



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

3416 Goni Road, D-132
Carson City, Nevada 89706
(775) 687-4210 • Fax (775) 687-0574
adspd@adspd.nv.gov

MICHAEL WILLDEN
Director

CAROL SALA
Administrator

April 17, 2012

Attention: Janet Scire
Dr. Melody Musgrove, Director
U.S. Department of Education
Office of Special Education Programs (OSEP)
Potomac Center Plaza
Mail Stop 2600, Room 4129
550 12th St. S.W.
Washington, DC 20202

Dear Dr. Musgrove:

Attached is Nevada's revised Annual Performance Report (APR) FFY 2010 to provide clarification regarding three (3) indicators with concerns identified in the preliminary response table issued by the Office of Special Education Programs on April 09, 2011. As requested, areas where additional information has been provided are identified in red font and are found on the pages indicated for each indicator addressed.

1. Clarification: Indicator 7.

Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

The OSEP preliminary response table stated:

"The State was identified as being in need of assistance for two consecutive years based on the State's FFY 2008 and FFY 2009 APRs, was advised of available technical assistance, and was required to report, with the FFY 2010 APR, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State did not report on the technical assistance sources from which the State received assistance for this indicator and did not report on the actions the State took as a result of that technical assistance."

State Response: FFY 2010 APR Indicator 7 Revised, Pages 3 and 4

Nevada's FFY 2010 APR has been updated to include the required information regarding technical assistance received by the State relative to this indicator and the actions taken as a result of that technical assistance. While the State was not able to report full compliance in meeting the requirements for this indicator in the FFY 2010 APR, significant progress was demonstrated. Please note the OSEP APR

preliminary response table indicated the State's reported data for this Indicator for FFY 2010 was "78%". The State actually reported performance of 94% in the FFY 2010 APR for this indicator (see highlighted section on page 1) which, again, reflects tremendous progress from the 69% reported in the FFY2009 APR.

2. Clarification: Indicator 9

General Supervision system (including monitoring complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

The OSEP preliminary response table stated:

"The State's FFY 2010 reported data for this indicator are 78%. However, OSEP cannot determine whether the data reported for this indicator are valid and reliable because the State reported data in the Indicator C-9 Worksheet that are internally inconsistent. Specifically, the State reported that it issued findings to eight EIS programs for Indicators 1, 7 and 8, but reported fewer than eight findings of noncompliance identified for each of those indicators. Therefore, OSEP could not determine whether there was progress or slippage or whether the State met its target.".....

State Response: FFY 2010 APR Indicator 9 Revised, Pages 2 through 4

An error was made in the original submission of the FFY 2010 APR in the third column of the Part C Indicator C9 Worksheet. Rather than entering the "# of EIS Programs Issued Findings in FFY 2009", the State reported the number of EIS Programs monitored in FFY 2009. The Part C Indicator C9 Worksheet has been revised to show the number of EIS programs to whom findings were issued in FFY2009.

The OSEP preliminary response table for Indicator 9 also stated:

"The State reported on the technical assistance sources from which the State received assistance for this indicator but did not report on the actions the State took as a result of that technical assistance."

State Response: FFY 2010 APR Indicator 9 Revised, Pages 1 and 2

Nevada's FFY 2010 APR has been updated to include information regarding the actions taken as a result of technical assistance accessed by the State.

3. Clarification: Indicator 10

"The State's FFY 2010 reported data are 100%. However, the State's data reported in this indicator are not the same as the State's FFY 2010 data under IDEA section 618, as of January 31, 2012. In the FFY 2010 APR, the State reported that there were three reports issued within the timeline and seven complaints withdrawn or dismissed. The State reported in its FFY 2010 data under IDEA section 618, as of January 31, 2012, that there were five reports issued within the timeline and five complaints withdrawn or dismissed. The State did not provide an explanation. These data remain unchanged from the FFY 2009 data of 100%. The State met its FFY 2010 target of 100%.

Note that States are allowed to amend their FFY 2010 IDEA section 618 Dispute Resolution data until July 2012."

State Response: FFY 2010 APR Indicator 10

Upon review of the State's system for Tracking Complaints, the data reported in the FFY 2010 APR was verified to be correct. The State will amend the submission of the FFY 2010 IDEA section 618 Dispute Resolution data not later than June 1, 2012.

The State would like to thank OSEP for the opportunity to provide this clarification and is happy to provide any further information needed. A revised version of the FFY 2010 APR based on these clarifications will be posted on the State of Nevada website under: <http://health.nv.gov/BEIS.htm>.

Sincerely,

A handwritten signature in blue ink that reads "Brenda J. Bledsoe".

Brenda Bledsoe, Acting Part C Coordinator
Nevada IDEA Part C Office

Attachments:

- NV FFY 2010 Amended APR

cc: Tammy Proctor, OSEP Project Office for the State of Nevada
Tina Gerber-Winn, Deputy Administrator, Aging and Disability Services Division

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:

See Page 1

Monitoring Priority: Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement:

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delay.

FFY	Measurable and Rigorous Target
FFY 2010	100%

Nevada’s Definition of Timely Services:

Early intervention services identified on the initial and subsequent Individualized Family Service Plans (IFSP) of an eligible child, including IFSP reviews, will be provided to the child and family as soon as possible following the family’s consent to implement the IFSP. Determination of whether or not services are provided in a timely manner will be based on:

- A. Initiation of new services within 30 days from the date the parents provided consent for the IFSP service; or
- B. The projected IFSP initiation date as determined by the IFSP team and indicated on the IFSP. This may include services such as periodic follow-up or service needed on an infrequent basis (ex. on a quarterly basis).

Actual Target Data for FFY 2010

Statewide: The percentage data for this indicator is taken from program monitoring conducted in FFY 2010. Statewide data for this reporting period is based on a selection of records from each of the State’s eight (8) early intervention programs. Results of this monitoring are:

- **343 child** records were reviewed that had new IFSP services added during the data period being reviewed
- **195 children** received all early intervention services on their IFSPs in a timely manner
- Percent = (195/343*100 = **57%**)

In FFY 2010, all early intervention programs in the State were monitored based on the revised monitoring process instituted by the IDEA Part C Office. A total of eight (8) programs were providing comprehensive early intervention services statewide during this reporting period. The IDEA Part C Office requires all early intervention programs to participate in the monitoring process on an annual basis. Programs identified as having noncompliance in an indicator are issued one finding for that indicator.

Results of the FFY 2010 monitoring activities show that two (2) early intervention programs had ongoing noncompliance from previous monitoring periods. The other six (6) programs did not have a finding based on monitoring. However one (1) of the six (6) had two (2) findings for this indicator issued on January 21, 2011 and February 27, 2011 based on the IDEA Part C Office's investigation of individual child complaints. At the time of submission of this report, the IDEA Part C office has already verified that services were initiated, although late, for the children for which the complaints were filed. It was also verified via the Tracking Resources and Children (TRAC) database reports for July through December 2011 the program is now correctly implementing timely services requirements for all children (100%). Correction for these complaints will officially be reported in the FFY 2011 APR to be submitted February 2013.

In the monitoring process, data to evaluate performance on this indicator were gathered for each early intervention program through review of a selection of records. This selection was structured to ensure all key decision points were covered including initial and annual IFSPs as well as six month, and interim reviews. The data period covered in the review was July 1, 2010 through March 31, 2011. The data gathering process also requires documenting the actual date of initiation of each IFSP service (the first face-to-face session with the child and family); therefore, the process also verifies that the service is being provided though late. Data from all programs were compiled to arrive at a statewide performance status.

Nevada has chosen to include in the calculation the number of children where the only reason for delay in services was due to family circumstances. The number is included in both the numerator and the denominator. The data showed 187 of the 343 (55%) of the records reviewed were compliant for timely initiation of all IFSP services. Of the 156 records identified as not timely for service initiation, the sole reason for the delay in initiation of services in eight (8) of the records was due to family circumstances. This brought the total number of records that meets compliance requirements for this indicator to 195 (57%). Family circumstances documented as resulting in delay in initiation of services included:

- Family request for a specific day for beginning services beyond the timeline;
- Family cancellation or rescheduling of appointments; and
- Family no-showed for appointment

The remaining 148 records were found to be noncompliant because at least one (1) service on the IFSP was delayed due to program issues.

Correction of Noncompliance

Two programs did not have timely (one program) or subsequent (one program) correction of noncompliance identified in previous monitoring. Both had significant slippage for this reporting period. One program is the largest program in the state and, therefore had the most significant impact on the overall performance of the State for this indicator. This program was notified focused monitoring would be conducted by the IDEA Part C Office to further explore the underlying causes of the ongoing noncompliance and slippage. The other program was required to include specific quarterly targets in the Corrective Action Report (CAP) and to submit quarterly reports to the IDEA Part C Office to demonstrate progress. For one program, the underlying causes identified for delay in initiation of services were technical issues in determining projected start dates for services on the IFSP (projected services to start the day of the IFSP meeting). For the other, the primary underlying cause was reported as lack of sufficient personnel resources to meet the need.

All personnel in the program with delays due to projecting the start date for services as the IFSP date were required to participate in training with the IDEA Part C Office. Additional files were reviewed during the training to demonstrate appropriate processes for projecting the start date for IFSP services. This

program demonstrated subsequent correction in October 2011 based on the first quarter progress report. In the case of the second program, focused monitoring was scheduled to further investigate the reason for the slippage and ongoing noncompliance.

Data is pulled from the TRAC database on a monthly basis to review individual programs to determine if children are waiting for initiation of service and if the delay is past the standard 30-day timeline. The current data system does not have the capacity to indicate the specific decision juncture applicable to the data. It is also not possible to consistently verify from this report whether a delay in service is a result of parent or program circumstances. Therefore, the IDEA Part C Office uses this data as a trigger for clarification and verification with the early intervention programs. The TRAC database has recently been converted to a web-based system utilizing a portion of the American Recovery and Reinvestment Act (ARRA) funds. The new system will be able to support more extensive desk audit procedures for this indicator in the future. The revised system went online on January 23, 2012.

The following summary table has been updated to reflect the review and reinterpretation of correction data for this indicator in accordance with OSEP’s June 3, 2010 response table to Nevada’s FFY 2009 APR:

Table 1.A: Identification and Correction of Noncompliance for FFY 2005 – FFY 2010

FFY	Number of New Findings of Noncompliance Related to Indicator 1	Number of Findings for which Correction was Verified within One Year	Number of Findings for which Correction was Subsequently Verified (Date)	Number of Findings of Noncompliance Remaining
FFY 2005	1	0	1 (January 2011)	0
FFY 2006	2	1	0	1
FFY 2007	6	5	1 (January 2010)	0
FFY 2008 (Amended)	14	6	1 (December 2010)	7
FFY 2009	3	2	1 October 2011	0
FFY 2010	2	Correction will be reported in the FFY 2011 APR		

FFY 2009 Noncompliance Related to Indicator 1:

OSEP July 2011 Response Table:

The State provided targets for FFY 2011 and FFY 2012, and improvement activities through FFY 2012, and OSEP accepts those revisions.

The State’s FFY 2009 reported data for this indicator are 58%. These represent progress from the FFY 2008 data of 57%. The State did not meet its FFY 2009 target of 100%.

The State reported that 12 of 14 findings of noncompliance identified in FFY 2008 were corrected in a timely manner and that one finding was subsequently corrected by December 2010. The State reported on the actions it took to address the uncorrected noncompliance.

The State reported that one finding of noncompliance identified in FFY 2007 for this indicator was corrected.

Because the State reported less than 100% compliance for FFY 2009, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator. If the State does not report 100% compliance in the FFY 2010 APR, the State must review its improvement activities and revise them, if necessary.

Nevada reported on the results of monitoring for eight (8) programs for FFY 2009. Compilation of the data statewide showed statewide performance at 58%. The status for individual programs was as follows:

- Two (2) programs were performing at 100% and no finding was issued;
- Three (3) programs were issued a new finding of noncompliance as a result of program monitoring in 2009;
- One program had an uncorrected finding of noncompliance from program monitoring in FFY 2008 - this program subsequently corrected (see section on FFY 2008);
- One program had uncorrected findings of noncompliance from program monitoring in FFY 2006 (see section on FFY 2006); and
- One program had uncorrected findings of noncompliance from program monitoring in FFY 2005 – this program subsequently corrected effective January 2011. This correction was reported and acknowledged by OSEP in the FFY 2009 APR submitted February 2011. It will not be addressed further in this APR.

No new findings of noncompliance were issued to any of the programs for this indicator as a result of investigation of parent complaints in the FFY 2009 reporting period. Eight (8) complaints [involving two (2) early intervention programs] related to timely initiation of service were filed but all eight (8), or 100% were resolved at the local program level through written agreement and the families withdrew their complaint.

Underlying causes for the noncompliance were determined to be:

- IFSP team decision to reflect the projected start date for services as the same day as the IFSP; and
- Lack of timely scheduling by personnel.

Enforcement:

As a result of the ongoing noncompliance, the IDEA Part C Office required the program to:

- Verify timely correction of noncompliance for all children identified with service delays in the FFY 2009 monitoring process;
- Review and update the activities included in their CAP and include specific quarterly targets for this indicator for FFY 2010;
- Submit quarterly progress reports based on updated file reviews; and
- Participate in bi-monthly training and technical assistance by the IDEA Part C Office March through July 2011.

Correction of Noncompliance Identified in FFY2009

Two (2) of the three (3) programs (66%) with new findings issued in FFY 2009 for this indicator achieved timely correction. Both early intervention programs were verified to have timely correction and notification was sent by the IDEA Part C Office on June 30, 2011. One (1) program was verified to have subsequent correction based on the first quarter progress report. The FFY 2010 monitoring process also served as the deadline for timely correction of noncompliance, which was within one year of issuing the finding. The following reflects the process of verification and determination of status of correction by the IDEA Part C Office:

Timely Correction:

A. Correctly implementing 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1):

For one (1) program, new data was gathered thru the review of 27 new records. All 27 records were determined to have met requirements. In addition, data pulled from the TRAC database monthly from April through June 2011 indicated the program had no children waiting for initiation of services beyond the required timeline. It was determined, therefore, the program was meeting the requirement for timely initiation of IFSP services for all children enrolled in the program.

For the second program, new data was gathered through review of 12 child records for the six (6) months progress report. All of the records (100%) were compliant for timely initiation of all IFSP services. In addition, TRAC data reports pulled monthly from April through June 2011 indicated the

program had no children waiting for initiation of services beyond the required timeline. It was determined, therefore, the program was meeting the requirement for timely initiation of IFSP services for all children enrolled in the program.

B. Individual Child Correction was verified based on the following:

For both programs, the process for verifying correction of noncompliance for individual children included verifying the record contained appropriate documentation that all services were provided, though late. Documentation of a meeting with the family regarding a remedy for the delay in initiation of services was also included in the record.

For one (1) program, review for reporting progress for the first six (6) months of this reporting period, compensatory services had been completed in accordance with the agreement with the family for all but one (1) of the children identified with noncompliance in the FFY 2009 monitoring. Compensatory services (4 sessions remained) were still in process for this child. As part of the FFY 2010 monitoring process, the IDEA Part C Office also verified compensatory services for this child had been completed.

For the second program, the IDEA Part C Office verified correction for eight (8) children with identified noncompliance from the FFY 2009 monitoring. It was also verified that, as appropriate, documentation was included in the record of a meeting with the family regarding a remedy for the delay in initiation of services and the terms of that agreement had been fully implemented.

FFY 2009 Subsequent Correction

One (1) early intervention program with noncompliance identified during the FFY 2009 monitoring demonstrated subsequent correction through the first quarter progress review (October 2011). The program's performance from the FFY 2009 monitoring was based on data collected from eight (8) records. Of the eight (8), six (6) or 75% had all new services initiated in a timely manner. The following reflects the process of verification and determination of status of correction by the IDEA Part C Office:

A. Correctly implementing 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1):

New data was gathered through child record reviews for the purpose of first quarter progress reporting. Of the eight (8) records reviewed, all new IFSP services were initiated in a timely manner. In addition, data pulled from the TRAC database monthly from April through September 2011 indicated the program had no children waiting for initiation of services beyond the required timeline. It was determined, therefore, the program was meeting the requirement for timely initiation of IFSP services for all children enrolled in the program.

B. Individual Child Correction was verified based on the following:

The process for verifying correction of noncompliance for individual children included verifying the record contained appropriate documentation that all services were provided in a timely manner.

The program also requested and continues to receive monthly training on the self-assessment phase of the monitoring process by the IDEA Part C Office beginning July 2011.

Subsequent Correction of Noncompliance From FFY 2008:

In the FFY 2009 monitoring, one (1) program continued to have ongoing noncompliance from program monitoring in FFY 2008 - this program subsequently corrected (see section on FFY 2008)

FFY 2008 Correction of Noncompliance Related to Indicator 1:

OSEP July 2011 Response Table:

OSEP's June 3, 2010 response table to the State's 2009 APR submission stated, "when reporting on the correction of noncompliance in the FFY 2009 APR, the State must report that it has verified that each EIS program with noncompliance reflected in the FFY 2008 data the State reported for this indicator, (1) is correctly implementing 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) (i.e., achieved 100% compliance) based on updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has initiated services,

although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). The State did not report that it met these requirements. Therefore, the State has not demonstrated that it corrected the noncompliance for the 13 FFY 2008 findings

The State must demonstrate, in the FFY 2010 APR that the remaining one uncorrected noncompliance finding identified in FFY 2008 was corrected.

When reporting on the correction of noncompliance, the State must report, in its FFY 2010 APR, that it has verified that each EIS program with noncompliance reflected in the FFY 2009 data, and for the 13 FFY 2008 and 1 FFY 2007 findings:

(1) is correctly implementing 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) (i.e., achieved 100% compliance) based on updated data such as data subsequently collected through on-site monitoring or a State data system; and

(2) has initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

In the FFY 2010 APR, the State must describe the specific actions that were taken to verify the correction.

