

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

**LCB File No. R104-14**

**SUBSTANCE ABUSE AND PREVENTION AGENCY**

**These regulations are being proposed in accordance with NRS 458.025.**

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

**Chapter 458 of NAC is hereby amended by adding thereto the provisions set forth as sections 1 to 53, inclusive, of this regulation.**

**Sec. 1 Add new section titled: Agency defined.**

*“Agency” defined. (NRS 458.025) “Agency” means Substance Abuse Prevention and Treatment Agency.*

**Sec. 2 Add new section titled: ASAM defined.**

*“ASAM” defined (NRS 458.025) “ASAM” means the current version of the American Society of Addiction Medicine Criteria.*

**Section 3: “Bureau” defined: Delete Definition.**

~~[NAC 458.017 “Bureau” defined. (NRS 458.025) “Bureau” means the Bureau of Alcohol and Drug Abuse of the Health Division, or its successor.  
(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)]~~

**Section 4: NAC 458.028 is hereby amended to read as follows:**

**NAC 458.028 “Criteria of the ~~Health~~ Division” defined. (NRS 458.025)** “Criteria of the ~~Health~~ Division” *means the criteria of the American Society of Addiction Medicine Criteria* adopted by the ~~Health~~ Division in the *Administrative Manual* of the ~~Bureau~~ *Agency* for the prevention or treatment of a substance-related disorder, including, without limitation:

1. The policies and procedures established by the ~~Health~~ Division in the *Administrative Manual* to monitor compliance of programs with certification requirements; and
2. The criteria outlined in the current version of the *Diagnostic and Statistical Manual of Mental Disorders*,<sub>2</sub> which is adopted by reference pursuant to NAC 458.095.

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

**Section 5: Add new section titled: Division defined.**

*“Division” defined. (NRS 458.025) “Division means Division of Public and Behavioral Health”*

**Section 6: Add new section titled: Satellite Office defined.**

*“Satellite Office” defined. (NRS 458.025) “Satellite Office” means a site that is not owned or rented by the provider. The site is only used for services rendered, but no records or staff are permanently located at the site. Examples of this would be if assessments were being performed at a Department of Family Services office or a jail. Certification of these sites are not required.*

**Section 7: Add new section titled: Telehealth defined.**

*“Telehealth” defined. (NRS 458.025) is use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance.*

**Section 8: NAC 458.108 is hereby amended to read as follows:**

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

1. An operator may apply for the initial certification of a program by submitting to the ~~Health~~ Division:
  - (a) A completed application for initial certification on a form provided by the ~~Health~~ Division;
  - (b) Documentation evidencing that the applicant is in compliance with all applicable local, state and federal laws, regulations and ordinances;
  - (c) All names used by the applicant in its operation of the program or practice of business;
  - (d) A copy of the manual containing the policies and procedures of the program;
  - (e) A nonrefundable fee in the amount set forth in [NAC 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 ~~Health~~ Division, within ~~90~~ [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 ~~Health~~ Division;
  - (b) Documentation evidencing that the applicant is in compliance with all applicable local, state and federal laws, regulations and ordinances;
  - (c) All names used by the applicant in the operation of the program or practice of business;
  - (d) A copy of the manual containing the policies and procedures of the program *if there were any changes from the previous version*, including, without limitation, documentation that:

(1) Describes any 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 ~~{Health}~~ Division; and

(2) Specifies in writing whether the changes were:

~~{(I) Made as a result of findings of the Health Division, including, without limitation, findings made before the expiration of the certification and findings made in any notice of revocation of certification by the Health Division;}~~

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

(III) 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)

**Section 9 NAC 458.113 is hereby amended to read as follows:**

**NAC 458.113 Duties of ~~{Health}~~ Division upon receipt of application; period of certification. ([NRS 458.025](#))**

1. Upon receipt of a completed application for initial certification or recertification of a program, the ~~{Health}~~ 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 criteria of the ~~{Health}~~ Division; and

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

~~{2. The Health Division shall return any incomplete application to the applicant.}~~

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

4. The ~~{Health}~~ Division may issue an initial certification or recertification of a program for a period not to exceed 2 years. The ~~{Health}~~ 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 ~~{Health}~~ Division.

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

**Section 10 NAC 458.118 is hereby amended to read as follows:**

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

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

2. The **{Health}** Division may amend the criteria of the **{Health}** Division if:

(a) The staff of the **{Bureau} Agency** submits a written proposed amendment to the **{Health}** Division to change the criteria of the **{Health}** Division based upon:

(1) A review by the staff of the **{Bureau} Agency** of any changes made to:

(I) Any nationally recognized criteria for the prevention or treatment of substance-related disorders; and

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

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

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

(c) The Advisory Board approves the amendment proposed by the staff of the **{Bureau} Agency** and recommends to the Administrator that he amend the criteria of the **{Health}** Division; and

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

3. The staff of the **{Bureau} Agency** shall send notice of a meeting of the Advisory Board to hear an amendment to the criteria of the **{Health}** Division to each known alcohol and drug abuse program which operates in this State for the prevention or treatment of substance-related disorders and to each person or organization requesting such notification.

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

(a) Published in the *Administrative Manual* of the **{Bureau} Agency**;

(b) Posted on the SAPTA webpage; and

(c) Mailed to each certified alcohol and drug abuse program which operates in this State for the prevention or treatment of substance-related disorders.

