

**PROPOSED REGULATION OF THE COMMISSION ON
MENTAL HEALTH AND MENTAL RETARDATION**

LCB File No. R129-97

September 24, 1997

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

AUTHORITY: § 1, NRS 233B.040 and 433.324.

Section 1. NAC 433A.010, 433A.020, 433A.023, 433A.025, 433A.027, 433A.030, 433A.033, 433A.035, 433A.037, 433A.050, 433A.060, 433A.070, 433A.080, 433A.090, 433A.100, 433A.110, 433A.120, 433A.130 and 433A.140 are hereby repealed.

TEXT OF REPEALED SECTIONS

433A.010 “Division” defined. As used in this chapter, unless the context otherwise requires, “division” means the mental hygiene and mental retardation division on the department of human resources.

433A.020 Payment of full cost if able; schedule of fees; limitations.

1. A mental health facility operated by the division shall charge each client the full cost of his treatment if he is able to pay the full cost.
2. If a client is unable to pay the full cost, the facility shall charge him in accordance with the schedules set forth in NAC 433A.023 to 433A.037, inclusive, which are based upon ability to pay.
3. Whenever a bill for a client's treatment is to be paid under an insurance policy, Medicare or state aid to the medically indigent, the facility shall charge the actual cost of the treatment. The payments to be made by the appropriate insurer or public agency plus any fees paid by the client must not, however, exceed the actual cost of the treatment.
4. If any fee established in the schedules set forth in NAC 433A.023 to 433A.037, inclusive, exceeds the actual cost of the service, the amount which may be charged to the client (or responsible person) is limited to the actual cost.

433A.023 Fees for preschool program. The following schedule shows the fees which must be paid for mental health services provided by the division's mental health facilities to clients under the preschool program in cases where the responsible persons are unable to pay the full cost of those services:

ANNUAL GROSS INCOME OF IMMEDIATE FAMILY		NUMBER OF FAMILY MEMBERS DEPENDENT ON THE INCOME					
		1	2	3	4	5	6 OR MORE
At Least	Less than	THE FEE TO BE CHARGED PER HOUR					
	6,000	0	0	0	0	0	0
6,000	7,000	1	1	0	0	0	0
7,000	8,000	1	1	1	1	0	0
8,000	9,000	1	1	1	1	1	0
9,000	10,000	1	1	1	1	1	1

10,000	11,000	1	1	1	1	1	1
11,000	12,000	2	2	1	1	1	1
12,000	13,000	2	2	2	1	1	1
13,000	14,000	3	2	2	2	1	1
14,000	15,000	3	3	2	2	2	1
15,000	16,000	3	3	3	2	2	2
16,000	17,000	4	4	3	3	2	2
17,000	18,000	5	4	4	3	3	2
18,000	19,000	5	5	4	3	3	2
19,000	20,000	6	5	4	4	3	3
20,000	21,000	6	6	5	4	4	3
21,000	22,000	7	6	6	5	4	3
22,000	23,000	8	7	6	5	4	4
23,000	24,000	9	8	7	6	5	4
24,000	25,000	9	8	7	6	5	4
25,000	26,000	10	9	8	7	6	5
26,000	27,000	11	10	9	7	6	5
27,000	28,000	11	10	9	8	6	5
28,000	29,000	12	10	9	8	7	5
29,000	30,000	12	11	10	8	7	6
30,000	31,000	13	12	10	9	7	6
31,000	32,000	14	12	11	9	8	6
32,000	33,000	14	13	11	10	8	7
33,000	34,000	15	13	12	10	9	7
34,000	35,000	16	14	12	11	9	7
35,000	36,000	17	15	13	11	9	8
36,000	37,000	17	16	14	12	10	8
37,000	38,000	18	16	14	12	10	8

38,000	39,000	19	17	15	13	11	9
39,000	40,000	20	18	16	14	11	9
40,000	41,000	21	19	17	14	12	10
41,000	42,000	22	20	17	15	13	10
42,000	43,000	23	21	18	16	13	11
43,000	44,000	25	22	19	17	14	11
44,000	45,000	26	23	20	17	15	12
45,000	46,000	27	24	21	18	15	12
46,000	47,000	28	25	22	19	16	13
47,000	48,000	29	26	23	20	17	14
48,000	49,000	31	27	24	21	17	14
49,000	50,000	32	29	25	22	18	15
50,000	51,000	34	30	26	23	19	15
51,000	52,000	35	31	27	24	20	16
52,000	53,000	36	33	29	25	21	17
53,000	54,000	38	34	30	26	22	17
54,000	55,000	40	35	31	27	22	18
55,000	56,000	41	37	32	28	23	19
56,000	57,000	43	38	34	29	24	20
57,000	58,000	44	40	35	30	25	20
58,000	59,000	46	41	36	31	26	21
59,000	60,000	48	43	38	32	27	22
60,000	61,000	50	44	39	34	28	23
61,000	62,000	52	46	40	35	29	24
62,000	63,000	53	48	42	36	30	25
63,000	64,000	55	49	43	37	31	25
64,000	65,000	57	51	45	39	33	26
65,000	66,000	59	53	47	40	34	27

