

# New Mexico DDSD HCBS Rate Study Time Study Instructions

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## New Mexico DDSD HCBS Rate Study

### **Time Study Tool #1 Instructions**

Services Covered Under this Tool: *Case Management and Consultant*

## New Mexico DDSD HCBS Rate Study

### Time Study Tool #1 Instructions

#### Services Covered Under this Tool: *Case Management and Consultant*

The State of New Mexico Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) has contracted with Public Consulting Group, Inc. (PCG) to perform a rate study to identify the time, effort, and costs associated with providing HCBS waiver services to recommend reimbursement rates for the following waiver services:

- Developmental Disabilities
- Medically Fragile
- Mi Via (In-home Living Supports and Consultant services only)

This assessment involves facilitating a time study to identify the level of effort associated with service delivery. With Developmental Disabilities, Medically Fragile, and Mi Via Waiver-specific expenses from the cost reports and this study information, PCG can propose rate recommendations to DDSD that reflect the costs associated with the waivers. This document provides instructions on how to complete the time study.

The time study captures all work completed during a continuous 14-day period. To accommodate schedules, ***each participant can choose to participate in the time study from either Monday February 18<sup>th</sup> – Sunday March 3<sup>rd</sup>, 2019 or Monday February 25<sup>th</sup> – Sunday March 10<sup>th</sup>, 2019.***

Administrative employees do not need to complete a time study. ***Only employees that deliver HCBS Waiver services should participate*** in a time study. In addition to these instructions, PCG is available throughout this engagement via the following toll-free help line and email:

- **Toll Free Help Line: 1-(844)-225-3658**
- **Email Account: [NMHCBSRateStudy@pcgus.com](mailto:NMHCBSRateStudy@pcgus.com)**

The above help line and email account are available to all agency staff for any questions related to the cost report, time study, and personnel roster. The help line and email account are both actively monitored during normal business hours (9 a.m. to 5 p.m. Eastern Time). If a PCG employee does not answer the help line, please leave a voicemail, and we will return your call as soon as possible. PCG will respond to all calls and emails within one business day. The email account will also serve as the repository for all cost report and personnel roster submissions. ***The completed time study must be submitted electronically in the Excel Workbook format to PCG by Friday, March 15<sup>th</sup>, 2019.***

#### **Purpose of Time Study**

The time study allows DDSD to quantify the portion of staff time allocated to Developmental Disabilities, Medically Fragile, and Mi Via HCBS Waiver services. The results are used to identify the time and effort associated with service delivery. Knowing the time spent by various staff performing services and other activities helps DDSD match time study results with their associated expenses.

The time study is not an evaluation of HCBS service provider effectiveness or compliance. The time study results are used solely to help PCG and DDSD align HCBS waiver expenses with services.

**This time study is specifically for personnel that provide case management or consultant services under the Developmental Disabilities, Medically Fragile, and/or Mi Via waivers.** These services are further broken into sub-categories on the tool.

### **Staff Included in the Time Study**

Direct service staff should participate in the time study. As noted above, administrative staff do not need to participate in the time study. While the costs associated with administrative personnel belong in the rate calculations, time study results are not necessary as administrative staff typically support direct care workers that perform several services. If administrative staff, such as a program director, deliver direct services from time to time, then they should participate in the time study.

Each time study workbook should only be associated with one provider agency and participant. Therefore, if a subcontractor performs services for more than one provider, then that participant should submit a separate workbook for each program with only time marked that is associated with each provider agency.

### **Time Study Logistics**

The time study captures all time worked during a 14-day period. To allow the time study to best represent typical activities without significant vacation or other interruptions, **participants may record their time worked during one of the following** time study periods:

- Monday, February 18<sup>th</sup> at 12:00 a.m. to Sunday March 3<sup>rd</sup>, 2019 at 11:59 p.m.
- Monday, February 25<sup>th</sup> at 12:00 a.m. to Sunday, March 10<sup>th</sup>, 2019 at 11:59 p.m.

All staff at a provider agency do not need to complete the time study during the same time. However, each participant must only record time during one of the two available time study periods.

All time worked during the time study should be recorded. For time study participants, the only time that should not be recorded is unpaid time which includes unpaid leave and scheduled unpaid days off. Paid time off should be recorded as administration. If you need to fill out more than 12 hours for a certain day, you can **continue onto the next tab in the workbook and just indicate the correct date and time.**

### **Time Study Form**

The time study form is based in a Microsoft Excel workbook (.xlsx) that is compatible with Microsoft Excel 2003, 2007, 2010, 2013 and 2016. It contains a **cover page worksheet** and **14 time study form worksheets**. The cover page collects the time study period, provider and participant information. It also captures participant credential information and has two lines at the bottom for the participant and his/her supervisor or other reviewer to electronically sign and date after reviewing and agreeing with the time study results.

The workbook should be submitted to PCG electronically in **Excel format** (not as a PDF). However, the workbook can be printed if staff would prefer to handwrite their results before transferring the information to the Excel workbook format.

All fields on the cover page should be completed. On the time study form pages, the provider, HCBS Program, and participant name will all populate automatically. However, the date of activity must be

entered for each day worked. The time of each activity should be entered to the left. In the activity detail section, the number of HCBS individuals receiving services, # HCBS Jackson Class Individuals (for Developmental Disabilities and Mi Via waivers) receiving services, location, and county should be entered for each 15-minute unit. The location and county indicate where the provider is, which may be different at times from the location and county of the individual receiving services.

After that, **only one billable or unbillable service should be selected for each 15-minute unit.** Mark a **lowercase "x"** for each service unit worked. If working on a billable activity, the participant should also specify the service activity using the dropdown menu (more information about Billable v. Unbillable can be found under **Activity Detail**).

The cover page and first day of the time study form are displayed on the following pages.

**Time Study Cover Page**

**Time Study Period**  
HCBS Medicaid Waiver Programs Time Study Tool  
Case Manager and Consultant Time Study  
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   
Consultant Rate Paid

*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 Electronic Signature (Type Name) \_\_\_\_\_ Date Signed \_\_\_\_\_  
Supervisor Electronic Signature (Type Name) \_\_\_\_\_ Date Signed \_\_\_\_\_



### **Activity Detail**

Activities fall into a billable or unbillable category. As noted above, only one activity can be selected for each 15-minute unit. If more than one activity is performed, select the **predominant activity**. The service activities specify which waiver they fall under.

#### *Billable Activities*

Billable activities should be recorded when performing any activities that fall under the service definition for a billable service. This may or may not align with how activities are regularly billed.

- For example, if you are typing case notes for a service that was provided earlier that day, and documentation and case notes are included in the service definition, that time should be recorded as billable time on the time study.

There is a dropdown menu to the right of the billable services to specify the type of service activity, and some activities are broken down into sub-activities. This is required field for all billable activities.

DD Waiver - Case Management On-Going: Annual recertification  
DD Waiver - Case Management On-Going: Budgets  
DD Waiver - Case Management On-Going: Linking/community resources  
DD Waiver - Case Management On-Going: Monitoring  
DD Waiver - Case Management On-Going: Other  
DD Waiver - Case Management On-Going: Person-centered planning activities  
Medically Fragile Waiver - Case Management Assessment  
Medically Fragile Waiver - Case Management On-Going: Annual recertification  
Medically Fragile Waiver - Case Management On-Going: Budgets  
Medically Fragile Waiver - Case Management On-Going: Monitoring  
Medically Fragile Waiver - Case Management On-Going: Other  
Medically Fragile Waiver - Case Management On-Going: Person-centered planning activities  
Mi Via - Consultant: Assisting the participants to navigate Mi Via Waiver  
Mi Via - Consultant: Budgets (annuals and revisions)  
Mi Via - Consultant: Linking/community resources  
Mi Via - Consultant: Monitoring/assessments  
Mi Via - Consultant: Other  
Mi Via - Consultant: Person-centered planning activities  
Mi Via - Consultant: Pre-eligible  
Mi Via - Consultant: Support Guide Functions

*Please note: specific definitions for these sub-categories are not being developed by PCG.*

#### *Unbillable Activities*

If paid activities are not reimbursable under the Developmental Disabilities, Medically Fragile, or Mi Via Waivers, please indicate them under “Unbillable Activities”. These activities might be reimbursable under another revenue source, but for the purposes of this time study, they are considered unbillable to these waivers.

Unbillable activities must fall into one of the following activities:

- **Report Writing/Progress Notes:** Time spent writing a report.
- **Missed Appointment- Individual Receiving Services:** Time associated working on an activity for an individual that did not appear, making the activity unbillable. This occurs when the no-show is because the individual did not make the appointment (e.g., the family canceled the session).
- **Missed Appointment- Staff:** Time associated working on an activity for an individual that did not appear, making the activity unbillable. This occurs when the reason for the no-show is staff related (e.g., staff canceled).
- **Training:** Time either delivering or participating in a training.
- **Supervision Related Activities:** Time associated with supervising staff.
- **Preparation Activities:** Time spent preparing to deliver a service.
- **Travel:** Time spent traveling for work-related activities. This may include any overnights that you do.
- **Other Administrative Activities (Other Admin. Activities):** Any other activity that does not fall into another category. This also includes paid time off.

