



---

## MEETING NOTICE AND AGENDA

**Name of Organization:** Nevada Early Intervention Interagency Coordinating Council (ICC)

**Date and Time of Meeting:** Thursday, July 15, 2021  
10:00 AM

**To attend virtually:** **Join on your computer or mobile app**  
[Click here to join the meeting](#)  
**Join with a video conferencing device**  
[105936574@teams.bjn.vc](mailto:105936574@teams.bjn.vc)  
Video Conference ID: 118 620 552 1  
[Alternate VTC dialing instructions](#)  
**Or call in (audio only)**  
[+1 775-321-6111,425808557#](tel:+1775-321-6111,425808557#) United States, Reno  
Phone Conference ID: 425 808 557#  
[Find a local number](#) | [Reset PIN](#)  
Thank you for planning to attend this Teams meeting.  
[Learn More](#) | [Meeting options](#)

**To attend in person:** **IDEA Part C Office**  
1000 E. William Ave, Suite 105  
Carson City, NV 89701

**Healthcare Quality and Compliance**  
4220 S. Maryland Parkway, Building A, Suite 100  
Las Vegas, NV 89119

Public comments may be submitted by email at [mgarrison@dhhs.nv.gov](mailto:mgarrison@dhhs.nv.gov) by 2:00 p.m. on Wednesday, July 14, 2021. Please include your name and the corresponding agenda item number, if applicable, with any comments submitted. Written comments should contain no more than 300 words. Public comments received by the deadline will be posted on the board's website before the start of the meeting and noted for the record as each action item is heard by council ([Meetings \(nv.gov\)](#)).

## AGENDA

- I. Call to Order, Roll Call, Announcements and Introductions:  
*Candace Emerson, Co-Chair*
- II. Public Comment:  
(No action may be taken on a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken.)

- III. Approval of the Minutes from the April 22, 2021 Meeting (*Attachment Included*)  
**(For Possible Action):**  
*Candace Emerson, Co-Chair*
- IV. New Member Biographies (*Attachments Included*):
- a. Kellie Hess, ICC Parent Representative
  - b. Valeria Gundersen, ICC Parent Representative
  - c. Janice Lee, Nevada Center for Excellence in Developmental Disabilities  
*Mary Garrison, IDEA Part C Office*
- V. Update from Early Intervention Community Providers Association (EICPA) on Community Provider Rate Reductions (*Attachments Included, Information only*):  
*Brian Evans, The Perkins Company*  
*Robert Burns, Therapy Management Group (TMG)*
- VI. The Augmentative and Alternative Communication (AAC) Speech Clinic Presentation:  
*Alicia Young, Clinic Manager*
- VII. Northern Nevada Respite and Volunteer Experiences (RAVE) Family Foundation Presentation:  
*Tiffany Marrone, Family Coordinator*
- VIII. Aging and Disability Services Division Updates:
- a. Early Intervention Program Highlights (*Attachments Included, Information Only*)  
*Candace Emerson, Co-Chair*
- IX. University of Nevada Las Vegas (UNLV) Research on Early Intervention Families (*Attachments Included, Information Only*):  
*Jenna Weglarz-Ward, UNLV*
- X. ICC Subcommittees – Reports on Activities
- a. Family Support Resource Subcommittee
    - Alternative Outreach to the Public in leau of the Annual Calendar  
*Dan Dinnell, IDEA Part C Office*
  - b. Child Find Subcommittee  
*Sherry Waugh, Subcommittee Chair*
- XI. IDEA Part C Information and Reports:
- a. Discuss Possible Activities to Improve Equity, Diversity and Inclusion to ensure Nevada is Effectively Providing Services to Underserved Populations **(For Possible Action):**
  - b. Update on the Nevada Pyramid Model Implementation
  - c. Complaint Matrix
  - d. Yellow Bar Report State Fiscal Year (SFY) 2021 First-Third Quarter
  - e. ICC SFY22 Budget
  - f. Supplemental IDEA Funds Made Available by the American Rescue Plan
  - g. Program Monitoring Updates  
*IDEA Part C Office Staff*
- XII. Consider Agenda Items for Next Meeting **(For Possible Action):**  
*Candace Emerson, Co-Chair*
- XIII. Schedule Future Meetings **(For Possible Action):**

*Candace Emerson, Co-Chair*

XIV. Public Comment –

(No action may be taken on a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken.)

XV. Adjournment

*Candace Emerson, Co-Chair*

---

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body may place reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint.

Parking fees may apply at meeting locations. Please check the websites of the specific locations to determine if permits are required and for prevailing rates.

We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Mary Garrison at (775) 687-0508 as soon as possible and at least two days in advance of the meeting. If you wish, you may e-mail me at [mgarrison@dhhs.nv.gov](mailto:mgarrison@dhhs.nv.gov).

***Agenda Posted at the Following Locations:***

- Aging and Disability Services Division, Carson City Office, 3416 Goni Road, Ste D-132, Carson City
- Aging and Disability Services Division, Reno Office, 9670 Gateway Drive, Ste 200, Reno
- Advanced Pediatric Therapies, 1625 E. Prater Way Ste 107, Sparks
- Clark County Public Library, 1401 E. Flamingo, Las Vegas
- Desert Resource Center, 1391 S. Jones Blvd., Las Vegas
- Capability Health and Human Services-South, 7281 W Charleston Blvd., Las Vegas
- Elko County Public Library, 720 Court, Elko
- IDEA Part C Office, 1000 E Williams St, Ste 105, Carson City
- Northeastern Nevada Early Intervention Services, 1020 Ruby Vista Drive, Ste 102, Elko
- Northwestern Nevada Early Intervention Services, 3427 Goni Road, Ste 104, Carson City
- Northwestern Nevada Early Intervention Services, 2667 Enterprise Rd., Reno
- Nevada PEP, 7211 W. Charleston Blvd, Las Vegas
- Nevada Disabilities Advocacy Law Ctr., 1865 Plumas St., #2, Reno
- Positively Kids, 2480 E Tompkins Ave #222, Las Vegas NV
- Southern Nevada Early Intervention Services, 1161 S. Valley View Blvd., Las Vegas
- State of Nevada, Department of Education, 700 E. 5<sup>th</sup> St., Carson City
- Therapy Management Group, 6600 W. Charleston Blvd. #111, Las Vegas
- The Continuum, 3700 Grant Drive, Ste A, Reno
- UNR/NCED, University of Nevada, Reno
- Downtown Reno Library, 301 S. Center, Reno
- In addition, the agenda was mailed to groups and individuals as requested, posted at Nevada Early Intervention Services Programs and on the Web at <https://notice.nv.gov/>, <http://adsd.nv.gov/>, and <http://dhhs.nv.gov/Programs/IDEA/ICC/Meetings/>



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIRECTOR'S OFFICE

*Helping people. It's who we are and what we do.*



---

## MINUTES

**Name of Organization:** Nevada Early Intervention Interagency Coordinating Council (ICC)

**Date and Time of Meeting:** Thursday, April 22, 2021, 10:00 AM

**Meeting was held via Microsoft Teams:** This meeting was conducted consistent with the Governor's March 22, 2020 Declaration of Emergency Directive 006 as extended by the Governor's March 31, 2020, Declaration of Emergency Directive 010

**I. Call to Order, Roll Call, Announcements and Introductions:**

Co-chair Shari Waugh called the meeting to order at

**Members Present:** Candace Emerson, Valeria Gundersen, Aimee Hadleigh, Kellie Hess, Kari Horn, Sarah Horsman-Ploeger, Kristin Hoxie, Crystal Johnson, Robin Kincaid, Sandra LaPalm, Janice Lee, Kate Osti, Karen Shaw, Sherry Waugh, Jenna Weglarz-Ward, Claribel Zecena

**Members Not Present:** Dawn Brooks, Andre' Haynes, Rhonda Lawrence, DuAne L. Young

**Public Present:** Jessica Bland, Nevada Early Intervention Services (NEIS)-South; Robert Burns, Therapy Management Group (TMG); Abbie Chalupnik, Aging and Disability Services, Quality Assurance Children's Services; Lisa Finney, Capability Health and Human Services (CHHS); Theresa Franco, Capability Health and Human Services (CHHS); Karen Frisk, Nevada Early Intervention Services (NEIS)-NE; Mark James, Therapy Management Group (TMG); Jessica Jersey, Capability Health and Human Services (CHHS); Amy Kowalski, Therapy Management Group (TMG); Marnie Lancz, Therapy Management Group (TMG); Jennifer Loiacano, Therapy Management Group (TMG); Renee Lust, Parent; Fran Maldonado, Division of Child and Family Services (DCFS); Nicole Martin, Division of Welfare and Supportive Services; Kate McLeod, NV PEP; Wendy Nelson, Positively Kids (PK); Catherine Nielsen, Nevada Governor's Council on Developmental Disabilities (NGCDD); Julie Ortiz, Advanced Pediatric Therapies (APT); Rique Robb, Aging and Disability Services (ADSD); Jessica Roew, Nevada Early Intervention Service (NEIS)-Carson City; Heike Ruedenauer-Plummer, Aging and Disability Services, Quality Assurance Children's Services; Shannon Sprout, Aging and Disability Services (ADSD)

**IDEA Part C Staff Present:** Margot Chappel, Dan Dinnell, Shari Fyfe, Mary Garrison, Edythe King, Lori Ann Malina-Lovell, Jalin McSwyne, Iandia Morgan, Melissa Slayden

## II. **Public Comment:**

Ms. Renee Lust made a public comment about being a mother of three (3), with her youngest son being born during the shutdown in the newborn intensive care unit (NICU). Later, they joined Nevada Early Intervention Services (NEIS). Virtual learning was going well at first but as her son began developing complex motor functions, Ms. Lust found that being his physical therapist was very difficult. Ms. Lust reached out to everyone she could to get hands on physical therapy (PT) for her child and she felt she needed to file a Part C complaint, which took 40 days to resolve. Ms. Lust got an exemption from virtual visits and began in home visits, but she was very disappointed that individualized services were not prioritized and there is a blanket rule that every kid must have teleconference meetings with no option for in home visits.

## III. **Approval of the Minutes from the January 12, 2021 Meeting**

Ms. Waugh asked the council to review the minutes from the January 12, 2021 meeting and asked for any edits.

**MOTION:** Accept the minutes from the January 12, 2021 meeting with edits noted.

**BY:** Claribel Zecena

**SECOND:** Aimee Hadleigh

**VOTE:** Passed

## IV. **New Member Biographies**

### a. **Kellie Hess, ICC Parent Representative**

Due to scheduling conflicts Ms. Kellie Hess was unable to present her member bio. Ms. Hess will present her member biography in July 2021.

### b. **Kristin Hoxie, ICC Parent Representative**

Ms. Kristin Hoxie shared that she is a mother of a four-year old (4) named Lennon. Lennon was diagnosed with Autism in 2018 and a year prior he started to receive early intervention services. Ms. Hoxie mentioned that she had a fortunate experience with NEIS, and that Lennon is making some progress. Ms. Hoxie shared that she has professional experience with Opportunity Village which she has worked at for six (6) years and recently has been helping at Capability Health and Human Services (CHHS).

### c. **Crystal Johnson, State Child Care Agency**

Ms. Crystal Johnson has been with the State of Nevada for nineteen years specifically with the Department of Health and Human Services (DHHS) for ten years. Ms. Johnson has worked at the Department of Medicaid, at the Directors office, and with the Department of Child Family Services (DCFS) where she worked to obtain multiple state and federal grants. Ms. Johnson is also the Co-Administrator for the Child Care Development Fund (CCDF) where they administer subsidy dollars for the state. CCDF deals with the subsidy dollars for Early Intervention. Ms. Johnson works closely with their Childcare Resource and Referral Partners (CRRPs) that research the federal grants which can be used to help the early childhood programs. Ms. Johnson is from southern California and is a mother of three (3).

**V. Aging and Disability Services Division Updates:**

**a. Early Intervention Updates**

Ms. Rique Robb shared that Shannon Sprout would be providing an update to the ICC on the Phase 3 re-entry planning for early intervention services.

Ms. Shannon Sprout shared the plan to reopen the state on June 1, 2021 which was discussed with the DHHS COVID-19 and Infectious Disease consultants to figure out how to safely engage in services and home visits for the most vulnerable population, which is not eligible for vaccines. Aging and Disability Services Division (ADSD) is in the process of developing Phase 3 guidance as the prior phases have been done through a workgroup with IDEA Part C, the Interagency Coordinating Council (ICC), and the infectious disease expert. Ms. Sprout also mentioned that she anticipates that there will be a plan ready to submit within the next 60 days while the counties will be reopening around the same time as the State. The State will most likely have more restrictive measures for programs to ensure the safety of the population we serve.

Ms. Robin Kincaid asked if the response from families will be shared? Ms. Robb responded that yes, ADSD will be happy to provide those responses.

Ms. Sprout presented the ADSD budget to the ICC. Ms. Sprout explained that ADSD has 26 programs that have a mix of direct services, a shared delivery model, and grants that help fund the community. Ms. Sprout shared the position summary for 3208 (EI budget number) which had budget requests. In the position summary for 3208 the requests resulted in \$41.6 million dollars for state fiscal year 2022 (SFY22) and \$43.2 million dollars for state fiscal year 2023 (SFY23). The projections came from the Office of Data Analytics within the Department of Health and Human Services. Due to the pandemic there is an increase in caseload projections for the next two (2) Biennium. In SFY22 the caseload is projected to have an increase of 8.5% and for SFY23 an increase of 5.4%. Staffing is based on the caseload. ADSD has requested eleven developmental specialists' III (DSIII) positions, twelve developmental specialists' IV (DSIV) positions and two (2) administrative positions. The eleven DSIII positions and the twelve DSIV positions were to ensure that as Nevada continues to grow and that there will be enough DS's to meet the ratio for contractors that provide direct services and the two (2) administrative staff to help with support. Nevada was informed by the Governor's office that 12% of the budget needs to be reserved as a result of the pandemic. The governor's recommended budget for 3208 has an impact on all the programs since 12% is to be reserved and that there will be 29 vacant positions. Those positions will consist of four (4) accounting assistants, three (3) administrative assistants, clinical social workers, developmental specialists, etc. through fiscal year 2022 and then those positions will be reinstated in SFY23. In addition, positions that will be lost in budget 3208 consist of thirteen DSIII positions based off caseloads. Ms. Sprout explained in the governor's recommended budget there is a rate reduction for community providers from \$565 per month, per child to \$500 per month, per child. That is a decrease in \$65 per child as a recommendation from the governor's office. ADSD met with the community providers to address their concerns about the budget and to provide Medicaid

crosswalks for revenue improvements. Based on the executive branch audit suggestion the appropriate rate should be \$471. ASD worked with the community partners (CP's) and decided not to lower the rate based on the executive branch audit suggestion. \$500 became the new rate for community providers. ASD and the CP's will have a comprehensive rate study to look at the eligibility cost per child.

Ms. Kincaid asked how much money will flow to EI from the American Rescue Plan Act (ARP) Coronavirus Aid, Relief, and Economic Security Act (CARES) money? Part C is asking the Office of Special Education Programs (OSEP) for more information. We are anticipating that \$1,898,183 dollars are going to be added into the budget for Nevada, but we are still getting additional information from OSEP. Ms. Malina Lovell confirmed that the number is correct, but Part C hasn't been told how to distribute the funds.

Ms. Kincaid mentioned that the Nevada Department of Education (NDE) has a contingency fund for children that at higher risks and asked if there was a discussion about a contingency fund for Part C? Ms. Robb differed to Ms. Malina Lovell. Ms. Malina Lovell responded that she doesn't have any information about a contingency fund.

**b. Early Intervention Program Highlights**

Ms. Garrison mentioned that she added updates from the programs to the packet and if there are any more updates to contact her for distribution.

**VI. Early Intervention Community Providers Association (EICPA) Presentation and Discussion on Community Provider Rate Reductions**

Mr. Willden shared that he is a member of the Perkins Company that does government affairs and relations work. Mr. Willden is representing the Early Intervention Community Providers Association (EICPA) and is providing documents to the ICC. Mr. Willden mentioned that the ASD proposed budget is different from the governor's proposed budget. E680 is one (1) of two (2) concerns that the EICPA has regarding the frozen twenty-nine positions, which saves the state \$1.8 million dollars through FY22, but that is twenty-nine people not serving families. The second concern is E698 which is the twelve percent cut to community providers that would result in losing two (2) million dollars per year to support families. Mr. Willden mentioned that the twelve percent cut is on top of the Medicaid cut which is six (6) percent and the concerns are that that there will be less services available to families and how do the CP's keep their doors open? Mr. Willden provided the ICC documentation on how the community provider rate was calculated and asked Mr. Burns to present them to the ICC.

Mr. Robert Burns shared that in 2003 Nevada shifted from the Medical Service model to the Comprehensive Educational Service model by merging the Special Children's Clinic with the First Steps program. Mr. Burns came to Nevada in 2004 and became an occupational therapist (OT) for NEIS in 2005. There were complaints filed in 2008 and 2011 from disability advocates as a result of untimely services and noncompliance with program rules. The CP's helped the state with compliance and timely services and in a 2012 audit found that the expenses from the state are higher than the expenses of community providers. In 2012 it was recommended that additional services be transferred to the CP's. Mr. Burns expressed that the family's choice of service providers is being restricted by the 50/50 split.

Mr. Burns agrees with Ms. Robb that there should be more flexibility in the 50/50 split. The CP caseload has been reduced by 21% since January 2020 from 1,958 kids to 1,552 kids while the states caseload declined only 7% from 1,768 kids to 1,644 kids. The history is brief but pointed and in the 10 years that the CP's had received the \$565 rate. The rate hasn't accounted for inflation and costs of providing these services, so Mr. Burns believes there are solutions that are helpful.

Mr. Willden mentioned that the concern with the rate cut is that the reduction is being done without recent study. The last study was conducted ten or eleven years ago, and the reduction was to meet a budget, and not based on recommendation. The EICPA has been engaging in a rate study with University of Nevada Reno (UNR). Once the study is completed Mr. Willden plans on sharing the findings with the ICC. The cost of delivering services from the CP's is over \$600, not \$500. The CP's are concerned with rotation holds where families can't go to their program of choice. There are three (3) possibilities, the first is using Temporary Assistance for Needy Families (TANF) money that they have reserved. There is forty-three-million-dollars reserved that TANF isn't spending helping kids and they are projected to end the Biennium with thirty-eight million dollars of reserve money. Mr. Willden has worked with TANF for most of his career and doesn't believe that it is not allowed to tap into those reserves. The first reason why it should be allowed is because Early Intervention Services (EIS) is a comprehensive educational model and not a medical model. TANF is putting money into the Autism program and the Nurse Family Partnership Program (NFPP) in Las Vegas and Mr. Willden has a hard time seeing how they can help fund those two (2) programs and not Early Intervention. Neither of these programs are medical models, they are both comprehensive models. The CP's were told that they don't have an income test or eligibility test to qualify to receive funds, but the NFPP does not have an income test or eligibility test either. NFPP has in its rules that you must be a pregnant woman or a woman with a child under the age of two (2) and that you must be a Medicaid recipient. Mr. Willden argued for general fund dollars to be made available. The budget will close on April 28, 2021 before the economic forum can meet on May 4, 2021. Mr. Willden explained that the third solution they are proposing is regarding American Rescue Plan (ARP) which includes three billion dollars the state of Nevada is about to receive. Mr. Willden shared that there is a tool Every Nevadan Recovery Framework (ENRF) that asks for suggestions on how to spend the ARP funds. [Every Nevadan Recovery Framework](#).

Ms. Kincaid asked if parents requested a community provider either at entry or after their services have begun, are they told that their request has been denied? Have they been told where they can review the available programs at intake? Ms. Robb responded that parents are always given a choice. Ms. Kincaid mentioned that the 50/50 model is concerning, and she wonders if the model was changed from the family being able to review their choices of programs. Ms. Sprout mentioned that once the caseload cap is reached within the budget with the 50/50 split the providers are then placed in a rotation hold. There are times where rotation holds are placed, and we are asking Legislature for flexibility to be able to move money so parents can keep their choice of program while maintaining the 50/50 split.

Ms. Johnson asked is the pushback on the TANF spending coming from the Nevada Legislature or Welfare Supportive Services? Mr. Willden responded that a little of both but mostly from the Welfare Division. Mr. Willden explained that the CP's are considered a medical model, with no income test. There was zero discussion about NEIS receiving TANF funds. Ms. Robb mentioned that Mr. Willden

should work with his administrator to see if he has all the facts since ASD has been looking at multiple options to help with the budget. Ms. Robb further explained that the TANF budget closed last week and hopefully there can be a special session to look at their budget again.

Ms. Horsman-Ploeger asked where is the reserved money going? Mr. Willden mentioned that there's a fixed amount of dollars from the general fund which in turn informs the governor on how much he can spend, which a difficult choice. Mr. Willden said that they are choosing not to spend those four million dollars on EI services, which is more than two million dollars if you include the frozen positions. The governor is choosing to spend the funds elsewhere to balance the budget. So, it's difficult to say since it's just a balancing act. Ms. Robb mentioned that state employees have furloughs and that goes into the State General Fund budget. Ms. Robb explained that the Nevada Legislature does not tell us where the money goes, we just know it goes into that budget.

Ms. Kincaid asked Rique Robb and Shannon Sprout if there are any concerns about being able to ensure maintenance of effort (MOE) required by OSEP? Ms. Robb answered that because of it being based on caseload the MOE is in a grey area and it is projecting that we will meet the maintenance of effort that is required by OSEP.

**MOTION:** The ICC will draft a letter to send to the Nevada Legislature regarding the budget concerns.

**FIRST:** Sarah Horsman-Ploeger

**SECOND:** Kristen Hoxie

**VOTE:** Approved

Mr. Willden informed the ICC that a letter addressed to the Nevada Legislature outlining the concerns with the impact of the budget on community programs would be the best way to address the issue.

