

**Commonwealth of PA**  
**Bureau of Early Intervention Services and Family Support**

**Early Intervention Rate Study-Time Study Tool Training**

*Training Dates:*

*January 17, 18, 22, 25, and 30, 2024*

# Agenda

- Project Goals & Timeline
- Time Study Overview
- Time Study Tool Instructions & Demonstration
- Provider 'Points of Contact' Instructions
- Reminders, Next Steps, & Wrap-Up
- Q&A



The background is a solid blue color with several decorative elements. On the left side, there are several overlapping rounded rectangles and squares in various shades of blue, some with white outlines. On the right side, there are more overlapping rounded rectangles and squares, some with white outlines, creating a sense of depth and movement.

# Project Goals and Timeline

# Project Goals

The goal of the PA Early Intervention program is for the rate study to *“perform analysis on the current statewide early intervention (EI) fees... to include interviews with staff and providers, collection of data, and conducting time/motion studies under different testing environments to suggest statewide rates for adequate compensation and well as uniformity in approach and methodology for these services”*.



# Project Workplan and Timeline

## CALLING ALL EARLY INTERVENTION PRACTITIONERS!

In partnership with Public Consulting Group (PCG), BEISFS is facilitating a **Rate Study** to better understand the cost of providing EI services.

Your participation in this study is necessary to help inform the Pennsylvania Early Intervention System on the true cost of providing these critical services to Pennsylvania's children and families. Through this work, PCG will provide rate recommendations to BEISFS which are based on your input.



*Disclaimer: PA BEISFS may use all, some, or none of the recommendations provided by PCG.*





# Time Study Overview

# Time Study Overview

## ***What is a time study?***

- ❖ A recording of all time spent on early intervention services – direct and indirect
- ❖ It is used in combination with cost and salary data to develop rates

## ***Why do a time study?***

- ❖ Allows the PCG team to quantify the portion of staff time allocated to EI-related services
- ❖ Results are used to identify the time and effort associated with service delivery
- ❖ Accurate time and effort allocation supports development of rates that account for the total time associated with providing EI services.

*The time study is not an evaluation of PA provider effectiveness or compliance. This is your opportunity to demonstrate all the time that goes into providing high quality EI services!*



## When Does the Time Study Take Place?

The time study will take place from **Monday, February 5, 2024, to Friday, March 15, 2024.**

- ❖ Staff should enter their time for a minimum of 10 working days during the time study period noted above.
- ❖ Please skip the days you are not working, including vacation and leave.





## How Do I Complete the Time Study?

- Enter your time for each activity in the Excel-based Time Study tool.
  - ❖ Time for each day should be entered on a separate tab in the tool.
- Time Study tools may be printed and distributed for handwritten entry.
  - ❖ Data must be entered into the Excel-based tool for submission.
  - ❖ All time study tool submissions should be in Excel format.
- You can copy/paste in the tool, if the response is valid for that cell.



# Training Resources and Supports

- ❖ **Live Training Webinars:** Click any date from the list below for a link to the meeting:
  - [El Providers and Evaluators: January 17, 2024, from 10:00 AM – 11:30 AM EST](#)
  - [El Providers and Evaluators: January 18, 2024, from 3:00 PM – 4:30 PM EST](#)
  - [El Providers and Evaluators: January 22, 2024, from 11:00 AM – 12:30 PM EST](#)
  - [Service Coordination Providers: January 25, 2024, from 11:30 AM – 1:00 PM EST](#)
  - [Service Coordination Providers: January 30, 2024, from 9:30 AM – 11:00 AM EST](#)
  
- ❖ **Live Office Hours:** You are invited to Office Hours sessions. PCG team members will be available to answer any questions related to Time Study tool completion. Click any date from the list below for a link to the meeting:
  - [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 EST](#)
  - [Wednesday, March 6, 2024, from 3:00 PM – 4:00 PM EST](#)
  - [Wednesday, March 13, 2024, from 5:00 PM – 6:00 PM EST](#)
  
- ❖ **PA BEISF Rate Study Website:** <https://paeratestudy.weebly.com/>
  - The website includes: the training recording, the tool, an FAQ document, and links to office hours sessions.



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# **Time Study Instructions and Demonstration**

# Cover Page – Provider & Participant Information

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  
 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:   
 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

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

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



# Cover Page – Counties, Participant Information, & Attestation

## 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	Erie	<input checked="" type="checkbox"/> Lehigh	Potter
Bedford-Somerset	Centre	Fayette	Luzerne-Wyoming	Schuylkill
Berks	Chester	Forest-Warren	Lycoming-Clinton	Tioga
Blair	Clarion	Franklin-Fulton	<input checked="" type="checkbox"/> McKean	Venango
Bradford/Sullivan	Clearfield-Jefferson	Greene	Mercer	Washington
Bucks	Colombia-Motour-Synder-Union	Huntingdon-Mifflin-Juniata	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:

Employment type and schedule

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

### 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 \_\_\_\_\_



# Daily Activity Tabs – General

- Each gray box will auto-populate with what you've entered in the cover page.
- Please enter your time on the date tabs that correspond to your working days. There is one tab for each day of the data collection timeframe. The date will be pre-populated on each tab, matching that tab's date.
- The total daily hours will calculate and populate in the green box, as time and activities are entered.

