

**PROPOSED REGULATION OF THE
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH OF THE
DEPARTMENT OF HUMAN SERVICES**

LCB FILE NO. R113-25I

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by the agency submitted on 12/17/2025**

NEVADA DEPARTMENT OF HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

BUREAU OF BEHAVIORAL HEALTH WELLNESS AND PREVENTION

PROMULGATION OF REGULATIONS for Various Mental Health Services under NAC 433

Title 39 – MENTAL HEALTH

CHAPTER 433 – GENERAL PROVISIONS

NAC 433.xxx Definitions. (NRS 433.xxx) As used in this chapter, unless the context otherwise requires, the words and terms defined therein, inclusive, have the meanings ascribed to them in those sections.

NAC 433.xxx Division adopts materials by reference

1. The Division hereby adopts by reference the:

(a) Diagnostic and Statistical Manual of Mental Disorders (DSM), current version, published by the American Psychiatric Association.

(b) International Classification of Diseases and Related Health Problems (ICD), current version, published by the World Health Organization.

2. The Division will periodically review the publications adopted by reference pursuant to subsection 1 and determine within 30 days after review whether any change made to that publication is appropriate for application in this state. If the Division does not disapprove a change to the adopted publications within 30 days after the review, the change is deemed to be approved by the Division.

NAC 433.xxx "Criteria of the Division" defined. "Criteria of the Division" means the criteria adopted by the Division in the Administrative Manual of the Division for the treatment of a mental illness or co-occurring disorder, including, without limitation:

1. The policies and procedures established by the Division in the Administrative Manual to monitor compliance of programs with certification requirements; and

2. The criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM), current version, published by the American Psychiatric Association, and the International Classification of Diseases and Related Health Problems (ICD), current version, published by the World Health Organization.

NAC 433.xxx "Behavioral health" defined. "Behavioral health" refers to the promotion of mental well-being, the prevention and treatment of mental and substance use disorders, and the support of individuals with emotional, psychological, and behavioral conditions as defined in

the current version of the Diagnostic and Statistical Manual of Mental Disorders and International Classification of Diseases.

NAC 433.xxx “Client” defined. “Client” means a person who meets the criteria of the Division for having a behavioral health condition and who is receiving a service from a program for that disorder.

NAC 433.xxx “Operator” defined. “Operator” means:

1. The owner of a private entity which operates a program;
2. The governing body of a corporation which operates a program;
3. The governing body of a nonprofit organization which is responsible for a program, or a designee authorized by the governing body in writing to be responsible for a program; or
4. A governmental entity which operates a program.

NAC 433.xxx “Program” defined. “Program” means any program certified by the Division to address behavioral health-related disorders, including, without limitation:

1. First Episode Psychosis Program
2. Assertive Community Treatment Program
3. Mobile Crisis Team Program
4. Crisis Stabilization Center, as defined in NRS 449.0915
5. Intensive Crisis Stabilization Services
6. Certified Community Behavioral Health Center Program
7. Residential Crisis Stabilization Programs
8. Pilot programs as directed by the Division

NAC 433.xxx “Service” defined. “Service” means an activity that is directed toward the promotion of mental well-being, the prevention and treatment of mental and substance use disorders, and the support of individuals with emotional, psychological, and behavioral conditions.

NAC 433.xxx “Staff” defined. Staff” means the:

1. Paid employees, including, without limitation, paid employees hired on a temporary basis;
 2. Volunteers;
 3. Independent contractors; and
 4. Consultants,
- of a program.

2. Certified by the Division.

NAC 433.xxx “Co-occurring disorder” defined. Co-occurring disorder involves the coexistence of a mental health disorder, and a substance use disorder (SUD). Co-occurring disorders may include any combination of two or more SUDs and mental disorders identified in the Diagnostic and Statistical Manual of Mental Disorders, current version, and the International Classification of Disorders (ICD), current version. No specific combinations of mental disorders and substance use disorders are uniquely defined as co-occurring disorders.

NAC 433.xxx “Early Serious Mental Illness” defined. Early Serious Mental Illness (ESMI) is a condition that affects an individual regardless of their age and involves a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM), current version, published by the American Psychiatric Association. For a significant portion of the time since the onset of the disturbance, the individual has not achieved or is at risk of not achieving the expected level of interpersonal, academic, or occupational functioning. This definition is not intended to include conditions that are attributable to the physiologic effects of a substance use disorder, are attributable to an intellectual/developmental disorder, or are attributable to another medical condition. The term ESMI is intended for the initial period of onset.

NAC 433.xxx “First Episode of Psychosis” defined. First Episode of Psychosis is the first manifestation of the disorder meeting the defining diagnostic symptom and time criteria, as adopted by reference in NAC 433.050.

NAC 433.xxx “Coordinated Specialty Care for First Episode of Psychosis” defined. Coordinated Specialty Care for First Episode of Psychosis (FEP) is based on core principles of early intervention care and evidence-based early intervention services. Early Intervention Principles: early detection of psychosis; rapid access to specialty care; recovery focus; youth-friendly services; respect for clients’ autonomy and independence. Early Intervention Services: team-based and phase-specific treatment; assertive outreach and engagement; shared decision-making framework; and empirically-supported interventions—low-dose antipsychotic medications with monitoring of cardio-metabolic risk; cognitive and behavioral psychotherapy; family education and support; educational and vocational rehabilitation. Services are provided by multi-disciplinary teams of mental health professionals whose clinical expertise spans biological, psychological, and social domains. Recovery-oriented interventions involve clients, multi-disciplinary team members, relatives, and significant others.