66,000	67,000	61	55	48	41	35	28
67,000	68,000	63	57	50	43	36	29
68,000	69,000	66	59	51	44	37	30
69,000	70,000	68	60	53	46	38	31
70,000		70	62	55	47	40	32

433A.025 Fees for program for families. The following schedule shows the fees which must be paid for mental health services provided by the division's facilities to clients under the program for families in cases where the clients are unable to pay the full cost of those services:

ANNUAL GROSS INCOME OF IMMEDIATE FAMILY		NUMBER OF FAMILY MEMBERS DEPENDENT ON THE INCOME					
		1	2	3	4	5	6 OR MORE
At Least	Less than	THE FEE TO BE CHARGED PER HOUR					
	6,000	1	1	1	1	1	1
6,000	7,000	1	1	1	1	1	1
7,000	8,000	2	2	1	1	1	1
8,000	9,000	2	2	2	1	1	1
9,000	10,000	3	2	2	2	2	1
10,000	11,000	3	3	3	2	2	2
11,000	12,000	4	4	3	3	2	2
12,000	13,000	5	4	4	3	3	2
13,000	14,000	6	5	5	4	3	3
14,000	15,000	7	6	5	5	4	3
15,000	16,000	8	7	6	5	4	4
16,000	17,000	9	8	7	6	5	4
17,000	18,000	10	9	8	7	6	5
18,000	19,000	12	10	9	8	7	5
19,000	20,000	13	12	10	9	7	6

20,000	21,000	15	13	11	10	8	7
21,000	22,000	16	15	13	11	9	7
22,000	23,000	18	16	14	12	10	8
23,000	24,000	20	18	16	13	11	9
24,000	25,000	22	19	17	15	12	10
25,000	26,000	24	21	19	16	13	11
26,000	27,000	25	22	19	17	14	11
27,000	28,000	26	23	20	18	15	12
28,000	29,000	27	24	21	18	15	12
29,000	30,000	28	25	22	19	16	13
30,000	31,000	30	26	23	20	17	14
31,000	32,000	31	28	24	21	18	14
32,000	33,000	33	29	26	22	19	15
33,000	34,000	34	31	27	23	19	16
34,000	35,000	36	32	28	24	20	17
35,000	36,000	38	34	30	26	22	17
36,000	37,000	40	36	31	27	23	18
37,000	38,000	42	37	33	28	24	19
38,000	39,000	44	39	35	30	25	20
39,000	40,000	46	41	36	31	26	21
40,000	41,000	49	43	38	33	28	22
41,000	42,000	51	45	40	34	29	23
42,000	43,000	53	48	42	36	30	25
43,000	44,000	56	50	44	38	32	26
44,000	45,000	59	52	46	40	33	27
45,000	46,000	61	55	48	42	35	28
46,000	47,000	64	57	50	43	37	30
47,000	48,000	67	60	53	45	38	31

48,000	49,000	70	63	55	48	40	32
49,000	50,000	73	65	58	50	42	34
50,000	51,000	77	68	60	52	44	35
51,000	52,000	80	71	63	54	45	37
52,000	53,000	83	74	65	56	47	38
53,000	54,000	87	77	68	59	49	40
54,000	55,000	90	81	71	61	51	42
55,000	56,000	94	84	74	64	53	43
56,000	57,000	98	87	77	66	56	45
57,000	58,000	102	91	80	69	58	47
58,000	59,000	106	94	83	71	60	49
59,000	60,000	110	98	86	74	62	50
60,000	61,000	114	101	89	77	65	52
61,000	62,000	118	105	92	80	67	54
62,000	63,000	122	109	96	83	69	56
63,000	64,000	127	113	99	86	72	58
64,000	65,000	131	117	103	89	74	60
65,000	66,000	136	121	106	92	77	62
66,000	67,000	140	125	110	95	80	64
67,000	68,000	145	129	114	98	82	67
68,000	69,000	150	134	118	101	85	69
69,000	70,000	155	138	121	105	88	71
70,000		160	143	125	108	91	73

433A.027 Fees for counseling of outpatients.

