New Mexico Developmental Disabilities Supports Division

HCBS Medicaid Waiver Programs Time Study Tool

Developmental Disabilities Waiver - CIE, CCS Group Services

Services Included in this Tool: Community Integrated Employment - Group, Customized Community Supports - Group, Respite - Group

Cover Page

This time study takes place over a consecutive 14-day period. You should record all time worked during the 14 days from February 18 - March 3rd OR February 25 - March 10.

Please reference the instructions, recorded webinar, email (NMHCBSRateStudy@pcgus.com) and help line (1-844-225-3658) for support.

Time Study Period	
Time Study Period	
Provider and Program	
Provider	
HCBS Program (if different)	
Background Information	
Name	
Employee or Subcontractor?	
Primary Title	
Secondary/Dual Title	
Actual Title	
Phone	
Contact Email	·
County	
Credentials	
Current Agency Start Date	
# of Years Work Experience	
# of Years Home and Community Based Service Experience Highest Education Attained	•
Certification/Licensure 1	
Certification/Licensure 2	
Certification/Licensure 3	
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Please sign/type the cover page of the time study packet to	o verify accuracy of the information presented before submitting.
Time Study Participant (Type Name)	
Individual Filling Out the Time Study (Type Name)	
Title of Individual Filling Out the Time Study (Drop-down)	
Source of Information for Filling Out Time Study (Drop-down)	
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Please complete all activity detail fields for all time worked. Then select a direct	vaiver activity (mark "x") along with the service detail OR select an unbillable activity	 Please use a different form each day (and enter the date of activity).
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Ī		ACTIVITY DETAIL				DIREC	T SERVICE ACTIVITIES - Group or Input Service Activity by Inc			
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	Billable Activity (mark x)	#1	#2	#3	84	#5	#6
:00	4	0	Community	×	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)		
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:30	4	0	Community	×	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)		
:45	4	0	Community	×	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)		
:00	4	0	Community	×	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)		
:15	4	0	Community	×	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)		
:30	4	0	Community	×	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)		
:45	4	0	Community	×	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)		
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:00	3	2	Place of Employment	×	CCS. Jackson Class Only (1:4 ratio)	CCS. Jackson Class Only (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)			
:15	3	2	Place of Employment	×	CCS, Jackson Class Only (1:4 ratio)	CCS, Jackson Class Only (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)			
:30	3	2	Place of Employment	×	CCS, Jackson Class Only (1:4 ratio)	CCS, Jackson Class Only (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)			
:45	3	2	Place of Employment	×	CCS, Jackson Class Only (1:4 ratio)	CCS, Jackson Class Only (1:4 ratio)	CCS, Category 2 Extensive Support (1:4 ratio)			
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	OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)										
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	HCE	IS Medicaid Waiver Programs - Developmental Disabilities Waiver - CIE, CCS Group Services - Time Study - Day 1		
Provider			Name	Date of Activity
HCRS Program (if different)			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

		ACTIVITY DETAIL				DIRECT SERVICE ACTIVITIES - Group only (BILLABLE TO THE WAIVER) Input Service Activity by Individual in the Group							OTHER ACTIVITIES (UNBILLABLE TO THE				E WAIVER)		
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	Billable Activity (mark x)	W1	N2	#3	84	MS	#6	Report Writing	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities	
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		New Mexico Developmental Disabilities Supports Division		
	HCE	3S Medicaid Waiver Programs - Developmental Disabilities Waiver - CIE, CCS Group Services - Time Study - Day 2		
Provider			Name	Date of Activity
HCBS Program (if different)			<u></u>	

		ACTIVITY DETAIL				DIRE		up only (BILLABLE TO THE WA	IVER)			ОТН	IER ACTIVITIES	(UNBILL	ABLE TO THE	WAIVER)		
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	Billable Activity (mark x)	W1	N2	нз	#4	#S	#6	Report Writing	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities		Other Admin. Activities
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	HCE	IS Medicaid Waiver Programs - Developmental Disabilities Waiver - CIE, CCS Group Services - Time Study - Day 3		
Provider			Name	Date of Activity
HCBS Program (if different)			· · · · · · · · · · · · · · · · · · ·	

	,	ACTIVITY DETAIL		DIRECT SERVICE ACTIVITIES - Group only (BILLABLE TO THE WAIVER) Input Service Activity by Individual in the Group							OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)								
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	Billable Activity (mark x)	W1	W2	#3	H4	MS	#6	Report Writing	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities	
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	HCE	IS Medicaid Waiver Programs - Developmental Disabilities Waiver - CIE, CCS Group Services - Time Study - Day 4		
Provider			Name	Date of Activity
HCBS Program (if different)			·	

