

STATE OF NEVADA

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Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

November 15, 2016

MEMORANDUM

To: Brian Saerman, Chair
State Board of Health

Re: Consideration and adoption of proposed regulation amendments, LCB File No. R090-16
Amendments to Nevada Revised Statute (NRS) 433.324

Purpose and Summary of Amendment

- This will establish regulatory provisions of community-based living arrangement services (CBLA), which are individualized services and designed to maximize a person's independence. These services are provided in a home setting, and in the natural community setting. Services are for compensation for individuals served by the Division of Public and Behavioral Health.
- Requires for a person or governmental entity to hold a provisional certificate or certificate by the Division to provide CBLA services or receive payment of these services. Prescribes the process of application, acceptance, denial and training requirements. Places timeframes of how long the certifications are good for; 1 year for a provisional with no renewal, and every 2 years for certifications.
- Authorizes the Division to conduct quality assurance reviews, and to take action as needed. Sets forth the standards in which a provider must comply, including maintaining certain records.
- Maintains certain rights to the recipients of services and authorizes any person to file a complaint with the Division against a provider of services.
- Prescribes the grounds in which the Division may revoke a provisional certificate or certificate. In addition, it authorizes the Division to terminate a provider immediately if it is determined that a person is in imminent or probable risk of harm.

Public Comment

A Small Business Impact Questionnaire was sent to Southern Nevada Adult Mental Health Services (SNAMHS) Northern Nevada Adult Mental Health Services (NNAMHS) contracted residential service providers, Board of Nursing, Nevada State Housing Division, and Housing and Urban Development (HUD), along with a copy of the proposed regulation changes.

Out of the 7 responses received, 5 stated that revising the NRS would have no adverse economic effect to their business, 2 answered yes.

One public workshop was held in Las Vegas and broadcasted via videoconference to Sparks with a notice being sent to the same stakeholders.

| Date/Time | Locations | Attendance | Support Y/N | Comments |
|-----------------------------|-------------------|--|----------------|----------|
| Monday, October 31, 2016 | Las Vegas, Sparks | 17 Public, 4 Staff (Las Vegas) 0 Public, 6 Staff (Sparks) | Y | N/A |

During the workshop, the LLCs expressed financial concerns of not knowing what the impact will be to their business. The business expressed that they believe the training opportunities that will be provided by the Division are a positive. In addition, the specific background disqualifications make it easier for the businesses to “weed out” individuals that they believe will not be a good fit. Lastly, there was positive public comment that there was not a licensing fee through the Division.

Staff Recommendation

Staff recommends that the State Board of Health amend the proposed regulation amendments, LCB File No. R090-16, Nevada Revised Statute (NRS) 433.324

Presenter

Ellen Richardson-Adams, Outpatient Services Administrator, Southern Nevada Adult Mental Health Services (SNAMHS), Division of Public and Behavioral Health

NOTICE OF PUBLIC HEARING

Intent to Adopt Regulations
(LCB File No. R090-16)

NOTICE IS HEREBY GIVEN that the State Board of Health will hold a public hearing to consider adoption of new regulation. The newly proposed regulation will be heard in the order placed on the State Board of Health agenda.

The State Board of Health will be conducted via videoconference beginning at 9:00 a.m. on Friday, December 9, 2016 at the following locations:

| | | |
|---|--|---|
| Division of Public & Behavioral Health 4150 Technology Way Room #303 Carson City, NV | Southern Nevada Health District 280 S. Decatur Red Rock Conference Room Las Vegas, NV | Division of Aging & Disability Services Early Intervention Services 1020 Ruby Vista Drive, Suite 102 Elko, NV |
|---|--|---|

The new proposed regulation include the following:

- Develop regulations as directed in Nevada Revised Statute (NRS) 433.324;
- Establish regulatory provisions of community based living arrangement services (CBLA), which are individualized services and designed to maximize a person's independence; and
- Requires for a person or governmental entity to hold a provisional certificate or certificate by the Division to provide CBLA services or receive payment of these services.

1. Anticipated effects on the businesses to be regulated:

- A. *Adverse Effects:* LLC's have expressed financial concerns of not knowing what the impact will be to their business in written and public comment.
- B. *Beneficial:* The businesses have responded in both written and public comment that the training opportunities that will be provided by the Division are positive. In addition, the specific background disqualifications make it easier for the businesses to "weed out" individuals who will not be a good fit. Lastly, there was positive public comment that there was not a licensing fee through the Division.
- C. *Immediate:* The stated beneficial effects would be immediate impacts as soon as the proposed regulations become effective.
- D. *Long-Term:* The long-term impacts was the unknown of the adverse effect per the Providers on their business.

2. Anticipated effects on the public:

- A. *Adverse Effects:* None anticipated.
- B. *Beneficial:* Increased public health and safety for the State, clients, providers and community.
- C. *Immediate:* Increased public health and safety for the State, clients, providers and community.

D. *Long-Term*: Increased public health and safety for the State, clients, providers and community.

3. The estimated cost to the Division of Public and Behavioral Health for enforcement of the regulations is that additional staff time will be needed to review and approve each provider application, certification process, training, and re-certification in addition to monitoring and audits.
4. The proposed regulations do not add or increase any fees.
5. The proposed regulations do not overlap or duplicate any other Nevada state regulations.
6. Per NRS 233B.0608 (3), all methods were considered and detailed for small businesses to ensure the impact on the small businesses for community based living arrangements. In addition, a Small Business Impact Questionnaire was distributed to supporting living arrangements providers and statewide housing stakeholders on August 15, 2016 by mail.
7. Per NRS 233B.064(2), upon adoption of any regulation, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for an against it adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence in excess of two typed, 8-1/2" x 11" pages must submit the material to the Board's Secretary, Cody Phinney, to be received no later than November 30, 2016 at the following address:

Secretary, State Board of Health
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706

Written comments, testimony, or documentary evidence in excess of two typed pages will not be accepted at the time of the hearing. The purpose of this requirement is to allow Board members adequate time to review the documents.

A copy of the notice and proposed regulations are on file or inspection and/or may be copied at the following locations during normal business hours:

Division of Public and Behavioral Health
4150 Technology Way, Suite 200
Carson City, NV 89706

Division of Public and Behavioral Health
3811 W. Charleston Blvd., Suite 104
Las Vegas, NV 89102

Nevada State Library and Archives
100 Stewart Street
Carson City, NV 89701

Copies may be obtained in person mail or by calling SNAMHS at (702) 486-6238 in Las Vegas.

