HCBS Medicaid Waiver Programs Time Study Tool

Developmental Disabilities Waiver CIE, CCS - Individual Services

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

Cover Page

This time study takes place over a consecutive 14-day period. You should record all time worked during the 14 days from February 18 - March 3rd OR February 25 - March 10.

Please reference the instructions, recorded webinar, email (NMHCBSRateStudy@pcgus.com) and help line (1-844-225-3658) for support.

Time Study Period	
Time Study Period	
Provider and Program	
Provider	
HCBS Program (if different)	
Background Information	
Name	
Employee or Subcontractor?	
Primary Title	
Secondary/Dual Title	
Actual Title	
Phone	
Contact Email	
County	
Credentials _	
Current Agency Start Date	
# of Years Work Experience	
# of Years Home and Community Based Service Experience	
Highest Education Attained	
Certification/Licensure 1	
Certification/Licensure 2	
Certification/Licensure 3	
Please sign/type the cover page of the time study packet to	verify accuracy of the information presented before submitting.
Time Charle Bentistrant (Torse News)	
Time Study Participant (Type Name)	
Individual Filling Out the Time Study (Type Name)	Data Circuit
Title of Individual Filling Out the Time Study (Drop-down)	Date Signed
Source of Information for Filling Out Time Study (Drop-down)	

New Mexico Developmental Disabilities Supports Division

HCBS Medicaid Waiver Programs - Developmental Disabilities Waiver: CCS, CIE individual services - Time Study - Day 1 Date of Activity

	Provider				Name]	Date of Activity	Ь	
	HCBS Program (if different)										
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	HCBS Medicaid Waiver Programs - Developmental Disabilities	Waiver: CCS, CIE individual services - Time Study - Day 1	
Provider		Name	Date of Activity
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		Please comp	olete all activity detail fields for all time worked. Then select a direct waiver activity (mark "x") along with the se	ity (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	(UNBILLABLI	E TO THE WAIVER)				
Time of Day	Location	Billable Activites	Service Activity Detail from Dropdown	Report Writing/ Progress Notes	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities	
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New Mexico Developmental Disabilities Supports Division

HCBS Medicaid Waiver Programs - Developmental Disabilities Waiver: CCS, CIE individual services - Time Study - Day 2 Date of Activity Provider HCBS Program (if different)

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New Mexico Developmental Disabilities Supports Division

HCBS Medicaid Waiver Programs - Developmental Disabilities Waiver: CCS, CIE individual services - Time Study - Day 4

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	HCBS Medicaid Waiver Programs - Developmental Disabilities	Waiver: CCS, CIE individual services - Time Study - Day	5	
Provider		Name		Date of Activity
HCBS Program (if different)				

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	HCBS Medicaid Waiver Programs - Developmental Disabilities	Waiver: CCS, CIE individual services - Time Study - Day 6	5	
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	HCBS Medicaid Waiver Programs - Developmental Disabilities	Waiver: CCS, CIE individual services - Time Study - Day 7	•	
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	HCBS Medicaid Waiver Programs - Developmental Disabilities	Waiver: CCS, CIE individual services - Time Study - Day	8	
Provider		Name		Date of Activity
HCBS Program (if different)				

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	HCBS Medicaid Waiver Programs - Developmental Disabilities	Waiver: CCS, CIE individual services - Time Study - Day	9	
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	HCBS Medicaid Waiver Programs - Developmental Disabilities V	Vaiver: CCS, CIE individual services - Time Study - Day 1	10	
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	HCBS Medicaid Waiver Programs - Developmental Disabilities V	Vaiver: CCS, CIE individual services - Time Study - Day 1	1	<u></u>
Provider		Name		Date of Activity
HCBS Program (if different)		·		

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	HCBS Medicaid Waiver Programs - Developmental Disabilities V	Vaiver: CCS, CIE individual services - Time Study - Day 1	12	
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HCBS Medicaid Waiver Programs - Developmental Disabilities Waiver: CCS, CIE individual services - Time Study - Day 13										
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HCBS Program (if different)										

		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).										
		DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)			OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)							
Time of Day	Location	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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	HCBS Medicaid Waiver Programs - Developmental Disabilities Waiver: CCS, CIE individual services - Time Study - Day 14									
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		rieuse compi	DIRECT SERVICE ACTIVITIES (BILLABLE TO THE WAIVER)	service detail OR select an unbillable activity. Please use a different form each day (and enter the date of activity). OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)								
Time of Day	Location	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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