

**ADOPTED REGULATION OF THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

LCB File No. R005-06

Effective May 4, 2006

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

AUTHORITY: §§1-22, NRS 426.245 and 426.275.

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

Section 1. Chapter 426 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 21, inclusive, of this regulation.

Sec. 2. *As used in sections 2 to 21, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 3 to 11, inclusive, of this regulation have the meanings ascribed to them in those sections.*

Sec. 3. *“Chief” means the Chief of the Office.*

Sec. 4. *“Contractor” means any person or governmental or private agency or organization with which the Office enters into a contract pursuant to section 15 of this regulation.*

Sec. 5. *“Essential personal care” means the tasks described in section 14 of this regulation.*

Sec. 6. *“Office” means the Office of Disability Services created pursuant to NRS 426.235.*

Sec. 7. *“Person with a physical disability” has the meaning ascribed to it in NRS 426.265.*

Sec. 8. *“Personal care attendant” means a person who has the knowledge and skill to provide essential personal care pursuant to sections 2 to 21, inclusive, of this regulation.*

Sec. 9. *“Recipient” means a person who receives financial assistance for essential personal care pursuant to sections 2 to 21, inclusive, of this regulation.*

Sec. 10. *“Review team” means two or more persons appointed by the contractor to perform the duties required by subsection 1 of section 15 of this regulation.*

Sec. 11. *“Support services for independent living” includes, without limitation:*

- 1. Assisting a recipient in developing a comprehensive plan to support his ability to live independently;*
- 2. Offering assistance, support or direction in performing activities of daily living; and*
- 3. Coordinating such services with other services and coordinating providers of other services on behalf of a recipient.*

Sec. 12. *1. To be eligible for financial assistance pursuant to sections 2 to 21, inclusive, of this regulation, a person must:*

- (a) Be a resident of the State;*
- (b) Be diagnosed as a person with a physical disability by a licensed physician;*
- (c) Require assistance in one or more of the areas described in section 14 of this regulation;*

(d) Use all other resources in the community that provide essential personal care or financial assistance for essential personal care before requesting financial assistance pursuant to sections 2 to 21, inclusive, of this regulation;

(e) Except as otherwise provided in subsection 2, require not more than 35 hours of essential personal care each week from this program to live independently;

(f) Be capable of supervising the attendant who provides the care, except that in extraordinary circumstances the review team may designate a responsible person to supervise the attendant on behalf of the otherwise eligible person;

(g) Be capable of participating in a plan for independent living; and

(h) Be financially eligible pursuant to the provisions of section 20 of this regulation.

2. Except as otherwise provided in this subsection, the Office may provide not more than 35 hours of essential personal care each week to a recipient. In addition, the Office may, based upon its budget and its determination of need:

(a) If a portion of the 35 hours or less of essential personal care that was allocated to a recipient for a week is not used by that recipient in that week, provide temporary:

(1) Emergency care to another recipient if his disability is exacerbated or he has a short-term illness that is not related to his disability.

(2) Respite care to relieve a family member who provides care for a person on the waiting list of persons eligible to receive financial assistance pursuant to subsection 1 that is maintained by the Office.

(b) Provide 120 hours or less per year of respite care to relieve a family member who provides care for a recipient.

3. The provisions of this section do not prohibit the Office from providing 35 hours or less of essential personal care each week for a person who is also receiving services from another program.

Sec. 13. *Financial assistance must be disbursed to eligible persons in the following order of priority:*

1. A person who has a condition that is terminal and is not expected to live for more than 1 year.

2. A person who is receiving acute or extended care in an institutional setting but who, with financial assistance provided pursuant to sections 2 to 21, inclusive, of this regulation, would be able to function in a setting where he controls and manages his daily activities.

3. A person:

(a) Who is at risk of being placed in an institutional setting within 3 months if financial assistance is not provided pursuant to sections 2 to 21, inclusive, of this regulation; or

(b) Whose safety or health would be at a substantial risk if financial assistance was not provided pursuant to sections 2 to 21, inclusive, of this regulation.

