

FDIVISION 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**

An assessment may include, but is not limited to, a clinical interview, a bio-psychosocial history, mental status examination, a care management assessment, and/or behavioral observations, which may result in a diagnosis and recommendations for treatment and/or services.

2. **Basic Skills Training (BST) Services**

BST services are 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 Family Team (CFT)**

A family-driven, child-centered, collaborative service team, focusing on the strengths and needs of the child and family. The team consists of the child recipient (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)

5. **Children’s Clinical Services**

Means services such as early childhood mental health services, individual, family and group therapy, day treatment programming services, psychiatric services and medication monitoring, psychological assessments, care coordination services, community consultation and training.

6. Children's Uniform Mental Health Assessment (CUMHA)
The CUMHA is 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's 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:0-3 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
Means 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. myAvatar
The collection of interdisciplinary data relating to a child or youth's treatment and the Health Insurance Accountability Act (HIPAA) electronic billing software that supports the mental health services provided by DCFS programs.
9. 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.
10. 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".
11. 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).
12. Continuous Quality Improvement
Continuous quality improvement is an ongoing effort to improve products, services or processes. These efforts can seek "incremental" improvement over time or "breakthrough" improvement all at once.

13. 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. It is also an event or situation which could have, or has had, a negative impact on the mental and/or physical well-being of a child/youth, DCFS staff member or stakeholder in the short or long term.

14. DCFS or Division

Division of Child and Family Services.

15. 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).

16. 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.

17. Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3)

The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised (DC: 0-3R) is 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. In Nevada, a diagnosis from this manual can be used for children ages zero to 48 months.

18. 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)

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).

21. Electronic Signature

An electronic signature, or eSignature, is 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 that DCFS staff by virtue of this definition.

22. 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.

23. Facility

Means 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 South Nevada Child and Adolescent Services (SNCAS).

24. 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.

25. 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.

26. Fraud

Means 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).

27. General Consent

A one-time agency and child/youth, family/legally responsible person executed agreement to provide and receive services.

28. Goal

A goal is an expected result to be achieved through the implementation of the scientific method which states the problem, renders a hypothesis about the resolution, considers alternatives, then chooses an alternative to test. If the test results in an improved outcome in the system or process, the goal is achieved; if not, then another alternative is chosen for testing. Goals are designed to improve organizations, systems and processes in order to exact improved outcomes for children, youth, and families.

29. Grievance or Complaint

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

30. Health Information Portability and Accountability Act (HIPAA)

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

31. Hospital

Means 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).

32. Imminent

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

33. Incident

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

34. Incident Report

A report form 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).

35. Informed Consent

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).

36. Legally Responsible Person

Persons responsible for the child's/youth's care and welfare. A person is responsible for a child's/youth's welfare under 432B.130 if the person is the child's parent, guardian, a stepparent with whom the child lives, an adult person continually or regularly found in the same household as the child, or a person directly responsible or serving as a volunteer for or employed in a public or private home, institution or facility where the child actually resides or is receiving child care outside of the home for a portion of the day (NRS 432B.130).

37. 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.

38. Medical Director/Medical Supervisor

Medical Director means the chief medical officer of any Division mental health or mental retardation 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 as having a severe emotional disturbance or serious mental illness may be considered to meet the qualifications of a Medical Director or Medical Supervisor.

39. 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 100 § 103.1).

40. Medical Record

Means the collection of all documentation regarding a child's/youth's behavioral 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.

41. Medication

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

42. 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.

43. Mental Health Professional

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

43. 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).

44. 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).

45. myAvatar

The collection of interdisciplinary data relating to a child's/youth's treatment and the Health Insurance Accountability Act (HIPAA) electronic billing information management system that supports the mental health services provided by DCFS programs.

46. Objective

A written statement of an expected result or condition that is related to the plan of care or treatment goal. An objective is time specific and stated in measurable terms.

