

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES DIVISION  
POLICY MANUAL**

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**27.2.1 GENERAL ELIGIBILITY CRITERIA**

Infants and toddlers (birth up to the age of three) are eligible for Early Intervention Services when they meet the following criteria:

Eligibility for Early Intervention services include having a diagnosed medical condition with a high probability of a developmental delay, an informed clinical opinion, or a significant developmental delay. Specifically, this means:

- A 50% delay in the child’s chronological age in any one developmental area, or
- A 25% delay in the child’s chronological age in any two developmental areas, which may include cognitive development; physical development (including hearing and vision); communication development; social or emotional development or adaptive development.

**27.2.2 ELIGIBILITY/INTAKE ACRONYMS & DEFINITIONS**

Acronym	Term	Definition
ABR	Auditory Brainstem Response	A test to determine newborn hearing loss.
CAPTA	Child Abuse Prevention and Treatment Act	Federal act that supports and guides states in support of prevention, assessment, investigation, prosecution, and treatment activities for children. ( <a href="#">PL 93-247 88 Stat 4, 42 USC 510145 CFR 1340</a> )
	Child Find System	Evaluative process to locate and evaluate children, ages 3 – 21, who may have a disability and are eligible for services as identified in the IDEA Act. ( <a href="#">34 CFR 300.8, 34 CFR 300.111</a> )
CPS	Child Protective Services	Services for the protection of children, including without limitation, investigations of abuse or neglect and assessments. ( <a href="#">NRS 432B.042</a> )
	Child Welfare Services	Includes without limitations, CPS, Foster Care related services, including without limitation, maintenance and special services, and services related to adoption. ( <a href="#">NRS 432B.044, NRS 432.010</a> )
	Community Provider	Early intervention service providers within the community that provide specific early intervention services or therapies outside of Aging and Disability Services Division.
CP	Comprehensive Provider	Therapeutic service providers on a service agreement with Nevada Early Intervention Services that provide comprehensive services.

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Acronym	Term	Definition
EIS	Early Intervention Services	Developmental services that are provided under public supervision, selected in collaboration with parents, provided at no cost that are designed to meet the developmental needs of an infant or toddler with a disability; and the needs of the family to assist appropriately in the infant or toddler's development in, as identified by the IFSP team, any one or more of the following areas: physical development; cognitive development; communication development; social or emotional development; or adaptive development. <a href="#">(34 CFR 303.13)</a>
	Individual Provider	Therapists and specialists contracted with Nevada Early Intervention Services to provide services directly to children in the NEIS caseload.
	Informed Clinical Opinion	The use of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention, which must be clearly documented.
	Intake Coordinator	Identified program staff who receive, and process referrals as required for the System Point of Entry (SPOE) requirements.
	Medically Complex or Fragile	Children with multiple medical issues that have resulted in frequent hospitalization or who require frequent, complex in-home appointments with a qualified pediatric health care professional in addition to instructional supports and therapies. This may include children who have a condition that may result in increasing need for medical intervention and support.
MDT	Multidisciplinary Team	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. <a href="#">(34 CFR 303.321)</a> and <a href="#">34 CFR 303.342)</a>
NEIS	Nevada Early Intervention Services	A comprehensive early intervention (EI) system, in compliance with Part C of IDEA (herein after referred to as Part C) and Aging and Disability Services Division, to provide services to infants and toddlers (birth up to the age of three) with developmental delays or disabilities and their families.
PCP	Primary Care Physician	A licensed and credentialed medical doctor who provides the first contact for a person with an undiagnosed health concern as well as continued care of varied medical conditions.

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Acronym	Term	Definition
PWN	Prior Written Notice	A written notice provided to parents within a reasonable timeframe before any EIS providers, propose or refuse to initiate or change the identification, evaluation, or placement of their infant or toddler, or the provision of early intervention services to the infant or toddler with a disability and that infant's or toddler's family. The notice informs parents about the action that is being proposed or refused and the reasons for taking the action. ( <a href="#">34 CFR 303.421</a> )
SaM	Screening and Monitoring Program	A program for infants that have high risk factors for developmental delays but do not currently meet the eligibility requirements for Part C services.
SPOE	System Point of Entry	The Part C approved entity who receives all referrals to early intervention.