5. If the **{Health}** Division amends the criteria of the **{Health}** Division in accordance with this section before an operator is required to recertify a program, the **{Health}** Division shall not require the operator to recertify the program to comply with the amended criteria of the **{Health}** Division before the date required for recertification of the program. The **{Health}** Division may require the operator to:

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

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

6. As used in this section, "Advisory Board" means the board created by the Administrator to advise the **{Bureau} Agency**.

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

**Section 11 NAC 458.123 is hereby amended to read as follows:**

**NAC 458.123 Notifications regarding changes affecting certification. ([NRS 458.025](#))**  
An operator shall notify the **{Health}** Division of any anticipated change which will affect the

certification of the program not later than ~~90~~ 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 ~~90~~ 60 days before the change will occur. The ~~Health~~ 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)

**Section 12 NAC 458.128 is hereby amended to read as follows:**

NAC 458.128 Addition of new service during period of certification. ([NRS 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 ~~Health~~ Division:

(a) A completed application for the addition of a new service on a form provided by the ~~Health~~ 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 ~~Health~~ 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 ~~Health~~ Division pursuant to subsection 4 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 ~~Health~~ Division shall determine the period of the recertification based upon the criteria for the length of certification set forth in the criteria of the ~~Health~~ Division.

*4. If the operator wishes to move from current location to a new location, the operator must submit an application for moving locations in accordance with the requirements set forth in subsection 2 of NAC 458.108 to maintain certification of the program with the new location. No application is needed for satellite sites as defined in these regulations.*

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

**Section 13 NAC 458.138 is hereby amended to read as follows:**

**NAC 458.138 Fees of ~~Health~~ Division.** ([NRS 458.025](#)) The ~~Health~~ Division shall charge and collect nonrefundable fees for the initial certification and recertification of programs and services in accordance with the following schedule:

For each administrative program.....	\$100
For each coalition program.....	100

For each drug court program at each geographic location at which the drug court program will be provided.....	100
For each evaluation center program.....	100
For each prevention program.....	100
For each service provided by a treatment program at each geographic location at which the service will be	100
For each service to be added to a program at each geographic location at which the service will be provided.....	100

*In addition to the above stated fees, there will be a \$50.00 fee for Co-Occurring Treatment that corresponds to the agency regardless of how many service levels are certified. .... 50*  
 (Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

**Sec 14 NAC 458.153 is hereby amended to read as follows:**

**NAC 458.153 Operators: General requirements and duties. ([NRS 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 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) Review and approval of budgets by the board.***

(c) Make available for review by the ~~Health~~ 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](#);

(b) Review and approve ***by the board when applicable*** any changes to the manual containing the policies and procedures of the program;

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

~~(f) **{Submit for review and approval by the Health Division}** Make a copy of a plan available at the time of the site visit for improving the quality of the services provided by the program and for ensuring that the integrity of the program will be maintained *including operational, human resource, fiscal and clinical outcome measures that will be reviewed at a minimum quarterly to assure the delivery of quality services;*~~

~~{(g) **After the Health Division approves the plan submitted pursuant to paragraph (f), implement the plan;**}~~

(g) Maintain all licensure and certifications required by the **{Health}** Division and comply with all local, state and federal laws, regulations and ordinances;

(h) 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;

~~(i) **{Post a plan for evacuation of the premises where a program is providing services in a place where the plan can be easily viewed by clients, participants and staff;}** 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 *at the time of the certification site visit.* Provide a copy to the **{Health}** Division not more than 30 days after the operator receives the report *if there was a corrective action plan required as part of the review.*

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

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

**Section 15 NAC 458.158 is hereby amended to read as follows:**

**NAC 458.158 Operators: Manual of policies, procedures and services.** ([NRS 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 *signed* job description 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.

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

**Section 16 458.168 is hereby amended to read as follows:**

**NAC 458.168 Operators: Records regarding members of staff. ([NRS 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 his designee, and any document containing the job performance standards which is signed by a member of the staff and the operator or his designee.

(c) Includes, for each member of the staff who serves clients who are under 16 years of age, documentation of the results of an inquiry made pursuant to [NRS 179A.180](#) to [179A.240](#), inclusive.

(d) Includes a copy of the certification, registration or license of each member of the staff who provides treatment or another service requiring certification, registration or licensure of the member of the staff.

~~{(e) — Includes copies of documentation of any disciplinary action taken against a member of the staff.}~~

(f) 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.

~~{(g) — Includes copies of certificates of any training completed by each member of the staff.}~~

(e) Includes, for each member of the staff who is not a citizen of the United States, a copy of Form I-9, Employment Eligibility Verification, of the United States Citizenship and Immigration Services of the Department of Homeland Security, which verifies that the member of the staff is lawfully entitled to remain and work in the United States.

(f) Includes a copy of any report of criminal history that is obtained pursuant to [NRS 641C.260](#) or [641C.530](#) for each member of the staff working with any person who is less than 18 years of age.



