

The background is a solid dark blue color. It features a decorative pattern of various-sized squares and rounded rectangles, some of which are outlined in a lighter blue color. These shapes are scattered across the page, with some appearing as solid dark blue and others as light blue outlines. Some of the outlined shapes are connected by thin, light blue lines, creating a network-like or circuit-like pattern.

Pennsylvania Bureau of Early Intervention Services and Family Support Rate Study

**Service Coordination Provider
Time Study Tool Instructions**

Version 1.0- 1-23-2024

Pennsylvania Bureau of Early Intervention Services and Family Support Rate Study Service Coordinator Time Study Tool Instructions

Purpose

The Pennsylvania Bureau of Early Intervention Services and Family Support (BEISFS) contracted with Public Consulting Group LLC (PCG) to perform a cost study of Early Intervention (EI) and Service Coordination 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 (PA) 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 time study includes recording billable service coordination and not billable service coordination activities. By doing so, the PCG Team can calculate an overall ratio of billable and not billable for service coordination at the aggregate level for PA's EI delivery system.

Time Study Period

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

All early intervention providers – including those providing Service Coordination – 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 EI providers and evaluators.

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 Hours 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 either date from the list below for a link to the Service Coordination Provider Trainings:
 - [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](#)
- **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 Page of the Time Study Tool

The Time Study Tool is a Microsoft Excel workbook (.xlsx). Some service coordinators may prefer to handwrite their time onto a printed paper version of the tool during the day for ease of use. The PCG Team asks that you 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 Service Coordination Provider Time Study Tool’s cover sheet (i.e., the top half of the cover page):

COMMUNWEALTH OF PENNSYLVANIA (PA) DEPARTMENT OF HUMAN SERVICES, DIVISION OF EARLY INTERVENTION SERVICES AND FAMILY SUPPORT (DCEIS)
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

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"/> 2/12/2024	<input type="checkbox"/> 2/22/2024	<input type="checkbox"/> 2/23/2024	<input type="checkbox"/> 2/24/2024
<input type="checkbox"/> 2/12/2024	<input type="checkbox"/> 2/13/2024	<input type="checkbox"/> 2/14/2024	<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"/> 2/19/2024	<input checked="" type="checkbox"/> 2/20/2024	<input type="checkbox"/> 2/21/2024	<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"/> 3/4/2024	<input type="checkbox"/> 3/5/2024	<input type="checkbox"/> 2/28/2024	<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"/> 3/11/2024	<input type="checkbox"/> 3/12/2024	<input type="checkbox"/> 3/8/2024	<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"/> 3/11/2024	<input type="checkbox"/> 3/12/2024	<input type="checkbox"/> 3/13/2024	<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: _____

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

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, & Attestation sections of the PA BEISFS Service Coordination Provider 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.	Armstrong-Indiana	Carbon-Monroe-Pike	Erie	Lehigh	Potter	
	Beaver	Centre	Fayette	Luzerne-Wyoming	Schuylkill	
	Bedford-Somerset	Chester	Forest-Warren	Lycoming-Clinton	Tioga	
	Berks	Clarion	Franklin-Fulton	McKean	Venango	
	Blair	Clearfield-Jefferson	Greene	Mercer	Washington	
	Bradford-Sullivan	Colombia-Motour-Snyder-Union	Huntingdon-Mifflin-Juniata	Montgomery	X Wayne	
	Bucks	Crawford	Lackawanna-Susquehanna	Northampton	Westmoreland	
	Butler	Cumberland-Perry	Lancaster	X Northumberland	York-Adams	
	Cambria	Dauphin	Lawrence	Philadelphia		

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 _____

As can be seen 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 service coordination 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 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, Billable 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 service coordinators to catalogue what time a specific activity started and ended, as well as if it was a Billable Service activity or Not-Billable 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 - Billable not Billable (Drop-Down)
1	00	PM	1:00 PM	2	00	PM	2:00 PM	1:00	Billable
2	00	PM	2:00 PM	2	30	PM	2:30 PM	0:30	Non-Billable
			: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 service coordination to children and families in BEISFS.

Service Coordination Activities Section of Each Daily Activity Tab

Below is a snapshot of the Billable Service Coordination Activities section of each Daily Activity Tab with the drop-down menus detailed:

Billable Service Coordination Activities			
Service Type	Category	Location (Drop-Down)	County Where Service Was Provided (Drop-Down)
Service Type	Category	PA Location	
Direct	ER/Plan Development	Home/Community	
Indirect	Initial Family Interview	Office/Center	
Tele-Intervention	Home Visit		
	Phone Contact		
	Referral & Related Activities		
	Monitoring		
	Transition		
	Direct Service Delivery		
	Travel		
	Tracking		

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

In this section of a given Daily Activity Tab, there are a total of 4 fields – all with drop-down menus – to complete, namely:

- **Service Type** – Service Coordinators will choose one of the following service types:
 - Direct
 - Indirect
 - Tele-Intervention

- **Category** – This is a required field for all billable Service Coordination Activities. Service Coordinators will choose one of the following categories:
 - ER/Plan Development
 - Initial Family Interview
 - Home Visit
 - Phone Contact
 - Referral & Related Activities
 - Monitoring
 - Transition
 - Direct Service Delivery
 - Travel
 - Tracking

- **Location** – This is a required field for all billable Service Coordination Activities. Service Coordinators will choose one of the following location types:
 - Home/Community
 - Office/Center

- **County Where Service Was Provided** – This is a required field for all billable Service Coordination Activities. Service Coordinators will choose from one of the 67 PA Counties.

Not-Billable Activities Section of Each Daily Activity Tab

Below is a snapshot of the Not-Billable Activities section of each Daily Activity tab:

Not-Billable Activities	
Service Type	Category
Not Billable Service Type	Non-Billable/Other Activities
Direct	Clerical Function
Indirect	Direct Service Delivery
Tele-Intervention	Tracking (County Follow Up)
Unavailable	ER/Plan Development
	Initial Family Interview
	Home Visit
	Phone Contact
	Referral & Related Activities
	Monitoring
	Transition
	Travel
	Tracking
	Lunch/Break
	Paid Leave/Staff Time Off (Sick, PTO)
	Staff Meeting
	Supervisory Related Activities
	Technology Issues
	Time Study
	Training/Professional Development
	Unpaid Leave (Personal Appointments)

Drop Downs for each column

COMMENTS/NOTES

In this section of a given Daily Activity Tab, there are two fields for Service Coordinators to complete, each with a drop-down list.

- **Service Type** – This is a required field for all Not-Billable Activities:
 - Direct
 - Indirect
 - Tele-Intervention
 - Unavailable
- **Category** – This is a required field for all Not-Billable Activities:
 - Clerical Function
 - Direct Service Delivery
 - Tracking (County Follow Up)
 - ER/Plan Development
 - Initial Family Interview
 - Home Visit
 - Phone Contact
 - Referral and Related Activities
 - Monitoring
 - Transition

- Travel
- Tracking
- Lunch/Break
- Paid Leave/Staff Time Off (Sick-PTO)
- Staff Meeting
- Supervisory Related Activities
- Technology Issues
- Time Study
- Training/Professional Development
- Unpaid Leave (Personal Appointments)

Comments/Notes Section of Each Daily Activity Tab

Comments and notes may also be provided for both billable and not billable time service coordination activities. The previous snapshot demonstrates the Comments/Notes column found in each Daily Activity Tab.

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 website on the data submission tab (<https://paeiratestudy.weebly.com/submit-data.html>).

The 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.