

# **STATE OF NEVADA**

## **EARLY INTERVENTION POLICY DOCUMENT**

**FOR THE  
PROVISION OF EARLY INTERVENTION SERVICES  
FOR DEVELOPMENTALLY DELAYED CHILDREN  
AGES BIRTH THROUGH TWO YEARS  
AND THEIR FAMILIES**

PROVIDED BY  
NEVADA DEPARTMENT OF HUMAN RESOURCES AND  
POLITICAL SUBDIVISIONS OF THE STATE

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## **LEAD AGENCY/PUBLIC AGENCY**

### **Lead Agency**

The State of Nevada has identified the Nevada Department of Human Resources as the lead agency responsible for development of a comprehensive statewide system of service delivery for the provision of early intervention services for children ages birth through two years with developmental delays and their families.

### **Public Agency**

Public agency includes the lead agency and any other political subdivisions of the State that is responsible for providing early intervention services for eligible children in accordance with Individuals with Disabilities Education Act (IDEA) and their families. Effective July 1, 1992, this includes all political subdivisions of the State whether or not they receive assistance.

### **Assurances**

The State of Nevada has a policy in effect that ensures that appropriate early intervention services in the state are available to all infants and toddlers with disabilities and their families, including Native American infants and toddlers with disabilities and their families residing on a reservation geographically located in the State.

## **ELIGIBILITY**

Children ages birth through two years will be determined eligible for early intervention services if they meet any of the criteria below through medical diagnosis, test scores from a reliable assessment tool or by informed clinical opinion.

### **Developmental Delay**

- A. A child exhibits a minimum of fifty percent (50%) delay of child's chronological age in any one of the areas listed below or a minimum of 25% delay of the child's chronological age in any of the two areas listed below. Delays for infants 36 weeks or less gestation shall be calculated according to their adjusted age.

The delay(s) must be identified in one or more of the following areas:

1. cognitive development;
2. physical development, including vision and hearing;
3. communication development;
4. social or emotional development; or
5. adaptive development.

- B. Children will also be eligible who have a diagnosed physical or mental condition that has a high probability of resulting in development delays.

\*Note: A diagnosis of prematurity, under the eligibility criteria of mental or physical diagnosed condition, does not automatically qualify a child for early intervention services. To be eligible, a child must have additional diagnosed condition(s) (e.g. Hydrocephalus, Meningitis, etc.) that has a high probability of resulting in developmental delays.

### Exit Criteria

- A. A child may be exited from early intervention services before his or her third birthday if the following conditions apply:
  - 1. Child was determined eligible based upon developmental delay(s) or diagnosed physical or mental condition.
  - 2. Child now has been determined ineligible at an IFSP review, as he/she has demonstrated age appropriate skill levels for a period of six months.

### **CENTRAL DIRECTORY**

- A. The Nevada Department of Human Resources in cooperation with the Nevada Department of Education, has developed a central directory, Project ASSIST, which includes information about the following:
  - 1. Public and private early intervention services, resources, and experts available in the State;
  - 2. Research and demonstration projects being conducted in the State; and
  - 3. Professional and other groups that provide assistance to children eligible under IDEA and their families.
- B. Project ASSIST is a computerized information and referral directory with local and toll free phone numbers.
  - 1. The procedures for use of Project Assist include:
    - a. An individual calls the Project ASSIST office.
    - b. An operator answers the call, listens to the individual, and determines information needed. (If an operator is not available, the answering machine receives a message and an operator returns the call within 72 hours.)
    - c. An operator enters the request into the computer, and a print out of the desired information is provided by the need and geographic area. If the operator does not have the information available on the computer, then the operator conducts research in the community or refers the caller to a service coordinator and contacts the individual at a later date with the information.

- d. A computer print out is mailed to the individual.
  - e. Telephone logs are maintained with the following information, who is calling, age of child, geographic region, type of information requested, and how they were referred to Project Assist.
2. Project ASSIST maintains sufficient detail to:
- a. ensure that the general public will be able to determine the nature and scope of the services and assistance available from each of the sources listed in Project ASSIST; and
  - b. enable the parent of an eligible child under IDEA to contact, by telephone or letter, any of the sources listed in Project ASSIST.
3. Project ASSIST is:
- a. accessible to the general public;
  - b. available in each geographic region of the State, including rural areas;
  - c. in places and in a manner accessible to persons with disabilities; and
  - d. updated at least annually.

## **PUBLIC AWARENESS PROCEDURES**

- A. Each public agency is responsible for developing procedures for a public awareness program. The focus of the public awareness activities shall be on the early identification of children who are eligible to receive early intervention services. All local public awareness activities shall be consistent with those set forth in state policies. Local public awareness programs must provide for informing the public about:
- 1. The child find system, including:
    - a. the purpose and scope of the system;
    - b. how to make referrals; and
    - c. how to gain access to a comprehensive multidisciplinary evaluation and other early intervention services;
  - 2. Project ASSIST; and
  - 3. The State's early intervention programs.
- B. Local efforts must disseminate public awareness materials broad enough to reach the general public, including those who are disabled. Each local early intervention program, with the assistance of private providers, professional associations, parent groups, advocate organizations and other organizations, shall select a variety of methods for informing the general public including but not limited to:
- 1. Use of media releases;

2. Pamphlets, brochures and posters displayed in physicians' offices, hospitals, and other appropriate locations; and
3. Use of Project ASSIST.
4. Local informational materials for parents on the availability of early intervention services should be disseminated to the following primary referral sources:
  - a. Pediatricians' and other physicians' offices
  - b. WIC Clinics
  - c. Community health departments and Tribal Health Centers.
  - d. Childcare centers
  - e. Mental health clinics
  - f. Hospitals including prenatal and postnatal care facilities
  - g. Local social service agencies e.g. libraries, family resource centers.
  - h. Parent support groups
  - i. Advocacy organizations
  - j. Local educational agencies
  - k. Businesses (e.g. milk carton campaign)
  - l. Civic Groups
5. Annual Interagency Coordinating Council Calendar on Statewide Early Intervention Systems and Family Resources.

## **CHILD FIND**

Each early intervention program shall establish a Child Find System consistent with the following policies and procedures:

### Policy

1. All infants and toddlers including children attending private schools who are eligible for services are identified, located, and evaluated and a system for making referrals to service providers is in place.
2. An effective method is developed and implemented to determine which children are receiving needed early intervention services

### Procedures

1. Appoint a Child Find Coordinator.
2. Publicize Child Find activities:
  - a. Statewide Child Find Brochures will be disseminated to all primary referral sources, including hospitals and physicians, with information for parents on the availability of early intervention services.
  - b. See the Child Find Coordinator's Handbook for additional suggestions.

3. Survey and coordinate with community resources:
  - a. Maintain a log of ongoing contacts in accordance with the instructions in the Child Find Coordinator's Handbook.
  - b. Develop formal or informal agreements as appropriate.
4. Maintain Child Find Information in the TRAC data collection system. (See Child Find Coordinator's Handbook for further details.)

### Coordination

The Child Find System must be coordinated with all other major efforts to locate and identify children conducted by other State agencies responsible for administering the various relevant education, health, and social service programs and appropriate tribes and tribal organizations including efforts in the:

1. Assistance to State's Program under Part B of the Act;
2. Maternal and Child Health Program under Title V of the Social Security Act;
3. Medicaid's Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program under Title XIX of the Social Security Act;
4. Developmental Disabilities Assistance and Bill of Rights Act; and
5. Head Start Act.
6. Supplemental Security Income Program under Title XVI of the Social Security Act.

### Referral Procedures

The Child Find System must include procedures for use by primary referral sources for referring a child to the appropriate public agency with the system for:

1. screening;
2. evaluation and assessment; or
3. as appropriate, the provision of IFSP and early intervention services.

The procedures:

1. provide for an effective method of making referrals by primary referral sources (e.g. hospitals, including prenatal and postnatal care facility; physicians; parents; childcare programs; local educational agencies; public health facilities; social service agencies; and other health care providers);
2. ensure that referrals are made no more than two working days after a child has been identified; and
3. provide for a method of determining the extent to which primary referral sources (physicians and hospitals), disseminate information on the availability of early intervention services.

The procedures assure that once the public agency receives a referral, it shall, within 45 days:

1. appoint an interim service coordinator as soon as possible after a child is referred to the agency;
2. Screen child, if the child does not pass screening schedule child for evaluation and assessment;
3. complete the evaluation and assessment; and if determined eligible;
4. hold an IFSP meeting; and
5. make referrals to other appropriate community service providers.

### Notice to Parents

#### 1. Comprehensive Child Find System

Before a public agency begins a major project involving the identification, location, or assessment of children, it must publish a notice in newspapers or by other communication media with circulation adequate to notify parents of the proposed project.

