



MEETING NOTICE AND AGENDA

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

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

This meeting is being 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

To attend, use the link:

https://teams.microsoft.com/dl/launcher/launcher.html?url=%2F%23%2F%2Fmeetup-join%2F19%3Ameeting_MjYzYzlhYjMtYzhjNy00NjE1LWlwOWEtN2QxYzQxNGQxZTdj%40thead.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%2522e4a340e6-b89e-4e68-8eaa-1544d2703980%2522%252c%2522Oid%2522%253a%2522982f5273-42bc-41a0-8964-7c521e0af033%2522%257d%26anon%3Dtrue&type=meetup-join&deeplinkId=3ec816e7-69c6-428a-b305-cb66729c01a6&directDl=true&msLaunch=true&enableMobilePage=true&suppressPrompt=true

Public comments may be submitted by email at mgarrison@dhhs.nv.gov by 2:00 p.m. on Wednesday, April 21, 2020. 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 \(nv.gov\)](http://Meetings.nv.gov)).

AGENDA

- I. Call to Order, Roll Call, Announcements and Introductions:
Sherry Waugh, 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 January 12, 2021 Meeting (*Attachment Included*)
(For Possible Action):
Sherry Waugh, Co-Chair
- IV. New Member Biographies (*Attachments Included*):
 - a. Kellie Hess, ICC Parent Representative
 - b. Kristin Hoxie, ICC Parent Representative
 - c. Crystal Johnson, State Child Care Agency
Mary Garrison, IDEA Part C Office

- V. Aging and Disability Services Division Updates:
- a. Early Intervention Updates
Rique Robb, Deputy Director, Aging and Disability Services Division
 - b. Early Intervention Program Highlights (*Attachments Included, Information Only*)
Mary Garrison, IDEA Part C Office
- VI. Early Intervention Community Providers Association (EICPA) Presentation and Discussion on Community Provider Rate Reductions (*Attachments Included*) **(For Possible Action)**:
Michael Willden, The Perkins Company
Robert Burns, Therapy Management Group (TMG)
- VII. University of Nevada Las Vegas (UNLV) Research on Early Intervention Families (*Attachments Included*):
Dr. Jenna Weglarz-Ward, UNLV
- VIII. IDEA Part C Information and Reports:
- a. Update on the Nevada Pyramid Model Implementation
 - b. Complaint Matrix
 - c. Yellow Bar Report for State Fiscal Year 2020 and 2021 (SFY20 and SFY21)
 - d. ICC SFY21 Budget
 - e. Federal Updates-Annual Performance Report (APR), State Systemic Improvement Plan (SSIP), Supplemental IDEA Funds Made Available by the American Rescue Plan
 - f. Program Monitoring Updates
 - g. DEC's 37th Annual International Conference on Young Children with Special Needs and Their Families
 - h. ICC Public Awareness (Annual ICC Calendar and Social Media Outreach)
IDEA Part C Office Staff
- IX. Consider Agenda Items for Next Meeting **(For Possible Action)**:
Sherry Waugh, Co-Chair
- X. Schedule Future Meetings **(For Possible Action)**:
Sherry Waugh, Co-Chair
- XI. 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.)
- XII. Adjournment
Sherry Waugh, 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.

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. 5th 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/>



MINUTES

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

Date and Time of Meeting: Tuesday, January 12, 2021
10:00 AM

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

Meeting was held via Microsoft Teams at the following locations:

[https://teams.microsoft.com/dl/launcher/launcher.html?url=%2F %23%2F%2Fmeetup-join%2F19%3Ameeting_ZmFiMTBIY2UtNDg2My00OGQxLWJmMGQtMjU0ZjI1YjhmODY4%40thead.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%2522e4a340e6-b89e-4e68-8eaa-1544d2703980%2522%252c%2522Oid%2522%253a%2522982f5273-42bc-41a0-8964-7c521e0af033%2522%257d%26anon%3Dtrue&type=meetup-join&deeplinkId=19237685-ab4f-47b3-8500-ef4594843b99&directDI=true&msLaunch=true&enableMobilePage=true&suppressPrompt=true](https://teams.microsoft.com/dl/launcher/launcher.html?url=%2F%23%2F%2Fmeetup-join%2F19%3Ameeting_ZmFiMTBIY2UtNDg2My00OGQxLWJmMGQtMjU0ZjI1YjhmODY4%40thead.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%2522e4a340e6-b89e-4e68-8eaa-1544d2703980%2522%252c%2522Oid%2522%253a%2522982f5273-42bc-41a0-8964-7c521e0af033%2522%257d%26anon%3Dtrue&type=meetup-join&deeplinkId=19237685-ab4f-47b3-8500-ef4594843b99&directDI=true&msLaunch=true&enableMobilePage=true&suppressPrompt=true)

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

Co-chair Candace Emerson called the meeting to order at 10:27 a.m. A quorum of members was present; the meeting proceeded as scheduled.

Members Present: Dawn Brooks, Candace Emerson, Aimee Hadleigh, Sarah Horsman-Ploeger, Robin Kincaid, Sandra LaPalm, Rhonda Lawrence, Daina Loeffler, Kate Osti, Karen Shaw, Sherry Waugh, Jenna Weglarz-Ward, DuAne L. Young, Claribel Zecena

Members Absent: Andre' Haynes, Kari Horn

Public Attendees: David Cassetty, Nevada Department of Insurance; Abbie Chalupnik, Aging and Disability Services Division (ADSD) Quality Assurance Unit for Children's Services; Lisa Finney, Capability Health and Human Services (CHHS); Teresa Franco, Capability Health and Human Services (CHHS); Karen Frisk, Nevada Early Intervention Services-Elko (NEIS-Elko); Kellie Hess, Parent; Lisa Hunt, Parent; Crystal Johnson, Division of Welfare and Supportive Services; Sabrina Jones, MD Developmental Agency (MDDA); Marnie Lancz, Therapy Management Group (TMG); Janice Lee, University of Nevada, Reno Nevada Pyramid Model Partnership; Jennifer Loiacano, Therapy Management Group (TMG); Dawn Lyons, Nevada Statewide Independent Living Council; Fran Maldonado, Division of Child and Family Services (DCFS); Julie Ortiz, Advanced Pediatric Therapies (APT); Monique Robinson, MD Developmental Agency (MDDA); Jessica Roew, Nevada Early Intervention Services-Carson City (NEIS-Carson City); Heike Ruedenauer-Plummer, Aging and Disability

Services Division (ADSD) Quality Assurance Unit for Children's Services; Shannon Sprout, Aging and Disability Services Division (ADSD); Nicole Vairo, Division of Welfare and Supportive Services

Part C Staff Present: Dan Dinnell, Mary Garrison, Edythe King, Ms. Malina-Lovell Ann Malina-Lovell, Jalin McSwyne, Landia Morgan, Melissa Slayden

II. **Public Comment:**

Daina Loeffler shared that this will be her last Interagency Coordinating Council (ICC) meeting as an active member. Ms. Loeffler has resigned since she has accepted a new position and that it was an absolute pleasure to serve on the ICC. Ms. Emerson congratulated Daina on her new position.

III. **Approval of the Minutes from the October 22, 2020 Meeting:**

Ms. Emerson asked the council to review the minutes from the October 22, 2020 meeting and asked for any edits. Claribel Zecena stated that the links from page eight (8) and nine (9) are missing. Karen Shaw stated that she was present for the meeting on October 22, 2020 but is shown as absent.

MOTION: Accept the minutes from the October 22, 2020 meeting with edits noted.

BY: Duane L. Young

SECOND: Claribel Zecena

VOTE: PASSED

IV. **Review, Discuss, and Approve the State Performance Plan (SPP)/Annual Performance Report (APR) that is due to the Office of Special Education Programs (OSEP) February 1, 2021; ICC APR for Submission to Governor's Office (For Possible Action):**

Ms. Malina-Lovell read the first section of the Executive Summary which states "The Individuals with Disabilities Education Act (IDEA), Part C, of 2004 requires states to provide a State Performance Plan/Annual Performance Report (SPP/APR) to the U.S. Office of Special Education Programs (OSEP). The SPP/APR evaluates each state's efforts to implement the requirements and purposes of Part C of the IDEA within the Early Intervention (EI) system for infants and toddlers with disabilities and their families. The Nevada Department of Health and Human Services (DHHS) IDEA Part C Office, Nevada's lead agency for the statewide EI system, works diligently with the key stakeholders, including the Nevada Interagency Coordinating Council (ICC), in the yearly development of the SPP/APR. The SPP/APR serves as both a progress report for Nevada's EI system and as a report for the State's stakeholders. The State of Nevada's IDEA Part C Federal Fiscal Year 2019 (FFY) SPP/APR covers the timeframe from July 1st, 2019 through June 30th, 2020. This timeframe is Federal Fiscal Year (FFY) 2019, State Fiscal Year (SFY) 2019."

Ms. Malina-Lovell stated, provided here is an overview of Nevada's systems that are in place to ensure compliance with IDEA Part C requirements and purposes. Also, provided is Nevada's performance status relative to eleven SPP/APR indicators which also ensure compliance with IDEA Part C. Nevada's performance status is reported numerically and by percentage for each indicator compared to established targets, which have remained the same as the targets from FFY 2018 per stakeholder agreement on January 12, 2020 at Nevada's ICC stakeholder meeting.

Indicator 1: Timely Provision of Services

Ms. Malina-Lovell read the following "The State's target for Indicator 1: Timely Provision of Services is 100%. After accounting for services delayed due to family circumstances, it was found that 113 of the 122 children reviewed (97.54%) had all new services initiated in a timely matter. No slippage occurred as the State's result in this indicator exceeds the 96% initiated for FFY accounting 2018. A total of two (2) new findings of

noncompliance were issued as a result of general supervision activities in FFY 2018. The IDEA Part C Office verified timely correction of noncompliance for both programs.

Indicator 2: Services in Natural Environments

Ms. Malina-Lovell read the following “The State surpassed the 97.5% target, with 99.68% of children who received the majority of their early intervention services in natural environments. There were no findings issued in this performance indicator based on the December 1, 2019 count. Nevada continues to maintain a high level of performance in this area and has exceeded the state target. This reporting year’s performance data of (99.68%) is slightly higher than 99.3% reported in FFY 2018.”

Indicator 3: Early Childhood Outcomes

Ms. Malina-Lovell read the following “Percent of infants and toddlers with IFSP’s who demonstrate improved:

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

Data performance varies for Indicator 3 statements regarding meeting data targets, and information on slippage is provided. The data collected for infants and toddlers who received six (6) months or longer of early intervention services for FFY 2018 were collected using the Child Outcome Summary 7-point rating scale. Nevada is reporting complete data for 2307 of 2397 (96.255) of infants and toddlers who exited services with a program length of six (6) months or longer. Representation of progress data has increased compared to the previous years.”

Indicator 4: Family Involvement

Ms. Malina-Lovell read the following “Percent of families participating in Part C who report that early intervention services have helped the family:

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

Performance for Indicator 4 statements varied in meeting the State’s targets, with the State having met the target for both 4A and 4C, but not having met the target for 4B. There was no slippage for any of these 3 areas. The State experienced a decreased return rate for family surveys. Multiple factors which affected the return rate of surveys are provided, along with strategies the State will ensure to increase representativeness of the demographics of infants, toddlers and families enrolled in early intervention services.”

Indicator 5: Child Find (Birth to One)

Ms. Malina-Lovell read the following “Nevada count of children as reported for December 1, 2018. This represents 1.08% of the general population of infants in the State. Although this indicator had no slippage, the Part C Staff continue to implement strategies to ensure that state and local referral sources are aware of how to access and refer infants for whom there is a developmental concern.”

Indicator 6: Child Find (Birth to Three)

Ms. Malina-Lovell read the following “Nevada’s number of children served, ages birth through 2 years for this reporting period was 3,470, which is 205 more than the 3,265 reported for December 1, 2018. This represents 3.19% of the projected general population of infants in the State. Data indicates the State exceeded the 2.46% target FFY 2019. The state of Nevada ranked 32nd when compared to the rest of the U.S. and outlying areas.”

Indicator 7: 45-Day Timeline

Ms. Malina-Lovell read the following “Data indicates that 2,035 of all 2,12 (99.01%) initial IFSPs were compliant with the 45-day timeline requirement. All EIS provider agencies were found to be substantially compliant and all programs with noncompliance stemming from FFY 2018 have been verified as corrected.”

Indicator 8: Early Childhood Transition

Ms. Malina-Lovell read the following “The performance target for this indicator is 100% for all three (3) components of this indicator. Data is gathered through program monitoring (8A) and the TRAD data system (8B and 8C). The components for this indicator include the percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday.
- B. Notified (consistent with any opt-out policy adopted by the State) the State Education Agency (SEA) and the Local Education Agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

The data are inclusive of all children exiting Part c services with an IFSP on their third birthday and potentially eligible for Part B services during the reporting period. The State did not meet targets for the three Indicator 8 components. As it is required to report on follow up for any noncompliance identified during FFY 2018.”

Indicator 9: Resolution Sessions and Indicator 10: Mediation

Ms. Malina-Lovell read the following “States are not required to establish baseline or targets for indicators 9 and 10 until the State has had a request for 10 sessions in each indicator. The State did not have any requests for Dispute resolution or Mediation during this reporting period.”

Indicator 11: State Systemic Improvement Plan

Ms. Malina-Lovell read the following “Indicator 11 is comprised of the annual State System Improvement Plan (SSIP), which is required to be submitted to OSEP by April 1, 2021. Nevada’s FFY 2019 SPP/APR will be submitted electronically through OSEP’s EMAP data system by the deadline of February 1, 2021. The report will also be submitted to Nevada’s Office of the Governor and posted to the Nevada IDEA Part C Office website during May 2021 at <http://dhhs.nv.gov/Programs/IDEA/Publications/>”

Additional Information Related to Data Collection and Reporting:

Ms. Malina-Lovell read the following “Unique challenges to Nevada’s Early Intervention Services System occurred during the FFY 2019 reporting period. Services to families were significantly impacted as a result of the COVID-19 pandemic. The State was issued a State of Emergency by Nevada’s Governor on March 12, 2020. Nevada State offices were closed to the public on March 15, 2020. The Department of Health and Human Services (DHHS) Early Intervention Services System placed a moratorium on all face to face services, and this would remain in effect until September 2020 (which is after the FFY 19 reporting period). Continuity of services was maintained, however, through alternative service options via telephone consultation. Some families embraced the changing landscape of service methods, while other families chose to exit from EI services, preferring to solely access in-person services which were occurring in some community therapy programs. Other challenges resulting from the COVID-19 pandemic included limitations for the EI programs and providers, including remote work for EI staff with limited network access, closure of program office, and staff turnover. More information is provided throughout this FFY 2019 SPP/APR regarding the impact of COVID-19 upon Nevada.”

Ms. Zecena asked if based on the APR, does it look like Nevada has increased performance overall? Ms. Malina-Lovell replied that Nevada has experienced slippage on some of the indicators but not in all, in some indicators we have exceeded our targets for the federal FFY 2019. Ms. Malina-Lovell mentioned that she would be happy to go over the document and data that shows the numbers and percentages for the slippage as well as where we are with targets. Ms. Kincaid asked if we have the number of families that have exited during this period, and how does it compare to previous years? Ms. Malina-Lovell answered that we do have that number and will discuss that further as we review the APR.

Ms. Slayden mentioned that the OSEP website overrides our documents format to match OSEP's document formatting. Ms. Malina-Lovell thanked Ms. Slayden and stated that we usually use Arial Font size eight (8) for this document, with no line spacing between paragraphs. The Part C office increased the font to eleven, added line spacing between paragraphs, as well as 1.5 spacing between lines for readability.

Ms. Malina-Lovell mentioned that the last time the ICC discussed targets was this time last year January 2020, and it was the decision of the council to keep the targets the same for the APR last year. Ms. Malina-Lovell proposed that the ICC keep the targets the same for the current APR due to the COVID-19 pandemic, which prevented the ICC from meeting to complete strategic planning. The ICC had hoped to meet in April and July of last year to do the strategic planning and carefully analyze the targets, but the council could not hold those meetings due to the COVID-19 pandemic. When ICC resumed in October 2020, the focus was the current status of Early Intervention services. Another reason Ms. Malina-Lovell would like to keep the targets the same is due to the challenges the EI system and families had who were provided limited options for services. Although EI offered continuation of services via teleconference and telehealth, not all families embraced this change in services. Given those challenges and the challenges that lie ahead of us, the Part C office proposes that the targets remain the same. Ms. Kincaid asked what the challenges were for completing transition plans for children moving from age two years ten months to community programs? Ms. Malina-Lovell replied that IDEA Part C has a section regarding transition in the document, however the data in the APR really targets notification to the Local Educational Agency's (LEA's) as well as programs that did complete the transition. We will discuss that in Indicators 7 and 8. Ms. Kincaid thanked Ms. Malina-Lovell and asked why the ICC kept the targets the same last year as she was absent for last year's APR review? Ms. Malina-Lovell replied that from what she recalls, the ICC did not have sufficient planning time to strategize. The ICC also felt that it needs to devote an entire chunk of meeting time to properly determine those targets. Ms. Malina-Lovell asked the ICC if they want to speak on this topic? Ms. Morgan responded by stating that the ICC should have a meeting that focused a lot of time on the data not only from the past year and the current year, but also historically before the ICC can make informed decisions about reevaluating or establishing new targets for each of the Indicators. Ms. Malina-Lovell mentioned that she hopes the ICC will hold a meeting in April and July of this year to discuss the data for current and past targets.

Indicator 1: Timely Provision of Services

Ms. Malina-Lovell presented a graph that showed the target for FFY 2019 and mentioned that the target was 100 percent for the 45-day timeline. Specifically, the FFY2019 data in which 113 out of 122 children received their initial IFSPs in a timely manner. The graph shows that is 97.54 percent of children. Nevada did not meet the target of 100 percent. It is difficult to reach that target, but it is important that EI strives to meet that target. It is important to document why those targets were not met. Ms. Malina-Lovell presented some explanations on why the targets were not met, like family circumstances, or the description of the method used to select EI services to use for monitoring.