For example, if you are spending time traveling to deliver a service and this travel is not included in the service definition, this would be considered unbillable, even if you are typically able to bill that travel time.

**Filling Out the Time Study Forms**

*Cover Sheet*

Each participant must enter the appropriate information in the cover sheet fields of their time study workbook. Some of the fields, including the time study period, provider, employee/subcontractor, primary title, secondary title, and highest education fields are dropdown menus. If applicable, please select the “Consultant Rate Paid” on the cover page as well.

All other fields are free text that require a typed response. Options for your title are below. Please note that “Other” is also an option.

Behavioral Support Consultant Case Manager Certified Medication Aide Certified Nursing Assistant Certified Occupational Therapy Assistant Cognitive Rehab Therapist Community Inclusion Aide Consultant Dietitian (RD/LD)/Nutritionist Home Health Aide	Homemaker/In-Home Living Support Interpreter Licensed Practical Nurse Nurse Case Manager Occupational Therapist Occupational Therapy Assistant Office Administrator Other Physical Therapist Physical Therapy Assistant	Physician /Primary Care Provider Program Manager Psychologist Registered Dietician Registered Nurse Respite Provider Risk Evaluator Service Coordinator Social Worker Speech Therapist Speech-Language Pathologist Supervisor
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When the time study period is over, the participant should **type their full name** and enter the date of their electronic signature on the cover sheet. Your typed name is the electronic signature. The participant’s supervisor or other reviewer should then electronically sign and date the cover sheet after reviewing and approving of all time study workbook contents.

*Please sign/type the cover page of the time study packet to verify accuracy of the information presented before submitting.*

Time Study Participant Electronic Signature (Type Name) \_\_\_\_\_ Date Signed \_\_\_\_\_

Supervisor Electronic Signature (Type Name) \_\_\_\_\_ Date Signed \_\_\_\_\_

### Time Study Forms

The time study forms have three main sections for each 15-minute increment: Activity Detail, Direct Service Activities (Billable), and Direct Service Activities (Unbillable). The activity detail section must be completed for each 15-minute unit. Then the participant must select either a billable or an unbillable activity that was completed during that time. The date of the activity should be entered at the top of each time study form. The provider, HCBS program name, and participant fields will populate automatically.

Date of Activity

As noted earlier, only one billable or unbillable activity should be completed for each unit. Please indicate “0” if no HCBS Individuals received services during that time. The other two location fields are dropdown menus to select whether the location and county.

Time of Day	ACTIVITY DETAIL				DIF
	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	County of Service	
8 :00	1	0	Community		
8 :15	1	0	Community	Bernalillo	
8 :30	1	0	Community	Catron	
8 :45	1	0	Community	Chaves	
:00				Cibola	
:15				Colfax	
:30				Curry	
:45				De Baca	
:00				Doña Ana	

If Billable HCBS activity was performed during the service, then the one of the three services should be marked with a lowercase “x” and the specific HCBS service should be selected from the dropdown menu.

*Please note: service activities are different for each waiver. This time study is for Case Management and Consultant services under all three waivers, and the service activity field will indicate which waiver they fall under.*

DIRECT SERVICE ACTIVITIES (BILLABLE TO THE DEVELOPMENTAL DISABILITIES, MEDICALLY FRAGILE, OR MI VIA WAIVER)		
nty of Service	Billable Activites	Service Activity Detail from Dropdown
Bernalillo	x	
Bernalillo		DD Waiver - Case Management On-Going: Annual recertification
Bernalillo		DD Waiver - Case Management On-Going: Budgets
Bernalillo		DD Waiver - Case Management On-Going: Linking/community resources
		DD Waiver - Case Management On-Going: Monitoring
		DD Waiver - Case Management On-Going: Other
		DD Waiver - Case Management On-Going: Person-centered planning activities
		Medically Fragile Waiver - Case Management Assessment
		Medically Fragile Waiver - Case Management On-Going: Annual recertification

If no direct billable service was performed, the participant should mark an “x” under the appropriate other activity under the unbillable section.

OTHER ACTIVITIES (UNBILLABLE TO THE DEVELOPMENTAL DISABILITIES, MEDICALLY FRAGILE, OR MI VIA WAIVER)							
Report Writing/ Progress Notes	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities
x							
x							
x							
			x				

The total “x” markings will automatically sum at the bottom of each daily worksheet.

**Returning the Time Study Forms**

When the time study is complete, the participant should review and electronically sign and date the workbook along with their reviewer (a supervisor or other reviewer). Completed workbooks should be emailed to PCG’s email account at [NMHCBSRateStudy@pcgus.com](mailto:NMHCBSRateStudy@pcgus.com). The completed time study must be submitted electronically in its original **Excel Workbook format** to PCG by Friday, March 15<sup>th</sup>, 2019.

## New Mexico DDSD HCBS Rate Study

### **Time Study Tool #2 Instructions**

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

## New Mexico DDSD HCBS Rate Study

### Time Study Tool #2 Instructions

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

The State of New Mexico Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) has contracted with Public Consulting Group, Inc. (PCG) to perform a rate study to identify the time, effort, and costs associated with providing HCBS waiver services to recommend reimbursement rates for the following waiver services:

- Developmental Disabilities
- Medically Fragile
- Mi Via (In-home Living Supports and Consultant services only)

This assessment involves facilitating a time study to identify the level of effort associated with service delivery. With Developmental Disabilities, Medically Fragile, and Mi Via Waiver-specific expenses from the cost reports and this study information, PCG can propose rate recommendations to DDSD that reflect the costs associated with the waivers. This document provides instructions on how to complete the time study.

The time study captures all work completed during a continuous 14-day period. To accommodate schedules, ***each participant can choose to participate in the time study from either Monday February 18<sup>th</sup> – Sunday March 3<sup>rd</sup>, 2019 or Monday February 25<sup>th</sup> – Sunday March 10<sup>th</sup>, 2019.***

Administrative employees do not need to complete a time study. ***Only employees that deliver HCBS Waiver services should participate*** in a time study. In addition to these instructions, PCG is available throughout this engagement via the following toll-free help line and email:

- **Toll Free Help Line: 1-(844)-225-3658**
- **Email Account: [NMHCBSRateStudy@pcgus.com](mailto:NMHCBSRateStudy@pcgus.com)**

The above help line and email account are available to all agency staff for any questions related to the cost report, time study, and personnel roster. The help line and email account are both actively monitored during normal business hours (9 a.m. to 5 p.m. Eastern Time). If a PCG employee does not answer the help line, please leave a voicemail, and we will return your call as soon as possible. PCG will respond to all calls and emails within one business day. The email account will also serve as the repository for all cost report and personnel roster submissions. ***The completed time study must be submitted electronically in the Excel Workbook format to PCG by Friday, March 15<sup>th</sup>, 2019.***

### **Purpose of Time Study**

The time study allows DDSD to quantify the portion of staff time allocated to Developmental Disabilities, Medically Fragile, and Mi Via HCBS Waiver services. The results are used to identify the time and effort associated with service delivery. Knowing the time spent by various staff performing services and other activities helps DDSD match time study results with their associated expenses.

The time study is not an evaluation of HCBS service provider effectiveness or compliance. The time study results are used solely to help PCG and DDSD align HCBS waiver expenses with services.

**This time study is specifically for personnel that provide the following services:**

- Developmental Disabilities Waiver**
- Adult Nursing Services, LPN - Client Family Training
  - Adult Nursing Services, LPN - General
  - Adult Nursing Services, LPN - On Call
  - Adult Nursing Services, LPN - Supervision
  - Adult Nursing Services, RN - Client Family Training
  - Adult Nursing Services, RN - General
  - Adult Nursing Services, RN - On Call
  - Adult Nursing Services, RN - Supervision
  - Behavioral Support Consultation, Incentive
  - Behavioral Support Consultation, Standard
  - **CCS Group Bundled Nursing**
  - **Intensive Medical Living Services Bundled Nursing**
  - **Intensive Medical Living Services Bundled Nutrition**
  - Nutritional Counseling
  - Occupational Therapy Assistant, Incentive
  - Occupational Therapy Assistant, Standard
  - Occupational Therapy, Incentive
  - Occupational Therapy, Standard
  - Physical Therapy Assistant (PTA), Incentive
  - Physical Therapy Assistant (PTA), Standard
  - Physical Therapy, Incentive
  - Physical Therapy, Standard
  - Preliminary Risk Screening and Consultation for Inappropriate Sexual Behavior, Incentive
  - Preliminary Risk Screening and Consultation for Inappropriate Sexual Behavior, Standard
  - Socialization and Sexuality Education, Incentive
  - Socialization and Sexuality Education, Standard
  - Speech, Language Pathology, Incentive
  - Speech, Language Pathology, Standard
  - **Supported Living Bundled Nursing**
  - **Supported Living Bundled Nutrition**

- Medically Fragile Waiver**
- Behavior Support Consultation
  - Behavior Support Consultation – Clinic Based
  - Home Health Aide
  - Home Health Aide—Respite
  - Nutritional Counseling
  - Occupational Therapy
  - Physical Therapy
  - Private Duty Nursing, LPN - Client Family Training
  - Private Duty Nursing, LPN - General
  - Private Duty Nursing, LPN - On Call
  - Private Duty Nursing, LPN - Supervision
  - Private Duty Nursing, LPN Respite
  - Private Duty Nursing, RN - Client Family Training
  - Private Duty Nursing, RN - General
  - Private Duty Nursing, RN - On Call
  - Private Duty Nursing, RN - Supervision
  - Private Duty Nursing, RN Respite
  - Speech Therapy

*Please note that certain services have been broken down into sub categories in the time study. Also, nursing and nutrition services that are bundled into in-home living support are being captured in this time study. Also, bundled nursing and nutrition are being captured on this time study for Supported Living and IMLS. Bundled nursing is also being captured for CCS-Group on this time study.*

***A note about on call: All “on call” hours are being captured on the cover page. The billable on call nursing service activity should ONLY be selected if those hours are being spent providing direct service or on the phone responding to a call.***

**Staff Included in the Time Study**

Direct service staff should participate in the time study. As noted above, administrative staff do not need to participate in the time study. While the costs associated with administrative personnel belong in the rate calculations, time study results are not necessary as administrative staff typically support direct care workers that perform several services. If administrative staff, such as a program director, deliver direct services from time to time, then they should participate in the time study.