NAC 433.xxx “Assertive Community Treatment (ACT) Service-delivery Model” defined. Assertive Community Treatment (ACT) Services Model offers integrated biological, psychological and social mental health care, rehabilitation and habilitation, and support services using a person-centered, recovery-based approach to individuals who have been diagnosed with serious mental illness (SMI) and severe and persistent mental illness

(SPMI). Individuals receive ACT services that are available 24 hours per day, 7 days per week, and 365 days per year and delivered by a mobile, multidisciplinary team within community settings; including: assertive outreach, mental health treatment, medical care, vocational services, integrated dual disorder treatment, family education, wellness skills, community linkages, and peer support.

NAC 433.xxx “Crisis Stabilization Center (CSC)” defined. A crisis stabilization center has the definition pursuant to NRS, 449.0915.

NAC 433.xxx “Intensive Crisis Stabilization Services Center” defined. Intensive Crisis Stabilization Services Center is defined as a facility that offers 24/7, community-based, outpatient, voluntary or involuntary services to individuals experiencing an acute behavioral health crisis.

NAC 433.xxx “Mobile Crisis Team” defined. A mobile crisis team has the definition pursuant to NRS 433.704.

NAC 433.xxx “Behavioral Health Crisis defined. A behavioral health crisis is defined as a condition in which an individual experiences an acute disturbance in thoughts, mood, behavior, or social functioning that poses an immediate risk to their safety or the safety of others or significantly impairs their ability to care for themselves. A behavioral health crisis may involve suicidal ideation, severe depression or anxiety, psychosis, substance intoxication or withdrawal, or other urgent psychiatric symptoms requiring prompt evaluation and stabilization by qualified professionals.

NAC 433.xxx Substance Use Disorder defined. Substance use disorder is a diagnosable medical condition characterized by a clinically significant impairment or distress resulting from the recurrent use of alcohol or other substances, as defined by the criteria outlined in the current version of the *Diagnostic and Statistical Manual of Mental Disorders*.

NAC 433.xxx “Certified Community Behavioral Health Clinic” defined. Certified Community Behavioral Health Clinic (CCBHC) means a facility that is designed to ensure access to coordinated comprehensive behavioral health care by providing mental health and substance use services as defined in NAC 433.xxx, Core Services defined.

NAC 433.xxx “Person-centered Care” defined. Person-centered care that is strengths-based, trauma informed, and focuses on an individual’s capacities, preferences, and goals that give the person the opportunity to optimize their self-defined quality of life, choice, control, and self-determination through meaningful exploration and discovery of unique preferences, needs, and wants while ensuring medical and non-medical needs are met via means that are exclusively for the benefit of the person and supports them to reach their full potential.

NAC 433.xxx “CCBHC Community Needs Assessment” defined. The community needs assessment is a formal assessment of the community that a CCBHC will conduct. The community needs assessment identifies the needs of their communities and will be used to tailor services in the area of the CCBHC.

NAC 433.xxx “Core Services” defined. The CCBHC model approved in the State of Nevada must have the following nine services, including Assertive Community Treatment:

1. Direct provision of outpatient mental health and substance use services.
2. Screening, assessment, and diagnosis, including risk management.
3. Person and family-centered treatment planning.
4. Psychiatric rehabilitation services.
5. Outpatient primary care screening and monitoring of key health indicators and health risks.
6. Targeted-case management.
7. Crisis mental health and substance use addiction services, including 24-hour mobile crisis teams, emergency crisis intervention, and crisis stabilization.
8. Development of comprehensive community recovery supports, including peer support, counseling services, and family support services.
9. Intensive community-based mental health and substance use care for members of the armed forces and Veterans
10. Additionally, a CCBHC is required to provide a state certified Assertive Community Treatment program as clinically indicated as defined in NAC 433.xxx.

NAC 433.xxx “Family Centered” defined. Family centered is developmentally appropriate, family- and youth-guided care that recognizes active participation between families and caregivers and professionals as a cornerstone to the planning, delivery, and evaluation of services.

NAC 433.xxx “Residential Crisis Stabilization Treatment Program” defined. Residential Crisis Stabilization Treatment Program is defined as an unlocked residential program serving individuals experiencing a behavioral health crisis in a community-based setting.

NAC 433.xxx “Program Location” defined. Program location means a room and/or set of rooms that are each physically self-contained and have defining walls extending from floor to ceiling. Program locations include bedrooms, living rooms, lounge areas, bathrooms, and connecting areas.

NAC 433.xxx “Treatment Team” defined. Treatment team means a group of staff persons who provide behavioral health services to clients. The treatment team includes, but is not limited to,

mental health professionals, mental health practitioners, clinical trainees, certified rehabilitation and/or vocational rehabilitation specialists, mental health rehabilitative workers, mental health certified peer recovery support specialists, and the client served.

NAC 433.xxx “Telehealth” defined. Telehealth refers to the delivery of behavioral health services and information through telecommunications technologies, including but not limited to real-time interactive audio and video, remote patient monitoring, and store-and-forward technologies. It enables licensed, certified, and/or qualified behavioral health professionals in compliance with state policy and regulations to evaluate, diagnose, treat, and monitor clients at a distance, in compliance with applicable federal and state laws and regulations.

NAC XXX.XXX – Advertising Restrictions for Crisis Behavioral Health Services

1. Authorized Use of Crisis Stabilization Services Terminology

- a. Only facilities that are certified by the Division of Public and Behavioral Health as:
 - i. Intensive Crisis Stabilization Centers (ICSCs), or
 - ii. Crisis Stabilization Centers (CSCs)
may use any advertising, promotional materials, signage, or public communications that imply the provision of crisis services.
- a. Prohibited terminology includes, but is not limited to:
 - i. “Crisis Services”
 - ii. “Crisis Stabilization”
 - iii. “Mental Health Urgent Care”
 - iv. “Behavioral Health Urgent Care”
 - v. “Emergency Mental Health Services”
 - vi. Any other language that suggests the facility is equipped to respond to behavioral health crises.