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

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

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

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

**Section 17 NAC 458.173 is hereby amended to read as follows:**

**NAC 458.173 Operators: Liability insurance.** ([NRS 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 at a minimum must contain general, professional liability insurance for all programs and Director and Officers insurance for funded programs.* The operator shall submit a copy of the policy of insurance to the **{Health}** Division with any application for initial certification or recertification. The policy of insurance must provide that notice be given to the **{Health}** 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 **{Health}** 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 *professional liability* insurance may be provided by the program or the consultant. If the 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)

**Section 18 NAC 458.177 is hereby amended to read as follows:**

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

1. An operator and the staff shall not knowingly provide false information to the **{Health}** Division or a representative of the **{Health}** 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 ability to perform services; or
- (b) Perform activities which are unauthorized by his 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)

**Section 19 NAC 458.183 is hereby amended to read as follows:**

**NAC 458.183 Operators and staff: Responsibilities concerning clients and participants.** ([NRS 458.025](#)) An operator and the staff shall:

~~1.1~~ 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 relationship with a client or participant to promote his 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.†~~

~~7.1~~ Enable all persons, regardless of ability to pay, especially persons with low or no income, to have access to necessary resources and services related to the prevention or treatment of a substance-related disorder.

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

**Section 20 458.203 is hereby amended to read as follows:**

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

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

~~2.1~~ *Meet all applicable requirements pursuant to Meet all the applicable requirements pursuant to NAC 458.103, NAC 458.108, NAC 458.113, NAC 458.118, NAC 458.123, NAC 458.128, NAC 458.133, NAC 458.138, NAC 458.153, NAC 458.158. NAC 458.163, NAC 458.168, NAC 458.173, NAC 458.177, NAC 458.183. †*

~~2. Ensure that the nonprofit organization which operates the coalition program is comprised of individuals, organizations and agencies which broadly represent the community to be served by the coalition program.~~

~~3. At the request of the Health Division, develop a written comprehensive plan for the prevention of substance-related disorders in the community based upon:~~

~~(a) An assessment of the risk factors and protective factors in the community;~~

~~(b) An assessment of the resources available in the community to address the need for the prevention of substance-related disorders;~~

~~(c) Research concerning the prevention of substance-related disorders; and~~

~~(d) Any evidence-based programs which target risk factors and protective factors of substance-related disorders.~~

~~4. Make a good faith effort to include all providers of services relating to the prevention of substance-related disorders in:~~

~~(a) Conducting the assessment of the risk factors, protective factors and resources available in the community; and~~

~~(b) Developing and writing the comprehensive plan for the prevention of substance-related disorders in the community.~~

~~5. Submit all reports to the Health Division as may be required by the Health Division.~~

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

~~7. Meet all requirements as specified by the Health Division in the notice of subgrant award.~~

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

**Section 21 NAC 458.213 is hereby amended to read as follows:**

**NAC 458.213 Duties of operator; funding. (NRS 458.025)**

1. The operator of an administrative program shall:

(a) Submit a request for funding to the **{Health}** 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 **{Health}** Division in the notice of subgrant award.

(c) Keep all records required by the **{Health}** 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 all the applicable requirements pursuant to NAC 458.103, NAC 458.108, NAC 458.113, NAC 458.118, NAC 458.123, NAC 458.128, NAC 458.133, NAC 458.138, NAC 458.153, NAC 458.158. NAC 458.163, NAC 458.168, NAC 458.173, NAC 458.177, NAC 458.183.*

2. The **{Health}** 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)

**Section 22 NAC 458.228 is hereby amended to read as follows:**

**NAC 458.228 Duties of operator. (NRS 458.025, 458.055)** The operator of a prevention program shall:

1. Submit to the **{Health}** Division a written statement signed by the operator of the prevention program assuring the **{Health}** Division that the prevention program promotes the message to minors not to use alcohol, tobacco or other drugs.

~~2.~~ *Meet all the applicable requirements pursuant to NAC 458.103, NAC 458.108, NAC 458.113, NAC 458.118, NAC 458.123, NAC 458.128, NAC 458.133, NAC 458.138, NAC 458.153, NAC 458.158. NAC 458.163, NAC 458.168, NAC 458.173, NAC 458.177, NAC 458.183.*

~~3. To satisfy federal requirements for the evaluation of a prevention program, include a requirement in the manual containing the policies and procedures of the prevention program that a minor and the parent or guardian of the minor wishing to participate in the prevention~~

~~program must comply with the criteria of the Health Division regarding consent to participate in a prevention program.~~

~~4. If the prevention program includes an evaluation of the prevention program by the participants, maintain documentation that the operator made a good faith effort to obtain the consent required pursuant to subsection 2.~~

~~5. Maintain documentation of the consent required pursuant to subsection 2 and make the documentation available to the staff of the Health Division upon request.~~

~~6. If the prevention program is directed at a specific community:~~

~~(a) Participate with any coalition program in that community which is funded by the Health Division to develop a comprehensive plan for the prevention of substance-related disorders in that community.~~

~~(b) Submit quarterly reports to the Health Division which outline:~~

~~(1) Specific activities of the prevention program with the coalition program; and~~

~~(2) How the services of the prevention program:~~

~~(I) Adhere to the goals and objectives of the comprehensive plan for the prevention of substance-related disorders;~~

~~(II) Maintain fidelity to the appropriate evidence-based practices; and~~

~~(III) Satisfy the goals of federal and state alcohol and drug abuse programs for the prevention or treatment of substance-related disorders.]~~

~~7. Include in the manual containing the policies and procedures of the prevention program procedures for the staff to follow concerning the physical and computer records of a participant, including, without limitation, policies and procedures for:~~

~~(a) Preventing the release of information concerning the participant without a signed consent form from the participant for the release of the information;~~

~~(b) The conditions for release of information that would occur pursuant to 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164;~~

