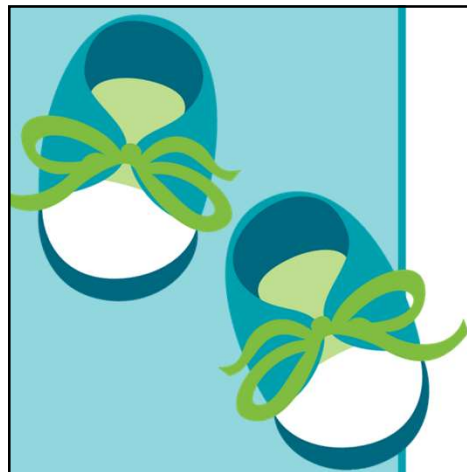


Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT) Meeting

Early Steps Program

Division of Children's Medical Services
Florida Department of Health
December 10, 2025



Council Roll Call

AGENDA: DECEMBER 10, 2025

Call to Order and Standing Items

Presentation

Department of Health Updates

Rate Study Presentation

Lunch on Your Own

Program Evaluation Presentation

Closing Announcements

3

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MEETING MINUTES



Review and Approve
Meeting Minutes

4

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CIRCLE OF EARLY STEPS

A Mother's Journey from Family
to Profession through Early
Steps



Nelsy Crowell

A Picture That Says It All





WHAT EARLY STEPS MEANS TO ME

Early Steps didn't just help my son walk. It helped me discover purpose, find community, and believe in the power of early support.

Moments That Changed My Path



**The Moment
of Purpose**



**The Moment of
Uncertainty**



**The Moment of
Awakening**



THE VALUE OF TEAMWORK BETWEEN FAMILIES AND PROFESSIONALS




Family Resource Specialists

RETURNING TO THE BEGINNING

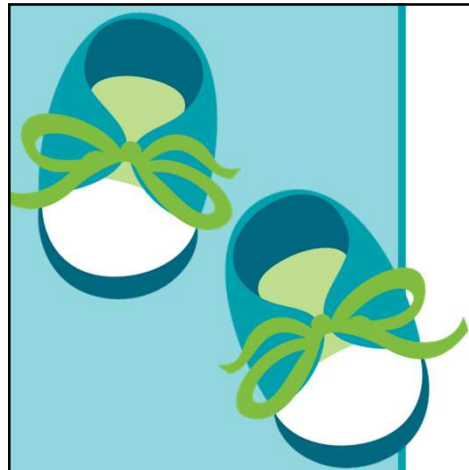
Today, I still see first steps every day.
Some belong to the children I support...
and some are mine.
Because Early Steps taught
me how to walk alongside them





Early Steps changed my story...
and every family deserves the chance
to write theirs.

THANK YOU
MUCHAS GRACIAS



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steps

Department of Health Updates

CURRENT PROJECT UPDATES

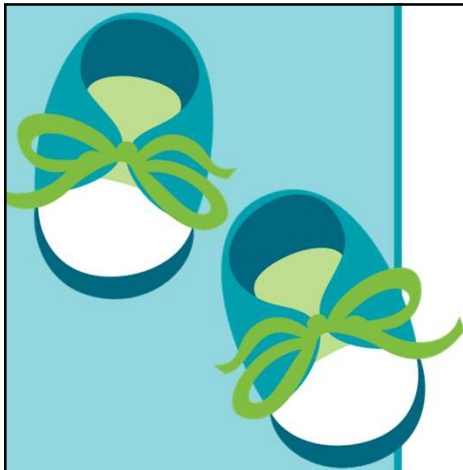
Clearinghouse
Fiscal Services

Data System Progress

New Quality
Improvement
Project

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Rate Study Presentation

Early Steps Rate Study, Program Evaluation, and Cost Allocation Methodology Projects

Florida Interagency Coordinating Council for Infants and Toddlers Quarterly Meeting

Bureau of Early Steps and Newborn Screening, Division of Children's Medical Services, Department of Health (DOH), State of Florida (FL)

December 2025



Solutions that Matter

Agenda

- Project Team Introductions
- Project Workplan and Schedule
- FL Rate Study Project Presentation
- FL Evaluation Project Presentation
- FL Cost Allocation Project Presentation
- Wrap Up



PCG Project Team Present



Joe Carbeau
Engagement
Manager



Jill Rigsby
Rate Study Lead



Andrew Gomm
Program Evaluation
Co-Lead



Amanda Dunlap
Program Evaluation
Co-Lead



Zane Wyrick
Subject Matter
Expert



La Toria Lane
Lead Analyst



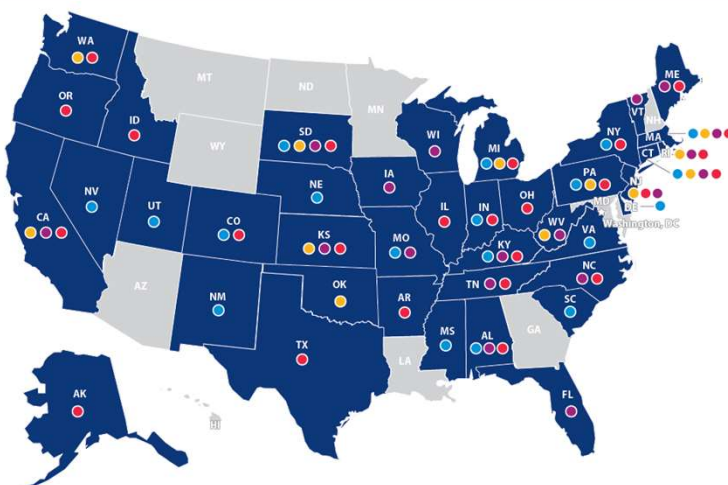
Shelbi Neely
Lead Analyst

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17

PCG: A National Leader and Partner in Early Intervention (Part C) Solutions



- Market Rate and Cost
- Licensing and QRIS
- Strategic Development
- Workforce

NATIONAL IMPACT: PCG BY THE NUMBERS

2k

PCG has helped to improve service quality by conducting planned and unplanned site visits to 1,850 early childhood providers

90k+

PCG training/professional development services and state-wide workforce registries have supported over 90,000 early childhood professionals

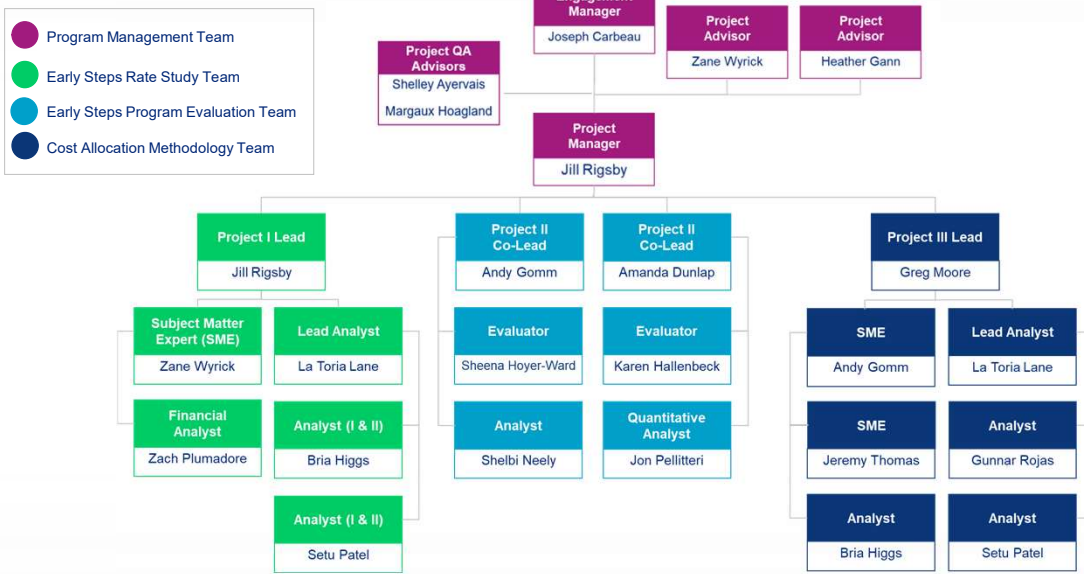
3.5 mil

PCG projects impact over 3,490,000 children and families across the US



18

PCG Team: Flexible for Early Steps



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Workplan and Relationships Across Projects I-IV

PCG's Overall Schedule

	May 2024	Jun 2024	Jul 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025
Project I: Early Steps Program Rate Study	Project I (May – Dec 2024)												
Project II: Early Steps Program Evaluation	Project II (May – Jan 2025)												
Project III: Cost Allocation Methodology						Project III (Oct 2024 – May 2025)							
	May 2025	Jun 2025	Jul 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026
Project IV: Public Presentation Material Development	Project IV (June 2025 – Dec 2025)												

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Early Steps Rate Study

Florida Interagency Coordinating Council for Infants and Toddlers Meeting

Public Consulting Group LLC – December 2025



Solutions that Matter

Agenda

- Methodology Overview
- Analysis Overview
- Rate Calculations and Recommendations
- Questions



Methodology Overview

Project I – Rate Study

Rate Setting Methodology Approach for FL Early Steps

Rate setting methodologies strive to balance cost-effectiveness, affordability, and quality of service by ensuring providers receive fair compensation while maintaining the system's financial sustainability.