### 27.2.3 REFERRALS

Nevada's Early Intervention Service (NEIS) utilizes a dedicated team of professionals from the Aging and Disability Services Division (ADSD) to receive referrals in accordance with Part C of the Individuals with Disabilities Education Act (IDEA) and Nevada Department of Health and Human Services (DHHS). Intake coordinators serve as the first point of contact for referrals and/or program applicants, and are responsible for receiving, processing and distributing referrals.

#### A. SYSTEM POINT OF ENTRY

NEIS is designated by Part C as the official System Point of Entry (SPOE) entity. The SPOE is a statewide streamlined initial point of contact for Early Intervention (EI) referrals meeting Federal IDEA Part C requirements. SPOE is responsible for managing all NEIS referrals to State and Community Providers. ([34 CFR 303.1\(a\)](#), [34 CFR 303.303\(a & c\)](#))

The Child Find System is the mechanism for referrals to early intervention in Nevada related to children under the age of three (3). Referrals are received from a variety of sources such as, but not limited to, parent/guardian, physicians, hospitals, community providers, child welfare based on assigned region ([Division of Child and Family Services \[Rural\]](#), [Clark County Department of Family Services](#), or [Washoe County Child Protective Services](#), [Project Assist](#) [Nevada Part C's statewide toll-free number 1-800-522-0066], and community and state agencies). Referral sources are expected to use the NEIS Referral Form 1001 ([Exhibit A- English](#), [Exhibit B - Spanish](#)). If a referral is based on a child's medical diagnosis or condition, then the referring entity is asked to submit supporting medical records with the referral. Referrals may be submitted in person, phone, fax or email to the regional NEIS offices.

The referral process safeguards parent/guardian rights to select the service provider of their choice. Referrals for NEIS must be submitted within seven (7) calendar days upon identifying a possible need.

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1. Part C Referrals

Referrals that come from [Project Assist](#) are received by the NEIS SPOE and are processed according to Processing Referrals in [27.2.3.B](#).

2. Child Abuse Prevention Treatment Act Referrals

Under the Child Abuse Prevention Treatment Act (CAPTA), Child Welfare and Protective Services (state and county) will complete a [CAPTA Referral Form FPO 0502A](#) to the NEIS SPOE when there is a substantiated case of abuse or neglect; and to address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. ([CAPTA](#), [Child Protective Services Policy 502](#))

3. Referrals from Community Providers

Referrals submitted from community providers must include all supporting medical records. Records must be received within (2) business days of original submission. All referrals will be and must be routed through the NEIS SPOE and are required to be submitted on the approved NEIS Referral Form 1001 ([Exhibit A- English](#), [Exhibit B-Spanish](#)). Multidisciplinary Team (MDT) evaluation will not be scheduled prior to being notified by NEIS of the child's assignment to the designated comprehensive provider (CP).

4. Referrals from Screening and Monitoring Program

Children who are referred to the Screening and Monitoring (SaM) program are not immediately eligible for Part C services. Referrals are made to the SaM program by a Neonatal Intensive Care Unit (NICU) based on their evaluation of an infant; and/or by the multidisciplinary team (MDT) for children determined to potentially be at high risk for developmental delay. Children enrolled in the SaM program shall be monitored by NEIS Developmental Specialists (DS) throughout various stages of development. This monitoring is essential to identify any changes or developmental delays that may necessitate a referral or re-referral for an eligibility evaluation for Part C services.

5. Newborn Hearing Screening Program

Infants who fail Newborn Hearing Screening administered by the birthing hospital or midwife are eligible for Auditory Brainstem Response (ABR) testing to determine hearing loss via a referral to the NEIS SPOE.

6. State Funded Services

Certain referrals may fall outside of Part C requirements for funding and may still be eligible for state direct funding and services as outlined in [27.1](#) Program Overview NEIS. These state funded service referrals are reviewed on a case-by-case basis to determine eligibility for state services and funding.

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**B. PROCESSING REFERRALS**

After a referral is received from any referral source, each child and the parent/guardian must have an evaluation to determine eligibility. All referrals will be processed through the NEIS SPOE within two (2) business days of receipt to confirm if it is new, re-opened referral, CAPTA or SaM. ([34 CFR 303.310](#))

NEIS SPOE is responsible to receive and process referrals, conduct initial contact with parent/guardian, manage program assignments, and exit unassigned referrals (e.g., when the parent/guardian declines the Multidisciplinary team (MDT) evaluation or cannot be reached). They will document all referral activities and information in detail in the designated electronic system of record upon receipt.

