



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIRECTOR'S OFFICE
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MEETING MINUTES

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

Date and Time of Meeting: April 28, 2022, 10:00 a.m.

Meeting was held virtually and in person at:

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To Attend in Person: 2000 E. William St., Suite 105, Carson City, NV 89701

MINUTES

I. Call to Order and Welcome

Chair, Sherry Waugh, welcomed all on the call. A quorum of members was present, and the meeting was called to order at 10:03 am.

Members Present: Dawn Brooks, Valeria Gundersen, Kellie Hess, Kristin Hoxie, Lisa Hunt, Robin Kincaid, Sandra LaPalm, Janice Lee, Catherine M. Nielsen, Cathleen Rexing, Karen Shaw, Keana Sullivan, Brittany Toth, Sherry Waugh

Members Absent: Andre Haynes, Crystal Johnson, Rhonda Lawrence, Kate Osti, Jenna Weglarz-Ward

Public Attendees: Dana Aronson, Capability Health and Human Services (CHHS); Jessica Bland, Nevada Early Intervention Services (NEIS) Las Vegas; Robert Burns, Therapy Management Group (TMG); Abbie Chalupnik, Aging and Disability Services Division (ADSD) Children's Services Quality Assurance; Michael Chittenden, Health Management Analysts (HMA); Brian Evans, The Perkins Company; Karen Frisk, NEIS Elko; Jeffrey Haag, ADSD; Sarah Horsman-Ploeger, NEIS Reno; Randi Humes, NEIS; Lisa Hung, Public; Jessica Jersey, CHHS; Amy Kowalski, CHHS; Marnie Lancz, TMG; Jennifer Loiacano, TMG; Lisa Manning, CHHS; Jamelle Nance, Public;

Julie Ortiz, Advanced Pediatric Therapies (APT); Stephen Pawlowski, HMA; Rique Robb, ASD; Monique Robinson, MDDA; Jessica Roew, NEIS Carson; Carissa Russell, ASD Children's Services Quality Assurance; Dominique Seck, Department of Health and Human Services; Sarah Sills, NEIS Reno; Perry Smith, Early Hearing Detection and Intervention Program; Shannon Sprout, ASD; Debra Stewart, MDDA; Fatima Taylor, NEIS Las Vegas; Diana Unaite, ASD Children's Services Quality Assurance; Lindsay Wood-Lopez, NEIS Las Vegas

Part C Staff Present: Mary Garrison, Lori Ann Malina-Lovell, Jalin McSwyne, Melissa L. Slayden

II. Public Comment

This is Catherine Nielsen for the record from the Nevada Governor's Council on Developmental Disabilities. The registration is still open for a few more weeks for our Silver State Self-Advocacy Conference in Las Vegas for this year. It is free attendance for people with intellectual and developmental disabilities and for family members or professionals that work in this community. We are very excited to have this conference available. We do have travel assistance as well, so if anybody needs assistance getting there or staying there while they are there, please let us know. We hope you will consider registering. Thank you, and we are also looking for speakers.

III. Approval of the Minutes from the January 11, 2022, Meeting (For Possible Action)

Ms. Waugh asked the council to review the minutes from January 11, 2022. The following edits were noted: Correct Stephen Pawlowski's name spelling throughout minutes, Correct Catherine Nielsen's name spelling throughout minutes, Correct Cathleen Rexing's name spelling throughout minutes.

MOTION: Approve minutes with corrections noted

BY: Cathleen Rexing

SECOND: Dawn Brooks

VOTE: PASSED

IV. Discuss, Nominate and Approve New Nevada Early Hearing Detection and Intervention Interagency Coordinating Council (ICC) Parent Representative Co-Chair (For Possible Action)

Mary Garrison requested nominees for the parent co-chair position. With no immediate interest in this position, this agenda item was moved to the next meeting. Ms. Garrison informed the council she would reach out to the ICC parent representatives with information regarding the co-chair position.

V. Nevada Early Hearing Detection and Intervention (EHDI) Program Processes and Outcomes

Perry Smith addressed the council, thank you for allowing me to be here I am the Early Hearing Detection and Intervention Coordinator for the State of Nevada. If you are not aware of what that program is, it is a federally funded program. Every state and territory in the union has an Early Hearing Detection and Intervention (EHDI) program. The purpose of the EHDI program is to ensure all children in Nevada are screened for hearing loss at birth, and that those identified with hearing loss received timely and appropriate audiological education and medical intervention. What we really do, is we work very closely with the hospitals to make sure that all newborns receive a hearing screening before they leave the hospital, and those who do not pass that screening receive a second screening or a follow-up screening. All this should be done before one month of age, and if those infants do not pass that screen, they are then referred to and are seen by a pediatric audiologist to have that screen either confirmed or receive an official diagnosis of either being deaf or hard of hearing. If they are diagnosed, then we ensure that they are enrolled in and receive follow up through Nevada's Early Intervention Services. We are part of the Nevada Division of Public and Behavioral

Health and our offices are in Carson City, NV. Our data does not become official until we submit it to the Center for Disease Control (CDC) every year. We are required to collect extensive records on these infants and their follow up, and then report that to the CDC. Once that is reported, then we produce documents like this one that is being shared. This report is for the year 2020 data. In 2020, there were 33,259 births in Nevada. If you look down this chart it is color coded in purple which shows the statistics related to newborn hearing screenings in Nevada. We screen about 97% of all the births, which is very good. This was the first year of COVID-19, and our numbers did not drop much. You can see how many passed, how many did not pass, and then over on the right-hand side you can see those that were not screened and then a partial list of why they were not screened. There were a few different reasons why. There were 391 home births that were not screened. A couple years ago we instituted a program for midwives. It is called the Midwife Project where we put hearing screening equipment in the hands of selected midwives so they can screen infants. We are currently in the process of expanding that. We were able to acquire some additional screening equipment, plus we have changed some of the rules in this project. We are allowing midwives to screen other midwives' infants, so we are hoping to see that home birth number drop and more of those infants receive this screening. Looking at the green colored boxes, these are diagnostic audiology of those infants who did not pass the hearing screening. They are referred for diagnostic testing, and we ideally should have referred 478 infants. If you look at the numbers in that larger box in green, only 37% of those received diagnostic testing again. That number is significantly lower than what we have seen in previous years. We are currently working with our hospitals to make referrals for diagnostics, and we are also working with the pediatric audiologists in the state to make sure that this part of the process is followed. We have some unique challenges here in our state related to urban versus rural and access to appropriate services. We have very few pediatric audiologists in our state, and they tend to be clustered either the Reno/Carson City area or the Las Vegas area. If you have a child living in Ely, Nevada it is very difficult to get services. You must travel quite a way, so that is an ongoing challenge that we are working with. The red boxes we are looking at are related to Early Intervention. One of the most important things in Nevada we have a high percentage rate of infants being referred to Early Intervention. We have been recognized on a national level because our numbers are so high. This shows 95%, and again this was a COVID-19 year, so it is usually higher than that. We are in a unique situation because of this. The main reason that happens is our pediatric audiologists are typically employed by Nevada Early Intervention Services (NEIS). The referral from audiology to down the hall at NEIS is very easy. We are glad for that, and those numbers tend to be quite high for us as a state. From the above graph we learned that there were 40 infants who were diagnosed as being deaf or hard of hearing, which equates to 80 ears. This chart shows that was the degree of hearing loss in each one of those 80 ears. On the chart above, 18.8 of those ears had normal hearing. That is important because it lets us know that of those 40 infants, that percentage of the ears had normal hearing. It shows us that when an infant is diagnosed as being deaf or hard of hearing, it does not necessarily mean that both ears receive the same diagnosis. One ear may be normal, and the other ear may be more severe or vice versa. So, you can see how the various ears break out within our data. During this year there were 40 infants who were diagnosed as being deaf, and that is an incorrect assumption. What it means is there were 40 infants who were diagnosed as being deaf or hard of hearing where one ear may be considered deaf and the other may be mild hearing loss, so that is important that people understand and kind of realize that we are looking at ears on this chart. Another challenge that we have in Nevada in addition to our rural and urban demographic geographical characteristics and issues related to access to services is making sure our infants are receiving an appropriate audiological service and there are challenges there in several different ways. One is the number of trained pediatric audiologists that are within the state. I mentioned that we have individuals in the Reno and the Las Vegas area, but not in any of the other communities. That is a challenge. The other one is sometimes these infants are referred to someone that is not an audiologist. That may be a physician, and they are frequently not receiving the most

appropriate follow up or diagnostic testing. This document is one that we have begun using and it is written and tailored for hospitals. It is geared so everyone is on the same page related to what the proper follow up procedures are for these infants and to make sure that they are having that diagnostic testing done. If it is confirmed that there was a hearing loss, they are immediately referred into Early Intervention Services. Because we know pediatric audiology is a challenge, we have provided these services. This will be updated as the data changes, but we have provided locations, phone numbers, and addresses for pediatric audiologists. There is also a website, www.ehdi-pals.org, which is an amazing website geared for anyone who is trying to find an audiologist for services. We use that a lot, and we tell people to go to that website where they can type in their information, and it will give them a list of audiologists within their state or area that has the skills and equipment to provide the services that they are needing.

VI. ICC Subcommittees – Review and discuss current activities

i. Family Support Resource Subcommittee

Ms. Garrison shared that we have struggled to get quorum and a representative to oversee the Family Support Resource Subcommittee. I will be reaching out to the members of the ICC within the next month to see who may be interested in chairing this subcommittee so that we can reconvene meetings.

ii. Child Find Subcommittee

a. Minutes from December 1, 2021, Meeting

Ms. Garrison shared that the last meeting was March 17, 2022, and the subcommittee was able to meet, but we can only share the minutes that have been approved by the subcommittee. The next meeting is scheduled for June 23, 2022.

iii. Equity Subcommittee

Co-chair, Abbie Galuppi, shared that we have met three (3) times, once in October and once in November, and then again in April. We have ten (10) subcommittee members and two (2) co-chairs, and Mr. Andre Haynes. We spent a lot of time working on our mission and vision statement, but we want to be sure that we include what Nevada is and who the Nevada people are, so we are going to spend a little extra time to digest what we discussed. Some of the items discussed are inequities in access and technology in the rural areas, as well as some Child Find and outreach activities in the communities. Ethnic groups discussed were black, indigenous, and people of color (BIPOC), Pacific Islander, Asian, Native Hawaiian, Native American, and Native Alaskans along with other communities of color in Nevada. We determined our first goal is the technology and access in the rural areas, which traverses to some of our BIPOC communities. We will spend some time focusing on that goal first and our second goal we want to make sure that we spend some time doing outreach in some non-traditional areas and communities in the entire state. I just want to point out that in Nevada, 50% of the population is ethnically diverse, so I want to express some gratitude to the Governor and Director Whitley from my division, for recognizing and proclaiming that there is a crisis in the BIPOC communities. Our next meeting is going to take place on May 19, 2022, from 1:00 to 3:00 pm.

VII. Aging and Disability Services Division Updates

i. Early Intervention Updates

Sarah Horsman-Ploeger shared that we are still in phase 3.5 of our re-entry, so we are going into homes, childcare centers, etc., but remain wearing masks and continue to conduct screenings. I know a lot of programs have resumed play groups, so we will be meeting with our physicians on May 11, 2022, to go over questions about protocols and screenings just to help our staff provide more language to families who are maybe struggling with some of our safety protocols.

ii. Update on Early Intervention Comprehensive Data System Request for Proposal

Jeff Haag shared that the group is currently reviewing requirements and that process has been going very well. There is a team comprised of Part C, ASD, NEIS, and community partner staff that evaluated proposals from lots of folks out there in the community. We have selected one (1), we are in negotiations currently, so we are limited on what we can say. Those negotiations are going along very well, and we are trying to take a contract to the Board of Examiners meeting soon.

iii. Early Intervention Program Highlights (Information Only)

iv. Programs Highlights

Sandra LaPalm shared that NEIS-Northeast has been able to get back to playgroups and had a very successful playgroup in April 2022. We had a few Child Find activities last Saturday that were very well attended by the community and NEIS staff. Karen Frisk shared that NEIS-Northeast Administrative Assistants are fully staffed in all three (3) of their offices. We are still looking for potential Developmental Specialists (DS). We have a couple openings. We are running our Pyramid Playgroup which have been very successful with families. These have been instrumental to our Child Find activities. We are also collaborating with our other offices, such as Reno, for audiology. Dr. O'Hara has been coming to Elko bi-monthly to see kids, so that has been very nice for those families, especially since we also went down to Ely and were able to see families down there. We are very excited to have audiology services coming out here to see some of our families.

Jessica Bland shared that NEIS-Northeast and Carson are all considered one region, so our updates are combined. Carson is fully staffed now, so we have had a new DS4 join us to fill out our team of three (3). We have had a couple new DS's join us as well, so we are really excited to have all that training taking place now. We are in communications with Quality Assurance to talk about joining our Pyramid Model Program Leadership Team with NEIS-NE.

Julie Ortiz from APT said we are in the same situation as the other programs. We are thrilled to be back face to face. We get questions and comments constantly from families regarding masks and the screeners. I know they are getting anxious to hear about the updates we may be hearing in early May. We have recently brought on two (2) new DS's and have another one starting in May, as well as a new speech, physical therapist, and occupational therapist. Referrals do not seem to be slowing down, so we are all busy trying to get everybody trained to continue with timely and high-quality services for our families.

Fatima from NEIS South introduced Jessica Bland for some of their updates. Fatima shared that the south has been getting back into in person, Child Find events, which has been exciting. We have been busy for March and April, with Child Find events and getting back out into the

community has been good. I think it is boosting morale for us as well. We also have been in collaboration with the Part C Office, and it has been great to have their assistance in providing funding for some professional training before the end of the fiscal year. Staff are very excited about that, and conferences like the Division of Early Childhood, is exciting and a great morale booster as well for the teams.

Jessica Bland with NEIS South stated we are reaching out to the community to provide resources. As we were discussing before, we are still in Phase 3.5. Something that we are working on, and we are going to start to continue to add to our training piece with our new staff, is playgroup procedures. Since it has been a while since we have done playgroups, it is something we must start to do refreshers on and then it will be incorporated into our hiring and in our mentoring piece. I will add that we are in a similar situation as the frontier areas, we are doing some recruiting as well. We just wrapped up interviews this week and then we have some potential recruits coming up as well for our DS positions that will start in May. We have more contractor staff starting in May as well, and we are excited because we are almost at full capacity on DS positions. This is exciting for us in Las Vegas because that is not usually the norm. We are excited to almost be there, so we are going to keep our fingers crossed.

VIII. Nevada Early Intervention Services System Study Update from Health Management Analysts

Stephen Pawlowski addressed the council and stated that Burns Associates Division of Health Management Associates (HMA) means that we sold our company HMA a few years ago. We have been contracted by Part C and ADSD to assist with a review of the broad administration of the Part C program in Nevada. Our conversations revolved around reviewing provider reimbursement rates, so the contract providers are being paid for delivering services, the way they are being paid, and the division of responsibility for service delivery between ADSD and the contracted providers. Collectively, ADSD, Part C, and HMA on the consulting side thought it would be an opportune time to take a broader look at system performance and to do some outreach to individuals involved and the system providers delivering services to get their perspectives as well as to do some benchmarking work about whether mountain west states are administering to their programs. We want to see if there are opportunities to improve the way early intervention services are delivered within Nevada. In terms of the way the project, analysis, or evaluation is laid out it really is covering a handful of high-level topical domains that start with an overall perspective about the state of the Part C program within Nevada, the structure of the programs, and its performance obviously. Some readers of this report are not going to be overly familiar with Part C under IDEA or early intervention services. We need to provide a little bit of perspective about the kind of premise of the program, why it is efficacious, how it is funded, and how it is ultimately delivered here in Nevada. Another domain covers topics related to personnel, so who it is that is responsible for delivering services. As folks on this call are well familiar with and was illustrated in that list of services, a lot of qualifications revolve around licensed professionals, the various therapeutic disciplines, or an audiologist, but we also want to focus on how qualifications for developmental specialists in Nevada compared to other states because that is one area where there is a pretty significant degree of variability across the states in terms of who qualified to deliver that developmental specialist service within that personnel domain. We will be looking at current wages and benefit levels within the programs, as well as how those wages and benefits compare to the broader industry. As an example, and I'll touch upon this a little bit more in a minute, we conducted a provider survey for those contact providers and one of the key questions is how much they are paying their service providing staff. How much are they paying their occupational therapists and their physical therapists and their developmental specialists and the like, but we want to then compare those results to what we see as the broader market for therapists.

For example, within Nevada, are the content providers able to pay competitive wages based upon their current revenues or are they paying submarket wages. We will look at the training that is available to contract providers, the efficacy of that training, and what other folks' perspectives are about the qualifications and abilities of the staff who are delivering services. I will also note, this will become a theme when we are talking about the reimbursement side as well. We also want to consider the availability of staff across the state, as all of you know better than I do, Nevada has a few urbanized areas and then vast rural and frontier regions. So, to what extent are professionals available throughout the state, and does that availability or lack thereof impact the necessary compensation for those staff and how that relates to the question of equity in terms of accessing services. Do we see disparities in things like referrals and the number of kids receiving services based on various demographic factors. Equity is not just limited to race and ethnicity, but things like language and family income. What sort of differences do we see and how does that potentially impact the way that the system needs to think about how families are made aware of early intervention services through outreach and eligibility processes. We will also do a review of two (2) fiscal controls within the system. A lot of the system is driven off the Code of Federal Regulations (CFR), which is the Code of Federal Regulations that governs the federal Part C grant. A lot of the language within those CFR's is related to physical control, so things such as ensuring that Part C is the payor of last resort. Even though Nevada is looking for a new data system, I think there is still value in including consideration of the data systems as part of our benchmarking work with the other mountain states. I saved the initial task for last, which is the question of provider reimbursement, and that really breaks down to three (3) different sub domains. The first and most obvious is the amount being paid to contract providers, and the method for paying them. I am sure folks are aware, currently programs are reimbursed on a case rate basis, rather than a fee for service basis. The rate has not changed in quite some time, so is the rate appropriate and is the manner of paying still the most advantageous to individuals receiving services? Families receiving services, as well as service providers, were contracted providers consideration of the division responsibility between ADSD and contract providers. This includes a split between the rural areas, primarily served by ADSD. The more urban areas are primarily served by contract providers. Does that continue to make the most sense or should there be consideration to change that structure. The third sub domain within this broader category is the question of making sure that we are maximizing other revenue sources attributed to this as part of that conversation on fiscal controls, where the CFR's make Part C the payor of last resort. This relates to ensuring that when appropriate and when parental permission has been granted for billing, the family's private insurance is being billed. The same thing is true on the Medicaid side, and that applies both to services provided through ADSD as well as through contract providers. These are the three (3) topical areas that comprise the broader question of reimbursement for services. That is what we are covering in terms of our process, again at a high level it involves several different activities, the first is just a review of policy documents, billing records etc. This will help provide the foundation and performance measures. I should also add to the list the foundation of the review of the current structure of the programs, as well as its performance. So, making sure that ultimately when we are making recommendations, we are tying it back to the structure that Nevada has put in place as it relates to the question of provider reimbursements. A big part of what me and my organization have historically done, and whenever we do a rate study, we conduct a provider survey to gather information from providers related to the cost that they are incurring as well as some of the details of their service delivery, so caseloads that they are carrying, the average amount of services that individuals receive, the typical length of a service, the mileage that's being incurred to drive between locations when services are being delivered in the natural environment, and the like. We always supplement that with benchmark results as well, or cost data from other sources. The reason for that is because we have found over the many years that we have been doing this type of work that providers expenses are oftentimes driven by the revenue that they are receiving from the state. If their rates are lower, the providers cost are going to be artificially depressed

