

	<b>DIVISION OF CHILD AND FAMILY SERVICES</b> <b>Children's Mental Health</b>
<b>SUBJECT:</b>	Medical Supervision Policy
<b>POLICY NUMBER:</b>	A-5
<b>NUMBER OF PAGES:</b>	4
<b>ISSUE DATE:</b>	September 12, 2019
<b>EFFECTIVE DATE:</b>	September 12, 2019
<b>SUPERSEDES:</b>	7.90 Medical Supervision, May 2010
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<b>APPROVED BY:</b> <b>DATE:</b>	Commission on Behavioral Health September 12, 2019
<b>REFERENCES:</b>	<b>NEVADA REVISED STATUTES (NRS)</b> NRS 433 NRS 433B NRS 629  <b>RELATED POLICY AND RESEARCH DOCUMENTS</b> DCFS CMH A-3 Supervision Policy DCFS CMH A-6 Quality Assurance and Program Improvement Policy DCFS SP-6 Medication Administration and Management for DCFS Residential Programs Policy DCFS CRR-1 Seclusion and Restraint of Clients Policy  Kratz, Stephen J. <i>The Changing Roles of Medical Directors</i> . American College of Physician Executives, October 2007.

	<p>The American Psychiatric Association. <i>Guidelines for Psychiatric Practice in Community Mental Health Centers Resource Document</i>. December 1998.</p> <p>The National Association of State Mental Health Program Directors. <i>The Role of the Medical Director in a State Mental Health Authority: A Guide for Policy Makers</i>. 2009</p> <p><b>DHCFP MEDICAID SERVICES MANUAL</b>  MSM 100  MSM 400  MSM 600  MSM 2500  MSM 3300</p> <p><b>THE JOINT COMMISSION ACCREDITATION STANDARDS</b>  Human Resources Management (HRM)  Leadership (LD)</p> <p><b>DCFS GLOSSARY OF TERMS:</b>  <a href="http://dcfs.nv.gov/Policies/CMH/CMH_Policies_and_Procedures/">http://dcfs.nv.gov/Policies/CMH/CMH_Policies_and_Procedures/</a></p>
<b>ATTACHMENTS:</b>	Residential Admission Committee Form

**I. POLICY**

Pursuant to Nevada Medicaid Services Manual, Chapter 400.2A, the DCFS Behavioral Health Community Network (BHCN) will operate under the direction of a Medical Director, responsible for the medical supervision of the BHCN. Medical Supervision is the documented oversight which determines the medical appropriateness of the mental health program and services covered in this chapter. Medical supervision must be documented at least annually and at all times 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.

**II. PURPOSE**

To ensure that the DCFS BHCN is operating under and following the requirements set forth in the MSM Chapter 400 for a Behavioral Health Care Network in providing appropriate and medically necessary services.

**III. PROCEDURES AND PRACTICE GUIDELINES**

**A. Introduction**

In order to provide a comprehensive service array and medically necessary and appropriate services to Nevada’s youth and families, the DCFS BHCN’s will operate under the medical supervision and direction of a Medical Director. Services provided under the supervision of

the Medical Director may include psychiatric, psychological and clinical assessment, therapy, high fidelity wraparound and FOCUS care coordination, residential services, medication management, 24 hour crisis response and rehabilitative services.

### **B. The DCFS BHCN's**

DCFS has two distinct and regional BHCN's, Southern Nevada Child and Adolescent Services (SNCAS) and Northern Nevada Child Adolescent Services (NNCAS), each operating under their own Medical Director.

### **C. Role and Responsibilities of the DCFS Medical Director**

The Medical Director serves as the lead for all medical supervision responsibilities for regional DCFS BHCN's. The Medical Director will either directly perform or will provide oversight and supervision for the following activities and services:

1. Providing advice, counsel, and oversight to a broad range of medical, clinical, utilization management, programmatic, and strategic issues that determine the medical appropriateness of mental health programs and services, including but not limited to:
  - a. Mental health assessment
  - b. Therapy: Individual, family and group
  - c. Testing
  - d. Psychiatric services, to include prescribing of medication and medication management
  - e. Targeted care management
  - f. Day treatment services
  - g. 24-hour per day emergency response
  - h. Rehabilitative services
  - i. Early Childhood Mental Health child care consultation
  - j. Treatment planning
  - k. Discharge planning
  - l. Clinical training
  - m. Policy development and implementation
  - n. Program evaluation, quality assurance and quality improvement
2. Providing leadership and mentoring to BHCN DCFS staff.
3. Promoting the professional, clinical, and ethical values and standards to which all BHCN DCFS staff are expected to adhere.
4. Participating in the establishment and maintenance of standards of care on both clinical and programmatic levels through policy and procedure, training, quarterly quality assurance reviews, reviews of consumer satisfaction surveys, and creation and implementation of corrective action plans when needed to ensure standards are met.
5. Participating in the development and implementation of DCFS BHCN policies, procedures and protocols.

6. Ensuring the medical necessity and appropriateness of services provided by reviewing quarterly random audits and documenting these at least annually, pursuant to MSM 400.
7. Participating in ongoing monitoring and evaluation of services and programs in the respective DCFS BHCN's. Documenting findings and feedback in a report to DCFS administration at least annually and when determined medically appropriate based on review of circumstance, pursuant to MSM 400.
8. Screening and authorizing admissions by signing approval on admissions documents of clients to DCFS residential service programs according to utilization management guidelines and medical necessity criteria. Providing reason and signature for denial of admission.
9. Monitoring medication administration processes and medication administration logs, implementing medication algorithms, monitoring prescribing practices of all DCFS staff or prescribing contractors under the BHCN by utilizing random audits to be done quarterly.
10. Authorizing the use of seclusion and restraint according to DCFS CMH CRR-1 Seclusion and Restraint of Clients Policy (March 2013) and pursuant to NRS 433.5496.
11. Providing medical assessment of seclusion and restraint according to DCFS CMH CRR-1 Seclusion and Restraint of Clients Policy.
12. Providing consultation regarding individual client situations and emergency consultation.