4. A person who is at risk of being placed in an institutional setting within 1 year unless assistance that is being provided to the person by friends or family continues to be provided.

5. A person who does not satisfy any of the criteria set forth in subsections 1 to 4, inclusive, but who otherwise qualifies for financial assistance pursuant to sections 2 to 21, inclusive, of this regulation.

Sec. 14. *Essential personal care is limited to assisting a person who is eligible to receive financial assistance pursuant to sections 2 to 21, inclusive, of this regulation:*

1. In the elimination of wastes from the body;

2. *In dressing and undressing;*
3. *In bathing and grooming;*
4. *In the preparation and eating of meals;*
5. *In getting in and out of bed;*
6. *In repositioning while asleep;*
7. *In the use of prostheses and other medical equipment;*
8. *In moving about, including, without limitation, assisting a person:*
 - (a) *In moving from a wheelchair, bed or other piece of furniture;*
 - (b) *With ambulation; and*
 - (c) *With exercises to increase the range of motion;*
9. *In essential laundry;*
10. *With support services for independent living if the person has an injury to the brain and those services do not exceed 14 hours per week; and*
11. *In other minor needs directly related to maintenance of personal hygiene.*

Sec. 15. *The Office shall contract with a contractor who shall:*

1. *Establish a review team of persons who have personal or professional knowledge of disabilities and an understanding of the concept of independent living. The review team shall:*
 - (a) *Determine an applicant's eligibility.*
 - (b) *Authorize the number of hours of essential personal care to be provided to an eligible person based upon a written assessment provided by the contractor pursuant to subsection 9.*
 - (c) *Obtain medical consultation as needed.*
2. *Reevaluate a recipient's eligibility every 12 months and when his need for essential personal care changes.*

3. *Provide essential personal care to eligible persons.*
4. *Provide training for personal care attendants and maintain a registry of attendants.*
5. *Establish a system for the provision of back-up attendants and emergency care.*
6. *Ensure that a personal care attendant who is listed in the registry of attendants has coverage for workers' compensation insurance.*
7. *Establish cooperative agreements with programs providing essential personal care to coordinate interdisciplinary services provided to mutual recipients.*
8. *Obtain and review the criminal record, if any, of each personal care attendant.*
9. *Provide assessments of recipients. An assessment must:*
 - (a) *Be conducted by a licensed medical professional who is familiar with essential personal care and the independent living needs of persons with physical disabilities;*
 - (b) *Be conducted at the location where the services are offered; and*
 - (c) *Include the requirements for completing specific tasks, the time required for completion of the tasks and a statement by the recipient concerning his perspective of his needs for care.*
10. *Provide referrals to independent living and other services as appropriate for the needs of recipients.*

Sec. 16. 1. *The Office shall monitor the management and the financial records of the contractor and shall evaluate the contractor's efficiency in administering the provisions of the contract.*

2. *The contractor shall submit to the Office:*
 - (a) *Quarterly reports summarizing the activities of programs providing essential personal care on forms provided by the Office.*
 - (b) *Any proposed procedural changes for review and approval before they are carried out.*

(c) Such other reports as the Office requests.

Sec. 17. *A recipient shall notify the contractor of any change in the recipient's:*

- 1. Income, the income of the recipient's spouse, or, if the recipient is a dependent child or adult who has no income and is financially supported by his family, the income of the recipient's family that would affect the recipient's eligibility; and*
- 2. Need for essential personal care.*

Sec. 18. *1. An applicant for financial assistance must submit to the contractor a completed application and a written statement from a licensed physician, physician assistant or registered nurse certifying the applicant's need for essential personal care.*

2. The contractor shall, within 30 days after receiving a completed application, notify the applicant in writing whether he is eligible for financial assistance.

3. If money is available, a person may be eligible to receive financial assistance on the date the review team determines he is eligible.

4. If money is not available, the contractor shall notify the person of his position on the waiting list maintained by the Office of persons eligible for financial assistance in the order of their priority.