and so, for that reason we want to do the type of benchmarking work I mentioned. We talk to personnel, so we know what providers report they are paying their staff presently, but how does that compare to the market for the similar staff. We know there are lots of opportunities for a speech language pathologist (SLP) to get a job that is not just limited to early intervention services. We need to ensure that when we are talking about provider reimbursement that what we have built in for compensation to SLP's is driven by what the market requires rather than necessarily what providers are paying today. The benchmarking work goes beyond of course just the question of provider reimbursement, so as we were thinking about recommendations on the operations of the program, we want to look at what other states are doing and what we decide is that for the most part we are going to look at other states within our collective neighborhood. I live here in Arizona, but we want to focus on other states that are within the mountain west. We have chosen five (5) or six (6) other states that are all within the region, Colorado, Utah, Arizona, New Mexico, California, Oregon, but that is not to say that any one state has all the answers about how best to manage any aspect of the program. We want to see if there are lessons to be learned, or best practices, or at a minimum just alternative approaches to each of those individual domains that I covered. That benchmarking work covers a lot of different topics, it looks at overall program's operations, it looks at some of the costs including those high-level categorizations of work. We will also be reaching out further to both service providers as well as to families and other stakeholders to gather a quantitative method. We will be looking at their feedback about the current situation of early intervention within Nevada, where they think is working well, where they see potential opportunities for improvement, and the like. That will be supplemental to the provider cost. Some of the non-reimbursement questions that we have out there in terms of the availability of training for staff who are providing services, the satisfaction level with services that families are receiving, and the like. Ultimately, I hope that when we have those instruments ready to go, we can share them with this group, and you can both participate as well as evaluate the need for other folks to provide input through that process. To be respectful of your time, I think that is an overview of what this is we are doing, both what we are looking at and how it is we are going to look at it. What I will wrap up with is just a status update of where we are currently. A big part of our focus in consultation with our state partners at ASD and Part C has been that provider reimbursement question, and the reason for that is because there are potentially going to be fiscal or financial implications associated with the recommendations that we make. To be blunter about it, if we recommend a rate increase it is not as if the departments have a pile of gold on which it is sitting to simply implement those recommendations. It is likely going to need to be done through the budgetary process. I am not sure how familiar folks are with a budgetary process that states employ, but those are really time consuming, so although the next fiscal year doesn't start until July 2023, the work being done to prepare for that 2023 fiscal year really starts to happen in earnest late this spring and early this summer. You will need to start working internally within the agencies to make decisions about priorities that you are going to be pursuing and start to quantify the request that you might ultimately be making that needs to be vetted through the executive branch of government and before recommendations are made to the legislative branch of government. That can then be debated during the legislative session the following year, so although we are talking about something that won't take place for another 14 months or so, there is still the need to get moving. So, we can start to get a sense of what the potential financial implications are, that is where our focus has really lived. We have completed the provider survey I mentioned. We got good participation in that. We have conducted the analysis of those results. We have identified many of the other sources of data that we will use to inform our recommendations and we are very close to formulating recommendations around those three (3) topical areas. Most importantly to the providers is how much they are being paid and how they are being paid, but then also consideration of the division of responsibility between ASD and the contract providers, as well as that question about the current procedures in place around third-party liability or billing Medicaid and commercial insurance.

There is still a fair amount of work to be done to get there, so it may not quite come to pass but that is what we are shooting towards. That will be that comprehensive set of recommendations around the overall reimbursement scheme for early intervention services within Nevada. Outside of that we have been developing the work plans for each of the individual domains so that we are on the same page with our state partners about what it is we are going to be looking at within each of those high-level domains I covered, as well as the data sources that will be using the types of analysis that we will be performing. In other words, putting together an analysis plan so that we are moving smartly ahead on those and so that everyone is going to be aware of what the final content is going to be, not necessarily the results but at least the plan will be agreed upon and we can start completing.

IX. IDEA Part C Information and Reports

- i. Update on the Nevada Pyramid Model Implementation**
- ii. National Training Institute on Effective Practices Annual National Conference 2022**
- iii. The Pyramid Consortium eModules**

Updates for items i, ii, and iii, are all below.

Melissa Slayden shared that we went to the National Training Institute (NTI) Conference last week. Our staff here in the Part C Office were able to go to that and really boost our learning. We also presented as a state. We learned from folks from across the country from a multitude of different agencies and arenas. I was able to meet with early intervention and early childhood mental health counselors, and I went to a few talks on racial bias and equity throughout our system. We also were able to see how other states have started to implement the pyramid model in their Part C programs, and whether those are a zero (0) to eight (8). We also were able to see whether they onboarded their early intervention group into their Pyramid Practices or like ourselves have just started where we were a few years ago with implementing in their Part C. We were able to network, Mary and I, and after our presentation we were invited to speak to a group of professionals in Utah about Nevada's Pyramid implementation in Part C. I know Janice Lee was there. Do you want to speak?

Janice Lee stated, I presented also in a different section. I think our sessions overlapped so I was not able to attend our Part C presentation, but there were lots of great national level speakers. They had 11 concurrent sessions during the sessions, so there was a lot to choose from. I have been attending NTI for many years, so to see a lot of early intervention representation was fantastic, as well as family childcare. There has been a lot of great progress around Pyramid Model, nationally and internationally. We attended state day where pyramid work at a state level is happening in 32 states and territories, as well as internationally. It is an amazing conference to connect around supporting social and emotional learning and skills and how to prevent and address challenging behavior.

Mary Garrison shared; I also attended the NTI conference I learned new strategies that we can use within early intervention. It was surprising to me to see how many states have not even thought of implementing the Pyramid Model in early intervention and for those who thought of it shared it is a daunting task. For all of us on our State Leadership Team (SLT) and our programs who have started implementation, we know that can be a daunting task, but it is so worth it. We had amazing feedback on the poster that we displayed. One of the next things that is in the works for the Nevada Pyramid Model is we are in the process of creating, with the assistance of Rob Corso from the Pyramid Consortium and members of our SLT, eModules for several of the

trainings that have previously been provided by the Quality Assurance team. Thank you so much for those fabulous trainings that you have done. We want to continue with that professional development and make it something that can be done according to the schedule of the providers while freeing up some time for the Quality Assurance staff. The eModules will be available through the Pyramid Consortium, and we will have access to those for seven (7) years with the opportunity to renew that contract with them. We will also have the opportunity to purchase additional eModules as we see fit. The wonderful thing about this, as I was saying before, it allows the providers and staff who are completing this to do it on their own time. They can stop and start those trainings as they see fit and can continue to watch on their own schedule. It is hard when you must tell your staff they need to be in a 2-day training, and we cannot utilize you for anything else while you do that. This will free up some time for staff and allow them that flexibility in completing the training. For the staff who have already completed the training in the past, they will be able to utilize these as refreshers which is also very exciting.

iv. Update on Division of Early Childhood (DEC) 38th Annual International Conference on Young Children with Special Needs and Their Families

Lori Ann Malina-Lovell shared; we have a professional development opportunity coming up. As Fatima mentioned earlier, you know our state has been facing a critical staff shortage and one of the priorities we are trying to strategically address is improving our workforce and improving retention. One way that we are seeking to do that is through professional development opportunities. There are numerous trainings being provided throughout the state, as shared earlier, for this professional development opportunity. This conference is being provided by the Division for Early Childhood, or the DEC, and they are the leading center under the Office of Special Education Programs (OSEP), providing accounting for all early intervention and early childhood special education occurring in the country. They also promote recommended best practices. They hold this conference annually, and it is very exciting that this year they are returning to an in-person platform, whereas in the last couple of years due to COVID-19 the conference was provided virtually. While we wish that we could sponsor all our direct service personnel to attend, but because of our budget we can only afford to send so many individuals. We are looking for a group of approximately 30 or so professionals to send to this conference. We are prioritizing those who are directly related to our State Systemic Improvement Plan (SSIP). As you know, the SSIP is a requirement under OSEP. For those who are involved in the NV Pyramid Model, which is promoting and enhancing the development of young children's social-emotional development, we are looking at those individuals as a priority to provide this as an incentive and something that will support them in their careers and longevity within our state. We really want to acknowledge those who are program coaches and practitioner coaches, those dealing with data, and those who are part of our State Leadership Team. Currently, we are collaborating with the ADSD, the Director's Office Fiscal Team, and with the Director's Office Travel Clerks. We are also collaborating with the DEC Conference staff who just within the last day or two (2) provided us a discount code for registrations. We are also collaborating with the Hilton Hotel in Chicago where the conference will be scheduled, and they are providing us a link just for our state with rooms under a block of the DEC discounted rooms. Everything is starting to fall together; we are preparing an electronic travel packet to send out to the individuals who we can invite. We are hoping that funding will allow us to do this again in coming years because there is so many wonderful early interventionists. We would love to provide this to everyone in the future if the budget allows, but for this year we should have some report outs back to you guys in the October ICC meeting. One of the requirements is that those who do attend and who we are covering

travel and registration for, we are asking that they share out in a future ICC meeting, a future professional development training, or leadership team meeting. We are also asking staff who will be attending to support Nevada during the DEC conference, because Nevada will be presenting. We want to acknowledge that Abbie Chalupnik from the Quality Assurance team who is our primary program coach for NV Pyramid Model, along with the other program coaches on the wonderful Quality Assurance team. They are doing such a fabulous job, and our National TA advisors for the Pyramid Model requested that Abbie present alongside them. She has graciously agreed, so they are going to be scheduled to present during this conference. So, Nevada will be there to root and cheer on the Pyramid Model presenters who will be proudly sharing about Nevada's efforts at an international level.

v. Update on Association for Education and Rehabilitation of the Blind and Visually Impaired (AER) 2022 International Conference

Lori Ann shared that Edie King has been reaching out to the teachers of the visually impaired throughout the state, and there are approximately five (5) of those individuals that we are extending this professional development opportunity to. Again, for the same reasons that I had mentioned earlier we are strategically endeavoring to support professional development to improve our workforce and to retain staff, and this conference is scheduled for this summer in July.

We did have an EHDI conference for those who work with the deaf and hearing impaired, which occurred last month. I thank everyone who attended and assisted with that virtual conference.

vi. Complaint Matrix

Lori Ann stated that the Part C office would like to provide an update regarding complaints that are occurring in our system. This is a standing agenda item. We do not have any complaints in the system being investigated at this time. There was one family that did initiate a complaint. That family did discuss with us their concerns, and we also discussed the concerns with the program. The family felt that their concerns were addressed and there was a resolution, so the family decided to withdraw the complaint. There are some cultural shifts occurring in our system as programs and families see the changes occurring for Phase 3.5 with the return to homes and territories. With that comes protocols that we must be careful to observe, such as mask guidance, even though mask guidance was lifted for the public in the state of Nevada. Mask guidance is still being reinforced for early intervention visits, just as it is if you were to be seen in a doctor's offices or health care facility. We still require adults to use mask and to encourage that as well for little ones two (2) years and older. From time to time, we struggle with families who are still trying to understand that concept, so we ask programs to please support them where they are, and to find solutions so that those families can receive their services in the natural environment. Other concerns that we hear from time to time include some misunderstanding between families and programs regarding programs being back in the home. We just want to be clear that we have already discussed with our ASD and community partners the return to the homes is available for all families, and there are steps that programs can take if they are not able to provide that. We really want to minimize any transfer of programs for these families, and we want to make sure that we are promoting continuity of services. Telehealth was the norm during the pandemic for the first year and a half and it is still available at this time for those who need that or who would request that. As mentioned earlier, services in the home are the primary option that families

should be receiving. That is just a little recap of what is occurring in our system in terms of complaints and concerns.

vii. Yellow Bar Report for State Fiscal Year 2022

viii. Delayed Services Report

Melissa shared that some of the issues I found is some of the notes that are being put in TRAC are being buried within progress notes as opposed to being coded as a “45-day missed due to parent” or “45-day missed due to program”. I think that these numbers could reflect better on our system when I pull those children that are not eligible. I did not pull their eligibility dates, so those are going to be empty as well. I can pull that information, and I spoke with the liaisons. If you want to see children that have an outstanding lack of notes for documented exceptions, I would be happy to get that to you. I found that some folks in programs are saying that it is an exit without an IFSP, even though the child has had an IFSP before, so that is something we will be addressing through some brief technical assistance and talking to programs managers.

Melissa continued to share that these are only children that exited on their third birthday, with Part B eligibility not determined, or Part B eligible, and numbers are going to seem smaller than they should. These other children did not receive a transition meeting within the appropriate timeline, and for every kid out there that’s missing the timeline, it is a direct issue for the child, and I found there were 78 timeline issues, I only found 4 notes that were coded properly within the system for those transitions.

ix. Regional CAPTA Referrals

Randi Humes stated, I am a Management Analyst (MA) for Early Intervention Services. I want to note that the Early Intervention MA team is providing clean up to programs regarding delayed services. The MA team has not added any cleanup to programs regarding delayed services specifically, we have however provided quarterly cleanup to programs with regards to missing and conflicting elements that may impact the data needed for future migration into a new data system. It was not specific to services that are delayed or missing TRAC notes. Historically, any of the cleanup for programs regarding those delayed services specifically and the lack of sufficient TRAC notes has typically fallen in Part C’s jurisdiction. We just wanted to make sure that is stated on the record and that we have not provided any cleanup regarding delayed services and TRAC notes specifically to those programs.

The next thing here is our CAPTA report. The included CAPTA related data were provided to Part C by the Early Interventions Management Analyst team on behalf of programs. This is a monthly regional count that the MA team has obtained during our monthly referral validation process. Based on data available at that time in the TRAC 4 Data System, these data do include children who have been identified as a CAPTA referral to those programs within the month outlined, and please note that Carson City and the Northeast region includes their outlying areas of Ely, Winnemucca, Elko, and the other rural outlying areas have all been combined as a representation of rural offices. We do have these data available, and we can see that they go back a couple fiscal years just to act as a comparison point for the council, Part C, and programs.

X. Update on District Transition Concerns

Lori Ann addressed the transition concerns from several months ago, we had heard from families, specifically in the Northern regions, regarding some wait times happening upon exit from early intervention when moving on to Part B services and Early Childhood Special Education. Some families were being told their children would not be able to get into preschool by the end of this school year and would need to wait for the start of the next school year for their children. This left those families at a crossroads. Schools were full in their preschool classrooms, and the best they could do was to have the children ready to start at the next school year. We received support in addressing this concern. To support those programs and those families we reached out to Nevada PEP, Robin Kincaid, who was very gracious and generous with her time. Robin did attend a statewide technical assistance call with our state and community partners and provided some good advising for programs to navigate the process of supporting these families. We also reached out to our Department of Education contacts. Thank you again to Cat Rexing for meeting with us. Cat is one of our ICC members. We also met with the Office of Inclusions, Director Julie Bowers. They also provided support, saying that they would investigate those reports from families and programs, but they wanted to remind everyone that families still have those same rights and responsibilities to access and address these concerns. They can request support from the Department of Education representatives that can attend alongside them when meeting with school districts for evaluations and Individual Education Plan's (IEP). Families may also follow up with an advocate for themselves as needed. From the last communication we had with the Department of Education, an investigation was underway to investigate these claims. We have not been updated regarding any further concerns from families.

Cat Rexing stated, if we could talk more about what's happening in California. I have been reading this report that you shared with me about Part C to B for California children, work group recommendations. This report that California did, they talked about some recommendations. I am understanding that this transition from Part C to B, where children missed their services, they received services later. It is something that has been occurring, this is not just a one-time situation and boom, we fix it. We need a plan for Part B and C to really take the time to look at what other recommendations are, if it is an investigation every time.

Valeria Anderson addressed the council, stating thank you so much. I want to tell you because I do have one of my girls in the preschool program right now through Clark County School District. Where some of the complaints are going to come in, and this was principal driven, is as far as the children progressing from the previous year to the next year. Legislation did make changes as far as when they turned five (5), they must be (five) 5 from the first day of school. Here is where it gets tricky though, due to COVID-19 they did not do the prescreening for that program prior to the first day of school last year. For the current school year, which is the 2021-2022, school year, even though my child attended the first day of school on August 9, 2021, it was considered the evaluation day instead of them completing it during the summer. They typically do that but are not allowed to do the evaluation in summer like it is typically done, so they waited until the first day of school. Now those children are not considered as attending a full, complete year, if that makes any sense. Some of these parents are now saying, wait a second, I was counting on my child being able to attend a full day of school next year because they completed the school year, but that was principal based, so it is unfortunate that the principal is no longer there because she retired. Some of those parents are left with thinking, oh my gosh my child was going to be able to go to kindergarten, and now they are not. They must redo a half day program because of a choice that the principal made. I think that that is where the uproar is coming from, so you will probably

be getting even more questioning on that because these children will be able going to a half day program, but they were supposed to progress to a full day program.

xi. 2021 Family Survey Comments

xii. 2022 Family Survey Preliminary Results

Ms. Malina-Lovell shared that we utilized this data in our annual performance report (APR), and we also use this for overall evaluation and programming we did. Our team that led this was Shari Fyfe and our Administrative Assistants, with some help from Melissa Slayden. What the team had noticed was approximately half of the respondents had stated that telehealth was a challenge for them over the last year, so these families had felt that in home services would have been more beneficial for them. We have moved into Phase 3.5, so we are hoping to see some new feedback for the family survey that just went out in which we have been receiving a good volume of responses.

xiii. Federal Updates-Annual Performance Report (APR), State Systemic Improvement Plan (SSIP)

Ms. Malina-Lovell shared that the APR, which all of you spent considerable amounts of time helping us to review in the January meeting, was submitted timely on February 1, 2022. We just went through the clarification phase, which occurred this month. For those of you who may be new to our ICC, what OSEP does is provides states the opportunity for clarification, normally due during April. We just completed that phase. We only had two (2) minor corrections that were needed, and so we are really pleased because in years past we have had to do several corrections and revisions. I am very grateful that this year our data was accepted exactly as it was presented, and that we just must clarify a couple of things on our website and our documents, making sure that all of those were ADA accessible. With the clarification period having just closed out, OSEP will review our completed and clarified APR and they will be issuing a determination for our state as they normally do in June of every year. We hope to share with you an update during the July meeting.

Regarding the State Systemic Improvement Plan (SSIP), that was also submitted in February of this year. In years past, the APR and the SSIP were submitted separately, but OSEP requires that they be submitted simultaneously as of this year. While that was a huge job for our office, we were able to complete that timely and we had no corrections required by OSEP. Congratulations to the state on all the hard work that went into the SSIP, and that includes all the programs involved in the NV Pyramid Model.

xiv. Supplemental IDEA Funds Made Available by the American Rescue Plan

Ms. Malina-Lovell spoke about the ARP funding. You heard several updates today on how that funding is going with regards to being set aside for the new data system, which Jeff had shared about, with regards to the system study that we are funding, which Steven had shared about, and then regarding professional development, such as the eModules we are purchasing, and which Mary had shared out about.

xv. Program Monitoring Updates

Ms. Malina-Lovell explained that Nevada's Part C Office typically monitors programs three (3) of the four (4) quarters of the year for their performance, and during that fourth quarter is when we conduct the comprehensive monitoring as required federally. April, May, and June are the fourth quarter, during which we are monitoring programs for performance that had occurred from last

year, July 2021 through to March 2022. We have our liaisons working very busily completing that monitoring. In years past we had been on site, but due to COVID-19 we began monitoring virtually. It remains unseen whether we will continue virtual monitoring, or on-site monitoring. Thanks to the savings of performing that monitoring virtually, we were able to have extra funding, for our team to utilize for professional development for our system. I can say that monitoring is very time intensive and a very heavy load for our team, often requiring us to work beyond our normal hours. We do ask for everyone's patience and grace while it may take a little longer for us to reply to our emails and correspondence. We plan to have monitoring wrapped up by the end of May, but if needed we may need to go into early June, while remaining on track to have report cards out to programs in June 2022.