47. Outcome

An event, occurrence, or condition after services have been provided.

48. Patient

Means 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 "client" are used interchangeably.

49. 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.

50. 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.

51. 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 Sec.4.1).

52. 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).

53. Provider

Means 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 an individual's or families' behavioral and mental health needs (MSM 400).

54. Provider of Healthcare

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

55. Protected Health Information (PHI)

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

56. Psychiatric Hospital

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

57. Psychosocial Rehabilitation (PSR) Services

Means rehabilitative mental health interventions designed to reduce psychosocial dysfunction and restore children/youth to their highest level of function. PSR services target psychological functioning and may include behavior management, social competency, problem identification and resolution, effective communication, moral reasoning, identity and emotional intimacy, self-sufficiency, life goals, and a sense of

humor. Services may be provided by a Qualified Mental Health Associate (QMHA) or a Qualified Mental Health Professional (QMHP).

58. 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.

59. 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 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.

60. 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.

61. Qualified Mental Health Professional (QMHP)

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

62. 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.

63. Rehabilitation Plan

Means a written comprehensive, progressive and individualized intervention plan which may include the full range of rehabilitative mental health (RMH) services as defined by Nevada Medicaid. All prescribed services must be medically necessary, clinically appropriate, and contribute to the rehabilitation goals and objectives. The plan must also include recovery goals. The development of the plan must involve the child/youth, the family/legally responsible person, and must be reevaluated to determined effectiveness. The plan must also include a discharge plan identifying the anticipated duration of services, discharge criteria, required aftercare services and who will provide them, and a plan for assisting the child/youth and family/legally responsible person in accessing these services (MSM 400).

64. Rehabilitative Mental Health (RMH) Services

RMH services are goal oriented outpatient interventions that target the maximum reduction of mental and/or behavioral health impairments and strive to restore the client

to their best possible mental and/or behavioral health functioning. RMH services include Basic Skills Training, Psychosocial Rehabilitation and Day Treatment.

65. Reportable Incident

Any event which results or may result in a major disruption to a program, results or may result in significant harm or death to a child/youth, DCFS employees while on duty, stakeholder or any event which may have a negative impact on the DCFS.

66. 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.

67. Severe Emotional Disturbance (SED)

This is a determination which is made by a QMHP for children birth to 18 years of age who have either, in the previous 12 month period, a diagnosable mental health disorder on the DSM Axis I or the DC:0-3 Axis II with a score of 40 or more *or* who have a mental health disorder that meets the coding and definition criteria in the DSM and have a functional impairment which interferes with or limits the child from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills.

68. Treatment

A planned, medically appropriate, individualized program of interactive medical, psychological, rehabilitative procedures, therapeutic interventions and/or services designed to rehabilitate, relieve or minimize mental, emotional or behavioral disorders.

69. Treatment Plan/Care Coordination Plan/Rehabilitation Plan (AKA “the plan”)

Means a written comprehensive, individualized plan that is developed jointly with the child/youth and family/legally responsible person (in the case of legal minors) and a QMHP or a QMHA within the scope of their practice under state law.

When rehabilitation mental health (RMH) services are prescribed, the QMHP must develop a Rehabilitation Plan.

The plan must include a discharge plan identifying the anticipated duration of services, discharge criteria, required aftercare services and who will provide them, and a plan for assisting the child/youth and family/legally responsible person in accessing these services.

70. Wraparound

Wraparound is a service delivery model adopted by DCFS to serve children with Severe Emotional Disturbance (SED) who are currently in out of home placement or at risk of being placed outside of their home. Wraparound is an intensive case management model characterized by a prescribed and strengths-based planning process. Wraparound involves children, youth, families, natural supports and behavioral health system partners who work together on a Child and Family Team (CFT) to develop an individualized Care Coordination Plan (CCP). Wraparound Care Coordination Plans utilize community based

mental health treatment and informal services to improve child well-being, permanency, and safety.