

Personal Care Services Time-Tasking Tool

This assessment is prepared for:

MVP Member Name

Date of Birth

MVP Member ID No.

Assessment Date

Initial Assessment Reassessment

Instructions for Completing
the Time-Tasking Tool



Section 1–Level 1 Services



Section 2–Level 2 Services



Section 3–Skilled Services



Section 4–Summary & Submit



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) comprehensive assessment 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.

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 which range of time is 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.

All totals will be calculated based on the selections for each level of service.

Documentation and Submitting the Completed Tool

If additional documentation needs to be included, attach the documents to the email generated when selecting the **Submit** button.



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

Email LTSSPCS@mvphealthcare.com or visit mvphealthcare.com/pcstool.

Proceed to Section 1 ►

Personal Care Services Time-Tasking Tool

Section 2–Level 2 Services ▶
Section 3–Skilled Services ▶
Section 4–Summary & Submit ▶

Section 1: Level 1 Services



*Per New York State Personal Care Services Guidelines,
Level 1 Services are not to exceed a total 8-hours per week.*

Section 1.1–Environmental Care ▶
Section 1.2–Laundry ▶
Section 1.3–Managing Bills ▶
Section 1.4–Meal Preparation ▶
Section 1.5–Shopping ▶

Personal Care Services Time-Tasking Tool



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.

Select the level of assistance below that this individual requires to complete this task. In the right column, provide the appropriate minutes required each week within the task's allotted time range.

- I Independent; no limitations**
No assistance required.
- MA Minimal Assistance; verbal cueing and monitoring**
Cleaning, making the bed, and straightening areas.
- LA Limited Assistance; 50% support**
Cleaning up after personal care tasks, cleaning floors of living area, kitchen, and bathroom; changing bed linens, dusting, and disposing of garbage.
- EA Extensive Assistance; over 50% support**
Cleaning up after personal care tasks; cleaning floors of living area, kitchen, and bathroom; changing bed linens, dusting, and disposing of garbage.
- TD Total Dependence; maximum assistance**
Requires total assistance with cleaning.

If requesting a number of minutes for this task that is greater than the allotted range, provide the rationale below. You can also attach supporting documents to the email when submitting the completed Tool.

Minutes allotted per week for selected level of assistance:

Provide the minutes per week required within the task's allotted time range.

Minutes required per week:

Total minutes required per week for this task:



Section 1: Level 1 Services

Task or Activity: Laundry

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

Select below where laundry task is completed.

- In-home Laundry**
- Out-of-home Laundry**

If requesting a number of minutes for this task that is greater than the allotted range, provide the rationale below. You can also attach supporting documents to the email when submitting the completed Tool.

**Minutes allotted per week
for this task:**

**Total minutes required
per week for this task:**

Section 1.2

Personal Care Services Time-Tasking Tool



Section 1: Level 1 Services

Task or Activity: Managing Bills

In the right column, provide the minutes required each week to complete this task within the task’s allotted time range.

Minutes allotted per week
for this task:

10

Number of minutes
required per week:

Total minutes required
per week for this task:

If requesting a number of minutes for this task that is greater than the allotted range, provide the rationale below.
You can also attach supporting documents to the email when submitting the completed Tool.

Section 1.3

◀ Previous Task

Next Section 1 Task ▶

Personal Care Services Time-Tasking Tool



Section 1: Level 1 Services

Task or Activity: Meal Preparation

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

**Minutes allotted per week
for this task:**

0-245

Number of episodes per week
for each meal:

Breakfast

(10 minutes allotted per episode)

Lunch

(10 minutes allotted per episode)

Dinner

(15 minutes allotted per episode)

**Total minutes required
per week for this task:**

If requesting a number of minutes for this task that is greater than the allotted range, provide the rationale below. You can also attach supporting documents to the email when submitting the completed Tool.

Section 1.4

◀ Previous Task

Next Section 1 Task ▶

Personal Care Services Time-Tasking Tool



Section 1: Level 1 Services

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.

**Minutes allotted per week
for this task:**

0–60

Number of minutes
required per week:

**Total minutes required
per week for this task:**

If requesting a number of minutes for this task that is greater than the allotted range, provide the rationale below. You can also attach supporting documents to the email when submitting the completed Tool.

Section 1.5

Section 2–Level 2 Services ▶

 **If requesting only
Level 1 Services for this
member, proceed to
Section 4–
Summary & Submit** ▶

Personal Care Services Time-Tasking Tool

Section 1–Level 1 Services ▶

Section 3–Skilled Services ▶

Section 4–Summary & Submit ▶

Section 2: Level 2 Services

Section 2.1–Bathing ▶

Section 2.2–Dressing ▶

Section 2.3–Eating ▶

Section 2.4–Grooming ▶

Section 2.5–Toileting ▶

Section 2.6–Transferring ▶

Section 2.7–Mobility ▶



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.

