



Washoe County School District

425 East Ninth Street * P.O. Box 30425 * Reno, NV 89520-3425
Phone (775) 348-0200 * Fax (775) 348-0304 * www.washoeschools.net

Board of Trustees: Adam Mayberry, President * Alex Woodley, Vice President * Christine Hull, Clerk
Diane Nicolet * JJ Phoenix * Beth Smith * Colleen Westlake * Joe Ernst, Superintendent

September 23, 2026

Opposition Comment on Third Revised Proposed NAC Amendments to NRS 432B.60847 (LCB File No. R131-22)

Dear Chair Jauregui and members of the Legislative Commission,

Please accept this letter as Washoe County School District's (WCSD) written public comment regarding the Third Revised Proposed Regulations implementing NRS 432B.60847 (LCB File No. R131-22).

The Washoe County School District remains committed to supporting educational continuity for students receiving treatment in psychiatric hospitals and residential treatment facilities and recognizes the importance of collaboration among schools, child welfare agencies, treatment providers, and families.

However, WCSD remains concerned that several provisions of the proposed regulation exceed the authority granted under NRS 432B.60847 and impose operational responsibilities, compliance obligations, and potential liability upon school districts for placements made by courts, child welfare agencies, and treatment providers over which school districts have no authority, oversight, or control.

The statute requires school districts to monitor student progress and participate in discharge planning. The proposed regulation improperly expands those duties into functions that more closely resemble oversight, compliance monitoring, and accountability for services delivered by third-party facilities. Accordingly, WCSD respectfully requests the following revisions:

SECTION 9 – PSYCHIATRIC HOSPITAL EDUCATIONAL PLANNING

This Section is specifically about psychiatric hospitals that request or intend to request reimbursement from the Department under NRS 387.1225 for the provision of educational services. WCSD supports timely educational planning following a student's admission to a psychiatric hospital. However, the regulation should make clear that a hospital's provision of educational services, including implementation of an IEP or service plan, is the responsibility of the hospital or facility providing educational services for which they will seek reimbursement. School districts, charter schools and private schools do not control admission decisions, educational programming, instructional delivery, or the issuance of credits by psychiatric

hospitals or residential treatment facilities. Accordingly, the responsibility for providing and documenting educational services, including IEPs and service plans, and reporting academic progress should remain with the hospital or facility providing those educational services.

WCSD recommends adding the following language:

“The psychiatric hospital shall be responsible for providing educational services, implementing IEPs and service plans, documenting educational services provided and reporting student progress to the public or private school for purposes of educational continuity and transition planning.”

SECTION 10 – STUDENTS WITH IEPs

SECTION 10(2) AND 10(3) – GUIDANCE REGARDING PLACEMENT APPROPRIATENESS

First, it should be noted that Section 10(2) and 10(3), provides mandatory language about guidance that “shall” be provided or considered, whereas Section 11(2) and 11(3) (for students without an IEP) provides permissive language about guidance that “may” be provided or considered. WCSD recommends consistency between these sections to avoid confusion.

However, WCSD is concerned that Sections 10(2) and 10(3) place schools and districts in the position of evaluating and potentially certifying whether a psychiatric hospital or residential treatment facility can comply with IDEA, Nevada special education law, and other legal requirements, when schools and districts may not be familiar with the services that could be provided at the facilities, do not operate such facilities and have not made the decision to place students in the hospital or facility. Charter schools and districts do not license, regulate, supervise, or monitor these facilities. Responsibility for determining facility compliance with law should remain with the appropriate licensing, oversight, or regulatory agencies, such as the Nevada Department of Education and Health Care Purchasing and Compliance Division of the Nevada Health Authority.

WCSD recommends making Section 10(2) and 10(3) consistent with Section 11(2) and 11(3) to be permissive language.

WCSD also notes that NRS 432B.60847(3) requires the public or private school, school district, or applicable IEP team or representative group to meet and consider the appropriateness of a residential placement before admission of a child who is in the custody of a child welfare agency to a psychiatric hospital or residential treatment facility. In practice, school districts are often notified after a placement decision has already been made and the child has been admitted. The proposed regulation does not address how compliance with the statutory pre-admission consultation requirement will be ensured, nor does it clarify the effect of the educational team's recommendations when the placement is court-ordered or otherwise directed by a child welfare agency.

