

Pennsylvania Early Intervention System Rate Study

Pennsylvania Department of Human Services
Office of Child Development and Early Learning (OCDEL)
Bureau of Early Intervention and Family Support (BEISFS)

by
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EXECUTIVE SUMMARY

BACKGROUND

The Pennsylvania Office of Child Development and Early Learning (OCDEL), a partnership between the Pennsylvania Departments of Education and Human Services, Bureau of Early Intervention Services and Family Supports (BEISFS) contracted with Public Consulting Group LLC (PCG), beginning in July 2023, to conduct a comprehensive rate study to analyze Infant Toddler Early Intervention (EI) rates for services provided as authorized in children's Individualized Family Service Plans (IFSPs). This study determines the actual cost of delivering Infant Toddler EI services consistent with the requirements under Part C of the Individuals with Disabilities Education Act (IDEA, 34 CFR 303) through provider cost analysis via qualitative data collected from provider interviews and focus groups and quantitative data collected from provider cost reports, and a time and motion study. Infant Toddler EI service providers are funded through a fee-for-service (FFS) payment structure. FFS billing is a payment model in healthcare where providers are paid based on the individual services they provide to patients. In Medicaid and commercial insurance, FFS billing involves charging a fee for each specific medical service or procedure provided to a patient.

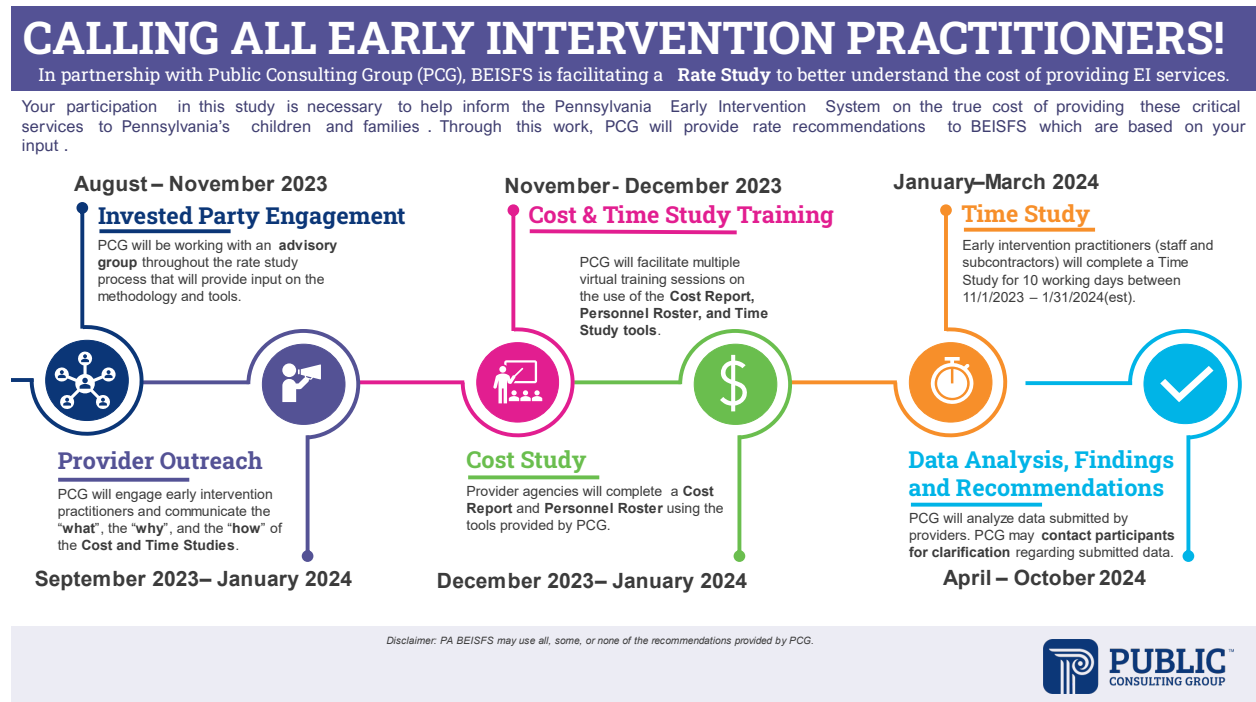
This study was designed to analyze costs and calculate market-based provider rates that address best practices in Infant Toddler Early Intervention service delivery, support the recruitment and retention of qualified staff, and assist BEISFS with assuring compliance with federal program requirements.

While conducting the rate study, additional information was collected to examine the financial operations of Infant Toddler Early Intervention (EI) providers in Pennsylvania. This study analyzed data from cost reports and personnel rosters submitted by 154 Service Coordination providers and Evaluation/IFSP service providers. The analysis focused on understanding revenue streams, personnel expenses, and non-personnel expenses, as well as examining the solvency of providers.

This study included analyzing the time providers spent engaging in Infant Toddler EI activities. The time study aimed to determine the percentage of time spent on direct services, such as face-to-face interactions with children and families, compared to indirect tasks like travel, administrative activities, and training. Considerations for planned direct services as undelivered were also incorporated. The study also examined the distribution of direct service hours across various counties and identified the most common types of direct services provided.

The report includes the methodology used to collect data. Specifically, PCG collected and analyzed personnel and administrative costs, conducted a time study, and collected market salary data. The report details how PCG utilized this data to perform a rate build-up process to develop recommended rates for billable EI services. Below is a graphic showing the overall project work plan and timeline.

FIGURE 1. BEISFS RATE STUDY TIMELINE



METHODOLOGY

The rate recommendations in this report were developed using a collaborative process with the OCDEL team and with stakeholder input from an advisory committee. The advisory committee was comprised of members of the State Interagency Coordinating Council, County Government personnel, Provider Associations and Commonwealth Staff from various departments as seen in Appendix A. The perspectives and structures shared by the advisory committee were combined with data from a market salary analysis, cost reports, a time study, and personnel rosters to establish the rate recommendations. From participation in the submission of cost reports and time study data, program inputs are the foundation of the proposed rates. The data provided were used for direct rate calculations and to assess the appropriate structural elements to inform the rate study.

COST STUDY

PCG invited all Infant Toddler Early Intervention programs to utilize two separate Excel workbooks, the cost report and personnel roster, to complete the cost study. The cost study analysis aims to better understand the program's expenses and revenue sources so that recommendations can be made to OCDEL. The cost report and personnel roster collected revenues, personnel costs, and non-personnel expenses from all participating providers programs for the State Fiscal Year 2023 (July 1, 2022, to June 30, 2023).

As part of the verification process, PCG reviewed program-supplied supporting documentation submitted with these workbooks (e.g., audited financial statements, general ledger details and summaries, payroll reports, financial statements, etc.) to validate the data and determine if it could be included in the analysis.

TIME STUDY

PCG invited all Infant Toddler Early Intervention IFSP service providers, evaluators, and service coordination providers to complete a time study in two separate Excel workbooks (based on role) that would document their daily activities for a minimum of ten (10) consecutive working days during the period between February 5, 2024, and March 15, 2024. This included direct Early Intervention services with children and families and indirect tasks like travel, administrative activities, and training. Direct services that were planned and not provided (missed sessions) were also captured as part of this data collection. The data collected resulted in an overall ratio of direct to indirect time. Collecting this information was critical to several components of the rate study, in particular, the ratio of time spent providing direct Early Intervention services to children and families compared to the amount of time spent completing indirect tasks and activities which resulted in the "billable factor" percentage that is used in the rate build-up methodology. The billable factor is the percentage of time an individual provider provided direct services to a child and family throughout the time study period.

RATE CALCULATIONS

PCG used data from the market salary analysis, cost reports, personnel rosters, and time studies to recommend Infant Toddler Early Intervention rates that would compensate programs to an extent competitive with equivalent markets in Pennsylvania.

The method of calculating each rate is described in the Rate Calculations portion of this report. The rate calculations aim to capture all costs involved in Infant Toddler Early Intervention service delivery utilizing a rate build-up methodology.

The table below details the steps from the rate build-up methodology used to calculate the base Infant Toddler Early Intervention rates.

TABLE 1. RATE CALCULATION STEPS (OVERVIEW WITH SOURCES)

Step(s)	Rate Build-Up Calculation Steps	Data Source(s) to Add to Each Step
1-3	Calculate hourly personnel costs.	Personnel Roster Bureau of Labor Statistics
4-5	Calculate hourly administrative costs.	Cost Report
6-7	Calculate and remove reported Mileage.	Cost Report
8	Add Mileage to hourly rate.	Time Study 2023 IRS Mileage Reimbursement Rate
9	Markup rate to account for nonbillable time in billable unit.	Time Study

METHODOLOGY

PROVIDER PARTICIPATION

PA BEISFS Rate Study Advisory Committee

Throughout the rate study, providers had multiple ways to participate and provide feedback. A group of eighteen (18) representatives were invited to sit on a PA BEISFS Rate Study advisory committee designed to review and provide input on tools, timelines, and project decisions. The advisory committee was comprised of members of the State Interagency Coordinating Council, County Government personnel, Provider Associations and Commonwealth Staff from various departments as seen in Appendix A.