1. The following schedule shows the fees which must be paid for the counseling of outpatients through the division’s mental health facilities in cases where the outpatients are unable to pay the full cost of that counseling:

NUMBER OF FAMILY MEMBERS DEPENDENT ON THE INCOME

ANNUAL GROSS INCOME OF IMMEDIATE FAMILY		THE FEE TO BE CHARGED PER HOUR					
At Least	Less than	1	2	3	4	5	6 OR MORE
5,000		0	0	0	0	0	0
5,000	6,000	2	2	2	2	1	1
6,000	7,000	3	2	2	2	2	1
7,000	8,000	3	3	3	2	2	2
8,000	9,000	4	4	3	3	2	2
9,000	10,000	5	5	4	4	3	3
10,000	11,000	7	6	5	5	4	3
11,000	12,000	8	7	6	6	5	4
12,000	13,000	10	9	8	7	6	5
13,000	14,000	12	10	9	8	7	5
14,000	15,000	14	12	11	9	8	6
15,000	16,000	16	14	12	11	9	7
16,000	17,000	18	16	14	12	10	8
17,000	18,000	21	18	16	14	12	9
18,000	19,000	23	21	18	16	13	11
19,000	20,000	26	23	21	18	15	12
20,000	21,000	29	26	23	20	17	13
21,000	22,000	33	29	26	22	18	15
22,000	23,000	36	32	28	24	20	17
23,000	24,000	40	35	31	27	22	18
24,000	25,000	43	39	34	29	25	20
25,000	26,000	47	42	37	32	27	22
26,000	27,000	50	44	39	34	28	23
27,000	28,000	52	47	41	35	30	24

28,000	29,000	54	48	42	36	30	25
29,000	30,000	56	50	44	38	32	26
30,000	31,000	59	53	46	40	34	27
31,000	32,000	62	55	49	42	35	29
32,000	33,000	65	58	51	44	37	30
33,000	34,000	69	61	54	46	39	32
34,000	35,000	72	64	57	49	41	33
35,000	36,000	76	68	59	51	43	35
36,000	37,000	80	71	62	54	45	37
37,000	38,000	84	75	66	57	48	39
38,000	39,000	88	79	69	60	50	40
39,000	40,000	93	83	73	63	53	43
40,000	41,000	97	87	76	66	55	45
41,000	42,000	102	91	80	69	58	47
42,000	43,000	107	95	84	72	61	49
43,000	44,000	112	100	88	76	64	52
44,000	45,000	117	105	92	79	67	54
45,000	46,000	123	110	96	83	70	56
46,000	47,000	129	115	101	87	73	59
47,000	48,000	135	120	105	91	76	62
48,000	49,000	141	125	110	95	80	65
49,000	50,000	147	131	115	99	83	67
50,000	51,000	153	137	120	104	87	70
51,000	52,000	160	143	125	108	91	73
52,000	53,000	167	149	131	113	95	77
53,000	54,000	174	155	136	117	99	80
54,000	55,000	181	161	142	122	103	83
55,000	56,000	188	168	147	127	107	86

56,000	57,000	196	175	153	132	111	90
57,000	58,000	203	181	159	137	115	93
58,000	59,000	211	188	166	143	120	97
59,000	60,000	219	196	172	148	124	101
60,000	61,000	228	203	178	154	129	105
61,000	62,000	236	210	185	159	134	108
62,000	63,000	245	218	192	165	139	112
63,000	64,000	253	226	199	171	144	116
64,000	65,000	262	234	206	177	149	120
65,000	66,000	271	242	213	183	154	125
66,000	67,000	281	250	220	190	159	129
67,000	68,000	290	259	227	196	165	133
68,000	69,000	300	267	235	203	170	138
69,000	70,000	310	276	243	209	176	142
70,000		320	285	251	216	181	147

2. The fee per hour applies to services provided to each person, couple or family. The rate for each member of a group is one-third of the fee in subsection 1, rounded to the nearest dollar.

3. The rate per hour for a psychological or psychiatric evaluation is one and one-half times the fee per hour on the schedule to a maximum fee of \$300 per session. The rate charged is for the time spent with the client. There must be no charge for interpreting and writing up a report.

4. The charge for reviewing a client's medication or administering the medication is one-fourth of the fee per hour rounded to the nearest dollar.

