Part C System

A Resource And Technical Assistance Paper For Reimbursement Methods In IDEA Part C

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INTRODUCTION

It was the intent of Congress in the enabling legislation for Part C of the Individuals with Disabilities Education Act (IDEA) that states would use multiple resources to support the participation of children and families in early intervention services. This requirement has lead state systems to a fundamentally more complex finance systems than traditional programs funded with a single source of dollars. This complexity enhances the need to consider the implications of finance decisions within a broad context. One federally required component of all Part C systems is the development of a system of payments to include provider reimbursement. It is important that decision makers are conscious of whether that system supports the programmatic intent and philosophy; otherwise it may drive systems to unintended places.

The purpose of this technical assistance paper is as follows:

a) To help the reader understand the context of a given reimbursement system;
b) To assist in shaping the preparatory work for any Part C Coordinator responsible for facilitating decisions regarding a reimbursement structure; and
c) To provide specific approaches reflecting a number of different methods.

This technical assistance paper provides Part C Coordinators with broad general guidance about the process of modifying an existing reimbursement system or introducing a new manner in which early intervention services are purchased. This paper is divided into two sections. Section I lays out a conceptual framework designed look at options, to consider systemic values and to identify possible constraints. This early planning time is an important opportunity to identify key players and to get buy-in from the agency administrators, legislators and/or the Governor's Office to a proposed reimbursement method resulting from a comprehensive and valid study. Section II is designed to help develop the selected methodology into a reimbursement system.

This paper is not intended to be a specific roadmap for any given system. Part C systems vary greatly across the country; therefore, each State embarking on the road to a more in depth study and application of various reimbursement

methodologies must examine the political, programmatic and funding context in order to proceed. The journey can be costly in terms of resources (people, time and money) and may also be reasonably intrusive.

The most successful projects are typically supported by the use of a stakeholder group of diverse of people, each with a knowledge base, necessary to support a successful project. The stakeholder group provides a broad context for the process, the product and any subsequent change that would be implemented. The list to the right provides suggestions on membership considerations for a stakeholder group. One person may serve multiple constituencies.

Participation considerations when using Stakeholders

- Family members
- Providers
- Interagency Coordinating Council Members (ICC)
- State Medicaid Agency
- Other funding partners
- Lead Agency finance & budget staff
- Advocates
- Legislators
- Local Lead Agency representatives
- Geographic representation (local, county, region)
- Urban/rural
- Special population representation

SECTION I: CONCEPTUAL FRAMEWORK

COST VERSUS REIMBURSEMENT

To help set the stage for the discussion, it is important to contrast two key terms that will be used throughout the remainder of this document, namely cost and reimbursement. There is a fundamental difference that exists between the two terms. Cost is generally defined to include both cash and non-cash outlays (such as depreciation) and must always include a descriptor of what the cost represents. Examples might include "cost of the Part C system for Fiscal Year 2003" or "cost of Part C personnel for the first quarter of calendar year 2002", etc. It may even be important to understand how cost was computed. For instance, it may help to know if cost is on a cash basis -- which means revenue and expense are tracked only when cash outlay occurs; versus accrual -- which measures costs that are incurred but not necessarily paid for at that time. Reimbursement is computed by considering cost and sometimes profit with that information restated in terms of the payment basis and/or time. Cost is specific; reimbursement is essentially cost restated in terms of the basis of payment. Examples of reimbursement methods include a) per child monthly basis, b) fee for service based on face-to-face time, etc. State examples or links to state examples are provided in Appendix A.

THE IMPORTANCE OF ARTICULATING THE OUTCOMES OR QUESTIONS TO BE ANSWERED

Clearly articulating the objectives to be achieved is the first order of business and generally provides the foundation for the rest of the work. It is helpful to have concise statements in question form, and to also consider including some guiding principles. There is a significant difference to the approach for answering "How much does the state Part C System Cost today?" versus, "How much should the Part C system cost assuming best practice standards?". The former is a historic representation of what is and the later requires a definition of what is "best practice" and requires measuring the distance between what exists and what should be. Design of the study process should match the intended outcome.

Modifying an existing reimbursement structure with no, or limited, change to practice is probably the simplest of all since historic information can be used and the basis for reimbursement is clearly defined.

Creating a new structure requires a number of key decisions such as:

- Will reimbursement for all early intervention services be common regardless of the funding source?
- Is the basis the same? Are some functions going to be grant funded or paid for in some other manner?
- Will the rates apply to all providers?
- Will statements of cost include the entire cost of the early intervention from the state level to the local level and include all of the required system components?
- Will it be important to identify the cost differences between Part C and other similar services such as: a) practitioner travel, b) more than 1 client, c) IFSP meeting participation, d) service coordination; and e) teaming.

Another activity that has been helpful, particularly when controversy surfaces, is to establish some kind of vision statement or what might be considered guiding principles prior to discussing detailed reimbursement structures. The following are some examples that range from vision statements about the financing system as a whole to particular characteristics of a reimbursement structure.

- The early intervention financing system must ensure Lead Agency and provider accountability, as well as, to provide reasonable support in a manner that is responsive to providers to ensure the delivery of quality, comprehensive services to meet the needs of children and families.
- Rates encourage & support service delivery to meet individualized child and family needs and are delivered within the context of the child's natural environment.
- The structure should support early intervention philosophy and beliefs.
- The structure should support best practice.
- The structure should support the hiring and retention of qualified staff.
- The structure should consider impact of service specific versus discipline specific reimbursement.
- The structure should consider clustering similar disciplines at the same rate of reimbursement.

- The structure should support a transdisciplinary approach.
- The structure should consider the potential for higher reimbursement for home and community based services to account for reduced billable time and the cost of provider or practitioner transportation.
- Rates should be rounded to the nearest whole dollar amount.
- Reimbursement should consider the different methods across funding sources.

REIMBURSEMENT METHODS

Processes or methods of reimbursement for services rendered or equipment purchased may be established using several different approaches including: a) fee for service; b) a per capita basis; c) an allocation basis; d) a cost reporting basis, or e) a resource based relative value system (RBRVS). Each presents a different opportunity that will be explored by examining respective issues and challenges. Issues are not stated as either a strength or weakness since that determination can only be made after viewing the desired outcome or the related systemic context. For example, the issue that a fee for service system provides little financial risk for persons delivering service is a strength for a system with provider shortages and a weakness in s system with fund shortages.

The goal when selecting a particular strategy is to closely align financial incentives with desirable outcomes related to the provision of early intervention services. The reality of many Part C early intervention systems is that the reimbursement strategy is a combination of any number of the following approaches. Often, the interwoven nature of the reimbursement strategies is not considered in the initial design and often goes un-quantified.

Reimbursement Methods		
Fee for Service	**Definition**	A method of charging whereby the practitioner bills for each encounter or service rendered. Fee for service differs from other payment options in that it does not change with the number of services actually used or if none are used.
	Options	• Event based- the payment is the same regardless of time spent and includes a descriptor of the event. This is sometimes used for evaluation assessment types of activity. • Unit based- includes a definition of time that is considered billable activity. • Service or Discipline based- relationship between personnel types and service definitions must be clear
	States	AK, CA, DC FL, ID, IL, IN, KY, LA, MO, NJ, NM, PA, RI, VA, VT, WA, WI, WV
	Issues	• Encourages patterns of care that expand service. Good quality service planning is a must in this type of system. • There is no financial incentive to use the highest levels of qualified staff. Non-fiduciary personnel reward systems should complement this system. • Provides little financial risk for persons delivering service. • Without expenditure history, this system may be the most challenging for administrative management. Management of the planned levels of service on the Individualized Family Service Plan (IFSP) is helpful to estimate the financial commitment. • Is supportive of an open vendor based system. • Common definition of a "unit?"
	Data Needed	• The cost per direct service hour. • The cost per hour for support services and administration. • The actual amount of billable time vs. non-billable time.
Capitated	**Definition**	A reimbursement system whereby the rate is proportional to the number of individuals in a population.
	Options	• Child basis means a single monetary award amount based on serving the child. • Modifiers for service levels that exceed a normal range.
	States	CA, CT, DC, RI, TX, UT, VT

