

## Time-for-Tasks Guidelines for the MassHealth PCA Program

The following time estimates are **guidelines** for determining the amount of PCA time required to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs). These time periods are based on the **AVERAGE** time it may take a PCA to physically assist a member to perform a specific activity, depending on the level of physical assistance required by the PCA consumer. **It is recognized that some consumers may require additional time beyond the time estimates in the guidelines, while others may require less.** The guidelines were developed to be used by nurses who evaluate a consumer's need for PCA services and by clinical reviewers of prior-authorization requests for MassHealth PCA services.

### ADL = Activities of Daily Living

Category	Activity	Description	Common Considerations <i>(Explain in detail on PCA evaluation form)</i>	Level of Physical Assistance**	Average Time Estimates <i>(Per task unless otherwise noted)</i>
<b>Mobility</b>  Physically assisting a member who has a mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment	Transfer	<b>Movement between surfaces to/from: bed, chair, wheelchair, standing position (exclude to/from bath/toilet)</b>	<ul style="list-style-type: none"> <li>• functional ability</li> <li>• severity of symptoms</li> <li>• environmental factors</li> <li>• effects of mental status</li> <li>• level of pain</li> <li>• level of member's cooperation with activity</li> <li>• height and weight</li> <li>• stand pivot</li> <li>• positioning after transfer</li> <li>• type and use of equipment (slide board, gait, belt, swivel aid, lifts)</li> <li>• additional medical equipment (e.g., G-tube, urological equipment, respiratory equipment, oxygen tank)</li> <li>• level of assistance needed for transfers</li> <li>• other</li> </ul>	Minimal Assist Moderate Assist Maximum Assist Total Dependence	<i>(Average range 3-10 minutes).</i>  3 min. 5 min. 7 min. 10 min.  <i>(Average range 1-15 minutes)</i> Mechanical/manual lift transfer (15 min)

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<b>Category</b> <i>[See regulations at 130 CMR 422.410 (A)]</i>	<b>Activity</b>	<b>Description</b>	<b>Common Considerations</b> <i>(Explain in detail on PCA evaluation form)</i>	<b>Level of Physical Assistance**</b>	<b>Average Time Estimates</b> <i>(Per task unless otherwise noted)</i>
	Walking; use of mobility equipment	Movement between locations in room, within the home, and outside, including going up and down stairs inside and outside of home.	<ul style="list-style-type: none"> <li>• level of member’s cooperation with activity</li> <li>• effects of mental status</li> <li>• level of pain</li> <li>• height and weight</li> <li>• environmental factors</li> <li>• stairs</li> <li>• accessibility of home</li> <li>• type of adaptive equipment used (e.g., walker, cane, wheelchair)</li> <li>• additional medical equipment (e.g. G-tube, urological equipment, respiratory equipment, oxygen tank)</li> <li>• level of assistance needed for transfers</li> <li>• other</li> </ul>	Minimal Assist Moderate Assist Maximum Assist Total Dependence	<i>(Average range 1-5 minutes)</i>  1 min. 2 min. 3 min. 5 min.

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	Repositioning	Movement to and from lying or sitting position, turning side to side and positioning body while in bed, chair or wheelchair.	<ul style="list-style-type: none"> <li>• Number of transfers</li> <li>• functional ability</li> <li>• severity of symptoms</li> <li>• environmental factors</li> <li>• effects of mental status</li> <li>• level of pain</li> <li>• height and weight</li> <li>• skin integrity</li> <li>• non ambulatory, bed-bound</li> <li>• adaptive equipment</li> <li>• positioning supports (i.e. pillows)</li> <li>• equipment/environmental controls</li> <li>• additional medical equipment (e.g., G-tube, urological equipment, respiratory equipment, oxygen tank)</li> <li>• level of assistance needed for transfers/repositioning</li> <li>• level of member's cooperation with activity</li> <li>• other</li> </ul>	Minimal Assist Moderate Assist Maximum Assist Total Dependence	<i>(Average range 3-10 minutes)</i>  3 min. 5 min. 7 min. 10 min.

