
FETAL ALCOHOL SPECTRUM DISORDER TREATMENT ASSISTANCE PROGRAM

Policy Manual, Chapter 3300

AGING AND DISABILITY SERVICES
DIVISION

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3301 INTRODUCTION

The Aging and Disability Services Division (ADSD), Fetal Alcohol Spectrum Disorder Treatment Assistance Program (FASTA) was created to provide and coordinate the provision of services to parents and caregivers of children diagnosed with or determined to have a fetal alcohol spectrum disorder (FASD). FASTA is a statewide program that operates in Nevada through a partnership with community providers.

3302 GENERAL PROVISIONS

The FASTA program provides service coordination and resource navigation for children with FASD and their families. Services are individualized and grounded in evidence-based treatment to include:

- Information and referral services;
- Person-centered planning;
- Case management to support individuals with gaining access to needed medical, social, educational, or other services.

FASTA is the payor of last resort. The program does not provide direct financial assistance or coverage of services (e.g., behavior supports, occupational therapy, physical therapy etc.,).

3310 ELIGIBILITY AND INTAKE

The FASTA program follows a structured intake process to determine eligibility. This section outlines the criteria for eligibility and the steps involved from referral through the intake process.

3310 REFERRALS

Referrals may be submitted by a diagnosing provider, state agency, community-based service providers, and/or parent/guardian self-referrals. Referrals may be received via fax, phone, or the online FASTA referral (FASTA-EI-01) found on the [ADSD website](#).

All referrals submitted to FASTA are sent to FASTA intake staff for processing within 10 business days.

3310.1 PROCESSING REFERRALS

At the time of receipt, the intake staff will review the referral for completion of the following information:

- Individual's First and Last Name;

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- Date of Birth;
- Address;
- Parent/Guardian Name and Contact Information;
- Insurance Status; and
- Referral Source.

Once verified, the intake staff will search the designated electronic system of record for any pre-existing record. If a record is found, it will be reviewed for any information related to prior eligibility determinations.

If the referral is complete and it appears the applicant may meet FASTA eligibility criteria, the intake staff will provide the parent/guardian with:

- An overview of the FASTA program;
- Information about the application process;
- Eligibility criteria and the method used to determine eligibility; and
- The FASTA application (FASTA-EI-02) and instructions for completing the application.

3310.2 INCOMPLETE REFERRALS

If a referral is incomplete but includes the parent/guardian contact information, the intake staff will contact the parent/guardian to collect any missing information within 10 business days from the date it is submitted.

3310.3 RESOURCES

FASTA inquiries or referrals that do not appear to meet eligibility criteria will be referred to other appropriate ADSD programs, community partners and/or resources to meet the service needs of the individual.

3311 ELIGIBILITY CRITERIA

FASTA applicants must:

- Be a United States citizen or a qualified alien as defined in [7 CFR 273.4\(a\)\(6\)\(i\)](#);
- Reside in Nevada;
- Be under the age of 14; and
- Have a diagnosis of FASD by a physician, psychologist, child or adolescent psychiatrist, pediatric neurologist, or other qualified professionals.

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As the payor of last resort families with FASD coverage through other entities (e.g., NV Medicaid or private insurance) would be required to use those services and funding sources and are not eligible for the FASTA program.

Families must use community providers approved by their insurance and/or NV Medicaid.

3312 REQUIRED ELIGIBILITY DOCUMENTS

A completed FASTA application (FASTA-EI-02) must be submitted along with all required documents to determine eligibility. All submitted documentation must reflect a 30-calendar day period prior to the date of the application date.

3312.1 FASTA PROGRAM DOCUMENTS

The application packet must include the following program documents for eligibility:

- FASTA Application (FASTA-EI-02);
- Authorization to Release or Request Information (GA-CI-01);
- Notice of Privacy Practices (GA-CI-02);
- Acknowledgement of Privacy Practices Form (GA-CI-03); and
- State of Nevada Voter Registration Inquiry Form and Voter Registration Application as found on the [Nevada Secretary of State Office](#) website.

