



Pennsylvania Bureau of Early Intervention Services and Family Support Rate Study

Early Intervention Provider and Evaluator
Time Study Tool Instructions

Version 1.1- 1-22-2024

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Purpose

The Pennsylvania Bureau of Early Intervention Services and Family Support (BEISFS) contracted with the Public Consulting Group LLC (PCG) to perform a cost study of Early Intervention (EI) services. The goal of this project is to gain a better understanding of the full costs (direct and indirect expenses) of providing EI services in Pennsylvania and other pertinent data (e.g., staff interviews, a time study) which will be used as part of a rate build-up methodology to recommend statewide reimbursement rates to BEISFS leadership.

Part of this rate study involves facilitating a time study to identify the time associated with the delivery of early intervention services, independent evaluations, and service coordination. This includes direct early intervention services with children and families as well as indirect and administrative time that supports service delivery (e.g., travel, preparation, coordination with families, etc.) which will result in an overall ratio of direct to indirect time.

Time Study Period

The time study for EI providers and evaluators will take place from **Monday, February 5, 2024, to Friday, March 15, 2024.**

All early intervention providers (evaluators and ongoing EI providers) should enter their time for a minimum of 10 working days during the time study period.

IMPORTANT: There is a separate time study tool and instructions for providers of service coordination.

All completed Time Study Tools *must be submitted to PCG by Tuesday, March 26, 2024.*

Time Study Resources and Supports

PCG will provide multiple live training sessions and will post a recording of one of those sessions to a dedicated Weebly website for the rate study. PCG will also offer one-on-one help in the form of regular open, live Office Hours sessions to assist participants in completing the time study. During these sessions, you can call in, by using the links below, to ask your own questions or those of your colleagues. If you are unable to attend one of the Office Hour sessions, simply email us at the dedicated rate study email address below and we'll set up one-on-one time with you to help!

- **Live Training Webinars:** Click any date from the list below for a link to the meeting:
 - [EI Providers and Evaluators: January 17, 2024, from 10:00 AM – 11:30 AM EST](#)
 - [EI Providers and Evaluators: January 18, 2024, from 3:00 PM – 4:30 PM EST](#)
 - [EI Providers and Evaluators: January 22, 2024, from 11:00 AM – 12:30 PM EST](#)
 - [EI Providers and Evaluators: January 24, 2024, from 4:00 PM – 5:30 PM EST](#)

- **PA BEISFS Rate Study Website:** <https://paeiratestudy.weebly.com/>
 - The project website will include a recording of the live training webinar, the Time Study Tool, login information for the live Office Hours sessions, and an FAQs document (with frequently asked questions pertaining to the time study).
- **Email Support:** PCG has created a dedicated email account for this rate study, PABEISFSRATESTUDY@pcgus.com. This email is available for any questions related to the time study. PCG will respond to all emails as quickly as possible, typically within one business day.
- **Live Office Hours:** PCG team members will be available to answer any questions related to completing the Time Study Tool. Click any date from the list below for a link to a live Office Hours session at the corresponding date and time:
 - [Tuesday, February 6, 2024, from 10:00 AM – 11:00 AM EST](#)
 - [Tuesday, February 13, 2024, from 9:30 AM – 10:30 AM EST](#)
 - [Wednesday, February 21, 2024, from 2:30 PM – 3:30 PM EST](#)
 - [Tuesday, February 27, 2024, from 11:00 AM – 12:00 PM](#)
 - [Wednesday, March 6, 2024, from 3:00 PM – 4:00 PM](#)
 - [Wednesday, March 13, 2024, from 5:00 PM – 6:00 PM EST](#)

How to Fill Out the Cover Sheet of the Time Study Tool

The Time Study Tool is a Microsoft Excel workbook (.xlsx). Some staff prefer to handwrite their time onto a printed paper version of the tool during the day for ease of use. Please transfer all handwritten data into the Excel-based Time Study Tool prior to submitting.

