

Nevada Medicaid: Functional Assessment Service Plan

Instructions

These instructions will assist you when completing a Nevada Medicaid: Functional Assessment Service Plan form.

Required forms:

- Recipient Bill of Rights - Form NMO 3032
- Recipient Responsibilities - Form NMO 3236
- Personal Care Services (PCS) Program Criteria - Form NMO 3530
- Functional Assessment Service Plan Tool - Form NMO 3241 and 3244 combined

1. Recipient information:

- A. Enter the recipient's name in last name, first name. Entry into this field will auto populate into the header of the form.
- B. Enter the Recipient ID number - Entry into this field will auto populate into the header of the form.
- C. Enter the recipient's date of birth.
- D. Indicate Yes or No by selecting the appropriate button if a translator is required. If yes is marked indicate the language.
- E. Enter the recipient's current address, city, state, and phone.
- F. Identify male or female by selecting the appropriate button.
- G. Enter the recipient's height, weight, and age.
- H. Have the recipient read and complete the rest of page 1 of your tool.
 - i. At the end of your assessment, enter the begin and end time of your assessment, have the recipient, their legally responsible individual, personal care rep or other sign the attestation page.
 - ii. If "other" is marked, indicate the relationship

2. Legally responsible individual information (LRI). Complete this section only if the recipient has an LRI. LRI include spouses, legal guardians, parent(s), stepparent(s), foster parent(s) and adoptive parent(s). An LRI is required to provide medical support. A power of attorney (POA) is not the same as guardianship.

- A. Enter LRI's name and relationship to recipient.
- B. Indicate if the LRI resides in the home or outside the home by selecting the appropriate radio button.
- C. If the LRI does not reside with the recipient, enter their phone number.
- D. Indicate if the LRI is disabled or works/attends school outside the home.
 - i. If the LRI works outside the home or attends school outside the home, indicate the work/school schedule.

- Services can only be provided to cover activities of daily living (ADLs) and meals when the LRI is not available due to their work or school schedule. The LRI remains responsible for other instrumental activities of daily living (IADLs) such as housekeeping, laundry, and shopping.
- If the LRI has proof of disability, allow for services for which the LRI is incapable of doing due to their disability.

Example: The LRI may not be able to lift or bend, but is still able to prepare meals and feed recipient. You can provide bathing, transfer, toileting, and mobility time, but not feeding and meal preparation.
- If the LRI is totally disabled, approach the plan as if the LRI is completely unavailable/incapable.

3. Emergency contact information: If the recipient has no guardian but has a POA, a personal care representative (PCR), or would like us to have permission to speak to another individual:

- A. Enter the contact name of this person.
- B. Indicate POA, PCR, and/or relationship type (friend, sister, daughter, etc.).
- C. Enter the contact's phone number.

Nevada Medicaid: Functional Assessment Service Plan

Instructions

4. Daily routine - This is also used to determine the recipient's needs and is helpful to the PCS agency in determining the PCS schedule.
 - Example1: Recipient indicates he gets up and showers; then the personal care aide (PCA) arrives and cleans and cooks. This recipient is not going to meet criteria for the program.
 - Example2: Recipient states that he goes to ADHC Monday through Friday and needs assistance to be ready in time to be picked up. The agency will then know one visit in the early a.m. on those days is required.
5. Assessment information:
 - A. Purpose of request - Select the appropriate item. This will be indicated on the prior authorization form you receive.
 - B. Location - Select the appropriate item.
 - C. Indicate the primary person relaying the information. If it is not the recipient, indicate who it is and their relationship to the recipient.
 - D. You may indicate the name of the actual PCS agency if known, and the name of the PCA if known.
 - E. Enter others in the household, if they are children; enter the ages of the children.
 - F. Enter any allergies the recipient may have including medications, food or seasonal allergies.
6. Diagnosis:
 - A. While recipients may have multiple diagnoses, it is most important to indicate:
 - i. the primary diagnosis(s)
 - ii. the diagnosis that affects their ability to complete their ADL/IADL activities
7. Medications:
 - A. Indicate the recipient's medications, dosage, and frequency.

NOTE: The client will receive a copy of this assessment. This tool can be used to assist emergency personnel, should they be called.
8. Objective observations:
 - A. Add in your objective observations of the recipient's ability or inability to complete their ADLs/IADLs. Include the recipient's ability to demonstrate their ability to accomplish ADLs. For example, ask the recipient to bring you their medications, while observing their ability to walk, bend, or reach.