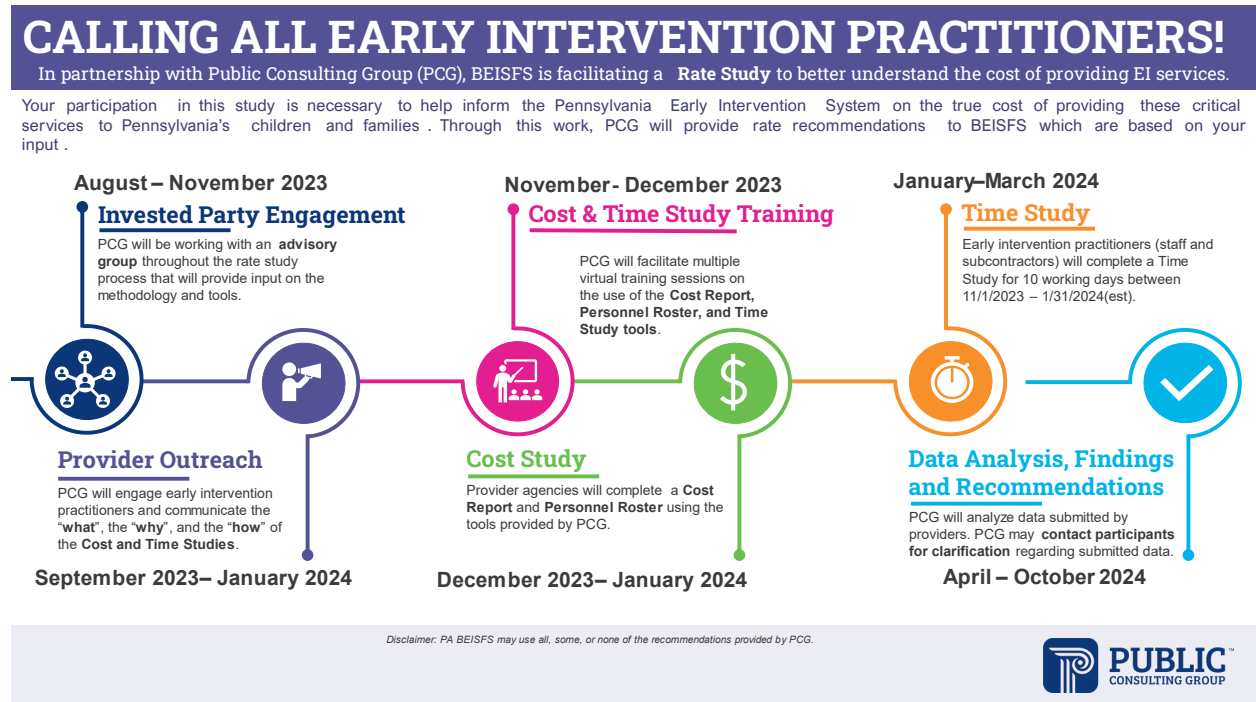
Six meetings were held which allowed OCDEL and PCG to test tools and assumptions and receive valuable feedback on the rate-building process. The topics included, but were not limited to:

- Project overview and methodology;
- Cost report and personnel roster data collection tools;
- Training and office hour scheduling;
- Data contingency planning;
- Data collection process; and,
- Data cleaning and quality assurance.

Notification

The following infographic was used to inform rate study participants and the PA BEISFS Rate Study advisory committee members of the overall rate study process and timeline.

FIGURE 2. PROVIDER NOTIFICATION



Provider Cost Report, Personnel Roster, and Time Study Training

PCG hosted a series of trainings regarding the topics of cost reporting, personnel roster data collection, and time study data collection to reach all providers of Infant Toddler Early Intervention services, including independent evaluators and service coordinators. Training was offered in both a live and recorded format to ensure that all participants had an opportunity to access the content and increase fidelity in data provided.

Office Hours and Email Account

PCG held frequent office hour sessions during the data collection periods as an opportunity for participants responding to the Cost Report, Personnel Roster and Time Study to ask questions and receive technical assistance.

PCG developed a list of Frequently Asked Questions (FAQ), and the updated version was posted each week in response to questions posed in the Office Hours or submitted to a resource email account developed for the project.

Submission Figures

To effectively capture personnel costs, revenues, and expenses for Infant Toddler Early Intervention program providers, consistent tools were used by all EI providers who chose to participate. These tools were developed and revised using feedback from the advisory committee. Data collected using these tools represented information from State Fiscal Year 2023 (July 1, 2022 – June 30, 2023).

PCG received 170 Cost Reports and Personnel Rosters from Infant Toddler Early Intervention programs. **Table 2** provides an overview of the elements captured in both tools:

TABLE 2. COST REPORT/PERSONNEL ROSTER ELEMENTS

Cost Report	Personnel Roster
<ul style="list-style-type: none"> • Provider name • Tax status • Service Coverage Mile Radius • Contact information • Program revenue from State, Federal funds, and other sources • Number of full-time equivalents (FTEs) • Aggregate average paid time off allocated for all staff. • Total salaries, taxes, and fringe benefits paid for program staff. • Comprehensive expenses other than personnel, e.g., rent/mortgage, insurance, facilities, other taxes, etc. • An attestation from the provider claiming that the results provided were complete and accurate. 	<ul style="list-style-type: none"> • Provider name • Tax status • Contact information • Names or ID/Mnemonic, title, role category, and employee/subcontractor status of all personnel • Bi-lingual status, union status, education attained, licensures & certifications. • End/Termination date (where applicable) • Total hours paid by staff annually and the percentage dedicated to the EI program. • Total annual salary and fringe benefits paid for each staff member

Data Cleaning and Quality Assurance

PCG undertook a thorough quality assurance (QA) process to ensure the accuracy and completeness of all data submissions. The QA process began in late January 2024 and continued through March 2024 to allow time for provider correspondence and to verify and correct submissions. The table below describes how the cost reports and personnel report quality assurance processes were completed to maximize the highest confidence level in the data.

Review Process

To assure the highest validity and quality of data, PCG underwent a four-step review process utilizing a standard form and checklist for each pass before a final signoff.

1. The first review was completed by PCG analysts, who hired subcontractors via Hollister Group (a Pennsylvania-certified woman-owned business enterprise). These analysts reviewed the submissions to highlight potential errors and missing or inconsistent information across the tools and the supplemental documentation. Original reports remained unchanged throughout the quality assurance process. PCG team members who saved the original reports marked the Program Name, Date, Reports Received, and what kind of supporting documents were received in a master workbook. First, reviewers were responsible for completing a standardized form developed by a Certified Public Accountant (CPA) when reviewing all the tools and creating an initial set of questions for providers

regarding inconsistencies or anomalies. Data was corroborated across documents using a standardized form, which included the specific goals for each cost report and personnel roster to meet.

2. The second review was conducted by PCG's Subject Matter Experts and Lead Accountant. The second set of reviewers confirmed all the first reviewer's inputs and added where necessary, including any drafted questions for the program.
3. The Lead Accountant completed the third review. Third, reviewers assessed if questions for providers regarding their submissions were appropriate, whether all data outliers were included in questions, and if program responses to QA questions needed further follow-up.
4. Finally, a lead accounting staff member performed high-level reviews of every provider's respective quality assurance workbook completed by previous reviewers. The review encompassed:
 - Review of notes made by previous reviewers.
 - Review any edits made to tools (after initial submission) in response to PCG follow-up questions.

TIME STUDY

Submissions of Infant Toddler Early Intervention Provider Time Studies-Non Service Coordinator

A total of 802 time studies were completed by Infant Toddler Early Intervention providers and submitted to PCG, representing 25% of contracted EI providers. 747 were included in the final analysis after QA and data cleaning. **Table 3** below shows the breakdown of time studies PCG received by Early Intervention service role.

TABLE 3. TIME STUDIES SUBMITTED BY PRIMARY ROLE (AFTER QA)

Primary Role	Count
Audiologist	1
Nutritionist/Registered Dietitian	8
Occupational Therapist	153
Orientation and Mobility Specialist	1
Physical Therapist	171
Social Worker	5
Special Instructor	176
Special Instructor (Behavior)	2
Special Instructor (Blind, Visually Impaired)	13
Special Instructor (Deaf/Hard of Hearing)	10
Special Instructor (Nutrition)	2
Speech Pathologist	205
Total	747

Submission of Service Coordinator Time Studies

A total of 469 time studies were completed by service coordinators and submitted to PCG. 450 were included in the final analysis after QA and data cleaning. **Table 4** below shows the breakdown of time studies PCG received by county/county joinder and contracted agencies.

