

LCB File No. R100-98

**PROPOSED REGULATION OF THE  
BUREAU OF ALCOHOL AND DRUG ABUSE**

Chapter 458 of NAC is hereby amended by adding thereto the provisions set forth as sections 1 to 36, inclusive, of this regulation.

Section 1. **“Accredited college or university” defined.** “Accredited college or university” means a college or university listed in the most recent edition of the American Council on Education listing of accredited institutions of postsecondary education

Sec. 2. **“Assessment” defined.** “Assessment” means evaluation of a client’s patterns of substance use and associated impairments in functioning based upon comprehensive biopsychosocial information for the purposes of diagnosis, referral, and treatment planning, and for the purpose of classification of a person as an alcoholic, an addict, or an abuser of controlled substances or alcohol and determining appropriate treatment recommendations.

Sec. 3. **“Client” defined.** “Client” means a recipient of a service.

Sec. 4. **“Clinical contact” defined.** “Clinical contact” means contact with a client for the purpose of providing assessment, treatment, or a service of a clinical program.

Sec. 5. **“Clinical program” defined.** “Clinical program” means a program for treatment providing a service approved by the state, a forensic program providing a service approved by the state, a service for intake and referral approved by the state, or a service for early intervention approved by the state.

Sec. 6. **“Clinical service” defined.** “Clinical service” means assessment of a client, treatment of a patient, or providing a service of a clinical program.

Sec. 7. **“Coordination of care” defined.** “Coordination of care” means exchange of information between two or more parties providing service to a client to ensure that the efforts of each party are coordinated with those of one another in providing service to the client.

Sec. 8. **“Forensic program”** means a program providing a service for civil protective custody approved by the state, an evaluation center service approved by the state, or a drug court service approved by the state.

Sec. 9. **“Hours of training” defined.** Hours of training means training approved by the bureau and relevant to treatment of abuse of alcohol and other drugs, of which at least half of which are training specific to activities authorized by the registration or certification

issued to the person by the bureau, with training in a specific topic counted no more than once in determining hours of training during a period of registration or certification.

Sec. 10. **“Major exception to compliance” defined.** “Major exception to compliance” means noncompliance with applicable law or regulation resulting in:

1. A condition posing significant hazard to the health or safety of the clients or staff of, or visitors to, a program; or
2. Significant impairment in the quality of services provided by the program; or
3. Significant administrative mismanagement; or
4. Significant fiscal mismanagement; or
5. Founded allegations of criminal misconduct.

Sec. 11. **“Patient” defined.** “Patient” means a client receiving treatment.

Sec. 12. **“Program for treatment” defined.** “Program for treatment” means a service approved by the state other than a service for early intervention that meets the criteria for a level of service as specified by the most recent edition of the American Society of Addiction Medicine patient placement criteria, and other services as specified by policy of the bureau.

Sec. 13. **“Staff” defined.** “Staff” means the employees, volunteers, and consultants of the program.

Sec. 14. **“Treatment” defined.** “Treatment” means the care of substance use disorders through detoxification, medication, or counseling.

Sec. 15. **“Vital signs” defined.** “Vital signs” means the blood pressure, respiration rate, pulse rate, and temperature of the patient.

Sec. 16. **“Volunteer” defined.** “Volunteer” means a person providing a service of a program without compensation more than one day per year.

Sec. 17. **Waiver.** The chief or his designee may grant a waiver of a requirement of NAC 458.121 to 458.205, inclusive, and of Section 18 and Section 19 upon request of an applicant for registration or certification or for renewal of registration or certification.

Sec. 18. **Application review and approval; issuance of certificate of registration as a counselor intern.**

1. The application will be reviewed by the bureau and the results of the review will be mailed to the applicant at the applicant’s last known address.
2. If the application is for registration as a counselor intern, the bureau will issue a certificate of registration at the time the application is approved.
3. An application shall be rejected by the bureau if the applicant:
  - (a) Fails to file a completed application; or

- (b) Does not meet the minimum requirements for the registration for which the person is applying, or the minimum requirements of the examination for the certification for which the person is applying; or
  - (c) Submits any false information on the application; or
  - (d) Has had his registration or certification revoked by the bureau.
- 4. An application may be rejected by the bureau if the applicant:
  - (a) Fails to submit a verification of his background that has been approved by the bureau; or
  - (b) Has been convicted of violation of a law relating to alcohol or controlled substances, a crime of moral turpitude, a gross misdemeanor, or a felony during the period of two years immediately preceding his application.
- 5. The bureau may destroy all rejected applications 6 months after receipt of the application by the bureau.

**Sec. 19. Hearing on decision on registration or certification or on rejection of application.**

An applicant may request a hearing on a decision of the bureau regarding his registration or certification or on rejection of his application by the bureau pursuant to the provisions of section 36. A request for a hearing on a decision of the bureau regarding his registration or certification or on rejection of his application by the bureau must be submitted to the bureau within 30 days of the bureau notifying the person of the decision or rejection.

**Sec. 20. Waiver.** The chief or his designee may grant a waiver of a requirement of NAC 458.235 to 458.251 upon request of a person registered with or certified by the bureau.

**Sec. 21. Waiver.** The chief or his designee may grant a waiver of a requirement of NAC 458.270 to 458.430 inclusive, and of sections 22 through 33 inclusive, upon request of the operator of the program or his designee.

**Sec. 22. Standards for clinical programs.** In addition to compliance with the provisions of NAC 458.260 to 458.280, NAC 458.420 to 458.430, and section 21, a clinical program shall:

- 1. Make available for review by the bureau a copy of the policy of insurance for liability in an amount sufficient to protect clients and staff of, and visitors to, the program. The certificate of insurance must provide that notice be given to the bureau within 30 calendar days in the event of cancellation or nonrenewal of the policy.
- 2. Conform to the standards of 42 C.F.R., Part 2, independent of whether the service is provided by a program for treatment receiving assistance from the federal government.
- 3. Not allow a client to grant power of attorney to the operator of the program or staff of the program, except to the extent necessary for compliance with the requirements of the Nevada board of pharmacy when retaining custody of medications belonging to the client.
- 4. If the program receives a report of any governmental regulatory agency relating to the program, its physical plant, or its operations, provide a copy of the report to the bureau within 30 calendar days after the program's receipt of such a report.

5. Bill clients only for services provided to the client and documented in the client's record.
6. If the program provides counseling for groups, ensure that any sessions for counseling for groups include no more than 15 patients. This does not prohibit the program from providing other therapeutic activities for groups which include more than 15 clients.
7. If clinical records are maintained in a computer system, ensure that there are adequate provisions to prevent unauthorized access to such records and that there is a system for backup to protect the records in case of a failure of the main system.
8. Ensure that clinical records adhere to standard procedures for medical records and case notes.
9. Ensure that clinical staff have ready access to records of clients of the service.
10. Retain clinical records for at least 5 years after the client's discharge from the service.
11. Maintain a manual of policies and procedures which contains:
  - (a) Policies and procedures concerning communicable diseases.
  - (b) Policies and procedures to protect the records of clients if the program ceases to operate, which may include a provision authorizing the bureau to assume responsibility for the management of records of clients.
  - (c) Policies and procedures for locked storage of records of clients, security of any information identifying clients which is contained in a computer, and for access of staff to records of clients.
  - (d) Policies and procedures for release of information relating to clients, to include:
    - (1) Policies and procedures for reporting abuse or neglect of children or the elderly.
    - (2) Policies and procedures for release of information in the event of a client presenting a danger to others.
    - (3) Policies and procedures for reporting communicable diseases.
    - (4) Policies and procedures allowing release of information which identifies a client and his human immunodeficiency virus seropositive status only:
      - I. With separate and explicit consent to release this information signed by the client; or
      - II. When required to do so by a valid order of a court with proper jurisdiction;  
or
      - III. To a regulatory agency conducting an audit; or
      - IV. When release of this information is required to comply with state laws requiring reporting of communicable diseases and the reporting is performed in accordance with the standards of 42 C.F.R., Part 2.
    - (5) Policies and procedures requiring the program in the event of request by the client for his clinical record or a copy of the record, or a request by the client to inspect his clinical record, to provide the client within 5 working days of the request:
      - I. A copy of his clinical record, with the client charged no more than reasonable photocopy expenses; or
      - II. Inspection of his clinical record. The program may require the client to be accompanied by a person on the staff of the program during inspection of his clinical record; or

- III. A copy of his clinical record with those portions which would not be in the client's best clinical interests to view deleted, with the client charged no more than reasonable expenses for photocopying. The clinical record must contain documentation substantiating the determination that it would be detrimental to the client's clinical interests to view the portions which were deleted.
- (e) Criteria specific to the service for admission of a client to the service, continued service to a client, and for discharge of a client from the service.
13. Maintain documentation for each person on program staff.
- (a) The record of a person on program staff who provides treatment or another service requiring authorization by registration, certification, or licensure must include a copy of the certification, registration, or license authorizing the person to provide the service.
- (b) The record of an employee must contain:
- (1) Copies of any disciplinary actions taken;
- (2) A copy of the employee's job description signed by the employee; and
- (3) Verification signed by the employee that a course of orientation was provided regarding policies and procedures governing the service to be performed by the employee.
- (c) The record of a volunteer must contain verification signed by the volunteer that a course of orientation was provided regarding policies and procedures governing the service to be performed by the volunteer.
- (d) The record of a consultant must contain:
- (1) A copy of the consultant's insurance for liability related to malpractice if the consultant provides a clinical service or a service requiring authorization by licensure unless the contract stipulates that the operator of the program assumes all liabilities arising out of acts or omissions of the consultant; and
- (2) A qualified service organization agreement between the program and the consultant if the consultant has access to confidential client information.
14. Ensure that a clinical record is maintained for each client which contains:
- (a) The name, age, sex, race, and permanent address of the client;
- (b) The client's statement of why he is seeking service at this time, unless the client is being provided a service for civil protective custody;
- (c) The source of referral;
- (d) The date, type, and duration of all clinical contact with the client and of all services provided to the client;
- (e) Any referrals provided to address those identified problems of the client which cannot be resolved by the service, and documentation of any coordination of care provided;
- (f) Any incidents which may cause imminent danger to the health or safety of the client or other emergencies involving the client, any problems involving the client, any infraction of the rules of the program by the client, and any signs or symptoms of illness or injury of the client;
- (g) Any documentation in support of services provided to the client, to include all correspondence, assessments, information relating to the client's history of medical

and other treatment, and results of all tests to including tests conducted by a laboratory;

(h) Any consents to release information signed by the client; and

(i) Notification to the client of each of the following as specified by policy of the bureau, verified by the client's signature:

(1) The procedure for registration of complaints and appeal by a client;

(2) The requirements for confidentiality; and

(3) The client's rights as specified by policy of the bureau.

**Sec. 23. Standards for forensic programs.** In addition to compliance with the provisions of NAC 458.260 to 458.280 inclusive, NAC 458.420 to 458.430 inclusive, and sections 21 and 22, a forensic program shall maintain in its manual of policies and procedures written procedures for maintaining compliance with the standards of 42 C.F.R., Part 2, in the course of communication with the criminal justice system.

**Sec. 24. Standards for a drug court service approved by the state.** In addition to compliance with the provisions of NAC 458.260 to 458.280 inclusive, NAC 458.420 to 458.430 inclusive, and sections 21 to 23 inclusive, a drug court service approved by the state shall maintain a record for each client which contains:

1. Signed consent of the client to the service.

2. An assessment upon admission to the service to determine eligibility for treatment according to the criteria specified by the most recent edition of the patient placement criteria of the American Society of Addiction Medicine. If the client is eligible for treatment according to these criteria, the clinical record must document referral to an appropriate service for treatment.

3. Any additional information that should be taken into account in the course of determination of appropriate referrals and determination need for coordination of care.

**Sec. 25. Standards for a service for intake and referral approved by the state.** In addition to compliance with the provisions of NAC 458.260 to 458.280 inclusive, NAC 458.420 to NAC 458.430 inclusive, and sections 21 and 22, a service for intake and referral approved by the state shall:

1. Not have an operator of the program who operates or has a financial interest in a program for treatment of abuse of alcohol and other drugs in the same county as the service for intake and referral if the service is located in a county whose population is 100,000 or more.

2. Maintain an ongoing record of available resources to address identified problems of clients.

3. Refer clients to appropriate services according to criteria specified by the most recent edition of the patient placement criteria of the American Society of Addiction Medicine.

4. Maintain a record for each client which contains:

(a) Signed consent of the client to the service.

(b) Assessment of the client sufficient to comprehensive identification of both clinical and non-clinical problems of the client and sufficient to determine the appropriate

- level of service for the client according to criteria specified by the most recent edition of the patient placement criteria of the American Society of Addiction Medicine.
- (c) Evaluation of the fiscal status of the client sufficient to determine eligibility for services funded by the bureau.
- (d) Any additional information that should be taken into account in the course of determination of appropriate referrals.
- (e) Signed consent of the client allowing exchange of information between the program and an employee assistance program and other providers of referral and service when appropriate, for the purpose of establishing coordination and continuity of care, or documentation of good faith efforts to obtain such consent.
- (f) Documentation of discussion with the client of the results of assessment, appropriate referrals, and any barriers to treatment.

Sec. 26. **Standards for a program for treatment.** In addition to compliance with the provisions of NAC 458.260 to 458.280 inclusive, NAC 458.420 to 458.430 inclusive, and sections 21 and 22, a program for treatment shall:

1. Provide referral to, and coordination of care with, employee assistance programs and other providers of referral and service when appropriate, to address those identified problems of the patient which cannot be resolved by a service provided by the program.
2. Discharge a patient upon completion or termination of treatment.
3. If the program administers or dispenses medication to a patient, or makes medication available to a patient to administer to himself, maintain in its manual of policies and procedures protocols for documentation of any medications administered or dispensed to a patient, or for observation of any medication made available for a patient to administer to himself, and for control, storage, and disposal of any medication in the custody of the program.
4. Submit client data system information to the bureau on a monthly basis.
5. Maintain a record for each patient which contains each of the following:
  - (a) The following information upon intake or admission to the service:
    - (1) Signed consent of the patient to the service;
    - (2) Assessment of the patient sufficient to determine the appropriate level of service according to the criteria specified by the most recent edition of the patient placement criteria of the American Society of Addiction Medicine;
    - (3) Any additional information that should be taken into account in the course of planning of treatment, determination of appropriate referrals, and determination of need for coordination of care; and
    - (4) A summary statement of the findings and recommendations of the assessment.
  - (b) Information for the client data system.
  - (c) Case notes consistently entered into the record documenting the patient's response to treatment and any progress towards attaining objectives of the plan of treatment.
  - (d) Case notes comprehensive enough to allow a qualified person to follow the course of treatment.
  - (e) If the patient is transferred to a different service provided by the same operator of a program, a case note must be made at the time of transfer which contains:

- (1) Diagnosis at the time of admission or intake;
- (2) Response of the patient to treatment;
- (3) Diagnosis at the time of transfer; and
- (4) Recommendations for those who will be providing treatment to the patient.
- (f) If the patient is no longer to receive services from the operator of the program providing the service:
  - (1) Documentation verifying that a copy of the plan for continuing care of the patient, to include any referrals given to the patient, was provided to the patient prior to discharge when possible; and
  - (2) A summary of services provided to the patient completed within 5 business days of the patient's discharge from the level of service, to include:
    - I. The patient's admission diagnosis and condition at the time of admission or intake to the service;
    - II. The patient's response to treatment;
    - III. The reason for discharge of the patient;
    - IV. The patient's diagnosis and condition at the time of discharge;
    - V. Referrals given to the patient for continuing care; and
    - VI. Recommendations for those who may provide any future treatment to the patient.