A copy of the regulations and small business impact statement can also be found on-line by going to:

http://dpbh.nv.gov/Reg/MedicalLabs/Notice_of_Public_Workshops_and_Proposed_Regulations/

A copy of the public hearing notice can also be found on the Legislative Council Bureau's web page:

<https://www.leg.state.nv.us/App/Notice/A/>

Copies may also be obtained from any of the public libraries listed below:

Carson City Library
900 North Roop Street
Carson City, NV 89702

Churchill County Library
553 South Main Street
Fallon, NV 89406

Clark County District Library
1401 East Flamingo Road
Las Vegas, NV 89119

Douglas County Library
1625 Library Lane
Minden, NV 89423

Elko County Library
720 Court Street
Elko, NV 89801

Esmeralda County Library
Corner of Crook and 4th Street
Goldfield, NV 89013-0484

Eureka Branch Library
80 South Monroe Street
Eureka, NV 89316-0283

Henderson District Public Library
280 South Green Valley Parkway
Henderson, NV 89012

Humboldt County Library
85 East 5th Street
Winnemucca, NV 89445-3095

Lander County Library
625 South Broad Street
Battle Mountain, NV 89820-0141

Lincoln County Library
93 Maine Street
Pioche, NV 89043-0330

Lyon County Library
20 Nevin Way
Yerington, NV 89447-2399

Mineral County Library
110 1st Street
Hawthorne, NV 89415-1390

Pahrump Library District
701 East Street
Pahrump, NV 89041-0578

Pershing County Library
1125 Central Avenue
Lovelock, NV 89419-0781

Storey County Library
95 South R Street
Virginia City, NV 89440-0014

Tonopah Public Library
167 Central Street
Tonopah, NV 89049-0449

Washoe County Library
301 South Center Street
Reno, NV 89505-2151

White Pine County Library
950 Campton Street
Ely, NV 89301-1965

**PROPOSED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB File No. R090-16

August 3, 2016

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §§1-35, NRS 433.324.

A REGULATION relating to mental health; requiring a person or governmental entity to have a provisional certificate or certificate issued by the Division of Public and Behavioral Health of the Department of Health and Human Services to be eligible to provide community-based living arrangement services; prescribing procedures to apply for a provisional certificate and obtain a certificate; prescribing procedures by which the Division may review the provision of services, impose sanctions and issue, renew, deny or revoke a provisional certificate or certificate; imposing certain requirements governing the operation of a provider of services; providing a recipient of services with certain rights; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the State Board of Health to adopt regulations for the care and treatment of persons with mental illness. (NRS 433.324) This regulation establishes a regulatory scheme for the provision of community-based living arrangement services, which are defined in **section 4** of this regulation as flexible, individualized services that are: (1) provided in the home, for compensation, to a person with a mental illness who is served by the Division of Public and Behavioral Health of the Department of Health and Human Services; and (2) designed and coordinated to assist the person in maximizing the person's independence.

Section 13 of this regulation requires a person or governmental entity to hold a provisional certificate or certificate issued by the Division to provide community-based living arrangement services or receive payment from the Division for the provision of such services. **Section 14** of this regulation prescribes the required contents of an application for a provisional certificate. **Sections 15 and 16** of this regulation prescribe the required procedures for the review of such an application and the issuance of a provisional certificate. **Section 17** of this regulation lists grounds for the denial of an application for a provisional certificate.

Section 18 of this regulation: (1) prescribes the process, including mandatory quality assurance review, through which a holder of a provisional certificate is required to obtain a certificate; and (2) requires the Division to revoke the provisional certificate of a provider who has not obtained a certificate within 1 year after the issuance of the provisional certificate. **Section 19** of this regulation authorizes the Division to renew a certificate for a period not to

exceed 2 years if the Division conducts a quality assurance review and determines that the holder of the certificate is in compliance with the requirements of this regulation concerning the provision of services. **Section 21** of this regulation: (1) authorizes the Division to conduct a quality assurance review for certain purposes; and (2) prescribes the actions that the Division may take when conducting a quality assurance review. **Section 22** of this regulation prescribes the sanctions the Division may impose if it determines pursuant to a quality assurance review that there are certain deficiencies in the provision of services.

Sections 20 and 23-28 of this regulation set forth certain standards with which a provider of community-based living arrangement services must comply. **Sections 24, 25, 29 and 30** of this regulation require a provider of services to maintain certain records. **Section 26** of this regulation requires the Division to: (1) conduct or approve an assessment of a person's need for services before a provider may provide such services; and (2) establish an individualized plan detailing the services that will be provided to the person. **Section 31** of this regulation: (1) provides certain rights to a recipient of services; and (2) authorizes any person to file a complaint with the Division against a provider of services.

Section 32 of this regulation prescribes grounds for revocation of a provisional certificate or certificate. **Section 33** of this regulation requires the Division to give written notice of any intended action to revoke a provisional certificate or certificate. **Section 34** of this regulation authorizes the Division to terminate the provision of services immediately if it determines that a person is at imminent or probable risk of harm. **Section 35** of this regulation authorizes a provider of services who is aggrieved by a sanction imposed by the Division or a decision concerning the denial, suspension or revocation of a provisional certificate or certificate to appeal the sanction to the Administrator of the Division.

Section 1. Chapter 433 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 35, inclusive, of this regulation.

Sec. 2. *As used in sections 2 to 35, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 3 to 12, inclusive, of this regulation have the meanings ascribed to them in those sections.*

Sec. 3. *"Certificate" means a certificate to provide community-based living arrangement services that is issued pursuant to section 18 of this regulation.*

Sec. 4. *"Community-based living arrangement services" means flexible, individualized services that are:*

1. Provided in the home, for compensation, to a person with a mental illness who is served by the Division; and

2. Designed and coordinated to assist the person in maximizing his or her independence.

Sec. 5. "Individual support team" means a team of persons, other than a provider, who provide health care and perform other duties for the benefit of a person with a mental illness.

Sec. 6. "Individualized plan" means a plan prescribing the services that will be provided to a person with mental illness, the frequency with which the services will be provided and the manner in which those services will be provided.

Sec. 7. "Mental illness" has the meaning ascribed to it in NRS 433.164.

Sec. 8. "Person professionally qualified in the field of psychiatric mental health" has the meaning ascribed to it in NRS 433.209.

Sec. 9. "Provider" means a natural person or a partnership, firm, corporation, association, state or local government or agency thereof that is issued a provisional certificate or certificate.

Sec. 10. "Provisional certificate" means a temporary certificate to provide services that is issued pursuant to section 16 of this regulation.

Sec. 11. "Quality assurance review" means a review of the provision of services conducted by the Division as provided in section 21 of this regulation.

Sec. 12. "Services" means community-based living arrangement services.

Sec. 13. A person or governmental entity must hold a provisional certificate or certificate to provide services or receive payment from the Division for services.

