

**DIVISION OF CHILD AND FAMILY SERVICES**  
**Children’s Mental Health Programs**

**GLOSSARY OF TERMS**

**Instructions:** This glossary includes definitions of terms which are used in many, if not most, of DCFS Children’s Mental Health (CMH) policies. As such, they are considered “universal” to the services provided in DCFS CMH programs. This glossary shall be revised and distributed by the CMH Policy Development Coordinator as warranted based on the process of updating and revising policies and procedures, program needs, and services offered in DCFS.

1. Assessment

A process used to answer a referral question, solve a problem, or arrive at a decision by using tools. An assessment may include, but is not limited to, a clinical interview, a bio-psychosocial history, a mental status examination, a care management assessment, and/or behavioral observations, which may result in a diagnosis and recommendations for treatment and/or services. An assessment also includes a Targeted Case Management Assessment (TCMA) for PT54 (please see MSM 2500).

2. Basic Skills Training (BST) Services

Interventions designed to reduce cognitive and behavioral impairments and restore the child/youth to their highest level of functioning. BST services help children/youth acquire constructive cognitive and behavioral skills to include basic living and self-care skills, social skills, communication skills, parent training, organization and time management skills, and transitional living skills. Services may be provided by a Qualified Behavioral Aide (QBA), a Qualified Mental Health Associate (QMHA), or a Qualified Mental Health Professional (QMHP).

3. Care Coordination Plan (CCP)

A written individualized plan developed jointly in a Child & Family Team that specifies the goals, objectives and actions to address the medical, social, educational, and other services needed by the child/youth, including activities such as ensuring the active participation of the child/youth and working with child/youth or the legally responsible person and others to develop the goals and identify a course of action to respond to the assessed needs. The CCP is the planning document used for Targeted Case Management (TCM) services.

4. Child and Adolescent Needs and Strengths (CANS)

A multi-purpose information integration tool that is designed to be the output of a collaborative assessment process. The purpose of the CANS is to accurately represent the shared vision of the child/youth serving system (children, youth, and families). As such, completion of the CANS is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system.

5. Child and Family Team (CFT)

A family-driven, child-centered, collaborative service team, focusing on the strengths and needs of the child/youth and family. The team consists of the child/youth (as developmentally appropriate), parents, and service professionals and may also consist of

family members, care providers, and other individuals identified as being integral to the child's environment of mental health rehabilitation. (Source: MSM Chapter 400).

6. Children's Uniform Mental Health Assessment (CUMHA)

A bio-psychosocial assessment tool used to evaluate a child's/youth's mental health status, symptoms, and needs. It is conducted by a QMHP who solicits and explores, with the child/youth and family's information about strengths and needs as these pertain to the major physical, psychological, and social issues of the child/youth and family. The CUMHA provides a format for obtaining a comprehensive assessment of a child's/youth's and family's history and current functioning. This assessment, combined with the clinical judgment of the QMHP, leads to a DSM or DC:0-5 diagnosis and establishes the basis for the treatment planning process, including treatment goals and services needed to help the child/youth and family resolve or ameliorate symptoms and improve functioning.

7. Child/Youth

A child/youth who seeks, on his/her own or another's initiative, and can benefit from care and treatment by DCFS. In DCFS CMH policies, the terms "patient", "child" and/or "youth" are used interchangeably.

8. Child/Youth Right(s)

Includes, without limitation, all rights provided to a child/youth pursuant to NRS 433.456 to 433.536, inclusive, and any regulations adopted pursuant thereto.

9. Code of Federal Regulations (CFR)

The codification of the general and permanent rules and regulations (sometimes called administrative law) which are published in the Federal Register by the executive departments of the federal government of the United States. The CFR's are noted as chapter, then section.

For example, the CFR for the Health Insurance Portability Act (HIPAA) is located in Chapter 45 of the CFR in sections 160, 162, and 165; therefore, HIPAA CFR's are written as 45 CFR § 160, 162, and 164. The symbol "§" is used in referencing laws and regulations and means "section".