3312.2 IDENTIFICATION

Proof of identity may be verified with the following items (not exhaustive):

- Birth Certificate;
- Driver's License;
- Military Identification (ID) (active, retired, reserve, dependent, etc.);
- United States Passport or Certificate of Naturalization;
- Social Security Card or number; or
- State Identification (ID) card.

3312.3 CITIZENSHIP

All individuals listed on the application must provide proof of U.S. citizenship, have a legal immigration status as a qualified alien, or U.S. Lawful Permanent Resident (LPR) status. Acceptable documents include those listed under [Manual Section 3312.2, Identification](#); hospital or public health birth records; Tribal census papers; or U.S.

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Citizenship and Immigration Services documents (e.g., Naturalization Papers, I-551 Permanent Resident Card, I-94 Arrival/Departure Record).

3312.4 NEVADA RESIDENCY

Verification of Nevada residency is required at each application or anytime a change in residence occurs. Documentation must demonstrate that all individuals listed on application reside in the state of Nevada. Residency verification must include name and physical address and must be dated within 30 calendar days of application. Acceptable sources include, (not exhaustive):

- Utility statements or receipts (e.g., electric, gas, phone).
- Employer's statement or records.
- Rent/mortgage receipt.
- Child Protective Services (CPS) or foster care placement letter for the child.
- Valid Nevada Driver's License or State Identification Card.

3312.5 HEALTH INSURANCE INFORMATION

Applicants must also provide a copy of both sides of their health insurance and/or Medicaid identification card.

3312.6 SUPPORTING MEDICAL DOCUMENTATION FOR ELIGIBILITY DETERMINATION

Applicants to the FASTA program must provide supporting documentation demonstrating the diagnosis for FASD including but not limited to:

- Diagnosis of Fetal Alcohol Syndrome (FAS);
- Diagnosis of Partial Fetal Alcohol Syndrome (pFAS);
- Diagnosis of Alcohol-related neurodevelopmental disorder;
- Diagnosis of Alcohol-related birth defects; or
- Diagnosis of a neurobehavioral disorder associated with prenatal alcohol exposure.

Diagnostic documentation must include the assessment protocol and relevant scoring data, such as reports, methodology, and findings.

A diagnosis issued by a multidisciplinary team is acceptable when accompanied by a comprehensive assessment report.

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3312.7 CO-OCCURRING DIAGNOSIS

Eligible applicants who are diagnosed with both FASD and autism spectrum disorder (ASD) will be processed as an Autism Treatment Assistance Program applicant. In these circumstances, applications are also subject to financial eligibility criteria. (see Chapter 2100, Autism Treatment Assistance Program Policy Manual section 2113.2, Financial Eligibility)

3313 APPLICATION PROCESS

Applications must be completed in full and submitted by the parent/guardian within 30 calendars of receipt.

Upon receipt of the application, the FASTA intake staff will review the completed application and the additional supporting diagnostic information to determine eligibility within 10 business days of receipt.

3314 INCOMPLETE APPLICATIONS

If an application is reviewed and missing information is identified, the FASTA intake staff will send a Notice of Decision – Missing Information (FASTA-EI-03) within five (5) business days of initial review.

The parent/guardian is responsible for providing any missing information within 30 calendar days from the date of the request.

If the required information is not received within the required timeline, FASTA intake staff will provide a Notice of Decision – Denied (FASTA-EI-04) to the parent/guardian within 10 business days specifying the reason for closure and the effective closure date.

3315 ELIGIBILITY STATUS

Applications are reviewed for eligibility based on the identified eligibility criteria. Eligibility status determination notices will be provided to the parent/guardian within 10 business days of determination.

3316 WAITLIST

Once the applicant is found to be eligible for FASTA services, the FASTA coordinator will complete the FASTA Risk Assessment directly in the designated electronic system of record to identify waitlist priority. Based on the risk assessment score, the eligible applicant will be placed on the FASTA waitlist. The FASTA coordinator will provide the parent/guardian with the Notice of Determination – Waitlist (FASTA-EI-05) and will enter

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the Eligibility Confirmed-Waitlist status within the designated electronic system of record within 10 business days.