TABLE 4. TIME STUDIES SUBMITTED BY SERVICE COORDINATORS (AFTER QA)

Primary Role	Count
County/County Joinder	413
Contracted Agency	56
Total	469

MARKET ANALYSIS

PCG conducted market research of professions identified within the scope of the study. Purely cost-based rates may propagate rate deficiencies because existing provider payment structures often dictate the salaries that providers can afford to pay personnel.

Based on these considerations, PCG conducted market research of all occupations associated with providing the Infant Toddler EI services within the scope of this study.

PCG used data from the U.S. Department of Labor, Bureau of Labor Statistics (BLS), Occupational Employment and Wage Statistics (OEWS) program, which produces employment and wage estimates for occupations nationwide. The OEWS program is the only comprehensive source of regularly produced occupational employment and wage rate information for the U.S. economy, states, the District of Columbia, and all metropolitan and nonmetropolitan areas in each state.¹OEWS is frequently cited as the states' most popular labor market information program. The data included in this report was pulled from the May 2022 OEWS data, released on April 25, 2023, and comprised of 2019-2022 national and state salary and wage information.

The first step in a market salary analysis is to crosswalk the occupations or job titles of staff who provide Infant Toddler EI services. **Table 5** below presents each Infant Toddler EI service within the scope of this rate study and the staff who perform each service.

TABLE 5. BEISFS SERVICE AND CORRESPONDING EI SERVICE PROVIDER JOB TITLE

Infant Toddler EI Service	Service Provider Job Title
Audiology	Audiologist
Nursing	Registered Nurse
Nursing – Nutrition	Registered Dietician/ Nutritionist
Occupational Therapy	Occupational Therapist
Physical Therapy	Physical Therapist
Psychological Services	Psychologist
Service Coordination	Service Coordinator
Social Work	Social Worker
Special Instruction	Special Instructor
Special Instruction- Behavior	Special Instructor
Special Instruction- Hearing	Special Instructor
Special Instruction-Nutrition	Registered Dietician/ Nutritionist
Special Instruction- Vision	Special Instructor
Speech Pathology	Speech Pathologist

Next, the PCG team matched Pennsylvania Infant Toddler EI service provider job titles to comparable BLS standard occupational classifications (SOC) or BLS proxies. In some cases, a single BLS SOC did not accurately describe the job role of a particular Infant Toddler EI service provider job title. A blended BLS proxy with two BLS SOC codes was used in those cases. BLS proxies used for the market salary analysis were determined after discussion with both OCDEL and the Rate Study advisory committee.

¹ Bureau of Labor Statistics, U.S. Office of Labor, *Occupational Employment Statistics*, [September 21, 2023] [www.bls.gov/oes].

Table 6 below presents each Infant Toddler EI provider staff role with its associated BLS proxy.

TABLE 6. EI SERVICE PROVIDER JOB TITLE AND CORRESPONDING BLS PROXY

Service Provider Job Title	BLS Proxy
Audiologist	29-1181 Audiologists
Occupational Therapist	29-1122 Occupational Therapists
Physical Therapist	29-1123 Physical Therapists
Psychologist	19-3033 Clinical and Counseling Psychologists
Registered Dietician/Nutritionist	29-1031 Dieticians and Nutritionists
Registered Nurse	29-1141 Registered Nurses
Service Coordinator	21-1099 Community and Social Service Specialists, All Other
Social Worker	21-1021 Child, Family, and School Social Workers
Special Instructor	25-2051 Special Education Teachers, Preschool
Special Instructor – Behavior	
Special Instructor – Nutrition	
Special Instructor – Hearing	25-1071 Health Specialties Teachers, Postsecondary
Special Instructor – Vision	25-2051 Special Education Teachers, Preschool
Speech Pathologist	29-1127 Speech-Language Pathologists

MARKET SALARY RESULTS

Once BLS proxy occupations were determined, PCG considered BLS salary data for the proxies across different geographical locations (i.e., Pennsylvania statewide, nationwide, and regions consisting of states surrounding Pennsylvania). The advisory committee was presented with the decision to use the Pennsylvania statewide BLS data.

TABLE 7. BEISFS SERVICE WITH CORRESPONDING BLS PROXY AND BLS SALARY DATA BY LOCATION

BEISFS Service	BLS Proxy	BLS PA Statewide Annual Salary	BLS PA National Annual Salary
Audiology	29-1181 Audiologists	\$92,010	\$89,490
Nursing	29-1141 Registered Nurses	\$80,630	\$89,010
Nursing/ Health Services			
Nursing – Nutrition	29-1031 Dieticians and Nutritionists	\$65,580	\$69,350
Occupational Therapy	29-1122 Occupational Therapists	\$88,560	\$92,800
Physical Therapy	29-1123 Physical Therapists	\$97,490	\$97,960
Psychological Services	19-3033 Clinical and Counseling Psychologists	\$73,700	\$102,740
Service Coordination	21-1099 Community and Social Service Specialists, All Other	\$64,710	\$51,620
Social Work	21-1021 Child, Family, and School Social Workers	\$52,230	\$56,680

BEISFS Service	BLS Proxy	BLS PA Statewide Annual Salary	BLS PA National Annual Salary
Special Instruction	25-2051 Special Education Teachers, Preschool	\$63,310	\$69,620
Special Instructor – Behavior			
Special Instruction – Nutrition			
Special Instruction – Hearing	25-1071 Health Specialties Teachers, Postsecondary 25-2051 Special Education Teachers, Preschool	\$91,035	\$102,030
Special Instruction – Vision			
Speech Pathologist	29-1127 Speech-Language Pathologists	\$85,600	\$89,460

Missed Sessions

Services that are planned and not provided for purposes of this analysis are being called missed sessions. It is important to note that the percentage of time lost due to missed sessions is separate and distinct from the percentage of sessions missed. The Time Study did not examine the percentage of missed sessions that are canceled and unable to be provided. Instead, the time study quantified the time lost over the duration of a work day due to these missed sessions. There were four types of missed session categories included in the time study:

- Cancellation - Client/Family
- Cancellation – Staff
- No Show - Client/Family
- No Show - Staff

Based on 2,140 entries representing over 1,200 hours, all four missed session categories amount to 6% of non-billable time and 3% of overall time.

TABLE 8. MISSED SESSION CATEGORIES PERCENTAGE OF INDIRECT AND OVERALL HOURS

Indirect/Other Admin Activity Type	Num. Hours	% Indirect Hours	% Overall Hours	Num. Entries	% Entries
Cancellation - Client/Family	884	4.10%	2.26%	1,618	3.42%
No Show - Client/Family	188	0.87%	0.48%	368	0.78%
Cancellation - Staff	118	0.55%	0.30%	141	0.30%
No Show - Staff	15	0.07%	0.04%	13	0.03%
Total of Cancels/No Shows	1,205	5.59%	3.08%	2,140	4.52%
Total Hours	39,115			47,362	

Cancellation by the family happens most often by far, though staff cancellations and no-shows create more lost time on average. When a family cancels or no-shows, roughly a half hour is lost on average, though there is a range of 0.2 to 5 hours. When staff have to cancel, it results in 0.8 of an hour being lost on average, and when they have to no-show, it results in 1.2 hours being lost.

TABLE 9. INDIRECT ACTIVITY AVERAGE DURATION

Indirect/Other Admin Activity Type	Avg Duration	Min Duration	Max Duration
Cancellation - Client/Family	0.5	0.02	5.0
No Show - Client/Family	0.5	0.02	3.3
Cancellation - Staff	0.8	0.02	7.8
No Show - Staff	1.2	0.02	6.2

RATE CALCULATIONS

RATE METHODOLOGY

PCG used data from the market salary analysis, cost reports, personnel rosters, and time studies to establish a revised rate schedule that reflects the cost of providing Infant Toddler Early Intervention services in Pennsylvania.

The following rate types were calculated:

- A timed hourly/15-minute rate for service coordination
- A timed hourly/15-minute rate for special instruction, special instruction/behavior, special instruction/vision, special instruction/hearing
- A timed hourly/15-minute rate for evaluations
- Individual timed hourly/15-minute rates for each provider type

All rates were calculated using a similar methodology with different inputs. The method of calculating each rate is described hereafter.

The rate calculations aim to capture all expenses involved in service delivery utilizing a rate build-up methodology. This methodology follows best practices in payment and federal reimbursement rate setting. PCG recently used this methodology for rate studies for Early Intervention systems in New Jersey (2022), Delaware (2022), Utah (2021), Alabama (2023), Connecticut (2023), and New Mexico (2017 and 2022). PCG's project team also followed best practices they have honed through similar rate studies for human services agencies in more than 25 states.

Table 10 details the steps from the rate build-up methodology used to calculate baseline Infant Toddler Early Intervention rates.