**Sec. 27. Standards for a service for residential treatment approved by the state.** In addition to compliance with the provisions of NAC 458.260 to 458.280 inclusive, NAC 458.420 to 458.430 inclusive, and sections 21, 22, and 26, a service for residential treatment approved by the state shall:

- 1. Document verification of paid staff on the premises of the program at all times that a patient is present on the premises of the program;
- 2. Post its plan for disasters where it can be easily viewed by patients; and
- 3. Maintain a manual of policies and procedures which contains procedures for infection control, to include procedures for universal precautions against blood borne pathogens.

**Sec. 28. Standards for a program for treatment providing a service other than detoxification approved by the state.** In addition to compliance with the provisions of NAC 458.260 to 458.280 inclusive, NAC 458.420 to 430 inclusive, sections 21, 22, and 26 inclusive, and when applicable section 27, a program for treatment providing a service other than detoxification approved by the state shall maintain a record for each patient which includes:

- 1. The history of the treatment of the patient;
- 2. Sources of psychosocial stress;
- 3. A plan of treatment developed by the patient's fourth clinical contact with the program, or third day of receiving services, with the exception of clinical contact with the program for the purpose of receiving medication only. The plan of treatment must:
  - (a) Specify behavioral objectives to be achieved by the patient relative to problems identified as the result of assessment;

(b) Specify services provided by staff of the program to facilitate the patient's attaining the objectives of the plan and specifying the person responsible.

Sec. 29. **Standards for a residential service for treatment other than detoxification approved by the state.** In addition to compliance with the provisions of NAC 458.260 to NAC 458.280 inclusive, NAC 458.420 to 458.430 inclusive, and sections 21, 22, and 26 through 28 inclusive, a residential service for treatment approved by the state other than detoxification shall review and revise the patient's plan of treatment when the client's condition changes over the course of treatment, or every 14 days, whichever occurs first.

Sec. 30. **Standards for an ambulatory service for treatment other than detoxification or an opioid maintenance therapy/narcotic treatment program approved by the state.** In addition to compliance with the provisions of NAC 458.260 to 458.280 inclusive, NAC 458.420 to 458.430 inclusive, and sections 21, 22, 26, and 28 inclusive, an ambulatory service for treatment other than detoxification or an opioid maintenance therapy/narcotic treatment program approved by the state must review and revise the patient's plan of treatment when the patient's condition changes over the course of treatment or every 30 days, whichever occurs first.

Sec. 31. **Standards for a service for ambulatory detoxification approved by the state.** In addition to compliance with the provisions of NAC 458.260 to 458.280 inclusive, NAC 458.390 to 430 inclusive, and sections 21, 22, and 26 inclusive, a service for ambulatory detoxification approved by the state shall maintain a record for each patient which contains:

1. A case note for each day of clinical contact which includes the patient's vital signs if the patient is withdrawing from alcohol, a sedative, a hypnotic, or an anxiolytic.
2. If the patient is exhibiting signs or symptoms of severe withdrawal at the time of clinical contact, a progress note indicating the signs or symptoms and the actions taken by staff of the program to assist the patient.
3. Documentation of at least one session of counseling of at least one hour in duration provided no less often than twice a month, or of good faith efforts to offer counseling of this frequency and duration to the patient.
4. A plan of treatment that is:
  - (a) Developed by the patient's third day of receiving services; and
  - (b) Reviewed and revised on an ongoing basis if the client's condition changes over the course of treatment, or every 14 days, whichever occurs first, if the service is not being provided in an opioid maintenance therapy/narcotic treatment program.

Sec. 32. **Standards for a service for residential detoxification approved by the state.** In addition to compliance with the provisions of NAC 458.260 to 458.280 inclusive, NAC 458.390 to 458.430 inclusive, and sections 21, 22, and 26 inclusive, a service for residential detoxification approved by the state shall:

1. Ensure that there is on the premises of the program at all times at least one of the following:
  - (a) A licensed or certified medical professional; or
  - (b) A certified detoxification technician.

2. Maintain a record for each patient which includes case notes entered no less often than every 8 hours indicating:
  - (a) Observation of the patient and any relevant findings regarding the patient's behavior; and
  - (b) The patient's vital signs taken at least every 4 hours during the patient's waking hours.

Sec. 33. **Standards for an opioid maintenance therapy/narcotic treatment program service approved by the state.** In addition to compliance with the provisions of NAC 458.260 to 458.280 inclusive, NAC 458.390 to 458.430 inclusive, and sections 21, 22, 26, 28 and 31 a service for opioid maintenance therapy/narcotic treatment program approved by the state shall:

1. Submit for review and approval by the bureau policies and procedures of the program for involuntary detoxification of patients, and implement the policies and procedures as approved.
2. Be approved by the state for a service for outpatients and for a service for ambulatory detoxification.
3. Release to another service for opioid maintenance therapy/narcotic treatment program in compliance with the standards of 42 C.F.R., Part 2, the following information regarding a patient who is seeking treatment at the other service for opioid maintenance therapy/narcotic treatment program:
  - (a) History of dosing given to the patient;
  - (b) Date of admission to the service and of last day of clinical contact;
  - (c) Documentation verifying addiction;
  - (d) Results of testing of urine; and
  - (e) If it was conducted within the previous 90 days, a copy of the medical history and physical.
4. Post a plan for disasters in a place where it may be easily viewed by patients which instructs patients where to go for dosing in the event of destruction of the facility.
5. Adopt in clinical practice the standards of guidance established by federal agencies on the use of methadone and other narcotics in opioid maintenance therapy.
6. Maintain a manual of policies and procedures which contains policies and procedures for the patient to earn the privilege of taking medication off the premises of the program.
  - (a) The policies and procedures must establish that the privilege is contingent upon compliance by the patient with rules of the program, appropriate participation by the patient in treatment, and no evidence that the patient does not take such medication appropriately.
  - (b) The policies and procedures may make exception in the event of emergency or exceptional circumstances, and may allow for the privilege to be granted to accommodate for when the service is closed.
7. Maintain a record for each patient which includes:
  - (a) Documentation that the patient has received the following counseling. In determination of year of treatment, the service may consider treatment provided by

another service for opioid maintenance therapy /narcotic treatment program if there has been no more than a 30 calendar day lapse in continuous treatment:

- (1) A minimum of one session of counseling per month of at least one hour in duration during the first two years of treatment, or documentation of good faith efforts to provide sessions of counseling to the patient of this frequency and duration;
  - (2) A minimum of one session of counseling every two months of at least one hour in duration during the third and subsequent years of treatment, or documentation of good faith efforts to provide counseling to the patient of this frequency and duration.
- (b) If the patient is receiving a service for ambulatory detoxification, a plan of treatment developed by the client's third day of receiving the service.
- (c) Review and revision of the client's plan of treatment on an ongoing basis:
- (1) When the patient's condition changes over the course of treatment, or every 30 days, whichever occurs first during the first year of maintenance treatment.
  - (2) When the patient's condition changes over the course of treatment, or every 90 days, whichever occurs first during the second year of maintenance treatment.
  - (3) When the patient's condition changes over the course of treatment, or every 180 days, whichever occurs first during the third and subsequent years of maintenance treatment.
  - (4) When the patient's condition changes over the course of treatment, or every 30 days, whichever occurs first during ambulatory detoxification.

**Sec. 34. Investigations.** In investigating a complaint regarding services for abuse of alcohol and other drugs, the bureau shall:

1. Investigate all complaints registered with the bureau alleging violation of any requirement of this chapter. The bureau shall request the person registering the complaint to state in writing the substance of the complaint and the name of the individual or program alleged to have violated a requirement of this chapter;
2. Conduct announced or unannounced inspections or any other investigations necessary to determine the validity of the complaint;
3. If the investigation is conducted on premises of the program, upon arrival at the program inform the operator of the program or the designee of the operator of the presence of staff of the bureau at the facility;
4. Inform the individual named in the complaint if the complaint is against an individual, or inform the operator of the program or the designee of the operator if the complaint is against a program, of the nature of the complaint; and
5. Keep information confidential during the course of investigation.:
  - (a) This does not prohibit the bureau from communicating or cooperating with an agency or board:
    - (1) Which is investigating a person who is registered with or certified by the bureau or which is investigating a program providing a service approved by the bureau;  
or
    - (2) Which regulates or has jurisdiction over the actions alleged in a complaint or found in the course of investigation.

- (b) This does not prohibit the bureau from communicating with the operator of the program or designee of the operator when a complaint against an individual who is on the staff of the program alleges a condition posing significant hazard to the health or safety of clients or staff, or visitors to, the program.
- (c) With the exception of information for which release would violate the standards of 42 C.F.R., Part 2, information gathered during investigation and the records of investigation become public records if:
  - (1) Disciplinary action imposed as a result of the investigation becomes final; or
  - (2) The person under investigation, or the operator of the program or designee of the operator of the program under investigation, submits a written request to the chief asking that the records be made public.

**Sec. 35. Action by the chief: Disciplinary action.**

1. The chief, or designee of the chief, will:
  - (a) Determine if reasonable cause exists to support the allegation and, if reasonable cause exists, determine a proposed disciplinary action. If the chief or designee of the chief does not find reasonable cause, the chief or the designee of the chief will dismiss the complaint.
  - (b) Provide written notification to the person who has been investigated, or the operator or designee of the operator of the program that has been investigated, of the determination of the chief or designee of the chief and of any proposed disciplinary action. If the determination of the chief or designee of the chief is that no disciplinary action is proposed, the chief or designee of the chief will also provide written notification to the complainant.
  - (c) Unless the person who has been investigated, or the operator of the program or designee of the operator of the program that has been investigated, requests a hearing with the bureau within 15 calendar days after notification of proposed disciplinary action, the proposed disciplinary action becomes final 15 days after notification of the proposed disciplinary action. The chief or designee of the chief will notify the complainant of the disciplinary action that has become final, or of the hearing that has been requested.
2. Disciplinary actions include:
  - (a) Establishing conditions for continued registration, certification, or approval of the service; or
  - (b) Suspension or revocation of registration or certification, or revocation of approval of the service; or
  - (c) Reprimand.
3. A person whose registration or certification has been revoked is not eligible to reapply for registration or certification for not less than 24 nor more than 60 months.
4. The bureau may impose and collect reasonable costs of investigation:
  - (a) From an individual upon disciplinary action against the individual becoming final;  
or
  - (b) From the operator of a program upon disciplinary action against the program becoming final.

Sec. 36. **Hearings.**

1. A person upon whom or a program upon which the bureau is proposing disciplinary action, and a person who wishes to have a hearing on a decision of the bureau regarding his registration or certification or on rejection by the bureau of an application for registration or certification may request a hearing on the matter.
2. Upon receipt of the request for a hearing, the chief shall notify the administrator of the rehabilitation division of the department of employment, training, and rehabilitation who shall appoint a hearing officer. The hearing officer must meet the qualifications of NRS 458.040. The proceeding is a contested case for the purposes of chapter 233B of NRS. The decision of the hearing officer is final and subject to judicial review.
3. The chief will notify the complainant of the decision of the hearing officer and of any judicial review sought.

**Chapter 458 of NAC is hereby amended to read as follows:**

GENERAL PROVISIONS

**458.010 Definitions.** As used in this chapter, unless the context otherwise requires, the words and terms defined in:

1. NRS 458.010; and
2. NAC 458.015 to 458.071 inclusive, and sections 2 through 16 inclusive, have the meanings ascribed to them in those sections.

**458.015 “[Alcohol and drug abuse counselor] Counselor” defined.** “[Alcohol and drug abuse counselor] Counselor” means a [counselor] person certified by the bureau to [counsel alcohol and drug abusers and to classify a person as an alcoholic or abuser of] provide assessment and counseling for abuse of alcohol [or] and other drugs [for the purposes of treatment].

**458.020 “Advisory [Board] board” defined.** “Advisory [Board] board” means the advisory board on certification of alcohol and drug abuse personnel.

**458.026 “Codependency counseling” defined.** “Codependency counseling” means the counseling of a person who has a significant relationship with an identified abuser of alcohol or another drug to the extent necessary to treat the identified abuser.

**458.0265 “Counseling” defined.** “Counseling” means [personal] face to face interaction with a patient [designed to encourage the patient to change certain behavior associated with the] to provide treatment for abuse of alcohol [or] and [an]other drugs. [The term does not include interactions for which clinical licensure is required.]

**458.027 “Counselor [Intern] intern” defined.** “Counselor [Intern] intern” means a person who is [certified to carry out the duties set forth in NAC 458.146] registered with the bureau as a counselor intern and authorized to perform the functions of a counselor under clinical supervision.

**458.029 “Detoxification” defined.** “Detoxification” means the monitoring of a person who is at risk of suffering from the adverse physiological or psychological effects of withdrawal from alcohol or another drug [**with a characteristic withdrawal syndrome,**] to bring the person safely to a state free of the drug.

**458.046 “Employee [**Assistance**] assistance [**Program**] program” defined.** “Employee [**Assistance**] assistance [**Program**] program” means an [**assessment and referral**] program designed to assist an employee in the identification and resolution of personal problems which may affect his performance at work.

**458.047 “[**Evaluation**] Detoxification Technician” defined.** “[**Evaluation**] Detoxification Technician” means a person [**who is**] certified by the bureau to [**carry out the duties set forth in NAC 458.148**] provide screening for safe withdrawal from alcohol and other drugs.

**458.061 “Clinical [**Supervision**] supervision” defined.** “Clinical [**Supervision**] supervision” means the oversight conducted by a person authorized by bureau policy of [the] a person’s work [of a counselor intern] with a [patient] client, including [based on both direct] observation and periodic analytical review [and] of assessment [of] and counseling sessions with [patients] clients for the purpose of evaluating and improving the [counselor intern’s] person’s skills and knowledge.

**458.071 “Year of employment” defined.** “Year of employment” means [**full-time equivalent employment or appropriate volunteer experience in direct counseling, with a person or group of persons, regarding alcohol and drug abuse or closely related types of counseling for at least 40 hours per week in a 52-week period or at least**] 2,000 hours [**in a 52-week period**] of appropriate paid or volunteer experience of which at least half is counseling for abuse of alcohol and other drugs. [The hours of counseling] Hours in excess of 40 hours per week [may] are not [be] counted in determining [whether a person has worked at least 2,000 hours in a 52-week period] a year of employment..

## PROFESSIONAL REGISTRATION AND CERTIFICATION

### **458.090 Advisory Board on Certification of Alcohol and Drug Abuse personnel.**

1. The Advisory Board on Certification of Alcohol and Drug Abuse personnel is hereby created to:
  - (a) Assist the bureau in reviewing applications and administering examinations; and
  - (b) Advise the bureau on establishing requirements for certification and registration.
2. The chief will appoint the members of the advisory board. The membership of the advisory board will include but is not limited to:
  - (a) Three certified counselors [**on alcohol and drug abuse**];
  - (b) [**A psychologist with a doctorate in psychology**;
  - (c)] An educator;
  - [(d)] (c) A representative of the bureau; and

**[(e) (d) [A certified program administrator.]** At least two persons who are licensed in the state of Nevada to practice as at least one of the following:

- (1) A physician;
  - (2) A psychologist;
  - (3) A marriage and family therapist;
  - (4) A clinical social worker.
3. All members of the board, except the representative of the bureau, will be appointed to not more than two consecutive terms of 3 years. If any member fails to attend two or more consecutive meetings of the advisory board without good reason or fails to attend to the business of the advisory board, as determined by the chief, the member **[must]** may be removed from the advisory board and the chief shall appoint a qualified person to serve for the remainder of the member's term.
4. The advisory board **[must]** shall meet at least once a year and at other times it deems necessary.
5. The bureau may:
- (a) Employ a technical advisor and appropriate consultants to assist in the activities of the advisory board.
  - (b) Designate agents to review applications and administer examinations.