This is achieved through several key components:

- Data Collection
- Base Data and Adjustments
- Cost Analysis
- Trend Analysis
- Market Analysis
- Rate Calculation
- Stakeholder Input
- Regulatory Compliance
- Implementation and Monitoring



Rate Buildup Methodology

Calculate hourly personnel costs | [Personnel Roster](#), [BLS market salaries](#)

Salary/hour (average service employee hourly salary) + benefits/hour (tax and fringe rate)

Calculate hourly administrative costs | [Cost Report](#)

Percentage of provider costs from administrative and support (non-personnel expenses) + personnel and administrative and support costs

Calculate and compare reported mileage | [Cost Report](#)

Percentage of costs reported as mileage and compare to federal mileage rate.

Markup rate to account for non-billable time in billable unit | [Time Study](#)

Total costs/hour divided by the billable factor

Calculate rates for milestone/benchmark-based services

Calculate total (rounded)



Analysis Results Project I – Rate Study

Market Analysis

PCG Project I Team

Market Analysis

1. Identify Early Steps Service
2. Align with Service Provider job title(s)
3. Align with Bureau of Labor Statistics (BLS) Code
4. Identify the equivalent market salary for:
 - a. Border states
 - b. States that also require credentials
 - c. States with similar population sizes

Early Steps Service	Service Provider Job Title	BLS Code
Audiology	Audiologist	29-1181 Audiologists
Early Intervention Service	Early Intervention Professional	25-2051 Special Education Teachers, Preschool
Early Intervention Service	Infant Toddler Developmental Specialist	25-2051 Special Education Teachers, Preschool



Cost Report and Personnel Roster

PCG Project I Team

Tool Submission Figures

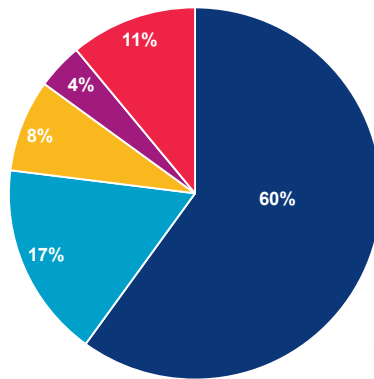
Submission Type	Total Submitted	Total Included in Analysis
Cost Report	15	15
Personnel Roster	34	34

- The Cost Report was distributed to the Early Steps State Office (ESSO) Contract Managers.
- The Personnel Roster was distributed to both Local Early Steps (LES) Programs and LES contracted service providers.

Cost Report Personnel Expense Breakdown

Percent of Expenses

Total: \$81,456,640



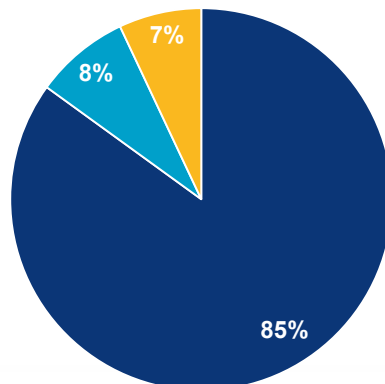
- Non-Administrative Personnel Salaries - \$49,275,105
- Non-Administrative Personnel Tax/Fringe - \$13,576,185
- Administrative and SSIP Salaries - \$6,911,532
- Administrative and SSIP Tax/Fringe - \$3,055,756
- Non-personnel expenses - \$8,638,062



Cost Report Revenue Breakdown

Percent of Revenue

Total: \$81,271,388



- 22/23 Contract - \$68,921,978
- Paycheck Protection Program/Other Federal Funds - \$6,594,053
- Third Party Revenue - \$5,755,357



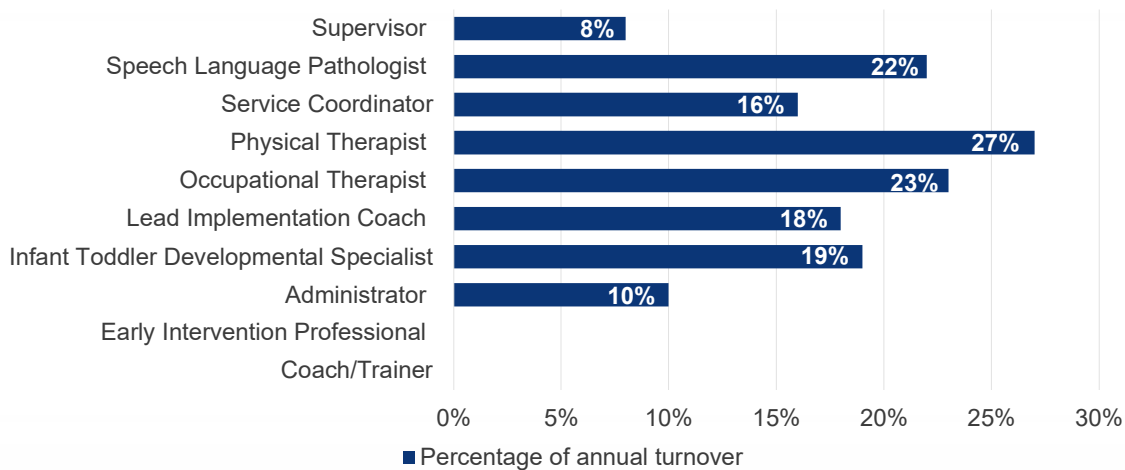
Personnel Roster Wage Distribution

Grouping	n	%	Avg. Hourly Salary	Minimum	Maximum
All	513	100%	\$33.01	\$13.42	\$51.51
For Profit	103	20%	\$39.08	\$13.64	\$50.01
Government	67	13%	\$37.45	\$23.48	\$51.47
Non-Profit	343	67%	\$30.27	\$13.42	\$51.51



Personnel Roster Turnover

Percentage of Annual Turnover by Profession



Personnel Roster Turnover Continued

Group	% Annual Turnover
Total System	14%
IRS Status	
For Profit	16%
Non-Profit	10%
Government	23%

Group	% Annual Turnover
Service Coordinator (Identified as Primary Role)	
Yes	16%
No	13%
Employee Type	
Salaried Full-Time	23%
Salaried Part-Time	0%
Hourly/Per Diem	8%
1099 Contractor	17%



Time Study

PCG Project I Team

Tool Submission Figures

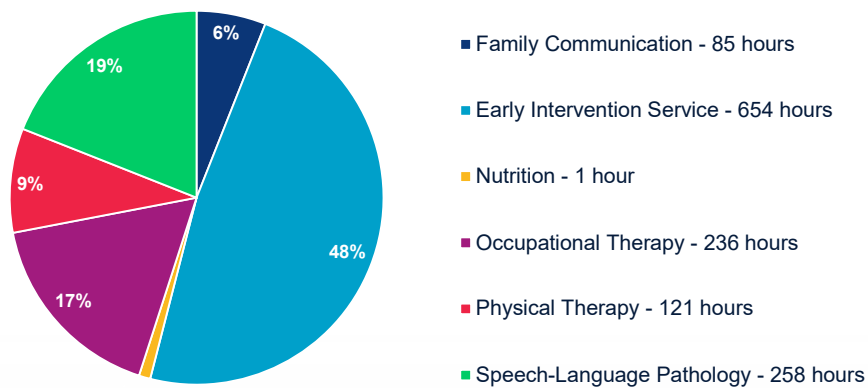
Submission Type	Total Included in Analysis
Non-Service Coordinator Time Studies	72
Service Coordinator Time Studies	67
Total Time Studies	139

- Five Time Study trainings were offered by PCG
- Eight office hour sessions were provided for additional support