~~(c) Maintaining the records at the place of business of the operator or at a site designated by the operator working with an agency which has contracted with the [Health] Division to maintain the records; and~~

~~(d) Maintaining physical records in a locked facility and computer records in a system which allows access to only those persons authorized by the operator.~~

~~8. Ensure that all records of the prevention program are kept for at least 4 years, including, without limitation, staff records, participant records, fiscal records, information reported to the [Health] Division, records which substantiate any information reported to the [Health] Division and records which substantiate any claims for funds from the [Health] Division.~~

~~9. If the operator is providing a service directed at specific participants, prepare records of the service, including, without limitation, records of attendance which include the date the service was provided, the name of each participant, the name and signature of the person who conducted the service and the location at which the service was provided.~~

~~10. Ensure that the staff are aware and knowledgeable of the theories, goals and methodologies used to successfully carry out the prevention program and the services of the program.]~~

11. In accordance with the criteria of the [Health] 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)

**Section 23 NAC 458.241 is hereby amended to read as follows:**

**NAC 458.241 Manual of policies and procedures.** (NRS 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 the control of infections, including, without limitation, communicable diseases, and 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. 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 or neglected a child or an elderly person;
- (b) That the client presents a danger to other people;
- (c) That the client has a communicable disease; or
- (d) The identity of the client and his human immunodeficiency virus seropositive status.

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

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

**Section 24 NAC 458.246 is hereby amended to read as follows:**

**NAC 458.246 Provision of services to clients.** (NRS 458.025) The operator of a treatment program shall:

1. Perform an assessment *using an approved tool by the Division that addresses both substance related issues as well as mental health issues* of each client 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 ~~Health~~ 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 ASAM 6 Dimensions* ~~objectives~~ as specified in *Division criteria* 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 ~~objectives~~ *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 ~~objectives~~ **goals** of the plan.

3. Review and revise the plan of treatment of a client based on *Division criteria for continued service and transfer*:

~~{(a) If the client is receiving outpatient treatment services, whenever the condition of the client changes over the course of treatment or every 30 days, whichever occurs first; and~~

~~(b) If the client is receiving residential treatment services, whenever the condition of the client changes over the course of treatment or every 14 days, whichever occurs first.}~~

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, ~~an employee assistance program or~~ any other provider of a service related to the treatment of a substance related disorder *or mental health issue* to address any identified problems of a client which cannot be resolved by a service provided by the treatment program.

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

**Section 25 458.252 are hereby amended to read as follows:**

**NAC 458.252 Assessments and treatment 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 abuse 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 abuse 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 includes, without limitation, the findings of each person who conducted the assessment.

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 abuse 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.

***5. Treatment services shall at a minimum meet the Division criteria treatment descriptions for co-occurring capable or co-occurring enhanced.***

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

**Section 26 458.257 are hereby amended to read as follows:**

**NAC 458.257 Provision of opioid ~~{maintenance therapy}~~ treatment services.** ([NRS 458.025](#)) A treatment program which provides opioid ~~{maintenance therapy}~~ treatment services must be certified to provide services for outpatients and ambulatory detoxification services. The facility at which the treatment program provides opioid ~~{maintenance therapy}~~ treatment services must be licensed by the ~~{Health}~~ Division as a facility for treatment with narcotics pursuant to [NAC 449.154](#) to [449.15485](#), inclusive.

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

**Section 27 458.267 are hereby amended to read as follows:**

**NAC 458.267 Policies, ~~{and}~~ procedures and protocols for provision of services using system of telehealth ~~{communications}~~.** ([NRS 458.025](#), [458.055](#)) The operator of a treatment program which offers services using a system of telehealth ~~{communications}~~ shall submit the policies and procedures for the operation of the system to the ~~{Health}~~ Division for approval. The policies, ~~{and}~~ procedures and protocols must provide for:

1. 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.*

2. *Protocols for verification of the location of the client, verification of the client and professional at the time of the site visit, patient appropriateness for telehealth services, and informed consent;*

3. *Actions the program will take in case of an emergency involving a client including verifying patient safety and emergency services available to the client their community;*

4. *Professional license and certification ethical standards specific to telehealth are complied with;*

5. *Comply with other Division polices required in the SAPTA administrative manual; and*

6. *Comply with applicable documentation requirements per the NAC 458.103, NAC 458.108, NAC 458.113, NAC 458.118, NAC 458.123, NAC 458.128, NAC 458.133, NAC 458.138, NAC 458.153, NAC 458.158. NAC 458.163, NAC 458.168, NAC 458.173, NAC 458.177, NAC 458.183, NAC 458.193, NAC 458.241, NAC 458.246, NAC 458.252, NAC 458.257, NAC 458.262, NAC 458.267. NAC 458.272 as if the client were being seen face to face; and*