FFY 2008 Findings.

14 new findings of noncompliance were issued for Indicator 1 in FFY 2008.

- Two (2) findings were issued as a result of program monitoring; and
- 12 findings were issued as a result of complaint investigations - 11 were based on individual child complaints and one (1) was based on filing of a systemic complaint.

Correction of Findings Issued as a Result of Program Monitoring in FFY2008:

One (1) of the two (2) programs with new findings issued in FFY 2008 as a result of program monitoring for this indicator achieved timely correction. Notification was sent by the IDEA Part C Office on October 29, 2009. The second program subsequently corrected the noncompliance in FFY 2009. Correction was based on the following:

A. Correctly implementing 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1):

In September 2009, the IDEA Part C Office pulled new point-in-time data from the TRAC database. This included all children with an active IFSP for which at least one service was indicated in TRAC as not having been initiated at that time. The list contained 18 children with 29 applicable services. Verification of the data showed no child on the list had a service that exceeded the timeline requirements for timely initiation of services. It was noted the deadline for timely initiation of services for three children would fall within the following week. On October 27, 2009 the IDEA Part C office pulled individual data records for these children and verified that the services had been initiated in a timely manner and there was no service that had been delayed beyond required timelines. As a result, the IDEA Part C Office determined there was sufficient evidence to show full correction of noncompliance for this program as the requirement was being implemented for all children.

B. Child Correction:

This finding was based on the inability to verify from documentation in the records that one service each for three (3) children had been initiated within the required timeline. Clarification and documentation was provided in the program's first quarter progress report to demonstrate that initiation of the service for two (2) children had met the requirement for timely initiation. Evidence was also provided to verify the service for the third child was provided, though late.

Underlying causes for the noncompliance:

- Difficulty in contacting the family,
- Family cancellations; and personnel vacation time.

Enforcement:

The program was required to train program personnel on procedures for timely services addressing the root causes of the noncompliance. The program provided documentation this occurred through staff meetings.

Subsequent Correction:

The second program with identified noncompliance with FFY 2008 as a result of program monitoring did not achieve correction in a timely manner. This finding was based on delay in initiation of one (1) service each for two (2) of nine (9) applicable records reviewed. The services were delayed by three and 24 days. No documentation was included in the records to verify the reasons for the delay. The program subsequently corrected the noncompliance in FFY 2009.

The primary underlying causes of the noncompliance was determined to be:

- Frequent turnover in agency personnel – both in service providers and in program directors during this period; and Personnel's failure to document the reason for delay in service initiation.

Enforcement:

The program was required to submit six (6) month progress reports. These reports indicated the program was maintaining performance or was demonstrating improvement. In each report, the program continued to have one (1) child with delay in initiation of two (2) services and the delay was from a few days up to three (3) weeks. Failure to document reasons for the delay also continued to be noted. The IDEA Part C Office provided ongoing training and technical assistance throughout the time frame of the ongoing noncompliance.

Correction:

The notification of correction was issued to the program by the IDEA Part C Office on June 30, 2011 in conjunction with the response to the FFY 2010 annual monitoring process. Correction was based on the following:

A. Correctly implementing 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1):

The IDEA Part C Office verified correction of noncompliance by collection of new data through the review of 29 child records in March 2011. This data was gathered from a random selection of records that represented 20% of the program's total enrollment on the date of record selection. It was verified the selection represented all IFSP phases (Initial IFSP, interim and six-month reviews and Annual IFSPs) and covered the data period from July 1, 2010 to March 31, 2011. All 29 (100%) of the records reviewed were found to be compliant for timely initiation of all new IFSP services. As a result, the IDEA Part C Office determined there was sufficient evidence to show full correction of noncompliance for this program as the requirement was being implemented for all children.

B. Child Correction:

In each instance of failure to implement a service in a timely manner, the IDEA Part C Office verified the service was provided, though late. The IDEA Part C Office also verified the program offered compensatory services to the family when warranted. It was verified compensatory services were provided in accordance with the agreement with the family.

Correction of Findings Issued as a Result of Complaint Investigations in FFY 2008:

As a result of investigating individual child complaints filed with the IDEA Part C Office, 11 findings of noncompliance were issued under this indicator to two (2) early intervention programs. One program was issued five (5) findings and the other program was issued six (6) findings.

Individual Child Complaints:

Neither of the two (2) programs with findings of noncompliance as a result of individual child complaints in FFY 2008 corrected the noncompliance in a timely manner. One (1) program did achieve subsequent correction of the noncompliance (included 5 findings).

Prior to OSEP's June 3, 2010 response table to the State's 2009 APR submission, it was the understanding of the Nevada IDEA Part C Office the correction of findings for individual child complaints, unlike findings from program monitoring, were corrected when it was verified a program had complied with the terms of the order issued by the IDEA Part C Office for correcting on behalf of the individual child and family. Data on correction of these findings were reported according to this understanding in the FFY 2008 and subsequent APRs. Notice of correction and closure had also been issued to the program in keeping with this perspective. At least six (6) of the notices of correction in FFY 2008 were issued to programs prior to the receipt of OSEP memo 09-02.

Based on the clarification provided in the June 3, 2010 response table, the results for these findings have been reviewed and are being reinterpreted in accordance with the 09-02 memo. The status of the findings in accordance with this review is as follows:

Subsequent Correction of Noncompliance Relative to Individual Child Complaints – FFY 2008

One (1) early intervention program was notified of a finding of noncompliance with this indicator by the IDEA Part C Office in FFY 2008 in each of five (5) complaint investigations. The program had met all specifications outlined in the order issued by the IDEA Part C Office for these complaints by June 2009. Written notice was issued to the program that correction had been achieved and the complaint had been officially closed based on the timeline of each complaint. These findings from complaints, because they were relative to individual children, had not been linked to the program's performance in providing services to all children.

In keeping with the June 3, 2010 response table, correction of the FFY 2008 findings for this early intervention program resulting from complaint investigations are being addressed from the perspective of implementing the requirement for all children. The program in this instance had been operating under a CAP for timely initiation of services based on findings from program monitoring since FFY 2005. While the program had not achieved full correction, they had demonstrated consistent improvement over time.

As reported in the FFY 2009 APR, the IDEA Part C Office notified the program of correction of noncompliance on January 6, 2011. Based on the activities noted below, the IDEA Part C Office determined there was sufficient evidence to show full correction of noncompliance for this program. On January 6, 2011, the IDEA Part C Office issued a letter to the program notifying them they had achieved full correction of the noncompliance for this indicator. This correction was recognized by OSEP in the June 3, 2010 response table. The notification of correction was based on the following:

A. Correctly implementing 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1):

The process of verification that the program is implementing the requirements for all children included the following:

- Verification of correction for individual children identified as having noncompliance in the previous monitoring phase;
- On-site verification visit in November 2010 by the IDEA Part C Office to review a selection of records from the TRAC database for children with new services added to IFSPs in the month of September;
- New data was pulled again in December 2010 and, again no child was waiting for service initiation beyond the target start date on the IFSP.

B. Child Correction:

The IDEA Part C Office verified the service was provided, though late for all children related to the five (5) complaint findings. The process for the program's correction for the individual child, where there is a finding relative to this indicator from complaint investigation, is specified in the report and findings resulting from the investigation. The general steps of the correction process are often very similar with specific timelines based on the findings of each complaint. In each of the five (5) findings from complaints for this program in FFY 2008, the following was required and verified to have been completed through the submission of written documentation. The program was required to:

- Convene a meeting (within a specified period of time) with the family to review the IFSP and address the initiation of service if this had not already occurred;
- Develop a written signed agreement with the family to provide a remedy for the services missed during the delay in services or compensation if the service had been secured by the family from another resource during the period of delay;
- Submit a copy of the signed agreement to the IDEA Part C Office within a specified timeline from the date of signature by the family;
- Submit documentation demonstrating the services specified in the plan, including provider notes from individual sessions, to the IDEA Part C Office within a specified timeline (not to exceed one year from the date of issuance of the finding) from the completion of all compensatory services. Any updates or revisions to the plan were also required to be submitted to the IDEA Part C Office for verification.

When all actions specified in the report of findings and the ensuing plan with the family had been verified as completed and approved by the IDEA Part C Office, the program was notified the complaint had been officially closed. All five complaints identified in FFY 2008 were officially closed by June 8, 2009 and all were within one year from identification.

Ongoing Noncompliance Relative to Individual Child Complaints - FFY 2008

One (1) early intervention program was notified of a finding on noncompliance with this indicator by the IDEA Part C Office in FFY 2008 in each of six (6) complaint investigations. At this time, the program also had ongoing noncompliance from FFY 2006 program monitoring. However, relative to complaint findings, the program had met all specifications (see item B below) outlined in the order issued by the IDEA Part C Office for these complaints by November 2009 and written notice that correction had been achieved and the complaint had been officially closed was sent to the program based on the timeline of each complaint.

A. Correctly implementing 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1):

Based on the IDEA Part C Office's previous interpretation the findings from complaint investigation were individual in nature, the program's correction of these findings had not been linked to the program's overall performance in providing timely services to all children. When interpreted according to the clarification provided in the OSEP June 3, 2010 response table, these findings cannot be verified as corrected since the program continues to have ongoing noncompliance from FFY 2006 (*see section on FFY2006 below*). However, the complaint files relative to individual children will remain closed as no further child action is required.

B. Child Correction:

The process of correction for the individual child, where there is a finding relative to this indicator from complaint investigation, is specified in the report and findings resulting from the investigation. The general steps of the correction process are often very similar with specific timelines based on the findings of each complaint. In each of the six (6) findings from complaints for this program in FFY 2008, the following was required and verified to have been completed through the submission of written documentation. The program was required to:

- convene a meeting (within a specified period of time) with the family to review the IFSP and address the initiation of service if this had not already occurred;
- Develop a written signed agreement with the family to provide a remedy for the services missed during the delay in services or compensation if the service had been secured by the family from another resource during the period of delay;
- Submit a copy of the signed agreement to the IDEA Part C Office within a specified timeline from the date of signature by the family;
- Submit documentation demonstrating the services specified in the plan, including provider notes from individual sessions, to the IDEA Part C Office within a specified timeline (not to exceed one year from the date of issuance of the finding) from the completion of all compensatory services. Any updates or revisions to the plan were also required to be submitted to the IDEA Part C Office for verification.

Finding of Noncompliance - Systemic Complaint FFY 2008:

One (1) new finding of noncompliance was issued for this indicator by the IDEA Part C Office at the systemic level in FFY 2008. The State did not achieve timely or subsequent correction of this noncompliance as of the date of the APR submission.

This finding of noncompliance was a result of the IDEA Part C Office investigation of an Administrative Complaint filed on behalf of all Part C eligible children in the State who were not receiving timely services. All children waiting for services at the time of the filing of the complaint were identified and a spreadsheet was created identifying the children in each region. Each early intervention program was charged with developing plans of correction for each family enrolled in the program. Each program was required to submit monthly child specific progress reports to the IDEA Part C Office regarding correction status.

At the current time, all but one (1) program in the State have achieved full compliance for this indicator. This finding from this complaint will remain as ongoing noncompliance until all programs have achieved full compliance. Therefore, this finding of noncompliance was not corrected in the FFY 2010 reporting period.

Correction of Noncompliance FFY 2007

OSEP's June 3, 2010 response table:

*Therefore, **the State has not demonstrated** that it corrected the noncompliance for the 13 FFY 2008 findings and the **one FFY 2007 finding reported** as corrected.*

Correction of Noncompliance From FFY2007

A finding of noncompliance for this indicator was issued to one (1) early intervention program by the Nevada IDEA Part C Office in FFY2007 as a result of program monitoring. The finding was issued on April 23, 2008. The finding was based on six (6) of 19 (31%) records reviewed documenting timely initiation of services. The data gathering process requires documenting the actual date of initiation of each IFSP service based on progress notes in the child's file; therefore, the process also verifies that the service is being provided though late.

The program demonstrated progress at the time of the required six (6) months progress report with 20 of 24 records (76%) documenting compliance for this indicator. It was determined the underlying cause of the noncompliance was:

- the failure of program personnel in maintaining appropriate documentation

Enforcement:

- The program was notified in the letter of findings issued by the IDEA Part C Office that correction of noncompliance was to be completed as soon as possible but not later than one year from receipt of the notification;
- The IDEA Part C Office issued a list of specific corrections required for each child for whom noncompliance had been identified to the program;
- The program was required to develop a CAP and submit a copy of the plan to the IDEA Part C Office; and
- The IDEA Part C Office provided follow-up training and technical assistance to program personnel regarding appropriate documentation procedures as specified in the CAP.

The IDEA Part C Office was not able to verify correction of the identified noncompliance at the time of submission of the year-end progress report in April 2009. In addition, in June 2009, the program notified the State of intent to withdraw as an early intervention service provider. The IDEA Part C Office determined correction of this finding of noncompliance was made based on the following:

A. Correctly Implementing 34 CFR §303.20, §303.340, §303.342 (e), and §303.344(f)(1)

In June 2009, the early intervention program submitted 30-day notice to the State it was withdrawing as an early intervention service provider for Nevada effective July 2009. Children receiving services from the program were transitioned to other early intervention service providers in the region.

The program is no longer serving Part C eligible children; therefore, verification that the program is implementing this requirement for all children is no longer relevant.

B. Individual Child Correction

The IDEA Part C Office verified IFSP services were initiated for all children previously enrolled with the early intervention service provider, though late. All children enrolled in the program were transitioned to other service providers in the region. The IDEA Part C Office did a follow-up review of children with new service providers to verify compensatory services had been provided, if appropriate.

The IDEA Part C Office is reporting that this finding is corrected based on the verification of correction of noncompliance for individual children involved in the finding. The program is no longer operating as an early intervention service provider in the state. The closure of this finding as “corrected” was reported in the FFY 2008 APR and acknowledged by OSEP on Page one (1) of the OSEP FFY 2008 APR Response Table.

Correction of Noncompliance FFY 2006

OSEP's June 3, 2010 response table:

The State must demonstrate, in the FFY 2010 APR that the remaining one uncorrected noncompliance finding identified in FFY 2006 was corrected.

Remaining Findings of Noncompliance from FFY 2006

One (1) early intervention program had one (1) finding of noncompliance identified for this indicator in FFY 2006. It is noted this finding was issued prior to the issuance of the OSEP 09-02 Memorandum. The finding was not corrected as of the submission of the FFY 2008 and FFY 2009 APRs. The program, again, did not achieve correction in FFY 2010 but experienced significant slippage. In response to the FFY 2010 monitoring process, the IDEA Part C Office notified the program a focused monitoring will be conducted in FFY 2011.

In the first quarter monitoring, ten (10) of 25 (40%) applicable records reviewed were found to be compliant for timely initiation of new services. This did not meet the program's target of 45% for the first quarter but did represent improvement over the percent of performance reported for FFY2010. The following activities were required as a result of the focused monitoring:

Enforcement:

1. The program is required to continue submitting quarterly progress reports for all areas with a finding of noncompliance, including updates on the activities specified in the CAP. The first progress report was due to the IDEA Part C Office by December 30, 2011. The schedule for subsequent reports that are required for any pending areas of noncompliance are as follows: March 30, 2012, May 30, 2012 and final correction of the noncompliance must be verified by the IDEA Part C Office no later than June 29, 2012.
2. The program is required to continue to implement the activities from the CAP and verify the correction of any individual child records found to be noncompliant during the Self-Assessment and Focused Monitoring as soon as possible, but no later than one year from the date of submission of the Self-Assessment report. A list of these records and identified noncompliance must continue to be maintained by the program.

3. The program is required to submit all supporting documentation to the IDEA Part C Office for correction of individual child records with the quarterly progress reports on the schedule identified above.

As stated in the FFY 2009 APR, this early intervention program is located in the most populated region of the State. The IDEA Part C Office has verified the program is implementing required policies and procedures for ensuring correction for all individual children (services are provided for each child, though late, and a remedy for delay is offered to the family). The ongoing noncompliance is systemic as it cannot be verified the requirement for timely services is currently being implemented for all children.

The primary issue underlying the on-going noncompliance for this program has been identified as insufficient personnel capacity to serve the number of children being referred and the number determined eligible for early intervention services. The reduced capacity was directly linked to the State's budget crisis which resulted in restrictions on hiring. The program also experienced a decrease in workforce capacity for existing personnel due to the state mandate for one day furlough each month for all employees.

This program has operated under a CAP since the initial finding was issued in FFY 2006. The program's progress has fluctuated over time. Through the FFY 2010 monitoring process, it was determined the program had experienced significant slippage (dropping to 8% compliance) in this indicator from FFY 2009. Due to the low performance and the on-going noncompliance, the program was, again, selected for focused monitoring in FFY 2011.

Status of Activities Required as a Result of FFY 2010 Focused Monitoring:

- Streamline the process of transferring referrals to community providers by transitioning families at the point of referral. This will reduce the burden on program personnel to perform eligibility determination and development of the initial IFSP (**Completed**);
- Meet with IDEA Part C Office contact to revise the program's CAP to identify more specific and immediate activities reasonably calculated to ensure correction of the noncompliance (**Ongoing**);
- Establish performance benchmarks for each quarter of FFY 2010 to ensure correction of the on-going noncompliance as soon as possible (**Extended to FFY2011**);
- IDEA Part C Office will continue to monitor assignment reports on a monthly basis and the program will be required to submit specific quarterly reports based on data gathered from child record reviews (**Ongoing**); and
- Monitor monthly caseload of community providers to ensure the maximum number of referrals can be transferred to ensure timely delivery of services (**Ongoing**).

