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Nevada Early Intervention Services

M-CHAT and Autism Reporting

Fiscal Year 26 – July 1, 2025, to January 31, 2026

Report Completed by: Randi Humes, M.Ed., CPM, Management Analyst III

Purpose

This report fulfills the reporting requirements for Nevada Early Intervention Services under NAC 427A, Section 8 and NRS 427A.872 for the period July 1, 2025, through January 31, 2026. It provides an overview of autism-related screening and diagnostic activity, including Initial M-CHAT screenings, children who have completed the diagnostic process, and children currently engaged in diagnostic evaluation.

Data Source and Scope

Data were generated from the Nevada Early Intervention Data System (NEIDS) for fiscal year 26. These data include records of completed and declined M-CHAT (Modified Checklist for Autism in Toddlers) screenings, children who have completed the diagnostic process, and those currently engaged in diagnostic evaluation.

All data are entered into NEIDS by early intervention programs for children served on their caseloads. The Management Analyst Team collects, validates, and reports these data for statewide monitoring and compliance with IDEA Part C and state requirements. Data reflect only what is documented in the system of record and may be subject to reporting delays or omissions by individual programs.

In addition to autism-related data, the total caseload of children served in the early intervention system was determined. This metric provides a context for comparing the proportion of children with an autism diagnosis to the overall population served.

Methodology

M-CHAT Screenings

Data include all Initial M-CHAT screenings administered between July 01, 2025, and January 31, 2026, covering:

- 18 Month Initial Screener (ages 16-21 months)
- 24 Month Initial Screener (ages 22-27 months)
- Other Initial Screener (ages over 27 months)

The screener uses the same set of questions at each interval but is administered multiple times with the same child, typically at 18 months, 24 months, and, if needed, after 27 months—to monitor developmental progress and identify emerging concerns.

If the M-CHAT indicates moderate or high risk for Autism Spectrum Disorder (ASD), programs select the most likely reason for the failed M-CHAT from six predefined options.

Completed the Diagnostic Process

Data include children with a diagnosis date between July 1, 2025, and January 31, 2026, including:

- Children who received an ASD diagnosis
- Children who completed evaluations but did not meet diagnostic criteria

Average age at diagnosis was calculated using the child's date of birth and diagnosis date, then averaging across all diagnosed individuals.

This section also includes the number of children referred to the Autism Treatment Assistance Program (ATAP) following diagnosis.

Caseload data were extracted from NEIDS for the same reporting period (July 01, 2025 – January 31, 2026) to calculate the percentage of children diagnosed with autism relative to the total population served.

Currently Engaged in Diagnostic Evaluation

Data include children with a pending diagnosis date within one year of the reporting month. These data are collected monthly and represent a cumulative snapshot of children engaged in the diagnostic process at month-end. Counts roll over as children continue in the process until they either complete the diagnostic process or exit Part C services.

Children are categorized into:

- Diagnostic process recommended but no appointments scheduled
- Scheduled for appointment within the diagnostic process but testing has not started
- Completed at least one appointment within the diagnostic process

Data also include children whose family/guardian declined the diagnostic process.

Early Intervention Services
1161 South Valley View ● Las Vegas, Nevada 89102
775-486-7670 ● Fax 702-486-7686 ● adsd.nv.gov

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M-CHAT Screenings

From July 01, 2025, through January 31, 2026, there were 1,677 Initial M-CHAT screeners completed. An additional 86 Initial screeners were declined by family/guardian. Of the 1,677 Initial screeners completed, 919 or 55%, were in the failed category which indicated medium to high risk of Autism. Figure 1 illustrates the percentage of Initial M-CHAT screenings that passed and failed.

Regional Results
- South Region: 1,115 screeners completed; 58% failed
- Northwest Region: 409 screeners completed; 48% failed
- Rural Region: 153 screeners completed; 46% failed

Figure 1. Percentage of Initial M-CHAT Screenings Passed and Failed

45%

55%

☐ Total Initial Screeners Passed
☐ Total Initial Screeners Failed
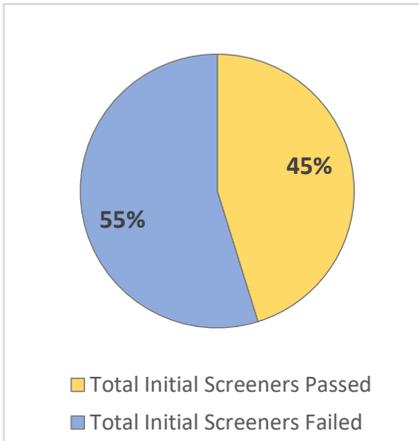
Reasons for Failed M-CHAT Screenings

Programs are asked to select the most likely reason for a failed screening from six predefined categories because not all failed M-CHAT screenings indicate autism concerns. This process helps identify which families should be referred for further diagnostic evaluation.

Analysis of the 919 failed M-CHAT screenings shows the following breakdown as shown in Figure 2:

- Autism Concerns: 65%
- Global Delays: 17%
- Another Diagnosis: 5%
- Behavioral Concerns: 3%
- Social/Emotional Concerns: 3%
- Other: 7%

