

<b>DIVISION OF CHILD AND FAMILY SERVICES</b>	
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<b>APPROVED BY: DATE:</b>	Kelly Wooldridge, Deputy Administrator CMH May 2014
<b>SUPERSEDES:</b>	11.01 DWTC Admissions Policy January 2005 (rev. Jan 2008)
<b>APPROVED BY: DATE:</b>	Commission on Behavioral Health January 16, 2015
<b>REFERENCES:</b>	<p><b>DCFS POLICIES</b>  CRR-3 Consent to Treatment Policy, January 2015  2.30 Reporting Suspected Abuse and Neglect of Clients, April 2011  DCFS HIPAA Privacy Manual  CRR-2 Client's Rights and Responsibilities Policy, March 2014  CRR-4 Confidentiality Policy, January 2015</p> <p><b>MSM CHAPTERS</b>  MSM 100  MSM 400  MSM 2500  MSM 3300</p> <p><b>ACCREDITATION STANDARDS</b>  Joint Commission Standards  Ethics, Rights, and Responsibilities (RI)  Provision of Care, Treatment, and Services (PC)  Information Management (IM)  Leadership (LD)  Human Resources (HR)</p> <p><b>DEFINITIONS</b>  DCFS Children's Mental Health Glossary of Terms (Rev.: January 17, 2014)</p>
<b>ATTACHMENTS:</b>	<p><b>Attachment A:</b> Mental Health Admission Form (MHAF)  <b>Attachment B - 1:</b> Consent for Authorization to Release Confidential Information (non-psychotherapy notes)  <b>Attachment B - 2:</b> Consent for Authorization to Release Confidential Information (psychotherapy notes)  <b>Attachment C:</b> Freedom of Choice Form</p>

<b>Attachment D:</b>	General Consent to Treat
<b>Attachment E:</b>	Informed Consent to Treat
<b>Attachment F:</b>	Medication Management Acknowledgment Form
<b>Attachment G:</b>	Notice Regarding Destruction of Health Care Records Form
<b>Attachment H:</b>	Acknowledgment of Missed Appointments or No Show Form
<b>Attachment I:</b>	SED Determination Form
<b>Attachment J:</b>	Notice of Privacy Practices (NPP)
<b>Attachment K:</b>	Acknowledgment of Receipt of NPP

## **I. POLICY**

It is the policy of the Division of Child and Family Services to provide intake services for clients, legally responsible persons, and stakeholders which ensures prompt access to mental health services, including referral and linkage to other community mental health services, as needed.

## **II. PURPOSE**

The purpose of this policy is to describe the process for completing the intake process in order to provide timely access to mental health services and/or referral and linkage to other mental health services in the community. This policy describes the process for accessing both residential and non-residential program services.

## **III. PRACTICE GUIDELINES AND PROCEDURES**

### **A. Referral to DCFS and Initial Contact**

A client, legally responsible person, or stakeholder may contact DCFS requesting services. Although a referral may be accepted by a client or a community stakeholder (e.g., the client's teacher, physician, neighbor, etc.) no further action may be taken on the referral until contact can be made with the legally responsible person.

If anyone other than the legally responsible person makes the referral for services, the Intake Coordinator (IC) or designated DCFS staff shall request that the legally responsible person contact the Division so that the intake process can proceed. In the event the referral is made due to reported suspected child maltreatment, the IC or designated DCFS staff shall report this information to his/her supervisor and a report shall be made to the public Child Protective Services agency Hotline having jurisdiction; i.e., CCDFS CPS Hotline, WCDSS CPS Hotline, or DCFS CPS Hotline (Please see 2.30 Reporting Suspected Abuse and Neglect of Clients, April 2011).

Once the legally responsible person contacts the IC or designated DCFS staff, an intake appointment shall be scheduled if it appears the client may be eligible for services; any question about eligibility shall be brought to the attention of the IC's or designated DCFS staff's supervisor for a determination. If it is determined that the client is not eligible for services, the IC or designated DCFS staff shall so inform the legally responsible person and shall also provide referrals to other community services which may provide assistance.

