

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

LCB FILE NO. R114-25I

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

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Blue text = uncodified language from R117-22AP, and R055-24.

Green text = new proposed language (2025)

CHAPTER 458 - ABUSE OF ALCOHOL AND DRUGS

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GENERAL PROVISIONS

NAC 458.010 Definitions. ([NRS 458.025](#)) As used in this chapter, unless the context otherwise requires, the words and terms defined in [NRS 458.010](#) and [NAC 458.012](#) to [458.087](#), inclusive, have the meanings ascribed to them in those sections.

(Supplied in codification; A by Bur. of Alcohol and Drug Abuse, 10-16-84; 11-30-87; 10-14-92; 4-27-94; R100-98, 11-3-98; A by Bd. of Health by R120-04, 10-5-2004)

NAC 458.012 “Administrative program” defined. ([NRS 458.025](#)) “Administrative program” means a program that provides services which support prevention programs and treatment programs, including, without limitation, a program which serves as a clearinghouse for information relating to the prevention or treatment of substance-related disorders, a program which provides services relating to training to assist persons with substance-related disorders and a program which provides information or support to assist in the recovery of a person with a substance-related disorder.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

NAC 458.019 “Client” defined. ([NRS 439.200](#), [458.025](#)) “Client” means a person who meets the criteria of the Division for having a substance-related disorder and who is receiving a service from a program for that disorder.

(Added to NAC by Bur. of Alcohol and Drug Abuse by R100-98, eff. 11-3-98; A by Bd. of Health by R120-04, 10-5-2004)

NAC 458.0235 “Coalition program” defined. ([NRS 458.025](#)) “Coalition program” has the meaning ascribed to “substance use disorder prevention coalition” in NRS 458.033.

NAC 458.0240 “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 458.0262 “Coordination of care” defined. ([NRS 458.025](#)) “Coordination of care” means the exchange of information between two or more parties providing a necessary service to a client to ensure that:

1. The client receives such service; and
2. The efforts of the parties are coordinated with one another in providing service to the client.

(Added to NAC by Bur. of Alcohol and Drug Abuse by R100-98, eff. 11-3-98; A by Bd. of Health by R120-04, 10-5-2004)

NAC 458.0265 “Counseling” defined. ([NRS 458.025](#)) “Counseling” means interaction with a client to provide treatment for a substance-related disorder.

(Added to NAC by Bur. of Alcohol and Drug Abuse, eff. 4-27-94; A by R100-98, 11-3-98; A by Bd. of Health by R120-04, 10-5-2004)

NAC 458.028 “Criteria of the Division” defined. ([NRS 439.200](#), [458.025](#)) “Criteria of the Division” means the criteria adopted by the Division in the *Administrative Manual* of the Division for the prevention ~~of~~, treatment, or recovery of a substance-related 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;
2. The criteria outlined in the *ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*, which is adopted by reference pursuant to [NAC 458.095](#); and
3. The criteria outlined in the *Diagnostic and Statistical Manual of Mental Disorders*, which is adopted by reference pursuant to [NAC 458.095](#).

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

NAC 458.029 “Detoxification” defined. ([NRS 458.025](#)) “Detoxification” has the meaning ascribed to “[withdrawal management](#),” as that term is defined in the most current version of the [ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions](#), which is adopted by reference pursuant to [NAC 458.095](#).

(Added to NAC by Bur. of Alcohol and Drug Abuse, eff. 4-27-94; A by R100-98, 11-3-98; A by Bd. of Health by R120-04, 10-5-2004)

NAC 458.032 “Drug court program” defined. ([NRS 458.025](#)) “Drug court program” means a program which provides treatment assessment services and referral services for persons assigned by a court to the program.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

NAC 458.034 “Evaluation center program” defined. ([NRS 439.200](#), [458.025](#), [484C.310](#)) “Evaluation center program” means a program which evaluates a person pursuant to [NRS 484C.350](#) in a facility certified by the Division to determine whether the person [has an alcohol or other substance use disorder](#) through evaluations conducted by:

1. An alcohol and drug counselor who is licensed or certified, or a clinical alcohol and drug counselor who is licensed, pursuant to [chapter 641C](#) of NRS to conduct such evaluations;

2. A physician who is certified to conduct such evaluations by the Board of Medical Examiners. or

3. [An advanced practice registered nurse who is certified to conduct such evaluations by the State Board of Nursing.](#)

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

NAC 458.039 “Notice of subgrant award” defined. ([NRS 439.200](#), [458.025](#)) “Notice of subgrant award” means a written agreement signed by the Division and an operator which specifies the amount of any funding awarded to a program of the operator by the Division and any conditions on the funding which must be satisfied for the program to remain eligible to receive the funding.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

NAC 458.043 “Operator” defined. ([NRS 458.025](#)) “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;

4. The governing body of a coalition program; or

5. A governmental entity which operates a program.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

NAC 458.045 “Participant” defined. ([NRS 458.025](#)) “Participant” means a person who receives or participates in a service provided by a prevention program.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

NAC 458.049 “Prevention program” defined. ([NRS 458.025](#)) “Prevention program” means a program that provides services, strategies and activities to the general public and to persons who are at a high risk of having a substance-related disorder which:

1. Are comprehensively structured to reduce individual or environmental risk factors for substance-related disorders;
2. Increase resiliency to substance-related disorders; and
3. Establish protections against substance-related disorders.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

NAC 458.054 “Program” defined. ([NRS 439.200](#), [458.025](#)) “Program” means any program certified by the Division to address substance-related disorders, including, without limitation:

1. An administrative program;
2. A coalition program;
3. A drug court program;
4. An evaluation center program;
5. A prevention program;
6. A treatment program;

7. a recovery program; and

7. A program included in the criteria of the Division.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

NAC 458.063 “Service” defined. ([NRS 439.200](#), [458.025](#)) “Service” means an activity that is:

1. Directed toward the prevention, intervention, treatment **or recovery** of a substance-related disorder; and

2. Certified by the Division.

(Added to NAC by Bur. of Alcohol and Drug Abuse by R100-98, eff. 11-3-98; A by Bd. of Health by R120-04, 10-5-2004)

NAC 458.065 “Staff” defined. ([NRS 458.025](#)) “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.

(Added to NAC by Bur. of Alcohol and Drug Abuse by R100-98, eff. 11-3-98; A by Bd. of Health by R120-04, 10-5-2004)

~~— NAC 458.069 “Substance-related disorder” defined. ([NRS 458.025](#))~~
~~“Substance-related disorder” has the meaning ascribed to it in the *Diagnostic and Statistical Manual of Mental Disorders*, which is adopted by reference pursuant to [NAC 458.095](#).~~

~~— (Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)~~

NAC 458.069 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*.

NAC458.070 “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 behavioral health professionals to evaluate, diagnose, treat, and monitor clients at a distance, in compliance with applicable federal and state laws and regulations.