2. Certification Requirement

1. Facilities must hold a current and valid endorsement or certification issued by the Nevada Health Authority or the Division under NRS 449.0915 or NAC 433.xxx to be considered an ICSC or CSC.
2. Certification must be clearly displayed on the facility’s website and in any public-facing materials where crisis services are referenced.

3. Enforcement

1. The Division shall investigate complaints or concerns regarding unauthorized use of crisis-related terminology and provide education about regulations that disallow such activities.

Certification of Programs

NAC 433.xxx Certification required to receive funding from Division, Nevada Health Authority.

A program must be certified by the Division to be eligible for any state or federal money for certain behavioral health programs administered by the Division pursuant to chapter 433 of NRS for the prevention or treatment of behavioral health related disorders.

NAC 433.xxx Training Requirements for Certification. For each certification type, all certified agencies must adhere to training requirements as outlined in the Criteria of the Division, as approved by the Division.

NAC 433.xxx Applications for initial certification and recertification.

1. An operator may apply for the initial certification of a program by submitting to the Division:
 - (a) A completed application for initial certification on a form provided by the Division;
 - (b) Documentation evidencing that the applicant is in compliance with all applicable local, state and federal laws, regulations and ordinances;
 - (c) All names used by the applicant in its operation of the program or practice of business;
 - (d) A copy of the manual containing the policies and procedures of the program;
 - (e) A nonrefundable fee in the amount set forth in NAC 433.xxx; and
 - (f) A copy of the policy of insurance evidencing the insurance coverage required pursuant to NAC 433.xxx.
2. An operator may apply for recertification of the program by submitting to the Division, within 60 days before the expiration of the initial certification or any previous recertification:
 - (a) A completed application for recertification on a form provided by the Division;
 - (b) Documentation evidencing that the applicant is in compliance with all applicable local, state and federal laws, regulations and ordinances;
 - (c) All names used by the applicant in the operation of the program or practice of business;
 - (d) If any changes were made to the manual which was submitted with the initial application for certification pursuant to paragraph (d) of subsection 1 or any previous application for

recertification, a copy of the manual containing the policies and procedures of the program, including, without limitation, documentation that:

(1) Describes the changes to the manual which was submitted with the initial application for certification or any previous application for recertification and which were approved by the Division; and

(2) Specifies in writing whether the changes were:

(I) Made as a result of findings of an agency or organization, other than an agency or organization owned or operated by the operator; or

(II) Initiated by the operator;

(e) A nonrefundable fee in the amount set forth in NAC 433.xxx; and

(f) A copy of the policy of insurance evidencing the insurance coverage required pursuant to NAC 433.xxx.

3. If the certification of a program expires without recertification in accordance with the requirements set forth in subsection 2 and the operator wishes to certify the program, the operator must apply for initial certification of the program in the manner set forth in subsection 1.

NAC 433.xxx Duties of Division upon receipt of application; period of certification.

1. Upon receipt of a completed application for initial certification or recertification of a program, the Division or its designee shall:

(a) Review the application;

(b) Schedule and perform an inspection of the program;

(c) Review the services listed in the application to ensure compliance with the criteria of the Division; and

(d) Provide a written report of the findings of the inspection to the applicant.

2. If the Division finds that the program is in compliance with the requirements set forth in this chapter, the Division must issue a written initial certification or recertification of the program.

3. The Division may issue an initial certification or recertification of a program for a period not to exceed 2 years. The Division shall determine the period of each initial certification or recertification based upon the criteria for the length of certification set forth in the criteria of the Division.

NAC 433.xxx Criteria for certification and receipt of funding; amendment of criteria.

1. Except as otherwise provided in subsection 5, the Division may only certify and provide funding for programs that provide services in accordance with the criteria of the Division.

2. The Division may amend the criteria of the Division if:

(a) The staff of the Division submits a written proposed amendment to the Division to change the criteria of the Division based upon:

(1) A review by the staff of the Division of any changes made to:

(I) Any nationally recognized evidence-based criteria for the assessment and treatment of mental illness and/or co-occurring disorders; and

(II) The requirements for federal funding of programs; or

(2) A request by the Advisory Board or any member of a provider group or the public for a change to the criteria of the Division;

(b) The proposed amendment is placed on the agenda for the next scheduled meeting of the Advisory Board and heard in accordance with the requirements for meetings of state and local agencies set forth in chapter 241 of NRS;)

(c) The Advisory Board approves the amendment proposed by the staff of the Division and recommends to the Administrator that he or she amend the criteria of the Division; and

(d) The Administrator approves the amendment recommended by the Advisory Board.

3. The staff of the Division shall send notice of a meeting of the Advisory Board to hear an amendment to the criteria of the Division to each known behavioral health program which operates in this State for the prevention or treatment of behavioral health disorders and to each person or organization requesting such notification.

4. If the Administrator of the Division approves any changes to the criteria of the Division, the changes must be:

(a) Published in the *Administrative Manual* of the Division;

(b) Posted on the Internet at <http://dpbh.nv.gov/>; and

(c) Emailed to each certified program which operates in this State for the treatment of behavioral health disorders.