## **VII. University of Nevada Las Vegas (UNLV) Research on Early Intervention Families**

Dr. Jenna Weglarz-Ward shared that she is doing two (2) studies about families seeking childcare for their children with special needs during the pandemic. Dr. Weglarz-Ward is doing a nation-wide survey with her co-worker from the University of Alabama on decisions about childcare and the impact from COVID-19. The other is a family interview study that is waiting on approval and would be held in three (3) states; Nevada, Illinois, and Alabama, to understand their experience with childcare and services within the community during COVID-19. The purpose is to seek clarification on what went well and what did not. Once all the information is collected, Dr. Weglarz-Ward's team will give all responses to providers so they can better help families. Dr. Weglarz-Ward will email any information regarding the research to anyone who requests it.

## **VIII. IDEA Part C Office Information and Reports**

### **a. Update on the Nevada Pyramid Model Implementation**

Ms. King provided an update on the Pyramid Model. Cohort one (1) is going strong towards fidelity. Nevada has moved to Cohort two (2) with NEIS South and NEIS Carson City starting their training. Cohort three (3) is on hold for the moment, as the fidelity is still being worked on and it may take several months for Cohort 3 to get started.

**b. Complaint Matrix**

Ms. Fyfe shared the Complaint Matrix with the ICC. Ms. King discussed that two (2) complaints have been filed, one (1) has been closed and the other is still open. The first complaint from a parent of a child receiving physical therapy (PT) through telehealth with no progress being made. Ms. King shared the Part C determination that the family would receive an exemption for in person PT services from EI within 30 days of this report being filed. The Phase two (2) re-entry plan allows expanded in person services for unique cases. IDEA Part C recommends that ADSD formulates a process that ensures exceptions are determined as equitable as possible. Should the exception to this family receiving in person PT not occur within 30 days of May 2021, the IDEA Part C Office recommends that reimbursement occur from that time forward for out of pocket expenses the family accrues for community services. The second complaint was for failed virtual services, lack of parent choice, and out of pocket expenses. The second is still under review.

**c. Yellow Bar Report for State Fiscal Year 2020 and 2021 (SFY20 and SFY21)**

Ms. Slayden explained that the provided Yellow Bar Report is from the state fiscal year 2020 and the federal fiscal year 2019. The current year data will not be released until July 1, 2021. Ms. Slayden shared the Individual Family Service Plan (IFSP) data for the first half of fiscal year 2020. Ms. Slayden shared that she is having trouble accessing the data for the second half of the year. After Mary Knight became ill the Part C office was not able to do some of the cleanup needed to access data.

Ms. Horsman-Ploeger asked for those of us not able to access the files within Teams can we send these out? Ms. Slayden answered that Part C will send these out.

Ms. Slayden explained that there were major errors with the report, so she took time to make sure the formulas were working correctly. MD Developmental Agency (MDDA) was added to the report, Kideology has been gone for over a year, but some data was left in the report and grayed out. MDDA was added to the Yellow Bar Report in the third (3) and fourth (4) quarter. Ms. Slayden shared her screen which displayed Indicators five (5) & six (6) which shows children that were captured within the system for age range zero (0) to one (1) and then one (1) to three (3). Ms. Slayden shared that the report provided is from the December 1, 2020 count and these are only active IFSPs from that day. The number of kids from age range zero (0) to one (1) for 2018 and 2019 shows a net loss of five (5). Ms. Slayden shared the budget which showed that money was saved from traveling and it is projected to be around \$12,000 in extra money.

**d. ICC SFY21 Budget (See notes below)**

**e. Federal Updates on Annual Performance Report (APR), State Systemic Improvement Plan (SSIP), Supplemental IDEA Funds Made Available by the American Rescue Plan**

Ms. Malina-Lovell thanked the ICC for their annual review of IDEA Part C's Annual Performance Review (APR) which was submitted by OSEPs deadline on February 1, 2021. The Part C Office has received the APR review from OSEP. The Part C Office goes through a clarification period every year to include any corrections that are advised. OSEP wanted more information on how IDEA Part C identifies the correction of non-compliance and findings as far back as 2017. The Part C Office provided an explanation, but OSEP wanted more wording. The Part C Office will be adding that to their corrections which are due April 27, 2021. The State Systemic Improvement Plan (SSIP) was provided in a timely manner to OSEP on April 1, 2021. Ms. Malina-Lovell shared that OSEP is in the process of providing information on Nevada's American Rescue Plan Funds.

Ms. Zecena asked what will happen with the extra funds? Ms. Malina-Lovell replied that IDEA Part C will receive an increase in grant money from \$4,233,381 to \$4,260,313, which is an increase of 0.9% or \$36,932. The IDEA Part C Office was advised that the grant application should reflect that amount. The IDEA Part C Office is updating the application regarding the increase by May 7, 2021.

Ms. Garrison advised that the annual ICC Calendar was not distributed by programs due to COVID-19 restrictions on in-home visits. Based on this feedback, the Part C Office wanted to include a discussion regarding the future distribution. The IDEA Part C Office wanted to add ICC calendar distribution to the agenda and make sure it is on the council's radar for the July ICC meeting. Part C shared that funds from the ICC in the future could be used for to send parents/ICC members to conferences, the annual ICC Calendar, or other public outreach programs. Ms. Slayden replied that the funds from this year's budget will be used before the end of June. The ICC funds may roll over on July 1, 2021, but that is a decision the ICC or Ms. Malina-Lovell would make. Ms. Slayden was not sure if the funds will be rolled over since there hasn't been money left in past years. Ms. Garrison recommended that the ICC schedule a subcommittee to come up with what to do with that money. Ms. Malina-Lovell suggested that we wait on deciding to create a subcommittee until Mr. Dinnell speaks on the DEC conference.

Ms. Malina Lovell shared that Nevada received an increase in grant funds. Ms. Malina-Lovell shared that Part C received information from OSEP that Nevada will be receiving money from the American Rescue Plan to the tune of \$1,898,183, which is on par with EI programs in Kansas, Mississippi, and Connecticut. Once Part C receives information on how to distribute these funds, Part C will present that information to the stakeholders. There has been no discussion on contingency funds which would be more applicable to the Nevada Department of Education.

**f. Program Monitoring Updates**

Ms. Morgan shared that Part C has begun program monitoring and six (6) programs have been selected. The Part C office just finished monitoring there second (2) program of the year. The Part C Office is conducting program monitoring virtually, and Ms. Morgan thanked all the

programs for their cooperation. Part C will present the programs with their response letters no later than June 30, 2021, including the six (6) programs. The programs not scheduled for monitoring will be provided TRAC data performance reports. The data will be gathered through the TRAC Data system. All programs are responsible for submitting their updated personnel roster, child outcome summary processes, and continuous training for all staff to their program liaisons. The end of May is when Part C should be finished with monitoring, and June is when the Part C Office reviews the data and submits the reports to the programs no later than June 30, 2021.

**g. DEC's 37th Annual International Conference on Young Children with Special Needs and Their Families**

Ms. King shared some exciting news that Nevada was the first and only program in the nation to implement the Pyramid Model in EI. The Part C Office submitted a proposal that shows the processes that worked, the things that didn't, the basic structure of the Pyramid Model in EI and how it helps children with their social emotional skills. Members of the Part C office and members of Cohort one (1) have agreed to present at the DEC conference, if approved. The DEC conference is scheduled September 21 - 24, 2021.

Dr. Weglarz-Ward shared if people have questions about DEC, they can contact her directly. Mr. Dinnell encouraged everyone to attend at least one (1) conference.

**IX. ICC Public Awareness (Annual ICC Calendar and Social Media Outreach)**

This agenda item was discussed during the ICC SFY21 Budget conversation and will be discussed further in the July 2021 ICC meeting.

**X. Consider Agenda Items for Next Meeting**

Ms. Waugh asked the ICC for any agenda items to include in the next meeting.

Ms. Kincaid mentioned that for the next agenda we could include a contingency fund discussion. Part of this discussion would include a vote on whether the ICC wants to create an ICC subcommittee.

Ms. Fyfe mentioned public awareness for the agenda.

Ms. Garrison shared that standing items for the next agenda would include a review of today's minutes, Part C reports, and new member biographies.

**XI. Schedule Future Meetings**

The next ICC meeting is dated for July 15, 2021 from 10:00 am to 2:00 pm. The ICC made the decision to reconvene their strategic planning face to face meeting on October 21, 2021.

**XII. Public Comment**

No public comment was made.

**XIII. Adjournment**

The meeting was adjourned at

## **Kellie Hess Bio**

"On December 8, 2018, our lives were blessed with the birth of our little, heart warrior, Nash. We found out early into the pregnancy that he had trisomy 21 and a severe heart defect. It was a lot to digest especially since our first son Braxton was still so young. We delivered Nash at the University of Utah hospital since they have a fantastic cardiology team. He had to stay in the NICU for a month. We learned so much while we were there, but we had no idea of the services that were available in our rural area. The hospital reached out to the Nevada Early Intervention Services (NEIS) so we could start services as soon as we could go home.

We knew we would need extra services and professionals to help him reach his full potential. When we had our first meeting with NEIS in our home, I was blown away. They had every type of therapist that we needed and they came to us! They helped us get into other helpful programs that we didn't know were available to him. I am so thankful for the progress that our little guy has made.

It seems like a lifetime ago that he was home with an NG tube, oxygen, and pulse oximeter. He had his open heart surgery at 6 months old, and we haven't had any hospital stays since. It has been such a blessing to have these amazing people with their tips and positive influence to help our entire family. They gave us peace of mind that he was developing at a good pace, and we were doing the right things.

I am excited to advocate for my son and for the other children in our community. It is such a wonderful program, and I am so thankful for it!" ~ Kellie Hess, ICC Parent Representative in Elko, NV



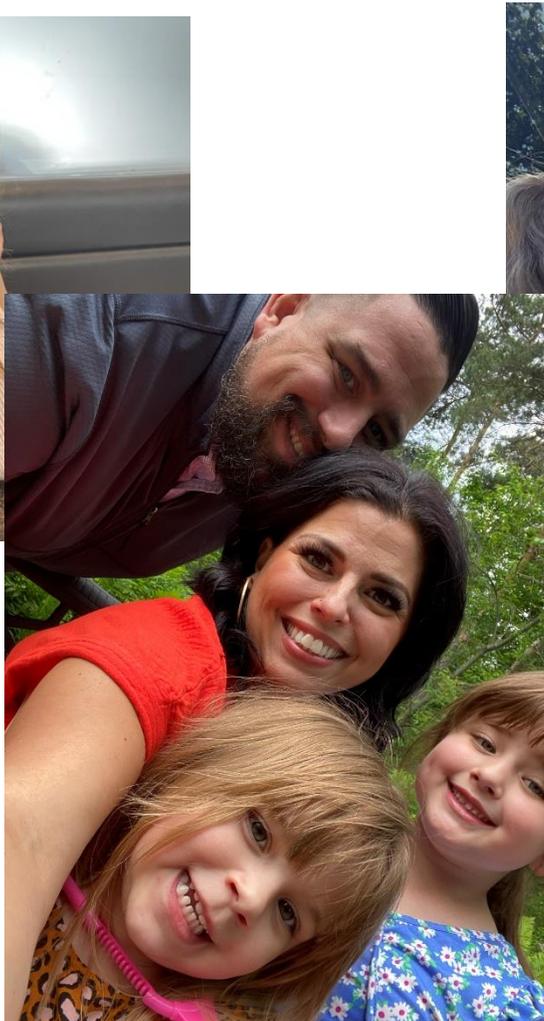
## Valeria Gundersen Bio

I want to start off by thanking the committee for accepting my application to join this board. A little about me: My name is Valeria Gundersen and known to most as Val. Originally from Buenos Aires, Argentina but have called Las Vegas my home since 1981. My husband Ryan and I have two beautiful daughters, Olivia, 5 and Isabella, 3. When Olivia was 18 months old, I started noticing the lack of eye contact and the biggest concern to me was her speech delay. I, like most parents, referred to Dr. Google and when I typed "speech delay" in the search bar, the first thing that popped up was "autism." I spoke to her pediatrician about my concern and she told me not to worry and wait, that her speech would come. By age two, Olivia was speaking only about 10 words and by 27 months, I said "no more" and signed up for early intervention programs. I was desperate to find solutions and was desperately waiting for her to call me "mommy!" Who doesn't want to hear that from their babies? At this age I also started to search for ways to get her evaluated to try and determine if there was truly something to be concerned about or was she really just "a late bloomer" as her pediatrician had told me multiple times. It was because of the process to get her evaluated that I decided to join this committee. The amount of tears, frustration and wait list after wait list was enough to drive me into a small depression and thought to myself, "how can I make a difference?" At 41 months, we received the good news that it was our turn to meet with the neuropsychologist after being on a waitlist for 16 months! I thought, Hallelujah! Little did I know that after receiving her diagnosis I would have to be placed on, you guessed it, another waitlist for ABA therapy in the middle of a pandemic!

My number one goal while on this committee:

- Provide feedback as a parent of a child with ASD and find ways to improve this extremely painful journey to get these kiddos in the therapies needed early on so that they can be successful in life.

I am happy to report that Olivia has been doing amazing and is rocking ABA therapy!



### **Janice K. Lee, Ph.D., BCBA Biography**

I am a faculty member at the University of Nevada, Reno and the Nevada Center for Excellence in Disabilities (NCED). I have worked with young children with disabilities and their families in Nevada since 1995, including being a Developmental Specialist in the northwestern region of rural Nevada in the early 2000s. I am honored and privileged to be a part of the Interagency Coordinating Council (ICC) representing the NCED, and to contribute to the important work of early intervention for Nevada's youngest children, their families and communities, and the professionals who teach and support them. Living in Reno my entire adult life, I am a proud Nevadan with my husband and three children (10, 8, and 3 years old). We enjoy exploring and spending our free time outdoors, traveling Nevada's highways and byways in our RV.

Presentation to the Interagency Coordinating Council (ICC)  
by the  
Early Intervention Community Providers Association (EICPA)  
Legislative outcome on Rate Reductions  
July 15, 2021

**Original NEIS Budget Concerns:**

The Governor's Recommended Budget included two decision units that would negatively impact services provided to EIS children.

Decision Unit E680 requested that 29 vacant state positions continue to be held vacant through FY22, ending 6-30-2022.... reducing the NEIS budget by \$1.8 million.

Decision Unit E698 requested a reduction in the comprehensive rate paid to Community Providers in both years of the 2021 -2023 biennium, by cutting the rate paid from \$565 to \$500 per month (approx. 12% reduction). The budgeted impact (reduction) was \$1.853 million per year to the Community Providers.

**Medicaid Rate Reduction:**

During the 31<sup>st</sup> Special Session of the Legislature (July 2020), Medicaid Provider Rates were cut by 6%. This cut would impact Community Providers for services provided to children who are eligible for Medicaid. The 6% cut was to be implemented effective 8-15-2020.

**Legislative Budget Hearings:**

The Assembly Ways and Means and Senate Finance Committees held meetings to process the NEIS budget as follows:

March 5<sup>th</sup> .... Agency presentation of the budget, including the Rate Cuts and Staffing Freeze.

April 28<sup>th</sup> .... Subcommittee hearing and closing, supporting the reductions.

May 13<sup>th</sup> .... Full Committees budget closing. Rate Cuts & Staff Freeze were not approved.

Additionally, in the closing of the Medicaid budget, the 6% Provider Rate Reduction was not approved.

Summary, neither of the Community Provider Rate Reductions (NEIS or Medicaid) were approved by the Legislature. The \$565 comprehensive rate was fully funded for the 2021 – 2023 biennium. The Medicaid program was directed to withdraw their pending State Plan Amendment to implement Provider Rate Reductions.

The following link may be used to review committee hearings and presentations:

<https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Committee/337/Meetings>

### **Letters of Support/Meetings with key Legislators:**

The EICPA met with many Legislators that either serve on the Assembly Ways and Means Committee, the Senate Finance Committee, or who hold key Leadership positions to express concern about the rate reductions and the holding/freezing of state positions.

The EICPA wrote letters to the Committees and presented during each of the NEIS and TANF budget hearings, expressing concerns about cuts and suggesting ways the funding for the NEIS program could be found.

Several families who receive services from NEIS Community Providers wrote letters and testified at the budget hearings expressing concerns about the planned reductions. The EICPA is thankful to these families for their efforts.

The EICPA presented at the April 22<sup>nd</sup> ICC meeting requesting assistance in opposing the planned rate cuts. Following that meeting, the ICC sent a letter to the Money Committees expressing concerns regarding the reductions. The EICPA is thankful for the ICCs support in opposing the cuts.

AAC's  
NICU  
TRANSITION  
TEAM

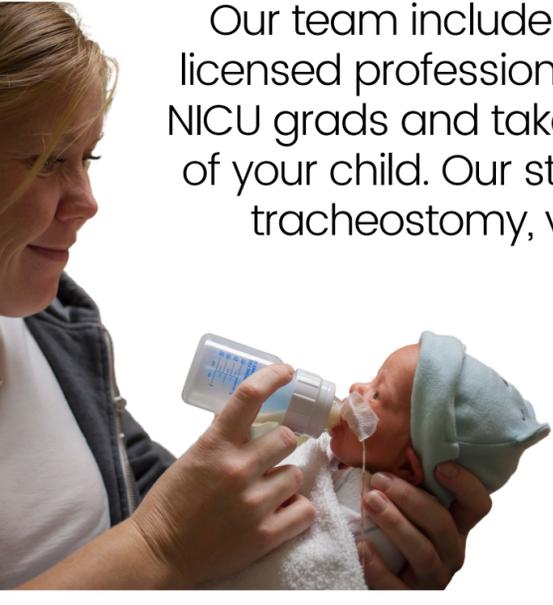
EXPERIENCED, AT-HOME  
TRANSITION CARE FOR NICU GRADUATES & THEIR FAMILIES

## When Timing is Everything, You Need a Team with Education, Experience, & Training

You both fought hard to get here; we'll help you take the next steps with quality, **comprehensive care** that's convenient and safe. We practice infant and child therapy **in-home to minimize exposure** for our most vulnerable patients and their parents.



Our team includes master's-trained, data-driven, licensed professionals who understand the needs of NICU grads and take a proactive interest in the health of your child. Our staff receives advanced training in tracheostomy, ventilator, and NG/G/GJ care.



[Contact us](#) before or after delivery, and we'll work with you and your healthcare providers to find therapy solutions that work for your child and your family.



## THE AAC TEAM APPROACH

Team AAC understands the **unique challenges of transitioning from NICU care to home**. NICU graduates are often at increased risk for long-term developmental issues due to prematurity and/or neurologic insult suffered before or during birth. AAC provides an **allied health team, consisting of physical therapy, occupational therapy, and speech pathology**. This is critical to providing early evaluation for gross and fine motor skills, feeding, and language development.

Our clinicians are trained to assess and monitor your child's neurodevelopment and provide early detection of potential developmental delays. The team assigned to your child upon graduation from the NICU can easily assess any potential issues with development within their respective fields in order to **provide the appropriate treatment and support to enable your child to reach their full potential**.

Our teams provide weekly, ongoing education based in research and best practices for families and caregivers. In AAC NICU Transition Teams, you'll find clinicians who place **family-centered care** at the heart of each interaction; you can be assured your parental voice will be valued, as you know your child best.

## INSURANCES ACCEPTED

### In-Network

- Nevada Medicaid
- Silver Summit Medicaid
- Clark County Firefighters
- Culinary (Case by Case)
- HPN Medicaid (Speech Only)
- Nippon Life Benefit
- Tricare West
- HealthScope
- GEHA
- Aetna

### Out-of-Network

- BCBS-Anthem Commercial PPO
- CIGNA PPO
- SHL PPO
- United Healthcare PPO

THE AAC SPEECH CLINIC, LLC  
[www.theaacspeechclinic.com](http://www.theaacspeechclinic.com)  
[info@aacspeechclinic.com](mailto:info@aacspeechclinic.com)

1775 Village Center Circle  
Unit 190  
Las Vegas, NV 89134  
702-355-9862  
888-316-4826 (f)



AAC's  
NICU  
TRANSITION  
TEAM

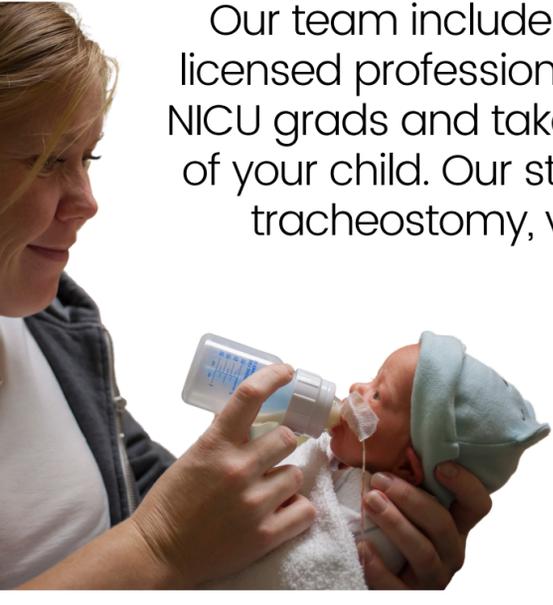
EXPERIENCED, AT-HOME  
TRANSITION CARE FOR NICU GRADUATES & THEIR FAMILIES

## When Timing is Everything, You Need a Team with Education, Experience, & Training

You both fought hard to get here; we'll help you take the next steps with quality, **comprehensive care** that's convenient and safe. We practice infant and child therapy **in-home to minimize exposure** for our most vulnerable patients and their parents.



Our team includes master's-trained, data-driven, licensed professionals who understand the needs of NICU grads and take a proactive interest in the health of your child. Our staff receives advanced training in tracheostomy, ventilator, and NG/G/GJ care.



[Contact us](#) before or after delivery, and we'll work with you and your healthcare providers to find therapy solutions that work for your child and your family.



## THE AAC TEAM APPROACH

Team AAC understands the **unique challenges of transitioning from NICU care to home**. NICU graduates are often at increased risk for long-term developmental issues due to prematurity and/or neurologic insult suffered before or during birth. AAC provides an **allied health team, consisting of physical therapy, occupational therapy, and speech pathology**. This is critical to providing early evaluation for gross and fine motor skills, feeding, and language development.

Our clinicians are trained to assess and monitor your child's neurodevelopment and provide early detection of potential developmental delays. The team assigned to your child upon graduation from the NICU can easily assess any potential issues with development within their respective fields in order to **provide the appropriate treatment and support to enable your child to reach their full potential**.