The IC or designated DCFS staff shall inform the legally responsible person to bring the following documents to the intake appointment:

1. If the legally responsible person is someone other than the parent, the legal or notarized documents confirming the person is the legally responsible person and has the authority to consent to services and treatment;
2. Any additional documentation or records the legally responsible person has from prior therapists, school reports including Individual Education Plan (IEP) and 504 behavioral reports, medical records which address the child's medical and mental health status, psychiatric evaluations, developmental testing, etc.;
3. Names, addresses and contact information of any other provider currently or previously working with the family;
4. Current Medicaid card or medical insurance card;
5. If the client has private insurance, a copy of the policy which states DCFS services are or are not a covered benefit.
6. If the intake is conducted for either DWTC or ATC services, immunization records must be provided by the legally responsible person.

In the event a legally responsible person walks-in requesting services, the Intake Coordinator or designated DCFS staff shall be immediately notified and every effort shall be made to meet with the legally responsible person at that time. If the Intake Coordinator is not available or out of the office and it appears the child or family is in crisis, the Administrative Assistant shall immediately contact the on-call DCFS staff or the supervisor or program manager. DWTC does not take walk-ins.

If it is determined the walk-in client is not eligible for services, the on-call staff and/or supervisor/manager shall so inform the legally responsible person and shall also provide referrals to other community services which may provide assistance and shall inform the Intake Coordinator or designated DCFS staff about the disposition of the encounter.

#### B. Intake Appointment

The IC or designated DCFS staff is responsible for conducting the intake appointment for all requests for services.

All efforts shall be made to conduct the intake appointment in the DCFS office; however, there may be occasions when such appointments are conducted in the field such as when the youth is in an acute hospital, out-of-state RTC, and/or if the legally responsible person is unable to travel to the office for the intake interview. SNCAS and DWTC staff determine eligibility for services over the phone before scheduling the intake appointment.

##### 1. Documenting the Intake Appointment

###### a. Mental Health Admission Form (MHAF) (Attachment A)

The IC or designated DCFS staff shall document a brief description in the call intake section in Avatar, using the language of the legally responsible person and/or client, of all concerns which prompted the request for DCFS services. The IC or designated DCFS staff will document all required demographic information on the MHAF (Attachment A). The IC or designated DCFS staff will use behavioral descriptors in the documentation using the language of the legally responsible person and/or client.

b. Consent for Authorization to Release Confidential Information

The IC or designated DCFS staff shall inquire about and identify, to the extent possible, current service providers and past pertinent providers. Once these providers are identified, the IC or designated DCFS staff shall request the legally responsible person sign the Consent for Authorization to Release Confidential Information (Attachment B-1 and/or Attachment B-2) for each identified provider in order to allow DCFS to both obtain information from current and previous providers and well as share information as needed with current providers and/or informal supports or caregivers. The IC or designated DCFS staff shall explain to the legally responsible person that these consents are valid for one year from the date of signing and may be revoked by the legally responsible person at any time prior to expiration.

Further, the IC or designated DCFS staff shall explain to the legally responsible person that these consents (Attachment B-1 and/or Attachment B-2) are used by DCFS staff once services commence to communicate with all the client's team members. In addition, the IC or designated DCFS staff shall explain that once services commence, DCFS staff may request additional Consents for Authorization to Release Confidential Information (Attachment B-1 and/or Attachment B-2) in the event other providers and/or informal supports or caregivers are later identified.

For clients admitted to any DCFS Residential Program (i.e., DWTC, On Campus Treatment Homes, Family Learning Homes, or the Adolescent Treatment Center) the IC or designated DCFS staff shall obtain an executed Authorization to Release Confidential Information (Attachment B-1) authorizing DCFS to release confidential information to law enforcement in the event a client goes AWOL or in the event of any other unforeseen circumstance which may require DCFS to share information with law enforcement occurs. (Please also refer to CRR-4 DCFS Confidentiality Policy).