TABLE 10. RATE CALCULATION STEPS (OVERVIEW WITH SOURCES)

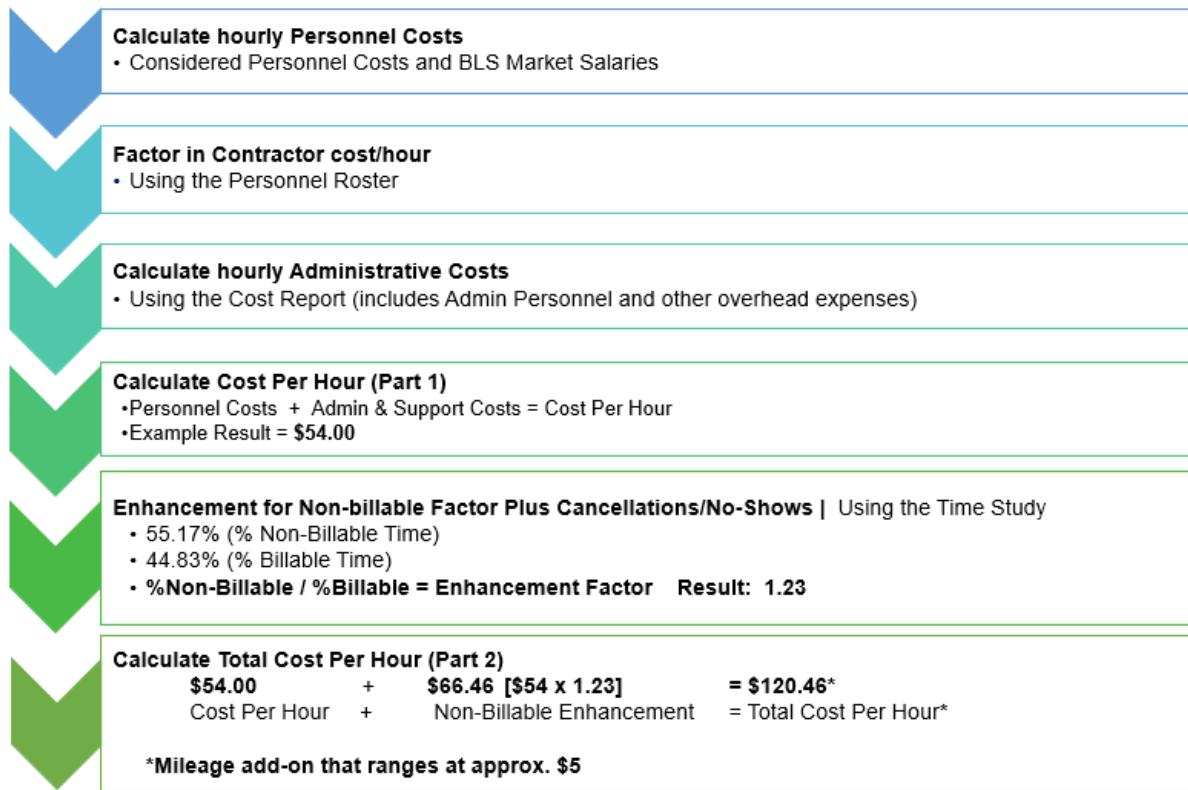
Step(s)	Rate Build-Up Calculation Steps	Data Source(s) to Add to Each Step
1-3	Calculate hourly personnel costs.	Personnel Roster Bureau of Labor Statistics
4-5	Calculate hourly administrative costs.	Cost Report
6-7	Calculate and remove reported Mileage.	Cost Report
8	Add Mileage to hourly rate.	Time Study IRS Mileage Reimbursement Rate
9	Markup rate to account for nonbillable time in billable unit.	Time Study

RATE CALCULATION DETAILS

PCG’s methodology for setting rates begins with calculating an “all-inclusive” baseline Infant Toddler Early Intervention rate that covers all EI provider types. **Figure 3** is a general overview of the rate build-up methodology used.

FIGURE 3. RATE BUILD-UP METHODOLOGY

Rate Build-Up Methodology by Unique Service Type



PA BEISFS Rate Study

TABLE 11. RATE CALCULATION DETAILS EXAMPLE

Step	Line Item	Rate Calculation Modifier	Rate Calculation Details	Example Infant Toddler EI Service
1	Salary/Hour	N/A	Service Employee Salary (as hourly)	\$32.03
			Weighted average hourly salary for employees based on cost report	
2	Fringe/Hour	28.31%	Apply fringe rate based on cost report	\$9.07
			$\$32.03 * .2831 = \9.07	
3	Employee Salary Plus Benefits	N/A	Add salary to fringe from steps 1 and 2	\$41.10
			$\$32.03 + \$9.07 = \$41.10$	
4	Contractor Cost/Hour	N/A	Independent Contractor Hourly Rate based on Personnel Rosters	\$58.29
5	Portion for Employee Costs	92.23%	Calculate the portion of personnel costs attributed to employees based on steps 1-3 and the cost report	\$37.91
			$\$41.10 * .9223 = \37.91	
6	Portion for Contractor Costs	7.77%	Calculate the portion of personnel costs attributed to contractors based on step 4 and the cost report	\$4.53
			$\$58.29 * .0777 = \4.53	
7	Personnel Costs		Add steps 5 and 6 for hourly personnel costs.	\$42.44
			$\$37.91 + \$4.53 = \$42.44$	
8	Administrative Costs	33.64%	Calculate non-personnel factors based on the cost report	\$21.51
			$(\$42.44 / (1 - 0.3364)) - \$42.44 = \$21.51$	
9	Total Costs/Hour		Total Personnel and Admin & Support Costs $\$42.44 + \$21.51 = \$63.95$	\$63.95
10	Reported Mileage to Remove	1.14%	Percentage of Costs Reported as Mileage Total Costs/Hour * % Costs Reported as Mileage (from Cost Report) $\$63.95 * .0114 = \0.73	\$0.73
11	Total Costs/Hour Less Reported Mileage	N/A	Hourly Cost Less Reported Mileage from Cost Report: $\$63.95 - \$0.73 = \$63.22$	\$63.22
12	Total Costs/Hour with Billable Factor & Cancellations/No Shows	44.83%	Divide the hourly rate by the billable factor $\$63.22 / .4483 = \141.01	\$141.01
13	Mileage	Mileage Calculations	Mileage Cost/Hour from Time Study \$5.74 (Home/Community)	\$5.74
14	Calculated Total with Mileage	N/A	Add Home/Community-based mileage; Mileage is <i>not</i> included in the Center-based rates	\$146.75
			$\$141.01 + \$5.74 = \$146.75$ per Hour	

Step	Line Item	Rate Calculation Modifier	Rate Calculation Details	Example Infant Toddler EI Service
15	Calculated Individual Rate	4	Calculated Individual Hourly Rate (rounded) Billable Cost Per Hour w Duration Factor and Mileage (rounded)	\$147.00
			Convert to 15-minute rate (rounded). \$147.00/ 4 = \$36.75	\$36.75

Steps 1–7: Calculate Hourly Personnel Costs

The first phase in developing the rates involves calculating average hourly personnel costs for service delivery from employees and independent contractors. Step 1 in **Table 11** shows an example where the average wage was \$32.03 based on the market rates described earlier. The rosters weighed the market salaries based on the total amount paid to each profession. Step 2 then applies a fringe rate to the employee pay rate based on the average fringe rate of 28.31 percent that was reported on the Personnel Roster (total annual taxes and fringe benefits paid in SFY 2022 by staff person); the Fringe/Hour equaled \$9.07. Step 3 then adds the \$32.03 and \$9.07 figures to arrive at the Employee Salary Plus Benefits rate of \$41.10. Step 4 presents the average Contractor Cost/Hour of \$58.29 reported on the rosters. Steps 5 and 6 then distribute the employee and independent contractor pay rates proportionally based on the Cost Instrument distribution of expenses for employees and contractors. Of all personnel costs, 92.23 percent were employee-related (salaries and benefits), while the remaining 7.77 percent were from independent contractors. In applying these percentages to each hourly cost, you arrive at \$37.91 for Employee Costs and \$4.53 for Contractor Costs. Adding these figures together represents the total hourly Personnel Cost of \$42.44, presented in Step 7.

Step 8: Calculate Hourly Administrative Costs

Step 8 involves calculating the administrative costs for the rate development. PCG considered all administrative expenses related to Infant Toddler Early Intervention incurred by providers in SFY 2022, as reported in the cost report (i.e., all administrative salaries, related taxes/benefits, and all other operating expenses other than mileage), and ascertained that the portion of costs from Admin and Support was 33.64 percent. This does not include direct service salaries, related taxes and benefits, or contractor expenses, as they are all captured in the personnel costs. The hourly Admin & Support Costs, therefore, amount to \$21.51.

Step 9: Calculate Total Costs/Hour

Step 9 combines the Personnel Costs and Admin & Support Costs to arrive at the total Cost per Hour of **\$63.95**, with the total Personnel Costs equaling \$42.44 (66.36 percent of the total figure) and the total Admin & Support Costs equaling \$21.51 (33.64 percent of total figure).