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

- a. Telehealth Report
- b. CAPTA Report
- c. Yellow Bar Report
- d. Delayed Services Report
- e. Transition Meetings Update
- f. System Study Update
- g. Attorney General's Office Training (Face to Face Meeting)
- h. Minutes Review
- i. Parent Co-Chair Vote

XI. Schedule Future Meetings (For Possible Action)

- i. Discuss Potential Face to Face ICC Meeting
- ii. Schedule October and January Meetings
 - Week of October 17-21, 2022
 - January 19-20, 23-25, 2023 *Sherry Waugh, Co-chair*

XII. Public Comment

No Public comment was made.

XIII. Adjournment

Sherry Waugh thanked the council and Part C Office; the meeting was adjourned at 12:55 pm.



BURNS & ASSOCIATES
A DIVISION OF
HEALTH MANAGEMENT ASSOCIATES

Nevada Early Intervention Services Provider Rate Study Final Rate Recommendations

- prepared for -

Nevada Department of Health and Human Services

June 30, 2022



Summary

- + Recommend maintaining an integrated monthly case rate for community providers
 - + Case rate designed to apportion all provider costs equally to each child regardless of the type or amount of service that a child receives
- + Recommended rate of \$795 per month (compared to current rate of \$565, although community providers currently also retain third-party billing in addition to the case rate)
 - + Additionally recommend a rate of \$1,024 per month in rural areas if DHHS opts to shift currently state-operated services to community providers
- + Recommended rate is the *gross* amount per child and would be offset by collections from other sources (i.e., Medicaid and commercial insurance)
 - + Existing service agreement already requires community providers to “...repay the [NEIS] Program in full for any claims where the Provider received payment from another party of the Recipient...” but this provision is not enforced
 - + Recommend updating service agreement to implement a framework for reporting third-party billing and offsetting any collections from invoices to DHHS (recommended rate is not designed to be implemented without these changes to third-party billing and repayment)

■ Monthly Case Rate

- + Large majority of states pay early intervention providers on a fee-for-service basis
 - + That is, payment for each hour of service provided with rates generally differentiated based on the discipline of the service provider (different rates for therapists, developmental specialists, dieticians, etc.)
- + Recommend maintaining Nevada's existing case rate approach
 - + Minimizes administrative burden of transitioning to a new payment model
 - + Supports team-based model (the case rate funds the overall costs of the team without requiring each team member to meet specific billing targets)
 - + Offers predictable revenue for providers
 - + Requires accountability (providing needed services, billing third-party insurance, etc.)

■ Process

- + Research and data collection
 - + Provider survey to collect data regarding current costs and operations (e.g., caseloads)
 - + Independent sources to inform rate model assumptions (e.g., Bureau of Labor Statistics wage data) and policies (e.g., other states' billing procedures)

- + Development of draft rate model and billing policies
 - + Outline data sources and assumptions used to determine overall rate
 - + Summarize revised contract terms

- + Consideration of public comments
 - + Received one submittal from the Nevada Early Intervention Community Providers' Association

■ Rate Model Assumptions – Staffing Ratios

- + With an integrated case rate, need to determine number of staff per XX enrolled children
- + Assumptions based primarily on data from the provider survey
 - + Developmental Specialist for every 30 children
 - + Speech Language Pathologist for every 80 children
 - + Occupational Therapist for every 120 children
 - + Physical Therapist for every 160 children
- + These ratios do *not* represent assumed caseloads of a given staff person
 - + Not every child receives each service (for example, the model funds one SLP for every 80 children enrolled with an agency, but it is not assumed that each child gets speech therapy)
 - + Comment asked whether the ratios consider the frequency of services
 - + The model does not include specific assumptions regarding service frequency (as noted, the ratios are based on reported staffing levels)
- + Other positions (e.g., dieticians, audiologists, etc.) are not delineated due to very low usage
 - + Comment asked if costs for these staff are part of the administrative component of the rate
 - + Rather than the administrative factor, these positions are part of the ‘Other Direct Supports and Program Support’ factor

■ Rate Model Assumptions – Wages (see Appendix A of rate model packet)

- + Wages for defined positions based on data from the Bureau of Labor Statistics
 - + Most recent dataset published in March, reflecting May 2021
 - + To account for year-to-year differences in the dataset, especially for occupations with modest numbers of workers, rate model uses the higher of 2020 or 2021 wages
- + Selected BLS classifications that best represent the defined occupations
 - + Specific classification for each therapist
 - + For developmental specialists, used child, family, and school social worker classification
- + To account for wage growth since publication date, data is inflated using the ten-year compound annual growth rate for wages in Nevada reported by the Bureau of Economic Analysis
 - + Inflated 14.53 percent to January 2024 (based on 7.78 increase in 2022 and 3.71 percent annual growth for remaining period)
- + Wage assumptions generally exceed wages reported in the provider survey, particularly for developmental specialists (the largest component of the rate)

Position	Provider Survey	Rate Model (pre-Inflation)	Rate Model (w/ Inflation)
Developmental Specialist	\$21.62	\$27.96	\$32.02
Occupational Therapist	\$37.84	\$50.69	\$58.06
Physical Therapist	\$49.80	\$47.92	\$54.88
Speech Language Pathologist	\$42.11	\$38.47	\$44.06

■ Rate Model Assumptions – Wages (cont.)

- + Comment stated that rate models included “inflation to date”, but did not account for inflation to the implementation period
 - + Comment was incorrect; rate models account for inflation to January 2024, the midpoint of fiscal year 2024 (the first potential year of implementation)
 - + Given significant wage growth over the past year, the draft rate model was revised to include a higher inflation estimate between May 2021 and May 2022, followed by a return to more historical wage growth for the remaining months
- + Comment noted that the BLS publishes national wage values by industry and suggested that the rate models use that national data for the home health industry, which typically has higher wages than other industry classifications
 - + Rate model continues to use the Nevada-specific wage data, which is believed to be more representative of the state’s labor market than the national data
 - + Rate model was adjusted to use the higher of the 2020 or 2021 wage values for each occupation

■ Rate Model Assumptions – Benefits (see Appendix B of rate model packet)

- + Benefit assumptions match those included in proposed I/DD waiver rate study
- + Benefits
 - + \$489.45 per month for health insurance based on data from U.S. DHHS' Medical Expenditure Panel Survey for private sector employers in Nevada
 - + Assumes overall take-up rate of 71.6 percent, allocated across employee-only, employee-plus-one, and family plans
 - + \$50.00 per month for discretionary benefits
 - + No specific assumption regarding paid time off (incorporated in ratio assumption)
- + Payroll taxes
 - + Social Security and Medicare (7.65 percent of wages)
 - + Unemployment Insurance
 - + Federal – 0.60 percent (applied to first \$7,000 in wages)
 - + State – 2.95 percent (applied to first \$36,600 in wages)
 - + Workers' compensation: 1.46 percent
- + Benefit assumptions are translated to benefit rates by wage level
 - + Overall benefit costs substantially higher than reported in the provider survey

■ Rate Model Assumptions – Other Assumptions

- + Includes 425 miles per month for each identified position
 - + Substantially higher than reported in provider survey, but it is assumed these figures are depressed due to the pandemic

- + Includes 20 percent of the total rate for other direct supports and program support
 - + Covers other direct supports not specifically detailed elsewhere in the model (e.g., dietician, audiologist) as well as indirect positions (e.g., program director)

- + Includes 15 percent of the total rate for administrative expenses

■ Rate Model Assumptions – Rural Rate

- + In addition to the rate model for contracted providers' current service areas, a rate model for rural areas was developed
- + Model assumes twice as much travel for identified staff
- + More time spent traveling means less time spent delivering direct care, which means lower ratios to ensure same level of support for children
 - + Model assumes ratios are 20 percent lower than in the standard rate model

■ Billing Procedures

- + Recommended rate represents the *gross* per child revenue
 - + Consistent with federal IDEA Part C regulations, the Part C grant is the payer of last resort
 - + Revenues from all other payers (Medicaid and private insurance) would be deducted from the case rate paid by ADSD
- + Recommended procedures build on existing contract terms and are similar to what most other states require
- + Invoice for each child must be accompanied by supporting documentation that includes actual services provided, proof that claims have been submitted to other applicable insurance (Medicaid, TRICARE, private), and the status of each submitted claim
 - + Amount invoiced to ADSD must be net of payments from any other sources
 - + Since third-party payment may not be timely, providers do not have to wait for these claims to be adjudicated, but must report the final disposition of each third-party claim with any payment deducted from the current month's invoice
 - + Will be a process for a third-party liability waiver once an insurer has denied a claim for a reason unrelated to an error in the claim submittal, so that a provider does not have to continually submit claims that will be denied

■ Billing Procedures (cont.)

- + Comment asked if other states have similar billing procedures
 - + Due to federal requirements, most states have similar policies to deduct all collections from other sources from claims billed to the state
 - + The process is different in fee-for-service states; often providers cannot bill the state until after they have billed any other applicable payers

- + Comment noted that detailed policies and systems will be required
 - + Changes to service agreements and other infrastructure will be required before the recommended rates can be implemented

- + Comment suggested maintaining the current approach in which any third-party payments received by community providers are additive to the payment from ADSD
 - + The recommendation remains unchanged as it is believed this approach is most consistent with federal requirements while accounting for differences in children's insurance status and the potential

■ Billing Procedures (cont.)

- + Comment asked when the rate might be prorated
 - + No recommended changes to current policies
 - + Half of the rate would be billed when a child enters or exits the program after/ before the middle of the month
 - + Rate is prorated based on the number of days of enrollment when a child changes providers

- + Comment stated that providers are not paid for cancelled visits
 - + With a monthly case rate, providers are paid regardless of the level of service delivered
 - + No recommended changes to policies related to providers' requirements to attempt to contact families or to suspend billing when a family cannot be contacted

**Nevada Early Intervention Services
Management Analyst Unit**

Report request: Number of children who are receiving in-person services
Report requestor: Interagency Coordinating Council (ICC)
Request date: 4/28/2022 (requested quarterly updates)
Data gathered: 9/30/2022
Report completed by: R. Humes, MAIII

Early Intervention (EI) is a system of services and supports individually designed to help families meet the specific needs of their children. EI programs provide services based on the regulations provided by Part C of the Individuals with Disabilities Act (IDEA) to children under age three. The EI system includes children who are served by Nevada Early Intervention State Programs and Comprehensive Community Provider Programs.

The intention of this report is to show an update from the previous report completed on 6/7/22. The provision of in-person services has continued to increase following the update to the EI system’s COVID-19 protocol allowing the return to in-home and community-based services.

Service-related data were collected from TRAC-IV, Nevada’s Part C IDEA data system, on 9/30/22. These are point-in-time data and are specific to children who are currently receiving services¹. 2,993 children were identified with 8,513 ongoing services⁴ throughout the early intervention system.

Table 1 and Table 2 below show the comparison of point-in-time data representing the number of services identified as being provided in-person or via a telehealth related platform. Graph 1 and Graph 2 show the comparison of point-in-time data representing the percentage split between the location of services.

Current data indicate that in-person services have increased by 31% from the original data set obtained on 1/31/22 where 45% of services were identified as being in-person to 76% of services being provided in-person. The ratio of services to individual child has remained consistent across the three reporting periods.

†See data notes below for more information.

TABLE 1: Services by Location – Current data from 9/30/22			
Location ²	Number of Children ^{1,3}	Number of Services ⁴	Ratio of Services to Child ⁵
In-Person	2,635	6,490	2:1
Telehealth Related	1,066	2,018	2:1
Blank	5	5	1:1
	2,993	8,513	3:1

GRAPH 1. Services by Location
Current data from 9/30/22

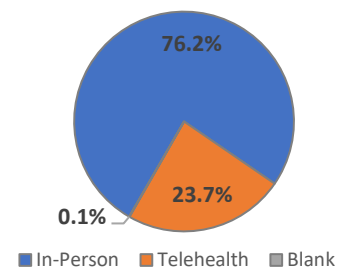
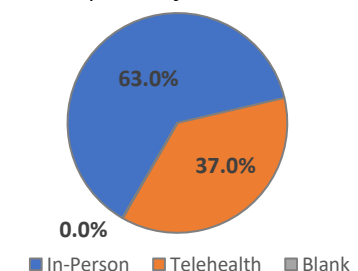


TABLE 2: Services by Location – Comparison from 6/7/22			
Location ²	Number of Children ^{1,3}	Number of Services ⁴	Ratio of Services to Child ⁵
In-Person	2,346	5,417	2:1
Telehealth Related	1,595	3,178	2:1
Blank	3	3	1:1
	2,990	8,598	3:1

GRAPH 2. Services by Location
Comparison from 6/7/22



**Nevada Early Intervention Services
Management Analyst Unit**

†Data Notes:

- ¹ Includes children in Active status (demographics) who are receiving ongoing services that are in “Current” status. Does not include services previously received or those that have not yet initiated. Report excludes any child who has zero ongoing services initiated but may be in Active status (demographics).
- ² In-person services include those identified with a service method of “Individual”, “Co-treatment”, and “Consultive”. Telehealth related services include those identified with a service method of “Telehealth” and “Telehealth/Co-Treatment”. Blank indicates that no selection was made by the program; these data are incomplete and cannot be categorized by location.
- ³ The count of children has been unduplicated per location. The location categories, however, are not mutually exclusive and children may be included in both groups. A child may receive multiple services across locations, and/or they may receive the same service in both locations. For example, a child may receive physical therapy in person but speech therapy via telehealth or a child may receive speech 1x month in-person and 1x month via telehealth. The total child count is unduplicated across all locations.
- ⁴ The service-related data include ongoing services identified in “Current” status. This report does not include services previously received or assessments needed to identify ongoing service frequency. Service-related data may be duplicated by child if the child receives the same service but with different methods of delivery, i.e., individual and co-treatment.
- ⁵ Ratio of services to child represents the number of services by location and overall, by an individual child. The ratio reads services:child.

**Early Intervention Services
Regional CAPTA Referrals
9/19/2022**

The tables below show the count of CAPTA related monthly referrals by region organized by fiscal year. These counts include direct CAPTA related referrals made to Early Intervention Services.

FY2023 To Date				
	South	NW Reno	Rural	Monthly Total
July	65	8	5	78
August	57	12	6	75
September				
October				
November				
December				
January				
February				
March				
April				
May				
June				
Regional Total	122	20	11	153

Rural includes Carson City and outlying areas plus the NE Region outlying areas including Elko, Ely, and Winnemucca.

FY2022 To Date				
	South	NW Reno	Rural	Monthly Total
July	104	7	4	115
August	103	10	2	115
September	89	4	2	95
October	61	6	5	72
November	52	5	3	60
December	66	5	5	76
January	70	10	6	86
February	72	6	5	83
March	94	8	0	102
April	63	15	3	81
May	59	11	3	73
June	82	7	13	102
Regional Total	915	94	51	1,060

Rural includes Carson City and outlying areas plus the NE Region outlying areas including Elko, Ely, and Winnemucca.

**Early Intervention Services
Regional CAPTA Referrals
9/19/2022**

FY2021				
	South	NW Reno	Rural	Monthly Total
July	39	12	7	58
August	47	8	6	61
September	36	13	5	54
October	37	5	3	45
November	45	10	4	59
December	64	15	2	81
January	71	8	5	84
February	78	15	5	98
March	96	8	5	109
April	73	11	7	91
May	79	11	5	95
June	125	6	2	133
Regional Total	790	122	56	968

Rural includes Carson City and outlying areas plus the NE Region outlying areas including Elko, Ely, and Winnemucca.

FY2020				
	South	NW Reno	Rural	Monthly Total
July	52	7	3	62
August	47	9	5	61
September	32	12	3	47
October	22	10	6	38
November	25	7	7	39
December	31	20	3	54
January	58	8	6	72
February	57	14	7	78
March	26	13	4	43
April	40	9	6	55
May	32	17	3	52
June	49	11	5	65
Regional Total	471	137	58	666

Rural includes Carson City and outlying areas plus the NE Region outlying areas including Elko, Ely, and Winnemucca.

**Early Intervention Services
Regional CAPTA Referrals
9/19/2022**

FY2019				
	South	NW Reno	Rural	Monthly Total
July	65	10	5	80
August	67	14	9	81
September	70	12	13	82
October	112	21	3	133
November	58	8	4	66
December	44	10	8	54
January	80	16	7	96
February	46	6	4	52
March	49	13	7	62
April	65	11	8	76
May	46	7	5	53
June	43	7	3	50
Regional Total	745	135	76	885

Rural includes Carson City and outlying areas plus the NE Region outlying areas including Elko, Ely, and Winnemucca.



Hello from APT! We hope everyone had a wonderful summer and is now ready to jump into the fun Holiday season!



Staff Development: Staff development is on going at APT! We are always training new SC/DSs and supporting new therapy team members. We have two SLPs who are recently trained in Meal Time Miseries and working with children who need feeding therapy. Another SLP has been chosen to participate in an Apraxia study and will be flying to CO and TX for some amazing workshops! In November we will have a Pediatric Psychologist joining our Team!



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! Our ABA program is going well! We have 3 BCBAs and 5RBTs currently. We have a Service Coordinator who will be sitting for her BCBA exam in the next few months as well! Currently all the children in the program have come from within our APT family and the parents are very thankful - it's been a good start!



We had a great time at the 2022 Buddy Walk!

We are also starting a "Ready Set School" Special Instruction Group for those children and families approaching aging out. We are staying busy and enjoying all the work we do with families each day.

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

NEIS South Quarterly Program Highlights**April 1, 2022 - June 30, 2022****Report Areas:**

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

1. Outreach Activities & Community Collaborations

Virtual Playgroup NEIS, families and the Alexander Library

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

NEIS Staff attended the following:

Mentor training for the new Therapist, Supervisors and Developmental Specialists
Presentation on the ATAP (Autism Treatment Assistance Program)
Training with DCFS

NEIS South Quarterly Program Highlights**July 1, 2022 - September 30, 2022****Report Areas:**

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

1. Outreach Activities & Community Collaborations**CSN Fair****Child Haven Back to School Fair****Henderson Equality Back to School Fair****Mesquite Gaming Health Fair****2. Interagency Coordinating Council (ICC) Activities****3. Trainings**

NEIS Staff attended the following:

QA Training-Naming Conventions, Comps and Reimbursement

NEIS SOUTH QUARTERLY PROGRAM HIGHLIGHTS July 2022 – September 2022

CCSD Transition Training

Neuro Restorative 4Kids program

Some DS' attend the Dual Sensory Trainings

MDDA

Our most recent program update is as of OCT 5, 2022, MDDA has implemented a new data system for caseload management.