5. If the Division amends the criteria of the Division in accordance with this section before an operator is required to recertify a program, the Division shall not require the operator to

recertify the program to comply with the amended criteria of the Division before the date required for recertification of the program. The Division may require the operator to:

(a) Revise the policies and procedures of the program to comply with the amended criteria of the Division before the operator is required to recertify the program; and

(b) Submit to the Division a copy of the manual containing the revised policies and procedures.

6. As used in this section, “Advisory Board” means the board created by the Administrator to advise the Division concerning services for behavioral health.

NAC 433.xxx Notifications regarding changes affecting certification. An operator shall notify the Division of any anticipated change which will affect the certification of the program not later than 60 days before the change will occur or as soon as the operator is aware of the change if the operator is not aware of the change at least 60 days before the change will occur. The Division shall notify the operator of any actions the operator must take to maintain the certification of the program or whether the operator will be required to apply for a new certification as a result of the change.

NAC 433.xxx Satellite offices.

1. The provision of services by the staff of a program at a satellite office will not be considered a change in geographic location for the purposes of subsection 4 of 433.xxx.

2. The physical records of a program may be available, but must not be permanently kept, at a satellite office.

3. As used in this section, “satellite office” means an office of a program that is located in a facility which is not owned or leased by the program but is used by the program only to provide services. The term includes, without limitation, an office of the Division of Child and Family Services of the Department of Health and Human Services and in a county or city jail.

NAC 433.xxx Addition of new service during period of certification; operation of program from new geographic location.

1. If, during the period of certification of a program, the operator wishes to provide a service that was not listed in the application for initial certification or recertification, the operator must submit to the Division:

(a) A completed application for the addition of a new service on a form provided by the Division;

(b) A copy of the manual containing the policies and procedures of the program, including, without limitation, a description of the operations of each new service and the procedures relating to each new service; and

(c) A nonrefundable fee in the amount set forth in NAC 433.xxx for each new service at each geographic location at which the service will be provided.

2. The Division may revise the certificate of the program to include the new service for a period not to exceed the time remaining in the period of certification established by the Division pursuant to subsection 3 of NAC 433.xxx.

3. If the operator wishes to continue the certification of the program with the new service after the period of certification, the operator must submit an application for recertification in accordance with the requirements set forth in subsection 2 of NAC 433.xxx to maintain certification of the program with the new service. The Division shall determine the period of the recertification based upon the criteria for the length of certification set forth in the criteria of the Division.

4. Except as otherwise provided in NAC 433.xxx, if, during the period of certification of a program or after the period of certification, the operator wishes to operate a program from a facility at a geographic location that differs from the geographic location of the facility that was listed in the application for initial certification or recertification, the operator must submit an application for recertification in accordance with the requirements set forth in subsection 2 of NAC 433.xxx to maintain certification of the program at the new geographic location.

NAC 433.xxx Transferability of certification. The certification of a program is not transferable and may not be used for any other program.

NAC 433.xxx Fees of Division.

The Division shall charge and collect nonrefundable fees for the initial certification and recertification of programs and services in accordance with the following schedule:

1. First Episode Psychosis Program.....	\$100
2. Assertive Community Treatment Program.....	\$100
3. Mobile Crisis Team Program.....	\$100
4. Crisis Stabilization Center, as defined in NRS 449.0915.....	\$100
5. Intensive Crisis Stabilization Services.....	\$100
6. Certified Community Behavioral Health Center Program.....	\$100
7. Residential Crisis Stabilization Programs.....	\$100

8. Pilot programs as directed by the Division.....\$0

Operators and Staff of Programs

NAC 433.xxx Operators: General requirements and duties.

1. A program must have a specified operator who is responsible for the program. The operator may designate another responsible party to implement and supervise the responsibilities of the operator pursuant to this chapter. The operator remains responsible for any actions of his or her designee.

2. If the program is operated by a corporation, the governing body of the corporation must be the operator. The governing body shall:

(a) Adopt written bylaws or policies that define any reimbursement to be provided to its members and the powers and duties of the governing body and its committees;

(b) Meet at least quarterly and keep written minutes that indicate:

(1) The date of the meeting;

(2) The names of the persons present at the meeting;

(3) Any decisions made by the governing body at the meeting;

(4) Any other actions taken by the governing body at the meeting; and

(5) The review and approval of budgets by the governing body; and

(c) Make available for review by the Division the minutes of meetings, the articles of incorporation and the bylaws of the governing body.

3. An operator shall:

(a) Develop and maintain a manual containing the policies and procedures of the program which meets the requirements set forth in NAC 433.xxx;

(b) Review any changes to the manual containing the policies and procedures of the program and have those changes approved by the Division as required pursuant to NAC 433.xxx;

(c) Comply with the provisions of the manual containing the policies and procedures of the program in operating the program;

(d) Make a copy of the manual containing the policies and procedures of the program available for review to any person who requests to review it;

(e) Notify the Division within 24 hours after the occurrence of an incident that may cause imminent danger to the health or safety of the clients, participants or staff of the program, or a visitor to the program;

(f) Establish a plan for:

(1) Improving the quality of the services provided by the program which addresses, without limitation, operational services, human resources, fiscal services and clinical outcome measures; and

(2) Ensuring that the integrity of the program will be maintained;

(g) Make a copy of the plan established pursuant to paragraph (f) available to the Division at the time of an inspection by the Division of the premises where the program is providing services;

(h) Maintain all licensure and certifications required by the Division and comply with all local, state and federal laws, regulations and ordinances;

(i) Document that paid staff are on the premises where the program is providing services at all times when a client or participant is present on the premises; and

(j) If the operator receives a report from a governmental agency or certifying agency relating to the program, the physical plant on the premises where the program is providing services or the operations of the program, provide a copy of the report to the Division:

(1) At the time of an inspection by the Division of the premises where the program is providing services; or

(2) If the report requires the operator to take corrective action, not more than 30 days after the operator receives the report.