Our teams provide weekly, ongoing education based in research and best practices for families and caregivers. In AAC NICU Transition Teams, you'll find clinicians who place **family-centered care** at the heart of each interaction; you can be assured your parental voice will be valued, as you know your child best.

## INSURANCES ACCEPTED

### In-Network

- Nevada Medicaid
- Silver Summit Medicaid
- Clark County Firefighters
- Culinary (Case by Case)
- HPN Medicaid (Speech Only)
- Nippon Life Benefit
- Tricare West
- HealthScope
- GEHA
- Aetna

### Out-of-Network

- BCBS-Anthem Commercial PPO
- CIGNA PPO
- SHL PPO
- United Healthcare PPO

THE AAC SPEECH CLINIC, LLC  
[www.theaacspeechclinic.com](http://www.theaacspeechclinic.com)  
[info@aacspeechclinic.com](mailto:info@aacspeechclinic.com)

100 N. Arlington Avenue  
Suite 200  
Reno, NV 89501  
775-235-4320  
775-260-1724 (f)



# SPECIALISTS IN PEDIATRIC AAC SERVICES



AAC is proud to offer multi-specialty **Augmentative and Alternative Communication** services to patients with complex medical and communication needs.

We utilize both high- and low-tech aids to help your child increase communication autonomy and decrease community participation barriers.



Our therapists have experience with a wide range of complex diagnoses, including:

- Chromosome Duplication/Deletion Disorders
- Traumatic Brain Injuries - Rett Syndrome - Cerebral Palsy
- Autism Spectrum Disorder - Down Syndrome
- Angelman Syndrome - Muscular Dystrophy
- Visual and Hearing Impairments - Hydrocephalus

## THE AAC EVALUATION PROCESS

### SLP Assessment

Approximately 1 hour of comprehensive speech and language assessment

### AAC Evaluation

2.5 hours of speech, occupational, and physical therapy evaluations to determine what interventions will be most helpful

### Specialized SGD Therapy

Therapists work with a variety of AAC equipment to determine the best option for your child.

### Device Prescription

The final step - working together to get your child what they need for successful functional communication

### What Role Does Occupational Therapy Play in AAC?

OTs evaluate motor, sensory, auditory, and visual challenges and advise with regard to colors, size, placement, and spacing for both high- and low-tech devices.

### What Role Does Physical Therapy Play in AAC?

PTs evaluate motor, seating, and positioning needs to be sure all prescribed devices are functional, comfortable, and safe.

## INSURANCES ACCEPTED

### In-Network

- Nevada Medicaid
- Silver Summit Medicaid
- Clark County Firefighters Culinary (Case by Case)
- HPN Medicaid (Speech Only)
- Nippon Life Benefit
- Tricare West
- HealthScope
- GEHA
- Aetna

### Out-of-Network

- BCBS-Anthem Commercial PPO
- CIGNA PPO
- SHL PPO
- United Healthcare PPO

THE AAC SPEECH CLINIC, LLC  
[www.theaacspeechclinic.com](http://www.theaacspeechclinic.com)  
[info@aacspeechclinic.com](mailto:info@aacspeechclinic.com)

1775 Village Center Circle  
Unit 190  
Las Vegas, NV 89134  
702-355-9862

The AAC team is committed to improving quality of life for kids with complex communication needs and their caregivers by providing convenient in-home and clinic access to services, tools, and specialists.



BRINGING THE GIFT OF TIME TO FAMILIES WITH SPECIAL NEEDS.

## 2021 Family Interest Form

Name of Parent/Guardian: \_\_\_\_\_

Name of Child/ren with diagnosis: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Birth of Child: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Who referred your family: \_\_\_\_\_

Signature: \_\_\_\_\_

RAVE - is an acronym for Respite And Volunteer Experiences. Respite is an essential break given to caregivers. By providing temporary emotional relief from the constant care and loving attention our families provide to their children, we are allowing a reprieve that strengthens the quality-of-care parents and guardians deliver. RAVE enhance the lives of the youth volunteers that have collectively dedicated 104,559 hours to providing respite care in the Washoe County community over the last 25 years.

The mission of the Northern Nevada RAVE Family Foundation Our mission is to improve the well-being of Nevada families by providing respite to caregivers of children and young adults with a special need. This includes but is not limited to those who care for children with developmental disabilities, autism, a special health care need, children with mental & behavioral health concerns, and children in foster care.

**The RAVE Family Center:** Center-based respite not only provides caregivers with a break from the extra care their children require, the time they spend at medical and therapeutic appointments, etc., but RAVE also creates a space for children ages 3 months to 6 years old to just be kids in a safe, fun, social environment. Families are able to sign up for 3 respite sessions per month. Our weekday sessions run from 5:30pm-8:30pm Monday-Thursday and our Saturday sessions run from 10:00am-1:00pm and 3:00pm-6:00pm.

**Jr. RAVE & Teen RAVE:** Provides community and center-based respite care to families caring for youth ages 7-12 and 13-22, respectively, with disabilities, special health care needs, and children in foster care. The purpose of the program is to provide respite to families, while encouraging peer-to-peer interaction and building social skills, in a variety of community environments. Community outings include bowling, rock climbing, and art classes as well as other activities.

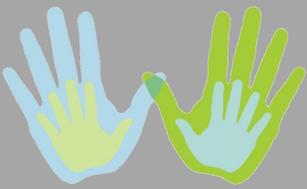
**Rural Respite—Voucher Program:** Provides Respite Vouchers to families who have a young or adult child with a diagnosed developmental disability, special health care need, children with mental or behavioral health concerns, and children in foster care and are unable to utilize center-based respite care or have limited access to RAVE facilities. Vouchers will help families to receive safe in-home respite due to the Covid-19 shutdown and, or continued restrictions. Vouchers are also made available for families who have children who are considered medically fragile and are unable to participate in group care.

We look forward to providing you with the gift of time!

P.O. Box 2072, Sparks, NV 89432 • Phone: 775.787.3520 • Fax: 775.356.8357 • [nnrff.org](http://nnrff.org) • Email: [nnrff@att.net](mailto:nnrff@att.net) • Tax ID: 94-3236921



BOARD OF DIRECTORS · RYAN NELSON, PRESIDENT, EDWARD JONES · TYLER SMITH, VICE PRESIDENT, GABELLI ASSET  
 KEITH FUETSCH, TREASURER, NEWLIN INVESTMENT GROUP · LORI SANDOVAL, SECRETARY, WCSO  
 PATRICK RIGGS, DIRECTOR, DICKSON COMMERCIAL GROUP · RYAN RENARD, DIRECTOR, AFFINITY COMMERCIAL CLEANING  
 VANESSA HELFRICK PAULUS, DIRECTOR, NATIONAL COUNCIL OF JUVENILE & FAMILY COURT JUDGES  
 DEVIN SIZEMORE, DIRECTOR, BBSI RENO · DEREK BEAUVAIS, DIRECTOR, BIG BROTHERS BIG SISTERS OF NORTHERN NEVADA  
 GAR GAUTAM, DIRECTOR, NORTHERN NEVADA HOPES · KATIE MORALES, DIRECTOR, TOIYABE TITLE · KORINE VIEHWEG, EXECUTIVE DIRECTOR



## Programs of the Northern Nevada RAVE Family Foundation (RAVE)

- The **RAVE Family Center** provides center-based respite care for families caring for young children with disabilities, special health care needs, children in foster care, and their siblings between the ages of 3 months through 6 years. Children who receive care at the RAVE Family Center may have the diagnosis of autism, cerebral palsy, Down Syndrome, developmental delays, or hearing impairments, to name a few, while other children are in foster care, who may have had previous involvement with the Department of Social Services. Youth volunteers, under the supervision and guidance of Respite Service Providers, care for, comfort, nurture, and engage the children while parents receive respite, a “break” from their care giving responsibilities.
- The **Jr. RAVE** and **Teen RAVE** programs were created for youth and young adults with developmental delays and special health care needs. As programs of RAVE, the goal is to support the youth and young adults in positive social experiences throughout our community. It is an opportunity for families to receive respite while encouraging peer-to-peer interaction and building social skills in a variety of community environments. Activities such as bowling, rock climbing, art classes, and magic shows have been enjoyed by the participants in these programs. The first of its kind Jr. & Teen RAVE Center opened in July 2019, providing the opportunity for youth and young adults to have a safe and fun place to hang out with their friends while their parents receive a much needed and well deserved break. The volunteers are recruited through the RAVE Family Center, local high schools, TMCC and the University of Nevada Reno. They receive hands on training and experience throughout each respite session and outing they attend.
  - Jr. RAVE** provides respite care to families caring for children ages 7-12 with disabilities, special health care needs, and children in foster care. Jr. RAVE youth enjoy participating in community activities and hanging out with their friends, peer participants and jr. high, high school and college volunteers who are trained and mentored by the RAVE staff.
  - Teen RAVE** provides respite care to families caring for young adults ages 13-22 with disabilities, special health care needs, and children in foster care. Teen RAVE young adults enjoy participating in community activities and hanging out with their friends, peer participants and high school and college volunteers who are trained and mentored by the RAVE staff.
- **Rural Respite—Voucher Program**, provides Respite Vouchers to families who have a young or adult child with a diagnosed developmental disability, special health care need, children with mental or behavioral health concerns, and children in foster care and are unable to utilize center-based respite care or have limited access to RAVE facilities. Vouchers will help families to receive safe in-home respite due to the Covid-19 shutdown and, or continued restrictions. Vouchers are also made available for families who have children who are considered medically fragile and are unable to participate in group care.



- ❖ Capability Health's new CEO is Lisa Manning.
  
- ❖ Capability Health is currently servicing 605 children in our Early Intervention Programs across Nevada and there are no children waiting for services.
  
- ❖ Capability Health will be implementing Phase 3 in our Early Intervention program on August 1, 2021.
  
- ❖ Capability Health's outpatient pediatric therapy clinic in the south is currently serving 82 children.
  
- ❖ Capability Health will be closing our outpatient pediatric clinic in Reno on August 13<sup>th</sup> 2021.
  
- ❖ Through the Marlon Foundation grant Capability Health received the funding to purchase 15 tablets for families without devices and or internet in our Early Intervention program.

❖ Capability Health's Oakey campus was remodeled and our adult programs are now open!



## Program Highlights and Updates for the NEIS Northeastern Region for the 4th quarter of 2020-21

As of July 2, 2021, we are currently serving **125 children** in the northeastern region with offices in Elko, Winnemucca, and Ely.

The program currently has 6 Developmental Specialists in Elko, and two vacancies, 1 DS in Ely and 2 DS's serving Lovelock/Winnemucca.

Karen Frisk and Jennifer Kellogg are the DS IV supervisors in Elko.

Trainings and child find events:

- **A virtual training was provided to the Head Start of Northeastern Nevada by the Program Manager on the topic of Trauma and Young Children on April 16<sup>th</sup>.**
- **Two Developmental Specialists participated virtually in the Nevada Dual Sensory Impairment Project Summer Professional Development Series**
- **Elko staff participated in the Share the Bounty Food Drive for Food Insecure Children sponsored by Great Basin College**

The Northeast region is maintaining our collaborations with community partners including PACE, Head Start, Family Resource Centers, Children's Advocacy Center, Great Basin College Child and Family Center, WIC, other state agencies, local hospitals, clinics, and pediatricians in our child find efforts.

The northeast is providing limited clinic services and telehealth visits in all three office locations as part of Phase 2. We are looking forward to resuming home visiting in Phase 3, along with a continuation of telehealth and limited clinic services.

The northeast continues to implement the Pyramid Model in our practice and will be adding another practitioner coach in the Elko office.

Regards,

Barbara Stoll

Program Manager

**NEIS South Quarterly Program Highlights****April 1, 2021 - June 30, 2021****Report Areas:**

1. Outreach Activities & Community Collaborations
2. Interagency Coordinating Council (ICC) Activities
3. Trainings

**1. Outreach Activities & Community Collaborations**

Virtual Playgroup NEIS, at the Alexander Library, CAPTA, EI Presentation for Nellis Airforce Base/military families (Zoom), Brochures mailed to doctors offices

**2. Interagency Coordinating Council (ICC) Activities****3. Trainings**

*NEIS Staff attended the following:*





---

## MINUTES

Name of Organization: Nevada's Early Intervention Interagency Coordinating Council (ICC)  
**Family Support Resource Subcommittee (FSRS)**

Date and Time of Meeting: Monday, December 9, 2019  
9:30 am

Meeting was held via Teleconference:

NV EITS Instructions –

Dial: **775-687-0999** or **702-486-5260**

Teleconference Participants Access Code: **70533 #**

### I. **Call to Order and Roll Call**

Interim Chair Aimee Hadleigh, ICC Representative, called the meeting to order at 9:32 a.m.

**Members Present:** Aimee Hadleigh, Candace Emerson, Christine Riggi, Robin Kincaid, Sherry Waugh

**Members Absent:** Martha Estrada, Heike Ruedenau

**Part C Staff:** Dan Dinnell

### II. **Schedule Next Meeting:** Scheduled for Monday, April 6, at 9:00 a.m.

Next general ICC meetings are scheduled for January 9, and April 30-May 1 (Face-to-face in Las Vegas)

### III. **Public Comment:** None

### IV. **Approval of the Minutes from January 10, 2019 (For Possible Action):**

**Motion:** Christine motioned to accept the Minutes as recorded

**Second:** Sherry

**Vote:** Unanimous

### V. **Family Support Resource Subcommittee (FSRS) Discussion or Updates:**

#### a. **ICC Strategic Plan – FSRS group**

-Strategic plan reviewed

#### b. **Poster/Brochure Updates for ICC Public Awareness**

-Posters and brochure approved by general ICC to be printed – Aimee is going to adjust for more diversity in the photos. One more review by the ICC next meeting. Posters and

Brochures will have gone through revision and be reviewed in January with printing to follow.

**c. Report on latest Presentation at New Employee Orientation for EI staff**

-Christine & Aimee presented on family engagement at the last New Employee Orientation (NEO) for new early intervention staff in Reno and how they felt it was impactful!

-Christine mentioned it was interesting to see the faces of staff and how intently they were listening.

-Dan had heard from the trainers that the parent presentation was highly appreciated by them and the new staff.

-Aimee mentioned new staff remembering the experience and commenting on it later at a public event.

-Christine mentioned that staff was taking notes and were not aware of all the supports and resources out in the community.

-Aimee will try to get with Part C staff to set it up again for the next NEO in the North.

-Christine is working on getting some new parents involved in telling their stories and will contact Paula, the social worker at NEIS-Reno for possible parents who may be interested.

-Sherry Waugh stated that it is good for EI staff to hear from parents and we need to continue to provide this aspect to training and encourage staff to be inviting to parents.

**d. Ongoing Plans Regarding Parents at Staff Meetings or Other Opportunities:**

○ **Educate Early Intervention staff about the ICC**

This would also be a need for having ICC brochures and posters previously mentioned.

○ **Share Family Perspectives with ICC and EI programs**

-Aimee reported that she, Dan and two other parents participated on a parent panel for the NEIS-Reno family support group sponsored by Paula, a social worker at NEIS-Reno. It went very well with lots of questions from the audience.

The subcommittee discussed the need for parent stories at general ICC meetings, then brainstormed ideas to have 1-2 parents share their stories at each ICC meeting, talked about how to recruit families to share stories, how to contact and network with the families from each region.

- have each provider nominate a family to share story which would also encourage family engagement within programs
- have a training/outline to share with parents, maybe a one pager.
- topics for each meeting

-Aimee will email Part C Staff to request adding families' perspectives to the ICC meeting agenda for January.

○ **Encourage Program/Staff Outreach to Engage Parents**

(See report on latest presentation at NEO for EI staff)

-Aimee - will email Kate Green to schedule a meeting in January and plan on discussing other ways to invite parents to participate in ongoing early intervention trainings, etc.

-Christine made a family engagement suggestion to have the ICC request each provider organization to find 1-2 parents each quarter to tell their story or participate on a parent panel for EI staff/ICC

- **Subcommittee Outreach to Engage More Parents**

- Aimee will start work on a draft for a handout to give parents who participate in a family sharing section for the ICC meeting. Develop a handout with speaking prompts and ideas to be given to parents. FSRS members can email Dan with suggestions for the handout to be given to parents.

- Robin suggested that it needs to be the parent's story, what are some challenges you faced in Early Intervention Services (EIS)? What have been the strengths of EIS? What do you wish could be different?

- Aimee shared about upcoming project with NV Governor's Council on Disabilities to make two videos to share with parents/self-advocates about serving on boards -Aimee will keep FSRS updated on this. Candace and Christine expressed interest in helping in any way they can with this project.

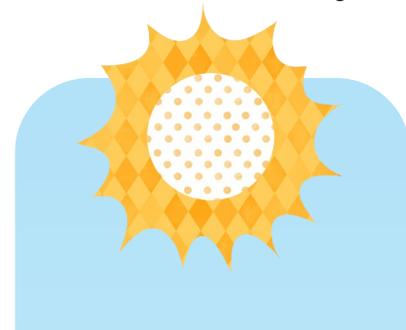
VI. **Consider Agenda Items for Next Meeting**

Standard list / Update on DD Council "serving on Boards" video - Aimee

VII. **Public Comment:**

Best wishes to Christine on her coming baby.

VIII. **Adjournment:** 10:02 a.m.



# Adapted from — **Family Engagement and the Leadership Team**

*Meghan von der Embse and Lise Fox*

## Inside this issue

- Family Engagement ..... 1
- The Parent Professional Relationship..... 2
- Library Resources ..... 2-3
- Importance of Parent/ Professional Partnership.. 4
- Technical Assistance ..... 5
- Upcoming Trainings..... 6
- A Mission to Serve..... 6
- More Family Engagement Parent Resources..... 6



*“In program-wide implementation of the **Pyramid Model**, programs are guided to include a family member as a full participant on the leadership team.”*

*“Family members on the leadership team add the unique perspectives of the family and community to discussions about implementation steps and help guide decisions related to family engagement and family support strategies.”*



*“This document (\*see below) provides the leadership team with information on how family membership will strengthen the leadership team, guidance for recruiting a family member, and considerations for supporting the family member as a participating team member.”*

**Copy & Read the entire article/handout here:**

\*NCPMI's [Family Engagement and the Leadership Team \(usf.edu\)](https://challengingbehavior.cbcs.usf.edu/docs/LeadershipTeam_FamilyEngagement.pdf)  
[https://challengingbehavior.cbcs.usf.edu/docs/LeadershipTeam\\_FamilyEngagement.pdf](https://challengingbehavior.cbcs.usf.edu/docs/LeadershipTeam_FamilyEngagement.pdf)



Take the time to click on this link and listen to this Video (16 min.):

**[The Parent Professional Relationship | Perkins eLearning](#)**

According to Turnbull, (2011), a partnership refers to **"a relationship in which families and professionals agree to build on each other's expertise and resources, as appropriate, for the purpose of making and implementing decisions that will directly benefit [children] and indirectly benefit other family members and professionals"**. (p. 137)



**"F10. Practitioners inform families about leadership and advocacy skill-building opportunities and encourage those who are interested to participate."** – Division for Early Childhood's **[DEC Recommended Practices](#)** in Early Intervention/Early Childhood Special Education – 2014.

Family Outcomes: **"As noted in the legislation, families are vital to the results of infants and toddlers in early intervention. When families do not know their rights, they are not able to effectively advocate for their children's needs. And if families leave Part C without being able to effectively communicate their children's needs and help their children develop and learn, then Part C of the Individuals with Disabilities Education Act (IDEA) has not met the intent of the law for supporting families and their infants and toddlers. We see the inclusion of family outcomes in the determinations process as a way to elevate family voice."** – **[OSEP Determinations - feedback opportunity, 2019](#)**



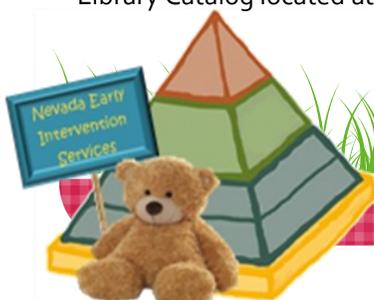
### **[Early Childhood Special Education Library](#)**

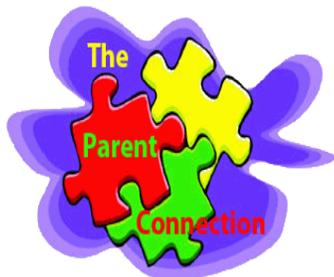


One of the resources available to parents, professionals, educators, and staff working with young children with disabilities and their families is the *Early Childhood Special Education Library* located in the IDEA Part C Office. This library contains hundreds of books, videos regarding children, families, disabilities, parenting, grandparenting, sibling relationships, working as a team, and early intervention practices. This library is available for use statewide to families, service providers and educators.

If you know of a book appropriate for early intervention that is not in our library, please let us know at [projectassist@dhhs.nv.gov](mailto:projectassist@dhhs.nv.gov)

Library Catalog located at <http://dhhs.nv.gov/Programs/IDEA/ProjectASSIST/Special-Ed-Library/>





“Support families’ connections and capabilities. Provide opportunities for families to build upon their knowledge and skills to foster children’s development, learning and wellness; advocate for their child and family; share experiences and expertise with other families; and take on leadership and advocacy roles in early childhood systems and programs. . .” – U.S. Department Of Health And Human Services and U.S. Department Of Education **POLICY STATEMENT ON FAMILY ENGAGEMENT** FROM THE EARLY YEARS TO THE EARLY GRADES – May 5, 2016

## **Partnership and Why is it Important to Families and Professionals?**

If you need some books for inspiration here are a few of the many titles in your library:

- *Engaged: Building Intentional Partnerships with Families*
- *Words of Advice: A Guidebook for Families Serving as Advisors*
- *Parents and Professionals Partnering for Children with Disabilities*
- *Working with Parents*
- *Relationship-Centered Practices in Early Childhood*
- *Working with Families of Children with Special Needs: Family and Professional Partnerships and roles*
- *Do You Hear What I Hear? Parents and Professionals Working Together for Children with Special Needs*
- *Family/Professional Collaboration for Children with Special Health Needs and Their Families*
- *From Parents to Partners*
- *Family Engagement in Early Childhood Settings*
- *Professional Collaboration with Parents of Children with Disabilities*
- *Working with Parents: A Practical Guide for Teachers and Therapists*
- *Working Together: The Parent Professional/Partnership*
- *Teaming and Collaboration: Building and Sustaining Partnerships*
- *Seven Essentials for Family-Professional Partnerships in Early Intervention*
- *Strengthening the Family-Professional Partnership in Services for Young Children*
- *Families, Professionals, and Exceptionality: Collaborating for Empowerment*
- *Coaching Families and Colleagues in Early Childhood*



Much has been written about the importance of parent involvement and the need for professionals to work closely with families. Yet, sometimes little information is shared with parents on "how to" develop their leadership skills and foster effective relationships with professionals.