7. The manner in which the dignity of clients will be maintained. (Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

**Section 28 NACE 458.272 is hereby amended to read as follows:**

**NAC 458.272 Records regarding clients.** ([NRS 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 ~~Health~~ Division, an evaluation of the financial status of the client sufficient to determine eligibility for such services.
  - (c) A statement from the client, signed within 24 hours after intake or upon enrollment in the treatment program, explaining that he is seeking service, unless the client is being provided a service related to civil protective custody.
  - (d) 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.
  - (e) 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.
  - (f) The source of any referral to the treatment program.
  - ~~(g) Documentation of the treatment assessment performed by the operator or obtained by the operator pursuant to subsection 1 of [NAC 458.246](#). †~~
  - ~~(h) The history of treatment of the client.~~
  - ~~(i) Any sources of psychosocial stress affecting the client.†~~
  - (j) The original plan of care for the client and all revisions to the plan of care.
  - ~~(k) 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. †~~
  - ~~(l) Documentation of and justification for any referral to appropriate services pursuant to the criteria of the Health Division and any resulting coordination of care.†~~
  - (m) Documentation of any discussion with the client concerning the results of the treatment assessment, appropriate referrals and any barriers to treatment.
  - (n) The date, type and duration of any contact with the client, and any services provided to the client.
  - (o) Documentation of any:
    - a. Incident that may cause imminent danger to the health and safety of the client, other clients or staff, or persons outside the treatment program;
    - b. Problem involving the client;
    - c. Infraction of the rules of the treatment program by the client; and
    - d. Sign or symptom of illness or injury of the client.
  - (p) Documentation in support of services that the treatment program provides to the client, including, without limitation, any:
    - a. Correspondence concerning the client; and
    - b. Results of a test conducted on the client, including, without limitation, any test conducted by a laboratory. †
  - ~~(q) If the treatment program administers or dispenses medication to the client or makes medication available to the client to administer to himself, documentation of all actions taken to comply with the requirements set forth in [NAC 449.144](#).†~~



(r) 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:

- a. Diagnosis of the client at the time of admission or intake using the current version of the Diagnostic Statistical Manual (DSM);
- b. The response of the client to treatment;
- c. Diagnosis of the client at the time of transfer; and
- d. Recommendations for persons who will be providing treatment to the client.

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

- a. Documentation that a copy of the plan for continuing care of the client, including, without limitation, any referrals given to the client, was provided to the client before discharge, if possible; and
- b. Documentation that, not more than 5 business days after the client was discharged from the treatment program, a summary was completed which meets the criteria of the ~~Health~~ Division for the discharge of a client.

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

- a. The procedure for the client to register a complaint and to appeal a decision by the treatment program concerning a complaint;
- b. 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
- c. Any other rights of the client that are specified by the ~~Health~~ Division.

(s) Documentation to support any claims for services or data reported to the ~~Health~~ Division.

2. Ensure that each client receives a copy of the notification required pursuant to paragraph (t) 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;

(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)

**Section 29 458.291 are hereby amended to read as follows:**

**NAC 458.291 Manual of policies and procedures.** (NRS 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, and policies and procedures *Drug Court programs shall maintain policies and procedures with evidence of implementation including;*

1. *Restorative justice model of treatment for criminal justice clients;*
2. *Provide incentives and sanctions;*
3. *Motivation enhancement approaches;*
4. *Pro-social activities;*
5. *Program phasing; and*
6. *Staff Modeling. †*

~~1. Concerning the control of infections, including, without limitation, communicable diseases, and concerning universal precautions against bloodborne pathogens.†~~

~~2. Describing the manner in which the drug court program will satisfy the requirements set forth in NAC 458.296 and 458.306.~~

~~3. For releasing information about a client which satisfies the requirements set forth in 42 CFR Part 2 and 45 CFR Parts 160, 162 and 164 which reveals:~~

~~(a) That the client has abused or neglected a child or an elderly person;~~

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

~~(c) That the client has a communicable disease; or~~

~~(d) The identity of the client and his human immunodeficiency virus seropositive status.~~

~~4. Describing the criteria which the drug court program will use to satisfy and comply with the criteria of the Health Division for admission, continued stay and discharge.]~~

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

**Section 30 NAC 458.296 is hereby amended to read as follows:**

**NAC 458.296 Assessments of clients.** (NRS 458.025) The operator of a drug court program shall perform an assessment of each client or obtain the most recent assessment ~~[which is found to be sufficient to:]~~ *pursuant to NAC 458.252. †*

~~1. Make a complete identification of any problems related to the substance-related disorder of the client; and~~

~~2. Determine the appropriate level of service for the client pursuant to the criteria of the Health Division.]~~

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

**Section 31 NAC 458.301 is hereby amended to read as follows:**

~~[NAC 458.301 Provision of counseling for groups. (NRS 458.025) If a drug court program provides counseling for groups, the operator will meet the requirements [shall ensure that any~~

~~session for counseling for a group includes not more than 15 clients.] pursuant to NAC 458.262.~~

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

**Section 32 NAC 458.306 is hereby amended to read as follows:**

**NAC 458.306 Records regarding clients.** (NRS 458.025, 458.055) The operator of a drug court program *shall meet the requirements pursuant to NAC 458.272.*

- † 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 Health Division, an evaluation of the financial status of the client sufficient to determine eligibility for such services.]~~
  - (e) A statement from the client, signed upon intake or enrollment in the drug court program, explaining that he is seeking service, unless the client is being provided a service related to civil protective custody. †
  - ~~(d) A consent form for treatment services signed by the client or the parent or guardian of the client upon intake or enrollment in the drug court program, unless the client is being provided a service related to civil protective custody.~~
  - ~~(e) 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.~~
  - ~~(f) The source of any referral to the drug court which referred the client to the drug court program.~~
  - ~~(g) Documentation of the assessment performed by the operator or obtained by the operator pursuant to NAC 458.296.~~
  - ~~(h) The history of treatment of the client.~~
  - ~~(i) Any sources of psychosocial stress affecting the client.~~
  - ~~(j) 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.~~
  - ~~(k) Documentation of and justification for any referral to appropriate services pursuant to the criteria of the Health Division and any resulting coordination of care.~~
  - ~~(l) Documentation of any discussion with the client concerning the results of the treatment assessment, appropriate referrals and any barriers to treatment.~~
  - ~~(m) The date, type and duration of any contact with the client, and any services provided to the client.~~
  - ~~(n) Documentation of any:
    - ~~(1) Incident that may cause imminent danger to the health and safety of the client, other clients or staff, or persons outside the drug court program;~~
    - ~~(2) Problem involving the client; and~~
    - ~~(3) Sign or symptom of illness or injury of the client.~~~~
  - (e) Documentation in support of services that the drug court 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.