10. Confidentiality

Pertains to all safeguards required to protect all information which concerns a child/youth and any other information which may not be disclosed by any party pursuant to federal and state law...including by not limited to NRS 422 and 42 CFR 431 (MSM 100).

11. Continuous Quality Improvement

An ongoing effort to improve products, services, or processes. These efforts can seek "incremental" improvement over time or "breakthrough" improvement all at once.

12. Critical Incident

Any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the health or welfare of a child/youth, DCFS staff or stakeholder and which results or may result in a major disruption to a program or any event which may have a negative impact on DCFS.

13. DCFS or Division  
Division of Child and Family Services.
14. DCFS Residential Programs  
Oasis On-Campus Treatment Homes (OCTH), Family Learning Homes (FLH), and Adolescent Treatment Center (ATC), which provide residential treatment home care. Also includes Desert Willow Treatment Center (DWTC), which provides acute psychiatric care as well as Residential Treatment Care (RTC).
15. DCFS Staff  
Means a mental health counselor, clinical social worker, licensed psychologist, psychiatric caseworker, psychiatric nurse, treatment home provider, treatment home supervisor, mental health technician, psychiatrist, clinical program manager, clinical program planner, LPN/RN, developmental specialist or public service intern who assesses, plans, implements, coordinates, monitors and evaluates options to meet an individual's behavioral and mental health needs. DCFS staff also includes fiscal and administrative staff.
16. Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5)  
A developmentally based diagnostic manual, published by Zero to Three, that provides clinical criteria for categorizing mental health and developmental disorders in infants and toddlers. It is organized into a five-part axis system.
17. Diagnostic and Statistical Manual of Mental Disorders (DSM)  
The manual which provides the standard classification of mental disorders used by mental health professionals in the United States. It is intended to be applicable in a wide array of contexts and used by clinicians and researchers of many different orientations (e.g., biological, psychodynamic, cognitive, behavioral, interpersonal, family/systems). (Retrieved from: <http://www.psych.org/practice/dsm>; 06-04-14)
18. Electronic Signature  
An electronic indication of intent to agree to or approve the contents of a document. More specifically, the U.S. Federal ESIGN Act defines an electronic signature as an "electronic sound, symbol, or process attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to sign the record." All information entered into myAvatar by DCFS staff is considered "signed" by the DCFS staff who entered the information by virtue of this definition.
19. Emancipated Minor  
A legal status conferred upon children/youth who have not yet attained the age of legal competency as defined by state law but are entitled to be treated as if they had such status by virtue of assuming adult responsibilities, such as self-support, marriage, or procreation. In addition, a child/youth may be legally emancipated through a court order. Unless specifically indicated otherwise, an emancipated minor has the same rights, privileges, and responsibilities as an adult.

20. Emergency  
A situation during which, within a reasonable degree of medical certainty, a delay in the initiation of emergency medical care or treatment would endanger the health of an individual (NRS 433.484).
24. Expressed Consent  
Means the child/youth or legally responsible person has specifically consented, in writing, to the treatment or intervention. As a practice issue, expressed consent cannot occur without first obtaining and documenting informed consent.
25. Facility  
Pursuant to NRS 433B.110, the Nevada Youth Hospital (i.e., Desert Willow Treatment Center), the Adolescent Treatment Center (ATC), Northern Nevada Child and Adolescent Services (NNACS), and Southern Nevada Child and Adolescent Services (SNCAS).
26. False Claims Act  
Allows that any person or entity that knowingly submits a false or fraudulent claim for payment, knowingly uses a false record or statement to obtain payment on a false claim or conspires to defraud the United States Government by getting a false claim paid is liable for significant penalties and fines.
27. Family  
An individual who is a LRI (Legally Responsible Individual) for a child/youth. Family for children and youth may also include siblings and/or other individuals identified by the legal guardian as integral in their home/community environment or mental health stabilization. (MSM 400 Addendum, January 2018)
28. Fictive Kin  
A person not related by birth or marriage who has a significant emotional and positive relationship with the child/youth. These persons may include foster parents, friends, neighbors, school teachers, clergy, etc.
29. Fraud  
Knowingly and willfully attempting to falsely obtain money from any health care benefit program. Fraud is distinguished from abuse in that there is clear evidence that the acts were committed knowingly, willfully, and intentionally or with reckless disregard. Fraud is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law (42 CFR 455.2).
30. General Consent  
A one-time agency and child/youth, family executed agreement to provide and receive services. The child/youth may provide consent only if they are a legally emancipated minor. (NRS 129.030)
31. Goal  
A component of Individualized Treatment Plans (ITP) (MSM 400) and/or a component of a Care Coordination Plan (CCP) (MSM 2500). Goals are outcome driven. Goals are created during the treatment/rehabilitation and/or service planning process and must include the