Sec. 19. *1. An applicant for financial assistance or a recipient who disagrees with a decision of the review team or the contractor may, within 15 working days after he receives notice of the decision, file an appeal with the contractor. The contractor:*

(a) May require the applicant or recipient to submit, in writing, evidence to support the appeal; and

(b) Shall render his decision in writing within 30 days after he receives the appeal.

2. The applicant or recipient may appeal the decision of the contractor to the Chief by filing a notice of appeal within 15 working days after he receives notice of the decision of the contractor. The Chief:

(a) Shall review the decision in an informal procedure;

(b) May require the applicant, recipient or contractor to submit, in writing, additional evidence to support the appeal or the decision; and

(c) Shall render his decision in writing within 30 days after he receives the notice of the appeal.

3. The decision of the Chief is a final decision for the purposes of judicial review.

Sec. 20. *1. An applicant is not eligible to receive financial assistance pursuant to subsection 1 of section 12 of this regulation if his gross monthly income, less the expenses set forth in paragraphs (a) to (d), inclusive, of subsection 2, is more than 800 percent of the federally designated level signifying poverty, divided by 12, for the size of family applicable to the applicant, as determined by the United States Department of Health and Human Services and published annually in the Federal Register.*

2. In determining the financial eligibility of an applicant, the gross monthly income of the applicant and the applicant's spouse, or, if the applicant is a dependent child or adult who has no income and is financially supported by his family, the gross monthly income of the applicant's family, must be counted. From the total must be deducted any amount paid directly by the applicant or the applicant's spouse or, if the applicant is a dependent child or adult who has no income and is financially supported by his family, by the applicant's family, that is not reimbursed by any other source for:

(a) Medicine prescribed for the applicant or the applicant's spouse by a physician or, if the applicant is a dependent child or adult who has no income and is financially supported by his family, medicine prescribed for the applicant and each member of the applicant's family;

(b) Medical care provided to the applicant or the applicant's spouse by a doctor, hospital or other medical facility or, if the applicant is a dependent child or adult who has no income and is financially supported by his family, medical care provided to the applicant and each member of the applicant's family by a doctor, hospital or other medical facility;

(c) Special equipment, services or supplies to help the applicant do what a person who is not disabled can do; and

(d) Health insurance and the benefits thereof, including, without limitation, the payment of premiums and copayments for the applicant or the applicant's spouse or, if the applicant is a dependent child or adult who has no income and is financially supported by his family, for each member of the applicant's family.

↪ As used in this subsection, "medical facility" has the meaning ascribed to it in NRS 449.0151 and includes a facility for the rehabilitation of persons with physical disabilities.

3. A recipient whose gross monthly income, less the expenses set forth in paragraphs (a) to (d), inclusive, of subsection 2, is less than 200 percent of the federally designated level signifying poverty, divided by 12, is not required to pay any of the cost for essential personal care. Except as otherwise provided in this section, a recipient whose gross monthly income, less the expenses set forth in paragraphs (a) to (d), inclusive, of subsection 2, is 200 percent or more of the federally designated level signifying poverty, divided by 12, but not greater than 800 percent of the federally designated level signifying poverty, divided by 12, shall pay a

portion of the total cost to provide essential personal care to him according to the following formula:

$$\text{Monthly amount of recipient's payment for essential personal care} = \frac{(A-(B+C)) \times (D)}{(A-B)}$$

↪ where “A” is the recipient’s gross monthly income; “B” is the sum, on a monthly basis, of the recipient’s and his spouse’s expenses and, if applicable, the expenses of the recipient’s family, set forth in paragraphs (a) to (d), inclusive, of subsection 2; “C” is the amount that equals 200 percent of the federally designated level signifying poverty, divided by 12, for the size of family applicable to the recipient; and “D” is the cost of providing services for essential personal care, on a monthly basis, for that recipient.

4. Notwithstanding the formula set forth in subsection 3, in no case may the recipient’s payment for essential personal care, on a monthly basis, exceed 25 percent of the amount that equals the difference between A and the sum of B and C.

