

**ADOPTED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB File No. R120-04

Effective October 5, 2004

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

AUTHORITY: §§1-26, 29-35, 37, 40, 42-44, 47, 52, 53 and 56-65, NRS 458.025; §§27, 28, 36, 38, 39, 41, 45, 46, 54 and 55, NRS 458.025 and 458.055; §§48 and 51, NRS 458.025 and 484.37935; §§49 and 50, NRS 458.025, 458.055 and 484.37935.

A REGULATION relating to the abuse of alcohol and drugs; establishing requirements for the certification of programs and services which address substance-related disorders; establishing procedures for the operator of a program to apply for initial certification or recertification; requiring the Health Division of the Department of Human Resources to review applications for certification, conduct inspections and issue certifications under certain circumstances; establishing fees for the certification of programs and services which address substance-related disorders; requiring the operator of a program to maintain a manual of policies and procedures for the program, ensure the confidentiality of information relating to clients or participants of the program, establish a system of maintaining records of the members of the staff of the program, provide a policy of insurance for the program and monitor the activities of the staff of the program; prohibiting the operator of a program from providing false information or entering into certain relationships with clients or participants of the program; setting forth the specific requirements relating to the responsibilities of the operators for coalition programs, administrative programs, prevention programs, treatment programs, drug court programs and evaluation center programs; establishing the procedures for the Health Division to accept and investigate complaints against a program or the operator of a program; establishing the grounds for disciplinary action against a program or the operator of a program; establishing the conditions under which certain information and records become public; providing procedures for the review of actions taken by the Health Division and appeals of any actions taken by the Health Division; and providing other matters properly relating thereto.

Section 1. Chapter 458 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 56, inclusive, of this regulation.

Sec. 2. *“Administrative program” means a program that provides services which support prevention programs and treatment programs, including, without limitation, a program which serves as a clearinghouse for information relating to the prevention or treatment of substance-related disorders, a program which provides services relating to training to assist persons with substance-related disorders and a program which provides information or support to assist in the recovery of a person with a substance-related disorder.*

Sec. 3. *“Bureau” means the Bureau of Alcohol and Drug Abuse of the Health Division, or its successor.*

Sec. 4. *“Coalition program” means a program that is operated by a nonprofit organization consisting of individuals, organizations and agencies to develop strategies and identify programs which address the needs of a community or of a racial, ethnic, religious or social group regarding the use of, misuse of and dependence on alcohol and other drugs in that community or group.*

Sec. 5. *“Criteria of the Health Division” means the criteria adopted by the Health Division in the Administrative Manual of the Bureau for the prevention or treatment of a substance-related disorder, including, without limitation:*

- 1. The policies and procedures established by the Health Division in the Administrative Manual to monitor compliance of programs with certification requirements; and*
- 2. The criteria outlined in the current version of the Diagnostic and Statistical Manual of Mental Disorders, which is adopted by reference pursuant to section 16 of this regulation.*

Sec. 6. *“Drug court program” means a program which provides treatment assessment services and referral services for persons assigned by a court to the program.*

Sec. 7. *“Evaluation center program” means a program which evaluates a person pursuant to NRS 484.37943 in a facility certified by the Health Division to determine whether the person is an abuser of alcohol or another drug through evaluations conducted by:*

1. An alcohol and drug abuse counselor who is licensed or certified pursuant to chapter 641C of NRS to conduct such evaluations; or

2. A physician who is certified to conduct such evaluations by the Board of Medical Examiners.

Sec. 8. *“Notice of subgrant award” means a written agreement signed by the Health Division and an operator which specifies the amount of any funding awarded to a program of the operator by the Health Division and any conditions on the funding which must be satisfied for the program to remain eligible to receive the funding.*

Sec. 9. *“Operator” means:*

1. The owner of a private entity which operates a program;

2. The governing body of a corporation which operates a program;

3. The governing body of a nonprofit organization which is responsible for a program, or a designee authorized by the governing body in writing to be responsible for a program; or

4. A governmental entity which operates a program.

Sec. 10. *“Participant” means a person who receives or participates in a service provided by a prevention program.*

Sec. 11. *“Prevention program” means a program that provides services, strategies and activities to the general public and to persons who are at a high risk of having a substance-related disorder which:*

1. Are comprehensively structured to reduce individual or environmental risk factors for substance-related disorders;

2. Increase resiliency to substance-related disorders; and

3. Establish protections against substance-related disorders.

Sec. 12. *“Program” means any program certified by the Health Division to address substance-related disorders, including, without limitation:*

1. An administrative program;

2. A coalition program;

3. A drug court program;

4. An evaluation center program;

5. A prevention program; and

6. A treatment program.

Sec. 13. *“Substance-related disorder” has the meaning ascribed to it in the Diagnostic and Statistical Manual of Mental Disorders which is adopted by reference pursuant to section 16 of this regulation.*

Sec. 14. *“Treatment assessment” means a thorough collection of data concerning a client, including, without limitation, data concerning any life impairments of a client, to determine:*

1. The existence of a substance-related disorder;

2. The appropriate services to be provided; and

3. The appropriate plan of treatment based on the criteria of the Health Division.

Sec. 15. *“Treatment program” means a program that provides services for the treatment of a substance-related disorder in the manner set forth in the criteria of the Health Division, including, without limitation:*

- 1. Comprehensive evaluations;*
- 2. Early intervention services;*
- 3. Outpatient counseling;*
- 4. Intensive outpatient counseling;*
- 5. Residential treatment;*
- 6. Transitional housing;*
- 7. Residential detoxification;*
- 8. Civil protective custody; and*
- 9. Opioid maintenance therapy.*

Sec. 16. *The Health Division hereby adopts by reference the Diagnostic and Statistical Manual of Mental Disorders in the form most recently published by the American Psychiatric Association. A copy of the manual may be obtained from the American Psychiatric Association at 1000 Wilson Boulevard, Suite 1825, Arlington, Virginia 22209-3901, at the Internet address <http://www.psych.org> or by telephone at 800.368.5777, for the price of \$64, plus \$9.95 for shipping and handling.*

Sec. 17. *1. An operator may apply for the initial certification of a program by submitting to the Health Division:*

(a) A completed application for initial certification on a form provided by the Health Division;

(b) Documentation evidencing that the applicant is in compliance with all applicable local, state and federal laws, regulations and ordinances;

(c) All names used by the applicant in its operation of the program or practice of business;

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

(e) A nonrefundable fee in the amount set forth in section 21 of this regulation; and

(f) A copy of the policy of insurance evidencing the insurance coverage required pursuant to section 29 of this regulation.

2. An operator may apply for recertification of the program by submitting to the Health Division, within 90 days before the expiration of the initial certification or any previous recertification:

(a) A completed application for recertification on a form provided by the Health Division;

(b) Documentation evidencing that the applicant is in compliance with all applicable local, state and federal laws, regulations and ordinances;

(c) All names used by the applicant in the operation of the program or practice of business;

(d) A copy of the manual containing the policies and procedures of the program, including, without limitation, documentation that:

(1) Describes any changes to the manual which was submitted with the initial application for certification or any previous application for recertification and which were approved by the Health Division; and

(2) Specifies in writing whether the changes were:

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

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

(III) Initiated by the operator;

(e) A nonrefundable fee in the amount set forth in section 21 of this regulation; and

(f) A copy of the policy of insurance evidencing the insurance coverage required pursuant to section 29 of this regulation.

3. If the certification of a program expires without recertification in accordance with the requirements set forth in subsection 2 and the operator wishes to certify the program, the operator must apply for initial certification of the program in the manner set forth in subsection 1.

Sec. 18. *1. Upon receipt of a completed application for initial certification or recertification of a program, the Health Division shall:*

(a) Review the application;

(b) Schedule and perform an inspection of the program;

(c) Review the services listed in the application to ensure compliance with the criteria of the Health Division; and

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

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

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

4. The Health Division may issue an initial certification or recertification of a program for a period not to exceed 2 years. The Health Division shall determine the period of each

initial certification or recertification based upon the criteria for the length of certification set forth in the criteria of the Health Division.

Sec. 19. 1. *If, during the period of certification of a program, the operator wishes to provide a service that was not listed in the application for initial certification or recertification, the operator must submit to the Health Division:*

(a) A completed application for the addition of a new service on a form provided by the Health Division;

(b) A copy of the manual containing the policies and procedures of the program, including, without limitation, a description of the operations of each new service and the procedures relating to each new service; and

(c) A nonrefundable fee in the amount set forth in section 21 of this regulation for each new service at each geographic location at which the service will be provided.

2. The Health Division may revise the certificate of the program to include the new service for a period not to exceed the time remaining in the period of certification established by the Health Division pursuant to subsection 4 of section 18 of this regulation.

3. If the operator wishes to continue the certification of the program with the new service after the period of certification, the operator must submit an application for recertification in accordance with the requirements set forth in subsection 2 of section 17 of this regulation to maintain certification of the program with the new service. The Health Division shall determine the period of the recertification based upon the criteria for the length of certification set forth in the criteria of the Health Division.

Sec. 20. *A program must be certified by the Health Division to be eligible for any state or federal money for alcohol and drug abuse programs administered by the Health Division pursuant to chapter 458 of NRS for the prevention or treatment of substance-related disorders.*

Sec. 21. *The Health Division shall charge and collect nonrefundable fees for the initial certification and recertification of programs and services in accordance with the following schedule:*

<i>For each administrative program.....</i>	<i>\$100</i>
<i>For each coalition program</i>	<i>100</i>
<i>For each drug court program at each geographic location at which the drug court program will be provided</i>	<i>100</i>
<i>For each evaluation center program.....</i>	<i>100</i>
<i>For each prevention program.....</i>	<i>100</i>
<i>For each service provided by a treatment program at each geographic location at which the service will be provided.....</i>	<i>100</i>
<i>For each service to be added to a program at each geographic location at which the service will be provided</i>	<i>100</i>

Sec. 22. 1. *Except as otherwise provided in subsection 5, the Health Division may only certify and provide funding for programs that provide services in accordance with the criteria of the Health Division.*

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

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

(1) A review by the staff of the Bureau of any changes made to:

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

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

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

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

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

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

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

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

(a) Published in the Administrative Manual of the Bureau;

(b) Posted on the Internet at <<http://health2k.state.nv.us/BADA/>>; and

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

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

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

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

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

Sec. 23. *The certification of a program is not transferable and may not be used for any other program.*

Sec. 24. *An operator shall notify the Health Division of any anticipated change which will affect the certification of the program not later than 90 days before the change will occur or as soon as the operator is aware of the change if the operator is not aware of the change at least 90 days before the change will occur. The Health Division shall notify the operator of any actions the operator must take to maintain the certification of the program or whether the operator will be required to apply for a new certification as a result of the change.*

Sec. 25. 1. *A program must have a specified operator who is responsible for the program. The operator may designate another responsible party to implement and supervise*

the responsibilities of the operator pursuant to this chapter. The operator remains responsible for any actions of his designee.

2. If the program is operated by a corporation, the governing body of the corporation must be the operator. The governing body shall:

(a) Adopt written bylaws or policies that define any reimbursement to be provided to its members and the powers and duties of the governing body and its committees;

(b) Meet at least quarterly and keep written minutes that indicate:

(1) The date of the meeting;

(2) The names of the persons present at the meeting;

(3) Any decisions made by the governing body at the meeting; and

(4) Any other actions taken by the governing body at the meeting; and

(c) Make available for review by the Health Division the minutes of meetings, the articles of incorporation and the bylaws of the governing body.

3. An operator shall:

(a) Develop and maintain a manual containing the policies and procedures of the program which meets the requirements set forth in section 26 of this regulation;

(b) Review and approve any changes to the manual containing the policies and procedures of the program;

(c) Comply with the provisions of the manual containing the policies and procedures of the program in operating the program;

(d) Make a copy of the manual containing the policies and procedures of the program available for review to any person who requests to review it;

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

(f) Submit for review and approval by the Health Division a plan for improving the quality of the services provided by the program and for ensuring that the integrity of the program will be maintained;

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

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

(i) Document that paid staff are on the premises where the program is providing services at all times when a client or participant is present on the premises;

(j) Post a plan for evacuation of the premises where a program is providing services in a place where the plan can be easily viewed by clients, participants and staff; and

(k) If the operator receives a report from a governmental agency or certifying agency relating to the program, the physical plant on the premises where the program is providing services or the operations of the program, provide a copy of the report to the Health Division not more than 30 days after the operator receives the report.