Each time study workbook should only be associated with one provider agency and participant. Therefore, if a subcontractor performs services for more than one provider, then that participant should submit a separate workbook for each program with only time marked that is associated with each provider agency.

### **Time Study Logistics**

The time study captures all time worked during a 14-day period. To allow the time study to best represent typical activities without significant vacation or other interruptions, ***participants may record their time worked during one of the following*** time study periods:

- Monday, February 18<sup>th</sup> at 12:00 a.m. to Sunday March 3<sup>rd</sup>, 2019 at 11:59 p.m.
- Monday, February 25<sup>th</sup> at 12:00 a.m. to Sunday, March 10<sup>th</sup>, 2019 at 11:59 p.m.

All staff at a provider agency do not need to complete the time study during the same time. However, each participant must only record time during one of the two available time study periods.

All time worked during the time study should be recorded. For time study participants, the only time that should not be recorded is unpaid time which includes unpaid leave and scheduled unpaid days off. Paid time off should be recorded as “other administrative activities” under Unbillable. If you need to fill out more than 12 hours for a certain day, you can **continue onto the next tab in the workbook and just indicate the correct date and time.**

### **Time Study Form**

The time study form is based in a Microsoft Excel workbook (.xlsx) that is compatible with Microsoft Excel 2003, 2007, 2010, 2013 and 2016. It contains a **cover page worksheet** and **14 time study form worksheets**. The cover page collects the time study period, provider and participant information. It also captures participant credential information and has two lines at the bottom for the participant and his/her supervisor or other reviewer to electronically sign and date after reviewing and agreeing with the time study results.

The workbook should be submitted to PCG electronically in **Excel format** (not as a PDF). However, the workbook can be printed if staff would prefer to handwrite their results before transferring the information to the Excel workbook format.

All fields on the cover page should be completed. On the time study form pages, the provider, HCBS Program, and participant name will all populate automatically. However, the date of activity must be entered for each day worked. The time of each activity should be entered to the left. In the activity detail section, the number of HCBS individuals receiving services, # HCBS Jackson Class Individuals (for Developmental Disabilities and Mi Via waivers) receiving services, location, and county should be entered for each 15-minute unit. The location and county indicate where the provider is, which may be different at times from the location and county of the individual receiving services.

After that, **only one billable or unbillable service should be selected for each 15-minute unit**. Mark a lowercase “x” for each service unit worked. If working on a billable activity, the participant should also specify the service activity using the dropdown menu (more information about Billable v. Unbillable can be found under **Activity Detail**).

The cover page and first day of the time study form are displayed on the following pages.

**Time Study Cover Page**

**New Mexico Developmental Disabilities Supports Division**  
*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.

*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   
 # Total On-Call Hours During Time Study Period (if applicable)

*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 Electronic Signature (Type Name) \_\_\_\_\_ Date Signed \_\_\_\_\_

Supervisor Electronic Signature (Type Name) \_\_\_\_\_ Date Signed \_\_\_\_\_



**Activity Detail**

Activities fall into a billable or unbillable category. As noted above, only one activity can be selected for each 15-minute unit. If more than one activity is performed, select the **predominant activity**. The service activities specify which waiver they fall under.

*Billable Activities*

Billable activities should be recorded when performing any activities that fall under the service definition for a billable service. This may or may not align with how activities are regularly billed.

- For example, if you are typing case notes for a service that was provided earlier that day, and documentation and case notes are included in the service definition, that time should be recorded as billable time on the time study.

There is a dropdown menu to the right of the billable services to specify the type of service activity, and some activities are broken down into sub-activities. This is required field for all billable activities.

DD Waiver - Adult Nursing Services, LPN - Client Family Training  
 DD Waiver - Adult Nursing Services, LPN - General  
 DD Waiver - Adult Nursing Services, LPN - On Call  
 DD Waiver - Adult Nursing Services, LPN - Supervision  
 DD Waiver - Adult Nursing Services, RN - Client Family Training  
 DD Waiver - Adult Nursing Services, RN - General  
 DD Waiver - Adult Nursing Services, RN - On Call  
 DD Waiver - Adult Nursing Services, RN - Supervision  
 DD Waiver - Behavioral Support Consultation, Incentive  
 DD Waiver - Behavioral Support Consultation, Standard  
**DD Waiver - CCS Group Bundled Nursing**  
**DD Waiver - Intensive Medical Living Services Bundled Nursing**  
**DD Waiver - Intensive Medical Living Services Bundled Nutrition**  
 DD Waiver - Nutritional Counseling  
 DD Waiver - Occupational Therapy Assistant, Incentive  
 DD Waiver - Occupational Therapy Assistant, Standard  
 DD Waiver - Occupational Therapy, Incentive  
 DD Waiver - Occupational Therapy, Standard  
 DD Waiver - Physical Therapy Assistant (PTA), Incentive  
 DD Waiver - Physical Therapy Assistant (PTA), Standard  
 DD Waiver - Physical Therapy, Incentive  
 DD Waiver - Physical Therapy, Standard  
 DD Waiver - Preliminary Risk Screening and Consultation for Inappropriate Sexual Behavior, Incentive  
 DD Waiver - Preliminary Risk Screening and Consultation for Inappropriate Sexual Behavior, Standard  
 DD Waiver - Socialization and Sexuality Education, Incentive

DD Waiver - Socialization and Sexuality Education, Standard  
 DD Waiver - Speech, Language Pathology, Incentive  
 DD Waiver - Speech, Language Pathology, Standard  
**DD Waiver - Supported Living Bundled Nursing**  
**DD Waiver - Supported Living Bundled Nutrition**  
 Medically Fragile Waiver - Behavior Support Consultation  
 Medically Fragile Waiver - Behavior Support Consultation – Clinic Based  
 Medically Fragile Waiver - Home Health Aide  
 Medically Fragile Waiver - Home Health Aide—Respite  
 Medically Fragile Waiver - Nutritional Counseling  
 Medically Fragile Waiver - Occupational Therapy  
 Medically Fragile Waiver - Physical Therapy  
 Medically Fragile Waiver - Private Duty Nursing, LPN - Client Family Training  
 Medically Fragile Waiver - Private Duty Nursing, LPN - General  
 Medically Fragile Waiver - Private Duty Nursing, LPN - On Call  
 Medically Fragile Waiver - Private Duty Nursing, LPN - Supervision  
 Medically Fragile Waiver - Private Duty Nursing, LPN Respite  
 Medically Fragile Waiver - Private Duty Nursing, RN - Client Family Training  
 Medically Fragile Waiver - Private Duty Nursing, RN - General  
 Medically Fragile Waiver - Private Duty Nursing, RN - On Call  
 Medically Fragile Waiver - Private Duty Nursing, RN - Supervision  
 Medically Fragile Waiver - Private Duty Nursing, RN Respite  
 Medically Fragile Waiver - Speech Therapy

*(NOTE THAT BUNDLED NURSING AND NUTRITION SERVICES ARE CAPTURED ON THIS TOOL- SEE BOLDED SERVICES ABOVE)*

*Unbillable Activities*

If paid activities are not reimbursable under the Developmental Disabilities or Medically Fragile waivers, please indicate them under “Unbillable Activities”. These activities might be reimbursable under another revenue source, but for the purposes of this time study, they are considered unbillable to these waivers.

Unbillable activities must fall into one of the following activities:

- **Report Writing:** Time spent writing a report.
- **Missed Appointment- Individual Receiving Services:** Time associated working on an activity for an individual that did not appear, making the activity unbillable. This occurs when the no-show is because the individual did not make the appointment (e.g., the family canceled the session).
- **Missed Appointment- Staff:** Time associated working on an activity for an individual that did not appear, making the activity unbillable. This occurs when the reason for the no-show is staff related (e.g., staff canceled).
- **Delayed Appointment:** Time associated with waiting for an appointment to begin.
- **Training:** Time either delivering or participating in a training.
- **Supervision Related Activities:** Time associated with supervising staff.
- **Preparation Activities:** Time spent preparing to deliver a service.
- **Travel:** Time spent traveling for work-related activities. This may include any overnights that you do.
- **Case Conference/Clinical Consultation:** Time spent discussing an individual or consulting with other staff.
- **Other Administrative Activities (Other Admin. Activities):** Any other activity that does not fall into another category. This also includes paid time off.