Ms. Malina-Lovell presented the comprehensive monitoring section and explained that the Part C office monitors 6 of the 12 programs every other year. Ms. Malina-Lovell showed the records for the year of monitoring on the document being presented. IDEA has to report on noncompliance on APR Indicators for previous years, and at this point Ms. Malina-Lovell is focusing on the findings of the 2018 noncompliance review. Ms. Malina-Lovell mentioned that the APR always loops back to the previous year, which is showing

data for federal fiscal year 2018 and that findings were verified. Ms. Malina-Lovell presented how IDEA verified that noncompliance was verified and corrected prior to FFY 2018 and that included additional monitoring of those programs.

Indicator 2: Services in Natural Environments

Ms. Malina-Lovell is showing a graph that states that of the 3,470 kids with IFSP's 3,459 of those kids were served in the family's natural environment in FFY 2019. The target was 97.50%, and EI exceeded the target with 99.68% of kids receiving services in their natural environment with no slippage occurring. Ms. Malina-Lovell mentioned that it is very important to report slippage not only because it is required, but because it shows trends in your data and it can identify gaps for areas of improvement.

Ms. Malina-Lovell read the following paragraph from Indicator 2 "Nevada continues to maintain a high level of performance in this area and has exceeded the state target. This reporting year's performance data of (99.68%) is slightly higher than 99.26% reported in FFY 2018. The data continues to represent a high level of achievement and are attributable to the individualization of services for children and families."

Indicator 3: Early Childhood Outcomes

Ms. Malina-Lovell explained that this Indicator has three (3) subsections with results that vary due to Nevada meeting some and not meeting some targets. The table has the data for the three (3) subsections broken down into more subsections. Ms. Malina-Lovell presented the IFSP team's data for children who exited the EI system. Outcome A, Section A1 shows of those children who entered or exited the program below age expectations in Outcome A the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program. For the subsection Outcome A, Section A1, Nevada met the target with no slippage.

Outcome A, Section A2, the percentage of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned three (3) years of age or exited the program, Nevada did not meet the target and there was slippage. Ms. Malina-Lovell read the following which explained reason and/or hypothesis on why the target was not met and why slippage occurred. "Nevada demonstrated slippage and did not meet the target for Outcome A, Section A2. In order to determine the root cause leading to this slippage, analysis of FFY 2019 data was completed. The analysis of the data included looking at a child's length of time in service, eligibility category, and age at entry. Based on this data it is evident that the largest EI program who serves the majority of infants and toddlers in the State, served a majority of children with a diagnosed medical condition. For example, the largest program served 203 children out of the 320 total statewide count of children with an auto-eligible medical diagnosis who exited during this reporting period (63.44%). These children require the highest level of involvement in order to meet their medical and overall developmental needs. Although they make progress, their change in trajectory is not sufficient enough to move closer to their same aged peers.

A hypothesis for a contributing factor which led to slippage in this outcome may be the impact on service delivery options due to the COVID-19 pandemic. This is based on families that would have received more than 6 months of services but ended services prior to the 3rd birthday due to declining service options available, e.g. services within home and community settings shifted to services via telehealth and telephone consultation during the COVID-19 pandemic State of Emergency (from March 2020 to June 2020 for this reporting period). Some families expressed their preference to forego their EI service visits via telehealth or telephone consultation and chose to obtain in-person community therapy services beyond the capabilities of Nevada's EI system. As a result of slippage, the meaningful difference calculator developed by the Early Childhood Outcome (ECO) Center was used to determine if the State's performance in this outcome truly had a meaningful difference compared to the State target and result data from the current and previous year. The results of this data identified that there was not a statistically significant difference in the State's performance compared to the target. All of these contributing factors led to slippage in this outcome area.

Although there were 32 children with more complete progress data compared to last year, Nevada also had one less program that progress data is being reported on due to the termination of an EI program in September 2019.”

Ms. Malina-Lovell presented Outcome B, Section B1 states of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned three (3) years of age or exited the program. Section B2 states the percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned three (3) years of age or exited the program. Nevada did not meet the targets and there was slippage for both subsections.

Ms. Malina-Lovell presented the graph for Outcome C, Section C1 which states that of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned three (3) years of age or exited the program. Nevada exceeded the target with no slippage. For Outcome C, Section C2 which states the percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned three (3) years of age or exited the program. Nevada did not meet the target with no slippage occurring.

Ms. Malina-Lovell presented the section that shows the explanation of the list of instruments and procedures used to gather data for this indicator. What this speaks to is the document EI knows as the COSF the Child Outcome Summary Form with a 7-point rating scale that helps teams determine a child’s functioning level for skills and behaviors compared to their same age peers. It is a requirement by OSEP to report on the outcome. Using this form is common among states to determine that outcome.

Ms. Malina-Lovell read the following “Progress data could not be reported for 90 children in services for six (6) months or longer due to the following:

- Some families that would have received more than six (6) months of services but ended services prior to the 3rd birthday due to declining service options available during the moratorium on face-to-face EI services, e.g. services within home and community settings shifted to services via telehealth and telephone consultation during the COVID-19 pandemic State of Emergency. Some families expressed their preference to forego their EI service via telehealth or telephone consultation and chose to obtain in person community therapy services beyond the capabilities of the EI system.
- Entry data were submitted but the EI system program reported the child did not receive intervention for the entire six (6) months’ timeframe due to loss of contact with families.
- Entry data were submitted for the child; however, exit data was not submitted by the program due to a lack of internal tracking processes.
- Exit data was submitted for the child; however, entry data had not been submitted. Therefore, progress could not be determined.

Indicator 4: Family Involvement

Ms. Malina-Lovell presented that for Measure A, the percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2), Nevada met the target with no slippage. For Measure B, percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs (B1 divided by B2), Nevada did not meet the target but had no slippage. Lastly for Measure C, percent of families participating in Part C who reported that early intervention service helped the families help their children develop and learn (C1 divided by C2). Nevada met the target with no slippage.

OSEP requires strategies for improvement, so these are a few strategies that IDEA Part C uses for improvement. Ms. Malina-Lovell asked to council to please give feedback. In an effort to improve the response rate for the under-represented families (those with a return rate of less than 50% for the 2020 Family Survey), the Part C Office will do the following:

- Use each family's email address for an all-online Family Survey in order to have ease of access and attract the younger parent population.
- Part C will send an "Announcement postcard" through the USPS first, with our office contact information.
- Part C will then send the email with the link to the NV Family Survey through SurveyMonkey to all families with an email on file.
- A paper Family Survey with stamped return envelope included will be mailed out for those without internet access or upon request.

The Nevada IDEA Part C Office is considering the following ideas to increase participation in the 2021 IDEA Part C Family Survey.

- Ask each Service Coordinator/Developmental Specialist (SC/DS) to review the race/ethnicity options with parents on their caseload to ensure it is correct in the TRAC data system. The prior process was to ask the SC/DS "to guess" if the parent did not mark a race/ethnicity, this could have led to discrepancy between how the parents identify their own race/ethnicity and how the SC/DS guessed their race/ethnicity.
- Reorder the race/ethnicity list from least percent to the most percent to ensure equal representation from all ethnicities.
- Send out the paper survey/Survey Monkey information sooner so there is time to follow up with reminders to complete the survey.
- Ask the Developmental Specialists (DS) to check in with the family if there are any questions regarding the survey.
- Ask for suggestions during the IDEA Part C Statewide Technical Assistance (TA) call regarding how programs can/have improved the family's participation in the Family Survey.
- Inform and remind DS's to double check family contact information including email and residential addresses.
- Inform families and provide a link to the survey on Survey Monkey through social media platforms to gather more responses from families. Ms. Malina-Lovell proposed that this strategy be revisited during the April and July meetings.
- Have SC/DS's text their families a reminder asking for feedback for improvement.

Strategies to embrace cultural differences must be considered as well, e.g. demographically specific approaches may include:

- Take steps toward creating an ad or flyer with photos of individuals reflecting diversity of representativeness, along with quotes of encouragement re: the beneficial points of the family survey. Providers may distribute this flyer by email/mail to families and/ or share during a telehealth visit by featuring the flyer on the screen, providers could follow up with families. This strategy for awareness may begin with the staff of the Part C Office, which does have diversity of representation for the following: Native Hawaiian/Asian, African American, Hispanic/Latino, White/Caucasian. We will also consider reaching out to providers and families who may wish to participate in sharing their photo for this flyer, thus promoting awareness for even more representation.
- Consider alternative methods of communication i.e. text messaging of the survey monkey link to the populations which may not use email, but which use cell phones for online tasks.

- Ensure that providers are mindful to provide equal communication to all of their families, while highlighting to the providers that some groups have been underrepresented (African Americans, Native American-Indian, Native American-Alaskan); The Part C Office will discuss with management from EI programs during the monthly TA calls in 2021.
- Specific cultural strategies may include explanation to these families regarding the benefits of participation in the survey, e.g. an EI community where their voices are heard re: the needs of their families.
- Include the State's analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

The Family Outcomes Survey Instrument

The 2020 Annual Family Outcomes survey continues to have 17 close-ended questions and use the five-point Likert scale (strongly agree, undecided, disagree, and strongly disagree). As with all previous versions of the survey, there is one open-ended question to allow families to provide a written comment. Families still have the option of not answering questions if they feel they are not applicable. This year we added Race/Ethnicity and Program boxes to the questionnaire instead of using a unique survey code to associate with system of record child demographic data for each returned survey. The survey was printed and distributed in both English and Spanish. In error, the Race/Ethnicity and Program boxes were not added to the Survey Monkey form. Of the 178 completed and returned responses there were 34 (24 Survey Monkey responses with no program or race/ethnicity data) which did not have the race/ethnicity identified which represents 18% of the answers. Those 34 surveys are included in the overall data; however, those returns are listed in the "No Answer" section for the Program data and 24 of those 34 are listed in the "No Answer" section for the Race/Ethnicity data.

To ensure the data represents the demographics of the State, the IDEA Part C Office used the Tracking Resources and Children (TRAC) database to obtain the names and addresses of all families in the early intervention system who had a child with an IFSP for a minimum of six (6) months and was receiving early intervention services from one (1) of the state or community early intervention programs as of January 22, 2020. A total of 1,932 children met this criterion, and these families were sent a survey for each child in the home enrolled in early intervention services. On March 9, 2020, the survey was mailed to all eligible families. A cover letter accompanied each survey, as well as a postage-paid return envelope. The cover letter informed families that their survey would be returned to the IDEA Part C office and all responses would remain confidential. Families were also asked to answer the survey questions and return them by April 30, 2020. Local early intervention programs were notified by email of the date the surveys were mailed to families and were asked to encourage families in their program to respond to the survey.

Survey Responses

After the initial mailing, a total of 62 surveys were returned by the United States Postal Service to the Part C Office because of invalid mailing addresses. The 62 surveys are not included in the final count because these households never received a survey. Therefore, the final total for distribution of the survey was 1,870. The usual follow-up reminder was not sent to families who had not responded due to the issuance of the moratorium of face to face early intervention home visits because of the COVID-19 Pandemic. The IDEA Part C Office and Aging and Disability Services Division (ADSD) immediately worked to complete a joint plan for the transition of EI services to telehealth and provided guidance to the early intervention providers in a timely manner. The final total of unduplicated survey responses was one-hundred and seventy-eight (178). One-hundred and forty-six (146) surveys were received by mail and twenty-four (24) responded via SurveyMonkey. This is a return rate of 9.5% which is a decrease of 5.3% from last year. Of the 1,870 family surveys completed, there were twenty-four (24) Family Surveys which

were turned in through Survey Monkey without a race/ethnicity dropdown for the family to choose from, those are accounted for in the “No Answer” section of the Race/Ethnicity Distribution.

Indicator 5: Child Find (Birth to One)

Ms. Malina-Lovell presented a graph that shows the number of infants and toddlers from birth to one (1) with IFSPs. Nevada met the target with no slippage.

Nevada’s performance at 1.08% met the target however, it is slightly below the national average of 1.37%. The state of Nevada ranked 32nd in comparison to the population served when compared to the U.S. and outlying areas. The population of children in this age range indicates Nevada (35,701) falls between Mississippi (35,518) and Arkansas (36,355). While Nevada, Mississippi and Arkansas all have similar populations, Nevada (1.08%) substantially exceeded the percent of children receiving services in both Mississippi (0.73%) and Arkansas (0.72%). Although this Indicator had no slippage, the Part C staff continues to implement strategies to ensure that state and local referral sources are aware of how to access and refer infants for whom there is a developmental concern.

Ms. Kincaid asked how will new census numbers affect this target? Ms. Malina-Lovell replied that we are always trying to reach higher numbers and right now I don’t feel that we are reaching enough people virtually that we need to. I don’t know what the trend will be with the census numbers so I think it would be difficult to speak to that. If anyone has thoughts on that please let us know. Ms. Malina-Lovell believes another question to consider is how does EI remain relevant with limited service methods available during a pandemic?

Indicator 6: Child Find (Birth to Three)

Ms. Malina-Lovell presented a graph that shows that the number of infants and toddlers’ birth to three (3) with IFSPs. Nevada met the target with no slippage.

Provide additional information about this indicator (optional)

The ICC Child Find Subcommittee continues to utilize the Child Find Self-Assessment (CFSA) developed by OSEP, ECTA and DaSY to strengthen our efforts in reaching all the eligible children across the state of Nevada. While the pandemic slowed progress on the Child Find Self-Assessment, the workgroup has re-engaged to advance in this endeavor.

Indicator 7: 45-Day Timeline

Ms. Malina-Lovell presented a graph that shows the number of eligible infants and toddlers’ with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline. The graph also showed the number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted. Nevada did not meet the target, and slippage shows as unavailable.

Ms. Malina-Lovell presented a question that OSEP has asked the IDEA Part C office. Describe how the data accurately reflects data for infants and toddlers with IFSPs for the full reporting period? The performance data for this indicator is taken from the Tracking Resources and Children (TRAC) data system. All early intervention service (EIS) providers in the State are required to maintain individual child data in the TRAC system for all children enrolled in their programs. The data for this report is based on the final data for the FFY 2019 through March 2020 and is representative of the total population served in this time period.

The Nevada Part C Team considers that this data may be impacted due to staff turnover and limitations on the EI system during the COVID-19 pandemic. From March 2020 to the end of this reporting period. June 2020, the state of Nevada was in a state of emergency issued by Nevada’s governor. Although this

time period of the state of emergency (March to June 2020) does not largely cover the reporting period (July 2019 to March 2020), the data was still affected because these were the months when the data was to be collected. The data system was inaccessible to the Part C TRAC Data Manager while working remotely. Due to limitations during the COVID-19 pandemic, state staff were required to work remotely as state offices were closed following the state of emergency. Remote work was fraught with a lack of networking capabilities, e.g. lack of virtual private network, VPN, and lack of access to the backend of the data system. By May 2020, the Part C Team was not fully staffed due to medical reasons. The Part C Team is saddened to report that during September 2020, the TRAC Data Manager passed away and the Part C Team has had to adjust to this professional and personal loss. At present time, January 2021, the Part C Team continues to learn how to effectively facilitate the data gathering process, which was not documented for step-by-step procedures. The data presented here is provided to the best of our knowledge.

Ms. Malina-Lovell presented a graph that shows the number of findings of noncompliance identified, which were six (6). The graph only shows five (5) since one of the EI programs is no longer with Nevada EI. The number of findings on noncompliance that were verified as corrected within one (1) year is five (5), the total number findings identified.

Indicator 8A: Early Childhood Transition

Ms. Malina-Lovell presented a graph that shows the number of children exiting Part C who have an IFSP with transition steps and services (75). The graph also showed the number of toddlers with disabilities exiting Part C (77). Nevada did not meet the target, and slippage shows as unavailable.

Ms. Malina-Lovell read the following explanation, "A minimum number of records were required to be reviewed by the IDEA Part C Office, which included: 10% of enrollment for large programs (300 or more active children) and 20% for smaller programs (fewer than 300 active children). The timeframe covered for the FFY 2019 monitoring covered the period of July 1, 2019 to March 2, 2020. In light of the pandemic, the timeframe was reduced by a few weeks. The monitoring period ended prior to the transition of the provision of services to telehealth or telephone conference due to the mandated moratorium of temporarily suspending face to face services."

Ms. Malina-Lovell presented a graph that shows the findings of noncompliance identified two (2), The graph also showed the findings of noncompliance verified as corrected within one (1) year (1). Lastly the graph showed the findings of noncompliance subsequently corrected (1).

Ms. Malina-Lovell read the following descriptions, describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements? "The two programs who were issued findings of noncompliance in FFY 2018 based on IDEA Part C Office monitoring were not on the cycle for comprehensive monitoring in FFY 2019, but rather the IDEA Part C Office conducted a verification audit for both of the programs. A selection of children enrolled in each program was pulled from the TRAC data system. For one small program, 20% of records were selected to verify correction. For the second larger program, 10% of records were selected to verify correction. This data reflected that one (1) program was performing at 100% and timely correction and that the second program subsequently corrected beyond the one-year timelines." Describe how the State verified that each individual case of noncompliance was corrected? "The IDEA Part C office verified through desk audits and ongoing program reporting for these two (2) programs, transition plans for all children were developed, although late. This is documented through the utilization of a standard individual child correction form that it is a part of the state's monitoring procedures."

Indicator 8B: Early Childhood Transition

Ms. Malina-Lovell presented a graph that showed the number of toddlers with disabilities exiting Part C where notification to the State Education Agency (SEA) and the Local Education Agency (LEA) occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services (2,723). The graph also showed the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B (2,723). Nevada met the target with no slippage.