5. If there are compelling and urgent circumstances, including, without limitation, the circumstance in which payment of any portion of the cost to provide essential personal care to the recipient will cause severe hardship to the recipient, the contractor, with the approval of the Chief, may pay 100 percent of the cost of the essential personal care of a recipient.

Sec. 21. *Care provided by a personal care attendant to a recipient may be terminated if the recipient:*

- 1. Fails to pay his share of the cost of such care;*
- 2. Fails to provide documents needed for reevaluation;*

3. Willfully defrauds the program; or

4. Fails to comply with the requirements of section 17 of this regulation.

Sec. 22. NAC 615.010, 615.016, 615.035, 615.038, 615.042, 615.045, 615.050, 615.060, 615.065, 615.070, 615.080, 615.090, 615.100, 615.110, 615.120, 615.130, 615.140, 615.150 and 615.160 are hereby repealed.

TEXT OF REPEALED SECTIONS

615.010 Definitions. As used in this chapter, unless the context otherwise requires, the words and terms defined in NAC 615.016 to 615.065, inclusive, have the meanings ascribed to them in those sections.

615.016 “Administrator” defined. “Administrator” means the Administrator of the Division.

615.035 “Contractor” defined. “Contractor” means any person or governmental or private agency or organization with which the Division enters into a contract pursuant to NAC 615.100.

615.038 “Division” defined. “Division” means the Rehabilitation Division of the Department of Human Resources.

615.042 “Essential personal care” defined. “Essential personal care” means the tasks described in NAC 615.090.

615.045 “Personal care attendant” defined. “Personal care attendant” means a person who has the knowledge and skill to provide essential personal care pursuant to this chapter.

615.050 “Physical disability” defined. “Physical disability” means a condition which:

1. Materially limits;
2. Contributes to materially limiting; or
3. If not corrected, probably will result in materially limiting a person’s activities or ability to function.

615.060 “Recipient” defined. “Recipient” means a person who receives financial assistance for essential personal care pursuant to this chapter.

615.065 “Review team” defined. “Review team” means two or more persons appointed by the contractor to perform the duties required by NAC 615.100.

615.070 Eligibility for assistance; provision of care by Division. (NRS 615.173)

1. To be eligible for financial assistance pursuant to this chapter, a person must:
 - (a) Be a resident of the State;
 - (b) Be physically disabled as diagnosed by a licensed physician;
 - (c) Require assistance in one or more of the areas described in NAC 615.090;
 - (d) Use all other resources in the community that provide essential personal care or financial assistance for essential personal care before requesting financial assistance pursuant to this chapter;
 - (e) Except as otherwise provided in subsection 2, require no more than 35 hours of essential personal care each week from this program to live independently;

(f) Be capable of supervising the attendant who provides the care, except that in extraordinary circumstances the review team may designate a responsible person to supervise the attendant on behalf of the otherwise eligible person;

(g) Be capable of participating in a plan for independent living; and

(h) Be financially eligible pursuant to the provisions of NAC 615.150.

2. Except as otherwise provided in this subsection, the Division may provide not more than 35 hours of essential personal care each week to a recipient. In addition, the Division may, based upon its budget and its determination of need:

(a) If a portion of the 35 hours or less of essential personal care that was allocated to a recipient for a week is not used by that recipient in that week, provide temporary:

(1) Emergency care to another recipient if his disability is exacerbated or he has a short-term illness that is not related to his disability.

(2) Respite care to relieve a family member who provides care for a person on the waiting list of persons eligible to receive financial assistance pursuant to subsection 1 that is maintained by the Division.

(b) Provide 120 hours or less per year of respite care to relieve a family member who provides care for a recipient.

3. The provisions of this section do not prohibit the Division from providing 35 hours or less of essential personal care each week for a person who is also receiving services from another program.

615.080 Order of priority for disbursement of assistance. Financial assistance must be disbursed to eligible persons in the following order of priority:

1. A person who:

(a) Is receiving acute or extended care in an institution but who, with financial assistance provided pursuant to this chapter, is able to function in a setting where he controls and manages his daily activities; or

(b) Is in a setting where he controls and manages his daily activities, but who, without financial assistance provided pursuant to this chapter, will require admission to an institution providing acute or extended care.