Sec. 14. An application for a provisional certificate must be submitted to the Division on a form furnished by the Division and must include:

1. For an applicant who is a natural person:

(a) Three or more letters of professional reference;

(b) A certification, signed by the applicant, that the applicant will maintain the confidentiality of information relating to any person who receives services;

(c) Proof that the applicant has successfully completed a course in cardiopulmonary resuscitation according to the guidelines of the American Red Cross or American Heart Association;

(d) Proof that the applicant is currently certified in standard first aid through a course from the American Red Cross or American Heart Association or, if the applicant submits proof that the course meets or exceeds the requirements of the American Red Cross or the American Heart Association, an equivalent course in standard first aid;

(e) Written verification, on a form prescribed by the Division, that the fingerprints of the applicant were taken and forwarded electronically or by another means directly to the Central Repository for Nevada Records of Criminal History and that the applicant has given written permission to the law enforcement agency or other authorized entity taking the fingerprints to submit the fingerprints to the Central Repository for submission to the Federal Bureau of Investigation and to such other law enforcement agencies as the Division deems necessary for reports on the applicant's background to the Division and the applicant;

(f) A copy of the social security card of the applicant;

(g) Proof that the applicant has sufficient working capital to provide services for at least 3 months without compensation;

(h) If applicable, a copy of the applicant's state business registration and a copy of the current business license issued for the applicant's business by the county, city or town in

which the applicant's business is located or written verification that the applicant is exempt from any requirement to obtain a business registration or license; and

(i) Any other information required by the Division.

2. For an applicant other than a natural person:

(a) If applicable, a copy of the state business registration of the organization and a copy of the current business license issued for the applicant's business by the county, city or town in which the applicant's business is located or written verification that the applicant is exempt from any requirement to obtain a business registration or license;

(b) The federal tax identification number of the organization;

(c) A copy of the bylaws, articles of incorporation, articles of association, articles of organization, partnership agreement, constitution and any other substantially equivalent documents of the applicant, and any amendments thereto;

(d) A list of the members of the governing body of the applicant;

(e) If the applicant is an association or a corporation:

(1) The name, title and principal business address of each officer and member of its governing body;

(2) The signature of the chief executive officer or an authorized representative; and

(3) If the applicant is a corporation, the name and address of each person holding more than 10 percent of its stock;

(f) Proof that at least one supervisor, administrator or manager of the applicant is a person professionally qualified in the field of psychiatric mental health;

(g) For each member of the governing body:

(1) Three or more letters of professional reference; and

(2) Written verification, on a form prescribed by the Division, that the fingerprints of the member of the governing body were taken and forwarded electronically or by another means directly to the Central Repository for Nevada Records of Criminal History and that the member of the governing body has given written permission to the law enforcement agency or other authorized entity taking the fingerprints to submit the fingerprints to the Central Repository for submission to the Federal Bureau of Investigation and to such other law enforcement agencies as the Division deems necessary for reports on the member's background to the Division and the applicant;

(h) Proof that the applicant has sufficient working capital to provide services for at least 3 months without compensation;

(i) Copies of any policies and procedures of the applicant relating to the provision of services; and

(j) Such other information as may be required by the Division.

Sec. 15. 1. The Division shall review each application for a provisional certificate to determine whether the application is complete.

2. If the Division determines that an application for a provisional certificate is incomplete, the Division shall notify the applicant that the application is incomplete and authorize the applicant to submit any required information or documentation to complete the application. The applicant must submit any additional information or documentation not later than 30 calendar days after receipt of the notice. The Division may deny the application if the applicant does not submit any required information or documentation in accordance with this subsection. If the application is denied pursuant to this subsection, the applicant may not

resubmit an application for a provisional certificate for at least 12 months after receipt of the notice of the denial given pursuant to section 17 of this regulation.

Sec. 16. 1. If the Division determines that an application for a provisional certificate is complete, the Division shall establish a screening panel composed of employees of the Division to interview the applicant and determine whether the applicant is qualified to participate in the training required by subsection 2.

2. Except as otherwise provided in this subsection, if the screening panel determines that an applicant is qualified to obtain a provisional certificate, the applicant must complete 16 hours of training provided by the Division concerning the provision of services. The training must be completed not later than 3 months after the date on which the screening panel makes its determination. If the applicant is not a natural person, each officer or employee of the applicant who will oversee the provision of services by the applicant must complete the training required by this subsection.

3. Upon successful completion of the training required by subsection 2, the Division shall issue a provisional certificate to the applicant.

4. A provisional certificate is valid until the Division completes the initial quality assurance review required by section 18 of this regulation.

Sec. 17. 1. Each of the following constitutes a ground for denial of an application for a provisional certificate:

(a) Failure by the applicant to submit a complete application for a provisional certificate within the time required by section 15 of this regulation.

(b) Inability of the applicant to provide proper care for the number and types of intended recipients of services.

(c) Misrepresentation or failure by the applicant to disclose any material fact in the application submitted to the Division or in any financial record or other document requested by the Division.

(d) Conviction of the applicant, an officer or employee of the applicant or an independent contractor of the applicant who oversees the provision of services of a crime relevant to any aspect of the provision of services, including, without limitation:

(1) Murder, voluntary manslaughter or mayhem;

(2) Assault or battery with intent to kill or to commit sexual assault or mayhem;

(3) Sexual assault, statutory sexual seduction, incest or lewdness or indecent exposure that is punished as a felony, or any other sexually related felony;

(4) A felony involving domestic violence;

(5) A misdemeanor involving domestic violence, within the immediately preceding 7 years;

(6) A misdemeanor involving assault or battery, within the immediately preceding 7 years;

(7) Abuse or neglect of a child or contributory delinquency;

(8) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the immediately preceding 7 years;

(9) Abuse, neglect, exploitation, isolation or abandonment of an older person or vulnerable person, including, without limitation, a violation of any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;

(10) A violation of any law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct, within the immediately preceding 7 years;

(11) A violation of any provision of NRS 422.450 to 422.590, inclusive;

(12) A criminal offense under the laws governing Medicaid or Medicare, within the immediately preceding 7 years;

(13) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding 7 years;

(14) Any felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon; or

(15) An attempt or conspiracy to commit any of the offenses listed in this paragraph, within the immediately preceding 7 years.

(e) Exclusion of the applicant, an officer or employee of the applicant or an independent contractor of the applicant who oversees the provision of services from participation in Medicare, Medicaid or any other federal health care program pursuant to 42 C.F.R. § 1003.105.

(f) The existence of any major deficiency in the proposed services to be provided by the applicant which would preclude compliance with sections 2 to 35, inclusive, of this regulation.

