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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 # 0902-12062023

TO: Jill Marano, Director – Clark County Department of Family Services
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FROM: Tonya Hernandez, Deputy Administrator, Division of Child and Family Services

POLICY DISTRIBUTION

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

0902 Placement and Monitoring of Children in Residential Facilities

This policy is/was effective:

☒ 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):

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.

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0902 Placement and Monitoring of Children in Residential Facilities

Policy Approval Clearance Record

☒ **Statewide Policy** ☐ **Administrative Policy** ☐ **DCFS Rural Region Policy**	☒ **New Policy** ☐ **Modified Policy** ☐ **This policy supersedes:**
Date Policy Effective:	MM/DD/YY
Attorney General Representative Review:	9/8/2023
DCFS Deputy Administrator Review:	MM/DD/YYYY
DMG Original Approval	MM/DD/YYYY
DMG Review:	MM/DD/YYYY

STATEMENT OF PURPOSE

Policy Statement and Purpose: This policy identifies what an agency worker must consider when placing a child into a treatment facility. These considerations include a review of the facility for safety concerns and ensuring the facility meets the needs of the child. When a child is placed in a facility either within the state of Nevada or another State, the agency must meet the federal compliance of a monthly child contact. To ensure compliance this policy identifies what needs to be included when visiting the child at a facility.

AUTHORITY

Federal: 42 CFR 441.151 to 441.156 and 441.184; 42 CFR 483.350 to 483.376
NRS: NRS 432B.6075; NRS 432B.6077; NRS 432B.6081; NRS 432B
NAC: NAC 424.720(2)(C); NAC 424.722; NAC 449.410 to NAC 449.4495

DEFINITIONS

Agency which provides child welfare services (NRS431B.030): In a county whose population is less than 100,000, the agency is a local office of the Division of Child and Family Services, or in a county whose population is 100,000 or more, the agency of the county which provides or arranges for necessary child welfare services. May also be referred to as “Agency” or “Child Welfare Agency”.

Behavioral Health Services and Treatment: Services designed to improve the adaptive functioning (including but not limited to emotional, behavioral, interpersonal, and age-appropriate independent functioning) of children with mental illness; developmental disabilities; behavioral challenges; traumatic brain injuries expressed as emotional or behavioral difficulties; or substance abuse.

Child: A person under the age of 18 years or, if in school, until graduation from high school.

Corrective Action Plan: A written agreement between the Agency and an organization that outlines the steps an organization shall take to correct areas of non-compliances identified by the Agency through an inspection or the investigation of a complaint.

Discharge: The termination of a child’s placement or services with an organization.

HCQC: The Division of Healthcare Quality and Compliance of the Department of Health and Human Services of the State of Nevada.

Residential Treatment Facility (RTF): A facility which provides care to a child on a 24-hour basis which is operated by public agency or private person. This includes detention of youth, facilities for mental health and nursing homes caring for a child, which could be locked or unlocked facilities.

Independent Contractor/Vendor: Individuals who perform paid services for youth and are not employed by the residential facility. This individual performs services as specified in a contract or formal agreement as needed or required.

Person Legally Responsible (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.

Treatment Plan: A written document that outlines the proposed goals, plan, and methods of therapy developed by the therapist to direct the steps to take in accomplishing the child's treatment. A treatment plan may be highly formalized, or it may consist of a less structured outline for a treatment plan.

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

Making a Placement within a Facility

A child must be in the least restrictive placement setting appropriate to their needs while in Child Welfare Custody. When a child is in need of a higher level of care, following setting should be consider in the following order, taking into account the child's needs and clinically recommended level of care:

- Family Foster Home with support services (PSR, BST, behavioral rate setting)
- Advanced/Specialized Family Foster Care Placement,
- Therapeutic Group Home Program (Staffed Home)
- Unlocked Psychiatric Residential Treatment Facility
- In-State Residential Treatment Facility,
- Out-of-State Residential Treatment Facility.

In order to meet the needs of the youth being placed in a residential treatment facility the administrator/director of a child welfare agency or their designee must physically inspect any residential treatment facility, and annually thereafter, to which a child who is in the custody of a child welfare agency may be transferred before or at the time of the transfer to ensure the appropriateness of the placement. Follow your internal agency procedure for securing approval for a child to be placed in a facility.