3316.1 WAITLIST PRIORITIES

An individual's placement on the waitlist for FASTA services is determined by available program caseload and risk level. Individuals on the waitlist with the status of "Eligibility Confirmed-Waitlist" will be prioritized according to the eligibility determination date, risk assessment score, and caseload availability. As cases are closed, the FASTA coordinator will evaluate the waitlist and admit eligible individuals with the following priority levels indicated below:

- **Priority 1:** Individual risk assessment score indicates High Risk (score of 20 or more).
- **Priority 2:** Individual risk assessment score indicates Moderate Risk (score between 11-20).
- **Priority 3:** Individual risk assessment score indicates Low Risk (score 10 or lower).
- **Priority 4:** If there is more than one (1) family with the same risk level and date of decision, the FASTA Coordinator and Leadership team will determine placement based on a full review of the application information.

3316.2 MONTHLY WAITLIST REVIEW

The FASTA coordinator is responsible for monitoring the FASTA waitlist and providing a report to program leadership. This report is used for waitlist evaluation and placement based on caseload availability. FASTA leadership will meet monthly to review closures and waitlist placements for assignment.

3316.3 PARENT/GUARDIAN WAITLIST RESPONSIBILITIES

The Parent/Guardian of an individual in "Eligibility Confirmed-Waitlist" status must report any changes in circumstances to the FASTA coordinator which may impact their eligibility and waitlist status.

Changes include, (not exhaustive):

- Address and Contact Information
- Insurance Status
- Diagnostic Criteria

The FASTA coordinator will continue to be the main point of contact until the individual is assigned an open spot on the program.

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3316.4 WAITLIST ACTIVITIES

The FASTA coordinator is required to monitor and contact parents/guardians of individuals pending admission each month to determine any changes in services or health insurance coverage.

3317 ELIGIBLE

Once eligibility is determined and a program slot becomes available, program leadership will notify the FASTA coordinator. The coordinator will then send the Notice of Decision – Eligible (FASTA-EI-06) to the parent or guardian within 10 business days, along with a request to schedule an initial visit.

3317.1 DENIED

Applicants not meeting eligibility requirements will be notified of the decision with the Notice of Decision – Denied (FASTA-EI-04) within 10 business days of the eligibility determination.

3317.2 REDETERMINATION OF ELIGIBILITY

Program eligibility is subject to ongoing determination by the FASTA coordinator based on quarterly and annual review of services. Review considers service utilization, parent/guardian and participant compliance, participant's age and service need.

Approved individuals aged 13 years old remain eligible up to their 14th birthday.

3317.3 PROGRAM EXIT OR TERMINATION

Program exit or termination occurs when an applicant or participant is no longer eligible for services. A participant is considered terminated in circumstances where non-compliance with program policy and requirements is determined.

When exit or termination occurs, the FASTA coordinator will provide the Notice of Decision – Closed (FASTA-EI-04) to the parent/guardian following previously designated notice timelines.

3320 CASE MANAGEMENT

3320.1 PERSON-CENTERED SERVICE PLAN

The Person-Centered Service Plan is a tool that serves as a snapshot of the participant on a person-centered level. It is completed annually and includes a review of the participant's preferences, challenges, goals, and immediate needs. Designated program staff must complete the applicable plan questions with the individual's person-centered plan template within 10 business days of the initial/annual visit. The PCSP is used to

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identify necessary resources, provide health and welfare assurances, coordinate services across providers, and meet federal law and state regulations for the participant.

The FASTA coordinator must work with the parent/guardian on the PCSP to develop goals, address barriers, and aid the participant with establishing supports used towards achievement of desired outcomes. Goals are updated as achieved and/or annually, depending on the participant's needs.

3321 SERVICE COORDINATION

The FASTA Coordinator must contact the parent or guardian within five (5) business days after the participant is deemed eligible to begin program services, to schedule the initial home visit.