NAC 458.077 “Treatment assessment” defined. ([NRS 439.200](#), [458.025](#))
“Treatment assessment” means a thorough collection of data concerning a client, including, without limitation, data concerning any life impairments of a client, to determine:

1. The existence of a substance-related disorder **or co-occurring substance-related and mental health disorder;**

2. The appropriate services to be provided; and
3. The appropriate plan of treatment based on the criteria of the Division.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

NAC 458.079 “Treatment program” defined. ([NRS 439.200, 458.025](#))
“Treatment program” means a program that provides services for the treatment of a substance-related disorder in the manner set forth in the criteria of the Division, including, without limitation:

1. Comprehensive evaluations;
2. Early intervention services;
3. Outpatient counseling;

3A. Outpatient counseling for adults, “telehealth only” endorsement

4. Intensive outpatient counseling;
5. Residential treatment;
6. Transitional housing;
7. Residential detoxification;

8. Problem gambling co-occurring service endorsement;

8. Civil protective custody; and
9. Opioid treatment services.

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

NAC 458.087 “Volunteer” defined. ([NRS 458.025](#)) “Volunteer” means a person who, without compensation, provides a service or conducts a task similar to a service or task provided by a member of the staff.

(Added to NAC by Bur. of Alcohol and Drug Abuse by R100-98, eff. 11-3-98; A by Bd. of Health by R120-04, 10-5-2004) — (Substituted in revision for NAC 458.068)

NAC 458.095 Adoption by reference of certain publications. ([NRS 439.200, 458.025](#))

1. The Division hereby adopts by reference the:

(a) *Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition, published by the American Psychiatric Association. A copy of the manual may be obtained from American Psychiatric Association Publishing at 800 Maine Avenue, S.W., Suite 900, Washington, D.C. 20024, at the Internet address <http://www.appi.org> or by telephone at (800) 368-5777, for the price of \$127.50 for resident-fellow members, \$136.00 for members and \$170.00 for nonmembers.

(b) *ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*, published by the American Society of Addiction Medicine. A copy of the publication may be obtained from the Change Companies at 5221 Sigstrom Drive, Carson City, Nevada 89706, at the Internet

address <http://www.changecompanies.net> or by telephone at (888) 889-8866, for the price of \$95.

2. The Division will periodically review the publications adopted by reference pursuant to subsection 1 and determine within 30 days after the 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 publication within 30 days after the review, the change is deemed to be approved by the Division.

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

ALCOHOL AND DRUG ABUSE PROGRAMS

Certification of Programs

NAC 458.103 Certification required to receive funding from Division. ([NRS 439.200](#), [458.025](#)) A program must be certified by the Division to be eligible for any state or federal money, including Nevada Medicaid, for programs for alcohol or other substance use disorders administered by the Division pursuant to [chapter 458](#) of NRS for the prevention or treatment of substance-related disorders.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

NAC 458.108 Applications for initial certification and recertification. ([NRS 439.200](#), [458.025](#))

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 the criteria of the Division and 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 458.138](#); and

(f) A copy of the policy of insurance evidencing the insurance coverage required pursuant to [NAC 458.173](#).

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) (b) Documentation evidencing that the applicant is in compliance with the criteria of the Division and 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 458.138](#); and

(f) A copy of the policy of insurance evidencing the insurance coverage required pursuant to [NAC 458.173](#).

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.

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

NAC 458.113 Duties of Division upon receipt of application; period of certification. ([NRS 439.200](#), [458.025](#))

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.

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

NAC 458.118 Criteria for certification and receipt of funding; amendment of criteria. ([NRS 439.200](#), [458.025](#))

1. Except as otherwise provided in subsection 4, 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 criteria for the prevention or treatment of substance-related disorders **or co-occurring substance-related and mental health disorders;**

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

(III) Any new evidence-based practice for the prevention or treatment of substance-related disorders or co-occurring substance-related and mental health disorders; 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 staff of the Division sends notice of the meeting of the Advisory Board to hear the proposed amendment to each program which operates in this State and to each person or organization requesting such notification;

(d) 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

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

3. 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) **Provided** to each **program** which operates in this State.

4. 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.

5. As used in this section, “Advisory Board” means the board created by the Administrator to advise the Division concerning services for the treatment and prevention of substance [use disorders](#).

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

NAC 458.120 Training Requirements for Certification

1. 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 458.123 Notifications regarding changes affecting certification. ([NRS 439.200](#), [458.025](#))

1. 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. [A change which will affect](#)

[the certification of the program includes, without limitation:](#)

- a [A sale or transfer of ownership of the program;](#)
- b [A reorganization or change in the ownership interests of the program;](#)
- c [A change in the name of the program or the name of the owners of the program; and](#)
- d [Any other material change in the information submitted in the application for certification pursuant to NAC 458.108.](#)

2. 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.

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

NAC 458.124 Participation in a centralized bed registry system

1. To ensure efficient allocation of available outpatient, inpatient, and other care resources, as designated by the Division, 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.

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

NAC 458.126 Satellite offices. ([NRS 439.200](#), [458.025](#))

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 [NAC 458.128](#).
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.

(Added to NAC by Bd. of Health by R104-14, eff. 10-27-2015)

NAC 458.127 Mobile Services.

1. The provision of services by staff within a mobile services program shall not be considered a change in geographic location for the purposes of subsection 4 of [NAC 458.128](#).
2. Physical records of a mobile services program may be accessible as necessary but must not be permanently stored on the mobile unit.

3. For the purposes of this section, “mobile services” refers to the delivery of substance use disorder (SUD) treatment and related support through mobile units or telehealth-enabled vehicles. These services are designed to expand access to care by reaching individuals in underserved or high-risk areas, including rural communities, unhoused populations, and individuals facing transportation barriers.
4. All agencies operating mobile service programs must submit a report to the Division, using an approved form, detailing the following:
 - A complete list of active mobile units.
 - The specific services provided on each unit.
 - The geographic locations and communities served by the mobile units.
5. Mobile units transporting medications must comply with all applicable Drug Enforcement Administration (DEA) regulations and requirements regarding the handling, storage, and distribution of controlled substances.

NAC 458.128 Addition of new service during period of certification; operation of program from new geographic location. ([NRS 439.200](#), [458.025](#))

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 458.138](#) 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 458.113](#).

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 458.108](#) 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 458.126](#), 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 458.108](#) to maintain certification of the program at the new geographic location.

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

NAC 458.133 Transferability of certification. ([NRS 458.025](#)) The certification of a program is not transferable and may not be used for any other program.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

NAC 458.138 Fees of Division. ([NRS 439.200](#), [458.025](#))

1. The Division shall charge and collect nonrefundable fees, in the amount of \$100 for each level of service, for the initial certification and recertification of programs and services in accordance with the application for certification or recertification provided by the Division. An operator must apply for certification or recertification for each service that will be provided by a program at each geographic location where the service will be provided.