**458.110 Categories of **[and prerequisites for]** registration and certification.** The bureau will maintain and make available to the public a listing of individuals registered with or certified by the bureau.

**[1.]** Qualified applicants may receive **[certification]** from the bureau **[in the following categories]:**

- (a) Certification as an **[Alcohol]** alcohol and drug **[abuse]** counselor;
- (b) **[Program administrator];**
- (c) **[Registration as a Counselor counselor intern;**
- [(d) Evaluation technician; and**
- (e) Any other category of certification or specialty area established by the bureau.]**
- (c) Certification in a counseling specialty area established by policy of the bureau; or
- (d) Certification as a detoxification technician.

**[2.]** **An applicant must file a complete application with the bureau and meet the minimum requirements for one of the categories to be certified. Examinations which are required for certification will be given at least semiannually on dates established by the bureau. A nonrefundable fee of \$50 will be charged to each applicant for the materials required to apply for certification.]**

**458.121 **[Requirements for employment as counselor, program administrator, counselor intern or evaluation technician; grounds for rejection of application]** Responsibilities of alcohol and drug abuse personnel.**

1. A person **[may be employed in a counseling position if he]** performing assessment or counseling for abuse of alcohol and other drugs, or who holds himself out to the public as an alcohol and drug counselor or counselor intern must comply with the requirements of the standards of practice of this chapter and must:

- (a) [Submits a completed application for certification to the bureau within 60 days after commencing employment and, after his application is approved, takes the next scheduled examination] Be certified by the bureau as an alcohol and drug counselor; or
  - (b) [Is awaiting the results of the examination or decision on certification] Be registered with the bureau as a counselor intern and perform assessment and counseling under clinical supervision; or
  - (c) [Is certified as an alcohol and drug abuse counselor by the bureau.] Submit a completed application for registration as a counselor intern to the bureau within 30 days after commencing employment, with the application sufficient to obtain approval of the bureau within 30 days of its receipt by the bureau, and perform assessment and counseling under clinical supervision; or
  - (d) Be awaiting the results of the examination for certification as a counselor or decision on certification as a counselor, and provide assessment and counseling under clinical supervision; or
  - (e) Submit a completed application for certification as a counselor to the bureau within 30 days after commencing employment, with the application sufficient to obtaining approval of the bureau within 30 days of its receipt by the bureau, provide assessment and counseling under clinical supervision and after his application is approved take the next scheduled examination for certification as a counselor. If the person does not pass the next scheduled examination for certification as a counselor, he then must register as a counselor intern.
2. [A person may be employed as a program administrator in an alcohol and drug abuse treatment program accredited by the bureau if he:
- (a) Submits a completed application for certification to the bureau within 30 days after commencing employment and, after his application is approved, takes the next scheduled examination;
  - (b) Is awaiting the results of the examination or decision on certification;
  - (c) Is certified as a program administrator by the bureau; or
  - (d) Is approved by the chief for an interim period not to exceed 12 months.]
- A person providing counseling and assessment under clinical supervision pursuant to subsection 1 must:
- (a) Obtain clinical supervision from a person or persons authorized by bureau policy to do so, and submit to the bureau the name of the person or persons acting as his clinical supervisor; and
  - (b) Notify the bureau in writing within 10 business days after any change in the status of his clinical supervision.
3. A person may be employed as a counselor intern if he:
- (a) Submits a completed application for certification within 60 days after commencing employment; and
  - (b) Submits semiannual verification to the bureau that he is being supervised by a certified alcohol and drug abuse counselor. Depending on the level of his education, a person may serve as a counselor intern for up to 5 years.
4. A person may be employed as an evaluation technician if he:

- (a) Submits a completed application for certification to the bureau within 60 days after commencing employment and, after his application is approved, takes the next scheduled examination;
  - (b) Is awaiting the results of the examination or decision concerning certification; or
  - (c) Is certified as an evaluation technician by the bureau.
5. An application will be rejected by the bureau if the applicant:
- (a) Fails to file a completed application;
  - (b) Does not meet the minimum requirements for certification;
  - (c) Fails to take an examination within the prescribed time;
  - (d) Submits any false information on the application;
  - (e) Fails to submit a verification of his background that has been approved by the bureau; or
  - (f) Has been convicted of any crime involving a controlled substance, alcohol or moral turpitude, a gross misdemeanor or a felony during the 2-year period immediately preceding his application.]

**458.131 Application for registration or certification [ : Completion and submission; fee; review and approval].**

1. An applicant must file a completed application which documents that the qualifications are met for the registration or certification category for which the applicant is applying. A nonrefundable fee in the amount specified by policy of the bureau will be charged to each applicant for the materials required to apply for registration or certification.
- [1]2. An application, to be considered complete, for all categories of certification or registration must [contain] include each of the following:
  - (a) An application form completed and signed by the applicant;
  - (b) The applicant's [complete personal] resume;
  - (c) One of the following:
    - (1) [An official transcript sent by the registrar of the college or university where the applicant received his most advanced degree;
    - (d)] A copy [or official verification] of the applicant's high school diploma or certificate of general educational development[, if the applicant is not a graduate of a college or university]; or
    - (2) An official transcript sent by the registrar of the accredited college or university where the applicant received his most advanced degree;
  - (d) Completed forms approved by the bureau for fingerprint clearance.
  - (e) [Documents] Completed forms approved by the bureau which [may be used by the bureau to] verify the applicant's prior employment or experience [in counseling or administration];
  - (f) Written verification of the applicant's current employment;
  - (g) Documents which give evidence of any specialized training [claimed by the applicant to] which meets the minimum requirements of a category of registration or certification;
  - (h) [The names, addresses, and telephone numbers of t]Three [persons able to provide] letters of reference[s], to includ[ing]e a letter from at least one former employer, on a form approved by the bureau;

- (i) A statement signed by the applicant that he has [not abuse alcohol or a controlled substance for the] a minimum of two [2-]years [period preceding the submission of his application] of sobriety if he is recovering from dependence upon alcohol or another drug; [and]
  - (j) A [certificate for cardiopulmonary resuscitation or comparable medical training, unless the applicant is prohibited from holding such a certificate for medical reasons.] statement signed by the applicant that he has not been convicted of violation of a law relating to alcohol or controlled substances, a crime involving moral turpitude, a gross misdemeanor, or a felony during the period of two years preceding the submission of his application; and
  - (k) A nonrefundable fee for application and processing in the amount specified by policy of the bureau.
2. An application must be submitted and postmarked no later than the deadline for submission indicated on the form for making application.
  3. An application must be accompanied by a nonrefundable fee of \$50.
  4. The applicant is responsible for ensuring that his application is complete. The bureau will review and must approve an application before an applicant is eligible to take an examination.]

**458.141 Allowance of credit for education.**

1. [The minimum requirements for each category of certification may be satisfied, in part, by a graduate, bachelor's or associate's degree] The bureau may allow an applicant to substitute credit for college courses from an accredited college or university [that is listed by the Council on Postsecondary Education] to satisfy, in part, the requirements for certification as a counselor.
  - (a) College or university courses must be in an appropriate field of social science, which may be counseling, psychology, sociology, [social psychology,] social work, [nursing,] social [services] sciences, or [rehabilitation] alcohol and drug abuse.
  - (b) College or university courses may be [The bureau will, if appropriate,] allowed [an applicant to substitute credit for college courses in appropriate fields of social science, or training in alcohol and drug abuse,] in lieu of up to 2 years of [paid] employment [in counseling or administration], based on the relevance of the course [or training] and the applicant's other qualifications for [the] certification [being sought] as a counselor.
2. College or university courses will be substituted at the rate of 24 semester hours or 36 quarter hours of study for each year of [paid] employment [, and training will be substituted at a comparable rate].
3. An applicant must have at least [1 year] 6 months of employment which may not be substituted with credit for college courses.

**458.145 [Certification as counselor intern: Requirement; review of application]**

**Qualifications for registration and certification.**

1. The [requirement] qualifications for [certification] registration as a counselor intern are:
  - (a) Education consisting of at least [is] a high school diploma or certificate of general education development[.];and

- (b) Submission to the bureau of a completed application for registration as a counselor intern.
2. [The application will be reviewed by the bureau within 60 days after its receipt and the results of the review will be mailed to the applicant at the applicant's last known address within a reasonable time. Upon approval by the bureau, the applicant is eligible for certification as a counselor intern.] The qualifications for certification as an alcohol and drug counselor are:
- (a) Submission to the bureau of a completed application for certification as an alcohol and drug counselor; and
- (b) One of the following:
- (1) Licensure in this state as a physician, a psychologist, a marriage and family therapist, or a clinical social worker and 6 months of employment under clinical supervision; or
- (2) Certification or licensure in another state as an alcohol and drug counselor provided that certification or licensure was issued pursuant to standards at least as stringent as the requirements of this chapter for certification as an alcohol and drug counselor; or
- (3) A combination of education and experience consisting of:
- I. A high school diploma or certificate of general educational development and 5 years of employment under clinical supervision; or
- II. An associate's degree from an accredited college and 4 years of employment under clinical supervision; or
- III. An associate's degree in counseling for addictions from an accredited college and 3 years of employment under clinical supervision; or
- IV. A bachelor's degree from an accredited college or university and 2 years of employment under clinical supervision; or
- V. A bachelor's degree with a major or a minor in counseling for addictions from an accredited college or university and 18 months of employment under clinical supervision; or
- VI. A graduate degree from an accredited college or university and 1 year of employment under clinical supervision; or
- VII. A graduate degree in counseling for addictions, or with a minor in counseling for addictions, from an accredited college or university and 6 months of employment under clinical supervision.
- (c) Completion of a program of training approved by the bureau which addresses each of the following:
- (1) Resources in this state for abuse of alcohol and other drugs.
- (2) Applicable statutes in Nevada.
- (3) Requirements of the bureau for clinical records and planning of treatment.
- (4) Classification of abuse of alcohol and other drugs.
- (d) A passing score on a written examination for certification as an alcohol and drug counselor.
- (e) A passing score on an oral examination for certification as an alcohol and drug counselor.
- (3) The qualifications for certification as a detoxification technician are:

- (a) Submission to the bureau of a completed application for certification as a detoxification technician;
- (b) Education consisting of a minimum of a high school diploma or certificate of general educational development;
- (c) Certification in cardiopulmonary resuscitation;
- (d) A passing score on an examination for certification as a detoxification technician.
- (4) The qualifications for certification in a counseling specialty area established by policy of the bureau are:
  - (a) Submission to the bureau of a completed application for certification in a specialty area established by the bureau;
  - (b) Certification as an alcohol and drug counselor;
  - (c) At least one year of employment in the counseling specialty area;
  - (d) A passing score on a written examination for certification in the counseling specialty area; and
  - (e) A passing score on an oral examination for certification in the counseling specialty area.

**458.146 [Certification as counselor intern:] Activities [Authorized] authorized [activities; supervision; period of validity; plan of training] by registration and certification.**

1. A registered counselor intern may, under [the] clinical supervision [of a certified alcohol and drug abuse counselor]:
  - (a) [Collect data from the observation of patients who are being treated for alcohol and drug abuse or from interviews with such patients.
  - (b) Provide counseling for abuse of [on] alcohol and other drugs. [abuse to abusers of alcohol and controlled substances either individually or in groups.
  - (c) Maintain files on patients being treated for alcohol and drug abuse.]
  - (b) Provide codependency counseling.
  - [(d)] (c) Conduct testing for which the counselor intern was trained.
  - (d) Classify persons as alcoholics, addicts, or abusers of controlled substances or alcohol for the purpose of making treatment recommendations to a court. Such classification must be substantiated in the clinical record and countersigned by the person providing clinical supervision to the intern. Such classification must not be represented to the court as the product of an evaluation center unless the classification was conducted by a program providing an evaluation center service approved by the bureau.
  - (e) Provide diagnosis of abuse of alcohol and other drugs, dependence upon alcohol and other drugs, withdrawal from alcohol and other drugs, or intoxication from alcohol and other drugs. Such diagnosis must be substantiated in the clinical record and countersigned by the person providing clinical supervision to the intern.
  - (f) Present himself to the public as registered with the bureau as a counselor intern.
2. [A counselor intern shall:
  - (a) Submit to the bureau the name of the certified counselor acting as his supervisor.
  - (b) Notify the bureau, in writing, within 10 working days after any change in the status of his supervision.
  - (c) Submit documentation to the bureau at least once every 6 months verifying that he has received the following supervision:

- (1) At least 1 hour of individual or group supervision within each 2-week period that includes a review of the intern's activities during the period and the progress of the intern in satisfying the requirements for certification as an alcohol and drug abuse counselor. Group supervision must not exceed 10 interns per session.
- (2) The observation by the counselor of one counseling session conducted by the counselor intern at least once each month. The counselor may use audiotapes or videotapes to conduct the observation.
- (3) Consultation provided by the counselor to the counselor intern regarding individual patients, as needed.
- (d) Submit documentation to the bureau verifying that he has a certificate for cardiopulmonary resuscitation or comparable medical training, unless he is prohibited from holding such a certificate for medical reasons.]

An alcohol and drug counselor may:

- (a) Perform independent of clinical supervision those activities authorized for a counselor intern in subsection 1, with the exception of presenting himself to the public as a counselor intern; and
- (b) Present himself to the public as a certified alcohol and drug counselor and use the initials "CADC" to indicate that fact.

- 3. [The failure of the counselor intern to satisfy the requirements of subsection 2 will result in the revocation of his certificate.]

A person who is certified by the bureau in a counseling specialty area may:

- (a) Perform activities policy of the bureau authorizes those certified in the counseling specialty area to perform; and
- (b) Present himself to the public as certified by the bureau in the counseling specialty area.

- 4. [The certificate of a counselor intern remains valid until he is eligible to take the examination for certification as an alcohol and drug abuse counselor, but in no case to exceed 5 years after the date the certificate was issued. If a person fails to pass the examination for certification, the bureau may, if the person requests an extension, extend his status as an intern for a period of not more than 12 months.]

A person who is certified as a detoxification technician may:

- (a) Perform detoxification screening according to standards established by policy of the bureau; and
- (b) Present himself to the public as certified by the bureau as a detoxification technician.

- [5. The counselor intern and the certified counselor shall develop a written plan of training outlining the strategy for the counselor intern to become certified as an alcohol and drug abuse counselor.]

**458.151 Certification [as alcohol and drug abuse counselor: Minimum requirements;] examinations[; authorized activities].**

- [1. The minimum requirements for certification as an alcohol and drug abuse counselor are:

- (a) A high school diploma or certificate of general educational development and 5 years of paid or voluntary employment in counseling or related activities;
  - (b) An associate's degree in an appropriate field of social science or in nursing from an accredited college and 3 years of paid or voluntary employment in counseling or related activities;
  - (c) A bachelor's degree in an appropriate field of social science from an accredited college or university or a 3- or 4-year degree in nursing and 2 years of employment in counseling or related activities; or
  - (d) A graduate degree from an accredited college or university in an appropriate field of social science or in nursing and 1 year of employment in counseling or related activities.
2. An applicant must also pass all sections of a written examination on the following subjects:
    - (a) Resources for the treatment of alcohol and drug abuse which are available in this state;
    - (b) Planning for the treatment of patients and management of cases;
    - (c) The various techniques of counseling and methods of treatment;
    - (d) The symptoms and pharmacological aspects of alcohol and drug abuse;
    - (e) The confidentiality of information about patients pursuant to 42 C.F.R. Part 2;
    - (f) Classification of alcoholics and abusers of controlled substances or alcohol;
    - (g) The concept of alcoholism and drug abuse as a disease; and
    - (h) The human immunodeficiency virus (HIV) and other communicable diseases relevant to alcohol and drug abuse.
  3. An applicant must also pass an oral examination which consists of a tape-recorded interview of the applicant, conducted by the bureau or a person or persons designated by the bureau, and emphasizes questions concerning issues related to counseling and treatment of alcohol or drug abuse.
  4. The results of the examinations will be mailed to the applicant at the applicant's last known address within a reasonable time after the examinations.
  5. An applicant who fails the oral or written examination for certification as a counselor may retake either examination by reapplying to the bureau in the manner prescribed in NAC 458.110, 458.110, 458.131 and 458.141.
  6. A certified alcohol and drug abuse counselor may:
    - (a) Collect data from the observation of patients who are being treated for alcohol and drug abuse or from interviews with such patients.
    - (b) Provide counseling on alcohol and drug abuse to abusers of alcohol and controlled substances individually or in groups.
    - (c) Develop plans for treatment and maintain files on patients who are being treated for alcohol and drug abuse.
    - (d) Provide codependency counseling to persons who have a significant relationship with an identified abuser of alcohol or other drugs.
    - (e) Supervise counselor interns.
    - (f) Classify as an alcoholic or abuser of controlled substances or alcohol a person who has applied for treatment pursuant to NRS 484.3794.
    - (g) Conduct classifications of alcohol and drug abusers.