For example, if you are spending time traveling to deliver a service and this travel is not included in the service definition, this would be considered unbillable, even if you are typically able to bill that travel time.

**Filling Out the Time Study Forms**

*Cover Sheet*

Each participant must enter the appropriate information in the cover sheet fields of their time study workbook. Some of the fields, including the time study period, provider, employee/subcontractor, primary title, secondary title, and highest education fields are dropdown menus. All other fields are free text that require a typed response. Options for your title are below. Please note that “Other” is also an option.

Audiologist	Direct Support Staff- Employment	Nurse (RN)
Behavioral Support Consultant	Direct Support Staff- Residential	Occupational Therapist Occupational Therapy Assistant
Case Manager	Driver (Transportation)	Other
Certified Medication Aide	Home Health Aide	Physical Therapist
Cognitive Rehab Therapist	Homemaker/In-Home Living Support	Physical Therapy Assistant
Community Inclusion Aide	Interpreter	Physician /Primary Care Provider
Dental Assistant	Job Aide	Program Manager
Dentist	Job Coach	Psychologist
Dietitian (RD/LD)/Nutritionist	Job Developer	Respite Provider
Direct Support Staff- Community	Nurse (LPN)	Risk Evaluator

Service Coordinator  
Social Worker

Speech Therapist/Speech-  
Language Pathologist

Supervisor

When the time study period is over, the participant should **type their full name** and enter the date of their electronic signature on the cover sheet. Your typed name is the electronic signature. The participant’s supervisor or other reviewer should then electronically sign and date the cover sheet after reviewing and approving of all time study workbook contents.

*Please sign/type the cover page of the time study packet to verify accuracy of the information presented before submitting.*

Time Study Participant Electronic Signature (Type Name) \_\_\_\_\_ Date Signed \_\_\_\_\_

Supervisor Electronic Signature (Type Name) \_\_\_\_\_ Date Signed \_\_\_\_\_

*Time Study Forms*

The time study forms have three main sections for each 15-minute increment: Activity Detail, Direct Service Activities (Billable), and Direct Service Activities (Unbillable). The activity detail section must be completed for each 15-minute unit. Then the participant must select either a billable or an unbillable activity that was completed during that time. The date of the activity should be entered at the top of each time study form. The provider, HCBS program name, and participant fields will populate automatically.

Date of Activity

As noted earlier, only one billable or unbillable activity should be completed for each unit. Please indicate “0” if no HCBS Individuals received services during that time. The other two location fields are dropdown menus to select whether the location and county.

Provider   
HCBS Program (if different)

*Please complete all activity detail fields for all time worked. Then select a direct waiver activity (n*

Time of Day	ACTIVITY DETAIL				Billable Activities
	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	County of Service	
8 :00	1	0	<input type="text"/>	<input type="text"/>	x
:15			Clinic		
:30			Community Integrated Se		
:45			Provider office		
:00			Home		
:15			On Call		
:30			Place of Employment		
:45			School		
			Car		

Provider   
HCBS Program (if different)

*Please complete all activity detail fields for all time worked. Then select a direct waiver activity (n*

Time of Day	ACTIVITY DETAIL				Billable Activities
	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	County of Service	
8 :00	1	0	Clinic	<input type="text"/>	x
:15				Bernalillo	
:30				Catron	
:45				Chaves	
:00				Cibola	
:15				Colfax	
:30				Curry	
:45				De Baca	
				Doña Ana	

If a Billable HCBS activity was performed during the service, then the one of the services should be marked with a lowercase “x” and the specific HCBS service should be selected from the dropdown menu.

*Please note: service activities are different for each waiver. This time study groups services under the Developmental Disabilities and Medically Fragile waivers, and the service activities will indicate which waiver they fall under.*

ect a direct waiver activity (mark "x") along with the service detail OR select an unbillable activity. Please use a different form each day (and ent

DIRECT SERVICE ACTIVITIES (BILLABLE TO DEVELOPMENTAL DISABILITIES OR MEDICALLY FRAGILE WAIVER)		
County of Service	Billable Activities	Service Activity Detail from Dropdown
Bernalillo	x	DD Waiver - Behavioral Support Consultation, Standard
		DD Waiver - Behavioral Support Consultation, Standard
		DD Waiver - Nutritional Counseling
		DD Waiver - Occupational Therapy Assistant, Incentive
		DD Waiver - Occupational Therapy Assistant, Standard
		DD Waiver - Occupational Therapy, Incentive
		DD Waiver - Occupational Therapy, Standard
		DD Waiver - Physical Therapy Assistant (PTA), Incentive
		DD Waiver - Physical Therapy Assistant (PTA), Standard

If no direct billable service was performed, the participant should mark an "x" under the appropriate other activity under the unbillable section.

OTHER ACTIVITIES (UNBILLABLE TO DEVELOPMENTAL DISABILITIES OR MEDICALLY FRAGILE WAIVER)									
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
x									
x									
							x		
							x		

The total "x" markings will automatically sum at the bottom of each daily worksheet.

**Returning the Time Study Forms**

When the time study is complete, the participant should review and electronically sign and date the workbook along with their reviewer (a supervisor or other reviewer). Completed workbooks should be emailed to PCG's email account at [NMHCBSRateStudy@pcgus.com](mailto:NMHCBSRateStudy@pcgus.com). The completed time study must be submitted electronically in its original **Excel Workbook format** to PCG by Friday, March 15<sup>th</sup>, 2019.

## New Mexico DDSD HCBS Rate Study

### **Time Study Tool #3 Instructions**

Services Covered Under this Tool: *Group Services (Customized Community Supports, Community Integrated Employment, and Respite)*

## New Mexico DDSD HCBS Rate Study

### Time Study Tool #3 Instructions

#### Services Covered Under this Tool: *Group Services (Customized Community Supports, Community Integrated Employment, and Respite)*

The State of New Mexico Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) has contracted with Public Consulting Group, Inc. (PCG) to perform a rate study to identify the time, effort, and costs associated with providing HCBS waiver services to recommend reimbursement rates for the following waiver services:

- Developmental Disabilities
- Medically Fragile
- Mi Via (In-home Living Supports and Consultant services only)

This assessment involves facilitating a time study to identify the level of effort associated with service delivery. With Developmental Disabilities, Medically Fragile, and Mi Via Waiver-specific expenses from the cost reports and this study information, PCG can propose rate recommendations to DDSD that reflect the costs associated with the waivers. This document provides instructions on how to complete the time study.

**PLEASE NOTE: for the Developmental Disabilities Waiver services captured on this tool, administrative staff such as a service coordinator, billing clerk, vendor, or other administrative staff should fill out the tool for each participant. The cover page has two fields for this individual to identify him/herself and indicate the source of information for filling out the time study, such as progress notes or timesheets. Other time study tools capturing other services require the actual time study participant to fill out the tool.**

The time study captures all work completed during a continuous 14-day period. To accommodate schedules, **each participant can choose to participate in the time study from either Monday February 18<sup>th</sup> – Sunday March 3<sup>rd</sup>, 2019 or Monday February 25<sup>th</sup> – Sunday March 10<sup>th</sup>, 2019.**

Administrative employees do not need to complete a time study (besides the individual filling out the time study for direct service staff time). **Only employees that deliver HCBS Waiver services should participate** in a time study. In addition to these instructions, PCG is available throughout this engagement via the following toll-free help line and email:

- **Toll Free Help Line: 1-(844)-225-3658**
- **Email Account: [NMHCBSRateStudy@pcgus.com](mailto:NMHCBSRateStudy@pcgus.com)**

The above help line and email account are available to all agency staff for any questions related to the cost report, time study, and personnel roster. The help line and email account are both actively monitored during normal business hours (9 a.m. to 5 p.m. Eastern Time). If a PCG employee does not answer the help line, please leave a voicemail, and we will return your call as soon as possible. PCG will respond to all calls and emails within one business day. The email account will also serve as the repository for all cost report and personnel roster submissions. **The completed time study must be submitted electronically in the Excel Workbook format to PCG by Friday, March 15<sup>th</sup>, 2019.**

#### Purpose of Time Study

The time study allows DDS to quantify the portion of staff time allocated to Developmental Disabilities, Medically Fragile, and Mi Via HCBS Waiver services. The results are used to identify the time and effort associated with service delivery. Knowing the time spent by various staff performing services and other activities helps DDS match time study results with their associated expenses.

The time study is not an evaluation of HCBS service provider effectiveness or compliance. The time study results are used solely to help PCG and DDS align HCBS waiver expenses with services.