MDDA Management Team

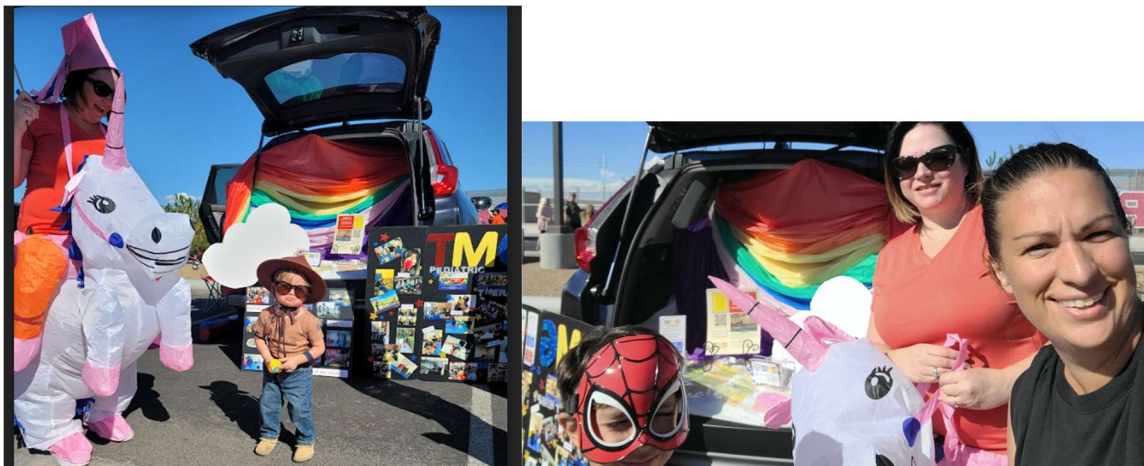
THErapy MANAGEMENT GROUP

PROGRAM HIGHLIGHTS – OCTOBER 2022

- Therapy Management Group continues to provide services in Northwestern and Southern Nevada.
- TMG purchased, trained and implemented the use of OAE hearing screenings in our Las Vegas office. With the statewide audiology shortage, this implementation has helped rule out hearing loss timelier.
- TMG is holding playgroups at Urban Roots in Reno and a preschool in Las Vegas.
- TMG participated in the Hands and Voices Trunk or Treat 10/8 in Las Vegas.
- TMG volunteered at the Halloween Party at Urban Roots in Reno 10/13/22.
- TMG hosted a Trunk or Treat event 10/14/22 in Las Vegas.
- TMG has a team for the Down Syndrome Walk 10/16/22 in Las Vegas.

TRAININGS

- TMG has 1 intern during the Fall semester for developmental specialists.
- TMG had 3 Developmental Specialists who were ADOS trained in June.
- Jennifer Loiacano, Program Manager attended the DEC conference in Chicago.
- Sylvia Leggett, Vision Specialist attended the AER conference
- TMG has had in-service trainings from ATAP, Sunrise Children’s Foundation and 1 Care Kids.
- TMG staff received training on using PECS as well as writing IFSP outcomes.



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STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
EARLY INTERVENTION SERVICES PROCLAMATION

WHEREAS: Diane Ross is a highly esteemed professional and community leader having served for over 29 years as Chief Executive Office/President and Owner of The Continuum, providing intergenerational rehabilitation health and wellness services within the Northern Nevada community;

WHEREAS: Diane Ross led The Continuum to becoming the first community provider of family-centered early intervention services in Northern Nevada with Nevada Early Intervention Services (NEIS), providing services for NEIS since 2009 and community-based programming since 1991;

WHEREAS: Diane Ross, in historical efforts championed with her late husband Jerry Cruitt, has brought her passion of intergenerational community to the Continuum by bringing together child care, adult services, home modifications for people with disabilities, transportation services, early intervention services, and pediatric outpatient services under one roof;

WHEREAS: Diane Ross is well known in Northern Nevada for ensuring high quality service delivery for pediatric outpatient therapy;

WHEREAS: Diane Ross led The Continuum to achieving Certified Parkinson Disease Certification (CDPC) training and accreditation through Parkinson and Movement Disorder Alliance (PMD Alliance) in order to provide optimum care and treatment and to be a go-to resources for individuals with Parkinson's Disease;

WHEREAS: Diane Ross has been heavily involved in Medicare and Medicaid reform, fighting to expand coverage for services for vulnerable populations, and inviting notable lawmakers to join her, including the late Speaker Senator Harry Reid;

WHEREAS: Diane Ross has supported advocacy for Diversity, Equity and Inclusion, such as advocating for inclusive LBGTQIA healthcare in the outpatient setting, including voice therapy for transgender individuals and revising intake forms to ensure diversity, equity and inclusion; and ensuring all have equal access to literary works through The Continuum's lending library for all ages;

WHEREAS: Diane Ross is well respected by her fellow Early Intervention programs and colleagues, and will be greatly missed when, as of November 8th, 2022 Diane will close out her time with the Nevada Early Intervention Services system as The Continuum's service agreement with the DHHS Aging and Disability Services Division ends;

WHEREAS: On behalf of the State of Nevada, the Nevada Early Intervention Services system, including The IDEA Part C Office and the DHHS Aging and Disability Services Division, extends their utmost appreciation to Diane for all of her contributions to improving the lives of many families and vulnerable populations. The Nevada Early Intervention Services system presents this acknowledgment of distinction and gratitude to Diane Ross on this 19th day of October in the year 2022.



Rique Robb, Deputy Administrator Children's Services, Aging and Disability Services Division



10/19/2022

Lori Ann Malina-Lovell, IDEA Part C Coordinator, IDEA Part C Office, DHHS Director's Office

Join us in

CELEBRATING THE CONTINUUM BEING IN THE COMMUNITY FOR 30 YEARS

When?



**Tuesday,
November 1, 2022
4-7 PM**

Where?



**The Continuum
3700 Grant Dr.
Reno, NV 89509**



**Appetizers and
drinks provided**



**Bring your
favorite memories
and pictures!**

**No RSVP
ALL ARE WELCOME**



*Planting the
seeds of the
future;
May the
community
continue to grow*

Questions?

Email: icann5370@gmail.com



Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source. State must describe the data source in the SPP/APR.

Measurement

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

Instructions

Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

4 - Indicator Data

Historical Data

Measure	Base line	FFY	2015	2016	2017	2018	2019	2021 data
A	2006	Target >=	96.00%	96.50%	97.00%	97.50%	97.50%	98.00%
A	94.29%	Data	94.37%	98.05%	97.16%	96.84%	98.87%	97.49%
B	2006	Target >=	95.00%	95.50%	96.00%	96.50%	96.50%	97.00%
B	91.32%	Data	93.86%	94.81%	96.02%	95.26%	94.38%	93.87%
C	2006	Target >=	93.00%	93.50%	94.00%	94.50%	94.50%	95.00%

C	91.00 %	Data	94.64%	97.09%	95.74%	92.89%	97.18%	96.37%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target A>=	97.75%	98.00%	98.25%	98.50%	98.75%	99.00%
Target B>=	96.75%	97.00%	97.25%	97.50%	97.75%	98.00%
Target C>=	94.75%	95.00%	95.25%	95.50%	95.75%	96.00%

Targets: Description of Stakeholder Input SECTION REPEATS FROM EXECUTIVE SUMMARY

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets, which were updated for this FFY 2020 report with stakeholder feedback during the October 2021 ICC meeting and November 2021 Public Stakeholder Meeting for Target Setting.

Throughout the course of FFY 2020, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada; Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, and family and legal advocacy groups.

Key stakeholder involvement activities included:

- Quarterly ICC Meetings, via videoconference across the State's southern, northwest and northeast regions during October 2020, January 2021 and April 2021, and most recently July 2021, October 2021, and January 2022. These meetings follow Nevada's Open Meeting Law, and include review of minutes, community program presentations, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada's system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings occur during the months of July, October, January and April.
- ICC Subcommittee meetings for Child Find and for Family Advisory are available to meet quarterly as needed with board members from the ICC as well as community stakeholders interested in supporting EI initiatives.
- Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.

The Pyramid Model State Leadership Team (SLT) meets monthly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel. The pyramid model project is being implemented within five (5) of twelve (12) EI sites, with continued scale up planned statewide over the next year.

Target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022 and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator 3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for this current FFY 2020 reporting period. The ICC and the IDEA Part C Office agreed that review of next year's SiMR result may provide additional data for informed decision making for whether to re-establish the target next year or as applicable for any upcoming years.

The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting, target setting and overall advising for Nevada's Early Intervention Services system.

During the October ICC meeting it was decided the target for FFY202 will remain the same and increase each year at a rate of 0.04% until FFY2025.

FFY 2021 SPP/APR Data

The number of families to whom surveys were distributed	1,559	1793
Number of respondent families participating in Part C	293	359
Survey Response Rate	18.79%	20.02%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	282	349
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	290	358
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	269	337

B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	292	359
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	277	345
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	290	358

Measure	FFY 2019 Data (2020)	FFY 2020 Target (2021 target)	FFY 2021 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	98.87% (97.24%)	97.75% (98.00%)	97.49%	Did not meet target	Slippage
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)	92.12% (94.38%)	96.75% (97.00%)	93.87%	Did not meet target	Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	97.18% (95.52%)	94.75% (95.00%)	96.37%	Met target	No Slippage

Provide reasons for part A slippage, if applicable

Here are the reasons for slippage:

1. The COVID Pandemic and NV Mandate requiring telehealth instead of face to face visits. This caused some families to feel telehealth services were less helpful than face to face visits for their family per the open text box replies from families on the Family Survey. Thus, some families chose to decline early intervention services.
 2. Families declining services during the COVID Pandemic due to health concerns, employment issues or moving out of state.
- Both of these reasons likely contributed to the slippage in parents knowing their parental rights (A) and ability to effectively communicate their children's needs (B).

Provide reasons for part B slippage, if applicable

Here are the reasons for slippage:

1. The COVID Pandemic and NV Mandate requiring telehealth instead of face to face visits. This caused some families to feel telehealth services were less helpful than face to face visits for their family per the open text box replies from families on the Family Survey. Thus, some families chose to decline early intervention services.
 2. Families declining services during the COVID Pandemic due to health concerns, employment issues or moving out of state.
- Both of these reasons likely contributed to the slippage in parents knowing their parental rights (A) and ability to effectively communicate their children's needs (B).

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	YES
If your collection tool has changed, upload it here.	NO
The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.	YES

If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

Survey Response Rate

FFY	2019	2020	2021
Survey Response Rate	9.52%	18.79%	20.02%

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The overall survey results increased from 18.79% last year to 20.02% this year and are equitable both ethnically and regionally as described below. The IDEA Part C Office continued to utilize the changes to the Family Survey in FFY19 to increase clarity and ease of use for the families. The data supports this is helping to address ethnic and regional under-representation with the following changes to the Family Survey. Race/Ethnicity were re-ordered to start with the least common Race/Ethnicity and move to the most common Race/Ethnicity, and in order to obtain more accurate identification of program response rate we listed each program name along with its geographic location. The Family Outcomes Survey Instrument continues to have 17 close-ended questions and use the five-point Likert scale (strongly agree, agree, undecided, disagree, and strongly disagree). There is one open-ended question at the end of the survey which allows families to provide a written comment, and families still have the option of not answering questions if they feel they are not applicable.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

To ensure the data is representative of 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 active IFSP for a minimum of six months and was receiving early intervention services from one of the state or community early intervention programs as of February 3, 2022. A total of 1,839 children met this criterion and these families were sent a survey for each child in the home enrolled in early intervention services. On March 10, 2022, the survey was emailed to all eligible families with an email address in the TRAC Data System. Hard copies were mailed to every eligible family (1839) starting March 10, 2022. A number of surveys were returned with invalid addresses (46). A cover letter accompanied each survey, as well as a postage-paid return envelope. The cover letter informed families their survey would be returned to the IDEA Part C Office and all responses would remain confidential. Families were also provided the option to complete their survey on-line through SurveyMonkey. If a family had provided their email address and it was entered into the TRAC data system, they were also emailed a copy of the cover letter and survey. Families were asked to answer the survey questions and return them by April 4, 2022. 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.

Based on the initial mailing, it was determined the addresses in the TRAC data system for 46 family addresses were invalid. They are not included in the final count because these households never received a survey. Therefore, the final total for distribution of the survey was 1,793. The Nevada IDEA Part C Office mailed out the Family Surveys on March 10, 2022; this mailing included a cover letter with a link to the option to complete the Family Survey via Survey Monkey. An email reminder was sent on March 25, 2022, to all eligible families with an active email in the TRAC Data System to complete the Family Survey. The final total survey responses were 359. One hundred and eighty-one surveys were received by mail and one hundred seventy-eight responded via SurveyMonkey. This is a return rate of 20.02% which is an increase of 1.23% over last year (18.79%).

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

Our data compared the percentages of the statewide survey distribution and response for each race/ethnicity as well as the rate of return for each category. The percent of statewide responses were consistent with the percentage for distribution in the White, Asian, American Indian/Alaska Native, and Native Hawaiian/or Other Pacific Islander. Two or More Races were 7.81% of the statewide total but attributed 22.28%, almost tripled the percent of statewide total, this was the largest race/ethnicity category of returns with a rate of return of 57.14%. The remaining categories: Hispanic/Latino, and Black or African American were slightly lower in percent of responses compared to distribution percentages. It has not been determined whether the differences are statistically significant. Each race ethnicity category had a rate of return of at least 12.2%.

Nevada's FFY 2021 rate of return of 20.02% shows a increase of 1.23% from 18.79% last year in FFY 2020. Of the 1,793 Family Surveys distributed with valid addresses, there were eight (8) hard copy Family Surveys returned without a program chosen. It is impossible to know which region of the state the eight (8) "No Answer" surveys (2.2%) should be attributed.

The percent of statewide responses received for each region were consistent with the percent distributed for each region. The southern region of the state had a lower than anticipated rate of return, with 58.2% of the statewide responses while the region served 64.7% of those receiving surveys. The northwest region of the state had a slightly higher than anticipated rate of return, with 36.2% of the statewide responses while the region served 32.2% of those receiving surveys. Lastly, the northeast region of the state had a slightly lower rate of return of 3.3% while the region served 4.1% of those who received the survey.

The percent of statewide responses received for each region was generally consistent with the percent distributed for each region. The rate of survey return by region was also relatively consistent with the statewide rate of return with a variation of $\pm 3.5\%$. The northwest region was higher than the statewide response at 3.58% above the statewide return rate. Southern and northeast regions were slightly lower than the statewide response, with -2.0% and -3.58% respectively.

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).

The representativeness includes racial and geographic location as we do not use socio-economic status data for the State of Nevada. The IDEA Part C Office compared the population eligible to receive the survey to the actual surveys returned both in ethnicity and region to determine representativeness.

Provide additional information about this indicator (optional).

The results of the FFY 2020 Survey are as follows:

1. Know Their Rights

Statewide: This data are based on responses to Question 13 of the SFY 2022 Annual Family Survey. Families generally agreed or strongly agreed with the three federally mandated questions on the survey. For questions related to understanding their rights under IDEA, 97.49% (349/358) of the families responding to the 2022 survey agreed with the following statement: "My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook)". There were 2.23% of the families who were undecided (8/358) and 0.28% of the families disagree (1/358) with the statement. There was one family that did not answer the question. Performance for this statement did not meet the state target

of 98.0% but showed an increase of 0.25% compared to the 2021 survey.

2. Effectively Communicate Their Children's Needs

Statewide: This data are based on responses to Question 6 of the SFY 2022 Annual Family Survey regarding the impact of participating in early intervention services on helping them to support their child's development, 93.87% (337/359) of responses were favorable for the statement: "The early intervention services we received have helped me effectively communicate my child's needs". There were 1.36% of families disagreed or strongly disagreed with the statement (7/359) and 4.80% of the families indicated they were undecided regarding this question (15/359). Performance for this statement did not meet the state target of 97.00% but showed an increase of 2.06% compared to the 2021 survey.

3. Help Their Children Develop and Learn

Statewide: These data are based on responses to Question 14 of the SFY 2022 Annual Family Survey regarding helping their child develop and learn 96.37% (345/358) responded favorably to the following statement: "My Early Intervention providers have supported me in knowing how to help my child develop and learn." There were 1.12% of families which disagreed or strongly disagreed with the statement (4/358) and 2.51% families indicated they were undecided regarding this question (9/358). Performance for this statement met the state target of 95.00% and showed a decrease of 1.83% compared to the 2021 survey.

4 - Prior FFY Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

OSEP notes that the State submitted verification that the attachment complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the attachments included in the State's FFY 2019 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Response to actions required in FFY 2019 SPP/APR

4 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

4 - Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

OSEP notes that one or more of the Indicator 4 attachment(s) included in the State's FFY 2020 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs.

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the E D Facts Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.47%

FFY	2015	2016	2017	2018	2019	
Target >=	1.00%	1.00%	1.00%	1.00%	1.08%	
Data	1.24%	1.11%	1.13%	1.08%	1.08%	

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	1.08%	1.12%	1.16%	1.20%	1.24%	1.28%

Targets: Description of Stakeholder Input SECTION REPEATS FROM EXECUTIVE SUMMARY

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets, which were updated for this FFY 2020 report with stakeholder feedback during the October 2021 ICC meeting and November 2021 Public Stakeholder Meeting for Target Setting.

Throughout the course of FFY 2020, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada; Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, and family and legal advocacy groups.

Key stakeholder involvement activities included:

- Quarterly ICC Meetings, via videoconference across the State's southern, northwest and northeast regions during October 2020, January 2021 and April 2021, and most recently July 2021, October 2021, and January 2022. These meetings follow Nevada's Open Meeting Law, and include review of minutes, community program presentations, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada's system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings occur during the months of July, October, January and April.
- ICC Subcommittee meetings for Child Find and for Family Advisory are available to meet quarterly or as needed with board members from the ICC as well as community stakeholders interested in supporting EI initiatives.
- Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project,

such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.

The Pyramid Model State Leadership Team (SLT) meets monthly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel. The pyramid model project is still being implemented within five (5) of twelve (12) EI sites, with continued scale up planned statewide over the next year.

Target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022 and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator 3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for this current FFY 2020 reporting period. The ICC and the IDEA Part C Office agreed that review of next year's SiMR result may provide additional data for informed decision making for whether to re-establish the target next year or as applicable for any upcoming years.

The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting, target setting and overall advising for Nevada's Early Intervention Services system.

The IDEA Part C Office facilitates the quarterly meeting for the Interagency Coordinating Council (ICC). The ICC is comprised of individuals representing the following: parent representatives who have or have recently had children enrolled in early intervention services, public and private early intervention programs, institutions of higher education, Part B 619, Inter-tribal council, Health Care Policy and Finances/Medicaid, parent advocacy and legal advocacy groups for individuals with disabilities, military early childhood community, and the Governor's Council for Individuals with Disabilities. On November 30, 2021, an APR Target Setting Stakeholder meeting was held, the targets were agreed upon at that time. The target for FFY202 will remain the same and increase each year at a rate of 0.04% until FFY2025.

Prepopulated Data

Source	Date		Description	Data	(2021)
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2022		Number of infants and toddlers birth to 1 with IFSPs	382	438
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2020		Population of infants and toddlers birth to 1	35,704	40549

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
382	35,704	1.08%				No Slippage
438	40549		1.12% (2021 Target)	1.08% (2021)	Did Not Meet Target	No Slippage

Commented [SF1]: Need Melissa's help for this one. Can't find the slippage information

Provide additional information about this indicator (optional)

Data for this indicator are gathered through the Tracking Resources and Children (TRAC) statewide data system and include all children with an active Individualized Family Service Plan (IFSP) on December 1, 2020. This is a point-in-time count. Nevada count of children served ages birth to one (1) year for this reporting period was 438 which is 56 more children than reported for December 1, 2020. The number represents 1.08% of the general population of infants in the State. Nevada's performance at 1.08% did not meet the 1.12% target. *This is slightly below the national average of 1.14%.* The IDEA Part

C Office 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.