Figure 2. Percentage of Failed Initial M-CHAT Screenings by Reason
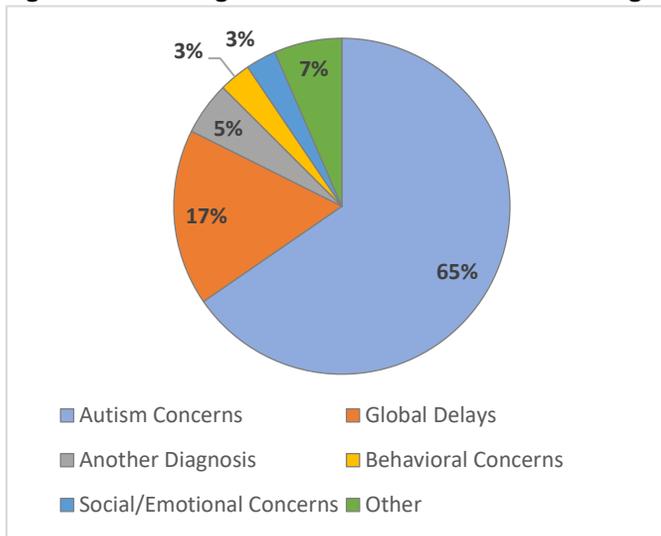
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Completed the Diagnostic Process

Between July 01, 2025, and January 31, 2026, a total of 307 children were identified as having received a diagnosis, with an average age of 31 months at the time of diagnosis. Of these, 272 children (89%) were referred to the Autism Treatment Assistance Program (ATAP), while 3 families declined the referral.

During the same period, the Early Intervention (EI) system served 5,493 children. The 307 newly diagnosed children represent 6% of the population served. Also included in the caseload were 235 children who had been diagnosed prior to July 2025 but continued to receive services during this period. Combined, these two groups account for nearly 10% of all children served (see Figure 3). The remaining 90% of children served do not have an autism diagnosis.

Additionally, 49 children completed evaluations during this period but did not meet diagnostic criteria, and 40 families declined diagnostic evaluations.

Regional Results

- South Region: 339 children served with a diagnosis
- Northwest Region: 152 children served with a diagnosis
- Rural Region: 51 children served with a diagnosis

Figure 3. Total Population Served with and without Autism Diagnosis

■ Total Served FY26 with a Diagnosis

■ Total Served FY26 without a Diagnosis
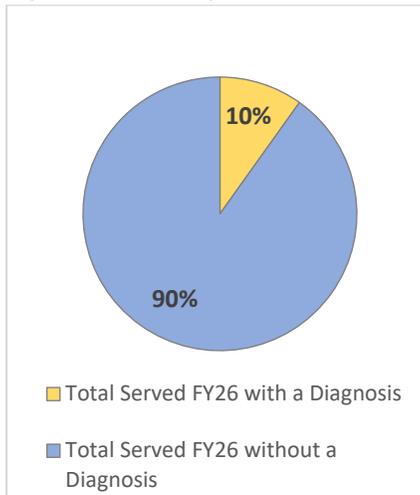
Currently Engaged in Diagnostic Evaluation

As of the end of January 2026, 737 children have data indicating they are in the process of pursuing a diagnostic evaluation. When families begin this process, programs select a Pre-Diagnosis Status from three predefined categories.

- **Diagnostic Process Recommended but No Appointments Scheduled**: The child's IFSP Team has recommended the diagnostic process based on autism concerns, but no appointments have been scheduled.

- **Scheduled for Appointments within the Diagnostic Process but Testing Has Not Started**: The child has at least one appointment scheduled, but testing has not begun.

- **Completed at Least One Appointment within the Diagnostic Process**: The child has completed at least one appointment but has not yet received confirmation of a diagnosis.

Category Results

- Diagnostic Process Recommended but No Appointments Scheduled: 503 children
- Scheduled for Appointments but Testing Has Not Started: 50 children
- Completed at Least One Appointment: 184 children

Figure 4 illustrates the breakdown of all children currently engaged in diagnostic evaluation process by category.

Figure 4. Children Engaged in Diagnostic Evaluation by Category

- Diagnostic Process Recommended but No Appointments Scheduled
- Scheduled for Appointment(s) within the Diagnostic Process but Testing Has Not Started
- Completed at Least One (1) Appointment within the Diagnostic Process
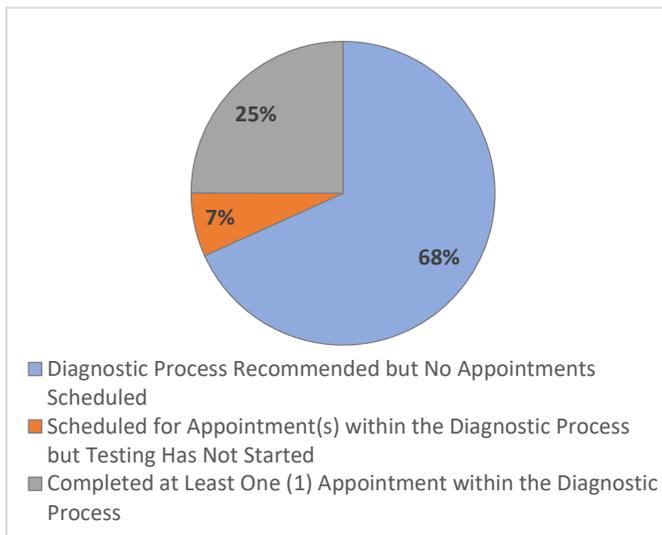
Conclusion

The data presented in this report provide a clear picture of autism-related screening and diagnostic activity within Nevada's Early Intervention Services for the reporting period of July 1, 2025, through January 31, 2026. Key findings indicate that more than half of Initial M-CHAT screenings resulted in a failed score, with autism concerns representing the majority of reasons for failure. Nearly 10% of the population served during this period has an autism diagnosis, and a significant number of children remain engaged in the diagnostic process, most of whom have not yet scheduled appointments.

These findings underscore the continued need for timely diagnostic evaluations, effective referral practices, and ongoing monitoring to ensure that children and families receive appropriate support and services. Nevada Early Intervention Services will use this data to inform program planning, resource allocation, and compliance with state and federal requirements.