~~(p) — A copy of the notification, which is in the form approved by the Health 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 drug court 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 Health Division.~~

~~(q) — Documentation to support any claims for services or data reported to the Health Division.~~

~~2. — Ensure that each client receives a copy of the notification required pursuant to paragraph (p) 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 required pursuant to NAC 458.296.~~

~~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;~~

~~(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 drug court 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)

### **Section 33 NAC 458.321 is hereby amended to read as follows:**

**NAC 458.321 Manual of policies and procedures.** (NRS 458.025, 458.055, 484.37935)

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:

~~1. — [Concerning the control of infections, including, without limitation, communicable diseases, and concerning universal precautions against bloodborne pathogens.]~~

2. Describing the manner in which the evaluation center program will satisfy the requirements set forth in NAC 458.326 and 458.331. †

~~3. — For releasing information about a client which satisfies the requirements set forth in 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164 and which reveals:~~

- ~~(a) That the client has abused or neglected a child or an elderly person;~~
- ~~(b) That the client presents a danger to other people;~~
- ~~(c) That the client has a communicable disease; or~~
- ~~(d) The identity of the client and his human immunodeficiency virus seropositive status.~~

4. ~~Describing the criteria which the evaluation center program will use to satisfy and comply with the criteria of the Health Division for admission, continued stay and discharge.~~  
(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

**Section 34 NAC 458.326 is hereby amended to read as follows:**

**NAC 458.326 Assessments of clients.** (NRS 458.025, 484.37935) The operator of an evaluation center program shall perform an assessment of each client or obtain the most recent assessment ~~[which is found to be sufficient to:]~~ **pursuant to NAC 458.252: †**

- ~~1. Make a complete identification of any problems related to the substance-related disorder of the client; and~~
- ~~2. Determine the appropriate level of service for the client pursuant to the criteria of the Health Division.~~

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

**Section 35 NAC 458.331 is hereby amended to read as follows:**

**NAC 458.331 Records regarding clients.** (NRS 458.025, 458.055, 484.37935) The operator of an evaluation center program shall **meet the requirements pursuant to NAC 458.272:**

- †. 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 Health Division, an evaluation of the financial status of the client sufficient to determine eligibility for such services.~~
  - ~~(c) A statement from the client, signed upon intake or enrollment in the evaluation center program, explaining that he is seeking service, unless the client is being provided a service related to civil protective custody.~~
  - ~~(d) A consent form for treatment services signed by the client or the parent or guardian of the client upon intake or enrollment in the evaluation center program, unless the client is being provided a service related to civil protective custody. †~~
  - ~~(e) 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.~~
  - ~~(f) The source of any referral to the evaluation center program.~~
  - ~~(g) Documentation of the assessment performed by the operator or obtained by the operator pursuant to NAC 458.326.~~
  - ~~(h) The history of treatment of the client.~~
  - ~~(i) Any sources of psychosocial stress affecting the client.~~
  - ~~(j) 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.~~

~~(k) Documentation of and justification for any referral to appropriate services pursuant to the criteria of the Health Division and any resulting coordination of care.~~

~~(l) Documentation of any discussion with the client concerning the results of the treatment assessment, appropriate referrals and any barriers to treatment.~~

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

~~(n) Documentation of any:~~

~~(1) Incident that may cause imminent danger to the health and safety of the client, other clients or staff, or persons outside the evaluation center program;~~

~~(2) Problem involving the client; and~~

~~(3) Sign or symptom of illness or injury of the client.~~

~~(o) Documentation in support of services that the evaluation center 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.~~

~~(p) A copy of the notification, which is in the form approved by the Health 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 evaluation center 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 Health Division.~~

~~(q) Documentation to support any claims for services or data reported to the Health Division.~~

~~2. Ensure that each client receives a copy of the notification required pursuant to paragraph (p) 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 required pursuant to NAC 458.326.~~

~~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;~~

~~(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 evaluation center 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)

**Section 36 NAC 458.361 is hereby amended to read as follows:**

**NAC 458.361 ~~{Health}~~ Division: Acceptance of complaints; authority to inspect premises and request information.** (NRS 458.025) The ~~{Health}~~ Division shall accept complaints against programs and *persons it has certified* in person, in writing, over the phone or by electronic means. The ~~{Health}~~ Division may enter the premises of a program *it has certified* and inspect the premises or request additional information from the program at any time.

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

**Section 37 NAC 458.366 is hereby amended to read as follows:**

**NAC 458.366 Investigations: Duties of ~~{Health}~~ Division.** (NRS 458.025, 458.055) When investigating a complaint regarding a program, the ~~{Health}~~ Division shall:

1. Request that the person registering the complaint state in writing the substance of the complaint and the name of the 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 ~~{announced or unannounced inspections and any other}~~ investigation 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 his designee of the presence of staff from the ~~{Health}~~ Division on the premises upon arrival.