NOTE: This section is for clinical observations directly related to the authorization of personal care services. Should you need to document anything non clinical for the QIO like vendor or a future PT/OT would need to know, such as a vicious dog on the premises or that the recipient is combative, please use a separate progress note and attach to your review.

The following sections: Functional deficits (9) through IADLs (15) are used to paint a picture of the recipient's abilities and inabilities to complete ADL/IADLs.

9. Functional deficits:
 - A. Select the items that most describes the recipient in the area of Mobility/Range of motion: Gait, Dominate Side, Right and Left Arm, and Right and Left Leg.
 - B. Use the comment box to elaborate on what the actual deficit is
10. Sensory deficits:
 - A. Select the items that most describes the recipient's sensory abilities in the area of Vision, Auditory, and Touch/Sensation. For Pain, use a rating from 0 to 10. If a positive response is received regarding pain, the location and type of pain must be entered. An additional area for 'Other/Comment' is also available. For example, if sensory deficits are neuropathy, you might indicate that under 'Other/Comment', but might also see something indicated under the areas of diagnosis or functional deficit.

Nevada Medicaid: Functional Assessment Service Plan

Instructions

11. Cognitive deficits:
 - A. Indicate Memory/Cognitive status to the best of your ability during the interview.
 - i. Choosing 'within normal limits' will indicate they are oriented to person, place, time, and purpose. If only a partial orientation, you must indicate which area the client is oriented to.
 - B. Indicate the Speech/Language ability.
 - C. If you chose 'Other/Comment', a description must be entered.
12. Endurance deficits:
 - A. If endurance is the primary issue, indicate the item that most meets the recipient's condition.
 - B. If you chose 'Other', a description must be entered.
13. Assistance devices and other services:
 - a. The left hand column, indicate if the client "Has", "Uses", or "Needs" equipment. Recipients may have equipment, but are not using it; so if they are using the equipment, make sure to check both the "H" for 'Has' and the 'U' for Uses.
 - b. The right hand column is for services. If any of the services are being received check the box(es) under 'R', if the services are needed check the boxes under 'N'. If the service is N/A do not check.
 - c. If the recipient is attending Adult Day Healthcare (ADHC), a work program or school, indicate the schedule. The PCS Provider agency will need this to create their schedule with the recipient.

NOTE: Any box on either side marked with an "N" will be referred by the Quality Improvement Organization (QIO) like vendor to the Nevada Medicaid District Office or the appropriate waiver case manager for follow up.

14. Activities of daily living (ADLs):
 For each task, you will identify the level of independence/dependence and the number of days per week that assistance is needed. For example, in bathing you determine the client to be a Level 2 and that help is needed 4 days per week. In the bathing row, you would enter a "4" in the 'Recipient Reports Assist is Required X days/week' column and a "2" in the 'Score' column.

NOTE: Do not provide time for tasks that in the absence of a disability a person would not be able to perform. For example, do not provide bath time when the only assistance required is assistance with washing the back.

To score each task, follow the descriptions below. Strict adherence to the descriptions is required so that all assessments have the same result regardless of the therapist completing the review.

NOTE: Time is in minute per day.

- A. Bathing/Dressing/Grooming:

Score	Time	Description
0	0	Independent: Able to bathe, dress, and groom without assistance of another person, with or without assistive devices. Able to bathe, dress, and groom with a simple reminder from in home supports, but does not otherwise require cueing or physical assistance throughout the task(s) to complete. Bathing is done by an alternate source (non-paid care giver, LRI, family, or friend). The recipient only requests assistance washing a body part that in the absence of a disability, the recipient would not be able to reach/wash.
1	30	Minimum assist: Able to manage bathing, dressing, and grooming without physical assist, but needs standby assist or cueing to complete the task. May require only assistance in/out of shower or tub, clothes laid out, and grooming supplies set up.

Nevada Medicaid: Functional Assessment Service Plan

Instructions

Score	Time	Description
2	45	Moderate assist: Requires physical assistance to complete bathing, dressing, and grooming, but recipient is able to participate. Requires assist in/out of shower, to wash part of body, and/or to assist with shampoo, to set up, and partial physical assistance with dressing and grooming.
3	60	Maximum assist: Requires maximum assist or is dependent on others to complete bathing, dressing, and grooming. Upper and lower body physical assistance is required.