Since the program operates as a State operated early intervention program under the direction of the Nevada State Health Division (NSHD), the IDEA Part C Office will submit a summary of the long-term noncompliance and a letter of concern regarding the issue. The IDEA Part C Office will also continue to investigate the situation through additional focused visits during FFY 2011.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

The overall percent of compliance (57%) reported for FFY 2010 represents slippage by one (1) percent from the 58% reported in FFY 2009. It was determined the State's lack of significant progress in the percentage of compliance is, again, linked directly to significant slippage experienced by one program. This program had a focused monitoring in this area in FFY 2010. Initially, the shortage of personnel was due to hiring freezes imposed as the State's budget crisis worsened. Programs were given the opportunity to fill some vacant positions through a justification process that was often lengthy. The program was notified of a second on-site focused monitoring in FFY 2011 to determine whether or not the current issues underlying the slippage in performance are the same as those identified in FFY 2010.

The State made progress in this indicator in FFY 2010 relative to reducing the number of early intervention programs with identified noncompliance. However, since the program with long-standing

noncompliance enrolls the largest number of children in the State, there is tremendous impact to the overall performance for the State.

The formula for roll-out of funds allocated by the State Legislature in the 2009 legislative session continued through the FFY 2010 reporting period. Slow, but steady, growth in system capacity also continued. While not always meeting the requirement of timely correction [within one (1) year of the issuance of a finding], it is evident progress is being made by the majority of early intervention programs. A system for ensuring correction for individual children is in place and functioning effectively. However, correction of the systemic noncompliance has not been achieved.

The State's budget crisis continued to deepen in this reporting period and many programs experienced budget reductions in the 2011 Legislative session. The ending of the availability of the ARRA funding was a challenge for funding early intervention services. However, the State Legislature maintained the level of State allocation for early intervention services. In distributing the available funds for the next biennium, the NSHD increased the amount of funds budgeted for contracted community provider agencies thus reducing the available funds for State operated early intervention programs. The greatest challenges in attaining and maintaining compliance in this indicator lies with these programs. They serve as the regional points of entry for referrals and assignment of referrals to community providers while serving as the safety net and provide services to children when all community providers are at capacity.

The NSHD continued the process of soliciting proposals from community providers to operate as comprehensive early intervention programs during this reporting period. All programs, both state operated and contract agencies, continue to experience challenges with finding and retaining qualified personnel in some disciplines.

The IDEA Part C Office continues to monitor any activity related to early intervention services and provide data support to the lead agency and NSHD administration to demonstrate the need to maintain progress that has been gained in correction of noncompliance in this indicator.

Discussion of Improvement Activities:

1. All early intervention programs, as a part of the comprehensive monitoring process, will develop a CAP that includes steps to correct noncompliance as soon as possible but not later than one year from the date of issuance of a finding related to the timely delivery of early intervention services. Early Intervention Program Managers, 2010-2012.
 - *In FFY 2010, two programs were required to review and update their CAP based on the FFY 2010 monitoring. This was due to failure to correct noncompliance in a timely manner for one program and long term failure to correct noncompliance for another program. Both programs were required to set quarterly targets for FFY 2011 and report to the IDEA Part C Office on progress in meeting those targets each quarter.*

Impact:

- *One program was able to achieve subsequent correction of the noncompliance. The second program demonstrated progress in the first quarter but did not meet their quarterly target.*
2. Program managers will monitor child data on a quarterly basis to ensure services are being implemented in a timely manner for all children with an initial IFSP and for any subsequent services added to an IFSP, 2006-2012, Program Managers and IDEA Part C staff.
 - *The IDEA Part C Office compiles reports and issues to each program on a monthly basis the number of children per program that is indicated as waiting for any service on their IFSP. This information is also presented at meetings of the Department Heads and to the State Interagency Coordinating Council (ICC).*

Impact:

- *There is increased awareness, both in the public and the government arena, regarding the issues relative to this indicator. More stakeholders are tracking the State's progress for this indicator.*
- *Create partnerships with community providers to provide services to children when NEIS does not have a provider available to implement the services on the IFSP, 2005-2012, Regional Program Managers.*
- *Early intervention service provider programs have established procedures for utilizing independent discipline specific resources through community-based providers, when services would otherwise be delayed due to the lack of availability on the caseload of an internal provider. The majority of early intervention service provider agencies operate some version of this option for families, most often when third party billing for services is an option. The Northwest program has assigned a dedicated service coordinator to work with families who were interested in this option to ensure appropriate coordination of services across agency lines as the family may continue to be enrolled for other services on the IFSP. Implementation of these procedures is based on parent agreement when third-party payment is an option.*

Impact:

- *Some children have been able to receive more timely services with programs utilizing these procedures.*
3. Develop budget requests for future legislative sessions which document the need for additional personnel, if data indicates regions cannot maintain timely service delivery, 2008-2012, The NSHD in Conjunction with the IDEA Part C Office.
- *The IDEA Part C Office assisted the NSHD, as requested, in compiling data to support budget preparation for the 2011 Legislative session. Feedback is also provided to the Office of the Director of Health and Human Services regarding budget and services provision via data reports.*

Impact:

- *Early intervention services did not experience deep budget cuts experienced by some other programs.*
4. Conduct on-site focused monitoring activities with early intervention programs that have ongoing noncompliance, demonstrate a low level of performance and/or when significant slippage is identified to determine the root causes of poor performance and failure to achieve timely correction of noncompliance. FFY 2010-FFY 2012. **This activity is ongoing.**
- *One on-site focused monitoring was scheduled for one early intervention program for FFY 2011.*

Impact:

- *Clarification of underlying issues resulting in noncompliance and more frequent checks on program progress.*

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011- FFY2012

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:

See Page 1

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement: Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
2010	96% of children received services in the home or community-based settings

Actual Target Data for 2010:

The following data are provided using the Tracking Resources and Children (TRAC) child data collection system as collected for **618 data on December 1, 2010**.

Statewide: **2,344** children had an Individual Family Service Plan (IFSP) on December 1, 2010, of which **2300 (98%)** received their primary services in the home or community based settings.

Nevada’s performance in FFY 2010 of **98%** exceeded the target for services provided in natural environments developed in the State Performance Plan (SPP) of 96%.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2010:

Nevada has a lengthy history of having provided services in the natural environment of children and families. As demonstrated in Table 2.A., the State has consistently exceeded the established target of 96%. Nevada’s performance of 98% in this indicator for FFY 2010 exceeds the State target of 96% but also indicates slippage from the 99.5% performance reported for FFY 2009. The primary underlying cause for the slippage, based on data gathered through program monitoring, was:

- Programs providing early intervention services in settings not consistent with IDEA criteria for natural environments;
- Failure to provide appropriate justifications when provision of services occur in settings other than those identified as natural environments for the individual child and family; and

- Utilization of private providers in various disciplines when no provider was available in the program in order to expedite initiation of services (plans to transition the child to a natural environment were not indicated).

While this is a performance indicator, the criteria for issuing a finding is based on a combination of factors which takes into consideration:

- The level of performance is significantly below the established State target;
- The program was found to have slippage in performance;
- The extent (is it a majority) to which children's services are provided in settings that do not meet IDEA requirements for natural environments;
- Lack of appropriate justification for providing services in settings that do not meet IDEA requirements for natural environments.

In FFY 2010, a total of eight (8) programs went through the monitoring process relative to this indicator. Data was compiled from the TRAC data system to support the programs' comprehensive self-assessment. The data period for the self-assessment process covered July 1, 2010 through March 31, 2011. Results of the process showed:

- Six (6) programs had met or exceeded the state target of 96%;
- One (1) program did not meet the State target and had a new finding of noncompliance relative to provision of services in the identified natural environment of the child and family (due to slippage in performance and lack of appropriate justifications for location of services not recognized as natural environments for the child and family); and
- One (1) program had on-going noncompliance from the finding issued on June 30, 2010 (FFY 2009) but had not completed the maximum of one year allowed for correction (due to low performance and slippage in performance).

Data regarding service settings was compiled again from the TRAC data system at the end of the fiscal year (through June 30, 2011). At that time, the program with on-going noncompliance still had not achieved full correction of the noncompliance or demonstrated significant progress. The IDEA Part C Office required all program personnel to participate in monthly training which included sessions on IDEA requirements regarding provision of services in natural environments and appropriate justifications when early intervention services cannot be achieved in the natural environments. The program was required to establish performance targets for each quarter of FFY 2011 to ensure correction of the noncompliance as soon as possible.

The deadline for correction for the program with a new finding of noncompliance will be June 29, 2012 and will be reported in the FFY 2011 APR.

Unless there is an appropriate justification, the majority of services are required to be provided either in the home or a community setting. The majority of children in early intervention receive a combination of services within the home and community. Children may be receiving home visits from interventionists in addition to participating in community play groups. Programs have developed partnerships with a variety of community programs in various locations to expand natural learning opportunities for infants and toddlers within the communities of children and families. Because the reporting requirement for 618 data allows only one choice of setting, the primary service location is generally identified as the home. This does not effectively reflect the variety of environments in which an individual child may be receiving services.

The IFSP team, including the family, identifies settings and situations which constitute the natural environment of the child and family and determine the location(s) most appropriate to the individual child and family. Nevada's IFSP form contains a page to be used by the team to provide justification if it is determined a specific service cannot be achieved in the natural environment. Justifications for not providing services in identified natural environments are monitored through child record reviews during the self-assessment and IDEA Part C Office verification processes.

For the first time in a number of years, there is significant concern regarding the State’s performance in this indicator for FFY 2011. This concern is based on the July 1, 2011 directive of the Nevada State Health Division (NSHD) to State operated programs under their management to revert to a model of clinic based services. The IDEA Part C Office has informed the NSHD Administration and early intervention service provider agencies this will not meet IDEA requirements.

Table 2.A.: The following table compares percentages from FFY 2005 to FFY 2009 in providing services within the natural environment.

Program	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY10
Statewide	98.5%	99.6%	99.5%	99.7%	99.5%	98%

OSEP Response to the FFY 2009 APR - Indicator 2:

OSEP July 2011 Response Table:
The State provided targets for FFY 2011 and FFY 2012, and improvement activities through FFY 2012, and OSEP accepts those revisions. The State indicated that stakeholders were provided an opportunity to comment on the targets for FFY 2011 and FFY 2012. The State’s FFY 2009 reported data for this indicator are 99%. The State’s data reflect a high level of performance for this indicator. The State met its FFY 2009 target of 96%.

The State’s actual target data for provision of services to infants and toddlers in natural environments are at or greater than 95%. There is no expectation that an increase in that percentage is necessary. OSEP appreciates the State’s efforts to improve performance and assumes that the State is monitoring to ensure that IFSP teams are making service setting decisions on an individualized basis and in compliance with 34 CFR §§303.12, 303.18, and 303.344(d)(1)(ii).

Correction of Non-Compliance Identified in FFY 2009

One (1) program monitored in FFY 2009 was issued a finding of noncompliance relative to this indicator. This was a new program operating under a provider agreement with the NSHD to provide a comprehensive early intervention program for Part C eligible children and families. The program was a private provider of therapy services for various age levels and had traditionally operated as a clinic-based service provider. This was the first year the program participated in the monitoring process. The program was issued a finding by the IDEA Part C Office on June 30, 2010 based on a compliance level of 63% for services provided to Part C eligible children and families. This was significantly below the State target of 96%. The maximum of one (1) year allowable for correction of the noncompliance was June 29, 2011. The program went through the self-assessment process again in the spring of 2011 based on compiled data for the first three quarters (July 1 2010 – March 31, 2011) of the fiscal year. At that time, the data showed the program had made progress (performance at 70%) but had not achieved full correction.

Actions taken by the IDEA Part C Office to Address Correction of the Noncompliance:

- Training for all agency personnel: All program personnel were required to participate in monthly trainings that covered the full scope of IDEA requirements related to the provision of early intervention services. The same training was presented twice each month to better accommodate the scheduling of services with families and children.
- The program was required to review and update the activities in their Corrective Action Plan (CAP) in conjunction with their IDEA Part C Office contact and establish quarterly performance targets for FFY 2010.
- The program was required to identify members of an internal Quality Assurance team and submit a list of the members to the IDEA Part C Office.
- The program was required to submit quarterly reports on progress toward reaching targets included in the CAP.

- Data is maintained on children identified through the monitoring process as not having services provided in their natural environment and not having appropriate justification for the current setting for services. The IDEA Part C Office will verify correction for individual children.

Improvement activities particularly relevant to this reporting period include the following:

Activity 1: Development of Community Partnerships. This activity is ongoing.

The activities below reflect some of the partnerships that have been created to provide opportunities for children to receive early intervention in settings, other than the home, that meet the IDEA definition of natural environments.

- There are currently 19 active developmental groups throughout the Southern region. These groups are *located at 17 different locations in the community. This allows families to participate in a group within their local community, and promotes developing relationships with other families and to model interventions through play and promote social skills. New developmental groups are being developed through Memorandums of Understanding with other appropriate community programs.*
- *Other early intervention service provider programs throughout the state that also operate child care programs have utilized the program's child care center to offer opportunities for incorporating interventions within the child care program. This allows the children enrolled in early intervention services an opportunity to play with typically developing peer. Qualified early intervention personnel assist during the playgroup sessions to demonstrate embedding intervention strategies in the play environment.*
- *The Northwest region continued the Explore and Learn Playgroups with Family to Family Connection, local community agencies including gymnastic programs, the Wee Read times at the library, and a local apartment complex. The Northeast and Northwest regions have a partnership with Early Head Start and provide services within that agency. The Northeast region maintains a strong collaborative relationship with Early Head Start and is collaborating with a new Migrant Head Start program as well.*
- *The Northwest region has contracts with child care centers and home child care programs as early intervention partners and serves children within those programs as part of the natural environment.*
 - *New Playgroups have been developed within partnerships. There are a total of 17 playgroups available to families.*
 - *The collaboration with Early Head Start through an expansion grant application to co-locate with early intervention continues with playgroups.*
 - *The Early Intervention Partners Project continues to offer services supporting up to 25 children in child care centers in Reno, Carson, and Rural areas.*
- *American Indian Population— the Northwest program is building a collaborative relationship with Indian Health Services with the local Native American tribes in order to serve more children.*

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011.

All ongoing activities will be continued through FFY 2012.

Part C State Annual Performance Report (APR) for FFY2010

Overview of the Annual Performance Report Development:
See Page 1.

Monitoring Priority: Early Intervention Services in Natural Environment

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

(20USC 1416(a)(3)(A) and 1442)

Measurement:

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B, and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes

Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1:

Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2:

Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100. If a + b + c + d + e does not sum to 100%, explain the difference.

Target Data and Actual Target Data for FFY 2010:

Targets and Actual Data for Part C Children Exiting in FFY 2010 (2010-11)

Summary Statements	Actual FFY2009 (% of children)	Actual FFY 2010 (% of children)	Targets FFY 2010 (% of children)
Outcome A: Positive social-emotional skills (including social relationships)			
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program	68.3%	65.9%	68.4%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	40.2%	41.2%	40.3%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)			
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program	69.7%	70.5%	69.8%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	37.1%	39%	37.2%
Outcome C: Use of appropriate behaviors to meet their needs			
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program	71.1%	69.6%	71.2%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	41%	44.3%	41.1%

Progress Data for Part C Children FFY 2009

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of children who did not improve functioning	8	0.6%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	375	30.1%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	348	28.0%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	389	31.3%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	122	9.9%
Total	1245	100%
B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
a. Percent of children who did not improve functioning	9	0.7%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	332	26.7%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	418	33.6%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	396	31.8%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	90	7.2%
Total	1245	100%
C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of children who did not improve functioning	6	0.5%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	347	27.9%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	340	27.3%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	469	37.7%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	83	6.7%
Total	1245	100%

OSEP Response to the FFY2009 APR - Indicator 3:

OSEP July 2011 Response Table:

The State provided targets for FFY 2011 and FFY 2012, and improvement activities through FFY 2012, and OSEP accepts those revisions. The State indicated that stakeholders were provided an opportunity to comment on the targets for FFY 2011 and FFY 2012.

OSEP appreciates the State's efforts to improve performance and looks forward to the State's data demonstrating improvement in performance in the FFY 2010 APR, due February 1, 2012.

The State must report progress data and actual target data for FFY 2010 with the FFY 2010 APR.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

The data collected for infants and toddlers who received six (6) months or longer of early intervention services for 2010-2011 were collected using the Child Outcome Summary Form (COSF) 7-point rating scale. In FFY 2010, one (1) new agency entered into agreement with the State to operate a comprehensive program of early intervention services. This is the programs first year of reporting progress data. In FFY 2011, a tenth (10th) agency entered into agreement with the State to provide early intervention services but will not report progress data until next reporting period. Progress data was reported by nine (9) early intervention programs in FFY 2010. Nevada is reporting 1245 of 1352 (92%) of infants and toddlers who exited services with a program length of six (6) months or longer. In FFY 2009, Nevada reported 81% of progress data for the infants and toddlers who received services for six (6) months or longer. This fiscal year, Nevada has a representation of 92%, which is an 11% increase compared to FFY 2009. Analysis of this year's data indicates 107 infants and toddlers were not accounted for this fiscal year (based on the number of children who received six (6) months of service prior to exiting) compared to 244 last fiscal year. The reasons are due to the following:

- Received an entry but did not receive intervention for the entire six months timeframe due to loss of contact with families.
- Received an entry, however; they did not receive an exit due to a lack of internal tracking processes.

Comparing FFY 2009 actual summary statement data to FFY 2010 actual summary statement data, there was slippage in summary statement one (1) for Outcomes A and C. This data also represents the two (2) targets that were not met. However, progress was demonstrated and the target was met for summary statement one (1) in Outcome B. Progress was also demonstrated in the actual targets and met for summary statement two (2) in all three outcomes. It was anticipated this year's data would be a more accurate reflection of the progress made by the infants and toddlers Nevada serves since the baseline data and targets were revised to what the stakeholder's in this process believed would be more exact. This did not hold true to summary statement one (1) in Outcomes A and C, which five (5) of nine (9) programs did not meet. Although only four (4) of six (6) targets were met, last year's revision of the COSF has been effective by allowing staff to feel more comfortable with deriving at more accurate ratings when measuring child progress, thus continuing to improve the quality of the data.

