NORTH COUNTRY COMMUNITY MENTAL HEALTH AUTHORITY

INSTRUCTIONS FOR PROVIDER COMPLETION OF TIME STUDY FOR CLIENTS RECEIVING PERSONAL CARE AND COMMUNITY LIVING SUPPORTS

Time studies remain a Department of Community Health requirement. They provide valuable information about how each consumer is supported and should accurately reflect how Plans of Service are being implemented. The format for these time studies was originally developed by the Northern Affiliation DD Directors and has been designed to document the number of minutes that personal care (PC) and community living support (CLS) activities are being provided to each consumer in the home.

The purpose of a time study is to determine the amount of personal care and community living support services that are delivered to individual consumers. It is NOT a study of total staffing hours.

Time Studies are contractually required of licensed specialized residential providers operating licensed adult or children's foster care homes. Time studies are also utilized in personal residential home settings where two or more clients share the facilities; the studies are used to determine the appropriate split of Medicaid reimbursement by HCPCS code, and between clients sharing a living arrangement.

Detailed information about the number of minutes per day that a person receives personal care (direct hands on support and service) and community living supports (a varied number of services and supports that include supervision) is required so that this agency can correctly determine the amount of service delivered to each consumer as well as identify the appropriate funding source; such as, Habilitation Supports Waiver, State Plan, or Additional Services (B3).

Usage of Time Studies:

1) Used to determine % of a client's per diem reimbursement rate that is attributed to Personal Care (T1020), and % Attributed to Community Living Supports (H2016) in a licensed residential setting. From these minutes, NCCMH Finance calculates the PC/CLS split of the client's daily per diem (dollars) using calculations which differ by county.
2) Occasionally used in a Personal Residential Home where two clients share staffing, to determine the appropriate split of costs for the home, with costs attributed to H2015/H0043 Community Living Supports between the residents.

General requirements:

- One time study is due per client annually.
- A new time study is due per client within 30 days of moving from one home to another.
- Record staff time spent, not client time spent.
- Supports are to be measured in actual time (minutes not hours)
- One staff person who knows the client the best will record entries over the course of one typical weekday and one typical weekend day, encompassing the entire 24-hour period in both cases.
- Should **NOT** add up to 1440 minutes (the number of minutes in a 24-hour day).

- When conducting this time study, you may refer to the Personal Care and Community Support Services Log to refer to the items for focus, but please do not average. Record actual time for each day.
- Some activities may happen several times during the day, such as toileting. The numbers 1 to 7 are to be used for each event that happens multiple times in a day. Record the time in minutes for each occurrence and then total the amount of time for each day.
- If staff are providing community living supports to more than one consumer at the same time, you must record the amount of time each consumer is participating. An example would be transportation or shopping. **However**, if the entire household is benefiting from the community living support activity; such as, meal preparation or routine household care, then the time spent would be divided by the number in the group.

Guidelines for completing time study:

1. Access **Personal Care and Comprehensive Community Support Time Study Log (Excel Template)**
    a. Fill out client information at top of form
    b. Assessor: Person completing time study
    c. Reviewer: Person that time study is sent to (NCCMH Supports Coordinator)
    d. Weekday Date: Pick a **typical** weekday date and enter date
    e. Weekend Date: Pick a **typical** weekend date (either Saturday or Sunday) and enter date
2. Under Personal Care:
    a. **<u>Count "Hands-On" only.</u>**
    b. Complete Rows 1 – 9 if those types of personal care are performed.
    c. Enter # minutes by the number of times each day the hands-on personal care is performed in the Columns labeled 1 – 7.
    d. Comments: Indicate anything pertinent to that entry to help clarify the entry.
    e. If no help is required, indicate "Independent" on the comments line.
3. Under CLS – **<u>Reminding, Prompting, Observing, Teaching Section</u>**
    a. Complete Rows 1 – 4.
    b. Group Activity: Add up all time & divide by # clients to indicate minutes per client.
    c. Individual Activity: indicate total minutes per client.
    d. **Row 3: Group Routine Household Care** (grocery shopping, maintenance, paperwork, etc) is comprehensive and should include all total time for all clients, divided by # clients to determine time for individual client.
    e. **Row 4: Activities of Daily Living** <u>excluding hands on personal care</u> shown under CLS that involve reminding, prompting, observing, and teaching. In this section include activities such as prompting a person to wash hands, setting up soap and towels for bathing, etc. where a care giver may be <u>reminding, prompting, observing, teaching</u> the client, but the client is performing the task themselves.
4. Under CLS – **<u>Assistance, Supports and/or Training the beneficiary with:</u>**
    a. Complete Rows 5 – 11
    b. **Row 5: Shopping** - Actual time in the store, walking between stores. Do not count drive/transportation time.

   c. **Row 6: Money Management** - Add up all minutes spent with client or without client to track and record receipts or monies for one individual client.
   d. **Row 7**: **Socialization and Relationship Building –** Time staff are assisting, encouraging, and/or training the client in social activities with others, i.e. with staff, other residents, group activities, at home or in the community.
   e. **Row 8**: **Transportation –** Time spent in a vehicle with a client, excluding helping client get into the vehicle (which is Personal Care).
   f. **Row 9**: **Leisure Choice and Participation in Regular Community Activities** – Where direct care worker is assisting the client with leisure activity. Count regular miscellaneous community activities not shown otherwise in Rows 5 – 11. Do not count transportation to and from activity.
   g. **Row 10**: **Monitoring and Protection for Health and Safety** – Where direct care worker is doing specific monitoring and protection actions that are clearly defined in the client's IPOS; such as, "Staff will monitor rate of speed while eating to prevent choking and/or aspiration.", rather than just generic daily monitoring and protection.
   h. **Row 11: Sleep Time** – Night time intervention that excludes personal care, i.e. where a client gets up in the night and staff need to intervene.
5. Excel Template will add up and total all times by Personal Care and Community Supports if you utilize the excel format for the form. If using printed form, add up minutes and list totals where shown both across and down.
6. Circle or highlight any Row# where special tasks are specifically detailed in the IPOS, i.e. IPOS says: "Staff will provide standby assist while climbing stairs or walking on uneven ground to prevent falls."
7. Verify that totals are correct and sign document.
8. **Submit completed Time Study ONLY via NorthStar Encrypted Email Attachment to client specific Support Coordinator/Case Manager within 30 days after new placement, at 30 days prior to IPOS renewal, and no later than September 1 annually.**
9. For Questions, please contact:

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