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

Sec. 26. *An operator shall maintain a manual containing the policies and procedures of the program and the services to be provided by the program, including, without limitation, the policies and procedures:*

1. To be followed in the event of a medical emergency.

2. For the registration and disposition of complaints by clients, participants and staff and the right to appeal without threat of reprisal.

3. For the staff, including, without limitation, an accurate job description for each position held by an employee of the program that describes:

(a) The title of the position;

(b) The duties and responsibilities of the position; and

(c) The qualifications for the position.

4. To be used by the operator to:

(a) Claim funds or bill for services;

(b) Receive and record funds;

(c) Record expenditures;

(d) Prepare financial reports;

(e) Maintain information for the support of claims for funds or to bill for services; and

(f) Implement internal controls and audits, as necessary.

5. To be used to maintain financial records of clients or participants when a client or participant is billed for services. The policies and procedures must include, without limitation, requirements that an operator shall:

(a) Inform prospective clients and participants of financial arrangements concerning a service before providing the service;

(b) Maintain accurate records of:

(1) Any fees charged to a client or participant; and

(2) Any payments made by a client or participant; and

(c) Make the records required pursuant to paragraph (b) available to the client or participant for review upon request.

6. To be followed to meet the requirements set forth in this section and sections 27 to 30, inclusive, of this regulation.

Sec. 27. *An operator shall ensure that:*

1. The program complies with all applicable confidentiality and recordkeeping provisions set forth in 42 C.F.R. Part 2, 45 C.F.R. Parts 160, 162 and 164, NRS 458.055 and any other applicable confidentiality laws pertaining to the services provided by the program. In the event of a conflict in the confidentiality requirements set forth in 42 C.F.R. Part 2, 45 C.F.R. Parts 160, 162 and 164, NRS 458.055 and any other applicable confidentiality laws, the more restrictive law will apply.

2. A client or participant provides separate and explicit consent to allow the operator or his designee to release information which identifies the client or participant and his human immunodeficiency virus seropositive status.

3. The program allows a consultant to have access to confidential information concerning clients or participants only if the confidentiality agreements required by 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164 are satisfied. Such agreements must be maintained in the personnel file of the consultant.

Sec. 28. *1. An operator must establish a system for maintaining the records of the members of the staff which:*

(a) Maintains the confidentiality and safekeeping of the records.

(b) Contains the application or resume of each member of the staff, any employment contract signed by a member of the staff and the operator or his designee, and any document containing the job performance standards which is signed by a member of the staff and the operator or his designee.

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

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

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

(f) Includes a verification signed by each member of the staff indicating that the member of the staff has participated in a course of orientation regarding the policies and procedures which govern the service that the member of the staff provides.

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

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

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

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

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

(a) Authorized by the policies and procedures of the program;

(b) Inspecting the program; and

(c) Authorized by the member of the staff.

Sec. 29. *An operator shall ensure that the program is insured:*

1. For liability in an amount sufficient to protect the clients, participants and staff of the program, and the visitors to the program. The operator shall submit a copy of the policy of insurance to the Health Division with any application for initial certification or recertification. The policy of insurance must provide that notice be given to the Health Division not later than 30 days after cancellation of the policy or after an operator does not renew the policy. Upon request, an operator shall make a copy of the policy of insurance available to the Health Division for review.

2. For all liabilities arising out of the acts or omissions of a consultant while providing a service for the program. The insurance may be provided by the program or the consultant. If the insurance is provided by the consultant, the operator must obtain a copy of the policy and place the copy in the personnel file of the consultant.

Sec. 30. 1. *An operator and the staff shall not knowingly provide false information to the Health Division or a representative of the Health Division.*

2. An operator and the staff shall use information that is generally accepted in the field of prevention or treatment of substance-related disorders.

3. An operator shall supervise the staff to ensure that a member of the staff does not:

(a) Become impaired in his ability to perform services; or

(b) Perform activities which are unauthorized by his licensure or certification.

4. An operator shall not allow a client or participant to grant power of attorney to the operator or a member of the staff.

Sec. 31. *An operator and the staff shall:*

1. Upon the request of a client or participant, assist the client or participant in reporting any violation of any licensure or certification standard or requirement, or any violation of any law or regulation to the appropriate board or agency.

2. Act in the best interest of a client or participant.

3. Terminate the provision of a service to a client or participant if it is reasonably clear that the client or participant is not benefiting from the service.

4. Not give or receive any commission or any other form of remuneration for the referral of a client or participant from the entity to which the client or participant is referred.

5. Not use his relationship with a client or participant to promote his personal gain or profit.

6. Not enter into, or attempt to enter into, a financial relationship that is unrelated to services performed by the program with a current client or participant or a former client or participant, as required by the licensure or certification board of the operator or the member

of the staff and for unlicensed or uncertified operators or staff, for at least 2 years after the client or participant is discharged from the program.

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

Sec. 32. An organization which provides information and referral services to persons with substance-related disorders must operate 24 hours each day and provide such persons with information regarding prevention programs and treatment programs for substance-related disorders. The organization shall maintain an updated record of all available prevention programs and treatment programs to provide specific information or referral services to assist persons with substance-related disorders.

Sec. 33. The operator of a coalition program shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 34. 1. The operator of an administrative program shall:

(a) Submit a request for funding to the Health Division to provide a service in the support of the prevention or treatment of a substance-related disorder.

(b) Meet all the requirements as specified by the Health Division in the notice of subgrant award.

(c) Keep all records required by the Health Division, and any documents to support those records, for at least 6 years after the end of the year in which a grant was awarded to the administrative program.

2. The Health Division shall group the requests for funding received pursuant to subsection 1 based on the services to be provided and determine which administrative program will be awarded money based on a competitive bidding process.

Sec. 35. The operator of a prevention program shall ensure that the prevention program operates to prevent the initial onset of a substance-related disorder and to eliminate or reduce the harmful effects of alcohol, tobacco and other drugs in individuals, families and communities. The operator of a prevention program may direct the activities of the prevention program toward specific individuals, selected communities or the general public.

Sec. 36. The operator of a prevention program shall:

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

2. To satisfy federal requirements for the evaluation of a prevention program, include a requirement in the manual containing the policies and procedures of the prevention program that a minor and the parent or guardian of the minor wishing to participate in the prevention program must comply with the criteria of the Health Division regarding consent to participate in a prevention program.

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

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

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

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

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

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

(2) How the services of the prevention program:

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

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

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

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

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

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

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

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

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

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

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

10. In accordance with the criteria of the Health Division, include in the manual containing the policies and procedures of the prevention program a written process for evaluating the outcomes of the program and for participating in an evaluation of the program.

Sec. 37. The operator of a treatment program shall:

1. Perform an assessment of each client or obtain the most recent assessment of the client which is found to be sufficient to:

(a) Make a complete identification of any problems concerning the substance-related disorder of the client; and

(b) Determine the appropriate level of service for the client pursuant to the criteria of the Health Division.

2. Identify the staff which provide the services set forth in subsection 1 and require such staff to develop a plan of treatment, not including detoxification, on or before the third contact of the client with the program or on or before the third day on which the client receives services from the program, whichever occurs first. For the purposes of this subsection, any contact that a client has with the program for the sole purpose of receiving medication does not constitute contact or receiving services. The plan of treatment must specify:

(a) Behavioral objectives to be achieved by the client in response to the problems identified by the treatment assessment;

(b) The services to be provided by the staff to facilitate the client in attaining the objectives of the plan; and

(c) The member of the staff who is responsible for ensuring that the services specified pursuant to paragraph (b) are provided and that the client attains the objectives of the plan.

3. Review and revise the plan of treatment of a client:

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

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

4. *Provide the appropriate level of services determined pursuant to paragraph (b) of subsection 1 or refer the client to services which are the appropriate level and are otherwise available in the community.*

5. *Provide, when appropriate, a referral to, and coordination of care with, an employee assistance program or any other provider of a service related to the treatment of a substance-related disorder to address any identified problems of a client which cannot be resolved by a service provided by the treatment program.*

Sec. 38. *The operator of a treatment program shall:*

1. *Ensure that a record is maintained for each client. The record must include:*

(a) *The name, age, gender, race, ethnicity and permanent address of the client.*

(b) *If services are funded by the Health Division, an evaluation of the financial status of the client sufficient to determine eligibility for such services.*

(c) *A statement from the client, signed within 24 hours after intake or upon enrollment in the treatment program, explaining that he is seeking service, unless the client is being provided a service related to civil protective custody.*

(d) *A consent form for treatment services signed by the client or the parent or guardian of the client within 24 hours after intake or upon enrollment in the treatment program, unless the client is being provided a service related to civil protective custody.*

(e) *Any consent to release information which satisfies the requirements set forth in 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164.*

(f) *The source of any referral to the treatment program.*

(g) *Documentation of the treatment assessment performed by the operator or obtained by the operator pursuant to subsection 1 of section 37 of this regulation.*

(h) The history of treatment of the client.

(i) Any sources of psychosocial stress affecting the client.

(j) The original plan of care for the client and all revisions to the plan of care.

(k) Any additional information that should be taken into consideration during the planning of treatment, determination of appropriate referrals and determination of any need for coordination of care.

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

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

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

(o) Documentation of any:

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

(2) Problem involving the client;

(3) Infraction of the rules of the treatment program by the client; and

(4) Sign or symptom of illness or injury of the client.

(p) Documentation in support of services that the treatment program provides to the client, including, without limitation, any:

(1) Correspondence concerning the client; and

(2) Results of a test conducted on the client, including, without limitation, any test conducted by a laboratory.

(q) If the treatment program administers or dispenses medication to the client or makes medication available to the client to administer to himself, documentation of all actions taken to comply with the requirements set forth in NAC 449.144.

(r) If the client is transferred to a different location or provided a different service, including a service provided by the same operator, a copy of the case note made at the time of transfer which includes, without limitation:

(1) Diagnosis of the client at the time of admission or intake;

(2) The response of the client to treatment;

(3) Diagnosis of the client at the time of transfer; and

(4) Recommendations for persons who will be providing treatment to the client.

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

(1) Documentation that a copy of the plan for continuing care of the client, including, without limitation, any referrals given to the client, was provided to the client before discharge, if possible; and

(2) Documentation that, not more than 5 business days after the client was discharged from the treatment program, a summary was completed which meets the criteria of the Health Division for the discharge of a client.

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

(1) The procedure for the client to register a complaint and to appeal a decision by the treatment program concerning a complaint;

(2) The requirements for the confidentiality of client information set forth in 42 C.F.R. Part 2, 45 C.F.R. Parts 160, 162 and 164 and any other applicable federal or state laws governing the confidentiality of client information for the service provided; and

(3) Any other rights of the client that are specified by the Health Division.

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

2. Ensure that each client receives a copy of the notification required pursuant to paragraph (t) of subsection 1.

3. Ensure that the client records adhere to procedures for medical records.

4. Ensure that the case notes for each client accurately reflect the treatment and services needed by the client, as identified in the assessment and plan of treatment required pursuant to section 37 of this regulation.

5. Ensure that the staff readily has access to the client records to the extent authorized pursuant to 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164.

6. Maintain a system for the maintenance and protection of client information which satisfies the requirements set forth in 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164, including, without limitation, requirements for:

(a) Adequate provisions to prevent unauthorized access or theft of any form of a record of a client;

(b) The locked storage of paper records;

(c) Adequate provisions for a system of backup of records maintained in a computer system in case of a failure of the primary system;

(d) Retention of the records of each client for not less than 6 years after the client is discharged from the treatment program, to be made available as required pursuant to 45 C.F.R. Parts 160, 162 and 164; and

(e) Appropriate methods to destroy records of clients as required by federal regulation.

7. Ensure that each client has access to their records as required pursuant to 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164.

Sec. 39. The operator of a treatment program shall maintain a manual containing the policies and procedures of the treatment program which includes, without limitation, the policies and procedures required pursuant to section 26 of this regulation and policies and procedures:

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

2. Describing the manner in which the treatment program will satisfy the requirements set forth in sections 37 and 38 of this regulation.