2. A person who, without financial assistance provided pursuant to this chapter, is unable to:

- (a) Obtain or retain employment;
- (b) Begin or continue his education or training; or
- (c) Contribute to the community as a volunteer.

3. Any other person who is otherwise eligible.

615.090 Scope of essential personal care. Essential personal care is limited to assisting a person who is eligible to receive financial assistance pursuant to this chapter in:

- 1. The elimination of wastes from the body;
- 2. Dressing and undressing;
- 3. Bathing and grooming;
- 4. The preparation and eating of meals;
- 5. Getting in and out of bed;
- 6. Repositioning while asleep;
- 7. The use of prostheses and other medical equipment;
- 8. Moving about, including, without limitation, assisting a person:
 - (a) In moving from a wheelchair, bed or other piece of furniture;
 - (b) With ambulation; and

(c) With exercises to increase the range of motion;

9. Essential laundry; and

10. Other minor needs directly related to maintenance of personal hygiene.

615.100 Contracts for services: Duties of contractor. (NRS 615.173) The Division will contract with a contractor who shall:

1. Establish a review team of persons who have personal or professional knowledge of disabilities and an understanding of the concept of independent living. The review team shall:

(a) Determine an applicant's eligibility.

(b) Authorize the number of hours of essential personal care to be provided to an eligible person based upon a written assessment provided by the contractor pursuant to subsection 8.

(c) Reevaluate a recipient's eligibility every 12 months and when his need for essential personal care changes.

(d) Obtain medical consultation as needed.

2. Disburse financial assistance for eligible persons.

3. Provide training for personal care attendants and maintain a registry of attendants.

4. Establish a system for the provision of back-up attendants and emergency care.

5. Ensure that a personal care attendant who is listed in the registry of attendants has coverage for industrial insurance.

6. Establish cooperative agreements with programs providing essential personal care to coordinate interdisciplinary services provided to mutual recipients.

7. Obtain and review the criminal record, if any, of each personal care attendant.

8. Provide assessments of recipients. An assessment must:

(a) Be conducted by a licensed occupational therapist at the location where the services are offered; and

(b) Include the requirements for completing specific tasks, the time required for completion of the tasks and a statement by the recipient concerning his perspective of his needs for care.

9. Provide referrals to independent living and other services as appropriate for the needs of recipients.

615.110 Auditing and evaluation of contractors; submission of reports and proposed procedural changes.

1. The Division will conduct audits of the management and the financial records of the contractor and will evaluate the contractor's efficiency in administering the provisions of the contract.

2. The contractor shall submit to the Division:

(a) Quarterly reports summarizing the activities of programs providing essential personal care on forms provided by the Division.

(b) Any proposed procedural changes for review and approval before they are carried out.

(c) Such other reports as the Division requests.

615.120 Notification of contractor regarding changes in income or needs. (NRS

615.173) A recipient shall notify the contractor of any change in the recipient's:

1. Income, the income of the recipient's spouse, or, if the recipient is a dependent child or adult who has no income and is financially supported by his family, the income of the recipient's family that would affect the recipient's eligibility; and

2. Need for essential personal care.

615.130 Application for assistance and statement of need for care; notification and date of eligibility; notification of position on list of eligible persons. (NRS 615.173)

1. An applicant for financial assistance must submit to the contractor a completed application and a written statement from a licensed physician, physician assistant or registered nurse certifying the applicant's need for essential personal care.
2. The contractor shall, within 30 days after receiving a completed application, notify the applicant in writing whether he is eligible for financial assistance.
3. If money is available, a person may be eligible to receive financial assistance on the date the review team determines he is eligible.
4. If money is not available, the contractor shall notify the person of his position on the waiting list maintained by the Division of persons eligible for financial assistance in the order of their priority.