Select the level of assistance below that this individual requires to complete this task. In the right column, provide the minutes within the task's allotted time range to complete this task and the number of days per week required.

- I Independent; no limitations**
No assistance required.
- MA Minimal Assistance; verbal cueing and monitoring**
Laying out supplies, standby assistance for safety, assisting getting in and out of bathtub or shower, monitoring activity.
- LA Limited Assistance; 50% support**
Bathtub or shower bathing, drying, limited assistance in and out of bathtub or shower.
- EA Extensive Assistance; over 50% support**
Bathtub or shower bathing, sponge bathing, bed bathing, drying, extensive assistance in and out of bathtub or shower.
- TD Total Dependence; maximum assistance**
Requires total assistance with bathing.

If requesting a number of minutes for this task that is greater than the allotted range, provide the rationale below. You can also attach supporting documents to the email when submitting the completed Tool.

Minutes allotted per frequency for selected level of assistance:

Provide the minutes required within the task's allotted time range and the number of days per week this task is required.

Minutes required per frequency for this task:

Number of days required per week:

Total minutes required per week for this task:



Section 2: Level 2 Services

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.

Select the level of assistance below that this individual requires to complete this task. In the right column, provide the minutes within the task's allotted time range to complete this task and the number of days per week required.

- I Independent; no limitations**
No assistance required.
- MA Minimal Assistance; verbal cueing and monitoring**
Laying out clothing; occasional help with zippers, buttons, putting on socks, shoes, braces, prosthetics, TED hose, splints; monitoring activity.
- LA Limited Assistance; 50% support**
Zippers, buttons, socks, shoes, braces, prosthetics, TED hose, splints; getting in and out of garments.
- EA Extensive Assistance; over 50% support**
Zippers, buttons, socks, shoes, braces, prosthetics, TED hose, splints; getting in and out of garments.
- TD Total Dependence; maximum assistance**
Requires total assistance with dressing.

If requesting a number of minutes for this task that is greater than the allotted range, provide the rationale below. You can also attach supporting documents to the email when submitting the completed Tool.

Minutes allotted per frequency for selected level of assistance:

Provide the minutes required within the task's allotted time range and the number of days per week this task is required.

Minutes required per frequency for this task:

Number of days required per week:

Total minutes required per week for this task:



Section 2: Level 2 Services

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.

Select the level of assistance below that this individual requires to complete this task. In the right column, provide the appropriate minutes within the task’s allotted time range and frequencies.

- I Independent; no limitations**
No assistance required.
- MA Minimal Assistance; verbal cueing and monitoring**
Verbal encouragement, standby assistance, applying adaptive devices.
- LA Limited Assistance; 50% support**
Applying adaptive devices, pacing, spoon feeding.
- EA Extensive Assistance; over 50% support**
Feeding by spoon, bottle, or tube.
- TD Total Dependence; maximum assistance**
Requires total assistance with feeding.

If requesting a number of minutes for this task that is greater than the allotted range, provide the rationale below. You can also attach supporting documents to the email when submitting the completed Tool.

Minutes allotted per frequency for selected level of assistance:

Provide the frequencies and minutes required within the task’s allotted time range.

Minutes required per frequency for this task:

Number of times per day required:

Number of days required per week:

Total minutes required per week for this task:



Section 2: Level 2 Services

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, such as shampooing hair.

Select the level of assistance below that this individual requires to complete this task. In the right column, provide the minutes within the task's allotted time range to complete this task and the number of times per week required.

- I Independent; no limitations**
No assistance required.
- MA Minimal Assistance; verbal cueing and monitoring**
Laying out supplies, combing/brushing hair, applying non-prescription lotion to skin
- LA Limited Assistance; 50% support**
Brushing teeth, shaving, hair and nail care, applying makeup, applying lotion.
- EA Extensive Assistance; over 50% support**
Brushing teeth; shaving face, legs, and underarms; hair care; nail care; washing face and hands; applying makeup; applying lotion.
- TD Total Dependence; maximum assistance**
Requires total assistance with grooming, and routine hair and skin care activities.

If requesting a number of minutes for this task that is greater than the allotted range, provide the rationale below. You can also attach supporting documents to the email when submitting the completed Tool.

Minutes allotted per frequency for selected level of assistance:

Provide the frequencies and minutes required within the task's allotted time range.

Minutes required per frequency for this task:

Number of times per week required:

Total minutes required per week for this task:



Section 2: Level 2 Services

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.**

Select the level of assistance below that this individual requires to complete this task. In the right column, provide the appropriate minutes within the task's allotted time range and frequencies per day and per week required.