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

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

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

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

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

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

Sec. 40. *If a treatment program provides counseling for groups, the operator shall ensure that any session for counseling for a group includes not more than 15 clients.*

Sec. 41. *The operator of a treatment program which offers services using a system of telecommunications shall submit the policies and procedures for the operation of the system to the Health Division for approval. The policies and procedures must provide for:*

- 1. The confidentiality of the setting for clients and information concerning clients;*
- 2. Actions the program will take in case of an emergency involving a client; and*
- 3. The manner in which the dignity of clients will be maintained.*

Sec. 42. *The operator of a treatment program which provides an assessment for substance-related disorders and mental health disorders shall:*

- 1. Require that such an assessment be conducted by:*

(a) One person who is both:

(1) Licensed or certified as an alcohol and drug abuse counselor pursuant to chapter 641C of NRS, or the intern of such a counselor; and

(2) A mental health professional, or the intern of such a professional, who is licensed as a psychologist pursuant to chapter 641 of NRS, a marriage and family therapist pursuant to chapter 641A of NRS or a clinical social worker pursuant to chapter 641B of NRS, or who is a medical physician with a certification in addiction medicine from a nationally accepted board;
or

(b) Two persons:

(1) One of whom is licensed or certified as an alcohol and drug abuse counselor pursuant to chapter 641C of NRS, or the intern of such a counselor; and

(2) The other of whom is a mental health professional, or the intern of such a professional, who is licensed as a psychologist pursuant to chapter 641 of NRS, a marriage and family therapist pursuant to chapter 641A of NRS or a clinical social worker pursuant to chapter 641B of NRS, or who is a medical physician with a certification in addiction medicine from a nationally accepted board.

2. Determine whether the person being assessed has a co-occurring substance-related and mental health disorder and, if so, determine the appropriate treatment for the disorders.

3. Provide a comprehensive written report concerning such an assessment which includes, without limitation, the findings of each person who conducted the assessment.

4. If such an assessment is conducted by an intern, require that the assessment be supervised and reviewed by the appropriate licensed or certified alcohol and drug abuse counselor or mental health professional who is licensed as a psychologist pursuant to chapter 641 of NRS, a marriage and family therapist pursuant to chapter 641A of NRS or a clinical social worker pursuant to chapter 641B of NRS, or who is a medical physician with a certification in addiction medicine from a nationally accepted board.

Sec. 43. *A treatment program which provides opioid maintenance therapy services must be certified to provide services for outpatients and ambulatory detoxification services. The facility at which the treatment program provides opioid maintenance therapy services must be licensed by the Health Division as a facility for treatment with narcotics pursuant to NAC 449.154 to 449.15485, inclusive.*

Sec. 44. *The operator of a drug court program shall perform an assessment of each client or obtain the most recent assessment which is found to be sufficient to:*

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

Sec. 45. *The operator of a drug court program shall:*

- 1. Ensure that a record is maintained for each client. The record must include:*
 - (a) The name, age, gender, race, ethnicity and permanent address of the client.*
 - (b) If services are funded by the Health Division, an evaluation of the financial status of the client sufficient to determine eligibility for such services.*
 - (c) A statement from the client, signed upon intake or enrollment in the drug court program, explaining that he is seeking service, unless the client is being provided a service related to civil protective custody.*
 - (d) A consent form for treatment services signed by the client or the parent or guardian of the client upon intake or enrollment in the drug court program, unless the client is being provided a service related to civil protective custody.*
 - (e) Any consent to release information which satisfies the requirements set forth in 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164.*
 - (f) The source of any referral to the drug court which referred the client to the drug court program.*
 - (g) Documentation of the assessment performed by the operator or obtained by the operator pursuant to section 44 of this regulation.*
 - (h) The history of treatment of the client.*
 - (i) Any sources of psychosocial stress affecting the client.*

(j) Any additional information that should be taken into consideration during the planning of treatment, determination of appropriate referrals and determination of any need for coordination of care.

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

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

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

(n) Documentation of any:

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

(2) Problem involving the client; and

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

(o) Documentation in support of services that the drug court program provides to the client, including, without limitation, any:

(1) Correspondence concerning the client; and

(2) Results of a test conducted on the client, including, without limitation, any test conducted by a laboratory.

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

(1) The procedure for the client to register a complaint and to appeal a decision by the drug court program concerning a complaint;

(2) The requirements for the confidentiality of client information set forth in 42 C.F.R. Part 2, 45 C.F.R. Parts 160, 162 and 164 and any other applicable federal or state laws governing the confidentiality of client information for the service provided; and

(3) Any other rights of the client that are specified by the Health Division.

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

2. Ensure that each client receives a copy of the notification required pursuant to paragraph (p) of subsection 1.

3. Ensure that the client records adhere to procedures for medical records.

4. Ensure that the case notes for each client accurately reflect the treatment and services needed by the client, as identified in the assessment required pursuant to section 44 of this regulation.

5. Ensure that the staff readily has access to the client records to the extent authorized pursuant to 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164.

6. Maintain a system for the maintenance and protection of client information which satisfies the requirements set forth in 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164, including, without limitation, requirements for:

(a) Adequate provisions to prevent unauthorized access or theft of any form of a record of a client;

(b) The locked storage of paper records;

(c) Adequate provisions for a system of backup of records maintained in a computer system in case of a failure of the primary system;

(d) Retention of the records of each client for not less than 6 years after the client is discharged from the drug court program, to be made available as required pursuant to 45 C.F.R. Parts 160, 162 and 164; and

(e) Appropriate methods to destroy records of clients as required by federal regulation.

7. Ensure that each client has access to their records as required pursuant to 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164.

Sec. 46. The operator of a drug court program shall maintain a manual containing the policies and procedures of the drug court program which includes, without limitation, the policies and procedures required pursuant to section 26 of this regulation and policies and procedures:

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

2. Describing the manner in which the drug court program will satisfy the requirements set forth in sections 44 and 45 of this regulation.

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

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

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

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

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

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

Sec. 47. If a drug court program provides counseling for groups, the operator shall ensure that any session for counseling for a group includes not more than 15 clients.

Sec. 48. The operator of an evaluation center program shall perform an assessment of each client or obtain the most recent assessment which is found to be sufficient to:

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

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

Sec. 49. The operator of an evaluation center program shall:

1. Ensure that a record is maintained for each client. The record must include:

(a) The name, age, gender, race, ethnicity and permanent address of the client.

(b) If services are funded by the Health Division, an evaluation of the financial status of the client sufficient to determine eligibility for such services.

(c) A statement from the client, signed upon intake or enrollment in the evaluation center program, explaining that he is seeking service, unless the client is being provided a service related to civil protective custody.

(d) A consent form for treatment services signed by the client or the parent or guardian of the client upon intake or enrollment in the evaluation center program, unless the client is being provided a service related to civil protective custody.

(e) Any consent to release information which satisfies the requirements set forth in 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164.

(f) The source of any referral to the evaluation center program.

(g) Documentation of the assessment performed by the operator or obtained by the operator pursuant to section 48 of this regulation.

(h) The history of treatment of the client.

(i) Any sources of psychosocial stress affecting the client.

(j) Any additional information that should be taken into consideration during the planning of treatment, determination of appropriate referrals and determination of any need for coordination of care.

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

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

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

(n) Documentation of any:

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

(2) Problem involving the client; and

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

(o) Documentation in support of services that the evaluation center program provides to the client, including, without limitation, any:

(1) Correspondence concerning the client; and

(2) Results of a test conducted on the client, including, without limitation, any test conducted by a laboratory.

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

(1) The procedure for the client to register a complaint and to appeal a decision by the evaluation center program concerning a complaint;

(2) The requirements for the confidentiality of client information set forth in 42 C.F.R. Part 2, 45 C.F.R. Parts 160, 162 and 164 and any other applicable federal or state laws governing the confidentiality of client information for the service provided; and

(3) Any other rights of the client that are specified by the Health Division.

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

2. Ensure that each client receives a copy of the notification required pursuant to paragraph (p) of subsection 1.

3. Ensure that the client records adhere to procedures for medical records.

4. Ensure that the case notes for each client accurately reflect the treatment and services needed by the client, as identified in the assessment required pursuant to section 48 of this regulation.

5. Ensure that the staff readily has access to the client records to the extent authorized pursuant to 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164.

6. Maintain a system for the maintenance and protection of client information which satisfies the requirements set forth in 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164, including, without limitation, requirements for:

(a) Adequate provisions to prevent unauthorized access or theft of any form of a record of a client;

(b) The locked storage of paper records;

(c) Adequate provisions for a system of backup of records maintained in a computer system in case of a failure of the primary system;

(d) Retention of the records of each client for not less than 6 years after the client is discharged from the evaluation center program, to be made available as required pursuant to 45 C.F.R. Parts 160, 162 and 164; and

(e) Appropriate methods to destroy records of clients as required by federal regulation.

7. Ensure that each client has access to their records as required pursuant to 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164.

Sec. 50. *The operator of an evaluation center program shall maintain a manual containing the policies and procedures of the evaluation center program which includes, without limitation, the policies and procedures required pursuant to section 26 of this regulation and policies and procedures:*

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

2. Describing the manner in which the evaluation center program will satisfy the requirements set forth in sections 48 and 49 of this regulation.

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

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

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

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

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

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

Sec. 51. An evaluation center program must not be operated by an operator who operates or has a financial interest in a treatment program or any other organization which provides treatment for substance-related disorders in the same geographic area at which the evaluation center program will be provided if the evaluation center program is provided in a county whose population is 100,000 or more.

Sec. 52. The Health Division shall accept complaints against programs in person, in writing, over the phone or by electronic means. The Health Division may enter the premises of a program and inspect the premises or request additional information from the program at any time.

Sec. 53. 1. The Health Division may revoke the certification of a program or deny the initial certification or recertification of a program based on the following grounds:

- (a) Diminished quality of the service from when the program was originally certified;*
- (b) Major noncompliance with any local, state or federal law, regulation or ordinance;*
- (c) Disseminating false or misleading information to the public, consumers or the Health Division;*
- (d) Failure of the operator or the staff to comply with the requirements of this chapter;*
- (e) A condition which poses a significant hazard to the health or safety of the clients, participants or staff of the program, or a visitor to the program;*
- (f) Significant mismanagement of the program by the operator;*
- (g) Significant fiscal mismanagement of the program by the operator;*
- (h) Formal criminal charges or an investigative process being brought against the operator*

or any member of the staff;

(i) A complaint against a program or a member of the staff made by a client, participant, entity or individual with knowledge of the program which alleges a violation of a requirement of this chapter and which has been substantiated by the Health Division after an investigation concerning the complaint; or

(j) Failure to comply with the requirements for funding as specified in the notice of subgrant award.

2. The Health Division may deny the certification of any new service to a program and may suspend funding for any service of a program for the same grounds as set forth in subsection 1.

3. If the certification of a program has been revoked pursuant to this section, the operator may not apply for recertification for at least 6 months after the date of revocation of the certification.

Sec. 54. *When investigating a complaint regarding a program, the Health Division shall:*

1. Request that the person registering the complaint state in writing the substance of the complaint and the name of the person or program alleged to have violated a requirement of this chapter. An investigation will proceed whether or not the allegations are put in writing.

2. Conduct announced or unannounced inspections and any other investigation necessary to determine the validity of the complaint.

3. If the investigation is conducted on the premises where a program is providing services, inform the operator or his designee of the presence of staff from the Health Division on the premises upon arrival.

4. Inform the operator or his designee of the nature of the complaint.

5. Except as otherwise provided in this subsection, keep all information gathered during the course of the investigation confidential while the investigation is proceeding. This subsection does not prohibit the Health Division from:

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

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

(2) Is investigating the same program as the Health Division; or

(3) Regulates or has jurisdiction over the violations alleged in a complaint or found during the course of the investigation.

(b) Communicating with the operator or his designee when a complaint against a person who is a member of the staff alleges a condition posing a significant hazard to the health or safety of the clients, participants or staff of the program, or a visitor to the program.

Sec. 55. Except as otherwise provided in this section, if the Health Division imposes any disciplinary action against an operator, the information gathered during the course of an investigation conducted pursuant to section 52 or 54 of this regulation and the records of the investigation become public after the Health Division completes the investigation. Any information required to be kept confidential pursuant to 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164 may not be made public.