The IC or designated DCFS staff shall explain that this form is valid for one year.

c. Freedom of Choice of Providers

Pursuant to 42 CFR § 431.51, Medicaid clients have the right to free choice of any qualified Medicaid provider; therefore, clients must be free to choose their provider from among all providers that are qualified to participate in Title XIX (and Title XXI) and are willing to provide the services.

The legally responsible person must sign the DCFS Freedom of Choice Form (Attachment C) indicating who they have chosen to be their provider. This form is updated at least annually by the legally responsible person and the DCFS staff and is then filed in the client record with a copy to the legally responsible person.

The IC or designated DCFS staff shall explain that this form is valid for one year.

d. Consent to Treat

The IC or designated DCFS staff shall obtain General Consent to Treat (Attachment D) from the legally responsible person at the intake appointment and shall explain this consent allows DCFS to open a case and commence services on the client's behalf.

The IC or designated DCFS staff shall explain that this form is valid for one year.

The IC shall further explain that once DCFS staff is assigned to serve the client, the DCFS staff shall obtain an Informed Consent to Treatment prior to implementing a care plan or treatment (Attachment E- for INFORMATIONAL PURPOSES ONLY). For further details regarding consent to treat issues, please refer to CRR-3 DCFS Consent to Treatment Policy.

e. Medication Management

The IC or designated DCFS staff shall explain the limits of DCFS medication management services to the client/legally responsible person. The IC or designated DCFS staff shall explain that medication management services from a DCFS psychiatrist is allowed only when the client is working with a DCFS therapist. Further, that medication management services may be eligible for clients for up to 60 days after therapeutic goals are achieved and therapy services are terminated in order to give the legally responsible person/client time to locate a community physician to provide this service. The legally responsible person is required to sign the Medication Management Acknowledgement Form (Attachment F) at the intake appointment. This form is then to be witnessed by the IC or designated DCFS staff and filed in the client record.

f. Notice Regarding Destruction of Health Care Records Form

The Nevada Revised Statutes (NRS) prescribes how long mental health providers must keep health care records and when these records can be destroyed. NRS also requires DCFS to provide notice to the legally responsible person/client about this record retention schedule.

These statutory mandates are explained on the Notice Regarding Destruction of Health Care Records Form (Attachment G) which is reviewed with the legally responsible person at intake. The legally responsible person is required to sign Attachment G which is then to be witnessed by the IC

g. Missed Appointments and No Shows

DCFS requires the legally responsible person to participate in services and to communicate with DCFS when they will not be able to keep an appointment. DCFS will close a case in the event the legally responsible person fails to keep 2 consecutive appointments for their child, when these appointments are missed/no shows.

The IC or designated DCFS staff will provide the Acknowledgment of Missed Appointments or No Shows Form (Attachment H) to the legally responsible person at intake and will provide a full explanation about case closures under these circumstances. The legally responsible person is required to sign Attachment H which is then witnessed by the IC or designated DCFS staff.

Attachment H is filed in the client record and a copy is provided to the legally responsible person.

- h. Severely Emotionally Disturbed (SED) Determination and Consent Form  
The IC or designated DCFS staff will complete the second and third pages of the SED Determination and Consent Form (Attachment I) during the intake appointment for children who are fee-for-service Medicaid eligible or Medicaid eligible pending. The legally responsible person is required to sign the form consenting to allow DCFS clinical staff to make an SED Determination to ensure the Division can serve the child and family.