The notice must include:

- a. a description of the extent to which the notice is given in the native languages of the various population groups in the state;
- b. a description of the child on whom personally identifiable information is maintained;
- c. the types of information sought;
- d. a description of the methods and sources to be used in gathering the information (including the sources from whom information is gathered);
- e. the uses to be made of the information;

- f. a summary of the policies and procedures to be followed regarding the storage, disclosure to any interested third parties, retention, and destruction of personally identifiable information; and
  - g. a description of all of the applicable state and federal rights of parents and children regarding this information, including Family and Educational Rights and Privacy Act.
2. Prior Notice

Before any major identification, location, or evaluation activity is conducted, notice must be published or announced in the newspapers or other media with circulation adequate to notify parents throughout the State of the activity.

3. Screening

- a. All children who are referred for reasons other than a diagnosed physical or mental condition (e.g. chromosomal, syndromal, neurological, anomalies, sensory loss) must be screened by qualified personnel using a reliable and valid screening instrument. The developmental screening shall be conducted on an individual basis for each child and family and include the following areas: child's cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.
- b. Children who pass screening may be put on a periodic schedule for re-screening and/or referred to appropriate community services; and
- c. Children who do not pass screening will be scheduled for evaluation/assessment.

## **EVALUATION/ASSESSMENT**

### **Evaluation and Assessment Definitions**

- 1. Evaluation - A service conducted by appropriate qualified personnel to determine a child's initial and continuing eligibility. The evaluation shall be conducted on an individual basis for each child and family and shall include a comprehensive evaluation of the child's cognitive development; physical development, including vision and hearing; communication development; social or emotional development or adaptive development.
- 2. Assessment - The ongoing multidisciplinary procedures provided by appropriate qualified personnel throughout the period of a child's eligibility to identify a) the child's unique strengths and needs and the identification of services appropriate to meet such needs, and b) the family's resources, priorities, and concerns and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

## A. Composition of the Multidisciplinary Evaluation Team

1. A multidisciplinary team shall be formed to determine the child's eligibility for services. The core members of the multidisciplinary evaluation team shall include:
  - a. The Child's Parent(s) or Guardian;
  - b. A Pediatrician/Physician or other Licensed Health Care Professional;
  - c. Early Intervention Professional.

In addition, other professionals, such as a social worker, nutritionist, nurse, speech-language pathologist, physical therapist, occupational therapist, marriage and family therapist, orientation and mobility specialist, audiologist, and/or other medical specialist should be included as needed.

### Responsibilities

1. The responsibilities of the multidisciplinary evaluation team shall include these activities:
  - a. Review available intake, screening, health evaluation/assessment, and other pertinent information;
  - b. Conduct appropriate evaluation/assessments;
  - c. Request other professionals to conduct additional evaluations/assessments;
  - d. Make eligibility determination decisions;
  - e. Prepare a written report of the eligibility determination; and
  - f. Develop the IFSP or recommend team members to do so.

### Evaluation/Assessment Areas

1. A multidisciplinary team shall determine the present level of functioning of each child in the following developmental areas:
  - a. Cognitive development;
  - b. Communication development;
  - c. Physical development, including vision and hearing;
  - d. Social or emotional development; and
  - e. Adaptive development.

### Family Directed Assessment

1. A family directed identification of the needs of each child's family to appropriately assist in the development of the child. Any assessment that is conducted must be family directed and voluntary on the part of the family. If an assessment is carried out, the assessment must be conducted by personnel trained to utilize appropriate methods and procedures and must be based on information provided by the family through a personal interview.

## Evaluation/Assessment Procedures

1. Informed written parental consent is necessary before conducting the initial evaluation and assessment. The evaluation and assessment instruments, procedures, and settings shall be determined based on each child's and family's needs and available agency resources.
2. A comprehensive evaluation shall include the following minimum procedures:
  - a. Observations;
  - b. Formal assessments of the child's level of functioning;
  - c. Family/Guardian interview;
  - d. Informed clinical opinion; and
  - e. Other procedures as appropriate.
3. Tests and other evaluation materials and procedures will be administered in the native language of the parents and/or child or other mode of communication, unless it is clearly not feasible to do so.
4. Any evaluation/assessment procedures and materials used shall be selected and administered so as not to be culturally or racially discriminatory. Statements should be included in the evaluation/assessment reports which identify a child's culture or native language if it is other than English.
5. No single evaluation/assessment procedure shall be used to determine eligibility or exclude a child from services. Information should be obtained through a team approach that involves the child's parents.
6. Evaluations and assessments must be conducted by qualified personnel. Any formal evaluation/assessment instrument used as a part of any comprehensive evaluation/assessment shall be administered by qualified professionals competent to administer and interpret that test.
7. A physical/medical evaluation will be conducted on each child and will include, but shall not be limited to, the following components: a hearing and vision screening, a record of the results of any positive state newborn screening tests and immunizations, a current medical and health status of the child, and any restrictions which should be specified in the Individualized Family Service Plan.
8. Reports, observations, and assessments submitted by the parents and other agencies must be given full consideration.
9. Evaluation and assessment services shall be available in a variety of settings, including home, which are designed to meet the child's and family's needs and maximize available resources.

10. Once the evaluation/assessment is completed, the multidisciplinary team, by consensus, will determine eligibility, including the identification of supports and team members appropriate to meet the child's and family's needs and develop the IFSP.
11. The evaluation/assessment of each child and family must be completed within 45 calendar days after referral.
12. With written parental consent, early intervention services may commence before the completion of the evaluation. An interim IFSP must be developed which includes:
  - a. The name of the service coordinator who will be responsible for the implementation of the interim IFSP and coordination with other agencies and persons; and
  - b. The early intervention services that have been determined to be needed immediately by the child and child's family.
  - c. A specific period of time, not exceeding 45 calendar days from the time of initial referral, set for completing the evaluation and the IFSP.
13. In the event that a family has exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days from the time of referral, the public agency will:
  - a. document those circumstances; and
  - b. develop and implement an interim IFSP, to the extent appropriate and consistent with this section and the IFSP Section of the Policy Document.

### **INDIVIDUALIZED FAMILY SERVICE PLAN**

Following the determination of eligibility for services and based on the evaluation/assessment results and other relevant information, a multidisciplinary team which includes the parents shall develop an Individualized Family Service Plan (IFSP) for each eligible child and their family. The IFSP must be developed within 45 calendar days of receipt of a referral.

The IFSP must be reviewed at six month intervals, or more often if appropriate, and re-evaluated/revised once a year. Parents must attend the IFSP meeting to review and revise the IFSP. Current evaluations and the information available from ongoing assessment results shall be considered when determining the early intervention services to be included in the IFSP and reviews. Revisions in the content of the IFSP can only be made by the IFSP Team. A copy of the IFSP shall be made available to the child's parents. Documentation of reviews of each IFSP must be maintained in each child's file.

The plan must (1) be developed jointly by the family and appropriate qualified personnel involved in the provision of early intervention services; (2) be based on the multidisciplinary evaluation and assessment of the child, and the assessment of the child's family; and (3) include services necessary to enhance the

development of the child and the capacity of the family to meet the special needs of the child. Early Intervention Services must be provided in natural environments to the maximum extent appropriate and only elsewhere when early intervention cannot be achieved satisfactorily in a natural environment.

IFSP meetings must be conducted (1) in settings and at times which are convenient to families and (2) in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.

### Parent Notification

Parents and all other participants shall be provided written notice of the IFSP meetings early enough to ensure that they will be able to attend. The notice shall indicate the date, time, location and purpose of the meeting and who will be in attendance.

### Participants in Initial and Annual IFSP Meetings

Each initial meeting and each annual meeting to update the IFSP must include at a minimum the following participants:

1. The parent or parent(s) or guardian of the child;
2. Service coordinator;
3. A person or persons directly involved in conducting the evaluations and assessments. If such person is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including:
  - a. Participating in a telephone conference call;
  - b. Having a knowledgeable authorized representative attend the meeting;  
or
  - c. Making pertinent records available at the meeting.
4. Other individuals as requested by the parent(s) if feasible to do so;
5. An advocate or person outside the family, if the parent requests that the person participate; and
6. As appropriate, persons who will be providing services to the child or family, or who are qualified to do so.

