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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 18th – Sunday March 3rd, 2019 or Monday February 25th – Sunday March 10th, 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

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 15th, 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 18th at 12:00 a.m. to Sunday March 3rd, 2019 at 11:59 p.m.
- Monday, February 25th at 12:00 a.m. to Sunday, March 10th, 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 Form

<table>
<thead>
<tr>
<th>Time of Day</th>
<th>HCBS Individuals Receiving Services</th>
<th>HCBS Class Individuals Receiving Services</th>
<th>Location</th>
<th>Cause of Service</th>
<th>Editable Activities</th>
<th>Service Activity Details from Dropdown</th>
<th>Report Writing/Progress Notes</th>
<th>Missed Appointment Individual Receiving Services</th>
<th>Missed Appointment Staff</th>
<th>Training</th>
<th>Supervision/Related Activities</th>
<th>Preparation Activities</th>
<th>Travel</th>
<th>Other Admin. Activities</th>
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</table>

Total

Page 6 of 47
**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
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.

**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.

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.

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

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. The completed time study must be submitted electronically in its original Excel Workbook format to PCG by Friday, March 15th, 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 18th – Sunday March 3rd, 2019 or Monday February 25th – Sunday March 10th, 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

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 15th, 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 18th at 12:00 a.m. to Sunday March 3rd, 2019 at 11:59 p.m.
- Monday, February 25th at 12:00 a.m. to Sunday, March 10th, 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**
# Time Study Form

New Mexico Developmental Disabilities Support Division

<table>
<thead>
<tr>
<th>Provider</th>
<th>Name</th>
<th>State of Activity</th>
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</thead>
<tbody>
<tr>
<td>HCBS Program (ID number)</td>
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</tbody>
</table>

Please complete all activity detail fields for all time worked. Then select a direct service activity (D) along with the service detail (D) select an unavailable activity. Please use a different day for each day and enter the date of activity.

<table>
<thead>
<tr>
<th>Time of Day</th>
<th>HCBS Individuals Receiving Services</th>
<th>HCBS Individuals Requiring Services</th>
<th>Location</th>
<th>Counts of Service</th>
<th>Billable Activity</th>
<th>Service Activity Detail from Dropdown</th>
<th>Other Activities (Unillable to Developmental Disabilities or Medically Fragile Waiver)</th>
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| Total |                                    |                                    |          |                   |                                        |                                                                                  |

Page 16 of 47
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.

<table>
<thead>
<tr>
<th>Billable Activity</th>
<th>Unbillable Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD Waiver - Adult Nursing Services, LPN - Client Family Training</td>
<td>DD Waiver - Socialization and Sexuality Education, Standard</td>
</tr>
<tr>
<td>DD Waiver - Adult Nursing Services, LPN - General</td>
<td>DD Waiver - Speech, Language Pathology, Incentive</td>
</tr>
<tr>
<td>DD Waiver - Adult Nursing Services, LPN - On Call</td>
<td>DD Waiver - Speech, Language Pathology, Standard</td>
</tr>
<tr>
<td>DD Waiver - Adult Nursing Services, LPN - Supervision</td>
<td>DD Waiver - Supported Living Bundled Nursing</td>
</tr>
<tr>
<td>DD Waiver - Adult Nursing Services, RN - Client Family Training</td>
<td>DD Waiver - Supported Living Bundled Nutrition</td>
</tr>
<tr>
<td>DD Waiver - Adult Nursing Services, RN - General</td>
<td>Medically Fragile Waiver - Behavior Support Consultation</td>
</tr>
<tr>
<td>DD Waiver - Adult Nursing Services, RN - On Call</td>
<td>Medically Fragile Waiver - Behavior Support Consultation – Clinic Based</td>
</tr>
<tr>
<td>DD Waiver - Adult Nursing Services, RN - Supervision</td>
<td>Medically Fragile Waiver - Home Health Aide</td>
</tr>
<tr>
<td>DD Waiver - Behavioral Support Consultation, Incentive</td>
<td>Medically Fragile Waiver - Home Health Aide—Respite</td>
</tr>
<tr>
<td>DD Waiver - Behavioral Support Consultation, Standard</td>
<td>Medically Fragile Waiver - Nutritional Counseling</td>
</tr>
<tr>
<td>DD Waiver - CCS Group Bundled Nursing</td>
<td>Medically Fragile Waiver - Occupational Therapy</td>
</tr>
<tr>
<td>DD Waiver - Intensive Medical Living Services Bundled Nursing</td>
<td>Medically Fragile Waiver - Physical Therapy</td>
</tr>
<tr>
<td>DD Waiver - Intensive Medical Living Services Bundled Nutrition</td>
<td>Medically Fragile Waiver - Private Duty Nursing, LPN - Client Family Training</td>
</tr>
<tr>
<td>DD Waiver - Nutritional Counseling</td>
<td>Medically Fragile Waiver - Private Duty Nursing, LPN - General</td>
</tr>
<tr>
<td>DD Waiver - Occupational Therapy Assistant, Incentive</td>
<td>Medically Fragile Waiver - Private Duty Nursing, LPN - On Call</td>
</tr>
<tr>
<td>DD Waiver - Occupational Therapy Assistant, Standard</td>
<td>Medically Fragile Waiver - Private Duty Nursing, LPN - Supervision</td>
</tr>
<tr>
<td>DD Waiver - Occupational Therapy, Incentive</td>
<td>Medically Fragile Waiver - Private Duty Nursing, LPN - Respite</td>
</tr>
<tr>
<td>DD Waiver - Occupational Therapy, Standard</td>
<td>Medically Fragile Waiver - Private Duty Nursing, RN - Client Family Training</td>
</tr>
<tr>
<td>DD Waiver - Physical Therapy Assistant (PTA), Incentive</td>
<td>Medically Fragile Waiver - Private Duty Nursing, RN - General</td>
</tr>
<tr>
<td>DD Waiver - Physical Therapy Assistant (PTA), Standard</td>
<td>Medically Fragile Waiver - Private Duty Nursing, RN - On Call</td>
</tr>
<tr>
<td>DD Waiver - Physical Therapy, Incentive</td>
<td>Medically Fragile Waiver - Private Duty Nursing, RN - Supervision</td>
</tr>
<tr>
<td>DD Waiver - Physical Therapy, Standard</td>
<td>Medically Fragile Waiver - Private Duty Nursing, RN, Respite</td>
</tr>
<tr>
<td>DD Waiver - Preliminary Risk Screening and Consultation for Inappropriate Sexual Behavior, Incentive</td>
<td>Medically Fragile Waiver - Speech Therapy</td>
</tr>
</tbody>
</table>