4. *If the complaint is against a certified program,* inform the operator or his designee of the nature of the complaint.

5. *If the complaint is against a certified detoxification technician, inform the person of the nature of the complaint.*

6. 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 ~~{Health}~~ Division from:

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

(1) Is investigating a member of the staff who is under investigation;

(2) Is investigating the same program as the ~~{Health}~~ 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 his 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)

**Section 38 NAC 458.371 is hereby amended to read as follows:**

**NAC 458.371 Investigations: Public disclosure of information and records.** (NRS 458.025, 458.055) Except as otherwise provided in this section, if the ~~Health~~ Division imposes any disciplinary action against an operator, *a program, or a certified detoxification* 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 ~~Health~~ 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)

**Section 39 NAC 458.376 is hereby amended to read as follows:**

**NAC 458.376 Imposition of disciplinary action; recertification after revocation of certification.** (NRS 458.025)

1. The ~~Health~~ 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 ~~Health~~ 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 ~~Health~~ 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 ~~Health~~ 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)

**Section 40 NAC 458.401 is hereby amended to read as follows:**

**NAC 458.401 Procedure for review of actions taken by ~~Health~~ Division; appeals.** (NRS 458.025)



1. A person who has reason to believe that an action taken by the **{Health}** 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 **{Health}** 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 **{Bureau} Agency** 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 **{Bureau} Agency**, except that the informal conference must be held not later than 60 days after the date on which the **{Bureau} Agency** received the written request for the conference.

3. Except as otherwise provided in subsection 4, the determination of the **{Bureau} Agency** 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 **{Health}** Division relating to the denial of initial certification or recertification of a program, the denial of certification of additional services to a program 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 **{Bureau} Agency** 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)

**Section 41 Add a new section titled, Category of certification of persons; availability of list of person certified.**

*1. Qualified applicants may receive from the Division certification as a detoxification technician.*

*2. The Division will maintain and make available to the public a list of persons who are certified by the Agency.*

**Section 42 Add a new section titled, Qualifications for certification as detoxification technician. The qualification for certification as a detoxification technician are;**

*1. Submission to the Division of a completed application for certification as a detoxification technician;*

*2. Education consisting of a minimum of a high school diploma or a certificate of general educational development;*

*3. Certification in cardiopulmonary resuscitation;*

*4. Six (6) hours of training approved by the Division to include, without limitation in:*

*(a) Symptoms of acute withdrawal from alcohol and other drugs;*

*(b) Confidentiality provisions set forth in 42 C.F.R. Part 2, and in 45 C.F.R. parts 160, 162, and 164;*

*(c) Communicable diseases and infection control;*

- (d) *Ethical requirements and standards of practice; and*
- (e) *Measuring and monitoring vital signs.*
- 5. *A passing score on an examination for certification as a detoxification technician.*

**Section 43 Add a new section titled, Application for certification as a detoxification technician.**

- 1. *An applicant must file a completed application which documents that the qualifications are met for certification. A nonrefundable fee in the amount specified by the Agency will be charged each applicant for the materials required to apply for certification.*
- 2. *An application, to be considered complete, must include:*
  - (a) *An application form completed and signed by the applicant*
  - (b) *A copy of the applicant's high school diploma or certificate of general educationdevelopment (GED).*
  - (c) *Completed forms approved by the Division that verify the applicants prior employment experience;*
  - (d) *Written verification of the applicant's current employment;*
  - (e) *A statement signed by the applicant indicating whether he has been convicted of a felony and, if he has, explaining the offenses; and*
  - (f) *A complete set of fingerprints and written permission authorizing the Division to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report and the amount of fees charged by the Central Repository for Nevada Records of Criminal History and the Federal Bureau of Investigation for the handling of the fingerprint cards and issuance of the reports of criminal histories.*
  - (g) *A nonrefundable fee for application and processing in the amount specified by the Division.*

**Section 44 Add a new section titled, Action by Division upon receipt of application for certification as detoxification technician.**

- 1. *Upon receiving an application for certification, the Division will review the application and determine whether to issue the certification pursuant to the provisions of this section.*
- 2. *The Division will mail its determination to the applicant at the last known address of the applicant within 45 days of receipt of the application.*
- 3. *The Division may reject an application if the applicant:*
  - (a) *Fails to file a complete application as specified by the Division;*
  - (b) *Does not meet the minimum requirements of the examination for certification as a detoxification technician;*
  - (c) *Includes false information on the application;*
  - (d) *Has previously had his certification revoked by the Division;*
  - (e) *Fails to submit a verification of his background that has been approved by the Division; or*
  - (f) *Has been convicted of a felony.*

4. *The Division will retain a rejected application for 6 months after the Agency receives the application.*

**Section 45 Add a new section titled, Examination for certification as detoxification technician.**

1. *Examinations for certification will be given at least two (2) times a year on dates established by the Division.*

2. *The Division must approve an application before an applicant is eligible to take the examination.*

3. *The Division will mail the results of the examination to the applicant at the last known address within thirty (30) of taking the examination.*

4. *An applicant who fails the examination may retake the examination when it is next offered by submitting a nonrefundable fee for examination in the amount specified by the Division.*

5. *An applicant who fails the examination and who does not retake it when it is next offered by the Division must submit a new application for certification to take the examination.*