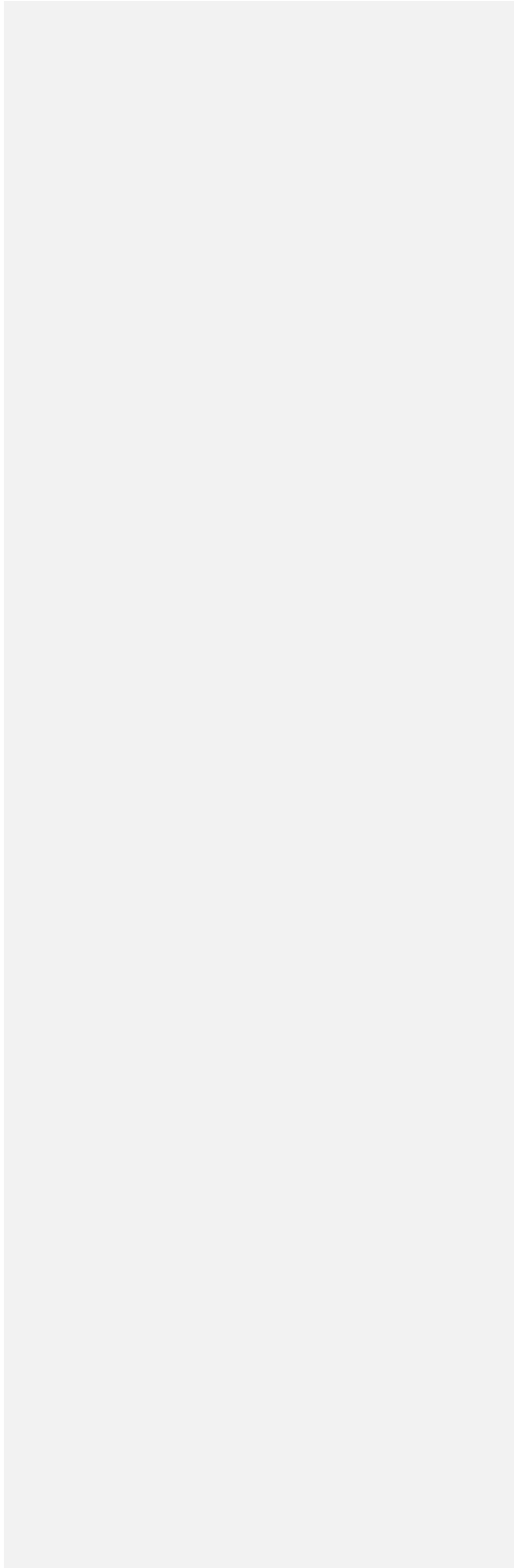
5 - Prior FFY Required Actions

None

5 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

5 - Required Actions



Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs.

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

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

6 - Indicator Data

Baseline Year	Baseline Data
2005	1.36%

FFY	2015	2016	2017	2018	2019	
Target >=	2.00%	2.00%	2.00%	2.00%	2.46%	
Data	2.99%	2.98%	2.95%	2.97%	3.19%	

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	2.46%	2.63%	2.80%	2.97%	3.14%	3.31%

Targets: Description of Stakeholder Input **SECTION REPEATS FROM EXECUTIVE SUMMARY**

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets, which were updated for this FFY 2020 report with stakeholder feedback during the October 2021 ICC meeting and November 2021 Public Stakeholder Meeting for Target Setting.

Throughout the course of FFY 2020, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada; Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, and family and legal advocacy groups.

Key stakeholder involvement activities included:

- Quarterly ICC Meetings, via videoconference across the State's southern, northwest and northeast regions during October 2020, January 2021 and April 2021, and most recently July 2021, October 2021, and January 2022. These meetings follow Nevada's Open Meeting Law, and include review of minutes, community program presentations, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada's system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings occur during the months of July, October, January and April.*
- ICC Subcommittee meetings for Child Find and for Family Advisory are available to meet quarterly as needed with board members from the ICC as well as community stakeholders interested in supporting EI initiatives.*
- Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and*

statewide pyramid project Data Team meetings.

The Pyramid Model State Leadership Team (SLT) meets monthly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel. The pyramid model project is being implemented within five (5) of twelve (12) EI sites, with continued scale up planned statewide over the next year.

Target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022 and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator 3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for this current FFY 2020 reporting period. The ICC and the IDEA Part C Office agreed that review of next year's SiMR result may provide additional data for informed decision making for whether to re-establish the target next year or as applicable for any upcoming years.

The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting, target setting and overall advising for Nevada's Early Intervention Services system.

The IDEA Part C Office facilitates the quarterly meeting for the Interagency Coordinating Council (ICC). The ICC is comprised of individuals representing the following: parent representatives who have or have recently had children enrolled in early intervention services, public and private early intervention programs, institutions of higher education, Part B 619, Inter-tribal council, Health Care Policy and Finances/Medicaid, parent advocacy and legal advocacy groups for individuals with disabilities, military early childhood community, and the Governor's Council for Individuals with Disabilities. On November 30, 2021, an APR Target Setting Stakeholder meeting was held, the targets were agreed upon at that time. The target for FFY2020 will remain the same and increase 0.17% each year to FFY 2025.

Prepopulated Data

Source	Date		Description	Data	
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2022		Number of infants and toddlers birth to 3 with IFSPs	2,953	3,181 (2021)
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2020		Population of infants and toddlers birth to 3	108,316	121,210 (2021)

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
2,953-2020	108,316	2.73%	2.46% (2020)		Met Target	No Slippage
3,181- 2021	121,210 (2021)		2.63% (2021)	2.62%	Did Not Meet Target	No Slippage

Provide additional information about this indicator (optional).

Data for this indicator are gathered through the Tracking Resources and Children (TRAC) statewide data system and include all children with an active Individualized Family Service Plan (IFSP) on December 1, 2021. This is a point-in-time count. Nevada count of children served ages birth to three (3) years for this reporting period was 3,181, which is 228 children more than reported for December 1, 2020 (2,953). Nevada's performance at 2.62% did not meet the 2.63% target. **This performance is below the national average of 3.93%.** The IDEA Part C Office 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.

6 - Prior FFY Required Actions

None

6 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

6 - Required Actions

Statewide		Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	Total Agree
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
1.	Early Intervention services and supports help me understand my child's strengths, abilities, and special needs.	236	66%	109	30%	11	3%	1	0%	1	0%	358	96%
2.	Members of my Individualized Family Services Plan (IFSP) team provide all the information I need to fully participate in developing our IFSP.	244	68%	101	28%	8	2%	5	1%	1	0%	359	96%
3.	As a member of my IFSP team, my opinions count and are honored by other members of the team.	263	73%	87	24%	7	2%	0	0%	1	0%	358	98%
4.	I am comfortable talking with my early intervention service providers about what is important to me and my family.	277	77%	78	22%	3	1%	0	0%	1	0%	359	99%
5.	I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs).	247	69%	94	26%	11	3%	5	1%	1	0%	358	95%
6.	The early intervention services we received have helped me effectively communicate my child's needs.	232	65%	105	29%	15	4%	6	2%	1	0%	359	94%
7.	I have a key role in all decisions related to early intervention services for my child and family.	271	76%	81	23%	5	1%	0	0%	1	0%	358	98%
8.	My early intervention service providers respect my family's cultural values and preferences.	275	77%	76	21%	4	1%	1	0%	1	0%	357	98%
9.	I know who to contact if I have a question or concern about my child's early intervention services.	272	76%	74	21%	5	1%	6	2%	1	0%	358	97%
10.	I understand our IFSP can be reviewed and revised by the team any time we choose.	253	71%	97	27%	5	1%	1	0%	2	1%	358	98%
11.	My family receives all the early intervention services that we agreed to on our IFSP.	256	72%	88	25%	7	2%	6	2%	1	0%	358	96%
12.	My early intervention services are provided in my preferred language or form of communication.	279	78%	76	21%	1	0%	1	0%	1	0%	358	99%
13.	My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook).	270	75%	79	22%	8	2%	1	0%	0	0%	358	97%
14.	My early intervention providers have supported me in knowing how to help my child develop and learn.	255	71%	90	25%	9	3%	3	1%	1	0%	358	96%
15.	My early intervention providers give me information about other activities and services in the community that may help me and my child (for example, childcare, play groups, WIC, etc.).	208	58%	88	25%	30	8%	29	8%	3	1%	358	83%

16.	Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults.	224	63%	98	27%	21	6%	14	4%	1	0%	358	90%
17.	My early intervention providers help me identify learning activities that I can do throughout the day with my child.	242	68%	97	27%	14	4%	4	1%	1	0%	358	95%

Nevada Early Intervention Services - South		Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	Total Agree
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
1.	Early Intervention services and supports help me understand my child's strengths, abilities, and special needs.	55	64%	27	31%	2	2%	1	1%	1	1%	86	95%
2.	Members of my Individualized Family Services Plan (IFSP) team provide all the information I need to fully participate in developing our IFSP.	54	63%	30	35%	1	1%	0	0%	1	1%	86	98%
3.	As a member of my IFSP team, my opinions count and are honored by other members of the team.	60	71%	24	28%	0	0%	0	0%	1	1%	85	99%
4.	I am comfortable talking with my early intervention service providers about what is important to me and my family.	65	76%	19	22%	1	1%	0	0%	1	1%	86	98%
5.	I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs).	56	65%	23	27%	3	3%	3	3%	1	1%	86	92%
6.	The early intervention services we received have helped me effectively communicate my child's needs.	56	65%	25	29%	2	2%	2	2%	1	1%	86	94%
7.	I have a key role in all decisions related to early intervention services for my child and family.	64	74%	20	23%	1	1%	0	0%	1	1%	86	98%
8.	My early intervention service providers respect my family's cultural values and preferences.	66	77%	18	21%	1	1%	0	0%	1	1%	86	98%
9.	I know who to contact if I have a question or concern about my child's early intervention services.	64	74%	21	24%	0	0%	0	0%	1	1%	86	99%
10.	I understand our IFSP can be reviewed and revised by the team any time we choose.	59	69%	24	28%	2	2%	0	0%	1	1%	86	97%
11.	My family receives all the early intervention services that we agreed to on our IFSP.	63	73%	21	24%	1	1%	0	0%	1	1%	86	98%
12.	My early intervention services are provided in my preferred language or form of communication.	66	77%	19	22%	0	0%	0	0%	1	1%	86	99%
13.	My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook).	63	73%	22	26%	1	1%	0	0%	0	0%	86	99%
14.	My early intervention providers have supported me in knowing how to help my child develop and learn.	65	76%	17	20%	2	2%	1	1%	1	1%	86	95%
15.	My early intervention providers give me information about other activities and services in the community that may help me and my child (for example, childcare, play groups, WIC, etc.).	46	53%	26	30%	6	7%	8	9%	0	0%	86	84%

16.	Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults.	50	58%	24	28%	7	8%	5	6%	0	0%	86	86%
17.	My early intervention providers help me identify learning activities that I can do throughout the day with my child.	56	65%	23	27%	4	5%	2	2%	1	1%	86	92%

Nevada Early Intervention Services - Northwest		Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	Total Agree
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
1.	Early Intervention services and supports help me understand my child's strengths, abilities, and special needs.	41	75%	13	24%	1	2%	0	0%	0	0%	55	98%
2.	Members of my Individualized Family Services Plan (IFSP) team provide all the information I need to fully participate in developing our IFSP.	44	80%	8	15%	3	5%	0	0%	0	0%	55	95%
3.	As a member of my IFSP team, my opinions count and are honored by other members of the team.	44	80%	10	18%	1	2%	0	0%	0	0%	55	98%
4.	I am comfortable talking with my early intervention service providers about what is important to me and my family.	45	82%	9	16%	1	2%	0	0%	0	0%	55	98%
5.	I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs).	43	78%	12	22%	0	0%	0	0%	0	0%	55	100%
6.	The early intervention services we received have helped me effectively communicate my child's needs.	38	69%	13	24%	3	5%	1	2%	0	0%	55	93%
7.	I have a key role in all decisions related to early intervention services for my child and family.	46	84%	8	15%	1	2%	0	0%	0	0%	55	98%
8.	My early intervention service providers respect my family's cultural values and preferences.	45	82%	9	16%	1	2%	0	0%	0	0%	55	98%
9.	I know who to contact if I have a question or concern about my child's early intervention services.	45	82%	8	15%	1	2%	1	2%	0	0%	55	96%
10.	I understand our IFSP can be reviewed and revised by the team any time we choose.	42	76%	11	20%	1	2%	0	0%	1	2%	55	96%
11.	My family receives all the early intervention services that we agreed to on our IFSP.	43	78%	9	16%	1	2%	2	4%	0	0%	55	95%
12.	My early intervention services are provided in my preferred language or form of communication.	46	84%	9	16%	0	0%	0	0%	0	0%	55	100%
13.	My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook).	44	80%	7	13%	3	5%	1	2%	0	0%	55	93%
14.	My early intervention providers have supported me in knowing how to help my child develop and learn.	44	80%	10	18%	1	2%	0	0%	0	0%	55	98%
15.	My early intervention providers give me information about other activities and services in the community that may help me and my child (for example, childcare, play groups, WIC, etc.).	34	62%	14	25%	6	11%	1	2%	0	0%	55	87%

16.	Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults.	38	69%	12	22%	4	7%	1	2%	0	0%	55	91%
17.	My early intervention providers help me identify learning activities that I can do throughout the day with my child.	38	69%	14	25%	3	5%	0	0%	0	0%	55	95%

Nevada Early Intervention Services - Northeast		Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	Total Agree
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
1.	Early Intervention services and supports help me understand my child's strengths, abilities, and special needs.	8	67%	4	33%	0	0%	0	0%	0	0%	12	100%
2.	Members of my Individualized Family Services Plan (IFSP) team provide all the information I need to fully participate in developing our IFSP.	8	67%	4	33%	0	0%	0	0%	0	0%	12	100%
3.	As a member of my IFSP team, my opinions count and are honored by other members of the team.	8	67%	4	33%	0	0%	0	0%	0	0%	12	100%
4.	I am comfortable talking with my early intervention service providers about what is important to me and my family.	8	67%	4	33%	0	0%	0	0%	0	0%	12	100%
5.	I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs).	8	67%	4	33%	0	0%	0	0%	0	0%	12	100%
6.	The early intervention services we received have helped me effectively communicate my child's needs.	8	67%	4	33%	0	0%	0	0%	0	0%	12	100%
7.	I have a key role in all decisions related to early intervention services for my child and family.	8	67%	4	33%	0	0%	0	0%	0	0%	12	100%
8.	My early intervention service providers respect my family's cultural values and preferences.	8	67%	4	33%	0	0%	0	0%	0	0%	12	100%
9.	I know who to contact if I have a question or concern about my child's early intervention services.	8	67%	4	33%	0	0%	0	0%	0	0%	12	100%
10.	I understand our IFSP can be reviewed and revised by the team any time we choose.	8	67%	4	33%	0	0%	0	0%	0	0%	12	100%
11.	My family receives all the early intervention services that we agreed to on our IFSP.	8	67%	4	33%	0	0%	0	0%	0	0%	12	100%
12.	My early intervention services are provided in my preferred language or form of communication.	8	67%	4	33%	0	0%	0	0%	0	0%	12	100%
13.	My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook).	8	67%	4	33%	0	0%	0	0%	0	0%	12	100%
14.	My early intervention providers have supported me in knowing how to help my child develop and learn.	8	67%	4	33%	0	0%	0	0%	0	0%	12	100%
15.	My early intervention providers give me information about other activities and services in the community that may help me and my child (for example, childcare, play groups, WIC, etc.).	8	67%	3	25%	0	0%	1	8%	0	0%	12	92%

16.	Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults.	8	67%	3	25%	0	0%	1	8%	0	0%	12	92%
17.	My early intervention providers help me identify learning activities that I can do throughout the day with my child.	8	67%	4	33%	0	0%	0	0%	0	0%	12	100%

Nevada Early Intervention Services - Carson City		Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	Total Agree
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
1.	Early Intervention services and supports help me understand my child's strengths, abilities, and special needs.	13	68%	6	32%	0	0%	0	0%	0	0%	19	100%
2.	Members of my Individualized Family Services Plan (IFSP) team provide all the information I need to fully participate in developing our IFSP.	12	63%	6	32%	0	0%	1	5%	0	0%	19	95%
3.	As a member of my IFSP team, my opinions count and are honored by other members of the team.	12	63%	6	32%	1	5%	0	0%	0	0%	19	95%
4.	I am comfortable talking with my early intervention service providers about what is important to me and my family.	12	63%	7	37%	0	0%	0	0%	0	0%	19	100%
5.	I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs).	13	68%	5	26%	0	0%	1	5%	0	0%	19	95%
6.	The early intervention services we received have helped me effectively communicate my child's needs.	12	63%	5	26%	0	0%	2	11%	0	0%	19	89%
7.	I have a key role in all decisions related to early intervention services for my child and family.	11	58%	7	37%	1	5%	0	0%	0	0%	19	95%
8.	My early intervention service providers respect my family's cultural values and preferences.	11	58%	8	42%	0	0%	0	0%	0	0%	19	100%
9.	I know who to contact if I have a question or concern about my child's early intervention services.	13	68%	6	32%	0	0%	0	0%	0	0%	19	100%
10.	I understand our IFSP can be reviewed and revised by the team any time we choose.	12	63%	7	37%	0	0%	0	0%	0	0%	19	100%
11.	My family receives all the early intervention services that we agreed to on our IFSP.	11	58%	7	37%	0	0%	1	5%	0	0%	19	95%
12.	My early intervention services are provided in my preferred language or form of communication.	12	63%	7	37%	0	0%	0	0%	0	0%	19	100%
13.	My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook).	12	63%	7	37%	0	0%	0	0%	0	0%	19	100%
14.	My early intervention providers have supported me in knowing how to help my child develop and learn.	12	63%	6	32%	0	0%	1	5%	0	0%	19	95%
15.	My early intervention providers give me information about other activities and services in the community that may help me and my child (for example, childcare, play groups, WIC, etc.).	12	63%	3	16%	3	16%	1	5%	0	0%	19	79%

16.	Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults.	11	58%	7	37%	0	0%	1	5%	0	0%	19	95%
17.	My early intervention providers help me identify learning activities that I can do throughout the day with my child.	11	58%	8	42%	0	0%	0	0%	0	0%	19	100%

Therapy Management Group (TMG) - South		Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	Total Agree
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
1.	Early Intervention services and supports help me understand my child's strengths, abilities, and special needs.	27	69%	12	31%	0	0%	0	0%	0	0%	39	100%
2.	Members of my Individualized Family Services Plan (IFSP) team provide all the information I need to fully participate in developing our IFSP.	27	69%	12	31%	0	0%	0	0%	0	0%	39	100%
3.	As a member of my IFSP team, my opinions count and are honored by other members of the team.	31	79%	7	18%	1	3%	0	0%	0	0%	39	97%
4.	I am comfortable talking with my early intervention service providers about what is important to me and my family.	32	82%	7	18%	0	0%	0	0%	0	0%	39	100%
5.	I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs).	32	82%	6	15%	1	3%	0	0%	0	0%	39	97%
6.	The early intervention services we received have helped me effectively communicate my child's needs.	24	62%	13	33%	2	5%	0	0%	0	0%	39	95%
7.	I have a key role in all decisions related to early intervention services for my child and family.	28	93%	2	7%	0	0%	0	0%	0	0%	30	100%
8.	My early intervention service providers respect my family's cultural values and preferences.	32	82%	7	18%	0	0%	0	0%	0	0%	39	100%
9.	I know who to contact if I have a question or concern about my child's early intervention services.	34	87%	5	13%	0	0%	0	0%	0	0%	39	100%
10.	I understand our IFSP can be reviewed and revised by the team any time we choose.	30	77%	9	23%	0	0%	0	0%	0	0%	39	100%
11.	My family receives all the early intervention services that we agreed to on our IFSP.	31	79%	7	18%	1	3%	0	0%	0	0%	39	97%
12.	My early intervention services are provided in my preferred language or form of communication.	35	90%	4	10%	0	0%	0	0%	0	0%	39	100%
13.	My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook).	35	90%	4	10%	0	0%	0	0%	0	0%	39	100%
14.	My early intervention providers have supported me in knowing how to help my child develop and learn.	26	67%	12	31%	1	3%	0	0%	0	0%	39	97%
15.	My early intervention providers give me information about other activities and services in the community that may help me and my child (for example, childcare, play groups, WIC, etc.).	20	51%	11	28%	4	10%	4	10%	0	0%	39	79%