Steps 10-11: Calculate and Remove Reported Mileage

Travel expenses must be removed from the calculations to be added to specific settings based on the time study results. Travel expenses must be removed from the calculations to be added to specific settings based on the time study results. The Cost Instrument captured specific travel-related costs, including "Staff Mileage Reimbursement" and "Other Travel." The percentage of costs reported as Mileage was calculated from the total expenses, equaling 1.14 percent of all expenses. To establish the Reported Mileage to Remove, the percentage of costs reported as Mileage (1.14%) is applied to the Total Costs/Hour (\$63.95), totaling \$0.73. That amount is subtracted from the Total Costs/Hour: $\$63.95 - \$0.73 = \$63.22$ Total Costs/Hour Less Reported Mileage.

Step 12: Enhancement to Account for Nonbillable Time and Cancellation/No Shows in Billable Unit

Step 12 ensures that providers are compensated for nonbillable time and expenses associated with service delivery (administrative time not included in the billable unit, as well as session cancellations and no-shows). Using data collected from the time study and from additional discussions with OCDEL, the billable factor of 44.83% was used, as OCDEL seeks to establish expectations for utilization and acknowledges the time factor of session cancellations and no shows, 44.83% billable is believed to be a reasonable standard for EI providers in Pennsylvania.

BEISFS intends for the cost study and resultant rate calculations and recommendations to support and promote best practices in Infant Toddler Early Intervention. Two distinct billable factors are used in the rate build-up methodology for Infant Toddler Early Intervention services, precisely 44.83 percent for Home- and Community-Based settings (with travel) and 55.44 percent for Center-Based services (without travel). The assumption is that Center-Based services will not involve travel, whereas services provided in families' homes and community settings will require practitioners to travel.

To apply the percentages, the Total Costs/Hour Less Reported Mileage (\$63.22) are marked up by the billable factors to account for time spent doing nonbillable activities that contribute to service delivery and provider costs, as follows:

- Example Infant Toddler EI Service: Home- and Community-Based (with travel) $\$63.22 / .4483 = \141.01 Total Cost/Hour

- Example Infant Toddler EI Service: Office/Center (without travel): \$63.22 / 0.5544 = \$114.00 Total Cost/Hour

Step 13: Calculate Mileage

The prior steps in the rate build-up methodology have not included Mileage because it is applied to the Home- and Community-based rates based on the time study results. Mileage is not included in the office/center rate. Overall, 19.13 percent of time study participants' entries involved travel to/from sessions, significantly higher than PCG has seen historically in other states' early intervention programs. To calculate Mileage, the established percentage of an hour spent on travel (19.13 percent) from the time study is multiplied by the average miles per Hour in Pennsylvania (44.82 MPH), equaling 8.57 miles traveled. The federal mileage reimbursement rate (\$0.670) is then applied to the ascertained Mileage (8.57 mi.) to determine the Mileage Cost/Hour, totaling \$5.74 per Hour. **Table 12** outlines how the mileage cost per Hour is established using these calculations

TABLE 12. MILEAGE FACTOR CALCULATION

Mileage Calculations*	Travel Time		Element Type	Source
		%		
Percentage of Hour	.19	19.13%	Miles/Percent	Time Study: % Travel to/from Sessions
Average MPH	44.82		PA Avg MPH	National Mileage Assumptions file
Miles Traveled	8.57		Miles	Calculation: MPH * % Travel to/from Sessions
Reimbursement Rate	\$0.670		Federal Mileage Rate	U.S. Internal Revenue Service (mileage rate effective January 1, 2024)
Cost Per Hour	\$5.74		Mileage Cost per Hour	Calculation: miles traveled * mileage rate

**For Home/Community-based rates only; Mileage is not included in the Center-based rates*

Step 14: Calculate the Total with Mileage

The hourly mileage costs calculated in Step 13 (\$5.74) are added to the Total Costs/Hour from Step 12 (\$141.01) to attain the calculated total per Hour; \$5.74 + \$141.01 = \$146.75 per Hour.

Steps 15–16: Calculate Base Early Intervention Rates

In calculating the base Infant Toddler Early Intervention rates, the established hourly rates must be converted to 15-minute units. This is accomplished by dividing each hourly rate by 4.

Calculated Individual Rates

Calculated Individual Hourly Rate (rounded):

- Example Infant Toddler EI Service: Home/Community = Calculated Total w/Mileage (rounded) = **\$147.00**
- Example Infant Toddler EI Service: Office/Center = Calculated Total = **\$114.00**

Convert to 15-minute rate (rounded):

- Example Infant Toddler EI Service: Home/Community = \$147.00 per hour / 4 = **\$37.00** (rounded) per 15-minute unit
- Example Infant Toddler EI Service: Office/Center = \$114.00 per hour / 4 = **\$29.00** (rounded) per 15-minute unit

FISCAL IMPACT

Using the calculations and methods stated previously, PCG has determined the following recommended rate results based on a fee-for-service model. While the vast majority of services saw a recommended rate increase, a few saw a recommended rate decrease. The recommended rate decreases are presented in **Table 13**, however the current rate will be utilized.

TABLE 13. RECOMMENDED RATE RESULTS

Service Name	Procedure Code	Current Rate	Recommended Rate	Difference	% Difference
Audiology (Home/Comm)	V5299 U8 TL	\$44.74	\$50.13	\$5.39	12%
Audiology (Office/Center)	V5299 U7 TL	\$36.48	\$39.38	\$2.90	8%
Evaluation-Audiology (Home/Comm)	V5008 U8 TL	\$44.74	\$50.13	\$5.39	12%
Evaluation-Audiology (Office/Center)	V5008 U7 TL	\$36.48	\$39.38	\$2.90	8%
Evaluation-Nursing (Home/Comm)	T1001 U7 TL	\$30.58	\$44.13	\$13.55	44%
Evaluation-Nursing (Office/Center)	T1001 TL	\$22.90	\$34.50	\$11.60	51%
Evaluation-Nursing: Nutrition (Home/Comm)	S9470 U9 TD TL	\$30.58	\$36.13	\$5.55	18%
Evaluation-Nursing: Nutrition (Office/Center)	S9470 U8 TD TL	\$22.90	\$28.00	\$5.10	22%
Evaluation-Nutrition Support (Home/Comm)	W4406 U8 TL	\$30.58	\$35.00	\$4.42	14%
Evaluation-Nutrition Support (Office/Center)	W4406 U7 TL	\$22.90	\$27.13	\$4.23	18%
Evaluation-Occupational Therapy (Home/Comm)	97166 U7 TL	\$34.70	\$48.25	\$13.55	39%
Evaluation-Occupational Therapy (Office/Center)	97166 TL	\$26.87	\$37.88	\$11.01	41%
Evaluation-Physical Therapy (Home/Comm)	97162 U7 TL	\$34.70	\$53.00	\$18.30	53%
Evaluation-Physical Therapy (Office/Center)	97162 TL	\$26.87	\$41.75	\$14.88	55%
Evaluation-Psychological	97151 U5 TL	\$31.23	\$40.38	\$9.15	29%

Service Name	Procedure Code	Current Rate	Recommended Rate	Difference	% Difference
Services (Home/Comm)					
Evaluation-Psychological Services (Office/Center)	97151 TL	\$22.77	\$31.50	\$8.73	38%
Evaluation-Social Work (Home/Comm)	T1027 U7 AJ TL	\$31.23	\$29.13	(\$2.10)	-7%
Evaluation-Social Work (Office/Center)	T1027 AJ TL	\$23.56	\$22.38	(\$1.18)	-5%
Evaluation-Special Instruction (Home/Comm)	W0019 U5 TL	\$30.58	\$35.00	\$4.42	14%
Evaluation-Special Instruction (Office/Center)	W0019 U4 TL	\$22.90	\$27.13	\$4.23	18%
Evaluation-Special Instruction-Hearing (Home/Comm)	W0022 U5 TL	Negotiated	\$49.63	NA	NA
Evaluation-Special Instruction-Hearing (Office/Center)	W0022 U4 TL	Negotiated	\$39.00	NA	NA
Evaluation-Special Instruction-Vision (Home/Comm)	W0024 U5 TL	Negotiated	\$49.63	NA	NA
Evaluation-Special Instruction-Vision (Office/Center)	W0024 U4 TL	Negotiated	\$39.00	NA	NA
Evaluation-Speech Pathology (Home/Comm)	92523 U8 TL	\$251.22	\$374.00	\$122.78	49%
Evaluation-Speech Pathology (Office/Center)	92523 U7 TL	\$193.43	\$293.00	\$99.57	51%
IFSP Teaming-Nursing/Health (Home/Comm)	99366 TD TL	\$30.58	\$44.13	\$13.55	44%
IFSP Teaming-Occupational Therapy (Home/Comm)	99366 GO TL	\$34.70	\$48.25	\$13.55	39%
IFSP Teaming-Physical Therapy (Home/Comm)	99366 GP TL	\$34.70	\$53.00	\$18.30	53%
IFSP Teaming-Social Work (Home/Comm)	99366 AJ TL	\$31.23	\$29.13	(\$2.10)	-7%
IFSP Teaming-Specialized Instruction (Home/Comm)	99366 TR TL	\$30.58	\$35.00	\$4.42	14%
IFSP Teaming-Specialized	W4405 HT TL	\$30.58	\$35.00	\$4.42	14%