involvement and agreement of the child/youth and their legally responsible person or individual/family. Treatment/rehabilitation goals and/or case management service goals are written statements that specify anticipated treatment/rehabilitation and/or service outcomes and provide indicators of treatment/rehabilitation and/or case management success. Goals must be specific, measurable (observable), achievable, realistic, and time limited. Goals must clearly address specific behaviors and/or problems or case management service needs and they must evolve in conjunction with the child's/youth's functional progress and/or service needs resolution. (MSM Addendum, January 2018)

32. Grievance or Complaint

An allegation by a child/youth or legally responsible person/family about a violation of basic rights or an expression of dissatisfaction about agency services, programs, policies, or staff, respectively.

33. Health Information Portability and Accountability Act (HIPAA)

A federal law passed in 1996 which requires that all HIPAA covered businesses, such as DCFS, develop safeguards which prevent unauthorized access to Protected Health Information (PHI). PHI includes demographic information such as the child's/youth's name, date of birth, diagnoses, addresses, and all information pertaining to the child's/youth's health and payment records.

34. Hospital

An establishment for the diagnosis, care, and treatment of human illness, including care available 24 hours each day from persons licensed to practice professional nursing who are under the direction of a physician, services of a medical laboratory, and medical, radiological, dietary, and pharmaceutical services (NRS 449.012).

35. Imminent

About to happen, impending (Webster's II New Riverside Dictionary, Revised Edition, 1996).

36. Incident

An unusual or significant event that disrupts or adversely affects the course of treatment or care of a child/youth.

37. Incident Report

A report to be completed by DCFS staff whenever an incident occurs involving a child/youth, DCFS staff, or stakeholder in a DCFS facility (i.e., DWTC, ATC, NNCAS, or SNCAS). *Also refer to definition for Reportable Incident and Critical Incident.*

38. Individualized Treatment Plan

A comprehensive, progressive, personalized plan that includes all prescribed Behavioral Health (BH) services, to include Rehabilitative Mental Health (RMH) and Outpatient Mental Health (OMH) services. A Treatment Plan is person-centered, rehabilitative, and recovery oriented. The treatment plan addresses individualized goals and objectives. (MSM 400, December 2018)

#### 39. Informed Consent

Requires that the person whose consent is sought be adequately informed as to the nature and consequences of the procedure; the reasonable risks, benefits and purposes of the procedure; and alternative procedures available. (MSM 400 Addendum, January 2018)

Informed consent is a process of communication between a child, youth, and family/legally responsible person and DCFS staff which results in the child/youth's family/legally responsible person's authorization or agreement to undergo a specific intervention. Informed consent requires DCFS staff to disclose the child's/youth's diagnosis (if known), the nature and purpose of a proposed treatment or intervention, the risks and benefits associated with the proposed treatment or intervention, alternatives (regardless of their cost or the extent to which treatment options are covered by health insurance), the risks and benefits of alternatives treatments or interventions, and the risks and benefits of not receiving or undergoing treatment or interventions (American Medical Association, 2013).