- (h) Conduct testing in which the counselor has been trained.
- (i) Present himself to the public as a certified alcohol and drug abuse counselor, and use the initials "CADC" to indicate that fact.]

1. Certification examinations will be given at least twice a year on dates established by the bureau.
2. The bureau must approve the application before an applicant is eligible to take an examination.
3. The bureau will mail the results of the written and oral examinations to the applicant at his last known address.
4. An applicant who fails the oral or written examination may retake either examination when it is next offered by submitting a nonrefundable fee for examination in the amount specified by bureau policy.
  - (a) An applicant who fails the oral or written examination and who does not retake it when it is next offered by the bureau must submit a new application for certification to take either examination.
  - (b) An applicant who twice fails the oral or written examination must register with the bureau as a counselor intern and complete at least one year of employment under clinical supervision before taking either test again.

**458.165 Certification and registration: Period of validity; requirements for renewal; fee for late renewal; [revocation for failure to renew] inactive status.**

1. [A certificate as an alcohol and drug abuse counselor, an evaluation technician or a program administrator, or in any other category or specialty area established by the bureau,] Certification is valid for 2 years after the [date it] certificate is issued by the bureau.
  - (a) To renew certification [such a certificate,] a person must submit to the bureau:
    - [(a)] (1) A completed application for renewal of certification [that is accompanied by a nonrefundable fee of \$100.];
    - (2) Documentation verifying compliance with the requirements of NAC 458.235; and
    - [(b)] Verification that he has completed the training required pursuant to NAC 458.235]
    - (3) A nonrefundable fee in the amount specified by policy of the bureau.
  - [(c)] A statement that he has not abuse alcohol or controlled substances during the 2-year period before the submission of his application. The statement must be signed by the person submitting the application for renewal.
  - (d) Verification that he holds a current certificate indicating successful completion of cardiopulmonary resuscitation or comparable medical training unless the person is prohibited from holding such a certificate for medical reasons.]
- [2.] (b) The [information required by subsection 1] application, documentation verifying compliance with the requirements of NAC 458.235, and fee for renewal of certification must be postmarked or received by the bureau on or before 12 a.m. of the date of expiration of the person's certificate. Any person who submits the information after this deadline and within 60 days after the date of expiration of the person's certificate will be assessed a late fee of [\$50] \$100.

[3.] (c) [If a person fails to satisfy the requirements of this section within 60 days after the expiration of his certificate, the bureau will send a notice of that fact by certified mail, return receipt requested, to the last known address of the person. If the certification is not renewed within 30 days after receipt of the notice, it will be revoked without any further notice or opportunity for hearing. A person whose certification is revoked pursuant to this subsection must reapply for certification in accordance with the requirements found in NAC 458.090 to 458.210, inclusive.] Renewal of a certificate after 60 days of the date of expiration of the person's certificate will be denied, but the person may reapply for certification.

(d) The bureau may destroy files of expired certification one year after expiration.

2. Initial registration and renewal of registration as a counselor intern each remain valid for a period of 6 months.

(a) Registration as a counselor intern may be renewed until the person is eligible to take the examination for certification as an alcohol and drug counselor. In no event may a person be registered as a counselor intern for a period exceeding 10 consecutive years.

(b) To renew registration, prior to expiration of the current registration a counselor intern must submit to the bureau:

(1) A nonrefundable fee in the amount specified by policy of the bureau;

(2) The following documentation signed by the person or persons providing clinical supervision to the counselor intern:

I. Verification that the person or persons providing clinical supervision are authorized by policy of the bureau to do so.

II. Verification that at least one hour of clinical supervision has been provided within each period of two weeks that includes a review of the counselor intern's activities during the period and the progress of the intern in satisfying the requirements for certification as an alcohol and drug counselor. Clinical supervision in groups must not exceed 10 counselor interns per session.

III. Verification that observation by the person or persons providing clinical supervision has been made of one assessment or counseling session conducted by the counselor intern at least once each month. The person or persons providing clinical supervision to the counselor intern may use recordings of the session of assessment or counseling to conduct the observation.

IV. Documentation specifying the activities of the counselor intern during the period of registration for which the person or persons provided clinical supervision.

V. Evaluation by the person or persons providing clinical supervision of the counselor intern's ability to adhere to standards of practice of this chapter and of the intern's clinical competence; and

(3) Documentation verifying compliance with the requirements of NAC 458.235.

(c) The fee and documentation required by this subsection must be postmarked or received by the bureau on or before 12 a.m. of the date of expiration of the person's registration. Any person who submits the information after this deadline and within

- 60 days of the date of expiration of the person's registration will be assessed a late fee of \$50.
- (d) Renewal of registration after 1 year of the date of expiration of the person's registration will be denied, but the person may reapply for registration as a counselor intern.
- (e) The bureau may destroy the person's registration file one year after expiration of registration.
3. Upon written application to, and approval by, the bureau a person's certification or registration may be placed in inactive status at the time of expiration. A nonrefundable fee of \$50 will be charged to the person upon bureau approval of such application. This fee must be paid by the applicant prior to the bureau granting or renewing the registration or certification that has been placed in inactive status.
- (a) Inactive status may be granted for a period no longer than one year. The person's registration or certification may be renewed prior to expiration of the period of inactive status by submitting an application for renewal pursuant to the provisions of this chapter.
- (b) Renewal of registration or certification in inactive status after expiration of inactive status will be denied, but the person may reapply for registration or certification.

**458.201 [Notification of bureau regarding conviction of certain crimes or revocation of certain licenses or certificates; investigation of notification] Obligations of persons certified by or registered with the bureau.**

1. **[A certified alcohol and drug abuse counselor, counselor intern, evaluation technician or program administrator shall notify the bureau, in writing, within 10 days after]** All persons certified by or registered with the bureau must:
- (a) Notify the bureau in writing within 10 business days after [B]being convicted of [a crime involving] violation of a law relating to alcohol or controlled substances, an offense involving moral turpitude, a gross misdemeanor, or a felony;
- (b) **[Being convicted of a gross misdemeanor or felony]** Notify the bureau in writing within 10 business days after the person has been notified of the revocation of any professional license or certificate related to counseling that he possesses that was issued by any other agency, organization, or state;
- (c) **[The revocation of any professional license or certificate he possesses that is related to counseling for or the administration of, an alcohol and drug abuse program and that was issued by any other agency, organization or state.]** Post a copy of his certification or registration where it may be easily viewed by clients; and
- (d) Comply with the requirements of this chapter.
2. **[Failure to comply with the provisions of subsection 1 may result in the suspension or revocation of the person's certification.]** A person certified by the bureau as a detoxification technician must maintain current certification in cardiopulmonary resuscitation.
- [3. The bureau will investigate such notifications pursuant to the procedures set forth in 458.210.]**

**458.205** Grounds for initiating disciplinary action. **[In addition to those grounds set forth in NAC 458.460 to 458.580, inclusive, the]** The grounds for initiating disciplinary action against [any] a person registered with or certified by the bureau include:

1. Conviction of:
  - (a) A felony;
  - (b) **[Any]** An offense involving moral turpitude; or
  - (c) A violation of **[any federal or state]** a law relating to [regulating the possession, distribution or use of any] alcohol or controlled substances [or dangerous drug as defined in chapter 454 of NRS];
2. Use of fraud or deception in:
  - (a) Applying for registration or certification, or for renewal of registration or certification;
  - (b) Taking an examination for certification;
  - (c) **[Documenting the training required to maintain certification]** Providing a service as a person certified by or registered with the bureau; or
  - [(d) [Rendering services as an alcohol and drug abuse counselor or program administrator; or**
  - (e)]** (d) Documenting records relating to [the] clinical supervision [of interns];
3. **[Allowing the unauthorized use of a certification issued pursuant to the provisions]** Any violation of this chapter[;] with regard to certification, registration, or standards of practice.
4. **[Professional incompetence]** Incompetence in performance of activities authorized by the person's registration or certification issued pursuant to this chapter[;].
5. Performing an activity authorized by the person's registration or certification issued by the bureau or providing a service approved by the bureau when the person's ability to perform the activity or provide the service is impaired due to [Abuse] abuse of alcohol [or] or other drugs; and
6. **[The use of a controlled substance without a prescription.]** Performing activities for which clinical licensure is required in the absence of such licensure.

#### PROFESSIONAL TRAINING **[AND CONTINUING EDUCATION]**

**458.235** Training required to maintain registration and certification **[: proof of training].**

1. A person certified as a **[n alcohol and drug abuse]** counselor[, **evaluation technician or counselor intern]** must, in order to maintain his certification, attend at least 40 hours of training **[approved by the bureau]** during **[a] the 2-year** period of certification.
2. A person **[certified as a program administrator]** registered with the bureau as a counselor intern must, in order to maintain and renew his registration, attend at least **[20] 15** hours of training **[in issues related to alcohol and drugs and at least 20 hours of training related to management and administration. This training must be approved by the bureau and acquired]** during **[a 2-year period]** the first six months of registration, 10 hours of training during the second six months of registration, and 20 hours of training during each year of registration thereafter.

3. A person certified [as an alcohol and drug abuse counselor and a program administrator] in a counseling specialty must, in order to maintain his counseling specialty certification, attend at least [25] 10 hours of training [in issues related to alcohol and drugs and at least 25 hours of training related to management or administration. This training must be approved by the bureau and acquired] during [a] the 2-year period of certification in addition to the hours of training required to maintain any other certification issued by the bureau.
4. [The counselor, counselor intern, evaluation technician or administrator must provide proof to the bureau that he has completed the applicable course of training by submitting copies of certificates of completion from the approved courses.] A person certified by the bureau as a detoxification technician must, in order to maintain his certification, attend at least 6 hours of training during the 2-year certification period in addition to the hours of training required to maintain any other registration certification issued by the bureau.
- [5. A course of training may not be taken more than once during the same period of certification or recertification.]

#### 458.243 Approval of courses of training

1. In addition to training offered by the bureau, other courses of training [in appropriate areas of study] may be approved by the bureau if such approval is applied for by a participant who documents the content of the course or courses and submits a request for approval of the training. [:
  - (a) The course or courses are offered by a college or university that is listed by the Council on Postsecondary Education; or
  - (b) Such approval is applied for by a participant who documents the content of the course or courses and submits a request for approval of the training. Verification of attendance at training that is not offered or previously approved by the bureau must be received within 60 days after its completion.]
2. An application pursuant to [paragraph (b) of] subsection 1 must include the training pamphlet[, brochure or announcement used to advertise the course and verification of completion of the course] or other material from the provider of the training which includes:
  - (a) The [title] name of the course;
  - (b) The name of the [person] organization or individual offering the course of training;
  - (c) [The name of the participant;
  - (d)]The number of course hours [earned]; [and
  - (e)] (d) The date [on which] of the course [was offered.] ;
  - (e) The location of the course;
  - (f) The name and qualifications of the instructor; and
  - (g) A summary of the content of the course.

#### 458.251 Approval of course of training [or program of continuing education] offered by organization or individual.

1. An organization or individual [which offers seminars] offering training related to [drug and alcohol] abuse of alcohol and other drugs and which wishes to have a course of

training approved by the bureau must submit a written application to the bureau [**at least 30 days before the start of the instruction**] by the deadline established by the bureau.

The application must include:

- (a) The name of the course;
  - (b) The name of the organization or individual [**which is**] offering the course of training;
  - (c) The name and qualifications of the instructor;
  - (d) The number of course hours;
  - (e) A summary of the content of the course [**and an explanation of the relationship of the course to drug and alcohol abuse**]; [**and**]
  - (f) [**The fee for enrollment.**] The location of the course; and
  - (g) The date of the course.
- [**2. An organization may apply to the bureau to provide a program of continuing education. If the bureau determines that the organization possesses the ability to provide consistently a quality program of continuing education for counselors and administrators, the bureau will grant the application and assign to the organization a unique identifying code for the program. The bureau will develop an abbreviated procedure to approve a program offered by an organization that has previously been approved to provide a program of continuing education.**]

[**ACCREDITATION AND OPERATION OF PROGRAMS**]

STATE APPROVAL OF A SERVICE FOR ABUSE OF ALCOHOL AND OTHER DRUGS

**458.260 Application and fee for [**accreditation**] approval by the state of a service for abuse of alcohol and other drugs; review of application; periodic inspections of [**accredited**] programs [**and facilities**] providing a service approved by the state.**

1. An organization or individual [**which desires**] desiring to obtain a certificate of [**accreditation**] approval by the state of a service for abuse of [an] alcohol and other drugs [**abuse program**] must submit a written application [**to**] in the format required by the bureau.
2. The application for initial approval by the state of a service for abuse of alcohol and other drugs, or for re-approval by the state of a service for which the certificate of approval has expired or been revoked, must be accompanied by:
  - (a) Documentation evidencing the authority of the applicant to do business in this state.
  - (b) [**A copy of the applicant's statutory or regulatory authority, if the applicant is a governmental agency.**]
  - (c) All names used by the applicant in its practice of business.
  - [**(d)**] (c) A copy of the manual containing the policies and procedures of the program.
  - [**(e)**] (d) A nonrefundable fee [**of \$100 if the program is not funded by the**] in the amount specified by policy of the bureau.
  - [**(f) If it is for a certificate to operate a program for treatment with methadone, a copy of the application submitted to the Drug Enforcement Agency and the Food and Drug Administration for approval to operate the program. If the applicant has not submitted such an application, he must submit a copy of the application to the**]

bureau upon submission of his application to the Drug Enforcement Agency and the Food and Drug Administration.]

(e) A completed application for approval of the service by the state.

3. [Before the application will be accepted by the bureau, the application must have been approved by:

(a) The applicant's board of directors or trustees or other controlling board or body if the applicant is a corporation; or

(b) The applicant's governing body or chief executive officer if the applicant is a governmental agency.]

An application to renew approval of a currently approved service for abuse of alcohol and other drugs must be accompanied by:

(a) A copy of the manual containing the policies and procedures of the program;

(b) A completed application for approval of the service by the state; and

(c) A nonrefundable fee in the amount specified by policy of the bureau.

4. The bureau will review the application and will:

(a) [d]Deny and return any application which is incomplete or contains inaccurate or false information[.]; or

(b) Schedule an inspection of the program providing the service.

5. The bureau will submit a report of the findings of the inspection to the applicant in writing.

6. The bureau will issue a certificate of state approval of a service if the report indicates that the service has met standards of the bureau for compliance with the requirements of this chapter.

7. A certificate of approval of the service by the state is required to be eligible to receive payments from health insurers for the treatment abuse of alcohol and other drugs as provided in NRS 287.020, 608.156, 689A.046, 689B.036, 695B.194, and 695C.174.