Service Name	Procedure Code	Current Rate	Recommended Rate	Difference	% Difference
Instruction-Behavior (Home/Comm)					
IFSP Teaming-Specialized Instruction-Hearing (Home/Comm)	W0022 HT TL	Negotiated	\$49.63	NA	NA
IFSP Teaming-Specialized Instruction-Nutrition (Home/Comm)	W4406 HT TL	\$30.58	\$35.00	\$4.42	14%
IFSP Teaming-Specialized Instruction-Vision (Home/Comm)	W0024 HT TL	Negotiated	\$49.63	NA	NA
IFSP Teaming-Speech Therapy (Home/Comm)	99366 GN TL	\$34.70	\$46.75	\$12.05	35%
Nursing/Health Services (Home/Comm): LPN	G0300 U7 TL	\$30.58	\$44.13	\$13.55	44%
Nursing/Health Services (Home/Comm): RN	G0299 U7 TL	\$30.58	\$44.13	\$13.55	44%
Nursing/Health Services (Office/Center): LPN	G0300 TL	\$22.90	\$34.50	\$11.60	51%
Nursing/Health Services (Office/Center): RN	G0299 TL	\$22.90	\$34.50	\$11.60	51%
Nursing-Nutrition (Home/Comm)	S9470 U9 TL	\$30.58	\$36.13	\$5.55	18%
Nursing-Nutrition (Office/Center)	S9470 U8 TL	\$22.90	\$28.00	\$5.10	22%
Nutrition Support (Home/Comm)	W4407 U8 TL	\$30.58	\$35.00	\$4.42	14%
Nutrition Support (Office/Center)	W4407 U7 TL	\$22.90	\$27.13	\$4.23	18%
Occupational Therapy (Home/Comm)	97530 U9 TL	\$34.70	\$48.25	\$13.55	39%
Occupational Therapy (Office/Center)	97530 UB TL	\$26.87	\$37.88	\$11.01	41%
Physical Therapy (Home/Comm)	97110 UB TL	\$34.70	\$53.00	\$18.30	53%
Physical Therapy (Office/Center)	97110 U9 TL	\$26.87	\$41.75	\$14.88	55%
Psychological Services (Home/Comm)	97155 U5 TL	\$31.23	\$40.38	\$9.15	29%
Psychological Services (Office/Center)	97155 TL	\$22.77	\$31.50	\$8.73	38%

Service Name	Procedure Code	Current Rate	Recommended Rate	Difference	% Difference
Service Coordination	T1016 U7 TL	\$21.12	\$35.63	\$14.51	69%
Service Coordination (Pre-plan/Tracking)	W0016 TL	\$21.12	\$35.63	\$14.51	69%
Social Work (Home/Comm)	T1027 U7 TL	\$31.23	\$29.13	(\$2.10)	-7%
Social Work (Office/Center)	T1027 TL	\$23.56	\$22.38	(\$1.18)	-5%
Special Instruction (Home/Comm)	W0020 U5 TL	\$30.58	\$35.00	\$4.42	14%
Special Instruction (Office/Center)	98960 U4 TL	\$22.90	\$27.13	\$4.23	18%
Special Instruction-Behavior (Home/Comm)	W4405 U5 TL	\$30.58	\$35.00	\$4.42	14%
Special Instruction-Behavior (Office/Center)	W4405 U4 TL	\$22.90	\$27.13	\$4.23	18%
Special Instruction-Hearing (Home/Comm)	W0023 U5 TL	Negotiated	\$49.63	NA	NA
Special Instruction-Hearing (Office/Center)	W0018 TL	Negotiated	\$39.00	NA	NA
Special Instruction-Vision (Home/Comm)	W0021 U5 TL	Negotiated	\$49.63	NA	NA
Special Instruction-Vision (Office/Center)	W0017 TL	Negotiated	\$39.00	NA	NA
Speech Pathology (Home/Comm)	92507 U8 TL	\$34.70	\$46.75	\$12.05	35%
Speech Pathology (Office/Center)	92507 U7 TL	\$26.87	\$36.63	\$9.76	36%

TABLE 14. COMMONWEALTH FISCAL IMPACT

The estimated Commonwealth fiscal impact was calculated using the number of service units provided during FY 2022-23 for Early Intervention services, current Federal Medical Assistance Percentage (FMAP), and county contributions. Services with a recommended rate decrease were kept at the current rate when calculating Commonwealth fiscal impact.

Commonwealth Expenditures*	Dollar Amounts
Total of FY 22/23 Service Units based on Current EI Rates	\$184,811,670.15
Total of FY 22/23 Service Units based on Recommended EI Rates	\$256,203,824.27
Difference	\$71,392,154.12
Percentage Difference	38.63%

*based on current FMAP rate of 55.09%

RECOMMENDATION

PCG's experience in the successful completion of Early Intervention rate studies informs the following recommendation. Conducting additional Infant Toddler Early Intervention rate studies every three to five years can support the effectiveness and adaptability of Infant Toddler Early Intervention programs. These periodic studies allow state-level leadership and policymakers to track progress, identify emerging trends, and address gaps or challenges in the current systems. By regularly updating data, states can ensure that interventions remain relevant and effective in meeting the evolving needs of children and families. Moreover, these studies provide valuable insights into Early Intervention's long-term impacts, helping refine and improve strategies for better outcomes. Regular assessments also foster a culture of continuous improvement and accountability, leading to more robust and responsive Early Intervention services.

In between the periodic rate studies, PCG recommends that OCDEL implement a rate monitoring program to measure costs annually against payments. This monitoring should also measure inflation, and OCDEL should adjust rates annually to match the rate of inflation.

APPENDICES

APPENDIX A. ADVISORY COMMITTEE MEMBERS

Name	Role	Location
Lee Ann Fancher	Physical Therapist Director PTI	Multi-County
Annie Smith	Director Strawberry Fields	Centre County
Nancy Stimson	Executive Director The Arc Alliance	Montgomery County
Jim Sharp	Director Mental Health RCPA	Statewide
Cheryl Burger	United Cerebral Palsy	Lackawanna County
Christi Gleason	Director of Children Services for Cerebral Palsy	Southeast PA
Anne Lang	Executive Director Early Intervention Specialists	Alleghany County
Kris Bowman	Executive Director REDI	Montgomery County
Pat Erario	Infant Toddler Coordinator	Bucks County
Jess Weiknecht	Director	Northampton County
Jill Nelson	Early Intervention CMU	Dauphin County
Eve Lickers	OMAP Director, Bureau of Policy, Analysis & Planning	Commonwealth of Pennsylvania
Tia Thompson	Parent	Washington County
Wenxi Schwab	Parent	Indiana County
Christa Zubik	Fiscal Officer Armstrong and Indiana County	Armstrong and Indiana Counties
Jackie Brennan	Superintendent Overbrook School for the Blind	Philadelphia County
Aaron McMahan	OCDEL Special Assistant-Finance, Admin & Planning (FAP)	Commonwealth of Pennsylvania
Jameekia Barnett	DHS Executive Policy Specialist	Commonwealth of Pennsylvania

APPENDIX B. U.S. BUREAU OF LABOR STATISTICS (BLS) AND EARLY INTERVENTION DISCIPLINES, OCCUPATION CLASSIFICATION CODES (OCC), AND DESCRIPTIONS

The OCC column contains the six-digit Standard Occupational Classification (SOC) code or Occupation Employment and Wage Statistics (OWES)-Specific code for the occupation.