#### 40. Legally Responsible Individual

Individuals who are legally responsible to provide medical support, including: spouses of recipients, legal guardians, and parents of minors, including: stepparents, foster parents and adoptive parents. (MSM 400 Addendum, January 2018)

The term "legally responsible individual" is used interchangeably with the term "legally responsible person/family" in CMH policies.

#### 41. Medical Assessment

A medical evaluation to determine if a child/youth has any medical conditions impacting his or her psychiatric presentation or any medical concerns or communicable diseases that need to be addressed. Timelines to complete a medical assessment for DCFS residential treatment home programs are within 30 days of admission and for DWTC the timeline is within 7 days of admission. Procedures may differ according to specific program guidelines.

#### 42. Medical Director/Medical Supervisor

"Medical director" means the medical officer in charge of any division mental health program. (NRS 433.134). A physician licensed to practice in the State of Nevada with at least two years of experience in a mental health treatment setting who has the competency to oversee and evaluate a comprehensive mental health treatment program, including rehabilitation services and medication management to individuals who are diagnosed with severe emotional disturbance or serious mental illness, may be considered to meet the qualifications of a Medical Director or Medical Supervisor. (MSM 400)

#### 43. Medical Necessity

A health care service or product that is provided for under the Medicaid State Plan and is necessary and consistent with generally accepted professional standards to: diagnose, treat, or prevent illness or disease; regain functional capacity; or reduce or ameliorate effects of an illness, injury, or disability (MSM 103.1).

#### 44. Medical Record

The collection of all documentation regarding a child's/youth's mental health treatment and services. The record is a legal document and provides the foundation for managing and tracking the provision and quality of services. The medical record is a hybrid system at DCFS with some of its contents maintained in the myAvatar information management system and some of its contents maintained as a hard copy.

45. Medical Supervision

Medicaid Supervision is provided by a board-certified psychiatrist. It is the documented oversight which determines the medical appropriateness of the mental health program and services covered in MSM 400. Medical supervision must be documented at minimum, annually and always when determined medically appropriate based on review of circumstance. Medical supervision includes the on-going evaluation and monitoring of the quality and effectiveness of the services provided and may be provided through on and offsite means of communication. Medical supervision may be secured through a current written agreement, job description, or similar type of binding document. Behavioral Health Community Networks (BHCN) and all inpatient mental health services are required to have medical supervision (MSM 403.2A, 1)

46. Medication

A drug prescribed only for the purpose of controlling or preventing a specific condition or symptom.

47. Medication Management

A psychiatric service which provides medical oversight of a child's/youth's medication regimen for the purpose of rapid symptom reduction, to maintain improvement in a chronic recurrent disorder or to prevent or reduce the chances of relapse or reoccurrence. Medication management services are provided by a psychiatrist or physician licensed to practice in the State of Nevada (see DCFS Federally approved Cost Allocation Plan, 2013).

48. Mental Health Professional

A person professionally qualified in the field of mental health, pursuant to NRS 433B.090, as well as a person professionally qualified in the field of psychiatric mental health.

49. Mental Health Therapies

The treatment of psychological, emotional, or behavioral disorders or maladjustments by a Qualified Mental Health Professional. They include, in combination or alone, family therapy, group therapy, and/or individual therapy.

50. Mental Illness

“Mental illness” means a clinically significant disorder of thought, mood, perception, orientation, memory or behavior which seriously limits the capacity of a person to function in the primary aspects of daily living, including, without limitation, personal relations, living arrangements, employment and recreation. The term does not include other mental disorders that result in diminished capacity, including, without limitation, epilepsy, intellectual disability, dementia, delirium, brief periods of intoxication caused by alcohol or drugs or dependence upon or addiction to alcohol or drugs. (NRS 433.164)

51. Mental Status Examination

A structured way of observing and describing a child or youth's current state of mind, under the domains of appearance, attitude, behavior, mood and affect, speech, thought process, thought content, perception, cognition, insight and judgment (Trzepacz and Baker, 1993).