B. Toileting:

Score	Time	Description
0	0	Independent: Can self-toilet without physical assistance or supervision with or without assistive devices. Task is completed by other non-paid resources. Can empty own urinary or bowel drainage systems.
1	15	Minimum assist: Standby assistance or cueing needed for safety or task completion. Physical assistance such as clothing adjustment or washing hands. Includes emptying commode or urinal when the recipient otherwise self-toilets. Occasional help with adult briefs or pull-ups.
2	15	Moderate assist: Physical assistance required with hygiene, clothing, and assistance on/off toilet or commode. Includes assistance with adult briefs incontinence products.
3	30	Maximum assist: Unable to use the toilet unassisted. Requires continuous observation and total assist for hygiene and clothing. Includes changing of diapers (not briefs). Includes emptying urinary/bowel drainage bags.

C. Transferring:

NOTE: Assisting on/off the toilet is under Toileting time. Assisting a person to stand up to begin ambulating is under Mobility time. Do not mark Transferring time unless it is a separately identified task as indicated in each level description. Transferring may include assistance on or off handicapped transportation if the need is consistent and not intermittent.

Score	Time	Description
0	0	Independent: Is ambulatory with or without assistive devices. Is able to reposition self in chair or bed.
1	15	Minimum assist: Is ambulatory with or without assistive devices, but requires some repositioning in bed or chair (positioning of legs, elevating a body limb, propping with pillows).
2	15	Moderate assist: Is non-ambulatory or minimally ambulatory and requires simple pivot transfers to commode, wheelchair, or household furniture (wheelchair to recliner). May or may not also need repositioning in bed, wheelchair, or chair.
3	30	Maximum assist: Is non-ambulatory and dependent for all transfers and/or repositioning. Includes use of Hoyer lift.

Nevada Medicaid: Functional Assessment Service Plan

Instructions

D. Mobility/Ambulation:

NOTE: For purpose of the PCS program, Mobility refers to within the residence. Do NOT indicate a level of need when the need is in the community only.

Score	Time	Description
0	0	Independent: Is able to ambulate within the residence with or without assistive devices. Bed bound and non-ambulatory.
1	15	Minimum assist: Stand-by or intermittent assist to stand and/or ambulate. Positioning of walker cane or wheelchair to ambulate. Includes stand-by assist for power wheel chair when doors must be opened or closed or obstacles moved within the residence.
2	15	Moderate assist: Contact guard/hands-on assist to stand and/or ambulate, with or without assistive devices. Plug in power wheelchair battery.
3	15	Maximum assist: Dependent, unable to move within residence, propel wheelchair.
4	0	Independent in manual or power wheelchair or bed-bound recipients. Qualifies as a 2 or higher when determining IADLs.

Nevada Medicaid: Functional Assessment Service Plan

Instructions

E. Eating:

NOTE: For purpose of the PCS program, tube feedings are not allowed, including preparation of formulas and administration of the feedings. Specialized feeding techniques are not covered. If there are special directions regarding feeding, then likely you have crossed into a specialized feeding technique not covered under the PCS program.

Score	Time	Description
0	0	Independent: Can self-feed, including cutting or setting up of meal if brought to recipient. If recipient only needs occasional/intermittent cut up or set up due to "bad days" or the type of meal prepared that day, no time will be allowed.
1	15	Minimum assist: Can self-feed, but has a consistent need to have one or more meals cut up and set up.
2	30	Moderate assist: All meals need to be cut up and set up. Cueing, encouragement, assistance with adaptive equipment, occasional spoon feeding. Includes providing some approved simple oral foods when the recipient's primary source of feeding is via tube. Example: Recipient is dependent on tube feeds, sometimes are allowed some pudding style foods.
3	45	Maximum assist: Complete dependence on spoon feeding for all meals.
4	0	Non-covered services such as specialized feeding techniques and/or tube feedings.