### IFSP Content

The IFSP for each child must be in writing and contain:

1. A statement of the child's present levels of cognitive development; physical development, including health status, vision and hearing; communication development; social or emotional development or adaptive

development. This statement must be based on professionally acceptable objective criteria and the information available from current evaluations and ongoing assessments;

2. With the concurrence of the family, a statement of the family's resources, priorities, and concerns relating to enhancing the development of the child;
3. A statement of the major outcomes expected to be achieved for the child and the family, including the criteria, procedures, and timelines that will be used to determine:
  - a. The degree to which progress toward achieving the outcomes is being made; and
  - b. Whether modifications or revisions of the outcomes or services are necessary;
4. A statement of the specific early intervention services necessary to meet the unique needs of the child and the family, including the frequency, intensity, location and method of delivering services, and payment arrangements, if any;
5. Medical and other services that the child needs, but that are not required under IDEA; the funding sources to be used in paying for those services or the steps to be taken to secure services through public or private resources. (The requirement in (5) does not apply to routine medical services i.e. immunization and well-baby care, unless a child needs those services and the services are not otherwise available or being provided.)
6. A statement of the natural environments in which early intervention services shall appropriately be provided, including justification of the extent, if any, to which the services will not be provided in a natural environment.
7. The projected dates for initiation of services as soon as possible after the IFSP meeting and the anticipated duration of those services;
8. The name of the service coordinator from the profession most immediately relevant to the child's or family's needs or who is otherwise qualified to carry out all applicable responsibilities under IDEA; (This may be the same service coordinator who was appointed when the child was referred for initial evaluation or a new service coordinator may be assigned from the profession most immediately relevant.) The service coordinator is responsible for implementing and coordinating the IFSP with other agencies and personnel.
9. A written transition plan shall be developed for each child;
  - a. A minimum of 90 days prior to child's third birthday.
  - b. When/If a child has attained age appropriate skills and meets exit criteria.

Transition from Part C services – The IFSP must include the steps to be taken to support the transition of the child to:

- a. Preschool services under Part B of the Act, to the extent that those services are appropriate.
- b. Other services that may be available, if appropriate.

Steps required for transition include:

- 1) Notify the local educational agency for the area in which the child resides that the child will shortly reach the age of eligibility for preschool services under Part B of the Act, as determined in accordance with State law;
- 2) (a) In the case of a child who may be eligible for preschool services under Part B of the Act, with the approval of the family of the child, convene a conference among the lead agency, the family, and the local educational agency at least 90 days, and at the discretion of the parties, up to 6 months, before the child is eligible for the preschool services, to discuss any services that the child may receive; or  
(b) In the case of a child who may not be eligible for preschool services under Part B of the Act, with the approval of the family, make reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for children who are not eligible for preschool services under Part B, to discuss the appropriate services that the child may receive;
- 3) Review the child's program options for the period from the child's third birthday through the remainder of the school year; and
- 4) Establish a transition plan.

To ensure a smooth transition of children from one program to another it is recommended that each early intervention program develop an interlocal agreement with lead education agencies regarding transition, to include the following:

- 1) The financial responsibilities of all appropriate agencies.
- 2) The responsibility for performing evaluations of children.
- 3) The development and implementation of an individualized education program (IEP) or an individualized family service plan (IFSP) for each child, consistent with the requirements of law.
- 4) The coordination of communication between agencies and the child's family.
- 5) The mechanisms to ensure the uninterrupted provision of appropriate service to the child.

10. Parents' role in implementing the IFSP, including any shared service coordination functions that have been agreed upon;

11. A listing of the individuals responsible for the IFSP; and

## 12. Signatures of individuals who developed the IFSP.

### Parental Consent

1. The contents of the IFSP shall be fully explained to the parents or guardian and informed written consent from such parents or guardian shall be obtained prior to the provision of early intervention services described in such plan. If such parents or guardian do not provide such consent with respect to a particular early intervention service, or withdraw consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided.

### Six-Month Review Meetings

1. Individualized Family Service Plans must be reviewed every six months to determine:
  - a. The degree to which progress toward achieving the outcomes is being made; and
  - b. Whether modification or revision of the outcomes or services is necessary.
2. The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants. Each six-month review meeting must provide for the participation of the following persons:
  - a. The parent or parents of the child;
  - b. Other family members, as requested by the parent, if feasible to do so;
  - c. An advocate or person outside the family, if the parent requests that the person participate; and
  - d. The service coordinator that has been working with the family since the initial referral of the child for evaluation, or the person that has been designated by the public agency to be responsible for implementation of the IFSP.
3. If conditions warrant, provisions must be made for the participation of other individuals identified as participants in initial and annual IFSP meetings.
4. Current evaluations and the information available from ongoing assessment results shall be considered when determining the early intervention services to be included in the IFSP and reviews.

### Interim IFSP Provision

1. With written parental consent, early intervention services may commence before the completion of the evaluation. An interim IFSP must be developed which includes:

- a. The name of the service coordinator who will be responsible for the implementation of the interim IFSP and coordination with other agencies and persons; and
- b. The early intervention services that have been determined to be needed immediately by the child and child's family.
- c. A specific period of time, not exceeding 45 calendar days from the time of the initial referral, set for completing the evaluation and the IFSP.
- d. In the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days from the time of initial referral, the public agency will:
  - 1) document those circumstances, and
  - 2) develop and implement an interim IFSP, to the extent appropriate and consistent with Section Six: Evaluation/Assessment of this policy document and this section (IFSP).

## **EARLY INTERVENTION SERVICES**

### **Natural Environment**

1. To the maximum extent appropriate, early intervention services must be provided in the natural environment, including the home and community settings in which infants and toddlers without disabilities would participate. Each early intervention program shall provide early intervention services to meet the unique needs of the child in the natural environment to the extent appropriate and meet the requirements of appropriate early intervention services. Services and supports should occur in settings most natural and comfortable for the child and family. The location selected for the early intervention services should be one that maximizes the child's and parent's opportunities to use daily routines, materials and people common to the family and child.
2. Providing services in natural environments means:
  - a. decreasing a family's sense of isolation by connecting families to community resources and social network;
  - b. encouraging and assisting families in identifying their child's strengths;
  - c. helping families to build relationships that focus on their child's strengths;
  - d. providing opportunities for children with disabilities and normally developing children to interact into all aspects of community life.
3. In those instances, the IFSP team must justify on the IFSP the extent to which a service cannot be provided in a natural environment.

### **Frequency of Service**

1. The frequency of services shall be based on the needs of the child and his/her family as indicated in the Individualized Family Service Plan (IFSP).

## Types of Early Intervention Services

### 1. Assistive technology device:

Assistive technology device means any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

### 2. Assistive technology services:

Assistive technology services means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Such term includes:

- a. the evaluation of the needs of a child with disability, including a functional evaluation of the child in the child's customary environment;
- b. purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- c. selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;
- d. coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing early intervention services;
- e. training or technical assistance for a child with disabilities, or where appropriate, that child's family and;
- f. training or technical assistance for professionals including individuals providing early intervention services, or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

### 3. Audiology:

- a. Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;
- b. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- c. Referral for medical and other services necessary for the habilitation and rehabilitation of children with auditory impairment;
- d. Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
- e. Provision of services for prevention of hearing loss; and
- f. Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

### 4. Family training, counseling and home visits:

Family training, counseling and home visits means services provided, as appropriate, by social workers, psychologists, and other qualified

personnel to assist the family of a child eligible under IDEA, Part C in understanding the special needs of the child and enhancing the child's development.

5. Health services:

- a. Health services means services necessary to enable a child to benefit from the other early intervention services under IDEA during the time that the child is receiving the other early intervention services.
- b. The term includes:
  - 1) Such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
  - 2) Consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.
- c. The term does not include the following:
  - 1) Services that are:
    - a) Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or
    - b) Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose).
  - 2) Devices necessary to control or treat a medical condition.
  - 3) Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

5. Medical services only for diagnostic or evaluation purposes:

Medical services only for diagnostic, re-evaluation, consultation referral, and service coordination purposes means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.

6. Nursing services:

- a. Assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
- b. Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
- c. Administration of medications, treatments, and regimens prescribed by a licensed physician.

7. Nutrition Services:

- a. Conducting individual assessments in:

- 1) Nutritional history and dietary intake;
  - 2) Anthropometric (growth measurements such as height & weight), biochemical (laboratory findings), and clinical variables (other medical data related to nutrition);
  - 3) Feeding skills and feeding problems; and
  - 4) Food habits and food preferences;
- b. Developing and monitoring appropriate plans to address the nutritional needs of children eligible under IDEA, Part C, based on the findings of assessments listed above (8. a. 1-4); and
  - c. Making referrals to appropriate community resources to carry out nutrition goals.