The Time Study Tool contains a cover page worksheet followed by daily activity tabs (one for each day logged during the time study period). All fields on the cover page should be completed. The following is a snapshot of the 'Provider and Program' and 'Participant Information' sections of the PA BEISFS Provider & Evaluator Time Study Tool's cover sheet (i.e., the top half of the cover page):

PA BEISFS Rate Study – EI Provider & Evaluator Time Study Tool Instructions

Version 1.1

1-22-2024

COMMONWEALTH OF PENNSYLVANIA (PA), PA DEPARTMENT OF PUBLIC SERVICES, BUREAU OF EARLY INTERVENTION SERVICES AND FAMILY SUPPORT (PDSFS 3)
PA BEISFS Early Intervention (EI) Time Study Tool
 Cover Page

This data collection is expected to take place over roughly a two week period. Individual schedules may vary.
 You should record ALL time worked on EI Services and EI-related tasks during 10 scheduled workdays as well as any extra "off-hours" time you spend completing work that supports EI services.
 Please reference the instructions, recorded webinar, and FAQs. E-mail questions to PABEISFSRATESTUDY@pcgus.com.

Time Study Period: February 5–March 15, 2024
 10 Days included in this submission: Please place an "X" in the boxes for the dates you recorded at least one activity

Dates:
 "X" each box next to any date with at least one recorded activity.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> 2/5/2024	<input type="checkbox"/> 2/6/2024	<input type="checkbox"/> 2/7/2024	<input type="checkbox"/> 2/1/2024	<input type="checkbox"/> 2/2/2024	<input type="checkbox"/> 2/3/2024	<input type="checkbox"/> 2/4/2024
<input type="checkbox"/> 2/12/2024	<input type="checkbox"/> 2/13/2024	<input type="checkbox"/> 2/14/2024	<input type="checkbox"/> 2/8/2024	<input type="checkbox"/> 2/9/2024	<input type="checkbox"/> 2/10/2024	<input type="checkbox"/> 2/11/2024
<input type="checkbox"/> 2/19/2024	<input checked="" type="checkbox"/> 2/20/2024	<input type="checkbox"/> 2/21/2024	<input type="checkbox"/> 2/15/2024	<input type="checkbox"/> 2/16/2024	<input type="checkbox"/> 2/17/2024	<input type="checkbox"/> 2/18/2024
<input type="checkbox"/> 3/4/2024	<input type="checkbox"/> 2/27/2024	<input type="checkbox"/> 2/28/2024	<input type="checkbox"/> 2/22/2024	<input type="checkbox"/> 2/23/2024	<input type="checkbox"/> 2/24/2024	<input type="checkbox"/> 2/25/2024
<input type="checkbox"/> 3/11/2024	<input type="checkbox"/> 3/5/2024	<input type="checkbox"/> 3/6/2024	<input type="checkbox"/> 2/29/2024	<input type="checkbox"/> 3/1/2024	<input type="checkbox"/> 3/2/2024	<input type="checkbox"/> 3/3/2024
	<input type="checkbox"/> 3/12/2024	<input type="checkbox"/> 3/13/2024	<input type="checkbox"/> 3/7/2024	<input type="checkbox"/> 3/8/2024	<input type="checkbox"/> 3/9/2024	<input type="checkbox"/> 3/10/2024
			<input type="checkbox"/> 3/14/2024	<input type="checkbox"/> 3/15/2024		

Provider and Program	
BEISFS Provider Agency Name (Drop-Down)	
BEISFS Program Name (if different)	
BEISFS Program Contact Name	
BEISFS Program Contact Email	
Participant Information	
Participant Name	
Staff Type (Drop-Down)	
Program Leadership or Supervisor (Drop-Down)	
Program Trainer or Quality Assurance (Drop-Down)	
Practitioner Serving Multiple Agencies (Drop-Down)	
BEISFS Provider Main Office County (Drop-Down)	
Service Coordination (Drop-Down)	
Primary EI Role / Profession (Drop-Down)	
Secondary EI Role / Profession (Drop-Down)	
Actual Title	
Work Phone	
Work Email	

BEISFS Provider & Program Name– specify both, if different, and Contact staff & email

Participant Info
 Participants enter their name, title, roles, and contact info

Below is an additional snapshot of the Counties, Participant Credentials, Employment Type and Schedule, and Attestation sections of the PA BEISFS Provider & Evaluator Time Study Tool's cover sheet (i.e., the bottom half of the cover page):

Credentials:
Enter the number of years professional & EI experience, highest education attained, & certification/licensure.