Describe the method used to correct the data

Nevada does not have an opt-out policy for notifications to the State Education Agency (SEA) and the Local Education Agency (LEA). The compliance percentage for this indicator was derived using the Tracking Resources and Children (TRAC) child data collection system. In completing the 619 Exit Data Report, Nevada used the categories under Program Completion for FFY 2019 to calculate the number of children exiting Part C and potentially eligible for Part B. Nevada has defined "potentially eligible for Part B" as all Part C eligible children since Nevada has a restrictive eligibility definition. Between the first and third of each month, the Data Manager creates a Crystal Report and Excel spreadsheet of children who are turning three (3) or have turned three (3) within the reporting period. The notification dates are verified using a tool called the Date Schedule for LEA Notifications spreadsheet. The IDEA Part C Office issues monthly email notifications to the corresponding LEA and SEA. An email is sent to each county. If an email is returned undeliverable, the 619 Coordinator and the county are contacted to determine the reason and correct the contact information to ensure timely and accurate notification. School districts where there were no children potentially eligible received notifications that stated there were no children in their district who were potentially eligible for Part B during the reporting period. Children who were referred less than 45 days prior to their third (3rd) birthday are not included in this calculation. This process was followed from July 2019 through March 2020 for all 2,723 children who would have had a 3rd birthday by June 30, 2020. However, we were not able to include in this count any children entering the system from April 2020 to June 2020 who may also have been eligible for Part B services as the TRAC data system was inaccessible due to remote work requirements resulting from the COVID-19 pandemic. Due to limitations during the COVID-19 pandemic, state staff were required to work remotely as state offices were closed following the state of emergency. Remote work was fraught with a lack of networking capabilities, e.g. lack of virtual private network, VPN, and lack of access to the backend of the data system. By May 2020, the Part C Team was not fully staffed due to medical reason. During September 2020, the TRAC Data Manager sadly passed away. The Part C Team required additional time to adjust to this professional and personal loss. At present time, January 2021, the Part C Team continues to learn how to effectively facilitate the LEA process with capabilities now in place with remote work and office work now allowed intermittently.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The process is verified at multiple levels to ensure appropriate notification has been sent for all children with an IFSP which are all potentially eligible for Part B services. Notification is sent to the LEA and the SEA for all children exiting Part C and potentially eligible children exiting Part C and potentially eligible for Part B during the reporting period. The State of Nevada verifies the number of Part B potentially eligible children exiting Part C against the Notifications sent to LEAs and SEAs for all children. For this reporting period there were 1,274 children who were potentially eligible for Part B services. However, appropriate notification was not issued for children who entered the system from April 2020 to June 2020 and who were also turning three (3) during the period of April 2020 to June 2020 due to COVID-19 pandemic restrictions and terminal illness of the Data Manager. However, the SEA and the LEA were notified of the delay and were sent updated modified notifications retrospectively. Contact information could not be included for the modified notifications during the COVID-19 pandemic due to data system limitations while working remotely. LEA's were referred to the Part C Office for demographics and contact

information for those children. Communication between the Part Office and the 619 Coordinator continued during this period.

Indicator 8C: Early Childhood Transition

Ms. Malina-Lovell presented a graph that showed the number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine (9) months prior to the toddler's third birthday for toddlers potentially eligible for Part B which is 1,157. The graph also showed the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B (1,287). Nevada did not meet the target with no slippage.

Ms. Malina-Lovell presented a graph that showed the findings of noncompliance identified for FFY 2018 which is six (6). It also shows the finding of noncompliance verified as corrected within one year which is six (6).

Mary Garrison mentioned that she created a PowerPoint that goes along with the handout that discusses all of the indicators, and how the APR works. Candace K. asked the ICC if they wanted to discuss the approval of Ms. Malina-Lovell's request to have the IDEA Part C Office keep the targets the same for the current APR with the edits as indicated on the document.

MOTION: Approve the State Performance Plan (SPP)/Annual Performance Report (APR) for Federal Fiscal Year 2019 (FFY), and keep all targets the same for next year's SPP/APR

BY: Daina Loeffler

SECOND: Dawn Brooks

VOTE: PASSED

V. Early Intervention Re-Entry:

a. In Clinic Services During Winter Months Follow Up

Shannon Sprout mentioned that she addressed the question regarding families waiting in the car during the winter months in Northern Nevada during the public comment for the previous ICC meeting. Ms. Sprout continued that on November 12, 2020, ADSD issued a pause to Phase one (1) re-entry in collaboration with Part C due to the governor's recommendation to the State 2.0 order and significant increase in positive tests for COVID-19. The pause was maintained with the community partners, and the pause placed visits back to teleconference and telephonic visits. ADSD has ongoing discussions with the community partners and Part C on the rate of positive COVID-19 test results, the needs of the families, and how we are going to reengage services. A decision to lift the pause, or re-enter phase one (1) was made collectively on January 4, 2021 to go back to Phase one (1). Programs have the flexibility to figure out how they want to schedule visits within those Phase one (1) guidelines on what was appropriate for in clinic visits. ADSD is continuing its Phase two (2) committee meeting and taking in consideration feedback that it received from the last ICC meeting. ADSD is nearing the completion of the plan for Phase two (2). ADSD is on feedback from the community partners. ADSD is also finalizing a survey for families, guardians, and caretakers to gain information on how they feel about services that have been provided. Ms. Sprout concluded that ADSD hopes to have all the feedback by January 15, 2021 and anticipates sending the surveys the following week by email or different telehealth platforms by community partners.

VI. Early Intervention Program Highlights/Updates (Information Only):

Ms. Garrison informed the council that the updates are in writing for the ICC to review on their own time not that it has to be discussed/explained in a formal presentation to the group. Ms. Garrison shared the quarterly highlights for MD Developmental Agency, Nevada Early Intervention Services-Northeast, The Continuum, and Therapy Management Group.

Ms. Sprout shared that Rique Robb was in a budget meeting, therefore no updates would be provided for ADSD outside what was already discussed.

- VII. **Presentation on the National Center for Pyramid Model Innovations (NCPMI) Model Implementation:**
Ms. Garrison added the presentation for the National Center for Pyramid Model Innovations (NCPMI) Model Implementation to the Microsoft Teams files for the ICC. Edie King went over the Pyramid Model slides for the ICC.

- Pyramid Model and Part C Early Intervention Services
- Coaching and Telehealth
- Implementation Science
- State Leadership Vision
- State Leadership Mission
- Pyramid Model Approach: Building State Capacity
- Support Structures
- Implementation Site Leadership Team
- Team Members
- Program Coach vs. Practitioner Coach vs. Family Coaching
- Training Activities
- SLT Steps to Achieve Fidelity
- Action Plan Example
- Engaging Families
- NEIS Northeast Staff Buy-In & Parent Engagement
- NEIS Northwest (Reno)
- The Continuum
- Contact Information Edie King/Shari Fyfe

- VIII. **The DEC 36th Annual International Conference on Young Children with Special Needs and Their Families, January 25-29, 2021:**

<https://web.cvent.com/event/b60de224-2df9-424a-b829-b0e51eae4847/summary>

Ms. Garrison discussed the DEC conference for January 25-29, 2021 and informed the ICC that parents that have a child under the age of eight (8) can attend the conference for free. Jenna Weglarz-Ward mentioned that if you register as a family member you also get special access highlighting resources, special sessions that may be more relevant to families, a special event that is only for family members, time with one of the speakers, Deva Nelson, and another session for a meet and greet. Ms. Garrison informed the council that she would look into whether or not ICC members who have registered as parents for the DEC will have a childcare stipend. Ms. Weglarz-Ward informed the ICC that there was a scholarship that helped pay for childcare while parents attended the DEC conference and that she will highlight the application in the next ICC meeting to help families.

- IX. **Part C Information Reports:**

a. Program Monitoring Updates

Ms. Morgan mentioned that IDEA Part C will start monitoring in the upcoming spring, beginning in April through the end of May, possibly through the beginning of June 2021. This is the annual monitoring that occurs for half of the programs one year, and the other half the following year. Six (6) programs will be monitored this year NEIS-South, TMG-North, TMG-South, Positively Kids, MDDA, and APT. One (1) program went under focused monitoring before the December Holiday break and IDEA is processing that data at this time and completing interviews with staff and families from that program. The comprehensive monitoring is information gathered that goes into the APR and is

relayed in a detailed format. Programs are kept informed of the monitoring process and the forms used for reports are available to the programs. If there are any changes during monitoring, the programs are made aware.

b. Alternative Certification for Endorsement in Early Childhood Developmentally Delayed Update

Ms. Malina-Lovell explained that Part C has an alternative certification for Developmental Specialists who need a professional licensure for Early Childhood Development that is slightly different from the Department of Education's certification. Twenty-four Developmental Specialists applied for the alternative certification and all were approved.

c. Interagency Coordinating Council (ICC) 2021 Early Intervention Calendar Distribution

Ms. Malina-Lovell mentioned that Dan Dinnell did a great job displaying the family photos on the calendars that were distributed December 2020. Mary Garrison mentioned that the 2021 calendar was already distributed to stakeholders to distribute to families and that they should have been received. Lori stated that if anyone didn't get a copy please let Part C know so they send a copy to you. Claribel asked if programs will be helped by Part C to distribute the calendars to families? Lori replied for anyone who needs help should reach out to the Part C Office. Ms. Garrison suggested that when service coordinators have paperwork for families to sign, maybe they can include a calendar with that paperwork to help distribute to families that are new to the system. The Part C office will look at alternative resources to help get calendars to families that are already in the system.

d. Part C Services for Families in Transition

Ms. Garrison mentioned that this was brought up in the last ICC meeting and touches point on how Nevada will provide additional services to families of children who are not receiving certain types of services due to the COVID-19 pandemic. Lori then mentioned what families can then expect from Part C and Part B and the question is if families will be receiving the services in Part B if they were not able to receive them in Part C? There is one (1) instance where critical need children can receive services face to face in alternative settings, like EI clinics. For now, ongoing services are provided through telehealth. Ms. Malina-Lovell could not speak to services being provided by Part B. Ms. Malina-Lovell mentioned that evaluations are continuing in the Northern districts either face to face or through telehealth.

e. Data Reports Update

Melissa Slayden provided an update regarding Part C reporting being behind and that she will have an updated Yellow Bar Report for the next ICC meeting.

The recording of this meeting was cut off at this point, therefore no additional items are notes. The next meeting was scheduled and is listed below.

X. Consider Agenda Items for Next Meeting (For Possible Action):

-Recording cut off

XI. Schedule Future Meetings (For Possible Action):

-Virtual meeting scheduled for April 22, 2021, 10:00 AM-1:30 PM

XII. Public Comment:

-Recording cut off

XIII. Adjournment:

Candace Emerson adjourned the meeting at 1:30 PM.

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



Kristin Hoxie Bio

Originally from the Midwest, I moved to Las Vegas in 2014 where I currently reside with my partner, Kenny, and our 4-year old son, Lennon. Lennon has been diagnosed with severe autism, sensory processing disorder, suspected intellectual disability, and a suspected speech impairment. There are additional pieces to his personality that have me believe diagnosis of OCD and ADHD are in our future as well.



Lennon started with Nevada Early Intervention Services (NEIS) and is currently receiving ABA in-home services and in-clinic OT and SLP. After a just a few weeks in the Clark County School District hybrid model of the KIDs Program, Lennon made it clear that school was somewhere he wanted to be. And while I'm absolutely terrified, he will be taking part when they switch to full-time, in-person this April. Over the last few months Lennon has made some amazing strides – he said his first word (apple) and started reciting his numbers (1-10). Of course now he randomly will just say "apple, apple, apple" or count to ten on repeat, but I just love hearing his voice.

We were fortunate in that we had a great team supporting us while at NEIS – from our Developmental Specialist to behavior technicians to SLPs and OTs – they ALL rallied around Lennon. But, as many of you know, even with all the support in the world the challenges that come are a lot. And I know that while our

experience was relatively smooth, I know that is not the case for many others. I'm active on many social media forums with families similar to mine who have children that require extra supports. Often these families have a lot of questions and find it incredibly challenging to navigate services. While there are many things I find myself well-versed in (like advocating for my son and being aware of what options for services are out there) there are others I find incredibly difficult (pretty much anything to do with insurance or financial assistance programs).

Additionally, I support the marketing efforts for two amazing organizations that provide services to this amazing community – Opportunity Village and Capability Health.

I'm so excited to be a part of Nevada's Early Intervention Interagency Coordinating Council (ICC) and hope that my voice on the Council will be a welcome, helpful and insightful one. Thank you" ~ Kristin Hoxie, ICC Parent Representative

Crystal Johnson Bio

I have worked for Nevada state government for 19 years, with the past 12 years being at Nevada Department of Health and Human Services. During my tenure at DHHS, I have worked across multiple divisions and programs and have worked hard to streamline programs between divisions and across multiple funding streams. I have managed dozens of both state and federally funded grant programs. I fully believe we have a responsibility to our constituents to show program transparency and accountability while finding new and innovative ways to streamline our programs and work to accomplish our collective goals.

I am excited to be part of the Interagency Coordinating Council in my current role as Co Administrator of the Child Care and Development Program (CCDP) within the Division of Welfare and Supportive Services. CCDP is responsible for oversight of the Child Care and Development Block Grant. In this unprecedented situation of the pandemic, we are being given a huge opportunity to rebuild and restructure the system of child care and early education across our state. I am excited to be in a leadership role as we move toward creating a sustainable system of care that impacts the children and families of Nevada for years to come.

I was born and raised in Southern California, but I have been lucky to call Nevada home for the past 21 years. My husband and I have 3 daughters (19, 17, 8) and 2 Boston terrier puppies who keep us incredibly busy. Any free time I have is usually spent with the family at Lake Tahoe, which is by far my favorite place to be. Whether it is hiking, kayaking, or spending a relaxing day on the beach I absolutely feel so lucky and blessed to live so close to one of the most beautiful places in the world.





Greetings from APT! Biggest happening – Preparing for our Self-Assessment slated for May 2nd. This time around we don't get Part C in our office (we will miss them) but I'm sure we will be busy scanning documents and following up with emails and calls. We are always flexible with this new normal!



Staff Development: Our Staff continues to learn via monthly workshops both live (current staff holding the trainings) and webinars. We've had some wonderful connections and webinars with Shriner's lately! The Northern NV Liaison has been working hard to build connections locally to support programs and families.



Audiology Services: We continue to contract with NEIS' audiologist - Still on Hold (a year now..yikes) due to Covid-19.



Autism: APT is trained and administering the new ADOS-2 and ADOS-2 Toddler modules on a monthly basis. ADOS team members include Julie Ortiz (director/speech pathologist), Adriana Ferguson, (Bilingual SLP) and Tanya Glass, OT. We are back to providing ADOSs face to face in our clinic with proper precautions in place. This has made families very happy!



We had so much fun celebrating World Down Syndrome Awareness Day – We Rocked our fun socks, and collectively ran 3.21 miles over our lunch break (team effort!).



APT Team – All of the EI Teams have done an outstanding job over this past year! It has not been easy but we have mastered telehealth and other methods of providing services. Our families and APT team are VERY excited to get back to some level of normal services soon. Until then, we keep doing what we do – working with families for a stronger, healthier and successful tomorrow! Keep it up EI Teams of NV!

Check out our website for additional happenings! www.aptkidsnevada.com Check out the link for resources and events!



- ❖ Capability Health has been able to offer families approved Early Intervention Services in our clinic to families who wanted to participate in Phase 1 and Phase 2.
- ❖ Capability Health is currently servicing 543 children in our Early Intervention Programs across Nevada and there are no children waiting for services.
- ❖ Capability Health's outpatient pediatric therapy clinics are currently serving 110 children across Nevada.
- ❖ Through the Speedway Grant, Capability Health was able to purchase an Audiology machine that will allow us to complete an audiology evaluation in house for our Early Intervention families

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

NEIS South Quarterly Program Highlights

January 1, 2020 - March 31, 2020



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

2. Interagency Coordinating Council (ICC) Activities

3. Trainings

NEIS Staff attended the following:

Pyramid Training for the Development Specialists

THERAPY MANAGEMENT GROUP

PROGRAM HIGHLIGHTS – APRIL 2021

Therapy Management Group has continued to provide services throughout the pandemic in Northwest and Southern Nevada. Nevada is in Phase 2 of the COVID re-entry process so TMG has seen some children in our clinic for one time therapy sessions in addition to our Telehealth services. The face to face sessions were extremely valuable for the families and the providers to assess and demonstrate effective treatment techniques.

STAFF TRAINING

TMG has continued focusing on trainings for our staff to adjust to the Telehealth service delivery and meeting our family's needs during this difficult time. Some of our trainings included:

- Treating medically fragile children
- Feeding training

EXPERIENCES

- * TMG staff attended the NV Pyramid Model Celebration 3/24/21
- * Several of TMG's staff attended the Rocky Mountain Early Childhood Conference in March.
- * TMG is currently going through Part C Monitoring in both regions.



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Interagency Coordinating Council

April 22, 2021 Meeting

Presentation by the Early Intervention Community Providers Assn

CONCERNS/CHALLENGES:

...The Governor's Executive Budget includes three important items:

1) M200/M201 - Caseload (children served) is forecasted/budgeted to grow from 3,500 in FY20 to 3,930 in FY23; an increase of 430 children.

2) E680 - State EIS Program is holding 29 positions vacant through FY22, releasing the positions for hire in FY23. Freezing these positions saves \$1.8 million in FY22.

3) E698 - Community Providers monthly payment to provide comprehensive services is being cut from \$565 to \$500 per child per month. This 12% cut results in savings to the State and lost revenue to Community Providers of nearly \$2 million per year in FY22 and FY23.

... This level of cuts, in a time of forecasted caseload growth (430 more children), will cause extreme challenges and will likely cause Community Providers to reduce services or close businesses.

HISTORY:

... In 2003 Nevada shifted from a medical service model to a comprehensive educational service model, merging the Special Children's Clinics and First Steps programs.

... Legal action/complaints have been filed over the years (2008, 2011) by Disability Advocates as the result of untimely services and non-compliance with program rules.

... Public/Private partnership service delivery model was begun; Community Providers were contracted with to improve timeliness and quality of services provided.

... Payment for services by Community Providers have been reduced. The \$565 rate was established in 2011. Partial month payments were also implemented.