	Issues	• Available and accurate historical data is needed to create an average reimbursement. • This system generally encourages a lowering of the standard deviation of the mean levels of service and should be supported by a good service planning process and should review the level of actual delivered service. • There is a disincentive to work with children and families requiring high service levels. The system should be supported by a process requiring all families to be equally selected. • The more efficient and effective the service provider is the less the financial risk. • Works most effectively in a system where a single provider holds the responsibility for service. Distributing payment beyond a single provider could be difficult. • Financial management is challenged when enrollment is on the rise.
	Data Needs	• Average total cost per child. • Variability and/or standard deviation of average cost. • Actual services planned/provided.
Cost Report	**Definition**	User defined reporting system that may include information such as agency characteristics, utilization data, cost and charges by an early intervention cost center, and financial statement data. Medicaid often uses the cost reporting option for hospital and nursing home services.
	Options	Definition of Cost
	States	OK
	Issues	• This system is usually an “after the fact” process that requires a method of payment prior to completing the cost report and subsequent settlement process. • Cost reporting can be complex. • Cost reporting requires clear and concise definitions. • Without expenditure history, this system may be the most challenging for administrative management. • Offers no or little financial risk for providers. • Is supportive of an “open vendor-based” system. • May provide the best routine source of on-going cost information with clear definitions.

	Data Needs	• Provider cost information
Formula Allocation	**Definition**	To apportion resources to a specific purpose based on factors that are deemed to create equity.
	Options	Criteria Selection
	States	Most states have some supports and services funded on the basis of this strategy.
	Issues	• Defining the allocation methodology so that the result is an equitable distribution of resources is always challenging. • The method of distributing other funds should be considered as part of the allocation methods. For example, if another funding source is paying for a particular service or for a special population of people, then the formula should consider that impact. • This system generally encourages a lowering of the standard deviation of the mean levels of service and should be supported by a good service planning process and should review the level of actual delivered service. • May be the easiest to financially manage at the administrative level.
	Data Needs	• Data as defined in the allocation methodology.
Resource Based Relative Value	**Definition**	Creates a base reimbursement rate and adds a relative value index to what might be called "practice expense" and work or time and intensity. This concept initially came from the Omnibus Budget Reconciliation Act (OBRA 85) and is a method commonly used within Medicare and Medicaid.
	Options	The index may include: • Geography • Discipline • Service Location • Service Method
	States	None Known

	Issues	• This is a relatively untried approach within the field of early intervention. • This system requires identification of a base upon which to build the index. Defining this base could be challenging. • Without expenditure history, this system may be the most challenging for administrative management. Management of the planned levels of service on the Individualized Family Service is helpful to estimate the financial commitment. • Is supportive of an "open vendor-based" system.
	Data Needs	• The cost per direct service hour for the base item. • The cost per hour for support services and administration. • The actual amount of billable time. • Differences from the base to the index.

RELATIONSHIP TO OTHER FUNDING SOURCES

Establishing a provider reimbursement system cannot be done without analysis of the financial systems in place for other sources of funds that support Part C early intervention. This complexity is eliminated in systems that develop "universal" or "common" reimbursement structures regardless of funding source. When no universal system is established it is important that there be recognition of the contributions from other sources. It might be in the form of identifying children, services or costs that might be covered by another funding source. Under this circumstance, the Part C system would be responsible for the provider's net cost.

The following lists other funding partners and details some of the fiscal issues to consider:

- Medicaid
  - Other funding structures cannot supplement the Medicaid rate.
  - Other rates may pay for things that are not included in the Medicaid reimbursement amount.
  - If Medicaid rates are lower than other funding sources, some protections may need to exist to assure appropriate Medicaid billing activity.
  - HIPAA code sets may define billing unit.
- Other (public or private)Insurances
  - Some consideration as to who has the responsibility to pay premiums, co-payments and deductibles should be included in the deliberations (eg. "at no cost" and family inability to pay).
  - Assuming that insurance billing is not centralized, some consideration should be given for a reduction in payment for the amount of the insurance collected in relation to the general state reimbursement.
- Family Fees
  - Assuming that fees are not collected in a centralized manner, some consideration should be given for a reduction in payment for the amount of the fees collected.
  - Also an issue is who collects and how the determination of amount is made; equity, etc.
- Local/Community Funding

    - Needs to consider the balance between preserving the resource and not penalizing a community for having the funds.
- Provider Funds
    - If the provider "pool" is closed (meaning that there is a finite, designated list of selected providers eligible to provide these services) and providers are primarily "not-for-profit," one consideration is to back out an "expected contribution amount." One example might be to set the reimbursement amount at 90% of the value with the expectation that providers contribute the remaining portion.

RELEVANT STATUTES AND/OR REGULATIONS

There are no Federal statutes and or regulations that have a direct impact on setting a provider reimbursement method. Some states have enacted legislation or regulatory policy that establishes a particular protocol for payment systems or a particular department is designated that has rate setting authority. The following is information about regulatory guidance that may be helpful in establishing or defining a reimbursement structure.

Office of Management and Budget (OMB) circulars: These circulars establish limitations for particular providers who are operating and accounting for federal grants. The cost principles generally speak to allowable costs, non-allowable costs and allowed costs with permission. While not a requirement for all service providers, the circulars do provide a good source for definitions of cost.

- Cost Principles for State, Local, and Indian Tribal Governments; OMB CIRCULAR A-87 (Revised 5/4/1995), As Further Amended 8/29/1997.
- Cost Principles for Educational Institutions; OMB CIRCULAR A-21 (Revised 8/8/2000).
- Cost Principles for Non-Profit Organizations, OMB CIRCULAR A-122 (Revised 5/10/2004).

Education Department General Administrative Regulations (EDGAR): The US Department of Education regulatory guidance document. This document provides some guidance for definitions and is specific to the requirements of program income related to Part C early intervention services and general system

activities. EDGAR may be found on the Internet using the following link: http://www.ed.gov/policy/fund/reg/edgarReg/edgar.html

Generally Accepted Accounting Principles (GAAP): Is the common set of accounting principles, standards and procedures. GAAP includes not only broad guidelines of general application, but also detailed practices and procedures that are governed by consensus. Two organizations guiding those practices and procedures include the American Institute of Certified Public Accountants (AICPA) and the Financial Accounting Standards Board (FASB).

Health Insurance Portability and Accountability Act (HIPAA): This legislation, passed by Congress in 1996, was designed to simplify health care administrative processes in 5 administrative areas, shown to the left. Code sets are used to uniformly document procedures conducted during health care encounters. These standard code sets may govern the definitions of service and influence the structure of reimbursement systems. Information regarding code sets may be viewed at the following web site: http://aspe.hhs.gov/admnsimp/faqcode.htm.

Areas of HIPAA Simplification
1. Electronic Data Interchange (EDI)
2. Code Sets
3. Identifiers
4. Security
5. Privacy

SECTION II: DEVELOPING THE SELECTED REIMBURSEMENT METHOD

Regardless of the reimbursement method used to fund early intervention services there are several components that need to be completed as part of any rate setting methodology. These include: data gathering; selecting a sample; and development of survey tools.

DATA GATHERING

The process of data gathering is directly related to the desired outcomes and the level of accuracy needed to support the project. Once outcomes are clear and data needs are identified, the process of reviewing existing and identifying needed data sources should begin. Data integrity is an essential component of the process to establish a reimbursement structure. Therefore, when possible, information should be supported by multiple data sources and reviewed with a stakeholder group to gain insight into the programmatic impact and specific context of service delivery. It is not unusual to use a combination of existing data and new data that should be used in supplemental and supportive ways.

The starting point should always be to review existing data structures and information. Matching available data to data needs must include an assessment of quality. Things to consider when assessing data quality include:

- How long has the information been collected?
- Has the information been stable or volatile during the recent history?
- Is there routine verification of the data?