Taken from **THE PLAY PROJECT's** "[The Importance of Parent/Professional Partnerships](#)", 16Nov2012. . .

This wonderful book offers insight into the process of collaboration between families and professionals: *Parents and Professionals Partnering for Children with Disabilities: A Dance That Matters*, by Janice Fialka, Arlene Feldman, and Karen Mikus.

The book uses the metaphor of learning to dance to describe the sometimes clumsy, often rewarding work of building a strong partnership in the service of supporting the growth of a child with disabilities. The first chapter opens with these lines: *"Forming partnerships between parents of children with disabilities and the professionals who work with them is like learning a new dance. At first the parent dancer and the professional dancer do not glide together gracefully across the floor. Their moves are likely to feel stiff, uncertain, and awkward. The partners may have different expectations, needs, and constraints. Each seems to be listening to his or her own music . . ."*

The book goes on to give thoughtful, practical advice for both parents and professionals on how to "listen to their own song and each other's song." Here are some examples of the "hidden songs" the authors explore:

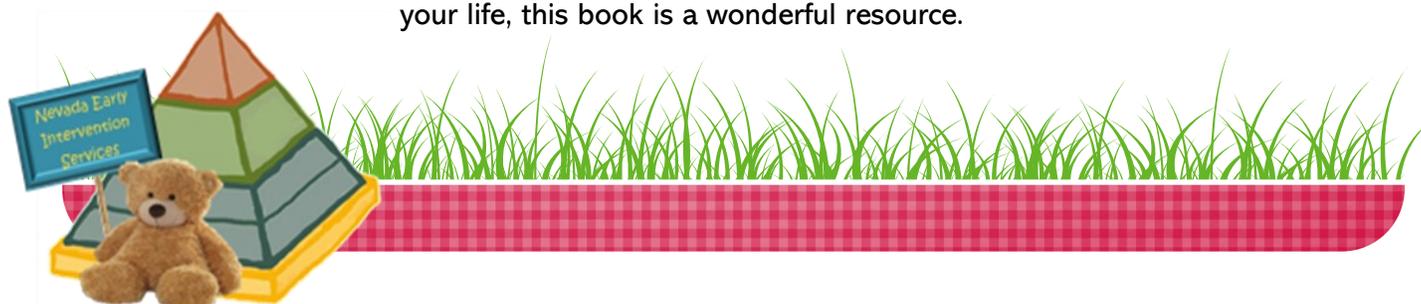
— From the Parent Perspective (p. 42):

- ***I want your help, really I do. But I'd rather not need your help. I didn't choose my child's problems. Most days I wish the problems, the meetings, the tests, the worries would just go away. I just want to be Mom.***
- ***I'm not mad at you. I'm tired and I'm scared. And I've seen so many professionals.***
- ***Help me know what other parents feel and think when they go through this.***
- ***Please show me that you know this is tough.***

— From the Professional Perspective (p. 46):

- ***Tell me what you hope I'll see about your child.***
- ***Feel free to ask questions now and later. I know this experience must be new for you . . . I hope you'll be comfortable enough to share your uncertainties with me—at any point in time.***
- ***I try to be careful and sensitive about the words I use. Forgive me if I use some that might offend you or that might not feel quite right. Let me know that too. I am learning what is comfortable and acceptable for you and your family.***
- ***Please know that I do this work because I want the best for your child.***

Opportunity! If you are a parent or professional who has a child (or many children!) with disabilities in your life, this book is a wonderful resource.



***“Parents who have lived the experience of parenting a child with... health needs and have learned the hard way how to access services are a largely untapped high value/ low cost resource... the overhead on their incredible experience and the trust they can engender among other families is likely to be modest compared to the high costs of traditional services”.*** — Adapted from Peer Parents: A Solution to Extend Child Mental Health Services, Posted March 17, 2011, by Kimberly E. Hoagwood, Ph.D, Professor of Clinical Psychology in Psychiatry, Columbia University and Kelly J. Kelleher, MD, MPH, Director, Center for Innovation in Pediatric Practice, Research Institute, Nationwide Children’s Hospital.



## Technical Assistance Nevada IDEA Part C Office

The Nevada Department of Health and Human Services (DHHS) is the Lead Agency for Early Intervention Services (EIS). **DHHS’s Part C Office** provides the oversight for **Early Intervention Services** of the **Individuals with Disabilities Education Act (IDEA)**. Activities of the Part C Office include providing technical assistance to programs, identifying and coordinating resources, and other areas required by federal regulations.

### Pyramid Model Objective:

The Pyramid Model provides the framework for the supports and interventions needed by all families for healthy social emotional development in infants and toddlers. The Pyramid Model provides a tiered intervention framework of evidenced-based intervention for promoting the social, emotional, and behavioral development of all infants and toddler.

### State of Nevada Early Intervention Services Vision Statement:

***To create a sustainable statewide foundation using evidence-based practices with fidelity to coach and mentor all Early Intervention practitioners to be confident and capable regarding social, emotional, and behavioral development. These efforts will promote reciprocal relationships with families in their natural environments and support every family to help their child successfully achieve family-identified outcomes.***



For more information contact:

**Edie King** at [eking@dhhs.nv.gov](mailto:eking@dhhs.nv.gov)

or

**Shari Fyfe** at [skfyfe@dhhs.nv.gov](mailto:skfyfe@dhhs.nv.gov)

or [projectassist@dhhs.nv.gov](mailto:projectassist@dhhs.nv.gov)



## Upcoming Trainings

### **New Employee Orientation-**

- ⇒ TBA? Reno, NV
- ⇒ TBA? Las Vegas, NV
- ⇒ TBA? Elko, NV

**For more information contact your supervisor**

### **NEVADA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (NevAEYC) Annual Conference**

TBD 2022 Reno, NV

<https://nevaeyc.org/events/state-conference/>

#### **Conference Schedule Overview:**

- ⇒ **Thursday – DIVISION FOR EARLY CHILDHOOD (DEC): 8:00am – 4:30pm**
- ⇒ **Thursday Night Fireside Chat: 5:30pm – 7:00pm**
- ⇒ **Friday Sessions: 8:00am – 5:30pm**
- ⇒ **Friday Night Networking: 5:30pm-6:30pm**
- ⇒ **Saturday Sessions: 8:00am – 5:30pm**

#### **CONTINUING EDUCATION UNITS :**

**Nevada Registry Credits:** We are planning for up to 24 credits to be available for attendance all three days!

**Department of Education Credits:** We are planning for up to 1.5 credits to be available for attendance all three days (.5 Thursday, .5 Friday, and .5 Saturday).

### **National Training Institute on Effective Practices: Addressing Challenging Behavior**

April 19-22, 2022 Tampa, FL

<https://challengingbehavior.cbcs.usf.edu/Training/Conference/index.html>

- ◇ *Nevada Part C Office will attend to present at the poster session.*
- ◇ *In 2019, representatives from 30 states and 3 countries attended.*

## A Mission To Serve

*"Families and professionals: a team working together to promote happy and healthy relationships in young children".* The Continuum Mission Statement

*"We are committed to building relationships with our staff and families that grow confidence and capabilities to support social emotional competence".* NEIS-NE Mission Statement

*"We are committed to building collaborative partnerships that support caregiver's nurturing relationships with their child".* NEIS-Reno Mission Statement

Editorial Staff:

Abbie Chalupnik  
[AChalupnik@adsd.nv.gov](mailto:AChalupnik@adsd.nv.gov)  
 Phone: 702-486-9816

Dan Dinnell  
[ddinnell@dhhs.nv.gov](mailto:ddinnell@dhhs.nv.gov)  
 Phone: 775-687-0588



## [Family Engagement Parent Resources \(usf.edu\)](https://www.usf.edu)

### Family Engagement

*"At every tier of the Pyramid Model, practitioners and programs should consider what strategies might be used to welcome and support diverse families; how to create opportunities to learn from families; strategies for partnering with families to promote child outcomes; and providing the supports and services that families might need to promote their child's skill development."*

(Fox & Swett, 2017, p. 86).

**COMPLAINT INVESTIGATION LOG**

Color Key

SFY 03	FFY 02	SFY 04 FFY 03	SFY 05 FFY 04	SFY 06 FFY 05	SFY 08 FFY 07	SFY09 FFY08	SFY10 FFY 09	SFY11 FFY 10	SFY12 FFY 11	SFY13/ FFY12	SFY14/FFY13	SFY15/FFY14	SFY16/FFY15
SFY17/FFY16	SFY18/FFY17	SFY19/FFY18	SFY20/FFY19										

Program	Issue	Complaint Number	Date Filed	60 day Timeline	Report Released	Corrective Action Due by	Received	Part C Response	Follow-up CA Due	Child Resolution	System Resolution	Complaint Closed	System Resolution
NEIS NW (RENO)	Failure to provide effective virtual PT services, out of pocket expenses	202101	2/11/21	4/12/2021	4/2/21	5/12/21		ADSD and program formulate equitable and appropriate exception process	Possible reimbursement if face to face does not occur by 5/12/2021	Waiting to provide exception to COVID restrictions and provide face to face PT, child transferred to another EI program per parent			
The Continuum	Failure to provide effective virtual services, lack of parent choice, out of pocket expenses	202102	3/25/21	5/24/2021	5/24/21			Program met IDEA requirments	Program will develop and/or submit Reimbursement policy for out of pocket expense by the family- <b>completed 6/28/2021</b>	The Program Manager will have a discussion with the DS and SLP who provide services to this child around the complaint findings related to the family's communication concerns and that special instruction and speech therapy services provided via telehealth are not just checking developmental levels at each visit.- <b>Completed 6/28/2021</b>	Program will provide training to staff regarding parent options if they choose to obtain private services and the Reimbursement policy	6/28/21	
NEIS NW (RENO)	Failure to provide effective virtual PT services	202103	6/1/21	7/31/2021									

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>TOTAL INDIVIDUAL FAMILY SERVICE PLANS (IFSP)</b>	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>	
NEIS-South		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
NEIS-Northwest		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
NEIS-Northeast		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
NEIS-Carson City		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Capbility Health and Human Services-South		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TMG		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Positively Kids		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
The Continuum		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Advanced Pediatric Therapies		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Capbility Health and Human Services-North		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TMG North		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
MD Developmental Agency-		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>TOTAL NEW IFSPs</b>	<b>745</b>		<b>839</b>		<b>836</b>		<b>0</b>		<b>2420</b>	
NEIS-South	228	30.6%	289	34.4%	221	26.4%		0.0%	738	30.5%
NEIS-Northwest	76	10.2%	89	10.6%	76	9.1%		0.0%	241	10.0%
NEIS-Northeast	27	3.6%	24	2.9%	39	4.7%		0.0%	90	3.7%
NEIS-Carson City	47	6.3%	51	6.1%	41	4.9%		0.0%	139	5.7%
Capbility Health and Human Services-South	117	15.7%	139	16.6%	171	20.5%		0.0%	427	17.6%
TMG	87	11.7%	93	11.1%	102	12.2%		0.0%	282	11.7%
Positively Kids	44	5.9%	60	7.2%	63	7.5%		0.0%	167	6.9%
The Continuum	25	3.4%	18	2.1%	31	3.7%		0.0%	74	3.1%
Advanced Pediatric Therapies	37	5.0%	31	3.7%	37	4.4%		0.0%	105	4.3%
Capbility Health and Human Services-North	15	2.0%	17	2.0%	15	1.8%		0.0%	47	1.9%
TMG North	20	2.7%	17	2.0%	23	2.8%		0.0%	60	2.5%
MD Developmental Agency-	22	9.6%	11	1.3%	17	2.0%		0.0%	50	2.1%
<b>Number of New IFSPs in place within the 45 day timeline</b>	<b>671</b>	<b>90.1%</b>	<b>738</b>	<b>88.0%</b>	<b>734</b>	<b>87.8%</b>	<b>0</b>	<b>#DIV/0!</b>	<b>2143</b>	<b>88.6%</b>
NEIS-South	205	27.52%	234	27.89%	176	21.05%	0	#DIV/0!	615	25.4%
NEIS-Northwest	67	8.99%	74	8.82%	64	7.66%	0	#DIV/0!	205	8.5%
NEIS-Northeast	23	3.09%	20	2.38%	34	4.07%	0	#DIV/0!	77	3.2%
NEIS-Carson City	30	4.03%	33	3.93%	24	2.87%	0	#DIV/0!	87	3.6%
Capbility Health and Human Services-South	111	14.90%	136	16.21%	169	20.22%	0	#DIV/0!	416	17.2%
TMG	82	11.01%	93	11.08%	98	11.72%	0	#DIV/0!	273	11.3%
Positively Kids	41	5.50%	59	7.03%	58	6.94%	0	#DIV/0!	158	6.5%
The Continuum	25	3.36%	18	2.15%	28	3.35%	0	#DIV/0!	71	2.9%
Advanced Pediatric Therapies	32	4.30%	30	3.58%	31	3.71%	0	#DIV/0!	93	3.8%
Capbility Health and Human Services-North	15	2.01%	14	1.67%	14	1.67%	0	#DIV/0!	43	1.8%
TMG North	18	2.42%	16	1.91%	21	2.51%	0	#DIV/0!	55	2.3%
MD Developmental Agency-	22	9.65%	11	3.81%	17	2.03%	0	#DIV/0!	50	2.1%

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>Number of New IFSPs in place beyond the 45 day timeline</b>	<b>74</b>	<b>9.9%</b>	<b>101</b>	<b>12.0%</b>	<b>102</b>	<b>12.2%</b>	<b>0</b>	<b>#DIV/0!</b>	<b>277</b>	<b>11.4%</b>
NEIS-South	23	3.1%	55	6.6%	45	5.4%		#DIV/0!	123	5.1%
NEIS-Northwest	9	1.2%	15	1.8%	12	1.4%		#DIV/0!	36	1.5%
NEIS-Northeast	4	0.5%	4	0.5%	5	0.6%		#DIV/0!	13	0.5%
NEIS-Carson City	17	2.3%	18	2.1%	17	2.0%		#DIV/0!	52	2.1%
Capbility Health and Human Services-South	6	0.8%	3	0.4%	2	0.2%		#DIV/0!	11	0.5%
TMG	5	0.7%	0	0.0%	4	0.5%		#DIV/0!	9	0.4%
Positively Kids	3	0.4%	1	0.1%	5	0.6%		#DIV/0!	9	0.4%
The Continuum	0	0.0%	0	0.0%	3	0.4%		#DIV/0!	3	0.1%
Advanced Pediatric Therapies	5	0.7%	1	0.1%	6	0.7%		#DIV/0!	12	0.5%
Capbility Health and Human Services-North	0	0.0%	3	0.4%	1	0.1%		#DIV/0!	4	0.2%
TMG North	2	0.3%	1	0.1%	2	0.2%		#DIV/0!	5	0.2%
MD Developmental Agency-	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%

<b>Documented exceptions to IFSPs not in place by the 45 day timeline</b>	<b>69</b>		<b>98</b>		<b>94</b>		<b>0</b>		<b>261</b>	
NEIS-South	21	2.8%	55	6.6%	45	5.4%		#DIV/0!	121	5.0%
NEIS-Northwest	9	1.2%	14	1.7%	11	1.3%		#DIV/0!	34	1.4%
NEIS-Northeast	4	0.5%	3	0.4%	4	0.5%		#DIV/0!	11	0.5%
NEIS-Carson City	17	2.3%	18	2.1%	17	2.0%		#DIV/0!	52	2.1%
Capbility Health and Human Services-South	6	0.8%	3	0.4%	0	0.0%		#DIV/0!	9	0.4%
TMG	5	0.7%	0	0.0%	4	0.5%		#DIV/0!	9	0.4%
Positively Kids	0	0.0%	1	0.1%	5	0.6%		#DIV/0!	6	0.2%
The Continuum	0	0.0%	0	0.0%	2	0.2%		#DIV/0!	2	0.1%
Advanced Pediatric Therapies	5	0.7%	1	0.1%	3	0.4%		#DIV/0!	9	0.4%
Capbility Health and Human Services-North	0	0.0%	2	0.2%	1	0.1%		#DIV/0!	3	0.1%
TMG North	2	0.3%	1	0.1%	2	0.2%		#DIV/0!	5	0.2%
MD Developmental Agency-	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%

<b>Total Number of New IFSPs over/under the 45 day timeline adjusting for exceptions</b>										
Statewide <45 Days	740	99.3%	836	99.6%	828	99.0%	0	#DIV/0!	2404	99.3%
Statewide >45 Days	5	0.7%	3	0.4%	8	1.0%	0	#DIV/0!	16	0.7%
<b>Total</b>	<b>745</b>		<b>839</b>		<b>836</b>		<b>0</b>		<b>2420</b>	
NEIS-South <45 Days	226	99.1%	289	100.0%	221	100.0%	0	#DIV/0!	736	99.7%
NEIS-South >45 Days	2	0.9%	0	0.0%	0	0.0%	0	#DIV/0!	2	0.3%
<b>Total</b>	<b>228</b>		<b>289</b>		<b>221</b>		<b>0</b>		<b>738</b>	
NEIS-Northwest <45 Days	76	100.0%	88	98.9%	75	98.7%	0	#DIV/0!	239	99.2%
NEIS-Northwest >45 Days	0	0.0%	1	1.1%	1	1.3%	0	#DIV/0!	2	0.8%
<b>Total</b>	<b>76</b>		<b>89</b>		<b>76</b>		<b>0</b>		<b>241</b>	
NEIS-Northeast <45 Days	27	100.0%	23	95.8%	38	97.4%	0	#DIV/0!	88	97.8%
NEIS-Northeast >45 Days	0	0.0%	1	4.2%	1	2.6%	0	#DIV/0!	2	2.2%
<b>Total</b>	<b>27</b>		<b>24</b>		<b>39</b>		<b>0</b>		<b>90</b>	
NEIS-Carson City <45 Days	47	100.0%	51	100.0%	41	100.0%	0	#DIV/0!	139	100.0%
NEIS-Carson City >45 Days	0	0.0%	0	0.0%	0	0.0%	0	#DIV/0!	0	0.0%
<b>Total</b>	<b>47</b>		<b>51</b>		<b>41</b>		<b>0</b>		<b>139</b>	
Capbility Health and Human Services-South <45 Days	117	100.0%	139	100.0%	169	98.8%	0	#DIV/0!	425	99.5%
Capbility Health and Human Services-South >45 Days	0	0.0%	0	0.0%	2	1.2%	0	#DIV/0!	2	0.5%
<b>Total</b>	<b>117</b>		<b>139</b>		<b>171</b>		<b>0</b>		<b>427</b>	
TMG <45 Days	87	100.0%	93	100.0%	102	100.0%	0	#DIV/0!	282	100%
TMG >45 Days	0	0.0%	0	0.0%	0	0.0%	0	#DIV/0!	0	0%
<b>Total</b>	<b>87</b>		<b>93</b>		<b>102</b>		<b>0</b>		<b>282</b>	

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Positively Kids <45 Days	41	93.2%	60	100.0%	63	100.0%	0	#DIV/0!	164	98.20%
Positively Kids >45 Days	3	6.8%	0	0.0%	0	0.0%	0	#DIV/0!	3	1.80%
Total	44		60		63		0		167	
The Continuum <45 Days	25	100.0%	18	100.0%	30	96.8%	0	#DIV/0!	73	98.65%
The Continuum >45 Days	0	0.0%	0	0.0%	1	3.2%	0	#DIV/0!	1	1.35%
Total	25		18		31		0		74	
Advanced Pediatric Therapies <45 Days	37	100.0%	31	100.0%	34	91.9%	0	#DIV/0!	102	97.1%
Advanced Pediatric Therapies >45 Days	0	0.0%	0	0.0%	3	8.1%	0	#DIV/0!	3	2.9%
Total	37		31		37		0		105	
Capbility Health and Human Services-North <45 Days	15	100.0%	16	94.1%	15	100.0%	0	#DIV/0!	46	97.9%
Capbility Health and Human Services-North >45 Days	0	0.0%	1	5.9%	0	0.0%	0	#DIV/0!	1	2.1%
Total	15		17		15		0		47	
TMG North	20	100.0%	17	100.0%	23	100.0%	0	#DIV/0!	60	100.0%
TMG North	0	0.0%	0	0.0%	0	0.0%	0	#DIV/0!	0	0.0%
Total	20		17		23		0		60	
MD Developmental Agency <45 Days	22	100.0%	11	100.0%	17	100.0%	0	#DIV/0!	50	100.0%
MD Developmental Agency>45 Days	0	0.0%	0	0.0%	0	0.0%	0	#DIV/0!	0	0.0%
Total	22		11		17		0		50	

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>TOTAL NEW REFERRALS</b>	<b>1843</b>		<b>1769</b>		<b>2045</b>		<b>0</b>		<b>5657</b>	
NEIS-South	852	46.2%	738	41.7%	793	38.8%		#DIV/0!	2383	42.1%
NEIS-Northwest	300	16.3%	231	13.1%	259	12.7%		#DIV/0!	790	14.0%
NEIS-Northeast	60	3.3%	53	3.0%	70	3.4%		#DIV/0!	183	3.2%
NEIS-Carson City	172	9.3%	122	6.9%	134	6.6%		#DIV/0!	428	7.6%
Capbility Health and Human Services-South	128	6.9%	170	9.6%	226	11.1%		#DIV/0!	524	9.3%
TMG	108	5.9%	152	8.6%	183	8.9%		#DIV/0!	443	7.8%
Positively Kids	81	4.4%	145	8.2%	170	8.3%		#DIV/0!	396	7.0%
The Continuum	30	1.6%	39	2.2%	48	2.3%		#DIV/0!	117	2.1%
Advanced Pediatric Therapies	46	2.5%	59	3.3%	65	3.2%		#DIV/0!	170	3.0%
Capbility Health and Human Services-North	18	1.0%	21	1.2%	21	1.0%		#DIV/0!	60	1.1%
TMG North	20	1.1%	28	1.6%	34	1.7%		#DIV/0!	82	1.4%
MD Developmental Agency	28	3.3%	11	0.6%	42	2.1%		#DIV/0!	81	1.4%