16.	Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults.	23	59%	13	33%	1	3%	2	5%	0	0%	39	92%
17.	My early intervention providers help me identify learning activities that I can do throughout the day with my child.	25	64%	12	31%	2	5%	0	0%	0	0%	39	95%

Therapy Management Group (TMG) - North		Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	Total Agree
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
1.	Early Intervention services and supports help me understand my child's strengths, abilities, and special needs.	7	78%	2	22%	0	0%	0	0%	0	0%	9	100%
2.	Members of my Individualized Family Services Plan (IFSP) team provide all the information I need to fully participate in developing our IFSP.	7	78%	2	22%	0	0%	0	0%	0	0%	9	100%
3.	As a member of my IFSP team, my opinions count and are honored by other members of the team.	7	78%	2	22%	0	0%	0	0%	0	0%	9	100%
4.	I am comfortable talking with my early intervention service providers about what is important to me and my family.	8	89%	1	11%	0	0%	0	0%	0	0%	9	100%
5.	I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs).	7	78%	2	22%	0	0%	0	0%	0	0%	9	100%
6.	The early intervention services we received have helped me effectively communicate my child's needs.	7	78%	1	11%	1	11%	0	0%	0	0%	9	89%
7.	I have a key role in all decisions related to early intervention services for my child and family.	6	67%	3	33%	0	0%	0	0%	0	0%	9	100%
8.	My early intervention service providers respect my family's cultural values and preferences.	7	78%	1	11%	1	11%	0	0%	0	0%	9	89%
9.	I know who to contact if I have a question or concern about my child's early intervention services.	8	89%	1	11%	0	0%	0	0%	0	0%	9	100%
10.	I understand our IFSP can be reviewed and revised by the team any time we choose.	7	78%	2	22%	0	0%	0	0%	0	0%	9	100%
11.	My family receives all the early intervention services that we agreed to on our IFSP.	8	89%	1	11%	0	0%	0	0%	0	0%	9	100%
12.	My early intervention services are provided in my preferred language or form of communication.	7	78%	1	11%	1	11%	0	0%	0	0%	9	89%
13.	My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook).	8	89%	1	11%	0	0%	0	0%	0	0%	9	100%
14.	My early intervention providers have supported me in knowing how to help my child develop and learn.	7	78%	2	22%	0	0%	0	0%	0	0%	9	100%
15.	My early intervention providers give me information about other activities and services in the community that may help me and my child (for example, childcare, play groups, WIC, etc.).	7	78%	0	0%	2	22%	0	0%	0	0%	9	78%

16.	Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults.	6	67%	3	33%	0	0%	0	0%	0	0%	9	100%
17.	My early intervention providers help me identify learning activities that I can do throughout the day with my child.	7	78%	2	22%	0	0%	0	0%	0	0%	9	100%

The Continuum		Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	Total Agree
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
1.	Early Intervention services and supports help me understand my child's strengths, abilities, and special needs.	6	50%	5	42%	1	8%	0	0%	0	0%	12	92%
2.	Members of my Individualized Family Services Plan (IFSP) team provide all the information I need to fully participate in developing our IFSP.	8	67%	4	33%	0	0%	0	0%	0	0%	12	100%
3.	As a member of my IFSP team, my opinions count and are honored by other members of the team.	8	67%	4	33%	0	0%	0	0%	0	0%	12	100%
4.	I am comfortable talking with my early intervention service providers about what is important to me and my family.	10	83%	2	17%	0	0%	0	0%	0	0%	12	100%
5.	I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs).	4	33%	8	67%	0	0%	0	0%	0	0%	12	100%
6.	The early intervention services we received have helped me effectively communicate my child's needs.	7	58%	5	42%	0	0%	0	0%	0	0%	12	100%
7.	I have a key role in all decisions related to early intervention services for my child and family.	8	73%	3	27%	0	0%	0	0%	0	0%	11	100%
8.	My early intervention service providers respect my family's cultural values and preferences.	8	73%	2	18%	1	9%	0	0%	0	0%	11	91%
9.	I know who to contact if I have a question or concern about my child's early intervention services.	7	64%	4	36%	0	0%	0	0%	0	0%	11	100%
10.	I understand our IFSP can be reviewed and revised by the team any time we choose.	5	45%	6	55%	0	0%	0	0%	0	0%	11	100%
11.	My family receives all the early intervention services that we agreed to on our IFSP.	6	55%	5	45%	0	0%	0	0%	0	0%	11	100%
12.	My early intervention services are provided in my preferred language or form of communication.	9	82%	2	18%	0	0%	0	0%	0	0%	11	100%
13.	My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook).	5	45%	5	45%	1	9%	0	0%	0	0%	11	91%
14.	My early intervention providers have supported me in knowing how to help my child develop and learn.	7	64%	4	36%	0	0%	0	0%	0	0%	11	100%
15.	My early intervention providers give me information about other activities and services in the community that may help me and my child (for example, childcare, play groups, WIC, etc.).	5	45%	4	36%	2	18%	0	0%	0	0%	11	82%

16.	Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults.	7	64%	3	27%	1	9%	0	0%	0	0%	11	91%
17.	My early intervention providers help me identify learning activities that I can do throughout the day with my child.	6	55%	4	36%	1	9%	0	0%	0	0%	11	91%

CHHS - North		Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	Total Agree
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
1.	Early Intervention services and supports help me understand my child's strengths, abilities, and special needs.	5	71%	2	29%	0	0%	0	0%	0	0%	7	100%
2.	Members of my Individualized Family Services Plan (IFSP) team provide all the information I need to fully participate in developing our IFSP.	6	86%	1	14%	0	0%	0	0%	0	0%	7	100%
3.	As a member of my IFSP team, my opinions count and are honored by other members of the team.	5	71%	2	29%	0	0%	0	0%	0	0%	7	100%
4.	I am comfortable talking with my early intervention service providers about what is important to me and my family.	6	86%	1	14%	0	0%	0	0%	0	0%	7	100%
5.	I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs).	5	71%	1	14%	1	14%	0	0%	0	0%	7	86%
6.	The early intervention services we received have helped me effectively communicate my child's needs.	5	71%	1	14%	1	14%	0	0%	0	0%	7	86%
7.	I have a key role in all decisions related to early intervention services for my child and family.	7	100%	0	0%	0	0%	0	0%	0	0%	7	100%
8.	My early intervention service providers respect my family's cultural values and preferences.	7	100%	0	0%	0	0%	0	0%	0	0%	7	100%
9.	I know who to contact if I have a question or concern about my child's early intervention services.	6	86%	0	0%	0	0%	1	14%	0	0%	7	86%
10.	I understand our IFSP can be reviewed and revised by the team any time we choose.	6	86%	1	14%	0	0%	0	0%	0	0%	7	100%
11.	My family receives all the early intervention services that we agreed to on our IFSP.	5	71%	2	29%	0	0%	0	0%	0	0%	7	100%
12.	My early intervention services are provided in my preferred language or form of communication.	6	86%	1	14%	0	0%	0	0%	0	0%	7	100%
13.	My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook).	5	71%	2	29%	0	0%	0	0%	0	0%	7	100%
14.	My early intervention providers have supported me in knowing how to help my child develop and learn.	6	86%	0	0%	1	14%	0	0%	0	0%	7	86%
15.	My early intervention providers give me information about other activities and services in the community that may help me and my child (for example, childcare, play groups, WIC, etc.).	5	71%	0	0%	1	14%	1	14%	0	0%	7	71%

16.	Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults.	6	86%	0	0%	0	0%	1	14%	0	0%	7	86%
17.	My early intervention providers help me identify learning activities that I can do throughout the day with my child.	6	86%	0	0%	0	0%	1	14%	0	0%	7	86%

CHHS - South		Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	Total Agree
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
1.	Early Intervention services and supports help me understand my child's strengths, abilities, and special needs.	33	58%	20	35%	4	7%	0	0%	0	0%	57	93%
2.	Members of my Individualized Family Services Plan (IFSP) team provide all the information I need to fully participate in developing our IFSP.	3	43%	3	43%	1	14%	0	0%	0	0%	7	86%
3.	As a member of my IFSP team, my opinions count and are honored by other members of the team.	4	57%	2	29%	1	14%	0	0%	0	0%	7	86%
4.	I am comfortable talking with my early intervention service providers about what is important to me and my family.	5	71%	2	29%	0	0%	0	0%	0	0%	7	100%
5.	I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs).	3	43%	4	57%	0	0%	0	0%	0	0%	7	100%
6.	The early intervention services we received have helped me effectively communicate my child's needs.	3	43%	2	29%	2	29%	0	0%	0	0%	7	71%
7.	I have a key role in all decisions related to early intervention services for my child and family.	4	57%	3	43%	0	0%	0	0%	0	0%	7	100%
8.	My early intervention service providers respect my family's cultural values and preferences.	4	57%	3	43%	0	0%	0	0%	0	0%	7	100%
9.	I know who to contact if I have a question or concern about my child's early intervention services.	4	57%	2	29%	1	14%	0	0%	0	0%	7	86%
10.	I understand our IFSP can be reviewed and revised by the team any time we choose.	3	43%	4	57%	0	0%	0	0%	0	0%	7	100%
11.	My family receives all the early intervention services that we agreed to on our IFSP.	3	43%	3	43%	0	0%	1	14%	0	0%	7	86%
12.	My early intervention services are provided in my preferred language or form of communication.	6	86%	1	14%	0	0%	0	0%	0	0%	7	100%
13.	My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook).	4	57%	3	43%	0	0%	0	0%	0	0%	7	100%
14.	My early intervention providers have supported me in knowing how to help my child develop and learn.	3	43%	4	57%	0	0%	0	0%	0	0%	7	100%
15.	My early intervention providers give me information about other activities and services in the community that may help me and my child (for example, childcare, play groups, WIC, etc.).	3	43%	1	14%	1	14%	2	29%	0	0%	7	57%

16.	Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults.	3	43%	3	43%	1	14%	0	0%	0	0%	7	86%
17.	My early intervention providers help me identify learning activities that I can do throughout the day with my child.	4	31%	7	54%	2	15%	0	0%	0	0%	13	85%

Advanced Pediatric Therapies (APT)		Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	Total Agree
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
1.	Early Intervention services and supports help me understand my child's strengths, abilities, and special needs.	22	79%	5	18%	1	4%	0	0%	0	0%	28	96%
2.	Members of my Individualized Family Services Plan (IFSP) team provide all the information I need to fully participate in developing our IFSP.	23	82%	4	14%	1	4%	0	0%	0	0%	28	96%
3.	As a member of my IFSP team, my opinions count and are honored by other members of the team.	25	89%	2	7%	1	4%	0	0%	0	0%	28	96%
4.	I am comfortable talking with my early intervention service providers about what is important to me and my family.	24	86%	3	11%	1	4%	0	0%	0	0%	28	96%
5.	I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs).	20	74%	5	19%	2	7%	0	0%	0	0%	27	93%
6.	The early intervention services we received have helped me effectively communicate my child's needs.	21	75%	6	21%	1	4%	0	0%	0	0%	28	96%
7.	I have a key role in all decisions related to early intervention services for my child and family.	24	86%	3	11%	1	4%	0	0%	0	0%	28	96%
8.	My early intervention service providers respect my family's cultural values and preferences.	25	89%	2	7%	0	0%	1	4%	0	0%	28	96%
9.	I know who to contact if I have a question or concern about my child's early intervention services.	23	82%	3	11%	1	4%	1	4%	0	0%	28	93%
10.	I understand our IFSP can be reviewed and revised by the team any time we choose.	24	86%	4	14%	0	0%	0	0%	0	0%	28	100%
11.	My family receives all the early intervention services that we agreed to on our IFSP.	24	86%	4	14%	0	0%	0	0%	0	0%	28	100%
12.	My early intervention services are provided in my preferred language or form of communication.	25	89%	3	11%	0	0%	0	0%	0	0%	28	100%
13.	My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook).	26	93%	2	7%	0	0%	0	0%	0	0%	28	100%
14.	My early intervention providers have supported me in knowing how to help my child develop and learn.	22	79%	4	14%	2	7%	0	0%	0	0%	28	93%
15.	My early intervention providers give me information about other activities and services in the community that may help me and my child (for example, childcare, play groups, WIC, etc.).	19	68%	4	14%	2	7%	2	7%	1	4%	28	82%

16.	Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults.	20	71%	5	18%	2	7%	0	0%	1	4%	28	89%
17.	My early intervention providers help me identify learning activities that I can do throughout the day with my child.	22	79%	4	14%	2	7%	0	0%	0	0%	28	93%

The Foundation for Positively Kids		Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	Total Agree
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
1.	Early Intervention services and supports help me understand my child's strengths, abilities, and special needs.	11	50%	9	41%	2	9%	0	0%	0	0%	22	91%
2.	Members of my Individualized Family Services Plan (IFSP) team provide all the information I need to fully participate in developing our IFSP.	15	65%	8	35%	0	0%	0	0%	0	0%	23	100%
3.	As a member of my IFSP team, my opinions count and are honored by other members of the team.	18	78%	4	17%	1	4%	0	0%	0	0%	23	96%
4.	I am comfortable talking with my early intervention service providers about what is important to me and my family.	19	83%	4	17%	0	0%	0	0%	0	0%	23	100%
5.	I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs).	18	78%	4	17%	1	4%	0	0%	0	0%	23	96%
6.	The early intervention services we received have helped me effectively communicate my child's needs.	15	65%	8	35%	0	0%	0	0%	0	0%	23	100%
7.	I have a key role in all decisions related to early intervention services for my child and family.	17	74%	6	26%	0	0%	0	0%	0	0%	23	100%
8.	My early intervention service providers respect my family's cultural values and preferences.	17	77%	5	23%	0	0%	0	0%	0	0%	22	100%
9.	I know who to contact if I have a question or concern about my child's early intervention services.	17	74%	5	22%	0	0%	1	4%	0	0%	23	96%
10.	I understand our IFSP can be reviewed and revised by the team any time we choose.	18	78%	5	22%	0	0%	0	0%	0	0%	23	100%
11.	My family receives all the early intervention services that we agreed to on our IFSP.	17	74%	6	26%	0	0%	0	0%	0	0%	23	100%
12.	My early intervention services are provided in my preferred language or form of communication.	18	78%	5	22%	0	0%	0	0%	0	0%	23	100%
13.	My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook).	17	74%	6	26%	0	0%	0	0%	0	0%	23	100%
14.	My early intervention providers have supported me in knowing how to help my child develop and learn.	14	61%	9	39%	0	0%	0	0%	0	0%	23	100%
15.	My early intervention providers give me information about other activities and services in the community that may help me and my child (for example, childcare, play groups, WIC, etc.).	15	65%	6	26%	0	0%	1	4%	1	4%	23	91%

16.	Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults.	14	61%	7	30%	2	9%	0	0%	0	0%	23	91%
17.	My early intervention providers help me identify learning activities that I can do throughout the day with my child.	16	70%	7	30%	0	0%	0	0%	0	0%	23	100%

MDDA		Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	Total Agree
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
1.	Early Intervention services and supports help me understand my child's strengths, abilities, and special needs.	2	50%	2	50%	0	0%	0	0%	0	0%	4	100%
2.	Members of my Individualized Family Services Plan (IFSP) team provide all the information I need to fully participate in developing our IFSP.	3	75%	1	25%	0	0%	0	0%	0	0%	4	100%
3.	As a member of my IFSP team, my opinions count and are honored by other members of the team.	3	75%	1	25%	0	0%	0	0%	0	0%	4	100%
4.	I am comfortable talking with my early intervention service providers about what is important to me and my family.	3	75%	1	25%	0	0%	0	0%	0	0%	4	100%
5.	I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs).	2	50%	2	50%	0	0%	0	0%	0	0%	4	100%
6.	The early intervention services we received have helped me effectively communicate my child's needs.	2	50%	1	25%	1	25%	0	0%	0	0%	4	75%
7.	I have a key role in all decisions related to early intervention services for my child and family.	3	75%	1	25%	0	0%	0	0%	0	0%	4	100%
8.	My early intervention service providers respect my family's cultural values and preferences.	3	75%	1	25%	0	0%	0	0%	0	0%	4	100%
9.	I know who to contact if I have a question or concern about my child's early intervention services.	3	75%	1	25%	0	0%	0	0%	0	0%	4	100%
10.	I understand our IFSP can be reviewed and revised by the team any time we choose.	3	75%	1	25%	0	0%	0	0%	0	0%	4	100%
11.	My family receives all the early intervention services that we agreed to on our IFSP.	3	75%	1	25%	0	0%	0	0%	0	0%	4	100%
12.	My early intervention services are provided in my preferred language or form of communication.	3	75%	1	25%	0	0%	0	0%	0	0%	4	100%
13.	My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook).	3	75%	1	25%	0	0%	0	0%	0	0%	4	100%
14.	My early intervention providers have supported me in knowing how to help my child develop and learn.	3	75%	1	25%	0	0%	0	0%	0	0%	4	100%
15.	My early intervention providers give me information about other activities and services in the community that may help me and my child (for example, childcare, play groups, WIC, etc.).	3	75%	1	25%	0	0%	0	0%	0	0%	4	100%

16.	Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults.	3	75%	1	25%	0	0%	0	0%	0	0%	4	100%
17.	My early intervention providers help me identify learning activities that I can do throughout the day with my child.	3	75%	1	25%	0	0%	0	0%	0	0%	4	100%

Statewide - White		Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	Total Agree
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
1.	Early Intervention services and supports help me understand my child's strengths, abilities, and special needs.	89	64%	41	30%	6	4%	1	1%	1	1%	138	94%
2.	Members of my Individualized Family Services Plan (IFSP) team provide all the information I need to fully participate in developing our IFSP.	96	70%	34	25%	2	1%	5	4%	1	1%	138	94%
3.	As a member of my IFSP team, my opinions count and are honored by other members of the team.	96	70%	34	25%	5	4%	2	1%	1	1%	138	94%
4.	I am comfortable talking with my early intervention service providers about what is important to me and my family.	96	70%	34	25%	5	4%	2	1%	1	1%	138	94%
5.	I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs).	105	76%	30	22%	2	1%	0	0%	1	1%	138	98%
6.	The early intervention services we received have helped me effectively communicate my child's needs.	96	70%	34	25%	5	4%	2	1%	1	1%	138	94%
7.	I have a key role in all decisions related to early intervention services for my child and family.	96	70%	34	25%	5	4%	2	1%	1	1%	138	94%
8.	My early intervention service providers respect my family's cultural values and preferences.	96	70%	34	25%	5	4%	2	1%	1	1%	138	94%
9.	I know who to contact if I have a question or concern about my child's early intervention services.	96	70%	34	25%	5	4%	2	1%	1	1%	138	94%
10.	I understand our IFSP can be reviewed and revised by the team any time we choose.	96	70%	34	25%	5	4%	2	1%	1	1%	138	94%
11.	My family receives all the early intervention services that we agreed to on our IFSP.	96	70%	34	25%	5	4%	2	1%	1	1%	138	94%
12.	My early intervention services are provided in my preferred language or form of communication.	96	70%	34	25%	5	4%	2	1%	1	1%	138	94%
13.	My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook).	96	70%	34	25%	5	4%	2	1%	1	1%	138	94%
14.	My early intervention providers have supported me in knowing how to help my child develop and learn.	96	70%	34	25%	5	4%	2	1%	1	1%	138	94%
15.	My early intervention providers give me information about other activities and services in the community that may help me and my child (for example, childcare, play groups, WIC, etc.).	96	70%	34	25%	5	4%	2	1%	1	1%	138	94%