**1. Initial Contact**

For all referral types, the NEIS SPOE will make initial contact timely (see [27.2.3.B](#)). If the parent/guardian does not respond to the first contact request, a second call will be made within two (2) business days for follow-up. If second contact request is not responded to, the NEIS SPOE will make a third and final contact request within two (2) business days after no response. The NEIS General No-Contact Letter ([Exhibit C](#)) will be mailed out to the parent/guardian's address, as listed on the referral, within two (2) business days after the third contact request. NEIS SPOE will keep referrals open until the 45-day timeline is met. If the parent/guardian does not respond within the 45-day timeline, the child's referral will be closed.

If contact is made, the NEIS SPOE will complete the intake interview to determine the child and family's needs and concerns and will use the NEIS Statewide SPOE Referral Script (SRS) ([Exhibit D](#)) to share information on the service provider options and parent choice. If parent/guardian declines an eligibility evaluation for Part C services, the case will be closed. If a referral is closed, the parent/guardian is provided appropriate resources and information on re-referral for evaluation of eligibility for Part C services should any future developmental concerns arise.

Children, under the age of three (3), that are exited from the Part C system and re-referred within 90 calendar days of the exit date and do not require a new eligibility intake, the case will be re-opened.

**2. Referrals from Neonatal Intensive Care Units**

Referrals received from the NICU will be reviewed by the NEIS SPOE team. Referrals identified to meet the criteria for Part C Medical Automatic Eligibility ([Exhibit E](#)) will be processed accordingly following Automatic Eligibility guidelines ( [27.2.5.A.](#)).

NICU referrals that are not immediately eligible will be submitted for review to the NEIS Senior Physicians or designees. Within two (2) business days, using informed clinical opinion (see [27.2.5.A.2](#)), the NEIS Senior Physicians or designees will determine one (1) of the following three (3) categories in the designated electronic system of record for each referral and inform the intake coordinator of determination:



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- a. SaM Program: No referral to an eligibility evaluation for Part C services is warranted currently but there are concerns for future development; or
- b. Part C Referral: Concerns are present that warrant a referral to an eligibility evaluation for Part C services; or
- c. Screened-out: No specific concerns are present currently.

### 3. Medical Complexity

Children who are not immediately or automatically eligible for Part C services, but may have medically complex needs, will have the referral and associated documents reviewed by a qualified licensed clinician. Determination from the clinical review will establish if services remain within the NEIS state program or may be sent to a CP following parent choice.

### 4. CAPTA Referrals

Upon receipt of CAPTA referrals, the NEIS SPOE will distribute the referrals to the regional CAPTA team for processing. Children will be screened by the CAPTA team to evaluate whether a Part C referral is needed. After screening, CAPTA referrals with evidence or suspicion of an existing developmental delay will be processed as a regular Part C referral. CAPTA referral previously closed and resubmitted by a child welfare service agency, will be processed as a new CAPTA referral. Those submitted by a referral source other than a child welfare service agency will be processed as a regular Part C referral.

### 5. SaM Referrals

Referrals identified as appropriate for the SaM program will be sent to the regional SaM Supervisor for review. Referrals that meet the referral requirements for the SaM program will be submitted for DS assignment and monitoring under case management (see 27.3 NEIS Case Management Policy). Referrals that do not meet the SaM requirements will be closed, and the parent/guardian will be notified within two (2) business days via the NEIS Statewide SaM Denial Letter ([Exhibit G](#)).

Upon request, the NICU may be notified of the status of the specific referral.

## C. SCREENING DURING REFERRAL

Referrals for the CAPTA and SaM program include a voluntary screening process completed with the parent/guardian to determine the initial concerns and needs for the child.

Upon receipt of the completed NEIS Screening Consent Form ([Exhibit H](#)), NEIS will provide the parent/guardian with the applicable [Part C approved and age-appropriate screening tools](#). Screeners will be completed either immediately over the phone (when possible); in-person within five (5) business days of request; by the parent/guardian via mail and returned within 15 calendar days of the initial request. If requested by mail, the CAPTA referrals will include the NEIS statewide Letter for Mailed Screeners ([Exhibit I](#)).