4. The Division shall report any known violation of any local, state or federal law, regulation or ordinance by an operator to the appropriate regulatory agencies which govern the licensure or certification of the program and to the appropriate agencies responsible for investigating the violation.

NAC 458.158 Operators: Manual of policies, procedures and services. An operator shall maintain a manual containing the policies and procedures of the program and the services to be provided by the program, including, without limitation, the policies and procedures:

1. To be followed in the event of a medical emergency.

2. For the registration and disposition of complaints by clients, participants and staff and the right to appeal without threat of reprisal.

3. For the staff, including, without limitation, an accurate job description, signed by the applicable employee, for each position held by an employee of the program that describes:

- (a) The title of the position;
- (b) The duties and responsibilities of the position; and
- (c) The qualifications for the position.

4. To be used by the operator to:

- (a) Claim funds or bill for services;
- (b) Receive and record funds;
- (c) Record expenditures;
- (d) Prepare financial reports;
- (e) Maintain information for the support of claims for funds or to bill for services; and
- (f) Implement internal controls and audits, as necessary.

5. To be used to maintain financial records of clients or participants when a client or participant is billed for services. The policies and procedures must include, without limitation, requirements that an operator shall:

- (a) Inform prospective clients and participants of financial arrangements concerning a service before providing the service;
- (b) Maintain accurate records of:
 - (1) Any fees charged to a client or participant; and
 - (2) Any payments made by a client or participant; and
- (c) Make the records required pursuant to paragraph (b) available to the client or participant for review upon request.

6. To be followed to meet the requirements set forth in this section and | NAC 433.xxx to 433.xxx, inclusive. |

NAC 433.xxx Mandatory reporting to bed registry prescribed by the Division. To ensure efficient allocation of available outpatient, inpatient, and other care resources, all agencies certified to provide mental health, substance use disorder treatment, or other related services are required to participate in a centralized bed registry system.

1. All agencies shall register with the centralized bed registry system designated by the Division.
2. Agencies must designate a staff member or team responsible for maintaining compliance with the requirements associated with the centralized bed registry.
3. Agencies shall update the registry at least daily with accurate information on bed availability, service types, eligibility criteria, and other relevant details
 - a. Updates must include:
 1. Current bed occupancy status
 2. Anticipated availability timelines
 3. Any restrictions or requirements for admission
4. Agencies shall prioritize referrals received through the bed registry to promote transparent access to services.
5. Agencies must respond to referral inquiries within 24 hours and document actions taken.
6. All users shall adhere to guidelines and training provided by the centralized bed registry administrator.
7. Agencies must provide periodic reports as required by the Division to ensure compliance and evaluate system efficacy.

NAC 433.xxx Operators: Responsibilities concerning confidentiality and recordkeeping

An operator shall ensure that:

1. The program complies with all applicable confidentiality and recordkeeping provisions, including the Privacy Rule, Security Rule, Breach Notification Rule, and Rights of Patients, as set forth in state and federal laws, including Health Information Portability and Accountability Act (HIPAA) and Nevada Revised Statutes (NRS): In HIPAA: Privacy Rule -- 45 CFR Part 160 and SubParts A and E of Part 164; Security Rule -- 45 CFR Part 160 and SubParts A and C of Part 164; Breach Notification Rule -- 45 CFR Sections 164.400-414; Patient Safety Rule -- 42 CFR Part 3. In Nevada Revised Statutes, Confidential Information -- NRS 458.055; and Consumers' Rights -- NRS 433.456 to 433.543, inclusive, and any other applicable confidentiality and recordkeeping laws pertaining to the services provided by the program. In the event of a conflict in the confidentiality requirements set forth in HIPAA, NRS, and any other applicable confidentiality laws, the more restrictive law will apply.
2. A client or participant provides separate and explicit consent to allow the operator or a designee thereof to release information which identifies the client or participant and his or her human immunodeficiency virus seropositive status.
3. The program allows a consultant to have access to confidential information concerning clients or participants only if the confidentiality agreements required by state and federal law, including 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164 are satisfied. Such agreements must be maintained in the personnel file of the consultant.

NAC 433.xxx Operators: Records regarding members of staff.

1. An operator must establish a system for maintaining the records of the members of the staff which:

- (a) Maintains the confidentiality and safekeeping of the records.
- (b) Contains the application or resume of each member of the staff, any employment contract signed by a member of the staff and the operator or a designee thereof, and any document containing the job performance standards which is signed by a member of the staff and the operator or the designee.
- (c) Includes, for each member of the staff who serves clients who are under 16 years of age, documentation of the results of an inquiry made pursuant to NRS 179A.180 to 179A.240, inclusive.
- (d) Includes a copy of the certification, registration or license of each member of the staff who provides treatment or another service requiring certification, registration or licensure of the member of the staff.
- (e) Includes a verification signed by each member of the staff indicating that the member of the staff has participated in a course of orientation regarding the policies and procedures which govern the service that the member of the staff provides.
- (f) Includes, for each member of the staff who is not a citizen of the United States, a copy of Form I-9, Employment Eligibility Verification, of the United States Citizenship and Immigration Services of the Department of Homeland Security, which verifies that the member of the staff is lawfully entitled to remain and work in the United States.
- (g) Includes a copy of any report of criminal history that is obtained pursuant to NRS 641C.260 or 641C.530 for each member of the staff working with any person who is less than 18 years of age.

2. If a record of a member of the staff includes an employment contract or a document containing job performance standards, the contract or standards must clearly specify the nature and amount of the service to be provided by the member of the staff.