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	<input type="text"/>
BEISFS Program Name (if different)	<input type="text"/>

Participant Name	<input type="text"/>
Primary EI Role	<input type="text"/>
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.



# Daily Activity Tabs – General

- There is a section to tell us what time the EI activity started and ended, as well as if it was a ‘Direct Service’ activity or ‘Indirect/Other Admin’ activity.
- Use the drop-downs or type the appropriate response in each cell.
- You only need to enter time for hours of the day you are working. Working time means time you are being compensated for, e.g.,
  - ❖ If you only work 1:00 – 6:00 pm – you only enter that time.
  - ❖ If you flex your day to serve families outside of typical work hours (e.g., not working 1:00 – 3:00 pm) – then you do not need to enter time 1:00 – 3:00
  - ❖ Do not enter time associated with serving non-PA BEISFS program clients

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		
			:0				:0		



# Daily Activity Tabs – Direct Early Intervention Activities

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	

  

<b>Service</b>	<b>Location</b>	<b>Service Type</b>	<b>Joint or Co-Visit</b>	<b>Multiple Sibling Service</b>
Audiology	Home/Community	Evaluation	Yes	
Nursing/Health Services	Office/Center	IFSP Service	No	
Nursing Nutrition	Tele-Intervention	IFSP Teaming		
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"





# Daily Activity Tabs – Indirect or Other Activities

INDIRECT / OTHER ACTIVITIES (Administrative Activities)
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

INDIRECT / OTHER ACTIVITIES (Administrative Activities)
Other Activities (Drop-Down)
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

INDIRECT / OTHER ACTIVITIES (Administrative Activities)
Other Activities (Drop-Down)
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)



# Time Study Tool Demonstration

Now we're going to briefly switch over to the Excel tool to demonstrate its functionality.



The background is a solid blue color with several decorative elements. On the left side, there are several overlapping rounded rectangles and squares in various shades of blue, some with white outlines. On the right side, there are more overlapping rounded rectangles and squares, some with white outlines, creating a layered, geometric effect.

# **Provider 'Point of Contact' Instructions**

# Assigning a Point of Contact

- Provider entities should self-designate a Time Study tool 'Point of Contact' (POC).
- Role of Time Study Tool POC:
  - ❖ Ensure that all employees and contractors receive training on the time study tool.
  - ❖ Ensure that employees know where and how to access the time study tool.
  - ❖ Bring questions to PCG office hours and/or submit any questions to PCG via email.
  - ❖ Inform employees and contractors on how to save their time study tools.
  - ❖ Perform basic quality assurance of time studies prior to submission.
  - ❖ Upload the completed time studies to the PCG secure website.
- Larger provider agencies are welcome to designate more than one POC.



# Provider Points of Contact – Tool Distribution & Quality Assurance

## Distribution:

- ❖ PCG will post the Excel Time Study Tool to the project website.
- ❖ POC will ensure that employees know where and how to access the time study tool.

## Quality Assurance:

- ❖ EI providers, evaluators and service coordinators will review their own Time Study Tool for completeness prior to submitting to their POC.
- ❖ POC will review all Time Study Tools for completeness prior to submitting.



# Points of Contact – Time Study Tool Submission

## Submission:

- ❖ POC will submit all Time Study Tools for their program through the secure website <https://paeiratestudy.weebly.com/>.
- ❖ Please email [PABEISFSRATESTUDY@pcgus.com](mailto:PABEISFSRATESTUDY@pcgus.com) to report how many tools have been submitted.

## PCG QA & Follow-up:

- ❖ PCG will host Office Hours and monitor the email address for prompt response to questions.
- ❖ PCG will reach out to POC with questions during the QA process, if necessary.



# Reminders, Next Steps, and Wrap Up

# Reminders & Next Steps

- Live Office Hours: PCG team members will be available to answer any questions related to the time study.
- Point of Contacts should submit email questions to [PABEISFSRATESTUDY@pcgus.com](mailto:PABEISFSRATESTUDY@pcgus.com) for further clarification.
- All collected time studies must be uploaded to <https://paeiratestudy.weebly.com/> no later than March 26, 2024.





# Questions





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CONSULTING GROUP

**Solutions that Matter**