<b>Referral Sources - Statewide</b>										
Hospital	253	13.7%	227	12.8%	194	9.4%		#DIV/0!	674	11.9%
Physician/Pediatrician	900	48.8%	836	47.3%	953	46.3%		#DIV/0!	2689	47.4%
Parent	173	9.4%	177	10.0%	207	10.1%		#DIV/0!	557	9.8%
Day Care Facility	9	0.5%	19	1.1%	13	0.6%		#DIV/0!	41	0.7%
School District	1	0.1%	4	0.2%	4	0.2%		#DIV/0!	9	0.2%
Public/Community Health Facilities	9	0.5%	12	0.7%	11	0.5%		#DIV/0!	32	0.6%
Social Service Agencies	194	10.5%	199	11.2%	313	15.2%		#DIV/0!	706	12.4%
Health Care Providers	93	5.0%	94	5.3%	142	6.9%		#DIV/0!	329	5.8%
Other/Friends/Relatives	87	4.7%	65	3.7%	93	4.5%		#DIV/0!	245	4.3%
Screening and Monitoring	3	0.2%	2	0.1%	5	0.2%		#DIV/0!	10	0.2%
Newborn Hearing	15	0.8%	36	2.0%	13	0.6%		#DIV/0!	64	1.1%
Project Assist	96	5.2%	84	4.7%	108	5.2%		#DIV/0!	288	5.1%
Blank	10	0.5%	14	0.8%	3	0.1%		#DIV/0!	27	0.5%
<b>TOTAL REFERRALS</b>	<b>1843</b>		<b>1769</b>		<b>2059</b>		<b>0</b>		<b>5671</b>	

<b>Referral Sources -NEIS-South</b>										
Hospital	147	17.3%	127	17.2%	95	12.0%		#DIV/0!	369	15.5%
Physician/Pediatrician	379	44.5%	278	37.7%	302	38.1%		#DIV/0!	959	40.2%
Parent	50	5.9%	56	7.6%	33	4.2%		#DIV/0!	139	5.8%
Day Care Facility	1	0.1%	2	0.3%	0	0.0%		#DIV/0!	3	0.1%
School District	0	0.0%	0	0.0%	1	0.1%		#DIV/0!	1	0.0%
Public/Community Health Facilities	1	0.1%	2	0.3%	1	0.1%		#DIV/0!	4	0.2%
Social Service Agencies	128	15.0%	152	20.6%	245	30.9%		#DIV/0!	525	22.0%
Health Care Providers	44	5.2%	40	5.4%	48	6.1%		#DIV/0!	132	5.5%
Other/Friends/Relatives	38	4.5%	15	2.0%	28	3.5%		#DIV/0!	81	3.4%
Screening and Monitoring	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Newborn Hearing	13	1.5%	29	3.9%	12	1.5%		#DIV/0!	54	2.3%
Project Assist	47	5.5%	31	4.2%	27	3.4%		#DIV/0!	105	4.4%
Blank	4	0.5%	6	0.8%	1	0.1%		#DIV/0!	11	0.5%
<b>TOTAL</b>	<b>852</b>		<b>738</b>		<b>793</b>		<b>0</b>		<b>2383</b>	

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>Referral Sources - NEIS-Northwest</b>										
Hospital	49	16.3%	41	17.7%	51	19.7%		#DIV/0!	141	17.8%
Physician/Pediatrician	162	54.0%	99	42.9%	111	42.9%		#DIV/0!	372	47.1%
Parent	30	10.0%	31	13.4%	30	11.6%		#DIV/0!	91	11.5%
Day Care Facility	6	2.0%	9	3.9%	6	2.3%		#DIV/0!	21	2.7%
School District	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Public/Community Health Facilities	5	1.7%	5	2.2%	6	2.3%		#DIV/0!	16	2.0%
Social Service Agencies	35	11.7%	30	13.0%	40	15.4%		#DIV/0!	105	13.3%
Health Care Providers	1	0.3%	1	0.4%	0	0.0%		#DIV/0!	2	0.3%
Other/Friends/Relatives	0	0.0%	0	0.0%	1	0.4%		#DIV/0!	1	0.1%
Screening and Monitoring	1	0.3%	1	0.4%	4	1.5%		#DIV/0!	6	0.8%
Newborn Hearing	2	0.7%	6	2.6%	1	0.4%		#DIV/0!	9	1.1%
Project Assist	8	2.7%	7	3.0%	8	3.1%		#DIV/0!	23	2.9%
Blank	1	0.3%	1	0.4%	1	0.4%		#DIV/0!	3	0.4%
<b>TOTAL</b>	<b>300</b>		<b>231</b>		<b>259</b>		<b>0</b>		<b>790</b>	

<b>Referral Sources - NEIS-Northeast</b>										
Hospital	10	16.7%	5	9.4%	5	7.1%		#DIV/0!	20	10.9%
Physician/Pediatrician	20	33.3%	19	35.8%	39	55.7%		#DIV/0!	78	42.6%
Parent	21	35.0%	14	26.4%	14	20.0%		#DIV/0!	49	26.8%
Day Care Facility	0	0.0%	4	7.5%	1	1.4%		#DIV/0!	5	2.7%
School District	0	0.0%	3	5.7%	0	0.0%		#DIV/0!	3	1.6%
Public/Community Health Facilities	2	3.3%	2	3.8%	1	1.4%		#DIV/0!	5	2.7%
Social Service Agencies	3	5.0%	3	5.7%	8	11.4%		#DIV/0!	14	7.7%
Health Care Providers	1	1.7%	0	0.0%	0	0.0%		#DIV/0!	1	0.5%
Other/Friends/Relatives	2	3.3%	1	1.9%	0	0.0%		#DIV/0!	3	1.6%
Screening and Monitoring	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Newborn Hearing	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Project Assist	0	0.0%	0	0.0%	1	1.4%		#DIV/0!	1	0.5%
Blank	1	1.7%	2	3.8%	1	1.4%		#DIV/0!	4	2.2%
<b>TOTAL</b>	<b>60</b>		<b>53</b>		<b>70</b>		<b>0</b>		<b>183</b>	

<b>Referral Sources - NEIS-Carson City</b>										
Hospital	28	16.3%	21	17.2%	25	18.7%		#DIV/0!	74	17.3%
Physician/Pediatrician	76	44.2%	58	47.5%	64	47.8%		#DIV/0!	198	46.3%
Parent	32	18.6%	22	18.0%	24	17.9%		#DIV/0!	78	18.2%
Day Care Facility	1	0.6%	1	0.8%	1	0.7%		#DIV/0!	3	0.7%
School District	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Public/Community Health Facilities	0	0.0%	1	0.8%	0	0.0%		#DIV/0!	1	0.2%
Social Service Agencies	19	11.0%	8	6.6%	10	7.5%		#DIV/0!	37	8.6%
Health Care Providers	3	1.7%	2	1.6%	4	3.0%		#DIV/0!	9	2.1%
Other/Friends/Relatives	4	2.3%	3	2.5%	0	0.0%		#DIV/0!	7	1.6%
Screening and Monitoring	2	1.2%	1	0.8%	1	0.7%		#DIV/0!	4	0.9%
Newborn Hearing	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Project Assist	7	4.1%	5	4.1%	5	3.7%		#DIV/0!	17	4.0%
Blank	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
<b>TOTAL</b>	<b>172</b>		<b>122</b>		<b>134</b>		<b>0</b>		<b>428</b>	

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>Referral Sources - Capbility Health and Human Services-South</b>										
Hospital	7	5.5%	6	3.5%	5	2.2%		#DIV/0!	18	3.4%
Physician/Pediatrician	46	35.9%	92	54.1%	99	43.8%		#DIV/0!	237	45.2%
Parent	10	7.8%	10	5.9%	21	9.3%		#DIV/0!	41	7.8%
Day Care Facility	0	0.0%	1	0.6%	1	0.4%		#DIV/0!	2	0.4%
School District	1	0.8%	0	0.0%	2	0.9%		#DIV/0!	3	0.6%
Public/Community Health Facilities	1	0.8%	0	0.0%	0	0.0%		#DIV/0!	1	0.2%
Social Service Agencies	0	0.0%	0	0.0%	1	0.4%		#DIV/0!	1	0.2%
Health Care Providers	23	18.0%	18	10.6%	37	16.4%		#DIV/0!	78	14.9%
Other/Friends/Relatives	27	21.1%	29	17.1%	38	16.8%		#DIV/0!	94	17.9%
Screening and Monitoring	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Newborn Hearing	0	0.0%	1	0.6%	0	0.0%		#DIV/0!	1	0.2%
Project Assist	11	8.6%	13	7.6%	22	9.7%		#DIV/0!	46	8.8%
Blank	2	1.6%	0	0.0%	0	0.0%		#DIV/0!	2	0.4%
<b>TOTAL</b>	<b>128</b>		<b>170</b>		<b>226</b>		<b>0</b>		<b>524</b>	

**Referral Sources - TMG**

Hospital	5	4.6%	10	6.6%	3	1.6%		#DIV/0!	18	4.1%
Physician/Pediatrician	54	50.0%	81	53.3%	92	50.3%		#DIV/0!	227	51.2%
Parent	9	8.3%	13	8.6%	16	8.7%		#DIV/0!	38	8.6%
Day Care Facility	1	0.9%	0	0.0%	1	0.5%		#DIV/0!	2	0.5%
School District	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Public/Community Health Facilities	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Social Service Agencies	3	2.8%	3	2.0%	1	0.5%		#DIV/0!	7	1.6%
Health Care Providers	14	13.0%	25	16.4%	32	17.5%		#DIV/0!	71	16.0%
Other/Friends/Relatives	12	11.1%	7	4.6%	19	10.4%		#DIV/0!	38	8.6%
Screening and Monitoring	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Newborn Hearing	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Project Asssit	9	8.3%	10	6.6%	19	10.4%		#DIV/0!	38	8.6%
Blank	1	0.9%	3	2.0%	0	0.0%		#DIV/0!	4	0.9%
<b>TOTAL</b>	<b>108</b>		<b>152</b>		<b>183</b>		<b>0</b>		<b>443</b>	

**Referral Sources - Positively Kids**

Hospital	6	7.4%	13	9.0%	8	4.7%		#DIV/0!	27	6.8%
Physician/Pediatrician	42	51.9%	85	58.6%	92	54.1%		#DIV/0!	219	55.3%
Parent	8	9.9%	15	10.3%	29	17.1%		#DIV/0!	52	13.1%
Day Care Facility	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
School District	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Public/Community Health Facilities	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Social Service Agencies	5	6.2%	3	2.1%	2	1.2%		#DIV/0!	10	2.5%
Health Care Providers	6	7.4%	7	4.8%	20	11.8%		#DIV/0!	33	8.3%
Other/Friends/Relatives	4	4.9%	7	4.8%	6	3.5%		#DIV/0!	17	4.3%
Screening and Monitoring	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Newborn Hearing	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Project Asssit	9	11.1%	14	9.7%	13	7.6%		#DIV/0!	36	9.1%
Blank	1	1.2%	1	0.7%		0.0%		#DIV/0!	2	0.5%
<b>TOTAL</b>	<b>81</b>		<b>145</b>		<b>170</b>		<b>0</b>		<b>396</b>	

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>Referral Sources - The Continuum</b>										
Hospital	0	0.0%	1	2.6%	0	0.0%		#DIV/0!	1	0.9%
Physician/Pediatrician	28	93.3%	30	76.9%	37	77.1%		#DIV/0!	95	81.2%
Parent	2	6.7%	3	7.7%	6	12.5%		#DIV/0!	11	9.4%
Day Care Facility	0	0.0%	1	2.6%	0	0.0%		#DIV/0!	1	0.9%
School District	0	0.0%	1	2.6%	0	0.0%		#DIV/0!	1	0.9%
Public/Community Health Facilities	0	0.0%	0	0.0%	1	2.1%		#DIV/0!	1	0.9%
Social Service Agencies	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Health Care Providers	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Other/Friends/Relatives	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Screening and Monitoring	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Newborn Hearing	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Project Asssit	0	0.0%	2	5.1%	4	8.3%		#DIV/0!	6	5.1%
Blank	0	0.0%	1	2.6%	0	0.0%		#DIV/0!	1	0.9%
<b>TOTAL</b>	<b>30</b>		<b>39</b>		<b>48</b>		<b>0</b>		<b>117</b>	

<b>Referral Sources - Advanced Pediatric Therapies</b>										
Hospital	0	0.0%	1	1.7%	0	0.0%		#DIV/0!	1	0.6%
Physician/Pediatrician	37	80.4%	43	72.9%	42	64.6%		#DIV/0!	122	71.8%
Parent	6	13.0%	9	15.3%	15	23.1%		#DIV/0!	30	17.6%
Day Care Facility	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
School District	0	0.0%	0	0.0%	1	1.5%		#DIV/0!	1	0.6%
Public/Community Health Facilities	0	0.0%	1	1.7%	1	1.5%		#DIV/0!	2	1.2%
Social Service Agencies	1	2.2%	0	0.0%	1	1.5%		#DIV/0!	2	1.2%
Health Care Providers	0	0.0%	1	1.7%	0	0.0%		#DIV/0!	1	0.6%
Other/Friends/Relatives	0	0.0%	2	3.4%	0	0.0%		#DIV/0!	2	1.2%
Screening and Monitoring	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Newborn Hearing	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Project Asssit	2	4.3%	2	3.4%	5	7.7%		#DIV/0!	9	5.3%
Blank	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
<b>TOTAL</b>	<b>46</b>		<b>59</b>		<b>65</b>		<b>0</b>		<b>170</b>	

<b>Referral Sources -Capibility Health and Human Services-North</b>										
Hospital	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Physician/Pediatrician	17	94.4%	20	95.2%	15	71.4%		#DIV/0!	52	86.7%
Parent	1	5.6%	1	4.8%	3	14.3%		#DIV/0!	5	8.3%
Day Care Facility	0	0.0%	0	0.0%	2	9.5%		#DIV/0!	2	3.3%
School District	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Public/Community Health Facilities	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Social Service Agencies	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Health Care Providers	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Other/Friends/Relatives	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Screening and Monitoring	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Newborn Hearing	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Project Asssit	0	0.0%	0	0.0%	1	4.8%		#DIV/0!	1	1.7%
Blank	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
<b>TOTAL</b>	<b>18</b>		<b>21</b>		<b>21</b>		<b>0</b>		<b>60</b>	

<b>Referral Sources -TMG North</b>										
Hospital	1	5.0%	0	0.0%	0	0.0%		#DIV/0!	1	1.2%
Physician/Pediatrician	18	90.0%	23	82.1%	24	70.6%		#DIV/0!	65	79.3%
Parent	0	0.0%	3	10.7%	8	23.5%		#DIV/0!	11	13.4%
Day Care Facility	0	0.0%	1	3.6%	1	2.9%		#DIV/0!	2	2.4%
School District	0	0.0%	1	3.6%	0	0.0%		#DIV/0!	1	1.2%
Public/Community Health Facilities	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Social Service Agencies	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Health Care Providers	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Other/Friends/Relatives	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Screening and Monitoring	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Newborn Hearing	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Project Asssit	1	5.0%	0	0.0%	1	2.9%		#DIV/0!	2	2.4%
Blank	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
<b>TOTAL</b>	<b>20</b>		<b>28</b>		<b>34</b>		<b>0</b>		<b>82</b>	

**Referral Source - MD Developmental Agency**

Hospital	0	0.0%	2	18.2%	0	0.0%		#DIV/0!	2	2.5%
Physician/Pediatrician	21	75.0%	8	72.7%	31	73.8%		#DIV/0!	60	74.1%
Parent	4	14.3%	0	0.0%	7	16.7%		#DIV/0!	11	13.6%
Day Care Facility	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
School District	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Public/Community Health Facilities	0	0.0%	0	0.0%	1	2.4%		#DIV/0!	1	1.2%
Social Service Agencies	0	0.0%	0	0.0%	1	2.4%		#DIV/0!	1	1.2%
Health Care Providers	1	3.6%	0	0.0%	0	0.0%		#DIV/0!	1	1.2%
Other/Friends/Relatives	0	0.0%	1	9.1%	1	2.4%		#DIV/0!	2	2.5%
Screening and Monitoring	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Newborn Hearing	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
Project Asssit	2	7.1%	0	0.0%	1	2.4%		#DIV/0!	3	3.7%
Blank	0	0.0%	0	0.0%	0	0.0%		#DIV/0!	0	0.0%
<b>TOTAL</b>	<b>28</b>		<b>11</b>		<b>42</b>		<b>0</b>		<b>81</b>	

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>Children Not Eligible for Part-C</b>	<b>731</b>		<b>683</b>		<b>777</b>		<b>819</b>		<b>3010</b>	
NEIS-South	455	62.2%	392	57.4%	499	64.2%	464	56.7%	1810	60.1%
NEIS-Northwest	113	15.5%	163	23.9%	122	15.7%	165	20.1%	563	18.7%
NEIS-Northeast	6	0.8%	22	3.2%	19	2.4%	22	2.7%	69	2.3%
NEIS-Carson City	85	11.6%	52	7.6%	57	7.3%	79	9.6%	273	15.1%
Capbility Health and Human Services-South	1	0.1%	2	0.3%	2	0.3%	0	0.0%	5	0.2%
TMG	16	2.2%	14	2.0%	26	3.3%	39	4.8%	95	3.2%
Positively Kids	30	4.1%	20	2.9%	31	4.0%	32	3.9%	113	3.8%
The Continuum	3	0.4%	8	1.2%	7	0.9%	3	0.4%	21	0.7%
Advanced Pediatric Therapies	15	2.1%	5	0.7%	9	1.2%	4	0.5%	33	1.1%
Capbility Health and Human Services-North	0	0.0%	1	0.1%	2	0.3%	2	0.2%	5	0.2%
TMG North	5	0.7%	4	0.6%	3	0.4%	7	0.9%	19	0.6%
MD Developmental Agency	2	0.3%	0	0.0%	0	0.0%	2	0.2%	4	0.1%

<b>Number of evaluations that occurred prior to the 45 day timeline</b>										
	<b>731</b>		<b>683</b>		<b>777</b>		<b>819</b>		<b>3010</b>	
NEIS-South	455	62.2%	392	57.4%	499	64.2%	464	56.7%	1810	60.1%
NEIS-Northwest	113	15.5%	163	23.9%	122	15.7%	165	20.1%	563	18.7%
NEIS-Northeast	6	0.8%	22	3.2%	19	2.4%	22	2.7%	69	2.3%
NEIS-Carson City	85	11.6%	52	7.6%	57	7.3%	79	9.6%	273	9.1%
Capbility Health and Human Services-South	1	0.1%	2	0.3%	2	0.3%	0	0.0%	5	0.2%
TMG	16	2.2%	14	2.0%	26	3.3%	39	4.8%	95	3.2%
Positively Kids	30	4.1%	20	2.9%	31	4.0%	32	3.9%	113	3.8%
The Continuum	3	0.4%	8	1.2%	7	0.9%	3	0.4%	21	0.7%
Advanced Pediatric Therapies	15	2.1%	5	0.7%	9	1.2%	4	0.5%	33	1.1%
Capbility Health and Human Services-North	0	0.0%	1	0.1%	2	0.3%	2	0.2%	5	0.2%
TMG North	5	0.7%	4	0.6%	3	0.4%	7	0.9%	19	0.6%
MD Developmental Agency	2	0.3%	0	0.0%	0	0.0%	2	0.2%	4	0.1%

<b>Number of evaluations that occurred after the 45 day timeline</b>										
	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>	
NEIS-South		0.0%		0.0%		0.0%		0.0%		0.0%
NEIS-Northwest		0.0%		0.0%		0.0%		0.0%		0.0%
NEIS-Northeast		0.0%		0.0%		0.0%		0.0%		0.0%
NEIS-Carson City		0.0%		0.0%		0.0%		0.0%		0.0%
Capbility Health and Human Services-South		0.0%		0.0%		0.0%		0.0%		0.0%
TMG		0.0%		0.0%		0.0%		0.0%		0.0%
Positively Kids		0.0%		0.0%		0.0%		0.0%		0.0%
The Continuum		0.0%		0.0%		0.0%		0.0%		0.0%
Advanced Pediatric Therapies		0.0%		0.0%		0.0%		0.0%		0.0%
Capbility Health and Human Services-North		0.0%		0.0%		0.0%		0.0%		0.0%
TMG North		0.0%		0.0%		0.0%		0.0%		0.0%
MD Developmental Agency		0.0%		0.0%		0.0%		0.0%		0.0%

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>Documented exceptions to evaluations not occurring within the 45 day timeline</b>	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>	
NEIS-South		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		0%
NEIS-Northwest		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		0%
NEIS-Northeast		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		0%
NEIS-Carson City		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		0%
Capbility Health and Human Services-South		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		0%
TMG		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		0%
Positively Kids		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		0%
The Continuum		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		0%
Advanced Pediatric Therapies		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		0%
Capbility Health and Human Services-North		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		0%
TMG North		#DIV/0!		0.0%		0.0%		#DIV/0!		0%
MD Developmental Agency		#DIV/0!		0.0%		0.0%		#DIV/0!		0%
<b>Total Number of evaluations over/under the 45 day timeline adjusting for exceptions</b>										
Statewide <45 Days	731	100.0%	683	100.0%	777	100.0%	819	100.0%	3010	100.0%
Statewide >45 Days	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	731		683		777		819		3010	
NEIS-South <45 Days	455	100.0%	392	100.0%	499	100.0%	464	100.0%	1810	100.0%
NEIS-South >45 Days	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	455		392		499		464		1810	
NEIS-Northwest <45 Days	113	100.0%	163	100.0%	122	100.0%	165	100.0%	563	100.0%
NEIS-Northwest >45 Days	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	113		163		122		165		563	
NEIS-Northeast <45 Days	6	100.0%	22	100.0%	19	100.0%	22	100.0%	69	100.0%
NEIS-Northeast >45 Days	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	6		22		19		22		69	
NEIS-Carson City <45 Days	85	100.0%	52	100.0%	57	100.0%	79	100.0%	273	100.0%
NEIS-Carson City >45 Days	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	85		52		57		79		273	
Capbility Health and Human Services-South <45 Days	1	100.0%	2	100.0%	2	100.0%	0	#DIV/0!	5	100.0%
Capbility Health and Human Services-South >45 Days	0	0.0%	0	0.0%	0	0.0%	0	#DIV/0!	0	0.0%
Total	1		2		2		0		5	
TMG <45 Days	16	100.0%	14	100.0%	26	100.0%	39	100.0%	95	100.0%
TMG >45 Days	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	16		14		26		39		95	
Positively Kids <45 Days	30	100.0%	20	100.0%	31	100.0%	32	100.0%	113	100.0%
Positively Kids >45 Days	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	30		20		31		32		113	

