

Welcome to the HCBS Waiver Rate Setting Time Study Webinar Training Session

- We will start the webinar shortly at: <https://pcgus.webex.com/join/kryan>
- To call into the session please dial:
 - 1-844-531-9388
 - Access Code: 797 576 065
- Please mute your phone for the training session.
- Thank you in advance for your participation
- During the webinar, we encourage you to type any questions you may have into the WebEx “Chat” box.

If you are having any issues calling in, please contact us at

1-(844)-225-3658

or

NMHCBSRateStudy@pcgus.com

State of New Mexico
Department of Health
Developmental Disabilities Supports
Division

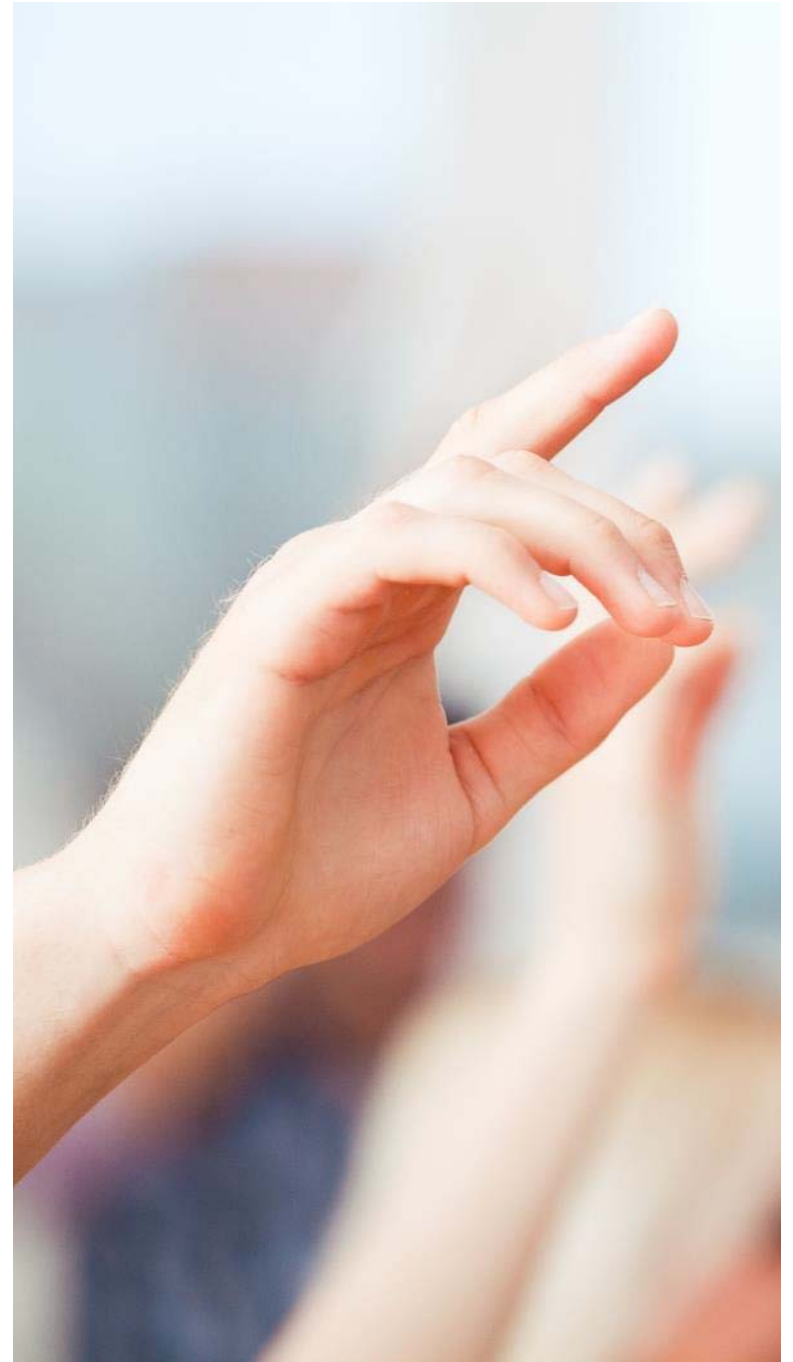
Developmental Disabilities, Medically Fragile, Mi Via
Home and Community-Based Services (HCBS) Waivers