Because schools and districts do not possess authority to approve, deny, or modify court-ordered placements, the regulation should clarify the respective roles of the child welfare agency, the court, and the educational team when concerns are raised regarding the appropriateness of a proposed placement. Without such clarification, schools and districts may be placed in the position of being asked to evaluate placements over which they have no decision-making authority while simultaneously being assigned responsibilities for educational outcomes occurring at those placements.

WCSD recommends replacing the current language with:

“In consultation, the public or private school may provide information regarding the student’s educational needs and existing educational services, IEPs and service plans, so hospitals, facilities, and child welfare agencies have education information to determine appropriateness of the residential placement, but the schools and districts shall not be responsible for evaluating, certifying, or monitoring facility compliance with state or federal law.”

“Upon receiving information from the public or private schools, the hospital or facility and the child welfare agency must determine whether the residential placement is appropriate, can provide educational services outlined in the child’s IEP or service plan; comply with the IDEA, 20 U.S.C. § 1400 et seq., and any regulations adopted pursuant thereto; comply with NRS 388.417 to 388.5243, inclusive, and any regulations adopted pursuant thereto; and provide access to any integrated student supports that the child needs. Since schools and district IEP teams do not make these residential placements, schools and districts are not responsible under the IDEA for the implementation of the student’s IEP at these unilateral placements in hospitals or facilities.”

SECTION 10(4) – REQUIREMENTS OF AN IEP TEAM

First, it is important to note that as written, Section 10(4) is contrary to federal and state law as it requires private schools to convene IEP meetings when they have no legal obligation under the IDEA to write or implement IEPs. See 34 C.F.R. § 300.127(a) (only requires a representative participate in development, review and revision of service plans). Section 10(4) should be revised to appropriately address what entities are required to convene IEP meetings.

Second, NRS 432B.60847(3)(c) only requires “the public or private school or any school district in which the child was enrolled or which was providing services to the child when he or she was admitted to the facility” to “[m]onitor the child’s progress while the child is admitted to a facility.” The proposed regulation either is unclear or improperly expands this requirement by directing public and private schools and school districts through an IEP team meeting to “[e]stablish measures that will be taken [although it does not state who they will be taken by] to “[e]nsure the child receives educational services that meet the requirements of state and federal law.”

Additionally, it requires the IEP team establish measures that will be taken (again by some unidentified person or group) to “[m]onitor the academic progress of the child while” admitted to the facility “in a manner that satisfies the requirements of 34 C.F.R. §§ 300.111 or 300.131, as applicable.”

WCSD recommends that Section 10(4)(a) clarify that the IEP team may establish these measures, but the measures must be taken by the psychiatric hospital or facility, as schools and districts do not operate these third-party facilities and lack access to the child. Charter schools and districts that have no supervisory oversight or control over these groups or ensure the measures are followed, so the Department of Education and Health Care Purchasing and Compliance Division of the Nevada Health Authority should serve this role if oversight is required. In addition, since 34 C.F.R. §§ 300.111 or 300.131 are child find obligations, and in light of the fact that Section 10 is about students who have already been identified as students with disabilities under the IDEA, a requirement to comply with 34 C.F.R. §§ 300.111 or 300.131 is illogical and should be removed to avoid confusion.

Section 10(4)(b) also requires IEP meetings be convened to “[r]evis[e]” the IEP of the child if necessary. Students admitted to psychiatric hospitals or residential treatment facilities under NRS 432B.60847 are placed by court order and child welfare agency actions rather than educational placement decisions made by an IEP team. Requiring districts to revise IEPs solely because a unilateral placement exceeds the requirements of NRS 432B.60847 and may create liability inconsistent with IDEA requirements governing public placements. Furthermore, schools and districts do not have the ability to implement a student’s IEP while the student is at the hospital or facility. Therefore, language should be added to the NAC to make clear that implementation of the IEP while the child is hospitalized is the responsibility of the hospital or facility, and a failure to appropriately implement the IEP at the facility will not result in the school or district being found to have denied a student a FAPE under the IDEA.

The statutory obligation to monitor student progress should be clearly drafted in the NAC to avoid misinterpretation or the creation of responsibility for supervising or providing educational services delivered by hospitals and facilities outside charter schools and districts’ control.

WCSD recommends the following revisions:

Revise language to Section 4 to appropriately address what entities are required to convene IEP meetings.

Revise it to say “(a) Establish measures that will be taken by the hospital or facility providing educational services to:”

Remove requirement to comply with 34 C.F.R. §§ 300.111 or 300.131.

