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

• We will start the webinar shortly at: https://pcgus.webex.com/join/kryan

• To call into the session please dial:
  ➢ 1-844-531-9388
  ➢ Access Code: 797 576 065

• Please mute your phone for the training session.

• Thank you in advance for your participation

• During the webinar, we encourage you to type any questions you may have into the WebEx “Chat” box.

  If you are having any issues calling in, please contact us at
  
  1-(844)-225-3658
  or
  NMHCBSRateStudy@pcgus.com
State of New Mexico
Department of Health
Developmental Disabilities Supports Division

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

Time Study Training

November 2018
Agenda

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

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

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

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

The goal of the rate study is to identify the time, effort and costs associated with providing HCBS waiver services in order to recommend reimbursement rates for the following waiver services:
- Developmental Disabilities
- Medically Fragile
- Mi Via (In-home Living Supports and Consultant services only)

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

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

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

We thank you in advance for your participation!
Personnel Included in the Time Study

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

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

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

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

- **Monday, November 26\(^{th}\) at 12:00 a.m. to Sunday December 9, 2018 at 11:59 p.m.**
- **Monday, January 7\(^{th}\) at 12:00 a.m. to Sunday, January 20\(^{th}\), 2019 at 11:59 p.m.**

All time studies are due to PCG electronically by January 22\(^{nd}\), 2019.
Time Study: Filling Out the Time Study Cover

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

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

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

This time study takes place over a consecutive 14-day period. You should record all time worked during the 14 days from November 26 – December 9, 2018 OR January 7 – January 20, 2019.

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

Please Note: Each participant must review and electronically sign and date the time study on the cover, along with a supervisor or other reviewer.
## Position Titles

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

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

### MiVia Waiver
- Consultant
- In-Home Living Support Provider
## Time Study: Time Study Example

<table>
<thead>
<tr>
<th>Time of Day</th>
<th># HCBS Individuals Receiving Services</th>
<th>Location</th>
<th>Location: County of Service</th>
<th>Billable Activities</th>
<th>Service Activity Detail from Dropdown</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00</td>
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<td>Clinic</td>
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**Total:** 4

### DIRECT SERVICE ACTIVITIES (BILLABLE)

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

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**Total:** 1 1 1 1 1
Time Study: Filling Out the Time Study Forms

The time study forms have three main sections for each 15-minute increment: activity detail, billable and unbillable. The activity detail section must be completed for each 15-minute unit. Then the participant must select either a billable or an unbillable activity that was completed during that time.
Time Study: Activity Detail

Activities fall into a billable or unbillable category. **Only one activity can be selected for each 15-minute unit.** If more than one activity is performed, select the predominant activity.

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

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

Billable activities should be recorded when performing any and all activities that fall under the service definition for a billable service. This may or may not align with how activities are regularly billed.

For example if you are typing case notes for a service that was provided earlier that day, and documentation and case notes are included in the service definition, that time should be recorded as billable time on the time study.
Time Study: Activity Detail

**Unbillable Activities**

**Report Writing**
- Time spent writing a report.

**Missed Appointment – Individual Receiving Services**
- Time working on an activity for an individual that did not appear, making the activity unbillable.
- This occurs when the no-show is because the individual/family did not make the appointment (e.g., the individual canceled the session).

**Missed Appointment – Staff**
- Time working on an activity for an individual that did not appear, making the activity unbillable.
- This occurs when the reason for the no-show is staff related (e.g., staff canceled).

**Training**
- Time either delivering or participating in a training.

**Supervision Related Activities**
- Time associated with supervising staff.

**Preparation Activities**
- Time spent preparing to deliver a service.

**Travel**
- Time spent traveling for work-related activities.

**Other Administrative Activities (Other Admin. Activities)**
- Any other activity that does not fall into another category. This also includes paid time off.
Time Study: Filling Out the Time Study Forms

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

<table>
<thead>
<tr>
<th>OTHER ACTIVITIES (UNBILLABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Writing</td>
</tr>
<tr>
<td>Missed Appointment - Individual Receiving Services</td>
</tr>
<tr>
<td>Missed Appointment - Staff</td>
</tr>
<tr>
<td>Training</td>
</tr>
<tr>
<td>Supervision Related Activities</td>
</tr>
<tr>
<td>Preparation Activities</td>
</tr>
<tr>
<td>Travel</td>
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<tr>
<td>Other Admin. Activities</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Billable Activities</th>
<th>Service Activity Detail from Dropdown</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Adult Nursing Services, LPN</td>
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<tr>
<td></td>
<td>Adult Nursing Services, RN</td>
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<tr>
<td></td>
<td>Assistive Technology</td>
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<tr>
<td></td>
<td>Behavioral Support Consultation, Incentive</td>
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<tr>
<td></td>
<td>Behavioral Support Consultation, Standard</td>
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<tr>
<td></td>
<td>Case Management On-Going: Budgets</td>
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<tr>
<td></td>
<td>Case Management On-Going: Annual recertification</td>
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<tr>
<td></td>
<td>Case Management On-Going: Person-centered planning activities</td>
</tr>
</tbody>
</table>
Time Study: Filling Out the Time Study Forms

