STATE OF NEVADA

Division of Child and Family Services

CFSP Health Care Oversight & Coordination Plan

2020 – 2024

Updated SFY 2021 and 2022

The State of Nevada Division of Child and Family Services is responsible for the development of the Child and Family Services Plan and administering the Title IV-B and Title IV-E programs under the plan. Nevada is one of two states with a hybrid child welfare administrative structure. In the two largest urban counties child welfare services are state-administered and county operated; and the remaining 15 rural counties are state-administered and state operated. The 17 counties are divided into three regions – North, South, Rural. The state provides for 1) Oversight of child welfare services in Nevada, 2) Compliance with federal and state requirements and 3) Quality improvement of child welfare practice.

Though the overarching goals are determined by the DCFS Family Programs Office, the objectives for each of the three child welfare agencies within the CFSP Healthcare Oversight & Coordination Plan are diverse due to their differing needs and resources within each jurisdiction. The local environments and demographics are different one from another, each having separate needs for the children and families for which they serve. While the objectives are individualized for each child welfare agency, there are a number of objectives shared across jurisdictions which address the healthcare needs of infants, children, and youth.

Common objectives statewide:

- Efforts to support and record compliance within timeframes identified in statewide policy for EPSDT exams
- Increased use of trauma assessment tools and referral for services
- Identification and implementation of efforts to maintain Medical Passport with all current information and provide to foster caregivers
- Maintaining children in Medical Home practices and/or continuation with their family's primary medical providers
- Provide ongoing educational opportunities for "Person Legally Responsible" (PLR) for the psychiatric care of the child" to further appropriate decision-making regarding informed consent
- Maintain and support positive relations with community medical and psychiatric providers

To support completion of each of the child welfare agency's objectives over the next five years, DCFS FPO staff will coordinate and meet with the three regions to discuss barriers and determine progress toward the achievement of identified objectives. This will provide opportunities for statewide sharing and brainstorming, to better assist each other and align some of the practices toward statewide standards.

Federal law requires the ongoing oversight and coordination of health care services for any child in foster care. The plan must ensure a coordinated strategy to identify and respond to health care needs of children in foster care placements, including mental health and dental health needs, and shall include:

A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice.

DCFS Statewide Policy 0207: Health Services is in place to ensure that physical, developmental, and mental health needs of custodial children are identified and diagnosed through the use of standardized, periodic screenings. The purpose of the screenings are to ensure that all non-custodial children's caregivers are aware of early preventative, diagnostic screening and treatment services available in their service area and to ensure that a custodial child's illness and/or routine health care needs are identified and treated with any necessary medical/health services and within appropriate time frames.

The policy further provides guidance on ensuring that children in custodial care receive all necessary health care services, including access to services to identify physical, emotional, or developmental needs as early as possible to link them to any needed diagnostic and treatment services through the use of Nevada's Healthy Kids

Program schedule as set forth by the American Academy of Pediatrics (AAP).

Nevada's procedures for ensuring a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice is the Nevada Medicaid Health Kids Early Periodic Screening, Diagnosis, and Treatment program (EPSDT). Children entering the custody of a Child Welfare Agency are assessed for health conditions that require immediate care. In such cases, children are provided expedited treatment. Children not requiring immediate medical and/or mental health treatment are scheduled for an EPSDT screening exam within 7 days of entering custody, and the screening exam is completed within 30 days of entering custody.

EPSDT screening includes, but is not limited to:

- Comprehensive Health and Development/Behavioral History
- Development/Behavioral Assessment
- Comprehensive Unclothed Physical Exam
- Immunizations
- Laboratory Procedures
- Health Education
- Vision Screening
- Hearing Screening
- Dental Screening
- Referrals

Any services or treatment referrals originating from the EPSDT screening exam are initiated within 30 days of the screening. All screenings will follow the set guidelines set forth by the American Academy of Pediatrics (AAP).

Per Statewide Policy 0207: Health Services, 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.

Referral for Health Kids (EPSDT) screening exams must be entered into UNITY within five (5) days of referral and service. Results and diagnoses must be entered into UNITY within five (5) days of receipt of the screening exam results. All other health information, evaluations, diagnoses, services, or prescription medications provided to a child are to be entered into UNITY within five (5) days of receipt of information.