#### 8. Occupational therapy:

Occupational therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:

- a. Identification, assessment, and intervention;
- b. Adaptation of the environment, and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
- c. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

#### 9. Physical therapy:

Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:

- a. Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
- b. Obtaining, interpreting, and integrating information appropriate to program planning, to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
- c. Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

#### 10. Psychological services:

- a. Administering psychological and developmental tests and other assessment procedures;
- b. Interpreting assessment results;

- c. Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
- d. Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

11. Service coordination:

Service coordination means assistance and services provided by a service coordinator to a child eligible under IDEA, Part C and the child's family that are in addition to the functions and activities included in 12-a. below. Service coordination means the activities carried out by a service coordinator to assist and enable the child and the family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program.

Each eligible child and the child's family will be provided with one service coordinator.

a. Service Coordinator Responsibilities:

The service coordinator, in cooperation with the family, is responsible for the following activities or ensuring that they occur:

- 1) Coordinating all services across agency lines;
- 2) serving as the single point of contact in helping parents to obtain the services and assistance they need;
- 3) assisting parent of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;
- 4) coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
- 5) facilitating the timely delivery of available services;
- 6) continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility;
- 7) coordinating the performance of evaluations and assessments;
- 8) facilitating and participating in the development, review, and evaluation of individualized family service plans;
- 9) assisting families in identifying available service providers;
- 10) coordinating and monitoring the delivery of available services;
- 11) informing families of the availability of advocacy services;
- 12) coordinating with medical and health providers; and
- 13) facilitating the development of a transition plan to preschool services, if appropriate.

b. Service Coordinator Appointment:

At the point of referral, an interim service coordinator will be appointed for each child and family. The assignment of the long-term service coordinator for each child and family will be determined in the development of the IFSP.

The service coordinator must be from the profession most immediately relevant to the child and family's needs or who is otherwise qualified to carry out all applicable responsibilities under IDEA.

c. Service Coordinator Qualifications:

Service coordinators must be persons who have demonstrated knowledge and understanding about:

- 1) children who are eligible for early intervention services;
- 2) state and federal regulations and statutes related to serving children with disabilities ages birth through two years; and
- 3) the nature and scope of services available under the state's early intervention program, the system of payments for services in the state, and other pertinent information.

12. Social work services:

- a. Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- b. Preparing a social or emotional developmental assessment of the child within the family context;
- c. Providing individual and family group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
- d. Working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and
- e. Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

13. Special instruction:

- a. The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
- b. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's Individualized Family Service Plan;

- c. Providing families with information, skills, and support related to enhancing the skill development of the child; and
- d. Working with the child to enhance the child's development.

14. Speech-Language pathology:

- a. Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
- b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and
- c. Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

15. Transportation and related costs:

Transportation includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and related costs (e.g., tolls and parking expenses) that are necessary to enable an eligible child and the child's family to receive early intervention services. Need will be decided on a case by case basis.

16. Vision Services

- a. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays and abilities:
- b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- c. Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

## **PROCEDURAL SAFEGUARDS**

All records are considered educational and must comply with applicable federal laws.

The Nevada Department of Human Resources has established procedural safeguards in the areas of independent evaluations, written notice, parental consent, access to records, impartial due process hearings and review, pendency, surrogate parent assignments, filing a complaint, and confidentiality in accordance with state and federal statutes and regulations.

### Access to Records

Inspection and review of records about the child and the child's family.

1. The parents of a child may request to inspect and review any records relating to their child and family which are collected, maintained, or used by a public agency. Each public agency shall comply with such request without unnecessary delay and in any event:
  - a. before any meeting regarding an Individualized Family Service Plan or any hearing relating to the identification, evaluation, assessment, or placement of the child; or
  - b. not later than 7 days after the request has been made.

Both the parents and the public agency may obtain and respond with reasonable interpretations and explanations of the information contained in the records.

2. The parents may:
  - a. make reasonable requests for the public agency to explain or interpret the records;
  - b. have their representative inspect and review the records; and
  - c. request that the public agency provide them with copies of the records generated by the agency.
3. If the public agency charges a fee for copies of records which are made for parents, the amount of the fee must not effectively prevent the parents from exercising their right to inspect and review those records. No fee may be charged for the search or retrieval of the information. Agencies may set their own fee schedules for copies in accordance with this regulation.
4. A public agency may presume that the parent has authority to inspect and review records relating to the child unless the public agency has been advised that the parent does not have the authority under an applicable court order governing such matters as guardianship, separation, or divorce.
5. Each public agency shall keep a record of the persons other than parents and authorized employees given access to records. The record must include the:
  - a. name of the person;
  - b. date access was given;

- c. purpose for which the person is authorized to use the records; and
  - d. list required by subsection 6.
6. Each public agency shall maintain and provide to parents, on request, a list of the types and location of records it collects, maintains or uses relating to children.
  7. If any record contains information on more than one child, the parents may inspect and review only the information relating to their child or be informed of that specific information.

### Amendment of Records

1. A parent who believes that information in records is inaccurate, misleading, or violates the privacy or other rights of the child may request an amendment of the information. The public agency shall determine whether to amend the information in accordance with the request within a reasonable period of time after the receipt of the request. If the decision is to refuse to amend the information, the public agency shall inform the parent of the refusal and advise him of his right to a hearing and the right to place a statement in the records.
2. The public agency shall, upon request, provide an opportunity for a hearing to challenge information in records to ensure that the information is not inaccurate, misleading, or otherwise in violation of the rights of the child. A hearing must be conducted under the procedures of the Family Education Rights and Privacy Act. If, as a result of the hearing, it is decided that the information is:
  - a. inaccurate, misleading, or otherwise in violation of the rights of the child, the public agency shall amend the information accordingly and so inform the parents in writing.
  - b. not inaccurate, misleading, or otherwise in violation of the rights of the child, the parent may place in the records a statement commenting on the information or setting forth any reasons for disagreeing with the decision. The public agency shall retain any such explanation placed in the records of the child as part of the records of the child as long as the record or contested portion is maintained. If the records of the child are disclosed to any person, the explanation must also be disclosed.

### Prior Notice: Native Language

1. A child may not be assessed or provided with early intervention services without the written prior consent of his parents.
2. All participating agencies must provide parents with a copy of their procedural safeguards at the time the parents are provided with prior written notice, including a description of how to file a complaint and a timeline under those procedures.

3. The public agency shall notify in writing to the parents, in a reasonable time, of any proposed or refused action regarding the:
  - a. identification or evaluation of any early intervention needs of the child;
  - b. placement of the child; or
  - c. provision of appropriate early intervention services to the child and the child's family.
4. The notice of action of the public agency must be written in language understandable to the general public and in the native language of the parent unless that is clearly not feasible. If the native language or other mode of communication of the parent is not a written language, the public agency or designated service provider will take steps to ensure that:
  - a. the notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;
  - b. the parent understands the notice; and
  - c. there is written evidence that the requirements have been met.

If the parent is deaf or blind, or has no written language, the mode of communication must be that normally used by the parent (such as sign language, Braille, or oral communication).

5. The public agency shall include in the notice:
  - a. a description of the action proposed or refused by the public agency;
  - b. the reasons for the proposal or refusal;
  - c. a description of any options the public agency considered and the reasons why those options were rejected;
  - d. a description of the evaluation/assessment procedures, tests, records, and reports upon which the action is based;
  - e. any other factors which are relevant to the public agency's proposal or refusal; and
  - f. a statement of all the parent's rights in the matter including the right to:
    - 1) obtain a hearing under this section;
    - 2) challenge or withhold consent to the action;
    - 3) obtain an independent evaluation of the child;
    - 4) be provided with a list of public and private agencies from whom the evaluation may be obtained.
  - g. The prior written notice shall include a description on how to file a complaint and the timelines under those procedures.

#### Parental Consent for Evaluation, Assessment and Provision of Early Intervention Services

1. A child may not be evaluated, assessed or provided with early intervention services without the prior written consent of his parents.

The parents or guardian have the right to determine whether they, their infant or toddler, or other family members will accept or decline any early intervention service under IDEA in accordance with State law without jeopardizing other early intervention services under IDEA.

2. If consent is not given, the public agency must make reasonable efforts to ensure that the parents are fully aware of the nature of the evaluation and assessment or the services that would be available and that the parents understand that the child will not be able to receive the evaluation and assessment or services unless consent is given.

The public agency may initiate formal due process procedures to challenge a parent's refusal to consent to the initial evaluation of the parent's child and, if successful, the evaluation may proceed. Even in this case, parental consent would be required to initiate services other than the initial evaluation.

3. The contents of the IFSP must be fully explained to the parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided.

### Surrogate Parents

1. The public agency shall appoint an individual to act as surrogate for the parent when the:
  - a. parents cannot be identified or located; or
  - b. public agency, after reasonable efforts, cannot locate the parent; or
  - c. child is a ward of the State.

Refer to Procedures for Appointment of Surrogate Parents, Surrogate Parent Manual.

