

**PROPOSED REGULATION OF THE
NEVADA HEALTH AUTHORITY**

LCB FILE NO. R162-26I

**The following document is the initial draft regulation proposed
by the agency submitted on 06/30/2026**

**PROPOSED REGULATION RELATED TO
DISCHARGE PLANNING REQUIREMENTS FOR HOSPITALS**

Authority: NRS 449.0302

Explanation: Language in *blue italics* is new; language in ~~red strikethrough~~ text is language to be omitted.

These proposed regulations add discharge planning requirements for Nevada-licensed hospitals.

Add the following new definitions:

NAC 449.xxx “Behavioral Health Disability.” *“Behavioral health disability” is a serious emotional disturbance, serious mental illness, and/or substance use disorder.*

NAC 449.xxx, “Care Coordinator” defined. *“Care coordinator” means an individual assigned responsibility for coordinating care and developing a plan of care for a child with a behavioral health disability.*

NAC 449.xxx “Care Management Entity” defined. *“Care management entity” is an organization that administers and ensures high-quality, child-driven, family-centered care coordination, serving as the central hub for coordinating services, supporting care coordinators, and maintaining accountability for outcomes and fidelity across systems.*

NAC 449.xxx, “Child” defined. *“Child” means a person under the age of 21.*

NAC 449.xxx “Crisis Plan” defined. *“Crisis plan” is an individualized plan that identifies strategies, supports, and services that a child, family, care coordinator or any other providers or supports will use to anticipate, prevent, and effectively respond to crises.*

NAC 449.xxx “Serious Emotional Disturbance.” *“Serious Emotional Disturbance.” refers to a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child’s role or functioning in family, school, or community activities and is a term used for children under the age of 18.*

NAC 449.xxx “Serious Mental Illness.” *“Serious Mental Illness (SMI)” refers to a diagnosable mental, behavior, or emotional disorder within the past year that causes serious functional impairment that substantially interferes with or limits one or more major life activities and is a term used for adults over the age of 18.*

NAC 449.xxx “Substance Use Disorder.” “Substance Use Disorder” is a disorder diagnosed by a qualified mental health professional, pursuant to the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), that results from the recurrent use of alcohol and/or drugs and that causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

NAC 449.xxx “Warm Handoff.” “Warm Handoff” means a referral process in which a provider directly introduces a patient to the next care provider while the patient is present, either in person, by phone, or via video, rather than giving the patient a contact to follow up independently. This process involves direct interaction where the discharging provider introduces the incoming provider to the patient, ensuring that the patient can confirm or correct any misunderstandings about their care.

Amend NAC 449.332 as follows:

NAC 449.332 Discharge planning. (NRS 439.200, 449.0302)

1. A hospital shall:
 - (a) Have a process for discharge planning that applies to all **inpatients;** *patients* and
 - (b) Develop and carry out policies and procedures regarding the process for discharge planning.
2. The process for discharge planning must include the participation of registered nurses, social workers or other personnel qualified, through education or experience, to perform discharge planning.
3. A hospital shall, at the earliest possible stage of hospitalization, identify each patient:
 - (a) *Who* is likely to suffer adverse health consequences upon discharge if the patient does not receive adequate discharge planning; or
 - (b) *Who is a child with a behavioral health disability* .

↪ The hospital shall provide for an evaluation of the needs related to discharge planning of each patient so identified.
4. An evaluation of the needs of a patient relating to discharge planning must include, without limitation, consideration of:
 - (a) The needs of the patient for postoperative services and the availability of those services;
 - (b) The capacity of the patient for self-care; and
 - (c) The possibility of returning the patient to a previous care setting or making another appropriate placement of the patient after discharge.
5. If the evaluation of a patient relating to discharge planning indicates a need for a discharge plan, a discharge plan must be developed under the supervision of a registered nurse, social worker or other person qualified to perform discharge planning. *For a patient who is a child with a disability, the evaluation must be conducted by a licensed mental health professional.*

6. ~~An~~ *The* evaluation of a patient relating to discharge planning *pursuant to section 4* and a discharge plan for the patient may be requested by the patient, a physician, a member of the family of the patient or the guardian of the patient, if any.

7. If a hospital finds that a patient does not need a discharge plan, the attending physician may still request a discharge plan for the patient. If the attending physician makes such a request, the physician shall collaborate as much as necessary with the hospital staff in the development of the discharge plan. *A discharge plan is required for any patient who is a child with a behavioral health disability.*

8. Activities related to discharge planning must be conducted in a manner that does not contribute to delays in the discharge of the patient *and must begin at the earliest possible stage when the patient is a child with a behavioral health disability.*

9. The evaluation of the needs of a patient relating to discharge planning and the discharge plan for the patient, if any, must be documented in his or her medical record. *For a patient who is a child with a behavioral health disability, the record must include clear identification of responsible parties for follow-up care and care coordination activities, documentation of the warm hand-off process and participation of parties involved in the discharge planning process. For a child without an existing crisis plan, the discharge plan must incorporate a crisis plan and clear linkage to how to access mobile crisis services as appropriate.*

10. The discharge plan must be discussed with the patient or the person acting on behalf of the patient.

(a) For a patient who is a child with a behavioral health disability:

(i) The discharge plan must be developed in consultation with the child, the child's family, as well as the child and family's care coordinator or care management entity, if applicable; and

(ii) Must include active consultation and participation of the child, in a developmentally appropriate manner, the child's family or caregiver, the child's care coordinator or care management entity, where assigned, or immediate referral to such services when not yet in place.

(iii) For a child with a care coordinator, the hospital shall coordinate with that individual to ensure the child's plan of care and crisis plan are updated to reflect any services and supports necessary to support the child's return home and to the community, and schedule as appropriate a meeting to include the child, family, care coordinator and any other providers or supports prior to, or immediately, following discharge.

(b) For a child without a care coordinator, the hospital shall discuss the service with the child and family as part of the discharge planning process and make an immediate referral to the care management entity prior to discharge.

11. The patient, members of the family of the patient and any other person involved in caring for the patient must be provided with such information as is necessary to prepare them for the posthospital care of the patient. *For a child with a behavioral health disability, this includes the child and family's care coordinator, if applicable.*

12. If, during the course of a patient's hospitalization, factors arise that may affect the needs of the patient relating to his or her continuing care or current discharge plan, the needs of the patient must be reassessed and the plan, if any, must be adjusted accordingly.

13. A hospital shall arrange for the initial implementation of the discharge plans of its patients. *If the patient is a child with a behavioral health disability, the hospital shall facilitate a warm handoff for any behavioral health services identified in the discharge plan.*

14. If identified in a discharge plan, referral of a patient to outpatient services or transfer of the patient to another facility must be accomplished in a manner that meets the identified needs of the patient, including, without limitation:

(a) Upon the referral or transfer, necessary sharing of administrative and medical information about the patient with the receiving service or other facility or making such information available to the service or other facility; and

(b) Providing for the security of and accountability for the personal effects of the patient.

15. In addition to the administrative sanctions permitted by NAC Chapter 449, any violation of NAC 449.332 as it relates to a discharge plan for a child with a behavioral health disability will result in a monetary penalty of \$10,000 for each occurrence.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99; A by R133-18, 12-19-2018)