Please indicate which counties you work in for this agency by placing an "x" in the box(es):

Allegheny	Cameron-Elk	Dauphin	Lawrence	Philadelphia
Armstrong-Indiana	Carbon-Monroe-Pike	Delaware	Lebanon	Pike
Beaver	Centre	Elle	Lehigh	Potter
Bedford-Somerset	Centre	Fayette	Luzerne-Wyoming	Schuylkill
Berks	Chester	Forest-Warren	Lycoming-Clinton	Tioga
Blair	Clarion	Franklin-Fulton	McKean	Venango
Bradford-Sullivan	Clearfield-Jefferson	Greene	Mercer	Washington
Bucks	Colombia-Motour-Snyder-Union	Huntingdon-Mifflin-Junata	Montgomery	Wayne
Butler	Crawford	Lackawanna-Susquehanna	Northampton	Westmoreland
Cambria	Cumberland-Perry	Lancaster	Northumberland	York-Adams

Counties:
Enter X beside the counties where you typically work.

Participant Credentials

of Years Professional Experience: _____

of Years EI Experience: _____

Highest Education Attained (Drop-down): _____

Certification/Licensure 1: _____

Certification/Licensure 2: _____

Certification/Licensure 3: _____

Employment Type and Schedule

In a typical week, how many hours do you work for this agency?
_____ hours/week

What is your relationship with this agency? Please place an "X" in the box that applies.

Salaried Full-Time Employee

Salaried Part-Time Employee

Hourly or Per Diem Employee

Contractor or Subcontractor

Other (please specify): _____

Specify: _____

Attestation

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

Participant Electronic Signature (Type Name) _____ Date Signed _____

Supervisor Electronic Signature (Type Name) _____ Date Signed _____

Employment type and schedule

Type your name on the line, serving as an e-signature:

As is visible in the two snapshots above, the Cover Sheet worksheet is designed to collect the time study period, provider and program information, and participant information. It also captures participant credential information, such as certifications and licensures, relevant to the delivery of EI services, as well as employment type and schedule.

Each participant must enter the appropriate information in the Cover Sheet fields of their Time Study Tool workbooks. Some of the fields, including the BEISFS Provider Agency Name, Staff Type, Program Leadership or Supervisor, Primary EI Role/Profession, and highest education fields are dropdown menus. Other fields are free text that require a typed response.

As is visible in the second snapshot above, there is an Attestation section at the bottom of the Cover Sheet. When the time study period is over, the participant should type their full name, serving as an electronic signature, and enter the date signed. After reviewing and approving all workbook contents, the participant's supervisor, or agency/provider Point of Contact (POC) should type their full name, serving as an electronic signature, and enter the date of the approval.

How to Fill Out the Daily Activity Tabs of the Time Study Tool

The Daily Activity Tabs have three main sections: Activity Detail, Direct Early Intervention Activities, and Indirect / Other Activities (Administrative Activities). The activity detail section must be completed for all time worked for the early intervention program for that day.

Top Section of Each Daily Activity Tab

There is one tab for each day of the time study data collection. The top portion of each tab will auto-populate with what you’ve entered in the cover page including the “Date of Activity” field. The data in the “Total Daily Hours Recorded” field will calculate as time entries are entered in the Time Study Tool. The following is a snapshot of the top portion of a Daily Activity Tab of the Time Study Tool:

Commonwealth of Pennsylvania (PA), PA Department of Human Services, Bureau of Early Intervention Services and Family Support (BEISFS)
 PA BEISFS Early Intervention (EI) Time Study Tool - Study Period: February 5- March 15, 2024

Agency Name: _____
 BEISFS Program Name (if different): _____

Participant Name: _____
 Primary EI Role: _____
 Date of Activity: 2/5/2024
 Total Daily Hours Recorded: 1.15

Total Daily Hours Recorded
 This data will calculate as time entries are entered below. Total will populate in the box.

Date of Activity
 Date will be pre-populated to match each tab’s date.