Non-Service Coordinator Time Study: Billable Service Breakdown

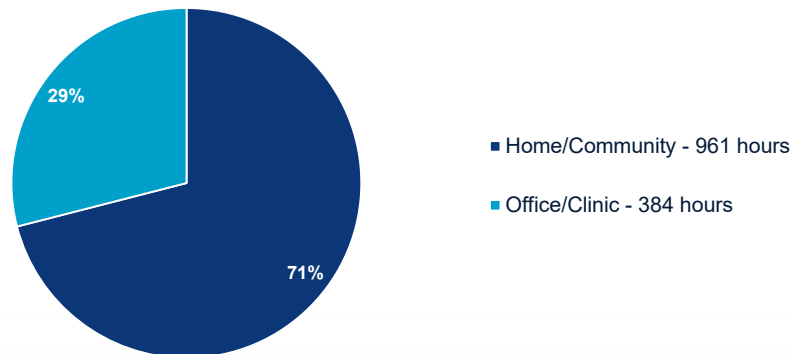
Percent of Direct Service Time Spent on each Billable/Direct Service Activity
Total Hours: 1,355



Non-Service Coordinator Time Study: Billable Service Location

Location of Provider Services

Total Hours: 1,345



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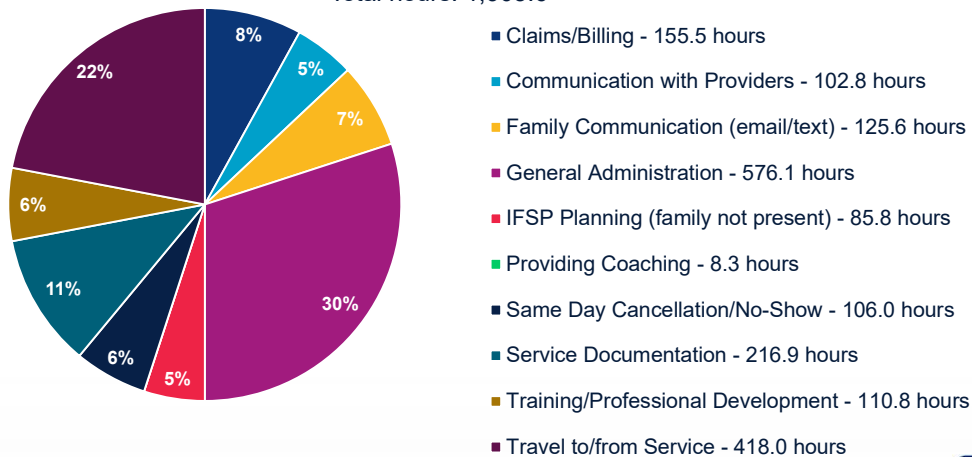


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Non-Service Coordinators Time Study: Non-Billable Service Breakdown

Percent of Non-Billable/Indirect Service Time Spent

Total hours: 1,905.6



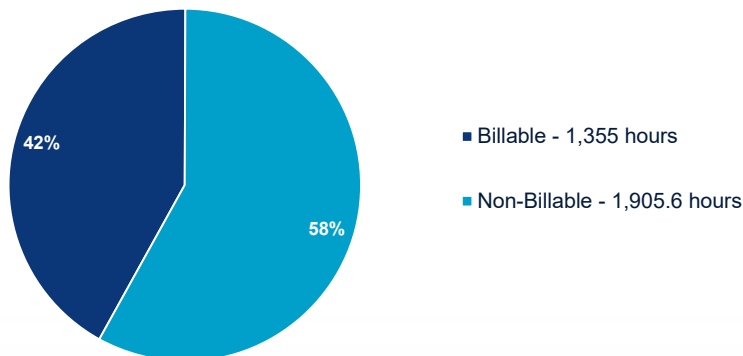
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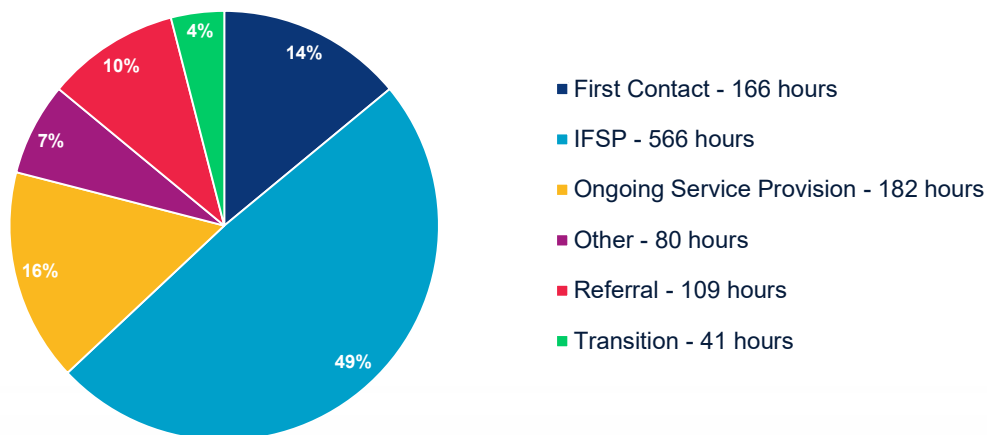
Non-Service Coordinators Time Study: Billable Time versus Non-Billable Time

Billable Time/Direct vs. Non-Billable/Indirect Time
Total Hours: 3,260.6 hours



Service Coordinators Time Study: Billable Service Breakdown

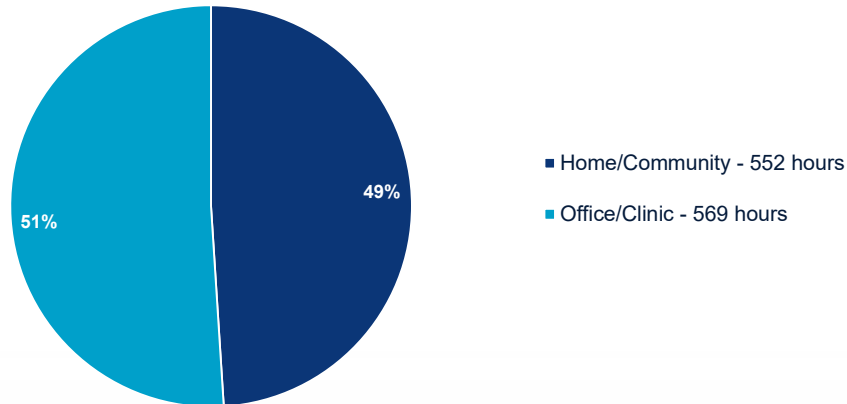
Service Coordinator Billable/Direct Service
Total Hours: 1,144



Service Coordinators Time Study: Billable Service Breakdown

Service Coordinator Billable/Direct Service Location

Total Hours: 1,121



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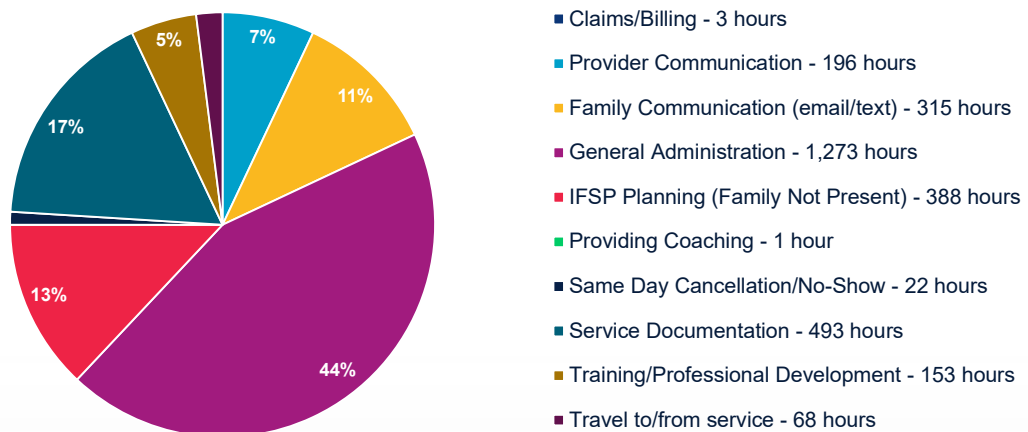


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Service Coordinators Time Study: Non-Billable Service Breakdown

Non-Billable/Indirect Service Activity

Total Hours: 2,913



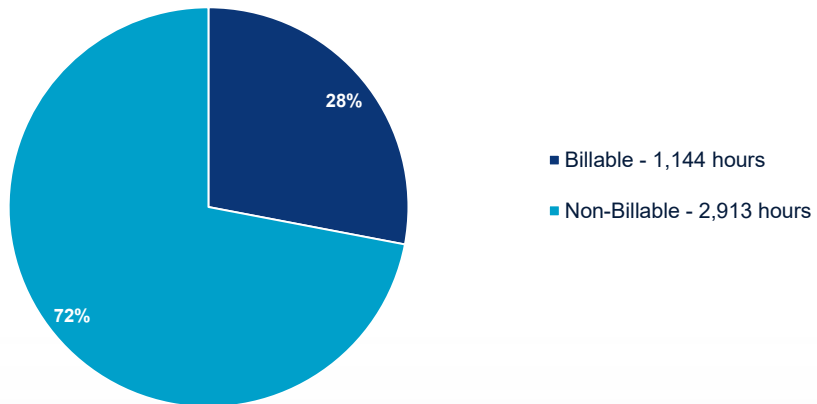
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Service Coordinators Billable Time versus Non-Billable Time

