

New Mexico Developmental Disabilities Supports Division

HCBS Medicaid Waiver Programs Time Study Tool

Developmental Disabilities Waiver - CIE, CCS Group Services

*Services Included in this Tool: Community Integrated Employment - Group, Customized Community Supports - Group, Respite - Group
Cover Page*

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

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

Time Study Period

Time Study Period

Provider and Program

Provider

HCBS Program (if different)

Background Information

Name

Employee or Subcontractor?

Primary Title

Secondary/Dual Title

Actual Title

Phone

Contact Email

County

Credentials

Current Agency Start Date

of Years Work Experience

of Years Home and Community Based Service Experience

Highest Education Attained

Certification/Licensure 1

Certification/Licensure 2

Certification/Licensure 3

Please sign/type the cover page of the time study packet to verify accuracy of the information presented before submitting.

Time Study Participant (Type Name)

Individual Filling Out the Time Study (Type Name)

Title of Individual Filling Out the Time Study (Drop-down)

Source of Information for Filling Out Time Study (Drop-down)

Date Signed _____

New Mexico Developmental Disabilities Supports Division
 HCBS Medicaid Waiver Programs - Developmental Disabilities Waiver - CIE, CCS Group Services - Time Study - Day 12

Provider
 HCBS Program (if different)

Name

Date of Activity

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

ACTIVITY DETAIL				DIRECT SERVICE ACTIVITIES - Group only (BILLABLE TO THE WAIVER) Input Service Activity by Individual in the Group						OTHER ACTIVITIES (UNBILLABLE TO THE WAIVER)										
Time of Day	# HCBS Individuals Receiving Services	# HCBS Jackson Class Individuals Receiving Services	Location	Billable Activity (mark x)	#1	#2	#3	#4	#5	#6	Report Writing	Missed Appointment - Individual Receiving Services	Missed Appointment - Staff	Training	Supervision Related Activities	Preparation Activities	Travel	Other Admin. Activities		
																			.00	
.15																				
.30																				
.45																				
.00																				
.15																				
.30																				
.45																				
.00																				
.15																				
.30																				
.45																				
.00																				
.15																				
.30																				
.45																				
.00																				
.15																				
.30																				
.45																				
.00																				
.15																				
.30																				
.45																				
.00																				
.15																				
.30																				
.45																				
.00																				
.15																				
.30																				
.45																				
.00																				
.15																				
.30																				
.45																				
Total																				