2. If an application is denied, the Division shall give the applicant a written notice of the denial in the manner provided by NAC 439.345.

Sec. 18. 1. Within 6 months after the issuance of a provisional certificate, the holder of the provisional certificate shall request the Division to conduct a quality assurance review as provided in section 21 of this regulation. If no timely request is made or the Division

determines as the result of the quality assurance review that the holder of the provisional certificate is not in full compliance with the standards for the provision of services set forth in sections 2 to 35, inclusive, of this regulation, the Division may revoke or extend the term of the provisional certificate. The Division may extend the term of the provisional certificate for any period not to exceed 6 months.

2. If the Division extends the term of a provisional certificate pursuant to subsection 1, the holder of the provisional certificate shall, before the expiration of the extended term, request the Division to conduct another quality assurance review. If no timely request is made or the Division determines as the result of the quality assurance review that the holder of the provisional certificate is not in full compliance with the standards described in subsection 1, the Division shall revoke the provisional certificate.

3. If the Division determines as the result of a quality assurance review conducted pursuant to subsection 1 or 2 that the holder of a provisional certificate is in full compliance with the standards described in subsection 1, the Division shall issue a certificate to the holder of the provisional certificate. The Division may issue a certificate to a provider for any period not to exceed 2 years.

Sec. 19. Upon the expiration of a certificate, the Division may renew the certificate of the provider for any period not to exceed 2 years if the Division conducts a quality assurance review as provided in section 21 of this regulation and determines that the provider is in compliance with the standards for the provision of services set forth in sections 2 to 35, inclusive, of this regulation.

Sec. 20. A provider shall:

1. Comply with any state or federal statute or regulation as required for the Division to receive state or federal money for the provision of services, including, without limitation, any standard of care set forth in:

(a) The State Plan for Medicaid; and

(b) The Medicaid Services Manual established by the Division of Health Care Financing and Policy of the Department of Health and Human Services.

2. Comply with all applicable state or federal requirements concerning fiscal management, reporting and employment.

3. Comply with the individualized plan prepared pursuant to section 26 of this regulation for each person who receives services.

4. Assure the health and welfare of persons receiving services. Any assessment by the Division of a provider's compliance with the requirements of this subsection must be based upon the self-reporting of persons receiving services from the provider, the observations of members of the staff of the Division and any other information available to the Division.

5. Establish internal procedures for quality assurance.

6. Promptly report to the Division any change in the officers or ownership of the provider.

7. Cooperate with any investigation by the Division.

Sec. 21. 1. The Division:

(a) Shall conduct a quality assurance review upon a request made pursuant to section 18 of this regulation and before renewing a certificate pursuant to section 19 of this regulation; and

(b) May conduct a quality assurance review at any time during the certification of a provider if there is an allegation of abuse, neglect or exploitation or a concern related to the health or welfare of a person who receives services from the provider.

2. In conducting a quality assurance review, the Division may:

(a) Obtain any information or otherwise review any aspect of the provider's system of delivery of services, including, without limitation, any:

(1) Policies and procedures of the provider;

(2) Personnel or clinical records maintained by the provider;

(3) Documentation regarding any administrative or personnel matter directly related to the health and welfare of any person who is receiving services;

(4) Financial information concerning the provider or any person receiving services;

and

(5) Information concerning the quality of care provided to any person receiving services;

(b) Interview or otherwise solicit information from any person receiving services, any employee or independent contractor of any provider or any other agency with knowledge of any person receiving services, and any member of the family or any guardian, friend or advocate of any person receiving services; and

(c) Observe the services provided to any person receiving services.

Sec. 22. 1. If the Division determines pursuant to a quality assurance review that there are any deficiencies in the provision of services by a provider related to the health or welfare of a person receiving such services, the Division may:

(a) Deny, suspend or revoke the provisional certificate or certificate of the provider;

(b) Require the provider to prepare and submit to the Division a written plan of correction, which must be approved by the Division; or

(c) Require changes concerning the provision of services by the provider before the Division issues, renews or reinstates a provisional certificate or certificate.

2. The Division may impose any sanction described in subsection 3 upon a provider for:

(a) Any aspect of the provision of services by the provider which poses a probable risk of harm to the health or welfare of a person receiving services;

(b) Any refusal by the provider to participate in any aspect of a quality assurance review; or

(c) The failure or refusal of the provider to implement or maintain any action required by the Division to correct a deficiency identified during a quality assurance review.

3. As a sanction imposed pursuant to subsection 2, the Division may, without limitation:

(a) Require the provider to:

(1) Participate in training concerning the provision of services;

(2) Comply with additional measures of accountability concerning the provision of services;

(3) Comply with additional measures of review by the Division; or

(4) Comply with additional performance requirements concerning the provision of services;

(b) Terminate or amend any contract that the Division has with the provider; or

(c) Suspend or reduce any payment otherwise owed by the Division to the provider.

Sec. 23. *If a provider is a governmental entity or an organization, it shall, in conformance with sections 2 to 35, inclusive, of this regulation, establish policies and procedures for the provision of services and the welfare of the persons it serves.*

Sec. 24. 1. *A provider shall make arrangements for obtaining services from persons professionally qualified in the field of psychiatric mental health or other specially trained persons, as needed, to assist in planning, carrying out and reviewing the provision of services. Evidence of any use of such services must be on file with the provider.*

2. *The need for such services must be determined initially by the individual support team established pursuant to section 26 of this regulation for the person receiving services and be reviewed by the team on a regular basis, at least annually.*

Sec. 25. *A provider shall:*

1. *Develop and maintain a financial plan which ensures that there are sufficient resources to meet the costs for care of the persons receiving services from the provider;*
2. *Maintain financial records adequate to determine whether the provider meets all the requirements of sections 2 to 35, inclusive, of this regulation related to finances; and*
3. *Submit to the Division any financial report:*
 - (a) Which the Division requests in writing; and*
 - (b) The need for which is explained by the Division.*

Sec. 26. 1. *Except as otherwise provided in subsection 4, a provider may not provide services to a person until there has been an assessment of the need for services for the person.*

2. *The assessment must be performed or approved by the Division. As part of the assessment, the Division or other entity that performs the assessment must establish an interim individualized plan.*

3. *Following the assessment, if the person is accepted by the provider:*

(a) The findings of the assessment must be maintained by the Division and entered into the person's record kept and maintained by the provider as provided in section 29 of this regulation; and

(b) The Division shall establish an individual support team for the person and, in collaboration with the individual support team, establish a permanent individualized plan.