2. A person selected as a surrogate parent must have no interest that conflicts with the interests of the child and have knowledge and skills that ensure the adequate representation of the child's interests. The surrogate parent may not be an employee of the state lead agency or any other agency providing services to the child or any family member of the child, but a person may be paid by the agency to serve as a surrogate parent.
3. The surrogate parent shall represent the minor in all matters relating to the evaluation and assessment of the child, development and implementation in the Individualized Family Service Plan, annual evaluations, periodic reviews, placement of the child, the ongoing provision of appropriate early intervention services to the child, and any other rights established under statute and regulations.

## Confidentiality of Information

1. Each public agency, or its authorized representative, providing services to children eligible under IDEA, and their families shall comply with the following policies and procedures related to parent and child rights:
  - a. protect the confidentiality of personally identifiable information at its collection, storage, disclosure, and destruction;
  - b. appoint one official to assume responsibility for ensuring the confidentiality of any personally identifiable information;
  - c. train or instruct all persons collecting or using personally identifiable information regarding these policies and procedures; and
  - d. maintain a current listing for public inspection of the names and positions of those employees within the public agency who may have access to personally identifiable information.
  - e. divisions may share information in their possession amongst themselves which is otherwise declared confidential by statute. Divisions of the department may share confidential information with agencies of local governments which are responsible for the collection of debts or obligations or for aiding the department in its official duties if the confidentiality of the information is otherwise maintained.
2. Each public agency or its authorized representative shall:
  - a. inform the parents when the personally identifiable information is no longer needed to provide early intervention services to the child; and
  - b. destroy information at the request of the parent; however, the agency shall maintain a permanent record of the child's name, address, telephone number, and degree to which progress toward achieving outcomes is being met. When informing parents about their rights under this section, the agency should remind them that the record may be needed by the child or the parents for social security benefits or other purposes.
3. Parental consent must be obtained before personally identifiable information is released.
  - a. Except as required by Nevada Revised Statutes, written parental consent must be obtained before personally identifiable information is disclosed to anyone other than officials of participating agencies collecting or using the information under IDEA or used for any purpose other than meeting a requirement under IDEA. If parents do not provide written consent, no information will be released unless authorized to do so under the Family Educational Rights and Privacy Act. Confidentiality of personally identifiable information includes the right of parents or guardian to written notice of and written consent to the exchange of such information among agencies consistent with Federal and State law.

- b. The public agency shall afford rights of privacy to children similar to those afforded to parents, taking into consideration the age of the child and type or severity of disability. The rights of parents regarding information are transferred to the child at age 18.
- c. If the public agency or its authorized representative collect personally identifiable information regarding children with disabilities which is not subject to Privacy Act of 1974 (5USC522A), the Director of the Nevada Department of Human Resources shall apply the requirements of (5USC522A) and regulations implementing the provisions.
- d. The agency will follow the above policies and procedures in order to ensure the protection of any personally identifiable information collected, used or maintained under this part. This includes the right of parents to written notice of and written consent to the exchange of this information among agencies consistent with federal & state law.

(Additional information regarding confidentiality is in the procedural safeguard section of the policy document.)

## **COMPLAINT**

### **Administrative Resolution of Individual Child Complaints**

- A. A parent has the option of filing a formal complaint through the agency regarding the following matters:
  - 1. Before the public agency proposes to initiate and/or change the identification, evaluation, or placement of the child or the provision of early intervention services to eligible child/family; or
  - 2. Before the public agency refuses to initiate or change the identification, evaluation, or placement of the child or the provision of early intervention services to eligible child/family.

### **Systemic Complaint**

- A. A parent, organization, or individual from another state may file a complaint with the Nevada Department of Human Resources Director's Office. The complaint must contain a statement that the early intervention program has violated a state or federal law and the facts on which the complaint is based.
- B. The alleged violation must have occurred not more than one year prior to the date that the complaint is received by the public agency unless a longer period is reasonable because the violation is continuing, or the complaint is requesting compensatory services for a violation that occurred not more than three years prior to the date that the complaint is received by the public agency.

- C. The Department of Human Resources has 60 calendar days, upon receipt of the complaint, to complete the following procedures:
1. Carry out an independent on-site investigation, if necessary. Give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint.
  2. Review all relevant information and make an independent determination as to whether the early intervention program is violating a requirement of the Individuals with Disabilities Act (IDEA).
  3. Issue a written decision to the complainant that addresses each allegation in the complaint and contains,
    - Finding of fact and conclusions, **and**
    - The reasons for the agency's final decision.
  4. Include procedures for effective implementation of the agency's final decision, if needed, including technical assistance activities, negotiations, and corrective actions to achieve compliance.
  5. Any issue that is being addressed in a due process hearing must be set aside until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within 60 calendar day timeline. An issue decided in a due process hearing is binding and the Nevada Department of Human Resources will inform the complainant to the effect.
  6. The time limit may only be extended if exceptional circumstance exist.
  7. A complaint alleging a public agency's or private service provider's failure to implement a due process decision must be resolved by the lead agency.
  8. The complaint procedures shall be disseminated to parents and interested organizations, including the Nevada P.E.P., Nevada Advocacy and Law Disability Center, University of Nevada, Reno, and other appropriate entities.

### Mediation

Mediation shall be available whenever a complaint goes unresolved or a hearing is requested. Mediation may not be used to deny or delay a parent's rights. Participation by any party must be voluntary. The mediation process shall be conducted by a qualified and impartial mediator who is trained in effective mediation techniques. Each mediation session shall be scheduled in a timely manner and shall be held in a location that is convenient to the parties to the dispute.

An agreement reached by the parties to the dispute in the mediation process shall be set forth in a written mediation agreement.

Discussions that occur during the mediation process shall be confidential and may not be used as evidence in subsequent due process hearings or civil proceedings and the mediation parties may be required to sign a confidential pledge prior to the commencement of the mediation.

For additional information, consult the Nevada Mediation System Manual for Early Intervention & Special Education, Revised 2000, by the Nevada Departments of Education and Human Resources.

### Due Process Hearing

- A. When a parent desires a due process hearing with an impartial hearing officer with respect to any matter relating to the identification, evaluation, placement of the child, or the provision or denial of early intervention services, the early intervention program must provide a model form to assist parents in filing a request. However, a public agency may not deny or delay a parent's right to a hearing for failure to provide the request in the manner outlined in this section. The parent must:
  - 1. submit a written request for the hearing to the program manager of the local public agency; and
  - 2. include with the request a statement of his reasons for the request.
- B. The form will assist parents in meeting the requirement that a parent of a child with a disability, or the attorney representing the child, provide notice, which shall remain confidential, to the early intervention program. The following content is included in this form:
  - 1. the name of the child, the address of the residence of the child, and the name of the early intervention program;
  - 2. a description of the nature of the problem of the child related to such proposed initiation of change, including facts relating to such a problem; and
  - 3. a proposed resolution of the problem to the extent known and available to the parents at the time.
- C. Within 5 days after the local program manager of the public agency receives the request for a due process hearing, he shall request the Administrator of the appropriate Division (Health or Child and Family Services) to appoint a hearing officer. The Division Administrator, upon receiving such a request, shall:
  - 1. Appoint an impartial person from the list of hearing officers; and Each public agency shall keep a list of the persons who serve as hearing officers, including a statement of the qualifications of each of those persons.
  - 2. Notify the parties of the appointment. Parents must be notified, by certified mail, of the time and place set for the hearing. Parents must also

be informed of the right to request a resolution of the dispute through the mediation process and informed of the provisions of the Due Process Hearing procedure.