The ‘Total Daily Hours Recorded’ can help you see if all your hours worked for that day were recorded and enable you to fix any errors or missing time.

Time Entry Section of Each Daily Activity Tab

Below is a snapshot of the section of the Daily Activity Detail that allows EI practitioners to catalogue what time a specific EI activity started and ended, as well as if it was a Direct Service activity or Indirect/Other administrative activity.

START TIME				END TIME				ACTIVITY DETAIL	
Start hour	Start minute	AM/PM	Time	End hour	End minute	AM/PM	Time	Duration	Type of Activity - Direct or Indirect Service (Drop-Down)
			:0				:0		
			:0				:0		
1	00	PM	1:00 PM	2	00	PM	2:00 PM	1:00	Direct Service
2	00	PM	2:00 PM	2	30	PM	2:30 PM	0:30	Indirect/Other Admin Activity
			:0				:0		
			:0				:0		
			:0				:0		
			:0				:0		
			:0				:0		

- Use the drop-down menu or type the appropriate response in each cell.
- You only need to enter time for hours of the day you are working. For example:
 - If you only work 1:00–6:00 pm, then you only enter that time.
 - If you flex your day to serve families outside of typical work hours, then you do not need to enter the flexed time (e.g., if you do not work btw. 1:00–3:00 pm, then you would not enter time for 1:00–3:00 pm).
 - Only enter time associated with providing services and supports to children and families in BEISFS

Direct Early Intervention Activities Section of Each Daily Activity Tab

Below is a snapshot of the Direct Early Intervention Activities section of each Daily Activity Tab with the drop-down menus detailed:

DIRECT EARLY INTERVENTION ACTIVITIES					
Service (Drop-Down)	Location (Drop-Down)	County Where Service Was Provided (Drop-Down)	Service Type (Drop-Down)	Joint or Co-Visit? (Drop-Down)	Multiple Sibling Service (Drop-Down)
Occupational Therapy	Home/Community	Westmoreland	IFSP Service		Yes
Occupational Therapy	Home/Community	Westmoreland	IFSP Service	Yes	

Service	Location	Service Type	Joint or Co-Visit	Multiple Sibling Service
Audiology	Home/Community	Evaluation		
Nursing/Health Services	Office/Center	IFSP Service	Yes	
Nursing Nutrition	Tele-Intervention	IFSP Teaming	No	
Occupational Therapy				
Physical Therapy				
Psychological Services				
Service Coordination				
Special Instruction				
Special Instruction – Behavior				
Special Instruction – Hearing				
Special Instruction – Nutrition				
Special Instruction – Vision				
Speech-Language Pathology				
Social Work				

County Where Service Provided:
Drop down list of 67 PA Counties

Joint/Co-Visit & Multi Sibling Service:
Yes/No drop down
May skip either column for "No"

In this section of a given Daily Activity Tab, there are a total of six fields — all with drop-down menus — to complete, namely:

- **Service** - This is a required field for all billable Direct EI Services. EI practitioners will choose one of the following specific direct services:
 - Audiology
 - Nursing/Health Services
 - Nursing Nutrition
 - Occupational Therapy
 - Physical Therapy
 - Psychological Services
 - Service Coordination
 - Special Instruction
 - Special Instruction – Behavior
 - Special Instruction – Hearing
 - Special Instruction – Nutrition
 - Special Instruction – Vision
 - Speech-Language Pathology
 - Social Work

- **Location** – This is a required field for all billable Direct EI Services. EI practitioners will choose one of the following:
 - Home/Community
 - Office/Center
 - Tele-Intervention

- **County Where Service Was Provided** – This is a required field for all billable Direct EI Services. EI practitioners will choose from one of the 67 PA Counties.