2. In addition to the fees charged pursuant to subsection 1, the Division shall charge and collect a nonrefundable fee in the amount of \$50 for each geographic location that is certified with an endorsement pursuant to the criteria of the Division. (Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004; A by R104-14, 10-27-2015)

Operators and Staff of Programs

NAC 458.153 Operators: General requirements and duties. ([NRS 439.200](#), [458.025](#))

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 458.158](#) and the criteria of the Division;

(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 458.108](#);

(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 **1 business day** after the occurrence of **any known death of a client or** 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, clinical outcome measures; **and evidence of implementation**; 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 **the criteria of the Division and** 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 **the criteria of the Division or** 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.

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

NAC 458.158 Operators: Manual of policies, procedures and services. ([NRS 439.200](#), [458.025](#)) 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 458.163](#) to [458.177](#), inclusive.

[7. To be used to conduct any type of background investigation of a member of the staff and to determine whether any conviction or condition would disqualify the member of the staff from initial or continuing employment or volunteer work.](#)

[8. To be followed to control infections, including, without limitation, communicable diseases.](#)

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

NAC 458.163 Operators: Responsibilities concerning confidentiality and recordkeeping. ([NRS 458.025](#), [458.055](#)) An operator shall ensure that **the program**:

1. **Complies** with all applicable confidentiality and recordkeeping provisions set forth in 42 C.F.R. Part 2, 45 C.F.R. Parts 160, 162 and 164, [NRS 458.055](#) and any other applicable confidentiality laws pertaining to the services provided by the program. In the event of a conflict in the confidentiality requirements set forth in 42 C.F.R. Part 2, 45 C.F.R. Parts 160, 162 and 164, [NRS 458.055](#) and any other applicable confidentiality laws, the more restrictive law will apply.

2. **Develops protocols to comply with federal and state laws relating to privacy and establishes how the program will implement such protocols in practice.**

3. **Identifies patient rights consistent with 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164 and establishes policies that describe the:**

(a) **Circumstances in which information about a client or participant may be shared; and** (b) **Exceptions that allow for the sharing of information about a client or participant in additional circumstances, along with a brief description of what each exception allows.**

4. **Allows** a consultant to have access to confidential information concerning clients or participants only if the confidentiality agreements required by 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.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

NAC 458.168 Operators: Records regarding members of staff. ([NRS 439.200](#), [458.025](#), [458.055](#))

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 **any applicable federal law or regulation governing the dissemination of information relating to offenses committed by persons who work with children.**

(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 **and, if the member of the staff is an intern, the license of his or her supervisor and the supervision agreement.**

(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, a copy of Form I-9, Employment Eligibility Verification, of the United States Citizenship and Immigration Services of the Department of Homeland Security.

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 458.173 Operators: Liability insurance. ([NRS 439.200](#), [458.025](#)) 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 a program for alcohol or other substance use disorders 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.

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

NAC 458.177 Operators and staff: General ethical requirements. ([NRS 439.200](#), [458.025](#))

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.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

NAC 458.183 Operators and staff: Responsibilities concerning clients and participants. ([NRS 439.200](#), [458.025](#)) 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.

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

Information and Referral Services

NAC 458.193 General requirements. ([NRS 458.025](#)) An organization which provides information and referral services to persons with substance-related disorders must operate 24 hours each day and provide such persons with information regarding prevention programs and treatment programs for substance-related disorders. The organization shall maintain an updated record of all available prevention programs and treatment programs to provide specific information or referral services to assist persons with substance-related disorders.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

Coalition Programs

NAC 458.203 Duties of operator. ([NRS 439.200](#), [458.025](#)) The operator of a coalition program shall:

1. Ensure that the governing body of the coalition program meets at least quarterly, keeps minutes of the meetings and makes copies of the minutes available for review by the Division upon request.

2. Meet the applicable requirements of [NAC 458.103](#) to [458.183](#), inclusive.

3. Ensure that all records of the coalition program are kept for at least 4 years, including, without limitation, fiscal records, information reported to the Division, records which substantiate any information reported to the Division and records which substantiate any claims for funds from the Division.

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

Administrative Programs

NAC 458.213 Duties of operator; funding. ([NRS 439.200](#), [458.025](#))

1. The operator of an administrative program shall:

(a) Submit a request for funding to the Division to provide a service in the support of the prevention or treatment of a substance-related disorder.

(b) Meet all the requirements as specified by the Division in the notice of subgrant award.

(c) Keep all records required by the Division, and any documents to support those records, for at least 6 years after the end of the year in which a grant was awarded to the administrative program.

(d) Meet the applicable requirements of [NAC 458.103](#) to [458.183](#), inclusive.

2. The Division shall group the requests for funding received pursuant to subsection 1 based on the services to be provided and determine which administrative program will be awarded money based on a competitive bidding process.

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

Prevention Programs

NAC 458.223 Purpose and scope of program. ([NRS 458.025](#)) The operator of a prevention program shall ensure that the prevention program operates to prevent the initial onset of a substance-related disorder and to eliminate or reduce the harmful effects of alcohol, tobacco and other drugs in individuals, families and communities. The operator of a prevention program may direct the activities of the prevention program toward specific individuals, selected communities or the general public.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

NAC 458.228 Duties of operator. ([NRS 439.200](#), [458.025](#), [458.055](#)) The operator of a prevention program shall:

1. Submit to the Division a written statement signed **and dated** by the operator of the prevention program assuring the Division that the prevention program promotes the message to minors not to use alcohol, tobacco or other drugs. **The operator must keep a copy of the written statement at each geographic location where the prevention program is providing services and make the copy available to the Division at the time of an inspection by the Division of the premises where the prevention program is providing services.**

2. Meet the applicable requirements of [NAC 458.103](#) to [458.183](#), inclusive.

3. In accordance with the criteria of the Division, include in the manual containing the policies and procedures of the prevention program a written process for evaluating the outcomes of the program and for participating in an evaluation of the program.

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

Treatment Programs

NAC 458.241 Manual of policies and procedures. ([NRS 439.200](#), [458.025](#), [458.055](#)) The operator of a treatment program shall maintain a manual containing the policies and procedures of the treatment program which includes, without limitation, the policies and procedures required pursuant to [NAC 458.158](#), and policies and procedures:

1. Concerning universal precautions against bloodborne pathogens.

2. Describing the manner in which the treatment program will satisfy the requirements set forth in [NAC 458.246](#) and [458.272](#).

3. **Describing the exceptions to client rights to privacy as set forth in NAC 458.163.**

4. 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 which reveals:

(a) That the client has abused, neglected or **abandoned** a child or **abused, neglected, exploited, isolated or abandoned an older person or vulnerable person**;

(b) That the client presents a danger to other people; **or**

(c) That the client has a communicable disease.