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At the time of completion, screening results will be discussed with the parent/guardian to review next steps in the intake process. Staff will follow the NEIS Statewide CAPTA Job-Aid and Flow-Chart ([Exhibit J](#)), or the NEIS Statewide SaM Job-Aid and Flow-Chart ([Exhibit K](#)) as appropriate.

1. Declined or Passed Screening

For SaM referrals, if the parent/guardian declines the voluntary screening, the referral will be exited. NEIS will send a Statewide SaM Denial Letter ([Exhibit G](#)) to the parent/guardian within 2 (two) business days of the declination.

SaM referrals that pass initial screening will be scheduled for a follow up screening within six (6) calendar months to confirm no further concerns or services will be required. If the follow up screener is passed, then the referral will be closed. CAPTA referrals that pass screening are closed.

2. Failed Screening

Referrals that have completed screenings and demonstrate failed scores are referred for an eligibility evaluation for Part C services. If the parent/guardian accepts they will be contacted to schedule an MDT evaluation (see [27.2.4.A.](#)).

Screening results and determinations will be documented in the designated electronic system of record in real time whenever possible. If real time entry is not completed, entries will be made within 2 (two) business days. Completed CAPTA Summary Reports ([Exhibit L](#)) indicating either pass or failed will be provided to the parent/guardian and the referring source following the 2 (two) business day documentation requirement.

**D. MONITORING REFERRALS**

Intake Coordinators are responsible to monitor the referral progress during the intake process to ensure NEIS maintains compliance with the 45-day timeline requirements. If the parent/guardian elects to stay with a NEIS State program, the Intake Coordinator will monitor the time between receiving the referral, scheduling and completion of the MDT evaluation, and assignment to a program DS. The referral status is maintained in the designated electronic system of record and will change as the referral proceeds through all phases of the process and system.

If found eligible, an initial Individualized Family Service Plan (IFSP) must be developed and an NEIS IFSP Agreement Signature Page ([Exhibit M](#)) must be signed no later than 45 calendar days from the date the referral was received.

1. Community Provider Assignment

If the parent/guardian selects a CP that is on a service agreement with NEIS, the Intake Coordinator will provide the CP with a notification on the assignment, including the child's ID number in the designated electronic system of record. Once notified of the assignment, the CP

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will contact the parent/guardian for all appointments including evaluations, assessments, and, if eligible, ongoing services for the child and family.

## 2. Rotation Schedule and Referral Log

If the parent/guardian does not select a provider, the Intake Coordinator will assign the case following a pre-established rotation schedule. Siblings will be assigned to the same provider per parent/guardian choice to ensure continuity of service. NEIS SPOE will use the statewide referral log to manage the rotation. All referral logs will be maintained by NEIS SPOE and will be available on the shared server for review by NEIS supervisors and/or the NEIS Management Analyst Team.

Maintaining the referral log includes:

- a. Updating after each program assignment, completing matching contact log notes documenting assignment and/or program rotation, and monitoring referrals;
- b. Completing updates by close of business daily; and
- c. Daily verification of rotation balance for accuracy of distribution with the goal of maintaining equal distribution according to the rotation cycle.

If errors to the rotation occur, program managers will approve all changes and NEIS SPOE will make updates to reflect a balanced rotation the following day. Internal referrals retained at NEIS State programs will be monitored by the NEIS SPOE and/or designated scheduling staff until an MDT evaluation is scheduled and the designated program DS is assigned.

Any modifications needed to the statewide approved referral logs will require a program manager review and approval by ADSD Deputy Administrator.

### E. DOCUMENTING REFERRALS

The NEIS SPOE is responsible to document all referrals within the designated electronic system of record for federal reporting to the Part C office in real time but no later than two (2) business days from receipt of referral. As outlined by the designated electronic system of record, the NEIS SPOE should include the parent/guardian contact request; steps completed for the referral process; next steps to be completed; date/times contacts were requested and/or completed; and content of the conversation, including concerns, needs, and resources provided and requested.