15. Instructions for instrumental activities of daily living (IADLs):

A. Indicate whether the recipient will or will not qualify for IADLs.

- i. If the recipient is able to complete IADLs, Skip to section 16. Do not score the IADL section 15.
- ii. If the recipient has an LRI available and is capable of completing, Skip to section 16. Do not score IADL section.
 1. LRI: Legally Responsible adult is defined as a parent, step-parent or foster parent of a minor child; a spouse; a legal guardian.
 - a. A Disabled LRI is not responsible for IADL's
 - b. A working LRI is responsible to complete housekeeping, laundry and shopping. Meal preparation can be allowed for when the LRI is unavailable during their work schedule.
- iii. If the recipient has other resources such as willing non-paid caregiver, friend, or family member who is willing to complete all or part of the IADLs:
 1. If completed all, Skip to section 16 here and do not score the IADL section.
 2. If completes in part, score only the parts applicable to the recipient's needs. There is a score in each IADL, to indicate that another resource is available, and no time will be allowed. This is most commonly seen in the areas of shopping and laundry, when the family may prefer to do those tasks themselves, but the PCA may provide housekeeping for the recipient's area and some assistance with meals.
- iv. If the recipient does not have two ADLs with a score of 2 or higher, Skip to section 16. The recipient does not qualify for IADLs, do not score this section.
- v. If the recipient has two ADLs with a score of 2 or higher and does not meet the circumstances above, continue through the IADL section 15.

B. Follow the same instructions to score this section as you did for ADLs in Section 14.

Nevada Medicaid: Functional Assessment Service Plan

Instructions

C. IADLs (light housekeeping, laundry, and shopping) are minutes per week. All others ADL tasks and meal preparation are minutes per day.

D. Light housekeeping:

Score	Time	Description
0	0	Criteria not met (as indicated in section 14).
1	30	There is more than one recipient on the PCS program receiving IADLs within the home and/or the recipient is capable of participating or performing some housekeeping tasks.
2	45	There is more than one recipient on the PCS program receiving IADL's and/or the recipient has minimal ability to participate in performing some housekeeping tasks however the recipient has additional needs such as increased linen changes due to incontinence.
3	60	Recipient lives alone.
4	0	Not applicable. Other willing-non-paid caregiver. Other Resource.

E. Laundry:

NOTE: The maximum time in one home cannot exceed 120 minutes/week.

Score	Time	Description
0	0	Criteria not met (as indicated in section 14).
1	30	There is more than one recipient on the PCS program within the home receiving IADLs and, The washer and dryer are within the home OR The recipient can participate or perform some laundry tasks. and Washer and dryer are within the home. OR The recipient is unable to participate or assist with laundry tasks and The washer and dryer are within the home and 2 or less loads per week are performed.
2	60	There is no one else in the home on the PCS program receiving IADL's and The washer and driver are in the home The recipient is unable to assist or participate in the laundry task and 3 or more loads per week are performed OR There is more than 1 recipient in the home receiving IADL's and The washer and dryer are not within the home.
3	90	There is no one else in the home on the PCS program receiving IADLs and The washer and dryer are within the complex that recipient resides.
4	120	There is no other recipient receiving IADL's within the home and washer and dryer are not available within the home or complex. Laundry must be taken to an outside Laundromat.
5	0	Not applicable. . Other willing-non-paid caregiver. Other Resource.

F. Essential shopping:

NOTE: For purpose of the PCS program, shopping refers to essentials foods, medications, or durable medical equipment to the nearest store in proximity to the recipient's residence.

Score	Time	Description
0	0	Criteria not met (as indicated in section 14).

Nevada Medicaid: Functional Assessment Service Plan

Instructions

1	30	There is more than one recipient on the PCS program receiving IADLs within the home and/or the recipient is able to participate or perform some part of the shopping task.
2	60	Recipient lives alone.
3	120	Recipient lives alone and a distance > 20 miles one way to nearest store.
4	0	Not applicable. Other willing-non-paid caregiver. Other Resource.

G. Meal preparation:

NOTE: For purpose of the PCS program, it is not expected that a PCA is able to prepare highly specialized diets or able to prepare elaborate meals. It is expected that a PCA should be able to prepare simple meals or snacks, reheat meals, and/or leave leftovers ready for other meals or days. Special diet instructions such as no added salt or diabetic diets do not add cooking or preparation time to a meal. Cutting of food into small pieces does not add cooking or preparation time and is covered under the ADL section "Eating". The definitions below allow for special preparation of food such as blending or pureeing when medically necessary.