Billable/Direct Time vs. Non-Billable/Indirect Time
Total Hours: 4,057



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Rate Calculations and Recommendation Project I – Rate Study

Rate Calculation Process

PCG Project I Team

Rate Buildup Methodology

Calculate hourly personnel costs | [Personnel Roster, BLS market salaries](#)

Salary/hour (average service employee hourly salary) + benefits/hour (tax and fringe rate)

Calculate hourly administrative costs | [Cost Report](#)

Percentage of provider costs from administrative and support (non-personnel expenses) + personnel and administrative and support costs

Calculate and compare reported mileage | [Cost Report](#)

Percentage of costs reported as mileage and compare to federal mileage rate

Markup rate to account for non-billable time in billable unit | [Time Study](#)

Total costs/hour divided by the billable factor

Calculate rates for milestone/benchmark-based services

Calculate total (rounded)



Example: Direct Service Rate Calculation

Sources: *Cost Report, Personnel Roster, and Time Study*

Example Physical Therapist Rate Calculation

- Cells highlighted in light blue are inputs, gathered from data from study tools – cost report, personnel roster, and time study. Others are results of calculations from using the inputs.

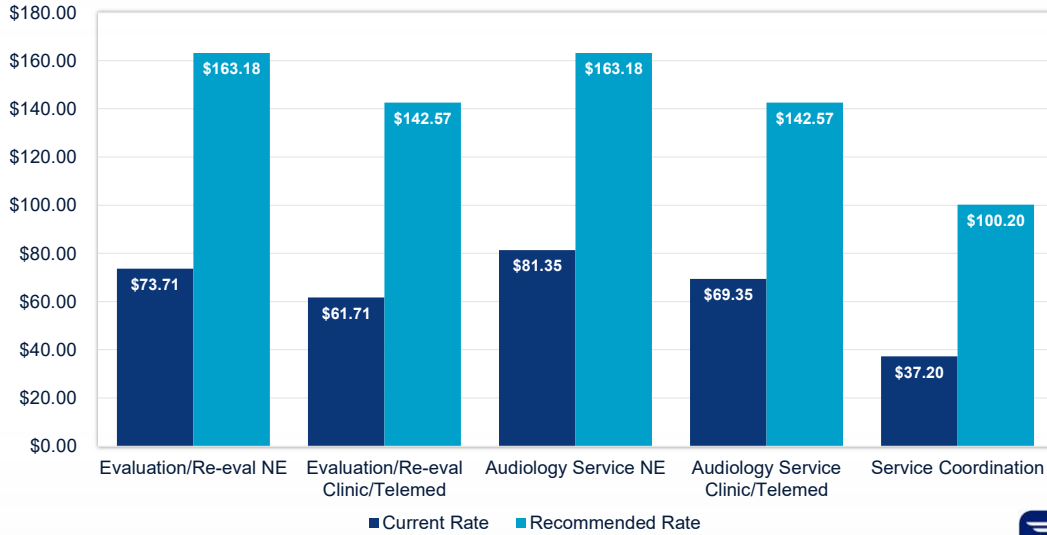
Line Item	Example OT Rate Calculation	
	\$	%
Wages/Hour	\$44.63	
Benefits/Hour	\$12.50	28.00%
Personnel Salary Plus Benefits	\$57.13	
Personnel Costs (inc. Contractors)	\$53.69	
Admin and Support Costs	\$16.84	23.88%
Total Costs/Hour	\$70.54	
Total Costs/Hour	\$70.54	
Reported Mileage to Remove	\$0.49	0.69%
Total Costs/Hour Less Reported Mileage	\$70.05	
Total Costs/Hour with Billable Factor	\$140.09	50.00%
Mileage	\$3.10	
Calculated Total	\$143.20	
Calculated Individual (rounded)	\$143.00	
Calculated Individual 15-min	\$35.75	25%



Rate Recommendation and Fiscal Impact

PCG Project I Team

Audiology and Service Coordination Rate Recommendation



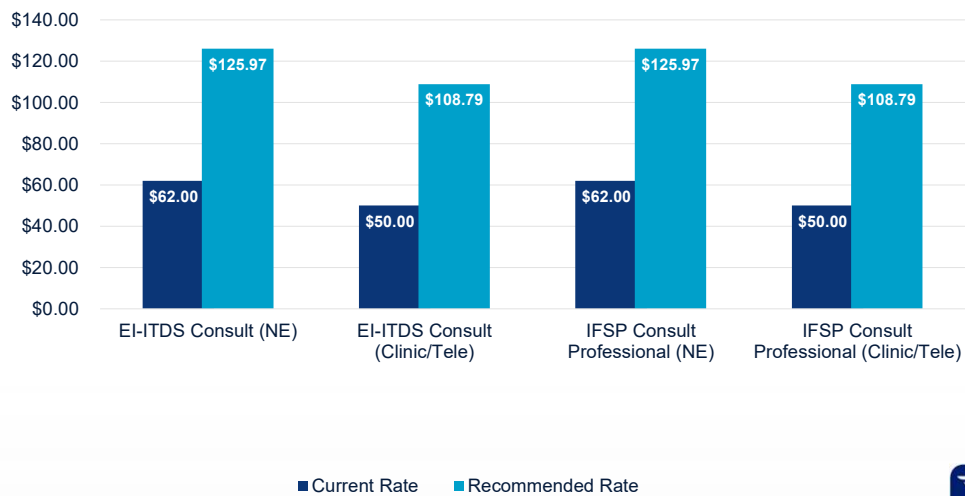
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Consultation Rate Recommendation

*Current Rates for Home/Community have the \$12 Natural Environment Incentive applied to the rate table's rate.



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Individual Session Rate Recommendation

*Current Rates for Home/Community have the \$12 Natural Environment Incentive applied to the rate table's rate.



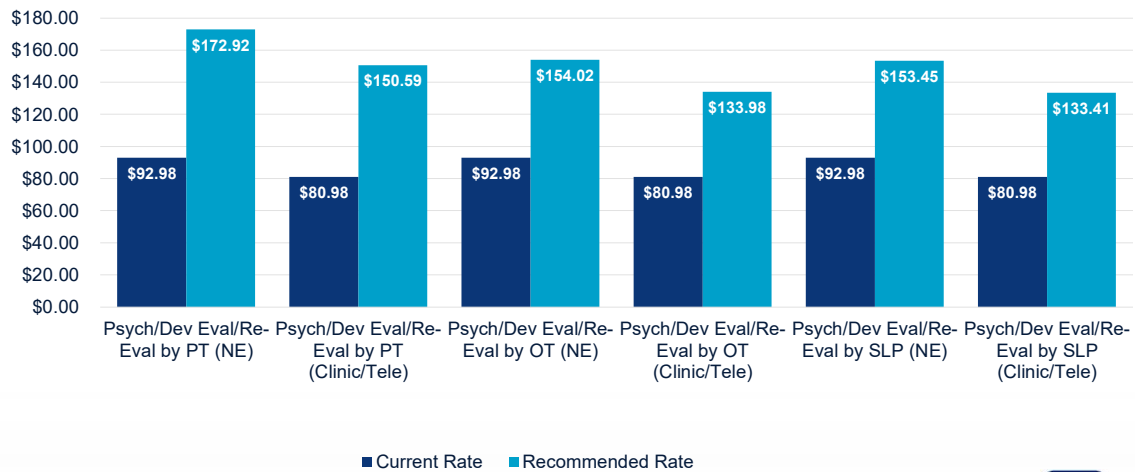
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Initial Psychological & Developmental Evaluation for Therapies Rate Recommendation

*Current Rates for Home/Community have the \$12 Natural Environment Incentive applied to the rate table's rate.