Examples of Existing Data

- Data System Information
- Annual Expenditure Reports
- Federal 618 data
- Cost Reports
- Cost Allocation Plans
- Invoices
- Grant Applications
- Provider Qualification
- Provider Enrollment Information
- Census Information
- Time Study
- Audit Reports

Identified needs for data beyond what is collected must be met through some kind of cost study. Similar studies of cost have been used that modify existing reimbursement structures, create a structure where none previously existed and to compute the total cost for a given state's Part C early intervention system. The more depth that the investigatory work has, the more meaning the information should yield.

There are different approaches to cost studies. For example, surveys may be as cursory as calling "like" types of service providers and asking about service rates. Alternately, cost studies may involve on site reviews of audited financial statements that are far more significant in terms of resources. Consideration of the work scope, the scrutiny that the results will be under, and the relative impact to the entire system should be considered when deciding on the depth and breadth of the survey activity. Crafting a cost study will involve a data collection tool or instrument, a data collection process and identification of sources of information.

- Data Collection Tool or Instrument: Each instrument or survey should be designed to answer specific questions and may in fact be multi-purpose. In some instances, it is important to provide a second source of data to substantiate and/or validate information from another survey. Each survey should stand alone with a richness of information. Analysis may be used in conjunction with another survey or supplemental information to answer the study questions. Sample cost study tools are included as appendices to this document.

- Data Collection Process: Data collection methods may include telephone surveys, supported surveys or on-site data collection. Regardless of the data collection method(s) employed, participants should receive a copy of the completed analysis, with some state-wide numbers for comparison, and specific questions where applicable and be provided the opportunity for verification of the information.

- Data Location (Sources): Data should be collected as close to the origination point as possible and should be at its most disaggregated level. For example, a time study should be targeted to direct service personnel rather than using estimates provided by supervisory personnel.

SELECTING A REPRESENTATIVE SAMPLE

Generally there is no need to conduct surveys with the total population of early intervention providers in which a state system is interested. Sampling is an acceptable practice for gathering data that is reliable and valid. Sampling is also less costly and less intrusive than collecting information from the total population.

Determining sample size should consider several factors including population size, variability and desired confidence levels. Larger samples should be considered if a fair amount of variability is expected in the answers and if the rate of non-response will be high. The smaller the total population the larger the sample must be proportionally to achieve similar confidence levels. The chart to the right, provides some guidance regarding sample size and confidence levels. Some sampling techniques are directed depending on total population size**.**

When sampling requires generalization to the population as a whole, the sampling design must be some kind of probability sampling. Simple random sampling is the most common and straight forward form of probability sampling. Other techniques might include systematic sampling where every "nth case" is selected. In systematic sampling, the starting point must be determined by chance. Chance can be as simple as flipping a coin to start the selection process. Stratified sampling allows for dividing the population into classes.

Based on using simple Random Sampling, a confidence level of 95% and a +-5% margin of sampling error.	
Population Size	Sample Size
10	10
25	24
100	80
500	217
1,000	278
10,000	370
100,000	383
1,000,000	384
PANAMS: Planning a Needs Assessment Management System EARLY CHILDHOOD 1991	

To ensure reliability and validity, it may also be important to analyze results by a sub-group, such as geographic region or other criteria. This sub-group within a population is known as a stratum. The following list of characteristics may be helpful to consider when assessing the representative nature of a selected group or when selecting a stratified random sample.

a. Urban/Rural: The US Census Bureau defines an urban community as one where the population density per square mile is greater than 1,000. Generally this designation is based on the service area of the children and families served.
b. Provider Type: Local health departments, school systems, private providers (both for profit and not-for-profit), local community service boards, special projects, etc.
c. Multi-Discipline versus Single Discipline: Another approach for the criteria might be that providers are either more like "therapists" (speech, physical and occupational therapy) or more like "early interventionists" service coordinators, special instructors).
d. Service Area Differences: Providers, different service coordination models, different reimbursement structures.
e. Medicaid Participation: High, medium and low levels of Medicaid support. Some providers may have no Medicaid participation.
f. Single County/Multi County Service: Identification of providers who serve more than one geographic county (or region).
g. Employed versus Contracted Staff: Include providers who are only using employees and some who use contracted personnel for the provision of direct services.

DEVELOPMENT OF SURVEY TOOLS

The key to developing more universal instrumentation is to get back to the root of the information rather than collecting summary information that cannot be disaggregated. The following provides a descriptive model with details on what to consider when developing specific cost study survey tools.

Cost Information Overview: Financial information is most useful when it represents an entire operating year, has been audited, and is reasonably current. A cost survey should rely on the participating organization's financial records as the foundation of cost. An example of cost survey forms is included in Appendix B of this document. The cost survey instrument was adapted from work done at Utah State University, through the Early Intervention Research Institute (EIRI), as a result of a two-year research grant funded by the U.S. Department of Education. An

article about the methodology entitled "Cost Analysis in Early Intervention" appeared in the Journal of Early Intervention, 1994 Vol. 18, No 1, 48-63.

Cost survey information includes, but, is not limited to the following:

Total Cost	
Direct Service	Travel Cost
Salary & Benefits	Materials & Supplies
Consultants/Practitioners	Utilities
All Other: Support & Administrative	Insurance
Facilities and Capital Improvements (Rent)	Training
Vehicles	In-Kind
Equipment	Administrative Support

Participants should be asked to submit information about all costs related to Part C early intervention without regard to revenue, and to tie the information back to audited financial statements when available. A decision will have to be made on whether or not it is necessary to isolate Part C costs. For example, if an outcome is "to understand the cost of Part C early Intervention" or "to capture the early intervention cost per child", it is necessary to isolate Part C costs. If such isolation is necessary, it is imperative to have an understanding of how that was accomplished. It may not be necessary to isolate Part C costs if the outcome is to establish a fee for service reimbursement system and providers deliver like services to populations beyond Part C early intervention.

Costs are categorized into three broad groupings: direct service, support services and administrative. Direct service personnel costs include only those persons described within the personnel system and who provide direct service to children and families. Support costs are directly related to the provision of service and include the cost of supervisory and clerical personnel, travel costs to and from service sites, rent/facilities cost to house direct service personnel, photocopying, postage, etc. Administrative costs remain even if early intervention is not an initiative within the organization and may include accounting and finance, the organization's Executive Director, etc., which are typically allocated based on program benefit.

It is important to decide the level of consistency and accuracy that is needed by either the cost category or the detailed groupings. It is challenging to clearly detail the difference between the cost of support services and administrative costs. It simply may be important to ensure that providers consider both components in their report of cost to assure completeness. To that end, unless there is a reason, it is recommended that these amounts are combined throughout the cost survey review and are referred to as "All-Other".

Revenue Information Overview: A revenue analysis may be conducted to identify the funding partners who may not be known through routine data gathering processes. This may be important when funding partners cannot commit to a common reimbursement structure for all early intervention services. The information requested should include the actual amount billed, the amount collected and some indication of the ease or difficulty of using the funds. The instructions might include the list of more than 40 federal, state and local fund sources that are available to fund early intervention services. A sample revenue survey is included as Worksheet 12 of Appendix B.

Time Information Overview: While a time survey is not always necessary to establish a reimbursement system, it is critical to answering many of the secondary questions that arise. What people do with their time is often some of the most telling information about a state's early intervention system. Many reimbursement strategies are built on the face-to-face standard. However, all time is part of the cost of doing business. The survey must get to the basis of payment for whatever methodology is selected. A sample time survey with instructions is included as Appendix C of this document.

Billable versus Non-Billable Time	
Billable Activity	**Non-Billable Activity included in the Reimbursement Rate**
Face-to-face contact Collateral contact Event based	Travel to/with Client Preparation Report writing Documentation Scheduling Contact with other professionals Training Staff meetings Administrative activity No show/cancellations Sick/Vacation/Holiday time

Direct Service Personnel Costs: Direct service personnel cost is typically the single most significant component of cost and should include all of the professional categories that deliver early intervention service. A salary survey can provide the detail necessary to compare wages, hours and to some degree, working conditions across a system. It can also provide supplemental information to the cost survey.