... In 2012, Executive Branch Auditors found the cost of services provided by the State was significantly higher than the cost of service by Community Providers, and recommended transferring more service delivery to Community Providers.

... Families should have choice of provider. The Family Choice model has been restricted by implementation of a model that 50% of cases be served by the State and 50% of cases be served by Community Providers.

... "Rotation Holds" have been implemented over the past year to ensure 50% of cases are assigned to the State. Community Provider caseloads have been restricted.

... Community Provider caseloads have been reduced 21% since January 2020, from 1,958 to 1,552; while State caseloads have only declined 7%, from 1,768 to 1,644.

RATE CUTS:

... The 12% rate reduction is being implemented without any study of the current rate and reimbursement structure. It is simply a cut to save money and will endanger timely and quality services to children.

... The last data based rate study was completed in 2011, reductions were made based on this study.

... The 12% rate reduction is on top of the 6% Rate reduction approved in the 31st Special Session and being implemented on Medicaid billable services.

RECOMMENDATIONS/POSSIBLE SOLUTIONS:

... Find General Fund Revenue to eliminate the 12% Community Provider comprehensive rate cut recommended by the Governor.

... Look at the possibility of using TANF Block Grant funds to help fund Early Intervention Services. During the TANF Hearings it was determined there is a \$43.4 million TANF Reserve expected at the close of FY21. DWSS testified to this subcommittee that the level of Reserve needed was in the range of \$15 million.

... ADSD and TANF staff have advised that TANF funds cannot be used for “medical programs like EIS”. We would argue EI Services are a Comprehensive Educational Model of Services not a Medical Model. We also do not understand why TANF funds can be used (budgeted) to fund Autism Services and Nurse Family Partnerships, but not EI Services. The models of service delivery all appear to be comprehensive models that are not solely medical models.

... Consider using TANF Block Grant funds in other budgets were appropriate, freeing up State General Fund that could be transferred/used to fund EI Services.

... Eliminate past instruction by the Legislature to the NEIS Program to use the 50/50 model of service delivery. Families should have unrestricted choice. Rotation Holds should not be used.

DOCUMENTS AVAILABLE FOR REVIEW:

... History of EI Program Rates

... 2011 Rate Studies and Program Letter to implement.

... 2012 Executive Branch Audit of NEIS Program.

... Letters from EICPA to Legislative Committees and Members

Early Intervention History in Nevada

- 2003 Shift from a medical model to an educational model; merging the Special Children's Clinic and First Steps in the South. (Las Vegas Review Journal 2008 article)
- 2005 The Office of Special Education (OSEP) imposed special conditions on Nevada for noncompliance with the 45-day initial evaluation timeline as well as ensuring all children have a transition conference 90 days prior to their 3rd birthday. (OSEP NV -2005 noncompliance letter)
- 2006 The public/private partnership began with 2 private providers for EI in the South.
- 2008 NV Disability Advocacy & Law Center filed a system wide complaint due to lack of timely initiation of services. Complaint#200902 (Detailed on ICC complaint log 4/7/2011, Las Vegas Review Journal 2008 article, Las Vegas Sun 2008)
- 2009 In July 2009, NEIS South had 412 kids on a wait list for services and NEIS NW had 142. As a result the state contracted with 2 additional providers in the South and 1 in the NW. (ICC 2010-2011 wait list)
- 2010 Another private provider was added in the NW region.
- 2011 NEIS South still had 151 kids on wait lists for services. They began treating children in the clinic instead of the "child's natural environment" or sending them to the private providers resulting in another NV Disability Advocacy & Law Center system complaint for breach of compliance with providing services in the natural environment and lack of procedural safeguards. (ICC 2010-2011 wait list and NDALC 2011 System Complaint Letter)
- 2012 Another private provider was added to the South bringing the total to 5. Two of the Southern providers also expanded to the NW region.
- 2013 Legislative Session. Medical community presented testimony regarding concerns with the care that one of the private providers was providing. Legislative body required the state to develop a quality assurance team to verify the quality of the EI private providers.
- 2013 The one provider that was servicing the rural areas backed out due to inadequate reimbursement.
- 2016 State Quality Assurance Team began certifying EI community providers. All community providers were certified.
- 2016 US Department of Education determined that Nevada met requirements for Part C of IDEA for the first time of Nevada's history. Wait lists were virtually non-existent and the program is operating under the current budget. (IDEA Part C Meets Requirements 2016)
- 2017 An EI model change was presented for FY 2018-2019 for the state to serve as an assessment center and pay the private providers fee for service rates to provide only direct services. 45% of the children in the state would have been transitioned to the community providers for therapy only services and the state would provide case management for all the children in the state and take back case management from the community providers. Capped rate tiered system by the needs of the children. Nevada considered opting out of Part C of IDEA and turning away the federal dollars so that NV could remove time frames, quality standards and provision of services in the natural environment. The plan was not approved by the legislature.

- 2018 A Southern community provider's contract was terminated due to non-compliance with EI quality standards. Community partners offered to help take children; all children were retained by NEIS South. Extensive compensatory services were owed to families.
- 2019 A Southern community provider's contract ended. Cases were distributed amongst all the other providers in Southern Nevada. Compensatory services were owed to families at each community provider's expense.
- 2019 NEIS South was placed on a rotation hold from October 2019 through February 24th 2020. Community providers in the South region absorbed the additional referrals exceeding 50/50 split. (Letter to CP NEIS hold 2019)
- 2020 A new community provider in the South was added.
- 2020 Community providers were placed on a referral hold effective 8/17/20 until the 50/50 split is corrected. The split was 53 CP/47 State at the time of the hold. (Caseload Data 2018-2020, ADSD NEIS Memo-Rotation Hold 8/17/20)

EARLY INTERVENTION COMMUNITY PARTNERS' ASSOCIATION - EICPA

Senate Finance Committee

Assembly Ways and Means Committee

Subcommittees on Human Services

RE: State and Community Provider costs of providing services to families/children in the Early Intervention Services Program

Chairs Ratti and Monroe-Moreno, and Members of the Subcommittee,

During the Legislative budget hearing held on the Nevada Early Intervention Services (NEIS) Program (BA3208) on Friday, March 5, 2021, the cost of providing services to families/children in the EIS program was discussed. The discussion related to the rate reduction included in the Governor's Recommended Budget for Community Providers, specifically, reducing the current rate of \$565 per month down to \$500 per month.

During the Agency discussion with Legislators, Assemblywoman Maggie Carlton stated that she understood the cost of services provided by the State Agency was approximately \$290 per month per child, while the Community Providers payment for services was \$565. We were all a bit shocked to hear this statement of the State Agency cost being so low (at approximately \$290). We listened and heard the Agency would look into the costs and provide information to Legislative Fiscal Staff.

In our discussions with the NEIS program over the past few months, as we have tried to find solutions to the proposed rate cut, we have never understood that the State Agency possessed current information/data that demonstrated either the Community Providers or the State Agency's cost of providing services.

During the 2019 Legislative budget hearings on the NEIS program at the March 8, 2019 hearing, Deputy Administrator Robb advised the Subcommittees on Human Services that the State Agency's cost of providing services was approximately \$302 per month (see page 16 of the meeting minutes, copy attached). As we have discussed, this statement (State's cost) over the past few months with the State Agency, we have understood that this number (\$302) was a number prepared and used by the previous ADSD Administrator (Ableser) and that the current ADSD administration did not believe this information was accurate, nor was there information to support this number.

Also, during the 2019 budget hearings it was indicated (see page 27 of the May 28, 2019 meeting minutes, copy attached) ADSD was getting a new data system coming online, and with assistance from the three new Management Analyst positions they were receiving, the Agency would return to the 2021 Legislature with data showing the cost of each delivery type and a recommendation on the best service delivery model. We know ADSD is currently collecting medical reimbursement and cost information from Community Providers. We are unaware of any current



EARLY INTERVENTION COMMUNITY PARTNERS' ASSOCIATION - EICPA

information that is available to show service delivery costs for either the State Agency or the Community Providers. We have asked previously if the State Agency has studied their own costs and if it could be provided for review and possibly used as a model review template.

In FY20, the last completed fiscal year of data available, the State caseload served an average of 1,745 kids per month. If the cost per kid served was \$290 per kid per month, the total cost would have been \$6,072,600. The amount of money spent by the State in the NEIS budget, excluding what was paid to Community Providers, was \$25,461,690. We all understand the State expenditures include both direct and indirect (administrative) costs. Indirect/Administrative costs for the State are certainly not \$19,389,090 (\$25.5 million less \$6.1 million). If we generously assume that 25% of the State's costs are indirect/administrative in nature, the cost of direct services provided by the State per kid per month would be over \$900 (\$25.5 million x 75% divided by the average number of kids served per month)

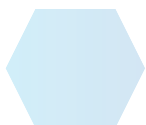
We would also again like to point out two studies/reviews, done in 2011 and 2012, of the cost of providing services in the NEIS Program.

The first study was contracted for by the State Agency (DPBH) and completed by Strategic Progress, LLC in June 2011. This study concluded the cost per service provider, including State NEIS, varied significantly between providers and ranged between \$382 per month and \$702 per month. Service intensity was also reviewed and a cost factor. Further, this study concluded the State's cost (with the intensity factor included) of providing services was 22% higher than the cost of services delivered by Community Providers. The report also concluded the hourly cost of service provided by the State Agency was \$240 per hour, while the cost of services provided by Community Providers was \$162. This study led to the State establishing the \$565 rate per child per month, and has been in effect over the past decade.

The second study/review was performed by the Executive Branch Auditors in December 2012 (Audit Report 13-01). The Governor's Auditors determined in this review that the cost of services delivered by the State NEIS Agency was \$9,450 per year (\$787.50 monthly), and the cost of services delivered by Community Providers was \$6,780 per year (\$565 monthly). Because of the very high cost of services provided by the State Agency, the Governor's Auditors recommended transferring more service delivery to the Community Providers. The Auditors also provide Western States cost comparisons.

In summary, we have never been provided any information or study that shows State Agency costs to be in the \$290 to \$302 range. Information made publicly available shows State Agency costs to be in the range of \$607 to \$787.50 per month ten years ago. This cost range is significantly higher than that paid to Community Providers (\$565). A larger contrast is when the cost per service hour delivered has been evaluated. This study showed the cost per hour by the State Agency was 48% higher than that of Community Providers.

Finally, we continue to believe TANF Reserve funds (\$43 million in reserve projected at the end of FY21) can be used as "bridge funding" until the Nevada economy and the General Fund improves.



EARLY INTERVENTION COMMUNITY PARTNERS' ASSOCIATION - EICPA

We have been told TANF cannot be used because the NEIS program is a “medical model”. The NEIS program is no more a “medical model” than are the Nurse-Family Partnership program and the Autism Services programs proposed to be funded with TANF funds. We believe all three of these programs should be eligible for TANF funding as they are Comprehensive Educational Service Models and include many services that are not billable to Medicaid or other health insurance programs. If these programs were pure medical models, the programs wouldn’t need to exist, and all services provided would be reimbursable by Medicaid or private health insurance.

We have also been told the NEIS program is ineligible for TANF funds because the program does not have an income eligibility test. We would note that 40 to 45% of children/families served by Community Providers are Medicaid eligible and have been income tested by the State Division of Welfare and Supportive Services. Hence, they have been determined to be Medicaid eligible. The Nurse/Family Partnership program is exclusively provided to first time mothers receiving Medicaid. The NEIS and Autism programs provide services to both low income and non-low income families. The Autism Services program uses their own income test, and has separate rules for Medicaid and non-Medicaid eligible families/children. The NEIS program can clearly identify low income Medicaid eligible families/children being served as they are required to bill Medicaid for certain services. These families have been income tested.

We again urge the Senate Finance Committee, the Assembly Ways and Means Committee, and the Subcommittee on Human Services to review the proposed rate cut to Community Providers.

Sincerely

Robert A. Burns, M.Ed., OTR/L

EICPA President

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Nevada Early Intervention Services

Cost Analysis

June 2011



June 30, 2011

Mary Wherry
Director of Public Health and Clinical Services
Department of Health and Human Services
4150 Technology Way, Suite 300
Carson City, Nevada 89706

Re: Nevada Early Intervention Services Cost Analysis

Dear Ms. Wherry:

In accordance with your request, Strategic Progress, LLC and DP Video Productions, LLC are pleased to submit this Cost Analysis report to the State of Nevada, Department of Health and Human Services. Strategic Progress was retained by the State of Nevada to analyze the revenues and expenditures of early intervention service providers in Nevada including Nevada Early Intervention Services (NEIS) and community providers, ultimately identifying the true cost of providing early intervention services and the appropriate reimbursement rate for private sector early intervention service providers.

This report was designed by Strategic Progress in response to your request. We make no representations as to the adequacy of these procedures for all your purposes, only to the thorough approach we have taken to address the questions posed in our scope of work with you. Our findings and estimates are as of June 2011 (the most recent data available) and are dated as of the last day of our fieldwork, June 30, 2011. Data utilized in the report and the analyses underlying it were obtained from third parties, including NEIS. While we have no reason to doubt the accuracy of the data obtained, the information collected was not subjected to any auditing or review procedures by Strategic Progress, and therefore, we make no representations or assurances as to its completeness.

Thank you for allowing us to assist you in this important project. We welcome the opportunity to discuss this report with you at any time. Should you have any questions or require any additional information, please contact Cyndy Ortiz Gustafson at (702) 241-8033.

Sincerely,

Cyndy Ortiz Gustafson, Principal
Strategic Progress

Table of Contents

Introduction 4

About Nevada Early Intervention Services..... 5

Approach and Methodology 6

Findings in Summary 7

Provider Background..... 8

Questions 9

Author Qualifications 20

Introduction

Children at risk of a developmental delay or disorder are routinely referred to Early Intervention Services. If a child qualifies, he or she may receive a range of services at no cost to the family. Early Intervention is designed to improve outcomes for children with developmental delays and/or disabilities by providing early, appropriate, and intensive interventions.

In 1986, the U.S. Congress created the mandate for a range of services to be provided to infants and toddlers with disabilities, through what is currently referred to as 'Early Intervention'. In Public Law 108.446, the provision of special services for the youngest members of our society was established. This was due to "an urgent and substantial need" both to "enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay."

Today, each state is provided grants from the federal government to provide comprehensive services to infants and toddlers with disabilities. A lead agency in each state administers the statewide program. Each state establishes criteria for eligibility within parameters set by the federal government, and as outlined in public law.

The Part C Birth to Three program is funded by both State and Federal Part C dollars. To receive funding, the State must comply with IDEA and its regulations that are issued by the Federal Government from the Code of Federal Regulations (34CFR, Part 303, under Public Law 105-117, IDEA), Early Intervention Program for Infants and Toddlers with Disabilities.

Early Intervention, according to the law that created it, is: "a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families." In simpler terms, it is a range of services designed to intervene at the early stages of an infant or toddler's disability. Early intervention is designed to serve children with disabilities under the age of three, and the families who care for them.

Early Intervention services may include:

- physical or occupational therapy;
- speech or language therapy;
- psychological services;
- social work services;
- educational services;
- nursing care;
- behavior modification;
- nutritional counseling;
- family training, counseling and home visits;
- assistive technology and assistive technology services;
- special instruction;
- speech-language pathology and audiology services, and sign language and cued language services;

- service coordination services;
- medical services for diagnostic or evaluation purposes;
- early identification, screening, and assessment services;
- health services necessary to enable the child to benefit from other early intervention services;
- vision services; and
- transportation and related costs that are necessary to enable an infant or toddler and the infant's or toddler's family to receive another service described in this list.

Services are provided in the home, child care center, or other locations depicting natural environments where the child will feel comfortable. Whenever possible, services are included in the child's normal daily activities.

Infants or toddlers with disabilities in one or more of the following areas of development may qualify for Early Intervention: physical, cognitive, adaptive, communicative, or social and/or emotional development.

Early Intervention Services are defined as services that:

- Are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development;
- Are selected in collaboration with the parents;
- Are provided:
 - Under public supervision;
 - By qualified personnel, as defined in §303.21;
 - In conformity with an individualized family service plan; and
 - At no cost, unless, subject to §303.520 (b) (3), Federal or State law provides a system of payments by families, including a schedule of sliding fees; and
- Meet the standards of the State, including the requirements of Part C.

About Nevada Early Intervention Services

The IDEA Part C Office of the Aging and Disability Services Division within the Department of Health & Human Services is the lead agency responsible for administering Nevada Early Intervention Services under Part C (early intervention services) of the Individuals with Disabilities Education Act.

Part C is responsible for:

- The monitoring of Part C programs and activities
- Providing technical assistance to programs
- Developing procedures for resolving complaints
- Develop policies and procedures related to financial matters
- Identification and coordination of resources
- Developing interagency agreements
- Resolution of disputes
- Ensuring delivery of services in a timely manner

- Data collection

While NEIS has historically provided all Early Intervention services to the community, there has been a trend in recent years toward increasing public private partnerships with community partners across Nevada. Community providers advocated to become partners in Early Intervention service delivery to provide lower cost services and more choices for parents. A formal analysis to determine whether or not a system that supports the use of community providers does provide lower cost services and more parent choice has not yet been completed; however, this analysis will provide a foundation to answer the former.

As community partners ramp up services and ask to become a larger part of the service array, and serve additional children under this model, it is increasingly important to understand the true cost of service provision in order to compare the State's and community providers' ability to provide Early Intervention services. Decisions about structure, alignment and funding will be better informed by an objective third party review and study of Early Intervention rates across the State and community provider delivery pipeline.