433A.030 Fees for day treatment. The following schedule shows the fees which must be paid for day treatment of clients at the division's mental health facilities in cases where the responsible persons are unable to pay the full cost of that treatment:

NUMBER OF FAMILY MEMBERS DEPENDENT ON THE INCOME

ANNUAL GROSS INCOME OF IMMEDIATE FAMILY		1	2	3	4	5	6 OR MORE
At Least	Less than	THE FEE TO BE CHARGED PER HOUR					
	5,000	0	0	0	0	0	0
5,000	6,000	3	3	3	2	2	2
6,000	7,000	4	4	3	3	2	2
7,000	8,000	5	5	4	4	3	3
8,000	9,000	7	6	5	5	4	3
9,000	10,000	9	8	7	6	5	4
10,000	11,000	11	9	8	7	6	5
11,000	12,000	13	11	10	9	7	6
12,000	13,000	15	14	12	10	9	7
13,000	14,000	18	16	14	12	10	8
14,000	15,000	21	19	17	14	12	10
15,000	16,000	25	22	19	17	14	11
16,000	17,000	28	25	22	19	16	13
17,000	18,000	32	29	25	22	18	15
18,000	19,000	36	33	29	25	21	17
19,000	20,000	41	37	32	28	23	19
20,000	21,000	46	41	36	31	26	21
21,000	22,000	51	45	40	34	29	23
22,000	23,000	56	50	44	38	32	26
23,000	24,000	62	55	48	42	35	28
24,000	25,000	68	60	53	46	38	31
25,000	26,000	74	66	58	50	42	34
26,000	27,000	78	69	61	53	44	36
27,000	28,000	82	73	64	55	46	38
28,000	29,000	84	75	66	57	48	38

29,000	30,000	88	78	69	59	50	40
30,000	31,000	92	82	72	62	52	42
31,000	32,000	97	86	76	66	55	45
32,000	33,000	102	91	80	69	58	47
33,000	34,000	107	96	84	72	61	49
34,000	35,000	113	101	88	76	64	52
35,000	36,000	118	106	93	80	67	54
36,000	37,000	125	111	98	84	71	57
37,000	38,000	131	117	103	88	74	60
38,000	39,000	138	123	108	93	78	63
39,000	40,000	145	129	113	98	82	66
40,000	41,000	152	135	119	103	86	70
41,000	42,000	159	142	125	108	90	73
42,000	43,000	167	149	131	113	95	77
43,000	44,000	175	156	137	118	99	80
44,000	45,000	183	164	144	124	104	84
45,000	46,000	192	171	151	130	109	88
46,000	47,000	201	179	158	136	114	92
47,000	48,000	210	188	165	142	119	97
48,000	49,000	220	196	172	148	125	101
49,000	50,000	229	205	180	155	130	105
50,000	51,000	240	214	188	162	136	110
51,000	52,000	250	223	196	169	142	115
52,000	53,000	260	232	204	176	148	120
53,000	54,000	271	242	213	183	154	125
54,000	55,000	283	252	221	191	160	130
55,000	56,000	294	262	230	199	167	135
56,000	57,000	306	273	240	207	174	140

57,000	58,000	318	283	249	215	180	146
58,000	59,000	330	294	259	223	187	152
59,000	60,000	343	306	269	231	194	157
60,000	61,000	355	317	279	240	202	163
61,000	62,000	369	329	289	249	209	169
62,000	63,000	382	341	299	258	217	176
63,000	64,000	396	353	310	267	225	182
64,000	65,000	410	365	321	277	233	188
65,000	66,000	424	378	332	287	241	195
66,000	67,000	439	391	344	296	249	202
67,000	68,000	453	404	355	306	257	208
68,000	69,000	469	418	367	317	266	215
69,000	70,000	484	432	379	327	275	222
70,000		500	446	392	338	284	230

433A.033 Fees for room and board. The following schedule shows the fees which must be paid for room and board provided to clients at the division’s mental health facilities in cases where the responsible persons are unable to pay the full cost of those accommodations:

ANNUAL GROSS INCOME OF IMMEDIATE FAMILY		NUMBER OF FAMILY MEMBERS DEPENDENT ON THE INCOME					
		1	2	3	4	5	6 OR MORE
At Least	Less than	THE FEE TO BE CHARGED PER HOUR					
	5,000	0	0	0	0	0	0
5,000	6,000	2	2	2	2	1	1
6,000	7,000	3	2	2	2	2	1
7,000	8,000	3	3	3	2	2	2
8,000	9,000	4	4	3	3	2	2
9,000	10,000	5	5	4	4	3	3