Score	Time	Description
0	0	Criteria not met (as indicated in section 14).
1	15	Receives meals from another source (such as ADHC, home delivered meals, school, or other) OR recipient needs assistance with only one meal per day and/or recipient is able to participate or perform parts of the meal preparation task that exceed simple retrieval or reheating of food.
2	30	Recipient has one or more main meal per day, and the PCA leaves one or more small meals/snacks to be retrieved by the recipient.
3	45	Recipient has one or more main meals and snacks per day and is unable to reheat or retrieve the meals.
4	60	Recipient meets all the criteria for Level 3 AND requires special preparation (such as pureed), but does not include special diet instructions (such as no added salt or diabetic diet).
5	0	Non-covered services such as preparation of food or formulas to be given via any tube, including the administration of water or other fluids.
6	0	Not applicable. Other willing-non-paid caregiver. Other Resource.

NOTE: The maximum time for meal prep (90 minutes per day) will only be allowed if the following definition is met, at the time of the assessment when the PT/OT determines if an override in any ADL/IADL category applies to the individual recipient.

n/a	90	Recipient lives alone and is physically and/or cognitively unable to access the kitchen AND has a diagnosis that supports multiple (> 3) meals per day with or without snacks with special preparation. Examples: Client is malnourished as evidenced by rapid weight loss, or being underweight WITH a supporting diagnosis such as gastroparesis r/t to diabetes, intractable nausea or vomiting, end stage disease processes.
-----	----	---

Nevada Medicaid: Functional Assessment Service Plan

Instructions

16. Mathematical grid - Used to determine allowed Hours per week. The score equals a specific set of minutes times the number of days services will be needed. Light housekeeping, laundry, and shopping will always have days as a "1" for Mathematical purposes, as the time is assigned by the week not the day. The total minutes are added together and divided by 60 for the total hours per week.
 - A. The grid is an imbedded Excel spreadsheet. Double click anywhere within the grid and it will open an excel spreadsheet. Populate your score, and the days per week beside each task. The formula is built into the grid, and it will auto- populate the amount of time allowed based on the score you have entered. The grid will add the total minutes per week, and divide by 60 for your weekly hours.
 - B. When you are done entering the score on all ADL/IADL tasks, click anywhere outside the grid, and it will return into the document.

Sample Grid 16

Points	Score	Score = Minutes per day or week	Days per week	Total minutes per task	Hours per week
Bathing/Dressing/Grooming	2	45	7	315	
Toileting	2	15	7	105	
Transferring	2	15	7	105	
Mobility/Ambulation	2	15	7	105	
Eating	2	30	7	210	
Light housekeeping	2	45	1	45	
Laundry	2	60	1	60	
Essential shopping	2	60	1	60	
Meal preparation	2	30	7	210	
Total Points				1215	20.25

Nevada Medicaid: Functional Assessment Service Plan

Instructions

It is recognized that on occasion additional time may be needed for a specific task(s). Once the total time is determined from the grid in number 16, you will have the ability to override up to the maximum amount of time allowed for any individual ADL or IADL. Overrides must be based on your clinical objective evaluation AND Medicaid Policy.

Below Grid 16 is the following language.

Based on my clinical assessment utilizing the Nevada Medicaid Personal Care Services Policy 3500 and the Nevada Medicaid Functional Assessment Service Plan Tool, I find the recipient met the criteria for the above hours as indicated on this tool, and that no additional hours are medically necessary. Mark yes or no.

If Yes, Skip Grid 17, and go to Grid 18. Enter your total hours per week, days per week and recommended visits per day. Don't forget to sign and date your assessment in number 19.

If No, (continue to Grid 17) you have identified that the recipient needs additional time in one or more areas, up to the maximum time allowed for the specific task. (The grid at the bottom of these instructions provides you the maximum time by score in all task categories)

17. Override:

A. You may override and allow time up to the maximum as long as you are within Medicaid policy.

Example: The recipient qualifies for bathing only, but could use assistance with IADL's. You cannot override and provide IADL's because they did not meet the Medicaid policy for IADLs.

Example: The recipient qualifies for most areas of ADL's and also qualifies for IADL's. But you have found that while the client meets the definition of a 1 under housekeeping for 30 minutes per week, due to being bed bound, the client will require the maximum amount of time allowed for this task. You can then override and allow the maximum time for housekeeping. You can never exceed the maximum time in any one category except under the provisions of EPSDT for recipients under age 21.