[5.] 8. The bureau [will] may inspect each [accredited] program providing a service approved by the state [and its facility] at least [semi]annually to determine whether [the operator is complying with NAC 458.260 to 458.430, inclusive. An inspection may be announced or unannounced. If an authorized representative of the bureau is denied access to the program, a hearing will be held to determine whether the program's accreditation will be revoked. The program must be notified in writing of such a hearing.] approval by the state should be continued.

#### **458.270 [Requirements for certificate of accreditation] Standards for all programs.**

[To obtain a certificate of accreditation, the operator of an alcohol and drug abuse program must:]

1. [Employ its personnel pursuant to the provisions of NAC 458.121] The program shall comply with the following requirements relating to the operator of the program:

(a) A program shall have a specified operator holding ultimate responsibility for the program.

(b) The operator or designee of the operator shall:

(1) Adopt a system of controls which will maintain acceptable standards for provision of service and for financial, organizational, and programmatic integrity.

- (2) Review and approve changes in the policies and procedures of the program.
- (c) If the program is operated by a corporation, the operator of the program must be the governing body of the corporation. The governing body shall:
- (1) Adopt written bylaws or policies that define any reimbursement to be provided to its members and the powers and duties of the corporation governing body and its committees.
- (2) Meet at least quarterly and keep written minutes that indicate:
- I. The date of the meeting;
  - II. The names of all persons present at the meeting;
  - III. All decisions made; and
  - IV. Any other actions taken.
- (3) Make available for review by the bureau the minutes of meetings of the governing body, corporate articles of incorporation, and bylaws of the governing body.
2. [Submit an application in the format required by the bureau.] The operator of a program providing a service approved by the state or designee of the operator of a program providing a service approved by the state shall:
- (a) Comply with the provisions of the program’s manual of policies and procedures in carrying out the program and make a copy of the program’s manual of policies and procedures available upon request to any person for review.
- (b)
- [3. If the program provides services 24 hours a day, conduct the program in an alcohol and drug treatment facility which is licensed by the health division of the department of human resources.
4. Present evidence to the bureau that all state, county and local requirements for health and safety have been met.
5. Have established written policies adopting the standards set forth in the Drug-Free Workplace Act of 1988 (41 U.S.C. 701 et seq.).
6. Submit any changes or updates to its manual on policies and procedures to the bureau annually.
7. Have established written policies to demonstrate] Maintain compliance of the program and its operations with all [appropriate] applicable state, [and] federal, and local laws and regulations.
- [8. Have established written policies adopting the standards of 42 C.F.R., Part 2.
9. Have established a written policy that no person may be denied admission to the program because of pregnancy.
- 10.] (c) [Have established a written policy that] Notify the bureau [must be notified] within 24 hours after the occurrence of an [critical] incident[. As used in this subsection, “critical incident” means an occurrence] which may cause imminent danger to the health or safety of [an employee of] staff of the program, a [participant in] client of the program, or a visitor to [an] the [alcohol and drug abuse] program.
- [11. Have established a written policy that the bureau must be provided a copy of any report of a regulatory agency relating to the program, its physical plant, or its operations within 5 business days after the program’s receipt of such a report.]

- (d) Submit for review and approval by the bureau a plan for management and improvement of the quality of the service, and implement the plan as approved.
- (e) Maintain a manual of policies and procedures which includes all policies and procedures for the program and the service, to include:
  - (1) Policies and procedures to be followed in the event of a medical emergency.
  - (2) Policies and procedures for the registration and disposition of complaints by clients and employees and the right to appeal without threat of reprisal.
  - (3) Policies and procedures for staff of the program, to include an accurate job description for each position held by an employee of the program. Each job description must include:
    - I. The title of the position;
    - II. The duties and responsibilities of the position; and
    - III. The qualifications for the position.
- (f) Maintain documentation for each member of the staff of the program.
  - (1) Records for staff of the program must be kept confidential and may be made available only to persons authorized by policy of the program, to persons inspecting the program, and to persons authorized by the employee, except that a person on the staff of the program must be allowed to inspect his own file upon request.
  - (2) Records for staff of the program must contain the application, or resume, or signed contract. If a record for a person on the staff of the program includes a contract, it must clearly specify the nature and amount of the service to be provided by the consultant.
  - (3) The record of a person who is on the staff of a program which serves clients under 18 years of age must contain documentation of the results of fingerprint clearance conducted pursuant to NRS 179A to 179A.240 inclusive.

**458.280 Kinds of [programs] service.** In granting a certificate of [accreditation for an alcohol and drug abuse program] approval, the chief will specify that the [holder is authorized to conduct] bureau has approved one or more of the following kinds of [programs] service:

1. [A short-term residential program of not more than 30 days for nonacute care which provides a patient a residence in the facility where the program of treatment for impairment in functioning because of alcohol and other drug abuse or dependency is being carried out and provides for full-time supervision. At least one employee of the program must be present 24 hours a day.
2. A long-term residential program of more than 30 days for nonacute care in a setting with treatment services for impairment in functioning because of alcohol and other drug abuse or dependency. This program may include therapeutic communities and transitional living arrangements such as halfway houses. At least one employee of the program must be present 24 hours a day.
3. A program based in a hospital which provides inpatient treatment services for impairment in functioning because of alcohol and drug abuse or dependency 24 hours per day.

4. A residential program for detoxification which is separate from a hospital and provides the patient with residential treatment for withdrawal from the physiological effects of alcohol or drugs and encourages the transition to ongoing treatment. At least one employee of the program must be present 24 hours a day.
5. A program for outpatients which provides diagnoses, evaluations, and counseling, individually or in groups for impairment in functioning because of alcohol and other drug abuse or dependency, and provides for the referral of patients to other programs or services.
6. An intensive program for outpatients which provides counseling for impairment in functioning because of alcohol and other drug abuse or dependency to persons at least 2 hours per day and 3 days per week.
7. A program for treatment with methadone.]  
A service for treatment or early intervention which meets the criteria for the service specified for that level of service by the most recent edition of the patient placement criteria of the American Society of Addiction Medicine.
- [8.] 2. A [program] service for primary prevention which [is designed] serves to [prevent or intervene in the onset of the] eliminate factors leading to abuse of alcohol, tobacco, [or] and other drugs [and to reduce factors which create a risk of abuse of alcohol or other drugs among persons who are not identified to be in need of treatment]. [The program may include, without limitation, education, alternative activities, mobilization of professionals and other members of the community, and the facilitation of changes concerning the environment or social policy.]
- [9. A program for day or evening treatment which provides treatment for the abuse of alcohol or drugs on a regular basis at least 4 hours per day and 4 days per week.
10. A program for detoxification based in a hospital which provides medical services and acute care 24 hours per day for persons with severe medical complications associated with withdrawal.
- 11.]3. A [program] service for civil protective custody which provides [a facility] care for a person who is taken into custody pursuant to the provisions set forth in NRS 458.250 to 458.280, inclusive.
- [12. An employee assistance program which develops a systematic approach to assist employees of organizations in the identification and resolution of personal problems.
13. A program for intervention for persons who are at high risk of abuse of alcohol and other drugs as demonstrated by the experimental use of alcohol and other drugs. The program may include the referral of certain persons for treatment.]
- [14.] 4. [A program to provide a]An evaluation center service which provides a court evaluation of a person pursuant to NRS 484.37943 [of an offender to a court] to determine whether the [offender] person is an alcoholic, an addict, or an abuser of alcohol or other drugs and to make recommendations concerning the type of any treatment required.
5. A drug court service which provides services to clients referred by a drug court.
6. An service for intake and referral which provides assessment, referral to appropriate services, assists in ensuring continuity of care, and assists in optimal resolution of identified non-clinical problems of the client.

**458.281 [Requirements] Standards for [accreditation of program] a service for early intervention [in abuse of alcohol or other drugs] approved by the state.** [To obtain a certificate of accreditation, the operator of a program for intervention in abuse of alcohol or other drugs must submit to the bureau In addition to compliance with the provisions of NAC 458.260 to 458.280 inclusive, NAC 458. 420 to NAC 458.430 inclusive, and sections 21 and 22 a service for early intervention approved by the state must maintain a record for each client which includes:

1. [A description of the activities and services of the program intended to intervene in the abuse of alcohol or other drugs.] Signed consent of the client to the service; and
2. [A description of the policy and method of the program for providing referrals to clients whose needs cannot be met by the program] Documentation which rules out the existence of a substance use disorder, or documentation of referral of the client for appropriate treatment according to criteria specified by the most recent edition of the patient placement criteria of the American Society of Addiction Medicine.
- [3. Proof that the program complies with the provisions of NAC 458.300 and 458.411.]

**458.283 [Requirements] Standards for [accreditation of program] a service for primary prevention [of alcohol and drug abuse] approved by the state.** [To obtain a certificate of accreditation, the operator of a program for the prevention of alcohol and drug abuse must submit to the bureau] In addition to compliance with the provisions of NAC 458.260 to 458.280 inclusive, NAC 458.420 to 458.430 inclusive, and section 21, a service for primary prevention approved by the state shall:

1. [A] Submit to the bureau a written statement signed by the [director] operator of the program [or chairman of the board of the program] assuring that the program promotes the message to minors not to use alcohol, [drugs, nicotine, or any other mind-altering] tobacco, or illicit substances.
2. [Any letters of support or endorsement that are required by the bureau.]
3. A list of the names, addresses and telephone numbers of the persons responsible for the operation of the program.
4. A written statement describing the program's goals and objectives and the problems being addressed. The strategy of the program must include at least one of the following methods to accomplish its goals and objectives:
  - (a) The distribution of information;
  - (b) Educational programs;
  - (c) The mobilization of professionals and other members of the community;
  - (d) Alternative programs;
  - (e) Programs to carry out social policy and environmental change; or
  - (f) Early intervention.
5. If the organization accepts money from the state or Federal Government, proof that the organization has tax exempt status pursuant to section 501c(3) of the Internal Revenue Code of 1954, as amended.
6. Evidence of liability insurance sufficient to protect patients, staff, volunteers, and visitors.
7. Policies addressing the following subjects:
  - (a) Transportation and insurance, if appropriate.

- (b) Procedures for medical emergencies.
- (c) The screening of personnel and volunteers. This policy must meet the requirements of NRS 179A.190 to 179A.240, inclusive.
- (d) Evaluation of the program.
- (e) Procedures for the referral of patients identified as requiring assistance that is not available through the program for prevention.
- (f) Contact between patients and employees during employees' hours off work or after a patient is no longer in the program.]

Include in the manual of policies and procedures for the program an accurate job description for each position held by a volunteer to the program. Each job description must include the duties and responsibilities of the position.

**458.285 [Requirements for accreditation of program] Standards for a service for civil protective custody approved by the state.** [To obtain a certificate of accreditation, the operator of a program for] In addition to compliance with the provisions of NAC 458.260 to 458.280 inclusive, NAC 458.420 to 458.430 inclusive, and sections 21 to 23 inclusive, a service for civil protective custody approved by the state [must submit to the bureau proof that the program has established] shall:

1. [Procedures to assess medical risks and a person's potential to become violent or suicidal.] Be approved by the state for a residential detoxification service.
2. [Criteria for rejecting clients.] Maintain a record for each client which contains, without limitation:
  - (a) The date and time of admission.
  - (b) The client's vital signs taken every 2 hours during waking hours.
  - (c) Documentation of observation of the client and any relevant findings regarding the client's behavior.
  - (d) Documentation of good faith efforts made by the program to refer the client to treatment.
  - (e) The date and time that the client was discharged.
3. Procedures to document the clients who are accepted and rejected.
4. A liaison with law enforcement agencies.
5. Procedures for documenting for each person:
  - (a) The length of stay in hours; and
  - (b) The number of readmissions.
6. A statement of policy concerning the services provided to clients.]

**458.288 [Requirements for accreditation] Standards for an [of] evaluation center service approved by the state.** In addition to compliance with the provisions of NAC 458.260 to 458.280 inclusive, NAC 458.420 to 458.430 inclusive, and sections 21 to 23 inclusive, a program providing an evaluation center service approved by the state shall:

1. To obtain a certificate of accreditation, the operator of an evaluation center must submit to the bureau proof that the program has established policies:
  - (a) Relating to the contact between offenders and employees during the employees' nonworking hours or after an offender is no longer in the program; and
  - (b) That otherwise meet the requirements of this section.

2. On or after May 1, 1995, the operator of an evaluation center shall
  1. [not] Not be operated by an operator of a program who operates or [have] has a financial interest in a [treatment] program for treatment of abuse of alcohol and other drugs in the same geographic area as the evaluation center service if the [center] service is located in a county whose population is 100,000 or more.
  - [3]2. [A written evaluation of an offender must be completed and returned to] Provide the court written evaluation of a client within 20 working days after the [operator] program receives the referral [from the court].
  - [4. The evaluation technician shall use a standardized form to prepare the evaluation of an offender as required by the bureau and the office of traffic safety of the department of motor vehicles and public safety.]
  3. Report the results of evaluation to the court in a format acceptable to the court referring the client.
  4. [The standardized form required pursuant to subsection 4 must include] Maintain a record for each client which contains:
    - (a) [Basic identification data.] Signed consent of the client to the service;
    - (b) [A review of all criminal convictions of the offender, including, without limitation, traffic offenses. A review of the offender's record may be provided by the National Criminal Investigation Check or the department of motor vehicles and public safety, or both.] Documentation substantiating the determination of whether the client is an alcoholic, an addict, or an abuser of alcohol or other drugs and substantiating the recommendation to the court concerning the type of any treatment required;
    - (c) [The results of the assessment tool.] Assessment of the client sufficient to determine the appropriate level of service for the client according to the criteria specified by the most recent edition of the patient placement criteria of the American Society of Addiction Medicine.
    - (d) [A summary of the evaluation technician's conclusions, including, without limitation, his conclusion regarding the offender's social, medical, and family history.] The criminal justice history of the client;
    - (e) [Any suggested treatment and options for referral, if appropriate.] Other information concerning the client's history or condition which should be considered in determining any recommendations relating to treatment; and
    - (f) [The financial status of the offender.] A summary of the findings of the evaluation.
- [6. As used in this section, "evaluation center" has the meaning ascribed to it in NRS 484.3793.]

**458.390 [Records: Patient of program] Standards for a service for detoxification approved by the state. [The record of a patient in a program for detoxification must include] In addition to compliance with the provisions of NAC 458.260 to NAC 458.280 inclusive, NAC 458.390 to 458.430 inclusive, sections 21, 22 and 26, and when applicable section 27, a program providing a service for detoxification approved by the state shall:**

1. [The following information about the patient upon his admission:
  - (a) The information required by the client data system;
  - (b) Name, age, sex, and race;
  - (c) Permanent address;

- (d) A brief biography;
  - (e) The source of referral; and
  - (f) The patient's vital signs.] Utilize criteria for detoxification screening specified by policy of the bureau.
2. [An assessment of the patient's need for withdrawal from alcohol or a drug.] Maintain a record for each patient which contains the patient's vital signs upon admission if the patient is withdrawing from alcohol, a sedative, a hypnotic, or an anxiolytic.
  - [3. Documented observation of the patient as medically indicated.
  4. Notes on the condition of the patient during treatment. At least one entry must be made every 8 hours. Each entry must show:
    - (a) The patient's vital signs, if appropriate;
    - (b) Any medications administered to the patient;
    - (c) Any instructions from a medical facility or professional who is referring the patient;
    - (d) Any relevant observations of the patient's behavior and emotional state;
    - (e) Any accident, injury, illness, emergency or other unusual occurrence which has affected the patient; and
    - (f) Any other information which would enable another trained person to follow the patient's condition through the course of treatment.
  5. The following information within 5 days after discharge:
    - (a) A brief statement of the patient's overall condition;
    - (b) The destination or intended residence of the discharged patient; and
    - (c) The plan for continuing treatment.]