		ACTIVITY DETAIL				DIRE		up only (BILLABLE TO THE WA	IVER)			ОТН	IER ACTIVITIES	(UNBILL	ABLE TO THE	WAIVER)		
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	Billable Activity (mark x)	W1	N2	нз	#4	#S	#6	Report Writing	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities		Other Admin. Activities
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	HC	CBS Medicaid Waiver Programs - Developmental Disabilities Waiver - CIE, CCS Group Services - T	ime Study - Day 5		
Provider			Nam	1e	Date of Activity
HCBS Program (if different)					·

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Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	Billable Activity (mark x)	N1	N2	#3	#4	MS	#6	Report Writing	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel Other Acti	er Admin. ctivities			
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	HCE	3S Medicaid Waiver Programs - Developmental Disabilities Waiver - CIE, CCS Group Services - Time Study - Day 6		
Provider			Name	Date of Activity
HCRS Program (if different)			·	· · · · · · · · · · · · · · · · · · ·

		ACTIVITY DETAIL DIRECT SERVICE ACTIVITIES - Group only (BILLABLE TO THE WAIVER) Input Service Activity by Individual in the Group							OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)									
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	Billable Activity (mark x)	N1	W2	#3	#4	MS	#6	Report Writing	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel Oth	ner Admin. Activities
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	HCE	8S Medicaid Waiver Programs - Developmental Disabilities Waiver - CIE, CCS Group Services - Time Study - Day 7		
Provider			Name	Date of Activity
HCBS Program (if different)				

		ACTIVITY DETAIL			DIRECT SERVICE ACTIVITIES - Group only (BILLABLE TO THE WAIVER) Input Service Activity by Individual in the Group						OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	Billable Activity (mark x)	W1	N2	нз	#4	#S	#6	Report Writing	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities		Other Admin. Activities
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Provider			Name	Date of Activity
MCBS Program (if different)				

	,	ACTIVITY DETAIL			DIRECT SERVICE ACTIVITIES - Group only (BILLABLE TO THE WAIVER) Input Service Activity by Individual in the Group						OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)									
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	Billable Activity (mark x)	W1	W2	#3	H4	MS	#6	Report Writing	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities		
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	HCE	IS Medicaid Waiver Programs - Developmental Disabilities Waiver - CIE, CCS Group Services - Time Study - Day 9		
Provider			Name	Date of Activity
HCBS Program (if different)			•	

	,	ACTIVITY DETAIL			DIRECT SERVICE ACTIVITIES - Group only (BILLABLE TO THE WAIVER) Input Service Activity by Individual in the Group						OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)									
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	Billable Activity (mark x)	W1	W2	#3	H4	MS	#6	Report Writing	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities		
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Provider			Name	Date of Activity
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		ACTIVITY DETAIL			DIRECT SERVICE ACTIVITIES - Group only (BILLABLE TO THE WAIVER) Input Service Activity by Individual in the Group							OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)								
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HCBS Program (if different)			,	

		ACTIVITY DETAIL						ОТН	IER ACTIVITIES	(UNBILL	ABLE TO THE	WAIVER)						
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		New Mexico Developmental Disabilities Supports Division		
	HCB:	6 Medicaid Waiver Programs - Developmental Disabilities Waiver - CIE, CCS Group Services - Time Study - Day 12		
Provider			Name	Date of Activity
HCBS Program (if different)			· · · · · · · · · · · · · · · · · · ·	

		ACTIVITY DETAIL						ОТН	IER ACTIVITIES	(UNBILL	ABLE TO THE	WAIVER)						
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	Billable Activity (mark x)	W1	N2	нз	#4	#S	#6	Report Writing	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities		Other Admin. Activities
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		New Mexico Developmental Disabilities Supports Division		
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Provider			Name	Date of Activity
MCBS Program (if different)				

		ACTIVITY DETAIL				DIRE		up only (BILLABLE TO THE WAI y Individual in the Group	VER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)								
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	Billable Activity (mark x)	N1	W2	#3	#4	MS	#6	Report Writing	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel Othe	ner Admin. activities	
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		New Mexico Developmental Disabilities Supports Division		
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Provider			Name	Date of Activity
HCBS Program (if different)			·	· · · · · · · · · · · · · · · · · · ·

	,	ACTIVITY DETAIL				DIRE			ОТН	IER ACTIVITIES	(UNBILL	ABLE TO THE	WAIVER)					
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	Billable Activity (mark x)	W1	W2	#3	H4	MS	#6	Report Writing	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities
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