Along with the challenge of high staff turnover and the growing number of agencies entering into agreement with the State to provide early intervention services, local programs have set a high priority on the training of new staff in the use of the COSF and in the area of age-appropriate development in order to appropriately compare Part C eligible children to typically developing peers, which has and continues to be an area of difficulty. Nevada is continuing to implement activities which put a greater emphasis on quality assurance for system improvements at the local program level. This is in an effort to identify any areas of concern when there is suspect data to ensure internal validity and reliability.

Nevada is continuing to strive for a higher percentage of data for measuring infants and toddlers progress after receiving early intervention services. Based on the decisions made last fiscal year to effectively

improve Nevada's data collection system related to this indicator, a number of protocols were created. The protocols were developed to ensure all children who received services for six (6) months or longer are having an entry and exit COSF completed. Although Nevada does not have 100% representation of all infants and toddlers in services for six (6) months or longer, the number of children with progress data has increased from year to year.

Protocols have also been developed to improve the State's efforts with increasing the representativeness of progress data to ensure all children who have received services for six (6) months or longer are having an entry and exit COSF completed.

State Performance Plan Activity Update:

Activity 1: To improve the quality and accuracy of data, Nevada's Advisory Child Outcome Task Force reviews random samples of completed COSF forms to identify possible errors in the data submitted, as well as to identify reoccurring trends which leads to insufficient information being provided to support ratings. **This activity is ongoing.**

- *Nevada's Advisory Child Outcome Task Force continues to meet on a quarterly basis to review decisions made to date and make modifications as needed. During this time, the group also does quality assurance spot checks on random samples of completed COSF's submitted by each region. This activity also ensures that if there are trends reoccurring, staff are trained appropriately.*

Activity 2: To assist programs with ensuring children entering early intervention services have data entered at both entry and exit, Crystal Reports have been created by the IDEA Part C Data Manager. This information is sent to the early intervention programs on a monthly basis to assist them with keeping track of required entries and exits. **This activity is ongoing.**

The following reports are being generated:

- *Children entering services who will have a program length of six (6) months or longer,*
- *Third (3) birthdays of children who have received services for six (6) months or longer, and*
- *Exit reports for children who exited the program and have received services for six (6) months or longer.*

Activity 3: A protocol was developed to ensure that children who leave early intervention services unexpectedly, the most current assessment information are utilized for determining outcome status regardless of when the child exits. **This activity is ongoing.**

- *Implementing this protocol and the use of the HAWAII allows early intervention providers to track progress data on a continuous basis and on all children even if they exit prior to their third birthday.*

Activity 4: Local early intervention programs have established an internal system for cross checking COSF forms, to ensure internal validity and reliability of the data. **This activity is ongoing.**

- *Periodically service providers will have quality assurance reviews by their supervisors during child assessment to evaluate the appropriateness and accuracy of scoring on the curriculum based assessment.*

Activity 5: Early intervention program personnel who are familiar with the HAWAII continue to train all new staff on the administration of the HAWAII. **This activity is ongoing.**

- *All new personnel who enter the early intervention system are properly trained on the administration and calculation of the assessment tool for the purposes of eligibility, documentation of child's strengths and needs, and progress towards achieving child outcomes.*
- *If a child has received six (6) months of intervention and the program loses contact with the family, the IFSP team will complete an exit COSF. The rating is based on the child's chronological age, utilizing the most current evaluation/assessment information, progress notes, observations, etc. to determine an appropriate rating.*

Activity 6: The HAWAII curriculum-based assessment was selected. Each region has begun utilizing the HAWAII as part of the evaluation and assessment process. This curriculum based assessment is also being utilized for the purpose of program planning and documentation of child's strengths and needs, and progress toward achieving child outcomes, 2008-2012. **This activity is ongoing.**

Activity 7: To ensure an accurate level of progress data is being reported, a policy was developed that if a child has received six (6) months of intervention and the program loses contact with the family, the IFSP team will complete an exit COSF. The rating will be based on the child's chronological age, utilizing the most current evaluation/assessment information, progress notes, observations, etc. to determine an appropriate rating. **This activity was completed FFY 2009.**

Activity 8: To eliminate a step in the process of submitting COSFs, programs are no longer required to provide copies of exit COSFs to the school district, unless a request is received. The progress data is not being utilized as initially intended by the LEAs. **This activity was completed FFY 2009.**

Activity 9: To ensure an accurate number of exit COSFs are received to measure child progress, the timeline for completing exit COSFs was extended from 30 days prior to the child's third birthday and/or exit from the program to within 14 days following the child's third birthday and/or exit from the program. **This activity was completed FFY 2009.**

Activity 10: To assist staff with providing more accurate and complete data, the COSF has been revised. The form is more user-friendly and allows staff to utilize their time more efficiently. **This activity was completed FFY 2009.**

- *Nevada revised the original form that was being used in December 2009. The decision tree on the form has assisted staff with determining a more accurate rating based on the child's functional skills.*

Activity 11: Training in the area of typical development is being implemented at the local program level to ensure quality child outcome ratings. **This activity is ongoing.**

- *Local early intervention providers have implemented ongoing training with staff in the area of age appropriate development and measuring Part C eligible children against typically developing peers.*

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:
See Page 1.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement:

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

FFY	Measurable and Rigorous Target
2010	A. Know their rights – 93% Target; B. Effectively communicate their children's needs -- 92% Target C. Help their children develop and learn-- 90% Target.

Actual Target Data for FFY 2010:

A. Know Their Rights

Statewide: This data is based on responses to questions 4 and 5 on the 2011 Annual Family Survey. The total number of families responding to questions 4 and 5 was **637**. Of those responding, **610 (96%)** reported they agree their rights had been explained by their early intervention service providers and early intervention had helped their family know their rights under the IDEA. 439 responses out of 637 were Strongly Agree and 171 indicated Agree.
610/637 = 96%.

Nevada's performance in FFY 2010 of **96%** exceeded the target of 93%.

B. Effectively Communicate Their Children's Needs

Statewide: This data is based on responses to question 15 on the 2011 Annual Family Survey. The total number of families responding to question 15 was **318**. Of those responding, **290 (91%)** reported agreeing their rights had been explained by their early intervention service providers and early intervention had helped their family know their rights under the IDEA. 204 responses out of 318 were Strongly Agree and 86 indicated Agree.
290/318 = 91%.

Nevada's performance in FFY 2010 of **91%** is slightly below the state target of 92%.

C. Help Their Children Develop and Learn

Statewide: This data is based on responses to question 3 and 16 on the 2011 Annual Family Survey. The total number of families responding to questions 3 and 16 was **635**. Of those responding, **584 (96%)** reported they agree their child is benefiting from early intervention services and the supports and services help meet their child’s development needs. 415 responses indicated Strongly Agree and 169 indicated Agree.
584/635 = 92%.

Nevada’s performance in FFY 2010 of **92%** exceeded the state target for this indicator of 90%.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2010:

OSEP July 2011 Response Table:
The State provided targets for FFY 2011 and FFY 2012, and improvement activities through FFY 2012, and OSEP accepts those revisions. The State indicated that stakeholders were provided an opportunity to comment on the targets for FFY 2011 and FFY 2012.
These data represent progress for 4A and 4C from the FFY 2008 data. The State met all of its FFY 2009 targets for this indicator.
OSEP appreciates the State’s efforts to improve performance.

Nevada had improvement in the rate of return of surveys for FFY 2010 with a 22.4% return as opposed to the 17.3% for FFY 2009. In addition, the State continued to meet, or exceed established targets in 4.A. and 4.B. While the percentages reported in these items are lower than in FFY 2009, they are still above the established targets. Performance in 4.C. was 1% below the target. This represented slippage from FFY 2009 in both the percent and in not meeting the State Performance Plan (SPP) target.

Nevada’s Annual Family Survey is conducted through agreement with the Nevada Center for Excellence in Disabilities (NCED) at the University of Nevada, Reno (UNR). In FFY 2010, 1,442 surveys were mailed in May 2011 to Nevada families whose children received early intervention services within all three (3) regions of the state. The survey was sent to all families whose children had an active Individual Family Service Plan (IFSP) and had been receiving services for at least six (6) months. Surveys were also sent to families enrolled in each of the early intervention service provider agencies in the State and all surveys were sent in both English and Spanish. A second copy of the survey was sent to families who did not respond by the initial deadline. A reminder postcard was sent to the families and they were notified they could contact the NCED if they wished to receive a replacement survey. A total of 319 families responded to the survey making the final rate of return for the family survey 22.4% for FFY 2010. The timeline for the survey was modified in this reporting period so that responses will correspond with the reporting period.

Table 2.A. Comparison of FFY08 Performance to State Target

Statewide	APR FFY 2009 Performance	SPP FFY 2010 Target	APR FFY 2010 Performance
A. Know Their Rights	97%	93%	96%
B. Effectively Communicate Their Children Needs	94%	92%	91%
C. Help Their Children Develop and Learn	96%	90%	92%

Nevada exceeded the targets for FFY 2010 for indicator questions A and C but was slightly below the target in question B. Performance percentages were down in all three (3) questions with the greatest slippage being in question C.

The published survey results include responses for all individual early intervention programs. Copies are distributed to all early intervention programs so they can review their performance and comments from parents. As a result, programs may discuss issues with direct service personnel to ensure parent's concerns are being addressed. This data supports individual programs in program planning and improvement.

The complete survey report will be posted on Nevada's website in February 2012. The survey results were disseminated to the Nevada Interagency Coordinating Council (ICC), regional programs, Nevada State Health Division (NSHD) Administration, Aging and Disability Services Division (ADSD) and the Department of Health and Human Services (DHHS).

The race/ethnicity breakdown of families responding to the FFY 2010 survey is as follows:

Table 2.B. Race/Ethnicity Breakdown of Surveys Returned (n – 319)

Statewide	White	Hispanic or Latino)	American Indian or Alaska Native	Black or African American	Asian or Pacific Islander	Two or More Races
Population Responded to Survey (n = 319)	183/319	87/319	0/319	14/319	14/319	19/319
Percent returned by Race Ethnicity Group	(57.37%)	(27.27%)	(0%)	(4.39%)	(4.39%)	(5.96%)
Percent of Return Reported for FFY2009	115/203 (56.6%)	57/203 (28%)	1/203 (.4%)	11/203 (5.4%)	16/203 (7.8%)	3/203 (1.5%)
Change from FFY2009 to FFY2010	#	#	#	#	#	#
	+68	+30	-1	3	-2	+16
	%	%	%	%	%	%
	+0.77%	-0.73%	-0.40%	-1.01%	-3.41%	+4.46%

In analyzing the data, the lowest number of returns was within the American Indian or Alaska Native community. No surveys were returned for this group. While this is typically a low response group, in future surveys, strategies will be included to try and obtain response from all groups. While the number of responses from the Black or African American community increased, the percent of the total surveys returned was lower than the previous year. The greatest percent of change was in the Two or More Races category. The IDEA Part C Office will request the ICC Child Find Committee review this data and to assist regions with strategies for increasing involvement for low response groups for next year's survey.

Table 2.C. Survey Return by Region

Surveys Returned Total		Southern Region	Northwestern Region	Northeastern Region
2009	203	139/203 = 68%	57/203 = 28%	*7/203 = 3.45%
2010	319	200/319 = 62.7%	104/319 = 32.6%	15/319 = 4.7%

* A calculation error was found in the percentage reported for this region in the FFY 2009 APR. The percent of the total response was reported as 21%. The actual percentage was 3.45%.

State Performance Plan Activity Update

Activity 1: Analyze the data from the survey to ensure it is representative of the state population including race/ethnicity, geographic region, and age population. **This activity is ongoing.**

- The survey has been developed so English and Spanish are on every survey mailed. At this time, it has not resulted in a higher return rate, but does give families the option of responding to the survey in the language they feel most comfortable with.
- Data is analyzed to ensure representation from each county in the state, each early intervention program, and race/ethnicity groups.

Activity 2: The results of the family survey were presented to the ICC for review and analysis for program improvement. The survey results were also reviewed with program administrators and supervisors. Early intervention programs are encouraged to review parent comments to determine if there are areas for program improvement. This activity is ongoing.

- *The family survey results relative to this indicator were presented to the ICC on January 19, 2012 as part of the APR review. The ICC had no suggestions for any changes to the family survey at this time.*

Activity 3: The UNR NCED continues to develop, disseminate, receive and analyze the data, from the annual family survey and submit a final report to the IDEA Part C Office. This activity is ongoing.

- *UNR NCED sent post cards to families who did not meet the initial timeline for reporting to remind them of the survey. This was intended to assist in increasing the rate of response.*

Activity 4: Develop strategies for outreach to underrepresented populations from survey analysis at the statewide quarterly management meeting. Part C, Regional Programs, 2006-2012, **This activity is ongoing.**

- *Data from the FFY 2009 Family Survey was reviewed with members of the ICC Child Find Committee.*

Activity 5: The survey will be distributed using two delivery methods, mail and internet survey. Families will be given a choice of how to respond. Each survey will be given an identifying number to ensure families can respond one (1) time per child, 2009-2012. **This activity is ongoing.**

- *In previous years an online option of the survey was offered to families. Due to low utilization, it was determined this was not a good option for Nevada families. Therefore, the option was not used for the FFY 2010 survey process. Instead, the approach was to attempt multiple contacts with families regarding the written survey. The IDEA Part C Office will meet with UNR NCED to determine if there is a more effective way to reach out to families regarding the online option.*

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011

All ongoing activities are continuing through FFY 2012.

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:
See Page 1.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
2010	The target established for this reporting period is .80%

Actual Target Data for FFY 2010:

The following data are generated through the Tracking Resources and Children (TRAC) child data collection system as collected for 618 data on December 1, 2010.

Statewide: On December 1, 2010, a total of 372 infants statewide, ages birth to one (1) year, had an Individualized Family Service Plan (IFSP). This number divided by the U.S. Office of Special Education Programs (OSEP) projection of 36,505 for the 2010 State's total population of infants, birth to age one (1), indicates 1.02% of the infant population had an IFSP, (272/36,505 = 1.02%).

OSEP July 2011 Response Table: "OSEP looks forward to the State's data demonstrating improvement in performance in the FFY 2010 APR, due February 1, 2012."

Nevada exceeded the established State Performance Plan (SPP) target of .80% for the birth-to-1 year population served in FFY2010 and the national target of 1%. The State was slightly below the national baseline of 1.03%. The State ranked 24th in 2010 for the percent of population served compared to the 50 states and the District of Columbia and Puerto Rico.

Table 5.A. OSEP General Population Estimates for Nevada, Infants Ages Birth to One (1) Year

Federal Fiscal Year	Population Estimate	Change in Population (+/-)	Percent of Change (+/-)
2006	37,901	+3,715	+10.87%
2007	40,917	+3,016	+7.96%
2008	40,346	-571	-1.40%
2009	40,286	- 60	- .15%
2010	36,505	- 3,681	

Table 5.A. reflects OSEP's projections for the State's total population of infants ages birth to one (1) year and the percent of general population served from 2006 through 2010.

Table 5.B. Infants Ages Birth to 1 Year with IFSP on December 01

Federal Fiscal Year	# Infants with IFSP	Change in # w/IFSP	% Population Serve	Percent of Change (+/-)
2006	255	+93	.67%	
2007	372	+ 117	.91%	+ 45.88%
2008	263	-109	.65%	-29.30%
2009	253	-10	.63%	-3.80%
2010	372	+ 119	1.02%	+ .47%

Table 5.B. reflects the number of infants reported as having an IFSP on December 1 of each year from 2006 through 2010 and the percent of the general population of with an IFSP on December 1 of each year. This table shows there was an increase in the number of infants, ages birth to one (1) year, reported in the December 1, 2010 Child Count compared to the December 1, 2009 count.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010

Nevada had significant improvement in this indicator for the FFY 2010 reporting period. As reflected in Table 5A and 5B above, there was an increase of 119 (.47%) infants and toddlers, age birth-to-three with an IFSP on December 1, 2010 over the same date in 2009. There was a significant reduction in the projected number of infants in the State's general population during this reporting period.

The Nevada Interagency Coordinating Council (ICC) Child Find Subcommittee met twice in FFY 2010 and reviewed referral data reports generated through the TRAC database as well as projections for the general population of infants in the State. Population data continued to project a reduction in the expected total of infants in the state but referral data indicated referrals remained steady or increased (see Indicator 6 for referral detail).

The IDEA Part C Office and the ICC Child Find Committee will continue to track performance for this indicator on a quarterly basis to ensure the progress achieved in FFY 2010. Regional program will also continue to review the data as part of the self-assessment and monitoring process.

State Performance Plan Activity Update

Activity 1: The State will continue to monitor and expand provider and personnel capacity to ensure it is sufficient to meet the needs of potentially eligible and eligible children and families in the State. 2009-2012 Nevada State Health Division (NSHD) and IDEA Part C Office.