Facility Placement

The admissions process should:

1. Include a comprehensive evaluation prior to admission by an authorized physician, psychologist, physician assistant under the supervision of a psychologist or an advanced practice registered nurse or clinical social worker who possesses certain training to conduct certain examinations during those procedures.
    a. This documentation must include:
        i. That a child who is diagnosed with a behavioral, emotional, psychiatric and/or psychological disorders, or conditions, can no longer effectively receive services in a less restrictive setting, and meets medical necessity and admission criteria for facility services.
        ii. That a child is not capable of being safely treated in a less restrictive environment and that proper treatment of the child's psychiatric condition requires services on an inpatient basis under the direction of a physician.
2. Include initial documentation for behavior concerns and/or previous treatment(s) to draft a treatment plan.

Treatment planning should include:

1. The facility's completion of the child's assessment-based treatment plan within 14 calendar days of the child's admission unless otherwise specified by program type in the contract. Treatment planning is family driven, with a child guided perspective. The child welfare agency must receive the child's treatment plan within 30 calendar days.
2. The treatment plan should:
    a. Be developed jointly with the family and youth.
        i. For children without identified family, treatment planning must include engaging supportive adults involved with the child.
    b. Include assessments and treatment modalities that are appropriate to the clinical needs of the child.
    c. Established measurable individual goals and objectives identified by the assessment.
    d. Be reviewed every 30 days;
    e. A summary and review of medications
    f. Counseling and crisis intervention services.
3. The agency worker should receive the child's treatment plan within the first 30 days of placement and every subsequent 90 days.
    a. The Child Welfare Agency will maintain client records according to internal agency procedures.
4. The Agency worker must meet with the facility for regularly scheduled case conferences or treatment team meetings.

Discharge planning should include:

1. The Child Welfare Agency must receive a regularly updated discharge plan for the child. A written discharge plan must be developed in consultation with the child no more than 30 days after the child is admitted to the facility and be updated on an ongoing basis throughout the admission (42 CFR 441.155(b)(5). The discharge summary must include:
    a. The anticipated length of treatment to be provided under the treatment plan and the anticipated date of discharge of the child from the facility, if known;
    b. The name of any person professionally qualified in the field of psychiatric mental health who will provide care or treatment to the child after the child is discharged from the facility, if known;
    c. A plan for any appropriate care or treatment for the child for at least 60 days after the child is discharged from the facility;
    d. The recommended type of placement of the child after the child is discharged from the facility.
    e. A complete list of the child's medications (prescription and non-prescription) including those used routinely and on an as needed basis must provided to the agency, and the placement when identified.
    f. admission and discharge (when available) diagnosis;
    g. reason for termination and discharge criteria;
    h. summary of services and documentation;
    i. evaluation of achievement of treatment goals/objectives, when available; and
    j. recommendations for aftercare treatment for goals that were both achieved and not achieved during duration of the Treatment Plan and description of how child has been transitioned to further services; include coordination of follow-up and ongoing involvement with family and/or guardians.
2. The discharge plan must be created in collaboration with the child, and the child's team.
3. The discharge planning must consider those who are age 17.6 months to age 18 to ensure the discharge plan includes discharge to an adult facility or community based services for adults.
4. The discharge plan must be submitted to the court after each period of admission ordered by the court.
5. In the event the facility cannot meet the child's treatment needs (e.g., specialization, treatment modality, problematic behaviors), the facility should provide written recommendations for appropriate level of care and treatment, including the rational for the recommendations. The facility will collaborate with the Child Welfare Agency to facilitate a safe discharge and/or transfer for the youth from the residential treatment facility, following the written request for discharge.

a. A request for discharge cannot be based on the child's race, color, religion, national origins, sexual orientation, gender identity, linguistic or cultural needs.

6. A facility may unconditionally release a child who is admitted to the facility for nonemergency mental health treatment without an order of the court upon the recommendation of the psychiatrist and other persons professionally qualified in the field of psychiatric mental health who are responsible for treating the child. At least 30 days before the anticipated discharge, the facility shall provide notice of the recommendation to all parties. Such notice must include, without limitation, an explanation of the reasons that:
    a. (a) The release is clinically appropriate; and
    b. (b) The child can be safely and effectively treated in a less restrictive appropriate environment.

The worker should communicate with the facility to ensure the notice of recommendation has been provided.