**This time study is specifically for personnel that provide the following services under the Developmental Disabilities Waiver:**

- Community Integrated Employment, Group, Category 1 (1:6 ratio)
- Community Integrated Employment, Group, Category 2 Extensive Support (1:4 ratio)
- Customized Community Supports, Group, Jackson Class Only (1:4 ratio)
- Customized Community Support, Group, Category 1 (1:6 ratio)
- Customized Community Support, Group, Category 2 Extensive Support (1:4 ratio)
- Customized Community Support, Small Group (3 or less)
- Respite - Group

### **Staff Included in the Time Study**

Direct service staff should participate in the time study. As noted above, administrative staff do not need to participate in the time study. While the costs associated with administrative personnel belong in the rate calculations, time study results are not necessary as administrative staff typically support direct care workers that perform several services. If administrative staff, such as a program director, deliver direct services from time to time, then they should participate in the time study.

*For the services captured on this tool, administrative staff such as a service coordinator, billing clerk, vendor, or other administrative staff should fill out the tool for each participant. The cover page has two fields for this individual to identify him/herself and indicate the source of information for filling out the time study, such as progress notes or timesheets. Other time study tools capturing other services require the actual time study participant to fill out the tool.*

Each time study workbook should only be associated with one provider agency and participant. Therefore, if a subcontractor performs services for more than one provider, then that participant should submit a separate workbook for each program with only time marked that is associated with each provider agency.

### **Time Study Logistics**

The time study captures all time worked during a 14-day period. To allow the time study to best represent typical activities without significant vacation or other interruptions, **participants may record their time worked during one of the following** time study periods:

- Monday, February 18<sup>th</sup> at 12:00 a.m. to Sunday March 3<sup>rd</sup>, 2019 at 11:59 p.m.
- Monday, February 25<sup>th</sup> at 12:00 a.m. to Sunday, March 10<sup>th</sup>, 2019 at 11:59 p.m.

All staff at a provider agency do not need to complete the time study during the same time. However, each participant must only record time during one of the two available time study periods.

All time worked during the time study should be recorded. For time study participants, the only time that should not be recorded is unpaid time which includes unpaid leave and scheduled unpaid days off. Paid time off should be recorded as “other administrative activities” under Unbillable. If you need to fill out more than 12 hours for a certain day, you can **continue onto the next tab in the workbook and just indicate the correct date and** time.

**Time Study Form**

The time study form is based in a Microsoft Excel workbook (.xlsx) that is compatible with Microsoft Excel 2003, 2007, 2010, 2013 and 2016. It contains a **cover page worksheet** and **14 time study form worksheets**. The cover page collects the time study period, provider and participant information, including the county where the provider is.

It also captures participant credential information and has two lines at the bottom for the participant and individual filling out the time study to sign and date after reviewing and agreeing with the time study results. There are also two drop-down fields for the individual who filled out the time study to record his/her title and the source of information for filling out the time study.

**Title of individual filling out the time study:**

- Service Coordinator
- Billing Clerk
- Administrative Staff
- Vendor
- Other

**Source of information:**

- Timesheets
- Progress Notes
- Other

The workbook should be submitted to PCG electronically in **Excel format** (not as a PDF). However, the workbook can be printed if staff would prefer to handwrite their results before transferring the information to the Excel workbook format.

All fields on the cover page should be completed. On the time study form pages, the provider, HCBS Program, and participant name will all populate automatically. However, the date of activity must be entered for each day worked. The time of each activity should be entered to the left. In the activity detail section, the number of HCBS individuals receiving services, # HCBS Jackson Class Individuals receiving services, and location should be entered for each 15-minute unit. The location indicates where the provider is, which may be different at times from the location of the individual receiving services.

After that, **only one billable or unbillable service should be selected for each 15-minute unit**. Mark a **lowercase “x”** for each service unit worked. If working on a billable activity, the participant should also specify the service activity using the dropdown menu (more information about Billable v. Unbillable can be found under **Activity Detail**).

The cover page and first day of the time study form are displayed on the following pages.

**Time Study Cover Page**

**New Mexico Developmental Disabilities Supports Division**  
*HCBS Medicaid Waiver Programs Time Study Tool*  
*Developmental Disabilities Waiver CIE, CCS - Individual Services*  
*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 Name	<input type="text"/>	Date Signed	<input type="text"/>
Individual Filling Out the Time Study	<input type="text"/>	Date Signed	<input type="text"/>
Title of Individual Filling Out the Time Study	<input type="text"/>		
Source of Information for Filling Out Time Study	<input type="text"/>		



### **Activity Detail**

Activities fall into a billable or unbillable category. As noted above, only one activity can be selected for each 15-minute unit. If more than one activity is performed, select the **predominant activity**. The service activities specify which waiver they fall under.

#### *Billable Activities*

Billable activities should be recorded when performing any activities that fall under the service definition for a billable service. This may or may not align with how activities are regularly billed.

- For example, if you are typing case notes for a service that was provided earlier that day, and documentation and case notes are included in the service definition, that time should be recorded as billable time on the time study.

There is a dropdown menu to the right of the billable services to specify the type of service activity, and some activities are broken down into sub-activities. This is required field for all billable activities.

- Community Integrated Employment, Job Maintenance
- Community Integrated Employment, Self-Employment
- Community Integrated Employment, Job Aide
- Community Integrated Employment, Intensive
- Customized Community Support, Individual
- Customized Community Support, Individual Intensive Behavioral Support
- Community Inclusion Aide
- Crisis Support (Alternative Residential Setting)
- Crisis Support (Individual's Residence)

#### *Unbillable Activities*

If paid activities are not reimbursable under the Developmental Disabilities or Medically Fragile waivers, please indicate them under “Unbillable Activities”. These activities might be reimbursable under another revenue source, but for the purposes of this time study, they are considered unbillable to these waivers.

Unbillable activities must fall into one of the following activities:

- **Report Writing:** Time spent writing a report.
- **Missed Appointment- Individual Receiving Services:** Time associated working on an activity for an individual that did not appear, making the activity unbillable. This occurs when the no-show is because the individual did not make the appointment (e.g., the family canceled the session).
- **Missed Appointment- Staff:** Time associated working on an activity for an individual that did not appear, making the activity unbillable. This occurs when the reason for the no-show is staff related (e.g., staff canceled).
- **Training:** Time either delivering or participating in a training.
- **Supervision Related Activities:** Time associated with supervising staff.
- **Preparation Activities:** Time spent preparing to deliver a service.
- **Travel:** Time spent traveling for work-related activities. This may include any overnights that you do.

- **Other Administrative Activities** (Other Admin. Activities): Any other activity that does not fall into another category. This also includes paid time off.

For example, if you are spending time traveling to deliver a service and this travel is not included in the service definition, this would be considered unbillable, even if you are typically able to bill that travel time.

**Filling Out the Time Study Forms**

*Cover Sheet*

Each participant must enter the appropriate information in the cover sheet fields of their time study workbook. Some of the fields, including the time study period, provider, employee/subcontractor, primary title, secondary title, highest education, and county fields are dropdown menus. All other fields are free text that require a typed response. Options for your title are below. Please note that “Other” is also an option.

Behavioral Support Consultant	Driver (Transportation) Home Health Aide/Certified	Occupational Therapy Assistant
Cognitive Rehab Therapist	Medication Aid	Other
Community Inclusion Aide	Homemaker/In-Home Living Support	Program Manager
Direct Support Staff- Community	Interpreter	Psychologist
Direct Support Staff- Employment	Job Aide	Respite Provider
Direct Support Staff- Residential	Job Coach	Risk Evaluator
	Job Developer	Service Coordinator
	Occupational Therapist	Social Worker
		Supervisor

When the time study period is over, the individual filling out the time study should type the participant’s full name on the cover sheet. Your typed name is the electronic signature. Please also indicate your title and the source of information for filling out the time study tool.

Time Study Participant (Type Name)	<input type="text"/>	
Individual Filling Out the Time Study (Type Name)	<input type="text"/>	
Title of Individual Filling Out the Time Study (Drop-down)	<input type="text"/>	Date Signed _____
Source of Information for Filling Out Time Study (Drop-down)	<input type="text"/>	

*Time Study Forms*

The time study forms have three main sections for each 15-minute increments: Activity Detail, Direct Service Activities (Billable), and Direct Service Activities (Unbillable). The activity detail section must be completed for each 15-minute unit. Then the participant must select either a billable or an unbillable activity that was completed during that time. The date of the activity should be entered at the top of each time study form. The provider, HCBS program name, and participant fields will populate automatically.

Date of Activity

As noted earlier, only one billable or unbillable activity should be completed for each unit. Please indicate the location of the individual providing services.

If a Billable HCBS activity was performed during the service, then the one of the services should be marked with a lowercase “x” and the specific HCBS service should be selected from the dropdown menu.

ACTIVITY DETAIL				DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		Re Wr
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	Billable Activities	Service Activity Detail from Dropdown	
8 :00	2	0	Community	x	Community Integrated Employment, Group, Category 1 (1:6 ratio)	
:15					Community Integrated Employment, Group, Category 2 Extensive Support (1:4 ratio)	
:30					Customized Community Support, Group, Jackson Class Only (1:4 ratio)	
:45					Customized Community Support, Group, Category 1 (1:6 ratio)	
:00					Customized Community Support, Group, Category 2 Extensive Support (1:4 ratio)	
:15					Customized Community Support, Small Group (3 or less)	
:30					Respite - Group	
:45						

If no direct billable service was performed, the participant should mark an “x” under the appropriate other activity under the unbillable section.

OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
Report Writing/ Progress Notes	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities
x							
x							
							x

The total “x” markings will automatically sum at the bottom of each daily worksheet.

**Returning the Time Study Forms**

When the time study is complete, the participant should review and electronically sign and date the workbook along with their reviewer (a supervisor or other reviewer). Completed workbooks should be emailed to PCG’s email account at [NMHCBSRateStudy@pcgus.com](mailto:NMHCBSRateStudy@pcgus.com). The completed time study must be submitted electronically in its original **Excel Workbook format** to PCG by Friday, March 15<sup>th</sup>, 2019.

## New Mexico DDSD HCBS Rate Study

### **Time Study Tool #4 Instructions**

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

## New Mexico DDS HCBS Rate Study

### Time Study Tool #4 Instructions

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

The State of New Mexico Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) has contracted with Public Consulting Group, Inc. (PCG) to perform a rate study to identify the time, effort, and costs associated with providing HCBS waiver services to recommend reimbursement rates for the following waiver services:

- Developmental Disabilities
- Medically Fragile
- Mi Via (In-home Living Supports and Consultant services only)

This assessment involves facilitating a time study to identify the level of effort associated with service delivery. With Developmental Disabilities, Medically Fragile, and Mi Via Waiver-specific expenses from the cost reports and this study information, PCG can propose rate recommendations to DDSD that reflect the costs associated with the waivers. This document provides instructions on how to complete the time study.

**PLEASE NOTE: for the Developmental Disabilities Waiver services captured on this tool, administrative staff such as a service coordinator, billing clerk, vendor, or other administrative staff should fill out the tool for each participant. The cover page has two fields for this individual to identify him/herself and indicate the source of information for filling out the time study, such as progress notes or timesheets. Other time study tools capturing other services require the actual time study participant to fill out the tool.**

The time study captures all work completed during a continuous 14-day period. To accommodate schedules, **each participant can choose to participate in the time study from either Monday February 18<sup>th</sup> – Sunday March 3<sup>rd</sup>, 2019 or Monday February 25<sup>th</sup> – Sunday March 10<sup>th</sup>, 2019.**

Administrative employees do not need to complete a time study (besides the individual filling out the time study for direct service staff time). **Only employees that deliver HCBS Waiver services should participate** in a time study. In addition to these instructions, PCG is available throughout this engagement via the following toll-free help line and email:

- **Toll Free Help Line: 1-(844)-225-3658**
- **Email Account: [NMHCBSRateStudy@pcgus.com](mailto:NMHCBSRateStudy@pcgus.com)**

The above help line and email account are available to all agency staff for any questions related to the cost report, time study, and personnel roster. The help line and email account are both actively monitored during normal business hours (9 a.m. to 5 p.m. Eastern Time). If a PCG employee does not answer the help line, please leave a voicemail, and we will return your call as soon as possible. PCG will respond to all calls and emails within one business day. The email account will also serve as the repository for all cost report and personnel roster submissions. **The completed time study must be submitted electronically in the Excel Workbook format to PCG by Friday, March 15<sup>th</sup>, 2019.**

### Purpose of Time Study

The time study allows DDS to quantify the portion of staff time allocated to Developmental Disabilities, Medically Fragile, and Mi Via HCBS Waiver services. The results are used to identify the time and effort associated with service delivery. Knowing the time spent by various staff performing services and other activities helps DDS match time study results with their associated expenses.

The time study is not an evaluation of HCBS service provider effectiveness or compliance. The time study results are used solely to help PCG and DDS align HCBS waiver expenses with services.

**This time study is specifically for personnel that provide the following services under the Developmental Disabilities Waiver:**

- Community Integrated Employment, Job Maintenance
- Community Integrated Employment, Self-Employment
- Community Integrated Employment, Job Aide
- Community Integrated Employment, Intensive
- Customized Community Support, Individual
- Customized Community Support, Individual Intensive Behavioral Support
- Community Inclusion Aide
- Crisis Support (Alternative Residential Setting)
- Crisis Support (Individual's Residence)

### Staff Included in the Time Study

Direct service staff should participate in the time study. Administrative staff do not need to participate in the time study. While the costs associated with administrative personnel belong in the rate calculations, time study results are not necessary as administrative staff typically support direct care workers that perform several services. If administrative staff, such as a program director, deliver direct services from time to time, then they should participate in the time study.

*For the services captured on this tool, administrative staff such as a service coordinator, billing clerk, vendor, or other administrative staff should fill out the tool for each participant. The cover page has two fields for this individual to identify him/herself and indicate the source of information for filling out the time study, such as progress notes or timesheets. Other time study tools capturing other services require the actual time study participant to fill out the tool.*

Each time study workbook should only be associated with one provider agency and participant. Therefore, if a subcontractor performs services for more than one provider, then that participant should submit a separate workbook for each program with only time marked that is associated with each provider agency.

### Time Study Logistics

The time study captures all time worked during a 14-day period. To allow the time study to best represent typical activities without significant vacation or other interruptions, **participants may record their time worked during one of the following** time study periods:

- Monday, February 18<sup>th</sup> at 12:00 a.m. to Sunday March 3<sup>rd</sup>, 2019 at 11:59 p.m.

- Monday, February 25<sup>th</sup> at 12:00 a.m. to Sunday, March 10<sup>th</sup>, 2019 at 11:59 p.m.

All staff at a provider agency do not need to complete the time study during the same time. However, each participant must only record time during one of the two available time study periods.

All time worked during the time study should be recorded. For time study participants, the only time that should not be recorded is unpaid time which includes unpaid leave and scheduled unpaid days off. Paid time off should be recorded as “other administrative activities” under Unbillable. If you need to fill out more than 12 hours for a certain day, you can **continue onto the next tab in the workbook and just indicate the correct date and time.**

### Time Study Form

The time study form is based in a Microsoft Excel workbook (.xlsx) that is compatible with Microsoft Excel 2003, 2007, 2010, 2013 and 2016. It contains a **cover page worksheet** and **14 time study form worksheets**. The cover page collects the time study period, provider and participant information, including the county where the provider is.

It also captures participant credential information and has two lines at the bottom for the participant and individual filling out the time study to sign and date after reviewing and agreeing with the time study results. There are also two drop-down fields for the individual who filled out the time study to record his/her title and the source of information for filling out the time study.

#### **Title of individual filling out the time study:**

- Service Coordinator
- Billing Clerk
- Administrative Staff
- Vendor
- Other

#### **Source of information:**

- Timesheets
- Progress Notes
- Other

The workbook should be submitted to PCG electronically in **Excel format** (not as a PDF). However, the workbook can be printed if staff would prefer to handwrite their results before transferring the information to the Excel workbook format.

All fields on the cover page should be completed. On the time study form pages, the provider, HCBS Program, and participant name will all populate automatically. However, the date of activity must be entered for each day worked. The time of each activity should be entered to the left. In the activity detail section, the number of HCBS individuals receiving services, # HCBS Jackson Class Individuals (for Developmental Disabilities and Mi Via waivers) receiving services, and location should be entered for each 15-minute unit. The location and county indicate where the provider is, which may be different at times from the location and county of the individual receiving services.

After that, **only one billable or unbillable service should be selected for each 15-minute unit.** Mark a **lowercase “x”** for each service unit worked. If working on a billable activity, the participant should also specify the service activity using the dropdown menu (more information about Billable v. Unbillable can be found under **Activity Detail**).

The cover page and first day of the time study form are displayed on the following pages.

***Time Study Cover Page***

**New Mexico Developmental Disabilities Supports Division**  
*HCBS Medicaid Waiver Programs Time Study Tool*  
*Developmental Disabilities Waiver CIE, CCS - Individual Services*  
*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 Name** \_\_\_\_\_ **Date Signed** \_\_\_\_\_  
**Individual Filling Out the Time Study** \_\_\_\_\_  
**Title of Individual Filling Out the Time Study** \_\_\_\_\_ **Date Signed** \_\_\_\_\_  
**Source of Information for Filling Out Time Study** \_\_\_\_\_



### **Activity Detail**

Activities fall into a billable or unbillable category. As noted above, only one activity can be selected for each 15-minute unit. If more than one activity is performed, select the **predominant activity**. The service activities specify which waiver they fall under.

#### *Billable Activities*

Billable activities should be recorded when performing any activities that fall under the service definition for a billable service. This may or may not align with how activities are regularly billed.

- For example, if you are typing case notes for a service that was provided earlier that day, and documentation and case notes are included in the service definition, that time should be recorded as billable time on the time study.

There is a dropdown menu to the right of the billable services to specify the type of service activity, and some activities are broken down into sub-activities. This is required field for all billable activities.