Activity 2: Local early intervention (EI) programs maintain ongoing Child Find and Outreach activities to educate primary referral sources about the availability of early intervention consistent with the State Child Find Plan. **This activity is ongoing.**

- *Early intervention programs continued targeted efforts to promote communications with hospitals and pediatricians in this reporting period to identify infants under the age of one (1) year in need of early intervention services. Progress reflected during this reporting period suggests efforts have been effective.*
- *All EI programs continue to submit quarterly reports on public awareness/child find related activities conducted at the local level. The reporting format requires early intervention programs to differentiate activities specifically targeting identification of infants under the age of one (1) year. This is a standard data collection process and is linked to the program's Self-Assessment/Monitoring process. Quarterly child find reports are compiled and presented to the ICC Child Find Subcommittee for review and recommendations.*
- *Standard public awareness materials are provided to service providers by the IDEA Part C Office for distribution at local events. Programs were contacted prior to the end of the state fiscal year to generate an inventory list of materials available and/or needed for the upcoming year.*

Activity 3: Maintain collaboration with hospitals and neonatal intensive care units to ensure early referrals for infants potentially eligible for EI services. 2006-2012 Early Intervention Provider Agency Program Managers. ***This activity is ongoing.***

- *Hospitals and pediatricians have been identified as generally more relevant to referrals of infants under the age of one (1) year. They are included in data collection as a primary referral source. Instances of activities related to outreach to hospitals were reported in quarterly child find reports for this reporting period by the majority of early intervention programs. While there are no neonatal units located in the very rural Eastern region of the State, many families in that area seek health care through hospitals in Salt Lake City, Utah. The early intervention program in that region has established relationships with hospitals in Salt Lake City and receives referrals for children who live in the Northeast region.*

Activity 4: Develop and issue public service announcements to inform the general public about EI Services. ***This activity is ongoing.***

- *Due to budget considerations and limited personnel resources in the IDEA Part C Office, this activity was tabled until further notice.*

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:

See Page 1

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
2010	The target established for this reporting period is 2.0%

Actual Target Data for FFY 2010:

The following data are generated through the Tracking Resources and Children (TRAC) child data collection system as collected for 618 data on **December 1, 2010**.

Statewide: On December 1, 2010 a total of **2,344** infants and toddlers in Nevada, ages birth to three (3) years, had an active Individualized Family Service Plan (IFSP). This number divided by the U.S. Office of Special Education Programs (OSEP) estimate of 111,905 (Table C-13) for the State's general population of infants and toddlers, birth to age 3, indicates that **2.09%** of the population was represented in the December 1, 2010 count (2,344/111,905 = 2.09%).

OSEP July 2011 Response Table: *“OSEP looks forward to the State’s data demonstrating improvement in performance in the FFY 2010 APR, due February 1, 2012.”*

Based on the December 1, 2010 data, the State met the established State Performance Plan (SPP) target and the national target of 2%. The state was below the national baseline of 2.82% of the birth to three (3) year old population. Nevada ranked 39th in 2010 for the percent of population served compared to the 50 states and the District of Columbia and Puerto Rico. This was an improvement of ten (10) positions over the State’s ranking in 2009.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2010:

Nevada had significant improvement in this indicator for the FFY 2010 reporting period. There was and increase in the number of eligible infants and toddlers, age birth to three (3) years, with an IFSP on December 1, 2010 over the number reported in FFY 2009. This improvement was achieved despite the

projected reduction in the general population in this age group (see Tables 6.a. and 6.b.). This was the largest increase in the number of children reported since FFY 2007.

Table 6.A. OSEP General Population Estimates, Infants and Toddlers Ages Birth to Three (3)

Year	# General Population	+/- Change From Previous Year	% Change From Previous Year
2006	111,945	+8,028	+7.78%
2007	119,218	+7,273	+6.5%
2008	121,331	+2,113	+1.77%
2009	122,929	+ 1,598	+1.32%
2010	111,905	-11,024	-8.97%

Table 6.A. provides data on Nevada’s population growth for infants and toddlers, age birth to three (3) years, from FFY 2006 to FFY 2010 as indicated by general population estimates released annually by OSEP.

Table 6.B. Infants and Toddlers Ages Birth to 3 with IFSP on December 01

Year	# Infants with IFSP	+/- Number w/IFSP	% Population Served	+/- % of Change From Previous Year
2006	1,520	+103	1.36%	Maintained
2007	1,986	+ 466	1.67%	+30.6%
2008	2,052	+66	1.69%	+ 3.32%
2009	1,892	-160	1.54%	- 8.46%
2010	2,344	+452	2.09%	+55%

Table 6.B. reflects the statewide trend in the number and percent of infants and toddlers, age birth to 3, with an IFSP on December 1st from 2006 thru 2010.

The number and percent of population of infants and toddlers, age birth to three (3), with an IFSP on December 1 increased between FFY 2006 and FFY 2008. In FFY 2009 the number fell by 160 representing a change of a negative 8.46% from FFY 2008. However, the State rebounded in the December 1, 2010 count with an increase of 452 children – an increase of 23.89% over the number reported in 2009.

Data were reviewed on a regional basis to evaluate performance for each geographic region of the State. Projections for the general population of infants and toddlers under the age of three (3) years, issued by the State Demographer’s office, were utilized to identify the percent of the total population residing in each region. This percentage was then applied to the estimated total population issued by OSEP.

Analysis by region shows the following performance for each region for children ages birth-to-three:

- Northeast Region:
 - Child Count: 88
 - Northeast Region: 4% of total population projection = 4,476
 - Percent of population served: 2.0%
- Northwest Region:
 - Child Count: 659
 - Northwest Region: 21% of total population projection = 23,500
 - Percent of population served: 2.8%
- Southern Region:
 - Child Count: 1597
 - Southern Region: 75% of total population projection = 83,929
 - Percent of population served: 1.9%

Table 6.C. New Referrals Statewide, Ages Birth to Three (3)

Total New Referrals	FFY 2007	FFY 2008	FFY 2009	FFY 2010	Difference from FFY 2009 – FFY 2010	% Change From '09 – '10
	4,172	4,147	4,734	5,255	+521	+11%

Table 6.C. reflects the trend in total new referrals from FFY 2007 – FFY 2010. FFY 2010 performance is compared to FFY 2009 to evaluate the number and percent of change for FFY 2010.

Data from primary referral sources are reviewed on a quarterly basis and at the close of the state fiscal year. As in previous years, the trend in the top three referral sources continued in FFY 2009. Data for these sources are reflected in the table below.

Table 6.D. Top Primary Referral Sources for FFY 2010

Referral Sources	# of Referrals FFY 2009	# of Referrals FFY 2010	% of Total Referrals per Referral Source – FFY 2010
Medical Community (Hospitals, Physicians and Pediatricians, Public and Community Health Facilities and Other Health Care Providers)	2386	3159	60%
Parents/Other Friends/Relatives	1132	752	14%
Social Service Agencies	1021	1141	22%

The information in Table 6.D shows the three referral sources with the highest percentage of referral in FFY 2010. The number of referrals to early intervention from the medical community and social services has continued to increase. Referrals from family and relatives dropped significantly in SFY 2010. Overall, the continued increase in overall referrals suggests public awareness and child find efforts were effective.

State Performance Plan Activity Update

Nevada’s improvement in this indicator for this reporting period suggests the activities specified in the SPP have resulted in the desired outcome for the State. A full statement of the activities calculated to result in improvement for this indicator is included in the State Performance Plan which is available on the State’s website at <http://health.nv.gov/beis.htm>. Activities specifically implemented for this reporting period are indicated below.

Activity 1: The State will continue to monitor and expand provider and personnel capacity to ensure it is sufficient to meet the needs of potentially eligible and eligible children and families in the State. ***This activity is ongoing.***

- *The Nevada State Health Division (NSHD) continued to pursue public/private partnerships to expand early intervention provider resources through the additional funds allocated.*

Activity 2: Community education opportunities will be provided to referral sources regarding early intervention (EI) services to promote appropriate referrals. ***This activity is ongoing.***

- *All EI programs engage in a variety of public awareness and child find activities at the local level and are required to submit a quarterly report to the IDEA Part C Office on these activities. These activities support the overall State Child Find Plan and include activities designed to educate the public and primary referral sources on the availability of early intervention services. A variety of activities were reported to target identification of children in the birth to three (3) population in need of early intervention services in this reporting period. Statewide examples include:*
 - *Posting public awareness information in local businesses (ex. Wal-Mart) and participating in events hosted by local businesses;*
 - *Providing educational opportunities for various groups on early intervention and related issues including presentations to various University/College classes and local*

- conferences (Great Basin College, University of Nevada Reno, Nevada Association for the Education of Young Children,
- Collaboration with other agencies/organizations for screening events (ex. child care programs, local schools);
 - Coordinating activities with other state/national events designated for recognition of child related issues (Ex. Week of the Young Child); and
 - Collaboration with various community organizations to allow children and families in early intervention services to participate in community playgroups including:
 - Family-to-Family,
 - Early Head Start,
 - Local Libraries,
 - Child Care Programs,
 - Community activity organizations (gymnastics, swimming groups),
 - Early Learning Centers in local High Schools,
 - City and County Recreation Centers,
 - Family Resource Centers
 - Salvation Army, and
 - Military Base programs

Activity 3: Disseminate Child Find Materials to community referral sources to assist them in making referrals to early intervention services. **This activity is ongoing.**

- Informational documents and other child find related materials are developed and purchased through the IDEA Part C Office and made available to local programs for distribution. Both the IDEA Part C Office and local programs participate in distribution of these materials. Examples of materials include brochures, posters, temporary “tattoos” with the program logo, and pens. Programs are polled to determine what types of materials are needed and are most effective for their areas. Since these materials are provided with IDEA federal funding, the state budget crisis did not impact the availability of these resources.

Activity 4: Develop Public Service Announcements (PSAs) regarding red flags for developmental delays to ensure public awareness of early intervention services. **This activity has been placed on hold till further notice.**

Activity 5: Provide training for child care providers around red flags for developmental delays and the availability of early intervention services. **This activity is ongoing.**

- Personnel in local early intervention programs have conducted a variety of trainings for childcare personnel regarding early intervention services, screening, and referral procedures. This has been provided as direct training and technical assistance to child care program personnel and also as part of the process of implementing the IFSPs of individual children in the child care setting.

Activity 6: Memorandums of Understanding (MOU) with local school districts will include partnering for local child find activities including screening. **This activity is ongoing.**

- The IDEA Part C Office has worked with the Nevada Department of Education (NDE) to update the Cooperative Agreement with the State Education Agency. This agreement includes a provision that both agencies will “encourage collaborative screening efforts including the development and use of jointly recognized screening instruments, joint participation in screening activities, and other processes agreed upon at the local level.” Regional program personnel, through quarterly Child Find reports, have documented collaboration with local school systems in joint child find activities during this reporting period.

Activity 7: Collaborate with other community providers to offer screenings at their program locations or events. **This activity is ongoing.**

- Early intervention programs statewide have documented participation in numerous collaborative efforts with other community agencies to promote identification of infants and toddlers with

disabilities. A list of examples follow, however, this is by no means an exhaustive list but provides some idea of the broad spectrum of collaboration across the state.

- o The Northeast region has a strong working relationship with Head Start and the Family Resource Centers as well as providing individual screenings.*
- o The Northwest region has established a relationship with the University of Nevada, Reno for internship for students in the Early Childhood Special Education Program as well as strong relationships with the Neonatal Intensive Care Units (NICUs) at local hospitals. They also maintain relationships with child care providers and often provide screenings for children enrolled in child care programs.*
- o The Southern region, through collaborative relationships, established numerous community play groups where eligible children are able to participate with typically developing peers. These playgroups are so popular there are waiting lists for typically developing children to participate. Programs in the Southern region have also established relationships with numerous medical providers and with the University of Nevada, Las Vegas to support the identification of infants and toddlers with disabilities.*
- o All programs also report a working relationship with the personnel associated with the Division of Child Family Services (DCFS).*

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:

See Page 1

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline) divided by the (# of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

FFY	Measurable and Rigorous Target
2010	100% of eligible infants and eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline.

Actual Target Data for FFY 2010

The performance data for this indicator is taken from the Tracking Resources and Children (TRAC) database. Unduplicated data for the entire FFY 2010 reporting period are as follows:

- 2399 children had a new IFSP developed in FFY 2010
- 2030 children had the initial IFSP developed within 45 days from referral
- 234 children did not have their IFSP developed within 45 days from referral due to family exceptions
- 2264 initial IFSPs were compliant with the 45-day timeline
- **Percent = (2264/2399)*100 = 94%**

Statewide: 2399 infants and toddlers were evaluated and found eligible for Part C services, which included evaluation, assessment and the development of the initial IFSP. Of those, 234 had documented exceptions that the 45-day timeline could not be met due to family circumstances and 603 did not meet the 45-day timeline due to program circumstances. A total of 2264 (94%) initial IFSPs, including the 234 with documented family exceptions, were compliant with the 45-day timeline requirement.

The list of documented family circumstances for not meeting the 45-day timeline included the following:

- Family cancelled appointments
- Child was hospitalized or ill

- Parent could not schedule the appointment within 45 days
- Parent had a medical emergency or was ill

Table 7.A: 45-Day Timeline Exceptions

Total N=1238	Compliant with the 45-Day Timeline	Total Compliant – Delay Due to Family Circumstances	Delay in IFSP Program Reasons
N	2030/2399	234/369	135/369
Percent	69%	63%	37%

45-Day Data for Monitoring Purposes

As part of each early interventions program’s annual self-assessment process, performance data were collected and analyzed using the TRAC data system for the period of July 1, 2010 through March 31, 2011. In order to have data and findings issued within the same reporting period, the IDEA Part C Office pulls the first three quarters of data for the program which includes all children with an active IFSP during the first three quarters of the reporting period. Individual program compliance for the reporting period is based on this data.

Statewide Data for the FFY 2010 monitoring period were as follows:

- 1,819 children had a new IFSP in the first three quarters of FFY 2010
- 1,527 children had the initial IFSP developed within 45 days from referral
- 165 children did not have their IFSP developed within 45 days from referral due to family exceptions
- 1,692 initial IFSPs were compliant with the 45-day timeline
- Percent = $(1,692/1,819) * 100 = 93\%$

The monitoring process includes a second level of verification in child records reviewed during the self-assessment process. Each program must submit the self-assessment report to the IDEA Part C Office no later than May 31 of the relevant reporting period. The IDEA Part C Office then conducts verification of the data in the report submitted and issues findings, as appropriate, no later than June 30 of the reporting period.

Result of FFY 2010 Monitoring

A total of eight (8) programs were reviewed for compliance with 45-day timeline requirements in FFY 2010.

- Five (5) programs were found to be at 100% compliance for the reporting period – no finding was issued
- Three (3) programs were issued a finding of noncompliance for this indicator. The programs were notified they were to correct the noncompliance as soon as possible but not later than one year from June 30, 2012 – one year from the date the finding was issued. Correction for these programs will be reported in the FFY 2011 APR.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

The State made significant progress in this indicator in the FFY 2010 reporting period. Performance reported in the FFY 2009 APR showed the program performance at 69%. The performance for FFY 2010 is 94%.

Table 7.B. Longitudinal Statewide Data on 45-day Timeline

Number and Percent of IFSPs Completed within 45-Days	FFY 2004	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010
Statewide	318 25.0%	783 67.1%	1,596 92.5%	1,752 94.1%	1,559 91.3%	1238 69%	2264 94%

Table 7.B. reflects the State’s longitudinal performance relative to the 45-day timeline requirements.

OSEP July 2011 Response Table:

The State must demonstrate, in the FFY 2010 APR, due February 1, 2012, that the State is in compliance with the 45-day timeline requirements in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a). Because the State reported less than 100% compliance for FFY 2009, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator. If the State does not report 100% compliance in the FFY 2010 APR, the State must review its improvement activities and revise them, if necessary.

Correction of Noncompliance From FFY 2009:

One (1) early intervention program was issued a finding of noncompliance in this indicator based on the FFY 2009 monitoring process. The finding of noncompliance was issued on June 30, 2010 and the program was informed correction of the noncompliance must be corrected as soon as possible but not later than one year from the date of notification. The noncompliance was based on delay in convening the initial IFSP meeting for two children within 45 days from referral due to program reasons. Underlying causes for the noncompliance was delay in transfer process of a child from another program and availability of program personnel. The program achieved timely correction of the noncompliance. Notice of correction was issued by the IDEA Part C Office on October 18, 2010 and was based on the following.

Correctly implementing 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a).

The noncompliance identified for the program was based on data for the first three quarters of the fiscal year. The program's performance was tracked by reviewing new data on a quarterly basis through the TRAC database. It was verified in October 2010 that all children enrolled in the program in the first quarter of FFY 2010 had initial IFSPs developed in accordance with IDEA requirements. It was determined based on the new data the program was implementing this requirement for all children.

Individual Child Correction:

Individual child correction was verified for these children through the TRAC database. An IFSP was developed for both children, though late.

OSEP Letter of Determination – June 20, 2011

Nevada was determined to be in "Needs Assistance" based on OSEP's review of the State's FFY2009 APR. This was the second consecutive year the State was determined to be in this category. As a result, OSEP provided information regarding available technical assistance resources. The State was required to report in the FFY2010 APR regarding the technical assistance supports accessed by the State and the actions taken as a result of that support.

The State requested, and received, technical support from State liaisons with Western Regional Resource Center (WRRRC) and the National Early Childhood Technical Assistance Center (NECTAC). Technical assistance included assisting the State in reviewing and analyzing the data reported in the FFY2009 APR relative to this indicator as well as responding to proposed procedural changes to ensure a smooth and timely process for meeting requirements.

It was apparent the noncompliance identified for this indicator in FFY 2009 was primarily based on the performance of one early intervention program. However, this program served the highest number of children in the State. Focused monitoring was conducted with the early intervention program in order to identify underlying causes for the noncompliance. A number of issues, including internal scheduling procedures, shortages of personnel and family no-show and cancellations were found to have a major impact on meeting timelines. As a result of clarifying the underlying causes of the noncompliance, the program updated procedures related to scheduling and began to maintain a list of families indicating they would be interested in being called for an earlier appointment when a cancellation occurred. The program

made tremendous progress and was able to correct the noncompliance based on data reviewed at the end of the following quarter.

The Part C Office also worked with all programs through the quarterly statewide early intervention service provider meetings to encourage all programs to review initial scheduling procedures for eligibility determination and initial IFSP meetings. Programs were encouraged, whenever possible and appropriate, to convene the initial IFSP meeting immediately following the evaluation/assessment meeting to ensure a more timely process.