How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home.

Health needs identified through screenings are monitored and treated through the EPSDT processes outlined in Section A. With regard to emotional trauma, the EPSDT screening includes:

- 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.
- Developmental/Behavioral Assessment: An assessment of developmental and behavioral status 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.
- If mental/behavioral health concerns have developed or, 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 and 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.

Additionally, addressing the emotional trauma associated with a child's maltreatment and removal from their home is outlined in Statewide Policy 0207: Health Services. The policy states "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 the 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." Case workers 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.

How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record.

Statewide Policy 0207: Health Services outlines procedures for updating and sharing medical information.

All EPSDT screening exam results, diagnoses, evaluations, services, and prescription medication must be entered into UNITY within five (5) days of receipt. All documentation provided by health care providers must be obtained either from the substitute caregivers or directly from the health care provider. The case file must contain corresponding health documentation for each reported service. Paper documentation shall be stored in paper files located in field offices. Hard copy documentation is required for all health services to include health visits, medical documentation, evaluations, and assessments. Electronic data shall be stored in UNITY, to be updated within five (5) days of receipt.

A Child Medical Passport may be printed from UNITY, which includes the child's known health history and current health documentation.

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 other must meet HIPAA standards:

- All standards of confidentiality apply.
- Electronic transmission of health documents must be protected through encryption or other means of security.
- 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.
- 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.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care.

Statewide Policy 0207 provides guidance on continuity of services. Policy provides guidance on HIPPA and documentation in CCWIS.

Whenever possible, a child should remain with their primary medical provider who has been treating them prior to their entering child welfare custody. This ensures 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.

When a child has a placement move, the new provider receives a medical passport. This establishes an up to date Medical history for the current caregiver. The Medical Passport provides a medical history as well as identifying any future scheduled medical follow ups; and encourages them to maintain the current medical providers for continuity of care.

The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications.

Statewide Policy 0209: Psychiatric Care and Treatment outlines the oversight of psychiatric services and psychotropic medication for children entering or in the custody of a child welfare agency. The policy ensures that a foster child has timely access to psychiatric services and clinically appropriate medications. The policy was revised in January 2021 to ensure the child welfare agency has discussions with youth regarding their psychiatric care and medication purpose, use and management. The policy requires the child welfare agency to nominate a "person legally responsible for the psychiatric care of a child" for appointment by the court who is then authorized to approve or deny the provision of psychiatric services, treatment, and psychotropic medications for the child.

This requirement is pursuant to Nevada Revised Statute 432B.197: Each agency which provides child welfare services shall establish appropriate policies to ensure that children in the custody of the agency have timely access to and safe administration of clinically appropriate psychotropic medication. The policies must include, without limitation, policies concerning:

1. The use of psychotropic medication in a manner that has not been tested or approved by the United States Food and Drug Administration, including, without limitation, the use of such medication for a child who is of an age that has not been tested or approved or who has a condition for which the use of the medication has not been tested or approved;
2. Prescribing any psychotropic medication for use by a child who is less than 4 years of age;
3. The concurrent use by a child of three or more classes of psychotropic medication;
4. The concurrent use by a child of two psychotropic medications of the same class; and
5. The criteria for nominating persons who are legally responsible for the psychiatric care of children in the custody of agencies which provide child welfare services pursuant to NRS 432B.4681 to 432B.469, inclusive, and the policies adopted pursuant to this section.

(Added to NRS by 2009, 410; A 2011, 2675)

Statewide Policy 0209: Psychiatric Care and Treatment provides guidelines for the nomination of a person legally responsible (PLR), and the duties of the PLR.

How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.

DCFS Statewide Policy 0207: Health Services is in place to ensure that physical, developmental, and mental health needs of custodial children are identified and diagnosed through the use of standardized, periodic screenings. The purpose of the screenings are to ensure that all non-custodial children's caregivers are aware of early preventative, diagnostic screening and treatment services available in their service area and to ensure that a custodial child's illness and/or routine health care needs are identified and treated with any necessary medical/health services and within appropriate time frames. All three regions have access to medical and mental health providers for service provision and/or consultation either by contract, in-house staff and/or Medicaid providers.