Sec. 56. 1. A person who has reason to believe that an action taken by the Health Division pursuant to this chapter or chapter 458 of NRS is incorrect or based upon inadequate knowledge may, within 10 business days after receiving notice of the action, request an informal discussion with the employee of the Health Division responsible for the action and the immediate supervisor of the employee.

2. *If the informal discussion does not resolve the problem, the aggrieved person may, within 10 business days after the date scheduled for the informal discussion, submit a written request to the Bureau for an informal conference. The informal conference must be scheduled for a date, time and place mutually agreed upon by the aggrieved person and the Bureau, except that the informal conference must be held not later than 60 days after the date on which the Bureau received the written request for the conference.*

3. *Except as otherwise provided in subsection 4, the determination of the Bureau resulting from the informal conference cannot be appealed and is the final remedy available to the aggrieved person.*

4. *An applicant for or holder of a certificate issued pursuant to this chapter or chapter 458 of NRS who is aggrieved by an action of the Health Division relating to the denial of initial certification or recertification of a program, the denial of certification of additional services to a program or the suspension of funding for services of a program may appeal that action in accordance with NAC 439.300 to 439.395, inclusive, after exhausting the informal procedures set forth in this section, except that the Bureau may waive the informal procedures, or any portion thereof, by giving written notice to the aggrieved person.*

Sec. 57. NAC 458.010 is hereby amended to read as follows:

458.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in ~~§~~:

~~1.] NRS 458.010 ~~;~~ and~~

~~—2.— NAC 458.011 to 458.071,] and NAC 458.019 to 458.068, inclusive, and sections 2 to 15,~~ inclusive, *of this regulation* have the meanings ascribed to them in those sections.

Sec. 58. NAC 458.019 is hereby amended to read as follows:

458.019 “Client” means a ~~[recipient of a service.]~~ *person who meets the criteria of the Health Division for having a substance-related disorder and who is receiving a service from a program for that disorder.*

Sec. 59. NAC 458.0262 is hereby amended to read as follows:

458.0262 “Coordination of care” means the exchange of information between two or more parties providing *a necessary* service to a client to ensure that ~~[the]~~ :

1. The client receives such service; and

2. The efforts of the parties are coordinated with one another in providing service to the client.

Sec. 60. NAC 458.0265 is hereby amended to read as follows:

458.0265 “Counseling” means ~~[face-to-face]~~ interaction with a ~~[patient]~~ *client* to provide treatment for ~~[abuse of alcohol or another drug.]~~ *a substance-related disorder.*

Sec. 61. NAC 458.029 is hereby amended to read as follows:

458.029 “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 to bring the person safely to a state free of the drug.]~~ *has the meaning ascribed to it in NAC 449.034.*

Sec. 62. NAC 458.063 is hereby amended to read as follows:

458.063 “Service” means an activity that is:

1. Directed toward the prevention, intervention or treatment of ~~[abuse of alcohol and other drugs;]~~ *a substance-related disorder;* and

2. ~~[Approved by the State or is authorized to be performed pursuant to certification or registration issued]~~ *Certified* by the Health Division.

Sec. 63. NAC 458.065 is hereby amended to read as follows:

458.065 “Staff” means the :

- 1. Paid employees, ~~[volunteers and consultants]~~ including, without limitation, paid employees hired on a temporary basis;*
- 2. Volunteers;*
- 3. Independent contractors; and*
- 4. Consultants,*

↳ of a program.

Sec. 64. NAC 458.068 is hereby amended to read as follows:

458.068 “Volunteer” means a person who , *without compensation*, provides a service ~~[of a program without compensation more than 1 day per year.]~~ *or conducts a task similar to a service or task provided by a member of the staff.*

Sec. 65. NAC 458.011, 458.013, 458.016, 458.018, 458.021, 458.022, 458.0225, 458.024, 458.026, 458.027, 458.035, 458.046, 458.048, 458.052, 458.056, 458.058, 458.059, 458.064, 458.066, 458.067, 458.071, 458.090, 458.110, 458.115, 458.119, 458.125, 458.135, 458.141, 458.144, 458.147, 458.149, 458.154, 458.159, 458.162, 458.165, 458.172, 458.178, 458.184, 458.189, 458.194, 458.199, 458.205, 458.211, 458.231, 458.235, 458.243, 458.251, 458.260, 458.264, 458.269, 458.274, 458.279, 458.283, 458.289, 458.294, 458.299, 458.304, 458.309, 458.314, 458.319, 458.324, 458.329, 458.334, 458.339, 458.344, 458.354, 458.359, 458.364, 458.369, 458.374, 458.379, 458.384, 458.389, 458.394, 458.399, 458.420, 458.425, 458.450, 458.470, 458.480, 458.490, 458.510, 458.520, 458.530, 458.540, 458.550, 458.560, 458.570, 458.580, 458.601, 458.610 and 458.620 are hereby repealed.

TEXT OF REPEALED SECTIONS

458.011 “Accredited college or university” defined. (NRS 458.025) “Accredited college or university” means a college or university that is accredited by a national or regional accrediting agency that is recognized by the United States Department of Education.

458.013 “Advisory Board” defined. (NRS 458.025) “Advisory Board” means the Advisory Board on Certification of Alcohol and Drug Abuse Personnel.

458.016 “Assessment” defined. (NRS 458.025) “Assessment” means an evaluation of a client’s patterns of substance use and associated impairments in functioning that is based upon comprehensive biopsychosocial information for purposes which include, without limitation:

1. Making a diagnosis;
2. Providing a referral;
3. Planning treatment; or
4. Classifying a person as an alcoholic, addict or abuser of controlled substances or alcohol and determining appropriate treatment recommendations.

458.018 “Certified counselor” defined. (NRS 458.025) “Certified counselor” means a person who is certified by the Health Division to provide assessment and counseling for abuse of alcohol and other drugs.

458.021 “Clinical contact” defined. (NRS 458.025) “Clinical contact” means contact with a client for the purpose of providing clinical service.

458.022 “Clinical program” defined. (NRS 458.025) “Clinical program” means:

1. A program for treatment providing a service that has been approved by the State;
2. A forensic program providing a service that has been approved by the State;
3. An intake and referral service that has been approved by the State; or
4. An early intervention service that has been approved by the State.

458.0225 “Clinical service” defined. (NRS 458.025) “Clinical service” means assessment of a client, treatment of a patient or providing the service of a clinical program.

458.024 “Clinical supervision” defined. (NRS 458.025) “Clinical supervision” means the oversight conducted by a person authorized by the Health Division of a person’s work with a client, including, without limitation, observation and periodic analytical review of assessment and counseling sessions with clients for the purpose of evaluating and improving the person’s skills and knowledge.

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.

458.027 “Counselor intern” defined. (NRS 458.025) “Counselor intern” means a person who is registered with the Health Division as a counselor intern and authorized to perform the functions of a certified counselor under clinical supervision.

458.035 “Detoxification technician” defined. (NRS 458.025) “Detoxification technician” means a person who is certified by the Health Division to provide screening for safe withdrawal from alcohol and other drugs.

458.046 “Employee assistance program” defined. (NRS 458.025) “Employee assistance program” means a program designed to assist an employee in the identification and resolution of personal problems which may adversely affect his performance at work.

458.048 “Forensic program” defined. (NRS 458.025) “Forensic program” means a program which provides:

1. A civil protective custody service that has been approved by the State;
2. An evaluation center service that has been approved by the State; or
3. A drug court service that has been approved by the State.

458.052 “Hours of training” defined. (NRS 458.025) “Hours of training” means training that is approved by the Health Division and relevant to treatment of abuse of alcohol and other drugs, not less than half of which is training specific to activities that are authorized by the registration or certification of the person taking the training, with training in a specific topic counted no more than once during a period of registration or certification.

458.056 “Major exception to compliance” defined. (NRS 458.025) “Major exception to compliance” means noncompliance by a program with a law that results in:

1. A condition which poses a significant hazard to the health or safety of the clients or staff of, or visitors to, the program;
2. Significant impairment of the quality of services which the staff of the program provides;
3. Significant mismanagement by the owner or operator of the program;
4. Significant fiscal mismanagement by the owner or operator of the program; or
5. Formal criminal charges being brought against the owner, operator or staff of the program.

458.058 “Patient” defined. (NRS 458.025) “Patient” means a client who receives treatment.

458.059 “Program for treatment” defined. (NRS 458.025) “Program for treatment” includes:

1. A service that has been approved by the State, other than a service for early intervention, which meets the criteria for a level of service as specified in Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition; and
2. Any other service that has been so designated by the Health Division.

458.064 “Service that has been approved by the State” defined. (NRS 458.025) “Service that has been approved by the State” means a service for which the owner of the program that is providing the service has been issued a certificate of approval to provide the service pursuant to NAC 458.274.

458.066 “Treatment” defined. (NRS 458.025) “Treatment” means the care of substance use disorders through detoxification, medication or counseling, or any combination thereof.

458.067 “Vital signs” defined. (NRS 458.025) “Vital signs” means the blood pressure, respiration rate, pulse rate and temperature of a patient.

458.071 “Year of employment” defined. (NRS 458.025) “Year of employment” means 2,000 hours of appropriate paid or volunteer experience of which at least half is counseling for abuse of alcohol and other drugs. Hours in excess of 40 hours per week are not counted in determining a year of employment.

458.090 Advisory Board on Certification of Alcohol and Drug Abuse Personnel: Creation; members; terms; meetings. (NRS 458.025)

1. The Advisory Board on Certification of Alcohol and Drug Abuse Personnel is hereby created to:

- (a) Assist the Health Division in reviewing applications and administering examinations; and
- (b) Advise the Health Division on establishing requirements for certification and registration.

2. The Administrator 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;
- (b) An educator;
- (c) A representative of the Health Division; and
- (d) At least two persons who are licensed to practice in this state as at least one of the

following:

- (1) A physician;
- (2) A psychologist;
- (3) A marriage and family therapist; or
- (4) A clinical social worker.

3. All members of the Advisory Board, except the representative of the Health Division, 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 Administrator, the member may be removed from the Advisory Board and the Administrator shall appoint a qualified person to serve for the remainder of the member's term.

4. The Advisory Board shall meet at least once a year and may meet at other times it deems necessary.

5. The Health Division may:

(a) Employ a technical adviser 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 certification and registration; availability of list of persons registered or certified. (NRS 458.025)

1. Qualified applicants may receive from the Health Division:

(a) Certification as a certified counselor;

(b) Registration as a counselor intern;

(c) Certification in a counseling specialty area established by the Health Division; or

(d) Certification as a detoxification technician.

2. The Health Division will maintain and make available to the public a list of persons who are certified by or registered with the Health Division.

458.115 Waiver of requirements. (NRS 458.025) Upon receiving a request from an applicant for certification or registration or for renewal of certification or registration, the Administrator or his designee may grant a waiver of any requirement set forth in NAC 458.119 to 458.205, inclusive.

458.119 Requirements for persons providing assessment or counseling. (NRS 458.025)

1. A person who performs assessment or counseling for abuse of alcohol and other drugs and who holds himself out to the public as a certified counselor must be certified by the Health Division as a certified counselor and shall comply with the standards of practice of this chapter.

2. A person who performs assessment or counseling for abuse of alcohol and other drugs and who holds himself out to the public as a counselor intern shall:

- (a) Register with the Health Division as a counselor intern;
- (b) Perform assessment and counseling only under clinical supervision; and
- (c) Comply with the standards of practice of this chapter.

3. A person who is not a certified counselor or counselor intern may perform assessment and counseling for abuse of alcohol and other drugs under clinical supervision:

(a) Until the person submits a completed application for registration as a counselor intern to the Health Division or for 30 days after commencing to perform assessment and counseling, whichever occurs first;

(b) If the person is awaiting the results of the examination for certification as a certified counselor or a decision on certification as a certified counselor; or

(c) Until the person submits a completed application for certification as a certified counselor to the Health Division or for 30 days after commencing to perform assessment and counseling, whichever occurs first. Such a person must take the next scheduled examination for certification as a certified counselor after he receives notice that the Health Division has approved his application. If the person does not pass the next scheduled examination, he may:

(1) Continue to perform assessment and counseling under clinical supervision until the person submits a completed application for registration as a counselor intern to the Health Division or for 30 days after commencing to perform assessment and counseling, whichever occurs first; or

(2) Discontinue performing assessment and counseling.