If you receive a request marked 'EPSDT'; or believe you have a case that would benefit from this, call for assistance from a QIO like vendor clinical reviewer.

Instructions: From Grid 16; enter into Grid 17

- A. Enter the daily minutes beside each
- B. Enter the additional time you wish to add, time must be in 15 minutes increments, and cannot exceed the total time allowed in any individual task
- C. Enter the days per week the task is to be done.
- D. The Grid will calculate for you, the total minutes per week and divide by 60 for your total NEW hours per week.
- E. Enter your new total hours per week, days per week, and visits per day into Grid 18
- F. Grid 17 is also an imbedded excel workshop
 - a. Double click within the worksheet to open the file,
 - b. Enter your data
 - c. Click outside of the grid, to drop the grid back into the document

Nevada Medicaid: Functional Assessment Service Plan

Instructions

Sample Grid 17

Task	Time from Above	Additional Time to be allowed	New Total Hours	Days per week	Total minutes per task	Hours per week
Bathing/Dressing/Grooming	45	15	60	7	420	
Toileting	15	15	30	7	210	
Transferring	15	15	30	7	210	
Mobility/Ambulation	5	10	15	7	105	
Eating	15	30	45	7	315	
Light housekeeping	30	30	60	1	60	
Laundry	15	15	30	1	30	
Essential shopping	15	15	30	1	30	
Meal preparation	15	30	45	7	315	
Total Points					1695	

18. Final Authorization

FINAL AUTHORIZATION	
Total Hours Per Week	
Total Days Per Week	
Visits per Day	<input type="checkbox"/> 1 or more <input type="checkbox"/> 2 or more <input type="checkbox"/> 3 or more

Nevada Medicaid: Functional Assessment Service Plan

Instructions

- A. You will populate the above grid, from either Grid 16 or 17, based on the outcome of your assessment
- B. If this box or any math within the tool, is incorrect, the assessment will be returned to you for corrections
- C. Days per week, cannot be larger or smaller then the number of days you based your assessment on
 - i. If bathing is based on 7 days per week, a 7 must be entered here
 - ii. Base your days on the largest days per week indicated on your tool
 - 1. If bathing is 4 days, but toileting, transferring and mobility are 7, enter a 7
 - 2. If bathing is 4 days, but dressing and grooming is 7 days, figure that task on 7 days
- D. The total weekly hours and the condition of the recipient must be taken into account before determining visits per day.
 - i. If the recipient has low hours, it is likely not to accommodate more than 1 visit per day
 - 1. Example: 1 hour per day, 7 days per week will not accommodate more than 1 visit per day.
 - ii. If the recipient has enough hours, and would benefit from more than 1 visit per day, indicate the number of visits per day. This is to indicate to the PCS agency, that the recipient needs more than 1 visit per day.

19. Assessor Signature, Title

- i. Sign your name using your credentials, and date your assessment.
- ii. Return your completed assessment to the QIO like vendor.
- iii. The QIO like vendor will verify that;
 - 1. Mathematical equations are correct,
 - 2. Medicaid policy has been followed.
 - 3. The Tool has been completed in full, which includes justification of each ADL and IADL score
 - a. If any of the above is not met, the review will be returned to the evaluator for corrections
 - b. The QIO like vendor is unable to issue an authorization for services unless all of the criteria above has been met
 - 4. The QIO like vendor will issue the authorization to the provider, and make any referrals that you have indicated in section 13 to the appropriate entity.

Quick Reference Guide to how the score equals a number of minutes.

Quick Reference Guides Score = Minutes							
Score		0	1	2	3	4	5
Bathing/Dressing/Grooming	Daily	0	30	45	60		
Toileting	Daily	0	15	15	30		
Transferring	Daily	0	15	15	30		
Mobility/Ambulation	Daily	0	15	15	15		
Eating	Daily	0	15	30	45		
Light housekeeping	Weekly	0	30	45	60		
Laundry	Weekly	0	30	60	90	120	
Essential shopping	Weekly	0	30	60	120		

Nevada Medicaid: Functional Assessment Service Plan

Instructions

Quick Reference Guides Score = Minutes							
Score		0	1	2	3	4	5
Meal preparation	Daily	0	15	30	45	60	90*

*90 minutes of meal prep can only be allowed as part of the override process if the definition is met

- Even with the override, the maximum time cannot be exceed in any one task/category