- Community Integrated Employment, Job Maintenance
- Community Integrated Employment, Self-Employment
- Community Integrated Employment, Job Aide
- Community Integrated Employment, Intensive
- Customized Community Support, Individual
- Customized Community Support, Individual Intensive Behavioral Support
- Community Inclusion Aide
- Crisis Support (Alternative Residential Setting)
- Crisis Support (Individual's Residence)

#### *Unbillable Activities*

If paid activities are not reimbursable under the Developmental Disabilities or Medically Fragile waivers, please indicate them under “Unbillable Activities”. These activities might be reimbursable under another revenue source, but for the purposes of this time study, they are considered unbillable to these waivers.

Unbillable activities must fall into one of the following activities:

- **Report Writing:** Time spent writing a report.
- **Missed Appointment- Individual Receiving Services:** Time associated working on an activity for an individual that did not appear, making the activity unbillable. This occurs when the no-show is because the individual did not make the appointment (e.g., the family canceled the session).
- **Missed Appointment- Staff:** Time associated working on an activity for an individual that did not appear, making the activity unbillable. This occurs when the reason for the no-show is staff related (e.g., staff canceled).
- **Training:** Time either delivering or participating in a training.
- **Supervision Related Activities:** Time associated with supervising staff.
- **Preparation Activities:** Time spent preparing to deliver a service.
- **Travel:** Time spent traveling for work-related activities. This may include any overnights that you do.

- **Other Administrative Activities** (Other Admin. Activities): Any other activity that does not fall into another category. This also includes paid time off.

For example, if you are spending time traveling to deliver a service and this travel is not included in the service definition, this would be considered unbillable, even if you are typically able to bill that travel time.

**Filling Out the Time Study Forms**

*Cover Sheet*

Each participant must enter the appropriate information in the cover sheet fields of their time study workbook. Some of the fields, including the time study period, provider, employee/subcontractor, primary title, secondary title, and highest education fields are dropdown menus. All other fields are free text that require a typed response. Options for your title are below. Please note that “Other” is also an option.

Behavioral Support Consultant	Driver (Transportation) Home Health Aide/Certified	Occupational Therapy Assistant
Cognitive Rehab Therapist	Medication Aid	Other
Community Inclusion Aide	Homemaker/In-Home Living	Program Manager
Direct Support Staff- Community	Support	Psychologist
Direct Support Staff- Employment	Interpreter	Respite Provider
Direct Support Staff- Residential	Job Aide	Risk Evaluator
	Job Coach	Service Coordinator
	Job Developer	Social Worker
	Occupational Therapist	Supervisor

When the time study period is over, the individual filling out the time study should type the participant’s full name on the cover sheet. Your typed name is the electronic signature. Please also indicate your title and the source of information for filling out the time study tool.

Time Study Participant (Type Name)	<input type="text"/>	
Individual Filling Out the Time Study (Type Name)	<input type="text"/>	
Title of Individual Filling Out the Time Study (Drop-down)	<input type="text"/>	Date Signed _____
Source of Information for Filling Out Time Study (Drop-down)	<input type="text"/>	

*Time Study Forms*

The time study forms have three main sections for each 15-minute increment: Activity Detail, Direct Service Activities (Billable), and Direct Service Activities (Unbillable). The activity detail section must be completed for each 15-minute unit. Then the participant must select either a billable or an unbillable activity that was completed during that time. The date of the activity should be entered at the top of each time study form. The provider, HCBS program name, and participant fields will populate automatically.

Date of Activity

As noted earlier, only one billable or unbillable activity should be completed for each unit. Please indicate the location of the individual providing services.

If a Billable HCBS activity was performed during the service, then the one of the services should be marked with a lowercase “x” and the specific HCBS service should be selected from the dropdown menu.

Time of Day	Location	DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)	
		Billable Activities	Service Activity Detail from Dropdown
8 :00	Place of Employment	x	
:15			Community Integrated Employment, Job Maintenance
:30			Community Integrated Employment, Self-Employment
:45			Community Integrated Employment, Job Aide
:00			Community Integrated Employment, Intensive
:15			Customized Community Support, Individual
:30			Customized Community Support, Individual Intensive Behavioral Support
:45			Community Inclusion Aide
:00			Crisis Support (Alternative Residential Setting)
:15			
:30			
:45			

If no direct billable service was performed, the participant should mark an “x” under the appropriate other activity under the unbillable section.

OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
Report Writing/ Progress Notes	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities
x							
x							
							x

The total “x” markings will automatically sum at the bottom of each daily worksheet.

**Returning the Time Study Forms**

When the time study is complete, the participant should review and electronically sign and date the workbook along with their reviewer (a supervisor or other reviewer). Completed workbooks should be emailed to PCG’s email account at [NMHCBSRateStudy@pccgus.com](mailto:NMHCBSRateStudy@pccgus.com). The completed time study must be submitted electronically in its original **Excel Workbook format** to PCG by Friday, March 15<sup>th</sup>, 2019.

## New Mexico DDSD HCBS Rate Study

### **Time Study Tool #5 Instructions**

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

## New Mexico DDSD HCBS Rate Study

### Time Study Tool #5 Instructions

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

The State of New Mexico Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) has contracted with Public Consulting Group, Inc. (PCG) to perform a rate study to identify the time, effort, and costs associated with providing HCBS waiver services to recommend reimbursement rates for the following waiver services:

- Developmental Disabilities
- Medically Fragile
- Mi Via (In-home Living Supports and Consultant services only)

This assessment involves facilitating a time study to identify the level of effort associated with service delivery. With Developmental Disabilities, Medically Fragile, and Mi Via Waiver-specific expenses from the cost reports and this study information, PCG can propose rate recommendations to DDSD that reflect the costs associated with the waivers. This document provides instructions on how to complete the time study.

**PLEASE NOTE: for the services captured on this tool, administrative staff such as a service coordinator, billing clerk, vendor, or other administrative staff should fill out the tool for each participant. The cover page has two fields for this individual to identify him/herself and indicate the source of information for filling out the time study, such as progress notes or timesheets. Other time study tools capturing other services require the actual time study participant to fill out the tool.**

The time study captures all work completed during a continuous 14-day period. To accommodate schedules, **each participant can choose to participate in the time study from either Monday February 18<sup>th</sup> – Sunday March 3<sup>rd</sup>, 2019 or Monday February 25<sup>th</sup> – Sunday March 10<sup>th</sup>, 2019.**

Administrative employees do not need to complete a time study (besides the individual filling out the time study for direct service staff time). **Only employees that deliver HCBS Waiver services should participate** in a time study. In addition to these instructions, PCG is available throughout this engagement via the following toll-free help line and email:

- **Toll Free Help Line: 1-(844)-225-3658**
- **Email Account: [NMHCBSRateStudy@pcgus.com](mailto:NMHCBSRateStudy@pcgus.com)**

The above help line and email account are available to all agency staff for any questions related to the cost report, time study, and personnel roster. The help line and email account are both actively monitored during normal business hours (9 a.m. to 5 p.m. Eastern Time). If a PCG employee does not answer the help line, please leave a voicemail, and we will return your call as soon as possible. PCG will respond to all calls and emails within one business day. The email account will also serve as the repository for all cost report and personnel roster submissions. **The completed time study must be submitted electronically in the Excel Workbook format to PCG by Friday, March 15<sup>th</sup>, 2019.**

#### Purpose of Time Study

The time study allows DDS to quantify the portion of staff time allocated to Developmental Disabilities, Medically Fragile, and Mi Via HCBS Waiver services. The results are used to identify the time and effort associated with service delivery. Knowing the time spent by various staff performing services and other activities helps DDS match time study results with their associated expenses.

The time study is not an evaluation of HCBS service provider effectiveness or compliance. The time study results are used solely to help PCG and DDS align HCBS waiver expenses with services.

**This time study is specifically for personnel that provide the following services under the Developmental Disabilities and Mi Via Waivers (note that some services have been broken down into sub-categories):**

- DD Waiver - Customized In-Home Supports, Living with Family or Natural Supports
- DD Waiver - Customized In-Home Supports, Living Independently
- DD Waiver - Family Living: ADLs
- DD Waiver - Family Living: Medical
- DD Waiver - Family Living: Meaningful Day
- DD Waiver - Family Living, Jackson Class Only
- DD Waiver - Supported Living, Category 1 Basic Support
- DD Waiver - Supported Living, Category 2 Moderate Support
- DD Waiver - Supported Living, Category 3 Extensive Support
- DD Waiver - Supported Living Category 4 Extraordinary Medical/ Behavioral Support
- DD Waiver - Supported Living, Non-Ambulatory Stipend
- DD Waiver - Intensive Medical Living Services
- DD Waiver - Respite
- Mi Via Waiver - In-Home Living Support

### **Staff Included in the Time Study**

Direct service staff should participate in the time study. Administrative staff do not need to participate in the time study. While the costs associated with administrative personnel belong in the rate calculations, time study results are not necessary as administrative staff typically support direct care workers that perform several services. If administrative staff, such as a program director, deliver direct services from time to time, then they should participate in the time study.

*For the services captured on this tool, administrative staff such as a service coordinator, billing clerk, vendor, or other administrative staff should fill out the tool for each participant. The cover page has two fields for this individual to identify him/herself and indicate the source of information for filling out the time study, such as progress notes or timesheets. Other time study tools capturing other services require the actual time study participant to fill out the tool.*

Each time study workbook should only be associated with one provider agency and participant. Therefore, if a subcontractor performs services for more than one provider, then that participant should submit a separate workbook for each program with only time marked that is associated with each provider agency.