4. A person providing counseling and assessment while under clinical supervision shall:

(a) Obtain clinical supervision from a person or persons who are authorized by a policy of the Health Division to do so;

(b) Submit to the Health Division the name of the person or persons acting as his clinical supervisor; and

(c) Notify the Health Division in writing not later than 10 business days after the person obtains clinical supervision from a person not on the list previously submitted to the Health Division.

458.125 Qualifications for registration as counselor intern. (NRS 458.025) The qualifications for registration as a counselor intern are:

1. Education consisting of at least a high school diploma or a certificate of general education development; and
2. Submission to the Health Division of a completed application for registration as a counselor intern.

458.135 Qualifications for certification as certified counselor. (NRS 458.025, 458.055) The qualifications for certification as a certified counselor are:

1. Submission to the Health Division of a completed application for certification as a certified counselor;
2. One of the following:
 - (a) Licensure in this state as a physician, psychologist, marriage and family therapist, or clinical social worker, and 6 months of employment under clinical supervision;
 - (b) Certification or licensure in another state as a certified counselor, provided that certification or licensure was issued pursuant to standards at least as stringent as the requirements of this chapter for certification as a certified counselor; or
 - (c) A combination of education and experience consisting of:

(1) A high school diploma or certificate of general educational development, and 5 years of employment under clinical supervision after receiving the diploma or certificate;

(2) An associate's degree from an accredited college or university and 4 years of employment under clinical supervision after completing the degree;

(3) An associate's degree in counseling for addictions from an accredited college or university and 3 years of employment under clinical supervision after completing the degree;

(4) A bachelor's degree from an accredited college or university and 2 years of employment under clinical supervision after completing the degree;

(5) 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 after completing the degree;

(6) A graduate degree from an accredited college or university and 1 year of employment under clinical supervision after completing the degree; or

(7) 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 after completing the degree;

3. Completion of a program of training approved by the Health Division that addresses each of the following:

(a) Resources in this state for treatment for the abuse of alcohol and other drugs;

(b) Applicable statutes in this state;

(c) Requirements of the Health Division for clinical records and planning of treatment; and

(d) Classifications of the abuse of alcohol and other drugs;

4. A passing score on a written examination for certification as a certified counselor; and

5. A passing score on an oral examination for certification as a certified counselor.

458.141 Allowance of credit of college courses. (NRS 458.025)

1. The Health Division may allow an applicant to substitute credit for college courses from an accredited college or university to satisfy, in part, the requirements for employment for certification as a certified counselor.

2. College or university courses:

(a) Must be in an appropriate field of social science, which may be counseling, psychology, sociology, social work, social services or alcohol and drug abuse;

(b) May be substituted in lieu of up to 2 years of employment, based on the relevance of the courses and the applicant's other qualifications for certification as a certified counselor; and

(c) Will be substituted at the rate of 24 semester hours or 36 quarter hours of study for each year of employment.

3. An applicant must have at least 6 months of employment which may not be substituted with credit for college courses.

458.144 Qualifications for certification as detoxification technician. (NRS 458.025)

The qualifications for certification as a detoxification technician are:

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

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

3. Certification in cardiopulmonary resuscitation; and

4. A passing score on an examination for certification as a detoxification technician.

458.147 Qualifications for certification in counseling specialty area. (NRS 458.025)

The qualifications for certification in a counseling specialty area established by the Health Division are:

1. Submission to the Health Division of a completed application for certification in a specialty area established by the Health Division;
2. Certification as a certified counselor;
3. At least 1 year of employment in the counseling specialty area;
4. A passing score on a written examination for certification in the counseling specialty area; and
5. A passing score on an oral examination for certification in the counseling specialty area.

458.149 Application for certification or registration. (NRS 458.025)

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 the Health Division will be charged to each applicant for the materials required to apply for registration or certification.

2. An application, to be considered complete, for all categories of certification or registration, must include:

- (a) An application form completed and signed by the applicant;
- (b) The applicant's resume;
- (c) One of the following:
 - (1) A copy of the applicant's high school diploma or certificate of general educational development; or

- (2) An official transcript sent by the registrar of the accredited college or university at which the applicant received his most advanced degree;
- (d) Completed forms approved by the Health Division for fingerprint clearance;
 - (e) Completed forms approved by the Health Division that verify the applicant's prior employment or experience;
 - (f) Written verification of the applicant's current employment;
 - (g) Documents which give evidence of any specialized training that meets the minimum requirements of a category of registration or certification;
 - (h) Three letters of reference on a form approved by the Health Division, including, without limitation, a letter from at least one former employer;
 - (i) A statement signed by the applicant that he has a minimum of 2 years of sobriety, if he is recovering from dependence upon alcohol or another drug;
 - (j) A statement signed by the applicant that he has not been convicted during the 2 years immediately preceding his application of any crime other than a violation of a traffic law that does not involve alcohol or a controlled substance; and
 - (k) A nonrefundable fee for application and processing in the amount specified by the Health Division.

458.154 Action by Health Division upon receipt of application for certification or registration. (NRS 458.025)

1. Upon receiving an application for certification or registration, the Health Division will review the application and determine whether to issue the certification or registration pursuant to the provisions of this section.

2. The Health Division will mail its determination to the applicant at the last known address of the applicant.

3. If the application is for registration as a counselor intern, the Health Division will issue evidence of registration at the time the application is approved.

4. The Health Division may reject an application if the applicant:

(a) Fails to file a complete application as specified by the Health Division;

(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;

(c) Includes false information on his application;

(d) Has previously had his certification or registration revoked by the Health Division;

(e) Fails to submit a verification of his background that has been approved by the Health Division; or

(f) Has been convicted during the 2 years immediately preceding his application of any crime other than a violation of a traffic law that does not involve alcohol or a controlled substance.

5. The Health Division will retain a rejected application for 6 months after the Health Division receives the application.

458.159 Examinations for certification. (NRS 458.025)

1. Examinations for certification as a certified counselor, detoxification technician or for a counseling specialty area will be given at least twice a year on dates established by the Health Division.

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

3. The Health Division 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 the Health Division.

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

6. An applicant who twice fails the oral or written examination for certification as a certified counselor must register with the Health Division as a counselor intern and complete at least 1 year of employment under clinical supervision before he may take either test again.

458.162 Registration as counselor intern: Period of validity; requirements for renewal; denial of application; destruction of file. (NRS 458.025)

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

2. Registration as a counselor intern may be renewed until the person is eligible to take the examination for certification as a certified counselor.

3. A person may not be registered as a counselor intern for a period exceeding 10 consecutive years.

4. To renew registration before the expiration date of the current registration, a counselor intern must submit to the Health Division:

(a) A nonrefundable fee in an amount specified by the Health Division.

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

(1) Verification that the person or persons providing clinical supervision are authorized by the Health Division to do so.

(2) Verification that at least 1 hour of clinical supervision has been provided within each period of 2 weeks. The clinical supervision must include, without limitation, a review of the counselor intern's activities during the period and the progress of the intern in satisfying the requirements for certification as a certified counselor. Clinical supervision of counselor interns must not occur in a group that exceeds 10 counselor interns at any one time.

(3) Verification that observation by the person or persons providing clinical supervision has been made of at least one assessment or counseling session conducted by the counselor intern 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.

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

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

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

5. The fee and documentation required pursuant to this section must be postmarked or received by the Health Division on or before 12 a.m. of the date of expiration of the person's registration. A person who submits the fee or documentation after this deadline but not later than 60 days after the date of expiration of the person's registration will be assessed a late fee of \$50.

6. The Health Division will deny an application for renewal of registration that is postmarked or received later than 60 days after the date of expiration of the person's registration. Such a person may reapply for registration.

7. The Health Division may destroy the person's registration file 1 year after expiration of registration.

458.165 Certification: Period of validity; requirements for renewal; denial of application; destruction of file. (NRS 458.025)

1. Certification as a certified counselor, detoxification technician or in a counseling specialty area is valid for 2 years after the Health Division issues the certificate.

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

(a) A completed application for renewal of certification;

(b) Documentation verifying compliance with the requirements of NAC 458.235; and

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

3. The application, documentation and fee required pursuant to subsection 2 must be postmarked or received by the Health Division on or before 12 a.m. of the expiration date of the person's certificate. A person who submits the information after this deadline but within 60 days after the date of expiration of the person's certificate will be assessed a late fee of \$100.

4. The Health Division will deny an application that is postmarked or received later than 60 days after the date of expiration of the person's certificate. Such a person may reapply for certification.

5. The Health Division may destroy the file of an expired certification 1 year after expiration.

458.172 Authorized activities for counselor intern. (NRS 458.025) A counselor intern

may, under clinical supervision:

1. Provide counseling for abuse of alcohol and other drugs.
2. Provide codependency counseling.
3. Conduct testing for which the counselor intern was trained.
4. 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 counselor intern. Such classification must not be represented to the court as the product of an evaluation center, unless the classification was determined by a program providing an evaluation center service that has been approved by the State.

5. Provide diagnosis of the 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 counselor intern.

6. Present himself to the public as registered with the Health Division as a counselor intern.

458.178 Authorized activities for certified counselor. (NRS 458.025) A certified counselor may:

1. Perform, independent of clinical supervision, those activities authorized for a counselor intern in NAC 458.172, with the exception of presenting himself to the public as a counselor intern; and

2. Present himself to the public as a certified alcohol and drug counselor and use the initials “CADC” to indicate that fact.

458.184 Authorized activities for person certified in counseling specialty area. (NRS 458.025) A person who is certified by the Health Division in a counseling specialty area may:

1. Perform activities that the Health Division authorizes a person who is certified in the counseling specialty area to perform; and
2. Present himself to the public as certified by the Health Division in the counseling specialty area.

458.189 Authorized activities for detoxification technician. (NRS 458.025) A person who is certified as a detoxification technician may:

1. Perform detoxification screening pursuant to the standards established by the Health Division; and
2. Present himself to the public as certified by the Health Division as a detoxification technician.

458.194 Duties of persons certified by or registered with Health Division. (NRS 458.025)

1. A person who is certified by or registered with the Health Division shall:
 - (a) Notify the Health Division in writing within 10 business days after being convicted of violating a law, unless the conviction is for a traffic violation that does not involve alcohol or controlled substances;
 - (b) Notify the Health Division 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 which was issued by any other agency, organization or state;
 - (c) 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. A person certified by the Health Division as a detoxification technician shall maintain current certification in cardiopulmonary resuscitation.

458.199 Inactive status of certification or registration; renewal. (NRS 458.025)

1. Upon sending a written application to and receiving approval by the Health Division, a person may place his certification or registration in inactive status at the time of expiration.

2. The Health Division, upon approving the application, will charge the person a nonrefundable fee of \$50 that the applicant must pay before the Health Division will grant or renew the certification or registration.

3. The Health Division will allow a person to place his certification or registration in inactive status for a period of not longer than 1 year.

4. A person may renew his certification or registration before the expiration of the period of inactive status by submitting an application for renewal and the fee required pursuant to subsection 2.

5. The Health Division will deny an application for renewal of certification or registration in inactive status if the application is postmarked or received after the expiration of inactive status. A person who sends such an application may reapply for certification or registration.

458.205 Grounds for initiating disciplinary action. (NRS 458.025) Grounds for initiating disciplinary action against any person certified by or registered with the Health Division include:

1. Conviction of any crime other than a violation of a traffic law that does not involve alcohol or a controlled substance;

2. Use of fraud or deception in:

- (a) Applying for registration or certification, or for the renewal of registration or certification;
- (b) Taking an examination for certification;
- (c) Providing a service as a person who is certified by or registered with the Health Division;

or

- (d) Documenting records relating to clinical supervision;

3. A violation of this chapter with regard to certification, registration or the standards of practice;

4. Incompetence in the performance of activities that are authorized by a person's registration or certification issued pursuant to this chapter;

5. Performing an activity authorized by a person's certification or registration issued by the Health Division or providing a service approved by the Health Division when the person's ability to perform the activity or provide the service is impaired because of abuse of alcohol or other drugs; and

6. Performing activities for which clinical licensure is required in the absence of such licensure.

458.211 Request for hearing by applicant concerning decision of Health Division. (NRS 458.025)

1. An applicant for certification or registration may request a hearing concerning a decision of the Health Division regarding his application, certification or registration pursuant to NAC 458.620.