Approach and Methodology

Our approach comprised multiple analyses derived from a variety of sources. The pertinent details of our approach are summarized as follows:

- Collected program data and reports provided by the Health Administration, which was compiled from both public and private sector providers of early intervention services in the state of Nevada.
- Conducted a cost analysis based on program data. Consulted with the Part C, IDEA Office and Health Fiscal Staff to increase consultants' knowledge on the governing structure of early intervention programs and its budget, Part C, IDEA monitoring process and child and program data reports released by the Part C, IDEA office, as well as the MCH funds and activities in this budget that are not applicable to the private sector but a part of the NEIS program services.
- Analyzed fiscal reports generated by the Fiscal Staff of Health Administration.
- Analyzed financial statements provided by each provider in order to determine program revenues and expenditures.
- Constructed a cost analysis for each provider, specifically identifying distinct direct and indirect cost elements. Direct costs include salary and fringe benefits. Indirect costs include the portion of provider time spent on administrative items such as staff meetings, report preparation and support time.
- Constructed a revenue analysis for each provider, specifically identifying distinct sources of revenue. Evaluated the possibility of public and private providers receiving multiple funding streams for Early Intervention clients.
- Conducted research on market rates for early intervention services in other jurisdictions.

Findings in Summary

Research has demonstrated that the cost of Early Intervention services is significantly influenced by child, family, provider, and program characteristics. The most accurate cost projections are derived from analyses that examine the relationship between child, family, provider and program characteristics. The common practice of dividing total program expenditures by the cumulative number of families served per year to arrive at an annual cost is highly misleading, and is likely to underestimate the actual annual cost of services.

That said, due to extremely tight time constraints for this particular cost analysis, we have employed a similar methodology in order to gauge the preliminary cost differences among and between community providers, and the state itself as a provider. A more detailed cost analysis is recommended at a later date, taking into account the variables mentioned above, as well as the costs per type of Early Intervention service (i.e. audiology, vision, behavioral services, etc.).

The salient findings of this report are as follows:

- The average cost of services per early intervention slot for all programs, including NEIS, is \$511 per slot. This average does not differentiate between Medicaid and non-Medicaid clients.
- The cost of services varies significantly by provider. There are many factors that can impact the cost of providing service, including administration and overhead costs, direct costs, the type of services provided, and the number of service hours.
- Excluding outliers, private sector community providers provide an average of 6,247 service hours per year for an average \$141 per service hour.
- Depending on the type of analysis performed, early intervention services provided by the public sector in Nevada are anywhere from 22% to 48% more costly than the same services provided by the private sector. It should be noted that while NEIS' costs are significantly higher than those incurred by the private sector, NEIS provides more than 8 times the amount of hours than any private provider.
- Private sector providers derive the bulk of their income from NEIS. On average, 96% of all community provider early intervention service revenue is received from NEIS.
- More than 43% of children receiving early intervention services were covered by some form of private insurance, however, less than half of children with available private insurance (48%) authorized consent to bill their private insurance source.
- Several states have implemented a sliding fee scale to encourage families above certain income levels to contribute to the cost of providing early intervention services to their children.
- Results from an analysis of costs by geographic region are inconclusive due to the small sample size and extreme variations for providers in the northern portion of the state.

Provider Background

Three years ago, Nevada Early Intervention Services (NEIS) began contracting out some early intervention services to private community providers. This began with Easter Seals Southern Nevada and now includes five additional community providers: four total in southern Nevada and two total in northern Nevada. NEIS reimburses private providers per early intervention ‘slots’. This reimbursement rate is based on the fact that when one child exits services, another child takes that slot for the remainder of the month. Monthly reimbursement rates to community providers from NEIS are \$659 per slot per month, with the exception of children on Medicaid, whose reimbursement rate is \$509 per slot per month.

Provider	Sector	Geographic Service Region	Start Date	Service Hours	Percent of Service Hours	Annual EI Slots
Advanced Pediatrics	Private	North	July 2010	6,400	6.0%	1,260
Continuum	Private	North	September 2009	5,444	5.1%	1,260
Easter Seals	Private	South	July 2006	8,157	7.7%	2,124
Integrated Support Solutions	Private	South	August 2009	5,917	5.6%	2,124
Positively Kids	Private	South	August 2009	4,002	3.8%	2,124
Nevada Early Intervention Services	Private	South	August 2009	5,315	5.0%	2,124
Therapy Management Group	Private	South	August 2009	5,315	5.0%	2,124
NEIS - State	Public	Statewide & Rural		71,292	66.9%	Unlimited
Total				106,527	100.0%	

It should be noted that at present, community providers serve only urban areas, mainly within Clark and Washoe counties - while NEIS provides services statewide, including all rural counties. Additionally, community service providers are contracted to perform direct services only. NEIS provides direct services, in addition to many services that community providers do not, including: receiving and managing 100% of referrals, answering questions for people inquiring about services, oversight of community partners, providing outreach services and screening to newborns, and developing IFSP’s for all children, whether at capacity or not. NEIS also runs the Special Children’s Clinic.

Questions

In order to develop recommendations for the State of Nevada regarding the reimbursement rates for early intervention services, the following questions were developed to drive our process of inquiry and analysis.

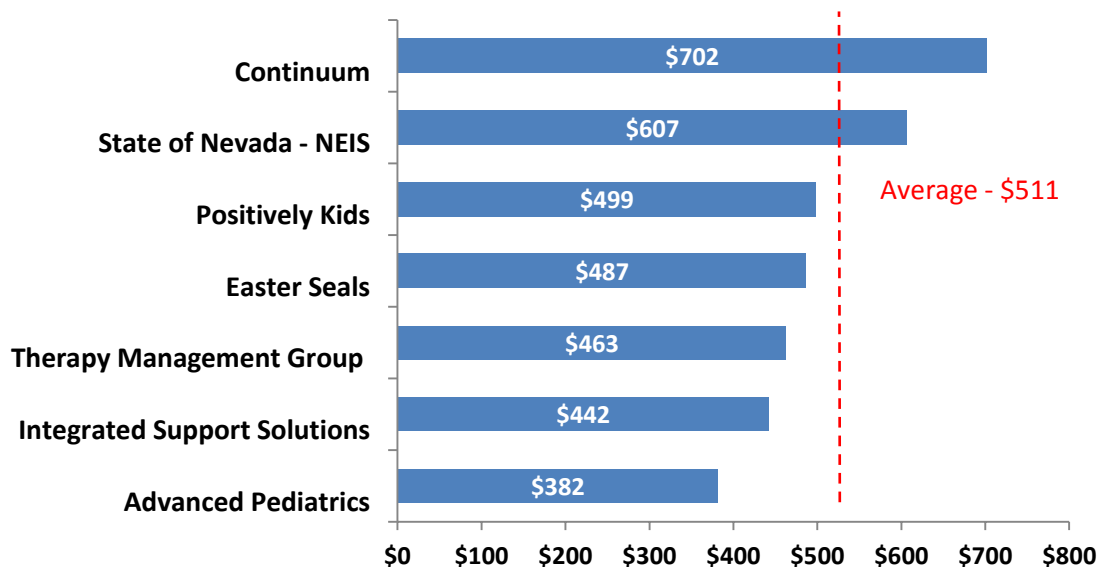
1) What is the average cost of services per client per provider?

Reporting annual cost with a single descriptive statistic masquerades significant variability in true cost for the wide variety of children and families enrolled in the early intervention system.ⁱ The common practice of dividing total program expenditures by the cumulative number of families served per year to arrive at an annual cost is highly misleading, and is likely to underestimate the actual annual cost of services.ⁱⁱ That said, due to extremely tight time constraints for this particular cost analysis, we have employed a similar methodology in order to gauge the preliminary cost differences among and between community providers, and the state itself as a provider. A more detailed cost analysis is recommended at a later date, taking into account the variables mentioned above, as well as the costs per type of early intervention service (i.e. audiology, vision, behavioral services, etc.).

The average cost of services per early intervention **slot** was substituted for the average cost of services per client, as during discussions with NEIS it was determined that this measure is a more accurate representation of cost in Nevada's Early Intervention System. In the current reimbursement structure, a child enters the program, and when that child exits, his or her 'space' is replaced by another. Community providers are currently reimbursed by NEIS according to the number of slots used, and not the number of children served.

In the chart below, the average cost of each Early Intervention slot is depicted per program. The average for all programs, including NEIS, is \$511 per slot. This average does not differentiate between Medicaid and non-Medicaid clients.

Provider Cost per Early Intervention Slot

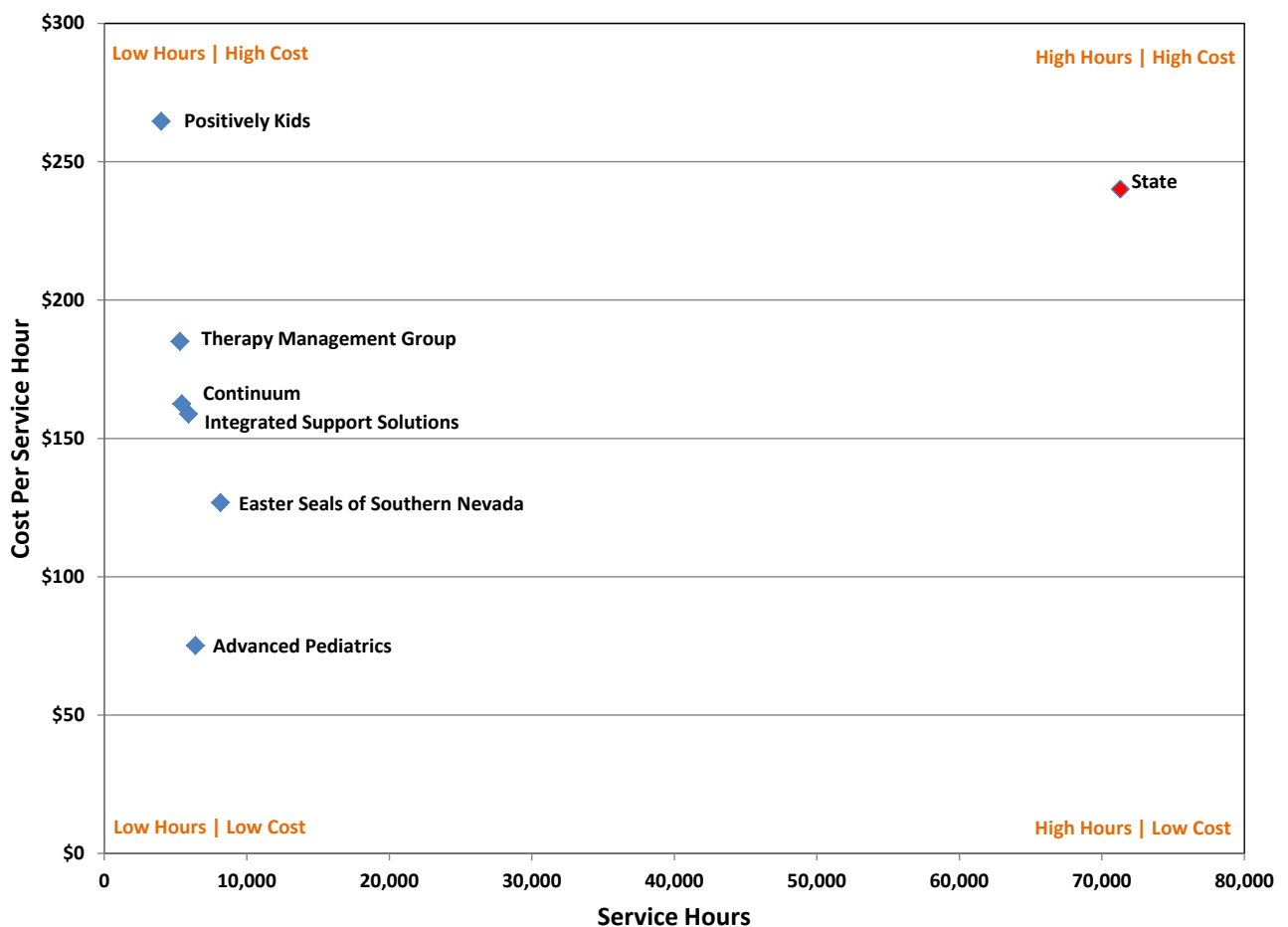


2) How much does the cost of services vary by provider?

The cost of services varies significantly by provider. There are many factors that can impact the cost of providing service, including administration and overhead costs, direct costs, the type of services provided, and the number of service hours. In the chart below, we have demonstrated this wide variation using the cost per service hour.

Positively Kids (PK) in the north has the highest cost per service hour, at \$265 per hour, followed directly by NEIS at \$240 per service hour. This discrepancy cannot be explained by the number of service hours, as NEIS provides an astronomical amount of service hours compared to any of the private community providers. It is recommended that a future study address potential economies of scale, or lack thereof. The remaining community providers (excluding PK and NEIS) provide an average of 6,247 service hours per year for an average \$141 per service hour.

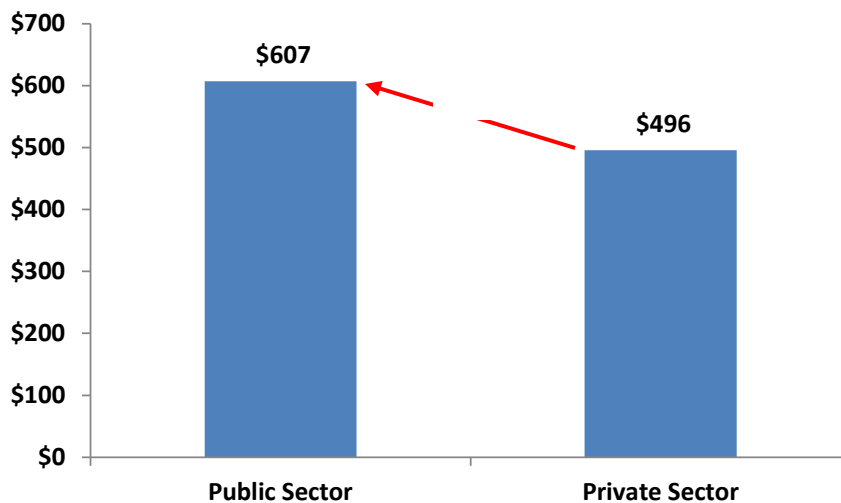
Provider Cost Matrix per Service Hour



3) How much does the cost of services differ when provided by the public sector versus the private sector?

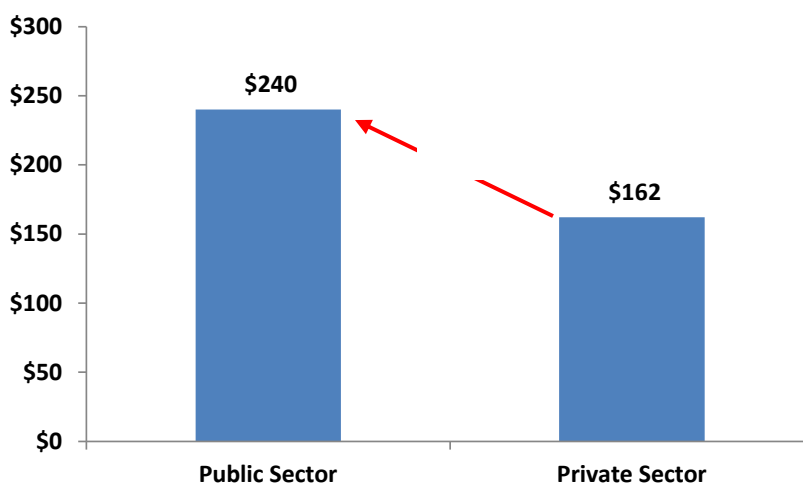
The cost to provide early intervention services varies significantly between the private and public sector. Depending on the type of analysis performed, early intervention services provided by the public sector in Nevada are anywhere from 22% to 48% more costly than the same services provided by the private sector.

Cost per Slot*



*Note: The cost per slot is portrayed instead of a cost per child serviced. This is due to the nature of the current reimbursement structure, whereby when one child exits, that child's 'space' is replaced by another.

Cost per Service Hour



It is unclear why there is such a significant discrepancy between sectors. It should be noted that while NEIS' costs are significantly higher than those incurred by the private sector, NEIS provides more than 71,000 hours of service per year, more than 8 times the amount of hours than any private provider.

Additionally, NEIS is responsible for technical assistance and referrals to private providers. Please refer back to page 7 for the full list of services provided by NEIS.

4) Are private sector providers recognizing additional revenue streams for Early Intervention clients?
For instance, a provider submits an invoice to the state for reimbursement for Child X. Has the provider received any additional income from other sources for Child X?

Private sector providers derive the bulk of their income from NEIS. On average, 96% of all community provider early intervention service revenue is received from NEIS. The next largest source of revenue for community providers is Medicaid, contributing a modest 3% of revenues. Private insurance income is negligible in most cases, with some providers collecting absolutely nothing from private insurance sources.

Early Intervention Revenue by Funding Source

	Part C	Medicaid	Private Insurance	Total EI Revenue
Provider	(Annual Early Intervention Revenues)			
NEIS - Statewide	\$ 22,373,478	\$ 564,940	\$ 158,977	\$ 23,097,395
Advanced Pediatrics - North	482,460	18,880	-	501,340
Continuum - North	782,624	61,551	23,915	868,090
Easter Seals - South	1,072,053	31,745	-	1,103,798
Integrated Support Solutions - South	1,075,691	11,626	-	1,087,317
Positively Kids - South	1,243,844	50,786	5,789	1,300,419
Therapy Management Group - South	1,102,711	14,304	4,018	1,121,033
Total Early Intervention Revenues	\$ 28,132,861	\$ 753,832	\$ 192,699	\$ 29,079,392

	NEIS	Medicaid	Private Insurance	Total EI Revenue
Provider	(Percentage of Revenue)			
NEIS - Statewide	97%	2%	1%	100%
Advanced Pediatrics - North	96%	4%	0%	100%
Continuum - North	90%	7%	3%	100%
Easter Seals - South	97%	3%	0%	100%
Integrated Support Solutions - South	99%	1%	0%	100%
Positively Kids - South	96%	4%	0%	100%
Therapy Management Group - South	<u>98%</u>	<u>1%</u>	<u>0%</u>	<u>100%</u>
Total Early Intervention Revenues	96%	3%	1%	100%

These findings do not differ much from that experienced by the State itself. During FY 2010, the Bureau of Early Intervention Services received only 2.5% of its own funding as a reimbursement from Medicaid for services to children.