PA Service Professionals	OCC	Equivalent BLS Occupational Title
Audiologist	29-1181	Audiologists
Family Therapist	21-1013	Marriage and Family Therapists
Nutritionist/Registered Dietician	29-1031	Dieticians and Nutritionists
Occupational Therapist	29-1122	Occupational Therapists
Occupational Therapy Assistant (COTA)	31-2011	Occupational Therapy Assistants
Physical Therapist	29-1123	Physical Therapists
Physical Therapist Assistant	31-2021	Physical Therapist Assistants
Physician/Pediatrician	29-1221	Pediatricians, General
Psychologist	19-3033	Clinical and Counseling Psychologists
Registered Nurse	29-1141	Registered Nurses
Service Coordinator	21-1099	Community and Social Service Specialists, All Other
Social Worker	21-1021	Child, Family, and School Social Workers
Special Instructor	25-2051	Special Education Teachers, Preschool
Special Instructor (Behavior)	25-2051	Special Education Teachers, Preschool
Special Instructor (Hearing)	25-1071	Health Specialties Teachers, Postsecondary
	25-2051	Special Education Teachers, Preschool
Special Instructor (Nutrition)	25-2051	Special Education Teachers, Preschool
Special Instructor (Vision)	25-1071	Health Specialties Teachers, Postsecondary
	25-2051	Special Education Teachers, Preschool
Speech-Language Pathologist	29-1127	Speech-Language Pathologists

APPENDIX C. BUREAU OF LABOR STATISTICS DISCIPLINE DESCRIPTION

Discipline	BLS Discipline Description	PA Regulation Discipline Description
Audiologist	<p>Audiologists (29-1181): Assess and treat persons with hearing and related disorders. It may fit hearing aids and provide auditory training. May perform research related to hearing problems.</p> <p>https://www.bls.gov/oes/current/oes291181.htm</p>	<p>Audiology Services – Includes the following:</p> <ul style="list-style-type: none"> (i) Identification of hearing loss, using audiological screening techniques. (ii) Determination of the range, nature and degree of hearing loss and communication functions, by use of audiological evaluation procedures. (iii) Referral for medical and other services necessary for the habilitation or rehabilitation of hearing loss. (iv) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services to address hearing loss. (v) Provision of services for prevention of hearing loss. (vi) Determination of the need for individual amplification, including selecting, fitting and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
Family Therapist	<p>Marriage and Family Therapists (21-1013): Diagnose and treat mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems. Apply psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating such diagnosed nervous and mental disorders. Excludes “Psychologists” (19-3032 through 19-3039) and “Social Workers” (21-1020).</p> <p>https://www.bls.gov/oes/2019/may/oes211013.htm</p>	<p>Family training, counseling and home visits—Services provided by social workers, psychologists or other qualified personnel, as appropriate, to assist the family of an infant or toddler with a disability in understanding the special needs of and enhancing the development of the infant or toddler.</p>
Nutritionist/Registered Dietician	<p>Dietitians and Nutritionists (29-1031): Plan and conduct food service or nutritional programs to assist in the promotion of health</p>	<p>Nutrition Services—Includes the following:</p>

	<p>and control of disease. May supervise activities of a department providing quantity food services, counsel individuals, or conduct nutritional research.</p> <p>https://www.bls.gov/oes/current/oes291031.htm</p>	<p>(i) Conducting individual assessments in the following:</p> <ul style="list-style-type: none"> (A) Nutritional history and dietary intake. (B) Anthropometrical, biochemical and clinical variables. (C) Feeding skills and feeding problems. (D) Food habits and food preferences. <p>(ii) Developing and monitoring appropriate plans to address the nutritional needs of infants and toddlers with disabilities, based on the findings of the assessments in subparagraph (i).</p> <p>(iii) Making referrals to appropriate community resources to carry out nutrition goals.</p>
<p>Occupational Therapist</p>	<p>Occupational Therapists (29-1122): Assess, plan, and organize rehabilitative programs that help build or restore vocational, homemaking, and daily living skills, as well as general independence, to persons with disabilities or developmental delays. Use therapeutic techniques, adapt the individual's environment, teach skills, and modify specific tasks that present barriers to the individual.</p> <p>https://bls.gov/oes/current/oes291122.htm</p>	<p>Occupational Therapy—Services to address the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior and play, and sensory, motor and postural development, which are designed to improve the functional ability of the infant or toddler to perform tasks in home, school and community settings, and include the following:</p> <ul style="list-style-type: none"> (i) Identification, assessment and intervention. (ii) Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills. (iii) Prevention or minimization of the impact of initial or future impairment, delay in development or loss of functional ability.
<p>Occupational Therapy Assistant, Certified Occupational Therapist Assistant</p>	<p>Occupational Therapy Assistants (31-2011): Assist occupational therapists in providing occupational therapy treatments and procedures. May, in accordance with state laws, assist in development of treatment plans, carry out routine functions, direct activity programs, and document the progress of treatments. Generally, requires formal training.</p> <p>https://www.bls.gov/oes/current/oes312011.htm</p>	<p>Occupational Therapy Assistants: (not included in list of roles in 55 PA Code Ch. 4226)</p> <p>Certified Occupational Therapy Assistants (COTAs) cannot create, update or modify a plan/IFSP. That must be done by a licensed therapist. They can participate in assessments but cannot formally evaluate the child. 49 Pa. Code Chapter 40. State Board Of Physical Therapy</p> <p>When care is provided to an individual in an early intervention setting, a licensed occupational therapist shall make an onsite visit and examine the patient at least every four patient visits or every 30 days, whichever occurs first; this means licensed occupational therapists can utilize assistance, but they require on-site supervision. 49</p>

		Pa. Code § 40.173. Supervision of physical therapist assistant by licensed physical therapist.
Physical Therapist	<p>Physical Therapists (29-1123): Assess, plan, organize, and participate in rehabilitative programs that improve mobility, relieve pain, increase strength, and improve or correct disabling conditions resulting from disease or injury.</p> <p>https://www.bls.gov/oes/current/oes291123.htm</p>	<p>Physical Therapy— Services to address the promotion of sensorimotor function of an infant or toddler with a disability through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status and effective environmental adaptation, which include the following:</p> <ul style="list-style-type: none"> (i) Screening, evaluation and assessment to identify movement dysfunction. (ii) Obtaining, interpreting and integrating information appropriate to program planning to prevent, alleviate or compensate for movement dysfunction and related functional problems. (iii) Providing individual and group services or treatment to prevent, alleviate or compensate for movement dysfunction and related functional problems.
Physical Therapist Assistant	<p>Physical Therapist Assistant (31-2021): Assist physical therapists in providing physical therapy treatments and procedures. May, in accordance with state laws, assist in the development of treatment plans, carry out routine functions, document the progress of treatment, and modify specific treatments in accordance with patient status and within the scope of treatment plans established by a physical therapist. Generally, requires formal training.</p> <p>https://www.bls.gov/oes/current/oes312021.htm</p>	<p>Physical Therapist Assistants: (not included in list of roles in 55 PA Code Ch. 4226)</p> <p>PTAs cannot create, update or modify a plan/IFSP. That must be done by a licensed therapist. They can participate in assessments but cannot formally evaluate the child. 49 Pa. Code Chapter 40. State Board Of Physical Therapy</p> <p>When care is provided to an individual in an early intervention setting, a licensed physical therapist shall make an onsite visit and examine the patient at least every four patient visits or every 30 days, whichever occurs first; this means licensed physical therapists can utilize assistance, but they require on-site supervision. 49 Pa. Code § 40.173. Supervision of physical therapist assistant by licensed physical therapist.</p>
Physician/Pediatrician	<p>Pediatricians, General (29-1221): Diagnose, treat, and help prevent diseases and injuries in children. May refer patients to specialists for further diagnosis or treatment, as needed. Excludes “Family Medicine Physicians” (29-1215) and “General Internal Medicine Physicians” (29-1216).</p> <p>https://www.bls.gov/oes/current/oes291221.htm</p>	<p>Medical services only for diagnostic or evaluation purposes— Services provided by a licensed physician to determine a child’s developmental status and need for early intervention services.</p>

<p>Psychologist</p>	<p>Clinical and Counseling Psychologists (19-3033): Assess, diagnose, and treat mental and emotional disorders of individuals through observation, interview, and psychological tests. Help individuals with distress or maladjustment understand their problems through their knowledge of case history, interviews with patients, and theory. Provide individual or group counseling services to assist individuals in achieving more effective personal, social, educational, and vocational development and adjustment. May design behavior modification programs and consult with medical personnel regarding the best treatment for patients. Excludes "Psychiatrists" (29-1223).</p> <p>https://www.bls.gov/oes/current/oes193033.htm</p>	<p>Psychological services – Includes the following:</p> <ul style="list-style-type: none"> (i) Administering psychological and developmental tests and other assessment procedures. (ii) Interpreting assessment results. (iii) Obtaining, integrating and interpreting information about child behavior, and child and family conditions related to learning, mental health and development. (iv) Planning and managing a program of psychological services, including psychological counseling for infants and toddlers with disabilities and their parents, family counseling, consultation on child development, parent training and education programs.
<p>Registered Nurse</p>	<p>Registered Nurses (29-1141) : Assess patient health problems and needs, develop and implement nursing care plans, and maintain medical records. Administer nursing care to ill, injured, convalescent, or disabled patients. May advise patients on health maintenance and disease prevention or provide case management. Licensing or registration required. Includes Clinical Nurse Specialists. Excludes "Nurse Anesthetists" (29-1151), "Nurse Midwives" (29-1161), and "Nurse Practitioners" (29-1171).</p> <p>https://www.bls.gov/oes/current/oes291141.htm</p>	<p>Nursing services—Includes the following:</p> <ul style="list-style-type: none"> (i) Assessing health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems. (ii) Providing nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development. (iii) Administering medications, treatments and regimens prescribed by a licensed physician.
<p>Service Coordinator</p>	<p>Community and Social Service Specialists, All Other (21-1099): All community and social service specialists not listed separately.</p> <p>https://www.bls.gov/oes/current/oes211099.htm</p>	<p>Service coordination— Activities carried out by a service coordinator in accordance with § 4226.52 (relating to service coordination activities) to assist and enable a child and the child’s family to benefit from the rights and procedural safeguards and to receive the services that are authorized under this chapter.</p> <p>Service Coordinators:</p>