10,000	11,000	7	6	5	5	4	3
11,000	12,000	8	7	6	6	5	4
12,000	13,000	10	9	8	7	6	5
13,000	14,000	12	10	9	8	7	5
14,000	15,000	14	12	11	9	8	6
15,000	16,000	16	14	12	11	9	7
16,000	17,000	18	16	14	12	10	8
17,000	18,000	21	18	16	14	12	9
18,000	19,000	23	21	18	16	13	11
19,000	20,000	26	23	21	18	15	12
20,000	21,000	29	26	23	20	17	13
21,000	22,000	33	29	26	22	18	15
22,000	23,000	36	32	28	24	20	17
23,000	24,000	40	35	31	27	22	18
24,000	25,000	43	39	34	29	25	20
25,000	26,000	47	42	37	32	27	22
26,000	27,000	50	44	39	34	28	23
27,000	28,000	52	47	41	35	30	24
28,000	29,000	54	48	42	36	30	25
29,000	30,000	56	50	44	38	32	26
30,000	31,000	59	53	46	40	34	27
31,000	32,000	62	55	49	42	35	29
32,000	33,000	65	58	51	44	37	30
33,000	34,000	69	61	54	46	39	32
34,000	35,000	72	64	57	49	41	33
35,000	36,000	76	68	59	51	43	35
36,000	37,000	80	71	62	54	45	37
37,000	38,000	84	75	66	57	48	39

38,000	39,000	88	79	69	60	50	40
39,000	40,000	93	83	73	63	53	43
40,000	41,000	97	87	76	66	55	45
41,000	42,000	102	91	80	69	58	47
42,000	43,000	107	95	84	72	61	49
43,000	44,000	112	100	88	76	64	52
44,000	45,000	117	105	92	79	67	54
45,000	46,000	123	110	96	83	70	56
46,000	47,000	129	115	101	87	73	59
47,000	48,000	135	120	105	91	76	62
48,000	49,000	141	125	110	95	80	65
49,000	50,000	147	131	115	99	83	67
50,000	51,000	153	137	120	104	87	70
51,000	52,000	160	143	125	108	91	73
52,000	53,000	167	149	131	113	95	77
53,000	54,000	174	155	136	117	99	80
54,000	55,000	181	161	142	122	103	83
55,000	56,000	188	168	147	127	107	86
56,000	57,000	196	175	153	132	111	90
57,000	58,000	203	181	159	137	115	93
58,000	59,000	211	188	166	143	120	97
59,000	60,000	219	196	172	148	124	101
60,000	61,000	228	203	178	154	129	105
61,000	62,000	236	210	185	159	134	108
62,000	63,000	245	218	192	165	139	112
63,000	64,000	253	226	199	171	144	116
64,000	65,000	262	234	206	177	149	120
65,000	66,000	271	242	213	183	154	125

66,000	67,000	281	250	220	190	159	129
67,000	68,000	290	259	227	196	165	133
68,000	69,000	300	267	235	203	170	138
69,000	70,000	310	276	243	209	176	142
70,000		320	285	251	216	181	147

433A.035 Fees for residents.

1. Except as otherwise provided in subsection 2, the appropriate fees shown in the following schedule must be paid for services provided to residents of the division’s mental health facilities in cases where the responsible persons are unable to pay the full cost of those services:

ANNUAL GROSS INCOME OF IMMEDIATE FAMILY		NUMBER OF FAMILY MEMBERS DEPENDENT ON THE INCOME					
		1	2	3	4	5	6 OR MORE
At Least	Less than	THE FEE TO BE CHARGED PER HOUR					
5,000		0	0	0	0	0	0
5,000	6,000	5	5	4	3	3	2
6,000	7,000	6	6	5	4	4	3
7,000	8,000	8	7	6	5	5	4
8,000	9,000	10	9	8	7	6	5
9,000	10,000	13	11	10	9	7	6
10,000	11,000	16	14	12	11	9	7
11,000	12,000	19	17	15	13	11	9
12,000	13,000	23	20	18	15	13	10
13,000	14,000	27	24	21	18	15	12
14,000	15,000	31	28	25	21	18	14
15,000	16,000	36	33	29	25	21	17
16,000	17,000	42	37	33	28	24	19
17,000	18,000	48	43	37	32	27	22