- I Independent; no limitations**
No assistance required.
- MA Minimal Assistance; verbal cueing and monitoring**
Preparing toileting supplies/equipment, assisting with clothing during toileting, occasional assistance with cleaning self, ostomy care; standby assistance.
- LA Limited Assistance; 50% support**
Toileting hygiene; feminine hygiene needs; clothing during toileting; changing incontinence supplies; external catheter and ostomy care.
- EA Extensive Assistance; over 50% support**
Bedpan; use of urinal; toileting hygiene; feminine hygiene needs; clothing during toileting; changing incontinence supplies; external catheter and ostomy care.
- TD Total Dependence; maximum assistance**
Requires total assistance with toileting activities.

If requesting a number of minutes for this task that is greater than the allotted range, provide the rationale below. You can also attach supporting documents to the email when submitting the completed Tool.

Minutes allotted per frequency for selected level of assistance:

Provide the frequencies and minutes required within the task's allotted time range.

Minutes required per frequency for this task:

Number of times per day required:

Number of days required per week:

Total appropriate minutes per week for this task:



Section 2: Level 2 Services

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.**

Select the level of assistance below that this individual requires to complete this task. In the right column, provide the appropriate minutes within the task's allotted time range and frequencies per day and per week required.

- I Independent; no limitations**
No assistance required.
- MA Minimal Assistance; verbal cueing and monitoring**
Positioning (adjusting or changing position), rising, standby assistance.
- LA Limited Assistance; 50% support**
Hands-on with rising from a sitting to a standing position, limited assistance with positioning or turning.
- EA Extensive Assistance; over 50% support**
Positioning, or turning and rising from a sitting position to a standing position or turning
- TD Total Dependence; maximum assistance**
Requires total assistance with positioning or transferring from bed to chair.

If requesting a number of minutes for this task that is greater than the allotted range, provide the rationale below. You can also attach supporting documents to the email when submitting the completed Tool.

Minutes allotted per frequency for selected level of assistance:

Provide the frequencies and minutes required within the task's allotted time range.

Minutes required per frequency for this task:

Number of times per day required:

Number of days required per week:

Total appropriate minutes per week for this task:



Section 2: Level 2 Services

Task or Activity: **Mobility/Ambulation**

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

Select the level of assistance below that this individual requires to complete this task. In the right column, provide the appropriate minutes within the task's allotted time range and frequencies per day and per week required.

- I Independent; no limitations**
No assistance required.
- MA Minimal Assistance; verbal cueing and monitoring**
Standby assistance with walking, assistance with putting on and removing leg braces.
- LA Limited Assistance; 50% support**
Hands-on with rising from a sitting to a standing position, steadying while walking/using steps.
- EA Extensive Assistance; over 50% support**
Hands-on with rising from a sitting to a standing position, steadying while walking, assistance with wheelchair ambulation.
- TD Total Dependence; maximum assistance**
Hands-on with rising from a sitting to a standing position, full support for wheelchair ambulation.

If requesting a number of minutes for this task that is greater than the allotted range, provide the rationale below. You can also attach supporting documents to the email when submitting the completed Tool.

**Minutes allotted per frequency
for selected level of assistance:
10–15 per episode**

*Provide the frequencies and
minutes required within the task's
allotted time range.*

Minutes required per
frequency for this task:

Number of times
required per day:

Number of days
required per week:

**Total appropriate minutes
per week for this task:**

Section 2.7

Section 3–Skilled Services ▶

 **If requested services for
this member are complete,
proceed to Section 4–
Summary & Submit** ▶

Personal Care Services Time-Tasking Tool

- Section 1–Level 1 Services ▶
- Section 2–Level 2 Services ▶
- Section 4–Summary & Submit ▶

Section 3: Skilled Services

(included under Consumer Directed Personal Assistance Services)

- Section 3.1**
Medication Management ▶
- Section 3.2**
Tracheostomy Care ▶
- Section 3.3**
Oxygen Administration ▶
- Section 3.4**
Blood Pressure Monitoring ▶
- Section 3.5**
Diabetes Administration ▶
- Section 3.6**
Wound Dressing Changes ▶
- Section 3.7**
Other Skilled Services ▶

Personal Care Services Time-Tasking Tool



Section 3: Skilled Services

Task or Activity: Medication Management

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

In the right column, provide the administration frequencies per day and the days per week required.

If requesting a number of minutes for this task that is greater than the allotted range, provide the rationale below. You can also attach supporting documents to the email when submitting the completed Tool.

**Minutes allotted
per administration: 5**

**Administrations
allotted per day: 1–3**

**Minutes allotted
per week for pill pour: 0–15**

*Provide the number administrations
required per day and days per week
this task is required.*

Administration frequencies
required per day:

Number of days
required per week:

Minutes required per week
for pill pour:

**Total minutes required
per week for this task:**

Section 3.1

Next Section 3 Task ►



Section 3: Skilled Services

Task or Activity: Tracheostomy Care and Suctioning

In the right column, provide the appropriate minutes within the task's allotted time range and frequencies per day and per week required.

