

Joe Lombardo
Governor



Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES
Helping people. It's who we are and what we do.



Marla McDade
Williams, MPA
Administrator

MTL # 0207 – 10242024

TO: Jill Marano, Director – Clark County Family Services
Laurie Jackson, Social Services Manager V – DCFS -District Offices
Ryan Gustafson, Division Director – Washoe County Human Services Agency

FROM: Betsey Crumrine, Deputy Administrator, Division of Child and Family Services

POLICY DISTRIBUTION

Enclosed find the following policy for distribution to all applicable staff within your organization:

0207 Health Services

This policy is/was effective: 10/24/2024

- This policy is new. Please review the policy in its entirety
- This policy replaces the following policy(s): MTL # _____ - _____ Policy Name: _____
- This policy has been revised. Please see below for the type of revision:
 - This is a significant policy revision. Please review this policy in its entirety.
 - This is a minor policy revision: (List page number & summary of change):
 - A policy form has been revised: (List form, page number and summary of change):
- This policy has been reviewed for statewide compliance.

NOTE:

- Please read the policy in its entirety and note any areas that are additionally required by your agency to be in compliance with the policy enclosed.
- This is an **ALL STAFF MEMO** and it is the responsibility of the person listed above to disseminate the policy enclosed to appropriate staff within his/her organization and to ensure compliance.
- The most current version of this policy is posted on the DCFS Website at the following address: <http://dcfs.nv.gov/Policies>
Please check the table of contents on this page for the link to the chapter you are interested in.

CC:
Wonswayla Mackey (won@clarkcountynv.gov)
DFSPandP@Clarkcountynv.gov

Maria Hickey (mhickey@dcfs.nv.gov)
Kim Martin (ksmartin@washoecounty.gov)

0207 Health Services

Policy Approval Clearance Record

<input checked="" type="checkbox"/> Statewide Policy	<input type="checkbox"/> New Policy
<input type="checkbox"/> Administrative Policy	<input checked="" type="checkbox"/> Modified Policy
<input type="checkbox"/> DCFS Rural Region Policy	<input type="checkbox"/> This policy supersedes:
Date Policy Effective:	08/17/2021
Attorney General Representative Review:	N/A
DCFS Deputy Administrator Review:	10/24/2024
DMG Original Approval:	05/09/2006
DMG Approved Revisions:	8/17/2021

STATEMENT OF PURPOSE

Policy Statement and Purpose: The purpose of this policy is to ensure the physical, developmental, and mental health needs of custodial children are identified and diagnosed through the use of standardized, periodic screenings, and any periodic illness and/or routine health care needs are treated with the necessary services within appropriate timeframes. The agency will connect children to needed services through the use of a periodicity schedule as set forth by the American Academy of Pediatrics (AAP). Additionally, to ensure that all non-custodial children’s caregivers are aware of early preventative, diagnostic screening and treatment services available in their service area.

AUTHORITY

Federal: [Fostering Connections P.L. 110-351, 422\(b\)\(15\)\(A\); CAPTA P.L. 108-36, Sect 106\(b\)\(2\)\(A\)\(ii\)\(iv\)\(xxi\); Individuals with Disabilities Educational Improvement Act \(IDEA\) of 2004 42 CFR 441.56](#)

NAC: [NAC 432B.400](#)

NRS: [NRS 432B.190](#)

Other: [2011 Senate Bill 370; American Academy Pediatrics - Periodicity Schedule Table](#)

DEFINITIONS

Advance Practitioner of Nursing: Any person licensed by the State of Nevada to perform tasks within the purview of their license, which may include conducting EPSDT.

Child Abuse Prevention and Treatment Act (CAPTA): A public law enacted in 1974 to ensure all states protect children by responding, preventing and treating the contributing factors and incidences of child abuse.

Child and Family Team (CFT): A team that is comprised of maternal and paternal family members, fictive kin, friends, foster parents, legal custodian, community support specialists, agency staff, and other interested people identified by the family and agency who join together to empower, motivate, and strengthen a family, and collaboratively develop a plan of care and protection to achieve child safety, child permanency, and child and family well-being.

Custodial Child: Any child who is determined by the court to be in the custody of, and therefore under the care and responsibility of, a Child Welfare Agency in the state of Nevada or who is in the care and custody of another state and who resides in Nevada through an approved ICPC placement.

Diagnosis: A determination of the nature or cause of physical or mental disease or abnormality through the combined use of health history, physical and developmental examinations, and laboratory tests.