18,000	19,000	54	48	42	36	31	25
19,000	20,000	61	54	48	41	34	28
20,000	21,000	68	60	53	46	38	31
21,000	22,000	75	67	59	51	43	35
22,000	23,000	83	74	65	56	47	38
23,000	24,000	92	82	72	62	52	42
24,000	25,000	100	89	79	68	57	46
25,000	26,000	110	98	86	74	62	50
26,000	27,000	115	103	90	78	65	53
27,000	28,000	121	108	95	82	69	56
28,000	29,000	124	111	97	84	70	57
29,000	30,000	130	116	102	88	74	60
30,000	31,000	137	122	107	92	77	63
31,000	32,000	143	128	112	97	81	66
32,000	33,000	151	135	118	102	86	69
33,000	34,000	159	141	124	107	90	73
34,000	35,000	167	149	131	113	95	77
35,000	36,000	175	156	137	118	100	81
36,000	37,000	184	164	145	125	105	85
37,000	38,000	194	173	152	131	110	89
38,000	39,000	204	182	160	138	116	94
39,000	40,000	214	191	168	145	121	98
40,000	41,000	225	200	176	152	128	103
41,000	42,000	236	210	185	159	134	108
42,000	43,000	247	221	194	167	140	114
43,000	44,000	259	231	203	175	147	119
44,000	45,000	272	242	213	183	154	125
45,000	46,000	284	254	223	192	161	131

46,000	47,000	298	265	233	201	169	137
47,000	48,000	311	278	244	210	177	143
48,000	49,000	325	290	255	220	185	149
49,000	50,000	340	303	266	229	193	156
50,000	51,000	354	316	278	240	201	163
51,000	52,000	370	330	290	250	210	170
52,000	53,000	385	344	302	260	219	177
53,000	54,000	402	358	315	271	228	185
54,000	55,000	418	373	328	283	237	192
55,000	56,000	435	388	341	294	247	200
56,000	57,000	452	404	355	306	257	208
57,000	58,000	470	419	369	318	267	216
58,000	59,000	488	436	383	330	277	224
59,000	60,000	507	452	397	343	288	233
60,000	61,000	526	469	412	355	299	242
61,000	62,000	546	487	428	369	310	251
62,000	63,000	565	504	443	382	321	260
63,000	64,000	586	522	459	396	332	269
64,000	65,000	606	541	475	410	344	279
65,000	66,000	628	560	492	424	356	288
66,000	67,000	649	579	509	439	368	298
67,000	68,000	671	599	526	453	381	308
68,000	69,000	693	618	544	469	394	319
69,000	70,000	716	639	561	484	407	329
70,000		739	660	580	500	420	340

2. If a resident of a facility:

(a) Has a regular income which is not contingent upon his employment;

(b) Has no member of his family, other than himself, who depends on the income for support;
and

(c) Has no financial responsibility for maintaining a residence away from the facility,
he shall pay toward the cost of his treatment 75 percent of his income plus any excess in his
account in the client's personal deposit fund over \$300 or any higher sum which he and the
administrator of the facility have agreed will be necessary for his support after discharge.

433A.037 Fees for inpatients.

1. Except as otherwise provided in subsection 2, the appropriate fees shown in the following
schedule must be paid for treatment provided to inpatients of the division's mental health
facilities in cases where the responsible persons are unable to pay the full cost of that treatment:

ANNUAL GROSS INCOME OF IMMEDIATE FAMILY		NUMBER OF FAMILY MEMBERS DEPENDENT ON THE INCOME					
		1	2	3	4	5	6 OR MORE
At Least	Less than	THE FEE TO BE CHARGED PER HOUR					
5,000		0	0	0	0	0	0
5,000	6,000	8	7	6	5	4	4
6,000	7,000	10	9	8	7	5	4
7,000	8,000	12	11	10	8	7	6
8,000	9,000	15	14	12	10	9	7
9,000	10,000	19	17	15	13	11	9
10,000	11,000	24	21	18	16	13	11
11,000	12,000	29	26	22	19	16	13
12,000	13,000	34	31	27	23	19	16
13,000	14,000	41	36	32	27	23	19
14,000	15,000	48	42	37	32	27	22
15,000	16,000	55	49	43	37	31	25