4. *In an urgent situation and with the approval of the Division, a provider may accept a person for the provision of services for a period of not more than 5 working days before an assessment is performed.*

Sec. 27. *A provider shall enter into a written contract for the provision of services with each person who will receive services or his or her parent or guardian, if applicable, and the Division. The contract must prescribe the services that will be provided to the person and the payment that the provider will receive from the Division for those services.*

Sec. 28. 1. *Each member of the direct support staff of a provider must successfully complete a program, approved by the Division, concerning the administration of medication.*

2. *A person who is receiving services may have his or her medication administered by:*

(a) A provider of health care; or

(b) A member of the direct support staff of the provider if:

(1) The member of the direct support staff is a personal assistant who is authorized to administer medication by a provider of health care pursuant to NRS 629.091;

(2) The person or his or her parent or guardian, as applicable, provides written authorization to receive medication from a member of the direct support staff of the provider in accordance with NRS 453.375 and 454.213; and

(3) The person submits to a physical examination by his or her provider of health care on an annual basis and the provider of health care determines that the person is medically cleared to receive medication from the member of the direct support staff.

3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 29. A provider shall keep a separate record regarding each person for whom services are provided. Each such record must include the information needed for providing services, to substantiate billing and for the planning and periodic reevaluation of the needs of the person who is receiving services. The record must be available for review by the person who is receiving services or his or her guardian, if applicable, and the Division.

Sec. 30. 1. A provider shall retain the original records of each person who receives services from the provider as provided in section 29 of this regulation, or photographic reproductions of such records, for at least 3 years after the provider ceases to provide services to the person.

2. All such records must be complete, current and readily available for review by representatives of the Department.

Sec. 31. 1. Any person who receives services has the same rights that are afforded to a consumer by chapter 433 of NRS and any regulations adopted pursuant thereto.

2. A person has the right to file a complaint with the Division against a provider.

Sec. 32. Each of the following acts and omissions is a ground for revocation of a provisional certificate or certificate:

1. Any misrepresentation of or failure to disclose any material fact in the application for the provisional certificate or in any financial record or other document requested by the Division.

2. A lack of personnel in sufficient numbers or qualifications to provide proper care and support for the persons receiving services.

3. Conviction of the provider or any employee or independent contractor of the provider of a crime relevant to any aspect of the provision of services.

4. Any deficiency of the provider relating to the provision of services that poses an imminent or probable risk of harm to the health or welfare of any person receiving services.

5. Any violation of any requirement set forth in sections 2 to 35, inclusive, of this regulation.

6. Any accumulation or pattern of minor violations of the provisions of sections 2 to 35, inclusive, of this regulation, if the violations taken as a whole endanger the health or welfare of any person who is receiving services.

7. Any fraudulent activity by the provider or an employee or independent contractor of the provider, including, without limitation, any fraudulent billing, falsification of records or misuse or misappropriation of the property of a person who is receiving services.

8. Failure to comply with any obligation set forth in the contract entered into pursuant to section 27 of this regulation.

9. Any refusal to participate in any aspect of a quality assurance review or any other review or investigation by the Division.

10. The failure or refusal of the provider to implement or maintain any action required by the Division to correct a deficiency identified during a quality assurance review or any other review or investigation by the Division.

11. Abuse, neglect, exploitation or coercion of a person who is receiving services.

12. Harassing, coercive, intimidating, insulting, abusive or disruptive language or behavior directed at an employee of the Division, an employee or independent contractor of the provider, another provider or a person or entity providing services other than community-based living arrangement services, a person who is receiving services or a family member or guardian of such a person.

13. Exclusion of the provider, an officer or employee of the provider or an independent contractor of the provider who oversees the provision of services from participation in Medicare, Medicaid or any other federal health care program pursuant to 42 C.F.R. § 1003.105.

Sec. 33. The Division shall give a provider written notice of any intended action to revoke the provisional certificate or certificate of the provider as prescribed by NAC 439.345.

Sec. 34. If a revocation of the provisional certificate or the certificate of a provider is pending and the Division determines that the grounds for the revocation place any person at an imminent or probable risk of harm, the Division may immediately terminate the provision of services by the provider.

Sec. 35. 1. If a provider is aggrieved by any sanction imposed pursuant to section 22 of this regulation or any decision concerning the denial, suspension or revocation of a provisional certificate or certificate, the provider may submit a request for an appeal to the

Administrator of the Division pursuant to the procedures set forth in NAC 439.300 to 439.395, inclusive.

2. Except in the case of an immediate termination of the provision of services pursuant to section 34 of this regulation, the effective date of a revocation is stayed upon receipt of a request for appeal until the hearing officer renders a decision regarding the appeal.

SMALL BUSINESS IMPACT STATEMENT 2016

PROPOSED REGULATIONS: COMMUNITY BASED LIVING ARRANGMENTS R090-16

The Division of Public and Behavioral Health (DPBH) has determined that the proposed amendments should not have a negative financial impact upon a small business. The proposed regulations are not expected to negatively impact the formation, operation or expansion of a small business in Nevada.

A small business is defined in Nevada Revised Statutes NRS 233B as a "business conducted for profit which employs fewer than 150 full-time or part-time employees."

This small business impact statement is made pursuant to NRS 233B.0608 (3) and complies with the requirements of NRS 233B.0609. As required by NRS 233B.0608(3), this statement identifies the methods used by the agency in determining the impact of the proposed regulation on a small business in sections 1, 2, 3, and 4 below and provides the reasons for the conclusions of the agency in section 8 below followed by the certification by the person responsible for the agency.

Background

The exiting law requires the State Board of Health to adopt regulations for the care and treatment of persons with mental illness under NRS 433.324.

<http://www.leg.state.nv.us/Register/2016Register/R090-16P.pdf>

The proposed regulations provide provisions for the following:

- 1) This will establish regulatory provisions of community based living arrangement services (CBLA), which are individualized services and designed to maximize a person's independence. These services are provided in a home setting, and in the natural community setting. Services are for compensation for individuals served by the Division of Public and Behavioral Health.
- 2) Requires for a person or governmental entity to hold a provisional certificate or certificate by the Division to provide CBLA services or receive payment of these services. Prescribes the process of application, acceptance, denial and training requirements. Places timeframes of how long the certifications are good for; 1 year for a provisional with no renewal, and every 2 years for certifications.
- 3) Authorizes the Division to conduct quality assurance reviews, and to take action as needed. Sets forth the standards in which a provider must comply, including maintaining certain records.
- 4) Maintains certain rights to the recipients of services and authorizes any person to file a complaint with the Division against a provider of services.
- 5) Prescribes the grounds in which the Division may revoke a provisional certificate or certificate. In addition, it authorizes the Division to terminate a provider immediately if it is determined that a person is in imminent or probable risk of harm.

- 1) A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.

Pursuant to NRS 233B.0608 (2)(a), the Division of Public and Behavioral Health has requested input from DPBH's contracted providers, Board of Nursing, Nevada State Housing Division and HUD.