Time Study Training

November 2018

Agenda

- Rate Study Material Logistics
- Purpose of the Time Study
- Personnel Included in the Time Study
- Time Study Logistics
- Time Study Form
 - Time Study Cover
 - Time Study Example
 - Activity Detail
 - Filling Out the Form
- Key Takeaways
- Returning the Time Study
- Questions



Rate Study Material Logistics

Training Dates

- Thursday, November 1st 11am-1pm MST
- Friday, November 2nd 10:30am-12:30pm MST
- Tuesday, November 6th 1pm-3pm MST

Important Time Study Dates

- Time Study Period 1: November 26th – December 9th, 2018
- Time Study Period 2: January 7th – January 20th, 2019
- All Materials Due to PCG: January 22nd, 2019

Rate Study Resources

- Technical Assistance Hotline: 1-844-225-3658
- Email: NMHCBSRateStudy@pcgus.com
- Live and Recorded Webinars
- Time Study Instructions
- Training PowerPoint

Purpose of the Time Study

The goal of the rate study is to identify the time, effort and costs associated with providing HCBS waiver services in order to recommend reimbursement rates for the following waiver services:

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

The time study allows PCG and DDS to quantify the portion of staff time allocated to HCBS waiver services.

The results are used to identify the time and effort associated with service delivery.

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

We thank you in advance for your participation!

Personnel Included in the Time Study



Staff Who **Should** Participate

- All staff that perform Developmental Disabilities, Medically Fragile, and Mi Via HCBS waiver services that are billable to DDSD
- Subcontractors hired by the program to do HCBS-related work



Staff Who **Should Not** Participate

- Administrative staff
- Staff who directly bill a third-party source other than HSD/Medicaid
 - For example, a subcontractor Physical Therapist should not record his or her time that is not an HCBS waiver related service (e.g., services performed in a hospital setting).

Time Study Logistics

The time study captures all time worked during a 14-day period. There is a unique time study for Developmental Disabilities, Medically Fragile, and Mi Via waiver service providers.

Participants will record their time worked during **one** of the following time study periods:

- Monday, November 26th at 12:00 a.m. to Sunday December 9, 2018 at 11:59 p.m.
- Monday, January 7th at 12:00 a.m. to Sunday, January 20th, 2019 at 11:59 p.m.



All time studies are due to PCG electronically by January 22nd, 2019.

Time Study: Filling Out the Time Study Cover

Each participant must enter the appropriate information in the cover sheet fields of their time study workbook. Some of the fields are dropdown menus as shown below. All other fields are free text that require a typed response.

New Mexico Developmental Disabilities Supports Division
 HCBS Medicaid Waiver Programs Time Study Tool
 Developmental Disabilities Waiver
 Cover Page

This time study takes place over a consecutive 14-day period. You should record all time worked during the 14 days from **November 26 – December 9, 2018 OR January 7 – January 20, 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 Note: Each participant must review and electronically sign and date the time study on the cover, along with a supervisor or other reviewer.

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 _____

Position Titles

Developmental Disabilities Waiver

- Acupuncturist
- Audiologist
- Behavioral Support Consultant
- Biofeedback Therapist
- Case Manager
- Chiropractor
- Cognitive Rehab Therapist
- Community Inclusion Aide
- Dentist
- Dietitian (RD/LD)/Nutritionist
- Driver (Transportation)
- Family Living Provider
- Hippotherapist
- Home Health Aide/Certified Medication Aid
- Interpreter
- Job Aide
- Job Coach
- Job Developer
- Licensed Practical Nurse
- Massage Therapist
- Naprapathist
- Native American Healer
- Naturopathist
- Occupational Therapist
- Occupational Therapy Assistant
- Other Professional
- Physical Therapist
- Physical Therapy Assistant
- Physician /Primary Care Provider
- Play Therapist
- Psychologist
- Registered Nurse
- Respite Provider
- Risk Evaluator
- Social Worker
- Speech Therapist/Speech-Language Pathologist
- Supported Living Direct Support Professional