**Minutes allotted
per frequency: 5-15**

**Frequencies allotted
per day: 1-3**

Provide the minutes required within the task's allotted time range, the number of frequencies per day, and the number of days per week this task is required.

Minutes required per frequency for this task:

Number of frequencies required per day:

Number of days required per week:

**Total minutes required
per week for this task:**

If requesting a number of minutes for this task that is greater than the allotted range, provide the rationale below. You can also attach supporting documents to the email when submitting the completed Tool.

Section 3.2

Personal Care Services Time-Tasking Tool



Section 3: Skilled Services

Task or Activity: Oxygen Administration and Suctioning

In the right column, provide the appropriate minutes within the task's allotted time range and frequencies per day and per week required.

**Minutes allotted per day
for Oxygen Placement: 0–5**

**Minutes allotted per day
for suctioning: 5–15**

Provide the minutes required per day within the tasks allotted time range and the number of days per week this task is required.

Total minutes required per day
for oxygen replacement:

Total minutes required per day
for suctioning:

Number of days
required per week:

**Total minutes required
per week for this task:**

If requesting a number of minutes for this task that is greater than the allotted range, provide the rationale below. You can also attach supporting documents to the email when submitting the completed Tool.

Section 3.3

◀ Previous Task

Next Section 3 Task ▶

Personal Care Services Time-Tasking Tool



Section 3: Skilled Services

Task or Activity: Blood Pressure Monitoring

In the right column, provide the appropriate minutes within the task's allotted time range, and frequencies per day and per week required.

Minutes allotted per frequency: 0–5

Frequencies allotted per day: 0–2

Provide the minutes required within the task's allotted time range, the number of frequencies per day, and the number of days per week this task is required.

Total minutes required per frequency for this task:

Number of frequencies required per day:

Number of days required per week:

Total minutes required per week for this task:

If requesting a number of minutes for this task that is greater than the allotted range, provide the rationale below. You can also attach supporting documents to the email when submitting the completed Tool.

Personal Care Services Time-Tasking Tool



Section 3: Skilled Services

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

In the right column, provide the appropriate minutes within the task's allotted time range, and frequencies per day and per week required.

Minutes allotted per test: 0–5

Frequencies allotted per day: 0–5

Provide the minutes required per test within the task's allotted time range, the number of frequencies per day, and the number of days per week this task is required.

Total minutes required per test:

Number of frequencies required per day:

Number of days required per week:

Total minutes required per week for this task:

If requesting a number of minutes for this task that is greater than the allotted range, provide the rationale below. You can also attach supporting documents to the email when submitting the completed Tool.



Section 3: Skilled Services

Task or Activity: Wound Dressing Changes

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

In the right column, provide the appropriate minutes within the task's allotted time range, and frequencies per day and per week required.

**Minutes allotted
per change:** **0–10**

**Frequencies allotted
per day:** **0–2**

Provide the minutes required per change within the task's allotted time range, the number of frequencies per day, and the number of days per week this task is required.

Total minutes required
per change:

Number of frequencies
required per day:

Number of days
required per week:

**Total minutes required
per week for this task:**

If requesting a number of minutes for this task that is greater than the allotted range, provide the rationale below. You can also attach supporting documents to the email when submitting the completed Tool.



Section 3: Skilled Services

Task or Activity: Other Skilled Services

List below each additional skilled service, and minutes and frequencies per day and per week required for each service.

Skilled Service Description

Minutes Required per Frequency Frequencies Required per Day Days Required per Week

Skilled Service Description

Minutes Required per Frequency Frequencies Required per Day Days Required per Week

Skilled Service Description

Minutes Required per Frequency Frequencies Required per Day Days Required per Week

Skilled Service Description

Minutes Required per Frequency Frequencies Required per Day Days Required per Week

**Total minutes required
per week for Other Skilled
Services:**

Section 3.7

Personal Care Services Time-Tasking Tool

Section 1–Level 1 Services ▶

Section 2–Level 2 Services ▶

Section 3–Skilled Services ▶

Section 4: Summary

	Total Minutes Required	Total Hours Required	Date Assessment Completed
Section 1–Level 1 Services*			<input type="text"/>
Section 2–Level 2 Services			Agency Name
Section 3–Skilled Services			<input type="text"/>
Total for all Services			RN Name
			<input type="text"/>
Nursing Facility Level of Care (NF-LOC) Score			RN Signature <i>(Digital Signature Required)</i>
			<input type="text"/>



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

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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.*

Submit