A Small Business Impact Questionnaire was sent to SNAMHS & NNAMHS contracted residential providers, Board of Nursing, Nevada State Housing Division and Housing and Urban Development (HUD), along with a copy of the proposed regulation changes, on August 15, 2016. The questions on the questionnaire were:

- 1) How many employees are currently employed by your business?
- 2) Will a specific regulation have an adverse economic effect upon your business?
- 3) Will the regulation(s) have any beneficial effect upon your business?
- 4) Do you anticipate any indirect adverse effects upon your business?
- 5) Do you anticipate any indirect beneficial effects upon your business?

Summary of Response

| Summary Of Comments Received (7 responses were received out of 102 small business impact questionnaires distributed) | |
|--|---|
| Will a specific regulation have an adverse economic effect upon your business? | Will the regulation (s) have any beneficial effect upon your business? |
| No = 5 Yes = 2 No response/ unknown = 0 | No = 7 Yes = 0 No response/ unknown = 0 |

The dollar amount in cost associated with the adverse effect of the section below being addressed cannot be specified. However, the severity of this impact may cause the provider to possibly go out of business due to failure of compliance as a result of a quality assurance audit.

SECTION 17.1

No comments, although additional costs could incur with updated provider requirements such as fingerprinting, medical training, updating policies and procedures, possible legal fees, etc. to ensuring compliance with Nevada laws and regulations.

SECTION 17.2

The Division may conduct a quality assurance review for cause at any time

The term *AT ANY TIME* should be a specific time period due to the numerous sections embedded in this regulation that Providers will be constantly have to be aware of and updated at all times. Incidences can occur at a moment's notice and Providers should be given time to address the validity and the severity of any allegation against them and provide a more considerable solution that can appease both parties before resulting in a quality assurance review. This will take time away from the Provider to care for other clients to simply address an allegation that may turn out to be false. In addition, the time it takes to conclude a quality assurance review may also be costly for the Provider especially when performed "at any time" or "surprise audits"

SECTION 17.3

(a)(1) policies and procedures should provide more guidance and specify the Division's expectations of Providers in order to better develop safe and sound policies and procedures for ongoing compliance. The lack of specifics in policy and leaving it open ended may lead the Provider to become noncompliant by having inconsistent or poor policies and procedures. This in turn can impact a quality assurance audit and depending on the magnitude of certain policies not being in place can lead to a denial in certification for the Provider. Providers should be given guidance and provided with resources to use to develop sound policies and procedures.

(b) Conduct interviews with persons receiving community based living arrangement services...

Interviews with clients about their services may or may not always be completely accurate and should always be given the benefit of the doubt. Clients will always be treated with the up most care by Providers, however there are always circumstances especially with clients with mental disabilities where that quality of care may not always be wanted. During these circumstance, especially during a quality assurance audit, interviewing the client could adversely affect the Provider's reputation based on that client's answers when being interviewed. The answers could be misleading, untruthful, or maybe lead to false accusations towards the Provider. This can then lead to noncompliance alone as a result of a quality assurance audit and could subject the Provider to sanctions, have their certificate revoked, or even close their business entirely. Interviews with clients should be reconsidered or omitted as part of a quality assurance audit.

No, I cannot conclude or know the economic effects upon our small business in an adverse way. It is apparent this is the first draft of regulation. My assumption and hope is there will be more specific details as time goes on, and there is elaborated on question 4 regarding details.

No, I cannot conclude or know the economic effects upon our small business in an adverse way. It is apparent this is the first draft of regulation. My assumption and hope is there will be more specific details as time goes on, and there is elaborated on question 4 regarding details.

There is no impact towards the cost of my business. Business license, CPR/First Aid, fingerprint, TB Test, and medication training is required every year.

No I cannot conclude or know the economic effects upon our business in a beneficial way.

No I cannot conclude or know the economic effects upon our business in a beneficial way.

There is no impact towards the cost of my business. I spend the same amount of money for the business license, CPR/First Aid, fingerprint, TB Test, and medication training.

| | |
|---|---|
| <p>If a caregiver will be a requirement for CLBA house, at 20 or 30 hr per client, not feasible; will be impossible to operate; not unless the provider is willing to be in the hole every month.</p> | |
| <p>Do you anticipate any indirect adverse effects upon your business?</p> | <p>Do you anticipate any indirect beneficial effects upon your business?</p> |
| <p>No =3 Yes = 4 No response/ unknown = 0</p> | <p>No = 2 Yes = 5 No response/ unknown = 0</p> |
| <p>The quality assurance audit adds on another layer for Providers to undergo. This creates more time and effort on the part of the Provider to ensure these proposed regulations are in full compliance and being followed. These audits will take time away from the provider rather than focusing more on the quality of care for clients and their well-being. Additional costs may also incur for the Provider by possibly having to hire additional staff and resources to ensure full compliance with the Division in all matters.</p> <p>Here are some regulations that might have adverse effect:</p> <ol style="list-style-type: none"> i. Section 10 (e) "provider satisfies the same or similar criteria of a person professionally qualified in the field of psychiatric mental health." This might not include our business but if it does, does it require us to hire a professional. This is not simple credential easily obtain and might be costly and/or time consuming to get on our own. ii. Section 19 (1) "obtaining services from professionally qualified persons or other specially trained persons as needed to assist in planning, carrying and reviewing the provisions of community based living arrangement services." This regulation needs to have more details because who will shoulder the cost for such services to stay in compliant with this regulation. iii. Section 20 (3) "Submit to the Division any financial report" This regulation needs to have more details in regards to what is considered financial reporting and the need to have those request be very specific for the privacy of the business but balancing financial regulation inquiry. iv. Section 14 (5) "Any period not to exceed 2 years if the division conducts a quality assurance review and determine that the provider is in compliance with the standards of the Division concerning the provision of community based living arrangement services set forth in Section 1 to Section 30, inclusive." This regulation's time period as well as the one's above feels like "over-regulation". We fear that over-regulation might push most providers and employees to focus on the technicalities of the regulations in the form of documentation/paperwork rather than the care for each client. With this said, this could result in having a negative effect on client care because of limited resources of a small business. This will result in the addition of employees to assist in all areas above. <p>In this regulation, we believe 2 years seems too short of a time considering there are already safe guards throughout this draft. These safe guards are all the complaints of any client or anyone involved with the client, existing monthly environmental review, and also informal/formal inspections of agency representatives (case managers.)</p> <p>Concluding, 2 years is a difficult hardship that we believe should be reconsidered.</p> | <p>The regulation provides a better and safer environment for clients, which in turn allows the business to produce better results.</p> <p>One of the benefits of having these regulations in place to prevent frivolous and fraudulent Providers trying to gain access to clients without any certification or licenses. Clients should always be given the upmost quality of care and not taking advantage of simply for the purpose of financial gain.</p> <p>Yes. The indirect beneficial effect that I can conclude is there will be more information regarding the client admission to our company especially with our limited space. Thus the information and plan of care allows the small business to understand the needs of client and to customize the service uniquely for the client. It allows us to anticipate problem areas that might occur.</p> <p>Yes. The indirect beneficial effect that I can conclude is there will be more information regarding the client admission to our company especially with our limited space. Thus the information and plan of care allows the small business to understand the needs of client and to customize the service uniquely for the client. It allows us to anticipate problem areas that might occur.</p> <p>I am more aware of the new regulations which provides a better life/service for the clients.</p> |