3321.1 INITIAL VISIT

The initial visit is completed in person. If an in-person visit is not possible, the FASTA coordinator must schedule a telehealth visit and provide the parent/guardian with all initial documents via United States Postal Service (USPS) mail or through Health Insurance Portability and Accountability Act (HIPAA) compliant communication methods based on the parent/guardian's request.

The initial visit is used to identify service needs, treatment goals, required resources and to review FASTA program parent/guardian responsibilities and requirements.

After the initial visit, all assessment scores, care plan documents, and journal entries must be entered into the FASTA designated case management system within 10 business days of completion. Any follow-up visits necessary to complete outstanding tasks and/or retrieve items identified in the Notice of Decision -Missing Information (FASTA-EI-03) must be scheduled within 10 business days from the date of the initial visit.

3321.2 MONTHLY CONTACT

The FASTA coordinator is required to communicate with the primary parent/guardian no less than once per calendar month for each participant on their caseload. If the initial attempt is unsuccessful, no fewer than three (3) attempts to establish contact must be made within the calendar month. If the FASTA coordinator becomes unavailable for an extended period, monthly contact responsibilities are delegated to designated staff.

The FASTA coordinator will document the monthly contact in a case note, which must include:

- The status of the therapeutic supports and service delivery received;
- Any changes to the participant's health insurance coverage or status;

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- Any changes in household members (e.g., new birth, marriage, divorce, turning 18);
- Any changes in household income or employment (e.g., raise, change in hours, new job, loss of job); and
- AR-specific concerns or questions.

All monthly contacts must be recorded in the designated electronic system of record, as outlined in [Manual Section 3340, Electronic Records](#). Any updated information must be reflected in the participant's profile as it becomes available.

3322 QUARTERLY REVIEWS

The purpose of the quarterly review is to provide program with progress data for participants, confirm ongoing program eligibility, identify and/or define any necessary plan changes, and provide the participant and their parent/guardian with relevant resources for current services.

QR's are required for each participant on their caseload and must be completed in person. Telehealth may be used under special circumstances with prior approval from the supervisor or designated staff.

All QR visits should be pre-scheduled, preferably with the family. If the FASTA coordinator is unable to reach the family, the visit may be scheduled with the service provide. If the visit coincides with a supervision or workshop session, it must be scheduled before or after the session to avoid disruption the provider's allotted service time.

During the quarterly review, the coordinator will review:

- Participant goals;
- Parent goals;
- Progress reports provided to the program; and
- Programming through parent/guardian feedback or prescheduled FASTA coordinator observation during therapeutic sessions.

The FASTA Coordinator will also address any concerns that the parent/guardian reports and will provide any additional resources requested during the review or monthly contact.

Quarterly reviews follow an annual schedule based on the month the participant was moved to active status (e.g., participant annual schedule runs September 1 – August 31st: QR schedule is every 4th month [December, March, June]).

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The coordinator must complete a Case File Review (CFR) prior to the QR meeting to ensure that all required documents and signatures are up to date. If any documents are out of date, the coordinator must obtain updated documents from the parent/guardian during the QR meeting. At the time of the CFR, the coordinator will request a progress report from the community provider, as required by the participant's PCSP. For participants with primary health insurance plans, progress reports follow the insurance company's reporting schedule.

Progress reports must be submitted to the coordinator no later than the 15th business day of the original request date.

Hours detailed on progress reports are reviewed by the coordinator to confirm compliance with the prescribed hours of therapy by the community provider, and to ensure proper utilization of at least 70 percent of the prescribed treatment hours.

3322.1 CASE FILE REVIEWS

The FASTA coordinator must complete an electronic record review prior to the quarterly review meeting to ensure that all required documents from the parent/guardian are up to date. If any documents are missing, required signatures or are expired, the FASTA coordinator will provide the parent/guardian with the Notice of Decision- Missing Information (FASTA-EI-07) and must collect the missing information from the parent/guardian during the meeting.

3323 ANNUAL REVIEWS

The FASTA coordinator must complete an Annual Review with the parent/guardian and the community provider for every 12 calendar months of services rendered.