Disability: For purposes of a Supplemental Security Income (SSI) application for a disabled child means the child is blind; or has a medically determinable physical or mental condition which severely limits his/her functioning ability which can be expected to result in death or has lasted or is expected to last for at least 12 months.

Early Intervention Program: A program and referral source for developmental assessments for children under age 3.

EPSDT: The Early Periodic Screening, Diagnosis and Treatment program authorized by Medicaid. For the purpose of policy, "healthy child screening" or "well child" exam is used interchangeable with EPSTD.

Family Unit: The entity referred to in the EPSDT regulations as the AFDC Foster Care "Family". For children in the child welfare agency's care and custody it refers to the adult caretaker where the child lives. It may be an individual, such as the foster parent, a relative, or the child's birth parents, or a group home, residential treatment center or intermediate care facility. For adolescents whose living arrangements change frequently and are of short duration, the child's caseworker will usually act as the Family Unit in relation to the EPSDT agency.

Health Education: The guidance, including anticipatory guidance, offered to assist in understanding the developmental expectations of a child and provision of information about the benefits of healthy lifestyles, practices, and accident and disease prevention.

Healthy Kids (EPSDT) Program: A Nevada Medicaid program based upon the standards set forth by the American Academy of Pediatrics to conduct screening exams, office visits, following up on health care problems discovered in a screening exam, referrals from a screening exam and treatment provided as a result of a screening exam.

IDEA: The Individuals with Disabilities Education Act. This U.S. law mandates that states ensure children with disabilities receive a quality education.

In-Home Case: Any case opened for services, following a "determination of investigation" (i.e. substantiated/unsubstantiated), whether formal (court ordered custody) or informal, where no child(ren) in the family are in an out-of-home placement for 24 hours or more during the period under review. Children on trial home visits are not in-home cases.

Interperiodic: At intervals other than those indicated in the periodicity schedule.

Non-Custodial Children: Children not in the custody of a Child Welfare Agency but receiving services from a Child Welfare Agency.

Person Legally Responsible for the Psychiatric Care of the Child (PLR): A person appointed by the court to be legally responsible for the psychiatric care of the child, which includes the procurement and oversight of all psychiatric treatment, related care and provision of informed consent and approval to administer psychotropic medications.

Physician's Assistant: Any person licensed by the State of Nevada to perform the duties within the purview of their scope of practice which may include conducting EPSDT.

Screening: To examine methodically in order to determine a child's health status and how to make appropriate diagnosis and treatment referrals.

State: An alternate word for the Division of Child and Family Services (DCFS) or Family Programs Office (FPO).

Treatment: Medically necessary services or care provided to prevent, correct or improve disease or abnormalities detected by screening and diagnostic procedures.

UNITY: Unified Nevada Information Technology for Youth is Nevada's electronic Comprehensive Child Welfare Information System (CCWIS). This system is a mandatory tool for collecting data and reporting case management services provided to children and families.

STANDARDS/PROCEDURES

Procedures for Custodial Children:

1. Children entering the custody of a Child Welfare Agency need to be assessed for health conditions that require immediate care. In such cases, children must be provided expedited treatment. Children not requiring immediate medical attention and/or mental health treatment will receive a Nevada Medicaid Healthy Kids screening exam (EPSDT) within thirty (30) days of entering custody. The EPSDT appointment must be scheduled within seven (7) days of entry. Any services or treatment referrals originating from the EPSDT must be initiated within thirty (30) days of the EPSDT screening.
 - a. If the date of removal falls within sixty (60) days of the child's birthday the EPSDT may replace the child's annual physical (well child checks). This situation may require a consult with a supervisor or the child's doctor for best practices.
2. EPSDT screening exams are preventative and diagnostic services designed to evaluate the general physical and mental health, growth, development and nutritional status. The Medicaid Healthy Kids program encourages providers to follow the recommended periodicity schedule set forth by the American Academy of Pediatrics (AAP). Interperiodic EPSDT screening exams may be performed when requested or based on medical necessity.
3. Children, age 3 and older, who remain in the custody of a Child Welfare Agency will continue to have periodic EPSDT screenings annually, and child under the age of 3 at appropriate intervals based upon the periodicity schedule set forth by the American Academy of Pediatrics (AAP).
4. EPSDT screenings must be conducted by authorized Medicaid providers.
5. Caseworkers must ensure that the EPSDT periodicity schedule is followed and that any of the child's medical, dental, vision, mental health, or other health needs identified through the screening exam are addressed and followed-up within thirty (30) days.
6. Whenever possible, the parent is to be encouraged to attend their child's medical/health appointments.