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
The Continuum <45 Days	3	100.0%	8	100.0%	7	100.0%	3	100.0%	21	100.0%
The Continuum >45 Days	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	3		8		7		3		21	
Advanced Pediatric Therapies <45 Days	15	100.0%	5	100.0%	9	100.0%	4	100.0%	33	100.0%
Advanced Pediatric Therapies >45 Days	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	15		5		9		4		33	
Capbility Health and Human Services-North <45 Days	0	#DIV/0!	1	100.0%	2	100.0%	2	100.0%	5	100.00%
Capbility Health and Human Services-North >45 Days	0	#DIV/0!	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	0		1		2		2		5	
TMG-North <45 Days	5	100.0%	4	100.0%	3	100.0%	7	100.0%	19	100.0%
TMG-North >45 Days	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	5		4		3		7		19	
MD Developmental Agency <45 Days	2	100.0%	0	#DIV/0!	0	#DIV/0!	2	100.0%	4	100.0%
MD Developmental Agency >45 Days	0	0.0%	0	#DIV/0!	0	#DIV/0!	0	0.0%	0	0.0%
Total	2		0		0		2		4	

<b>TOTAL EXIT WITH AN IFSP</b>	<b>925</b>	<b>845</b>	<b>766</b>	<b>742</b>	<b>3278</b>					
NEIS-South	229	24.8%	207	24.5%	200	26.1%	188	25.3%	824	25.1%
NEIS-Northwest	107	11.6%	76	9.0%	72	9.4%	73	9.8%	328	10.0%
NEIS-Northeast	32	3.5%	31	3.7%	29	3.8%	19	2.6%	111	3.4%
NEIS-Carson City	56	6.1%	44	5.2%	44	5.7%	42	5.7%	186	5.7%
Capbility Health and Human Services-South	154	16.6%	188	22.2%	133	17.4%	141	19.0%	616	18.8%
TMG	139	15.0%	107	12.7%	100	13.1%	119	16.0%	465	14.2%
Positively Kids	96	10.4%	73	8.6%	86	11.2%	57	7.7%	312	9.5%
The Continuum	26	2.8%	26	3.1%	19	2.5%	25	3.4%	96	2.9%
Advanced Pediatric Therapies	42	4.5%	43	5.1%	34	4.4%	31	4.2%	150	4.6%
Capbility Health and Human Services-North	11	1.2%	13	1.5%	15	2.0%	11	1.5%	50	1.5%
TMG North	24	2.6%	33	3.9%	19	2.5%	17	2.3%	93	2.8%
MD Developmental Agency	9	1.0%	4	0.5%	15	2.0%	19	2.6%	47	1.4%

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>IFSP Exit Reasons Statewide:</b>										
Completion of IFSP prior to reaching maximum age for Part C	55	5.9%	47	5.6%	43	5.6%	47	6.3%	192	5.9%
Part B Eligible	138	14.9%	174	20.6%	132	17.2%	182	24.5%	626	19.1%
Not Eligible for Part B, Exit to other Programs	5	0.5%	5	0.6%	9	1.2%	17	2.3%	36	1.1%
Not Eligible for Part B, Exit with no Referrals	4	0.4%	3	0.4%	1	0.1%	4	0.5%	12	0.4%
Part B Eligibility not Determined	367	39.7%	273	32.3%	261	34.1%	172	23.2%	1073	32.7%
Deceased	0	0.0%	3	0.4%	1	0.1%	0	0.0%	4	0.1%
Moved out of State	61	6.6%	43	5.1%	39	5.1%	45	6.1%	188	5.7%
Withdrawal by Parent/Guardian	149	16.1%	122	14.4%	132	17.2%	135	18.2%	538	16.4%
Attempts to Contact Unsuccessful	111	12.0%	134	15.9%	124	16.2%	104	14.0%	473	14.4%
Part B eligibility not determined/parent declining	34	3.7%	38	4.5%	23	3.0%	32	4.3%	127	3.9%
Blank	1	0.1%	3	0.4%	1	0.1%	4	0.5%	9	0.3%
<b>Total</b>	<b>925</b>		<b>845</b>		<b>766</b>		<b>742</b>		<b>3278</b>	

<b>IFSP Exit Reasons NEIS-South</b>										
Completion of IFSP prior to reaching maximum age for Part C	18	7.9%	3	1.4%	6	3.0%	9	4.8%	36	4.4%
Part B Eligible	22	9.6%	30	14.5%	15	7.5%	42	22.3%	109	13.2%
Not Eligible for Part B, Exit to other Programs	0	0.0%	0	0.0%	0	0.0%	3	1.6%	3	0.4%
Not Eligible for Part B, Exit with no Referrals	0	0.0%	1	0.5%	1	0.5%	0	0.0%	2	0.2%
Part B Eligibility not Determined	71	31.0%	60	29.0%	62	31.0%	32	17.0%	225	27.3%
Deceased	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Moved out of State	18	7.9%	15	7.2%	14	7.0%	14	7.4%	61	7.4%
Withdrawal by Parent/Guardian	47	20.5%	39	18.8%	42	21.0%	44	23.4%	172	20.9%
Attempts to Contact Unsuccessful	49	21.4%	51	24.6%	53	26.5%	39	20.7%	192	23.3%
Part B eligibility not determined/parent declining	4	1.7%	6	2.9%	7	3.5%	4	2.1%	21	2.5%
Blank	0	0.0%	2	1.0%	0	0.0%	1	0.5%	3	0.4%
<b>Total</b>	<b>229</b>		<b>207</b>		<b>200</b>		<b>188</b>		<b>824</b>	

<b>IFSP Exit Reasons NEIS-Northwest</b>										
Completion of IFSP prior to reaching maximum age for Part C	13	12.1%	12	15.8%	6	8.3%	5	6.8%	36	11.0%
Part B Eligible	25	23.4%	17	22.4%	26	36.1%	17	23.3%	85	25.9%
Not Eligible for Part B, Exit to other Programs	2	1.9%	0	0.0%	2	2.8%	3	4.1%	7	2.1%
Not Eligible for Part B, Exit with no Referrals	1	0.9%	0	0.0%	0	0.0%	1	1.4%	2	0.6%
Part B Eligibility not Determined	31	29.0%	15	19.7%	13	18.1%	14	19.2%	73	22.3%
Deceased	0	0.0%	1	1.3%	0	0.0%	0	0.0%	1	0.3%
Moved out of State	9	8.4%	4	5.3%	4	5.6%	4	5.5%	21	6.4%
Withdrawal by Parent/Guardian	10	9.3%	8	10.5%	7	9.7%	13	17.8%	38	11.6%
Attempts to Contact Unsuccessful	9	8.4%	16	21.1%	8	11.1%	9	12.3%	42	12.8%
Part B eligibility not determined/parent declining	7	6.5%	3	3.9%	6	8.3%	7	9.6%	23	7.0%
Blank		0.0%		0.0%		0.0%		0.0%	0	0.0%
<b>Total</b>	<b>107</b>		<b>76</b>		<b>72</b>		<b>73</b>		<b>328</b>	

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>IFSP Exit Reasons NEIS-Northeast</b>										
Completion of IFSP prior to reaching maximum age for Part C	1	3.1%	4	12.9%	1	3.4%	0	0.0%	6	5.4%
Part B Eligible	15	46.9%	15	48.4%	11	37.9%	6	31.6%	47	42.3%
Not Eligible for Part B, Exit to other Programs	0	0.0%	0	0.0%	2	6.9%	2	10.5%	4	3.6%
Not Eligible for Part B, Exit with no Referrals	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Part B Eligibility not Determined	6	18.8%	3	9.7%	5	17.2%	2	10.5%	16	14.4%
Deceased	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Moved out of State	6	18.8%	2	6.5%	1	3.4%	1	5.3%	10	9.0%
Withdrawal by Parent/Guardian	2	6.3%	1	3.2%	2	6.9%	2	10.5%	7	6.3%
Attempts to Contact Unsuccessful	1	3.1%	2	6.5%	4	13.8%	2	10.5%	9	8.1%
Part B eligibility not determined/parent declining	0	0.0%	3	9.7%	3	10.3%	4	21.1%	10	9.0%
Blank	1	3.1%	1	3.2%	0	0.0%	0	0.0%	2	1.8%
<b>Total</b>	<b>32</b>		<b>31</b>		<b>29</b>		<b>19</b>		<b>111</b>	

<b>IFSP Exit Reasons NEIS-Carson City</b>										
Completion of IFSP prior to reaching maximum age for Part C	8	14.3%	4	9.1%	12	27.3%	10	23.8%	34	18.3%
Part B Eligible	12	21.4%	17	38.6%	18	40.9%	16	38.1%	63	33.9%
Not Eligible for Part B, Exit to other Programs	2	3.6%	1	2.3%	1	2.3%	4	9.5%	8	4.3%
Not Eligible for Part B, Exit with no Referrals	1	1.8%	0	0.0%	0	0.0%	1	2.4%	2	1.1%
Part B Eligibility not Determined	14	25.0%	6	13.6%	1	2.3%	4	9.5%	25	13.4%
Deceased	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Moved out of State	4	7.1%	2	4.5%	3	6.8%	0	0.0%	9	4.8%
Withdrawal by Parent/Guardian	5	8.9%	6	13.6%	4	9.1%	4	9.5%	19	10.2%
Attempts to Contact Unsuccessful	2	3.6%	8	18.2%	3	6.8%	0	0.0%	13	7.0%
Part B eligibility not determined/parent declining	8	14.3%	0	0.0%	1	2.3%	3	7.1%	12	6.5%
Blank	0	0.0%	0	0.0%	1	2.3%	0	0.0%	1	0.5%
<b>Total</b>	<b>56</b>		<b>44</b>		<b>44</b>		<b>42</b>		<b>186</b>	

<b>IFSP Exit Reasons Capbility Health and Human Services-South</b>										
Completion of IFSP prior to reaching maximum age for Part C	0	0.0%	1	0.5%	1	0.8%	0	0.0%	2	0.3%
Part B Eligible	19	12.3%	27	14.4%	14	10.5%	26	18.4%	86	14.0%
Not Eligible for Part B, Exit to other Programs	0	0.0%	3	1.6%	0	0.0%	3	2.1%	6	1.0%
Not Eligible for Part B, Exit with no Referrals	1	0.6%	1	0.5%	0	0.0%	1	0.7%	3	0.5%
Part B Eligibility not Determined	95	61.7%	75	39.9%	67	50.4%	47	33.3%	284	46.1%
Deceased	0	0.0%	1	0.5%	1	0.8%	0	0.0%	2	0.3%
Moved out of State	8	5.2%	9	4.8%	5	3.8%	8	5.7%	30	4.9%
Withdrawal by Parent/Guardian	19	12.3%	26	13.8%	25	18.8%	27	19.1%	97	15.7%
Attempts to Contact Unsuccessful	9	5.8%	29	15.4%	18	13.5%	23	16.3%	79	12.8%
Part B eligibility not determined/parent declining	3	1.9%	16	8.5%	2	1.5%	6	4.3%	27	4.4%
<b>Total</b>	<b>154</b>		<b>188</b>		<b>133</b>		<b>141</b>		<b>616</b>	

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>IFSP Exit Reasons TMG</b>										
Completion of IFSP prior to reaching maximum age for Part C	2	1.4%	2	1.9%	0	0.0%	3	2.5%	7	1.5%
Part B Eligible	14	10.1%	14	13.1%	12	12.0%	27	22.7%	67	14.4%
Not Eligible for Part B, Exit to other Programs	1	0.7%	0	0.0%	0	0.0%	0	0.0%	1	0.2%
Not Eligible for Part B, Exit with no Referrals	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Part B Eligibility not Determined	73	52.5%	58	54.2%	55	55.0%	46	38.7%	232	49.9%
Deceased	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Moved out of State	8	5.8%	6	5.6%	7	7.0%	9	7.6%	30	6.5%
Withdrawal by Parent/Guardian	23	16.5%	15	14.0%	14	14.0%	20	16.8%	72	15.5%
Attempts to Contact Unsuccessful	16	11.5%	12	11.2%	12	12.0%	14	11.8%	54	11.6%
Part B eligibility not determined/parent declining	2	1.4%	0	0.0%	0	0.0%	0	0.0%	2	0.4%
<b>Total</b>	<b>139</b>		<b>107</b>		<b>100</b>		<b>119</b>		<b>465</b>	

<b>IFSP Exit Reasons Positively Kids</b>										
Completion of IFSP prior to reaching maximum age for Part C	2	4.8%	9	20.9%	3	8.8%	2	6.5%	16	10.7%
Part B Eligible	4	9.5%	16	37.2%	12	35.3%	10	32.3%	42	28.0%
Not Eligible for Part B, Exit to other Programs	0	0.0%	1	2.3%	2	5.9%	1	3.2%	4	2.7%
Not Eligible for Part B, Exit with no Referrals	0	0.0%	0	0.0%	0	0.0%	1	3.2%	1	0.7%
Part B Eligibility not Determined	14	33.3%	5	11.6%	2	5.9%	2	6.5%	23	15.3%
Deceased	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Moved out of State	1	2.4%	1	2.3%	1	2.9%	2	6.5%	5	3.3%
Withdrawal by Parent/Guardian	12	28.6%	8	18.6%	10	29.4%	8	25.8%	38	25.3%
Attempts to Contact Unsuccessful	6	14.3%	1	2.3%	4	11.8%	3	9.7%	14	9.3%
Part B eligibility not determined/parent declining	3	7.1%	2	4.7%	0	0.0%	2	6.5%	7	4.7%
<b>Total</b>	<b>42</b>		<b>43</b>		<b>34</b>		<b>31</b>		<b>150</b>	

<b>IFSP Exit Reasons The Continuum</b>										
Completion of IFSP prior to reaching maximum age for Part C	4	15.4%	4	15.4%	4	21.1%	9	36.0%	21	21.9%
Part B Eligible	4	15.4%	6	23.1%	6	31.6%	2	8.0%	18	18.8%
Not Eligible for Part B, Exit to other Programs	0	0.0%	0	0.0%	0	0.0%	1	4.0%	1	1.0%
Not Eligible for Part B, Exit with no Referrals	1	3.8%	0	0.0%	0	0.0%	0	0.0%	1	1.0%
Part B Eligibility not Determined	8	30.8%	4	15.4%	2	10.5%	3	12.0%	17	17.7%
Deceased	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Moved out of State	2	7.7%	1	3.8%	1	5.3%	2	8.0%	6	6.3%
Withdrawal by Parent/Guardian	4	15.4%	5	19.2%	4	21.1%	2	8.0%	15	15.6%
Attempts to Contact Unsuccessful	2	7.7%	2	7.7%	2	10.5%	3	12.0%	9	9.4%
Part B eligibility not determined/parent declining	1	3.8%	4	15.4%	0	0.0%	2	8.0%	7	7.3%
Blank	0	0.0%	0	0.0%	0	0.0%	1	4.0%	1	1.0%
<b>Total</b>	<b>26</b>		<b>26</b>		<b>19</b>		<b>25</b>		<b>96</b>	

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>IFSP Exit Reasons Advanced Pediatric Therapies</b>										
Completion of IFSP prior to reaching maximum age for Part C	2	4.8%	9	20.9%	3	8.8%	2	6.5%	16	10.7%
Part B Eligible	4	9.5%	16	37.2%	12	35.3%	10	32.3%	42	28.0%
Not Eligible for Part B, Exit to other Programs	0	0.0%	1	2.3%	2	5.9%	1	3.2%	4	2.7%
Not Eligible for Part B, Exit with no Referrals	0	0.0%	0	0.0%	0	0.0%	1	3.2%	1	0.7%
Part B Eligibility not Determined	14	33.3%	5	11.6%	2	5.9%	2	6.5%	23	15.3%
Deceased	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Moved out of State	1	2.4%	1	2.3%	1	2.9%	2	6.5%	5	3.3%
Withdrawal by Parent/Guardian	12	28.6%	8	18.6%	10	29.4%	8	25.8%	38	25.3%
Attempts to Contact Unsuccessful	6	14.3%	1	2.3%	4	11.8%	3	9.7%	14	9.3%
Part B eligibility not determined/parent declining	3	7.1%	2	4.7%	0	0.0%	2	6.5%	7	4.7%
<b>Total</b>	<b>42</b>		<b>43</b>		<b>34</b>		<b>31</b>		<b>150</b>	

<b>IFSP Exit Reasons Capbility Health and Human Services-North</b>										
Completion of IFSP prior to reaching maximum age for Part C	0	0.0%	0	0.0%	0	0.0%	1	9.1%	1	2.0%
Part B Eligible	2	18.2%	1	7.7%	3	20.0%	4	36.4%	10	20.0%
Not Eligible for Part B, Exit to other Programs	0	0.0%	0	0.0%	1	6.7%	0	0.0%	1	2.0%
Not Eligible for Part B, Exit with no Referrals	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Part B Eligibility not Determined	3	27.3%	4	30.8%	3	20.0%	1	9.1%	11	22.0%
Deceased	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Moved out of State	2	18.2%	1	7.7%	1	6.7%	2	18.2%	6	12.0%
Withdrawal by Parent/Guardian	3	27.3%	5	38.5%	2	13.3%	1	9.1%	11	22.0%
Attempts to Contact Unsuccessful	1	9.1%	2	15.4%	4	26.7%	2	18.2%	9	18.0%
Part B eligibility not determined/parent declining	0	0.0%	0	0.0%	1	6.7%	0	0.0%	1	2.0%
<b>Total</b>	<b>11</b>		<b>13</b>		<b>15</b>		<b>11</b>		<b>50</b>	

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>IFSP Exit Reasons TMG North</b>										
Completion of IFSP prior to reaching maximum age for Part C	2	8.3%	1	3.0%	1	5.3%	0	0.0%	4	4.3%
Part B Eligible	1	4.2%	6	18.2%	3	15.8%	6	35.3%	16	17.2%
Not Eligible for Part B, Exit to other Programs		0.0%		0.0%		0.0%		0.0%	0	0.0%
Not Eligible for Part B, Exit with no Referrals		0.0%		0.0%		0.0%		0.0%	0	0.0%
Part B Eligibility not Determined	14	58.3%	16	48.5%	9	47.4%	3	17.6%	42	45.2%
Deceased		0.0%		0.0%		0.0%		0.0%	0	0.0%
Moved out of State	1	4.2%	2	6.1%		0.0%		0.0%	3	3.2%
Withdrawal by Parent/Guardian	3	12.5%	1	3.0%	2	10.5%	2	11.8%	8	8.6%
Attempts to Contact Unsuccessful	3	12.5%	7	21.2%	4	21.1%	6	35.3%	20	21.5%
Part B eligibility not determined/parent declining		0.0%		0.0%		0.0%		0.0%	0	0.0%
<b>Total</b>	<b>24</b>		<b>33</b>		<b>19</b>		<b>17</b>		<b>93</b>	

<b>IFSP Exit Reasons MD Developmental Agency</b>										
Completion of IFSP prior to reaching maximum age for Part C	1	11.1%		0.0%	1	6.7%	1	5.3%	3	6.4%
Part B Eligible		0.0%		0.0%		0.0%	3	15.8%	3	6.4%
Not Eligible for Part B, Exit to other Programs		0.0%		0.0%		0.0%		0.0%	0	0.0%
Not Eligible for Part B, Exit with no Referrals		0.0%		0.0%		0.0%		0.0%	0	0.0%
Part B Eligibility not Determined	1	11.1%	2	50.0%	10	66.7%	5	26.3%	18	38.3%
Deceased		0.0%		0.0%		0.0%		0.0%	0	0.0%
Moved out of State		0.0%		0.0%		0.0%		0.0%	0	0.0%
Withdrawal by Parent/Guardian	6	66.7%	2	50.0%	4	26.7%	9	47.4%	21	44.7%
Attempts to Contact Unsuccessful	1	11.1%		0.0%		0.0%		0.0%	1	2.1%
Part B eligibility not determined/parent declining		0.0%		0.0%		0.0%	1	5.3%	1	2.1%
<b>Total</b>	<b>9</b>		<b>4</b>		<b>15</b>		<b>19</b>		<b>47</b>	

<b>TOTAL EXIT WITHOUT AN IFSP</b>										
NEIS-South	455	62.2%	392	57.4%	499	64.2%	464	56.7%	1810	60.1%
NEIS-Northwest	113	15.5%	163	23.9%	122	15.7%	165	20.1%	563	18.7%
NEIS-Northeast	6	0.8%	22	3.2%	19	2.4%	22	2.7%	69	2.3%
NEIS-Carson City	85	11.6%	52	7.6%	57	7.3%	79	9.6%	273	9.1%
Capbility Health and Human Services-South	1	0.1%	2	0.3%	2	0.3%		0.0%	5	0.2%
TMG	16	2.2%	14	2.0%	26	3.3%	39	4.8%	95	3.2%
Positively Kids	30	4.1%	20	2.9%	31	4.0%	32	3.9%	113	3.8%
The Continuum	3	0.4%	8	1.2%	7	0.9%	3	0.4%	21	0.7%
Advanced Pediatric Therapies	15	2.1%	5	0.7%	9	1.2%	4	0.5%	33	1.1%
Capbility Health and Human Services-North	0	0.0%	1	0.1%	2	0.3%	2	0.2%	5	0.2%
TMG North	5	0.7%	4	0.6%	3	0.4%	7	0.9%	19	0.6%
MD Developmental Agency	2	0.4%	0	0.0%	0	0.0%	2	0.2%	4	0.1%