52. myAvatar  
The collection of interdisciplinary data relating to a child's/youth's treatment and the Health Insurance Portability and Accountability Act (HIPAA) electronic billing information management system that supports the mental health services provided by DCFS programs.
53. Objective  
Benchmarks to measure progress towards treatment and/or rehabilitation goals. Objectives specify the steps that must be taken/achieved in order to reach treatment and/or rehabilitation goals. Objectives must be specific, measurable (observable), achievable, realistic, and time-limited. Objectives must clearly address specific behaviors and/or problems, and they must evolve in conjunction with the child's/youth's functional progress. (MSM Addendum, January 2018)
54. Off Label  
A medication prescribed by a physician for conditions other than those indicated and approved by the United States Food and Drug Administration (FDA)
55. Outcome  
An event, occurrence, or condition after services have been provided.
56. Patient  
A person who is admitted to a medical facility for the purpose of treatment; resides in a medical facility; or receives treatment from a provider of health care (NRS 439.810). In DCFS CMH policies, the terms "patient" and "child/youth" are used interchangeably.
57. Performance Evaluation  
Pursuant to NAC 284.194, the overall rating of an employee's efficiency, character, and conduct, which is included in a report on performance.
58. Performance and Quality Improvement (PQI)  
The complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. PQI is not a time-limited project or initiative. It is the ongoing process by which a system makes decisions, evaluates its progress, and implements program improvement.
59. Person-Centered Treatment Planning  
Joint planning with a recipient and their family (when appropriate) of treatment services and interventions for the amelioration of symptoms of mental health needs which prohibit effective functioning. Recipient and family involvement in treatment planning must be documented on the Treatment Plan and/or Rehabilitation Plan, when the plan is reviewed every 90 days and at any time the plan is revised. (MSM Addendum, Section P, page 2; April 2019)
60. Person Legally Responsible for the Psychiatric Care of the Child (PLR)  
A person, appointed by the court, who is legally responsible for the psychiatric care of a child who is in the custody of an agency that provides child welfare services and is responsible for the procurement and oversight of all psychiatric care for the child and shall make decisions relating to the psychiatric care and related treatment of the child, including, without

limitation, the approval of all psychiatric services, psychiatric treatment, and psychotropic medication that may be administered to the child. (NRS 432B.4686)

61. Privacy

Means those health care protections monitored and enforced by the federal Office for Civil Rights (OCR), including:

- the HIPAA Privacy Rule, which protects the privacy of individually identifiable health information;
- the HIPAA Security Rule, which sets national standards for the security of electronic protected health information;
- the HIPAA Breach Notification Rule, which requires covered entities and business associates to provide notification following a breach of unsecured protected health information; and,
- the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety.

Privacy recognizes that the child, youth and family/legally responsible person has a right and role in the collection, maintenance, use and disposition of their health care information (U.S. Department of Health and Human Services, 2013). *Also refer to definition for HIPAA, #33 above.*

62. Provider

A person who has applied to participate or who participates in the plan as a provider of goods or services; a private insurance carrier, health care cooperative or alliance, HMO, insurer, organization, entity, association, affiliation, or person who contracts to provide or provides goods or services that are reimbursed by or are a required benefit of the plan. (MSM 400 Addendum, January 2018).

In DCFS CMH programs, a provider includes a mental health counselor, clinical social worker, licensed psychologist, psychiatric caseworker, psychiatric nurse, treatment home provider, mental health technician, psychiatrist, developmental specialist or public service intern who assesses, plans, implements, coordinates, monitors and evaluates options to meet a child's/youth's or families' mental health needs. (MSM 400).

63. Provider of Healthcare

A physician, nurse, or physician assistant licensed in accordance with state law (NRS 441A.334).

64. Protected Health Information (PHI)

Individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any form or medium.

65. Psychiatric Hospital

A hospital for the diagnosis, care, and treatment of mental illness which provides 24-hour residential care (NRS 449.0165).