5. Describing the criteria which the treatment program will use to satisfy and comply with the criteria of the Division for admission, continued stay and discharge.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

NAC 458.246 Provision of services to clients. ([NRS 439.200](#), [458.025](#)) The operator of a treatment program shall:

1. Perform an assessment of each client using a method **that is nationally recognized and** addresses both substance-related and mental health disorders or obtain the most recent assessment of the client which is found to be sufficient to:

(a) Make a complete identification of any problems concerning the substance-related disorder of the client; and

(b) Determine the appropriate level of service for the client pursuant to the criteria of the Division.

2. Identify the staff which provide the services set forth in subsection 1 and require such staff to develop a plan of treatment, not including detoxification, on or before the third contact of the client with the program or on or before the third day on which the client receives services from the program, whichever occurs first. For the purposes of this subsection, any contact that a client has with the program for the sole purpose of receiving medication does not constitute contact or receiving services. The plan of treatment must specify:

(a) Time-specific behavioral goals and action steps within the six dimensions set forth in the *ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*, which is adopted by reference pursuant to [NAC 458.095](#), as specified in the criteria of the Division to be achieved by the client in response to the problems identified by the treatment assessment;

(b) The services to be provided by the staff to facilitate the client in attaining the goals of the plan; and

(c) The member of the staff who is responsible for ensuring that the services specified pursuant to paragraph (b) are provided and that the client attains the goals of the plan.

3. Review and, as applicable, revise the plan of treatment of a client based on the criteria of the Division for continuing the provision of services to and transferring a client.

4. Provide the appropriate level of services determined pursuant to paragraph (b) of subsection 1 or refer the client to services which are the appropriate level and are otherwise available in the community.

5. Provide, when appropriate, a referral to, and coordination of care with, any other provider of a service related to the treatment of a substance-related or mental health disorder to address any identified problems of a client which cannot be resolved by a service provided by the treatment program.

6. If the treatment program provides residential detoxification services, ensure that a detoxification technician or qualified practitioner monitors each client who receives residential detoxification services from the treatment program during the provision of those services. As used in this subsection, “qualified practitioner” includes, without limitation, a licensed physician, a physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS, an advanced practice registered nurse, a registered nurse and a licensed practical nurse.

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

NAC 458.252 Assessments for substance-related disorders and mental health disorders. ([NRS 458.025](#)) The operator of a treatment program which provides an assessment for substance-related disorders and mental health disorders shall:

1. Require that such an assessment be conducted by:

(a) One person who is both:

(1) Licensed or certified as an alcohol and drug counselor pursuant to [chapter 641C](#) of NRS, or the intern of such a counselor; and

(2) A mental health professional, or the intern of such a professional, who is licensed as a psychologist pursuant to [chapter 641](#) of NRS, a marriage and family therapist pursuant to [chapter 641A](#) of NRS or a clinical social worker pursuant to [chapter 641B](#) of NRS, or who is a medical physician with a certification in addiction medicine from a nationally accepted board; or

(b) Two persons:

(1) One of whom is licensed or certified as an alcohol and drug counselor pursuant to [chapter 641C](#) of NRS, or the intern of such a counselor; and

(2) The other of whom is a mental health professional, or the intern of such a professional, who is licensed as a psychologist pursuant to [chapter 641](#) of NRS, a marriage and family therapist pursuant to [chapter 641A](#) of NRS or a clinical social worker pursuant to [chapter 641B](#) of NRS, or who is a medical physician with a certification in addiction medicine from a nationally accepted board.

2. Determine whether the person being assessed has a co-occurring substance-related and mental health disorder and, if so, determine the appropriate treatment for the disorders.

3. Provide a comprehensive written report concerning such an assessment which:

(a) Includes, without limitation, the findings of each person who conducted the assessment.

(b) Summarizes the assessment of the substance-related disorder and mental health disorder and how the disorders interact.

(c) Specifies a uniform recommendation, regardless of whether the assessment is conducted by one person or two persons in accordance with subsection 1.

(d) Includes the following needs:

a. Medication management;

b. Case management;

c. Psychosocial rehabilitation;

d. Basic skills training; and

e. Any other related services the person being assessed might need to manage a

cooccurring diagnosis.

4. If such an assessment is conducted by an intern, require that the assessment be supervised and reviewed by the appropriate licensed or certified alcohol and drug counselor or mental health professional who is licensed as a psychologist pursuant to [chapter 641](#) of NRS, a marriage and family therapist pursuant to [chapter 641A](#) of NRS or a clinical social worker pursuant to [chapter 641B](#) of NRS, or who is a medical physician with a certification in addiction medicine from a nationally accepted board.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

NAC 458.255 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, **including problem gambling service endorsement.**

2. As used in this section:

(a) “Co-occurring capable program” means a program:

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

(2) **That has the ability, at a minimum, to screen and refer, if clinically indicated, to another provider with appropriate credentials for additional assessment and care, if necessary, when services cannot be provided in-house; and**

(3) 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 unified treatment of the symptoms of substance-related and mental health disorders in addition to addressing the interaction between substance-related and mental health disorders.

(Added to NAC by Bd. of Health by R104-14, eff. 10-27-2015)

NAC 458.257 Provision of opioid treatment services. ([NRS 439.200](#), [458.025](#))

1. A treatment program which provides opioid treatment services must be certified to provide services for outpatients and ambulatory detoxification services. The facility at which the treatment program provides opioid treatment services must be licensed by the Division as a facility for treatment with narcotics pursuant to [NAC 449.154](#) to [449.15485](#), inclusive **and must comply with all applicable Drug Enforcement Administration (DEA) regulations and requirements regarding the handling, storage, and distribution of controlled substances.**

2. Refer to NAC458.127 if mobile services are rendered through a certified opioid treatment program.

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

NAC 458.262 Provision of counseling for groups. ([NRS 458.025](#)) If a treatment program provides counseling for groups, the operator shall ensure that any session for counseling for a group includes not more than 15 clients.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

NAC 458.267 Policies, procedures and protocols for provision of services using telehealth. ([NRS 439.200](#), [458.025](#), [458.055](#))

1. The operator of a treatment program which offers services using telehealth shall submit the policies, procedures and protocols for telehealth to the Division for approval. The policies, procedures and protocols must provide for:

(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;

(b) Protocols for verifying:

(1) The location of a client;

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

(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;

(d) Compliance with ethical standards relating to any applicable professional licensure and certification specific to telehealth;

(e) Compliance with other policies of the Division required in the *Administrative Manual* of the Division;

(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 of clients will be maintained.

2. As used in this section, “telehealth” means the use of telecommunications and information technology to provide access to health assessments, diagnoses, interventions, consultations, supervision and information across distance.