3. A record of a member of the staff must be made available only to the member of the staff upon submission of a request to review the records and to persons who are:

- (a) Authorized by the policies and procedures of the program;
- (b) Inspecting the program; and
- (c) Authorized by the member of the staff.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004; A by R104-14, 10-27-2015)

NAC 433.xxx Operators: Liability insurance. An operator shall ensure that the program is insured:

1. For liability in an amount sufficient to protect the clients, participants and staff of the program, and the visitors to the program. The policy of insurance must, at a minimum, provide coverage for professional liability and, if the operator receives state or federal money for an alcohol or drug use program and is the governing body of a corporation or of a nonprofit organization, the policy of insurance must include liability insurance for directors and officers. The operator shall submit a copy of the policy of insurance to the Division with any application for initial certification or recertification. The policy of insurance must provide that notice be given to the Division not later than 30 days after cancellation of the policy or after an operator does not renew the policy. Upon request, an operator shall make a copy of the policy of insurance available to the Division for review.

2. For all liabilities arising out of the acts or omissions of a consultant while providing a service for the program. The policy of insurance may be provided by the program or the consultant. If the policy of insurance is provided by the consultant, the operator must obtain a copy of the policy and place the copy in the personnel file of the consultant.

NAC 433.xxx Operators and staff: General ethical requirements.

1. An operator and the staff shall not knowingly provide false information to the Division or a representative of the Division.

2. An operator and the staff shall use information that is generally accepted in the field of prevention or treatment of substance-related disorders.

3. An operator shall supervise the staff to ensure that a member of the staff does not:

(a) Become impaired in his or her ability to perform services; or

(b) Perform activities which are unauthorized by his or her licensure or certification.

4. An operator shall not allow a client or participant to grant power of attorney to the operator or a member of the staff.

NAC 433.xxx Operators and staff: Responsibilities concerning clients and participants.

An operator and the staff shall:

1. Upon the request of a client or participant, assist the client or participant in reporting any violation of any licensure or certification standard or requirement, or any violation of any law or regulation to the appropriate board or agency.

2. Act in the best interest of a client or participant.
3. Terminate the provision of a service to a client or participant if it is reasonably clear that the client or participant is not benefiting from the service.
4. Not give or receive any commission or any other form of remuneration for the referral of a client or participant from the entity to which the client or participant is referred.
5. Not use his or her relationship with a client or participant to promote his or her personal gain or profit.
6. Not enter into, or attempt to enter into, a financial relationship that is unrelated to services performed by the program with a current client or participant or a former client or participant, as required by the licensure or certification board of the operator or the member of the staff and for unlicensed or uncertified operators or staff, for at least 2 years after the client or participant is discharged from the program.

Programs

NAC 433.xxx Manual of policies and procedures. The operator of a program shall maintain a manual containing the policies and procedures of the program which includes, without limitation, the policies and procedures required pursuant to NAC 433.xxx, and policies and procedures:

1. Concerning the control of infections, including, without limitation, communicable diseases, and concerning universal precautions against bloodborne pathogens.
2. Describing the manner in which the program will satisfy the requirements set forth in NAC 433.xxx and 433.xxx.
3. For releasing information about a client which satisfies the requirements set forth in 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164, and NAC 433.xxx and which reveals:
 - (a) That the client has abused or neglected a child or an elderly person;
 - (b) That the client presents a danger to other people;
 - (c) That the client has a communicable disease; or
 - (d) The identity of the client and his or her human immunodeficiency virus seropositive status; and
 - (e) As required under NRS 432B, NRS 200.5093, and NRS 200.50935, and any other pertinent laws or regulations
4. Describing the criteria which the program will use to satisfy and comply with the criteria of the Division for admission, continued stay and discharge; and
5. Patient's rights.

NAC 433.xxx Operators: Responsibilities concerning confidentiality and recordkeeping:

1. The program complies with all applicable confidentiality and recordkeeping provisions, including the Privacy Rule, Security Rule, Breach Notification Rule, and Rights of Patients, as set forth in state and federal laws, including Health Information Portability and Accountability Act (HIPAA) and Nevada Revised Statutes (NRS): In HIPAA: Privacy Rule -- 45 CFR Part 160 and SubParts A and E of Part 164; Security Rule -- 45 CFR Part 160 and SubParts A and C of Part 164; Breach Notification Rule -- 45 CFR Sections 164.400-414; Patient Safety Rule -- 42 CFR Part 3. In Nevada Revised Statutes, Confidential Information and Consumers' Rights -- NRS 433.456 to 433.543, inclusive, and any other applicable confidentiality and recordkeeping laws pertaining to the services provided by the program. In the event of a conflict in the confidentiality requirements set forth in HIPAA, NRS, and any other applicable confidentiality laws, the more restrictive law will apply.

NAC 433.xxx Provision of services to clients. The operator of a program shall:

1. Perform a comprehensive clinical assessment of each client upon admission to a clinical services program, using a method approved by the Division, to identify the reason for the referral.

(a) Based on the results of the comprehensive clinical assessment, determine if the client is experiencing a mental disorder.

(b) If a client is positive for the presence of a mental disorder, clinical services are identified that are appropriate for the client's individual clinical needs and that meet Division certification criteria and the requirements for receiving state and federal funds to support those services.

11. If required by Criteria of the Division, the program is responsible for developing a treatment plan for each client within X timeframe following enrollment within the program.

NAC 433.xxx Provision of services for co-occurring substance-related and mental health disorders. (NRS 439.200, 458.025)

1. A treatment program which provides services for co-occurring substance-related and mental health disorders must, at a minimum, meet the guidelines for treatment set forth in the criteria of the Division for a program described as a co-occurring capable program or a co-occurring enhanced program.