3. provide the parent(s) with a statement of parental rights.
- D. The hearing must be conducted by the Division directly responsible for the provision of early intervention services.
- E. The Division Administrator shall inform the parent of any free or low-cost legal and other relevant services available in the area if:
1. the parent requests the information; or
  2. the parent or the local public agency initiates a hearing.
- F. The impartial person appointed must be knowledgeable about the provisions of complaint management requirements, needs of children and their families, and services available to children and their families.
- G. The impartial person will perform the following duties:
1. Listen to the presentation of relevant viewpoints about the complaint, examine all information relevant to the issues, and seek to reach a timely resolution of the complaint.
  2. Provide a record of the proceedings, including a written decision.
- H. The impartial person must not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.
- I. The impartial person appointed must not be an employee or a contractor of the Nevada Department of Human Resources or the local public agency involved in the services of the child. For the purposes of this subsection, a person is not an employee of the agency solely because the Nevada Department of Human Resources or the local public agency compensates him for his services as an impartial person.
- J. Any party to a hearing has the right to:
1. Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for eligible children;
  2. Be accompanied by and advised by a person who has special knowledge of the problems of young children with disabilities;
  3. Present evidence and confront, cross-examine, and compel the attendance of witnesses;

4. Examine all pertinent records before the hearing.
  5. Prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five business days before the hearing. Each party shall disclose to all other parties all evaluations completed by that date and recommendations based on the offering party's evaluations that the party intends to use at the hearing;
  6. Obtain a written or electronic verbatim record of the hearing.
  7. Obtain written findings of fact and decisions. The local public agency, after deleting any personally identifiable information relating to the child and family, shall transmit those findings and decisions to the State Interagency Coordinating Council and make those findings and decisions available to the public.
- K. Parents involved in hearings have the right to have the child who is the subject of the hearing present, and to open the hearing to the public.
- L. The child shall continue to receive services that the parent has consented to until the hearing is complete. If the hearing involves an application for initial services, the child, with the parent's consent, shall receive services until the completion of all proceedings. (See pendency.)
- M. The Division and the local public agency shall take whatever action is necessary to ensure that the parent understands the written notice and the proceedings at the hearing, including arranging for an interpreter for a parent who is deaf or whose native language is not English.
- N. The hearing must be held at a time and place reasonably convenient to the parent and the local public agency.
- O. Parents have a right to choose either a written or electronic record of the hearing and findings of fact and the decision.
- P. The hearing officer shall base his decision solely on the evidence presented at the hearing.
- Q. The hearing officer shall render his findings of fact and decision in writing within 45 days after the date the local public agency program manager receives the request for the hearing. The written decision shall be mailed to each party. NOTE: The Nevada Department of Human Resources has elected to adopt the due process procedures under Part B and therefore has elected to use a 45-day timeline consistent with 303.423.
- R. The public agency shall pay the expenses of the hearing officer and any other expenses in accordance with the applicable federal law. This does not include attorney fees; witness fees or costs of bringing in a witness.
- S. A decision conducted in a due process hearing is final, unless a party to the hearing appeals the decision.

## Appeal

- A. Either party may appeal the decision of the Hearing Officer to the Director of the Nevada Department of Human Resources within 30 days after receiving the decision. The Nevada Department of Human Resources shall conduct an impartial review of the hearing. The Director, Nevada Department of Human Resources, shall appoint a reviewing officer who shall:
  - 1. Examine the entire hearing record;
  - 2. Ensure that the procedures at the hearing were consistent with the requirements of due process;
  - 3. Seek additional evidence if necessary; If a hearing is held to receive additional evidence, the rights contained in this section apply.
  - 4. Afford the parties an opportunity for oral or written agreement, or both, at the discretion of the reviewing officer; and
  - 5. Make an independent decision on completion of the review.
- B. The Nevada Department of Human Resources shall insure that not later than 30 days after receipt of a request for a review, a final decision is reached in the review, and a copy of the decision is mailed to each of the parties.
- C. The Nevada Department of Human Resources, after deleting any personally identifiable information, shall transmit the findings and decisions to the State Interagency Coordinating Council and make those findings and decisions available to the public.
- D. The decision made by the Review Officer is final unless a party brings a civil action within 30 days after receiving the decision.
- E. The hearing or reviewing officer may grant specific extensions of time beyond the periods set out above at the request of either party.
- F. Each review involving oral arguments must be conducted at a time and place that is reasonably convenient to the parents and the local public agency.

## Civil Action

- A. Appeal the decision of the Review Officer.
  - 1. Either party may appeal the decision of the Review Officer through initiating a civil action in a court of competent jurisdiction.

## Pendency

During the pendency of any proceeding involving a complaint, unless the public agency and the parent otherwise agree, the child must continue to receive the

early intervention services currently being provided. If the complaint involves an application for initial services under IDEA, the child must receive those services that are not in dispute.

## **HEALTH AND SAFETY AND ACCESSIBILITY**

Each early intervention facility shall conform to all applicable licensures, codes, and statutes developed by the state, county, and/or city.

Each facility shall be accessible in accordance with all applicable federal laws including Section 504 of The Rehabilitation Act of 1972 (P.L. 93-112) and the Americans with Disabilities Act.

## **PERSONNEL**

A. Personnel involved in early intervention services for infants and toddlers (birth through two years) and their families come from a multidisciplinary background as required by the needs of this population. The various disciplines include, but are not limited to:

1. Child Development and Family Specialists, including Special Educators.
2. Speech Therapists
3. Audiologists
4. Occupational Therapists
5. Physical Therapists
6. Psychologists
7. Social Workers
8. Marriage and Family Therapists
9. Nutritionists
10. Nurses
11. Pediatricians and Other Physicians
12. Orientation and Mobility Specialists
13. Paraprofessionals

If additional expertise is identified through the multidisciplinary team process or the IFSP process, consultants may be hired.

B. The Nevada Department of Human Resources requires that each discipline meet the highest professional entry level requirements of the state for their individual discipline. This includes the highest entry level academic degree needed for any State approved or recognized certification, licensing, registration, or other comparable requirements that apply to that profession or discipline. The status of this requirement for each discipline will be kept on file in the lead agency and be made available to the public.

C. To the extent appropriate, service providers included in paragraph (1) of this section are responsible for:

1. Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;
2. Training parents and others regarding the provision of those services;
3. Participating in the multidisciplinary team's assessment of a child and child's family, and in the development of integrated goals and outcomes for the individualized family service plan; and
4. Providing early intervention services as identified on the individualized family service plan.

## **COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT**

The Nevada Department of Human Resources has developed a Comprehensive System of Personnel Development Plan (CSPD) in accordance with the requirements of IDEA consistent with the Part C plan. Each public agency is responsible for assuring that the activities identified in the CSPD are implemented and available for all personnel including public and private providers, primary referral sources, paraprofessionals, and persons who will serve as service coordinators.

## **ADMINISTRATION**

### **Transition of Children**

1. Each public agency shall terminate early intervention services to all eligible children upon the date of their third birthday.
2. Each public agency shall coordinate with other programs regarding the transition process, terminology and eligibility requirements used by future receiving programs. Each public agency is encouraged to initiate and develop a memorandum of understanding with the appropriate local educational agencies, to include:
  - a. Procedures to involve the families in the transition planning and decision making process;
  - b. The development of a timeline for the steps in transition which includes convening a meeting with the approval of the family, between the agency, the family and the local educational agency at least 90 days or up to 6 months, before the child's third birthday, to discuss any such services that the child may receive;
  - c. process for sharing and reviewing children's progress with the receiving agency/program and a timely transfer of appropriate records to the receiving agency/program; and
  - d. The eligibility requirements for special education services by a local educational agency.

3. Each public agency may place an eligible child on an inactive status given one of the conditions listed below. Families may contact the agency at any time prior to the child's third birthday to reconvene the IFSP committee. In all inactive status placements, written notice of placement change and a copy of parent rights must be sent to the family and documented.
  - a. Attaining age appropriate developmental skills may be cause to place a child on inactive status. The Individualized Family Service Plan (IFSP) will include a transition plan which documents this change of placement.
  - b. Upon parent request, a child can be placed on an inactive status. The Service Coordinator and parent will document this change of status on the IFSP and in the child's file.
  - c. The agency may initiate placing a child on an inactive list when the child and family repeatedly miss appointments. In this case, the program will attempt a minimum of three contacts by phone, letter or personal contact concerning the non-attendance and to schedule to review/revise the IFSP. The third contact will be by letter, will be sent at least two weeks prior to a suggested IFSP meeting date and will include a copy of parent rights. If there is no response to this letter from the parents, the IFSP meeting can be held in their absence and the child's placement may be changed to an inactive status.

### Fees

1. A system of payment for early intervention services including a schedule of sliding fees may be developed. Parents shall not be charged for the following services:
  - a. Child find activities;
  - b. Evaluation and assessment;
  - c. Service coordination; and
  - d. Administrative and coordination activities related to:
    - 1) Development, review and evaluation of IFSP's; and
    - 2) Implementation of procedural safeguards and other components of the statewide system of early intervention services.
2. A public agency shall not require parents of infants and toddlers with disabilities, if they would incur a financial cost, to use private insurance proceeds to pay for early intervention services.
3. Financial cost includes:
  - a. An out-of pocket expense such as payment of a deductible or co-pay amount incurred in filing an insurance claim. This does not include time needed to file an insurance claim or postage needed to mail claim;
  - b. a decrease in available lifetime coverage or any other benefit under an insurance policy; and
  - c. an increase in premiums or the discontinuation of the policy.