**458.420 Grounds for hearing to consider [suspension or] revocation of [accreditation] approval of a service by the state.** Each of the following acts constitutes a ground for a hearing to consider the [suspension or] revocation of [a certificate of accreditation] approval of a service by the state:

1. [A deviation from the alcohol and drug abuse program] Diminished quality of the service as originally [accredited which adversely affects the quality or scope of services under the program] approved.
2. A [violation of an applicable provision of this chapter] major exception to compliance.
- [3. The failure of a program to maintain at least a level III accreditation for 12 or more months during a 24-month period, or if a program has been reclassified as a level II accreditation, two times within a 24-month period.
4. The failure of a program that is funded by the bureau to admit a patient because of his inability to pay for services.
5. A determination that a program has defrauded an insurance company.
- 6.] 3.[A determination that the program has provided] Disseminating false or misleading information to the public, consumers, or the bureau. [or patients relating to the services provided, the cost of services, the qualifications of employees, or the authorized scope of practice of the program or its employees. The false or misleading information may be communicated orally, in print or by any marketing method.]
4. Failure of the operator or staff of the program to comply with the standards of practice of this chapter.

**458.425 [Accreditation] Approval of a service by the state: Application for reinstatement.** The operator of a[n accredited] program may apply for reinstatement of [its accreditation] approval of a service by the state not less than 6 months after [the suspension or] revocation [has been conducted pursuant to NAC 458.210] of approval.

**458.430 Transferability of [accreditation] approval of a service by the state.** With the exception that a certificate of approval of a service by the state is transferable to the new operator for a period not to exceed 6 months in the event of transfer of ownership of the program, [A] a certificate of [accreditation] approval of a service by the state is not transferable from the holder to another person and may not be used for any other program.

## STANDARDS OF [PROFESSIONAL] PRACTICE

### Ethical Standards and Requirements

**458.450 Applicability of provisions.** The ethical standards and requirements set forth in NAC 458.460 to 458.580, inclusive, apply to [alcohol and drug abuse counselors, counselor interns, program administrators] operators and staff of programs providing a service for primary prevention and clinical services approved by the state, and [any] to persons [who is] holding any [certified] registration or certification issued [in any other program or specialty area established] by the bureau.

**458.470 Performance of services generally.** A [professional in the field] person providing a service for primary prevention or a clinical service for abuse of alcohol and other drugs [abuse] shall:

1. Maintain objectivity, integrity and high standards in the services he offers.
2. [Recognize the effect of any impairment on his performance and seek treatment if necessary.] If his ability to perform any activity authorized by his certification or registration issued by the bureau, or to provide a service approved by the state, becomes impaired as the result of abuse of or dependence upon alcohol or another drug:
  - (a) Not perform any activity authorized by his certification or registration, or provide a service approved by the state, while his ability to perform the activity or provide the service is impaired; and
  - (b) Seek treatment if necessary.

**458.480 Claims regarding qualifications; scope of services and techniques; use of registration or certification [; use of name; sale of publications. A professional in the field of alcohol and drug abuse shall not:]** A person providing a service for primary prevention or a clinical service shall not:

1. Claim, directly or by implication, any qualification that he does not possess;
2. [Attempt to offer services or use techniques outside the scope of his duties as outlined in the certification package] Utilize any registration or certification issued by the bureau, or approval of services by the state to offer or perform activities or provide services other than those authorized by this chapter;

3. [Use his certification for any purpose outside the scope for which it was issued;]  
Provide clinical services requiring licensure in the absence of such licensure.
- [4. Allow his name to be used in connection with any services or products in such a way that is incorrect or misleading; or
5. Offer for sale any publication that is not of professional quality.]

**458.490 Use [and reporting] of information[; acknowledgment and documentation of materials and techniques; training of others. A professional in the field of alcohol and drug abuse shall:].** A person providing a clinical service for abuse of alcohol and other drugs shall use information that is generally accepted in the field of abuse of alcohol and other drugs.

- [1. Use information that is generally accepted in the field of alcohol and drug abuse to carry out the duties of his employment;
2. Report fairly and accurately appropriate information to patients, fellow professionals and the general public;
3. Acknowledge and document materials and techniques used in his practice; and
4. In training others, indicate the required training and qualifications to perform properly the duties of a professional in the field of alcohol and drug abuse.]

**458.510 Relationship with patient: General requirements. [A professional in the field of alcohol and drug abuse shall:]** A person providing a clinical service for abuse of alcohol and other drugs shall:

1. Act in the best [treatment] clinical interests of the [patient] client.
2. Terminate [a counseling or consulting] the professional relationship [or refer the patient] if it is reasonably clear that the [patient] client is not benefiting from the relationship.
- [3. If the patient refuses treatment, referral or other recommendations made by the professional, carefully consider the welfare of the patient by weighing the benefits of attempting to continue treatment against the benefits of terminating the relationship.
4. If he needs information from a person who has previously treated a patient, inform the patient of the nature and purpose of the correspondence. Any information must be used only for the purpose that has been expressed to the patient.
5. Use a patient in a role of demonstration only if such use will have no detrimental effect on he patient.
6. Collaborate with other health care professionals to provide a supportive environment for any of his patients who are receiving medication for the treatment of alcohol and drug abuse.]

**458.520 Relationship with [patient] client: Prohibitions. [A professional in the field of alcohol and drug abuse shall not:]** A person providing a service for primary prevention or a clinical service for abuse of alcohol and other drugs shall not:

1. Enter into a professional relationship with a member of his family, a close friend or associate or any other person with whom the professional has a significant relationship that is not related to [therapy] the professional relationship; or
2. Enter into, or attempt to enter into, a [sexual or other] close, personal relationship with a current [patient] client or with a former [patient] client, to include but not limited to

sponsorship in a group for self-help or any romantic or sexual relationship for a period of [1]2 years after the termination of the professional relationship.

3. Enter into, or attempt to enter into, a financial relationship with a current client or with a former client that is unrelated to a service for primary prevention or a clinical service for abuse of alcohol and other drugs for a period of 2 years after the termination of the professional relationship.

**458.530 [Informing] Informed consent [prospective patients of all aspects of treatment].**

A [professional in the field of] person providing a clinical service for abuse of alcohol and other drugs [abuse] other than a service for civil protective custody shall [inform a prospective patient of all aspects of treatment] provide the service only with the client's informed consent.

**458.540 Financial arrangements and records. [A professional in the field of alcohol and drug abuse shall]** A person providing a service for primary prevention or a clinical service for abuse of alcohol and other drugs shall:

1. Inform prospective patients of financial arrangements before [initiating the professional relationship. Such arrangements must be in accordance with generally accepted standards in his field] providing the service.
2. [Consider the ability of the patient to pay for his services when establishing rates of compensation] Maintain accurate records of any fees charged to a client, and of any payments made by a client. Such records must be made available to the client for review upon request.
3. Not give or receive any commission or any other form of remuneration for the referral of clients from the party to whom clients are referred.
4. [Not split fees with other professionals.]
- 5.] Not use his relationship with a patient to promote his personal gain or profit [for any commercial enterprise].
- [6. Except as otherwise provided in this subsection, not accept a fee or any gift or gratuity for working with a patient whose fees are paid by an institution or agency. If the policies or provisions of a particular agency allow for the professional to receive a fee, gift or gratuity, the patient must be advised of such policies or provisions which may affect him.]

**458.550 Protection of confidentiality and privacy. [A professional in the field of alcohol and drug abuse shall:]** A person providing a clinical service for abuse of alcohol and other drugs shall:

1. Practice in compliance with the [requirement] standards relating to confidentiality set forth in 42 C.F.R., Part 2, independent of whether the person is providing services of a program for treatment which receives assistance from the federal government.
2. [Protect the privacy of his patients.]
- 3.] Inform a [patient] client and obtain his authorization if:
  - (a) He intends to make a recording of an interview with a [patient] client.
  - (b) [He intends to use any information gathered during such an interview.]
  - (c) Another person intends to observe an interview with the [patient] client.

4. If he is not subject to the provisions of NRS 458.280, make provisions for the maintenance of records pursuant to the requirements of 42 C.F.R., Part 2.
5. If he is not subject to the provisions of NRS 458.280, reveal information received in confidence only if there is a clear and imminent danger to the patient or another person. Such information may be released only to an appropriate person or persons.
6. Discuss information received in clinical or consulting relationships only with other professionals in the program. A report on such information must include only data that is pertinent to the evaluation and every effort must be made to prevent the disclosure of the identity of the patient.
7. Use clinical and other material that is confidential in a classroom setting only if the material is used in such a way as to prevent the disclosure of the identity of the patient.]

**458.560 Relationship with colleagues and other professionals. [A professional in the field of alcohol and drug abuse shall:**

1. Treat colleagues and other professionals with respect, courtesy and objectivity.
2. Refrain from offering his services to a patient who is under the care of a colleague, unless the colleague has been notified or the former relationship has been terminated; and
3. Cooperate with any recognized committee on professional ethics and comply with any reasonable request for information made by such a committee.]

A person providing treatment for abuse of alcohol and other drugs who is aware that a patient is receiving treatment for abuse of alcohol and other drugs from another person or organization shall not provide treatment to the patient without coordination of care.

**458.580 [Reporting to bureau: Counseling] Relationship with the bureau: Information provided to the bureau; reporting counseling by unqualified or unauthorized person; unethical conduct or unprofessional practice and conviction of certain offenses. [A professional in the field of alcohol and drug abuse shall report to the bureau any:]**

1. A person providing a service for primary prevention or a clinical service for abuse of alcohol and other drugs shall not provide information to the bureau or its representatives which the person knows to be false.
  2. A person providing a clinical service for abuse of alcohol and other drugs shall:
    - (a) Report to the bureau any assessment or
- [1. [Counseling] counseling for alcohol and drug abuse that is conducted by an unqualified or unauthorized person.
- (b) Report to the bureau any violations of standards of practice of this chapter
- [2. **Unethical conduct or unprofessional practice by other professionals]** that he has witnessed or that has been reported to him.
- (c) Inform the client of how a complaint may be filed with the bureau if a violation of the standards of practice of this chapter is reported to him by a client.
- (d) Report to the bureau knowledge of conviction of a person registered with or certified by the bureau of violation of a law relating to alcohol or controlled substances.

INVESTIGATIONS, HEARINGS, DISCIPLINARY ACTIONS, AND APPEALS

**NAC 458.023, 458.025, 458.031, 458.053, 458.055, 458.057, 458.100, 458.148, 458.155, 458.161, 458.171, 458.210, 458.215, 458.239, 458.290, 458.295, 458.300, 458.305, 458.310, 458.315, 458.320, 458.340, 458.350, 458.360, 458.370, 458.395, 458.400, 458.403, 458.405, 458.410, 458.460, and 458.500 are hereby repealed.**

**458.023 “Case management” defined.** “Case management” means a multi-step process for patients of alcohol and drug abuse services that offers assistance in accessing services, including services in the areas of health, mental health, education, vocation, finance, law, child care and employment.

**458.025 “Classify alcohol and drug abuse” defined.** “Classify alcohol and drug abuse” means to diagnose or evaluate patients of alcohol and drug abuse programs through formal, recognized testing or through clinical procedures performed by a certified alcohol and drug abuse counselor, physician licensed to practice medicine in this state, counselor intern, or an evaluation technician who is certified to perform such functions.

**458.031 “Division” defined.** “Division” means the rehabilitation division of the department of employment, training, and rehabilitation.

**458.053 “Operator of an Alcohol and Drug Abuse Program” defined.** “Operator of an alcohol and drug abuse program” means the person who is responsible for the operation of such a program.

**458.055 “Program Administrator” defined.** “Program Administrator” means a person who is certified and approved by the Bureau to administer an alcohol and drug abuse program and to supervise employees in activities other than counseling.

**458.057 “Program for treatment with methadone” defined.** “Program for treatment with methadone means a program which dispenses methadone or another narcotic which is used to prevent withdrawal from an opioid and which is approved by the Food and Drug Administration.

**458.100 Mandatory certification as program administrator or as alcohol and drug abuse counselor; optional certification as program administrator.**

1. Any person who is employed as an administrator of an alcohol and drug abuse program which is accredited by the bureau shall apply in writing to the bureau for certification as a program administrator. Any person who is employed as an administrator of an alcohol and drug abuse program which is not accredited by the bureau may apply in writing to the bureau for certification as a program administrator.
2. A person who holds himself out to the public as an alcohol and drug abuse counselor must be certified by the bureau as an alcohol and drug abuse counselor.

**458.148 Certification as an evaluation technician: Minimum requirements; examinations; authorized activities; supervision by certified alcohol and drug abuse counselor.**

1. The minimum requirement for certification as an evaluation technician is a high school diploma or certificate of general educational development.
2. An applicant must also pass all sections of a written examination on the following subjects:
  - (a) Resources for the treatment of alcohol and drug abuse which are available in this state;
  - (b) The symptoms and pharmacological aspects of alcohol and drug abuse;
  - (c) The requirements of confidentiality of information about a patient set forth in 42 C.F.R. Part 2.
  - (d) The classification of alcoholics and abusers of controlled substances or alcohol; and
  - (e) The concept of alcoholism and drug abuse as a disease.
3. An applicant must also pass an oral examination which consists of a tape-recorded interview of the applicant, conducted by the bureau or a person designated by the bureau, and emphasizes issues related to the evaluation of patients who abuse alcohol or drugs.
4. The bureau will mail the results of the examinations to the applicant at his last known address within a reasonable time after the examinations.
5. An applicant who fails the oral or written examination may retake either application by reapplying to the bureau in the manner prescribed in NAC 458.110, 458.121, 458.131, and 458.141.
6. An evaluation technician may:
  - (a) Collect data from observing patients who are being evaluated to determine whether they are alcoholics or abusers of a controlled substance or from interviews with those patients.
  - (b) Classify as an alcoholic or abuser of controlled substances or alcohol a person who has applied for treatment pursuant to NRS 484.2794.
  - (c) Make referrals for alcohol and drug abusers.
  - (d) Conduct testing in which the evaluation technician has been trained.
7. Each evaluation technician must be supervised by a certified alcohol and drug abuse counselor.

**458.155 Certification in specialty area of alcohol and drug abuse treatment: Minimum requirements; examinations; authorized activities.**

1. The minimum requirements for certification in a specialty area of alcohol and drug abuse treatment are:
  - (a) The requirements set forth in NAC 458.151;
  - (b) One year of experience in the specialty area obtained while working in an alcohol and drug abuse treatment program or a related program;
  - (c) A passing score on all sections of a written examination in the areas related to alcohol and drug abuse as they relate to the specialty area;
  - (d) A passing score on an oral examination consisting of a tape-recorded interview of the applicant that emphasizes the knowledge required in the specialty area, including issues of priority identified by surveys, studies and reports of the bureau; and
  - (e) Any other requirement identified by the bureau in the package for application.

2. The oral examination will be conducted by the bureau or by a person or persons designated by the bureau.
3. The results of the examinations will be mailed to the applicant at his last known address within a reasonable time after the examinations.
4. An applicant who fails the oral or written examination for certification in a specialty area may retake either examination by submitting an application to the bureau in the manner prescribed in NAC 458.110, 458.121, 458.131 and 458.141.
5. A person who is certified in a specialty area may present himself to the public as having acquired experience and expertise in the specialty area.