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<b>Category</b> <i>[See regulations at 130 CMR 422.410 (A)]</i>	<b>Activity</b>	<b>Description</b>	<b>Common Considerations</b> <i>(Explain in detail on PCA evaluation form)</i>	<b>Level of Physical Assistance**</b>	<b>Average Time Estimates</b> <i>(Per task unless otherwise noted)</i>
<b>Assistance with Medications or Other Health-Related Needs</b>  Physically assisting a member to take medications prescribed by a physician that otherwise would be self-administered	Assistance with medications	Physically assisting a member to take medications prescribed by a physician that otherwise would be self-administered.	<ul style="list-style-type: none"> <li>• Level of member’s cooperation with activity</li> <li>• member’s ability to self-direct the activity</li> <li>• specify who has responsibility to direct/supervise the administration of medications</li> <li>• functional ability</li> <li>• severity of symptoms</li> <li>• effects of mental status</li> <li>• type of medication</li> <li>• number of medications</li> <li>• frequency per day as ordered by MD or NP</li> <li>• manner in which medications are taken</li> <li>• use of prepackaged medicines</li> <li>• additional medical equipment (e.g., G-tube, urological equipment, respiratory equipment, oxygen tank)</li> <li>• other</li> </ul>		Physical assistance provided to member to set up weekly pillbox: 20 min.  Per occurrence: 0 - 3 minutes each time physical assistance is provided to member to take medication as prescribed
	Other health-related needs (examples: skin care, applying lotion, wound care, eye or ear drops, sunscreen, blood sugar level checks, etc)	Physically assisting a member with other health-related needs			

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<b>Bathing and Grooming</b>  Physically assisting a member with basic care such as bathing, personal hygiene, and grooming skills	Bathing	a. Taking full-body bath, including set-up, transfers in/out of tub and towel dry;  b. Taking shower, including shampooing hair, set-up, transfer in/out of shower, and towel dry;  c. Giving bed bath including set up;  d. Shampooing hair, including set-up and hair drying (if not included in shower or bed bath)	<ul style="list-style-type: none"> <li>• functional ability</li> <li>• severity of symptoms</li> <li>• environmental factors</li> <li>• effects of mental status</li> <li>• level of pain</li> <li>• height and weight</li> <li>• frequency of activity</li> <li>• application of skin care products</li> <li>• type and use of equipment</li> <li>• additional medical equipment (e.g., G-tube, urological equipment, colostomy, respiratory equipment,)</li> <li>• level of assistance needed for transfers</li> <li>• level of member's cooperation with activity</li> <li>• other</li> </ul>	For a, b, and c  Minimal Assist Moderate Assist Maximum Assist Total Dependence  For d  Minimal Assist Moderate Assist Maximum Assist Total Dependence	For a, b, and c <i>(Average range 15-60 minutes)</i>  15 min. 30 min. 45 min. 60 min.  For d <i>(Average range 5-25 minutes)</i> 5 min. 8 min. 12 min. 25 min
	Grooming	Maintaining personal hygiene, including set-up for grooming tasks (e.g., nail care, oral care, shaving, deodorant application, hair care, washing and drying hands and face)	<ul style="list-style-type: none"> <li>• functional ability</li> <li>• severity of symptoms</li> <li>• environmental factors</li> <li>• effects of mental status</li> <li>• level of pain</li> <li>• height and weight</li> <li>• frequency of activity</li> <li>• type of razor (manual or electric)</li> <li>• adaptive equipment</li> <li>• additional medical equipment (e.g., G-tube, urological equipment, respiratory equipment,)</li> <li>• other</li> </ul>	Minimal Assist Moderate Assist Maximum Assist Total Dependence	<i>(Average range 10-25 minutes)</i>  10 min.* 15 min.* 20 min.* 25 min.*  *Per day for all grooming tasks

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	Menses Care	Assistance during menses cycle	<ul style="list-style-type: none"> <li>• functional ability</li> <li>• height and weight</li> <li>• age</li> <li>• severity of symptoms</li> <li>• number of pads changed daily</li> <li>• type of menstrual flow (heavy, moderate, light)</li> <li>• duration and frequency of cycle (e.g., 5 days every 28 days)</li> <li>• level of assistance needed for transfers</li> <li>• other tasks that may include time for menstrual care (ie toileting, dressing, bathing, etc).</li> <li>• other</li> </ul>	Minimal Assist Moderate Assist Maximum Assist Total Dependence	<i>(Average range 25-100 minutes)</i>  25 min.* 45 min.* 75 min.* 100 min.*  ** per monthly cycle.