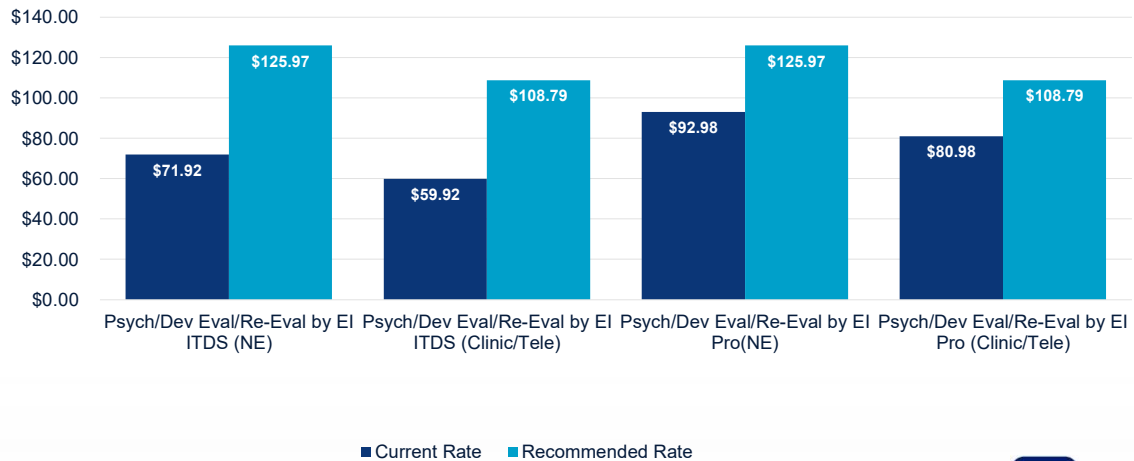
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54

Initial Psychological & Developmental Evaluation for Early Intervention Professionals and ITDS Rate Recommendation

*Current Rates for Home/Community have the \$12 Natural Environment Incentive applied to the rate table's rate.



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55

Interpretation and Nutrition Rate Recommendation

*Current Rates for Home/Community have the \$12 Natural Environment Incentive applied to the rate table's rate.



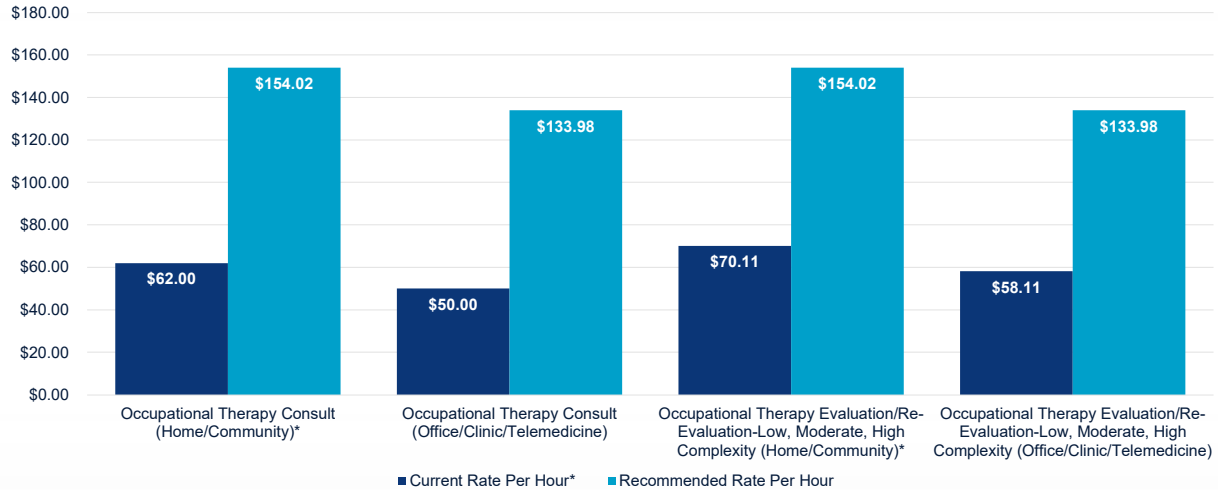
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56

Occupational Therapy Rate Recommendation

*Current Rates for Home/Community have the \$12 Natural Environment Incentive applied to the rate table's rate.



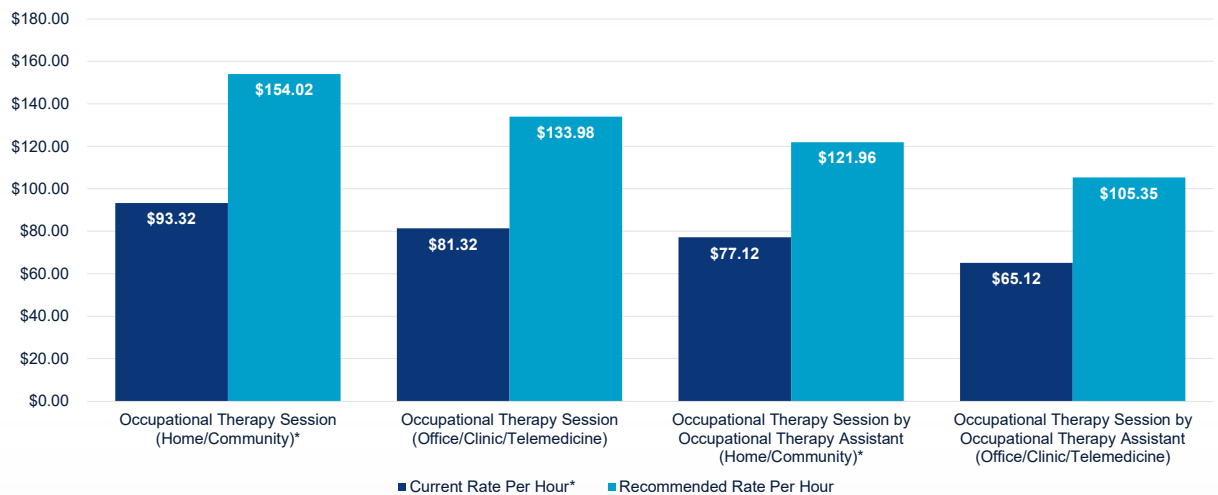
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Occupational Therapy Rate Recommendation Continued

*Current Rates for Home/Community have the \$12 Natural Environment Incentive applied to the rate table's rate.



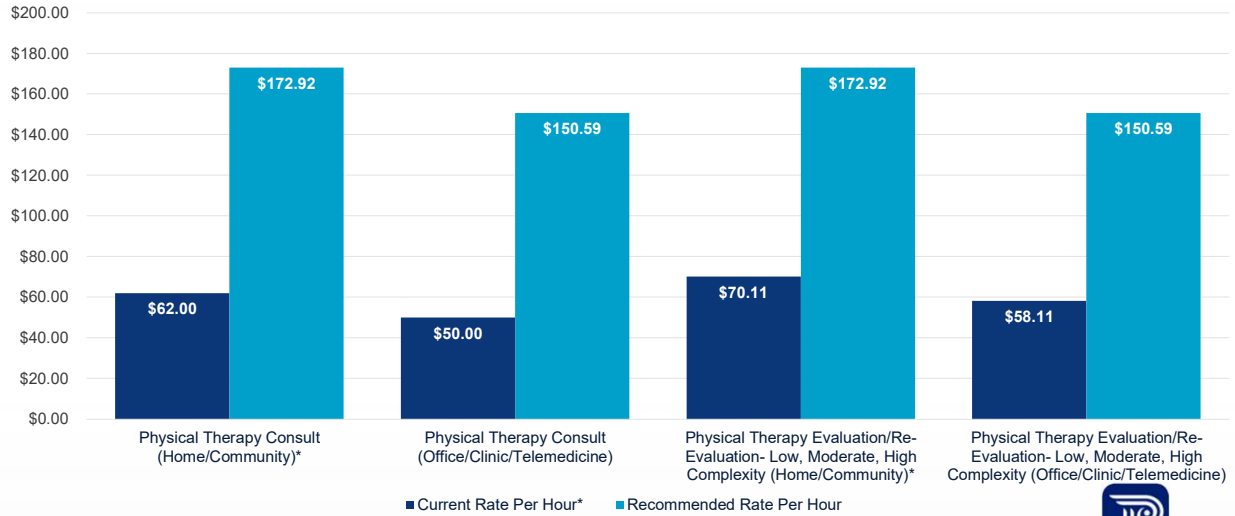
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Physical Therapy Rate Recommendation

*Current Rates for Home/Community have the \$12 Natural Environment Incentive applied to the rate table's rate.