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

**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.

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.

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

<table>
<thead>
<tr>
<th>County of Service</th>
<th>Billable Activities</th>
<th>Service Activity Detail from Dropdown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernalillo</td>
<td>x</td>
<td>DO Waiver - Behavioral Support Consultation, Standard</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DO Waiver - Nutritional Counseling, Standard</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DO Waiver - Occupational Therapy Assistant, Incentive</td>
</tr>
<tr>
<td></td>
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<td>DO Waiver - Occupational Therapy Assistant, Incentive</td>
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<td>DO Waiver - Occupational Therapy, Standard</td>
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<tr>
<td></td>
<td></td>
<td>DO Waiver - Physical Therapy Assistant (PTA), Incentive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DO Waiver - Physical Therapy Assistant (PTA), Standard</td>
</tr>
</tbody>
</table>

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. The completed time study must be submitted electronically in its original **Excel Workbook format** to PCG by Friday, March 15th, 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 18th – Sunday March 3rd, 2019 or Monday February 25th – Sunday March 10th, 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

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 15th, 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 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 18th at 12:00 a.m. to Sunday March 3rd, 2019 at 11:59 p.m.
- Monday, February 25th at 12:00 a.m. to Sunday, March 10th, 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 3 and 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 [ ]

Background Information
Name [ ]
Employee or Subcontractor? [ ]
Primary Title [ ]
Secondary/Dual Title [ ]
Actual Title [ ]
Phone [ ]
Contact Email [ ]
Country [ ]

Credentials
Current Agency Start Date [ ]
# of Years Work Experience [ ]
# of Years Home and Community Based Service Experience [ ]
Highest Education Attained [ ]
Certification/Licenses 1 [ ]
Certification/Licenses 2 [ ]
Certification/Licenses 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 [ ]
Individual Filing Out the Time Study [ ]
Title of individual Filing Out the Time Study [ ]
Source of information for Filing Out Time Study [ ]

Date Signed [ ]

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# Time Study Form

**New Mexico Developmental Disabilities Supports Division**  
**HCBS Managed Waiver Programs - Developmental Disabilities Waiver (DDW), CWS Individual Services - Time Study - Day 2**

<table>
<thead>
<tr>
<th>Time of Day</th>
<th>Location</th>
<th>Billable Activities</th>
<th>Service Activity Details from Dropdown</th>
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</thead>
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</tbody>
</table>

**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

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

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
**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.

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

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.