5) Are those revenue streams available to NEIS as well? What are the differences in the rate of obtainment of additional support for services? Can the most efficient billing method be standardized across providers thereby increasing revenues?

There is very little information on the cost of early intervention services across states. That said, a multitude of options exist that can be explored should Nevada wish to fundamentally change the way it reimburses providers for Early Intervention services. These options include:

- **Fee for Service** - A method of charging whereby the practitioner bills for each encounter or service rendered. This method encourages patterns of care that expand service. Good quality service planning is a must in this type of system. There is no financial incentive to use the highest levels of qualified staff. Provides little financial risk for persons delivering service. Without expenditure history, this system may be the most challenging for administrative management. Management of the planned levels of service on the Individualized Family Service Plan (IFSP) is helpful to estimate the financial commitment.
- **Per Capita Basis** - A reimbursement system whereby the rate is proportional to the number of individuals in a population. There is a disincentive to work with children and families requiring high service levels. The system should be supported by a process requiring all families to be equally selected. The more efficient and effective the service provider is the less the financial risk. This system works most effectively in a system where a single provider holds the responsibility for service - distributing payment beyond a single provider could be difficult.
- **Cost Reporting Basis** - User defined reporting system that may include information such as agency characteristics, utilization data, cost and charges by an early intervention cost center, and financial statement data. Medicaid often uses the cost reporting option for hospital and nursing home services.
- **Resource Based Relative Value System** - Creates a base reimbursement rate and adds a relative value index to what might be called “practice expense” and work or time and intensity. This concept initially came from the Omnibus Budget Reconciliation Act (OBRA 85) and is a method commonly used within Medicare and Medicaid.

Options such as those referenced above should be explored in greater detail, with a full cost/benefit analysis for each.

6) *If the private sector is recognizing additional revenue streams for clients, does this create the need for an adjustment to the reimbursement rate provided to private providers from the Nevada State Health Division? Can this be mandated due to the variance in ability to obtain additional funds?*

The private sector is not recognizing any significant additional revenue streams for clients served, however, that does not mean that NEIS is restricted to its current reimbursement methods.

Infants and toddlers eligible for Part C are likely to be covered by Medicaid or by other medical insurance plans. In fact, according to the data sample provided by NEIS, 43% of unique children served during Fiscal Year 2010 were covered by some form of private insurance, however, less than half of children with private insurance (48%) authorized consent to bill their private insurance source. An additional 40% of children served were covered by Medicaid. Medicaid, as required by Title XIX of the Social Security Act, pays for a service only after all other available insurance has been billed first.

Children Served by Funding Source, Fiscal Year 2010

Funding Sources	Unique Children Served	Percent
Private Insurance	1,508	43%
Medicaid	1,153	33%
Medicaid HMO	257	7%
SSI	21	1%
TriCare	92	3%
Katie Beckett	4	0%
Nevada Check-Up	71	2%
Children Special Health Care Needs	4	0%
None	401	11%
Total	3,511	100%

At least 34 states have implemented a sliding fee scale to encourage families above certain income levels to contribute to the cost of providing early intervention services to their children. Examples of states that have enacted this reform include, but are not limited to, North Carolina, New Jersey, Utah, and Massachusetts.

Typically, these states provide assessments, evaluations and coordination services at no cost to the family regardless of income. During the process of developing an Individualized Family Service Plan (IFSP), family income, size, and ability to pay are assessed and the family's share of the cost of early intervention services provided are included in the IFSP. The level of contribution is based on family size and income, and individual family circumstances, and varies by jurisdiction. A family determined to be unable to pay for early intervention services based on the sliding fee scale is not denied needed services because of an inability to pay, rather, this process encourages families with the means to contribute to do so. Once an IFSP has been created and signed, families above certain income levels are required to contribute to the cost of their child's early intervention services.

Implementing a sliding fee scale may incentivize families with access to private insurance to authorize providers to bill their private insurance sources to do so in the future. Historically, Part C families have declined to allow providers to bill private insurance due to a fear of exceeding lifetime health insurance maximums. Health care reform should resolve this issue and remove the negative connotations associated with authorizing private insurance reimbursement.

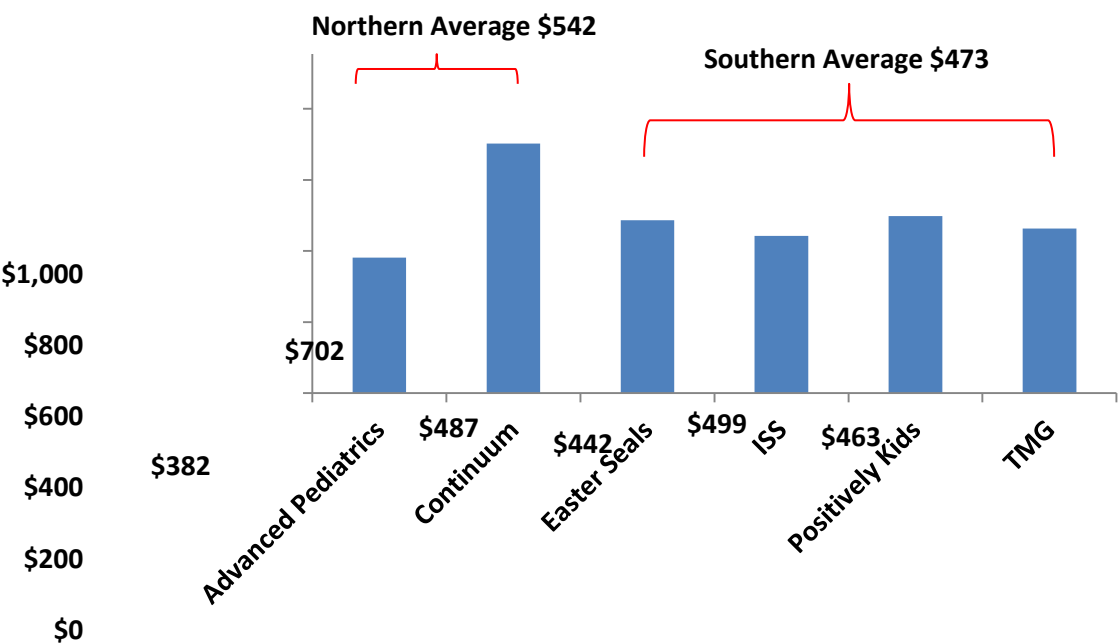
Pursuant to NAC 442.210, the Bureau may develop ‘a sliding schedule of fees for families that receive early intervention services to pay a percentage of the full fee based on the size and income of the family as set forth in the federal guidelines of poverty established by the United States Department of Health and Human Services. The state has evaluated opportunities for generation of fee revenue and estimates that approximately \$1 million would be available to the state through a slide scale fee mechanism.

Accessing readily available revenue streams to support early intervention services may allow the state to expand coverage to serve additional children, including more families who are unable to pay for services they desperately need.

7) Does the cost of services differ by geographic region (northern Nevada versus southern Nevada)?

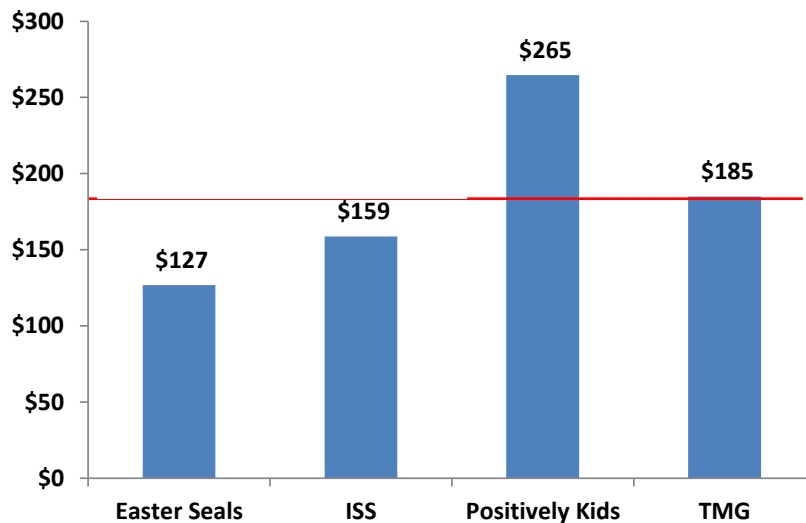
Results from an analysis of costs by geographic region are inconclusive due to the small sample size and extreme variations in cost between the two providers in the northern portion of the state. Southern providers appear to have a more consistent cost representation, with an average cost of \$473 per early intervention slot. As an added caveat, it should be noted that Advanced Pediatrics is in its first full year of providing early intervention services. It is expected that Advanced Pediatrics costs may change as they fully scale operating activities.

Cost per Early Intervention Slot

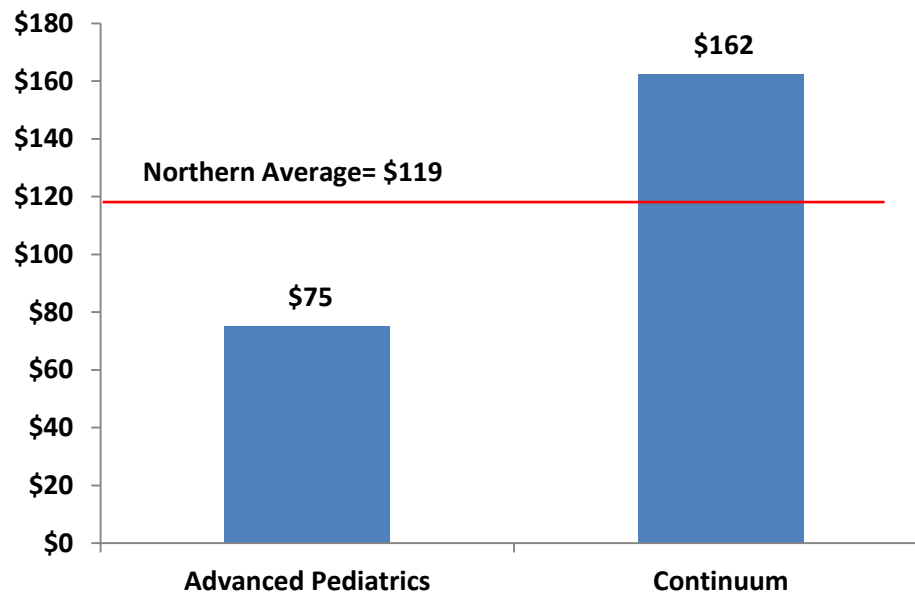


When costs per service hour are analyzed by region, there is less consistency across the board, including Southern providers.

Cost per Service Hour, Southern Providers



Cost per Service Hour, Northern Providers



Based on the extreme variances presented in this geographic comparison of expenses for early intervention services, it is recommended that at this point, reimbursement rates for private community providers should not be based on geography until more data is available reporting on longer term trends and a larger sample size of community providers.

8) What is the proportion of expenses allocated to direct services and how much does this vary by provider?

It is a widely held, somewhat controversial, belief that nonprofit organizations' operational efficiency is correlated to low administrative to total expense ratios. In several instances in recent history, nonprofit organizations have aimed to reassure the public that contributions are being wisely applied to their core charitable missions. With this notion in mind, Strategic Progress separated the expenses of both the community providers and the state itself and created an analysis on direct and indirect cost ratios. The ratios per program are presented below.

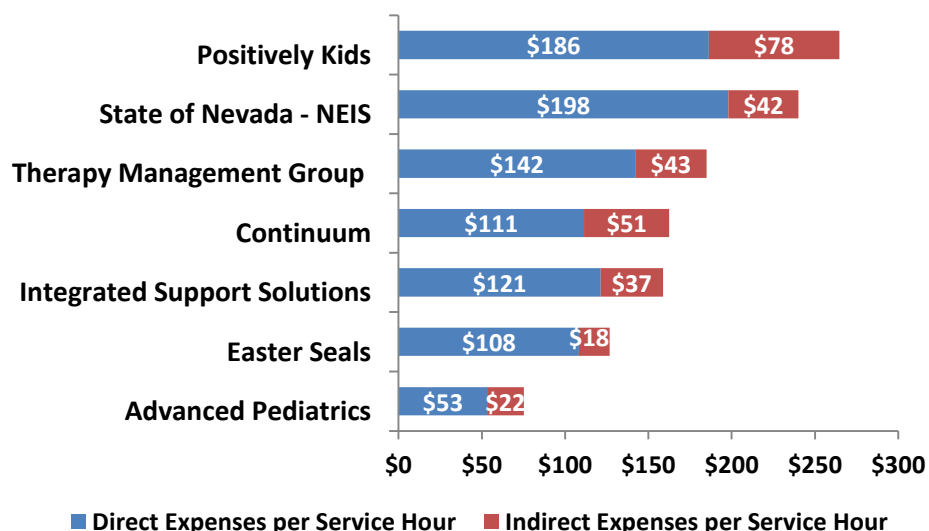
Direct & Indirect Expense Ratios

		Direct Expenses	Indirect Expenses
Provider		(Percentage of Expenses)	
Advanced Pediatrics - North		71%	29%
Continuum - North		69%	31%
Easter Seals - South		85%	15%
Integrated Support Solutions - South		76%	24%
Positively Kids - South		70%	30%
Therapy Management Group - South		77%	23%
State of Nevada - NEIS		87%	13%
Average Expense Ratio		76%	24%

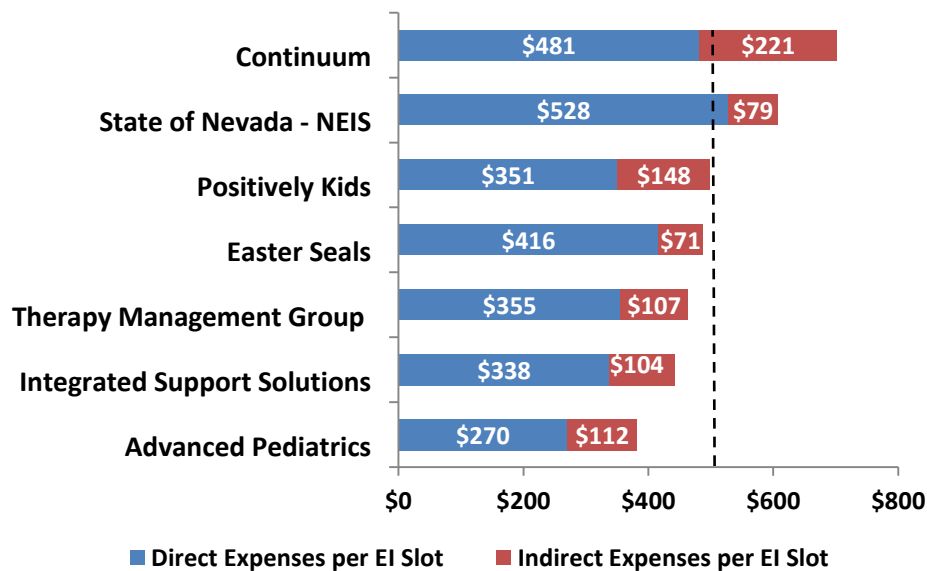
*Note: A building was donated to Easter Seals, thus, Easter Seals does not pay rent and therefore has lower indirect costs.

We also conducted an analysis on the variation in the cost of services per service hour and early intervention slots by both direct and indirect expenses for all providers, including the state.

Direct and Indirect Costs per Service Hour



Direct and Indirect Costs per Early Intervention Slot



Organizations with higher indirect expense ratios may be spending less time directly providing services. That said, industry experts caution that a particular overhead ratio is not high or low by itself. Different programs are more or less expensive to administer and support. Instead, comparisons should be drawn between an organization with itself over time, making sure that its overhead ratio goes down or, at least, does not go up.ⁱⁱⁱ

9) Is the current reimbursement rate set by the state for early intervention services fair and reasonable based on the findings of this cost analysis?

The rate set by NEIS for community providers is fair in the sense that contractors are able to provide a baseline of services for that amount. That said, questions must be raised about whether or not that community provider rate is the right market rate based on desired outcomes, quality issues, etc.

Community providers might argue they could serve more children for less money, especially if bringing their programs to scale would lower their costs even further. As we saw in the data above, NEIS has a higher rate of service delivery and even at scale services are more costly to provide than the community providers.

If other factors such as administrative oversight on the state's part, service differences, model differences, client differences, or other specialties are skewing the rate, a deeper analysis would help to surface those issues which are not a part of this scope. Without engaging in deeper discussions with NEIS staff and community providers directly, we are not able to assess those key differences that might also impact rates and inform decisions.

10) What are our recommendations for next steps based on data, interviews, provider input, NEIS input and analysis of overall Early Intervention structures and approach by provider?

Questions still remain about what the qualitative differences are between State provision of services and community provider provision of services. If contracts are to be determined based on rate amount alone, the conclusion can be drawn that community providers are more competitive. If contracts are awarded on other qualitative issues such as parent choice, staffing models, provider experience or specialty, than a deeper analysis of provider assets needs to be conducted. Questions also remain about the role of NEIS as the point of original contact for clients and how their larger systems role impacts their rate.

This report lays out the rate differences between providers so that preliminary conclusions can be drawn about whether community providers are being fairly compensated in comparison to the state, but it does not tell us if that rate, or the State's rate, is the right amount to provide quality services to children and families, or is set at the ideal market rate regionally or in comparison to systems across the country.

Based on this need to understand additional decision points around rate setting in EI, we recommend:

- Conducting interviews with NEIS and community providers to address differences in model, service delivery satisfaction, outcomes and quality
- Interview community providers to assess provider capability to scale at current rates
- Develop a way to better quantify NEIS's role as an anchor institution in the system, including their leadership, administration of the overall program, oversight and referral capacities and evaluate these impacts on billing rates
- Identifying one or two alternatives to the current model based rate information
- Propose structural alterations to current service provision model and assign costs to the models based on Strategic Progress report data

The analysis and recommendations included in this report can help inform decisions about where and how the state invests critical resources in the early intervention services that families and children in Nevada rely on. The state has taken important steps in recent years to begin asking questions about service delivery, model development and the public financing of community capacity to serve children in need.