66. Psychiatric Services

Includes psychiatric evaluation, therapy and medication management services to children and adolescents (Source: DCFS Federally Approved Cost Allocation Plan, 2013).

67. Psychotropic Medication

Medication, the prescribed intent of which is to affect or alter thought processes, mood, or behavior, including, but not limited to, antipsychotic, antidepressant, anxiolytic, and mood stabilizing medications. The classification of a medication depends on the causes of illness or symptoms.

68. Qualified Behavioral Aide (QBA)

A person who has an educational background of a high-school diploma or General Education Development (GED) equivalent and has been determined competent by the overseeing Clinical Supervisor to provide RMH services. These services must be provided under direct contract with a Behavioral Health Community Network (BHCN) or Independent RMH provider. A QBA must have the documented competencies to assist in the provision of individual and group rehabilitative services under the Clinical Supervision of a QMHP and the Direct Supervision of a QMHP or QMHA. QBAs must also have experience and/or training in service provision to people diagnosed with mental and/or behavioral health disorders, must be cleared through a Federal Bureau of Investigation (FBI) background check, and comply with ongoing trainings as required by Medicaid.

69. Qualified Mental Health Associate (QMHA)

A person who meets the documented minimum qualifications as defined by MSM 400, Section 403.3, A, 1 through 5.

70. Qualified Mental Health Professional (QMHP)

A mental health practitioner as defined by MSM Chapter 400, Section 403.3 Provider Qualifications – Outpatient Mental Health Services.

71. Quality Assurance

A structured internal monitoring and evaluation process designed to improve quality of care. Quality assurance involves the identification of quality of care criteria, which establishes the indicators for program measurement and needed improvements.

72. Recovery

A process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. There are four major dimensions that support recovery:

- Health—overcoming or managing one’s disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.
- Home—having a stable and safe place to live.
- Purpose—conducting meaningful daily activities and having the independence, income, and resources to participate in society.
- Community—having relationships and social networks that provide support, friendship, love, and hope. (SAMHSA, May 2019)

73. Reportable Incident

Any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the health or welfare of a child/youth, DCFS staff, or stakeholder. It is also an event or situation which could have or has had a negative impact on the mental and/or physical wellbeing of a child/youth, DCFS staff member, or stakeholder in the short or long term.

74. Seven Rights of Medication Management

Standards for safe medication management – the right patient, right medication, right dose, right route, right time, right to refuse, and the right to be educated; any violation of these rights by DCFS staff is required to be reported as a medication error on an incident report.

75. Severe Emotional Disturbance (SED)

Children/youth determined SED are children and youth up to age 18 who currently or at any time during the past year (continuous 12-month period) have a:

- a. Diagnosable mental or behavioral disorder or diagnostic criteria that meet the coding and definition criteria specified in the current ICD (excluding substance abuse or addictive disorders, irreversible dementias, intellectual disability, developmental disorders and Z codes, unless they co-occur with a serious mental disorder that meets ICD criteria); and, have a
- b. Functional impairment which substantially interferes with or limits the child/youth 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 term 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 benefit of treatment or other support services are included in this definition.
- c. SED determinations are made by a QMHP within the scope of their practice under state law and expertise. (MSM Addendum, Section S, Page 3, April 2017).

76. Targeted Case Management (TCM)

TCM is an optional service that refers to the identification of a target group for whom case management services will be provided. This targeting may be done by age, type or degree of disability, illness or condition, or any other identifiable characteristic or combination thereof. These services are defined as services which assist an individual, eligible under the plan, in gaining access to needed medical, social, educational and other services. The intent of these services is to allow States to reach beyond the usual bounds of the Medicaid program to coordinate a broad range of activities and services necessary to the optimal functioning of the Medicaid recipient. (MSM Addendum, Section T, page 4, April 2017).

77. Treatment

Any combination of procedures or activities for the mental health of children, of whatever level of intensity and whatever duration, ranging from occasional counseling sessions to full-time admission to a residential facility. (NRS 433B.100)