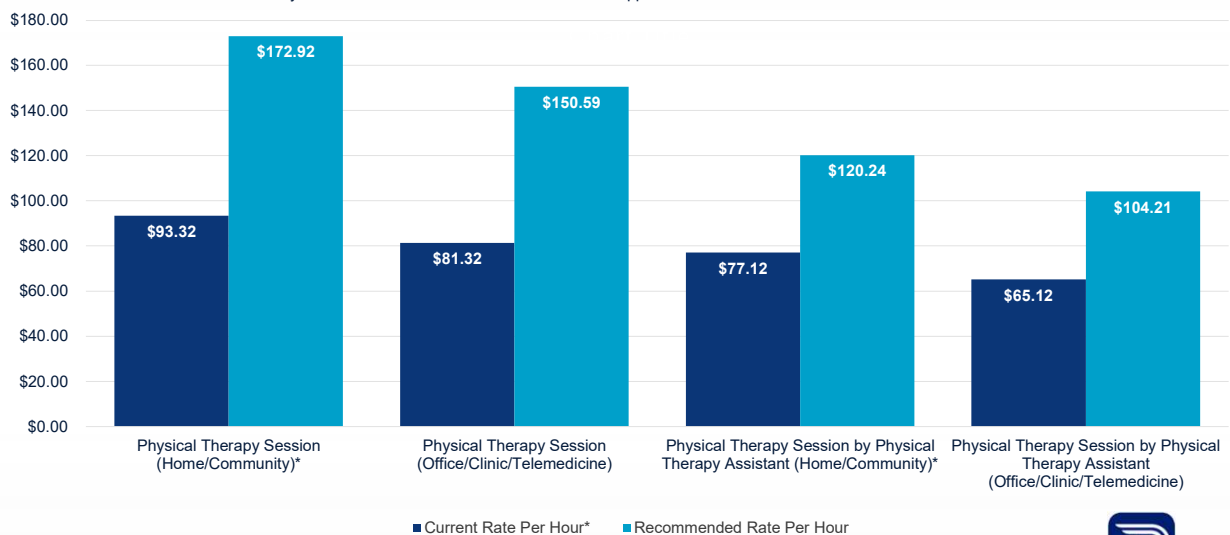
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Physical Therapy Rate Recommendation Continued

*Current Rates for Home/Community have the \$12 Natural Environment Incentive applied to the rate table's rate.



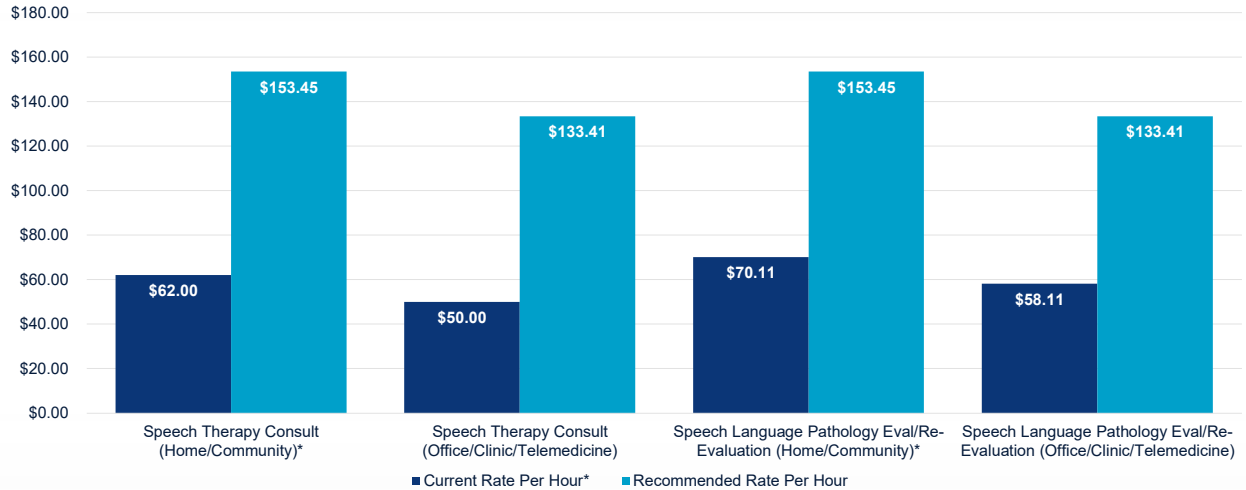
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Speech Language Pathology Rate Recommendation

*Current Rates for Home/Community have the \$12 Natural Environment Incentive applied to the rate table's rate.



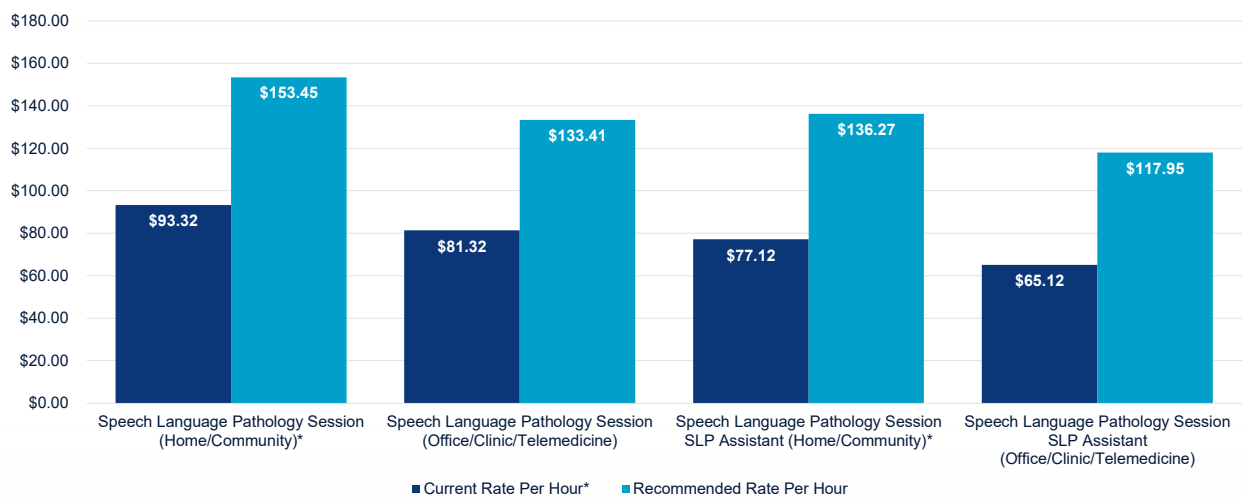
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Speech Language Pathology Rate Recommendation

*Current Rates for Home/Community have the \$12 Natural Environment Incentive applied to the rate table's rate.



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Fiscal Impact

Expenditures	Dollar Amounts
Total of FY 22/23 Service Units Based on Current EI Rates	\$84,694,010
Total of FY 22/23 Service Units Based on Recommended EI Rates with Cost Adjustment Factor for SFY26 Planned Implementation Year	\$173,918,811
Difference	\$89,224,801
Percentage Difference	105%

- The fiscal impact of the recommended rate schedule is based on the number of service units provided during FY 2022/2023 for early intervention services multiplied by the SFY26 recommended rate for each service.



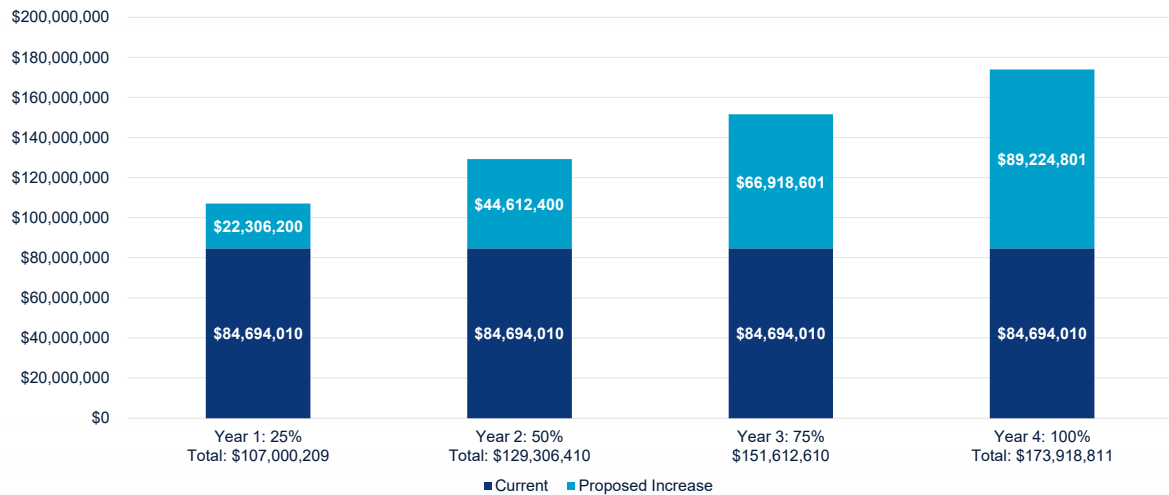
Rate Phase In Approach

Fiscal Year (FY)	Dollar Amount Increase	Total Dollar Amount
Year 1: 25%	\$22,306,200	\$107,000,209
Year 2: 50%	\$44,612,400	\$129,306,410
Year 3: 75%	\$66,918,601	\$151,612,610
Year 4: 100%	\$89,224,801	\$173,918,811

- The multi-year phase-in approach would shift full implementation to Year 4.
- Future planning for fiscal years beyond full implementation should include a percentage increase to reflect the current rate of inflation.
- Amounts are subject to change depending on the fiscal year implemented.