Considerations Prior to Placement in a Facility

1. When identifying a placement for a child, every reasonable effort must be made to maintain the stability of a child in community placements. When that is not possible due to the severity of mental or behavioral health needs or substance abuse, the child welfare agency (Agency) must follow their internal procedures for determining the least restrictive placement to determine if a residential treatment services placement is appropriate. Residential treatment should be viewed as a temporary placement which offers appropriate interventions when lower levels of care have been demonstrated to be insufficient to meet the child's needs..
2. A child may be placed in a residential treatment facility, within or outside of Nevada, if the residential treatment facility is able to provide a treatment plan that addresses the mental and behavioral health needs of that child and is in the best interest of the child. The Agency must explore and rule out all in-state residential treatment facilities based on the needs of the child, prior to exploring out of state residential treatment.
3. The Agency must attempt to first place the child in facilities that have been approved as Nevada Medicaid providers.
4. The Agency must attempt to place the child in facilities that are able and willing to accommodate the requirements as set forth in NRS 432B.
5. Pursuant to NRS 432B.6077, 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. When placing a child in a locked facility:
    a. An agency must petition the court for the court-ordered admission of the child to a facility pursuant to NRS 432B.6075.
        i. If a child with an emotional disturbance who is in the custody of an agency which provides child welfare services is admitted to a facility under an emergency admission and the child has not been released within 5 days after the admission, the agency which provides child welfare services shall file a petition to continue the emergency admission, not later than 5 days after the admission,
        ii. The petition must be accompanied by a certificate of a physician, a psychiatrist, a psychologist or an advanced practice registered nurse who has the psychiatric training and experience, who has concluded that the child is a child with an emotional disturbance and is a person in a mental health crisis.
    b. There must be a court ordered admission if the court finds clear and convincing evidence that the child:
        i. Is a child with an emotional disturbance
        ii. Because of that condition, presents a substantial likelihood of serious harm to himself or herself or others if allowed liberty; and
        iii. Cannot be treated in a less restrictive environment that is appropriate for the child.
    c. There must be court oversight for all children:
        i. Depending on the child's needs and residential treatment facility placement, the child will be subjected to hearings based on the level of care, and whether it is an emergency

placement, non-emergency placement, or qualified residential treatments facility placement (QRTP), and within 90 days after a request by a party to any of the prior proceedings. Refer to NRS 432B.607 - 6085 for further guidance.

Compliance and Monitoring of Placements in a Facility

The child welfare agency must assess the facility to ensure the facility is providing the basic standard of care to the child who is placed in the facility. The agency must assess the safety and well-being of the child in the facility at regular intervals, but not less than every 6 months by using the FPO 902A - Facility Placement Safety Check. If there are potential risks identified the agency shall continue to review the risk to ensure the risk does not become a safety concern. The basic standard of care that a facility must be able to provide to the child, includes but is not limited to:

1. Nutritional Needs
    a. Ensure nutritional needs are meet and addressed with planned menus to ensure quantity, quality and variety of meals and snacks provided. The facility must be able to accommodate the My Plate dietary needs recommended by the US Department of Agriculture (USDA) and/or any special dietary restrictions due to nutritional needs.
2. Clean Water
    a. The facility must have a safe and sufficient supply of water, adequate drainage and an adequate system for the disposal of sewage (NAC 449.154919).
    b. Drinking water must be always available to all children. In the event of a public health notice, the facility must be able to provide clean drinking water.

3. Shelter
    a. Facility adequately provides for each child's physical space including their own bed, a place to store their belongings, and spaces must be within the occupancy requirements.
    b. Bathrooms are maintained in good operating order and are sanitary and must ensure privacy.
    c. Furniture and equipment are of sufficient quantity, variety, and quality to meet program and consumer needs, and is maintained in a clean/safe manner.
    d. Buildings and grounds are clean and free from safety hazards.

4. Clothing
    a. Ensure the youth has clothing of correct size, amount, and type and appropriate to the climate/season, and must be kept in good repair.
    b. Each child must be provided or have access to their own clothing, including under garments and sleep wear. Children must not be required to share personal clothing items with other children.
    c. The facility must provide laundry facilities, or access to clean clothes.

5. Personal hygiene
    a. The facility shall provide education in good health practices, including, personal grooming and hygiene suitable to the child's age and developmental ability. All children in care must be provided access to personal hygiene items, and clean and appropriate facilities.

6. Medication
    a. If the youth is prescribed psychotropic medication the facility must administer it in accordance with the medical order and must have, in writing, the consent of the person who is legally responsible (PLR) and in accordance with the person who is responsible for the psychiatric care of the child. Refer to statewide policy 209 Psychotropic Care and Treatment for further guidance.
    b. The Agency caseworker must provide a consent for the facility to provide the youth any over the counter or prescription medications to assist with symptoms or immediate medical attention. 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.
    c. Medications are stored appropriately and monitored by administration/facility staff and are being administered in accordance with the medical order and as consented to by the agency or PLR. This would include reviewing the Medical Administration Records (MAR) when

visiting the facility. The medications must be locked and stored separately, and not accessible to youth who are inside the facility.

d. The agency will follow their own internal process on how medication administration will be documented and how they will request records from the facility regarding the medication administration for each child as needed.
    i. Confirm that the facility has appropriate consents for the administrated medications to the child.

e. A child may not self-administer prescription or non-prescription medication under any circumstances.