#### **27.2.4 MULTIDISCIPLINARY TEAM EVALUATION**

To protect all participants of the evaluation, designated NEIS staff will complete a Universal Health Screener ([Exhibit N- Employee](#), [Exhibit O- Visitor](#)) for all persons in the MDT meeting. If the screeners determine that there are health concerns the appointment will be re-scheduled within the required timeframe. ([34 CFR 303.13](#), [34 CFR 303.20](#), [34 CFR 303.321](#))

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**A. SCHEDULING MDT**

The Intake Coordinator will assign the NEIS provider and the attending program DS to complete the MDT assessment based on predetermined appointment slots within the initial 45-calendar day requirement. Appointment slots for MDT are determined each month by the regional Supervisory team using a master appointment list.

The Intake Coordinator confirms the preferred schedule date with the parent/guardian at the time of the contact and will provide the NEIS Prior Written Notice ([Exhibit P](#)) with [parental rights](#) information.

If a program DS has an open MDT evaluation appointment slot on the date the parent/guardian requests, the appointment is scheduled in the designated electronic system of record and assigned to that program DS. The Intake Coordinator will also send a follow up confirmation appointment email to the program DS confirming they have been assigned to the MDT evaluation.

**B. REQUIRED MDT DOCUMENTATION**

At the MDT appointment, and prior to conducting the eligibility evaluation, staff must confirm that the following items and information have been received, reviewed, understood, and/or signed by the parent/guardian, including items that were sent to the family prior to the appointment:

1. [ADSD Consent for Release of Information Form](#);
2. HIPAA Privacy Practices and Receipt of Privacy Practices Acknowledgement Form ([HIPAA Manual](#));
3. NEIS Consent Forms ([Exhibit Q](#)), including Custody Form, Consent to Initial Evaluation, Electronic Signature of Documents Consent, and Telehealth Consent;
4. NEIS Prior Written Notice (PWN) ([Exhibit P](#)) for the MDT appointment;
5. [Nevada Voter Registration Form](#);
6. Part C Parent Handbook ([Exhibit R- English](#), [Exhibit S- Spanish](#));
7. [Parent Rights](#);
8. Written Notice Related to the Use of Private Insurance and Medicaid ([Exhibit T](#)); and
9. Signed NEIS Consent to Bill Form ([Exhibit U](#)).

During the MDT evaluation, children are evaluated using [Part C approved assessments, evaluations, and screeners](#) for all developmental domains, with additional screening of social-emotional development and Autism Spectrum Disorder (ASD) as applicable. Children will also be screened using the NEIS Screeners for Vision, Hearing, and Nutrition (Exhibits [V](#), [W](#), and [X](#)), following the NEIS Screeners – Hearing, Vision, Nutrition – Job-Aid ([Exhibit Y](#)).

For the MDT evaluation, the examiners use prefilled MDT kits containing items/tools to help obtain information about a child's abilities through observation, interview of parent/guardian, and direct assessment of various skills. The attending program DS will bring the MDT kit to the scheduled appointment. The attending program DS is responsible for sanitization and

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disinfecting the MDT equipment used in an evaluation before and after each appointment. MDT kits are for the use of MDT evaluation appointments only.

### **27.2.5 ELIGIBILITY CRITERIA**

#### **A. AUTOMATIC ELIGIBILITY**

Approved conditions for Automatic Eligibility are established by the Part C office and are included on the Part C Medical Automatic Eligibility List ([Exhibit E](#)). Auto-eligible conditions pertain to children ages birth to 3 years (unless otherwise noted, i.e., extreme prematurity limits) who have a diagnosed physical or mental condition that has high probability of resulting in developmental delays as identified by Part C. These conditions with accompanying supporting medical records do not need to meet the criteria of a 50% delay in one area or 25% delay in two or more areas to be found eligible for services. ([34 CFR 303.111](#), [34 CFR 303.21\(a\)\(1-2\)](#), and [34 CFR 303.322](#))

Children who do not fall under the Automatic Eligibility determination can be found eligible under the following categories.

##### **1. Developmental Delay**

Children who are determined to have a 50% delay in one (1) area or a 25% delay in two (2) areas of development as identified from the MDT evaluation. Areas of development include cognitive, physical (including hearing and vision), communication, social or emotional, and adaptive and/or behavior.