DCFS Statewide Policy 502 CAPTA-IDEA Part C states that child welfare agencies will refer children under the age of three (3) who are involved in a substantiated case of child abuse or neglect, or who have a positive drug screen at birth, to Early Intervention Services within two (2) working days of identifying the child(ren) pursuant to CAPTA Section 106 (b)(2)(A)(xxi) and IDEA Part C of 2004. This ensures that developmentally disabled children under the age of three and their parents gain access to Early Intervention Services and supports. Some of the services available include but are not limited to evaluation and assessment for the purpose of determining eligibility, family training, counseling, home visits, service coordination, occupational and physical therapy, as well as psychological testing. This policy is currently under review and revision to coordinate efforts with CARA identification, data reporting, implementation and service array and delivery.

The procedures and protocols the state has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses.

Nevada child welfare agencies use internal multi-disciplinary teams including clinical staff to review placement decisions, taking into consideration diagnoses, history in the child welfare system, behavioral health, physical health, and any other variables when considering more restrictive placements.

Nevada has a Specialized Foster Care Program with admission criteria outlined in DCFS Statewide Policy 1603 Evaluation of Specialized Foster Care. The purpose of the Specialized Foster Care Program is to obtain better quality outcomes for children and youth in the custody of a child welfare agency, who suffer from severe emotional disturbance (SED). The statewide Specialized Foster Care Program helps ensure children and youth with SED are being appropriately placed and receiving proper care and services to meet their needs through ongoing monitoring of child placements and evaluation of child progress. Thirty (30) days prior to admission into the Specialized Foster Care Program, children and youth are required to have an assessment process utilizing a comprehensive biopsychosocial assessment. All of the following criteria must be met to determine a child/youth eligible for admission:

- Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-3) diagnosis.
- The child or youth qualifies as SED.
- Prior less restrictive placements or interventions, such as traditional family foster care and/or community treatment services, have not been successful.

Nevada statute restricts placement into facilities for children in the custody of a child welfare agency as outlined by NRS 432B.6077 and 432B.6078. “Facility” means a psychiatric hospital or facility which provides residential treatment for mental illness that has a unit in the hospital or facility capable of being locked to prevent a child with an emotional disturbance from leaving the hospital or facility.

NRS 432B.6077 Petition required before child may be placed in facility other than under emergency admission; psychological examination of child required under certain circumstances; placement in less restrictive environment; any person may oppose petition.

1. An agency which provides child welfare services shall not place a child who is in the custody of the agency in a facility, other than under an emergency admission, unless the agency has petitioned the court for the court-ordered admission of the child to a facility pursuant to NRS 432B.6075.
2. If a petition for the court-ordered admission of a child filed pursuant to NRS 432B.6075 is accompanied by the information described in paragraph (b) of subsection 1 of NRS 432B.6075, the court shall order a psychological evaluation of the child.
3. If a court which receives a petition filed pursuant to NRS 432B.6075 for the court-ordered admission to a facility of a child who is in the custody of an agency which provides child welfare services determines pursuant to subsection 2 of NRS 432B.6076 that the child could be treated effectively in a less restrictive appropriate environment than a facility, the court must order the placement of the child in a less restrictive appropriate

environment. In making such a determination, the court may consider any information provided to the court, including, without limitation:

(a) Any information provided pursuant to subsection 4;

(b) Any suggestions of psychologists, psychiatrists or other physicians who have evaluated the child concerning the appropriate environment for the child; and

(c) Any suggestions of licensed clinical social workers or other professionals or any adult caretakers who have interacted with the child and have information concerning the appropriate environment for the child.

4. If a petition for the court-ordered admission of a child who is in the custody of an agency which provides child welfare services is filed pursuant to NRS 432B.6075:

(a) Any person, including, without limitation, the child, may oppose the petition for the court-ordered admission of the child by filing a written opposition with the court or stating the opposition in court; and

(b) The agency which provides child welfare services must present information to the court concerning whether:

(1) A facility is the appropriate environment to provide treatment to the child; or

(2) A less restrictive appropriate environment would serve the needs of the child.