2. An applicant must submit a request for a hearing concerning a decision of the Health Division on his application for certification or registration to the Health Division not later than 30 days after the Health Division notifies the person of its decision.

458.231 Waiver of requirements. (NRS 458.025) Upon receiving a request from a person who is registered with or certified by the Health Division, the Administrator or his designee may grant a waiver of any requirement concerning training set forth in NAC 458.235, 458.243 and 458.251.

458.235 Training required to maintain certification or registration. (NRS 458.025)

1. A person certified as a certified counselor must, in order to maintain his certification, attend at least 40 hours of training during the 2-year period of certification.
2. A person registered with the Health Division as a counselor intern must, in order to maintain and renew his registration, attend at least:
 - (a) Fifteen hours of training during the first 6 months of registration;
 - (b) Ten hours of training during the second 6 months of registration; and
 - (c) Twenty hours of training during each year of registration thereafter.
3. A person certified in a counseling specialty must, in order to maintain his counseling specialty certification, attend at least 10 hours of training during the 2-year period of certification, in addition to the hours of training required to maintain any other certification issued by the Health Division.
4. A person certified by the Health Division as a detoxification technician must, in order to maintain his certification, attend at least 6 hours of training during the 2-year period of certification in addition to the hours of training required to maintain any other certification or registration issued by the Health Division.

458.243 Approval of course of training upon request of participant. (NRS 458.025)

1. In addition to training offered by the Health Division, other courses of training may be approved by the Health Division if such approval is applied for by a participant who documents the content of a course and submits a request for approval of the course.

2. An application made pursuant to subsection 1 must include, without limitation:

(a) The training pamphlet or other training material that the person or organization providing the course provides;

(b) The name of the course;

(c) The name of the person or organization offering the course;

(d) The number of course hours;

(e) The date on which the course was offered;

(f) The location at which the course was taught;

(g) The name and qualifications of the instructor of the course; and

(h) A summary of the content of the course.

458.251 Approval of course of training upon submission of application by person or organization offering training. (NRS 458.025)

1. A person or organization which offers training related to the abuse of alcohol and other drugs that wishes to have a course of training approved by the Health Division must submit a written application to the Health Division by the deadline established by the Health Division.

2. An application must include:

(a) The name of the course;

(b) The name of the person or organization 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;
- (f) The location at which the course will be taught; and
- (g) The date on which the course will be taught.

458.260 Application for initial approval; renewal of approval; review of application; certificate of approval; periodic inspections; adoption of standards by reference. (NRS 458.025)

1. A person or organization that wishes to obtain a certificate of approval by the State of a service for abuse of alcohol and other drugs must submit to the Health Division a written application in the format required by the Health Division.

2. The application for initial approval by the State of a service for abuse of alcohol and other drugs, or for 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) All names used by the applicant in its practice of business;
- (c) A copy of the manual containing the policies and procedures of the program;
- (d) A nonrefundable fee in an amount specified by the Health Division; and
- (e) A completed application for approval of the service by the State.

3. 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 an amount specified by the Health Division.

4. The Health Division will review the application and will:

(a) 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 Health Division will submit a written report of the findings of the inspection to the applicant.

6. The Health Division will issue a certificate of state approval of a service if the report indicates that the service has met the standards of the Health Division 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 of the abuse of alcohol and other drugs pursuant to NRS 287.020, 608.156, 689A.046, 689B.036, 695B.194 and 695C.174.

8. The Health Division may inspect at least annually each program that provides a service which is approved by the State to determine whether approval by the State should be continued.

9. The Health Division hereby adopts by reference Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition, which may be obtained from the American Society of Addiction Medicine, Inc., 4601 North Park Ave., Upper Arcade Suite 101, Chevy Chase, Maryland 20815, for the price of \$60.

458.264 Waiver of requirements. (NRS 458.025) Upon receiving a request from the operator of a program or his designee, the Administrator or his designee may grant a waiver of any requirement set forth in NAC 458.269 to 458.425, inclusive.

458.269 Transferability of certificate of approval by State of service. (NRS 458.025)

1. Except as otherwise provided in subsection 2, a certificate of approval by the State of a service is not transferable from the holder to another person and may not be used for any other program.

2. If the owner of a program sells or otherwise transfers the program, the new operator of the program may operate under the certificate of approval held by the previous owner for not longer than 6 months.

458.274 Kinds of services. (NRS 458.025) In granting a certificate of approval, the Administrator will specify that the Health Division has approved one or more of the following kinds of services:

1. A treatment or early intervention service that meets the criteria for that level of service set forth in Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition.

2. A service for primary prevention that eliminates factors leading to abuse of alcohol, tobacco and other drugs.

3. A service for civil protective custody which provides care for a person who is taken into custody pursuant to the provisions set forth in NRS 458.250 to 458.280, inclusive.

4. An evaluation center service which:

(a) Provides an evaluation of a person pursuant to NRS 484.37943 to determine whether the person is an alcoholic, addict or abuser of alcohol or other drugs; and

(b) Makes recommendations concerning the type of treatment required.

5. A drug court service.

6. An intake and referral service which provides assessment, makes referrals to appropriate services, assists in ensuring continuity of care and assists in optimal resolution of identified nonclinical problems of the client.

458.279 Requirements for operator of program. (NRS 458.025)

1. A program that provides a service that has been approved by the State must have a specified operator who is responsible for the program.

2. The operator shall:

(a) Adopt a system of controls that will maintain acceptable standards for provision of service and for integrity of the program; and

(b) Review and approve changes in the policies and procedures of the program.

3. If the program is operated by a corporation, the governing body of the corporation must be the operator of the program. The governing body shall:

(a) Adopt written bylaws or policies that define any reimbursement to be provided to its members and the powers and duties of the governing body and its committees;

(b) Meet at least quarterly and keep written minutes that indicate:

(1) The date of the meeting;

(2) The names of the persons present at the meeting;

(3) Any decisions made; and

(4) Any other actions taken; and

(c) Make available for review by the Health Division the minutes of meetings of the governing body, the articles of incorporation and the bylaws of the governing body.

4. The operator of a program providing a service that has been approved by the State or a designee of the operator shall:

(a) Comply with the provisions of the manual of policies and procedures of the program in carrying out the program and make a copy of the manual available for review to any person who requests to review it;

(b) Ensure that the program and its operations are in compliance with all applicable laws and regulations;

(c) Notify the Health Division within 24 hours after the occurrence of an incident that may cause imminent danger to the health or safety of the staff of the program, a client of the program or a visitor to the program;

(d) Submit for review and approval by the Health Division a plan for management and improvement of the quality of the service;

(e) Implement the plan as approved;

(f) Maintain a manual of policies and procedures with all policies and procedures for the program and the service, including, without limitation, policies and procedures:

(1) To be followed in the event of a medical emergency;

(2) For the registration and disposition of complaints by clients and employees and the right to appeal without threat of reprisal;

(3) For staff of the program, including, without limitation, an accurate job description for each position held by an employee of the program that describes:

(I) The title of the position;

(II) The duties and responsibilities of the position; and

(III) The qualifications for the position; and

(g) Maintain documentation for each member of the staff of the program in the manner provided in subsections 5, 6 and 7.

5. Records for staff of the program must be kept confidential and may be made available only to persons:

- (a) Authorized by policy of the program;
- (b) Inspecting the program; and
- (c) Authorized by the employee.

↪ A member of the staff of the program may inspect his own file upon submitting a request to do so.

6. Records for staff of the program must contain the application or resume of the member of the staff or a signed employment contract. If a record for a person on the staff of the program includes an employment contract, the contract must clearly specify the nature and amount of the service to be provided by the person.

7. The record of a person who is on the staff of a program that serves clients who are under 18 years of age must contain documentation of the results of an inquiry made pursuant to NRS 179A.180 to 179A.240, inclusive.

458.283 Requirements for primary prevention service. (NRS 458.025) The operator of a program which provides a primary prevention service that has been approved by the State or a designee of the operator shall:

1. Submit to the Health Division a written statement signed by the operator of the service assuring that the service promotes the message to minors not to use alcohol, tobacco or illicit substances.

2. Include in the manual of policies and procedures for the service an accurate description of the duties and responsibilities for each job held by a volunteer to the program.

458.289 Requirements for clinical programs: Policy of insurance for liability. (NRS 458.025)

1. The operator of a clinical program or his designee shall have a policy of insurance for liability in an amount sufficient to protect clients and staff of, and visitors to, the program. The policy of insurance must provide that notice be given to the Health Division not later than 30 days after cancellation of the policy or after the clinical program does not renew the policy. Upon request, the operator of a clinical program or his designee shall make a copy of the policy of insurance available to the Health Division for review.

2. If the operator of a clinical program has not contractually assumed all liabilities arising out of acts or omissions of a consultant who provides to the program a clinical service or other service that requires authorization by licensure, the operator shall:

- (a) Ensure that the consultant provides his own liability insurance to cover such liabilities; and
- (b) Obtain a copy of the policy.

458.294 Requirements for clinical programs: Clinical records. (NRS 458.025, 458.055)

The operator of a clinical program or his designee shall:

1. Ensure that a clinical record is maintained for each client. The clinical record must include, without limitation:
- (a) The name, age, sex, race and permanent address of the client;
 - (b) A statement from the client explaining he is seeking service at this time, unless the client is being provided a service for civil protective custody;
 - (c) The source of the referral;

(d) The date, type and duration of any clinical contact with the client, and any services provided to the client;

(e) Documentation of any referral that the clinical program provides to a client to address problems which the clinical program cannot resolve and any resulting coordination of care;

(f) Documentation of any:

(1) Incident that may cause imminent danger to the health or safety of the client;

(2) Other emergency involving the client;

(3) Problem involving the client;

(4) Infraction of the rules of the clinical program by the client; and

(5) Sign or symptom of illness or injury of the client;

(g) Documentation in support of services that the clinical program provides to the client, including, without limitation, any:

(1) Correspondence;

(2) Assessment;

(3) Information relating to the history of medical and other treatment which has been provided to the client; and

(4) Result of a test, including, without limitation, any test conducted by a laboratory;

(h) Any consent to release information that the client has signed; and

(i) Notification which is in the form specified by the Health Division and which is signed by the client within a period specified by the Health Division of:

(1) The procedure for a client to register a complaint and appeal a decision by the clinical program concerning a complaint;

(2) Any requirements that the clinical program keep certain information concerning the client confidential; and

(3) Any other rights of the client that are specified by the Health Division.

2. Ensure that the client receives a copy of the notification required pursuant to paragraph (i) of subsection 1.

3. Ensure that its clinical records adhere to procedures for medical records and case notes which are standard for the profession.

4. Ensure that members of its clinical staff readily have access to the clinical records of clients of the service. As used in this subsection, “clinical staff” includes any member of the staff of a clinical program who conducts activities that require:

(a) Certification or registration with the Health Division; or

(b) Licensure with the Board of Psychological Examiners, State Board of Nursing, State Board of Oriental Medicine, State Board of Medical Examiners, Board of Examiners for Social Workers or Board of Examiners for Marriage and Family Therapists.

5. If a consultant of a clinical program has access to confidential information concerning clients, require the certified consultant to enter into an agreement with a qualified service organization and place the agreement in the personnel file of the consultant. As used in this subsection, “qualified service organization” has the meaning ascribed to it in 42 C.F.R. Part 2.

6. Keep the clinical records of clients, including, without limitation, records that are kept on a computer, confidential and protect the records from theft or damage if the clinical program ceases to operate. The records must be kept in locked storage. If a clinical program is no longer operating, the program may authorize the Health Division to assume responsibility for management of the records.

7. If the clinical program maintains its clinical records in a computer system, ensure that:
 - (a) There are adequate provisions to prevent unauthorized access to the records; and
 - (b) There is a system for backup to protect the records in case of a failure of the main system.
8. Retain the clinical records of a client for not less than 5 years after the client is discharged from the service.

