PROPOSED REGULATION OF THE

STATE BOARD OF HEALTH

LCB File No. R162-26

July 16, 2026

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

AUTHORITY: § 1, NRS 439.200 and 449.0302; § 2, NRS 439.200, 449.0302 and 449.165.

A REGULATION relating to health care; imposing certain requirements on hospitals to plan for the discharge of outpatients and children with behavioral health disabilities; establishing an administrative penalty for certain violations of those requirements; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the State Board of Health to adopt regulations governing the licensing and operation of hospitals. (NRS 449.0302) Existing regulations: (1) require a hospital to have a process for discharge planning for all inpatients; and (2) establish certain requirements hospitals must follow when developing and carrying out a discharge plan. (NAC 449.332) **Section 2** of this regulation additionally requires a hospital to have a process for discharge planning for outpatients.

Existing regulations require a hospital to, at the earliest possible stage of hospitalization: (1) identify each patient who is likely to suffer adverse health consequences upon discharge if the patient does not receive adequate discharge planning; and (2) provide for an evaluation of the needs related to discharge planning of each patient so identified. (NAC 449.332) **Section 2** additionally requires a hospital to: (1) identify each patient who is a child with a behavioral health disability; and (2) provide for an evaluation of the needs of each such patient related to discharge planning. **Section 2** defines the term "behavioral health disability" to mean a serious emotional disturbance, serious mental illness or substance use disorder. **Section 1** of this regulation adopts by reference certain guidelines concerning behavioral health disorders, and **section 2** incorporates those guidelines into the definition of "substance use disorder." **Section 2** requires an evaluation of the needs of a child with a behavioral health disability to be conducted by a person professionally qualified in the field of psychiatric mental health.

If an evaluation indicates a need for a discharge plan, existing regulations require a discharge plan to be developed under the supervision of a person qualified to perform discharge planning. (NAC 449.332) **Section 2** also requires a hospital to develop a discharge plan for each patient who is a child with a behavioral health disability, regardless of the results of the evaluation. **Section 2** prescribes certain requirements relating to the development and contents of such a discharge plan. **Section 2** also requires a hospital to take certain measures to ensure adequate care coordination for a patient who is a child with a behavioral health disability,

including facilitating a warm handoff with each provider of behavioral health services who is identified in the discharge plan for the patient. **Section 2** requires the medical record of a patient who is a child with a behavioral health disability to include certain documentation of the discharge planning process. **Section 2** establishes an administrative penalty to be imposed upon a hospital that fails to comply with requirements governing discharge planning for children with behavioral health disabilities.

Section 1. NAC 449.0105 is hereby amended to read as follows:

449.0105 1. The State Board of Health hereby adopts by reference:

(a) *NFPA 101: Life Safety Code*, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the *Code* may be obtained from the National Fire Protection Association at 1 Batterymarch Park, Quincy, Massachusetts 02169-7471, at the Internet address **http://www.nfpa.org** or by telephone at (800) 344-3555, for the price of $176.

(b) *NFPA 99: Health Care Facilities Code*, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the *Code* may be obtained from the National Fire Protection Association at 1 Batterymarch Park, Quincy, Massachusetts 02169-7471, at the Internet address **http://www.nfpa.org** or by telephone at (800) 344-3555, for the price of $165.

(c) *Guidelines for Design and Construction of Hospitals*, in the form most recently published by the Facility Guidelines Institute, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A digital copy of the *Guidelines* may be obtained from the Facility Guidelines Institute at the Internet address **https://shop.fgiguidelines.org** for the price of $235.

(d) *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities*, in the form most recently published by the Facility Guidelines Institute, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the *Guidelines* may be obtained from the Facility Guidelines Institute at the Internet address **https://shop.fgiguidelines.org** for the price of $235.

(e) *Guidelines for Design and Construction of Outpatient Facilities*, in the form most recently published by the Facility Guidelines Institute, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the *Guidelines* may be obtained from the Facility Guidelines Institute at the Internet address **https://shop.fgiguidelines.org** for the price of $235.

(f) "Infection Prevention and You: Caring for your PICC line at home," in the form most recently published by the Association for Professionals in Infection Control and Epidemiology, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of that publication may be obtained from the Association for Professionals in Infection Control and Epidemiology, free of charge, at 1400 Crystal Drive, Suite 900, Arlington, VA 22202, at the Internet address https://apic.org/Resource_/TinyMceFileManager/for_consumers/IPandYou_Bulletin_PICC_line.pdf or, if that Internet website ceases to exist, from the Division.

(g) Diagnostic and Statistical Manual of Mental Disorders, in the form most recently published by the American Psychiatric Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. 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 $136 for members and $170 for nonmembers.

2. The State Board of Health will review each revision of the publications adopted by reference pursuant to subsection 1 to ensure its suitability for this State. If the Board determines that a revision is not suitable for this State, the Board will hold a public hearing to review its determination within 12 months after the date of the publication of the revision and give notice of that hearing. If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to subsection 1.

