HCBS Medicaid Waiver Programs Time Study Tool

Nursing, Therapies, Nutrition, BSC Time Study

Services Covered Under this Tool: Nursing, Therapy Services, Behavioral Support Consultation, Nutritional Counseling, Preliminary Risk Screening for Inappropriate Sexual Behavior, Socialization and Sexuality Education

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 18th - March 3rd OR February 25th - March 10th 2019.

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

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Provider and Program	
Provider	
HCBS Program (if different)	
Background Information	
Name	
Employee or Subcontractor?	
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Phone	
Contact Email	
# Total On-Call Hours During Time Study Period (if applicable)	
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Current Agency Start Date	
# of Years Work Experience	
# of Years Home and Community Based Service Experience	
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Certification/Licensure 1	
Certification/Licensure 2	
Certification/Licensure 3	
Please sign/type the cover page of the time study packet to verify a	ccuracy of the information presented before submitting.
Time Study Participant Electronic Signature (Type Name)	Date Signed
Supervisor Electronic Signature (Type Name)	Date Signed

Draft: For Policy Development Purposes Only

New Mexico Developmental Disabilities Supports Division							
HCBS Medicaid Waiver Programs - Nursing, Therapies, Nutrition, BSC - Time Study - Day 1							

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	New Mexico Developmental Disabilities Si	upports Division								
	HCBS Medicaid Waiver Programs - Nursing, Therapies, Nutrition, BSC - Time Study - Day 1									
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Please complete all activity detail fields for all time worked. Then select a direct waiver 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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New Mexico Developmental Disabilities Supports Division								
HCBS Medicaid Waiver Programs - Nursing, Therapies, Nutrition, BSC - Time Study - Day 2								

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Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	County of Service	Billable Activites	Service Activity Detail from Dropdown	Report Writing	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Delayed Appointment	Training	Supervision Related Activities	Preparation Activities	Travel	Case Conference/Clinical Consultation	Other Admin. Activities
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HCBS Medicaid Waiver Programs - Nursing, Therapies, Nutrition, BSC - Time Study - Day 5												
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ACTIVITY DETAIL

DIRECT SERVICE ACTIVITIES (BILLABLE TO DEVELOPMENTAL DISABILITIES OR MEDICALLY FRAGILE WAIVER) OTHER ACTIVITIES (UNBILLABLE TO DEVELOPMENTAL DISABILITIES OR MEDICALLY FRAGILE WAIVER) # HCBS # HCBS Jackson Individuals County of Billable Report Delayed Supervision Preparation Class Individuals Service Activity Detail from Dropdown Conference/Clinical Location Individual Receiving Receiving Service Activites Related Activities Activities Activities Staff Consultation Receiving Service Services Services

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Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	County of Service	Billable Activites	Service Activity Detail from Dropdown	Report Writing	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Delayed Appointment	Training	Supervision Related Activities	Preparation Activities	Travel	Case Conference/Clinical Consultation	Other Admin. Activities
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ACTIVITY DETAIL

DIRECT SERVICE ACTIVITIES (BILLABLE TO DEVELOPMENTAL DISABILITIES OR MEDICALLY FRAGILE WAIVER) OTHER ACTIVITIES (UNBILLABLE TO DEVELOPMENTAL DISABILITIES OR MEDICALLY FRAGILE WAIVER) # HCBS # HCBS Jackson Individuals County of Billable Report Delayed Supervision Preparation Class Individuals Service Activity Detail from Dropdown Conference/Clinical Location Individual Receiving Receiving Service Activites Related Activities Activities Activities Staff Consultation Receiving Service Services Services

	HCBS Medicaid Waiver Programs - Nursing, Therapies, Nutrit	ion, BSC - Time Study - Day 8			
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New Mexico Developmental Disabilities Supports Division
HCBS Medicaid Waiver Programs - Nursing, Therapies, Nutrition, BSC - Time Study - Day 9

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		ACTIVIT	Y DETAIL		DIR	ECT SERVICE ACTIVITIES (BILLABLE TO DEVELOPMENTAL DISABILITIES OR MEDICALLY FRAGILE WAIVER)			OTHER ACTIVI	TIES (UNBILLABI	E TO DEVELO	PMENTAL DISABILITI	ES OR MEDICALLY FRA	AGILE WAIVER	₹)	
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Time of	Individuals	# HCBS Jackson		County of	Billable		Report	Missed Appointment -	Missed	Delayed		Supervision	Preparation		Case	Other Admin.
Day	Receiving	Class Individuals	Location	Service	Activites	Service Activity Detail from Dropdown	Writing	Individual Receiving		Appointment	Training	Related Activities	Activities	Travel	Conference/Clinical	Activities
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Provider								Name				1	Date of Activity						
		HCBS	Program (if different))															
Please c	mplete all activity	detail fields for all t	ime worked. Then sele	ect a direct waive	r 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 ac	tivity).											
	ACTIVITY DETAIL			ACTIVITY DETAIL DIRECT SERVICE ACTIVITIES (BILLABLE TO DEVELOPMENTAL DISABILITIES OR MEDICALLY FRAGILE WAIVER)						OTHER ACTIVITIES (UNBILLABLE TO DEVELOPMENTAL DISABILITIES OR MEDICALLY FRAGILE WAIVER)									
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Provider								Name				1	Date of Activity						
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