**458.161 Certification as program administrator: Minimum requirements; examinations; authorized activities.**

1. The minimum requirements for certification as a program administrator are the same as for certification as an alcohol and drug abuse counselor, except for the requirement for counseling set forth in subsection 1 of NAC 458.151, plus 1 year of experience in a supervisory, managerial, or administrative capacity in an alcohol and drug abuse program or a related program.
2. An applicant must also pass all sections of a written examination on the following subjects:
  - (a) Resources for the treatment of alcohol and drug abuse which are available in this state;
  - (b) The symptoms of alcohol and drug abuse;
  - (c) The pharmacological aspects and the classification of alcohol and drug abuse;
  - (d) The confidentiality of information about patients pursuant to 42 C.F.R. Part 2;
  - (e) Budgeting and financial management;
  - (f) The planning of programs for services;
  - (g) Basic techniques for the management of employees, facilities and other resources;
  - (h) The obtaining of grants and the securing of resources;
  - (i) The concept of alcoholism and drug abuse as a disease; and
  - (j) The human immunodeficiency virus (HIV) and other communicable diseases relevant to alcohol and drug abuse.
3. The applicant must also pass an oral examination which consists of a tape-recorded interview of the applicant, conducted by the bureau or persons designated by the bureau, and emphasizes the administration of programs, including financial management, the supervision of employees in activities other than counseling and the legal and ethical aspects of management.
4. The results of the examinations will be mailed to the applicant at his last known address within a reasonable time after the examinations.
5. An applicant who fails the oral or written examination for certification as a program administrator may retake either examination by reapplying to the bureau in the manner prescribed in NAC 458.110, 458.121, 458.131, and 458.141.
6. A certified program administrator who is an administrator of a program accredited by the bureau shall:
  - (a) Administer an agency's alcohol and drug abuse program.

- (b) Plan for the delivery of the services of the program that are related to alcohol and drug abuse, or secure an appropriate service contract with a qualified person or organization.
- (c) Supervise the employees of the program except for the actual performance of counseling and treatment, which he must not supervise unless he is certified as a counselor.
- (d) Prepare the budget and manage the financial affairs of the program.
- (e) Report directly to the organization's governing body.
- (f) Secure and oversee service contracts with qualified persons or organizations.

**458.171 Certification by reciprocity.**

1. A person who is certified as an alcohol and drug abuse counselor, program administrator, or in any other category or specialty area established in another state or by a national certification organization may be granted certification by reciprocity if he:
  - (a) Obtains the materials for application and files an application with the bureau;
  - (b) Demonstrates to the bureau's satisfaction that the requirements for certification are substantially the same as or more stringent than the requirements in this state;
  - (c) Presents a current certificate indicating successful completion of training in cardiopulmonary resuscitation, unless he is prohibited from holding such a certificate for medical reasons;
  - (d) Receives a passing grade on an examination concerning the requirements for confidentiality found in 42 C.F.R. Part 2;
  - (e) Receives a passing grade on an examination concerning the classification of alcohol and drug abuse;
  - (f) Upon the request of the bureau, appears for a personal interview; and
  - (g) Pays a fee of \$50.
2. A certifying body or agency may apply to be recognized by the bureau for the purpose of granting reciprocity to this state by submitting a written application to the bureau. The application must include at least one copy of the entity's requirements for certification and a list of any other agencies granting reciprocity to the entity.

**458.210 Violation of provisions of chapter: Filing of complaint; investigation and hearing; disciplinary action.**

1. Any person, including an employee of the bureau, who wishes to file a complaint with the bureau alleging a violation of chapter 458 of NAC against a person certified by the bureau or an accredited program must do so within 30 days after the violation occurred or is discovered.
2. The chief will designate an employee of the bureau or an agent or agents of the bureau to investigate and make a written report on the allegation. Upon receiving the written report the chief will decide if reasonable cause exists to support the allegations and, if reasonable cause exists, a proposed disciplinary action. If the chief does not find reasonable cause, the chief will dismiss the complaint.
3. Upon finding that reasonable cause exists to support the allegations of a complaint, the chief shall mail a copy of the written report required by subsection 2, and the chief's proposed disciplinary action by certified mail to the person certified by the bureau.

Unless the person requests a hearing with the bureau within 15 days, the proposed disciplinary action becomes effective 15 days after the person certified by the bureau receives a copy of the proposed action.

4. Upon receipt of the request for a hearing, the chief shall notify the administrator who shall appoint a hearing officer. The hearing officer must meet the qualifications of NRS 458.040. The proceeding is a contested case for the purpose of chapter 233B of NRS.
5. If after a hearing a person certified by the bureau has been found guilty of violating any provision of chapter 458 of NAC, the bureau will:
  - (a) Issue to the person a public or private reprimand;
  - (b) Suspend the person's certificate for no more than 24 months and may impose conditions on the removal of suspension; or
  - (c) Revoke the person's certificate and set forth the requirements for reinstatement of the certificate. The person is not eligible to reapply for certification for not less than 24 nor more than 60 months. A person whose certificate has been revoked for a second time is ineligible to apply or reapply for certification in any category.

**458.215 Certification as alcohol and drug abuse counselor or program administrator:**

Appeal of revocation or suspension. The decision of the hearing officer may be appealed to the administrator of the rehabilitation division of the department of employment, training and rehabilitation by filing a notice of appeal with the administrator within 15 days after receipt of the hearing officer's decision. For the purpose of judicial review, the administrator's decision is final.

**458.239 Effect of failure to complete required training.**

1. If an alcohol and drug abuse counselor, counselor intern, evaluation technician or program administrator does not complete a course of training as required by NAC 458.235 within the required 2-year period, his certificate will expire unless a waiver has been granted by the bureau before the expiration date of the certificate.
2. If a counselor, counselor intern, evaluation technician or administrator whose certificate has expired pursuant to subsection 1 wishes to have his certificate reissued, he must complete all requirements for certification set forth in this chapter before the certificate will be reissued.
3. If the bureau grants a waiver pursuant to subsection 1, it may require the person to complete not more than 40 additional hours of training during his next period of certification.

**458.290 Review of application and initial inspection; notice and plan for removal of deficiencies; accreditation based on plan; effect of level I accreditation.**

1. Within 30 days after the receipt of an application for accreditation, the bureau will review the application and inspect the alcohol and drug abuse program and proposed facility.
2. Within 60 days after the completion of the review, the bureau will notify the applicant in writing of the results. The notice will specify any deficiency found.

3. If a deficiency is specified in the notice of an applicant for level I accreditation, the applicant must, within 30 days after its receipt, submit to the bureau a plan for removing the deficiency within a reasonable time not to exceed 12 months. The bureau will accept or reject the plan within 30 days. If the applicant fails to submit to the bureau this plan within the 30-day period, the bureau will deny the application.
4. If, based upon the information contained in the applicant's plan for removing the deficiency, the bureau determines that the applicant is capable of complying with all mandatory standards within 12 months, the applicant's program is eligible for accreditation.
5. Level I accreditation is not renewable and a program which is accredited at level I is not eligible to receive payments from health insurers for the treatment of alcohol and drug abuse as provided in NRS 287.010, 608.156, 689A.046, 689B.036, 695B.194, and 695C.174.

**458.295 Expiration of level III accreditation; renewal of accreditation; effect of major deficiency or failure to submit plan for correcting deficiencies; effect of accreditation at level II; action by health division.**

1. A level III certificate of accreditation for an alcohol and drug abuse program may remain valid for a period not to exceed 2 years.
2. The operator of an accredited program must submit a written application to the bureau not less than 60 days before the expiration of its certificate of accreditation to renew its accreditation.
3. The bureau will notify the applicant, in writing, of the results not less than 30 days after the completion of the review for the renewal of accreditation. A program shall, within 30 working days after receipt of such notification, submit a plan for any required changes or corrective actions.
4. If a major deficiency is specified in the evaluation of the application for renewal of the accreditation or if the program does not submit the plan for correcting deficiencies within 30 days, the bureau may downgrade an accreditation from level III to level II or revoke the certificate of accreditation in accordance with the provisions of NAC 458.210. As used in this subsection a "major deficiency" includes any situation or condition related to:
  - (a) Health and safety;
  - (b) Quality of care;
  - (c) Financial management;
  - (d) Criminal investigations; or
  - (e) Administrative practices.
5. A program that is accredited at level II is not eligible to receive payments from health insurers for the treatment of alcohol and drug abuse as provided in NRS 287.010, 608.156, 689A.046, 689B.036, 695B.194 and 695C.174.
6. A level III program that receives a provisional certificate of accreditation from the health division will receive a level II certificate of accreditation from the bureau that is valid for a comparable length of time. Any program that has its license revoked by the health division will also have its certificate of accreditation revoked. The operator of a

program shall notify the bureau within 5 working days of any changes in the status of its license.

**458.300 Manual of policies and procedures.**

1. The operator of an alcohol and drug abuse program shall:
  - (a) Prepare and maintain a manual containing the policies and procedures for the program; and
  - (b) Comply with the provisions of the manual when carrying out the program. A copy of the manual must be available to interested persons.
2. The manual must include:
  - (a) A statement describing the organization, finances, staffing, licensing and accreditation of the program, including any part of the program which is not accredited by the bureau or related to alcohol and drug abuse.
  - (b) A statement of the philosophy of the program regarding alcohol and drug abuse and proposed services of the program.
  - (c) A statement that no patient will be accepted into the program unless his needs can be met by the program.
  - (d) A statement that any patient whose physical or mental condition changes to such an extent that he can no longer be adequately treated under the program will be referred promptly to an appropriate program.
  - (e) A statement that, except in an emergency, such a referral will not be made until the patient, his attending physicians, if any, and the responsible agency, if any, have been consulted.
  - (f) An assurance that the patient's agreement for admission into the program does not include granting of any power of attorney to the operator or employees of the program.
  - (g) The criteria for the eligibility of a person to become a patient, for a person to continue in treatment, for discharge of a patient and for denial of admission to the alcohol and drug abuse program. The bureau may review the criteria.
  - (h) A statement of the rights of patients and employees and provisions for the registration and disposition of complaints and the right to appeal without threat of discharge or reprisal.
  - (i) The procedure to be followed if a medical emergency occurs.
  - (j) If the program is operated by a corporation, a copy of its articles of incorporation and bylaws.
  - (k) A copy of the policy of liability insurance in a sufficient amount to protect patients, staff, volunteers and visitors as outlined in the accreditation manual. The certificate of insurance must provide that notice be given to the bureau within at least 30 days in case of cancellation or nonrenewal of the policy.
  - (l) Personnel procedures pursuant to NAC 458.340.
  - (m) Copies of:
    - (1) Chapter 458 of NRS;
    - (2) Chapter 458 of NAC;
    - (3) NRS 432B.220 to 432B.320, inclusive;
    - (4) 42 C.F.R. Part 2; and

- (5) NRS 200.5092 to 200.5099, inclusive.
  - (n) Policies concerning communicable diseases, including the human immunodeficiency virus (HIV), tuberculosis and hepatitis.
  - (o) A policy to protect the records of patients if the organization ceases to operate, which may include a provision authorizing the bureau to assume responsibility for the management of records and files of patients.
  - (p) A policy of compliance with appropriate state and federal laws and regulations.
  - (q) A statement of the program's policy concerning contact between patients and employees outside the professional relationship.
3. If the program is a program for treatment with methadone, the manual must also include:
- (a) A statement that the program may participate in any central registry established by the bureau for patients of programs for treatment with methadone.
  - (b) A statement that the program uses the standards of guidance on the use of methadone in maintenance and detoxification treatment of addicts of narcotics as established by the Food and Drug Administration and the National Institute on Drug Abuse.
  - (c) The policies and procedures for the use of urine samples to determine the presence of drugs.
  - (d) A statement that each patient will receive during his first 3 years of methadone treatment at least one personal counseling session per month of at least 1 hour.
  - (e) The policies and procedures for prescribing medication which may be used at home.

**458.305 Plan for transfer of patients in program for treatment with methadone.**

1. The operator of each program for treatment with methadone shall submit a plan to the bureau for its approval that establishes a procedure which facilitates the transfer of a patient in a program for treatment with methadone to another such program in this state.
2. Except as otherwise provided in subsection 3, a program for treatment with methadone which is financed by the bureau shall not provide services which are funded by the state or Federal Government to any patient for more than 3 years.
3. If the operator of the program believes that a patient requires treatment for more than 3 years, the operator of the program must apply in writing to the bureau for permission to continue to provide services to that patient. The bureau will grant or deny the request within 30 days after receiving the request.

**458.310 General requirements for programs.**

1. Counseling, either individually or in groups, must be made available.
2. The operator of a residential facility must provide access to medical, dental, psychological and rehabilitative services needed to fulfill the goals of the program and meet the needs of its patients.
3. The operator of a program shall provide services for case management as needed by his patients.
4. The operator of a long-term residential program shall provide his patients assistance in securing and maintaining employment.

5. Each operator of a program shall prepare a written plan for disasters. The plan for residential programs must be posted in the facility. The plan must outline procedures for the staff and patients to follow in case of fire or other emergency and must provide for meeting the patients' needs if the facility is destroyed.
6. The operator of a program for outpatients shall provide for at least one counseling session per month for each patient and make individual counseling available to each patient each month.
7. The operator of a program shall discharge a patient upon completion of treatment or after 30 days have elapsed without a counseling session.
8. The operator of a program shall post in places visible to the public and patients entering the facility, a notice that includes the rights of patients.
9. The operator of a program shall ensure that each patient entering the program receives and signs an acknowledgment of receipt for a list of patients' rights. The bureau will develop the list of patients' rights.
10. The operator of a program shall complete and submit to the bureau data for all current and discharged patients in treatment and any other reports required by the bureau. Such information must be submitted at least once per month.

**458.315 Evaluation of alcohol and drug abuse program.**

1. The operator of an alcohol and drug abuse program shall establish a method for evaluating the program. The method must include, without limitation, an evaluation of:
  - (a) The effectiveness of the services provided which is based on a survey of the characteristics of the persons admitted to the program.
  - (b) The appropriateness of admissions to and treatment provided by the program.
  - (c) The success rate of the program.
  - (d) The efficiency of the program.
  - (e) The method of providing referrals to programs which provide services to a person:
    - (1) With a communicable disease;
    - (2) Who uses drugs intravenously;
    - (3) Who is pregnant or has recently become a parent; and
    - (4) Who is the child of a patient.
2. The findings pursuant to the evaluation must be submitted to the governing body which oversees the program at least annually.
3. The governing body shall use the evaluation to modify and improve the program.

**458.320 Governing body: Requirements; duties.**

1. If the owner or operator of an alcohol and drug abuse program is a corporation, there must be a functioning governing body for the organization which has the ultimate authority for administering the program.
2. The governing body shall:
  - (a) Appoint a qualified administrator who has authority and responsibilities which are appropriate to the requirements of the program and notify the bureau within 5 working days if it changes administrators or does not have an administrator;
  - (b) Adopt a system of controls which will maintain acceptable standards for provision of service and for financial and organizational integrity;

- (c) Annually review and approve a budget for carrying out the objectives of the program;
- (d) Annually review and approve program operations;
- (e) Adopt written bylaws and policies that define the powers and duties of the governing body, its committees, the program administrator and any advisory groups.
- (f) Meet at least quarterly and keep written minutes that indicate:
  - (1) The date of the meeting;
  - (2) The names of the members and any other persons who were present at the meeting;
  - (3) The topics discussed;
  - (4) Any decisions made; and
  - (5) Any actions taken.
- (g) Retain the ultimate responsibility for the program;
- (h) Review criteria relating to the admission and discharge of patients; and
- (i) Review changes relating to the policies and procedures of the program.