We believe that NEIS, with the hard data provided throughout this report, will be better able to make key decisions about service delivery moving forward.

Author Qualifications

Strategic Progress, LLC is a Nevada based company specializing in social innovation and systems change, conducting research, analysis, public policy projects and regional planning initiatives across the state. Strategic Progress is founded and led by Cyndy Ortiz Gustafson, Principal. Ms. Ortiz Gustafson is a strategy consultant with a MA in Political Science and Public Law from Washington State University, who specializes in regional planning, public policy research and advocacy, federal grant development, fundraising and nonprofit strategic positioning. She is known for her work in researching and writing Southern Nevada's Ten Year Plan to End Homelessness, The Community We Will Business Case for Casey Family Programs, and the Ready for Life Plan that will drive regional investment in at risk youth. She has also worked in the disability community for over 8 years to build capacity and advance innovation in service models across the state.

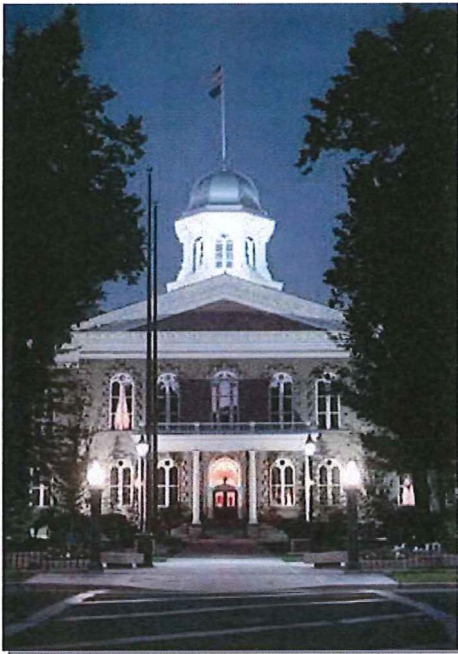
Her combination of data analysis, writing and positioning of initiatives, based on community and stakeholder engagement, make her uniquely positioned to work with community EI providers to determine fair and appropriate rates for services. Her nonprofit consulting experience, and her current work with the Southern Nevada Regional Planning Coalition, a policy making body made up of the heads of each municipality in Southern Nevada, uniquely position her to obtain stakeholder feedback, buy in, and access information in a politically sensitive and strategic way to advance Nevada's ability to provide comprehensive and effective EI services. Additionally, Ms. Ortiz Gustafson has direct experience at the federal and state levels writing legislation, building coalitions and working on issues management and strategic positing of initiatives. She is currently spearheading the Accelerate Nevada initiative at the Nevada Community Foundation to make Nevada more competitive for national foundation and federal grant funding, and to advance systems planning and investment across the state.

The lead Strategic Progress research analyst on this project is Jennifer Ouellette, whose background and experience in qualitative and quantitative analysis bring an incredible depth of research ability to the team. Ms. Ouellette, who has a MA in Accounting from USC, has worked for a variety of research and analytics firms such as Applied Analysis, Price Waterhousecoopers, and Econ One Research. She has led extensive industry research projects, mapping and data analysis projects, research and policy projects and presented those findings to various groups and entities across sectors. She has also conducted research and analysis for the Southern Nevada Regional Planning Coalition's Committee on Youth, Casey Family Programs Community We Will Project and provided data and model development consulting on a number of large federal grant projects. Strategic Progress has been fortunate to have Ms. Ouellette and her talents as a part of the team since 2009.

ⁱ Kochanek, Thomas and Costa, Crist, Early Childhood Research Institute on Service Utilization, *A Multi-Site, Cost Analysis Study of Early Intervention*, 1997

ⁱⁱ Ibid.

ⁱⁱⁱ Stanford Social Innovation Review, Overhead Isn't Everything, August 2006, available at http://www.ssireview.org/articles/entry/overhead_isnt_everything/



State of Nevada
Department of Administration
Division of Internal Audits

Audit Report

**Department of Health and Human Services
Nevada State Health Division
Early Intervention Services**

Report No. 13-01
December 2012



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Division of Internal Audits

209 East Musser Street, Room 302 | Carson City, Nevada 89701
Phone: (775) 687-0120 | Fax: (775) 687-0145

MEMORANDUM

TO: The Honorable Brian Sandoval, Governor
The Honorable Brian K. Krolicki, Lieutenant Governor
The Honorable Ross Miller, Secretary of State
The Honorable Kate Marshall, State Treasurer
The Honorable Kim Wallin, State Controller
The Honorable Catherine Cortez Masto, Attorney General
Dana Bridgman, CPA, Public Member

FROM: Steve Weinberger, CPA, Administrator
Division of Internal Audits

DATE: August 13, 2012

SUBJECT: Audit Release

We are pleased to present to the Executive Branch Audit Committee ("Committee") the enclosed audit report on the Nevada State Health Division, Early Intervention Services ("Agency"). At the request of the Agency, we are submitting this report to the Committee members prior to the next meeting of the Committee. Pursuant to Nevada Revised Statutes 353A.085, once the final audit report is submitted to the Committee, the contents of the report become public.

Although final audit reports are typically submitted to the Committee and are publicly released during a Committee meeting, occasionally the Division releases a report in advance of a regularly scheduled Committee meeting when circumstances warrant such release.

If you have any questions or comments about the audit, please contact me or Warren Lowman, Executive Branch Auditor, at 687-0120.

EXECUTIVE SUMMARY

Nevada State Health Division

Early Intervention Services

Introduction.....page 1

Objective 1: Can Nevada More Efficiently Manage Early Intervention Services?

Determine Requirements.....page 5

The Division should determine its statutory and other requirements for providing Early Intervention Services (EIS). State law and community concerns may require the Division to retain a minimum capability to provide services when no other provider may be available. Decisions should also consider the impact on current State employees and allow families continued choice in providers.

Transition to Community Providers.....page 6

Once the Division has determined its requirements, it should transition to community providers for delivering EIS to eligible families, which could save up to \$4.6 million annually. Nevada pays 40 percent more than other Western states and almost 30 percent more than if EIS were provided by community providers. The transition to community providers will depend on the growth of the provider network and a thorough plan that reassures families and helps guide providers' investment decisions. The pace and extent of the transition should be determined through a broad consensus of the EIS community. The Division has a leading role in facilitating the consensus.

Evaluate Lowering the Rate Paid to Community Providers.....page 7

The Division should evaluate the rate paid to community providers for EIS and could save up to \$3.1 million annually by paying a rate for children in the program consistent with the average paid by other Western states. Nevada pays a flat rate of \$565 per child each month. In addition to the fee paid by the State, providers also receive additional revenues of between 20 – 30 percent from Medicaid, private insurance and other sources, on average per child.

Objective 2: Can Nevada More Effectively Manage Early Intervention Services?

Improve the Assessment Processpage 9

The Division should improve the assessment process for determining which services a child needs to achieve EIS goals to assure families are receiving the services they require. The amount of services a child receives varies depending on the provider. The State provided almost 25 percent more services to families than For-Profit providers and 15 percent more than Non-Profit providers. The State provided 34 percent more

treatment time to families than For-Profit providers and 12 percent more time than Non-Profit providers. The child’s progress is measured on achieving developmental milestones not the effectiveness of the number, type and duration of services the family receives to achieve the milestones. There are no effectiveness measures for the varying amount of services a child may receive.

Enhance Review of Services.....page 10

The Division should enhance review of services being provided to assure families are getting the services they require and to minimize the amount of time children wait for therapies. On average, the Division over serviced families and community providers under serviced families. Better managing resources would allow two of three providers in the south to eliminate their wait period by not over servicing and using those resources for children waiting for specific therapies or therapists.

Appendix A..... page 13

Nevada State Health Division's Response and Implementation Plan

Appendix B.....page 16

Timetable for Implementing Audit Recommendations

INTRODUCTION

At the direction of the Executive Branch Audit Committee, we conducted an audit of the Nevada State Health Division, Early Intervention Services. Our audit addressed the following four questions:

- ✓ What is the Division's role?
- ✓ What services must the Division provide?
- ✓ Is the State the proper level of government to provide these services?
- ✓ If State government is the appropriate level of government, is the Division carrying out its duties efficiently and effectively?

Division's Role and Public Purpose

The Early Intervention Services (EIS) program is an expansion of the 1975 federal Individuals with Disabilities Education Act (IDEA), which assures a free appropriate public education for all students with disabilities in need of special education services. In 1986, the U.S. Congress mandated a range of services be provided to infants and toddlers with disabilities through early intervention. These services may include:

- Assessments.
- Physical or occupational therapy.
- Speech or language therapy.
- Nutrition counseling.
- Audiology.
- Family training, counseling and home visits.

Children from birth to 3 years of age and their families are eligible to receive EIS if they meet Nevada's criteria. There is no cost to families for the services. Once the child reaches age 3, families may transition to IDEA services provided by local school districts.

The State has two roles in delivering EIS: providing services and administering the program:

- The Nevada State Health Division (Division) had historically provided all EIS. The Division's EIS providers are organized into three regions: Southern region (Clark County, Las Vegas and environs); Northwest

region (Washoe County, Reno, Carson City and environs); and Northeast region.

In 2006, the Division began contracting out a portion of EIS to community providers. At the time of our audit, the provider network had grown to four providers in the north, five in the south, and the Division was providing all services in Nevada's frontier counties.¹ There were no community providers available in the frontier counties.

Over 2,800 children² were receiving EIS statewide. The Division served approximately 60 percent of children in the program. The fiscal year 2012 EIS budget is almost \$25 million.

- Nevada's EIS coordinator's office in the Department of Health and Human Services, Aging and Disabilities Services Division is the lead agency for administering EIS. The coordinator is responsible for oversight and monitoring of federal funds, providers and policy, as well as other management activities.

The public purpose of the federal legislation and EIS program is to provide financial assistance to states to:

- Maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of EIS for infants and toddlers with disabilities and their families.
- Facilitate the coordination of payment for EIS from federal, state, local, and private sources (including public and private insurance coverage).
- Enhance the states' capacity to provide quality EIS and expand and improve existing services provided to infants and toddlers with disabilities and their families.
- Enhance the capacity of state and local agencies and service providers to identify, evaluate and meet the needs of historically underrepresented populations, particularly minority, low-income, inner-city, and rural populations.

¹ The Division defines Rural Counties as: Douglas, Lyon and Storey; Frontier Counties as: Churchill, Elko, Esmeraldo, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing and White Pine; Urban Counties as: Carson City, Clark, and Washoe.

² 2,879 children received EIS in 2011: Northwest and Southern regions, 1,730; Northeast region (frontier counties), 100; Community Providers, 1,049.

Scope and Objectives

We began the audit in October 2011. Our audit addressed whether the State can more efficiently and effectively manage EIS. We reviewed and discussed the Division's procedures with management and staff, collected and reviewed cost and program data, and sampled individual case files of children receiving EIS. We also surveyed other states to determine best practices.³ We concluded field work and testing in May 2012.

Our audit focused on the following objectives:

- ✓ Can Nevada more efficiently manage early intervention services?
- ✓ Can Nevada more effectively manage early intervention services?

We performed our audit in accordance with the *Standards for the Professional Practice of Internal Auditing*.

The Division of Internal Audits expresses appreciation to the Division's management and staff for their cooperation and assistance throughout the audit.

Contributor to this report:

Warren Lowman
Executive Branch Auditor IV

³ We received information from Colorado, Idaho, Illinois, Montana, Oregon, Texas, Utah, and Washington.

Nevada State Health Division Response and Implementation Plan

We provided draft copies of this report to Division officials for their review and comments. Their comments have been considered in the preparation of this report and are included in Appendix A. In its response, the Division accepted each of the recommendations we made. Appendix B includes a timetable to implement our recommendations.

NRS 353A.090 specifies that within six months after the Executive Branch Audit Committee releases the final audit report, the Administrator of the Division of Internal Audits shall evaluate the steps the Division has taken to implement the recommendations and shall determine whether the steps are achieving the desired results. The Administrator shall report the six-month follow-up results to the Committee and Division officials.

The following report contains our findings, conclusions, and recommendations.

Can Nevada More Efficiently Manage Early Intervention Services?

Nevada can more efficiently manage Early Intervention Services (EIS) by determining its requirements, transitioning to community providers and lowering the monthly rate paid to providers. Better managing the EIS program would allow savings to be used for other State priorities. These changes could benefit the State by up to \$7.7 million annually.

The federal government and Nevada fund EIS. In fiscal year 2012, the State General Fund provides approximately 87.5 percent (\$21.9 million) of the program's resources and federal funding makes up the other 12.5 percent (\$3.1 million). Our audit also found Nevada pays 40 percent more than other Western states⁴ and almost 30 percent more than if EIS were provided to eligible families by community providers. Exhibit I shows the cost comparison for providing EIS.

Exhibit I

Cost Comparison

	Western States	Community Providers	Nevada
Annual Cost per Child	\$5,652	\$6,780	\$9,450

Determine Requirements

Decisions about transitioning to community providers require the Division to determine the level of services the State must provide to meet statutory requirements, federal regulations and other considerations. For example, NRS 442.750 requires the Division to ensure EIS providers for children with autism spectrum disorders possess the appropriate level of knowledge and skills. Additionally, the EIS community⁵ generally believes the State may need to retain a minimum capability to provide services when no other provider may be available.

⁴ We received EIS cost information from Colorado, Montana, Oregon, Texas, and Washington.

⁵ The EIS community may consist of parents, providers, educators, State officials, medical specialists, and other family members and concerned citizens.

Transition to Community Providers

Nevada should transition to community providers to more efficiently use EIS resources. We did not include children in the Northeast region (frontier counties) in the transition because of a lack of community providers at the time of our audit. The Division has several considerations when transitioning to community providers that may result in savings to the State General Fund, to include: transitioning all services and managing the pace of transition.

- We estimate the Division could save the State General Fund up to \$4.6 million⁶ annually by transitioning services to community providers that are currently provided by the State. Once the Division determines its requirement to deliver EIS, remaining services may be transitioned to community providers.
- The pace of transitioning will be affected by the ability of community providers to service more families. The community provider network is growing throughout Nevada. At the time of our audit, one additional community provider began servicing families in the Northwestern region. Another provider in the Southern region told us they planned to expand their participation to the north. One community provider had plans to expand into the rural areas. No community providers said they had plans to expand into the Northeast region (frontier counties.)

The Division will need to produce a transition plan that reassures families, allows for thorough planning by the EIS community and meets statutory and federal requirements. As the transition occurs, a policy that helps community providers predict numbers of children they will service and also guide investments will be necessary for overall planning purposes.

The Division should transition to community providers for EIS in a way that supports the emerging provider network (including the rural and frontier counties), considers the impact on current State employees and allows families continued choice in providers. The pace and extent of the transition should be determined through a broad consensus of the EIS community. The Division has a leading role in facilitating the consensus.

⁶ \$4.6 million equals the difference (\$2,670) between the cost for Nevada to provide services (\$9,450) and what Nevada pays community providers (\$6,780), times the number of children served by the Northwest and Southern regions (1,730) in 2011.

Evaluate Lowering the Rate Paid to Community Providers

The Division should evaluate the rate paid to community providers for EIS. Nevada pays a flat rate of \$565 per child each month for EIS. Other states, on average, pay 16.6 percent⁷ less. There is no differentiation for the type, number or duration of therapies a child receives. We estimate the Division could save the State General Fund up to \$3.1 million⁸ annually by paying a rate for all children in the program consistent with the average paid by other Western states.

Officials from community providers told us the Nevada rate was higher than other states' rates they received for services. These officials also told us they are able to collect between 20 – 30 percent from other revenues⁹ per child, on average, in addition to the flat fee they receive. After reducing the rate Nevada pays, providers can still receive an actual rate of \$617 per child each month. Exhibit II summarizes a possible adjustment to the current rate.

Exhibit II

Adjusted Rate for Early Intervention Services

	Monthly	Annual
Current Nevada Rate per Child	\$565	\$6,780
Adjusted 16.6 % (Western states)	\$ 94	
Adjusted Nevada Rate	\$471	\$5,652
Adjusted 25.87% (revenues currently collected) ^a	\$146	
Actual Rate for Provider	\$617	\$7,404

^a Adjustment based on the average percent of revenues collected by other Western states.

A fee-for-service model would achieve similar savings.

A fee-for-service model may be less costly. We surveyed other Western states; all used community providers that were paid by the service they provided. On average, other states' costs were 16.6 percent lower than Nevada's for community providers. A similar savings for Nevada would be about \$3.1 million

⁷ The 16.6 percent is the difference (\$1,124) between the annual rate Nevada pays community providers (\$6,780) and the average rate paid by other Western states (\$5,656).

⁸ \$3.1 million equals 2,779 children, times \$94 (16.6 percent of \$565 monthly fee) savings over 12 months.

⁹ Other revenues include Medicaid, private insurance and other sources.

annually by using a fee-for-service model. This is the same amount of savings the State can achieve by lowering the monthly rate.

Recommendations

1. Determine the Division's statutory and other requirements and transition remaining Early Intervention Services (EIS) to community providers.
2. Evaluate lowering the monthly rate paid per child to community providers for EIS.

Can Nevada More Effectively Manage Early Intervention Services?

Nevada can more effectively manage Early Intervention Services (EIS) by improving the EIS assessment process and enhancing review of the services families receive. Better managing the EIS program would assure Nevada families receive the services they require.

Improve the Assessment Process

The Division should improve the assessment process for determining which services a child needs to achieve EIS goals and assure families are receiving the services they require. Children are initially assessed for their eligibility to receive EIS and at least annually thereafter when they are in the program. The assessment is completed by a team of experts.¹⁰ In general, teams working for the State assess children the State services and teams working for community providers assess the children they service.

Our review found the amount of services a child receives varies depending on the provider. We reviewed the amount of services provided to families by the State, Non-Profit and For-Profit community providers. Exhibit III summarizes services children received from their providers.