Rate Phase In Approach



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Questions?



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Contact



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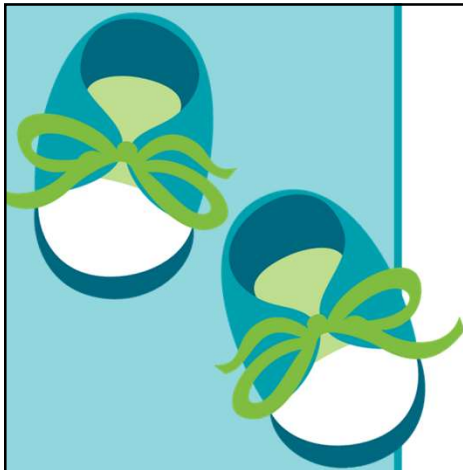
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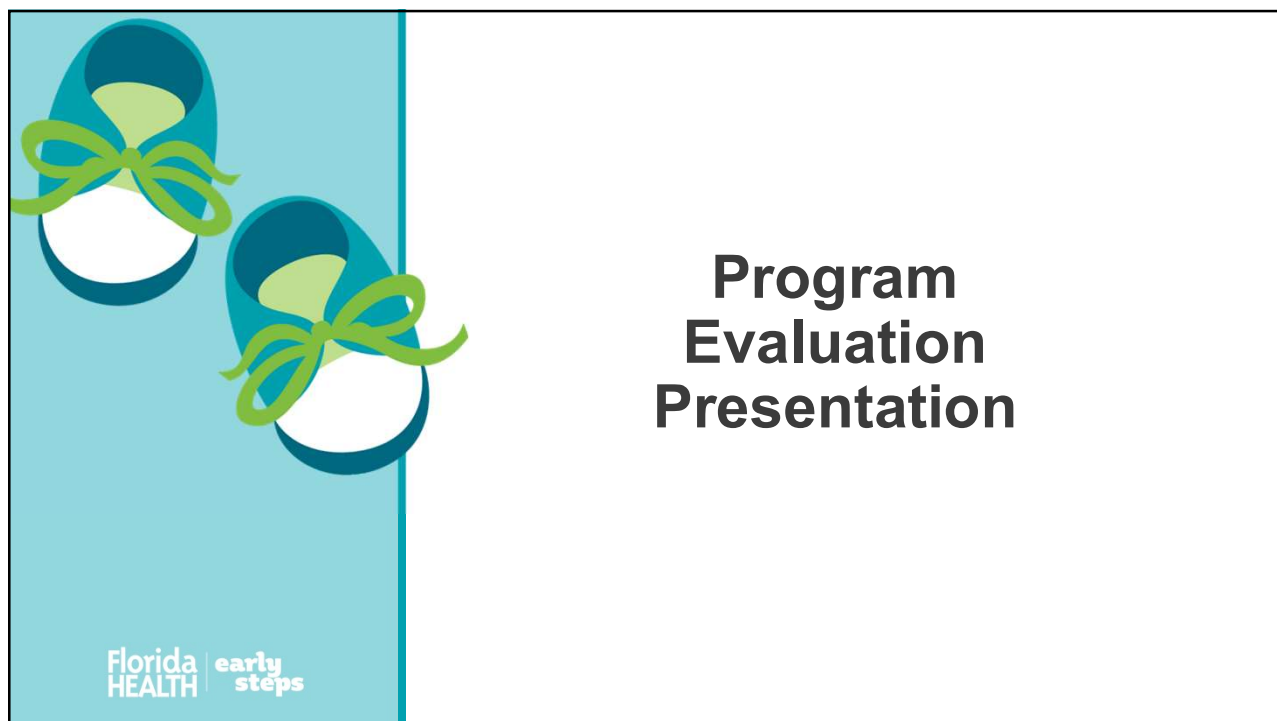


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Lunch on Your Own



Early Steps Program Evaluation Agenda

- Methodology Overview
- Analysis, Results, and Recommendations
- Questions



Methodology Overview Project II – Evaluation

Timeline and Activities

- Project Requirements and Early Steps
State Office (ESSO) Documents Reviewed
- Evaluation Plan Developed
- Evaluation Plan Approved
- Evaluation Activities Conducted
- Data Analyses
- Written Summary of Findings and Recommendations
- In-Person Presentation of Summary of Findings and Recommendations

Early Steps Evaluation Timeline			
	July	August	September
Phase 1. Data and Document Request	July 6 – July 22		
Phase 2. Interview and Focus Groups Planning and Implementation		July 22 – September 9	
Phase 3. Document Review and Survey		July 22 – September 9	
Phase 4. Summary and Analysis Document			Sept 9 – Sept 30



Key Elements and Research Questions

- Child Find and Referral Process
- First Contacts
- Evaluation and Assessment for Eligibility Process
- Service Coordination
- Direct Service Provision
- Financial Process



Research Activities



Document Reviews – Administrative Data, Child Find Plans, IFSPs, Policies and Procedures



Focus Groups – Families and Service Coordinators



Interviews - Administrators / Directors Billing Specialists and/or Finance Managers, Child Find Coordinators and Family Resource Specialists, and Intake Staff



Surveys – Referral Sources and Community Partners, Direct Service Providers, Families



Analysis Results and Recommendation Project II – Evaluation

Recommendations, Analyses, and Findings



1. Child Find

2. Public Awareness

3. Referrals

4. Neonatal Intensive
Care Unit (NICU)
Referrals



Recommendations, Analyses, and Findings



5. First Contacts

6. Collaboration with
Department of Children
and Families (DCF)

7. Initial IFSPs

8. Eligibility Evaluations
and Assessments



Recommendations, Analyses, and Findings

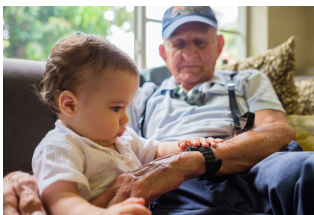
9. Assessments and Evaluations in Natural Environments

10. Interpretation Services

11. Recruitment

12. Service Coordination Caseloads

13. Administrative and Documentation Efficiency



Recommendations, Analyses, and Findings

14. Provision of All Part C Services

15. Assistive Technology

16. Evidence-Based Family and Caregiver Coaching

17. Respite



Recommendations, Analyses, and Findings



18. Primary Service
Provider Approach

19. EI Services in
Natural Environments

20. Employees versus
Contractors

21. Financial Processes



Recommendations, Analyses, and Findings

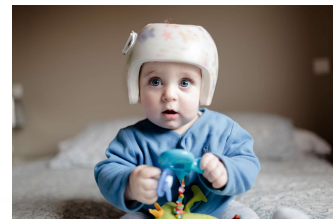


22. Private Insurance
Claiming

23. Central Finance
Office

24. Medicaid Billing

25. Consideration:
Centralized Referral and
First Contacts



Questions?