615.140 Appeals.

1. An applicant for financial assistance or a recipient who disagrees with a decision of the review team or the contractor may, within 15 working days after he receives notice of the decision, file an appeal with the contractor. The contractor:
 - (a) May require the applicant or recipient to submit, in writing, evidence to support the appeal; and
 - (b) Shall render his decision in writing within 30 days after he receives the appeal.
2. The applicant or recipient may appeal the decision of the contractor to the Administrator by filing a notice of appeal within 15 working days after he receives notice of the decision of the contractor. The Administrator:
 - (a) Shall review the decision in an informal procedure;

(b) May require the applicant, recipient or contractor to submit, in writing, additional evidence to support the appeal or the decision; and

(c) Shall render his decision in writing within 30 days after he receives the notice of the appeal.

3. The decision of the Administrator is a final decision for the purposes of judicial review.

615.150 Determination of financial eligibility; formula for determining portion of cost paid by recipient if not exempt; payment of costs by contractor. (NRS 615.173)

1. An applicant is not eligible to receive financial assistance pursuant to subsection 1 of NAC 615.070 if his gross monthly income, less the expenses set forth in paragraphs (a) to (d), inclusive, of subsection 2, is more than 800 percent of the federally designated level signifying poverty, divided by 12, for the size of family applicable to the applicant, as determined by the United States Department of Health and Human Services and published annually in the Federal Register.

2. In determining the financial eligibility of an applicant, the gross monthly income of the applicant and the applicant's spouse, or, if the applicant is a dependent child or adult who has no income and is financially supported by his family, the gross monthly income of the applicant's family, must be counted. From the total must be deducted any amount paid directly by the applicant or, if the applicant is a dependent child or adult who has no income and is financially supported by his family, by the applicant's family that is not reimbursed by any other source for:

(a) Medicine prescribed for the applicant by a physician;

(b) Medical care provided to the applicant by a doctor, hospital or other medical facility;

(c) Special equipment, services or supplies to help the applicant do what a person who is not disabled can do; and

(d) Health insurance and the benefits thereof, including, without limitation, the payment of premiums and copayments.

As used in this subsection, “medical facility” has the meaning ascribed to it in NRS 449.0151 and includes a facility for the rehabilitation of physically disabled persons.

3. A recipient whose gross monthly income, less the expenses set forth in paragraphs (a) to (d), inclusive, of subsection 2, is less than 200 percent of the federally designated level signifying poverty, divided by 12, is not required to pay any of the cost for essential personal care. Except as otherwise provided in this section, a recipient whose gross monthly income, less the expenses set forth in paragraphs (a) to (d), inclusive, of subsection 2, is 200 percent or more of the federally designated level signifying poverty, divided by 12, but not greater than 800 percent of the federally designated level signifying poverty, divided by 12, shall pay a portion of the total cost to provide essential personal care to him according to the following formula:

$$\text{Monthly amount of recipient's payment for essential personal care} = \frac{(A-(B+C))}{(A-B)} \times (D)$$

where “A” is the recipient’s gross monthly income; “B” is the sum, on a monthly basis, of the recipient’s expenses, if any, set forth in paragraphs (a) to (d), inclusive, of subsection 2; “C” is the amount that equals 200 percent of the federally designated level signifying poverty, divided by 12, for the size of family applicable to the recipient; and “D” is the cost of providing services for essential personal care, on a monthly basis, for that recipient.

4. Notwithstanding the formula set forth in subsection 3, in no case may the recipient's payment for essential personal care, on a monthly basis, exceed 25 percent of the amount that equals the difference between A and the sum of B and C.

5. If there are compelling and urgent circumstances, including, without limitation, the circumstance in which payment of any portion of the cost to provide essential personal care to the recipient will cause severe hardship to the recipient, the contractor, with the approval of the Administrator, may pay 100 percent of the cost of the essential personal care of a recipient.

615.160 Grounds for termination of care. Care provided by a personal care attendant to a recipient may be terminated if the recipient:

1. Fails to pay his share of the attendant's wages;
2. Fails to provide documents needed for reevaluation;
3. Willfully defrauds the program; or
4. Fails to comply with the requirements of NAC 615.120.