Medically Fragile Waiver

- Behavioral Support Consultant
- Certified Nursing Assistant
- Certified Occupational Therapy Assistant
- Home Health Aide
- Licensed Dietitian
- Licensed Nutritionist
- Licensed Practical Nurse
- Nurse Case Manager
- Occupational Therapist
- Office Administrator
- Physical therapist
- Physical therapist Assistant
- Registered Dietician
- Registered Nurse
- Specialized Foster Care Home
- Speech Therapist

Mi Via Waiver

- Consultant
- In-Home Living Support Provider

Time Study: Time Study Example

HCBS Medicaid Waiver Programs- Medically Fragile Waiver - 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)		OTHER ACTIVITIES (UNBILLABLE)							
	# HCBS Individuals Receiving Services	Location	Location: County of Service	Billable Activities	Service Activity Detail from Dropdown	Report Writing	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities
9 :00	0	Clinic	Bernalillo			x							
9 :15	1	Clinic	Bernalillo	x	In Home Assessment								
9 :30	1	Clinic	Bernalillo	x	In Home Assessment								
9 :45	1	School	Cibola	x	Behavior Support Consultation								
10 :00	1	Clinic	Bernalillo	x	Behavior Support Consultation								
10 :15	0	Home	Bernalillo				x						
10 :30	0	On Call	Bernalillo						x				
10 :45	0	On Call	Bernalillo									x	
Total				4		1	1		1			1	

Time Study: Filling Out the Time Study Forms

The time study forms have three main sections for each 15-minute increment: activity detail, billable and 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.

Date of Activity

ACTIVITY DETAIL		
# HCBS Jackson Class Individuals Receiving Services	Location	County of Service
Home		
Place of Employment		
Community		

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

Time Study: Activity Detail

Activities fall into a billable or unbillable category.

Only one activity can be selected for each 15-minute unit. If more than one activity is performed, select the predominant activity.

Billable Activities

- All Developmental Disabilities waiver services
- All Medically Fragile waiver services
- In-Home Living Supports and Consultant Mi Via waiver services

Service Activity

- There is a dropdown menu to the right of the billable services to specify the type of HCBS service activity performed. This is a required field for all billable activities and comes from the service definitions for each waiver.

Billable activities should be recorded when performing any and all 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.

Time Study: Activity Detail

Unbillable Activities

Report Writing

- Time spent writing a report.

Missed Appointment – Individual Receiving Services

- Time 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/family did not make the appointment (e.g., the individual canceled the session).

Missed Appointment– Staff

- Time 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.

Other Administrative Activities (Other Admin. Activities)

- Any other activity that does not fall into another category. This also includes paid time off.

Time Study: Filling Out the Time Study Forms

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)							
Report Writing	Missed Appointment - Individual Receiving Services	Missed Appointment Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities
				x			
				x			
				x			
				x			

Please Note: The total “x” markings will automatically sum at the bottom of each daily worksheet. The bottom of each worksheet also contains a legend to list out all abbreviations and a path to the HCBS waiver service definitions.

Time Study: Filling Out the Time Study Forms

If billable HCBS activity was performed during the service, then the Billable Activities column should be marked with an “x” and the specific HCBS service activity should be selected from the dropdown menu.

DIRECT SERVICE ACTIVITIES (BILLABLE)	
Billable Activities	Service Activity Detail from Dropdown
x	Adult Nursing Services, LPN
	Adult Nursing Services, RN
	Assistive Technology
	Behavioral Support Consultation, Incentive
	Behavioral Support Consultation, Standard
	Case Management On-Going: Budgets
	Case Management On-Going: Annual recertification
	Case Management On-Going: Person-centered planning activities

Time Study: Filling Out the Time Study Forms

For each 15-minute unit, select either a billable or an unbillable activity.

Only one billable or unbillable activity can be marked for each 15-minute increment.

If more than one service was provided, select the predominant activity.

