

**New Mexico Developmental Disabilities Supports Division**

*HCBS Medicaid Waiver Programs Time Study Tool*

*Developmental Disabilities Waiver CIE, CCS - Individual Services*

*Services Included in this Tool: Community Integrated Employment - Individual, Customized Community Supports - Individual, Community Inclusion Aide, Crisis Support  
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**

***Please sign/type the cover page of the time study packet to 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)

Date Signed \_\_\_\_\_

**New Mexico Developmental Disabilities Supports Division**  
 HCBS Medicaid Waiver Programs - Developmental Disabilities Waiver: CCS, CIE individual services - Time Study - Day 1

Provider   
 HCBS Program (if different)

Name

Date of Activity

*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).*

ACTIVITY DETAIL		DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
Time of Day	Location	Billable Activities	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities
:00	Place of Employment	x	Community Integrated Employment, Job Aide								
:15	Place of Employment	x	Community Integrated Employment, Job Aide								
:30	Place of Employment	x	Community Integrated Employment, Job Aide								
:45	Place of Employment	x	Community Integrated Employment, Job Aide								
:00	Place of Employment	x	Community Integrated Employment, Job Aide								
:15	Place of Employment	x	Community Integrated Employment, Job Aide								
:30	Place of Employment	x	Community Integrated Employment, Job Aide								
:45	Place of Employment	x	Community Integrated Employment, Job Aide								
:00	Community						x				
:15	Community						x				
:30	Community						x				
:45	Place of Employment	x	Community Integrated Employment, Job Maintenance								
:00	Place of Employment	x	Community Integrated Employment, Job Maintenance								
:15	Place of Employment	x	Community Integrated Employment, Job Maintenance								
:30	Place of Employment	x	Community Integrated Employment, Job Maintenance								
:45	Place of Employment	x	Community Integrated Employment, Job Maintenance								
:00	Place of Employment	x	Community Integrated Employment, Job Maintenance								
:15	Place of Employment	x	Community Integrated Employment, Job Maintenance								
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:45	Home	x	Community Integrated Employment, Self-Employment								
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:15	Home	x	Community Integrated Employment, Self-Employment								
:30	Home	x	Community Integrated Employment, Self-Employment								
:45	Home	x	Community Integrated Employment, Self-Employment								
:00	Home	x	Community Integrated Employment, Self-Employment								
:15	Home	x	Community Integrated Employment, Self-Employment								
:30	Home	x	Community Integrated Employment, Self-Employment								
:45	Home	x	Community Integrated Employment, Self-Employment								
:00	Home	x	Community Integrated Employment, Self-Employment								
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**New Mexico Developmental Disabilities Supports Division**  
 HCBS Medicaid Waiver Programs - Developmental Disabilities Waiver: CCS, CIE individual services - Time Study - Day 1

Provider   
 HCBS Program (if different)

Name

Date of Activity

*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).*

ACTIVITY DETAIL		DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)				OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
Time of Day	Location	Billable Activities	Service Activity Detail from Dropdown			Report Writing/ Progress Notes	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  
 HCBS Medicaid Waiver Programs - Developmental Disabilities Waiver: CCS, CIE individual services - Time Study - Day 2

Provider   
 HCBS Program (if different)

Name

Date of Activity

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).

Time of Day	Location	DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)								
		Billable Activites	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	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  
 HCBS Medicaid Waiver Programs - Developmental Disabilities Waiver: CCS, CIE individual services - Time Study - Day 3

Provider   
 HCBS Program (if different)

Name

Date of Activity

*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).*

Time of Day	Location	DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
		Billable Activities	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	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  
 HCBS Medicaid Waiver Programs - Developmental Disabilities Waiver: CCS, CIE individual services - Time Study - Day 4

Provider \_\_\_\_\_  
 HCBS Program (if different) \_\_\_\_\_

Name \_\_\_\_\_

Date of Activity \_\_\_\_\_

*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).*

Time of Day	Location	DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)								
		Billable Activites	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	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**  
 HCBS Medicaid Waiver Programs - Developmental Disabilities Waiver: CCS, CIE individual services - Time Study - Day 5

Provider   
 HCBS Program (if different)

Name

Date of Activity

*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).*

Time of Day	Location	DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
		Billable Activities	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	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

HCBS Medicaid Waiver Programs - Developmental Disabilities Waiver: CCS, CIE individual services - Time Study - Day 6

Provider \_\_\_\_\_  
 HCBS Program (if different) \_\_\_\_\_

Name \_\_\_\_\_

Date of Activity \_\_\_\_\_

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).

Time of Day	Location	DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)				OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
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**New Mexico Developmental Disabilities Supports Division**  
 HCBS Medicaid Waiver Programs - Developmental Disabilities Waiver: CCS, CIE individual services - Time Study - Day 7

Provider   
 HCBS Program (if different)

Name

Date of Activity

*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).*

Time of Day	Location	DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
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**New Mexico Developmental Disabilities Supports Division**  
 HCBS Medicaid Waiver Programs - Developmental Disabilities Waiver: CCS, CIE individual services - Time Study - Day 9

Provider   
 HCBS Program (if different)

Name

Date of Activity

*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).*

Time of Day	Location	DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
		Billable Activities	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	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**  
 HCBS Medicaid Waiver Programs - Developmental Disabilities Waiver: CCS, CIE individual services - Time Study - Day 10

Provider   
 HCBS Program (if different)

Name

Date of Activity

*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 - Developmental Disabilities Waiver: CCS, CIE individual services - Time Study - Day 12

Provider   
 HCBS Program (if different)

Name

Date of Activity

*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).*

Time of Day	Location	DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
		Billable Activities	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	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**  
 HCBS Medicaid Waiver Programs - Developmental Disabilities Waiver: CCS, CIE individual services - Time Study - Day 13

Provider   
 HCBS Program (if different)

Name

Date of Activity

*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).*

Time of Day	Location	DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
		Billable Activities	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	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**  
 HCBS Medicaid Waiver Programs - Developmental Disabilities Waiver: CCS, CIE individual services - Time Study - Day 14

Provider   
 HCBS Program (if different)

Name

Date of Activity

*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).*

Time of Day	Location	DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)			OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
		Billable Activities	Service Activity Detail from Dropdown		Report Writing/ Progress Notes	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities
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