16,000	17,000	63	57	50	43	36	29
17,000	18,000	72	64	57	49	41	33
18,000	19,000	82	73	64	55	46	38
19,000	20,000	92	82	72	62	52	42
20,000	21,000	103	91	80	69	58	47
21,000	22,000	114	102	89	77	65	52
22,000	23,000	126	112	99	85	71	58
23,000	24,000	139	124	109	94	79	64
24,000	25,000	152	135	119	103	86	70
25,000	26,000	166	148	130	112	94	76
26,000	27,000	174	155	136	118	99	80
27,000	28,000	183	163	143	124	104	84
28,000	29,000	188	167	147	127	106	86
29,000	30,000	197	176	154	133	112	90
30,000	31,000	207	184	162	140	117	95
31,000	32,000	217	194	170	147	123	100
32,000	33,000	228	204	179	154	130	105
33,000	34,000	240	214	188	162	136	110
34,000	35,000	252	225	198	171	143	116
35,000	36,000	265	237	208	179	151	122
36,000	37,000	279	249	219	189	158	128
37,000	38,000	293	262	230	198	167	135
38,000	39,000	308	275	242	208	175	142
39,000	40,000	324	289	254	219	184	149
40,000	41,000	340	303	266	230	193	156
41,000	42,000	357	318	280	241	203	164
42,000	43,000	374	334	293	253	212	172
43,000	44,000	392	350	307	265	223	180

44,000	45,000	411	367	322	278	233	189
45,000	46,000	430	384	337	291	244	198
46,000	47,000	450	402	353	304	256	207
47,000	48,000	471	420	369	318	267	216
48,000	49,000	492	439	386	333	279	226
49,000	50,000	514	458	403	347	292	236
50,000	51,000	537	479	421	363	305	247
51,000	52,000	560	499	439	378	318	257
52,000	53,000	583	520	457	394	331	268
53,000	54,000	608	542	476	411	345	279
54,000	55,000	633	564	496	428	359	291
55,000	56,000	658	587	516	445	374	303
56,000	57,000	685	611	537	463	389	315
57,000	58,000	712	635	558	481	404	327
58,000	59,000	739	659	579	499	420	340
59,000	60,000	767	684	602	519	436	353
60,000	61,000	796	710	624	538	452	366
61,000	62,000	826	736	647	558	469	379
62,000	63,000	856	763	671	578	486	393
63,000	64,000	886	791	695	599	503	407
64,000	65,000	918	819	719	620	521	422
65,000	66,000	950	847	744	642	539	436
66,000	67,000	982	876	770	664	558	451
67,000	68,000	1016	906	796	686	576	467
68,000	69,000	1050	936	823	709	596	482
69,000	70,000	1084	967	850	732	615	498
70,000		1119	998	877	756	635	514

2. If an inpatient of a facility:

(a) Has a regular income which is not contingent upon his employment;

(b) Has no member of his family, other than himself, who depends on the income for support;

and

(c) Has no financial responsibility for maintaining a residence away from the facility,

he shall pay toward the cost of his treatment 75 percent of his income plus any excess in his account in the client's personal deposit fund which is over \$300 or any higher sum which he and the administrator of the facility have agreed will be necessary for his support after discharge.

433A.050 "Institute" defined. As used in NAC 433A.050 to 433A.140, inclusive, unless the context otherwise requires, "institute" means the Nevada mental health institute.

433A.060 Pets. Patients and personnel of and visitors to the institute may not bring any pets into buildings of the institute that house patients or serve food.

433A.070 Consumption of alcohol by patients. Patients may not have intoxicating beverages on the grounds of the institute at any time, nor are they allowed to have intoxicants when absent from the institute on any activity which is under sponsorship of the institute.

433A.080 Use of cameras.

1. Cameras brought to the institute by patients must be stored in the property room during the period of hospitalization of the patient, and may not be released to the patient until he is discharged.

2. A visitor must leave any camera brought to the institute in his automobile or with the switchboard operator during the visit. A visitor may not take a camera to any buildings or onto the grounds of the institute. If a visitor wishes to take a picture of the relative or friend who is being visited, the director of nursing service, the supervisory psychiatric nurse of the service area

or the nursing supervisor for the shift may give permission to the visitor to take pictures of the patient. If there is some doubt in the nursing supervisor's mind regarding the advisability of this procedure, he may contact the doctor in charge of the ward or the officer of the day to resolve the doubt.

3. Representatives of the news media may visit the institute and obtain whatever material they need to present information about the institute and about its programs to the public in an unbiased fashion. When members of the news media come to the hospital for interviews or to take pictures, they must come by invitation of a member of the interdepartmental staff or their presence must be approved by the superintendent or, in his absence, by the chairman of the executive committee, or in the absence of both, by the physician who is officer of the day. Identifiable pictures of patients must not be taken by members of the news media.

4. If an employee within the institute wishes to take pictures of areas of the hospital or of other employees, he must have the permission of his supervisor to bring a camera on the grounds and to take such pictures. Employees must not take pictures of patients for their personal use.