Sec. 2. NAC 449.332 is hereby amended to read as follows:

449.332 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~~]~~ ***:***

(a) At the earliest possible stage of hospitalization, identify each patient who is ~~[~~likely~~]~~ ***:***

(1) Likely to suffer adverse health consequences upon discharge if the patient does not receive adequate discharge planning ~~[~~. The hospital shall provide~~]~~ ***; or***

(2) A child with a behavioral health disability; and

(b) 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. ***An evaluation of the needs of a patient who is a child with a behavioral health disability relating to discharge planning must be conducted by a person professionally qualified in the field of psychiatric mental health.***

6. If the evaluation of a patient relating to discharge planning indicates a need for a discharge plan ~~[,]~~ ***or if the patient is a child with a behavioral health disability,*** a discharge plan must be developed under the supervision of a registered nurse, social worker or other person qualified to perform discharge planning. ***If the patient is a child with a behavioral health disability who does not have a preexisting crisis plan, the discharge plan must include a crisis plan which includes, without limitation, information on how to access mobile crisis services.***

~~[6.]~~ ***7.*** An evaluation of a patient relating to discharge planning 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.]~~ ***8.*** If a hospital finds that a patient does not need a discharge plan ~~[,]~~ ***and a discharge plan is not required by subsection 6,*** 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.

~~[8.]~~ ***9.*** Activities related to discharge planning must be conducted in a manner that does not contribute to delays in the discharge of the patient. ***If the patient is a child with a behavioral health disability, such activities must begin at the earliest possible stage of hospitalization.***

~~[9.]~~ ***10.*** 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. ***If the patient is a child with a behavioral health disability, his or her medical record must include:***

(a) Clear identification of the parties responsible for follow-up care and care coordination activities;

(b) Documentation of a process for conducting a warm handoff pursuant to subsection 14; and

(c) Documentation of the participation of parties involved in the process of discharge planning.

~~[10.]~~ ***11.*** The discharge plan must be discussed with the patient or the person acting on behalf of the patient. ***If the patient is a child with a behavioral health disability:***

(a) The discharge plan must be developed in active consultation with:

(1) The patient, in a developmentally appropriate manner;

(2) The family and caregiver of the patient, as applicable; and

(3) The care coordinator or care management entity of the patient, if applicable.

(b) The hospital shall:

(1) If the patient has a care coordinator:

(I) Consult with the care coordinator to ensure the plan of care and crisis plan for the patient are developed or updated, as applicable, to include any services necessary to support the return of the patient to his or her home and community.

(II) Schedule a meeting which includes the patient, the family of the patient, the care coordinator for the patient and any other appropriate providers of care or support to the patient before or immediately following the discharge of the patient, as appropriate, to discuss each provision included in a plan of care or crisis plan pursuant to sub-subparagraph (I).

(2) If the patient does not have a care coordinator:

(I) Discuss the services that care coordinators provide with the patient and his or her family; and

(II) Refer the patient to a care management entity before discharging the patient.

~~[11.]~~ ***12.*** The patient, members of the family of the patient and any other person involved in caring for the patient ***, including, without limitation, any care coordinator for a patient who is a child with a behavioral health disability,*** must be provided with such information as is necessary to prepare them for the posthospital care of the patient.

~~[12.]~~ ***13.*** 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.]~~ ***14.*** 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 to each provider of behavioral health services who is identified in the discharge plan for the patient.***

~~[14.]~~ ***15.*** 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.

16. The Division shall impose a monetary penalty of $5,000 for each failure of a hospital to comply with the requirements of this section with regard to a patient who is a child with a behavioral health disability.

17. As used in this section:

(a) "Behavioral health disability" means a serious emotional disturbance, serious mental illness or substance use disorder.

(b) "Care coordinator" means a person responsible for coordinating care and developing a plan of care for a child with a behavioral health disability.

(c) "Care management entity" means an organization that provides high-quality, child-driven and family-centered care coordination to children with behavioral health disabilities and care coordinators, including, without limitation, by:

(1) Providing support for care coordinators;

(2) Facilitating communication between care coordinators and other providers of care;

(3) Ensuring accountability for outcomes; and

(4) Ensuring fidelity across information systems.

(d) "Child" means a person less than 21 years of age.

(e) "Crisis plan" means an individualized plan prescribing the services and supports that may be provided to a child with a behavioral health disability and any providers, services or supports to prevent and respond to a crisis.

(f) "Person professionally qualified in the field of psychiatric mental health" means:

(1) A psychiatrist licensed to practice medicine in the State of Nevada and certified by the American Board of Psychiatry and Neurology;

(2) A psychologist licensed to practice in this State;

(3) A clinical social worker;

(4) A registered nurse who:

(I) Is licensed to practice professional nursing in this State; and

(II) Holds a master's degree in the field of psychiatric nursing;

(5) A marriage and family therapist licensed pursuant to chapter 641A of NRS; or

(6) A clinical professional counselor licensed pursuant to chapter 641A of NRS.

(g) "Serious emotional disturbance" means a diagnosable mental, behavioral or emotional disorder experienced within the immediately preceding 12 months which substantially interferes with or limits a person who is less than 18 years of age in his or her role or functioning in his or her family, school or community.

(h) "Serious mental illness" means a diagnosable mental, behavioral or emotional disorder experienced within the immediately preceding 12 months which interferes with or limits one or more major life activity of a person who is at least 18 years of age.

(i) "Substance use disorder" means a disorder as defined in the Diagnostic and Statistical Manual of Mental Disorders, as adopted by reference in NAC 449.0105, diagnosed by a person professionally qualified in the filed of psychiatric mental health that results from the

recurrent use of alcohol or drugs and causes clinically significant impairment, including health problems, disability or failure to meet major responsibilities at work, school or home.

(j) "Warm handoff" means a referral process where a provider of care introduces the patient to the next provider of care in a direct interaction where the patient:

(1) Is present in person or by telephone or other synchronous electronic communication; and

(2) Has the opportunity to confirm or correct information relating to his or her care.