**458.340 Requirements for personnel; operation of state-funded programs for treatment of intravenous drug abusers.**

1. The operator of an alcohol and drug abuse program shall have on duty at all times of operation a sufficient number of qualified employees to carry out the policies and furnish the services of the program. The operator shall submit annually to the bureau a plan for the assignment of employees to the program.
2. The program administrator must be present and responsible for the operations of the program during normal working hours. If the program administrator must be absent, he shall designate a person, in writing, to serve as his representative. The person must be 21 years of age or older and:
  - (a) Certified by the bureau as an alcohol and drug counselor or program administrator;
  - or
  - (b) Approved by the bureau.
3. The operator of a residential program for detoxification which is separate from a hospital shall protect the health and safety of any patient who is undergoing detoxification by identifying admission criteria and providing 24-hour observation, as appropriate. If a patient meets identified medical criteria of the agency, the operator shall provide access to emergency medical care to the patient.
4. The operator of a residential program shall provide for paid personnel to be on duty 24 hours per day.
5. A program for treatment with methadone must have a physician who is licensed in this state and who is:
  - (a) Certified by the American Society of Addiction Medicine; or
  - (b) Approved by the chief for a period not to exceed 2 years pending such certification.
6. A description of each position of employment in a program must be available to all employees on request. The description must accurately reflect the situation of employment and must be updated annually or at any time a change in the position or its qualifications occurs. The description must include:
  - (a) The title of the position.

- (b) The duties and responsibilities of the position. If the position is that of a physician in a program for treatment with methadone, the duties and responsibilities of the position must include:
    - (1) Documenting, signing or countersigning all medical orders issued under the physician's authority, including orders which authorize a patient to take methadone outside a clinical setting; and
    - (2) Ensuring that each patient under the physician's care receives adequate services addressing communicable diseases, including the human immunodeficiency virus (HIV), tuberculosis and hepatitis. The services must include an evaluation of the patient's risk of contracting a communicable disease and, if clinically appropriate, the testing of the patient for communicable diseases and counseling of the patient before and after the tests are conducted.
  - (c) The qualifications of the position.
  - (d) The relationship of the position to other positions within the program as evidenced by a chart indicating the hierarchy of the organization.
  - (e) The working conditions, location and hours of the position and any necessary materials and equipment.
7. A personnel record must be maintained for each employee and volunteer. The information maintained in the record must include:
    - (a) The application for employment;
    - (b) The letters of recommendation;
    - (c) The records of the investigation of references;
    - (d) The verification of education, training, experience and certification;
    - (e) The evaluations of performance in employment, which must be conducted at least annually;
    - (f) Copies of any reports of incidents or disciplinary actions taken;
    - (g) Information on salaries, including documents on all changes in salaries;
    - (h) A background check that must include the results of any check of fingerprints made pursuant to the provisions of NRS 179A.190 to 179A.240, inclusive;
    - (i) Documentation evidencing the employee's entitlement to remain and work in the United States;
    - (j) If the employee is a counselor intern, a copy of the intern's certification and a copy of the training plan submitted to the bureau;
    - (k) A copy of the employee's job description signed by the employee; and
    - (l) Signed verification by the employee that a course of orientation to policies and procedures governing the services to be performed by the employee.
  8. A consultant employed for the program must be employed under a written contract which clearly specifies the nature and amount of services to be provided and the terms of his compensation.
  9. Personnel records must be kept confidential and may be made available only to persons having written authorization except that an employee must be allowed to inspect his own personnel record upon request.
  10. A course of orientation must be outlined and provided for each new employee and volunteer and a record of it must be kept in his file.
  11. A program must have written policies and procedures for:

- (a) The recruitment, selection, promotion and termination of members and volunteers on its staff;
  - (b) Disciplinary actions which clearly define the mechanism for the suspension or discharge of a member of the staff;
  - (c) Compensation, hours of work, benefits, leave, compensatory time, rules of conduct and training and development for its staff;
  - (d) Outlining expenses that will be reimbursed and levels of reimbursement for such expenses for all employees of the program;
  - (e) Providing leave for those employees of the program who provide treatment relating to alcohol and drug abuse for at least 5 days each year to attend training that is related to alcohol and drug abuse; and
  - (f) If it provides care 24 hours a day, the documentation of the assignments of the employees of the program for all hours of the day.
12. A program must establish a policy concerning employee assistance.]

**458.350 Financial requirements: Policies and procedures; records.**

- 1. The operator of an alcohol and drug abuse program shall have written financial policies and procedures for the program.
- 2. The operator shall maintain financial records of the program. Such records must be:
  - (a) Prepared in accordance with generally accepted accounting principles which are consistently applied.
  - (b) Available for review by the bureau.

**458.360 Programs receiving state or federal money: General requirements.** If the operator of an alcohol and drug abuse program is receiving money for the program from the state or the Federal Government, he shall:

- 1. Keep at least the following fiscal records:
  - (a) A general ledger of cash disbursements;
  - (b) A payroll ledger;
  - (c) A journal of cash receipts;
  - (d) A journal of other receipts, if appropriate;
  - (e) A journal of nonmonetary disbursements, if appropriate; and
  - (f) The records of checking, savings and other accounts at financial institutions.
- 2. For each grant or contract received, submit monthly financial reports approved by the bureau.
- 3. Comply with the requirements of the grants or contacts including the Rehabilitation Division Grants Procedure Manual.
- 4. Maintain quarterly reports indicating progress toward the goals and objectives of the program that are identified in the program's approved request for funding. Such information must be available to the bureau.
- 5. Assess the quality and appropriateness of the program's treatment services.
- 6. Participate in any evaluation of a client that is mandated or approved by federal or state sources of funding.

7. Make available for review by the bureau all budgets and financial records of programs that are funded by the state or the Federal Government and programs that are not so funded.
8. Ensure that the program provides an annual, independently certified audit as required by any conditions on the award of state or federal money. The information must be available to the bureau.
9. Admit patients to the program based solely on the criteria for admission which have been approved by the bureau.
10. Participate in any evaluation of patients that is required as a condition for the acceptance of money from the state or Federal Government.
11. Establish a procedure for the maintenance of a waiting list which complies with the requirements adopted by the bureau and the Federal Government. The waiting list must include, without limitation:
  - (a) A client identifier;
  - (b) Contract information;
  - (c) The order of priority for services;
  - (d) A follow up contact;
  - (e) Interim services; and
  - (f) Disposition.

**458.370 Assessment and collection of fees for services.**

1. If the operator of an alcohol and drug abuse program is receiving state or federal money, he shall establish and follow written policies and procedures governing the levy and collection of fees for services given under the program. The policies and procedures must provide that:
  - (a) All reporting requirements of the bureau for the collection of fees are met.
  - (b) No person will be denied the services because of his inability to pay for any portion of the services provided, beginning with assessment and ending with discharge.
  - (c) No fee will be assessed or contract entered into if it will result in an undue financial hardship for the patient or his family;
  - (d) A sliding schedule of fees based on a patient's ability to pay is used. The operator of the program shall post in places visible to the public and patients entering the facility a notice of availability of a schedule of fees based upon a patient's ability to pay. The schedule must be approved by the bureau and a copy must be provided to:
    - (1) Any person upon request to the operator.
    - (2) All patients upon their admission or intake to the program.
2. In assessing fees, the operator of a program who is receiving state or federal money shall consider:
  - (a) The size of the patient's family;
  - (b) The patient's indebtedness, if any; and
  - (c) The patient's income.
3. Procedures for the collection of fees must be governed by a primary concern for the patient's recovery and continuation of treatment.

4. The operator of a program shall keep accurate, current and verifiable data on costs per unit of service, and fees must be reasonable when compared to actual costs.
5. Billing procedures must include a verification of the amount billed by comparing it with the record in the patient's file of the services which have been furnished.
6. The operator of the program shall collect fees from patients who are subsidized by the bureau in accordance with the policies and procedures of the bureau.

**458.380 Records: General requirements.**

1. Each operator of an alcohol and drug abuse program shall prepare written policies and procedures for the maintenance and use of patients' records. The policies and procedures must provide that:
  - (a) Patients' records are held in a secure room, a cabinet, file or other type of container that can be locked or in a computer system where access is limited.
  - (b) All entries in the records of patients are signed and dated. Any such record must be maintained in hard copy.
  - (c) If a computer system is used to store patient's records, it must have a backup system to protect the records in case of a failure of the main system.
  - (d) If a computer system is used to store patient's records, the date and name of the person entering the records into the system must be included in the records.
2. Each patient's records must be readily available for use by any employee who is directly furnishing service to the patient.
3. The record of a patient in any treatment program, other than a program for detoxification, must include:
  - (a) The information for the client data system;
  - (b) The intake questionnaire containing at least:
    - (1) The source of referral;
    - (2) Identifying information, such as the age, sex, name, race and address of the patient;
    - (3) The history and status of the patient's family;
    - (4) The education and vocational history of the patient;
    - (5) The criminal justice history of the patient;
    - (6) The medical history of the patient;
    - (7) The presenting problem of the patient;
    - (8) The alcohol and other drug history of the patient which provides the information required by the client data system and which is clinically useful and substantiates any diagnosis or classification of the patient; and
    - (9) Information concerning the patient's income and debts.
  - (c) Documents signed by the patient indicating the patient's consent to treatment and verification that the patient was informed of the procedures for grievances and appeals concerning decisions of the program;
  - (d) A release of information, as appropriate, signed by the patient;
  - (e) A summary statement of the patient's history or condition which should be considered for the development of a plan of treatment;
  - (f) Other information concerning the patient's history or condition which should be considered for the development of a plan of treatment; and

- (g) The patient's acknowledgment of being informed of the requirements for confidentiality that are set forth in 42 C.F.R. Part 2.
- 4. A plan of treatment must be prepared for each patient in a program of treatment. The plan must be completed by the fourth day of treatment in residential programs, and by the fourth visit in all programs. The plan must:
  - (a) Contain an outline of the goals and measurable objectives to be accomplished through individually designated activities, therapies and other treatment for major areas identified in the assessment of needs and evaluation;
  - (b) State who is responsible for the treatment of the patient;
  - (c) Contain a record of the patient's involvement in the development of the plan which must be signed by the patient and the counselor; and
  - (d) Be reviewed and updated by the patient and counselor on a schedule appropriate to the treatment and pursuant to a written policy contained in the agency's program manual, but not less than:
    - (1) Every 30 days if the patient is in a long-term residential program, an intensive program for outpatients or day or evening treatment.
    - (2) Every 90 days if the program is in a program for outpatients other than a program for treatment with methadone.
    - (3) Every 72 hours if the patient is in a detoxification program.
    - (4) Every 2 weeks if the patient is in a short-term residential treatment program.
- 5. Records of the treatment program must adhere to standard procedures for medical records and case notes. Notes must contain:
  - (a) The dates and types of all contacts;
  - (b) The treatment and other services rendered;
  - (c) The patient's response to treatment;
  - (d) The patient's progress, if any, toward attaining the goals and objectives;
  - (e) Any medications administered to the patient;
  - (f) Any symptoms or other indications of problems, including illness or injury, and
  - (g) Records of any violations of the law or infractions of the rules of the program.These notes must be consistently entered into the record and be comprehensive enough to allow a qualified person to follow the course of treatment and its effects on the patient.
- 6. The record of such a patient must also contain a copy of each piece of correspondence, test, assessment and other material relating to the program of treatment, including referrals for service, plans of activities, individual educational plans and appropriate results of the treatment.
- 7. A report containing the results of a urinalysis must be kept in the patient's file if it is:
  - (a) Required by a court as a condition of treatment;
  - (b) Determined by the primary counselor or examining physician to be necessary as part of the treatment;
  - (c) Found to be necessary because of the patient's prior history or treatment; or
  - (d) Mandated by regulations of the Food and Drug Administration that relate to the operation of a program for treatment with methadone.
- 8. Within 5 days after a patient is discharged from a component of a program of treatment, a summary containing the following information must be prepared:

- (a) The patient's condition before and after treatment;
  - (b) The patient's overall response to the treatment and the degree to which the goals and objectives of the plan of treatment were achieved; and
  - (c) A plan for continuing the treatment after discharge which includes dates for follow-up treatment and recommendations for schedules for work, recreation, social functioning, involvement with self-help groups and a plan for addressing problem areas noted during the process of admission which were not resolved during treatment.
9. The clinical supervisor shall review all summaries of discharge for appropriateness and completeness. Such a review must be documented in the patient's file.

**458.395 Records: Program for intervention in abuse of alcohol or other drugs. The operator of a program for intervention in abuse of alcohol or other drugs shall maintain a record which must include, without limitation:**

- 1. A description of each activity provided by the program;
- 2. A description of the characteristics of each person who participates in the program;
- 3. Documentation of the effectiveness of its activities;
- 4. The date and length in hours of each activity provided by the program;
- 5. The number of persons who participated in each activity;
- 6. Demographic information concerning persons who participated in each activity;
- 7. For activities involving direct communication with a potential abuser or his family, the date and number of personal meetings; and
- 8. Information regarding referral of clients for treatment and the results of those referrals.

**458.400 Records: Program for prevention.**

- 1. The operator of a program for prevention shall maintain the following records:
  - (a) A description of each activity carried out under the program;
  - (b) An identification of the kinds of persons whom each activity was designed to affect;
  - (c) A statement of the measurable objectives of each activity;
  - (d) The date and length in hours of each activity;
  - (e) The number of persons who participated in each activity;
  - (f) An assessment of the degree to which each activity attained its measurable objective;
  - (g) For activities involving direct communication with a potential abuser or his family, the dates and numbers of personal meetings; and
  - (h) Information concerning the demographics of participants for each activity.
- 2. The records of participants and the activities under a program for prevention must be protected against loss, unauthorized use or destruction.
- 3. The operator of a program who receives money from the state or Federal Government shall submit reports indicating the:
  - (a) Strategies used;
  - (b) Specific activities conducted;
  - (c) Specific risk factors being addressed by activity;
  - (d) Age, race or ethnicity, and gender of the population being targeted; and
  - (e) Size and type of community where the activity is carried out.

**458.403 Records: Program for civil protective custody. A program for civil protective custody must maintain a record of each person who participates in the program. The record must include, without limitation:**

1. The date and time of admission;
2. The name, age, sex and race of the person;
3. The permanent address of the person;
4. The source of the referral;
5. The person's vital signs every 2 hours when the person is awake;
6. Any relevant observations of the person's behavior and emotional state;
7. Any accident, injury, illness, emergency or other unusual occurrence which affected the person while in custody;
8. The documentation of any good faith efforts to provide or refer the person to detoxification or treatment services; and
9. The date and time that the person was released from civil protective custody.

**458.405 Records: Employee assistance program.**

1. The operator of an employee assistance program shall maintain the following records for each patient:
  - (a) A summary of the options for referral made to the patient;
  - (b) A summary of any referral or referrals accepted by the patient, including any source of referral;
  - (c) A summary of the patient's status at the time he was discharged from the program;
  - (d) Verification that the patient was not referred to the employee assistance program for ongoing counseling;
  - (e) The total number of sessions for assessment that were required by the patient;
  - (f) A summary of the program's contact with supervisory personnel or other representatives of the employee's company or the source of the referral; and
  - (g) The appropriate demographic information.
2. The records of an employee assistance program must remain in the possession of the operator of the program. No records may be released to the employer of a patient of an employee assistance program without the express, written consent of the patient.

**458.410 Records: Period of retention.**

1. The operator of an alcohol and drug abuse program shall retain the records of a patient's treatment for at least 7 years after the patient's discharge from the program unless the chief of the bureau and the state health officer specifically authorize disposition at an earlier time.
2. The records of an activity carried out as part of a program for prevention of or intervention in abuse of alcohol and other drugs must be retained at least until:
  - (a) The completion of an audit of the activity by the division; or
  - (b) The expiration of 5 years after the conclusion of the activity, whichever is sooner.
3. The financial records of a program must be retained for at least 5 years after the completion of the most recent audit of the program.

**458.460 Discrimination prohibited.** A professional in the field of alcohol and drug abuse shall not discriminate against patients or other professionals in the field of alcohol and drug abuse based on race, religion, age, sex, physical or mental disability, national ancestry, sexual orientation or economic condition.

**458.500 Publications: Assignment of credit to contributors.** A professional in the field of alcohol and drug abuse who publishes material related to his field shall assign credit to all persons who have contributed to the publication.