Provide that the Nevada Department of Education and Health Care Purchasing and Compliance Division of the Nevada Health Authority oversee hospital and facility

compliance with NRS 432B.60847, rather than schools and districts. In addition, it should be added that “The public or private school shall review educational information provided by the facility and participate in discussions regarding educational continuity but shall not be responsible for supervising or ensuring the delivery of educational services by the facility.”

“The public school or district may review and consider future educational needs and revise IEPs in anticipation of student being discharged from a hospital or facility, and may provide, as appropriate, a service plan while the child is hospitalized if the hospital or facility is considered a private school, but shall not be required to revise an individualized education program solely due to a unilateral placement made by a court, child welfare agency, or treatment provider.”

SECTION 10(6) – PROGRESS MONITORING AND CREDIT ACCEPTANCE

The proposed language states that public, private and school districts “shall” ensure “that the monitoring is conducted in a manner that satisfies the requirements of 34 C.F.R. §§ 300.111 or 300.131, as applicable.” However, as discussed above, child find obligations for students who have already been identified as students with disabilities under the IDEA, is likely irrelevant to progress monitoring for these students. Accordingly, the reference to 34 C.F.R. §§ 300.111 and 300.131 should be removed to avoid confusion.

The proposed language also requires public, private and school districts to monitor progress of the child on the IEP or service plan established for the child. If the facility operates a private school, the charter school or school district is only required to provide a service plan. However, for these unilateral placements not made by IEP teams, a charter school or school district can share student educational needs and student IEPs, as well as revise IEPs in preparation for student discharge, but since they do not control or oversee the hospital or facility, the charter school or district cannot ensure any progress is made while there, but can seek from the facility information related to student progress, which the facility would need to document and provide the charter school or district.

WCSD supports efforts to review educational material to ensure students receive credit in the planning phase with hospitals, facilities and child welfare services, and to ensure students receive appropriate academic credit for work completed while admitted to a hospital or facility. The proposed language implies that charter schools, private schools and districts are responsible for monitoring and accepting credits. Credit acceptance decisions are made after transcript review and are governed by local policy, graduation requirements, and state law. Schools and districts cannot guarantee acceptance of credits before such review occurs.

WCSD recommends the following revision:

“Charter schools, private schools and school districts cannot ensure any progress is made on a student’s IEP while admitted to a hospital or facility, but will seek from the hospital or facility information related to student progress, and the hospital or facility must document and provide information about student progress to the charter school, private school or school district.”

“On request, the public or private school will review course materials to ensure they will result in student earning credit if completed. Public and private schools will review credits earned during placement and apply them to the student’s transcript in accordance with local policy, graduation requirements, and state law.”

SECTION 11 – STUDENTS WITHOUT IEPS

SECTION 11(2) AND 11(3) – GUIDANCE REGARDING PLACEMENT APPROPRIATENESS

WCSD is comfortable with the language regarding the individuals in the meeting of representatives under NRS 432B.60847(3)(b) may provide guidance to the agency regarding their perception of the appropriateness of the placement, but the language should be revised to reflect that it is ultimately the agency, the hospital or facility, and the court which determine whether the hospital or facility can “[p]rovide for the educational needs of the child, including without limitation, access to any integrated students supports that the child needs.”

Furthermore, the proposed language states that in considering the appropriateness of the placement, these representatives should consider the facility’s ability to “[p]revent any violation of the educational rights of the child under federal and state law.” This language should be revised to note that the Nevada Department of Education and Health Care Purchasing and Compliance Division of the Nevada Health Authority are responsible for determining and overseeing the hospital or facility’s compliance with state and federal law.

WCSD supports efforts to review educational material to ensure students receive credit in the planning phase with hospitals, facilities and child welfare services, and to ensure students receive appropriate academic credit for work completed while admitted to a hospital or facility. The proposed language implies that charter schools, private schools and districts are responsible for monitoring and accepting credits. Credit acceptance decisions are made after transcript review and are governed by local policy, graduation requirements, and state law. Schools and districts cannot guarantee acceptance of credits before such review occurs.

WCSD believes that Section 11(3)(a) and (3)(b) could use a little more detail, as schools and districts in monitoring progress, necessarily will require hospitals and facilities to document and provide such information. WCSD also supports efforts to review educational material to ensure students receive credit in the planning phase with hospitals, facilities and child welfare services, and to ensure students receive appropriate academic credit for work completed while admitted to a hospital or facility. The proposed language implies that charter schools, private schools and districts are responsible for monitoring and accepting credits. Credit acceptance decisions are

made after transcript review and are governed by local policy, graduation requirements, and state law. Schools and districts cannot guarantee acceptance of credits before such review occurs.