##### **2. Informed Clinical Opinion**

A child may not immediately demonstrate one or more conditions indicated on the list of eligible conditions where treatments or symptoms may necessitate the child to be determined eligible. During the MDT evaluation, the child may be determined eligible for services based on informed clinical opinion by an appropriate early intervention professional.

NEIS uses informed clinical opinion in the evaluation and assessment process through use of gathering qualitative and quantitative information regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention services to decide for initial and continuing eligibility.

##### **3. Medically Complex or Fragile**

Children with multiple medical issues that have resulted in frequent hospitalization, or who require complex in-home frequent appointments with a qualified pediatric health care professional; and/or additional instructional supports and therapies; and/or a condition that may result in increasing levels of medical intervention and support.

EI physicians will review medical records to determine if the medical complexities are sufficient to make the child eligible for early intervention services based on informed clinical opinion.

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**B. NOT ELIGIBLE**

A child may be deemed not eligible if they do not meet the eligibility criteria detailed above, or if they are within 45 days of their 3<sup>rd</sup> birthday.

If determined not eligible, the MDT evaluation will be reviewed with the parent/guardian to outline the details of ineligibility. Designated MDT staff will review the [Parental rights](#) with the parent/guardian and NEIS Prior Written Notice ([Exhibit P](#)) will be completed explaining the reason for not meeting eligibility. The designated MDT staff will provide a list of appropriate community resources and activities. The eligibility report indicating not eligible status will be sent to the parent/guardian within two (2) business days. The parent/guardian will be advised and encouraged to contact the regional NEIS office, prior to within 45 calendar days of the child's 3<sup>rd</sup> birthday, if any concerns arise requiring reevaluation.

**1. SaM Referrals from MDT**

Children found not eligible for Part C services during an MDT evaluation may be referred by the MDT team to the SaM program. The program DS at the MDT or a designee will check the SaM referral criteria for appropriate referrals on the NEIS Statewide SaM Referral Checklist and Referral Form ([Exhibit F](#)). In appropriate cases, they will provide and explain the NEIS Statewide SaM General Information Handout ([Exhibit Z](#)) and will offer a referral to parent/guardian.

**27.2.6 STATUS OF ELIGIBILITY**

A referral changes status once the MDT has been completed. The NEIS Eligibility Determination Form ([Exhibit AA](#)) is completed and signed at the time of an MDT evaluation. If the parent/guardian declines services, they will be provided with the NEIS Services Decline Form ([Exhibit BB](#)). An eligibility report or the NEIS Physician Eligibility Information Form ([Exhibit CC](#)) is submitted to the child's Primary Care Physician (PCP) via fax or with the therapy order within two (2) business days of completing the report. Staff will confirm that a release of information for the PCP is on file. ([34 CFR 303.420](#) and [34 CFR 303.34](#))

**A. ON-GOING ELIGIBILITY**

Ongoing eligibility is determined based on bi-annual and annual reviews of the IFSP assessment(s) from the service provider, child, and parent/guardian participation. The child and parent/guardian receive ongoing service coordination from a program DS throughout their time in the NEIS program. The assigned program DS will provide direct services and monitor ongoing eligibility.

**27.2.7 CASE ASSIGNMENT**

After the MDT evaluation is completed and the child is determined eligible, the completed MDT evaluation report is sent to the appropriate supervisory team. The Supervisory team meets weekly to review the completed MDT evaluations and determine caseload assignment using the workload matrix for caseload assignment by region.

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NEIS will provide the parent/guardian with a list of all state contracted direct service provider (e.g., physical therapy, speech therapy, etc.) options related to the services identified as required during the MDT evaluation. The parent/guardian has the right to choose the appropriate service provider for their child. If the parent/guardian declines to choose, NEIS will assign a service provider based on provider availability in the regional NEIS office; zip code covered by the provider; and the provider's caseload availability.

The parent/guardian may also choose a non-contracted private therapist within their community. At which point, the parent/guardian would confirm and sign the declination of services offered by NEIS.

### **27.2.8 ELECTRONIC RECORDS**

Throughout the referral and eligibility review process, SPOE staff, intake coordinators, program DSs, and direct service providers document all services rendered within the designated electronic system of record. Referral documentation should be completed in real time but no less than (2) business days of any action completed. All other paperwork, information and billing submitted must be documented within five (5) business days of any action completed.