6. *An applicant who fails the examination two (2) times, must wait one (1) year from the last exam failed before applying for certification again.*

**Section 46 Add a new section titled, Certification as detoxification technician. Period of validity; requirements for renewal.**

1. *Certification as a detoxification technician that has been issued subsequent to the applicant having passed the certification examination is valid for 2 years after the Agency issues the certificate.*

2. *To renew certification, a person must submit to the Division:*

(a) *A completed renewal application for certification;*

(b) *Documentation verifying compliance with the requirements of training per applicable licensing board.*

(c) *A nonrefundable fee in the amount specified by the Division.*

3. *The application, documentation, and fee required must be post marked or received by the Agency on or before 5 p.m. Pacific Time of the expiration date of the person's certificate. A person who submits the information after this deadline but within sixty (60) days after the date of expiration of the person's certificate will be assessed a late fee specified by the Agency.*

**Section 47 Add a new section titled, Authorized activities for detoxification technician. A person who is certified as a detoxification technician may:**

1. *Perform detoxification screening to the standards established by the Agency.*

2. *Measure and monitor vital signs of clients.*

3. *Present himself to the public as a detoxification technician.*

**Section 48 Add a new section titled, Duties of persons certified as detoxification technician. A person who is certified as detoxification technician shall:**

- 1. Notify the Agency in writing within ten (10) business days after being convicted of a felony.*
- 2. Post a copy of his certification where it may be easily viewed by clients.*
- 3. Maintain current certification in cardiopulmonary resuscitation.*
- 4. Comply with the requirements of this chapter.*

**Section 49 Add a new section titled, Inactive status of certification as detoxification technician; renewal.**

- 1. Upon sending a written application to and receiving approval by the Agency, a person may place his certification in inactive status at the time of expiration.*
- 2. The Agency, upon approving the application, will charge the person a nonrefundable fee specified by the Agency that the applicant must pay before the Agency will grant or renew the certification.*
- 3. The Agency will allow a person to place his certification in inactive status for a period of no longer than one (1) year.*
- 4. A person may renew his certification before the expiration of the period of inactive status by submitting an application for renewal and the nonrefundable fee.*
- 5. The Agency will deny an application for renewal of certification in inactive status if the application is postmarked or received after the expiration of inactive status. A person who sends an application may reapply for certification.*

**Section 50 Add a new section titled, Disciplinary action against a person certified as a detoxification technician. Disciplinary action by the Division against a person certified as a detoxification technician may include:**

- 1. Written reprimand;*
- 2. Establishment of conditions for continued certification as a detoxification technician;*
- 3. Suspension of certification as a detoxification technician for a period specified by the*  
*Division; and*
- 4. Revocation of certification as a detoxification technician.*

**Section 51 Add a new section titled, Grounds for initiating disciplinary action against a person certified as a detoxification. Disciplinary action against any person certified as a detoxification technician includes:**

- 1. Conviction of a felony;*
- 2. Use of fraud or deception in:*
  - (a) Applying for certification, or for the renewal of certification;*
  - (b) Taking an examination for certification; and or*
  - (c) Providing a service as a detoxification technician.*

3. *A violation of this chapter with regard to certification or the standards of practice;*
4. *Incompetence in the performance of activities that are authorized by certification as a detoxification technician;*
5. *Performing an activity or providing a service authorized by certification as a impaired because of substance use.*
6. *Performing an activity for which other certification or licensure is required in the absence of such certification or licensure, to include, without limitation, certification or licensure required by the Nevada Board of Nursing or the Nevada Board of Alcohol, Drug, and Gambling Counselors, while employed as a detoxification technician.*

**Section 52** Add a new section titled, **Training required to maintain certification as detoxification technician.** A person certified as a detoxification technician must, in order to maintain his certification, attend at least six (6) hours of training during the 2 year period of certification.

1. *Such training must be approved by the Division, to include without limitation:*
  - (a) *Symptoms of acute withdrawal from alcohol and other drugs;*
  - (b) *Confidentiality provisions set forth in 42 C.F.R. Part 2, and in 45 C.F.R. Parts 160, 162 and 164;*
  - (c) *Communicable diseases and infection control;*
  - (d) *Monitoring vital signs of clients; and*
  - (e) *Ethical requirements of alcohol and drug abuse staff.*

**Section 53** Add a new section titled, **Standards of practice of detoxification technicians.** A detoxification technician:

1. *Shall not misrepresent his education, training, type of certificate, qualifications, competence of service.*
2. *Shall not perform duties as a detoxification technician while he is impaired by:*
  - (a) *Alcohol, drugs, or any other chemical; or*
  - (b) *A mental or physical condition that prevents him from safely performing his duties as a detoxification technician.*
3. *Shall not use his relationship with a client to further his own personal interests.*
4. *Shall base his practice upon the recognized knowledge relevant to duties as a detoxification technician.*
5. *Shall not practice, condone, facilitate or collaborate with any form of discrimination on the basis of race, color, gender, sexual orientation, age, religion, national origin, social, economic, diagnosis or physical disability.*
6. *Throughout the period of detoxification of a client and the two (2) years immediately following the termination of the relationship between the client and the detoxification technician caring for the client, or the treatment program, facility or agency shall not:*
  - (a) *Enter into a close personal relationship including sexual relationship with the client, including without limitation, sponsorship of the client in a group.*
  - (b) *Enter into a financial relationship with the client.*