458.299 Requirements for clinical programs: Release of information relating to certain clients. (NRS 458.025, 458.055)

1. The operator of a clinical program or his designee shall ensure that a client provides separate and explicit consent to allow the operator or his designee to release information which identifies the client and his human immunodeficiency virus seropositive status.
2. If the client requests to inspect or to copy his clinical records, he must be allowed to do so not more than 5 working days after making the request. The clinical program may:
 - (a) Require that a person on the staff accompany the client during the inspection or copying;
 - (b) Charge the client reasonable expenses for photocopying; and
 - (c) Delete any portion of the records that would not be in the best clinical interests of the client to view. If the clinical program deletes a portion of the records, the program shall place documentation substantiating the determination in the clinical records of the client.

458.304 Requirements for clinical programs: Manual of policies and procedures. (NRS 458.025, 458.055) The owner or operator of a clinical program shall maintain a manual of policies and procedures that contains, without limitation, policies and procedures:

1. Concerning communicable diseases;
2. Describing how the clinical program will protect records as required pursuant to NAC 458.294;

3. For releasing confidential information about a client which:
 - (a) Reports that a client has abused or neglected a child or an elderly person;
 - (b) Reports that a client presents a danger to other people;
 - (c) Reports that a client has a communicable disease; or
 - (d) Identifies a client and his human immunodeficiency virus seropositive status;
4. Concerning access of staff to records of clients;
5. Describing when the clinical program will release information concerning clients; and
6. Describing the criteria which the clinical program will use to determine whether to:
 - (a) Admit a client to the clinical program;
 - (b) Continue providing service to a client; or
 - (c) Discharge a client from the clinical program.

458.309 Requirements for clinical programs: Records of staff. (NRS 458.025) The owner or operator of a clinical program shall maintain documentation for each member of the staff, including, without limitation:

1. A copy of the certification, registration or license of each member of the staff who provides treatment or another service requiring registration, certification or licensure;
2. Copies of documentation of any disciplinary action taken against an employee;
3. A copy of the job description of each employee, signed by the employee;
4. A verification signed by each employee indicating that the employee has participated in a course of orientation regarding the policies and procedures which govern the service that the employee provides;

5. A verification signed by each volunteer indicating that the volunteer has participated in a course of orientation regarding the policies and procedures which govern the service that the volunteer provides; and

6. Any agreement with a qualified service organization entered into pursuant to NAC 458.294.

458.314 Requirements for clinical programs: Counseling for groups. (NRS 458.025)

If a clinical program provides counseling for groups, the operator of the clinical program or his designee shall ensure that any session for counseling for a group includes not more than 15 clients. This does not prohibit the clinical program from providing other therapeutic activities for groups that include more than 15 clients.

458.319 Requirements for clinical programs: Miscellaneous. (NRS 458.025) The operator of a clinical program or his designee shall:

1. Ensure that the program conforms to the standards of 42 C.F.R. Part 2, regardless of whether the service is provided by a program for treatment which is receiving assistance from the Federal Government;

2. If the clinical program receives a report from a governmental agency relating to the clinical program, its physical plant or its operations, provide a copy of the report to the Health Division not more than 30 days after the clinical program receives the report;

3. Not allow a client to grant power of attorney to the operator or staff of the clinical program, except to the extent necessary for compliance with requirements of the State Board of Pharmacy concerning the retention of medications belonging to the client; and

4. Bill clients only for services that the service has provided to the client and documented in the records of the client.

458.324 Requirements for early intervention service. (NRS 458.025, 458.055) The operator of a program that provides an early intervention service that has been approved by the State or a designee of the operator shall maintain a record for each client who receives the service. Each record must include, without limitation:

1. The signed consent of the client to the service; and
2. Documentation:
 - (a) That rules out the existence of a substance use disorder; or
 - (b) Of referral of a client to the service for treatment pursuant to the criteria set forth in “Patient Placement Criteria for the Treatment of Substance-Related Disorders,” Second Edition.

458.329 Requirements for intake and referral service. (NRS 458.025) The operator of a program which provides an intake and referral service that has been approved by the State or a designee of the operator shall:

1. Not have a financial interest in a program for treatment or in any other organization that provides treatment for the abuse of alcohol and other drugs in the same county as the intake and referral service 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 pursuant to the criteria set forth in Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition;
4. Perform an assessment of the client that is sufficient to:
 - (a) Make a comprehensive identification of any clinical and nonclinical problems of the client; and

(b) Determine the appropriate level of service for the client pursuant to the criteria set forth in Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition; and

5. Maintain a record for each client, including, without limitation:

(a) The signed consent of the client to the service;

(b) Documentation of the assessment performed pursuant to subsection 4;

(c) An evaluation of the financial status of the client sufficient to determine eligibility for services funded by the Health Division;

(d) Any additional information that must be taken into account to make an appropriate referral;

(e) The signed consent of the client allowing, when appropriate, exchange of information between the program and an employee assistance program and any other provider of a service that is providing the service for the client to establish coordination and continuity of care or documentation of good faith efforts to obtain such consent; and

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

458.334 Requirements for forensic programs. (NRS 458.025, 458.055) The operator of a forensic program or his designee shall:

1. Ensure that the forensic program complies with the standards of 42 C.F.R. Part 2 in the course of communication with the criminal justice system; and

2. Maintain in the manual of policies and procedures of the forensic program written procedures for ensuring such compliance.

458.339 Requirements for drug court service. (NRS 458.025) The operator of a program that provides a drug court service that has been approved by the State or a designee of the operator shall:

1. Assess a client upon admission to the service to determine whether the client is eligible to receive treatment pursuant to the criteria set forth in Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition;
2. Refer clients to appropriate services pursuant to the criteria set forth in Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition; and
3. Maintain a record for each client, which must include, without limitation:
 - (a) The signed consent of the client to receive the drug court service;
 - (b) Documentation of the assessment performed pursuant to subsection 1;
 - (c) Documentation of any referral to an appropriate service for treatment; and
 - (d) Any additional information that the program should take into account while determining an appropriate referral and the need for coordination of care.

458.344 Requirements for service for civil protective custody. (NRS 458.025) The operator of a program which provides a service for civil protective custody that has been approved by the State or a designee of the operator shall:

1. Ensure that the program is approved by the State as a residential detoxification service;
2. Make a good faith effort to refer a client to treatment; and
3. Maintain a record for each client, including, without limitation:
 - (a) The date and time of admission;
 - (b) The vital signs of the client, taken every 2 hours while the client is awake;
 - (c) Written observations of the client;

(d) Relevant findings regarding the behavior of the client;

(e) Documentation of the efforts made to refer a client to treatment pursuant to subsection 2;

and

(f) The date and time that the client was discharged.

458.354 Requirements for evaluation center service. (NRS 458.025)

1. A program which provides an evaluation center service that has been approved by the State must not be operated by an operator of a program who operates or has a financial interest in a program for treatment or any other organization which provides treatment for the abuse of alcohol and other drugs in the same geographic area as the evaluation center if the center is located in a county whose population is 100,000 or more.

2. The operator of a program which provides an evaluation center service that has been approved by the State or a designee of the operator shall:

(a) Provide the court a written evaluation of a client within 20 working days after the program receives the referral;

(b) Report the results of evaluation to the court in a format acceptable to the court that referred the client to the program; and

(c) Maintain a record for each client that includes, without limitation:

(1) The signed consent of the client to the service;

(2) Documentation substantiating the determination of whether the client is an alcoholic, addict or abuser of alcohol or other drugs;

(3) Documentation substantiating any recommendation to the court concerning the type of treatment required;

(4) Assessment of the client sufficient to determine the appropriate level of service for the client pursuant to the criteria set forth in Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition;

(5) Any criminal history of the client;

(6) Any other information concerning the history or condition of the client that should be considered in determining a recommendation concerning treatment; and

(7) A summary of the findings of the evaluation.

458.359 Requirements for program for treatment. (NRS 458.025) The operator of a program for treatment or his designee shall:

1. Provide, when appropriate, a referral to, and coordination of care with, employee assistance programs and any other provider of a service that has provided the service to the client to address any identified problems of the patient which cannot be resolved by a service provided by the program for treatment;

2. Discharge a patient upon completion or termination of treatment;

3. If the program of treatment administers or dispenses medication to a patient or makes medication available to a patient to administer to himself:

(a) Document any medication administered or dispensed to a patient;

(b) Observe a patient who administers medication to himself when the patient administers the medication;

(c) Control, store and dispose of any medication in the custody of the program for treatment in an appropriate manner; and

(d) Maintain in the manual of policies and procedures of the program for treatment protocols for satisfying the requirements of paragraphs (a), (b) and (c);

4. Submit information to the Health Division on a monthly basis for the client data system;
5. Perform an assessment of the patient sufficient to determine the appropriate level of service pursuant to the criteria set forth in Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition; and
6. Maintain a record for each patient that includes, without limitation:
 - (a) The following information upon intake or admission to the service:
 - (1) The signed consent of the patient to the service;
 - (2) Documentation of the assessment performed pursuant to subsection 5;
 - (3) Any additional information which should be taken into account in the course of the planning of treatment, determination of appropriate referrals and determination of need for coordination of care; and
 - (4) A summary of the findings and recommendations of the assessment performed pursuant to subsection 5;
 - (b) Information for the client data system;
 - (c) Case notes which have been consistently entered into the record documenting the response of the patient to treatment and any progress towards attaining the objectives of the plan of treatment;
 - (d) Case notes which are 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 for treatment, a case note made at the time of transfer which includes, without limitation:
 - (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; and
- (f) If the patient is no longer to receive services from the program for treatment:
 - (1) Documentation verifying that a copy of the plan for continuing care of the patient, including, without limitation, any referrals given to the patient, was provided to the patient prior to discharge, if possible; and
 - (2) A summary of services which were provided to the patient not more than 5 business days after the patient is discharged from the program for treatment, including, without limitation:
 - (I) The diagnosis and condition of the patient at the time of admission or intake to the service;
 - (II) The response of the patient to treatment;
 - (III) The reason for discharge of the patient;
 - (IV) The diagnosis and condition of the patient at the time of discharge;
 - (V) Referrals given to the patient for continuing care; and
 - (VI) Recommendations for any future treatment of the patient.

458.364 Requirements for program for treatment providing service other than detoxification. (NRS 458.025) The operator of a program for treatment providing a service that has been approved by the State, other than a detoxification service, or a designee of the operator shall:

1. Develop a plan of treatment on or before the fourth clinical contact which the patient has with the program or by the third day on which the patient receives services from the program.

Clinical contact with the program for the purpose of receiving medication only will not count toward this requirement. The plan of treatment must specify:

(a) Behavioral objectives to be achieved by the patient relative to problems identified as the result of assessment;

(b) Services to be provided by staff of the program to facilitate the patient in attaining the objectives of the plan; and

(c) The member of the staff who is responsible for ensuring the provisions in paragraph (b) are satisfied.

2. Maintain a record for each patient that includes, without limitation:

(a) The history of treatment of the patient;

(b) Any sources of psychosocial stress; and

(c) The plan of treatment required pursuant to subsection 1.

458.369 Requirements for residential treatment service. (NRS 458.025) The operator of a program which provides a residential treatment service that has been approved by the State or a designee of the operator shall:

1. Document that paid staff are on the premises of the program at all times when a patient is present on the premises;

2. Post a plan for disasters where it can be easily viewed by patients; and

3. Maintain a manual of policies and procedures concerning procedures for infection control, including, without limitation, procedures for universal precautions against bloodborne pathogens.

458.374 Requirements for residential treatment service other than detoxification. (NRS 458.025) The operator of a program that provides a residential treatment service that has

been approved by the State, other than a detoxification service, or a designee of the operator shall review and revise the plan of treatment of a patient whenever the condition of the patient changes over the course of treatment, or every 14 days, whichever occurs first.

458.379 Requirements for program for treatment providing ambulatory service other than detoxification or opioid maintenance therapy service. (NRS 458.025) The operator of a program for treatment which provides an ambulatory service that has been approved by the State, other than a detoxification service, or of an opioid maintenance therapy service that has been approved by the State or a designee of the operator shall review and revise the plan of treatment of a patient whenever the condition of the patient changes over the course of treatment, or every 30 days, whichever occurs first.

458.384 Requirements for detoxification service. (NRS 458.025) The operator of a program providing a detoxification service that has been approved by the State or a designee of the operator shall:

1. Utilize criteria for detoxification screening specified by the Health Division; and
2. Maintain a record for each patient which includes, without limitation, the vital signs of the patient at the time the patient is admitted if the patient is withdrawing from alcohol, a sedative, a hypnotic or an anxiolytic.