State Performance Plan Activity Update

Activity 1: Explore the use of centralized evaluation teams to expedite eligibility determination and IFSP development, 2006, Program Managers. ***This activity is ongoing.***

- *Each of the early intervention programs in the three regions of the State has developed a team process for determining eligibility. For some programs, personnel, are designated as part of a core team and have standard weekly assignments for conducting Multidisciplinary and Scheduling Teams (MDTs). The State operated programs have moved to an electronic scheduling system. This has created more internal efficiency for assigning staff to MDTs and to reassign staff if someone is out sick or on vacation versus cancelling the MDT meeting. The scheduling system also allows for greater flexibility in scheduling other families when appointments are cancelled.*
- *Early intervention programs have developed internal processes and schedules for addressing issues related to compliance in this indicator. The programs with well established internal quality assurance teams have been very successful in improving documenting of circumstances related to delays in meeting the 45-day timeline. New Developmental Specialists (DS) are assigned a mentor who will guide and teach them how to complete the MDT process.*
- *Programs have improved processes of inputting clearer documentation in the TRAC database regarding contact with families and staff to help eliminate scheduling errors as well as proper coding for exceptions.*
- *New policies and procedures have been developed and implemented in the NEIS South program for MDTs. This has assisted in meeting compliance requirements relative to the 45-day timeline*

Activity 2: Consider use of incentives to reward programs that consistently meet the 45-day timeline from referral to IFSP development, 2007-2012 Program Managers – ***This activity is ongoing.***

- *Given the current State economic issues, early intervention programs are limited in their abilities to provide broad-based incentives. However, most early intervention programs have developed internal processes for recognition of performance of both individuals and teams. The IDEA Part C Office and individual programs provides a variety of program acknowledgements through newsletters, Fast Notes from program managers, and recognition at weekly and quarterly management meetings in an effort to recognize the hard work of all staff related to correction of noncompliance. Program's correction of noncompliance is also reported to the State Interagency Coordinating Council (ICC).*

•
Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:

See Page 1

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services;
- B. Notification to LEA, if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.
- B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition conferences, including reasons for delay.

FFY	Measurable and Rigorous Target
2010	100%

Actual Target Data for FFY 2010:

- A. Individual Family Service Plans (IFSP) with transition steps and services.

Statewide: The compliance percentage for this indicator was derived from data gathered through child records as part of the monitoring and general supervision process. Data was gathered from eight (8) early intervention programs across the State. Of the 163 records reviewed for children exiting Part C, 163 exited with appropriate transition plans.

Percent = 163/163 x 100 = 100%.

B. Notification to the Local Education Agency (LEA), if child potentially eligible for Part B

Statewide: The compliance percentage for this indicator was derived using the Tracking Resources and Children (TRAC) child data collection system. In completing the 618 data for Table 3, Report on Infants and Toddlers Exiting Part C Programs, Nevada used the categories under Program Completion for FFY 2010 (2010-2011) to calculate the number of children exiting Part C and potentially eligible for Part B. There were 1,129 children who were potentially eligible for Part B services and 1,110 children exiting Part C where notification to the LEA occurred through the Part C Office. The Part C Office verified the remaining 19 children had been notified at the local program level, which resulted in 100% compliance.

$$\text{Percent} = 1,129/1,129 \times 100 = 100\%.$$

School districts where there were no children potentially eligible received notifications that stated there were no children in their district who were potentially eligible for Part B during the reporting period.

C. Transition conference, if child potentially eligible for Part B

Statewide: Final data for this indicator was compiled from the TRAC III data system. For the FFY2010 reporting period, the total unduplicated number of children exiting Part C and required a transition conference with the Local Education Agency (LEA) was 1022. Of the 1022, 928 had the transition conference conducted in a timely manner; 94 had a transition conference, though late

Of the 94 that had a transition conference though late:

64 were late due to family circumstances; and

30 were late due to program circumstances

The total number of transition conferences compliant with requirements for this reporting period is 992 (timely conferences plus conferences late due to family exceptions).

$$\text{Percent} = \frac{992}{1022} \times 100 = 97\%.$$

State Performance FFY2010**8.A.**

The Part C Office implemented a monitoring process requiring all established early intervention programs to complete an annual self-assessment. Program monitoring is based on data from the TRAC III data system for the first three (3) quarters of the fiscal year. Self-assessment reports must be submitted for each program not later than May 31st of the respective year. This allows the IDEA Part C Office time to verify data reflected in the report and issue findings to programs within the fiscal reflected in the data being reported. This results in a more current reflection of program performance and more timely intervention in areas that may be problematic for the agency. Performance for FFY 2010 was found to be at 100%. Therefore, no findings of noncompliance were issued during this reporting period.

8.B.

Data from the Tracking Resources and Children (TRAC) child data collection system was used to monitor performance in 8.B. In completing the 618 data for Table 3, Report on Infants and Toddlers Exiting Part C Programs, Nevada used the categories under Program Completion for FFY 2010 (2010-2011) to calculate the number of children exiting Part C and potentially eligible for Part B. The State maintained performance of 100% in this reporting period.

8.C.

Compliance with Indicator 8.C. was monitored through the TRAC data system. Data reported for the FFY 2010 reporting period represents the full reporting period (July 1, 2010 – June 30, 2011). Data for FFY 2010 shows the State's performance at 97%.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

8A. Progress and Slippage

The State demonstrated improvement from 98% to 100% from the FFY 2009 to the FFY 2010 reporting period. Two (2) early intervention programs were issued findings of noncompliance in this area in FFY 2009 and notified the noncompliance must be corrected as soon as possible but not later than one year from the date of identification of noncompliance. Both programs were verified to have timely correction of the noncompliance. Steps implemented to ensure timely correction included internal training with personnel regarding requirements for comprehensive transition planning for eligible children and families.

Correction of Findings of Noncompliance for FFY2009:

OSEP July 2011 Response Table:

The State's FFY 2009 reported data for this indicator are 98%. These data represent slippage from the FFY 2008 data of 100%. The State did not meet its FFY 2009 target of 100%.

When reporting on the correction of noncompliance, the State must report, in its FFY 2010 APR, that it has verified that each EIS program with noncompliance reflected in the FFY 2009 data the State reported for this indicator:

(1) is correctly implementing 34 CFR §§303.148(b)(4) and 303.344(h) and 20 U.S.C. 1436(a)(3) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and

(2) has developed an IFSP with transition steps and services for each child, unless the child is no longer within the jurisdiction of the EIS program (i.e., the child has exited the State's Part C program due to age or other reasons), consistent with OSEP Memo 09-02. In the FFY 2010 APR, the State must describe the specific actions that were taken to verify the correction.

- A. Both programs with a finding of noncompliance in this indicator for FFY 2009 achieved full correction in a timely manner. The IDEA Part C Office issued a notice of correction to one (1) program on February 24, 2011 and the second program was notified of correction on May 1, 2011. Correction was based on the following:
1. Individual Child Correction:
Both children represented in the noncompliance had transition plans in place but each was determined to be insufficient in one area - one (1) in the area of preparation of the family and one in the area of preparation of the child. Individual child correction was not possible for these children as both had exited Part C services and were no longer in the jurisdiction of the programs.
 2. Correctly implementing 34 CFR §§303.148(b)(4) and 303.344(h) and 20 U.S.C. 1436(a)(3):
Additional files were reviewed in each program as part of the six (6) months progress review. At that time, all files reviewed in each program were found to be compliant for comprehensive and timely transition plans. It was therefore determined that the programs were correctly implementing this requirement. Written notification of correction was issued to both programs by the IDEA Part C Office.

Table 8.A. Findings and Correction of Noncompliance

FFY	Number of Findings of Noncompliance Related to Indicator 8.A	Number of Findings for which Correction was Verified within One Year	Number of Findings for which Correction was Subsequently Verified (Date)	Number of Findings of Noncompliance Remaining
FFY 2008	3	2	1	0
FFY 2009	2	2	0	0
FFY 2010	0	NA		

8.B. Progress and Slippage – FFY 2010

OSEP July 2011 Response Table:

The State’s FFY 2009 reported data for this indicator are 100%. These data remain unchanged from the FFY 2008 data of 100%. The State met its FFY 2009 target of 100%.

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2009-June 30, 2010), and the State described how the time period in which the data were collected accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Nevada continues to provide notification required under Indicator 8.B to the Local Education Agency (LEA) from the State level. The data are issued by the IDEA Part C Office utilizing the TRAC database; therefore, this is not a compliance requirement for local early intervention service providers. Due to the narrow definition for Part C eligibility in Nevada, the State Lead Agency and the State Education Agency (SEA) have agreed that all Part C Eligible children are potentially eligible for Part B services.

Table 8.B. Findings and Correction for Noncompliance

FFY	Number of Findings of Noncompliance Related to Indicator 8C	Number of Findings for which Correction was Verified within One Year	Number of Findings for which Correction was Subsequently Verified (Date)	Number of Findings of Noncompliance Remaining
FFY 2008	0	NA		
FFY 2009	0	NA		
FFY 2010	0	NA		

The IDEA Part C Office continues to utilize a two step process to verify every child potentially eligible for Part B services is included in the LEA notification. Written notification is sent to the LEAs on a quarterly basis. The Part C Data Manager verifies through the TRAC data system every child has had notification to the LEA. This includes cross-walking Exit Data from the TRAC Data system with the list of all children included on the LEA notification list. For any child not included on the notification list due to late entry into the system, it is verified that notification has been sent to the LEA by the local early intervention service provider program. The State continues to maintain 100% compliance for Indicator 8B.

8. C. Progress and Slippage - FFY 2010

The performance of early intervention service providers are tracked relative to this indicator on a quarterly basis. In FFY 2010, the State’s performance was 97%. This represents progress over the 95% reported

for SFY 2009. Eight (8) programs were monitored in FFY 2010 for compliance with Indicator 8.C. requirements. Of the eight (8), three (3) were issued findings of noncompliance. The level of performance for all three (3) programs exceeded 95% (97%, 98%, and 99%). The programs were notified they were required to correct the noncompliance as soon as possible, but not later than one year from the date of the finding (June 30, 2011). One (1) program was verified to have correction of the noncompliance in October 2011. Correction for all programs will be reflected in the FFY 2011 APR.

Table 8.C. Findings and Correction on Noncompliance

FFY	Number of Findings of Noncompliance Related to Indicator 8.C	Number of Findings for which Correction was Verified within One Year	Number of Findings for which Correction was Subsequently Verified (Date)	Number of Findings of Noncompliance Remaining
FFY 2008	0	NA		
FFY 2009	3	3	0	0
FFY2010	3	Correction will be reported in FFY 2010		

Findings and Correction of Noncompliance identified in FFY2009

OSEP July 2011 Response Table:

OSEP appreciates the State's efforts and looks forward to reviewing in the FFY 2010 APR, due February 1, 2012, the State's data demonstrating that it is in compliance with the timely transition conference requirements in 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)).

Because the State reported less than 100% compliance for FFY 2009, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator. If the State does not report 100% compliance in the FFY 2010 APR, the State must review its improvement activities and revise them, if necessary.

Eight (8) early intervention programs were monitored for compliance with Indicator 8.C. in FFY 2009 utilizing data from the TRAC III data system. This was the first time the IDEA Part C Office had utilized the TRAC data system in monitoring for compliance for this indicator. Three (3) programs were issued findings of noncompliance on June 30, 2010 and notified the noncompliance must be corrected as soon as possible but not later than one year from the date of identification of noncompliance.

Two (2) programs were required to develop a corrective action plan based on performance below 95%. Underlying issues were addressed through the program's Quality Assurance Team and personnel team meetings.

All three programs with a finding of noncompliance in this indicator achieved full correction in a timely manner. Notification of verification of correction was issued to the respective programs by the IDEA Part C Office in August 2010, October 2010 and December 2010:

A. Individual Child Correction:

It was verified through the TRAC data system that a transition conference had been held for each child involved in the noncompliance for this indicator, though late.

B. 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)).

Correctly Implementing

Program performance was tracked utilizing new data from the TRAC data system on a quarterly basis. In addition, the IDEA Part C Office conducted on-site verification relative to the reasons for delay in transition conferences. Written notice of correction was issued to each program based on maintaining 100% compliance for a subsequent quarter following the issuance of the finding of noncompliance. Based on analysis of the new data, it was determined that each of the programs were correctly implementing requirements under this indicator.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

Activity 1: Part C continues to implement a process to notify the LEAs on a quarterly basis of all children potentially eligible for Part B. In addition, the local early intervention programs notify the LEAs on a per child basis during the transition process from Part C to Part B, so children that are missed in the Part C statewide report are captured at the local program level with parental consent. **This activity is ongoing**

- *The Part C Data Manager pulls data of children exiting who are potentially eligible for Part B services quarterly, including the previous three months and the following three month time period. This overlap was created to ensure the LEA receives notification for all children even those that may have been late referrals and only in the program for a short period of time.*
- *The local early intervention programs notify the LEAs on a per child basis during the transition process from Part C to Part B, so children missed in the Part C statewide report are captured at the local program level with parental consent.*
- *New providers have also developed policies and procedures to ensure local school districts are notified of potentially eligible children. The Northwest and Northeast regions have developed a tickler system; a list of children who will be transitioning from early intervention two months before the required 90 days*

Activity 2: Regularly scheduled meetings are held between local programs and the local school district representatives to ensure timely transition and data sharing. This activity is ongoing.

- *Early intervention programs in the Southern region continue to meet quarterly with school district staff and transition liaisons to ensure timely transition meetings. Through the collaborative effort of the early intervention programs in the south and Clark County School District (CCSD) personnel, CCSD has reached compliance with having Individualized Education Programs (IEPs) completed and held prior to the child's third (3) birthday. This improvement has been attributed to the diligent efforts of the early intervention programs to notify CCSD of upcoming transitioning children six to seven months prior to a child's third birthday.*
- *In the Northwest region. Supervisors from this program meet with the school district representatives two times per month to ensure timely transition.*

Activity 3: The Part C Office will collaborate with the Nevada Department of Education to update the existing Memorandum of Understanding, which will serve as a model for local early intervention programs and school districts. Part C Coordinator and 619 Coordinator, FFY 2009-2012.

- *The Program Managers and the Director of Special Education and staff for rural counties met to develop specific written procedures to support the MOUs developed and further ensure timely transition in the rural areas.*

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010- [If applicable]

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416 (a)(3)(B) and 1442)

Measurement:
Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

States are required to use the “Indicator C 9 Worksheet” to report data for this indicator (see Attachment A).

FFY	Measurable and Rigorous Target
FFY 2010	100%

Actual Target Data for FFY 2010:

- a. **18** findings of noncompliance were made in FFY 2008.
- b. **14** corrections were verified to be completed as soon as possible but in no case later than one year from identification.

Percent = 14 divided by 18 x100 or **78%**

Subsequent Correction

Three (3) additional findings identified in FFY 2009 were subsequently corrected. This brings the overall correction of findings of noncompliance issued in FFY 2009 to 17 of 18 or 94%.

In FFY2010, the State continued to implement and refine the revised monitoring system established with key stakeholders and technical support from the Western Regional Resource Center (WRRRC) and the National Early Childhood Technical Assistance Center (NECTAC). A system for tracking individual program performance and corrections over time continued to be refined during FFY2010. More emphasis was placed on quarterly reporting and internal quality assurance teams. The program liaisons with the

IDEA Part C Office also increased the level of participation with individual programs to provide training and technical support.

Attachment 1: Part C Indicator C 9 Worksheet

INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 through 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 through 6/30/10)	(b) # of Findings of noncompliance from (a) for which <u>correction was verified no later than one year</u> from identification	# of Findings of noncompliance identified in FFY 2009 (7/1/09 through 6/30/10) <u>subsequently corrected</u>
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	3	2	1
	Dispute Resolution: <u>Complaints, Hearings</u>	0	0	NA	NA
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	0	1
	Dispute Resolution: <u>Complaints, Hearings</u>	0	0	NA	NA
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	NA	NA
	Dispute Resolution: <u>Complaints, Hearings</u>	0	0	NA	NA
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	NA	NA

APR Template – Part C (4)

NEVADA

State

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 through 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 through 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification	# of Findings of noncompliance identified in FFY 2009 (7/1/09 through 6/30/10) subsequently corrected
	Dispute Resolution: Complaints, Hearings	0	0	0	NA
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	NA	NA
6. Percent of infants and toddlers birth to 3 with IFSPs	Dispute Resolution: Complaints, Hearings	0	0	NA	NA
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	1	NA
	Dispute Resolution: Complaints, Hearings	0	0	NA	NA
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services;	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	2	2	0
	Dispute Resolution: Complaints, Hearings	0	0	NA	NA
8. Percent of all children exiting Part C who received timely transition planning to support the child's	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	NA	NA

APR Template – Part C (4)

NEVADA

State

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 through 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 through 6/30/10)	(b) # of Findings of noncompliance from (a) for which <u>correction was verified no later than one year from identification</u>	# of Findings of noncompliance identified in FFY 2009 (7/1/09 through 6/30/10) <u>subsequently corrected</u>
transition to preschool and other appropriate community services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B; and	Dispute Resolution: Complaints, Hearings	0	0	NA	NA
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: C. Transition conference, if child potentially eligible for Part B.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	3	3	NA
	Dispute Resolution: Complaints, Hearings	0	0	NA	NA
OTHER AREAS OF NONCOMPLIANCE: Procedural Safeguards	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	8	8	6	2
	Dispute Resolution: Complaints, Hearings	0	0	NA	NA
Sum the numbers down Column a and Column b			18	14 (78%)	3

Percent of noncompliance corrected within one year of identification = (column (b) sum divided by column (a) sum) times 100

Describe the process for selecting Early Intervention Service (EIS) programs for Monitoring:

At the beginning of FFY 2009, Nevada had eight (8) early intervention programs across the state.