Exhibit III

Provider Comparison

Provider	Services per Child	Annual Treatment Time
State	3.25	51 hrs. 8 min.
Non-Profits	2.75	45 hrs. 4 min.
For-Profits	2.50	33 hrs. 48 min.

Our review shows:

- Families receiving EIS from the State got almost 25 percent more services than families receiving services from a For-Profit provider and 15 percent more than from a Non-Profit provider.

¹⁰ The team assessing the child's eligibility for EIS may include the parents, family doctor, pediatrician, EIS provider doctor, educational specialists, State officials, and others.

- Families receiving EIS from the State got 34 percent more treatment time than families receiving services from a For-Profit provider and 12 percent more time than families receiving services from a Non-Profit provider.
- While providing more services, the Division also spends almost 30 percent more per child per year than community providers are paid for the same services.

We attempted to determine the outcomes of therapies based on the varying degree of services families receive; however, EIS management and reporting systems do not capture data to measure outcomes of services. The management and reporting systems measure the child's progress based on achieving developmental milestones, not the effectiveness of the number, type and duration of services the family receives to achieve the milestones. For example, management and reporting systems do not measure if the For-Profits are as effective as the other providers even though they provide fewer services per child, on average. Likewise, there is no measure to show if the Division's greater number of services helps children achieve developmental milestones at a faster rate.

The Division should include its review of improving the assessment process as part of our first recommendation to determine requirements. For example, the Division may propose the State retain responsibility for the initial and/or subsequent assessments of children receiving EIS and/or contract for a single provider to do assessments statewide. This would help assure children are assessed with consistency.

Enhance Review of Services

The Division should enhance review of services being provided to assure families are getting the services they require and to minimize the amount of time children wait for services.

We reviewed the amount of EIS families received and found, on average, the Division over serviced families and community providers under serviced families. Families that were over serviced received additional therapies and/or more time than agreed to on the Individual Family Service Plan (IFSP). Families that were under serviced received fewer therapies and/or less time than agreed to on the IFSP. The IFSP is developed jointly by the assessment team and parents. The plan identifies the specific therapies, therapeutic session time and duration of each therapy the child will receive. Exhibit IV summarizes our findings.

Exhibit IV

Individual Family Service Plans

Provider	Percent Over (Under) Servicing Families
State	3.1
Non-Profits	(5.3)
For-Profits	(2.2)

We reviewed individual files and noted discrepancies between the IFSP and management and reporting systems. Of the Division files we reviewed, about 50 percent had errors; almost 20 percent of community providers' files had errors. These errors included incorrect entries for type, time and/or duration of therapies.

In general, reviews between the IFSP and management and reporting systems' information are conducted by the child's case manager. There was no indication in either the individual file or management and reporting systems that supervisors or managers reconciled to assure families receive the services they require. Reconciling the IFSP and management and reporting system will help reduce the extent providers over or under service families.

Managers at all levels must enhance their review of therapies being provided to assure families receive the services they require. Better managing resources at the provider level will allow the Division to more effectively administer the EIS program statewide.

Better manage resources to minimize the time children wait for services.

Federal guidelines for EIS do not allow a wait list for children to receive services. In some cases, once a child is assessed eligible for EIS, the child may wait for a specific therapy or therapist to become available. Generally, in cases when a child must wait, the family is offered compensatory services to mitigate the time therapies were not available. Compensatory services are measured in additional time or sessions over a certain time period.

Our audit found some children wait for services in the south. Three providers: the Division, a Non-Profit and a For-Profit, had wait periods for some children to receive services. We found the Division and For-Profit provider could have eliminated their wait period had they better managed their resources by not over servicing and using those resources for children waiting. Exhibit V summarizes the wait time for children to receive EIS.

Exhibit V

Wait Time for Services

Provider	Average Wait Time for Services	Total Wait Time as Percent of Services	Percent Over (Under) Servicing Families
State	2 mos. 18 days	6.9	5.5
Non-Profit	3 mos. 5 days	3.4	(3.8)
For-Profit	1 mo. 27 days	1.2	1.3

The Division should enhance review of services at all levels to assure data used to manage, direct and plan Nevada's EIS is accurate and reliable. Enhanced reviews will provide for a more consistent assessment process, assure families are receiving the services they require and minimize wait times.

Recommendations

3. Improve Early Intervention Services (EIS) assessments to assure families are receiving the services they require.
4. Enhance review of services to assure wait times are minimized and families are receiving the services they require.

Appendix A

Nevada State Health Division Response and Implementation Plan

BRIAN SANDOVAL
Governor

McHAFFEE,
WILLYDEN Director

STATE OF NEVADA



RICHARD WHITLEY,
Administrator

TRACEY D. GREEN, M.D.
State Health Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION

4150 Technology Way, Suite 300
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Telephone: (775) 684-4200 • Fax: (775) 684-4211

June 21, 2012

TO: Warren Lowman
Executive Branch Auditor IV

From: Richard Whitley, MS *RW*
Health Division Administrator

Subject: Early Intervention Services Audit - Attachment A

We appreciate the work on this audit and the findings. Please find the agency response below.
Thank you for the opportunity to articulate our planned actions.

Recommendations:

1. Determine the Division's statutory and other requirements and transition remaining Early Intervention Services (EIS) to community providers.

Statutory reference to the EIS program in NRS is limited to chapter 442 and the definition refers to the federal Part C definition. The Governor's and legislatively approved biennial budgets has been the form of public policy governing budget account 3208. Over the past three biennium's, the legislature has approved the Governors' budgets putting all new general fund dollars towards the growth of the private sector partnership.

The Health Division will collaborate with the Aging and Disability Services Division to develop a communication plan specific to implementing a pilot program in SFY13. The pilot will be to assure reasonableness of the operational plan, associated costs and any potential savings, as well as compliance with federal requirements for parental notice and all relevant Part C regulations. The goal would be to assure the ability to transition all services, except service coordination, over to the private sector beginning July 1, 2013, assuming the Governor and legislature approve

the budget documents requesting this change in funding.

This evaluation will be completed by December 31, 2012.

2. Evaluate lowering the monthly rate paid per child to community providers for EIS.

An evaluation of reducing the private sector rate specific to the pilot above will be completed by July 31, 2012. By December 31, 2012, the Division will evaluate the procedure codes used by the EIS program for billing third party payers and compare them to the states referenced in the audit document footnote. In addition, the Nevada Medicaid reimbursement rates for these same codes will be compared to those other state Medicaid reimbursement rates, as one mechanism for comparing market values.

Please note that our assumption is that the audit calculations were achieved by taking total revenue dollars supporting EIS programs, subtracting general fund and Part C grant funds from that total and assuming the difference is related to revenues generated by billing and/or sliding fee scales. We will be contacting the other states to determine if they have other federal or local dollars (e.g. county or municipal funds) supporting the program and assess which states may have sliding fee scales that drive up the average amount collected by the program for revenue.

3. Improve Early Intervention Services (EIS) assessments to assure families are receiving the services they require.

This recommendation is timely for process improvement in our pilot. The Health Division will work with Part C staff on this recommendation, as Part C is responsible for program compliance and federal assurances. It would be important for them to train the private sector providers and the state service coordinators at the same time so we can work towards more consistency.

On June 18th, the State and all private sector providers met and spent considerable time deliberating the best model to be used in the pilot and in the next biennium for determining eligibility and development of the initial IFSP. The final consensus was for the private sector and state service coordinator to jointly determine eligibility and develop the IFSP. The rationale was efficient use of the family's time and if the private sector has potentially under-prescribed services and the state has potentially over-prescribed services historically, that the two entities partnering may result in the best product on behalf of the child's needs.

4. Enhance review of services to assure wait times are minimized and families are receiving the services they require.

In discussing this issue with staff, it appears that much of the problem is related to the fact that service coordination is not input into TRAC. If a comparison of progress notes is made against TRAC data, there will often be more progress notes, as service coordinators (SC) serve as both

Page three
June 21, 2012

SC and they perform TRAC documented specialized instruction. They would document both services in the progress note but not in TRAC.

We do believe that it will be timely for Part C staff to complete additional training as a part of the pilot to assure that the quality assurance activities performed by all providers include evaluating these details so no child waits for a service that is over-provided for another child. We will also evaluate whether there is a software solution to track SC activities so that can assess what portion of this issue is attributable to the problem described above.

This activity will be evaluated by November 30, 2013.

RW:mw

Cc: Mike Wilken, Director, Department of Health and Human Services
Mike Torvinen, Deputy Director, Fiscal Services, DHHS
John Borrowman, Budget Analyst IV, Budget Office
Laura Freed, Senior Program Analyst, LCB
Mary Wherry, Deputy for Clinical Services
Phil Weyrick, ASO IV, Health Division

Appendix B

Timetable for Implementing Audit Recommendations

In consultation with the Division, the Division of Internal Audits categorized the four recommendations contained within this report into two separate implementation time frames (i.e., *Category 1* – less than six months; *Category 2* – more than six months). The Division should begin taking steps to implement all recommendations as soon as possible. The Division's target completion dates are incorporated from Appendix A.

Category 1: Recommendation with an anticipated implementation period of less than six months.

<u>Recommendation</u>	<u>Time Frame</u>
2. Evaluate lowering the monthly rate paid per child to community providers for EIS. (page 8)	July 2012

Category 2: Recommendations with an anticipated implementation period exceeding six months.

<u>Recommendations</u>	<u>Time Frame</u>
1. Determine statutory and other requirements and transition Early Intervention Services (EIS) to community providers. (page 8)	July 2013
3. Improve EIS assessments to assure families are receiving the services they require. (page 12)	July 2013
4. Enhance review of services to assure wait times are minimized and families are receiving the services they require. (page 12)	Nov 2013

The Division of Internal Audits shall evaluate the action taken by the Division concerning report recommendations within six months from the issuance of this report. The Division of Internal Audits must report the results of its evaluation to the Committee and the Division.

Senate Committee on Finance and
Assembly Committee on Ways and Means
Subcommittees on Human Services

Testimony on Budget Account 3208 – Nevada Early Intervention Services (NEIS)

March 4, 2021

Dear Chairwoman Ratti and Chairwoman Monroe-Moreno:

I am writing on behalf of the Early Intervention Community Providers Association (EICPA), which represents the majority of providers in our State who provide services to children ages 0-3 who are not reaching developmental milestones. As Chairs of the Joint Assembly Ways and Means and Senate Finance Subcommittee on Human Services we felt it important to express our concern about the 12% rate reduction in the Governor's Executive Budget from \$565 per child per month to \$500 per child per month. We would also like to call to your attention the implementation and continuation of the "50/50 rule" that has the State providing 50% of the services to the children and families in need and Community Providers also serving 50%.

As the Community Providers who work directly with the children and families who utilize these services, we know these proposals will reduce access to care and place additional burdens on the State at a time when the Division is being required to hold vacant (freeze) 29 positions in the Early Intervention Services budget account. We believe this will lead to a decline in care for Nevada's children who require immediate intervention at a critical time in a child's early developmental and learning years.

The EICPA has reached out to the Division of Aging and Disability Services and participate in a working group and maintain regular dialogue. We have brought forward our concerns regarding the funding proposal to the working group, but we feel it is important to bring our concerns and possible solutions directly to the policymakers and those working on the State's biennial budget.

The EICPA recognizes the enormous challenges the Executive Branch and legislators face this legislative session. Not only are there fiscal challenges but also structural and personal demands placed on our public agencies due to COVID-19. Community Providers also feel this pressure. We are committed to help find solutions with both our working group and in the State legislative processes, and believe we all share the common goal to provide the best services to Nevada's children who may need early intervention services because they are at risk of being developmentally delayed.

12% Budget Reduction:

The Governor's Recommended Budget includes a 12% reduction in the Community Provider's comprehensive service rate from \$565 to \$500 per child per month. The current rate was created to be used in conjunction with insurance reimbursement. In 2011 the rate was reduced to \$565 for all children with the request that providers seek insurance reimbursement to offset the unfunded federal mandates under the Individuals with Disabilities Education Act, or IDEA. These unfunded services often include nutrition, vision services, special instruction, translation, medical services, audiology, transportation, and processing referrals.

In July 2018, the comprehensive rate of \$565 was reduced further when the Community Providers were directed to start pro-rating the rate for children exiting before a specific date or a child transferring between programs. The comprehensive rate was always intended to be paid in full to support all services and business operations.

Potential solution:

The EICPA would propose using a portion of the Temporary Assistance for Needy Families (TANF) block grant to help retain EIS Community Provider's comprehensive rate. This rate is separate from individual medical services the child receives which can be potentially billed to Medicaid or private insurance. This solution has been shared by the Association within the working group and there has been some concern TANF dollars cannot be used to fund medical services. EICPA believes the comprehensive rate should not be considered a medical service, rather, this payment should be viewed similar to the Autism

Services Program and the Nursing Partnership Program which have recently been proposed to be funded by TANF reserve dollars. Earlier in the budget process and hearings, the Division of Welfare and Supportive Services presentations have indicated reserves of nearly \$43 million and we believe ensuring developmentally delayed children have access to the care they need, and dedicating portion of the TANF reserve is a “bridge solution” to be considered.

“50/50 Rule” Policy

The Division of Aging and Disability Services has publicly stated that the Division would like to move away from the policy of a “50/50 rule” distribution of children needing services between Community Providers and the State. It is our understanding that both the Association and Division agree that parental choice, without the mandate of a “50/50 rule”, will best serve our Nevada families. The cost to provide early intervention services varies significantly between the private and public sector. Depending on the type of analysis performed, early intervention services provided by State Agencies are anywhere from 22% to 48% more costly than the same services provided by the Community Providers. It should be noted the State does provide technical assistance and referrals to Community Providers and these costs are considered in the difference detailed above.

EICPA agrees with the Division that the best option for Nevada families is to allow for choice between Community Providers and State services. This will reduce the fiscal burden on the State because of the lower rate Community Providers can care for these youth while providing the same meaningful services. Additionally, the requirement of freezing the hiring of 29 positions will reduce the State’s capacity to serve a growing caseload. By 2023, this caseload is projected to grow by 430 cases.

Potential Solution:

The EICPA has proposed, and continues to advocate for, allowing families with children who utilize critical early intervention services to choose their provider of choice that best meets the needs of their children and families. This will also reduce the fiscal and staff demand on the State. By not requiring a “50/50” split between State services and Community Providers, Nevada puts its families that

are in immediate need in the best position to access these services on a timely basis and in a way that meets their children's individual needs.

With an anticipated caseload growth of 430 children by 2023, allowing Community Providers a potentially expanded role based on percentage, we can work together to ensure every child is given the immediate attention they deserve, and we can meet the families where they are in terms of how we deliver services. Relaxing the "50/50" requirement will also give the State additional time to eventually unfreeze and gradually onboard the 29 positions directly related to this budget account that are not recommended for hiring until FY23 (July 1, 2022).

We know that this Committee and its members face difficult decisions in balancing the budget and meeting the many needs of our State. This burden weighs heavy on all of us, and even more so as we work to rebuild an economy reeling from a global pandemic. We are grateful for your time and consideration and are committed to work with you to find solutions and continue to serve the children and families in our communities whose lives will be changed by these crucial services.

A handwritten signature in black ink, appearing to read "Robert A. Burns". The signature is stylized with a large, looped 'R' and a cursive 'Burns'.

Robert A. Burns, M.Ed., OTR/L
EICPA PRESIDENT

Email/Newsletter Recruitment (to be included with JPEG Photo)

Families,

Dr. Jenna Weglarz-Ward from the University of Nevada, Las Vegas and Dr. Kimberly Hile from the University of Alabama at Huntsville are conducting a study to better understand the experiences of families of infants and toddlers with disabilities in making decisions about childcare for their family, including the impact of COVID on your childcare needs.

You are invited to answer a series of questions on your experiences deciding about childcare, experiences with childcare programs, and perspectives on the inclusion of infants and toddlers with disabilities in childcare settings. This online survey will take approximately 10-20 minutes to complete.

Findings from this study will provide insight into families' needs related to childcare that can guide future research, policies, and programming.

This study has been reviewed and approved by the University of Nevada, Las Vegas Institutional Review Board.

To learn more or begin the survey, click on the link below:

https://unlv.co1.qualtrics.com/jfe/form/SV_5bi8HxC7CzomBBc

Thank you.

Social Media Posting (to be included with JPEG photo)

Families of infants and toddlers in early intervention! Participate in this survey about childcare experiences for families of very young children with developmental delays and disabilities across the US. To learn more or participate, go to

https://unlv.co1.qualtrics.com/jfe/form/SV_5bi8HxC7CzomBBc

Families of Infants & Toddlers with Disabilities

**To learn more or
participate, go to:**

https://unlv.co1.qualtrics.com/jfe/form/SV_5bi8HxC7CzomBBc



We are conducting research to better understand families' perspectives on seeking childcare for their infants and toddlers 0-36 months old with developmental delays and disabilities.

This research includes completing a survey about:

- Your decision-making about childcare for your family;
- Your experiences with childcare for your family;
- Your perspectives on the inclusion of infants and toddlers with developmental delays and disabilities in childcare settings; and
- Changes in your childcare during COVID19.

This online survey can be completed on your phone, tablet, or computer and will take 10-20 minutes.

The results of this study will help us better understand the needs of families in finding high quality childcare experiences for their families.

This study has been reviewed and approved by the UNLV Institutional Review Board. Questions? Contact Dr. Weglarz-Ward at jenna.weglarz-ward@unlv.edu or Dr. Kimberly Hile at kimberly.hile@uah.edu

Families of Infants & Toddlers with Disabilities

**To learn more or
participate, go to:**

https://unlv.co1.qualtrics.com/jfe/form/SV_5bi8HxC7CzomBBc



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COMPLAINT INVESTIGATION LOG

Program	Issue	Complaint Number	Date Filed	Investigator	Report Released	Part C Response	Follow-up CA Due	Child Resolution
NEIS NW (RENO)	Failure to provide effective virtual PT services, out of pocket expenses	202101	2/11/21	Eking	4/2/21	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
The Continuum	Failure to provide effective virtual services, lack of parent choice, out of pocket expenses	202102	3/25/21	Sfyfe				