2. As used in this section:

(a) "Co-occurring capable program" means a program:

(1) That is evidence-based and addresses co-occurring substance-related and mental health disorders in its policies and procedures, assessments, treatment planning, program content and discharge planning; and

(2) In which the staff is able to address the interaction between substance-related and mental health disorders.

(b) “Co-occurring enhanced program” means a program that:

(1) Has an advanced level of integration of services for co-occurring substance-related and mental health disorders than a co-occurring capable program; and

(2) Is able to provide integrated evidence-based treatment of the symptoms of substance-related and mental health disorders in addition to addressing the interaction between substance-related and mental health disorders.

NAC 433.xxx Policies, procedures and protocols for provision of services using telehealth.

1. The operator of a treatment program which offers services using telehealth, as defined in NAC 433.xxx, shall submit the policies, procedures and protocols for telehealth to the Division for approval. The policies, procedures and protocols must meet the requirements under Medicaid, Medicare, and private insurance for telehealth reimbursement. The operator also must include policies and procedures for confidentiality and recordkeeping as referenced in NAC: including:

(a) The confidentiality of the setting for clients and information concerning clients which satisfies the requirements set forth in 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164, any other relevant federal laws such as HIPAA, and state laws; and

(b) Protocols for verifying:

(1) The location of a client, and;

(2) The identity of a client and the professional at the time the service using telehealth is provided; and

(3) Whether telehealth is appropriate for a client; and

(4) The informed consent of a client concerning telehealth.

(c) Actions the program will take in case of an emergency involving a client, including, without limitation, verifying the safety of the client and emergency services available to the client, and;

- (d) Compliance with ethical and professional standards relating to any applicable professional licensure and certification specific to telehealth, and;
- (e) Compliance with other policies of the Division required in the *Administrative Manual* of the Division, and;
- (f) Compliance with the applicable documentation requirements of NAC 458.103 to 458.193, inclusive, and 458.241 to 458.272, inclusive, as if the services were provided to a client in person; and
- (g) The manner in which the dignity and privacy of clients will be maintained; and
- (h) meet requirements for Medicaid, Medicare, and private insurance reimbursement as appropriate.; and
- (i) any licensed clinical staff must be trained in the appropriate use of telehealth.

NAC 433.xxx Records regarding clients. The operator of a program shall:

1. Ensure that a record is maintained for each client as described in Criteria of the Division.

Nevada Certification Board

NAC 433.xxx Nevada Certification Board, or its successor organization, certifies the following non-clinical behavioral health professionals, including, but not limited to the following:

1. Peer Recovery Support Specialists, as defined in NRS 433.627
2. Peer Recovery Support Specialist – Supervisors, as defined in NRS 433.629
3. Peer Recovery Support Specialists -Interns, as defined in NRS 433.628
4. Certified Prevention Specialists, as defined in AB 60 (2025) (which will be codified into NRS433.XXX)
5. “Youth Peer Recovery Support Specialists” defined. Youth Peer Recovery Support Specialists are defined as a type of Peer Recovery Support Specialist, defined in NRS 433.629 and is person-centered and based on shared lived experience and mutuality between the provider and individual. Youth Peer Support Specialists are services and supports provided to youth who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered service. Services are provided by young people (18-30 years) who have lived experience in mental health, substance use disorder/recovery.
6. “Family Peer Recovery Support Specialists” defined. Family Peer Recovery Support Specialists are defined as a type of Peer Recovery Support Specialist, defined in NRS 433.629 and are parents, family members or caregivers who have or had the responsibility of parenting a child or as a primary caregiver for another family member experiencing mental health and/or substance use

challenges and provide peer support to family members or loved ones of an individual with a mental health or substance use disorder.

7. Other behavioral health peer specialists as defined by the Division in collaboration with the Nevada Certification Board

NAC 433.xxx Certification Requirements:

1. The Nevada Certification Board, or its successor organization, as referenced in NRS 433 must set:
 - a. eligibility criteria
 - b. renewal requirements and frequency
 - c. training requirements, and
 - d. other pertinent requirements, such as lived experience
 - e. for each certification and endorsement type the board issues.
2. The Nevada Certification Board, or its successor organization, must define the scope of practice of each certification type it certifies.

NAC 433.xxx Training Curriculum Standards:

1. The Nevada Certification Board, or its successor organization, shall provide the following for peer recovery support specialists, as defined in NRS 433.627, peer recovery support specialist interns, as defined in NRS 433.628, peer recovery support specialist supervisor, as defined in NRS 433.629, and certified prevention specialists, as defined in AB 60 (2025):
 - a. Define core competencies and learning objectives for each certification type
 - b. Approve training providers and curricula that meet these standards
 - c. Ensure that training content reflects current best practices, cultural competence, and ethical service delivery
 - d. Require inclusion of Nevada-specific laws, regulations, and service delivery models

NAC 433.xxx Continuing Education:

1. The Nevada Certification Board, or successor organization, shall establish:
2. Minimum continuing education (CE) hours required for recertification
3. Approved CE topics and providers
4. Ethics and cultural competency training requirements
5. Procedures for CE waiver requests or hardship accommodations

NAC 433.xxx Training Program Oversight:

1. The Nevada Certification Board, or successor organization, shall:
 - a. Maintain a public list of approved training programs and providers

- b. Conduct periodic reviews of training content and delivery
- c. Revoke approval of training programs that fail to meet standards
- d. Provide technical assistance to training providers as needed

NAC 433.xxx: Stakeholder Engagement:

1. The Nevada Certification Board, or successor organization, shall solicit input from:
 - a. Certified professionals
 - b. Employers and service providers
 - c. Training institutions
 - d. Community members with lived experience, where applicable
 - e. State stakeholders within the Division
2. Feedback shall be used to inform updates to training standards, certifications, and endorsements, and ensure alignment with workforce needs

NAC 433.xxx: Transparency and Publication:

1. All training requirements, approved curricula, and CE guidelines shall be published on the Nevada Certification Board's, or successor organizations, official website and reviewed annually and maintained ongoing.
2. The fee schedule required for certification must be provided to the Division and published on the official Nevada Certification Board's, or successor organization, website, and reviewed and updated biannually, at minimum.