In FFY 2009, the IDEA Part C Office went into full implementation of the revised monitoring process that required all early intervention service providers across the state to participate in the monitoring process on an annual basis. All programs completed a Self-Assessment and reported the results to the IDEA Part C Office no later than May 31, 2010. A notice was issued to the programs in February 2010 to begin the process along with forms and documents to support the process.

In FFY 2009, the IDEA Part C Office also began monitoring data on timeliness of transition conferences for children who are transitioning to Part B through the Tracking Resources and Children (TRAC) database for the first time. For some areas (ex. timely initiation of services), monitoring includes a combination of data from the TRAC system and child record reviews. For compliance areas where needed data cannot be accessed through TRAC, a selection of a minimum of ten (10) percent of child records across all service coordinators are reviewed for data collection purposes. The new process also requires programs to maintain an internal Quality Assurance (QA) Team process and the IDEA Part C Office liaison to the program interacts with this team on a regular basis.

A review and verification of data was conducted by the program's IDEA Part C Office liaison prior to issuing a written notice of findings to a program. This notice was issued to all programs not later than June 30, 2010. The notice of findings included a citation of the regulatory requirement for which the program had been noncompliant.

Once findings have been issued in writing, the IDEA Part C Office does periodic follow-up to track progress, provide technical assistance and verify correction. In indicators where the program's performance is found to be less than substantially compliant (94% or below), a finding is issued and the program must generate a written Corrective Action Plan (CAP) in conjunction with the IDEA Part C Office identifies underlying issues contributing to the failure to meet requirements. Program CAPs must include strategies to change policies and procedures, as appropriate, and identify persons responsible for ensuring implementation of stated activities, targets, and projected timelines for correction. If the program is found to be performing at 95% to 99%, a finding is issued in writing but the program is not required to develop a formal CAP. The program is notified all noncompliance must be corrected as soon as possible but no later than one year from written notification.

The IDEA Part C Office grouped individual instances of noncompliance related to the same requirement into one finding for which the program must demonstrate correction. See indicators 1, 2, 7, 8A, and 8C for more details on the data source/process used to verify correction for each of these indicators. The IDEA Part C Office also conducts focused monitoring in areas where the level of noncompliance is significant or where inadequate information has been presented based on the SA process.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2010:

Nevada had slippage for this indicator for correction of noncompliance identified in FFY 2009. In the FFY 2009 APR, the percent of timely correction was 81%. The percent of timely correction for this reporting period was 78%. The finding was based on the verification that 14 of 18 findings issued in FFY 2009 were corrected in a timely manner. Three (3) additional findings were subsequently corrected bringing the total corrections for findings issued in FFY 2009 to 17 or 94%. The overall correction reported in the FFY 2009 APR was 96.8%.

OSEP July 2011 Response Table:

The State provided targets for FFY 2011 and FFY 2012, and improvement activities through FFY 2012, and OSEP accepts those revisions.

The State's FFY 2009 reported data for this indicator are 81%. These data represent progress from the FFY 2008 data of 67%. The State did not meet its FFY 2009 target of 100%.

The State reported that 25 of 31 findings of noncompliance identified in FFY 2008 were corrected in a timely manner and that five findings were subsequently corrected by February 2010. The State reported on the actions it took to address the uncorrected noncompliance. The State must demonstrate, in the FFY 2010 APR, due February 1, 2012, that the one remaining finding of noncompliance identified in FFY 2008 that was not reported as corrected in the FFY 2009 APR was corrected.

The State must review its improvement activities and revise them, if appropriate, to ensure they will enable the State to provide data in the FFY 2010 APR, demonstrating that the State timely corrected findings of noncompliance identified in FFY 2009 in accordance with IDEA section 635(a)(10)(A), 34 CFR §303.501, and OSEP Memo 09-02.

In reporting on correction of findings of noncompliance in the FFY 2010 APR, the State must report that it verified that each EIS program with noncompliance identified in FFY 2009: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In the FFY 2010 APR, the State must describe the specific actions that were taken to verify the correction.

Timely Correction of FFY 2009 Findings of Noncompliance (corrected within one (1) year from identification of the noncompliance):

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010) (Sum of Column (a) on the Indicator C 9 Worksheet)	18
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column (b) on the Indicator C 9 Worksheet)	14
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	4

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above)	4
5. Number of FFY 2009 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	3
6. Number of FFY 2009 findings <u>not</u> yet verified as corrected [(4) minus (5)]	1

The one (1) remaining area of noncompliance identified in FFY 2009 and not yet corrected are in the following area:

- Indicator 2: One (1) finding of noncompliance remains uncorrected for one (1) early intervention service provider program at the time of submission of this report.

Describe the specific actions the State took to verify the correction in FFY 2010 of findings of noncompliance identified in FFY 2009:

The monitoring process includes verification of individual child correction. A list of all child records with identified noncompliance are maintained by the IDEA Part C Office and periodic verification is conducted to ensure individual correction has occurred and the date on which it occurred. In the situation where the program had failed to meet a required timeline the IDEA Part C Office verified, through data from the TRAC database or by on-site record review, the activity was conducted though late and, if appropriate, a remedy was discussed with the family. Programs who have not met required timelines must also demonstrate through future data the requirement is being implemented for all children. In verifying correction of any noncompliance which occurred, the IDEA Part C Office reviews updated data, again through the data base or on-site record reviews, to ensure the program is correctly implementing the specific regulatory requirement.

When the IDEA Part C Office has verified the program is meeting requirements for all children enrolled in the area for which a finding was issued, a letter of correction is issued. The verification process includes

review of data from the TRAC database or on-site record reviews as described above. Internal processes and systems are also reviewed to ensure they are reasonably designed to ensure maintenance of the correction.

Actions Taken for Noncompliance Not Corrected

The one remaining program with a finding in FFY 2009 which was not corrected in a timely manner was required to develop a CAP, in conjunction with the IDEA Part C Office liaison, and set quarterly targets for all areas of noncompliance. Quarterly progress reports were also required for all areas of noncompliance.

APR Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

Three (3) programs had identified noncompliance in this indicator for FFY 2009. Two (2) of the three (3) programs achieved timely correction. Both early intervention programs were verified to have timely correction and notification was sent by the IDEA Part C Office on June 30, 2011. One (1) program was verified to have subsequent correction based on the first quarter progress report in October 2011.

Timely Correction:**A. Correctly implementing 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1):**

New data was gathered through review of additional child records for both programs. All records reviewed were determined to have 100% compliance for timely initiation of services. In addition data pulled from the TRAC database monthly indicated the programs had no children waiting for initiation of services beyond the required timeline. It was determined, therefore, the programs were meeting the requirement for timely initiation of IFSP services for all children enrolled in the program.

B. Individual Child Correction was verified based on the following:

For both programs, the process for verifying correction of noncompliance for individual children included verifying the record contained appropriate documentation that all services were provided, though late. Documentation of a meeting with the family regarding a remedy for the delay in initiation of services was also included in the record.

FFY 2009 Subsequent Correction

One (1) early intervention program with noncompliance identified during the FFY 2009 monitoring demonstrated subsequent correction through the first quarter progress review (October 2011). The process for verifying subsequent correction is the same as for timely corrections. For more detailed information on correction of noncompliance, please refer to Indicator 1.

APR Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

Correction of Noncompliance From FFY 2009:

One (1) early intervention program was issued a finding of noncompliance in this indicator based on the FFY 2009 monitoring process. The finding of noncompliance was issued on June 30, 2010 and the program was informed correction of the noncompliance must be corrected as soon as possible but not later than one year from the date of notification. The program achieved timely correction of the noncompliance. Notice of correction was issued by the IDEA Part C Office on October 18, 2010 and was based on the following.

Correctly implementing 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a).

The noncompliance identified for the program was based on data for the first three quarters of the fiscal year. The program's performance was tracked by reviewing new data on a quarterly basis through the TRAC database. It was verified in October 2010 that all children enrolled in the program in the first quarter of FFY 2010 had initial IFSPs developed in accordance with IDEA requirements. It was determined based on the new data the program was implementing this requirement for all children.

Individual Child Correction:

Individual child correction was verified for these children through the TRAC database. An IFSP was developed for both children, though late.

The IDEA Part C Office continues to pull data for the 45-day timeline for this program monthly in follow-up of the focused monitoring. All of the referrals from October through December 2010 have been analyzed and the program is now performing at 100% on the 45-day timeline and has been notified of correction.

APR Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third (3) birthday including:

8.A. Two programs had a finding of noncompliance in this indicator for FFY 2009. Both programs achieved full correction in a timely manner. The IDEA Part C Office issued a notice of correction to one (1) program on February 24, 2011 and the second program was notified of correction on May 1, 2011. Correction was based on the following:

A. Individual Child Correction:

Both children represented in the noncompliance had transition plans in place but each was determined to be insufficient in one area - one (1) in the area of preparation of the family and one in the area of preparation of the child. Individual child correction was not possible for these children as both had exited Part C services and were no longer in the jurisdiction of the programs.

B. Correctly implementing 34 CFR §§303.148(b)(4) and 303.344(h) and 20 U.S.C. 1436(a)(3):

Additional files were reviewed in each program as part of the six (6) months progress review. At that time, all files reviewed in each program were found to be compliant for comprehensive and timely transition plans. It was therefore determined that the programs were correctly implementing this requirement. Written notification of correction was issued to both programs by the IDEA Part C Office.

8.C.

Three programs had findings of noncompliance in FFY 2009. All three achieved full correction in a timely manner. Notification of verification of correction was issued to the respective programs by the IDEA Part C Office in August 2010, October 2010 and December 2010:

A. Individual Child Correction:

It was verified through the TRAC data system that a transition conference had been held for each child involved in the noncompliance for this indicator, though late.

B. Correctly Implementing 34CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)).

Program performance was tracked utilizing new data from the TRAC data system on a quarterly basis. In addition, the IDEA Part C Office conducted on-site verification relative to the reasons for delay in transition conferences. Written notice of correction was issued to each program based on maintaining 100% compliance for a subsequent quarter following the issuance of the finding of noncompliance. Based on analysis of the new data, it was determined that each of the programs were correctly implementing requirements under this indicator.

Correction of Remaining Findings of Noncompliance from FFY 2008

1. Number of remaining FFY 2008 findings noted in OSEP’s June 2010 FFY 2008 APR response table for this indicator	14
2. Number of remaining FFY 2008 findings the State has verified as corrected	7
3. Number of remaining FFY 2008 findings the State has NOT verified as corrected [(1) minus (2)]	7

The remaining findings from FFY 2008 are related to APR Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

The data regarding findings for FFY 2008 were amended in this report (See Indicator 1). The remaining noncompliance includes one (1) finding of noncompliance resulting from an Administrative Complaint in FFY2008. In addition, due to clarification provided by OSEP, findings for one (1) program from individual child complaints where noncompliance had been identified were included in the number of findings remaining. These findings had been reported earlier as corrected based on correction for the individual child.

The ongoing noncompliance for FFY 2008 is associated with one program who has not corrected noncompliance related to this indicator based on a finding issued in FFY 2006 (see section below). The findings from child complaints added back to the table in Indicator 1, based on the OSEP July 2011 Response Table, for FFY 2008 were associated with the same program. Therefore, the number of findings remaining uncorrected for Indicator 1 for FFY 2008 is reported in this APR in Indicator 1 as seven (7). This consists of findings from the Administrative Complaint (1) and individual child complaints (6).

The IDEA Part C Office has verified individual child correction for all children involved by verifying that the services were provided, though late, and an appropriate remedy had been provided per signed agreement with the family. However, the IDEA Part C Office has not been able to verify the program is meeting this requirement for all children. Additional information regarding the actions taken to address the failure to correct the noncompliance is reflected below in the section regarding FFY 2006.

Remaining Findings of Noncompliance from FFY 2006

APR Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

This finding was a result of program monitoring of one (1) program. The State reported less than 100% correction for this indicator in the FFY 2009 APR and was unable to report subsequent correction in the APR.

1. Number of remaining FFY 2006 findings noted in OSEP’s June 2010 FFY 2008 APR response table for this indicator	1
2. Number of remaining FFY 2006 findings the State has verified as corrected	0
3. Number of remaining FFY 2006 findings the State has NOT verified as corrected [(1) minus (2)]	1

Actions Taken if Noncompliance Not Corrected

One (1) finding of noncompliance identified in FFY 2006 was not corrected as of the submission of the FFY 2009 APR and remains uncorrected in this reporting period. It is noted that there has been verification for individual children (services were provided, though late). It is also noted that this finding was issued prior to the OSEP 09-02 Memo and could therefore be identified as corrected. After review of this option by the IDEA Part C Office, it was determined not to identify the findings as corrected as the program has not shown consistent progress in this area since the finding was issued. There was significant slippage in the monitoring in FFY2010.

The primary issue underlying the on-going noncompliance for this program was identified to be insufficient capacity to serve the number of children being referred and the number determined eligible for early intervention services due to shortage of personnel. The inability to obtain sufficient personnel was directly impacted by ongoing decline in the State’s economy and the availability of qualified providers in the State.

Enforcement:

Actions taken to support the program in correction of the noncompliance included the following:

- Streamline the process of transferring referrals to community providers by transitioning families at the point of referral. This will reduce the burden on program personnel to perform eligibility determination and development of the initial IFSP (**Completed**);
- Meet with IDEA Part C Office contact to revise the program's CAP to identify more specific and immediate activities reasonably calculated to ensure correction of the noncompliance (**Ongoing**);
- Establish performance benchmarks for each quarter of FFY 2010 to ensure correction of the on-going noncompliance as soon as possible (**Extended to FFY 2011**);
- IDEA Part C Office will continue to monitor assignment reports on a monthly basis and the program will be required to submit specific quarterly reports based on data gathered from child record reviews (**Ongoing**); and
- Monitor monthly caseload of community providers to ensure the maximum number of referrals can be transferred to ensure timely delivery of services (**Ongoing**).

The program was again scheduled for Focused Monitoring in FFY 2011. In addition, since the program operates as a State operated early intervention program under the direction of the Nevada State Health Division (NSHD), the IDEA Part C Office will submit a summary of the long-term noncompliance and a letter of concern regarding the issue.

Critical Activities Implemented During This Reporting Period:

Activity 1: Develop written monitoring guidelines and procedures for Part C monitoring outlining procedures for implementation, definitions of relevant terms, compliance requirements, and timeline for correction. Distribute guidelines and procedures to all early intervention programs. Procedures will include the provision that any program determined, through state general supervision procedures, to be performing at 95% or above in a specific compliance category will be issued a finding but will not be required to generate a written CAP for that area. The program must correct all individual child noncompliance and continue to work toward 100% compliance or compliance with the State established target, as appropriate. Program performance found to be below 95% will result in a finding of noncompliance and will require a written plan to correct the noncompliance as soon as possible, but in no case, later than one (1) year from identification. Programs will be required to submit interim progress reports as determined by the Part C Office. ***This activity is ongoing.***

- *All early intervention service provider programs were monitored utilizing the revised process in FFY 2010.*
- *A sub-grant continues to be in place between the State Health Division, which has designated responsibility for administrative oversight of the operation of all early intervention programs, and the Aging and Disability Services Division with specific language requiring all early intervention programs to comply with IDEA Part C requirements. Concerns related to the performance of any individual program will be issued to both the individual program and the State Health Division by the Part C Office for collaboration in determining appropriate action to be taken.*
- *On-site technical assistance reviews were conducted with all new early intervention programs by the Part C Office within the first six (6) months of operation*
- *All early intervention programs have established an internal QA team process that reviews program data, at a minimum, on a quarterly basis. More frequent reviews are recommended, or may be required, for areas identified as problematic relative to compliance with IDEA Part C. The program's Part C Office contact has participated in QA team processes in a technical assistance role.*
- *Documentation for the basis of all findings, including a roster of individual child records requiring correction, is maintained by the program, as well as in the Part C Office. The IDEA Part C Office tracked this information as part of the process of verification of correction of the noncompliance.*

Activity 2: The general supervision system, including program monitoring, will be evaluated on an annual basis to determine what aspects are most effective and where changes may be appropriate. Input will be provided by system stakeholders. ***This activity is ongoing.***

- *Data for this period indicates implementation of an increased schedule of monitoring (every early intervention program is required to conduct SA in collaboration with the IDEA Part C Office on an annual basis) is more effective for ensuring timely correction of identified noncompliance.*

APR Template – Part C (4)

NEVADA
State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010 (if applicable):

All ongoing activities are continuing through FFY 2012.

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:

See Page 1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

FFY	Measurable and Rigorous Target
2010	100% of all complaints were resolved within 60 day timeline

Actual Target Data for FFY 2010:

Statewide: There were ten (10) complaints filed during the reporting period. Of the ten (10), the family and the program were able to reach a written agreement for resolution in seven (7) instances and the family rescinded the complaint. In the three remaining complaints, findings were issued within the 60-day timeline by the IDEA Part C Office. Therefore, all ten (10) complaints were either resolved or findings were issued within the required timeline.
Performance: 10/10 x 100 = 100%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

FFY 2010

The ten (10) complaints submitted in FFY 2010 were submitted by individual families and were relative to three (3) early intervention service providers. The following issues were represented in the complaints:

- Failure to provide services on the IFSP;
- Failure to provide frequency and intensity of service specified in the IFSP;
- Failure to meet the 45-day Timeline Requirement from referral to initial IFSP meeting;
- Failure to Utilize Qualified Personnel;
- Failure to initiate IFSP services within 30 days, or as specified by the IFSP team, from date of consent for IFSP implementation;
- Procedural Safeguards not followed appropriately by the early intervention service provider.

Findings and Resolution

Failure to Provide IFSP Services:

In the seven (7) instances where the issue was failure to provide IFSP services, the family and the early intervention service provider program were able to reach written resolution to the issue prior to the completion of the investigation and the families rescinded their complaints.