Here are some regulations that might have adverse effect:

- i. Section 10 (e) "provider satisfies the same or similar criteria of a person professionally qualified in the field of psychiatric mental health." This might not include our business but if it does, does it require us to hire a professional. This is not simple credential easily obtain and might be costly and/or time consuming to get on our own.
- ii. Section 19 (1) "obtaining services from professionally qualified persons or other specially trained persons as needed to assist in planning, carrying and reviewing the provisions of community based living arrangement services." This regulation needs to have more details because who will shoulder the cost for such services to stay in compliant with this regulation.
- iii. Section 20 (3) "Submit to the Division any financial report" This regulation needs to have more details in regards to what is considered financial reporting and the need to have those request be very specific for the privacy of the business but balancing financial regulation inquiry.
- iv. Section 14 (5) "Any period not to exceed 2 years if the division conducts a quality assurance review and determine that the provider is in compliance with the standards of the Division concerning the provision of community based living arrangement services set forth in Section 1 to Section 30, Inclusive." This regulation's time period as well as the one's above feels like "over-regulation". We fear that over-regulation might push most providers and employees to focus on the technicalities of the regulations in the form of documentation/paperwork rather than the care for each client. With this said, this could result in having a negative effect on client care because of limited resources of a small business. This will result in the addition of employees to assist in all areas above.
In this regulation, we believe 2 years seems too short of a time considering there are already safe guards throughout this draft. These safe guards are all the complaints of any client or anyone involved with the client, existing monthly environmental review, and also informal/formal inspections of agency representatives (case managers.)
Concluding, 2 years is a difficult hardship that we believe should be reconsidered.

There will be more inspections, training, and interviewing which I prefer to spend more quality time with the clients.

Sometimes, too much regulation is not good; it takes up so much of our time that we could have used instead giving care to our residents.

2) Describe the manner in which the analysis was conducted.

An analysis was conducted of the feedback received by the Outpatient Administrator in Southern Nevada. To help alleviate some of the concerns it was explained in a face to face meeting with the providers the intent of the regulations and certain components such as the quality assurance audits, trainings and the intent of the regulations overall. The analysis of the feedback was considered and will used when creating the specific provider trainings and provider billing forms for efficiencies and stream lining of processes. The two year of certification was a concern of the providers. The two year intent is based on legislative session and the Division/Agencies' approved budget cycle since these regulations fall within the Division's oversight and the ability to potentially reimburse for services. The prescribed renewal process ensures that providers are within continued satisfactory guidelines along with up to date information of requirements. It is not intended to be punitive but rather proactive safeguards for both the provider and the State. The overall feedback matched the regulations and did not have a negative impact on small businesses.

3) The estimated economic effect of the proposed regulation on the small business which it is to regulate including, without limitation both adverse and beneficial effects and both direct and indirect effects.

The feedback from the providers was that it would strengthen the system overall from other providers would attempt to de-fraud the system both at the Division and Medicaid level. The providers shared concerns that as business owners they may need to spend more time on interviewing and hiring, training their staff, increase their staffing levels, etc instead of spending their time on caregiving themselves. Each individual placed in a community based living arrangement will have an individual contract of services that will be reimbursed for services. If that person is on a private contract with that provider, the provider should have a contract with that person as well to ensure private reimbursement. As a business, this will guide their practice of hiring and training for sustainability as it already does presently. The strength and intent of the regulations is to protect both the State and their business practices based on the oversight for the safety and health of the individuals. There will be on-going meetings with the providers to support them through the process and address their questions and provide technical assistance as appropriate in the coming months once the regulations are adopted so that they can be successful in the transition.

4) Provide a description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.

The Division of Public and Behavioral Health has held several opportunities for contracted providers to provide input and comments regarding the proposed CBLA regulations, including the economic impact the proposed regulations may have on their business. Some modifications to the proposed regulations have been made as a result of this input. Workshops will be held on October 31, 2016 allowing for further input by public comment or faxed/written comments regarding the proposed regulations and how they will impact their business. These comments will be taken into consideration for possible further revisions to the regulations to reduce the economic impact on community based living arrangements.

5) The estimated cost to the agency for enforcement of the proposed regulation.

At this particular time it is not estimated that there will be an additional cost to the agency to enforce the proposed regulations as the agencies will realign current staffing to increase the Residential Departments for oversight. It is known that there will be an increased workload for mandatory trainings, quality assurance field oversights, certification processes, business office auditing, and potential growth of new provider applicants. This is in addition to the current workloads of the department, but the Division/Agencies are proactively working towards the future system to close the gap smoothly for both the staff and the providers systematically.

6) If the proposed regulation provides a new fee or increases an existing fee, the total annual amount DPBH expects to collect and the manner in which the money will be used.

No fees are proposed.

7) An explanation of why any duplicative or more stringent provisions than federal, state or local standards regulating the same activity are necessary.

No federal regulations.

We are proposing new state regulations for these community based living arrangements under DPBH-SNAMHS/NNAMHS.

Group homes have their own regulatory oversight under DBPH-HCQC.

Supportive living arrangements have their own certification process and oversight under ADSD-Regional Centers.

8) Provide a summary of the reasons for the conclusions of the agency regarding the impact of a regulation on small businesses.

Currently in mental health there are no regulations with a certification process for oversight by the DPBH for providers that provide services in homes for individuals that need support to work towards independent living. These regulations and certification process provide a systematic health and safety support for the individuals, providers and the State for oversight and quality assurance. The certification process would allow for two levels of certifications. The initial certification would be a provisional certification which is valid for 12 months. The certification is valid for 24 months and is renewable. The 24 month/2 year certification was based on the legislative cycle and the Division/Agencies would be staffing and reimbursing for services based on these cycles. In addition, it is best practice to ensure that each of the providers are up to date with their information and business requirements at least every 24 months for recertification. The Division/Agencies will provide the trainings as indicated in the regulations for the providers for the provisional certification.