Annual Reviews are considered the 4th quarter review of the year and include a detailed CFR of the previous quarters in the care plan year, and a review of the annual progress report of goals provided to the FASTA coordinator from the community provider. The Annual Review follows the same process as the Quarterly Review outlined in [Manual section 3322, Quarterly Reviews](#) (except for the review period).

If the participant has an open case with ADSD Developmental Services, attendance at the annual RC review should be planned.

At least once during the care plan year, the coordinator must observe a therapeutic session for each active participant on their caseload. This session observation should capture the clinician supervising services delivered, promoting open and ongoing communication between FASTA and the community provider. If in-person observation is not feasible, telehealth may be used to fulfill this requirement while maintaining compliance with program requirements.

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3323.1 ADDITIONAL VISITS

If a participant requires support outside of the regularly scheduled review visits (e.g., addressing immediate concerns, gathering documentation, or attending an IEP meeting), the FASTA coordinator may conduct additional visits to the home or school. Telehealth is an acceptable alternative when in-person visits are not feasible.

3323.2 STAFFING CASES

Staffing a case is the process of exchanging information regarding a participant while obtaining consultation from other professionals (e.g., providers, peers, supervisors). Examples of staffing activities include, but are not limited to:

- Changes in care plans, and coverage. If there are changes in insurance coverage, the FASTA coordinator may be required to request insurance explanation of benefits from the parent/guardian as directed by supervisor staff.
- Challenging or unique case situations.
- Support services and resources.

3330 INDIVIDUAL RIGHTS AND APPEALS - RESERVED

3340 ELECTRONIC RECORDS

The FASTA coordinator must ensure all FASTA participant records are accurate. Any changes, including all demographic information, insurance and provider information must be updated in the designated electronic system of record within 10 business days of receiving notification of the change.

3340.1 GENERAL DOCUMENTATION PROCEDURES

Each case record is considered a legal document and must be treated accordingly. All documentation must reflect professional standards, regulatory compliance, and person-centered practices. Documentation should capture meaningful updates, including progress toward case planning goals, changes to the PSCP, and relevant follow-up actions.

These entries are a critical component of case management to support the participant, parent/guardian, and support the FASTA Coordinator's case decisions throughout the case. Notes must contain sufficient details to provide a clear and accurate picture of the individual's life circumstances and support needs. All activities must be documented within five (5) business days of occurrence.

When completing forms such as the PCSP, or reviews, staff should save their work frequently to prevent data loss. Supervisors will conduct monthly reviews of a sample of each staff member's notes to ensure compliance with documentation standards.

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Feedback, coaching, and training will be provided as needed to support quality and consistency.

3340.2 CASE NOTES

All FASTA Coordinators are required to document interactions with program participants through a Case Note. Case Notes should remain objective and clearly outline all communication including the date of contact, an objective summary of the interaction, and follow-up. The Case Note must include details of any tasks a FASTA Coordinator completes and the time spent completing the tasks and interactions.

Once a note is finalized, the note must be marked as “complete” in the designated electronic system of record. Notes should not remain in “pending” status beyond the time necessary to complete and finalize the entry. Additionally, all notes for a given month must be entered into the system by 5:00 pm on the fifth (5th) calendar day of the following month.

3340.3 NOTE TYPES

The designated electronic system of record supports multiple note templates to ensure accurate and appropriate documentation.

Two (2) primary note templates are available:

- The Case Management note follows the DAP note format, used to document data, assessment, and planning; and for general descriptive entries; and
- The Contact Note, which is used to record monthly, quarterly, or PCSP meeting contacts.

Administrative notes serve a distinct function. They are used to upload specific documents into the designated electronic system of record (e.g., medical information, birth certificates, reports from other professionals, etc.) These notes are not a substitute for case management entries. When applicable, both case management and administrative notes must be entered to ensure complete and accurate recordkeeping.

3340.4 DOCUMENTING TIME IN NOTES

The designated electronic system of record requires that all administrative and case management notes include a start time and end time to indicate the general timeframe during which the activity occurred.