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>No IFSP Exit Reasons Statewide:</b>										
Not Eligible	731	100.0%	683	100.0%	777	100.0%	819	100.0%	3010	100.0%
Child Passed Screening	4	0.5%	17	2.5%	6	0.8%	8	1.0%	35	1.2%
Child Referred - Parent has no concerns	83	11.4%	75	11.0%	88	11.3%	86	10.5%	332	11.0%
Moved	10	1.4%	10	1.5%	9	1.2%	8	1.0%	37	1.2%
Late Referral - Referred to School District	1	0.1%	4	0.6%	3	0.4%	7	0.9%	15	0.5%
Contact with Family Unsuccessful	297	40.6%	291	42.6%	302	38.9%	342	41.8%	1232	40.9%
Child Died	1	0.1%	1	0.1%		0.0%		0.0%	2	0.1%
Referred to SaM	39	5.3%	54	7.9%	30	3.9%	44	5.4%	167	5.5%
Family chose not to access services	96	13.1%	109	16.0%	97	12.5%	121	14.8%	423	14.1%
CAPTA Exit	150	20.5%	81	11.9%	192	24.7%	174	21.2%	597	19.8%
Audio Only Exit	44	6.0%	33	4.8%	44	5.7%	21	2.6%	142	4.7%
Inappropriate Referral	2	0.3%	1	0.1%	1	0.1%	3	0.4%	7	0.2%
Blank	4	0.5%	7	1.0%	5	0.6%	5	0.6%	21	0.7%
<b>Total</b>	<b>731</b>		<b>683</b>		<b>777</b>		<b>819</b>		<b>3010</b>	

**No IFSP Exit Reasons NEIS-South**

Not Eligible	455	100.0%	392	100.0%	499	100.0%	464	100.0%	1810	100.0%
Child Passed Screening	1	0.2%	0	0.0%	0	0.0%	1	0.2%	2	0.1%
Child Referred - Parent has no concerns	44	9.7%	43	11.0%	54	10.8%	48	10.3%	189	10.4%
Moved	7	1.5%	6	1.5%	7	1.4%	2	0.4%	22	1.2%
Late Referral - Referred to School District	1	0.2%	2	0.5%	1	0.2%	0	0.0%	4	0.2%
Contact with Family Unsuccessful	172	37.8%	172	43.9%	172	34.5%	181	39.0%	697	38.5%
Child Died	0	0.0%	1	0.3%	0	0.0%	0	0.0%	1	0.1%
Referred to SaM		0.0%		0.0%		0.0%		0.0%	0	0.0%
Family chose not to access services	45	9.9%	63	16.1%	64	12.8%	69	14.9%	241	13.3%
CAPTA Exit	138	30.3%	71	18.1%	170	34.1%	150	32.3%	529	29.2%
Inappropriate Referral	44	9.7%	32	8.2%	31	6.2%	9	1.9%	116	6.4%
Audio Only Exit	1	0.2%	1	0.3%	0	0.0%	3	0.6%	5	0.3%
Blank	2	0.4%	1	0.3%	0	0.0%	1	0.2%	4	0.2%
<b>Total</b>	<b>455</b>		<b>392</b>		<b>499</b>		<b>464</b>		<b>1810</b>	

**No IFSP Exit Reasons NEIS-Northwest**

Not Eligible	113	100.0%	163	100.0%	122	100.0%	165	100.0%	563	100.0%
Child Passed Screening	3	2.7%	16	9.8%	6	4.9%	7	4.2%	32	5.7%
Child Referred - Parent has no concerns	3	2.7%	2	1.2%	5	4.1%	2	1.2%	12	2.1%
Moved	1	0.9%	3	1.8%	0	0.0%	2	1.2%	6	1.1%
Late Referral - Referred to School District	0	0.0%	1	0.6%	0	0.0%	2	1.2%	3	0.5%
Contact with Family Unsuccessful	40	35.4%	53	32.5%	39	32.0%	61	37.0%	193	34.3%
Child Died	1	0.9%	0	0.0%	0	0.0%	0	0.0%	1	0.2%
Referred to SaM	35	31.0%	51	31.3%	25	20.5%	40	24.2%	151	26.8%
Family chose not to access services	22	19.5%	25	15.3%	15	12.3%	24	14.5%	86	15.3%
CAPTA Exit	5	4.4%	9	5.5%	18	14.8%	15	9.1%	47	8.3%
Inappropriate Referral	0	0.0%	0	0.0%	13	10.7%	12	7.3%	25	4.4%
Audio Only Exit	1	0.9%		0.0%		0.0%		0.0%	1	0.2%
Blank	2	1.8%	3	1.8%	1	0.8%		0.0%	6	1.1%
<b>Total</b>	<b>113</b>		<b>163</b>		<b>122</b>		<b>165</b>		<b>563</b>	

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>No IFSP Exit Reasons NEIS-Northeast</b>										
Not Eligible	6	100.0%	22	100.0%	19	100.0%	22	100.0%	69	100.0%
Child Passed Screening	0	0.0%	1	4.5%	0	0.0%	0	0.0%	1	1.4%
Child Referred - Parent has no concerns	3	50.0%	9	40.9%	4	21.1%	9	40.9%	25	36.2%
Moved		0.0%		0.0%		0.0%	1	4.5%	1	1.4%
Late Referral - Referred to School District		0.0%		0.0%		0.0%		0.0%	0	0.0%
Contact with Family Unsuccessful	2	33.3%	7	31.8%	12	63.2%	7	31.8%	28	40.6%
Child Died		0.0%		0.0%		0.0%		0.0%	0	0.0%
Referred to SaM		0.0%		0.0%		0.0%		0.0%	0	0.0%
Family chose not to access services	1	16.7%	3	13.6%		0.0%	1	4.5%	5	7.2%
CAPTA Exit		0.0%		0.0%		0.0%	3	13.6%	3	4.3%
Inappropriate Referral		0.0%	1	4.5%		0.0%		0.0%	1	1.4%
Audio Only		0.0%		0.0%	1	0.0%		13.6%	1	1.4%
Blank		0.0%	1	4.5%	2	0.0%	1	0.0%	4	5.8%
<b>Total</b>	<b>6</b>		<b>22</b>		<b>19</b>		<b>22</b>		<b>69</b>	

**No IFSP Exit Reasons NEIS-Carson City**

Not Eligible	85	100.0%	52	100.0%	57	100.0%	79	100.0%	273	100.0%
Child Passed Screening		0.0%		0.0%		0.0%		0.0%	0	0.0%
Child Referred - Parent has no concerns	29	34.1%	17	32.7%	20	35.1%	24	30.4%	90	33.0%
Moved	1	1.2%	1	1.9%	2	3.5%	1	1.3%	5	1.8%
Late Referral - Referred to School District		0.0%		0.0%	1	1.8%	2	2.5%	3	1.1%
Contact with Family Unsuccessful	33	38.8%	23	44.2%	23	40.4%	36	45.6%	115	42.1%
Child Died		0.0%		0.0%		0.0%		0.0%	0	0.0%
Referred to SaM	4	4.7%	1	1.9%	5	8.8%	4	5.1%	14	5.1%
Family chose not to access services	11	12.9%	8	15.4%	2	3.5%	6	7.6%	27	9.9%
CAPTA Exit	7	8.2%	1	1.9%	4	7.0%	6	7.6%	18	6.6%
Inappropriate Referral		0.0%		0.0%		0.0%		0.0%	0	0.0%
Audio Only		0.0%		1.9%		7.0%		7.6%	0	0.0%
Blank		0.0%	1	0.0%		0.0%		0.0%	1	0.4%
<b>Total</b>	<b>85</b>		<b>52</b>		<b>57</b>		<b>79</b>		<b>273</b>	

**No IFSP Exit Reasons Capbility Health and Human Services-South**

Not Eligible	1	100.0%	2	100.0%	2	100.0%	0	#DIV/0!	5	50.0%
Child Passed Screening		0.0%		0.0%		0.0%		#DIV/0!	0	0.0%
Child Referred - Parent has no concerns		0.0%		0.0%		0.0%		#DIV/0!	0	0.0%
Moved		0.0%		0.0%		0.0%		#DIV/0!	0	0.0%
Late Referral - Referred to School District		0.0%		0.0%		0.0%		#DIV/0!	0	0.0%
Contact with Family Unsuccessful	1	100.0%	2	100.0%	2	100.0%		#DIV/0!	5	50.0%
Child Died		0.0%		0.0%		0.0%		#DIV/0!	0	0.0%
Family chose not to access services		0.0%		0.0%		0.0%		#DIV/0!	0	0.0%
Inappropriate Referral		0.0%		0.0%		0.0%		#DIV/0!	0	0.0%
<b>Total</b>	<b>1</b>		<b>2</b>		<b>2</b>		<b>0</b>		<b>10</b>	

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>No IFSP Exit Reasons TMG</b>										
Not Eligible	16	100.0%	14	100.0%	26	100.0%	39	100.0%	95	100.0%
Child Passed Screening		0.0%		0.0%		0.0%		0.0%	0	0.0%
Child Referred - Parent has no concerns		0.0%	2	14.3%		0.0%	1	2.6%	3	3.2%
Moved		0.0%		0.0%		0.0%	2	5.1%	2	2.1%
Late Referral - Referred to School District		0.0%		0.0%	1	3.8%		0.0%	1	1.1%
Contact with Family Unsuccessful	12	75.0%	10	71.4%	21	80.8%	22	56.4%	65	68.4%
Child Died		0.0%		0.0%		0.0%		0.0%	0	0.0%
Family chose not to access services	4	25.0%	1	7.1%	4	15.4%	12	30.8%	21	22.1%
Inappropriate Referral		0.0%		0.0%		0.0%		0.0%	0	0.0%
Blank		0.0%	1	7.1%		0.0%	2	5.1%	3	3.2%
<b>Total</b>	<b>16</b>		<b>14</b>		<b>26</b>		<b>39</b>		<b>95</b>	

<b>No IFSP Exit Reasons Positively Kids</b>										
Not Eligible	30	100.0%	20	100.0%	31	100.0%	32	100.0%	113	100.0%
Child Passed Screening		0.0%		0.0%		0.0%		0.0%	0	0.0%
Child Referred - Parent has no concerns	2	6.7%		0.0%	5	16.1%		0.0%	7	6.2%
Moved		0.0%		0.0%		0.0%		0.0%	0	0.0%
Late Referral - Referred to School District		0.0%		0.0%		0.0%	3	9.4%	3	2.7%
Contact with Family Unsuccessful	24	80.0%	18	90.0%	23	74.2%	28	87.5%	93	82.3%
Child Died		0.0%		0.0%		0.0%		0.0%	0	0.0%
Family chose not to access services	4	13.3%	2	10.0%	2	6.5%		0.0%	8	7.1%
Inappropriate Referral		0.0%		0.0%		0.0%		0.0%	0	0.0%
Blank		0.0%		0.0%	1	3.2%	1	3.1%	2	1.8%
<b>Total</b>	<b>30</b>		<b>20</b>		<b>31</b>		<b>32</b>		<b>113</b>	

<b>No IFSP Exit Reasons The Continuum</b>										
Not Eligible	3	100.0%	8	100.0%	7	100.0%	3	100.0%	21	100.0%
Child Passed Screening		0.0%		0.0%		0.0%		0.0%	0	0.0%
Child Referred - Parent has no concerns		0.0%	1	12.5%		0.0%		0.0%	1	4.8%
Moved		0.0%		0.0%		0.0%		0.0%	0	0.0%
Late Referral - Referred to School District		0.0%		0.0%		0.0%		0.0%	0	0.0%
Contact with Family Unsuccessful	2	66.7%	4	50.0%	1	14.3%	2	66.7%	9	42.9%
Child Died		0.0%		0.0%		0.0%		0.0%	0	0.0%
Family chose not to access services	1	33.3%	3	37.5%	6	85.7%	1	33.3%	11	52.4%
Inappropriate Referral		0.0%		0.0%		0.0%		0.0%	0	0.0%
<b>Total</b>	<b>3</b>		<b>8</b>		<b>7</b>		<b>3</b>		<b>21</b>	

<b>No IFSP Exit Reasons Advanced Pediatric Therapies</b>										
Not Eligible	15	100.0%	5	100.0%	9	100.0%	4	100.0%	33	100.0%
Child Passed Screening		0.0%		0.0%		0.0%		0.0%	0	0.0%
Child Referred - Parent has no concerns	2	13.3%	1	20.0%		0.0%	1	25.0%	4	12.1%
Moved	1	6.7%		0.0%		0.0%		0.0%	1	3.0%
Late Referral - Referred to School District		0.0%	1	20.0%		0.0%		0.0%	1	3.0%
Contact with Family Unsuccessful	6	40.0%		0.0%	6	66.7%	1	25.0%	13	39.4%
Child Died		0.0%		0.0%		0.0%		0.0%	0	0.0%
Family chose not to access services	6	40.0%	3	60.0%	3	33.3%	2	50.0%	14	42.4%
Inappropriate Referral		0.0%		0.0%		0.0%		0.0%	0	0.0%
<b>Total</b>	<b>15</b>		<b>5</b>		<b>9</b>		<b>4</b>		<b>33</b>	

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>No IFSP Exit Reasons Capbility Health and Human Services-North</b>										
Not Eligible	0	#DIV/0!	1	100.0%	2	100.0%	2	100.0%	5	100.0%
Child Passed Screening		#DIV/0!		0.0%		0.0%		0.0%	0	0.0%
Child Referred - Parent has no concerns		#DIV/0!		0.0%		0.0%	1	50.0%	1	20.0%
Moved		#DIV/0!		0.0%		0.0%		0.0%	0	0.0%
Late Referral - Referred to School District		#DIV/0!		0.0%		0.0%		0.0%	0	0.0%
Contact with Family Unsuccessful		#DIV/0!		0.0%	1	50.0%		0.0%	1	20.0%
Child Died		#DIV/0!		0.0%		0.0%		0.0%	0	0.0%
Family chose not to access services		#DIV/0!		0.0%		0.0%	1	50.0%	1	20.0%
Inappropriate Referral		#DIV/0!		0.0%		0.0%		0.0%	0	0.0%
Blank		#DIV/0!	1	100.0%	1	50.0%		0.0%	2	40.0%
<b>Total</b>	<b>0</b>		<b>1</b>		<b>2</b>		<b>2</b>		<b>5</b>	

<b>No IFSP Exit Reasons TMG-North</b>										
Not Eligible	5	100.0%	4	100.0%	3	100.0%	7	100.0%	19	100.0%
Child Passed Screening		0.0%		0.0%		0.0%		0.0%	0	0.0%
Child Referred - Parent has no concerns		0.0%		0.0%		0.0%		0.0%	0	0.0%
Moved		0.0%		0.0%		0.0%		0.0%	0	0.0%
Late Referral - Referred to School District		0.0%		0.0%		0.0%		0.0%	0	0.0%
Contact with Family Unsuccessful	4	80.0%	2	50.0%	2	66.7%	4	57.1%	12	63.2%
Child Died		0.0%		0.0%		0.0%		0.0%	0	0.0%
Family chose not to access services	1	20.0%	1	25.0%	1	33.3%	3	42.9%	6	31.6%
Inappropriate Referral		0.0%		0.0%		0.0%		0.0%	0	0.0%
Blank		0.0%	1	25.0%		0.0%		0.0%	1	5.3%
<b>Total</b>	<b>5</b>		<b>4</b>		<b>3</b>		<b>7</b>		<b>19</b>	

<b>No IFSP Exit Reasons MD Developmental Agency</b>										
Not Eligible	2	100.0%	0	#DIV/0!	0	#DIV/0!	2	100.0%	4	100.0%
Child Passed Screening		0.0%		#DIV/0!		#DIV/0!		0.0%	0	0.0%
Child Referred - Parent has no concerns		0.0%		#DIV/0!		#DIV/0!		0.0%	0	0.0%
Moved		0.0%		#DIV/0!		#DIV/0!		0.0%	0	0.0%
Late Referral - Referred to School District		0.0%		#DIV/0!		#DIV/0!		0.0%	0	0.0%
Contact with Family Unsuccessful	1	50.0%		#DIV/0!		#DIV/0!		0.0%	1	25.0%
Child Died		0.0%		#DIV/0!		#DIV/0!		0.0%	0	0.0%
Family chose not to access services	1	50.0%		#DIV/0!		#DIV/0!	2	100.0%	3	75.0%
Inappropriate Referral		0.0%		#DIV/0!		#DIV/0!		0.0%	0	0.0%
<b>Total</b>	<b>2</b>		<b>0</b>		<b>0</b>		<b>2</b>		<b>4</b>	

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>Number children exiting on third birthday with exit code of Part B or Part B Eligibility not Determined*</b>	<b>538</b>		<b>480</b>		<b>404</b>		<b>0</b>		<b>1422</b>	
NEIS-South	96	17.8%	94	19.6%	77	19.1%		#DIV/0!	267	18.8%
NEIS-Northwest	63	11.7%	35	7.3%	44	10.9%		#DIV/0!	142	10.0%
NEIS-Northeast	21	3.9%	21	4.4%	16	4.0%		#DIV/0!	58	4.1%
NEIS-Carson City	34	6.3%	23	4.8%	20	5.0%		#DIV/0!	77	5.4%
Capbility Health and Human Services-South	117	21.7%	118	24.6%	83	20.5%		#DIV/0!	318	22.4%
TMG	89	16.5%	72	15.0%	67	16.6%		#DIV/0!	228	16.0%
Positively Kids	63	11.7%	53	11.0%	46	11.4%		#DIV/0!	162	11.4%
The Continuum	13	2.4%	13	2.7%	8	2.0%		#DIV/0!	34	2.4%
Advanced Pediatric Therapies	21	3.9%	23	4.8%	14	3.5%		#DIV/0!	58	4.1%
Capbility Health and Human Services-North	5	0.9%	4	0.8%	7	1.7%		#DIV/0!	16	1.1%
TMG North	15	2.8%	22	4.6%	12	3.0%		#DIV/0!	49	3.4%
MD Developmental Agency	1	0.2%	2	0.4%	10	2.5%		#DIV/0!	13	0.9%

<b>Number of children who received their transition meeting within the appropriate timeline</b>										
	<b>447</b>	<b>83.09%</b>	<b>410</b>	<b>85.2%</b>	<b>339</b>	<b>81.4%</b>	<b>0</b>	<b>#DIV/0!</b>	<b>1196</b>	<b>84.1%</b>
NEIS-South	82	15.2%	80	16.7%	63	15.6%	0	#DIV/0!	225	15.8%
NEIS-Northwest	43	8.0%	22	4.6%	33	8.2%	0	#DIV/0!	98	6.9%
NEIS-Northeast	17	3.2%	18	3.8%	10	2.5%	0	#DIV/0!	45	3.2%
NEIS-Carson City	22	4.1%	18	3.8%	17	4.2%	0	#DIV/0!	57	4.0%
Capbility Health and Human Services-South	101	18.8%	103	21.5%	70	17.3%	0	#DIV/0!	274	19.3%
TMG	81	15.1%	70	14.6%	65	16.1%	0	#DIV/0!	216	15.2%
Positively Kids	57	10.6%	50	10.4%	35	8.7%	0	#DIV/0!	142	10.0%
The Continuum	9	1.7%	7	1.5%	7	1.7%	0	#DIV/0!	23	1.6%
Advanced Pediatric Therapies	18	3.3%	18	3.8%	13	3.2%	0	#DIV/0!	49	3.4%
Capbility Health and Human Services-North	4	0.7%	3	0.6%	7	1.7%	0	#DIV/0!	14	1.0%
TMG North	13	2.4%	20	4.2%	9	2.2%	0	#DIV/0!	42	3.0%
MD Developmental Agency	0	0.0%	1	0.2%	10	2.5%	0	#DIV/0!	11	0.8%

<b>Number of children who did not receive their transition meeting within the appropriate timeline</b>										
	<b>91</b>	<b>16.73%</b>	<b>70</b>	<b>14.4%</b>	<b>65</b>	<b>16.1%</b>	<b>0</b>	<b>#DIV/0!</b>	<b>226</b>	<b>15.9%</b>
NEIS-South	14	2.6%	14	2.9%	14	3.5%		#DIV/0!	42	3.0%
NEIS-Northwest	20	3.7%	13	2.7%	11	2.7%		#DIV/0!	44	3.1%
NEIS-Northeast	4	0.7%	3	0.6%	6	1.5%		#DIV/0!	13	0.9%
NEIS-Carson City	12	2.2%	5	1.0%	3	0.7%		#DIV/0!	20	1.4%
Capbility Health and Human Services-South	16	3.0%	15	3.1%	13	3.2%		#DIV/0!	44	3.1%
TMG	8	1.5%	2	0.4%	2	0.5%		#DIV/0!	12	0.8%
Positively Kids	6	1.1%	3	0.6%	11	2.7%		#DIV/0!	20	1.4%
The Continuum	4	0.7%	6	1.3%	1	0.2%		#DIV/0!	11	0.8%
Advanced Pediatric Therapies	3	0.6%	5	1.0%	1	0.2%		#DIV/0!	9	0.6%
Capbility Health and Human Services-North	1	0.2%	1	0.2%	0	0.0%		#DIV/0!	2	0.1%
TMG North	2	0.4%	2	0.4%	3	0.7%		#DIV/0!	7	0.5%
MD Developmental Agency	1	0.2%	1	0.2%	0	0.0%		#DIV/0!	2	0.1%

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>Documented exceptions to transition meeting not occurring within the appropriate timeline</b>	<b>68</b>		<b>47</b>		<b>35</b>		<b>0</b>		<b>150</b>	
NEIS-South	13	19.12%	9	19.15%	9	25.71%		#DIV/0!	31	2%
NEIS-Northwest	7	10.29%	5	10.64%	3	8.57%		#DIV/0!	15	1%
NEIS-Northeast	4	5.88%	3	6.38%	3	8.57%		#DIV/0!	10	1%
NEIS-Carson City	10	14.71%	3	6.38%	3	33.33%		#DIV/0!	16	1%
Capbility Health and Human Services-South	13	19.12%	14	29.79%	9	25.71%		#DIV/0!	36	3%
TMG	6	8.82%	1	2.13%	1	2.86%		#DIV/0!	8	1%
Positively Kids	6	8.82%	1	2.13%	2	5.71%		#DIV/0!	9	1%
The Continuum	3	4.41%	4	8.51%	1	2.86%		#DIV/0!	8	1%
Advanced Pediatric Therapies	3	4.41%	5	10.64%	1	2.86%		#DIV/0!	9	1%
Capbility Health and Human Services-North	1	1.47%	1	2.13%	0	0.00%		#DIV/0!	2	0%
TMG North	1	1.47%	0	0.00%	3	8.57%		#DIV/0!	4	0%
MD Developmental Agency	1	1.47%	1	2.13%	0	0.00%		#DIV/0!	2	0%