DD BILLABLE ACTIVITIES		
<u>DD Activities Detail</u>		
Adult Nursing Services, LPN	Customized Community Support, Group, Category 2 Extensive Support	Physical Therapy Assistant (PTA), Incentive
Adult Nursing Services, RN	Customized Community Support, Individual	Physical Therapy Assistant (PTA), Standard
Assistive Technology	Customized Community Support, Individual Intensive Behavioral Support	Physical Therapy, Incentive
Behavioral Support Consultation, Incentive	Customized Community Support, Small Group	Physical Therapy, Standard
Behavioral Support Consultation, Standard	Customized Community Supports, Group, Jackson Class Only	Preliminary Risk Screening and Consultation for Inappropriate Sexual Behavior, Incentive
Case Management On-Going: Budgets	Customized In-Home Supports, Living Independently	Preliminary Risk Screening and Consultation for Inappropriate Sexual Behavior, Standard
Case Management On-Going: Annual recertification	Customized In-Home Supports, Living with Family or Natural Supports	Respite
Case Management On-Going: Person-centered planning activities	Environmental Modifications	Respite - Group
Case Management On-Going: Monitoring	Family Living	Socialization and Sexuality Education, Incentive
Case Management On-Going: Other	Family Living, Jackson Class Only	Socialization and Sexuality Education, Standard
Community Inclusion Aide	Fiscal Management of Adult Education Opportunities	Speech, Language Pathology, Incentive
Community Integrated Employment, Group, Category 1	Independent Living Transition	Speech, Language Pathology, Standard
Community Integrated Employment, Group, Category 2 Extensive Support	Intensive Medical Living Services	Supplemental Dental Care
Community Integrated Employment, Intensive	Non-Medical Transportation Pass/Ticket	Supported Living Category 4 Extraordinary Medical/Behavioral Support
Community Integrated Employment, Job Aide	Non-Medical Transportation Per Mile	Supported Living, Category 1 Basic Support
Community Integrated Employment, Job Maintenance	Nutritional Counseling	Supported Living, Category 2 Moderate Support
Community Integrated Employment, Self-Employment	Occupational Therapy Assistant, Incentive	Supported Living, Category 3 Extensive Support
Crisis Support (Alternative Residential Setting)	Occupational Therapy Assistant, Standard	Supported Living, Non-Ambulatory Stipend
Crisis Support (Individual's Residence)	Occupational Therapy, Incentive	
Customized Community Support, Group, Category 1	Occupational Therapy, Standard	
	Personal Support Technology, Installation	
	Personal Support Technology, Monthly Maintenance	

OTHER ACTIVITIES (UNBILLABLE)
<u>Other Activities Detail</u>
Report Writing
Missed Appointment-Individual Receiving Services
Missed Appointment- Staff
Training
Supervision Related Activities
Preparation Activities
Travel
Other Admin. Activities

Time Study: Filling Out the Time Study Forms

Case Management

- Case Management: Budgets
 - Annuals and revisions
- Case Management: Annual recertification
 - Monitoring and LOC submissions
- Case Management: Person-centered planning activities
 - ISP development and revisions, IDT meetings, pre-ISP meetings, assessment participation or review
- Case Management: Linking/community resources
- Case Management: Monitoring
 - Assessing, evaluating, site visits, and document review
- Case Management: Other

Time Study: Filling Out the Time Study Forms

For each 15-minute unit, select either a billable or an unbillable activity.

Only one billable or unbillable activity can be marked for each 15-minute increment.

If more than one service was provided, select the predominant activity.

MF BILLABLE ACTIVITIES

MF Activities Detail

Behavior Support Consultation	Occupational Therapy
Behavior Support Consultation – Clinic Based	Physical Therapy
Budget	Pre-Assessment
Case Management Ongoing	Private Duty Nursing—LPN
Facilitation of Specialized Medical Equipment	Private Duty Nursing—LPN Respite
Home Health Aide	Private Duty Nursing—RN
Home Health Aide—Respite	Private Duty Nursing—RN Respite
In Home Assessment	Specialized Respite Home
Nutritional Counseling	Speech Therapy

OTHER ACTIVITIES (UNBILLABLE)

Other Activities Detail

- Report Writing
- Missed Appointment-Individual Receiving Services
- Missed Appointment- Staff
- Training
- Supervision Related Activities
- Preparation Activities
- Travel
- Other Admin. Activities

Time Study: Filling Out the Time Study Forms

For each 15-minute unit, select either a billable or an unbillable activity.

