

Time Study Period
HCBS Medicaid Waiver Programs Time Study Tool
Services Covered Under this Tool: Case Management, Consultant
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 _____

New Mexico Developmental Disabilities Supports Division
 HCBS Medicaid Waiver Programs - Case Manager and Consultant - Time Study - Day 1

Provider
 HCBS Program (if different)

Name

Date of Activity

Please complete all activity detail fields for all time worked. Then select a direct waiver activity (mark "x" along with the service detail OR select an unbillable activity. Please use a different form each day (and enter the date of activity).

Time of Day	ACTIVITY DETAIL				DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	County of Service	Billable Activities	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities
:00	0	0	face of Employer	Cibola								x		
:15	0	0	face of Employer	Cibola								x		
:30	0	0	face of Employer	Cibola								x		
:45	0	0	face of Employer	Cibola								x		
:00	0	0	Car	Cibola									x	
:15	0	0	Car	Cibola									x	
:30	0	0	Car	Cibola									x	
:45	0	0	Car	Cibola									x	
:00	1	1	Home	De Baca	x	DD Waiver - Case Management On-Going: Monitoring								
:15	1	1	Home	De Baca	x	DD Waiver - Case Management On-Going: Monitoring								
:30	1	1	Home	De Baca	x	DD Waiver - Case Management On-Going: Monitoring								
:45	1	1	Home	De Baca	x	DD Waiver - Case Management On-Going: Linking/community resources								
:00	1	1	Home	De Baca	x	DD Waiver - Case Management On-Going: Linking/community resources								
:15	1	1	Home	De Baca	x	DD Waiver - Case Management On-Going: Linking/community resources								
:30	1	1	Home	De Baca	x	DD Waiver - Case Management On-Going: Linking/community resources								
:45	1	1	Home	De Baca	x	DD Waiver - Case Management On-Going: Linking/community resources								
:00	1	1	Home	De Baca	x	DD Waiver - Case Management On-Going: Linking/community resources								
:15	1	1	Home	De Baca	x	DD Waiver - Case Management On-Going: Linking/community resources								
:30	1	1	Home	De Baca	x	DD Waiver - Case Management On-Going: Person-centered planning activities								
:45	1	1	Home	De Baca	x	DD Waiver - Case Management On-Going: Person-centered planning activities								
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:30	0	0	Car	De Baca									x	
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:00	1	0	Community	Colfax	x	Medically Fragile Waiver - Case Management Assessment								
:15	1	0	Community	Colfax	x	Medically Fragile Waiver - Case Management Assessment								
:30	1	0	Community	Colfax	x	Medically Fragile Waiver - Case Management Assessment								
:45	1	0	Community	Colfax	x	Medically Fragile Waiver - Case Management Assessment								
:00	1	0	Community	Colfax	x	Medically Fragile Waiver - Case Management Assessment								
:15	1	0	Community	Colfax	x	Medically Fragile Waiver - Case Management Assessment								
:30	0	0	Car	Colfax									x	
:45	0	0	Car	Colfax									x	
:00	0	0	face of Employer	Cibola			x							
:15	0	0	face of Employer	Cibola			x							
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New Mexico Developmental Disabilities Supports Division
 HCBS Medicaid Waiver Programs - Case Manager and Consultant - Time Study - Day 1

Provider
 HCBS Program (if different)

Name

Date of Activity

Please complete all activity detail fields for all time worked. Then select a direct waiver activity (mark "x") along with the service detail OR select an unbillable activity. Please use a different form each day (and enter the date of activity).

Time of Day	ACTIVITY DETAIL				DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
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New Mexico Developmental Disabilities Supports Division
 HCBS Medicaid Waiver Programs - Case Manager and Consultant - Time Study - Day 2

Provider
 HCBS Program (if different)

Name

Date of Activity

Please complete all activity detail fields for all time worked. Then select a direct waiver activity (mark "x") along with the service detail OR select an unbillable activity. Please use a different form each day (and enter the date of activity).

Time of Day	ACTIVITY DETAIL				DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
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New Mexico Developmental Disabilities Supports Division
 HCBS Medicaid Waiver Programs - Case Manager and Consultant - Time Study - Day 3

Provider
 HCBS Program (if different)

Name

Date of Activity

Please complete all activity detail fields for all time worked. Then select a direct waiver activity (mark "x") along with the service detail OR select an unbillable activity. Please use a different form each day (and enter the date of activity).

ACTIVITY DETAIL					DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	County of Service	Billable Activities	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities
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New Mexico Developmental Disabilities Supports Division
 HCBS Medicaid Waiver Programs - Case Manager and Consultant - Time Study - Day 4

Provider
 HCBS Program (if different)

Name

Date of Activity

Please complete all activity detail fields for all time worked. Then select a direct waiver activity (mark "x") along with the service detail OR select an unbillable activity. Please use a different form each day (and enter the date of activity).

