PROPOSED REGULATION OF THE AGING AND DISABILITY SERVICES DIVISION OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

LCB File No. R016-12

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

A REGULATION relating to persons with disabilities; revising provisions relating to the program to provide financial assistance to persons with physical disabilities for certain essential personal care; and providing other matters properly relating thereto.

Section 1. Chapter 427A of NAC is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this regulation.

Sec. 2. NAC 427A.735 is hereby amended to read as follows:

NAC 427A.735 Scope of essential personal care. (NRS 427A.793) Essential personal care is limited to assisting a person who is eligible to receive financial assistance pursuant to NAC 427A.675 to 427A.770, inclusive:

- 1. In the elimination of wastes from the body;
- 2. In dressing and undressing;
- 3. In bathing and grooming;
- 4. In the preparation and eating of meals;
- 5. In getting in and out of bed;
- 6. In repositioning while asleep;
- 7. In the use of prostheses and other medical equipment;
- 8. In moving about, including, without limitation, assisting a person:
- (a) In moving from a wheelchair, bed or other piece of furniture;
- (b) With ambulation; and
- (c) With exercises to increase the range of motion;
- 9. In essential laundry;
- 10. Light housekeeping;

[10.] 11. With support services for independent living if the person has an injury to the brain and those services do not exceed 14 hours per week; and

[11.] 12. In other minor needs directly related to maintenance of personal hygiene. (Added to NAC by Dep't of Health & Human Services by R005-06, eff. 5-4-2006)—(Substituted in revision for NAC 426.735)

Sec. 3. NAC 427A.740 is hereby amended to read as follows:

427A.740 The program manager shall:

- 1. Reevaluate a recipient's eligibility every 12 months and when his need for essential personal care changes.
- 2. Coordinate the provision of essential personal care to eligible persons.

- 3. Provide assessments of recipients. An assessment must: (a) Be conducted by a licensed [medical] professional who is familiar with essential personal care and the independent living needs of persons with physical disabilities;
- (b) Whenever possible, be conducted at the location where the services are offered; and
- (c) Include the requirements for completing specific tasks, the time required for completion of the tasks and a statement by the recipient concerning his perspective of his needs for care.
- 4. Provide referrals to independent living and other services as appropriate for the needs of recipients.

Sec. 4. NAC 427A.760 is hereby amended to read as follows:

- 427A.760 1. [An applicant for financial assistance or a recipient who disagrees with a decision regarding eligibility may, within 15 working days after he receives notice of the decision, file an appeal with the program manager. The program manager:
- (a) May require the applicant or recipient to submit, in writing, evidence to support the appeal;
- (b) Shall render his decision in writing within 30 days after he receives the appeal.
- 2. The applicant or recipient may appeal the decision of the program manager to the Administrator by filing a notice of appeal within 15 working days after he receives notice of the decision of the program manager. The Administrator:
- (a) Will review the decision in an informal procedure;
- (b) May require the applicant, recipient or program manager to submit, in writing, additional evidence to support the appeal or the decision; and
- (c) Will render his decision in writing within 30 days after he receives the notice of the appeal.
- 3. The decision of the Administrator is a final decision for the purposes of judicial review.
 - 1. An applicant or a recipient or his designated representative may request an administrative review by:
 - a) Signing, dating and returning to the office of the Division responsible for the region in which the applicant or recipient resides the letter notifying him of the action to be taken by the Division; or
 - b) Submitting a written request to the office of the Division responsible for the region in which the applicant or recipient resides.
 - 2. Except as otherwise provided in subsection 4, the request for an administrative review must be received in the regional office of the Division within 15 days after the date of the letter notifying the applicant or recipient or his designated representative of the action to be taken. The date of the letter shall be deemed the first day of the 15-day period.
 - 3. If the 15th day falls on a holiday or weekend, the time for submitting a request will be extended to the next working day.
 - 4. The Division will not accept a request for an administrative review received after the time specified in subsection 2 unless the applicant or recipient or his designated representative demonstrates good cause for the failure to comply with the deadline.
 - 5. The Administrator of the Division or a person designated by the Administrator will review any requests to waive the deadline for good cause and shall make a determination within 10 days after the receipt of the request.
 - 6. If the Administrator or a person designated by the Administrator determines that the applicant or recipient or his designated representative has demonstrated good cause for the

failure to comply with the 15-day deadline, he will schedule an administrative review for the applicant or recipient.

7. If the Administrator or a person designated by the Administrator determines that the applicant or recipient or his designated representative has not demonstrated good cause for the failure to comply with the 15-day deadline, he will notify the applicant or recipient or his designated representative that the request for an administrative review is denied.

Sec. 5. 427A.XXX Assets of applicant or recipient: Limitation.

1. The assets of an applicant or recipient may not exceed the limit for assets set forth in the institutional guidelines established by the Division of Welfare and Supportive Services of the Department of Health and Human Services subject to limitations or exceptions set forth by the Division, if any.