EPSDT Screening Exam: EPSDT screening includes, but is not limited to the following:

1. **Comprehensive Health and Development/Behavioral History:** A comprehensive family medical and mental health history, patient medical and mental health history, immunization history, developmental/behavioral, and nutritional history provided by the child's caregiver or directly from an adolescent when appropriate.
2. **Developmental/Behavioral Assessment:** An assessment of developmental and behavioral status, including substance misuse, that is completed at each visit by observation, interview, history and appropriate physical examination. This developmental assessment should include a range of activities to determine whether or not the child has reached an appropriate level of development for age.
 - a. If mental/behavioral health concerns or substance misuse have developed, the caseworker or caregiver can request a mental health screening be done as part of the EPSDT screening exam. This request is required as a mental health screening is not a standard component of Nevada Medical EPSDT screening process. The medical provider can refer the child to a mental health professional for assessment/evaluation through the EPSDT screening process.
3. **Comprehensive Unclothed Physical Exam:** An exam must be performed at each screening visit and must be conducted using observation, palpation, auscultation and other appropriate techniques and must include all body parts and systems in accordance with the [Medicaid Services](#)

[Manual, Section 1503](#). This examination should include screening for congenital abnormalities and responses to voices and other external stimuli.

4. **Immunizations:** The child's immunization status must be reviewed at each screening visit and administered in accordance with the Advisory Committee on Immunization Practices (ACIP) for pediatric vaccines ([Child and Adolescent Immunization Schedule by Age](#)).
5. **Laboratory Procedures:** Age-appropriate laboratory procedures including blood lead level assessment appropriate to age, risk, urinalysis, TST, Sickle-cell, hemoglobin or hematocrit, and other tests and procedures that are age appropriate and medically necessary, such as Pap Smears.
6. **Health Education:** The guidance, including anticipatory, offered to assist in understanding what to expect in terms of a child's development and to provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention.
7. **Vision Screening:** A screening to detect potentially blinding diseases and visual impairments such as congenital abnormalities and malformations, eye diseases, color blindness and refractive errors. The screening should include distance visual acuity, color perception and ocular alignment tests and should be given initially by age three (3).
8. **Hearing Screening:** A screening to detect sensorial and conductive hearing loss, congenital abnormalities, noise-induced hearing loss, central auditory problems, or a history of conditions that may increase the risk for potential hearing loss. The examination must include information about the child's response to voice and other auditory stimuli speech and language development, and specific factors or health problems that place a child at risk for hearing loss.
9. **Dental Screening:** An oral inspection for a child at any age. Tooth eruption caries, bottle tooth decay, developmental anomalies, malocclusion, pathological conditions or dental injuries should be noted. The oral inspection is not a substitute for a complete dental screening examination provided by a dentist. An initial dental referral should be provided on any child age one (1) year or older.
10. **Referrals:** The medical provider makes referrals for any additional services and/or evaluations identified as necessary during the EPSDT screening exam.

Note: An assessment can be performed at any age if deemed necessary with appropriate action for follow up set forth by the AAP [periodicity schedule](#).

Other Health Requirements:

1. **Continuity of Healthcare Services:** Whenever possible, a child should remain with their primary medical provider who has been treating them prior to their entering Child Welfare custody. This is to ensure continuity of healthcare services to the child, as this person or facility will have the child's prior health history and records. When it is not possible for a child to remain with this primary medical provider, every effort must be made to have the child's health records transferred to their new primary medical provider.
2. **Parent Notification:** Parents are to be notified at the earliest opportunity, but not less than one week before, of the date, time, and location of their child's medical/health appointments. The parent is to be encouraged to attend these appointments; the only exception is if the court order prohibits such contact.
3. **Dental Care:** Children one (1) year or older, younger if evidence of tooth decay, are to be seen by a dentist within ninety (90) days of entering Child Welfare custody for a complete dental check-up. Children must have dental check-ups annually and cleanings every six (6) months. Dental services can also occur when indicated as medically necessary for relief of pain and infection, restoration of teeth, and maintenance of dental health. The EPSDT program assures children receive the full range of necessary dental services, including orthodontia when medically necessary and pre- approved by Nevada Medicaid.
4. **Prescription Medications:** The child's caseworker needs to be aware of any medications being prescribed for the child, the reason they were prescribed and to ensure all necessary consents are obtained prior to administration.