NAC 433.xxx Public Meeting Requirement, Notice of Meeting

1. The Nevada Certification Board shall provide public notice at least 3 calendar days in advance of any meeting at which certification fees are proposed, discussed, or adopted. The notice shall include:
 - a. The date, time, and location of the meeting;
 - b. A summary of the proposed fee changes; and
 - c. Instructions for public participation, including how to submit written comments.
2. Meeting Accessibility

The meeting shall be open to the public and conducted in a manner that allows for meaningful public participation. This may include in-person attendance, virtual access, or both.
3. Public Comment Period

The Nevada Certification Board shall provide an opportunity for public comment during the meeting. All comments received, whether oral or written, shall be entered into the official record.

NAC 433.xxx: Adoption of Fees

1. No certification fee shall be adopted or amended unless the nonprofit board has:
 - a. Held at least one public meeting in accordance with Section 3;
 - b. Considered all public comments received; and
 - c. Provided a written justification to the Division and posted online for the fee amount, including a cost analysis or rationale.

NAC 433.xxx: Recordkeeping

1. The Nevada Certification Board shall maintain records of all public notices, meeting minutes, public comments, and final decisions related to certification fees for a minimum of five (5) years.

NAC 433.xxx: Certification Mandate

1. No individual may provide or supervise peer recovery support services for compensation unless they hold a valid certificate issued by the Nevada Certification Board, or successor organization.
2. No individual may provide Certified Prevention Specialist services for compensation unless they hold a valid certificate issued by the Nevada Certification Board, or successor organization.
3. Titles such as “Peer Recovery Support Specialist”, “Youth Peer Recovery Support Specialist”, “Family Peer Support Specialist”, “Peer Recovery Support Services – Intern”, “Certified Prevention Specialist”, or “Peer Recovery Support Specialist Supervisor” may only be used by certified individuals.

NAC 433.xxx: Investigations and Confidentiality:

1. Complaint Process
 - a. The Nevada Certification Board, or successor organization, shall investigate complaints of violations, including site visits and interviews as necessary.
 - b. The Nevada Certification Board, or successor organization, will report complaints of violations to the Division, including findings and outcomes, at least quarterly.
 - c. The Nevada Certification Board, or successor organization, must maintain a policy on certification complaints and terminations, including how they will be handled, and timelines adhered to. This policy must be published on the public facing website.
2. Confidentiality
 - a. Investigation records of the Nevada Certification Board, or successor organization, are confidential except for final determinations and penalties, which are public records.

NAC 433.xxx: Organizational Management and Governance for Nonprofit Entities

1. If the Nevada Certification Board, or successor organization, is a non-profit organization, it must be legally incorporated as nonprofit entities under **Nevada Revised Statutes (NRS) Chapter 82** and maintain good standing with the Nevada Secretary of State.

2. The Nevada Certification Board, or successor organization, must adhere to the following:
 - a. Maintain a Board of Directors with fiduciary oversight
 - b. Maintain designated officers (e.g., Executive Director, Treasurer) responsible for daily operations
 - c. If the Nevada Certification Board, or successor organization, is a non-profit, it must maintain written by laws and policies consistent with Nevada Revised Statutes Chapter 82

NAC 433.xxx: Reporting

1. Annual Report Requirement

- a. The Nevada Certification Board, or successor organization, shall submit an Annual Certification and Workforce Report to the Division of Public and Behavioral Health no later than March 31st of each calendar year.
- b. The required report must contain, at a minimum:
 - i. Certification Statistics:
 - I. Total number of active, newly certified, and lapsed certifications for:
 1. Peer Recovery Support Specialists (PRSS)
 2. Peer Recovery Support Specialist Supervisors (PRSS-S)
 3. Certified Prevention Specialists (CPSs)
 4. Youth Peer Support Specialists
 5. Family Peer Support Specialists
 6. Number of interns or trainees registered under supervision
 - II. Demographic and Workforce Data:
 1. Aggregate demographic data (e.g., age, race/ethnicity)
 2. Geographic distribution of certified professionals across Nevada
 3. Employment trends and workforce shortages, if applicable
 - III. Training and Continuing Education
 1. Summary of training programs approved by the Board
 - IV. Compliance and Disciplinary Actions
 1. Number and nature of complaints received
 2. Summary of investigations conducted and outcomes
 3. Certifications suspended, revoked, or placed on probation
 - V. Program Development and Quality Assurance

4. Updates on certification standards, curricula, or examination procedures
 5. Summary of stakeholder engagement and feedback
 6. Initiatives to improve equity, access, and quality in peer and prevention services
- a. Format and Submission
 - i. The report shall be submitted to the Division electronically as part of the Nevada Certification Board Annual Report.
 - ii. The report must be signed by the Executive Director or Chair of the Nevada Certification Board, or successor organization, certifying its accuracy and completeness.
 - b. Public Access
 - i. A summary of the report shall be made publicly available on the Nevada Certification Board or successor organization's website within 30 days of submission to the Division.