ACTIVITY DETAIL					DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	County of Service	Billable Activities	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities
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New Mexico Developmental Disabilities Supports Division
 HCBS Medicaid Waiver Programs - Case Manager and Consultant - Time Study - Day 5

Provider
 HCBS Program (if different)

Name

Date of Activity

Please complete all activity detail fields for all time worked. Then select a direct waiver activity (mark "x") along with the service detail OR select an unbillable activity. Please use a different form each day (and enter the date of activity).

ACTIVITY DETAIL					DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	County of Service	Billable Activities	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities
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New Mexico Developmental Disabilities Supports Division
 HCBS Medicaid Waiver Programs - Case Manager and Consultant - Time Study - Day 6

Provider
 HCBS Program (if different)

Name

Date of Activity

Please complete all activity detail fields for all time worked. Then select a direct waiver activity (mark "x") along with the service detail OR select an unbillable activity. Please use a different form each day (and enter the date of activity).

ACTIVITY DETAIL					DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	County of Service	Billable Activities	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities
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New Mexico Developmental Disabilities Supports Division
HCBS Medicaid Waiver Programs - Case Manager and Consultant - Time Study - Day 7

Provider
 HCBS Program (if different)

Name

Date of Activity

Please complete all activity detail fields for all time worked. Then select a direct waiver activity (mark "x") along with the service detail OR select an unbillable activity. Please use a different form each day (and enter the date of activity).

Time of Day	ACTIVITY DETAIL				DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	County of Service	Billable Activities	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities
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New Mexico Developmental Disabilities Supports Division
 HCBS Medicaid Waiver Programs - Case Manager and Consultant - Time Study - Day 8

Provider
 HCBS Program (if different)

Name

Date of Activity

Please complete all activity detail fields for all time worked. Then select a direct waiver activity (mark "x") along with the service detail OR select an unbillable activity. Please use a different form each day (and enter the date of activity).

Time of Day	ACTIVITY DETAIL				DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	County of Service	Billable Activites	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities
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New Mexico Developmental Disabilities Supports Division
 HCBS Medicaid Waiver Programs - Case Manager and Consultant - Time Study - Day 9

Provider
 HCBS Program (if different)

Name

Date of Activity

Please complete all activity detail fields for all time worked. Then select a direct waiver activity (mark "x") along with the service detail OR select an unbillable activity. Please use a different form each day (and enter the date of activity).

Time of Day	ACTIVITY DETAIL				DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	County of Service	Billable Activities	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities
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New Mexico Developmental Disabilities Supports Division
 HCBS Medicaid Waiver Programs - Case Manager and Consultant - Time Study - Day 10

Provider
 HCBS Program (if different)

Name

Date of Activity

Please complete all activity detail fields for all time worked. Then select a direct waiver activity (mark "x") along with the service detail OR select an unbillable activity. Please use a different form each day (and enter the date of activity).

ACTIVITY DETAIL					DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	County of Service	Billable Activities	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities
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New Mexico Developmental Disabilities Supports Division
 HCBS Medicaid Waiver Programs - Case Manager and Consultant - Time Study - Day 11

Provider
 HCBS Program (if different)

Name

Date of Activity

Please complete all activity detail fields for all time worked. Then select a direct waiver activity (mark "x") along with the service detail OR select an unbillable activity. Please use a different form each day (and enter the date of activity).

ACTIVITY DETAIL					DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	County of Service	Billable Activities	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities
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New Mexico Developmental Disabilities Supports Division
 HCBS Medicaid Waiver Programs - Case Manager and Consultant - Time Study - Day 12

Provider
 HCBS Program (if different)

Name

Date of Activity

Please complete all activity detail fields for all time worked. Then select a direct waiver activity (mark "x") along with the service detail OR select an unbillable activity. Please use a different form each day (and enter the date of activity).

ACTIVITY DETAIL					DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
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New Mexico Developmental Disabilities Supports Division
 HCBS Medicaid Waiver Programs - Case Manager and Consultant - Time Study - Day 13

Provider
 HCBS Program (if different)

Name

Date of Activity

Please complete all activity detail fields for all time worked. Then select a direct waiver activity (mark "x") along with the service detail OR select an unbillable activity. Please use a different form each day (and enter the date of activity).

ACTIVITY DETAIL					DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
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New Mexico Developmental Disabilities Supports Division
 HCBS Medicaid Waiver Programs - Case Manager and Consultant - Time Study - Day 14

Provider
 HCBS Program (if different)

Name

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Please complete all activity detail fields for all time worked. Then select a direct waiver activity (mark "x") along with the service detail OR select an unbillable activity. Please use a different form each day (and enter the date of activity).

ACTIVITY DETAIL					DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)		OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
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