4. The use of private insurance shall not be condition for receiving early intervention services, if that use results in financial cost to the family. The use of private insurance in these circumstances must be voluntary.
5. In order to avoid financial cost to parents who otherwise would consent to use of private insurance, the public agency may use funds to pay the cost of accessing the insurance, i.e., deductible or co-pay amounts.
6. Proceeds from public or private insurance may not be treated as program income.
7. If a system of payment for early intervention services is developed, a schedule for sliding fees will:
  - a. Specify which functions and services will be provided at no cost to the families; and
  - b. Specify which functions or services will be subject to a system of payments.
    - 1) Information about the payment system and schedule of sliding fees;
    - 2) The basis and amount of payments; and
    - 3) Include an assurance that:
      - a) Fees will not be charged for a service that a child is otherwise entitled to receive at no cost to the families; and
      - b) The inability of the family to pay for services will not result in the denial of services to the child or the child's family.

### Identification and Coordination of Resources

The Nevada Department of Human Resources shall be responsible for assigning financial responsibilities among appropriate agencies. In addition the Nevada Department of Human Resources is responsible for the following:

1. The identification and coordination of all available resources for early intervention services within the State, including federal, state, local and private resources; and
2. Updating the information on the funding sources.

### Interagency Agreements

The Nevada Department of Human Resources shall be responsible for entering into formal interagency agreements with the Nevada Department of Education relative to early intervention services. This agreement must include:

1. Financial responsibilities of each entity consistent with state and federal law;
2. Resolution of disputes;

- a. Each agreement must include procedures for achieving a timely resolution of intra- and interagency disputes about payments for a given service, or disputes about other matters related to early intervention services. Procedures must include a mechanism for making a final determination that is binding upon the agencies involved;
- b. The agreement must permit the agency to resolve its own internal disputes so long as the agency acts in a timely manner and includes the process that the Nevada Department of Human Resources will follow in achieving resolution of intra-agency disputes, if a given agency is unable to resolve its own internal disputes in a timely manner; and
- c. During the pendency of a dispute, the Nevada Department of Human Resources shall assign financial responsibility to a public agency, pay for the services in accordance with "payor of last resort" provisions, and ensure that services are provided to eligible children and their families in a timely manner, pending the resolution of disputes among public agencies or service providers. A procedure must be identified for securing the timely reimbursement of funds.

"Payor of last resort" includes the following provisions:

- 1) non-substitution of funds
  - 2) interim payments
  - 3) non-reduction of benefits  
(including any medical program administered by the Secretary of Defense)
3. To the extent necessary to ensure compliance with its action, the Nevada Department of Human Resources shall refer the dispute to the Interagency Review Panel and ensure that services continue to be provided to eligible children and their families in a timely manner pending the resolution of the dispute.

#### Policy for Contracting or Otherwise Arranging for Services

Each public agency may choose to contract or make other arrangements with public or private service providers to provide early intervention services. Each document shall include:

1. A requirement that all early intervention services must meet State standards;
2. The mechanisms used in arranging for these services; and
3. The basic requirements that must be met by any individual or organization seeking to provide these services.

Each document must comply with the Nevada State Administrative Manual (S.A.M.) sections 0302.0 - 0344.0

### Data Collection

1. The Nevada Department of Human Resources shall develop and implement Project TRAC, which is a jointly funded data collection project between the Nevada Departments of Education and Human Resources. Project TRAC collects data from public agencies serving eligible children ages birth through three years of age.
2. The Nevada Department of Human Resources is responsible for the provision of data to the federal government upon request and in a timely manner.

### Supervision and Monitoring

1. The Department of Human Resources is responsible for the general administration, supervision and monitoring of eligible public agencies and the provision of early intervention services according to the standards contained in this document. The Nevada Department of Human Resources assures that it will be responsible for the general administration, supervision and monitoring of public agencies and activities whether or not such public agencies or activities are receiving assistance.
2. Program Review Monitoring and Technical Assistance activities will be conducted at least once per year per agency and will cover the following areas:
  - a. Compliance
  - b. Program Effectiveness
  - c. System Review
  - d. Technical Assistance
3. During the on-site review, a final report will be developed and a corrective action plan including strategies, timelines and the need for technical assistance will be designed to address areas of deficiencies.
4. Early intervention programs are requested to file a quarterly progress report addressing the improvement plan with the Part C, IDEA Office. Funds can be delayed if the early intervention program does not comply.

### Traditionally Underserved Groups

1. The Nevada Department of Human Resources shall be responsible for the following policies and practices:

- a. That traditionally underserved groups, including minority, low-income, and rural families, are meaningfully involved in the planning and implementation of all the requirements of this part; and
- b. That these families have access to culturally competent services within their local geographical areas.

## **DEFINITIONS**

### Act

The Individuals with Disabilities Education Act.

### Applicant

Applicant means a party requesting a grant or subgrant under a program of the U.S. Department of Education.

### Appropriate Professional Requirements

Appropriate professional requirements means entry level requirements that:

- Are based on the highest requirements in the State applicable to the profession or discipline in which a person is providing early intervention services; and
- Establish suitable qualifications for personnel providing early intervention services under IDEA to eligible children and their families, who are served by State, local, and private agencies.

### Assessment

The ongoing multidisciplinary procedures provided by appropriate qualified personnel throughout the period of a child's eligibility to identify:

- the child's unique strengths and the needs and the services appropriate to meet such needs, and
- the family directed identification of the needs of each child's family to appropriately assist in the development of the child.

### Award

Award means amount of funds that the Department provides under a grant or subgrant.

### Children

Infants and toddlers with disabilities.

## Consent

The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication;

The parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom; and

The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.

The parent understands that they, their child, or other family members may accept or decline any early intervention service and may decline such a service after first accepting it, without jeopardizing other early intervention services.

## Contract

Contract means procurement contract under a grant.

## Council

Council means the State Interagency Coordinating Council.

## Days

Days means calendar days.

## Department

Department means the U.S. Department of Education.

## Destruction

Physical destruction or removal of personally identifiable information.

## Developmental Delay

A child exhibits a minimum of fifty percent (50%) delay of child's chronological age in any one of the areas listed below or a minimum of twenty-five percent (25%) delay of the child's chronological age in any of the two areas listed below. Delays for infants less than 36 weeks gestation shall be calculated according to their adjusted age.

The delay(s) must be identified in one or more of the following areas:

- cognitive development;
- physical development, including vision and hearing;
- communication development;
- social or emotional development; or

- adaptive development.

Children will also be eligible who have a diagnosed physical or mental condition that has a high probability of resulting in development delays.

### Early Intervention System

Early intervention system means the total effort in a State that is directed at meeting the needs of children eligible under IDEA and their families.

### Early Intervention Services

Early intervention services are developmental services which:

- are provided under public supervision;
- are provided at no cost except where Federal or State law provides for a system of payments by families, including a schedule of sliding fees;
- are designed to meet the developmental needs of an infant or toddler with a disability in any one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development;
- meet the needs of the family related to enhancing their child's development;
- meet State Department of Human Resources standards;
- include family training, counseling, and home visits; special instruction; speech pathology and audiology; occupational therapy; physical therapy; psychological services; service coordination; medical services only for diagnostic or evaluation purposes; nutrition; nursing; special instruction; health services necessary to enable the infant or toddler to benefit from the other early intervention services; vision services; assistive technology devices; assistive technology services; transportation and related costs that are necessary to enable an infant or toddler and the infant's or toddler's family to receive early intervention services; orientation and mobility; and social work services;
- are selected in collaboration with the parents, and are in conformity with an IFSP.
- to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate; and
- are provided by qualified personnel, including child development and family specialists, speech and language therapists, audiologists, occupational therapists, physical therapists, psychologists, social workers, marriage and family therapists, nutritionists, nurses, pediatricians and other physicians, and orientation and mobility specialists. These service providers are responsible for 1) consulting with parents, other service providers and representatives of appropriate community agencies to ensure the effective provision of services 2) training parents and others regarding the provision of these services and 3) participating in the multidisciplinary team's assessment of a child and child's family and in the development of integrated goals and outcomes for the Individualized Family Service Plan.

## EDGAR

EDGAR means the Education Department General Administration Regulations.

## Education Records

Education records means the records covered by Family Educational Rights and Privacy Act of 1974 (FERPA).

## Evaluation

A service which shall be conducted by appropriate qualified personnel to determine a child's initial and continuing eligibility. The evaluation shall be conducted on an individual basis for each child and family and shall include a comprehensive evaluation of the child's cognitive development; physical development, including vision and hearing; communication development; social or emotional development; or adaptive development.

## Financial Loss

Includes:

- an out-of-pocket expense such as payment of a deductible or co-pay amount incurred in filing an insurance claim. This does not include time needed to file an insurance claim or postage needed to mail claim;
- a decrease in available lifetime coverage or any other benefit under an insurance policy; and
- an increase in premiums or the discontinuation of the policy.

## Fiscal Year

Fiscal year means the federal fiscal year - a period beginning on October 1st and ending on the following September 30th.