The primary purpose of the salary survey is to identify the hourly direct service personnel cost relating to employees. While a cost survey identifies actual payroll costs, the salary survey includes annualized wage and benefit information converted to a consistent hourly base using annual work hours. For employees, cost is based on both wage and benefit information. The information should be presented using an hourly basis regardless of wage/salary conditions related to employment and all annualized information should be converted to a consistent base for the purposes of analysis. One example of a consistent base is 2,080 work hours representing 40 hours per week, 52 weeks per year.

For any method requiring a link to service type or personnel type, it is important that personnel types are specified. All salary survey participants would then be grouped according to the personnel types with each position specified in terms of full time equivalent [FTE] number of work hours, based on 2,080 annual hours. FTEs are summed by personnel type. The salary total represents the hourly amount for the annual work time of the position and totaled for the group. This means that salary information is weighted for actual work time. A half-time position will have half the impact on the final hourly amount as a full-time position. The hourly amount is computed by dividing the Salary Total by the FTE and 2080 work hours. For example, the hourly amount for a half-time person paid $10,000 annually is computed $10,000 / .5 / 2080 = $9.62.

In addition, it can be helpful to capture personnel type and length of employment for each person represented in the salary survey. Having this information allows system planners and leadership to think about the routine nature of training. There is an impact to training systems when 50% of all employees have an employment start date that is within a two year window.

Contractual personnel must also be considered in the analysis of "total direct service personnel cost". It is always interesting to note the differences in contractual arrangements -- not only across organizations but also within organizations. The most significant arrangements can be categorized in the following three ways:

- Hourly for All Related Time: In this method all time, including travel, preparation, documentation, etc., is compensated. Sometimes, travel cost is also reimbursed.
- Hourly for Face-to-Face Time: Using this method means that only face to face time is paid. All other activity is assumed to be included in the rate.
- Per Diem: This term usually means that you are purchasing the individual's time for an entire day.

Caseload Information: For any computations that involve the number of children in service, it is important that survey instruments capture the number of children involved. Caseload information may be a stand alone activity or it may be added to the cost or time surveys depending on need. Service Coordination is often tied to the number of children served.

UTILIZING INFORMATION FROM THE DATA GATHERING PROCESS

Following each of the questions below is a description of the sources of information and the methods that might be used to gain insight into potential study questions pertinent to state Part C systems.

1. **How much does the system cost?** Cost information from individual provider cost surveys is totaled and a determination made as to what portion of the total system is represented in that cost. The cost is divided by the percentage of representation to estimate the total provider cost within the system. Provider costs may be added to other local lead agency costs such

Question 1: Illustration
- Cost Survey Total = $9,525,000
- Percentage of System = 32.5%
- Provider Cost =
  - $9,525,000/.325=$29,307,692

System Costs
Training & Technical Assistance
Data System
Local Councils
Total = $1,250,450
State Administrative Costs
Total = $535,000

Total Part C Early Intervention Costs = $31,093,142

as Local Councils and System Components. Finally, the State level cost may be added to get to total system cost

2. **What is the cost per direct service hour?** Information from cost, salary and time surveys come together to answer this question.
   i) The salary survey provides information on the hourly cost for all professionals delivering early intervention service.
   ii) The cost survey provides information on all of the supporting costs necessary for the direct service person to do the job. It typically includes support personnel such as clerical and supervisory as well as rent, insurance, postage, travel, telephone and other administrative costs.
   iii) The time survey allows matching the definition of "direct service" to the actual time spent by early intervention personnel.

> Question 2: Illustration
> *(Does not represent actual results).*
> Hourly Wage and Benefits $25
> - Support and Administrative: Cost per Wage Hour $8
> - Total Cost $25 + $8 = $33
> - Direct Service Time (face-to-face time) @50% of total time.
> - $33 times 2 = $66 or
> - $33 divided by 50% = $66
>
> *This means that you must pay twice the cost to account for all non-direct service activity.*

3. **How much is spent by service type?** The cost and salary surveys provide two comparable sources of information to respond to this question. Both surveys capture information by early intervention personnel type. Some correlation must be made between the type of personnel and the service that is delivered. Often, the time survey is used to help refine the relationship of service coordination when EI personnel may provide on-going service as well as service coordination.
4. **Do regional differences exist?** Regional representation and differences are always an important part of the analysis. Averages, standard deviation and variance are applied to regional information to review for differences.
5. **How much time is spent doing things in the "Part C way?** The time survey captures the time spent fulfilling the Part C requirements and may inform system efforts related to continuous improvement monitoring, training and technical assistance, as well as potential refinements in the state personnel standards and qualifications.

6. **Where does the money come from to support Part C Early Intervention?** Revenue information from the individual provider revenue surveys should be summed by type and categorized into broad groupings.

OTHER IMPORTANT CONSIDERATIONS

- **Link back to the Interagency Agreements:** Through this entire process, the relationship with partners funding early intervention have been explored, confirmed, changed or retained. This is an opportunity to document the existence and detail the practice. Re-visiting the state and local Interagency Agreements to expand or refine this topic would help to solidify the Part C funding system.

- **General Supervision Requirement:** Regardless of the cost methodology selected, Part C Coordinators must make sure to meet the overall responsibility under Part C to ensure general supervision over all the components of the system including all providers.

- **Periodic review:** The information used to achieve the specified outcome should be updated on a routine basis. Minimally, existing data sources that have been used should be monitored to see when significant change has occurred. Survey work should be repeated as well, since systems are an ever-changing environment.

- **Education/Information back to the stakeholders:** The process should culminate with some kind of informational component to stakeholders who are impacted by the decisions made. This may be achieved by simply putting up an informational piece on the Part C system's web site or by conducting in-person informational sessions. Expand discussion of this role.

- **Know what you are doing and develop buy-in:** The successful project will involve persons who have a great deal of knowledge about any given Part C system, Rate Setting Methodologies and general business practices, including the consideration of best practices related to Part C early intervention services. A "mix" of individuals from a variety of positions within the system, reflecting participation from the state and local levels,

helps to ensure that the information as defined, collected, analyzed and utilized is examined from multiple perspectives.

SOURCES:

Stross, Robert E., Accounting for Grants, Center for Public Management, Potomac Maryland, 1991.

Goldhammer, KR, Report on the Activity to Conduct a Statewide Prospective Rate Study, State of New Mexico, Department of Health, 07/2003.

Goldhammer, KR, Report on the Activity to Conduct a Statewide Cost Study Report, State of Louisiana, State Interagency Coordinating Council, 09/02/2003.

Bookee, Martha, et al, Planning A Needs Assessment Management System, Personnel Preparation for Early Childhood Services, University of Georgia, Athens GA, Project PANAMS 1991.

http://www.earthsummit2002.org/ic/process/principles.htm

http://www.wedi.org/snip/public/articles/details%7E6.htm

APPENDIX A – Reimbursement Structures

Most like Fee for Service

- RI: http://www.healthri.org/family/ei/Home.htm
- NM: http://www.health.state.nm.us/ltsd/fit/rulsregs.html
- LA: http://www.oph.dhh.state.la.us/childrensspecial/earlyinterventionservices/pagec612.html?page=535

Most like Capitated

- TX: http://www.eci.state.tx.us/providers/policy_procedures.html
- CT: The per-child / per-month rate varies by agency so there is no one rate for all of the programs. The low is $592.04 and the high is $618.20 for the general early intervention programs. The programs that only serve children who are deaf or hard of hearing get more, $738.84 to $744.98 because they provide, on average, more hours of service per month.

Most like Cost Reporting

- OK: http://sde.state.ok.us/home/defaultie.html

Appendix B: Cost Survey Sample
Cost/Salary/Revenue Survey Worksheets and Instruction

The worksheets contained in this package will be used with all early intervention providers to assist with documenting the cost of delivering early intervention services.