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

**DD BILLABLE ACTIVITIES**

**DD Activities Detail**
- Adult Nursing Services, LPN
- Adult Nursing Services, RN
- Assistive Technology
- Behavioral Support Consultation, Incentive
- Behavioral Support Consultation, Standard
- Case Management On-Going: Budgets
- Case Management On-Going: Annual recertification
- Case Management On-Going: Person-centered planning activities
- Case Management On-Going: Monitoring
- Case Management On-Going: Other
- Community Inclusion Aide
- Community Integrated Employment, Group, Category 1
- Community Integrated Employment, Group, Category 2
- Extensive Support
- Community Integrated Employment, Intensive
- Community Integrated Employment, Job Aide
- Community Integrated Employment, Job Maintenance
- Community Integrated Employment, Self-Employment
- Crisis Support (Alternative Residential Setting)
- Crisis Support (Individual's Residence)
- Customized Community Support, Group, Category 1
- Customized Community Support, Group, Category 2 Extensive
- Physical Therapy Assistant (PTA), Incentive Support
- 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
- Respite
- Respite - Group
- Socialization and Sexuality Education, Incentive
- Socialization and Sexuality Education, Standard
- Speech, Language Pathology, Incentive
- Speech, Language Pathology, Standard
- Supplemental Dental Care
- Supported Living Category 4 Extraordinary Medical/Behavioral Support
- Supported Living, Category 1 Basic Support
- Supported Living, Category 2 Moderate Support
- Supported Living, Category 3 Extensive Support
- Supported Living, Non-Ambulatory Stipend

**OTHER ACTIVITIES (UNBILLABLE)**

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

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

If more than one service was provided, select the predominant activity.
Time Study: Filling Out the Time Study Forms

Case Management

• Case Management: Budgets
  • Annuals and revisions

• Case Management: Annual recertification
  • Monitoring and LOC submissions

• Case Management: Person-centered planning activities
  • ISP development and revisions, IDT meetings, pre-ISP meetings, assessment participation or review

• Case Management: Linking/community resources

• Case Management: Monitoring
  • Assessing, evaluating, site visits, and document review

• Case Management: Other
Time Study: Filling Out the Time Study Forms

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

**MF BILLABLE ACTIVITIES**

* MF Activities Detail
  - Behavior Support Consultation
  - Behavior Support Consultation – Clinic Based
  - Budget
  - Case Management Ongoing
  - Facilitation of Specialized Medical Equipment
  - Home Health Aide
  - Home Health Aide—Respite
  - In Home Assessment
  - Nutritional Counseling

* Occupational Therapy
* Physical Therapy
* Pre-Assessment
* Private Duty Nursing—LPN
* Private Duty Nursing—LPN Respite
* Private Duty Nursing—RN
* Private Duty Nursing—RN Respite
* Specialized Respite Home
* Speech Therapy

**OTHER ACTIVITIES (UNBILLABLE)**

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

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

If more than one service was provided, select the predominant activity.
**Time Study: Filling Out the Time Study Forms**

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

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**Mi Via BILLABLE ACTIVITIES**

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

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**OTHER ACTIVITIES (UNBILLABLE)**

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

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

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

✓ Employees and subcontractors that perform HCBS waiver services that are billable to HSD/Medicaid should participate in the time study.

✓ Participants can choose to participate in the time study from:
  November 26th – December 9th, 2018  OR  January 7th – 20th, 2019

✓ All time worked during the 14-day time study period should be recorded.

✓ Complete the cover worksheet and the 14 time study worksheets in Excel.

✓ For each 15-minute increment, record the activity detail and select either a billable or unbillable activity that was performed.

✓ Make sure the participant and his/her supervisor electronically sign and date the cover sheet before submitting to PCG via email.
Returning the Forms

✓ Ensure that the time study is filled out completely and signed electronically by both the participant and a supervisor or other designee

✓ Please submit the completed time study via email to NMHCBSRateStudy@pcgus.com by January 22\textsuperscript{nd}, 2019
What Should I Do If I Have Questions?

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

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Questions