Monthly Visitation within a Facility

1. For compliance with the federally mandated monthly visits for a child that is placed in a facility, visits MUST occur face-to-face with the child in the child's placement at least every calendar month. Monthly contacts with the provider and the child will assess the child's safety, treatment progress and ensure all of the child's needs are being met. Additional visits may be needed depending on the child's needs and case circumstances. A portion of each visit MUST be with the child alone and then a portion with the placement provider.
    a. The facility is required to provide the assigned caseworker/agency access to the child within the facility. If there are issues with seeing the child in the facility, the caseworker should reach out to their supervisor for guidance and next steps.
    b. All monthly contact information must be obtained through observations and interviews with the child, the treatment provider, direct line staff or supervisor, and by observation of the facility.
        i. **Please note:** If a worker notices any safety issues, the worker must staff these concerns with their immediate supervisor and reevaluate the placement for this child.
            1. If at any time during the contact with the child the worker identifies an allegation of maltreatment, present danger, or impending danger of any child at the facility, the worker must follow the reporting and investigating guidelines in statewide policy 0901 – Investigating child Abuse and Neglect in Residential Institutions and Foster Care Licensing Complaints.
                a. If present danger is identified, the worker must wait until a decision has been made and wait for the proper authority to get onsite. The worker must provide the information to the investigating authority.
                b. If there is a concern regarding and out-of-state facility a report of abuse or neglect must be made in the state, the facility is located.
            2. See 0901 Investigating Child Abuse and Neglect in Residential Institutions and Foster Care Licensing Violations Policy for more information about facility investigations and/or licensing complaints;
        ii. The child welfare agency must make reasonable efforts to maintain placement in the facility, when it if safe, to prevent the disruption of child.
    c. For out-of-state placements in a facility the Agency may choose to contract with providers to complete this face-to-face visitation with the child in the facility. The contracted provider are held to the same standards with information collection standards for safety and well-being and will provide the child welfare agency with a report out of each contact.

2. Face-to-Face Monthly Visits with Child:
    a. At each monthly visit the worker or contract provider must address and document the topic areas addressed in this policy. The Agency will create a monthly case note on each visit no later than 5 business days from the date of visit to include everything assessed by the worker or 5 business days after receipt of the visitation note from the contract provider during the monthly contact.
    b. When it is safe to do so, there must be private discussion with the child and with the provider to provide opportunity for them to express their wishes and concerns, privately. This list must include, but is not limited to:
        i. Nutrition
        ii. Health and Wellness (includes physical health and mental health).

iii. School
iv. Cultural, ethnic or religious issues
v. Safety Concerns (including restraints, unsupervised, medication management, etc.)
vi. Emotional or social issues (including ability to interact and talk with staff, and understanding the facility rules and expectations)
vii. Treatment plan and services they are receiving
viii. Quantity and quality of visitation with family members & sibling contact
ix. Case Plan/Permanency Plan
x. Any needs or concerns regarding the care they are receiving
xi. Encourage opportunities for the child to stay connected with peers and their community.

c. For a child in an out of state facility, the contract provider must submit a monthly report on each visit to the Agency worker. The Agency will follow their own internal procedures for documentation.

Note: If meeting privately with a youth in a facility is unsafe, the assigned case worker can include another agency designee, and/or meet in a common room, or another supervised area.

d. Observation of the facility's atmosphere and environment, including the child's sleeping area and belongings.
e. Observation of interactions between child and support staff and other residents
f. Ensure child is receiving appropriate supervision and basic needs are met, including but not limited to:
   i. nutritional needs
   ii. clean drinking water
   iii. shelter
   iv. clothing
   v. personal hygiene.

3. Face-to-Face monthly Visits with Provider:
   a. When monitoring the child's placement in the facility, the Agency must identify at minimum the following information during monthly face-to-face contacts:
      i. Determine child's health needs are being met on an ongoing basis; medical, dental, mental/behavioral health (appointments, medication, diagnosis, etc.)
      ii. Consider Confirming Safe Environments and ensure the placement remains in the best interest of the child.
         1. This may include a review of incident reports received from the facility. The agency should be notified of by the Division of Healthcare Quality and Compliance (HCQC) if there are concerns of the facility or if the facility is placed on a corrective action plan.
      iii. Determine whether child's educational needs are met (school attending, grade level, pass/fail classes, attendance, Sp. Ed., 504 etc.}
      iv. Determine whether the child's social, cultural, and developmental, self-care, independence and recreational needs are met and identify additional needs of child.
      v. Assess the child's wellbeing in the facility, including their adjustment to:
         1. Facility staff and other residents
         2. Daily Routine
         3. Facility rules
         4. Program Structure (including how to gain program levels, de-escalation techniques, and consequences)
      vi. Placement stability
         1. Assess the facility and support staff regarding the ability to support and implement agreed treatment and case plan tasks (i.e., transportation/visitations, etc.)