Worksheets include:
- Worksheet 1-Salary Survey
- Worksheet 2-Summary of Direct Personnel Costs
- Worksheet 3-Contracted Direct Service Personnel
- Worksheet 4-Volunteer Effort
- Worksheet 5-Support Costs
- Worksheet 6-Administrative
- Worksheet 7-Transportation
- Worksheet 8-Facilities & Capital Improvements
- Worksheet 9-Equipment
- Worksheet 10-Vehicles
- Worksheet 11-Miscellaneous
- Worksheet 12-Revenue

COLOR CODING: Instructions (WHITE), Salary Worksheet 1 (YELLOW) and Cost Worksheets 2-11 (GREEN) Worksheet 12 (SALMON)

Worksheet 1: This worksheet will be used to establish the average salary and benefits for employees providing early intervention services. Contractors are listed elsewhere in the worksheets. The source of information should be actual information based on payroll records for the pay period closest to {insert date}. The position of each person providing direct service should be included as a distinct line on the worksheet.

Position: This column must reflect the titles from Component IX – Personnel Standards of the Policies and Procedures for Part C of IDEA - 2000. For your convenience the direct service provider list is noted below.

Use to complete "Position" on the worksheet		
Audiologist	Family and Consumer Science Professional	Clinical Psychologist
Certified Therapeutic Recreation	Family Therapist (Marriage & Family Therapist)	School Psychologist
Licensed Professional Counselor	Registered Nurse	Applied Psychologist
School Counselor	Nurse Practitioner	Licensed Social Worker
Early Childhood Special Educator	Nutritionist	Registered Social Worker
Educator		Licensed Clinical Social Worker
Early Intervention Assistant		School Social Worker

Early Intervention Generalist Educational Interpreter Educator of the Hearing Impaired Educator of the Visually Impaired	Occupational Therapist Occupational Therapy Assistant Orientation and Mobility Specialist Physical Therapist Physical Therapist Assistant	Visiting Teacher Speech Language Pathologist Service Coordinator/Case Manager Special Instructor

Hourly Pay: This should reflect a per-hour amount paid to hourly wage earners listed on the worksheet.

Salary This should reflect a salary amount paid to salaried-exempt and salaried non-exempt persons listed on the worksheet. Generally, wages should be recorded as hourly or salary, not both.

Benefits as a paid by the employer: Must reflect only those costs paid by the employer. For example, health insurance where the employee pays for 50% of their coverage should be recorded at half the cost or half the percent. Information may be recorded as either a number or as percentage of wages.

Social Security (FICA) is completed for you at the employer share of 6.2%. The maximum taxable wage amount for 2003 is $87,000.
Medicare is pre-recorded at 1.45% with no maximum wage amount.
Federal Unemployment Tax Amount (FUTA) is based on .08% of the first $7,000 of wages or $56 per person.
State Unemployment Tax is generally applied as an experience rating based on historical information.
Retirement should only reflect the employer share of cost.
Health Insurance should only reflect the employer share of cost.
Other should reflect other employer-supported benefits that may include life, dental, etc.

Annual Compensated Hours Off: Report the number of hours of vacation, sick, holiday, personal, other that are considered compensated and are included in the annual work hours column.

Worksheets 2 through 10: Cost Information. This information should be for the reporting period {insert start date through end date}, unless you traditionally use a different fiscal year and should be based on audited financial statements identifying Part C early intervention costs. If the audited financial statement does not distinguish Part C early intervention costs it is important that an allocation strategy is developed and discussed during the initial support phone call for this cost survey that is detailed on the cover letter. The cost allocation strategy must be sound for the study to be valid. Any questions should be directed to {insert name and contact information}.

For Providers who serve as the Local Interagency Coordinating Council (LICC) fiscal agent it is important that the costs in this survey include only the dollars related to entitled direct services and will exclude a) fiscal agent administrative

costs, b) council operations, and c) systems component costs. This can be discussed during the initial phone call scheduled for you.

- Approaches to Consider:
  - Distinct Cost Center for Part C early intervention: Providers should consider whether or not the cost center includes services to children who do not meet the definition of eligibility for the Part C early intervention system. Considerations when using this approach must include whether the cost center captures all relevant cost for Part C early intervention. For instance, there may be a block grant or other funding where some portion of Part C costs are allocated. Other cost information to review might include annual adjusting entries and indirect cost allocation transactions.
  - Distribution of Costs using direct service Part C Personnel: This approach could include identification of personnel who are not involved in Part C early intervention but who are included in the cost center. In addition, time survey participation will identify the amount of time spent in Part C early intervention related activity versus service to other populations. The information would be used to allocate the remaining direct service personnel costs Part C early intervention. This ratio could be applied to the remaining support and admin costs. If there is a basis for modifying that allocation more appropriately, that may also be done.
  - Distribution of Costs based on the Population served: The number of Part C eligible children served during the cost reporting as a percent of the total persons served for the costs could serve as the foundation for allocation. The time study could be used to help understand the cost difference between serving Part C eligible children and the remaining population. Support and administrative allocations could follow the same distribution or be modified on some basis.

Worksheet 2-Summary of Direct Personnel Costs: Report all salaries & benefits that relate to both direct service staff and support staff including supervisors. Direct staff, are those performing a Part C early intervention service. The types are detailed on the worksheet. Support staff may include clerical support, supervisory personnel and other related management positions and are reported in the aggregate. It should not include those salaries that are included in an administrative cost allocation plan. If personnel provide both direct and support services, such as a supervisor who also has an active caseload, estimate the percent of time spent doing each and split the salary accordingly between direct and support. This worksheet is different from worksheet 1 in that the cost information must tie to the personnel costs in the financial statements. These numbers are based on payroll records rather than annualized salary amounts.

Benefits Costs are for both personnel categories.

Worksheet 3-Contracted Direct Service Personnel: Instructions are included on the worksheet.

Worksheet 4-Volunteer Effort: Instructions are included on the worksheet.

Worksheet 5-Support Costs: Use of the categories on this worksheet is optional. If you have an income and expense report that detail the categories differently, that worksheet may be substituted.

This worksheet also gives you the opportunity to detail private contributions that benefit the provision of services.

Worksheet 6-Administrative: Include a description or a copy of your organizations cost allocation plan. This worksheet may include administrative salaries, benefits, rent, insurance, etc. that are more general to the organization as a whole and are not counted elsewhere.

Worksheet 7-Transportation: If you have information available that details this service differently, call to discuss the information.

Worksheet 8-Facilities & Capital Improvements: Instructions are included on the worksheet.

Worksheet 9-Equipment: Instructions are included on the worksheet.

Worksheet 10-Vehicles: Instructions are included on the worksheet.

Worksheet 11-Miscellaneous: Instructions are included on the worksheet.

Worksheet 12-Revenue: Instructions are included on the worksheet.