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

NAC 458.272 Records regarding clients. ([NRS 439.200](#), [458.025](#), [458.055](#))
The operator of a treatment program shall:

1. Ensure that a record is maintained for each client. The record must include:

(a) The name, age, gender, race, ethnicity and permanent address of the client.

(b) If services are funded by the Division, an evaluation of the financial status of the client sufficient to determine eligibility for such services.

(c) **Except as otherwise provided in chapter 129 of NRS, a** consent form for treatment services signed by the client or the parent or guardian of the client within 24 hours after intake or upon enrollment in the treatment program, unless the client is being provided a service related to civil protective custody.

(d) Any consent to release information which satisfies the requirements set forth in 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164.

(e) The source of any referral to the treatment program.

(f) Documentation of the treatment assessment performed by the operator or obtained by the operator pursuant to subsection 1 of [NAC 458.246](#).

(g) The original plan of [treatment](#) for the client and all revisions to the plan of [treatment](#).

(h) Any additional information that should be taken into consideration during the planning of treatment, determination of appropriate referrals and determination of any need for coordination of care.

(i) The date, type and duration of any contact with the client, and any services provided to the client.

(j) Documentation of any [of the following, which must be reported to the Division within 1 business day after the event occurs](#):

(1) [An incident](#) that may cause imminent danger to the health and safety of the client, other clients or staff, or persons outside the treatment program;

(2) [A problem](#) involving the client;

(3) [An infraction](#) of the rules of the treatment program by the client;

(4) [A sign](#) or symptom of illness or injury of the client; [and](#)

(5) [The death of the client](#).

(k) Documentation in support of services that the treatment program provides to the client, including, without limitation, any:

(1) Correspondence concerning the client; and

(2) Results of a test conducted on the client, including, without limitation, any test conducted by a laboratory.

(l) If the client is transferred to a different location or provided a different service, including a service provided by the same operator, a copy of the case note made at the time of transfer which includes, without limitation, [the](#):

(1) Diagnosis of the client at the time of admission or intake;

(2) [Response](#) of the client to treatment;

(3) Diagnosis of the client at the time of transfer; and

(4) Recommendations for persons who will be providing treatment to the client.

(m) After the client is discharged from the treatment program:

(1) Documentation that a copy of the plan for continuing care of the client, including, without limitation, any [ongoing treatment or additional community resources that the client might need](#), referrals given to the client, [personal goals relating to recreation, leisure, self fulfillment and social support](#), and [areas in the client's life that require ongoing support](#), including, without limitation, [transportation or employment](#), was provided to the client before discharge, if possible; and

(2) Documentation that, not more than 5 business days after the client was discharged from the treatment program, a [discharge](#) summary was completed [that](#) meets the criteria of the Division for the discharge of a client, [which includes, without limitation, the](#):

(III) [Diagnosis of the client at the time of admission or intake](#);

- (III) Response of the client to treatment; and
- (III) Diagnosis of the client at the time of discharge.

(n) A copy of the notification, which is in the form approved by the Division and which was signed by the client, indicating:

(1) The procedure for the client to register a complaint and to appeal a decision by the treatment program concerning a complaint;

(2) The requirements for the confidentiality of client information set forth in 42 C.F.R. Part 2, 45 C.F.R. Parts 160, 162 and 164 and any other applicable federal or state laws governing the confidentiality of client information for the service provided; and

(3) Any other rights of the client that are specified by the Division.

(o) Documentation to support any claims for services or data reported to the Division.

2. Ensure that each client receives a copy of the notification required pursuant to paragraph (n) of subsection 1.

3. Ensure that the client records adhere to procedures for medical records.

4. Ensure that the case notes for each client accurately reflect the treatment and services needed by the client, as identified in the assessment and plan of treatment required pursuant to [NAC 458.246](#).

5. Ensure that the staff readily has access to the client records to the extent authorized pursuant to 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164.

6. Maintain a system for the maintenance and protection of client information which satisfies the requirements set forth in 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164, including, without limitation, requirements for:

(a) Adequate provisions to prevent unauthorized access or theft of any form of a record of a client, **including, without limitation, having electronic health records that are double password protected;**

(b) The locked storage of paper records;

(c) Adequate provisions for a system of backup of records maintained in a computer system in case of a failure of the primary system;

(d) Retention of the records of each client for not less than 6 years after the client is discharged from the treatment program, to be made available as required pursuant to 45 C.F.R. Parts 160, 162 and 164; and

(e) Appropriate methods to destroy records of clients as required by federal regulation.

7. Ensure that each client has access to their records as required pursuant to 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164.

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

NAC 458.291 Manual of policies and procedures. ([NRS 439.200](#), [458.025](#), [458.055](#)) The operator of a drug court program shall maintain a manual containing the policies and procedures of the drug court program which includes, without limitation, the policies and procedures required pursuant to [NAC 458.158](#). The policies and procedures of the drug court program must include, without limitation:

1. Evidence of implementation of:

- (a) A restorative justice model of treatment for criminal justice clients;
- (b) Incentives;
- (c) Motivation enhancement approaches;
- (d) Activities that encourage behavior that is designed to benefit other persons; and
- (e) Phasing of programs; and

2. Formal coordination with the courts regarding how implementation should be maintained.

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

NAC 458.296 Assessments of clients. ([NRS 439.200](#), [458.025](#)) The operator of a drug court program shall perform an assessment of each client or obtain the most recent assessment in the manner set forth in [NAC 458.252](#).

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

NAC 458.301 Provision of counseling for groups. ([NRS 439.200](#), [458.025](#)) If a drug court program provides counseling for groups, the operator shall ensure that the limitation on the number of clients set forth in [NAC 458.262](#) is met.

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

NAC 458.306 Records regarding clients. ([NRS 439.200](#), [458.025](#), [458.055](#)) The operator of a drug court program shall:

- 1. Meet the requirements of [NAC 458.272](#); and
- 2. Ensure that a record is maintained for each client. The record must include the information required by [NAC 458.272](#), except that the statement from the client explaining that he or she is seeking service, unless the client is being provided a service related to civil protective custody, must be signed upon intake or enrollment in the drug court program.

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

NAC 458.321 Manual of policies and procedures. ([NRS 439.200](#), [458.025](#), [458.055](#), [484C.310](#)) The operator of an evaluation center program shall maintain a manual containing the policies and procedures of the evaluation center program which includes, without limitation, the policies and procedures required pursuant to [NAC 458.158](#), and policies and procedures describing the manner in which the evaluation center program will satisfy the requirements set forth in [NAC 458.326](#) and [458.331](#).

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

NAC 458.326 Assessments of clients. ([NRS 439.200](#), [458.025](#), [484C.310](#)) The operator of an evaluation center program shall perform an assessment in the manner set forth in [NAC 458.252](#).