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<b>Dressing or Undressing</b>  Physically assisting a member to dress or undress	Dressing or undressing	Putting on, fastening, and taking off all items of clothing, including set-up, donning/removing prosthesis and orthotics	<ul style="list-style-type: none"> <li>• functional ability</li> <li>• severity of symptoms</li> <li>• contractures/spasms</li> <li>• environmental factors</li> <li>• effects of mental status</li> <li>• level of pain</li> <li>• height and weight</li> <li>• type of clothing (e.g. support hose)</li> <li>• type of prosthetic or orthotic</li> <li>• frequency based on individual need</li> <li>• location of activity</li> <li>• additional medical equipment (e.g., G-tube, urological equipment, respiratory equipment, oxygen tank, urinary drainage systems)</li> <li>• level of member's cooperation with activity</li> <li>• other</li> </ul>	Dressing Minimal Assist Moderate Assist Maximum Assist Total Dependence  Undressing Minimal Assist Moderate Assist Maximum Assist Total Dependence	Dressing <i>(Average range 7-30 minutes)</i>  7 min. 15 min. 23 min. 30 min.  Undressing <i>(Average range 5-20 minutes)</i>  5 min. 10 min. 15 min. 20 min.

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<b>Category</b> <i>[See regulations at 130 CMR 422.410 (A)]</i>	<b>Activity</b>	<b>Description</b>	<b>Common Considerations</b> <i>(Explain in detail on PCA evaluation form)</i>	<b>Level of Physical Assistance**</b>	<b>Average Time Estimates</b> <i>(Per task unless otherwise noted)</i>
<b>Passive Range-of-Motion Exercises</b>	Passive range-of-motion Exercises	Movement applied to a joint or extremity by another person solely for the purpose of maintaining or improving the distance and direction through which a joint can move; or to alleviate pain or reduce severe spasms/cramping	<ul style="list-style-type: none"> <li>• functional ability</li> <li>• severity of symptoms</li> <li>• diagnosis</li> <li>• effects of mental status</li> <li>• contractures/spasms</li> <li>• level of pain</li> <li>• height and weight</li> <li>• age</li> <li>• other therapy services provided</li> <li>• location of activity</li> <li>• other PT or OT member is receiving</li> <li>• skin integrity</li> <li>• additional medical equipment (e.g., G-tube, urological equipment, respiratory equipment, oxygen tank)</li> <li>• level of member's cooperation with activity</li> <li>• other</li> </ul>		<p align="center"><i>(Average range 10-30 minutes)</i></p> <p align="center">Upper extremities: 10 – 30 minutes</p> <p align="center"><i>(Average range 10-30 minutes)</i></p> <p align="center">Lower extremities: 10 – 30 minutes</p>
Physically assisting the member to perform passive range-of-motion exercises					

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<b>Eating</b>  Physically assisting a member to eat. This can include assistance with tube feeding and special nutritional and dietary needs	Feeding orally and/or with enterals	a. Physically assisting a member to eat and drink	a. <ul style="list-style-type: none"> <li>• functional ability</li> <li>• severity of symptoms</li> <li>• effects of mental status</li> <li>• size of meal or snack</li> <li>• member is fed all or part of meal</li> <li>• types of food (i.e., pureed, regular)</li> <li>• special circumstances</li> <li>• adaptive equipment</li> <li>• additional medical equipment (e.g., G-tube, urological equipment, respiratory equipment, oxygen tank)</li> </ul>	For a & b:  Minimal Assist Moderate Assist Maximum Assist Total Dependence	For a: <i>(Average range 10-30 minutes)</i>  10 min. 15 min. 20 min. 30 min.
		b. Physically assisting a member with tube feeding and special nutritional and dietary needs	b. <ul style="list-style-type: none"> <li>• severity of symptoms</li> <li>• member's ability to self-direct the activity</li> <li>• includes set-up and clean-up of supplies</li> <li>• additional medical equipment (e.g., G-tube, ventilator, respiratory equipment, oxygen tank)</li> <li>• other</li> </ul>		For b: <i>(Average range 10-20 minutes)</i> 20 minutes