Worksheet I. Salary Survey Information (Employees Only)

Position (Use instructions)	Wages		Annual Work Hours	Employment Start (mm/yy)	Benefits as paid by the employer							
	Hourly Pay	Salary Amount			FICA	Medicare	FUTA	SUTA	Retirement	Health Insurance	Other	Compensated Hours Off
					6.20%	1.45%	$56					
					6.20%	1.45%	$56					
					6.20%	1.45%	$56					
					6.20%	1.45%	$56					
					6.20%	1.45%	$56					
					6.20%	1.45%	$56					
					6.20%	1.45%	$56					
					6.20%	1.45%	$56					
					6.20%	1.45%	$56					
					6.20%	1.45%	$56					
					6.20%	1.45%	$56					
					6.20%	1.45%	$56					
					6.20%	1.45%	$56					
					6.20%	1.45%	$56					
					6.20%	1.45%	$56					

Comments:

Worksheet 2 - Summary of Direct Personnel Actual Costs for the reporting period based on financial statement salary total

Personnel Type	Total Salary Costs	Comments
Audiologist		
Certified Therapeutic Recreation		
Licensed Professional Counselor		
School Counselor		
Early Childhood Special Educator		
Educator		
Family and Consumer Science Professional		
Family Therapist (Marriage & Family Therapist)		
Registered Nurse		
Nurse Practitioner		
Nutritionist		
Clinical Psychologist		
School Psychologist		
Applied Psychologist		
Licensed Social Worker		
Registered Social Worker		
Licensed Clinical Social Worker		
Early Intervention Assistant		
Early Intervention Generalist		
Educational Interpreter		

Educator of the Hearing Impaired		
Educator of the Visually Impaired		
Occupational Therapist		
Occupational Therapy Assistant (COTA)		
Orientation and Mobility Specialist		
Physical Therapist		
Physical Therapy Assistant (PTA)		
School Social Worker		
Visiting Teacher		
Psychologist Associate		
Service Coordinator/Case Manager		
Speech/Language Pathologist		
Special Instructor		
Total Direct Salary Costs (sum lines above)		
Other Staff/Personnel Costs		
Benefit Costs for both Direct & Other Staff/Personnel		
Total Personnel Costs		

Worksheet 3 - Contracted Services: This worksheet is used to indicate persons who are not regular direct service staff but who received compensation for services rendered. Include interpreter or translation services as a distinct contract item where applicable. This worksheet should include contracted persons where no employment tax obligations exist.

A. Type of Service: Indicate the type of service performed for your organization (e.g., physical therapy, physical therapy assistant, occupational therapy, etc.).
B. Personnel Type: Indicate the type of professional performing the service (e.g., physical therapist, physical therapy assistant, speech language pathologist, etc.).
C. Number of Service Days or Hours: Indicate the number of actual time the contractor was paid. Detail the information in either days or hours and indicate either days or hours.
D. Compensation Rate: Indicate the rate paid to the contractor. The information must correspond to the information provided in column B.
E. Total Compensation: The total value of the contracted obligation
F. Paid in Reporting Year. Indicate the amount paid for the reporting period.
G. Basis for Payment: Indicate the basis for payment. For example; a flat hourly rate for all related time; a flat hourly rate for face-to-face time, per diem, episode reimbursement, etc.).
H. Provide the name of either the person or organization receiving payment. This will allow for identification of costs that may be collected as part of another participating providers cost survey submission.

A Type of Service	B Personnel Type	C # of Service Days or Hours	D Compensation Rate	E Total Compensation	F Paid in Reporting Year	G Basis for Payment	H Organization/Person Receiving Payment

Worksheet 4 - Volunteer Effort: Indicate the type of service each volunteer (if any) performed for the organization (e.g., clerical work, transportation, assisting in the provision of service, etc.)

A. Type of Service: Indicate the category of service performed for your organization (e.g., direct service; clerical support; support services, etc).
B. Number of Service Days or Hours: Indicate the number of actual time the volunteer worked. Detail the information in either days or hours. This should reflect the total volunteer effort during the reporting period.
C. Description of Service Performed:
D. Required Paid Staff: Indicate whether or not this service would have been provided by a paid staff person if the volunteer was not available.
E. Comments: For clarification if needed.

A Type of Service	B # of Service Days or Hours	C Description	D Requires Paid Staff	E Comments
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	

Worksheet 5-Support Costs Annual: This worksheet should list only those charges that are not included in administrative costs on Worksheet 6.These costs support direct early intervention services.

Description	Cost
Materials and Supplies: Indicate the total expenditure on materials and supplies (paper, pens, pencils, computer supplies, janitorial/custodial supplies, phone, toys, etc.)	
Utilities: Indicate the total cost for all utilities. If some, or all, utility costs are included in direct or occupancy charges, indicate that and do not re-enter costs here.	
Insurance: Indicate the total annual expenditures on all insurance costs associated with early intervention services. Includes vehicles, building, etc.	
Photocopying	
Training	
Postage	
Travel not Related to Direct Service:	
Other:	
Other:	
Other:	

Use additional sheets as necessary

Private Contributions

Describe here any in-kind contributions to your organization for early intervention services. You may indicate the estimated value if you have a basis for doing so.

Item Description Estimated value

Worksheet 6 Administrative Cost: Describe allocation of administrative expenses to Early Intervention Services.

A. If available, include a copy of the cost allocation plan used by your organization.

Total Administrative Costs charged for Early Intervention Services: $_____

Worksheet 7 Transportation

CLINICIAN TRANSPORTATION: Information relates to services provided with travel involved often times referred to as service in the natural environment. It may be acceptable for this information to be aggregated.

Clinician Initials	Discipline	Avg. # of miles per month	Avg. # of off-site visits per month	Avg. # of "no-shows	Annual miles reimbursed
				Total annual miles reimbursed	

Use additional sheets as necessary

Additional Information:
Per mile reimbursement rate as of {insert date} _____

Worksheet 7 Transportation (continued)

CHILD TRANSPORTATION

A. Services Provided	
Indicate the number of buses/vans/cars/etc. used for transportation of children	
Indicate the total number of trips made for transportation services made during this reporting period.	
Indicate the average number of miles traveled on each trip	
Indicate the number of passengers transported during the reporting year.	

B Total Annual Operating Expenses	Description	Cost
	Fuel	
	Maintenance	
	Car Seats/Restraints	

C: Describe any other components of cost relating to transporting the child/family to services	Cost

NOTE: It is possible to compute the cost of transportation a number of ways. If the information request outlined above is difficult to obtain, please call {insert contact information} to review what is available. These costs should be decreasing or non-existent due to increased service in the natural environment.

Worksheet 8 Facilities & Capital Improvements: Describe the space used by your program. Indicate its purchase price or annual lease/rental cost. Also describe and indicate the cost of any renovations or other capital improvements to your facilities. Use information consistent with the organizations *audited financial statement*.

Description of buildings and land used by the program (include age of building)	Square footage used by the program	Purchase Price	Annual Lease/ Rental Cost	Annual Depreciation Amount
Example: Center, 30 years old	4,700	$92,770		

TOTAL COST _____

Worksheet 9 Equipment: On the table below, describe the equipment used for early intervention services which has a value greater than $500. Include computers used for EI even if they were purchased by the State. For each item, indicate its purchase price or annual lease/rental cost. At the bottom of the page, provide an estimate of the value of the equipment worth less than $500. In addition, please include the cost of any assistive technology device purchased on behalf of a child and/or family. Sum the cost of all equipment. Use information consistent with the organizations *audited financial statements*.

If the equipment is used for more than Part C early intervention please describe the allocation approach used and only provide the Part C related cost.

	Description	Purchase Price -OR-	Annual Lease/Rental Costs
Example:	desk	$685	
Example:	piano		$120 / year

Describe allocation strategy: _____
_____
_____

Total cost of all equipment with a value less than $500: _____
Total cost of equipment with value greater than $500: _____
Total cost of assistive technology purchased on behalf of children and families: _____
Total cost of all equipment: _____

Worksheet 10 Vehicles: Describe (make, model, mileage, year) any vehicle owned or rented/leased by the program. Indicate the purchase price or annual lease/rental cost. Use information consistent with the organizations *audited financial statement*.

	Vehicle Description make/model/mileage/year	Purchase Price	Annual Lease Cost	Depreciation Amount (annual)
Example:	Dodge/ Intrepid / 104,583 / 1998	$16,986		
Example:	Chev./Citation / 15,463 / 2000		$4,060 / year	

Describe how vehicles are used to serve the program:

_____

_____

_____

TOTAL COST _____

Worksheet 11 Miscellaneous Information that will assist with the cost study. (Use additional paper if necessary.)