- a. When a foster child is prescribed a medication other than a psychotropic medication, the foster parent/substitute care provider is required by Nevada law to request from the medical professional a written explanation for both the need for the medication and the effect of the medication on the child. The foster parent/substitute care provider must then provide a copy of the written explanation to the Child Welfare Agency for submission to the court for the child's review hearings.
 - b. When a psychotropic medication is prescribed, the written explanation for the need for and the effect of the medication on the child will be provided to the foster parent/substitute care provider by the "person legally responsible for the psychiatric care of the child".
 - c. Additionally, the [0209 Psychiatric Care & Treatment](#) policy must be followed for children being prescribed psychotropic medications.
5. **Mental/Behavioral Health:** A child in Child Welfare custody requires ongoing monitoring (by their caseworker, the person legally responsible for the psychiatric care of the child, if appointed, the substitute caregiver and the child's health professionals) to identify if the child shows signs of emotional trauma associated with child maltreatment or removal from their home and/or develops symptoms or behavioral concerns indicative of mental health issues; when concerns are identified, the child is to be referred for further mental health assessment within thirty (30) days.
6. **Sick Child:** Nevada Medicaid EPSDT program does not cover "sick kid" visits. A sick child will need to be seen by the Medicaid provider as a routine medical visit and not as a Healthy Kids (EPSDT) screening.
7. **Injury or Accidents Requiring Medical Attention:** The EPSDT program does not cover these medical appointments. This type of medical appointment will be billed by the Medicaid provider through traditional fee-for-service Medicaid.
8. **Life-Threatening Medical Needs:**
- a. Children who have a medically documented condition that may become unstable and change abruptly, possibly resulting in a life-threatening situation. Life-threatening medical conditions include, but are not limited to:
 - i. Neurological or physical impairments to a degree that the child is non-ambulatory and requires 24-hour care;
 - ii. Diabetes;
 - iii. A recent head injury;
 - iv. An injury interfering with the functions of internal organs;
 - v. Medically caused impediments to the performance of daily, age-appropriate activities at home, school or community.
 - vi. Required use of a monitor: apnea, oxygen, or cardiac;
 - vii. Feeding problems that require nasal or gastric tubes;
 - viii. Failure to thrive;
 - ix. Premature infant hospitalized after birth;
 - x. Any other medical condition, which may result in a life-threatening situation (i.e. cancer, AIDS, drug addicted/exposed infant, etc.).
 - b. All health records for a child with a life-threatening condition must be requested during the initial investigation and throughout the case.
 - c. Caregivers must be provided any health professional/physician recommended precautions or instructions upon placement of a child with a life-threatening condition. Oversight must be provided to ensure caregiver's ongoing adherence to all medical instructions regarding the care of the child.
 - d. Prior to case closure for an "in-home" case that involves a child with a life-threatening condition, medical/health providers working with the child should be notified that the Agency is closing the case to encourage that immediate referrals be made for any noncompliance for the child's prescribed medical regime.

CAPTA Part-C Requirement for Custodial and Non-Custodial Children:

1. All children under the age of three (3), who are involved in a substantiated case of abuse/neglect, must be referred to an "Early Intervention Program," for a developmental assessment pursuant to CAPTA-IDEA Part C. Documentation of the referral, results of the referral and needs identified by any screening conducted by an Early Intervention Program must be entered into UNITY within five (5)

Timeline: All screenings will follow the set guidelines set forth by the American Academy of Pediatrics (AAP).

Interperiodic Screening: EPSDT screening exams can be requested, as needed, on an interperiodic basis. This can occur when a new health problem is suspected, when a previously diagnosed condition has become more severe or changed sufficiently to require a new examination, regardless of whether the request falls into the established periodicity schedule.