<table>
<thead>
<tr>
<th>Time Study Participant (Type Name)</th>
<th>Individual Filling Out the Time Study (Type Name)</th>
<th>Title of Individual Filling Out the Time Study (Drop-down)</th>
<th>Source of Information for Filling Out Time Study (Drop-down)</th>
<th>Date Signed</th>
</tr>
</thead>
</table>


**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.

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

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. The completed time study must be submitted electronically in its original Excel Workbook format to PCG by Friday, March 15th, 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 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

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 18th – Sunday March 3rd, 2019 or Monday February 25th – Sunday March 10th, 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

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 15th, 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 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 18th at 12:00 a.m. to Sunday March 3rd, 2019 at 11:59 p.m.
- Monday, February 25th at 12:00 a.m. to Sunday, March 10th, 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.

<table>
<thead>
<tr>
<th>Title of individual filling out the time study:</th>
<th>Source of information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Coordinator</td>
<td>Timesheets</td>
</tr>
<tr>
<td>Billing Clerk</td>
<td>Progress Notes</td>
</tr>
<tr>
<td>Administrative Staff</td>
<td>Other</td>
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<tr>
<td>Vendor</td>
<td></td>
</tr>
<tr>
<td>Other</td>
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</tbody>
</table>

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 webinars, email [NMHCBSRateStudy@pcgus.com](mailto:NMHCBSRateStudy@pcgus.com) and help line (1-844-225-3658) for support.

<table>
<thead>
<tr>
<th>Provider and Program</th>
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<tbody>
<tr>
<td>Provider</td>
<td></td>
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<tr>
<td>HCBS Program (if different)</td>
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</tbody>
</table>

<table>
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<tr>
<th>Background Information</th>
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<tr>
<td>Name</td>
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<tr>
<td>Employee or Subcontractor?</td>
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<td>Primary Title</td>
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<td>Secondary/Dual Title</td>
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<td>Phone</td>
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<td>Contact Email</td>
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<th>Credentials</th>
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<tbody>
<tr>
<td>Current Agency Start Date</td>
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<tr>
<td># of Years Home and Community Based Service Experience</td>
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<td>Highest Education Attained</td>
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<tr>
<td>Certification/Licensure 1</td>
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<tr>
<td>Certification/Licensure 2</td>
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<tr>
<td>Certification/Licensure 3</td>
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</tbody>
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*Please sign/type the cover page of the time study packet to verify accuracy of the information presented before submitting.*

<table>
<thead>
<tr>
<th>Time Study Participant Name</th>
<th>Date Signed</th>
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<tbody>
<tr>
<td>Individual Filing Out the Time Study</td>
<td></td>
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<tr>
<td>Title of Individual Filing Out the Time Study</td>
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<tr>
<td>Source of Information for Filing Out Time Study</td>
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</tbody>
</table>

Page 34 of 47
### Time Study Form

<table>
<thead>
<tr>
<th>Time of Day</th>
<th>Location</th>
<th>Billable Activities</th>
<th>Service Activity Detail from Dropdown</th>
<th>Other Activities Unavailable to the Worker</th>
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</thead>
<tbody>
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<td>45</td>
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</tbody>
</table>

**Total**
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.

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

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.

<table>
<thead>
<tr>
<th>Time Study Participant (Type Name)</th>
<th>Individual Filling Out the Time Study (Type Name)</th>
<th>Title of Individual Filling Out the Time Study (Drop-down)</th>
<th>Source of Information for Filling Out Time Study (Drop-down)</th>
<th>Date Signed</th>
</tr>
</thead>
</table>


**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.

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

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. The completed time study must be submitted electronically in its original Excel Workbook format to PCG by Friday, March 15th, 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
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 18th – Sunday March 3rd, 2019 or Monday February 25th – Sunday March 10th, 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

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 15th, 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 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 18th at 12:00 a.m. to Sunday March 3rd, 2019 at 11:59 p.m.
- Monday, February 25th at 12:00 a.m. to Sunday, March 10th, 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**
# 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.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Name</th>
<th>HCBS Program (if different)</th>
<th>Time Study Dates</th>
</tr>
</thead>
</table>

Please mark an "x" for each hour of the day associated with an activity in either Column 1 or Column 2.

<table>
<thead>
<tr>
<th>Hour of the Day</th>
<th>III HCBS Jackson Class Individuals Receiving Services</th>
<th>County</th>
<th>Activity (mark with an &quot;x&quot;)</th>
<th>Activity Column 1 (Billable to a Waiver)</th>
<th>Activity (mark with an &quot;x&quot;)</th>
<th>Activity Column 2 (Unbillable to a Waiver)</th>
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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.

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

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.

<table>
<thead>
<tr>
<th>Time Study Participant (Type Name)</th>
<th>Individual Filling Out the Time Study (Type Name)</th>
<th>Title of Individual Filling Out the Time Study (Drop-down)</th>
<th>Source of Information for Filling Out Time Study (Drop-down)</th>
<th>Date Signed</th>
</tr>
</thead>
</table>

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

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. The completed time study must be submitted electronically in its original Excel Workbook format to PCG by Friday, March 15th, 2019.