1.	**Describe any significant program/administrative changes planned or implemented for 2004 that affect cost. Include some indication of cost.**
2.	**Describe The changes to insurance costs that have occurred in the last year.**
3.	**Do you have unfilled positions related to delivering Part C early intervention services? If so, please discuss the discipline, how many, and whether or not it is due to a personnel shortage or funding.**
4.	**Do you serve a population of children beyond those eligible using the Part C eligibility definition? If so, please describe and indicate whether or not reported costs include those children and the percent of total served.**
5.	**Identify the names of the counties where you provide early intervention services.**
6.	**Additional Comments**

Worksheet 12 Revenue Information: The list below represents potential funding sources for Part C early intervention services and should be used to describe the fund source on the revenue worksheet that follows. The list is not exhaustive and may not total cost.

Federal Fund Source	State Fund Source
Part C	Medicaid EI System State Match
Part B - 619	State Part C appropriation
Part B General	Title V State Funds
Medicaid Administrative Agreement	State Maintenance of Effort (TANF) funds
Medicaid (XIX) - regular	Part B - Section 619 - State Funds
Medicaid (XIX) - EPSDT	Part B Special Education Funds
Medicaid - waiver program	Lottery Funds
Medicaid - managed care carve out	Healthy Families Inititative
Medicaid - managed care	Early Start
Medicaid –State Plan Option (Targeted Case Managemenrt)	Early Head Start
S-Chip (Title XXI)	Head Start
Title V - MCH	HMO/PPO/IPA (private managed care)
Title V - CSHCN	**Local Fund Sources**
CHAMPUS/TRICARE	Family Cost Participation/Ability to Pay
Impact Aid/DOE	Part C Program Dollars (LICC)
WIC	Birth Injury Fund
Early Start	Private Insurance/HMO/PPO/Indemnity
Early Head Start	Locally Raised Tax Revenue
Title XX SSBG	Provider Contributions
CCDBG/CCDF	Locally Raised Revenue Contributions
Family Preservation	
Dropout prevention	
Prevention of Juvenile Justice	
Title IV-A/TANF	
Title IV-B	
Title IV-E	

Worksheet 12 Revenue Information Continued:

Source	Billed	Annual Amount Paid	Rate Ease of Use on a Scale from 1-10 with 1 being the easiest and 10 as difficult	Comments
Comments				

APPENDIX C- Time Survey Sample

COMPLETING THE TIME SURVEY - Instructions

Period of Time Survey:

The time survey will begin on your first workday beginning on or after Sunday, October 19, 2003 and will end on the last workday on or before Saturday, November 1, 2003. The period will cover two weeks.

Time Sheet Instructions

1. **How should I record my time?**

   Each person *must identify work activities in fifteen-minute increments* throughout the two-week time survey period. Each 15 minute time period will be documented up to three ways. Each 15-minute period must have a **category identified; non-administrative categories should be categorized with an activity code and direct activity should indicate a location.**

2. **What activity should I record?**

   Record the most prominent activity in which you have engaged during each fifteen-minute increment. For example, if you made a telephone call to link the family with Parent-to-Parent for five minutes and then began an evaluation report during the last ten minutes of a fifteen-minute period you record the ***category as (E) evaluation*** and the ***activity as (7) report writing***. *Definitions* for the category, type of activity, and location *are included later in this document*. Time study definitions have been developed to correspond with requirements of the early intervention system and are unique to this survey activity.

3. **Who should participate in the survey activity?**

   Personnel (N=300) have been selected to participate in the time survey statewide. Time survey participants represent the diversity of providers across the State and are representative of the State as a whole. If you are selected and you provide both direct treatment services, as well as support or supervision, you should complete the survey and indicate an "X" for "Not related to time survey purpose" for the portion of time spent in supervisory or support service. An "X" should also be used for supervision by a therapist, required by licensure, for Certified Occupational Therapy Assistants and Physical Therapist Assistants.

4. **What if my work extends beyond Part C early intervention and/or the provision of direct service?**

   If you serve a client population beyond those children eligible for Part C early intervention at this organization, please document all of your time not only the time related to Part C. Again the use of the category "X" for "Not related to time survey purpose" should be used. Total time accounted for in the time study must be equal to the amount of time

compensated for under this organization. This allows us to apportion sick, vacation and other administrative time appropriately. If you are under contract with another organization DO NOT account for that time in the survey.

Completion Protocol:
Please check the statement that best identifies your service coordination role within the early intervention system.

- I provide service coordination only
- I may be designated as the family's service coordinator as well as providing at least one other early intervention service
- I DO NOT serve as a family's service coordinator

Each person must identify themselves, using one of the titles from Component IX – Personnel Standards of the Policies and Procedures for Part C of IDEA - 2000. For your convenience the direct service provider list is noted below.

Use to complete "Position" on the time sheet	
Audiologist	Nutritionist
Certified Therapeutic Recreation	Occupational Therapist
Licensed Professional Counselor	Occupational Therapy Assistant
School Counselor	Orientation and Mobility Specialist
Early Childhood Special Educator	Physical Therapist
Educator	Physical Therapist Assistant
Early Intervention Assistant	Clinical Psychologist
Early Intervention Generalist	School Psychologist
Educational Interpreter	Applied Psychologist
Educator of the Hearing Impaired	Licensed Social Worker
Educator of the Visually Impaired	Registered Social Worker
Family and Consumer Science	Licensed Clinical Social Worker
Professional	School Social Worker
Family Therapist (Marriage &	Visiting Teacher
Family Therapist)	Speech Language Pathologist
Registered Nurse	Service Coordinator/Case Manager
Nurse Practitioner	Special Instructor

The week ended is either 10/25/2003 or 11/1/2003.

The area served should represent the area worked by the practitioner during the week represented on the time sheet.

Other notes regarding time sheet completion

1. For errors, a simple one-line cross out is best.
2. **DO NOT SELECT MORE THAN ONE CODE!** This has been a problem in past time surveys. Select the most prominent code for that time period and circle any category letter (column 1) where interface with a supervisor occurred.
3. As a precaution, participants should keep a photocopy of the timesheet and mail the original, in case of lost mail.
4. Completion of the time sheet should occur throughout the day. The best results occur when participants record activity at the end of each of the 15-minute periods.
5. The time sheet must represent an after-the-fact distribution of the actual activity of each employee.
6. The total time for which each employee is compensated must be documented.
7. The timesheet must be signed by the employee after completing the week.
8. **Neatness is important.**

Mailing completed time surveys

1. It is the provider agency's responsibility to assure that all surveys have been mailed to the contractor.
2. Time survey sheets should be sent after each week to:

   Karleen Goldhammer Tel: 207-623-8994
   SOLUTIONS
   280 Riverside Drive E-Mail: Kgoldhamm@aol.com
   Augusta, ME 04330
3. Final surveys should be mailed after each week is complete and **mailed no later than Wednesday, November 5, 2003.**
4. **Do NOT fax the time sheets, please.**
5. Time survey information will be viewed in aggregate form only!
6. Do not change your activity because the time survey is being conducted. It is important that the time reported reflects your true daily activity.

Category (Always include a Category) CIRCLE ANY CATEGORY LETTER WITH SUPERVISOR INVOLVEMENT	**Activity (Use for Category R E F N D & S)**	**Location (Only for # 5)**
R. Referral & Intake E. Evaluation, Eligibility Determination and Assessment F. IFSP Development and Meeting N. Intervention D. Service Coordination (Designated) S. Service Coordination (to assist the designated service coordinator)	1. Documentation 2. Preparation 3. Collateral Meeting with Other Professionals 4. Consultation 5. Direct---------- 6. Travel 7. Report Writing 8. Telephone Contact 9. No Show/ Cancellation/Attempted Home Visit	T. Travel N. No Travel
A. Administration		
C. Community Level Collaboration		
K. Sick Time		
V. Vacation Time		
H. Holiday Time		
P. Personnel Development		
X. Not Related to Time Survey Purpose		

DEFINITIONS

CATEGORIES OF SERVICES:

CATEGORY MUST BE COMPLETED FOR ALL 15-MINUTE SEGMENTS RECORDED ON THE TIME SHEET!