WCSD recommends adding the following language:

“Individuals in the meeting of representatives under NRS 432B.60847(3)(b) may provide guidance to the agency regarding their perception of the appropriateness of the placement, but the agency, the hospital or facility, and the court ultimately determine whether the hospital or facility can provide for the educational needs of the child, including without limitation, access to any integrated students supports that the child needs.”

“The Nevada Department of Education and Health Care Purchasing and Compliance Division of the Nevada Health Authority are responsible for determining and overseeing the hospital or facility’s compliance with state and federal law, including the child’s educational rights under federal and state law.”

“Charter school, private schools and District will seek from the hospital or facility information related to student progress, and the hospital or facility must document and provide information about student progress to the charter school, private school or school district.”

“On request, the public or private school will review course materials to ensure they will result in student earning credit if completed. Public and private schools will review credits earned during placement and apply them to the student’s transcript in accordance with local policy, graduation requirements, and state law.”

SECTION 12 – DISCHARGE PLANNING

WCSD strongly supports meaningful transition planning for students returning from psychiatric hospitals and residential treatment facilities. However, Section 12 assigns responsibilities which extend beyond the statutory role NRS 432B.60847(3)(d) requires of schools and districts, which provides that they are only required to “[p]articipate in discharge planning for transitioning the child into a school or any other educational setting in which the child will receive instruction after discharge.” The proposed regulation requires “the public or private school or school district ...shall: Prepare a written discharge plan for the continued education of the child after the child is discharged” and sets forth what must be included in the discharge plan. WCSD believes schools and districts should be a participants, but does not believe the onus of writing and providing copies of the plan (when the student may not even be coming to its schools) should be placed on schools and districts; it should be placed on the hospital or facility which has been providing the educational services.

School and districts possess expertise in educational planning, enrollment, graduation

requirements, and academic supports.

WCSD recommends replacing the current language with:

“the public or private school or school district ...shall: participate and work with the hospital or facility at which the student was admitted, with the hospital or facility preparing a written discharge plan for the continued education of the child after the child is discharged. The written discharge plan must include, without limitation: a summary of credits earned and/or the current status of progress in each course if not complete.

WCSD further recommends adding:

“Recommendations concerning medical treatment, mental health services, medication management, clinical follow-up, or treatment interventions shall remain the responsibility of the facility, treating providers, and child welfare agency.”

LIMITATION OF SCHOOL AND DISTRICT RESPONSIBILITY

WCSD believes the proposed regulation would benefit from a clear statement establishing the limits of school and district responsibilities. Many of the concerns identified above stem from ambiguity regarding whether schools and districts are expected to oversee services provided by and compliance of third-party facilities which clearly falls outside of a school or districts' appropriate scope.

WCSD recommends adding the following subsection:

“Nothing in Sections 9 through 12 shall be construed to transfer responsibility for the operation, supervision, educational programming, treatment services, staffing, or legal compliance of a psychiatric hospital or residential treatment facility to a public or private school or school district. The role of the public or private school shall be limited to educational consultation, information sharing, participation in planning, review of educational records, and support for educational transitions consistent with state and federal law. The Nevada Department of Education and Health Care Purchasing and Compliance Division of the Nevada Health Authority are responsible for overseeing the hospital and facility's compliance with state and federal law.”

CONCLUSION

WCSD supports efforts to strengthen educational continuity for students receiving treatment in psychiatric hospitals and residential treatment facilities. However, the Third Revised Proposed Regulation continues to assign schools and districts responsibility for services, compliance obligations, and outcomes occurring in environments over which schools and districts have no operational authority or oversight.

WCSD respectfully urges the Nevada Department of Education and the State Board of Education to revise the proposed language to more closely align with NRS 432B.60847, clarify that responsibility follows authority, avoid creating new unfunded mandates for schools and districts, and preserve the schools and districts' role as an educational partner rather than an overseer of facility operations for which we have no control.

Thank you for your consideration of WCSD's comments and recommendations. We would be happy to address any questions or concerns you may have.

Sincerely,

Desiree Mandeville
Director of Student Enrollment and Records
Washoe County School District