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<b>Category</b> <i>[See regulations at 130 CMR 422.410 (A)]</i>	<b>Activity</b>	<b>Description</b>	<b>Common Considerations</b> <i>(Explain in detail on PCA evaluation form)</i>	<b>Level of Physical Assistance**</b>	<b>Average Time Estimates</b> <i>(Per task unless otherwise noted)</i>
<b>Toileting</b>  Physically assisting a member with bowel and bladder needs.	a. Bladder	For a & b  Assist with the toilet, commode, bedpan, urinal, or incontinent briefs/pads; includes transfers. Performs hygiene and adjusts clothes; assist with bowel and bladder and routines; cleans/changes toileting equipment (foley bag, catheter, etc.)	<ul style="list-style-type: none"> <li>• functional ability</li> <li>• severity of symptoms</li> <li>• environmental factors</li> <li>• medications</li> <li>• effects of mental status</li> <li>• member’s ability to self-direct the activity</li> <li>• level of pain</li> <li>• height and weight</li> <li>• bladder and bowel routines</li> <li>• incontinence</li> <li>• use of incontinent products</li> <li>• adaptive equipment</li> <li>• level of assistance needed for transfers</li> <li>• additional medical equipment (e.g., , urological equipment colostomy; foley catheter, etc)</li> <li>• level of member’s cooperation with activity</li> <li>• other</li> </ul>	For a & b  Minimal Assist Moderate Assist Maximum Assist Total Dependence	For a & b (per bladder and/or bowel assist)  <i>(Average range 6-25 minutes)</i> 6 min. 13 min. 19 min. 25 min.
	b. Bowel				

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**Time-for-Tasks Guidelines for the MassHealth PCA Program**

**IADL = Instrumental Activities of Daily Living**

**When a member is living with family members (as defined in 130 CMR 422.402), the family members will provide assistance with most IADLs. MassHealth will consider individual circumstances when determining the number of hours of physical assistance that a member requires for IADLs. (see 130CMR 422.410(C) and PCA Bulletin XX**

<b>Category</b> <i>[See regulations at 130 CMR 422.410 (A)]</i>	<b>Activity</b>	<b>Description</b>	<b>Common Considerations</b> <i>(Explain in detail on PCA evaluation form)</i>	<b>Average Time Estimates</b> <i>(Per task unless otherwise noted)</i>
<b>Household Services</b>  Physically assisting with household-management tasks that are incidental to the care of the member, including laundry, shopping, and housekeeping;	Laundry	Sort laundry, wash, dry, fold, iron and put away	<ul style="list-style-type: none"> <li>• functional ability</li> <li>• severity of symptoms</li> <li>• consumer level of participation</li> <li>• number of loads of laundry per week</li> <li>• incontinence and use of washable absorbent or protective garments</li> <li>• location of where laundry is done</li> <li>• availability of family members in the member’s household (see 130 CMR 422.410 (C)(1))</li> <li>• shared PCA time (others in household have PCA) (see 130 CMR 422.410(C)(2))</li> <li>• formal and informal residential or other support services (listed in the MassHealth standard PCA application)</li> <li>• other activities which can be also be done if laundry is done in the house or apartment</li> <li>• frequency of bedding/linen changes</li> <li>• other</li> </ul>	For laundry routinely done in consumer’s home or apartment building: 15 – 60 minutes/week (per load)  For laundry routinely done out of home: 90 minutes/week (total)
	Shopping	Preparation of list, purchasing and putting away of groceries and medications, including personal hygiene items	<ul style="list-style-type: none"> <li>• functional ability</li> <li>• severity of symptoms</li> <li>• consumer level of participation</li> <li>• distance from home</li> <li>• availability of family members in the member’s household see 130 CMR 422.410 (C)(1)</li> <li>• shared PCA time (others in household have PCA) (see 130 CMR 422.410(C)(2))</li> <li>• formal and informal residential-support services (listed in the MassHealth standard PCA application)</li> <li>• member chooses to have groceries or medications delivered</li> <li>• other</li> </ul>	15 – 90 minutes/week