(Added to NRS by 2005, 1318; A 2009, 411)

NRS 432B.6078 Provision of information and assistance to child; second examination of child.

1. Not later than 5 days after a child who is in the custody of an agency which provides child welfare services has been admitted to a facility pursuant to NRS 432B.6076, the agency which provides child welfare services shall inform the child of his or her legal rights and the provisions of NRS 432B.607 to 432B.6085, inclusive, 433.456 to 433.543, inclusive, and 433.545 to 433.551, inclusive, and chapters 433A and 433B of NRS and NRS 435.530 to 435.635, inclusive, and, if the child or the child's attorney desires, assist the child in requesting the court to authorize a second examination by an evaluation team that includes a physician, psychiatrist or licensed psychologist who are not employed by, connected to or otherwise affiliated with the facility other than a physician, psychiatrist or licensed psychologist who performed an original examination which authorized the court to order the admission of the child to the facility. A second examination must be conducted not later than 5 business days after the court authorizes the examination.

2. If the court authorizes a second examination of the child, the examination must:

(a) Include, without limitation, an evaluation concerning whether the child should remain in the facility and a recommendation concerning the appropriate placement of the child which must be provided to the facility; and

(b) Be paid for by the governmental entity that is responsible for the agency which provides child welfare services, if such payment is not otherwise provided by the State Plan for Medicaid.

(Added to NRS by 2005, 1319; A 2009, 412; 2013, 3002)

Qualified Residential Treatment Placements:

Nevada is finalizing the following policy requirements for decisions of children in need of a Qualified Residential Treatment Placement (QRTP). QRTPs are determined through a comprehensive and collaborative assessment process completed by the Qualified Individual (QI) in conjunction with the family of, and team for, the child. Each child welfare agency must determine the process by which they will refer a child to a QI for QRTP evaluation. This assessment and approval process for QRTP intensity of treatment must be completed prior to the child's admission to the QRTP and in cases where this is not possible, the assessment must be completed within 30 calendar days of the admission. The assessment process must include:

- Information and supporting documentation regarding the child's history and service needs must be provided to and reviewed by the QI.
- The QI must meet with the child's team after review of the information and supporting documentation.
- The QI and team must formally document its decision and supporting reasons. Documentation must include that a QRTP is the setting that will provide the most effective and appropriate intensity of treatment for the child in the least restrictive environment and will be consistent with the short and long term goals for the child, as specified in the permanency plan for the child.
- Note, a shortage of lack of family foster homes shall not be an acceptable reason for determining that the needs of a child cannot be met in a family foster home.

A QI is a licensed clinician or trained professional who maintains objectivity with respect to determining the most effective and appropriate placement for a child while they conduct an assessment that determines the appropriateness of admission into a QRTP. The QI may be an employee of the Nevada Department of Health

and Human Services or child welfare agency but may not be an employee of or affiliated with a private placement provider for children in the care of a child welfare agency. They must be a trained professional or licensed clinician with no direct case management responsibility, no professional association with placement providers, and no decision-making authority over the placement. The QI must successfully complete QRTP QI training and maintain certification in the Child and Adolescent Needs and Strength (CANS) assessment tool.

Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

Statewide Policy 0801: Youth Independent Living Program outlines provisions for Independent Living Transition Plans in accordance with section 475(5)(H) of the Act. The Plan includes preparation for transition to adulthood in the areas of permanency, education, employment, parenting, health management, money management, housing, life skills development, family and community connections, leadership development, enrichment activities, and obtainment of personal documents. The Plan must be completed during the 90-day period immediately before the youth exits from care at age 18.

In accordance with federal law, the Plan includes the following topics:

- Housing
- Health Insurance
- Education
- Local opportunities for mentors and continuing support services
- Work force supports and employment services
- Health care power of attorney

Additionally, if a youth is experiencing a medical, mental or behavioral health concern, staff are required to ensure that the youth is aware of their treatment plan, and their medical rights surrounding their treatment. Policy 209: Psychiatric Care and Treatment was revised in January 2021 to ensure the child welfare agency has discussions with youth regarding their psychiatric care and medication purpose, use and management.