5. A person may use videotape and other photographic equipment to take identifiable pictures of patients for program, treatment or research purposes only if the patient or a party responsible for the patient has signed a statement granting permission to do so. The taking of an admission picture to be placed in the patient's record for purposes of identification does not require permission from the patient or family.

433A.090 Private automobiles of patients. A patient who is on inpatient or partial hospitalization status must not park or maintain their automobiles on the grounds of the institute or on either side of any street which adjoins the grounds. Violation of this section is a ground for

discharging the patient. Exceptions to this section must be approved in writing by the superintendent.

433A.100 Vehicles on grounds of institute.

1. All persons entering the grounds of the institute must:

- (a) Park only in designated areas;
- (b) Comply with posted speed limits;
- (c) Drive no faster than 10 miles per hour, whether or not a speed limit is posted; and
- (d) Display the entry parking permit so that it is properly visible in vehicle.

2. Small maps have been prepared and are posted on bulletin boards indicating streets and the parking areas indicated for on-grounds parking. Parking in any area not designated on this map is strictly prohibited. The roadway shown on the maps is the only one open to general traffic. All other internal roads are for use of official vehicles of the institute, other service vehicles and emergency vehicles only.

3. Parking permits are available to all persons desiring parking privileges on the grounds and must be obtained before parking on the grounds. These stickers are serially numbered. Infractions of rules governing parking and traffic patterns will result in loss of parking and entering privileges to the grounds.

4. To obtain window stickers a person may apply at the institute's personnel office. The following information is required:

- (a) The number of the applicant's permit;
- (b) The name of the registered owner of the vehicle;
- (c) The applicant's signature; and

(d) The applicant's personal liability and property damage insurance agent and his phone number.

Persons with more than one vehicle may sign for as many permits as they require.

433A.110 Visits by former patients.

1. Except as provided in subsection 2, a former patient may return to visit friends who are patients at the institute if:

(a) The former patient signs in as any other visitor does, in the lobby of the administration building, and visits only with the patient who has been designated on the visiting permit; and

(b) The physician of the patient who is being visited has included a written order in the patient's chart indicating that the former patient is allowed to visit this particular patient. The personnel of the institute shall consider a former patient who returns to visit friends in the institute and who does not comply with these conditions as a trespasser.

2. A former patient is not required to satisfy the conditions prescribed in subsection 1 if he is visiting a relative who has been admitted to the institute.

433A.120 Inspection of medical records by client.

1. Each staff member must facilitate the request of a client or former client, or his parent or legal guardian, to inspect his record by providing him with a request to inspect medical record forms.

2. The inspection of the record must take place:

(a) Within 2 working days of the written request;

(b) During a working day, between 9:00 a.m. and 4:00 p.m.; and

(c) In the presence of the client's psychiatrist, the administrator of the mental retardation clinic and the director of any specialty program or their designees.

3. The request to inspect medical record forms must be maintained in the client's record of treatment.

433A.130 Release of medical, clinical record to client.

1. The clinical record consists of those portions of the medical record which contain the:

- (a) Admission status;
- (b) Legal status;
- (c) Treatment plan; and
- (d) Discharge status, of the client.

2. The clinical record will be provided by the librarian of medical records after the client or his parent or legal guardian has paid a reasonable standard fee. Indigent clients are exempted from payment of the fee.

3. If the medical record is under subpoena, all portions of the medical record may be furnished to the client or his parent or legal guardian by the librarian of medical records after the client, parent or legal guardian has paid a reasonable standard fee. Indigent clients are exempted from payment of the fee.

4. The client, parent or legal guardian must sign a request for release of medical records, indicating that the records are to be released to the client, parent or legal guardian.

433A.140 Release of clinical records to others.

1. The clinical record of a client may be released to third parties only upon the written request of the client, his parent or legal guardian.

2. The librarian of medical records shall honor a request for release of information only if the request form has been signed by the client or his legal guardian within the last 90 days. Only

a request form with the original signatures of the client, his parent or legal guardian and the witness may be honored. Photocopies do not suffice.

3. The request must explicitly delineate those portions of the medical record which are to be released and to whom, specifically, they are to be released. The institute will release only those portions of the medical record which are vital to the third party. A statement that the third party may not rerelease this information to another party without the written consent of the client, his parent or legal guardian, must accompany this material. The client is entitled to a copy of all portions of the medical record released to third parties.

4. The librarian of medical records may require the payment of a reasonable standard fee to cover costs incurred in providing this information.