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

NAC 458.331 Records regarding clients. ([NRS 439.200](#), [458.025](#), [458.055](#), [484C.310](#)) The operator of an evaluation center program shall:

1. Meet the requirements of [NAC 458.272](#); and
2. Ensure that a record is maintained for each client. The record must include the information required by [NAC 458.272](#), except that the statement from the client explaining that he or she is seeking service, unless the client is being provided a service related to civil protective custody, must be signed upon intake or enrollment in the evaluation center program.

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

NAC 458.336 Restriction on area of operation; exception. ([NRS 458.025](#), [484C.310](#))

1. Except as otherwise provided in subsection 2, an evaluation center program must not be operated by an operator who operates or has a financial interest in a treatment program or any other organization which provides treatment for substance-related disorders in the same geographic area at which the evaluation center program will be provided if the evaluation center program is provided in a county whose population is 100,000 or more.

2. The provisions of subsection 1 do not apply to an evaluation center program that is operated by an Indian tribe and provides services only to American Indians and Alaska Natives who are enrolled members of federally recognized tribes and their descendants.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004; A by R134-16, 9-21-2017)

CARA PLANS OF CARE

(all omitted from NAC449.939-948 and placed within NAC458)

NAC 458.337 Definitions. (NRS 439.200, 449.0302) As used in NAC 449.939 to 449.948, inclusive, unless the context otherwise requires, the words and terms defined in NAC 449.941 to 449.945, inclusive, have the meanings ascribed to them in those sections.

NAC 458.338 “CARA Plan of Care” defined. (NRS 439.200, 449.0302) “CARA Plan of Care” means a plan that is established pursuant to NAC458.342 for the care of an infant who has a fetal alcohol spectrum disorder, has been affected by a prenatal substance use disorder or is experiencing symptoms of withdrawal from a substance as a result of exposure to the substance in utero.

NAC 458.339 “Infant” defined. (NRS 439.200, 449.0302) “Infant” means a child who is less than 1 year of age.

NAC 458.340 “Medical facility” defined. (NRS 439.200, 449.0302) “Medical facility” means a hospital or an obstetric center.

NAC 458.341 “Provider of health care” defined. (NRS 439.200, 449.0302) “Provider of health care” has the meaning ascribed to it in NRS 629.031.

NAC 458.342 Establishment and contents of plan; use of form; provision of copy to parent or guardian and Division. (NRS 439.200)

1. A provider of health care who delivers or provides medical services to an infant in a medical facility and who, in his or her professional capacity, knows or has reasonable cause to believe that the infant was born with a fetal alcohol spectrum disorder, is affected by a prenatal substance use disorder or is experiencing symptoms of withdrawal from a substance as a result of exposure to the substance in utero shall ensure that a CARA Plan of Care is established for the infant before the infant is discharged from the medical facility.

2. A CARA Plan of Care must be completed using the form prescribed by the Division and include, without limitation:

(a) Measures to ensure the immediate safety of the infant;

(b) Measures to address the needs of the infant and his or her family or caregiver for substance use disorder treatment and health care;

(c) Measures to ensure that the infant and his or her family or caregiver receive any necessary services, including, without limitation, referrals to appropriate providers of such services; and

(d) Any other information necessary to ensure that the needs of the infant are met.

3. When the birthing parent is discharged from a medical facility, the medical facility shall provide a copy of any CARA Plan of Care established pursuant to subsection 1 to:

(a) Each parent or legal guardian of the infant to whom the CARA Plan of Care pertains, or both, if applicable; and

(b) The Division, within 24 hours after the discharge, in a manner prescribed by the Division.

NAC 458.343 Duties of Division; confidentiality and protection of plans and related information. (NRS 439.200)

1. The Division shall:

(a) Monitor, in accordance with 42 U.S.C. § 5106a(b)(2)(B)(iii)(II), the reporting of each CARA Plan of Care that it receives pursuant to NAC458.342 to ensure that the infant to whom the CARA Plan of Care pertains and his or her family or caregiver had referrals in place for the appropriate services; and

(b) Provide a copy of a CARA Plan of Care in the possession of the Division to an agency which provides child welfare services upon request. The Division will maintain this request process to ensure confidentiality.

2. Except as otherwise provided in this section and NRS 239.0115, each CARA Plan of Care in the possession of the Division or an agency which provides child welfare services and any information associated with such a CARA Plan of Care is confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

3. The Division and an agency which provides child welfare services shall ensure that each CARA Plan of Care in the possession of the Division or the agency which provides child welfare services,

as applicable, and any information associated with such a CARA Plan of Care is:

(a) Adequately protected from fire, theft, loss, destruction, other hazards and unauthorized access; and

(b) Stored in a manner that protects the security and confidentiality of the information.

4. As used in this section, “agency which provides child welfare services” has the meaning ascribed to it in NRS 432B.030.

DETOXIFICATION TECHNICIANS

NAC 458.344 **Qualifications for certification.** ([NRS 439.200](#), [458.025](#)) To be eligible for certification by the Division as a detoxification technician, an applicant must:

1. Have:
 - (a) A high school diploma; or
 - (b) A general equivalency diploma or equivalent document;
2. **Hold current certification** in the techniques of administering cardiopulmonary resuscitation;
3. Have completed 6 hours of training approved by the Division, including, without limitation, training in:
 - (a) Acute withdrawal symptoms from alcohol and drug use;
 - (b) The requirements for the confidentiality of client information set forth in the provisions of 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164;
 - (c) The control of infections and communicable diseases;
 - (d) Measuring and monitoring vital signs of clients; and
 - (e) The ethical requirements and standards of practice for detoxification technicians;and
4. Pass an examination for certification as a detoxification technician as required by [NAC 458.345](#).
(Added to NAC by Bd. of Health by R104-14, eff. 10-27-2015)

NAC 458.345 **Application for certification.** ([NRS 439.200](#), [458.025](#)) An applicant for certification as a detoxification technician must submit to the Division a completed application. To be considered complete, an application must:

1. Be accompanied by a nonrefundable fee in the amount of \$25; and
2. Include:
 - (a) Documentation verifying that the applicant meets the qualifications set forth in [NAC 458.341](#);

(b) A statement signed by the applicant indicating whether the applicant has been convicted of a felony and, if so, when and where the conviction occurred and a description of the offense;

(c) Written verification of the applicant's current employment, if any;

(d) Completed forms, approved by the Division, verifying the applicant's employment experience; **and**

(e) Any other information required pursuant to this chapter or [chapter 458](#) of NRS.

(Added to NAC by Bd. of Health by R104-14, eff. 10-27-2015)

NAC 458.346 Duties of Division upon receipt of application. ([NRS 439.200](#), [458.025](#))

1. Upon receiving an application for certification as a detoxification technician, the staff of the Division will review the application to determine whether the application is complete and the applicant satisfies all the requirements for certification as a detoxification technician.