SUPERVISION

- Please circle any letter in the category column where involvement with your supervisor occurred. These functions may include general oversight and review of activities related to all facets of employment such as:
  - Documentation related to personnel matters such as review/revision of job descriptions, performance reviews, disciplinary matters, and attendance
  - Supervision of the work that you do including observation, consultation and providing direction in all aspects of job functions.
  - Responding to complaints submitted by families and interagency partners regarding the day-to-day operations relative to services
  - Meetings of any kind with your supervisor
  - Activity relating to required supervision specified by licensing regulations

R. Referral & Intake Activity

- Confirming the referral source
- Accepting the referral
- Completing the referral form
- Gathering information from and with the family prior to intake
- Compiling and beginning to complete the intake packet
- Referring to other agencies
- Initiating the documentation required to develop and maintain an early intervention record for each child referred, irrespective of the outcome (eligible or not, accept or decline services, etc.) of the referral
- Obtain written parental consent to proceed
- Initiate requests for information with informed, written parental consent
- Explain Family Rights
- Conduct comprehensive parent interview to determine areas of concern (if one hasn't already been performed)
- Explain procedural safeguards in the family's primary language, or other mode of communication, including in writing
- Communicate with the referral source regarding next steps
- Completing documentation required to develop and maintain an early intervention record for each child for whom intake has been completed including appropriate notes and reports such as summaries of information, key correspondence, and

releases of information

E. Evaluation, Eligibility Determination, and Assessment

- Participation in a multidisciplinary team to determine eligibility
- Gathering information related to eligibility determination including medical records and existing records of evaluations completed within the last 6 months
- Reviewing intake information to determine appropriate evaluation areas and process with team members
- Gathering information necessary for evaluation/assessment including reviewing the medical records, etc.
- Completing evaluation and assessment activities including observations, interviews, administration of appropriate tests, completion of testing protocols, writing reports, etc.
- Completing the Evaluation Summary Form.

F. IFSP Development and Meeting

- Pre-IFSP planning activities with relevant team members
- Planning the logistics of the IFSP meeting
- Planning activities prior to the IFSP team meeting conducted with the family of an eligible child
- Facilitating or participating in the development, review, and evaluation of individualized family service plans
- Assisting each family to identify outcomes and short term goals for their child and themselves at initial IFSP and ongoing
- Working with team members to identify supports, resources and services needed to achieve outcomes at initial IFSP and ongoing

N. Intervention

- Activities related to the achievement of child and family outcomes
- Direct intervention strategies with the child and/or family to achieve the IFSP outcomes
- Coaching families and childcare providers on child-specific intervention strategies, etc.
- Preparing materials, strategies, equipment, and activities related to IFSP outcomes
- Gathering information or researching topics to meet the child and family needs related to intervention strategies and techniques and/or IFSP outcomes to increase the family's capacity to meet their child's needs
- Making adaptive equipment including switches, seating, communication systems, etc.

D/S. Service Coordination

SPECIAL NOTE: PLEASE USE "D" TO DENOTE SERVICE COORDINATION ACTIVITY WHEN YOU ARE THE DESIGNATED SERVICE COORDINATOR FOR A CHILD/FAMILY AND USE "S" WHEN YOU ARE ASSISTING WITH SERVICE COORDINATION AS ANOTHER MEMBER OF THE CHILD/FAMILY TEAM.

- Planning the evaluation/assessment with targeted evaluation team members prior to the actual evaluation/assessment
- Arranging for, or collecting relevant evaluations and assessments necessary to determine eligibility, and/or to develop the IFSP for an eligible child
- Coordinating the performance of evaluations and assessments
- Advising the parent/ legal guardians of their procedural safeguards related to eligibility determination
- Obtaining relevant releases and authorizations necessary for evaluation and assessment activities
- Ensuring that each family understands the IFSP process, is familiar with the IFSP format, and is well prepared as an equal participant to the IFSP team for the scheduled meeting
- Ensuring that an initial IFSP is developed for each eligible child within 45 days of referral
- Assisting families in identifying available service providers
- Coordinating and monitoring the delivery of available services
- Informing families of the availability of advocacy services
- Coordinating with medical and health providers
- Facilitating the development of a transition plan for children exiting the Part C program.
- Coordinating all services across agency lines
- Serving as the single point of contact in helping parents to obtain the services and assistance they need.
- Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan
- Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided
- Facilitating the timely delivery of available services
- Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility (eg. Determining family satisfaction, monitoring progress toward outcome(s), etc.)

- Assuring that providers are available for services identified on the IFSP

Administrative, Support Categories:

A. General and Administrative Functions (Compensated Activity Only). This category is not specific to early intervention and should be used for all generic administrative activity that is not distinguishable by program.
- Staff Meeting that may include case staffings
- Breaks
- Compensated lunches, if it applies. Typically most lunchtime is not compensated and should simply not be recorded in the time survey.
- Impromptu time with other staff members versus professional consultation
- Periodic performance review with your supervisor

K. Sick Time that is compensated

H. Holiday Time that is compensated

V. Vacation time that is compensated

P. Personnel Development
- Only those training activities related to providing services to young children and their families, such as orientation, workshops on intervention techniques, teleconferences, in-house training activities
- Training by participating in an actual direct service scenario. Note, if this an actual direct service session one person should indicate that and the other should mark the category as training.

C. Community Collaboration (General not Child Specific)
- Activities including child find, mass screening, sharing public awareness materials with physicians
- Collaborative Child Screening
- Developmental Screening for the NICU
- Interagency meetings
- Provider meetings
- Training for other community stakeholders
- State level EI Task Forces & Committees
- Meeting with community partners who are involved in supporting children and families including childcare providers, WIC representatives
- Meeting with community partners who are involved in supporting children and families including interagency activities, and community collaboration

X. Not Related to Time Survey Purpose

- Training related to agency requirements such as OSHA, universal precautions, etc.
- Care Coordination/Case Management for other populations.
- Other activities in which you participate that are not related to early intervention including intervention, service coordination, etc. to populations outside of early intervention.
- Supervision time
- Supervision required by licensing regulations

Type of Activity:

1. **Documentation**
   - The actual act of documenting activities including writing progress notes, completing required forms, etc.
   - Report writing **is not included** under this type of activity

2. **Preparation**
   - The time spent preparing for the referral, intake, evaluation and assessment, IFSP meeting, or intervention
   - Reviewing IFSP outcomes, researching or gathering information specifically related to a child outcome within an IFSP.
   - Completion of documentation is recorded as **documentation not preparation**

3. **Collateral Meeting with Other Professionals**
   - Meeting with other professionals who are members of the child and family's team for the purposes of evaluation and assessment, IFSP development including transition activities, or intervention
   - *If the activity includes direct contact with the family and/or child, then the type of activity is direct.*

4. **Consultation**
   - Activity with other professionals that is planned for, and defined in, the child's Individualized Family Service Plan. This should not be for ADHOC time with other professionals.

5. **Direct**
   - Face to face contact with the child and/or family. This does not include telephone contacts, but does include the writing of contact logs when done with the family.

6. **Travel**
   - Travel to and from activities
   - **If you are traveling, you cannot code any other type of activity.** For example, if two colleagues are traveling together to a child's home for intervention, and during the trip they plan services for a child, both individuals **code the category as intervention and the type of activity as travel, not as preparation.**

7. **Report Writing**
   - The actual writing and documenting of reports related to intake, evaluation and assessment, IFSP development including transition activities, or intervention.

8. Telephone Contact

- Please use telephone contact only if the type of activity you are doing does not fit any other activity type.

9. No Show/ Cancellation/Attempted Home Visit

- Only use this code if a no show, cancellation or attempted home visit occurred and no other activity was done and it was the prominent activity for the time-period.

Section C- Location

Finally, the individual must identify the location of the work activities.

Location is only necessary when coding activity #5. This is for direct face-to-face contact with the child and/or family.

N. No Travel

- Activity where no practitioner travel occurs

T. Travel

- Activity where the practitioner travels to a child's home, or community site.