

New Mexico Developmental Disabilities Supports Division

HCBS Medicaid Waiver Programs Time Study Tool

*Services Covered Under This Tool: Family Living, In-Home Supports, Intensive Medical, Supported Living, Respite
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.

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

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 - In Home Living Supports, Supported Living and Family Living - Time Study
All 14 days will be captured on this one sheet. Please scroll down to see all 14 days.

Provider
 HCBS Program (if different)

Name
 Time Study Dates

Please mark an "x" for each hour of the day associated with an activity in either Column 1 or Column 2

Hour of the Day	# HCBS Jackson Class Individuals Receiving Services	County	Activity (mark with an "x")	Activity Column 1 (Billable to a Waiver)	Activity (mark with an "x")	Activity Column 2 (Unbillable to a Waiver)
1	0	Bernalillo	x	DD Waiver - Supported Living, Category 2 Moderate Support		
2	0	Bernalillo	x	DD Waiver - Supported Living, Category 2 Moderate Support		
3	0	Bernalillo	x	DD Waiver - Supported Living, Category 2 Moderate Support		
4	0	Bernalillo	x	DD Waiver - Supported Living, Category 2 Moderate Support		
5	0	Bernalillo	x	DD Waiver - Supported Living, Category 2 Moderate Support		
6	0	Bernalillo	x	DD Waiver - Supported Living, Category 2 Moderate Support		
7	0	Bernalillo	x	DD Waiver - Supported Living, Category 2 Moderate Support		
8	0	Bernalillo	x	DD Waiver - Supported Living, Category 2 Moderate Support		
9	0	Bernalillo	x	DD Waiver - Supported Living, Category 2 Moderate Support		
10	0	Bernalillo	x	DD Waiver - Supported Living, Category 2 Moderate Support		
11	0	Bernalillo			x	Report Writing/Progress Notes
12	0	Bernalillo			x	Report Writing/Progress Notes
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

Day 5

18						
19						
20						
21						
22						
23						
24						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Day 6

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Day 7

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Day 8

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

Day 9

23						
24						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Day 10

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Day 11

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Day 12

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
1						
2						
3						

Day 13

4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Day 14

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

New Mexico Developmental Disabilities Supports Division
 HCBS Medicaid Waiver Programs - In Home Living Supports, Supported Living and Family Living - Time Study
All 14 days will be captured on this one sheet. Please scroll down to see all 14 days.

Provider
 HCBS Program (if different)

Name
 Time Study Dates

Please mark an "x" for each hour of the day associated with an activity in either Column 1 or Column 2

Hour of the Day	# HCBS Jackson Class Individuals Receiving Services	County	Activity (mark with an "x")	Activity Column 1 (Billable to a Waiver)	Activity (mark with an "x")	Activity Column 2 (Unbillable to a Waiver)
Day 1						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
Day 2						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
Day 3						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
Day 4						
1						
2						
3						
4						
5						
6						
7						
8						
9						

Day 5	10							
	11							
	12							
	13							
	14							
	15							
	16							
	17							
	18							
	19							
	20							
	21							
	22							
	23							
24								
Day 6	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							
	11							
	12							
	13							
	14							
Day 7	15							
	16							
	17							
	18							
	19							
	20							
	21							
	22							
	23							
	24							
	1							
	2							
	3							
	4							
5								
6								
7								
8								
9								
10								
11								
12								
13								
Day 8	14							
	15							
	16							
	17							
	18							
	19							
	20							
	21							
	22							
	23							
	24							
	1							
	2							
	3							
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
Day 9	14							
	15							
	16							
	17							
	18							
	19							
	20							
	21							
	22							
	23							
	24							
	1							
	2							
	3							
4								
5								
6								

Day 10

7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Day 11

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Day 12

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Day 13

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Day 14

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Total:

--	--	--	--	--	--	--