

**New Mexico Developmental Disabilities Supports Division
Supported Living Dedicated Staffing Support Grid**

Member Name
Member ID

Region
Provider

Instructions: Please insert an "1" for each hour during which individualized staffing is needed during a typical week. Boxes should be left blank for hours typically dedicated to CCS or CIE. The staffing grid only captures times when individualized staffing is needed rather than all hours during which the individual is in the home and shared staffing can cover the support needs.

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------------|--------|--------|---------|-----------|----------|--------|----------|
| A.M. | | | | | | | |
| 12:00 | | | | | | | |
| 1:00 | | | | | | | |
| 2:00 | | | | | | | |
| 3:00 | | | | | | | |
| 4:00 | | | | | | | |
| 5:00 | | | | | | | |
| 6:00 | | | | | | | |
| 7:00 | | | | | | | |
| 8:00 | | | | | | | |
| 9:00 | | | | | | | |
| 10:00 | | | | | | | |
| 11:00 | | | | | | | |
| P.M. | | | | | | | |
| 12:00 | | | | | | | |
| 1:00 | | | | | | | |
| 2:00 | | | | | | | |
| 3:00 | | | | | | | |
| 4:00 | | | | | | | |
| 5:00 | | | | | | | |
| 6:00 | | | | | | | |
| 7:00 | | | | | | | |
| 8:00 | | | | | | | |
| 9:00 | | | | | | | |
| 10:00 | | | | | | | |
| 11:00 | | | | | | | |
| Total | | | | | | | |

This grid is NOT a compliance document that obligates a provider to the exact hourly or daily staffing ratio noted each day in this grid. The staffing grid must be submitted to the OR with supporting documentation when requesting a specific SL Category and/or IIB-SL.

| Total | Guideline: SL Category |
|--|--|
| up to 7 hrs | Category 1, Basic |
| between 8 & 14 hrs | Category 2, Moderate |
| between 15 & 28 hrs | Category 3, Extensive |
| over 28 hrs, plus additional hours due to behavior support needs | Category 3, Extensive, plus IIB at 15 minute units |

| IIB- SL Calculator | |
|--|----|
| Number of hours total | |
| Number of hours already in SL Rate Category 3 | 28 |
| Number of IIBS- SL hours to request per week | |
| Number of IIBS-SL 15 minute units to request per week (IDT must calculate number of weeks related to this request) | |