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<b>IADL = Instrumental Activities of Daily Living</b>				
<b>Category</b> <i>[See regulations at 130 CMR 422.410 (B)]</i>	<b>Activity</b>	<b>Description</b>	<b>Common Considerations</b> <i>(Explain in detail on PCA evaluation form)</i>	<b>Average Time Estimates</b> <i>(Per task unless otherwise noted)</i>
<b>Household Services (Continued)</b>  Physically assisting with household-management tasks that are incidental to the care of the member, including laundry, shopping, and housekeeping;	Housekeeping	Dusting, picking up living space, kitchen, housework, making/changing beds, total floor care all rooms, including bathrooms, and garbage/trash disposal	<ul style="list-style-type: none"> <li>• functional ability</li> <li>• severity of symptoms</li> <li>• medical issues/allergies</li> <li>• incontinence</li> <li>• frequency of bedding/linen changes</li> <li>• consumer’s level of participation</li> <li>• size of environment</li> <li>• accessibility of environment</li> <li>• consumer’s living situation/availability of family members in the member’s household (see 130 CMR 422.410 (C)(1))</li> <li>• shared PCA time (others in household have PCA) (see 130 CMR. 422(C)(2))</li> <li>• formal and informal residential-support services (listed in the MassHealth standard PCA application)</li> <li>• other</li> </ul>	30 – 90 minutes/week
<b>Meal Preparation and clean-up</b>  Physically assisting a member to prepare meals (excludes G-tube feeds-see “eating”)	Meal preparation and clean-up	Preparation and clean-up of meal, including set up	<ul style="list-style-type: none"> <li>• functional ability</li> <li>• severity of symptoms</li> <li>• members level of participation</li> <li>• level of physical assistance needed</li> <li>• special dietary needs (such as chopped or pureed food, renal diet, etc.)</li> <li>• preparation time for more than one meal</li> <li>• availability of family members in the member’s household (see 130 CMR 422.410 (C)(1))</li> <li>• shared PCA time (others in household have PCA) (see 130 CMR.422.410(C)(2))</li> <li>• formal and informal residential-support services (listed in the MassHealth standard PCA application, e.g., meals on wheels)</li> <li>• pre-prepared vs home cooked meals</li> <li>• other</li> </ul>	Breakfast 20 min. Lunch 30 min. Dinner 45 min. Snack 5 min. per

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<b>Transportation</b>  Accompanying member to medical providers	Transportation to medical Appointments	Transportation to and from medical providers, assistance in and out of home, vehicle, and office	<ul style="list-style-type: none"> <li>• functional ability</li> <li>• severity of symptoms</li> <li>• member’s level of participation</li> <li>• location of member residence</li> <li>• location and distance to medical provider</li> <li>• mode of transport</li> <li>• number of visits/current year</li> <li>• includes transfer time in and out of home and in and out of medical provider’s office</li> <li>• other</li> </ul>	<p>To be determined by individual consideration*</p> <p>*See Transportation Worksheet</p>
<b>Special Needs</b>  Definition in MassHealth regulations: assisting the member with: (a) the care and maintenance of wheelchairs and adaptive devices; (b) completing the paperwork required for receiving personal-care services; and (c) other special needs approved by MassHealth as instrumental to the health care of the member.	Equipment maintenance (i.e., wheelchairs, CPAP and BiPAP machines, oxygen, and respiratory)	Care and cleaning of equipment used on a daily basis. Includes cleaning, application, and removal from member, refilling tanks, and recharging batteries	<ul style="list-style-type: none"> <li>• frequency of use</li> <li>• type of equipment</li> <li>• age of equipment</li> <li>• wheelchair user</li> <li>• use of equipment outside only</li> <li>• electric or manual wheelchair</li> <li>• food spills, self-feeding, incontinence</li> <li>• functional ability</li> <li>• severity of symptoms</li> <li>• member’s level of participation</li> <li>• other</li> </ul>	To be determined by individual consideration
	Completing paperwork for PCA program	Assisting the member to complete required paperwork, including activity forms (timesheets) and employer-required forms.	<ul style="list-style-type: none"> <li>• surrogate responsibility as defined in service agreement</li> <li>• legal guardian</li> <li>• other</li> </ul>	To be determined by individual consideration

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<b>Levels of Physical Assistance</b>	
<b>Level*</b>	<b>Description</b>
Independent	Member requires 0% physical assistance to complete task.
Minimal Assist	Member requires up to 25% physical assistance to complete task.
Moderate Assist	Member performed part of activity but requires up to 50% physical assistance to complete task.
Maximum Assist	Member involved and requires up to 75% physical assistance to complete task.
Total Dependence	Member requires full performance (100%) of activity by another.

\* for use in the status column of the PCA Evaluation form.