16.	Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults.	96	70%	34	25%	5	4%	2	1%	1	1%	138	94%
17.	My early intervention providers help me identify learning activities that I can do throughout the day with my child.	96	42%	34	15%	5	2%	2	1%	91	40%	228	57%

Statewide - Hispanic/Latino		Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	Total Agree
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
1.	Early Intervention services and supports help me understand my child's strengths, abilities, and special needs.	64	75%	19	22%	2	2%	0	0%	0	0%	85	98%
2.	Members of my Individualized Family Services Plan (IFSP) team provide all the information I need to fully participate in developing our IFSP.	61	72%	23	27%	1	1%	0	0%	0	0%	85	99%
3.	As a member of my IFSP team, my opinions count and are honored by other members of the team.	61	72%	23	27%	1	1%	0	0%	0	0%	85	99%
4.	I am comfortable talking with my early intervention service providers about what is important to me and my family.	61	72%	23	27%	1	1%	0	0%	0	0%	85	99%
5.	I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs).	65	77%	17	20%	2	2%	0	0%	0	0%	84	98%
6.	The early intervention services we received have helped me effectively communicate my child's needs.	61	72%	23	27%	1	1%	0	0%	0	0%	85	99%
7.	I have a key role in all decisions related to early intervention services for my child and family.	61	72%	23	27%	1	1%	0	0%	0	0%	85	99%
8.	My early intervention service providers respect my family's cultural values and preferences.	61	72%	23	27%	1	1%	0	0%	0	0%	85	99%
9.	I know who to contact if I have a question or concern about my child's early intervention services.	61	72%	23	27%	1	1%	0	0%	0	0%	85	99%
10.	I understand our IFSP can be reviewed and revised by the team any time we choose.	61	72%	23	27%	1	1%	0	0%	0	0%	85	99%
11.	My family receives all the early intervention services that we agreed to on our IFSP.	61	72%	23	27%	1	1%	0	0%	0	0%	85	99%
12.	My early intervention services are provided in my preferred language or form of communication.	61	72%	23	27%	1	1%	0	0%	0	0%	85	99%
13.	My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook).	61	72%	23	27%	1	1%	0	0%	0	0%	85	99%
14.	My early intervention providers have supported me in knowing how to help my child develop and learn.	61	72%	23	27%	1	1%	0	0%	0	0%	85	99%
15.	My early intervention providers give me information about other activities and services in the community that may help me and my child (for example, childcare, play groups, WIC, etc.).	61	72%	23	27%	1	1%	0	0%	0	0%	85	99%

16.	Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults.	61	72%	23	27%	1	1%	0	0%	0	0%	85	99%
17.	My early intervention providers help me identify learning activities that I can do throughout the day with my child.	61	72%	23	27%	1	1%	0	0%	0	0%	85	99%

Statewide - Other Race/Ethnicity		Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	Total Agree
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
1.	Early Intervention services and supports help me understand my child's strengths, abilities, and special needs.	53	67%	25	32%	1	1%	0	0%	0	0%	79	99%
2.	Members of my Individualized Family Services Plan (IFSP) team provide all the information I need to fully participate in developing our IFSP.	52	65%	26	33%	1	1%	1	1%	0	0%	80	98%
3.	As a member of my IFSP team, my opinions count and are honored by other members of the team.	52	65%	26	33%	1	1%	1	1%	0	0%	80	98%
4.	I am comfortable talking with my early intervention service providers about what is important to me and my family.	52	65%	26	33%	1	1%	1	1%	0	0%	80	98%
5.	I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs).	56	70%	21	26%	3	4%	0	0%	0	0%	80	96%
6.	The early intervention services we received have helped me effectively communicate my child's needs.	52	65%	26	33%	1	1%	1	1%	0	0%	80	98%
7.	I have a key role in all decisions related to early intervention services for my child and family.	52	65%	26	33%	1	1%	1	1%	0	0%	80	98%
8.	My early intervention service providers respect my family's cultural values and preferences.	52	65%	26	33%	1	1%	1	1%	0	0%	80	98%
9.	I know who to contact if I have a question or concern about my child's early intervention services.	52	65%	26	33%	1	1%	1	1%	0	0%	80	98%
10.	I understand our IFSP can be reviewed and revised by the team any time we choose.	52	65%	26	33%	1	1%	1	1%	0	0%	80	98%
11.	My family receives all the early intervention services that we agreed to on our IFSP.	52	65%	26	33%	1	1%	1	1%	0	0%	80	98%
12.	My early intervention services are provided in my preferred language or form of communication.	52	65%	26	33%	1	1%	1	1%	0	0%	80	98%
13.	My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook).	52	65%	26	33%	1	1%	1	1%	0	0%	80	98%
14.	My early intervention providers have supported me in knowing how to help my child develop and learn.	52	65%	26	33%	1	1%	1	1%	0	0%	80	98%
15.	My early intervention providers give me information about other activities and services in the community that may help me and my child (for example, childcare, play groups, WIC, etc.).	52	65%	26	33%	1	1%	1	1%	0	0%	80	98%

16.	Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults.	52	65%	26	33%	1	1%	1	1%	0	0%	80	98%
17.	My early intervention providers help me identify learning activities that I can do throughout the day with my child.	52	65%	26	33%	1	1%	1	1%	0	0%	80	98%

IDEA Part C Dispute Resolution Nevada SY 2021-22

[Summary](#) [Data Entry](#) [Review and Submit](#) [State Reports](#) [Related Actions](#)

Nevada - IDEA Part C Dispute Resolution Data Entry Form

Year 2021-22

A zero count should be used when there were no events or occurrences to report in the specific category for the given reporting period. Check "Missing" if the state did not collect or could not report a count for the specific category. Please provide an explanation for the missing data in the comment box at the bottom of the page.

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.

0

*

(1.1) Complaints with reports issued.

0

Missing

*

(1.1) (a) Reports with findings of noncompliance.

0

Missing

*

(1.1) (b) Reports within timelines.

0

Missing

*

(1.1) (c) Reports within extended timelines.

0

Missing

*

(1.2) Complaints pending.

0

Missing

*

(1.2) (a) Complaints pending a due process hearing.

0

Missing

*

(1.3) Complaints withdrawn or dismissed.

0

Missing

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.

0

*

(2.1) Mediations held.

0

Missing

*

(2.1) (a) Mediations held related to due process complaints.

0

Missing

*

(2.1) (a) (i) Mediation agreements related to due process complaints.

0

Missing

*

(2.1) (b) Mediations held not related to due process complaints.

0

Missing

(2.1) (b) (i) Mediation agreements not related to due process complaints. * Missing

(2.2) Mediations pending. * Missing

(2.3) Mediations not held. * Missing

Section C: Due Process Complaints

(3) Total number of due process complaints filed. 0

*** Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?** Part C due process hearing procedures Part B due process hearing procedures

(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures). * Missing

(3.1) (a) Written settlement agreements reached through resolution meetings. * Missing

(3.2) Hearings fully adjudicated. * Missing

(3.2) (a) Decisions within timeline. * Missing

(3.2) (b) Decisions within extended timeline. * Missing

(3.3) Hearings pending. * Missing

(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing). * Missing

Please provide any additional information supplementing any of the questions on this form, if needed.

4000 Character Limit

SAVE AS DRAFT

IDEA Part C Exiting Nevada SY 2021-22

[VERIFY DATA](#)

[Summary](#)
 [Reason for Exit by Race/Ethnicity](#)
 [Percent Exiting by Race/Ethnicity](#)
 [Reason for Exit by Gender](#)
 [Percent Exiting by Gender](#)

[Review and Submit](#)
 [State Reports](#)
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Nevada Review and Submit

Please review the information below before submitting responses.

Year 2021-22

A zero count should be used when there were no children to report in the specific category for the given reporting period. Enter "M" (Missing) if the state did not collect or could not report a count for the specific category. If "Part B eligible, continuing in Part C" is not applicable, select "No" for Question 3a. Please provide an explanation for any missing data in the comment box at the bottom of the survey pages.

What is your state's 12 month reporting period?

From: 06/30/2021

To: 07/01/2022

Exiting Count by Race/Ethnicity

Reason For Exit	Hispanic / Latino	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Two or More Races	Total
1. No longer eligible for Part C prior to reaching age three.	47	0	9	14	2	130		
2. Part B eligible, exiting Part C.	319	7	49	85	11	329	66	866
3a. Does your state's application for IDEA Part C funds include a policy under 20 USC 1432(5)(B) (ii) in which parents of children with disabilities who were eligible for services under IDEA Section 619 and previously received services under Part C may continue to receive early intervention services under Part C beyond age three? No								
3b. Part B eligible, continuing in Part C.	NA	NA	NA	NA	NA	NA	NA	
4. Not eligible for Part B, exit with referrals to other programs.	12	0	1	2	1	24	3	

Reason For Exit	Hispanic / Latino	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Two or More Races	Total
5. Not eligible for Part B, exit with no referrals.	8	0	0	1	0	9	2	20
6. Part B eligibility not determined.	390	6	48	100	9	265	86	
7. Deceased.	0	0	0	1	0	2	0	3
8. Moved out of state.	42	1	12	24	1	102	22	
9. Withdrawal by parent (or guardian).	333	4	56	96	6	316	92	903
10. Attempts to contact unsuccessful.	163	2	15	78	3	129	41	
Total number of infants and toddlers exiting by racial ethnic groups	1314	20	190	401	33	1306	333	3597

Please provide any additional information supplementing any of the questions on this form, if needed.

Exiting Count by Gender

Reason For Exit	Male	Female	Total
	124	99	
2. Part B eligible, exiting Part C.	601	265	866
3a. Does your state's application for IDEA Part C funds include a policy under 20 USC 1432(5)(B)(ii) in which parents of children with disabilities who were eligible for services under IDEA Section 619 and previously received services under Part C may continue to receive early intervention services under Part C beyond age three? No			
3b. Part B eligible, continuing in Part C.	NA	NA	
4. Not eligible for Part B, exit with referrals to other programs.	21	22	
5. Not eligible for Part B, exit with no referrals.	14	6	20
6. Part B eligibility not determined.	638	266	
7. Deceased.	1	2	3
8. Moved out of state.	139	65	
9. Withdrawal by parent (or guardian).	562	341	903
10. Attempts to contact unsuccessful.	276	155	

Reason For Exit	Male	Female	Total
Total number of infants and toddlers exiting by gender	2376	1221	3597

Please provide any additional information supplementing any of the questions on this form, if needed.

There are no edit check warnings. Please submit the results of the survey by clicking the 'Submit' button.

Please provide information to address edit checks violated above

4000 Character Limit

COMPLAINT INVESTIGATION LOG

Program	Issue	Complaint Number	Date Filed	60 day Timeline	Child Resolution	System Resolution	Complaint Closed	System Resolution
CHHS-N	Filed by provider, Failure to provide families Procedural Safeguard	202202	8/26/22	10/25/2022				

What conference did you recently attend?	What was the most impactful session you attended, and why?	How will what you learned at the conference impact your practice and the families you serve?	Anything else you wanted to share about your experience?
DEC	The first keynote regarding brain development and autism. I feel it was the most impactful because it choose just one, I would say that it was a session in which programs from across the state talked about their vision services. It was very interesting to see how programs do things differently, but	I have already begun to use the practices I learned at the conference. It will benefit families as it has definitely given me the drive to do better. I don't know how much I can impact change in this state, but I have renewed desire to do so.	Conference was amazing! It is so important to be able to have professional development to expand staff's I think conferences are great for renewing and energizing professionals in their respective fields. I am grateful to have had this opportunity.
AER			
DEC Conference	The Past, Present, and Future of Infant Mental Health	What I learned from the conference will help me work and promote better understanding of	I will work towards building better family partnerships.
AERBV	Early Literacy: How to Embed Literacy Activities into Daily Routines. They discussed concept	To think about integration of daily routines when making suggestions in activities for family.	Due to Covid participants really were looking for social interactions. Since I have been to many of these
DEC	The use of STEM in EI , the resources they provided. Starting from the beginning, hearing from actual	Providing my staff with with information about implementing the pyramid model. Hearing	
DEC	I learned some ways to help parents transition from the hospital to EI services. I found the information helpful and a needed service in Nevada.	I am not currently working with families, but plan to use the knowledge to help my staff support their families better.	Thank you for the opportunity to attend.
Division of Early Childhood Conference	This session provided many strategies that can be carried over to an SI session or any therapy session. One take away we learned was "hand under hand" which is a great strategy of introducing play to	based research into sessions as well as being a better listener and creating more meaningful relationships with families.	The conference was great and so unique to meet so many people in the field of EI all over the states.
St Louis AER	I found several of them to be impactful especially in relation to other states philosophy on the	I believe I will be referencing these particular states as good guidelines in terms of best	I enjoyed connecting with other professionals from other states and being able to convey similar
Infant Mental Health Past. Present and Future	development, how few credentialed professionals there are nationwide, how integrating caregivers in understanding the importance of mental health and social emotional development improves their	It was a good reminder of how important trust and rapport are between caregiver and professional to the overall development of the child.	n/a
	discussed brain development in the brain with children diagnosed with autism. I found this particular interesting as I really enjoyed learning about the correlation between the enlargement of the amygdala and autism as well as the possibility of screening in a different way to help more children	more research in the field of autism and help provided more answers to brain development and function. I also learned that at NEIS we are doing many of the things that topics were discussing such as collaboration with therapists, looking at the family as an integrative part in	N/A
DECISEI2022			
Chicago DEC	Opening session regarding the research related to autism, older siblings with autism and brain and toddlers. It discussed how a practitioner can obtain their infant mental health endorsement, ways to contribute to families and their mental health, and a helpful handout for social emotional development professional development webinars. In the session, it stated that 1 in 6 children ages 2-8	Great refresher! It was nice to learn about the newest research and different ways to engage and how it is the foundation to development for 0-3 and how important family engagement is within the program, state, and national level. I also learned that everyone has different temperaments and that a parent's temperament may not "match" their child's. So as a DS, we	Classrooms were way too small. Several sessions people had to sit in the isle and stand in the back of the and had great discussions during the sessions. I have a passion for social emotional development and loved that some of the sessions were focused on behaviors and social emotional development. As I feel, this is how I best support my families and co-workers.
DEC Conference	Infant Mental Health and getting the endorsement	Being sensitive to family culture	I appreciate the honor and priveledge to be able to go. Thank you!
DEC in Chicago	Sat morning Infant Mental Health Past present and Future	It helps me to understand it is important to building up the parent confidence. The more	This was an amazing experience. I enjoyed meeting people from other countries and learning from others.
ACVREP	starting O&M services early on. Usually O&M services have been started once a kiddo is mobile, but this sessions focused on the importance of starting earlier and had so many different strategies and	all the families I work with as well as resources on how to get canes, and other devices for kiddoos.	small incident field and the more ongoing training we can get as TVIs and O&Ms the better we will be able to do our jobs.

Nevada Early Intervention Services – South

The cores listed below are the requirements that must be satisfied in order to obtain an Early Childhood Special Ed Endorsement. This document is a draft proposal to expand the current mentor program as an alternative to satisfy the training needs to develop highly trained and qualified Development Specialists. The expanded mentor program can fulfill the core requirements required by DOE and allow the NEIS EI System to develop a certification program that can meet the same standard and be approved by Part C. There will be content that will be shared in a classroom setting. Other content can be in a webinar and module format. There will be pre and post tests implemented to determine competency.

During this 8-11 month program state DSs will have written evaluations on their work performance and at 3 months, 7 months and 11 months. This process can be used to track the level of competency gained in the areas below.

Part C will review testing materials and written documentation on each DSs status in the program and sign off on completion. The DS has then met the requirements to maintain employment. If they would like to pursue formal licensure their supervisor can walk them through the endorsement process.

If a DS fails the program then their work performance may also not meet standards. The state program will follow policy and procedures under employee performance at that time.

Core 1-Foundations and Overview of Early Childhood Education

Below is a list of trainings that we currently facilitate in the mentor program that can be expanded in order to fulfil the requirement of this core.

- Family Centered Practices-Cover best practices of service provision and working with families.
 - IDEA Basics-Part C orientation.
 - Roles and Responsibilities-description of the roles and responsibilities of the DS and various disciplines on the IFSP team.
 - Basic Child Development-an overview of typical development.
-

Core 2-Typical and Atypical Development of Children with Special Needs

Below is a list of trainings that we currently facilitate in the mentor program that can be expanded in order to fulfil the requirement of this core.

- Basic Child Development-an overview of typical development. This training can be expanded to discuss typical and atypical development.
-

Nevada Early Intervention Services – South

Core 3- Assessment of Children with Special Needs

In this area the mentor program as several of topics that can be expanded for this program. The following topics are trainings that are conducted in the classroom. There will be hands on training as they do observations and are assigned a caseload. They also get additional hands on experience when they are mentored on the eligibility process.

- Topics
 1. Intake and Eligibility-They are taken through the process of intake from referral to the actual eligibility meeting.
 2. Medical Eligibility- How medical eligibility is determined. EI Pediatricians discussing why certain diagnosis are under the medical eligibility and what areas of delay are commonly expected with various diagnosis.
 3. Dieticians will discuss nutrition needs for children that are medically fragile. Describe different kinds of Metabolic disorders.
 4. Presentation on Specialty Clinics and Autism Clinic.
 5. Assessment Training-
 - a. HELP Training-classroom time with the PDCs to learn how to administer the curriculum based assessment (Hawaii Early learning Profile). They also observe Program Development team members and observation specialists administering the tool at home visits for IFSP reviews and progress updates.
 - b. DAYC-2-New staff is assigned a MDT slot (eligibility meeting slot) with a Program Development team member and a PDC. They observe the team and are assigned to administer different parts of the meeting. In phase 2 of this training they are assigned an independent slot with a PDC for at 3months.
 - c. FNA-Family needs assessment- how to have a conversation with a family and find out what is working and not working during the family's daily routine. They learn how to marry the FNA with the Priorities and Concerns as well as the outcomes and strategy pages of the IFSP (Individual Family Service plan).
 - d. Screeners-Hearing, Vision and Nutrition Screeners, ASQ, SE ASQ.
 - e. IFSP Training on initial, 6 month, transition and annual reviews. The mentor team and PDCs will team to guide new staff on how to marry assessment with IFSP development.

Core 4-Strategies for Intervention or Curriculum for Children with Special Needs

IFSP training will carry over into this core. Development of outcomes and strategies and how to implement them would be the focus of this area.

- Trainings from therapists and specialists on feeding, motor, vision and sensory strategies.
- There will be observations and hands on opportunities to practice implementation of strategies.

Nevada Early Intervention Services – South

- Training on implementation of the HELP and HELP at Home to assist the DS with lesson planning and logging the child's progress.
- Audiologists-Will train staff on common needs of children that are deaf and hard of hearing. When should a child's hearing be tested and why. Review Hearing Screener.
- **Sign Language-Training on how to use sign as communication with children 0-3 years old.**
- Vision-Training on Vision Screener. What are the next steps and strategies.
- Insite-How to work with children that are multiply impaired.
- Nutrition Screener and Strategies.

