



**Nebraska Early
Development Network**

Babies can't wait

June 2025 EDN Conference Questions & Answers

Q: On a state level could you do campaigns with hospitals? Could you do a statewide commercial as co leads?

A: While the Co-Leads do have some statewide Child Find activities, it is also a requirement of the local Planning Region Teams, school districts, and services coordination agencies to engage in Child Find activities in their local areas.

Q: Is it possible for PRT's to see a breakdown of the OBI impact (e.g. referrals) for their specific area?

A: This information is not available by PRT area.

Q: We have never seen the EDN ads from OBI - how can they get expanded? I even live in Omaha with toddlers and baby and have never seen these.

A: The social media advertisements are targeted to a specific demographic using many different metrics. If you have not seen the advertisements, you are likely not in the targeted demographic.

Q: Where do we find the graphics from OBI that we can use on our individual PRT social media sites?

A: These graphics are not available for individual PRT use.

Q: At a state level, is there anyone going out to medical schools to educate new nurses, doctors, mental health providers, and dentists in training about EDN?

A: The Co-Leads have given presentations to staff at Children's Hospital, UNMC, Boy's Town, resident physicians at the Lincoln Medical Education Partnership, case managers with United Health Care, and other agencies upon request. Additionally, the Co-Leads partner with Answers4Families to reach audiences at the School Nurse Conference, the Nebraska Nurse Newsletter, KOLN/KGIN TV, CASA Conference, the Nebraska Young Child Institute, WIC clinics, etc.

Q: Is the report for Growing in Good Life available?

A: The Growing in the Good Life report is posted on the 2025 EDN Conference web page.

Q: When discussing the language barriers, resources (physical, skill-based, and financial) have been a huge barrier for SCs when the school district isn't able to assist in translation. Are there opportunities for training and courses to help develop and grow bilingual education for SCs?

A: The Co-Leads are unaware of any funding available for this purpose.

Q: How do we get in touch with a PRC to invite them to our PRT meetings?

A: PRC contact information is located on slide 33 of the 2025 EDN Conference presentation. If you are unsure who your local PRC is, you can email MMIFCEP@unmc.edu for more information or also find their contact information from the MMI website that features each PRC here:

<https://www.unmc.edu/mmi/directory/ucedd/fcep/index.html>

Q: When looking at the FCEP Project, why do many projects go from Kearney or Grand Island to Scottsbluff, completely skipping over North Platte and Ogallala hospitals?

A: Many factors, including funding, determine where a PRC is established. Sometimes we just haven't been successful in getting into a health system and assistance is needed getting connected to individuals in leadership roles to see if there is interest in PRC placement. The PRC team supports the state's genetics and developmental pediatrics clinics which are hosted in Scottsbluff at the health department and in North Platte at Great Plains Pediatrics. Some organizations offer financial support to help fund a PRC in their community. Clinics and organizations who have interest should contact Sarah Swanson and Kim Falk to discuss this. (kim.falk@unmc.edu; Sarah.swanson@unmc.edu)

Q: Can we have a digital copy of the parent survey? We have a lot of young parents- we feel we'd have better response rate versus having them "mail" it in. Example: One of our families asked how she mails it and doesn't know where the mail goes.

A: In speaking with other states regarding their family survey results, states that offer them digitally often have a very poor return rate. There are no plans to change the format of the Nebraska Part C/EDN Family Survey. The services coordinator is instrumental in supporting families who may have difficulties returning a physical survey.

Q: Are there efforts occurring behind the scenes to streamline the transfer of GOLD files across regions? We are often ""chasing"" a contact in a region to try and get child GOLD files. We then get the file and it will be missing needed information. It would be amazing if there was more of a direct contact at NDE when support is needed and a formalized system for transfers.

A: Please reach out to Ginny Howard at NDE if you are having difficulties transferring a GOLD file across regions.

Q: Can you provide an example of LRI personal care needs for a child with AD waiver?

A: This can be found on the Extraordinary Care Tool. Please note there are very limited categories for this age group.

Q: How can you decide what a provider would bill for respite vs. LRI care?

A: Respite is to give the parent a break. LRI Personal Care is if the parent qualifies to be paid while they do the tasks. These are two separate services with separate functions, it's not going to be the same caregiver for both.

Q: What are the requirements agencies will have to determine if a parent can be the LRI?

A: Agencies have to follow the Medicaid Provider requirements for their employees.
[Provider Screening Guidelines](#)

Q: Can the LRI work during the day while they have a nurse in home during the day and get paid at night as an LRI?

