

**PROPOSED REGULATION OF THE
DIVISION OF WELFARE AND SUPPORTIVE SERVICES OF THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

LCB FILE NO. R102-24I

**The following document is the initial draft regulation proposed
by the agency submitted on 05/14/2024**

Regulations to License Qualified Residential Treatment Programs

PROPOSED REGULATION OF THE DIVISION OF WELFARE AND SUPPORTIVE SERVICES OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

NRS 432A.0245, 432A.131(5), 432A.190(2)

Section 1. Chapter 432A of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive, of this regulation.

Sec. 2. *“Qualified residential treatment program” has the meaning ascribed to it in 42 U.S.C. § 672(k)(4).*

Sec. 3. *“Trauma-informed treatment model” means a comprehensive approach to treatment and care that:*

- 1. Recognizes the widespread impact of trauma and uses potential paths for recovery;*
- 2. Recognizes the signs and symptoms of trauma in children, families, staff and other persons involved in the child welfare system;*
- 3. Fully integrates knowledge about trauma into policies, procedures and practices; and*
- 4. Actively seeks to resist retraumatization.*

Sec. 4. *An applicant for a license to operate a qualified residential treatment program must, before a license is issued to him or her, submit to the Division evidence that the qualified residential treatment program:*

- 1. Provides services according to a trauma-informed treatment model that is designed to meet the needs, including, without limitation, clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances. This model must enable the qualified residential treatment program to provide the treatment identified for each child by the assessment of the child required pursuant to 42 U.S.C. § 675a(c).*
- 2. Has a registered nurse as defined in NRS 632.019, a licensed practical nurse as defined in NRS 632.016, or other clinical staff who:*
 - (a) Provide care within the scope of their practice in accordance with their authorized scope of practice set forth in state law;*
 - (b) Are on-site according to the treatment model set forth in subsection 1; and*
 - (c) Are available 24 hours a day, 7 days a week.*
- 3. To the extent appropriate, and in accordance with the best interests of each child, facilitates participation of family members in the treatment program of the child.*

4. *Facilitates outreach to the family members of each child, including, without limitation, siblings of the child and documents how that outreach is done.*
5. *Maintains contact information for each known biological family member and fictive kin of each child.*
6. *Documents the manner in which the qualified residential treatment facility integrates family members into the treatment program of each child, including, without limitation, after the child is discharged from the qualified residential treatment program.*
7. *Documents how the connection between each child and his or her siblings is maintained.*
8. *Provides discharge planning and family-based aftercare support for at least 6 months after each child is discharged from the qualified residential treatment program.*
9. *Is licensed in accordance with 42 U.S.C. § 671(a)(10).*
10. *Is accredited by:*
 - (a) The Commission on Accreditation of Rehabilitation Facilities;*
 - (b) The Joint Commission on Accreditation of Healthcare Organizations;*
 - (c) The Council on Accreditation; or*
 - (d) Any other independent, not-for-profit accrediting organization approved by the United States Department of Health and Human Services.*

Sec. 5. *The Division may contract with a person, governmental agency or political subdivision outside the Division to perform all or part of the administrative duties associated with the licensure, inspection and investigation of a qualified residential treatment program, subject to the direction and approval of the Division.*

Sec. 6. NAC 432A.010 is hereby amended to read as follows:

As used in this chapter, unless the context otherwise requires, the words and terms defined in NAC 432A.012 to 432A.165, inclusive, *and sections 2 and 3 of this regulation*, have the meanings ascribed to them in those sections.

Sec. 7. NAC 432A.130 is hereby amended to read as follows:

“Institution” means a child care institution, *other than a qualified residential treatment program*. **MAKE SURE THAT THIS IS CORRECT. IF THE EXISTING PROVISIONS LISTED BELOW RELATED TO INSTITUTIONS MAKE SENSE FOR QRTPS, THEN THIS SHOULD PROBABLY BE REMOVED.**

Please consider whether the provisions of NAC 432A.440 to 432A.460, inclusive, which govern child care institutions (which will include QRTPs, unless we exclude them) work for QRTPs. These sections can be amended or we can draft the regulation so that they don't apply to QRTPs. The sections I noticed that might be problematic mention parents of the children. These are NAC 432A.440(5) and NAC 432A.450(1)(c) and (6). But there may be additional provisions you want to change to address QRTPS that I missed or you may want them to all apply to QRTPs. The other provisions of chapter 432A of NAC which

specifically address child care institutions are: NAC 432A.255(5), NAC 432A.306(2) and (5), NAC 432A.5205. Please consider whether these need to be changed or whether they can apply to QRTPs as they are currently written.

I looked over all of the existing provisions of chapter 432A of NAC and did not see anything I thought needed to be changed, but you might find some provisions you think should be amended.