**Total Number of transition meetings within the appropriate timeline adjusting for exceptions**

Statewide within timeline	515	95.7%	457	95.2%	374	92.6%	0	#DIV/0!	1346	94.7%
Statewide not within the appropriate timeline	23	4.3%	23	4.8%	30	7.4%	0	#DIV/0!	76	5.3%
<b>Total</b>	<b>538</b>		<b>480</b>		<b>404</b>		<b>0</b>		<b>1422</b>	
NEIS-South within timeframe	95	99.0%	89	94.7%	72	93.5%	0	#DIV/0!	256	95.9%
NEIS-South not within the appropriate timeline	1	1.0%	5	5.3%	5	6.5%	0	#DIV/0!	11	4.1%
<b>Total</b>	<b>96</b>		<b>94</b>		<b>77</b>		<b>0</b>		<b>267</b>	
NEIS-Northwest Region within timeframe	50	79.4%	27	77.1%	36	81.8%	0	#DIV/0!	113	79.6%
NEIS-Northwest not within the appropriate timeline	13	20.6%	8	22.9%	8	18.2%	0	#DIV/0!	29	20.4%
<b>Total</b>	<b>63</b>		<b>35</b>		<b>44</b>		<b>0</b>		<b>142</b>	
NEIS-Northeast within timeframe	21	100.0%	21	100.0%	13	81.3%	0	#DIV/0!	55	94.8%
NEIS-Northeast not within the appropriate timeline	0	0.0%	0	0.0%	3	18.8%	0	#DIV/0!	3	5.2%
<b>Total</b>	<b>21</b>		<b>21</b>		<b>16</b>		<b>0</b>		<b>58</b>	
NEIS-Carson City within timeframe	32	94.1%	21	91.3%	20	100.0%	0	#DIV/0!	73	94.8%
NEIS-Carson City not within the appropriate timeline	2	5.9%	2	8.7%	0	0.0%	0	#DIV/0!	4	5.2%
<b>Total</b>	<b>34</b>		<b>23</b>		<b>20</b>		<b>0</b>		<b>77</b>	
Easter Seals within timeframe	114	97.4%	117	99.2%	79	95.2%	0	#DIV/0!	310	97.5%
Easter Seals not within the appropriate timeline	3	2.6%	1	0.8%	4	4.8%	0	#DIV/0!	8	2.5%
<b>Total</b>	<b>117</b>		<b>118</b>		<b>83</b>		<b>0</b>		<b>318</b>	
TMG within timeframe	87	97.8%	71	98.6%	66	98.5%	0	#DIV/0!	224	98.2%
TMG not within the appropriate timeline	2	2.2%	1	1.4%	1	1.5%	0	#DIV/0!	4	1.8%
<b>Total</b>	<b>89</b>		<b>72</b>		<b>67</b>		<b>0</b>		<b>228</b>	
Positively Kids within timeframe	63	100.0%	51	96.2%	37	80.4%	0	#DIV/0!	151	93.2%
Positively Kids not within the appropriate timeline	0	0.0%	2	3.8%	9	19.6%	0	#DIV/0!	11	6.8%
<b>Total</b>	<b>63</b>		<b>53</b>		<b>46</b>		<b>0</b>		<b>162</b>	

**Statewide Early Intervention Performance Data**

	Preliminary		Preliminary		Preliminary		Preliminary		FY21 Unduplicated Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
The Continuum within timeframe	12	92.3%	11	84.62%	8	100.0%	0	#DIV/0!	31	91.2%
The Continuum not within the appropriate timeline	1	7.7%	2	15.38%	0	0.0%	0	#DIV/0!	3	8.8%
Total	13		13		8		0		34	
APT within timeframe	21	100.0%	23	100.0%	14	100.0%	0	#DIV/0!	58	100.0%
APT not within the appropriate timeline	0	0.0%	0	0.0%	0	0.0%	0	#DIV/0!	0	0.0%
Total	21		23		14		0		58	
Capbility Health and Human Services-North within timeframe	5	100.0%	4	100.0%	7	100.0%	0	#DIV/0!	16	100.0%
Capbility Health and Human Services-North not within the appropriate t	0	0.0%	0	0.0%	0	0.0%	0	#DIV/0!	0	0.0%
Total	5		4		7		0		16	
TMG North within timeframe	14	93.3%	20	90.9%	12	100.0%	0	#DIV/0!	46	93.9%
TMG North not within the appropriate timeline	1	6.7%	2	9.1%	0	0.0%	0	#DIV/0!	3	6.1%
Total	15		22		12		0		49	
MD Developmental Agency within timeframe	1	100.0%	2	100.0%	10	100.0%	0	#DIV/0!	13	100.0%
MD Developmental Agency not within the appropriate timeline	0	0.0%	0	0.0%	0	0.0%	0	#DIV/0!	0	0.0%
Total	1		2		10		0		13	

# Nevada

## 2021 Part C Results-Driven Accountability Matrix

### Results-Driven Accountability Percentage and Determination<sup>1</sup>

Percentage (%)	Determination
87.5	Meets Requirements

### Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
<b>Results</b>	8	6	75
<b>Compliance</b>	16	16	100

### I. Results Component — Data Quality

<b>Data Quality Total Score</b> (completeness + anomalies)	<b>4</b>
--	----------

#### *(a) Data Completeness: The percent of children included in your State's 2018 Outcomes Data (Indicator C3)*

Number of Children Reported in Indicator C3 (i.e. outcome data)	<b>2307</b>
Number of Children Reported Exiting in 618 Data (i.e. 618 exiting data)	3357
Percentage of Children Exiting who are Included in Outcome Data (%)	68.72
<b>Data Completeness Score<sup>2</sup></b>	<b>2</b>

#### *(b) Data Anomalies: Anomalies in your State's FFY 2019 Outcomes Data*

<b>Data Anomalies Score<sup>3</sup></b>	<b>2</b>
---	----------

### II. Results Component — Child Performance

<b>Child Performance Total Score</b> (state comparison + year to year comparison)	<b>2</b>
---	----------

#### *(a) Comparing your State's 2019 Outcomes Data to other State's 2019 Outcomes Data*

<b>Data Comparison Score<sup>4</sup></b>	<b>1</b>
--	----------

#### *(b) Comparing your State's FFY 2019 data to your State's FFY 2018 data*

<b>Performance Change Score<sup>5</sup></b>	<b>1</b>
---	----------

<sup>1</sup> For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2021: Part C."

<sup>2</sup> Please see Appendix A for a detailed description of this calculation.

<sup>3</sup> Please see Appendix B for a detailed description of this calculation.

<sup>4</sup> Please see Appendix C for a detailed description of this calculation.

<sup>5</sup> Please see Appendix D for a detailed description of this calculation.

Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2019	69.84	35.93	65.64	33.07	72.85	40.96
FFY 2018	65.86	38.48	74.05	35.02	72.13	41.42

### 2021 Part C Compliance Matrix

Part C Compliance Indicator <sup>1</sup>	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2018	Score
Indicator 1: Timely service provision	97.54	Yes	2
Indicator 7: 45-day timeline	99.01	Yes	2
Indicator 8A: Timely transition plan	93.51	Yes	2
Indicator 8B: Transition notification	100	N/A	2
Indicator 8C: Timely transition conference	99.92	Yes	2
Timely and Accurate State-Reported Data	100		2
Timely State Complaint Decisions	100		2
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Specific Conditions	None		
Uncorrected identified noncompliance	None		

<sup>1</sup> The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: [https://sites.ed.gov/idea/files/1820-0578\\_Part\\_C\\_SPP\\_APR\\_Measurement\\_Table\\_2021\\_final.pdf](https://sites.ed.gov/idea/files/1820-0578_Part_C_SPP_APR_Measurement_Table_2021_final.pdf)

## Appendix A

### I. (a) Data Completeness:

#### The Percent of Children Included in your State's 2019 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2018 Outcomes Data (C3) and the total number of children your State reported in its FFY 2019 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2019 in the State's FFY 2018 IDEA Section 618 Exit Data.

Data Completeness Score	Percent of Part C Children included in Outcomes Data (C3) and 618 Data
0	Lower than 34%
1	34% through 64%
2	65% and above

## Appendix B

### I. (b) Data Quality: Anomalies in Your State's FFY 2019 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2019 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2015 – FFY 2018 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a and 2 standard deviations above and below the mean for categories b through e<sup>12</sup>. In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2019 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomalies score of 0, 1, or 2 is based on the total points awarded.

<b>Outcome A</b>	Positive Social Relationships
<b>Outcome B</b>	Knowledge and Skills
<b>Outcome C</b>	Actions to Meet Needs

<b>Category a</b>	Percent of infants and toddlers who did not improve functioning
<b>Category b</b>	Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
<b>Category c</b>	Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it
<b>Category d</b>	Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers
<b>Category e</b>	Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-1SD</b>	<b>+1SD</b>
<b>Outcome A\Category a</b>	1.92	3.89	-1.97	5.81
<b>Outcome B\Category a</b>	1.57	3.8	-2.23	5.37
<b>Outcome C\Category a</b>	1.59	4.08	-2.5	5.67

<sup>1</sup> Numbers shown as rounded for display purposes.

<sup>2</sup> Values based on data for States with summary statement denominator greater than 199 exitters.

<b>Outcome\ Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-2SD</b>	<b>+2SD</b>
Outcome A\ Category b	21.97	8.54	4.88	39.06
Outcome A\ Category c	19.3	11.78	-4.26	42.87
Outcome A\ Category d	27.98	8.84	10.3	45.65
Outcome A\ Category e	28.83	14.91	-1	58.65
Outcome B\ Category b	23.29	9.59	4.12	42.47
Outcome B\ Category c	27.53	11.32	4.89	50.17
Outcome B\ Category d	33.46	7.84	17.79	49.13
Outcome B\ Category e	14.15	9.17	-4.2	32.49
Outcome C\ Category b	18.98	7.98	3.01	34.95
Outcome C\ Category c	21.89	11.87	-1.86	45.64
Outcome C\ Category d	35.32	8.08	19.17	51.47
Outcome C\ Category e	22.22	14.63	-7.04	51.48

<b>Data Anomalies Score</b>	<b>Total Points Received in All Progress Areas</b>
<b>0</b>	0 through 9 points
<b>1</b>	10 through 12 points
<b>2</b>	13 through 15 points

## Data Quality: Anomalies in Your State's FFY 2019 Outcomes Data

<b>Number of Infants and Toddlers with IFSP's Assessed in your State</b>	<b>2307</b>
--	-------------

<b>Outcome A — Positive Social Relationships</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	8	631	839	641	188
<b>Performance (%)</b>	0.35	27.35	36.37	27.79	8.15
<b>Scores</b>	1	1	1	1	1

<b>Outcome B — Knowledge and Skills</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	10	728	806	604	159
<b>Performance (%)</b>	0.43	31.56	34.94	26.18	6.89
<b>Scores</b>	1	1	1	1	1

<b>Outcome C — Actions to Meet Needs</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	7	570	785	763	182
<b>Performance (%)</b>	0.3	24.71	34.03	33.07	7.89
<b>Scores</b>	1	1	1	1	1

	<b>Total Score</b>
<b>Outcome A</b>	5
<b>Outcome B</b>	5
<b>Outcome C</b>	5
<b>Outcomes A-C</b>	15

<b>Data Anomalies Score</b>	<b>2</b>
-----------------------------	----------

## Appendix C

### II. (a) Comparing Your State's 2019 Outcomes Data to Other States' 2019 Outcome Data

This score represents how your State's FFY 2019 Outcomes data compares to other States' FFY 2019 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement<sup>1</sup>. Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

*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.*

*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.*

#### Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2019

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	45.87%	37.59%	54.17%	29.32%	55.83%	37.57%
90	83.39%	69.62%	81.86%	55.63%	86.62%	76.68%

Data Comparison Score	Total Points Received Across SS1 and SS2
0	0 through 4 points
1	5 through 8 points
2	9 through 12 points

#### Your State's Summary Statement Performance FFY 2019

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	69.84	35.93	65.64	33.07	72.85	40.96
Points	1	0	1	1	1	1

<b>Total Points Across SS1 and SS2(*)</b>	<b>5</b>
---	----------

<b>Your State's Data Comparison Score</b>	<b>1</b>
---	----------

<sup>1</sup> Values based on data for States with summary statement denominator greater than 199 exiters.

## Appendix D

### II. (b) Comparing your State’s FFY 2019 data to your State’s FFY 2018 data

The Summary Statement percentages in each Outcomes Area from the previous year’s reporting (FFY 2018) is compared to the current year (FFY 2019) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of  $p \leq .05$ . The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 - 12.

#### Test of Proportional Difference Calculation Overview

The summary statement percentages from the previous year’s reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of  $p \leq .05$ . The statistical test has several steps.

Step 1: Compute the difference between the FFY 2019 and FFY 2018 summary statements.

e.g.  $C3A\ FFY2019\% - C3A\ FFY2018\% = \text{Difference in proportions}$

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on<sup>1</sup>

$$\sqrt{\left(\frac{FFY2018\% * (1 - FFY2018\%)}{FFY2018_N} + \frac{FFY2019\% * (1 - FFY2019\%)}{FFY2019_N}\right)} = \text{Standard Error of Difference in Proportions}$$

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

$\text{Difference in proportions} / \text{standard error of the difference in proportions} = z \text{ score}$

Step 4: The statistical significance of the z score is located within a table and the  $p$  value is determined.

Step 5: The difference in proportions is coded as statistically significant if the  $p$  value is it is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2018 to FFY 2019

1 = No statistically significant change

2 = statistically significant increase from FFY 2018 to FFY 2019

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

Indicator 2 Overall Performance Change Score	Cut Points for Change Over Time in Summary Statements Total Score
<b>0</b>	Lowest score through 3
<b>1</b>	4 through 7
<b>2</b>	8 through highest

<sup>1</sup>Numbers shown as rounded for display purposes.

Summary Statement/ Child Outcome	FFY 2018 N	FFY 2018 Summary Statement (%)	FFY 2019 N	FFY 2019 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease 1 = no significant change 2 = significant increase
SS1/Outcome A: Positive Social Relationships	2015	65.86	2119	69.84	3.99	0.0145	2.7457	0.006	Yes	2
SS1/Outcome B: Knowledge and Skills	2193	74.05	2148	65.64	-8.41	0.0139	-6.0607	<.0001	Yes	0
SS1/Outcome C: Actions to meet needs	2106	72.13	2125	72.85	0.72	0.0137	0.5242	0.6001	No	1
SS2/Outcome A: Positive Social Relationships	2279	38.48	2307	35.93	-2.55	0.0143	-1.7852	0.0742	No	1
SS2/Outcome B: Knowledge and Skills	2279	35.02	2307	33.07	-1.94	0.014	-1.388	0.1652	No	1
SS2/Outcome C: Actions to meet needs	2279	41.42	2307	40.96	-0.46	0.0145	-0.316	0.752	No	1

<b>Total Points Across SS1 and SS2</b>	<b>6</b>
--	----------

<b>Your State's Performance Change Score</b>	<b>1</b>
--	----------



UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

June 22, 2021

Honorable Richard Whitley  
Director  
Nevada Department of Health and Human Services  
4126 Technology Way  
Carson City, Nevada 89706

Dear Director Whitley:

I am writing to advise you of the U.S. Department of Education's (Department) 2021 determination under sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Nevada meets the requirements and purposes of Part C of the IDEA. This determination is based on the totality of the State's data and information, including the Federal fiscal year (FFY) 2019 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

With the FFY 2019 SPP/APR submission, the Office of Special Education Programs (OSEP) requested that States and Entities report whether and how the data collection for any indicator was impacted by the COVID-19 pandemic. Specifically, OSEP requested that States and Entities include in the narrative for each impacted indicator: (1) the impact on data completeness, validity, and/or reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's or Entity's ability to collect and verify the data for the indicator; and (3) any steps the State or Entity took to mitigate the impact of COVID-19 on the data collection and verification. OSEP appreciates States' and Entities' level of transparency regarding the impact of COVID-19 on the data reported in the FFY 2019 SPP/APR. When making determination decisions for 2021, OSEP considered all information submitted that related to the impact of the COVID-19 pandemic. For 2021 determinations, no State or Entity received a determination of "Needs Intervention" due solely to data impacted by COVID-19.

Your State's 2021 determination is based on the data reflected in the State's "2021 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for each State and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) Results Components and Appendices that include scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and

400 MARYLAND AVE. S.W., WASHINGTON DC 20202-2600

[www.ed.gov](http://www.ed.gov)

*The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.*

(5) the State’s Determination.

The RDA Matrix is further explained in a document, entitled “How the Department Made Determinations under Sections 616(d) and 642 of the Individuals with Disabilities Education Act in 2021: Part C” (HTDMD).

OSEP is continuing to use both results data and compliance data in making the Department’s determinations in 2021, as it did for Part C determinations in 2015-2020. (The specifics of the determination procedures and criteria are set forth in the HTDMD and reflected in the RDA Matrix for your State.) For 2021, the Department’s IDEA Part C determinations continue to include consideration of each State’s Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

- positive social-emotional skills;
- acquisition and use of knowledge and skills (including early language/communication); and
- use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality and the child performance levels in each State’s Child Outcomes FFY 2019 data.

You may access the results of OSEP’s review of your State’s SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access your State’s SPP/APR on the site, you will find, in Indicators 1 through 10, the OSEP Response to the indicator and any actions that the State is required to take. The actions that the State is required to take are in the “Required Actions” section of the indicator.

It is important for you to review the Introduction to the SPP/APR, which may also include language in the “OSEP Response” and/or “Required Actions” sections.

You will also find all of the following important documents saved as attachments:

- (1) the State’s RDA Matrix;
- (2) the HTDMD document;
- (3) a spreadsheet entitled “2021 Data Rubric Part C,” which shows how OSEP calculated the State’s “Timely and Accurate State-Reported Data” score in the Compliance Matrix; and
- (4) a document entitled “Dispute Resolution 2019-2020,” which includes the IDEA section 618 data that OSEP used to calculate the State’s “Timely State Complaint Decisions” and “Timely Due Process Hearing Decisions” scores in the Compliance Matrix.

As noted above, the State’s 2021 determination is Meets Requirements. A State’s 2021 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless the Department has imposed Specific Conditions on the State’s last three IDEA Part C grant awards (for FFYs 2018, 2019, and 2020), and those Specific Conditions are in effect at the time of the 2021 determination.

States were required to submit Phase III Year Five of the SSIP by April 1, 2021. OSEP appreciates the State’s ongoing work on its SSIP and its efforts to improve results for infants and toddlers with disabilities and their families. We have carefully reviewed and responded to your

submission and will provide additional feedback in the upcoming weeks. Additionally, OSEP will continue to provide technical assistance to your State as it implements the SSIP, which is due on February 1, 2022.

As a reminder, your State must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days after the State's submission of its FFY 2019 SPP/APR. In addition, your State must:

- (1) review EIS program performance against targets in the State's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each EIS program of its determination.

Further, your State must make its SPP/APR available to the public by posting it on the State lead agency's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes the State's determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

OSEP appreciates the State's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with your State over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,



---

David Cantrell, PhD

Acting Director

Office of Special Education Programs

cc: State Part C Coordinator

## APR and 618 -Timely and Accurate State Reported Data

DATE: February 2021 Submission

Please see below the definitions for the terms used in this worksheet.

### SPP/APR Data

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

### Part C

#### 618 Data

**1) Timely** – A State will receive one point if it submits counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

618 Data Collection	EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	1 <sup>st</sup> Wednesday in April
Part C Exiting	Part C Exiting Collection in EMAPS	1 <sup>st</sup> Wednesday in November
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	1 <sup>st</sup> Wednesday in November

**2) Complete Data** – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

**3) Passed Edit Check** – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).

## **Supplemental IDEA Funds Made Available by the American Rescue Plan**

On Thursday, March 11, 2021, President Biden signed into law the American Rescue Plan (ARP) Act, which will deliver critical aid to States (as well as Puerto Rico and the District of Columbia), as the country continues to recover from the COVID-19 pandemic. See <https://www2.ed.gov/policy/speced/leg/arp/index.html>

As part of this aid, the following amounts were for appropriated for IDEA programs:

\$2,580,000,000 for grants to States under Part B;

\$200,000,000 for preschool grants under Section 619;

And \$250,000,000 for programs for infants and toddlers with disabilities under Part C.

The designated ARP amount to Nevada IDEA Part C is projected to be \$1,856,917.00. The IDEA Part C Office is required to send to OSEP by August 2, 2021 an explanation of how the ARP funds will be used. The IDEA Part C Office would like to gather stakeholder and public feedback for the historic opportunity of planning the use of the ARP funds. Feedback may be provided to the IDEA Part C Office via:

Survey Monkey, <https://www.surveymonkey.com/r/KSXYHG2> available through July 22, 2021. All responses are kept confidential.

Public forum at the Interagency Coordinating Council Quarterly Meeting to be held virtually on July 15th, 2021 at 10:00 am (to receive the link to join this meeting, please contact Mary Garrison, AA IV at [mgarrison@dhhs.nv.gov](mailto:mgarrison@dhhs.nv.gov) by July 15, 2021, 9:00 am). As for all our IDEA Part C meetings which follow Open Meeting Law, opportunities for public comment will be provided at the beginning and ending of the meeting. Comments will be limited to 3 minutes per individual.

Email to the IDEA Part C Office, [projectassist@dhhs.nv.gov](mailto:projectassist@dhhs.nv.gov) by July 22, 2021.

The IDEA Part C Office must comply with parameters provided by Office of Special Education Programs (OSEP) for usage of ARP funds. The IDEA Part C Office plans to post on our website the finalized plans for the use of ARP funds within 1 week following the August 2, 2021 OSEP deadline <https://dhhs.nv.gov/Programs/IDEA/Publications/>.