2. The Division will, not later than 45 days after the date on which it receives an application for certification as a detoxification technician, notify the applicant of its determination to approve or reject the application.

3. The Division may reject an application for certification as a detoxification technician if the applicant:

(a) Fails to submit a completed application as required by [NAC 458.342](#);

(b) Does not meet the minimum requirements for certification as a detoxification technician set forth in [NAC 458.341](#);

(c) Has provided false information on the application;

(d) Has previously had his or her certification as a detoxification technician revoked by the Division;

(e) Fails to submit verification of his or her current and prior employment experience that is approved by the Division; or

(f) Has been convicted of a felony.

4. The Division will retain a rejected application for certification as a detoxification technician for 6 months after the date on which it received the application.

(Added to NAC by Bd. of Health by R104-14, eff. 10-27-2015)

NAC 458.347 Examination for certification. ([NRS 439.200](#), [458.025](#))

1. The Division must approve an application for certification as a detoxification technician pursuant to [NAC 458.343](#) before the applicant is eligible to take the examination for certification as a detoxification technician.

2. An applicant for certification as a detoxification technician must pass the examination with an average score of at least **80** percent.

3. The examination for certification as a detoxification technician will be administered at least twice each year on dates selected by the Division.

4. An applicant for certification as a detoxification technician who fails the examination may retake the examination when it is next offered if the applicant submits a nonrefundable fee to the Division in an amount which is equal to the amount established by the Division to recover the cost for the materials necessary to test the applicant, except that the fee may not be more than \$25.

5. An applicant for certification as a detoxification technician who fails an examination and who does not retake the examination when it is next offered must submit a new application for certification as a detoxification technician pursuant to [NAC 458.342](#) if the applicant wishes to take the examination again.

6. An applicant for certification as a detoxification technician who fails the examination two times must wait 1 year after the date of his or her last examination before reapplying for certification as a detoxification technician pursuant to [NAC 458.342](#).

(Added to NAC by Bd. of Health by R104-14, eff. 10-27-2015)

NAC 458.348 Scope of practice. ([NRS 439.200](#), [458.025](#)) A person who is certified by the Division as a detoxification technician may:

1. Provide screening for the safe withdrawal from alcohol and other drugs in accordance with the criteria of the Division;
2. Obtain and monitor vital signs of clients; and
3. Represent himself or herself to the public as a detoxification technician.

(Added to NAC by Bd. of Health by R104-14, eff. 10-27-2015)

NAC 458.349 Posting of certification. ([NRS 439.200](#), [458.025](#)) A detoxification technician shall post a copy of the certificate issued to the detoxification technician by the Division in a conspicuous place where it may be easily viewed by clients.

(Added to NAC by Bd. of Health by R104-14, eff. 10-27-2015)

NAC 458.350 Professional responsibility. ([NRS 439.200](#), [458.025](#)) A detoxification technician:

1. Shall not misrepresent his or her education, training, type of certification, qualifications, competence or service.
2. Shall not perform duties as a detoxification technician while he or she is impaired by:
 - (a) Alcohol, drugs or any other chemical; or
 - (b) A mental or physical condition that prevents him or her from safely performing his or her duties as a detoxification technician.
3. Shall not use his or her relationship with a client to further his or her own personal interests.
4. Shall base his or her practice upon the recognized knowledge relevant to the duties of a detoxification technician.

5. Shall not practice, condone, facilitate or collaborate with any form of discrimination on the basis of a person's race, color, sex, sexual orientation, gender identity or expression, age, religion, national origin, ancestry, social or economic status, diagnosis or disability.

6. Throughout the period of treatment of a client and for the 2 years immediately following the termination of the professional relationship between the client and the detoxification technician, shall not:

(a) Enter into a close personal relationship with the client, including, without limitation, sponsorship of the client in a group, or a romantic or sexual relationship; or

(b) Enter into a financial relationship with the client.

(Added to NAC by Bd. of Health by R104-14, eff. 10-27-2015)

NAC 458.351 Requirements for maintenance or renewal of certification. (NRS 439.200, 458.025)

1. To maintain and renew his or her certification as a detoxification technician, a detoxification technician must:

(a) Comply with the applicable requirements set forth in this chapter and [chapter 458](#) of NRS;

(b) Maintain current certification in the techniques of administering cardiopulmonary resuscitation; and

(c) Attend at least 6 hours of continuing education during the 2-year period of certification.

2. The courses of continuing education required by subsection 1 must be approved by the Division and must include, without limitation, courses that pertain to:

(a) Acute withdrawal symptoms from alcohol and drug f;

(b) The requirements for the confidentiality of client information set forth in the provisions of 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164;

(c) The control of infections and communicable diseases;

(d) Monitoring vital signs of clients; and

(e) The ethical requirements and standards of practice for detoxification technicians.

(Added to NAC by Bd. of Health by R104-14, eff. 10-27-2015)

NAC 458.352 Renewal of certification. (NRS 439.200, 458.025)

1. Certification as a detoxification technician expires 2 years after the date on which the Division issues the certification.

2. To renew his or her certification as a detoxification technician, a detoxification technician must submit to the Division:

(a) A completed application for the renewal of the certification;

(b) Payment of a nonrefundable renewal fee in the amount of \$25;

(c) Documentation evidencing completion of the hours of continuing education required by [NAC 458.349](#);

(d) Documentation of current certification in the techniques of administering cardiopulmonary resuscitation;

(e) The notification required by [NAC 458.352](#), if applicable; and

(f) Any other information required pursuant to this chapter or [chapter 458](#) of NRS.

3. The application, fee and other information required by subsection 2 must be postmarked or received by the Division before 5 p.m. on the date of expiration of the certification to be considered by the Division for renewal.

4. If a person does not renew his or her certification as a detoxification technician on or before the expiration date as described in subsection 3, the Division may reissue the certification if the person applies for certification in the manner set forth in [NAC 458.342](#).

(Added to NAC by Bd. of Health by R104-14, eff. 10-27-2015)

NAC 458.353 Requirement to notify Division in writing of certain convictions. ([NRS 439.200](#), [458.025](#))

1. A detoxification technician shall notify the Division in writing if he or she is convicted of, or enters into a plea of nolo contendere to, a felony.

2. A detoxification technician shall submit the notification required by subsection 1 within 10 business days after the conviction and when submitting an application to renew his or her certification pursuant to [NAC 458.351](#).

(Added to NAC by Bd. of Health by R104-14, eff. 10-27-2015)

DISCIPLINARY PROCEEDINGS

NAC 458.361 Division: Acceptance of complaints; authority to inspect premises and request information. ([NRS 439.200](#), [458.025](#)) The Division shall accept complaints against programs and detoxification technicians in person, in writing, over the phone or by electronic means. The Division may enter the premises of a program and inspect the premises of a program or request additional information from a detoxification technician or program at any time.