## Frequency and Intensity

Frequency and intensity mean the number of days or sessions that a service will be provided, the length of time the service is provided during each session, and whether the service is provided on an individual or group basis.

## Grant

Grant means an award of financial assistance in the form of money, or property in lieu of money, by the federal government to an eligible recipient.

### Grantee

Grantee means the nonprofit corporation or other legal entity to which a grant is awarded and which is accountable to the federal government for the use of the funds provided.

### Grant Period

Grant period means the period of time for which funds have been provided.

### Health Services

Health services mean services necessary to enable a child to benefit from the other early intervention services under IDEA during the time that the child is receiving the other early intervention services.

The term includes: such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

The term does not include the following: services that are surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose), devices necessary to control or treat a medical condition or medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

### Highest Requirements in the State

Highest requirements in the State applicable to a specific profession or discipline means the highest entry-level academic degree needed for any State approved or recognized certification, licensing, registration, or other comparable requirements that apply to that profession or discipline.

### IDEA

Individuals with Disabilities Education Act of 1997 Reauthorization.

### Impartial Person

Impartial person means that the person appointed to implement the complaint resolution process:

- is not an employee of any agency or program involved in the provision of early intervention services or care of the child; and
- does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.

A person who otherwise qualifies is not an employee of an agency solely because the person is paid by the agency to implement the complaint resolution process.

### Include or Including

The items named are not all of the possible items that are covered, whether like or unlike the ones named.

### Individualized Family Service Plan (IFSP)

Individualized Family Service Plan (IFSP) means a written plan for providing early intervention services to an eligible child and the child's family. The IFSP must (1) be developed jointly by the family and appropriate qualified personnel involved in the provision of early intervention service; (2) be based on the multidisciplinary evaluation and assessment of the unique strengths and needs of the child, and a family directed assessment of the resources, priorities, and concerns of the family; and (3) the identification of services appropriate to meet the needs of each child and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

### Infants and Toddlers with Disabilities

See Developmental Delay.

### Location

Location means where a service is provided (e.g., in the child's home, early intervention centers, hospitals and clinics, or other settings, as appropriate to the age and needs of the individual child).

### Method

Method means how a service is provided.

### Multidisciplinary

Multidisciplinary means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities and development of the IFSP.

### Multidisciplinary Evaluation Team

A Multidisciplinary Evaluation Team shall be formed to determine the child's eligibility for services. The core members of the multidisciplinary evaluation team shall include the child's parent(s)/guardian, a pediatrician/physician or other licensed health care professional, and an early intervention professional.

### Native Language

Native language, when used with reference to persons of limited English proficiency, means the language or mode of communication normally used by the parent of a child eligible for early intervention services.

### Natural Environment

To the maximum extent appropriate to the needs of the child, early intervention services must be provided in the natural environments, including the home and community settings in which children without disabilities participate. Natural environments mean settings that are natural or normal for the child's age peers who have no disability.

### Parent

"Parent" means a parent, natural or adoptive, a guardian, a person acting as a parent of a child, or a surrogate parent who has been appointed in accordance with § 303.406. The term does not include the State if the child is a ward of the State.

"Foster Parent" means that unless State law prohibits a foster parent from acting as a parent, a State may allow a foster parent to act as a parent under Part C of the Act if

- The natural parents' authority to make the decisions required of parents under the Act has been extinguished under State law;
- The foster parent has an ongoing, long-term parental relationship with the child;
- The foster parent is willing to make the decisions required of parents under the Act, and
- The foster parent has no interest that would conflict with the interests of the child.

### Participating Agency

Any agency or institution, which collects, maintains, or uses personally identifiable information or from which information is obtained under this IDEA.

## Personally Identifiable

Personally identifiable means that information includes:

- The name of the child, the child's parent, or other family member;
- The address of the child;
- A personal identifier, such as the child's or parent's social security number; or
- A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

## Policies

State statutes, regulations, Governor's orders, directives by lead agency, or written documents that represent the State's position concerning any matter covered under IDEA.

State policies include: (1) State's commitment to the development and implementation of the statewide system; (2) State's eligibility criteria and procedures; (3) State's position regarding the provision of early intervention services to children who are at risk; (4) a statement that services are provided at no cost to parents, except where a system of payments is provided for under Federal or State law and sets out what fees (if any) will be charged for early intervention services and the basis for those fees; (5) State's standards for personnel who provide early intervention services to eligible children; (6) State's position and procedures related to contracting or making other arrangements with service providers under State Administration; and (7) other positions that the State has adopted related to implementing any of the other requirements under IDEA.

## Prematurity

Thirty-six (36) weeks gestation or less

## Private

Private, as applied to an agency or institution, means that it is not under federal or public supervision or control.

## Profession or Discipline

Profession or discipline means a specific occupational category, including service coordination, that:

- Provides early intervention services to children eligible under IDEA and their families;
- Has been established or designated by the State; and
- Has a required scope of responsibility and degree of supervision.

## Public

Public, as applied to an agency or institution, means that the agency, organization, or institution, is under the administrative supervision or control of a government other than the federal government.

## Public Agency

Lead agency or any other political subdivision of the State that is responsible for providing early intervention services to children and their families eligible under IDEA, Part C. This includes all public agencies as described whether or not they are receiving assistance.

## Qualified

Qualified means that a person has met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services.

## Screening

A valid and reliable instrument that is used to identify children who may need further evaluation/assessment.

## Secretary

The term means the Secretary of the Department of Education, or official or employee of the Department of Education acting for the Secretary and under a delegation of authority.

## Service Coordination

Service coordination means the activities carried out by a service coordinator to assist and enable a child eligible under IDEA, Part C and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program.

## State

Each of the 50 states, Puerto Rico, the District of Columbia, and the jurisdiction of Guam, American Samoa, Virgin Islands, and the Commonwealth of the Northern Mariana Islands.

### State Approved or Recognized Certification, Licensing, Registration or other Comparable Requirements

The requirements that a State legislature either has enacted or has authorized a State agency to promulgate through rules to establish entry-level standards for employment in a specific profession or discipline in that State.

### Transition

Transition refers to the process of assisting a child and the child's family in moving from one program to another.

### Transportation and Related Costs

Transportation includes the cost of travel (e.g. mileage, or travel by taxi, common carrier, or other means) and related costs (e.g., tolls and parking expenses) that are necessary to enable an eligible child and the child's family to receive early intervention services. Need will be decided on a case by case basis

### Vision

Vision services includes:

- Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
- Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual function disorders, or both; and
- Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

## **SAMPLE LETTERS**

### **How to Make a System Complaint**

*(Date)*

Director  
Department of Human Resources  
505 East King Street, Room 600  
Carson City, NV 89701

Dear Director:

I would like to file a complaint because I believe that *(Name and Address)* is/are not performing their work, as the law requires. I would like the Department to investigate the following actions:

*(Statement of Charges.)*

I understand that my complaint will be investigated within 60 days and that I may be interviewed and will receive a copy of the final report. The best time to reach me is on *(Day[s])* at *(time[s])*.

Sincerely,

*(Name)*

*(Address)*

*(Phone)*

### **How To Request Mediation**

*(Date)*

Dear *(Early Intervention Official)*:

I would like to request mediation. I am concerned about the early intervention services that my child *(Name)* is receiving or should be receiving.

I hope you will agree to this request. If so, I understand that someone will contact me to make arrangements for mediation. The best time to reach me is on *(Day[s])* at *(time[s])*.

Sincerely,

*(Name)*

*(Address)*

*(Phone)*

## Request For Due Process Hearing

(Date)

(Name of the Early Intervention Program)

(Address)

(City, State Zip)

Dear Intervention Program:

The purpose of this letter is to request an impartial due process hearing for *(name of child)*, born on *(birth date)*, enrolled at *(early intervention program/school)* who currently resides at *(address)*.

I am/We are requesting this hearing in order to resolve the issue(s) of the *(identification/evaluation/placement/early intervention services)* of my/our child.

**The specific reasons for this request are as follows:** *(State the nature of the problem.)*

**Facts that support this request include:** *(Describe the facts related to the problem.)*

**Our proposed resolution of this disagreement is:** *(To the extent you can at the present time, please propose a resolution of the problem.)*

In order for us to prepare for this hearing, would you please provide us with the following information:

- a. The procedure to follow in order to examine and copy my/our child's records.
- b. A list of the agencies where I/we can obtain free or inexpensive legal assistance and other relevant services in the area.

In addition, please forward a statement of my/our rights under the provisions of the Individuals with Disabilities Education Act.

Sincerely,

*(Parent(s)/Guardian(s) Signature)*

*(Parent/Guardian Name)*

*(Address)*

*(Phone)*