b. An additional part of the monthly visit (which can be discussed via telephone/email, if necessary) must include a conversation with the facility's providers. The conversation with the facility providers will identify the following information, without limitation:
   i. Discuss support staff questions or concerns regarding child (may require privacy),
   ii. Identify needs of support staff (support, services, training, etc.)
   iii. Identify significant changes within the facility which impact the child (well-being of relationships, changes in support staff and/or residents, composition, illness, changes in sleeping arrangements, program or policy changes, facility remodel, etc.)
   iv. Gage effects/outcomes of visits with family, including family participation in treatment plans. Caseworker should follow up with the facility to ensure the families visitations are occurring, when appropriate. All facilities have the ability to provided quarterly visits if the family is more than 200 miles from the facility, when applicable the caseworker should follow up with the facility and family.
   v. Discuss treatment and case goals, progress toward goals, and treatment and case plan revisions.
   vi. Follow-up on any activities or non-safety concerns identified during the previous visit.

Timeline:

Requirement	Starting Date	Deadline	Responsible Party	Actions to be Taken
Documentation of admission case note	Upon court decision/order for placement	Documented in UNITY withing five business days	Child Welfare Agency	Document the placement decision from the agency/court that concluded placement in a facility was needed.
Documentation of monthly Child Contact by contracted agency	Upon admission to facility	The report must be received in accordance with the agency's timeframe and documented in UNITY withing five business days	Child Welfare Agency worker or Contracted Provider	Ensure the worker or contracted provider supplies a report regarding the child in the facility each month and that the report is documented in a UNITY case note.
Monthly Contact with child	Upon admission to facility	Ongoing monthly visits	Child Welfare Agency worker or Contracted Provider	Complete face-to-face contact with child and document in UNITY case notes.
Monthly Contact with provider	Upon admission to facility	Ongoing monthly visits	Child Welfare Agency worker or Contracted Provider	Complete face-to-face contact with provider and document in UNITY case notes.
Receive a discharge plan	Upon admission to facility	Within 30 days after the child has been admitted to a facility	Collaboration with facility, child welfare agency, and child's placement team.	To receive the child's discharge plan from the facility.

Documentation: Upon placement of a child into a residential treatment facility a UNITY Case Note must be documented within 5 business days. This case note would include placement information, treatment/discharge information (if available) and the reason why the child was admitted to the facility. Additional UNITY Case Notes must be completed within 5 business days after each child contact or after documentation is received from the contracted provider and ensure that all appropriate documentation is completed (i.e., case plans, medication records, treatment plans, service array etc.).

Supervisory Responsibility: Child Welfare Agencies supervisors or designee will be responsible for tracking and reporting on all facility placements and due dates of required monthly visits with child.

Case File Documentation (paper)

File Location	Data Required
• **Location in primary file**	• Any paper regarding the court reports, treatment plan, services, or medical, dental and behavioral health, or anything that cannot be documented in UNITY or other electronic documented provider.

UNITY Documentation (electronic)

Applicable UNITY Screen	Data Required
• **UNITY case notes**	• Documentation regarding the monthly child contact, services and treatment.

JURISDICTIONAL ACTION

Development of Internal Policies:

1. Each jurisdiction will monitor and track all facility placements, both in State and out of state. This will allow the Agencies to monitor where the youth are located, and if the facility is currently meeting the standards set forth in this policy.
2. Child Welfare Agencies will develop their own policies and procedures for the tracking and monitoring of their child placement for both in and out-of-state facilities.

Supervisory Responsibility: Provide guidance to caseworker during times of concern or uncertainty in regard to child safety in the facility or licensing and facility concerns.

STATE RESPONSIBILITIES

The Family Programs Office will provide technical assistance, which includes corrective action plans, regarding program development and implementation to the child welfare agencies. The Family Program Office will notify justifications if/when there are known issues within a facility.

POLICY CROSS REFERENCE

Policies: 901 Investigating Child Abuse and Neglect in Residential Institutions and Foster Care Licensing Violations
209 Psychiatric Care and Treatment

History and Updates: This is a new policy.

ATTACHMENTS

FPO 0902A –Facility Placement Safety Check