Documentation:

1. Referral for Healthy Kids (EPSDT) screening exams must be entered into UNITY Health Services window within five (5) business days to include scheduling, appointment dates, referral and service. The initial EPSDT appointment must be scheduled within seven (7) business days. To document the EPSDT under Health Information, use the type “Medical-General” with the purpose “Wellness Exam – EPSDT” must be selected with the result of “Attended” for the first visit. All follow-up appointments for the EPSDT should be documented with the purpose code of “Medical Exam”. Results and diagnoses on custodial children must be entered into UNITY within five (5) business days of receipt of the screening exam results. All other health information, evaluations, diagnosis, services, or prescription medications provided to a child are to be entered into UNITY with five (5) business days of receipt of information.
2. Referrals to “Early Intervention Program” must be entered into UNITY Service/Plan Array window within five (5) business days of referral. Results of these referrals, screenings conducted, needs identified, and follow-up for custodial and non-custodial children must be entered into UNITY within five (5) business days of receipt of the information.
3. **Health Care Documentation:** All documentation provided by health care providers must be obtained either from the substitute caregiver or directly from the health care provider. The case file must contain corresponding health documentation for each reported service.
4. **Child’s Medical Passport:** From the UNITY “Health Information” screen a medical passport document can be located at the top of the screen and choosing “Report”. This will provide a word document, Child Medical Passport, of the child’s known health history and current health documentation. Prior to printing out this report, ensure all of the child’s current health documentation has been entered into UNITY.
 - a. The Child Medical Passport is to be provided to substitute caregivers upon placement of the child and to new physicians or other health professional. Provision of this document to others must meet HIPAA standards:
 - i. All standards of confidentiality apply;
 - ii. Electronic transmission of health documents must be protected through encryption or other means of security;
 - iii. A child or family’s personal health information (PHI) can only be shared with direct caregivers based upon “need to know” and to medical/health professionals providing direct health/medical care to the child;
 - iv. Consent to share a child’s PHI should come from the child’s parent. If they refuse, the court can order the parents or medical professionals to release the child’s health/medical information.

Case File Documentation (paper)

File Location	Data Required
<ul style="list-style-type: none"> • Paper file located at field office 	<ul style="list-style-type: none"> • Hard copy documentation required for all health services. • Copies of all health visits, medical documentation, evaluations and assessments must be acquired and kept in the hard file.

UNITY Documentation (electronic)

Applicable UNITY Screen	Data Required
<ul style="list-style-type: none"> • Service/Plan Array; for referral to CAPTA Early Intervention Services. • Health Information; to included drop- down “Indicator: screens: ADDITIONALINFO ALL BEHAVIOR DETERMINATION DISORDER EXAMINATION MEDICALCONDITION MEDICATIONRX PSYCH MEDICATN • CAFAS Assessment • CASII/NECSET Assessment • Other Mental Health Assessment • Hospitalization Detail 	<ul style="list-style-type: none"> • 5 business days from referral or receipt of health documentation • All applicable UNITY CFS & Health Information drop-down screens that open as a result of choosing an “Indicator” must be completed. • (Mental Health Assessment and Hospital Detail windows are accessible from the Health Services window.)

JURISDICTIONAL ACTION

Development of Internal Policies: Each Child Welfare Agency will determine the process that their staff will use to fulfill the requirements of this policy. Each Child Welfare Agency will identify the specific assessment tools to be used at intake to determine the need for expedited mental health/medical treatment for the child. Each jurisdiction is to identify and use screening forms to assess the health care needs of children, at various ages, entering the custody of the Child Welfare Agency, multiple assessment tools may be required.

Supervisory Responsibility: Supervisors will verify through UNITY screen Health Information that a Healthy Kids (EPSDT) screening exam was conducted within thirty (30) days on all children who enter foster care, and per the periodicity schedule for children remaining in custody, and that any other health exams, assessments/evaluations, diagnosis, prescription medications, treatments and/or referrals were documented by the caseworker in UNITY and in the case file in accordance with policy.

Supervisors will verify by case note that all custodial and non-custodial children under the age of three (3), who are involved in a substantiated case of abuse/neglect, were referred to an “Early Intervention Program” and that results of these referrals, screenings conducted, and needs identified were documented by the caseworker in UNITY per policy.

STATE RESPONSIBILITIES

The State will monitor compliance of this policy using the Cognos EPDST compliance report in UNITY, and during Children and Family Services Review (CFSR) and statewide case reviews.

POLICY CROSS REFERENCE

Policies: [0209 Psychiatric Care & Treatment](#)
 [0502 Developmental Assessments and Services](#)

History and Updates: This policy supersedes the 0207 Early Prevention Diagnostic Screening and Referral and was effective as of 10/21/2001. Updates to this policy become effective 8/17/2021.

ATTACHMENTS

FPO 0204-0207A – RX Medication Explanation FPO
 0207B – How to Document EPSDT in UNITY