

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 _____

New Mexico Developmental Disabilities Supports Division
 HCBS Medicaid Waiver Programs - Nursing, Therapies, Nutrition, BSC - 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 DEVELOPMENTAL DISABILITIES OR MEDICALLY FRAGILE WAIVER) | | OTHER ACTIVITIES (UNBILLABLE TO DEVELOPMENTAL DISABILITIES OR MEDICALLY FRAGILE WAIVER) | | | | | | | | | |
|-------------|---------------------------------------|---|---------------------|-------------------|--|--|---|---|----------------------------|---------------------|----------|--------------------------------|------------------------|--------|--|-------------------------|
| | # HCBS Individuals Receiving Services | # HCBS Jackson Class Individuals Receiving Services | Location | County of Service | Billable Activities | Service Activity Detail from Dropdown | Report Writing | Missed Appointment- Individual Receiving Services | Missed Appointment - Staff | Delayed Appointment | Training | Supervision Related Activities | Preparation Activities | Travel | Case Conference/ Clinical Consultation | Other Admin. Activities |
| -00 | 0 | 0 | Provider office | Bernalillo | | | | | | | | | x | | | |
| -15 | 0 | 0 | Provider office | Bernalillo | | | | | | | | | x | | | |
| -30 | 0 | 0 | Provider office | Bernalillo | | | | | | | | | x | | | |
| -45 | 0 | 0 | Provider office | Bernalillo | | | | | | | | | x | | | |
| -00 | 0 | 0 | Car | Bernalillo | | | | | | | | | | x | | |
| -15 | 0 | 0 | Car | Bernalillo | | | | | | | | | | | | |
| -30 | 1 | 0 | Home | Colfax | x | DD Waiver - Occupational Therapy, Standard | | | | | | | | x | | |
| -45 | 1 | 0 | Home | Colfax | x | DD Waiver - Occupational Therapy, Standard | | | | | | | | | | |
| -00 | 1 | 0 | Home | Colfax | x | DD Waiver - Occupational Therapy, Standard | | | | | | | | | | |
| -15 | 0 | 0 | Car | Colfax | | | | | | | | | | | | |
| -30 | 0 | 0 | Home | Bernalillo | | | | | | | | | | x | | |
| -45 | 0 | 0 | Home | Bernalillo | | | | | | | | | | | | |
| -00 | 0 | 0 | Home | Bernalillo | | | | | | | | | | | | |
| -15 | 0 | 0 | Home | Bernalillo | | | | | | | | | | | | |
| -30 | 0 | 0 | Car | Bernalillo | | | | | | | | | | | | |
| -45 | 1 | 1 | Place of Employment | Bernalillo | x | DD Waiver - Occupational Therapy, Standard | | | | | | | | | | |
| -00 | 1 | 1 | Place of Employment | Bernalillo | x | DD Waiver - Occupational Therapy, Standard | | | | | | | | | | |
| -15 | 1 | 1 | Place of Employment | Bernalillo | x | DD Waiver - Occupational Therapy, Standard | | | | | | | | | | |
| -30 | 1 | 1 | Place of Employment | Bernalillo | x | DD Waiver - Occupational Therapy, Standard | | | | | | | | | | |
| -45 | 1 | 1 | Place of Employment | Bernalillo | x | DD Waiver - Occupational Therapy, Standard | | | | | | | | | | |
| -00 | 1 | 1 | Place of Employment | Bernalillo | x | DD Waiver - Occupational Therapy, Standard | | | | | | | | | | |
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| Total | | | | | 9 | | | 4 | | | | | 4 | 4 | | |