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Contact



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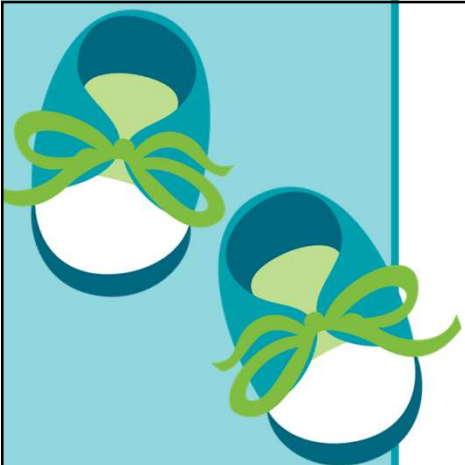
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Closing Announcements

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Adjourn

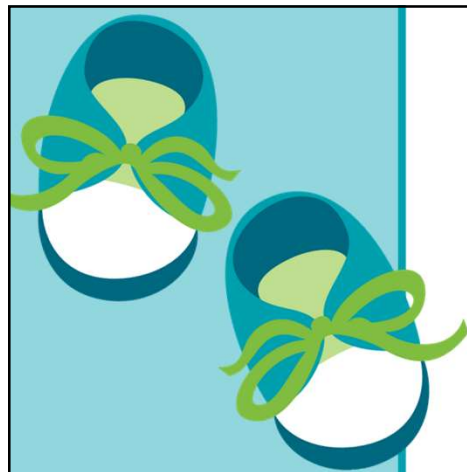


Florida HEALTH | early steps

Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT) Meeting

Early Steps Program

Division of Children's Medical Services
Florida Department of Health
December 11, 2025



Council Roll Call

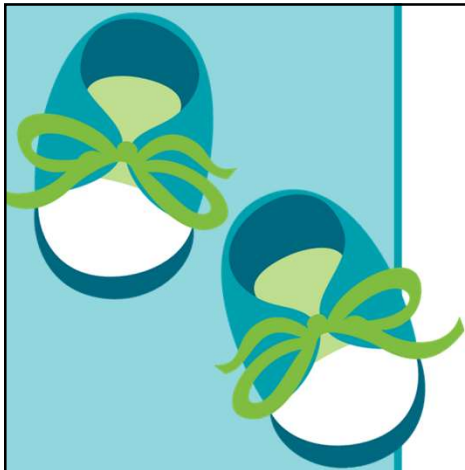


AGENDA: DECEMBER 11, 2025

- Call to Order and Standing Items
- Cost Allocation Presentation
- Council Discussion
- Public Comment
- Closing Announcements

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Cost Allocation Presentation

Early Steps Cost Allocation Methodology

Florida Interagency Coordinating Council for
Infants and Toddlers Meeting

Public Consulting Group LLC – December 2025



Solutions that Matter

Agenda

- Methodology Overview
- Analysis Overview
- Rate Calculations and Future Considerations
- Questions



Methodology Overview

Project III – Cost Allocation Methodology

Project III Purpose

Provide analyses and recommendations for a new allocation methodology for Local Early Steps programs.



- Evaluate cost allocation to ensure sustainability.
- Recommendations focus on efficiency, transparency, and compliance.

Key proposals:

- One-time inflation adjustment (6.7%)
- Centralized billing
- Phased implementation strategy

Project III: Cost Allocation Methodology

Builds upon the previous two PCG projects:

- Early Steps Rate Study 
- Early Steps Program Evaluation 

Goal: Optimize funding while ensuring high-quality service delivery.



Analysis Overview Project III – Cost Allocation Methodology

Existing Allocation and Budgetary Framework

Current Model:

Referrals: 16.5%

Direct Services: 83.5%

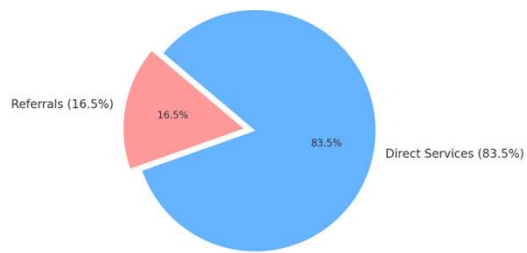
Admin costs embedded

FY 2024–25

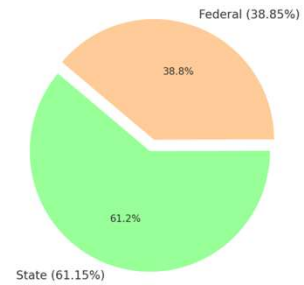
Draft Budget: \$77.4M

State (61.15%), Federal (38.85%)

FY 2024–25 Allocation: Referrals vs Direct Services



FY 2024–25 Funding: State vs Federal



Recommendations and Future Considerations

Project III – Cost Allocation Methodology

Recommended Hybrid Model

- Maintain existing 16.5% / 83.5% split
- Apply 6.7% one-time inflation adjustment
- Shift \$1.4M to centralized billing vendor
- Net allocation: **\$79.2M**



Maintains program integrity, improves fiscal responsibility



Funding and Payment Flow Model Options

1. Direct Billing
2. Central Billing Office
3. Central Finance Office
4. State-Run Central Processing
5. Advance Payment with Reconciliation



Model Options

Model 1: Direct Billing

- Providers bill Medicaid and private insurance directly. (Current structure)

Model 2: Central Billing Office

- Providers submit delivered services data through the data system. The Central Billing vendor generates electronic claims to submit to Medicaid and private health insurance claims. (Clearinghouse)
- Payment Flow: Payments from claims go directly to the provider/claimant once the claim is fully processed.

Model 3: Central Finance Office

- Providers submit delivered services data through the data system. The Central Finance vendor generates electronic claims to submit to Medicaid and private health insurance. (Third Party Administrator, or TPA)
- Payment Flow: TPA vendor makes payments to the rendering early intervention provider and “chases” the third-party reimbursement from public and private insurance and Part C.



Model Options Continued

Model 4: State Run Central Finance Office

- The state agency directly receives service documentation, processes billing, and interfaces with Medicaid and private insurance without a third-party or intermediary.
- Payment Flow: TPA vendor makes payments to the rendering early intervention provider and “chases” the third-party reimbursement from public and private insurance and Part C.

Model 5: Advance Payment with Reconciliation

- The state agency frontloads funds to providers with post-payment reconciliation based on claims submitted.
- Payment Flow: Service funds are provided up front to Local Early Steps Programs or providers rather than cost reimbursement for services.



Conclusion and Recommended Next Steps

- The Central Finance Model is the recommended method for centralization of billing.
- Improves fiscal efficiency while sustaining high-quality services.
- May have a positive impact in provider recruitment by ensuring timely payments and less administrative burden for providers.



Questions?



Contact



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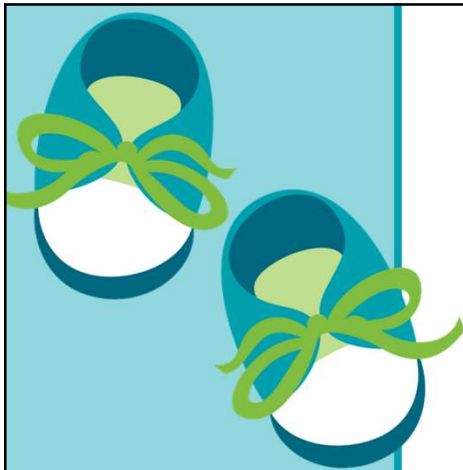
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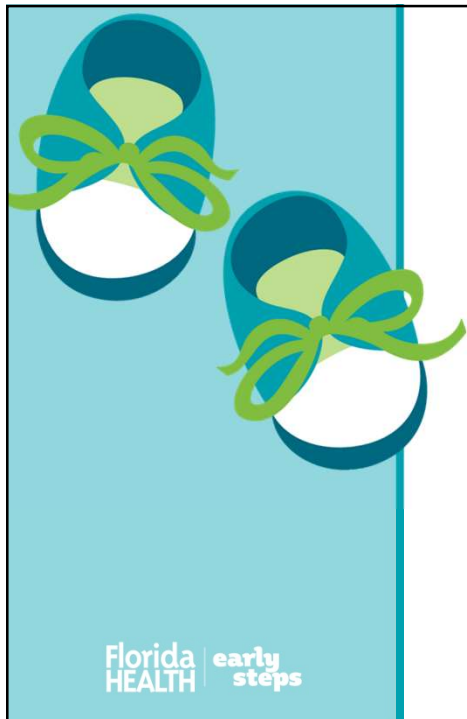


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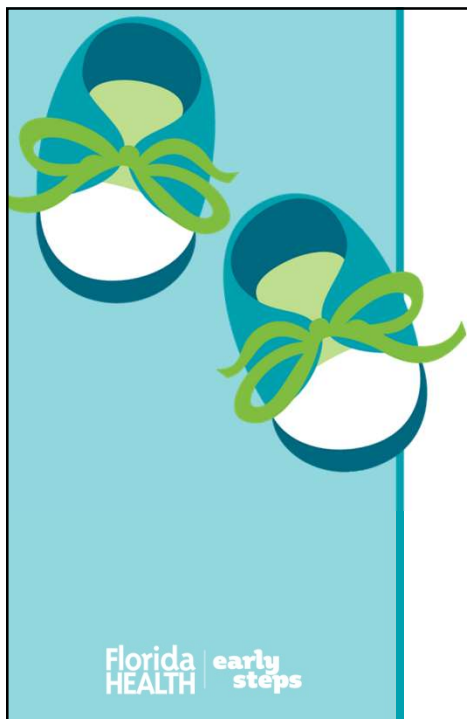


Florida
HEALTH | early
steps

Council Discussion



Public Comment



Closing Announcements

Adjourn

