▶
<input type="checkbox"/> TD Total Dependence; maximum assistance <i>Hands-on with rising from a sitting to a standing position, full support for wheelchair ambulation.</i>		<div style="background-color: #e0e0e0; padding: 5px;"> Calculate the Total Minutes Required per Week for Task ▶ </div>

Rationale if requesting a number of minutes for this task that is greater than the allotted range.

Section 2 Total Minutes

▶

 **If requested services for this Member are complete, proceed to Section 4–Summary on page 10.**

Member Name

MVP Member ID No.

Section 3: Skilled Services

Task or Activity: Medication Management

Assisting with prescription medications that are usually self-administered. Does not include giving injections.

Minutes allotted per administration	5 minutes	Administration frequencies required per day	▶
Administrations allotted per day	1-3 per day	Number of days required per week	▶
Minutes allotted per week for pill pour	0-15 minutes	Minutes required per week for pill pour	▶
		Calculate the Total Minutes Required per Week for Task	▶

Rationale if requesting a number of minutes for this task that is greater than the allotted range.

Task or Activity: Tracheostomy Care and Suctioning

Minutes allotted per frequency	5-15 minutes	Minutes required per task	▶
Frequencies allotted per day	1-3 per day	Number of frequencies required per day	▶
		Number of days required per week	▶
		Calculate the Total Minutes Required per Week for Task	▶

Rationale if requesting a number of minutes for this task that is greater than the allotted range.

Task or Activity: Oxygen Administration and Suctioning

Minutes allotted per day for oxygen replacement	0-5 minutes	Minutes required per day for oxygen replacement	▶
Minutes allotted per day for suctioning	5-15 minutes	Minutes required per day for suctioning	▶
		Number of days required per week	▶
		Calculate the Total Minutes Required per Week for Task	▶

Rationale if requesting a number of minutes for this task that is greater than the allotted range.

Member Name

MVP Member ID No.

Section 3: Skilled Services continued**Task or Activity: Blood Pressure Monitoring**

Minutes allotted per frequency	0–5 minutes	Minutes required per frequency	▶
Frequencies allotted per day	0–2 per day	Number of frequencies required per day	▶
		Number of days required per week	▶
		Calculate the Total Minutes Required per Week for Task	▶

Rationale if requesting a number of minutes for this task that is greater than the allotted range.

Task or Activity: Diabetes-Blood Glucose Monitoring and Insulin Administration

Minutes allotted per test	0–5 minutes	Minutes required per test	▶
Frequencies allotted per day	1–3 per day	Number of frequencies required per day	▶
		Number of days required per week	▶
		Calculate the Total Minutes Required per Week for Task	▶

Rationale if requesting a number of minutes for this task that is greater than the allotted range.

Task or Activity: Wound Dressing Changes

Does not include basic skin care, or application of dressings involving prescription medication and use of aseptic techniques.

Minutes allotted per change	0–10 minutes	Minutes required per change	▶
Frequencies allotted per day	0–2 per day	Number of frequencies required per day	▶
		Number of days required per week	▶
		Calculate the Total Minutes Required per Week for Task	▶

Rationale if requesting a number of minutes for this task that is greater than the allotted range.

Member Name

MVP Member ID No.

Section 3: Skilled Services continued

Task or Activity: Other Skilled Services

Skilled Service Description

Minutes required per frequency ▶

Number of frequencies required per day ▶

Number of days required per week ▶

Calculate the Total Minutes Required per Week for Task ▶

Skilled Service Description

Minutes required per frequency ▶

Number of frequencies required per day ▶

Number of days required per week ▶

Calculate the Total Minutes Required per Week for Task ▶

Skilled Service Description

Minutes required per frequency ▶

Number of frequencies required per day ▶

Number of days required per week ▶

Calculate the Total Minutes Required per Week for Task ▶

Skilled Service Description

Minutes required per frequency ▶

Number of frequencies required per day ▶

Number of days required per week ▶

Calculate the Total Minutes Required per Week for Task ▶

Section 3 Total Minutes



Member Name

MVP Member ID No.

Section 4: Summary

	Total Minutes Required	Total Hours Required
Section 1–Level 1 Services*		
Section 2–Level 2 Services		
Section 3–Skilled Services		
Total for All Services		

Nursing Facility Level of Care (NF-LOC) Score

Date Assessment Completed

Agency Name

RN Name

RN Signature

 **Questions about the Time-Tasking Tool or Personal Care Services?**
 Email LTSSPCS@mvphealthcare.com

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