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

NAC 458.366 Investigations: Duties of Division. ([NRS 439.200](#), [458.025](#), [458.055](#)) When investigating a complaint regarding a program or detoxification technician, the Division shall:

1. Request that the person registering the complaint state in writing the substance of the complaint and the name of the detoxification technician, other person or program alleged to have violated a requirement of this chapter. An investigation will proceed whether or not the allegations are put in writing.

2. Conduct such investigations as are necessary to determine the validity of the complaint and may conduct announced or unannounced inspections.

3. If the investigation is conducted on the premises where a program is providing services, inform the operator or a designee thereof of the presence of staff from the Division on the premises upon arrival.

4. Inform the:

(a) Operator or the designee of the nature of the complaint, if the complaint is against a program; and

(b) Detoxification technician of the nature of the complaint, if the complaint is against a detoxification technician.

5. Except as otherwise provided in this subsection, keep all information gathered during the course of the investigation confidential while the investigation is proceeding. This subsection does not prohibit the Division from:

(a) Communicating or cooperating with any agency or board that:

(1) Is investigating the detoxification technician or a member of the staff of the program that is under investigation;

(2) Is investigating the same detoxification technician or program as the Division; or

(3) Regulates or has jurisdiction over the violations alleged in a complaint or found during the course of the investigation.

(b) Communicating with the operator or the designee when a complaint against a person who is a member of the staff alleges a condition posing a significant hazard to the health or safety of the clients, participants or staff of the program, or a visitor to the program.

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

NAC 458.371 Investigations: Public disclosure of information and records. ([NRS 439.200](#), [458.025](#), [458.055](#)) Except as otherwise provided in this section, if the Division imposes any disciplinary action against an operator, a program or detoxification technician, the information gathered during the course of an investigation conducted pursuant to [NAC 458.361](#) or [458.366](#) and the records of the investigation become public after the Division completes the investigation. Any information required to be kept confidential pursuant to 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164 may not be made public.

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

NAC 458.376 Programs: Imposition of disciplinary action; recertification after revocation of certification. ([NRS 439.200](#), [458.025](#))

1. The Division may revoke the certification of a program or deny the initial certification or recertification of a program based on the following grounds:

(a) Diminished quality of the service from when the program was originally certified;

(b) Major noncompliance with any local, state or federal law, regulation or ordinance;

(c) Disseminating false or misleading information to the public, consumers or the Division;

(d) Failure of the operator or the staff to comply with the requirements of this chapter;

(e) A condition which poses a significant hazard to the health or safety of the clients, participants or staff of the program, or a visitor to the program;

(f) Significant mismanagement of the program by the operator;

(g) Significant fiscal mismanagement of the program by the operator;

(h) Formal criminal charges or an investigative process being brought against the operator or any member of the staff;

(i) A complaint against a program or a member of the staff made by a client, participant, entity or individual with knowledge of the program which alleges a violation of a requirement of this chapter and which has been substantiated by the Division after an investigation concerning the complaint; or

(j) Failure to comply with the requirements for funding as specified in the notice of subgrant award.

2. The Division may deny the certification of any new service to a program and may suspend funding for any service of a program for the same grounds as set forth in subsection 1.

3. If the certification of a program has been revoked pursuant to this section, the operator may not apply for recertification for at least 6 months after the date of revocation of the certification.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

NAC 458.381 Detoxification technicians: Grounds for disciplinary action. ([NRS 439.200](#), [458.025](#)) The grounds for disciplinary action by the Division against a detoxification technician include, without limitation:

1. Conviction of, or a plea of nolo contendere to, a felony;

2. Committing fraud, misrepresentation or deception:

(a) To obtain certification as a detoxification technician;

(b) To pass an examination required for certification as a detoxification technician;

or

(c) In providing services as a detoxification technician;

3. A violation of this chapter or [chapter 458](#) of NRS relating to certification as a detoxification technician or the standards of practice of a detoxification technician as set forth in [NAC 458.348](#);

4. Incompetence in performing an act for which certification as a detoxification technician is required pursuant to this chapter or [chapter 458](#) of NRS;

5. Performing an act for which certification as a detoxification technician is required pursuant to this chapter or [chapter 458](#) of NRS while impaired by alcohol or drugs; and

6. Performing an act which is outside the scope of activities authorized by certification as a detoxification technician pursuant to [NAC 458.346](#) while employed as a detoxification technician, unless the detoxification technician is acting within the scope of another certificate or license held by the detoxification technician, including, without limitation, a certificate or license issued by the State Board of Nursing or the Board of Examiners for Alcohol, Drug and Gambling Counselors.

(Added to NAC by Bd. of Health by R104-14, eff. 10-27-2015)

NAC 458.391 Detoxification technicians: Imposition of disciplinary action. ([NRS 439.200](#), [458.025](#)) If the Division determines that a detoxification technician has committed any of the acts set forth in [NAC 458.381](#), the Division may discipline the detoxification technician by any one or more of the following methods:

1. Administering a written reprimand;
2. Suspending the certification of the detoxification technician for a period determined by the Division;
3. Revoking the certification of the detoxification technician; and
4. Placing conditions on the certification of the detoxification technician.

(Added to NAC by Bd. of Health by R104-14, eff. 10-27-2015)

MISCELLANEOUS PROVISIONS

NAC 458.401 Procedure for review of actions taken by Division; appeals. ([NRS 439.200](#), [458.025](#))

1. A person who has reason to believe that an action taken by the Division pursuant to this chapter or [chapter 458](#) of NRS is incorrect or based upon inadequate knowledge may, within 10 business days after receiving notice of the action, request an informal discussion with the employee of the Division responsible for the action and the immediate supervisor of the employee.

2. If the informal discussion does not resolve the problem, the aggrieved person may, within 10 business days after the date scheduled for the informal discussion, submit a written request to the Division for an informal conference. The informal conference must be scheduled for a date, time and place mutually agreed upon by the aggrieved person and the Division, except that the informal conference must be held not later than 60 days after the date on which the Division received the written request for the conference.

3. Except as otherwise provided in subsection 4, the determination of the Division resulting from the informal conference cannot be appealed and is the final remedy available to the aggrieved person.

4. An applicant for or holder of a certificate issued pursuant to this chapter or [chapter 458](#) of NRS who is aggrieved by an action of the Division relating to the denial of initial certification or recertification of a program or a detoxification technician, the denial of certification of additional services to a program, the suspension or revocation of a certificate of a program or a detoxification technician or the suspension of funding for services of a program may appeal that action in accordance with [NAC 439.300](#) to [439.395](#), inclusive, after exhausting the informal procedures set forth in this section, except that the Division may waive the informal procedures, or any portion thereof, by giving written notice to the aggrieved person.

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