

	DIVISION OF CHILD AND FAMILY SERVICES Children's Mental Health
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I. POLICY

It is the policy of the Division of Child and Family Services, Children's Mental Health Services to provide an intake process that is consistent across targeted case management programs to the children and families we serve.

II. PURPOSE

The purpose of this policy is to describe the process for completing an intake with a child and family for initiation of targeted case management services through DCFS Children's Mental Health Services programs; Wraparound In Nevada for Children and Families, Outpatient Services, Children's Clinical Services and Early Childhood Mental Health Services.

III. DEFINITIONS

Assessment: Activity to determine service needs, including activities that focus on needs identification, to determine the need for any medical, educational, social, or other services includes: Taking client history, identifying the needs of the individual and completing related documentation, gathering information from other sources such as family members, medical providers, social workers, and educators, if necessary, to form a complete assessment of the individual and family. Must include:

1. A comprehensive identification of the individual's strengths and preferences, and consider the individual's physical and social environment
2. Periodic reassessment to determine whether an individual's needs and/or preferences have changed

Avatar: HIPAA compliant medical records and billing information system utilized by all DCFS children's mental health programs

Case Management: An activity that assists individuals in gaining access to necessary care and services appropriate to their needs. It is the individual's access to care and services that is the subject of case management, not the individual.

Case Management Services: Services that assist individuals in gaining access to needed medical, social, educational and other services. Case management services include:

- Assessment
- Development of a specific care coordination plan
- Referral and related activities
- Monitoring and follow-up activities

Case management services do not include the direct delivery of underlying medical, educational, social or other services to which an individual has been referred.

Children’s Clinical Services: A program in Southern Nevada Child and Adolescent Services providing direct therapy and case management services to children and youth with emotional disturbances ages 6 to 18 years and their families

Early Childhood Mental Health Services: Programs in both Northern and Southern Nevada Child and Adolescent Services providing direct therapy, case management and day treatment services to children birth to 6 years of age with emotional disturbances and their families

Eligibility Verification System (EVS): The Division of Health Care Finance and Policy’s HIPAA compliant system with internet access to recipient eligibility and service limits, status of submitted claims, status of prior authorization requests, provider payment amounts and (for pharmacy only) prescriber provider information.

Freedom of Choice: The individual’s right to choose freely among those individuals or entities that the State has found qualified and eligible to provide targeted case management services in a community setting. An individual has the right to decline services in the care plan.

Intake Coordinator: DCFS staff whose primary role is to provide an interface between the State of Nevada’s DCFS Children’s Mental Health programs and parents/legal guardians/legal custodians as well as the community at large. The Intake Coordinator is the first point of contact within the service centers for services, information and referral. It is the primary responsibility of the Intake Coordinator to liaison with programs within the centers, as well as outside agencies, when mental health services are sought on behalf of children.

Outpatient Mental Health Services: A program in Northern Nevada Child and Adolescent Services providing direct therapy and case management services to children and youth ages 6 to 18 years with emotional disturbances and their families

Severe Emotional Disturbance (SED): The determination made by a Qualified Mental Health Professional within the scope of their practice and further defined as:

- Persons from birth through 48 months who currently or at any time during the past year (continuous 12-month period) have a:
 1. DC: 0-3 Axis I diagnostic category in place of a DSM Axis I diagnostic category; or
 2. DC: 0-3 Axis II PIR-GAS score of 40 or less (the label for a PIR-GAS score of 40 is “Disturbed”); or
- Persons from 4 to age 18 who currently or an any time during the past year (continuous 12-month period) have a:
 1. Diagnosable mental or behavioral disorder or diagnostic criteria that meets the coding and definition criteria specified in the DSM (excluding substance abuse or addictive disorders, irreversible dementias, mental retardation, developmental disorders, and V codes, unless they co-occur with a serious mental disorder that meets DSM criteria); and have a:
 2. Functional impairment which substantially interferes with or limits the child from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative or adaptive skill. Functional impairments of episodic, recurrent, and persistent features are included, however, may vary in terms of severity and disabling effects unless they are temporary and an expected response to stressful events in the environment. Children who

would have met functional impairment criteria during the referenced year without the benefits of treatment or other support services are included in this definition.

Targeted Case Management Services: Case management services furnished to particular defined target groups or in any defined location without regards to requirements related to statewide provision of services or comparability. The DCFS target group includes children and adolescents with a determination of a severe emotional disturbance.

Wraparound In Nevada for Children and Families: A statewide program for children in the custody of a public child welfare agency that provides intensive targeted case management for children and youth with severe emotional disturbances and multiple, complex needs.

IV. Procedure for Intensive Targeted Case Management Intake

- A. Parent/legal guardian or legal custodian makes a referral to intensive case management services through the Intake Coordinator/designee or the youth's current DCFS clinician.
- B. Parent/legal guardian or legal custodian completes the intake paperwork and turns in the SED determination paperwork. This should include an assessment (completed within the last 12 months) from a licensed clinician indicating an Axis I diagnosis, that the youth has a severe emotional disturbance, a recommendation for the need for targeted case management, and ideally CAFAS and CASII scores.
 1. SED determination paperwork is reviewed by the DCFS clinical manager or clinical supervisor. If an outside provider's paperwork is deemed acceptable and complete, the client is deemed appropriate for intensive case management services. The DCFS clinical manager or clinical supervisor will complete the SED form and return to Intake Coordinator/designee.
 2. If the SED determination paperwork is missing one of the above components the DCFS clinical manager or clinical supervisor can review the existing paperwork, agree the youth meets SED criteria, complete the DCFS SED Determination Form, and return to Intake Coordinator/designee.
 3. If the paperwork is incomplete and/or the DCFS clinical manager or clinical supervisor does not have enough information to deem the client eligible for targeted case management services, they can:
 - a. Request clarifying information from the outside provider (if this is not received within 5 business days the process will move forward);
 - b. Use their discretion to complete missing components of the SED determination, such as schedule a brief meeting with the client and complete a CAFAS;
 - c. Or determine that an assessment will need to be completed. If a new assessment is required, the DCFS clinical manager or clinical supervisor will either complete the assessment or assign to a site clinician to be completed. This should be completed ASAP but no later than 14 days.
 4. Once the SED review or assessment is completed, the DCFS clinical manager or clinical supervisor will write an Avatar note using the code of AR501, or if an assessment is completed will code under the appropriate assessment code.
- C. Once the youth has been determined eligible for intensive targeted case management services, the Intake Coordinator/designee will place the youth on the wait list in Avatar for the most appropriate DCFS program: WIN, Early Childhood Mental Health Services, Outpatient Services or Children's Clinical Services. The appropriate paperwork is given to the program supervisor to review and assign.
- D. The program supervisor or administrative assistant will open the child in UNITY and give to the assigned worker. The program supervisor will write note in Avatar under AR003 indicating that the

youth's mental health paperwork was reviewed by clinical manager/clinical supervisor and determined to have a severe emotional disturbance.