	<p>§ 4226.52. Service coordination activities.</p> <p>Service coordination is an active, ongoing process that includes the following activities:</p> <p>(1) Coordinating the performance of initial and ongoing evaluations and assessments. (2) Referring at-risk children to the tracking system and tracking at-risk children. (3) Facilitating and participating in the development, implementation, review and evaluation of IFSPs.</p> <p>Cross References: This section cited in 55 Pa. Code § 4226.5 (relating to definitions); and 55 Pa. Code § 4226.51 (relating to provision of service coordination)</p> <p>§ 4226.53. Service coordinator requirements and qualifications.</p> <p>(a) A county MH/MR program shall employ a minimum of one service coordinator directly or through contract.</p> <p>(b) Before performing service coordination activities, a service coordinator shall demonstrate knowledge and understanding about the following:</p> <p>(1) At-risk children and infants and toddlers with disabilities. (2) Part C of IDEA (20 U.S.C.A. §§ 1431—1445) and accompanying regulations and the Early Intervention Services System Act (11 P.S. §§ 875-101—875-503). (3) The nature and scope of services available under this chapter and the funding sources available.</p> <p>A service coordinator shall have one of the following groups of minimum qualifications:</p> <p>(1) A bachelor’s degree from an accredited college or university which includes 12 college credits in early intervention, early childhood special education, early childhood education, child development, special education, family counseling, family studies, social welfare, psychology or other comparable social sciences, and 1 year of full-time or full-time-equivalent experience working with</p>
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		<p>or providing counseling to children, families or individuals with disabilities. (2) An associate's degree, or 60 credit hours, from an accredited college or university in early intervention, early childhood special education, early childhood education, child development, special education, family counseling, family studies, social welfare, psychology, or other comparable social sciences, and 3 years of full-time or full-time-equivalent experience working with or providing counseling to children, families or individuals with disabilities. (3) Certification by the Pennsylvania Civil Service Commission as meeting the qualifications of a Caseworker 2 or 3 classification.</p> <p>Cross References: This section cited in 55 Pa. Code § 4226.56 (relating to effective date of personnel qualifications).</p>
<p>Social Worker</p>	<p>Child, Family, and School Social Workers (21-1021): Provide social services and assistance to improve the social and psychological functioning of children and their families and to maximize the family well-being and the academic functioning of children. May assist parents, arrange adoptions, and find foster homes for abandoned or abused children. In schools, they address such problems as teenage pregnancy, misbehavior, and truancy. May also advise teachers.</p> <p>https://www.bls.gov/oes/current/oes211021.htm</p>	<p>Social Work—Includes the following:</p> <ul style="list-style-type: none"> (i) Making home visits to evaluate the living conditions of an infant or toddler with a disability and patterns of parent-child interaction. (ii) Preparing a social or emotional developmental assessment of an infant or toddler with a disability within the family context. (iii) Providing individual and family or group counseling to the parent and other family members of an infant or toddler with a disability, and appropriate social skill-building activities to the infant or toddler and the infant or toddler's parent. (iv) Working to address those problems in the living situation of an infant or toddler with a disability and the infant or toddler's family (home, community, and any center where early intervention services are provided) that impede the maximum use of early intervention services. (v) Identifying, mobilizing and coordinating community resources and services to enable an

		<p>infant or toddler with a disability and the infant or toddler's family to receive maximum benefit from early intervention services.</p>
<p>Special Instructor (general) Special Instructor (behavior)</p>	<p>Special Education Teachers, Preschool (25-2051): Teach academic, social, and life skills to preschool-aged students with learning, emotional, or physical disabilities. Includes teachers who specialize and work with students who are blind or have visual impairments; students who are deaf or have hearing impairments; and students with intellectual disabilities. Excludes "Substitute Teachers, Short-Term" (25-3031). ***Used for Developmental Specialist in NM FIT Rate Study https://www.bls.gov/oes/current/oes252051.htm</p>	<p>Special Instruction— Includes the following:</p> <ul style="list-style-type: none"> (i) Designing the learning environments and activities that promote the acquisition of skills by an infant or toddler with a disability in a variety of developmental areas, including cognitive processes and social interaction. (ii) Curriculum planning, including the planned interaction of personnel, materials and time and space, that leads to achieving the outcomes on the IFSP. (iii) Providing the family with information, skills and support related to enhancing the skill development of the infant or toddler with a disability. (iv) Working with the infant or toddler with a disability and family to enhance the infant or toddler's development. <p><i>Special Instructors- Compares to</i></p> <p><i>1- Early Interventionist (PA Code)</i></p> <p><i>An early interventionist is responsible for the following:</i></p> <p><i>(1) Designing the learning environments and activities that promote the acquisition of skills by an infant or toddler with a disability in a variety of developmental areas, including cognitive processes and social interaction. (2) Providing the family with information, skills and support related to enhancing the skill development of the infant or toddler with a disability. (3) Working with the infant or toddler with a disability and family to enhance the infant or toddler's development.</i></p> <p><i>Cross References: This section cited in 55 Pa. Code § 4226.55 (relating to early interventionist qualifications).</i></p> <p><i>§ 4226.55. Early interventionist qualifications.</i></p> <p><i>An early interventionist shall have one of the following groups of minimum qualifications:</i></p> <p><i>(1) A bachelor's degree from an accredited college or university in early intervention, early childhood special education, early childhood education, child</i></p>

		<p><i>development, special education or family studies, and 1 year of full-time or full-time-equivalent experience working directly with preschool children with disabilities and their families or a university-supervised or college supervised student practicum or teaching experience with preschool children with disabilities and their families. (2) A bachelor's degree from an accredited college or university which includes 15 credit hours in early intervention, early childhood special education, early childhood education, child development, special education or family studies; and 1 year of full-time or full-time-equivalent experience working directly with preschool children with disabilities and their families; demonstrated knowledge, understanding and skills needed to perform the functions specified in § 4226.54 (relating to early interventionist responsibilities).</i></p> <p><i>Cross References: This section cited in 55 Pa. Code § 4226.56 (relating to effective date of personnel qualifications).</i></p> <p>OR</p> <p><i>2- Developmental Specialist (NM FIT): Developmental Services- services that include working in a coaching role with the family or other caregiver, the design of learning environments and implementation of planned activities that promote the child's healthy development and acquisition of skills that lead to achieving outcomes in the child's IFSP. Developmental instruction provides families and/or other caregivers with the information, skills, and support to enhance the child's development. Developmental instruction addresses all developmental areas: cognitive, communication, physical/motor, vision, hearing), social or emotional and adaptive development. Developmental instruction services are provided in collaboration with the family and other personnel providing early intervention services in accordance with the IFSP.</i></p>
<p>Special Instructor (vision) Special Instructor (hearing)</p>	<p>Special Education Teachers, Preschool (25-2051): Teach academic, social, and life skills to preschool-aged students with learning, emotional, or physical disabilities. Includes teachers who specialize and work with students who are blind or have visual impairments; students who are deaf</p>	

	<p>or have hearing impairments; and students with intellectual disabilities. Excludes "Substitute Teachers, Short-Term" (25-3031). ***Used for Developmental Specialist in NM FIT Rate Study</p> <p>https://www.bls.gov/oes/current/oes252051.htm</p> <p>Health Specialties Teacher, Postsecondary (25-1071): Teach courses in health specialties, in fields such as dentistry, laboratory technology, medicine, pharmacy, public health, therapy, and veterinary medicine. Excludes "Biological Science Teachers, Postsecondary" (25-1042) and "Nursing Instructors and Teachers, Postsecondary" (25-1072) who teach medical science.</p> <p>https://www.bls.gov/oes/current/oes251071.htm</p>	
<p>Speech-Language Pathologist</p>	<p>Speech-Language Pathologists (29-1127): Assess and treat persons with speech, language, voice, and fluency disorders. May select alternative communication systems and teach their use. May perform research related to speech and language problems.</p> <p>https://www.bls.gov/oes/current/oes291127.htm</p>	<p>Speech-Language Pathology Services— Includes the following:</p> <ul style="list-style-type: none"> (i) Identification of communicative or swallowing disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills. (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of communicative or swallowing disorders and delays in development of communication skills. (iii) Provision of services for the habilitation, rehabilitation or prevention of communicative or swallowing disorders and delays in development of communication skills.