

**SCOPE OF WORK**  
**PROGRAM TYPE: NEVADA EARLY INTERVENTION SERVICES (EIS)**  
**SERVICE: MEDICAL TRANSCRIPTION**

**DEFINITION:**

Service provider must demonstrate to Aging and Disability Services Division the ability to provide comprehensive medical transcription services for medical documentation purposes, certifying that early intervention providers meet all current state credentialing and/or licensure requirements established as of the effective date of agreement. The following services must be provided.

1. Accept and manage all related service assignments according to an agreed upon service capacity schedule, unless an exception is mutually agreed upon by both parties.
2. Ensure the provision of services using appropriately credentialed and/or licensed providers and to maintain the integrity of the medical record.
3. Maintain accurate child clinical records for a period of at least 23 years from discharge from service per NRS 629.051. Evaluation reports, progress notes, individualized family service plans, etc. must be made available upon request.
4. Make available for inspection all early intervention child records necessary to assure the appropriateness of payments to Aging and Disability Services Division and Part C, IDEA Office. Such records shall include, but are not limited to, the following:
  - a. Financial information;
  - b. Child's evaluation and assessment reports;
  - c. Documentation of all services provided; and
  - d. Provider licensing and/or credentialing records

5. It is permissible for a Provider to service multiple counties within the state, which requires mutual agreement between Aging and Disability Services Division Early Intervention Services and the Provider, contingent upon the availability of funds.
6. Provide services to children and families in their native language.
7. Provide professional medical reports including timely revisions and corrections.
8. Provider may contact the professional when needed to ensure components of the medical report is accurate and/or complete.

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SIGNATURE

DATE