- **Service Type** – This is a required field for all billable Direct EI Services. EI practitioners will choose one of the following:
 - Evaluation
 - IFSP Service
 - IFSP Teaming

- **Joint or Co-Visit?** – This is a required field for all billable Direct EI Services. EI practitioners may choose: *
 - Yes
 - No

If preferred, in lieu of selecting “No” for all activities that were not joint or co-visits, practitioners may skip entry in this column for those activities. A blank in this field will denote “No”, this was not a joint or co-visit. Practitioners must select “Yes” in this field for all activities that are a joint or co-visit. **Note: A Multidisciplinary Evaluation is not considered a joint or co-visit.*

- **Multiple Sibling Service?** – This is a required field for all billable Direct EI Services. EI practitioners may choose: *
 - Yes
 - No

**If preferred, in lieu of selecting “No” for all activities that were not multiple sibling services, practitioners may skip entry in this column for those activities. A blank in this field will denote “No”, this was not a multiple sibling service. Practitioners must select “Yes” in this field for all activities that are provided to multiple siblings and their family simultaneously.*

Indirect / Other Activities Section of Each Daily Activity Tab

Below is a snapshot of the Indirect / Other Activities (Administrative Activities) section of each Daily Activity tab (with all Indirect/Other Activities drop-down options listed in alphabetical order):

INDIRECT / OTHER ACTIVITIES (Administrative Activities)	INDIRECT / OTHER ACTIVITIES (Administrative Activities)	INDIRECT / OTHER ACTIVITIES (Administrative Activities)
Other Activities (Drop-Down)	Other Activities (Drop-Down)	Other Activities (Drop-Down)
Data Entry Cancellation - Client/Family Cancellation - Staff Case Management (non-service coordination) Child Find Communications with Non-IFSP-Team-Members Coordinating Interpretation E-mail/Telephone - Client/Family E-mail/Telephone - Staff Evaluation Clinics IFSP Development/Revision IFSP Team Collaboration	Intake Meeting Invoicing/Billing/Payroll Lunch/Break No Show/Missed Session - Client/Family No Show/Missed Session - Staff Other Admin. Activity Paid Leave/Staff Time Off (Sick, PTO) Prep. Time Providing Interpretation Providing Supervision Receiving Supervision Schedule/Reschedule session	Staff Meeting Staffing Consultation Supervisory Related Activities Team Collaboration (planned or unplanned) Technology Issues Time Study Training/Professional Development Travel Other (pick up materials/donations/security) Travel to/from Sessions Unpaid Leave (Personal Appointments) Wait Time Other Admin. Activity

In this section of a given Daily Activity Tab, there is a single field with a drop-down list of Administrative Activities. EI practitioners will choose one of the following:

- **Indirect/Other Administrative** – This is a required field for all Administrative Activities.
 - Data Entry
 - Cancellation – Client/Family
 - Cancellation – Staff
 - Case Management (non-Service Coordination)
 - Child Find
 - Communications with non-IFSP Team Members
 - Coordinating Interpretation
 - E-Mail/Telephone-Client/Family
 - E-Mail/Telephone-Staff
 - Evaluation Clinics
 - IFSP Development/Revision
 - IFSP Team Collaboration
 - Intake Meeting
 - Invoicing/Billing/Payroll
 - Lunch/Break
 - No Show/Missed Session - Client/Family
 - No Show/Missed Session – Staff
 - Other Admin Activity
 - Paid Leave/Staff Time Off (Sick, PTO)
 - Prep. Time
 - Providing Interpretation
 - Providing Supervision
 - Receiving Supervision
 - Schedule/Reschedule Session
 - Session Note Completion
 - Staff Meeting
 - Supervisory Related Activities
 - Text-Client/Family
 - Text-Staff
 - Technology Issues
 - Time Study
 - Training/Professional Development
 - Travel Other
 - Travel to/from Sessions
 - Unpaid Leave (Personal Appointments)

Comments/Notes Section of Each Daily Activity Tab

Comments and notes may also be provided for both billable and nonbillable time (i.e., direct and indirect/other activities). Below is a snapshot of the Comments/Notes column in each Daily Activity tab:

Comments/Notes

Submission of Completed Time Study Tool

All completed Time Study Tools should be compiled by each program, in their original Excel format, and submitted electronically via the rate study website on the data submission tab (<https://paeiratestudy.weebly.com/submit-data.html>).

All completed Time Study Tools should be submitted electronically to PCG by **Tuesday, March 26, 2024.**

Once complete, each provider should send an email to PABEISFSRateStudy@pcgus.com letting PCG know how many Time Study Tools have been submitted.

Providers may submit multiple submissions to account for all tools completed by your agency.