Only one billable or unbillable activity can be marked for each 15-minute increment.

If more than one service was provided, select the predominant activity.

Mi Via BILLABLE ACTIVITIES

Mi Via Activities Detail

In-Home Living Support
Consultant- Support Guide Functions
Consultant- Budgets (annuals and revisions)
Consultant- Person-centered planning activities
Consultant- Linking/community resources
Consultant- Monitoring/assessments
Consultant- Assisting the participants to navigate Mi Via Waiver
Other

OTHER ACTIVITIES (UNBILLABLE)

Other Activities Detail

Report Writing
Missed Appointment-Individual Receiving Services
Missed Appointment- Staff
Training
Supervision Related Activities
Preparation Activities
Travel
Other Admin. Activities

Key Takeaways

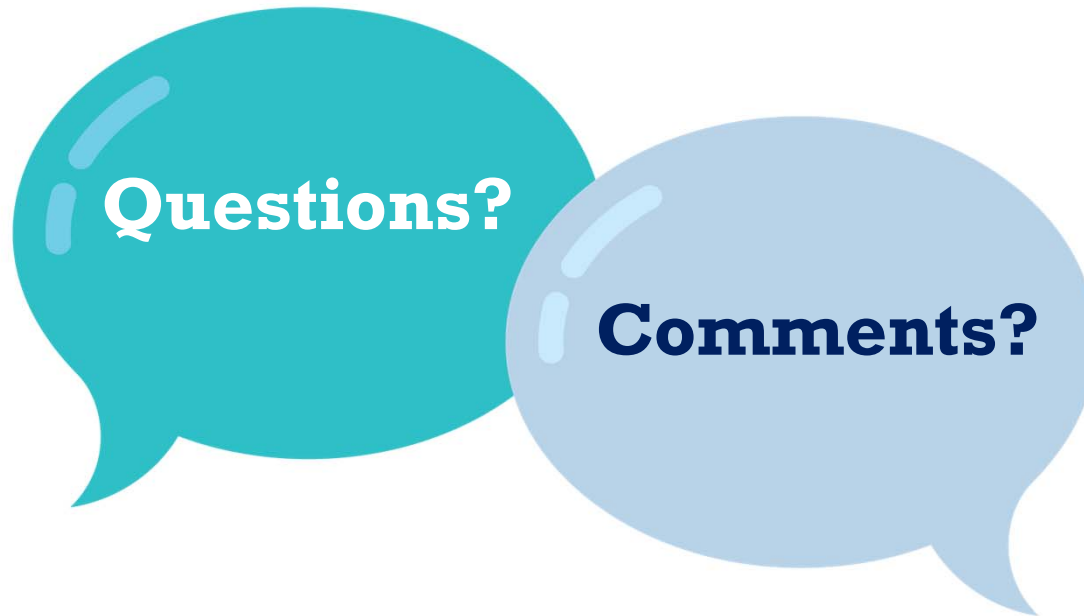
- ✓ Employees and subcontractors that perform HCBS waiver services that are billable to HSD/Medicaid should participate in the time study.
- ✓ Participants can choose to participate in the time study from:
November 26th – December 9th, 2018 OR January 7th – 20th, 2019
- ✓ All time worked during the 14-day time study period should be recorded.
- ✓ Complete the cover worksheet and the **14** time study worksheets in Excel.
- ✓ For each 15-minute increment, record the activity detail and select either a billable or unbillable activity that was performed.
- ✓ Make sure the participant and his/her supervisor electronically sign and date the cover sheet before submitting to PCG via email.

Returning the Forms



- ✓ Ensure that the time study is filled out completely and signed electronically by both the participant and a supervisor or other designee
- ✓ Please submit the completed time study via email to NMHCBSRateStudy@pcgus.com by January 22nd, 2019

What Should I Do If I Have Questions?



If you have any questions or comments, please contact PCG at:

1-(844)-225-3658

or

NMHCBSRateStudy@pcgus.com

Questions





www.publicconsultinggroup.com