These times are not expected to reflect the minute-by-minute details but should summarize the total time spent with the individual, including both the activity itself and the time required to complete the note.

Total time spent on activities must be captured. Each entry must reflect the appropriate number of minutes spent per person, based on this calculation.

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3340.5 ERRORS

Staff are responsible for ensuring that all notes are accurate prior to submission. If an error is identified in a draft note, staff can modify, save, and then submit. For notes that have already been submitted, staff can navigate to the note and use the edit function to correct specific fields. Editable components include time, activity code, location, persons contacted, and the text of the note.

In cases where a note contains an error that cannot be corrected (e.g., note entered into the incorrect record) the FASTA coordinator will report the error to the supervisor and confirm if the note should be deleted, or if an additional note should be made documenting the error.

3340.6 MEDICAID AND SOCIAL SECURITY NUMBERS

Federal and state HIPAA and confidentiality regulations safeguard the privacy of individuals served and ensure that any information shared or gathered by the program is used appropriately and, in the individual's, best interest. FASTA is responsible for preventing improper disclosure and must share relevant information only with appropriate parties at appropriate times to support service delivery. FASTA staff must follow applicable federal regulations and state statutes, particularly those protecting sensitive identifiers such as Medicaid and Social Security numbers.

- The Medicaid Number field is required in the designated electronic system of record and must be updated promptly any time the individual's Medicaid benefit status changes.
- The Social Security Number is a required field. If an individual applies for services but does not provide their social security number, Intake staff will add a case note documenting that the SSN was not provided. This field must be updated at the time the SSN is provided.

Cases may be marked "confidential" within the designated electronic system of record, restricting visibility to only the assigned worker(s). This designation is enabled by checking the "confidential" box, which remains hidden until approved by the Agency or Program Manager, or their designee.

3340.7 ON-GOING MAINTENANCE AND REVIEW OF RECORDS

The FASTA coordinator is responsible for maintaining accurate client records. Any changes, including demographic information and provider enrollments, must be updated in the designated electronic system of record within five (5) working days of receiving notification of the change.

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3360 BILLING/FISCAL MANAGEMENT - RESERVED

3370 PROVIDER INFORMATION – RESERVED

3380 RESERVED

3390 RESERVED

3398 AUTHORITY

[NRS 432.0655](#)

[NRS 427A](#)

3399 ACRONYMS & DEFINITIONS

Alcohol-Related Neurodevelopmental Disorder (ARND): Refers to individuals with neurodevelopmental (brain-based) impairments due to prenatal alcohol exposure, without the facial features or growth deficits seen in FAS. Symptoms may include:

- Learning disabilities
- Poor impulse control
- Attention deficits
- Problems with memory and judgment

Alcohol-Related Birth Defects (ARBD): Includes physical malformations in organs and systems (e.g., heart, kidneys, bones, hearing) that are linked to prenatal alcohol exposure. Individuals with this diagnosis may or may not have cognitive or behavioral issues.

Fetal Alcohol Spectrum Disorder (FASD): A continuum of birth defects caused by maternal consumption of alcohol during pregnancy. The term includes, without limitation, fetal alcohol syndrome. ([NRS 432.0655](#))

Fetal Alcohol Syndrome (FAS): A medical diagnosis characterized by:

- Distinct facial features (e.g., smooth philtrum, thin upper lip, small eye openings)
- Growth deficiencies (before or after birth)

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- Central nervous system (CNS) abnormalities, including structural, neurological, or functional impairments

Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE):

A diagnostic category included in the DSM-5 (under conditions for further study). It focuses on:

- Impaired neurocognitive functioning (e.g., memory, executive functioning)
- Self-regulation problems (e.g., mood, behavior)
- Adaptive functioning deficits (e.g., social skills, daily living)
- Confirmed prenatal alcohol exposure (often used in clinical and psychological assessments)

Partial Fetal Alcohol Syndrome (pFAS): This diagnosis applies when an individual presents with some but not all the features of full FAS. This may include:

- Some facial abnormalities
- Some CNS dysfunction
- A confirmed history of prenatal alcohol exposure