### **Time Study Logistics**

The time study captures all time worked during a 14-day period. To allow the time study to best represent typical activities without significant vacation or other interruptions, **participants may record their time worked during one of the following** time study periods:

- Monday, February 18<sup>th</sup> at 12:00 a.m. to Sunday March 3<sup>rd</sup>, 2019 at 11:59 p.m.
- Monday, February 25<sup>th</sup> at 12:00 a.m. to Sunday, March 10<sup>th</sup>, 2019 at 11:59 p.m.

All staff at a provider agency do not need to complete the time study during the same time. However, each participant must only record time during one of the two available time study periods.

All time worked during the time study should be recorded. For time study participants, the only time that should not be recorded is unpaid time which includes unpaid leave and scheduled unpaid days off. Paid time off should be recorded as “other administrative activities” under Unbillable.

**Time Study Form**

The time study form is based in a Microsoft Excel workbook (.xlsx) that is compatible with Microsoft Excel 2003, 2007, 2010, 2013 and 2016. **The tool specific to these services a cover page worksheet and one time study form that captures time for all 14 days.** The cover page collects the time study period, provider and participant information, including the county where the provider is.

It also captures participant credential information and has two lines at the bottom for the participant and individual filling out the time study to sign and date after reviewing and agreeing with the time study results. There are also two drop-down fields for the individual who filled out the time study to record his/her title and the source of information for filling out the time study.

**Title of individual filling out the time study:**

- Service Coordinator
- Billing Clerk
- Administrative Staff
- Vendor
- Other

**Source of information:**

- Timesheets
- Progress Notes
- Other

The workbook should be submitted to PCG electronically in **Excel format** (not as a PDF). However, the workbook can be printed if staff would prefer to handwrite their results before transferring the information to the Excel workbook format.

All fields on the cover page should be completed. On the time study form pages, the provider, HCBS Program, and participant name will all populate automatically. However, the date of activity must be entered for each day worked. In the activity detail section, # HCBS Jackson Class Individuals (for Developmental Disabilities and Mi Via waivers) receiving services and county should be entered for each 15-minute unit. The location and county indicate where the provider is, which may be different at times from the location and county of the individual receiving services.

After that, **only one services that is either billable or unbillable to the waiver should be selected for each one-hour unit.** Mark a **lowercase “x”** for each service unit worked. A specific billable activity should be chosen from the dropdown under “Column 1” which should align with the “x”. A specific activity that is

not billable to the waiver can also be chosen from the dropdown under “Column 2” and should align with the “x”. More information about Billable v. Unbillable can be found under **Activity Detail**).

The cover page and first day of the time study form are displayed on the following pages.

***Time Study Cover Page***

**New Mexico Developmental Disabilities Supports Division**  
*HCBS Medicaid Waiver Programs Time Study Tool*  
*In-Home Living and Family Living Time Study*  
*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** \_\_\_\_\_

**Time Study Form**

**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						

### **Activity Detail**

Activities fall into Column 1 which are activities billable to the waiver or Column 2 which are activities unbillable to the waiver. As noted above, only one activity can be selected for each hour unit. If more than one activity is performed, select the **predominant activity**. The service activities specify which waiver they fall under.

### ***Billable Activities***

Billable activities should be recorded when performing any activities that fall under the service definition for a billable service. This may or may not align with how activities are regularly billed.

- For example, if you are typing case notes for a service that was provided earlier that day, and documentation and case notes are included in the service definition, that time should be recorded as billable time on the time study.

There is a dropdown menu to the right of the billable services to specify the type of service activity, and some activities are broken down into sub-activities. This is required field for all billable activities.

- DD Waiver - Customized In-Home Supports, Living with Family or Natural Supports
- DD Waiver - Customized In-Home Supports, Living Independently
- DD Waiver - Family Living: ADLs
- DD Waiver - Family Living: Medical
- DD Waiver - Family Living: Meaningful Day
- DD Waiver - Family Living, Jackson Class Only
- DD Waiver - Supported Living, Category 1 Basic Support
- DD Waiver - Supported Living, Category 2 Moderate Support
- DD Waiver - Supported Living, Category 3 Extensive Support
- DD Waiver - Supported Living Category 4 Extraordinary Medical/ Behavioral Support
- DD Waiver - Supported Living, Non-Ambulatory Stipend
- DD Waiver - Intensive Medical Living Services
- DD Waiver - Respite
- Mi Via Waiver - In-Home Living Supports

### ***Unbillable Activities***

If paid activities are not reimbursable under the Developmental Disabilities or Medically Fragile waivers, please indicate them under “Unbillable Activities”. These activities might be reimbursable under another revenue source, but for the purposes of this time study, they are considered unbillable to these waivers.

Unbillable activities must fall into one of the following activities:

- **Report Writing/Progress Notes:** Time spent writing a report.
- **Training:** Time either delivering or participating in a training.
- **Supervision Related Activities:** Time associated with supervising staff.
- **Preparation Activities:** Time spent preparing to deliver a service.
- **Travel:** Time spent traveling for work-related activities. This may include any overnights that you do.

- **Other Administrative Activities** (Other Admin. Activities): Any other activity that does not fall into another category. This also includes paid time off.

For example, if you are spending time traveling and this travel is not included in the service definition, this would be considered unbillable, even if you are typically able to bill that travel time.

**Filling Out the Time Study Forms**

*Cover Sheet*

Each participant must enter the appropriate information in the cover sheet fields of their time study workbook. Some of the fields, including the time study period, provider, employee/subcontractor, primary title, secondary title, and highest education fields are dropdown menus. All other fields are free text that require a typed response. Options for your title are below. Please note that “Other” is also an option.

Direct Support Staff- Community	Job Aide	Physician /Primary Care Provider
Direct Support Staff- Employment	Job Coach	Program Manager
Direct Support Staff- Residential	Job Developer	Psychologist
Driver (Transportation)	Nurse (LPN)	Respite Provider
Home Health Aide	Nurse (RN)	Risk Evaluator
Homemaker/In-Home Living Support	Occupational Therapist	Service Coordinator
Interpreter	Occupational Therapy Assistant	Social Worker
	Other	Speech Therapist/Speech- Language Pathologist
	Physical Therapist	Supervisor
	Physical Therapy Assistant	

When the time study period is over, the individual filling out the time study should type the participant’s full name on the cover sheet. Your typed name is the electronic signature. Please also indicate your title and the source of information for filling out the time study tool.

Time Study Participant (Type Name)	<input type="text"/>	
Individual Filling Out the Time Study (Type Name)	<input type="text"/>	
Title of Individual Filling Out the Time Study (Drop-down)	<input type="text"/>	Date Signed _____
Source of Information for Filling Out Time Study (Drop-down)	<input type="text"/>	

*Time Study Forms*

The time study forms have three main sections for each hour increment: Activity Detail, Direct Service Activities (Billable), and Direct Service Activities (Unbillable). The activity detail section must be completed for each hour unit. Then the participant must select an activity from the dropdown in either Column 1 which is billable to the waiver or from the dropdown in Column 2 which is unbillable to the waiver. Please also write a lowercase “x” in the appropriate column. The provider, HCBS program name, participant name, and time study date fields will populate automatically.

As noted earlier, only one activity should be completed for each hour unit. Please indicate the county of the individual providing services.

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")
1	0	Bernalillo	x		
2				DD Waiver - Customized In-Home Supports, Living with Family or Natural Supports	
3				DD Waiver - Customized In-Home Supports, Living Independently	
4				DD Waiver - Family Living: ADLs	
5				DD Waiver - Family Living: Medical	
6				DD Waiver - Family Living: Meaningful Day	
7				DD Waiver - Family Living, Jackson Class Only	
8				DD Waiver - Supported Living, Category 1 Basic Support	
				DD Waiver - Supported Living, Category 2 Moderate Support	

The participant should mark an "x" in the appropriate column if an activity was performed that is not billable to the waiver.

Activity (mark with an "x")	Activity Column 1 (Billable to a Waiver)	Activity (mark with an "x")	Activity Column 2 (Unbillable to a Waiver)
x	DD Waiver - Family Living: Meaningful Day		
x	DD Waiver - Family Living: Meaningful Day		
x	DD Waiver - Family Living: Meaningful Day		
x	DD Waiver - Family Living: Meaningful Day		
x	DD Waiver - Family Living: Meaningful Day		
x	DD Waiver - Family Living: Meaningful Day		
		x	
			Report Writing/Progress Notes
			Training
			Supervision Related Activities
			Preparation Activities
			Travel
			Other Admin. Activities

The total "x" markings will automatically sum at the bottom of each daily worksheet.

**Returning the Time Study Forms**

When the time study is complete, the participant should review and electronically sign and date the workbook along with their reviewer (a supervisor or other reviewer). Completed workbooks should be emailed to PCG's email account at [NMHCBSRateStudy@pcgus.com](mailto:NMHCBSRateStudy@pcgus.com). The completed time study must be submitted electronically in its original **Excel Workbook format** to PCG by Friday, March 15<sup>th</sup>, 2019.