#### **A. RECORDS RETENTION**

NEIS follows all record retention guidance as directed by DHHS and the state law ([NRS 629](#)). Records Retention and Disposition Schedule housed within the Nevada State Library, Archives and Public Records (NSLA) identifies all dates required for NEIS record storage. NEIS also follows all record retention guidelines from the [IDEA Part C Early Intervention Manual Section 6](#).

### **27.2.9 APPEALS**

If a child is determined not eligible at the time of evaluation and the parent/guardian disputes the determination, the parent/guardian may request a due process or mediation hearing or file a complaint with the State of Nevada following Part C guidance. ([IDEA Part C Early Intervention Policy Manual Section 5, Subsection B](#), [34 CFR 99.22](#), [34 CFR 303.411](#))

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**27.2.10 EXHIBITS**

- A. [NEIS REFERRAL FORM 1001 - COMMUNITY - ENGLISH](#)
- B. [NEIS REFERRAL FORM 1001 - COMMUNITY - SPANISH](#)
- C. [NEIS GENERAL NO-CONTACT LETTER – ENGLISH AND SPANISH](#)
- D. [NEIS STATEWIDE SPOE REFERRAL SCRIPT](#)
- E. [NEIS PART C – MEDICAL AUTO ELIGIBLE LIST](#)
- F. [NEIS STATEWIDE SAM REFERRAL CHECKLIST AND REFERRAL FORM](#)
- G. [NEIS STATEWIDE SAM DENIAL LETTER - ENGLISH](#)
- H. [NEIS SCREENING CONSENT – ENGLISH AND SPANISH](#)
- I. [NEIS STATEWIDE CAPTA LETTER FOR MAILED SCREENER – ENGLISH AND SPANISH](#)
- J. [NEIS STATEWIDE CAPTA JOB-AID AND FLOW CHART](#)
- K. [NEIS STATEWIDE SAM JOB-AID AND FLOW CHART](#)
- L. [NEIS STATEWIDE CAPTA SCREENING SUMMARY REPORT TEMPLATE](#)
- M. [NEIS IFSP AGREEMENT SIGNATURE PAGE – ENGLISH AND SPANISH](#)
- N. [NEIS UNIVERSAL HEALTH SCREENER – EMPLOYEE – ENGLISH AND SPANISH](#)
- O. [NEIS UNIVERSAL HEALTH SCREENER – VISITOR – ENGLISH AND SPANISH](#)
- P. [NEIS PRIOR WRITTEN NOTICE – ENGLISH AND SPANISH](#)
- Q. [NEIS CONSENTS – CUSTODY FORM, INITIAL EVALUATION, TELEHEALTH, ELECTRONIC DOCS AND SIGNATURES – ENGLISH AND SPANISH](#)
- R. [NEIS PART C – PARENT HANDBOOK MARCH 2020 – ENGLISH](#)
- S. [NEIS PART C – PARENT HANDBOOK MARCH 2020 – SPANISH](#)
- T. [NEIS WRITTEN NOTICE RELATED TO THE USE OF PRIVATE INSURANCE AND MEDICAID – ENGLISH AND SPANISH](#)



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- U. [NEIS CONSENT TO BILL FORM – SIGNATURES – ENGLISH AND SPANISH](#)
- V. [NEIS SCREENERS – HEARING, VISION, NUTRITION - BIRTH TO 06 MONTHS](#)
- W. [NEIS SCREENERS – HEARING, VISION, NUTRITION - 07 TO 12 MONTHS](#)
- X. [NEIS SCREENERS – HEARING, VISION, NUTRITION - 13 TO 36 MONTHS](#)
- Y. [NEIS SCREENERS – HEARING, VISION, NUTRITION – JOB AID](#)
- Z. [NEIS STATEWIDE SAM GENERAL INFORMATION HANDOUT – ENGLISH](#)
- AA. [NEIS ELIGIBILITY DETERMINATION FORM – ENGLISH AND SPANISH](#)
- BB. [NEIS SERVICES DECLINATION FORM](#)
- CC. [NEIS PHYSICIAN ELIGIBILITY INFORMATION FORM](#)

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