Any other persons interested in obtaining a copy of the summary may e-mail, call, or mail in a request to Anabel Ballard, AAIV at the Division of Public and Behavioral Health at:

Division of Public and Behavioral Health
Southern Nevada Adult Mental Health
6161 West Charleston Blvd.
Las Vegas, NV 89146
Anabel Ballard
Phone: 702-486-6238
Email: anabelballard@health.nv.gov

Certification by Person Responsible for the Agency

I, Cody Phinney, Administrator of the Division of Public and Behavioral Health certify to the best of my knowledge or belief, a concerted effort was made to determine the impact of the proposed regulation on small businesses and the information contained in this statement was prepared properly and is accurate.

Signature Cody Phinney Date: 10/14/16

NOTICE OF PUBLIC WORKSHOP

NOTICE IS HEREBY GIVEN that the Division of Public and Behavioral Health will hold a public workshop to consider adopting the Community Based Living Arrangements Regulations as drafted R090-16.

The workshop will be conducted via videoconference beginning at 1:30 PM on Monday, October 31, 2016, at the following locations:

| | |
|---|---|
| Division of Public and Behavioral Health Southern Nevada Adult Mental Health/ Rawson Neal Hospital Training Room 1650 Community College Drive Las Vegas, NV 89146 | Division of Public and Behavioral Health Northern Nevada Adult Mental Health/ 480 Galletti Way Building 22 Sparks, NV 89431 |
|---|---|

These workshops will be conducted in accordance with NRS 241.020, Nevada's Open Meeting Law.

AGENDA

1. Introduction of workshop process
2. Public comment on proposed Community Based Living Arrangements Regulations as drafted R090-16
3. Public Comment

The existing law requires the State Board of Health to adopt regulations for the care and treatment of persons with mental illness under NRS 433.324. <http://www.leg.state.nv.us/Register/2016Register/R090-16P.pdf>

The proposed regulations provide provisions for the following:

- 1) This will establish regulatory provisions of community based living arrangement services (CBLA), which are individualized services and designed to maximize a person's independence.
- 2) These services are provided in a home setting, and in the natural community setting.
- 3) Services are for compensation for individuals served by the Division of Public and Behavioral Health.
- 4) Requires for a person or governmental entity to hold a provisional certificate or certificate by the Division to provide CBLA services or receive payment of these services.
- 5) Prescribes the process of application, acceptance, denial and training requirements.
- 6) Places timeframes of how long the certifications are good for; 1 year for a provisional with no renewal, and every 2 years for certifications.
- 7) Authorizes the Division to conduct quality assurance reviews, and to take action as needed.
- 8) Sets forth the standards in which a provider must comply, including maintaining certain records.
- 9) Maintains certain rights to the recipients of services and authorizes any person to file a complaint with the Division against a provider of services.
- 10) Prescribes the grounds in which the Division may revoke a provisional certificate or certificate. In addition, it authorizes the Division to terminate a provider immediately if it is determined that a person is in imminent or probable risk of harm.
- 11) The regulation authorizes a provider of service who is aggrieved by a sanction imposed by the Division or a decision concerning the denial, suspension or revocation of a provisional certificate to appeal the sanction to the Administrator of the Division.

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence may submit the material to Ellen Richardson-Adams, Outpatient Administrator at the following address:

Division of Public and Behavioral Health
6161 West Charleston Blg. 1
Las Vegas, NV 89146
702-486-8047 (FAX- Attention Ellen R-Adams)

Members of the public who require special accommodations or assistance at the workshops are required to notify Anabel Ballard, AAIV, in writing to the SNAMHS, 6161 West Charleston Blg. 1 Las Vegas, NV 89146, or by calling (702) 486-6238 at least five (5) working days prior to the date of the public workshop.

You may contact Ellen Richardson-Adams, Outpatient Administrator by calling (702) 486-6238 for further information on the proposed regulations.

A copy of the notice and the proposed regulations are on file for inspection and/or may be copied at the following locations during normal business hours:

Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Carson City, NV

Division of Public and Behavioral Health
4220 S. Maryland Parkway, Suite 810, Bldg D
Las Vegas, NV

Nevada State Library and Archives
100 Stewart Street
Carson City, NV

A copy of the regulations and small business impact statement can be found on-line by going to:
http://dpbh.nv.gov/Reg/MedicalLabs/Notice_of_Public_Workshops_and_Proposed_Regulations/

A copy of the public workshop notice can also be found at Nevada Legislature's web page:
<https://www.leg.state.nv.us/App/Notice/A/>

A copy of this notice has been posted at the following locations:

1. Division of Public and Behavioral Health, 4150 Technology Way, First Floor Lobby, Carson City
2. Nevada State Library and Archives, 100 Stewart Street, Carson City
3. Legislative Building, 401 S. Carson Street, Carson City
4. Grant Sawyer Building, 555 E. Washington Avenue, Las Vegas
5. Washoe County District Health Department, 9TH and Wells, Reno
6. Division of Public and Behavioral Health's web page: <http://health.nv.gov/>

Copies may be obtained in person, by mail, or by calling (702) 486-6238.

Copies may also be obtained from any of the public libraries listed below:

Carson City Library
900 North Roop Street
Carson City, NV 89702

Churchill County Library
553 South Main Street
Fallon, NV 89406

Clark County District Library
833 Las Vegas Boulevard North
Las Vegas, NV 89101

Douglas County Library
1625 Library Lane
Minden, NV 89423

Elko County Library
720 Court Street
Elko, NV 89801

Eureka Branch Library
210 South Monroe Street
Eureka, NV 89316-0283

Humboldt County Library
85 East 5th Street
Winnemucca, NV 89445-3095

Lincoln County Library
93 Maine Street
Pioche, NV 89043-0330

Mineral County Library
110 1st Street
Hawthorne, NV 89415-1390

Pershing County Library
1125 Central Avenue
Lovelock, NV 89419-0781

Tonopah Public Library
167 Central Street
Tonopah, NV 89049-0449

White Pine County Library
950 Campton Street
Ely, NV 89301-1965

Esmeralda County Library
Corner of Crook and 4th Street
Goldfield, NV 89013-0484

Henderson District Public Library
280 South Water Street
Henderson, NV 89105

Lander County Library
625 South Broad Street
Battle Mountain, NV 89820-0141

Lyon County Library
20 Nevin Way
Yerington, NV 89447-2399

Pahrump Library District
701 East Street
Pahrump, NV 89041-0578

Storey County Library
95 South R Street
Virginia City, NV 89440-0014

Washoe County Library
301 South Center Street
Reno, NV 89505-2151

Per NRS 233B.064(2), upon adoption of any regulations, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.