Core 5- Working with Families who have Children with Special Needs

- In core 1 the training of Family Centered Practices would meet the requirements of this core.
- In core 3 FNA training can have a part 2 to fulfill the requirements for core 5. PDCs can train DSs on how to use the FNA to work with families and develop outcomes and strategies that address the parents' priorities and concerns.
- Observations and hands on practice.

Core 6- Issues Regarding Physical and Medical Management

- PTs can provide training on strategies for physical management of children that are medically fragile.
- EI Pediatricians can provide training on what medical needs are common for the medically fragile population served by EI.
- Training on how to track progress on children that are severely delayed and children that are medically fragile.
- Basics of vision and hearing.
- Observation and hands on application.

Core 7- Development of Language and Strategies for Intervention with Children with Special Needs

- Communication Strategies (Training led by SLPs)
- **Communication Strategies for children with hearing loss (Led by DOH and Ski Hi trained DS)**
- Observation and hands on application.

Nevada Early Intervention Services – South

Core 8 Social and Emotional Development and Strategies for Intervention with Children Special Needs

- Training on how to facilitate developmental playgroups.
- Strategies of working with children in a day care and preschool setting.
- Training on ASQ SE.
- TACESI
- Observation and hands on application.

Core 9-Coordination and Collaboration of Services for Children with Special Needs

- Training-Targeted Case Management
- Training-Community Resources
- Training-Coordinating Services for Families
- Training-How to Collaborate with Team Members and Outside Community Agencies
- Training-Documentation in Person Centered Thinking Format/SOAP/DAP
- Training-IFSP Development and Writing Outcomes in PBS Format
- Observation and hands on application

Professional Development Phase Plan At a Glance

September 6, 2022

PHASE 1

May – Sept 2022

Workforce shortage crisis discussion May 2022

Fatima, Lori Ann designated as point

Research with stakeholders for original 'Grow Your Own' workforce incentive programs

Utilize Fatima's original Core program idea from 2016

Add Iandia, Abbie and Carissa

Goal: To develop a DS Series toward Alternative Certification

An evidence-informed PD infrastructure begins development

PHASE 2

Sept 2022 – Jan 2023

Workgroup continues to build infrastructure, curriculum development

Add Bridgett, Sarah S., and Karen

Prepare for ICC stakeholder meeting

Add to workgroup

Recruit volunteer Instructors

Order Instructor and Learner materials

PHASE 3

Jan – April 2023

Instructor Readiness

Prepare for ICC stakeholder meetings Jan/April 2023

Add National TA

Enroll Learners

Orientation for Learners prior to start of DS Series

PHASE 4

April 2023 – June 2025

DS Series begins, accepted toward Alternative Certification

18 months of 8 courses

New 5-week course every 2 months

Cohort 1
Tuesdays
April 2023 – Sept 2024

Cohort 2
Wednesdays
Aug 2023 – Jan 2025

Cohort 3
Thursdays
Jan 2024 – June 2025



DS SERIES CALENDAR

Nevada EI Professional Development Center

Oct-Dec 2022	Jan-Mar 2023	Apr-Jun 2023	Jul-Sep 2023	Oct-Dec 2023	Jan-Mar 2024	Apr-Jun 2024	Jul-Sep 2024	Oct-Dec 2024	Jan-Mar 2025	Apr-Jun 2025	Jul-Sep 2025
CURRICULUM BUILD								CURRICULUM BUILD			
RECRUIT INSTRUCTORS											
	ENROLL LEARNERS COHORT 1	ENROLL LEARNERS COHORT 2		ENROLL LEARNERS COHORT 3					ENROLL LEARNERS NEXT CYCLE	ENROLL LEARNERS NEXT CYCLE	
		COHORT 1 April 2023 – Sept 2024									
		COHORT 2 Aug 2023 – Jan 2025									
				COHORT 3 Jan 2024 - June 2025							
									Cohort cycle repeats	APRIL 2025	
								AUG 2025			
								JAN 2026			

** These are tentative dates that may be subject to change pending instructor availability.

**Professional Development Strategic Planning
To Address Critical Personnel Shortages
in Nevada Early Intervention Services System**

PHASE 1

PD Workgroup (June 2022 to September 2022)

With collaboration and approval from Director's Office and ASD administration in May 2022, workgroup meetings occurred during June to August 2022 with IDEA Part C Office, ASD NEIS and Quality Assurance (Lori Ann, Landia, Fatima, Abbie and Carissa). We have largely been working on researching how to develop an evidence-informed infrastructure to support an alternative, comparable no cost option for DSs to earn their endorsement.

The workgroup explored evidence-based frameworks to build a DS course series originally proposed by Fatima in 2016. The DS Series in development among this workgroup will be comparable to traditional college/university level coursework required for the Early Childhood Developmentally Delayed 0-7 endorsement. Frameworks which we have explored included:

- "Grow Your Own" programming: <https://www.tn.gov/education/grow-your-own.html>
- National Early Childhood Personnel Center (ECPC), a national Technical Assistance Center funded by OSEP for EI states and territories:
[ECPC Home | The Early Childhood Personnel Center \(ecpcta.org\)](http://ecpcta.org)
- EBSCO Information Systems database for scholarly academic research:
<https://www.ebsco.com/>
- Local programming with UNLV and UNR

The IDEA Part C Office has also been researching additional strategies with external IHE (Institution of Higher Education) stakeholders to learn of alternative options to support DS retention:

- Contact with UNR on 6/14/22 and 6/15/22: No 'Grow Your Own' or Workforce Incentive Grant opportunities are available; no discounts are available.
- UNLV on 6/14/22, 7/29/22, 8/9/22: No 'Grow Your Own' or Workforce Incentive Grant opportunities are available, but there may be tuition discounts in the next few years. An interlocal agreement could be possible so that UNLV could in theory develop EI curriculum just for DSs, with the development of this curriculum paid for by IDEA Part C. However, it is theorized that DSs would still have to pay for tuition, although possibly discounted. This would not ideally meet the need among the DS workforce for a no cost option.

The IDEA Part C Office has begun developing infrastructure for the DS Series and PD Center:

- *Accessibility:* We received IT support to create a virtual Nevada EI Professional Development Center that will house the DS Series as well as other PD series which future learners will be able to access:
New email address assigned 7/19/22 by our Director's Office IT for the DHHS NV EI Professional Development Center is: dhhsnevadaeipdcenter-ideapartcoffice@health.nv.gov
New Teams Group created 7/22/22, everyone on this email has been added. Please bear with us, we are still learning how to manage this team group and are attempting to invite each

individual serving on the workgroup to be Teams group members. Our plan is to eventually move all PD materials into a portal within the new Data System, expected during mid-2023.

- *Stakeholder input:* Developed and provided national presentation on 7/27/22 to Infant and Toddler Coordinators Association re: Nevada's personnel shortage and strategies to address this crisis; see attached. We may modify this power point as needed for upcoming ICC stakeholder meetings to explain and defend this PD project.
- *State Technical Assistance/Consultation:* Received consultation 7/27/22 from subject matter experts with the Nevada Department of Administration team that developed the State's CPM (Certified Public Manager) Course. Strategies provided for legal and political considerations; We are invited to continue with any further consultations needed, and to share with their CPM class when we have completed our PD project.
- *National Technical Assistance:* Received technical assistance specifically for Nevada's strategic PD efforts at the Improving Data Improving Outcomes (IDIO) national conference in Washington D.C., on 8/22/22, 8/23/22 and 8/24/22 from the Early Childhood Personnel Center (ECPC) and Part C States; on 8/24/22 from both Early Childhood Technical Assistance Center (ECTA) and IDEA Data Center (IDC). Nevada Part C presented at this national conference on 8/23/22 re: Nevada's personnel shortage and retention strategies by request from ECPC during ECPC's conference session 8/23/22.
- *Governance:* IDEA Part C Office will provide technical assistance on federal regulations, including providing to EI program managers a universal 18-month extension for DSs to obtain required endorsement coursework, with information as possible to the system re: the PD Phase Plan. IDEA regulations (34 CFR 303.118) – *Comprehensive System of Personnel Development: An appropriate certification is one which is approved at the discretion of the IDEA Part C Office through an approved course of comparable study, licensure and/or experience and is deemed to be equivalent to an Endorsement for Early Childhood Developmentally Delayed.*
- *Fiscal:* We are planning to utilize IDEA Part C's American Rescue Plan (ARP) funds to fund all PD Center materials; We also submitted a formal proposal on 7/11/22 to the Director's Office requesting any additional available APR funds, and collaborated with ADSD for their proposal as well; Working with Director's Office fiscal team 8/31/22 to present to develop a purchase order/RXQ to pay for EBSCO subscription to benefit PD learners. Upcoming purchases include textbooks and webinars for learners, orientation supplies and capstone materials.

PHASE 2

PD Core Team expands to PD Design Team (September 2022 to January 2023)

- Designing curriculum in endorsement core areas. We have foundational framework tools which we will use to build crosswalks with learning standards for curriculum, sample syllabi and rubrics to measure competency through project-based evaluation.
[Papers Publications and Data | The Early Childhood Personnel Center \(ecpcta.org\)](#)
[ECPC-Curriculum-Planning-Tool-with-IMH-ZTT.xlsx \(live.com\)](#)
[Curriculum Module | The Early Childhood Personnel Center \(ecpcta.org\)](#)
- Reviewing and ordering webinars of learning decks from the Division of Early Childhood to complement the curriculum we will design: [Learning Decks | DEC \(dec-sped.org\)](#)
- Recruiting volunteer instructors/guest instructors among managers, supervisors, seasoned staff with Master's or higher in EI/ECSE and/or with Endorsement licensure or certification. PD hours would be granted for these volunteers according to the Dept of Ed. All programs who would like to have their DS staff enroll will be encouraged to participate in some way with the rotation of instructors.
- Designing instructor supports for readiness in instructing professional EI learners: [ECPC-Adult-Learning-Planning-Tool-with-Examples.pdf \(ecpcta.org\)](#)
- Designing an enrollment and tracking process for learners and programs.
- Designing branding components as advised by national TA to promote buy in and cohesion.
- Planning eight 5-week courses for our first cohort of learners, expected to begin approximately between April to June 2023, to run for 18 months. Courses will fit within 2-month time periods of instruction and breaks, such that a new 5-week course begins every other month potentially as provided in Phase 4 below.
- Next quarterly ICC stakeholder meeting is October 20, 2022; present to ICC PD plans with guest speakers on technical assistance. Invite stakeholders to join the workgroup.

PHASE 3

EI system prepares readiness for volunteer PD Instructors and interested Learners (January 2023 to April 2023)

- Onboard PD Instructors: Readiness, training, scheduling. Incentives: PD Hours toward licensure renewal at no cost.
- Enroll Learners for DS Series: Potential acknowledgments for continued employment and program success.
- Next quarterly ICC stakeholder meeting is projected for April 2023; present to ICC update on PD plans with guest speakers on technical assistance

PHASE 4

Roll out of DS Series (April 2023 – June 2025)

1st Cohort DS Series

2023

April to May	Course 1: Orientation / Foundations / Typical and Atypical Development
June to July	Course 2: Working with Families in EI / Equity, Diversity, Inclusion
August to September	Course 3: Assessment in Early Intervention
October to November	Course 4: Curriculum in EI
December	Break / Mid-Series Planning for upcoming Capstone / Evaluation

2024

January to February	Course 5: Strategies in EI / Practicum / Prepare Capstone
March to April	Course 6: Service Coordination / Practicum / Prepare Capstone
May to June	Course 7: Involved cases: Medically Fragile, Physical Disabilities, Communication, Social Emotional, Behavior / Prepare Capstone
July	Break
August to September	Course 8: Capstone: Learners present for competency with Capstone projects statewide. Cohort 1 is completed.
October to November	Evaluation Recruitment for next cohort of Instructors Enroll next cohort of Learners

PHASE 4 Ongoing Cycles: Sustainability of Future Cohorts

1st Cohort: Courses projected for April 2023 to Sept 2024

2nd Cohort: Courses projected for Aug 2023 to Jan 2025

3rd Cohort: Courses projected for Jan 2024 to June 2025

Future cohorts may be contingent on whether Nevada develops other workforce incentive programs applicable to the Developmental Specialist position.

Nevada EI Professional Development Center

September 2020

Our Branding Story

The creation of the new Nevada Early Intervention Professional Development Center within the IDEA Part C Office brought opportunities for national technical assistance and collaboration with the OSEP-funded Early Childhood Personnel Center (ECPC) and other Part C States that had recently developed their own Personnel Centers. On August 22nd and 23rd, 2022 at the national Improving Data, Improving Outcomes Conference in Washington D.C., the ECPC and other States advised our State of Nevada and other states regarding many strategies to successfully build an effective Comprehensive System of Personnel Development (CSPD). One strategy included the importance of thoughtfully implementing branding to promote buy in and system cohesion for professional development opportunities. This notion of branding was advised to include simple applications of a logo and unified, consistent graphics and color themes. In consideration of this advising, the IDEA Part C Office found inspiration and meaningful correlations within one of Nevada's naturally occurring waterfalls: The Lost Creek Canyon Falls located in Southern Nevada's Red Rock National Conservation Area.

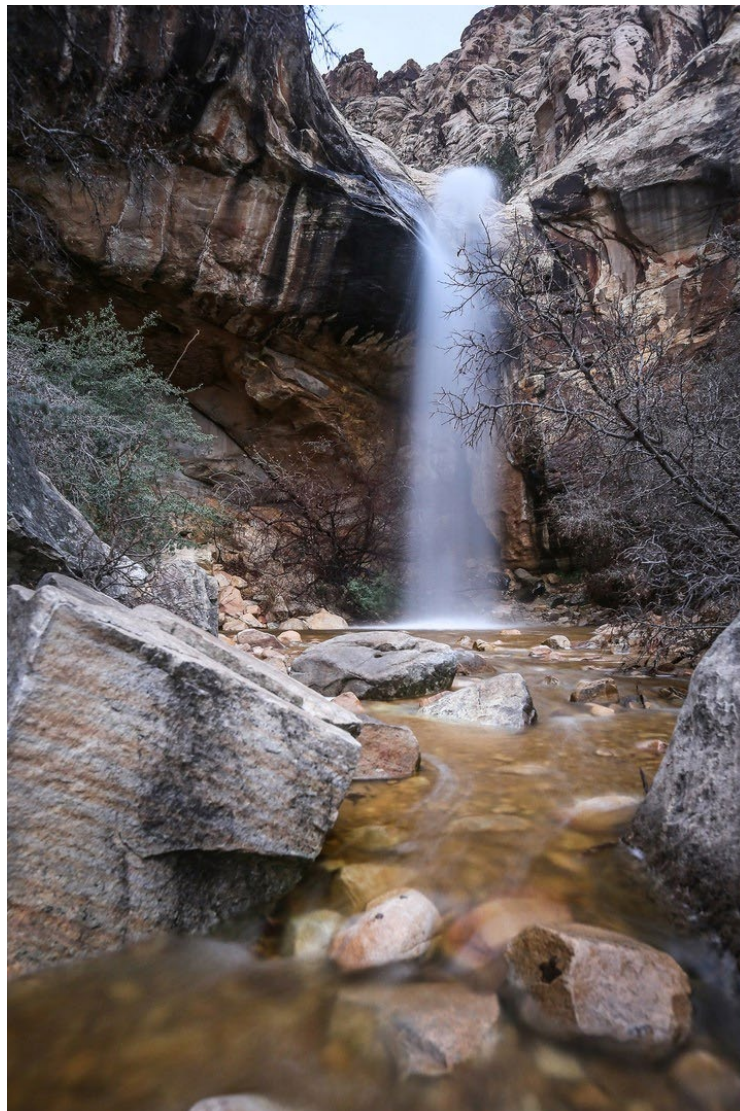


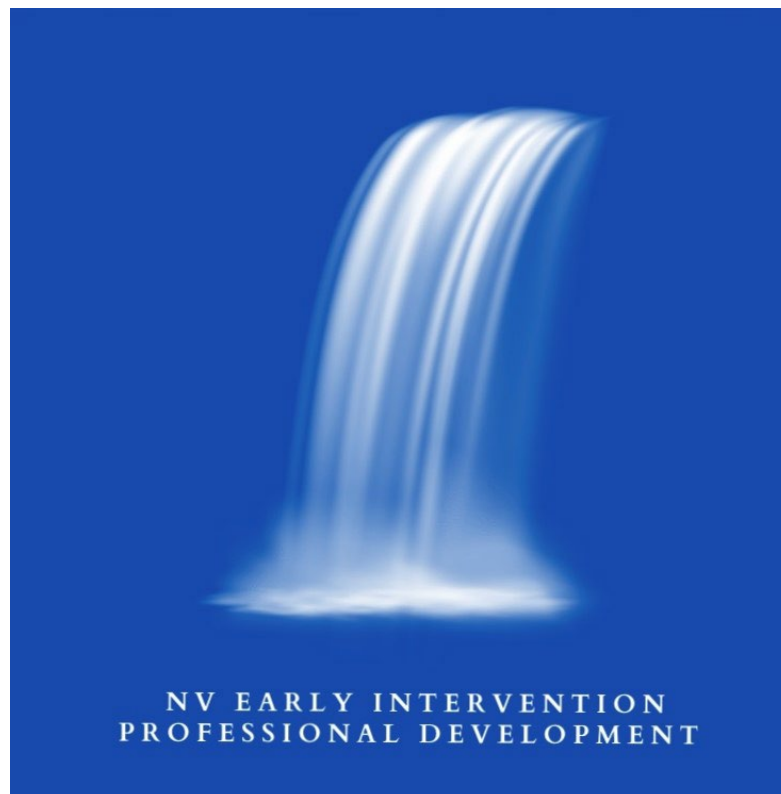
Photo courtesy of: [Lost Creek Canyon Falls | Outdoor Project](#)

Inspiration

- The name Lost Creek Canyon Falls first brought to mind that families in early intervention sometimes feel lost as they navigate how to best help their child with disabilities. Similarly, the staff serving these families may too feel lost at times and in need of gaining additional knowledge to understand how to best support caseloads of families with diverse needs.
- Another insight gained from the Lost Creek Canyon Falls included that the optimal time to view a flowing waterfall at Lost Creek Canyon Falls is annually during the months of December to April, or after a storm. Apart from these months, the Falls area usually remains dry. Likewise, children in early intervention have optimal periods of development which require supports and services; missing these opportunities can impact families as they can never get that time back for their child's optimal developmental growth periods.
- Lastly, within the Lost Creek Canyon Falls area is a Children's Discovery Loop. The connecting notion here, and our vision, is that our Early Intervention PD Center will provide quality professional development opportunities flowing to all learners for the discovery and application of evidence-informed practices. Participation in the PD Center will yield treasures of best practices including innovative evidence-informed professional projects that will add value to the larger EI system at local, regional and statewide levels and beyond.

Logo

In the search for a simple but esthetically pleasing image that would capture the inspiration from Nevada's Lost Creek Canyon Falls for use on our PD materials, the IDEA Part C Office designed the waterfall logo below with the Canva app, with a blue background in honor of the Nevada State flag.



Theme/Colors/Fonts

The waterfall, canyon and creek theme is being planned to be the go-to when graphics for PD materials may be needed. Colors with natural earth/canyon/waterfall hues are planned if color accents may be needed on materials. Within the logo, the displayed PD Center name is capitalized for all lettering within the Cardo font which is available on the Canva app. Other fonts for materials may include Arial font and Times New Roman depending on nature of the materials and the intended audience.

Materials

PD materials which we are planning include Word documents, Powerpoint, large conference-style poster projects, promotional items for instructors and learners i.e., notebooks, binders, etc. No materials will be for sale or may be sold as the PD Center is grant funded.