A: LRI Personal Care caregivers cannot be clocked in for LRI Personal Care while engaged in other employment. If they work a typical 8-5, and their child meets the definition of extraordinary care they would either clock in before their day job or clock in during the evening when they are performing the tasks.

Q: If a parent is not a legal citizen, can they apply or be a provider for their children?

A: No. They must meet Medicaid Provider requirements.

Q: Can we think about moving the DHHS-6 from Connect to Therap instead of NFOCUS?

A: This change will occur.

Q: When will the dates for the upcoming (July) waiver training be shared?

A: The training will likely be the last week of July and early August. The training is still under development.

Q: Would glasses be considered AT?

A: No, glasses would not be an AT item which school districts are responsible for providing.

Q: If a child is trialing an iPad device connected to a cochlear provided by outpatient therapy, would this be we have to document on the IFSP yet? Would this be something the district would be required to provide to the family? If the answer is no, at what point would it be required to document and provide for the family?"

A: This could be documented on the IFSP under the section titled "Other Services/Supports the Child/Family is receiving or needs but is not required nor funded

by the Early Intervention Program.” The district is not required to provide this item but could provide assistive technology service to assist the family in utilizing this device at home within their daily routine to meet the child’s IFSP outcomes.

Q: Is there a way parents must be given the opportunity to inspect SC narratives?

A: Parents can request to view their child’s early intervention file at any time. This would include a printed copy of all early intervention services coordination narratives.

Q: Is Goal Progress & Service Delivery Monitoring required?

A: As stated in Section 3 of the Technical Assistance Guidebook, the “Goal Progress” and “Service Delivery Monitoring” categories should be completed at least one time per month during the contact in which the Services Coordinator and family discussed the progress of the IFSP outcomes/goals.

Q: What needs to be included in the "Service Delivery Monitoring" section?

A: Within this section, it would be appropriate to document if early intervention services began within 30 days of parental consent, if services are being provided at the frequency/intensity/duration/location/method as stated on the IFSP, and any monitoring and follow-up activities necessary to ensure IFSP is effectively implemented and adequately addresses needs of infant/toddler. These activities may be with the family members, providers, etc.

Q: Could statewide bilingual service coordinators have a breakout session to collaborate and team at the next training or conference?

A: No.

Q: Please review state ward residency policy and where to find it.

A: The State Ward Residency Policy is linked on Slide 170 of the 2025 EDN Conference presentation and available at <https://www.education.ne.gov/wp-content/uploads/2017/07/residency-ward.pdf>.

Q: Can you give more information about co-visits with an EI provider and a community provider like Sixpence or EHS?

A: Occasionally families may request that a services coordinator or other early intervention provider visit with them at the same time as other community home visitation programs such as EHS or Sixpence. This is allowable; however the services coordinator or other EI provider must ensure the program is included on the EI-3, Release of Information and ensure that the length of visit allows for the provision of early intervention service as written on the IFSP.

Q: Does Rule 52 allow us to have one provider submit a written report and one present for MDT?

A: The MDT must be signed by two separate disciplines.

Q: Can an IEP be written for a child while they are still two years old, but would turn three before the IEP would begin on Sept. 1? For instance, if a child will have an IFSP review in June/July and turn three shortly after the review deadline, is it acceptable to develop the IEP at the same time?

A: It is acceptable, in this situation, to conduct both an IFSP meeting and an IEP meeting on the same date. Example: Child turns 3 on July 1st and the IFSP is due June 15th – family previously indicated in transition planning/conference that they want their child to remain in Part C services through August 31st. The June 15th meeting date may serve as both an IFSP meeting and the IEP meeting. However, the family must be provided 2 separate written notices prior to this meeting. One Notice will indicate that this will be an IFSP and (continued) Transition Conference/Planning meeting and will indicate the IFSP team members that will be present per Rule 52/480 NAC 1 requirements. The other Notice will indicate that this will serve as an IEP meeting and indicate the IEP team members that will be present per Rule 51 requirements. At the June 15th meeting, upon completion of updating/developing the IFSP, the IEP team can then draft the IEP document and note the start date as Sept. 1st.

Q: If a child will be three within 45 days of referral, does the PRT proceed with the IFSP process?

A: Best practice would be for the services coordination agency to accept the referral. The SC would meet with the family and thoroughly explain their options for Part B services at age 3 or having their child receive EI services and services coordination through August 31. Management of the referral would proceed according to the parents' choice. If the parent chooses Part B services, a referral to the school district must be made by the SC, and the district would proceed within their regulatory timeframes for evaluation and IEP development. Part B services could not be provided, however, until the child turns 3.