Attachment I is then provided to the assigned DCFS clinical staff that is responsible for making the SED determination. Once an SED determination is made, DCFS clinical staff returns the form to DCFS fiscal staff which has 5 days to fax this form to Medicaid (Division of Health Care Financing and Policy – DHCFP) to ensure the child/youth does not get enrolled into a Medicaid Managed Care Organization (MCO). Allowing the child to remain as a fee-for-service Medicaid recipient ensures DCFS will be able to serve the child as the Division is currently a fee-for-service provider.

The IC or designated DCFS staff informs the legally responsible person that the SED Determination is valid for one year and that the client will be re-evaluated for SED annually pursuant to Nevada Medicaid regulations.

In the event it is determined a child is already enrolled in a Medicaid Managed Care Organization (MCO), the IC or designated DCFS staff shall provide the legally responsible person the contact information with which to call the MCO for assistance in obtaining services through the MCO provider network. Under these circumstances, the SED Determination and Consent Form (Attachment I) is not completed.

- i. Notice of Privacy Practices (NPP)  
The IC or designated DCFS staff shall explain the NPP (Attachment J) to the legally responsible person and client. The legally responsible person is required to sign the Acknowledgment of Receipt of NPP (Attachment K). The IC or designated DCFS staff shall explain that this form is valid for one year.

## 2. Imminent Risk

If during the intake appointment either the legally responsible person or the client indicates, whether verbally or non-verbally, that there is an imminent risk of harm to self or others, the IC or designated DCFS staff shall immediately notify the supervisor who will join the intake meeting to conduct a risk assessment. In the event the supervisor is not available, the IC or designated DCFS staff will find another DCFS clinical supervisor, on-call clinician or other clinician on site to conduct this assessment.

## 3. Wait List

There are occasions in which a client must wait for services due to caseloads and service availability. The IC or designated DCFS staff shall explain the wait list

process to the legally responsible person and how to contact DCFS staff, if needed, during the interim between the intake appointment and case assignment. The IC or designated DCFS staff and supervisor will meet regularly to triage the waitlist. The IC or designated DCFS staff is responsible to maintain the waitlist in Avatar.

4. Other Health Insurance and Third Party Payment Liability (TPL)

The IC or designated DCFS staff shall confirm the client's Medicaid eligibility through the Eligibility Verification System (EVS).

In the event the client has private insurance or has TPL, the IC or designated DCFS staff shall consult with DCFS fiscal staff who shall confirm with the insurance carrier whether they will cover DCFS services on the client's behalf. Fiscal staff is required to document in Avatar, in the appropriate system window, the outcome of their contact with the insurance carrier including the date of the contact, the name of the contact, and the outcome of the contact; fiscal staff shall so inform the IC or designated DCFS staff of this information as well. In the event the insurance carrier does not cover the service and the client is Medicaid eligible, fiscal staff shall also request confirmation in writing from the carrier of this coverage limitation so that DCFS can provide this confirmation to Medicaid when submitting the claim for reimbursement to DHCFP pursuant to MSM 100.

C. Supervisory Responsibilities

The IC or designated DCFS staff will regularly consult with the applicable Clinical Program Manager I / program supervisor about the request for services and the outcome of the intake appointment. The CPM I / program supervisor is responsible for determining whether the client meets the program's admission criteria, whether there is availability in the program or whether the client shall be placed on the wait list. If the client is placed on the wait list, the CPM I / program supervisor will determine when there is an opening for the client in the requested program. The CPM I / program supervisor shall consult with the DCFS staff, and the IC if necessary, in order to assign the case. When the case is assigned, the IC or designated DCFS staff will provide the assigned DCFS staff with the completed intake packet.

**III. DEFINITIONS** *(Please refer to DCFS CMH Glossary of Terms for additional definitions)*

A. Intake Coordinator

DCFS staff whose primary responsibility is to act as the first point of contact in the Division when a request or inquiry is made for services, information and referral and to act as an internal liaison with various DCFS programs and an external liaison with various community referral sources when mental health services are sought on behalf of clients.

B. Waitlist

List developed and monitored by the Intake Coordinator consisting of clients waiting for services.