Early Intervention (EI) Process for Initial Referrals When Using the RBI

Recommended EI Process Combinations:

1. Intake → Evaluation → Assessment (RBI) → MDT/IFSP (4 separate visits)
2. Intake → Evaluation/Assessment → MDT/IFSP (3 separate visits)

Non-Compliant EI Process Combinations:

1. Intake and Evaluation in the same visit
2. Evaluation and IFSP in the same visit
3. Assessment and IFSP in the same visit

*The Eco-map is encouraged as a best practice; may occur anywhere in the EI process prior to MDT/IFSP.

Rationale for EI Process

Component 1: Intake

Regulations: *480 NAC 3-004.04.* Services coordinator (SC) is responsible to conduct intake duties:

- Contact family within 7 calendar days to set up a face to face meeting at a time and place mutually agreed upon.
- Face to face meeting must include:
  - ✓ Provide written notice and obtain written consent for the child's initial screening (if applicable) and evaluation.
  - ✓ Continue to work with family according to needs and wishes until a decision is made as to eligibility.

Considerations:

- Must be a visit separate from evaluation in order to meet "prior written notice" as per *480 NAC 3-005.01*
- SC gathers information about family's concerns and questions; begins identifying their resources and priorities.
- SC shares information about EI services and offers referrals for immediate needs.
- If an EI provider accompanies the SC on intake, this must first be explained by the SC when setting up the visit and the Authorization for the Release of Information MUST be signed by the parent immediately at the intake visit in order for family information to be shared with the EI provider (*92 NAC 52-009.01B*).

Exceptions:

An EI provider accompanies the SC on intake visit if:

(1) The family requests screening occur at intake
   - In this instance, the SC gives prior notice as per *92 NAC 52-006.03A1* and consent for screening as per *480 NAC 3-005.01.*
   - Also, the Authorization of Release of Information MUST first be completed and a screening tool utilized.

(2) The child will likely qualify for EI services with a diagnosed physical or mental condition. In this instance, at the request of the family, the EI provider may be present to explain the qualifying criteria. MUST have Authorization form signed as above.

Note: *No "eligibility decisions" are made at screening.* Decisions MUST be made by the team, in writing, after review of screening results, medical records, observational data, and parent report. The results can be shared at next visit if moving forward to evaluation for eligibility, or if the screening shows "no risk", results can be shared over the phone along with information about family's right to request an evaluation at any time (*92 NAC 52-006.03C)*.

Component 2: Evaluation to Determine Eligibility

Regulations: 92 NAC 52-006.04 and 006.06. School district or approved cooperative multidisciplinary team (2 or more separate disciplines or professions as defined in *92 NAC 52-003.16*) determines the child is experiencing a developmental delay and shall have either:

- A diagnosed physical or mental condition as per medical or other records *92 NAC 52-006.04A*
- A significant developmental delay as defined in *92 NAC 52-006.04B*

Considerations:

- When medical and other records are used to establish eligibility (without conducting an evaluation of the child- *92 NAC 52-006.05B*), these records must be obtained PRIOR to eligibility determination and indicate that the child's level of functioning in one or more of the developmental areas identified in *92 NAC 52-003.15* constitute a developmental delay, or the child otherwise meets the criteria for an infant or toddler with a disability under *92 NAC 52-003.15 and 92 NAC 52-006.04. 006.05B1.*
- Qualified personnel must consider use of informed clinical opinion (*92 NAC 52-006.05B2*) when conducting an evaluation and assessment of the child.
- If evaluation of the child is needed to determine eligibility, use one tool that evaluates all areas of development.
- Evaluation for eligibility can be done in same visit as the RBI.

Component 3: RBI- Child & Family Assessment

Regulations: 92 NAC 52-006.07 and 480 NAC 3-006.01 School district or approved cooperative and the SC conduct an interview which yields the following:

- A family assessment to identify daily routines, activities, and supports/services both present and needed to enhance child development,
- A child assessment to identify child's unique strengths and needs in each developmental area, and
- Options for supporting the family in identifying their resources, concerns and priorities.

Consideration when using the RBI:

- Child and family assessment must occur in a separate visit and PRIOR to the IFSP in order to: (1) give the family time to reflect on the RBI results and (2) determine the persons they want to invite to the IFSP ("*IFSP team membership is established by the family and based on the results of the MDT evaluation, assessments and their wishes*" *as per 480 NAC 3-006.01*).
- Child and family assessment may occur prior to MDT decision/report- it is not "predetermination" to move forward with the RBI prior to providing the MDT decision/report as families can still disagree with that MDT decision after the RBI is completed.

Component 4: MDT (Eligibility Determination)

Regulation: 92 NAC 52-003.15, 92 NAC 52-006.09-006.10, and 92 NAC 52-009.03B. The evaluation team, which must include the parent and individuals representing 2 or more disciplines, determines if the child is experiencing a developmental delay and needs early intervention services.

Considerations:

- If, based on the findings, the child is likely to qualify, move forward to child and family assessment. Develop a written report including the evaluation and assessment information. Hold the MDT conference in conjunction with the IFSP meeting and provide prior written notice as required in *92 NAC 52-009.08.*
- If, based on findings, the child is not likely to qualify, the school district or approved cooperative must provide the parent with prior written notice required in *92 NAC 52-009.03B.*

Component 5: IFSP Meeting

Regulations: 480 NAC 3-008, 480 NAC 3-006.01, and 92 NAC 52-007. Services Coordinator arranges and provides written notice to all team members in a reasonable amount of time BEFORE the meeting (480 NAC 3-008.06), and then chairs the IFSP with family and team members in order to ensure:

- Family is fully informed of the MDT results
- Family is provided with referrals to other agencies/supports (not provided by the EI Team)
- Family is provided coordinated access to services in the community
- Family provides information about their priorities, concerns and resources gathered from the eco-map, RBI, observations, and any other sources available to the EI team
- Team develops measureable results or outcomes from the family's RBI priorities about their child and family.
- Team determines EI services needed to get desired results or achieve outcomes.

Considerations:

- The IFSP team is determined AFTER the RBI and PRIOR to the IFSP meeting; SC prepares family in advance of the IFSP meeting.