NOTICE OF ADOPTION OF PROPOSED REGULATION
LCB File No. R005-06

The Department of Health and Human Services adopted regulations assigned LCB File No. R005-06 which pertain to chapters 426 and 615 of the Nevada Administrative Code on March 10, 2006.

Notice date: 1/24/2006
Hearing date: 2/28/2006

Date of adoption by agency: 3/8/2006
Filing date: 5/4/2006

INFORMATIONAL STATEMENT

The following statement is submitted by the Department of Health and Human Services, Office of Disability Services (Office) pursuant to NRS 233B.066 for adopted additions to Chapter 426 of the Nevada Administrative Code.

A. NRS 233B.066(1)(a): A description of how public comment was solicited, a summary of the public response, and an explanation how other interested persons may obtain a copy of the summary.

On December 9, 2005, the Office filed and made public (via its Web site and other public locations) the text of its proposed temporary regulation, along with a formal **Notice of Workshops to Solicit Comments on Proposed Regulations**. A formal **Notice of Intent to Act Upon Regulations** specifying the hearing date of February 28, 2006 was issued on January 24, 2006. The **Notice** also provided a deadline of February 26, 2006, for submission of written comments to the Office. Finally, the **Notice** informed the public that any person was invited to provide testimony during the workshop and/or hearing on February 28, 2006. The hearing was held in both Carson City and Las Vegas via video-conference. Comments on the proposed regulation came from public and private sector agencies.

B. NRS 233B.066(1)(b): The number of persons who (1) attended each hearing, (2) testified at each hearing, and (3) submitted to the agency written statements.

One person attended the hearing on this matter in Carson City and Las Vegas, combined, and gave testimony in support of the regulation. No written comments were received by the Office.

C. NRS 233B.066(1)(c): A description of how comment was solicited from affected businesses, a summary of their response, and an explanation how other interested persons may obtain a copy of the summary.

Public Notice was issued in the major newspapers of Las Vegas, Reno and Carson City. Additionally, an E-mail list of interested parties was compiled, including people with disabilities, providers of State personal assistance services, and others.

Persons interested in viewing a summary of comments, or receiving a recording of the hearing, may contact the Office at 3656 Research Way, Suite 32, Carson City, NV 89706, (775) 687-4452.

D. NRS 233B.066(1)(d): If the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change.

The regulation was adopted without change. Because the regulation only applies to the State-operated program, it does not have implications for most providers of these services.

Additionally, the most significant changes involved streamlining the assessment process and clarifying how services can be provided to people with Traumatic Brain Injury; neither of these proposals are particularly controversial and both improve services. Finally, there was no testimony or input provided that opposed the planned regulations.

E. NRS 233B.066(1)(e): The estimated economic effect of the regulation on the business which it is to regulate and on the public, including (1) both the adverse and beneficial effects, and (2) both immediate and long-term effects.

There is no economic effect on the user of Personal Assistance Services, and no economic effect on the businesses that provide these services. The new regulatory provisions will add flexibility to the program and will improve the service provision process. Immediate effects will enable persons with Traumatic Brain Injury to receive services, and will allow a greater variety of medical professionals to provide service needs assessments. The long-term effect will be the same as the short term.

F. NRS 233B.066(1)(f): The estimated cost to the agency for enforcement of the Proposed regulations.

There will be no additional cost to the agency.

G. NRS 233B.066(1)(g): A description of any regulations of other state or government agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the regulation overlaps or duplicates a federal regulation, the name of the regulating federal agency.

The Office is not aware of any regulations of other state or governmental agencies, which this regulation overlaps or duplicates.

H. NRS 233B.066(1)(h): if the regulation includes provisions, which are more stringent than a federal regulation which regulates the same activity, a summary of such provisions.

Not applicable.

I. NRS 233B.066(1)(i): If the regulation provides a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.

This regulation does not provide for a new fee nor does it increase an existing fee.