The remaining issues were related to three (3) complaints. The issues and results were as follows:

Failure to Utilize Qualified Personnel [named in two (2) complaints]:
No Findings Issued

Failure to Initiate IFSP Services Within 30 days, or as Specified by the IFSP Team
Two (2) findings issued

Failure to provide frequency and intensity of service specified in the IFSP
One (1) finding Issued

Procedural Safeguards Not Followed Appropriately by Early Intervention Service Provider
Two (2) findings issued

As a result of the investigation process, a finding was also issued in the following area:

Evaluation and Assessment/IFSP Development
[34 CFR 303.322(b)(1)(2)(i)(c)(3)(i)(ii)(iii)(e)- Evaluation and Assessment and 34 CFR 303.340]
One (1) finding issued

All programs with identified noncompliance were notified the noncompliance must be corrected as soon as possible but not later than one (1) year from the date of identification of noncompliance.

The IDEA Part C office has been at 100% compliance on this indicator since the first APR report with the exception of FFY 2008 as described below. The procedures put in place are effective and ensure all complaints are investigated and findings issued within the 60-day required timeline.

FFY 2009

OSEP July 2011 Response Table

The State provided targets for FFY 2011 and FFY 2012, and improvement activities through FFY 2012, and OSEP accepts those revisions.

The State reported that it received eight signed written complaints during the reporting period that the complainants subsequently withdrew.

OSEP looks forward to reviewing the State's data in the FFY 2010 APR, due February 1, 2012.

All complaints filed in FFY 2009 were resolved through resolution between the family and the program prior to finishing the complaint investigation process and the families rescinded their complaints. Therefore, the State was compliant with the required timeline in this indicator.

State Performance Plan Activity Update

Activity 1: IDEA Part C Office maintains an **electronic matrix to track complaints** from the date received through the 60-day timeline for completion. The timeline for each complaint is monitored by the State IDEA Part C Coordinator to ensure Part C staff assigned to investigate the complaint complete the process within the specified timeframe. **This activity is ongoing.**

- *The IDEA Part C Office has developed a process for assigning and tracking every complaint that comes into the system. An IDEA Part C staff is designated as lead for the complaint and a tracking log is kept on each complaint. This log includes the date the complaint was received, who was assigned, the issues to be investigated and the date the report is due. The log also tracks what child and system findings there were, and what corrective action the program must implement as a result to ensure correction of noncompliance as soon as possible, but no later than one year from identification. The log also tracks when the correction has been completed*

and the date of closure on the complaint. This log is shared with the Interagency Coordinating Council (ICC) at quarterly meetings.

- *Each complaint finding report is reviewed by the IDEA Part C Coordinator and the final report is also reviewed by the State Attorney General's office prior to being released to the family and the program.*
- *The IDEA Part C Office created a form parents must sign if they wished to rescind a complaint. This signed form was submitted to the IDEA Part C staff responsible for the complaint investigation who then spoke with parents to ensure the correction had taken place for their child. The rescind form is logged into the complaint log and retained within the complaint folder.*

Activity 2: Timeline for each complaint is monitored by the State IDEA Part C Coordinator to ensure IDEA Part C staff assigned to investigate the complaint complete the process within the specified timeframe.

This activity is ongoing.

- *The State IDEA Part C Coordinator meets with staff weekly to get progress reports on existing complaint investigations, the timeline is tracked through the log sheet, and tracking via Outlook calendar function.*
- *The IDEA Part C Office has developed a formal process for extending the timeline for completing the complaint investigation based on exceptional circumstances, in FFY 2008 this process was utilized for the administrative complaint that was filed.*

Activity 3: Provide training to all direct service personnel on the procedural safeguards including the complaint system, and how each staff member's work directly impacts the program and the importance of IDEA compliance. This activity is ongoing.

- *Every new staff member hired attends New Employee Orientation training where procedural safeguards are covered, including complaints, mediation, and the due process system.*
- *Verification of staff understanding of procedural safeguards is implemented through the self-assessment process child record review.*

Activity 4: Final complaint investigation reports will be shared with all program staff through monthly team meetings to ensure program staff understand compliance issues and can learn through past mistakes. This activity is ongoing.

- *As part of the corrective action for program findings, all new policies developed as a result of findings are disseminated to all programs. The programs are made aware the policy development or clarification was a result of complaint investigation. This helps all programs to be aware of the issue and ensure compliance in the future.*

Activity 5: The IDEA Part C Office maintains the complaint tracking system to ensure program corrections are completed as soon as possible, but not later than one year from identification. IDEA Part C staff also provides follow-up to verify system corrections have been completed. Each region has designated one person as the lead within their agency to submit corrective action reports and to follow the complaint to completion. This activity is ongoing.

- *One program continues to have on-going noncompliance under Indicator one (1) Timely Initiation of IFSP Services related to the administrative complaint that was filed in FFY 2008 [see indicator one (1) for further details]. Also, see Indicator nine (9) regarding the enforcement and activities that are in process to ensure correction of the ongoing noncompliance.*

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 *[If applicable]*

All on-going activities are continuing through FFY 2012.

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:

See Page 1

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

FFY	Measurable and Rigorous Target
2010	100%

Actual Target Data for FFY 2010:

Data reported for Table IV shows there were no requests for due process hearing submitted in FFY 2010. Therefore, due to the lack of hearing requests, the measurement formula cannot be applied for this indicator.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

There were no due process hearing requests filed in FFY 2010, so there were no due process requests that had to be adjudicated within the applicable timeline. Because no due process requests were filed in FFY 2010 no explanation of progress or slippage is required.

Nevada Part C adopted the Part B Due Process Hearing regulations. Specific information regarding process and timelines are outlined in the State Policies for Early Intervention Services under Part C of the IDEA. The Parent Handbook developed by the IDEA Part C Office, and distributed to all families at the time of eligibility determination, includes information regarding the process for filing for a due process hearing and timeline requirements. A sample letter for requesting a hearing and contact information for advocacy supports are also included.

FFY2009

OSEP July 2011 Response Table

The State provided improvement activities through FFY 2012, and OSEP accepts those revisions. The State did not provide targets for FFY 2011 and FFY 2012.

The State reported that it did not receive any requests for due process hearings during the reporting period. OSEP looks forward to reviewing the State's data in the FFY 2010 APR, due February 1, 2012.

There were no due hearing process requests during this reporting period.

APR Template – Part C (4)

NEVADA
State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 *[If applicable]*

When activities are required for this indicator all proposed targets will be extended through FFY 2012.

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:

See Page 1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = (3.1(a) divided by 3.1) times 100.

FFY	Measurable and Rigorous Target
2010	Targets through FFY 2012 to be determined once baseline data are available.

Actual Target Data for FFY 2010:

No due process hearing requests were filed in FFY 2010. Because of the lack of hearing requests, the measurement formula cannot be applied for this indicator.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

Because no resolution sessions were held in FFY 2009, no explanation of progress or slippage is required.

Nevada Part C follows the Part B Due Process Hearing regulations. Information regarding the process for and resolution procedures are outlined in State Policies for Nevada Early Intervention Services.

There were no resolution sessions held in FFY 2010 due to the lack of due process hearing requests that were filed in this reporting period.

FFY2009

OSEP July 2011 Response Table

The State reported that no resolution sessions were held during the reporting period. The State reported fewer than ten resolution sessions held in FFY 2009. The State is not required to provide targets or improvement activities in any fiscal year in which fewer than ten resolution sessions were held. OSEP looks forward to reviewing the State's data in the FFY 2010 APR, due February 1, 2012.

No mediation requests were submitted in FFY2009.

APR Template – Part C (4)

NEVADA
State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 *[If applicable]*

When activities are required for this indicator all proposed targets will be extended through FFY 2012.

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:

See Page 1

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

FFY	Measurable and Rigorous Target
2010	Targets through 2012 will be determined once baseline data are available

Actual Target Data for FFY 2010:

No mediation request was submitted during FFY 2010 therefore, no mediation sessions were held during FFY 2010.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

Nevada cannot report on progress or slippage for this reporting period. Baseline will be established when there are 10 or more mediation requests.

Nevada Part C has an established system for responding to requests for mediation. A pool of trained mediators is available and funds are set aside each year should a request be submitted. Procedures for requesting mediation are outlined in the Parent Handbook that is given to all families at the time of eligibility determination.

OSEP July 2011 Response Table

*The State reported that no mediations were held during the reporting period.
The State reported fewer than ten mediations held in FFY 2009. The State is not required to provide targets or improvement activities except in any fiscal year in which ten or more mediations were held.
OSEP looks forward to reviewing the State's data in the FFY 2010 APR, due February 1, 2012.*

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 [If applicable]

When activities are required for this indicator all proposed targets will be extended through FFY 2012.

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:

See Page 1

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count and settings and November 1 for exiting and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the “Indicator 14 Data rubric” for reporting data for this indicator (See Attachment B.)

FFY	Measurable and Rigorous Target
2010	<ul style="list-style-type: none"> a. Submitted on or before due dates --100% b. Accurate, including covering the correct year and following the correct measurement. --100%

Actual Target Data for FFY 2010:

- a. The IDEA Part C Office submitted 618 data reports Table 1 and 2 by February 1, 2011 and Table 3 and Table 4 on November 1, 2011. The Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2010 was submitted by the due date of February 1, 2012. Utilizing the Scoring Rubric for Indicator 14, Nevada scored 100% on this indicator.
- b. The IDEA Part C Office has implemented numerous procedures to assure data are valid and reliable as identified in the activities below; Nevada scored **100%** on this indicator.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2010:

Nevada has met its compliance target of 100% for this indicator in both FFY 2009 and FFY 2010. Therefore, progress or slippage is not relevant for this reporting period.

For the FFY 2010 reporting period, Nevada continued to utilize the Tracking Resources and Children (TRAC) III data base for collecting and reporting data on the performance of the Part C system. Data accuracy is ensured through key components of the statewide mandated forms and the TRAC data

collection system. The front-end of the TRAC application has features for identifying ‘data anomalies,’ including restricted drop-down lists for data fields which minimize data errors due to typographical error or submission of spurious information. Data is reviewed on a quarterly basis for any anomalies not caught by the data system. Any errors found are reviewed, researched and sent to the program for correction and corrected in the database. Data must be entered into critical fields in the data system in order to allow data entry to progress. Critical fields include most date fields; if these fields were left blank it could potentially lead to missed deadlines with the Individual Family Service Plan (IFSP), transition meetings, etc. There are also critical fields which do not allow data entry staff to proceed with the data entry or save the record as an additional safeguard. The application was designed to ensure duplicate record entries do not occur. TRAC utilizes User ID and Password to authenticate access to the database, each User ID is setup with a security level at the time of assignment. The application identifies all data changes in a record with a date/time stamp and by the last user to access the record. The security levels are as follows –

System Administration:

- Read Data
- Enter/Modify Data – Statewide Caseloads
- Run Reports – Statewide Caseloads
- View/Print Tickler List – Statewide Caseloads
- View/Modify Security/User Maintenance
- View/Modify Lookup Table Maintenance

Supervisors and Program Managers:

- Read Data
- Enter/Modify Data – Program Caseloads
- Run Reports – Program Caseloads
- View/Print Tickler – Program Caseloads

Service Coordinators:

- Read Data
- Modify Data – Caseload Only
- Run Reports – Caseload Only
- View/Print Tickler – Caseload Only

Data Entry:

- Read Data
- Enter/Modify Data – Program Caseloads
- Run Reports – Program Caseloads
- View/Print Tickler – Program Caseloads

Read Only:

- Read Data
- Run Reports – Program Caseloads

OSEP July 2011 Response Table:

The State provided targets for FFY 2011 and FFY 2012, and improvement activities through FFY 2012, and OSEP accepts those revisions.

The State’s FFY 2009 reported data for this indicator are 100%. These data remain unchanged from the FFY 2008 data of 100%. The State met its FFY 2009 target of 100%.

OSEP appreciates the State’s efforts in achieving compliance with the timely and accurate data reporting requirements in IDEA sections 616, 618, and 642 and 34 CFR §§76.720 and 303.540. In reporting on Indicator 14 in the FFY 2010 APR, due February 1, 2012, the State must use the Indicator 14 Data Rubric.

State Performance Plan Activity Update

Activities during This Reporting Period:

Activity 1: The IDEA Part C Data Manager has created refreshable reports for each program utilizing Crystal Reports to encourage programs to run data reports as needed for internal **data driven decision making**. IDEA Part C Data Manager. **This activity is ongoing. 2005-2012**

- *Utilization of refreshable Crystal Reports supported early intervention programs in auditing data internally for compliance, to follow-up with data reviews for Corrective Action Plans (CAP), to view data trends and to **audit data for accuracy**. Programs also use these reports for tracking and scheduling their therapy services per IFSP;*
- *Individualized reports were generated for early intervention service provider programs to support the Self-Assessment and monitoring process;*
- *Reports are generated for programs with noncompliance or slippage as needed to track progress and bring the program into compliance.*

Activity 2: Provide **training and technical support to regional supervisors and data managers on Crystal Reports** to encourage programs to run data reports as needed for data driven decision making, 2005-2012, IDEA Part C Data Manager. **This activity is ongoing.**

- *The creation of refreshable data reports for each program has supported **Program Data Managers in being able to audit their own program data** on an as needed basis.*
- *Program Managers also utilize these reports to analyze the caseload size of staff for assignment of new children referred to the program. This assists in managing the 45-day timeline requirement. Programs have requested ad hoc reports to allow them to monitor six (6) month reviews, and transition to enable them to support staff in meeting their timelines. This allows the programs to make data driven decisions and to ensure data are accurate and reliable.*
- *Each program's data is audited at least quarterly to address key compliance issues including 45-day timeline, transition meetings, timely services, etc.*
- *For some programs, the 45-day timeline report was pulled on a monthly basis to ensure the new policies and procedures have been instituted, and have been reasonably calculated to reach full compliance.*
- *Wait list trend reports are issued on a monthly basis. These reports identify the length of time between service identification and service initiation to address noncompliance and errors with proper coding in the data system. This information is presented at the Nevada Interagency Coordinating Council (ICC) meetings, to Division Administrators and the Director of Health and Human Services. The codes used in the TRAC system are closely monitored by the IDEA Part C Data Manager, any discrepancies are brought to the attention of the program data supervisor, program manager and IDEA Part C Program liaison for review and correction on a monthly basis.*

Activity 3: Every month Service Coordinators provide their supervisor with a list of their active cases. Supervisors then do **spot checks with Service Coordinators on a rotational basis to ensure data are current and accurate**. The supervisor reviews the record to ensure the services listed are correct, IFSPs are current, reviews have been completed, transition planning is occurring, and children are not past the age of three. **This activity is ongoing.**

- *Reports showing the active caseload are sent to each provider at the beginning of each month to check for accuracy.*
- *Transition meeting verification reports are sent to programs to ensure transition meetings are held in a timely manner and if not, the proper code for the reason for the delay is documented in the child's record.*

Activity 4: Provide ongoing TRAC training to all providers and data input personnel who are responsible for tracking individual child data to ensure accuracy of the data collection, 2005-2012, IDEA Part C Data Manager. **This activity is ongoing.**

- *The IDEA Part C Data Manager has provided **individual training** to Program Data Managers and data entry staff to ensure TRAC data are entered accurately.*

- *The IDEA Part C Data Manager and IDEA Part C Program liaison attended staff meetings within programs to answer questions and provide guidance on data entry and for clarification on what the data field is meant to collect.*
- *The IDEA Part C Data Manager participates in the monthly IDEA Part C Office technical assistance call with all regional program managers, provides data updates, and answers questions. She also attends the quarterly Statewide Management Meeting which includes IDEA Part C Office personnel and all program managers and supervisors.*
- *Training was provided to new providers under provider agreement with Nevada State Health Division(NSHD) by IDEA Part C Office contact including the IDEA Part C Data Manager to ensure accurate data will be compiled and to address any questions raised by the program.*

Activity 5: Regional Part C state contacts will work with designated Supervisors within each early intervention program to ensure that COSF data for entry and exit are being provided on a monthly basis. Tickler reports will be run through Crystal Reports accessing the TRAC III database. Programs will provide monthly follow-up reports on the status of each child on the tickler list. IDEA Part C personnel, Program Supervisors and Data Manager. 2007 - 2012. **This activity is ongoing.**

- *Reports were generated each month for each early intervention service provider programs for the purpose of cross-walking each child to ensure a Child Outcome Summary Form (COSF) has been generated. The COSF analysis spreadsheets are reviewed monthly for missing data and accuracy. Any incomplete or missing COSF entries or exits are brought to the attention of the program for correction and followed up by IDEA Part C Office personnel for completion on a monthly basis.*
- *Program performance in submitting data to support reporting on Child Outcomes was reflected in the IDEA Part C Office response to the program self-assessment process.*

Activity 6: The IDEA Part C Office in partnership with the Aging and Disability Services Division (ADSD) Information Technology (IT) staff will develop a business case with a Technology Investment Request (TIR) to develop a plan and statement of need to update the current TRAC data system. TIRs are required for Executive Branch agencies as part of their biennial budget process as well as for interim funding of information technology projects. IDEA Part C Coordinator, IDEA Part C Data Manager, ADSD IT Personnel, and Regional Program Managers. **2009 – 2012 This activity is ongoing**

- *As the process progressed it was discovered a TIR was not required for updating the data system. A TIR waiver for enhancements was issued on February 28, 2011.*
- *Request for Proposal (RFP) was issued to contract with a programmer, web expert and a data project manager to begin the revisions to the TRAC III data system to meet all of the requirements for federal reporting under Part C of the IDEA as well as critical elements for state reporting and budget development.*
- *Utilizing resources provided through American Recovery and Reinvestment Act (ARRA) funding, the process of building the new TRAC IV system was initiated on May 16, 2011 and went live in January 2011. The new TRAC IV system adds many components that further validated data being entered and makes the system more useful for the programs on a day to day basis.*

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 *[If applicable]*

New Activity Added FFY 2009:

All ongoing activities are continuing through FFY 2012.