458.389 Requirements for ambulatory detoxification service. (NRS 458.025) The operator of a program which provides an ambulatory detoxification service that has been approved by the State or a designee of the operator shall:

1. Provide at least one session of counseling that is at least 1 hour in duration and is provided no less often than twice a month, or make an effort in good faith to offer such counseling;

2. Develop a plan of treatment on or before the third day the patient receives services;
3. If the service is not being provided as part of an opioid maintenance therapy service that has been approved by the State, review and revise the plan of treatment if the condition of the client changes over the course of treatment or every 14 days, whichever occurs first; and
4. Maintain a record for each patient that includes, without limitation:
 - (a) A case note for each day of clinical contact, including, without limitation, the vital signs of the patient if the patient is withdrawing from alcohol, a sedative, a hypnotic or an anxiolytic;
 - (b) If the patient is exhibiting signs or symptoms of severe withdrawal at the time of clinical contact, a note indicating the signs or symptoms and the actions taken by staff of the program to assist the patient;
 - (c) Documentation of the sessions of counseling provided pursuant to subsection 1; and
 - (d) The plan of treatment.

458.394 Requirements for residential detoxification service. (NRS 458.025) The operator of a program which provides a residential detoxification service that has been approved by the State or a designee of the operator shall:

1. Ensure that there is on the premises of the program at all times at least one licensed or certified medical professional or certified detoxification technician; and
2. Maintain a record for each patient, including, without limitation, case notes entered not less frequently than every 8 hours detailing:
 - (a) Observation of the patient;
 - (b) Relevant findings regarding the behavior of the patient; and
 - (c) The vital signs of the patient taken at least every 4 hours while the patient is awake.

458.399 Requirements for opioid maintenance therapy service. (NRS 458.025, 458.055)

1. The operator of an opioid maintenance therapy service that has been approved by the State or a designee of the operator shall:

(a) Submit for review and approval by the Health Division policies and procedures of the program for involuntary detoxification of patients.

(b) Implement the policies and procedures for involuntary detoxification of patients as approved.

(c) Release to another opioid maintenance therapy service, 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 program:

(1) A history of the dosing given to the patient;

(2) The date of admission to the service;

(3) The date of the last clinical contact;

(4) Documentation verifying addiction;

(5) Results of testing of urine; and

(6) If conducted within the previous 90 days, a copy of any medical history and physical.

(d) Post in a place where it may be easily viewed by patients a plan for disasters that instructs patients where to go for dosing in the event of destruction of the facility.

(e) Adopt in clinical practice the standards of guidance established by federal agencies on the use of methadone and other narcotics in opioid maintenance therapy.

(f) Maintain a manual of policies and procedures that contains requirements for the patient to earn the privilege of taking medication off the premises of the program. Such requirements:

(1) Must establish that the privilege is contingent upon:

(I) Compliance by the patient with the rules of the program;

(II) Appropriate participation by the patient in treatment; and

(III) The existence of no evidence that the patient takes the medication inappropriately;

(2) May make an exception in the event of emergency or exceptional circumstances; and

(3) May allow for the privilege to be granted to accommodate for when the program is closed.

(g) Provide for a minimum of:

(1) One session of counseling every month that is at least 1 hour in duration during the first 2 years of treatment or documentation of good faith efforts to provide such counseling; and

(2) One session of counseling every 2 months that is at least 1 hour in duration during the third and subsequent years of treatment or documentation of good faith efforts to provide such counseling.

↪ In determining what constitutes a year of treatment, the program that provides the service may consider treatment provided by another opioid maintenance therapy service if there has not been a lapse in continuous treatment of more than 30 calendar days.

(h) If the patient is receiving an ambulatory detoxification service, develop a plan of treatment on or before the third day on which the client receives the service.

(i) As necessary, review and revise the plan of treatment for the patient developed pursuant to paragraph (h):

(1) When the condition of the patient changes over the course of treatment, or every 30 days, whichever occurs first, during the first year of maintenance treatment;

(2) When the condition of the patient changes over the course of treatment, or every 90 days, whichever occurs first, during the second year of maintenance treatment;

(3) When the condition of the patient changes over the course of treatment, or every 180 days, whichever occurs first, during the third and subsequent years of maintenance treatment; and

(4) When the condition of the patient changes over the course of treatment, or every 30 days, whichever occurs first, during ambulatory detoxification.

(j) Maintain a record for each patient that includes, without limitation:

(1) Documentation that the patient has received the counseling required pursuant to paragraph (g); and

(2) Any plan for treatment developed or revised pursuant to paragraphs (h) and (i).

2. An opioid maintenance therapy service must be approved by the State for a service for outpatients and for an ambulatory detoxification service.

458.420 Grounds for hearing to consider revocation of approval of service. (NRS 458.025) Each of the following acts constitutes a ground for a hearing to consider the revocation of approval of a service by the State:

1. Diminished quality of the service from when it was originally approved.
2. A major exception to compliance.
3. Disseminating false or misleading information to the public, consumers or the Health Division.
4. Failure of the operator or staff of the program to comply with the standards of practice of this chapter.

458.425 Application for reinstatement of approval of service. (NRS 458.025) The operator of a program may apply for reinstatement of approval of a service by the State not less than 6 months after revocation of approval.

458.450 Applicability of provisions. (NRS 458.025) The ethical standards and requirements set forth in NAC 458.470 to 458.580, inclusive, apply to operators and staff of programs providing a service for primary prevention and clinical services approved by the State and to persons holding a certification or registration issued by the Health Division.

458.470 Provision of services and performance of activities. (NRS 458.025) A person providing a primary prevention service or a clinical service for abuse of alcohol and other drugs shall:

1. Maintain objectivity, integrity and high standards in the services he offers; and
2. If his ability to perform an activity authorized by a certification or registration issued by the Health Division, or to provide a service that has been 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 the 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; use of certification, registration or approval of services; provision of clinical services requiring licensure. (NRS 458.025) A person providing a primary prevention service or a clinical service shall not:

1. Claim, directly or by implication, any qualification that he does not possess;
2. Use a certification or registration issued by the Health Division, or an approval of services by the State, to offer or perform activities or to provide services other than those authorized by this chapter; or
3. Provide clinical services requiring licensure in the absence of such licensure.

458.490 Use of information. (NRS 458.025) 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.

458.510 Relationships with clients: General requirements. (NRS 458.025) A person providing a clinical service for abuse of alcohol and other drugs shall:

1. Act in the best clinical interests of the client; and
2. Terminate the professional relationship if it is reasonably clear that the client is not benefiting from the relationship.

458.520 Relationships with patients or clients: Prohibitions. (NRS 458.025) A person providing a primary prevention service 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 the professional relationship; or
2. For a period of 2 years after the termination of the professional relationship:
 - (a) Enter into a close personal relationship with a current or former patient, including, without limitation, sponsorship of a patient who is participating in a group for self-help or any romantic or sexual relationship with a patient;
 - (b) Enter into, or attempt to enter into, a financial relationship that is unrelated to a primary prevention service or a clinical service for abuse of alcohol and other drugs with a current or former client; or

(c) Enter into a romantic or sexual relationship with a person who was in a romantic or sexual relationship with the client at the time the service provider was providing the primary prevention service or clinical service to the client.

458.530 Informed consent of client. (NRS 458.025) A person providing a clinical service for abuse of alcohol and other drugs, other than a service for civil protective custody, may provide the service only with the informed consent of the client.

458.540 Financial arrangements and records. (NRS 458.025, 458.055) A person providing a primary prevention service or a clinical service for abuse of alcohol and other drugs shall:

1. Inform prospective patients of financial arrangements before providing the service;
2. Maintain accurate records of any fees charged to a client and of any payments made by a client;
3. Make the records required pursuant to subsection 2 available to the client for review upon request;
4. 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; or
5. Not use his relationship with a patient to promote his personal gain or profit.

458.550 Confidentiality. (NRS 458.025, 458.055) A person providing a clinical service for abuse of alcohol and other drugs shall:

1. Practice in compliance with the 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 that receives assistance from the Federal Government;
2. Inform a client and obtain his authorization if:

- (a) He intends to make a recording of an interview with the client; or
- (b) Another person intends to observe an interview with the client.

458.560 Coordination of care. (NRS 458.025) A person providing a clinical service for abuse of alcohol and other drugs who is aware that a patient is receiving treatment for abuse of alcohol or other drugs from another person or organization shall not provide treatment to the patient without coordination of care.

458.570 Duties to general public. A professional in the field of alcohol and drug abuse shall work to:

1. Advocate changes in public policy and legislation to afford opportunity and choice for all persons whose lives are impaired by the disease of alcoholism or other forms of drug addiction;
2. Inform the public of the effects of alcoholism and other forms of drug addiction; and
3. Enable all persons, especially persons with low or no income, to have access to necessary resources and services related to alcohol and drug abuse.

458.580 False information; assessment or counseling by unqualified or unauthorized person; violation of standards of practice; knowledge of conviction of certain persons of violation of certain laws. (NRS 458.025)

1. A person providing a primary prevention service or a clinical service for abuse of alcohol and other drugs shall not provide information to the Health Division or its representative that 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 Health Division any assessment or counseling for abuse of alcohol and other drugs that is conducted by an unqualified or unauthorized person;

(b) Report to the Health Division any violation of the standards of practice of this chapter that he has witnessed or that has been reported to him;

(c) If a violation of the standards of practice of this chapter is reported to him by a client, inform the client of how a complaint may be filed with the Health Division; and

(d) Report to the Health Division knowledge of any conviction of a person registered with or certified by the Health Division of a violation of a law relating to alcohol or controlled substances.

458.601 Investigations; conditions under which information and records become public. (NRS 458.025, 458.055)

1. When investigating a complaint regarding services for abuse of alcohol and other drugs, the Health Division will:

(a) Investigate all complaints registered with the Health Division alleging violation of a requirement of this chapter. The Health Division will request that the person registering the complaint state in writing the substance of the complaint and the name of the person or program alleged to have violated a requirement of this chapter.

(b) Conduct announced or unannounced inspections or any other investigations necessary to determine the validity of the complaint.

(c) If the investigation is conducted on the premises of a program, inform the operator of the program or his designee of the presence of staff of the Health Division on the premises upon arrival at the program.

(d) Inform the person named in the complaint of the nature of the complaint if the complaint is against a person, or inform the operator of the program or his designee of the nature of the complaint if the complaint is against the program.

(e) Keep all information gathered during the course of the investigation confidential while the investigation is proceeding. This paragraph does not prohibit the Health Division from:

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

(I) Is investigating a person who is registered with or certified by the Health Division;

(II) Is investigating a program providing a service approved by the Health Division; or

(III) Regulates or has jurisdiction over the violations alleged in a complaint or found during the course of investigation; or

(2) Communicating with the operator of the program or his designee when a complaint against a person who is a member of the staff of the program alleges a condition posing significant hazard to the health or safety of clients or staff of, or visitors to, the program.

2. With the exception of information for which release would violate the standards of 42 C.F.R. Part 2, information gathered during the course of an investigation and the records of investigation become public records after the Health Division completes the investigation if:

(a) Any disciplinary action imposed as a result of the investigation becomes final; or

(b) The person under investigation submits a written request to the Administrator asking that the records be made public.

458.610 Disciplinary action. (NRS 458.025)

1. The Administrator or his designee shall:

(a) Determine if reasonable cause exists to support an allegation against a person or program;

(b) If he determines that reasonable cause exists, determine a proposed disciplinary action and provide notice to the person who has been investigated, or to the operator or his designee of a program that has been investigated, of the proposed disciplinary action; and

(c) If he determines that no reasonable cause exists, dismiss the complaint and provide notice to the complainant and the person who has been investigated, or the operator or his designee of the program that has been investigated, that no disciplinary action will be taken.

2. A person who has been investigated, or the operator or his designee of a program that has been investigated, may request a hearing with the Health Division within 15 calendar days after he receives notification of proposed disciplinary action. Such a hearing will be conducted pursuant to the provisions of NAC 458.620.

3. If the person, operator or designee does not request a hearing within the period specified in subsection 2, the proposed disciplinary action becomes final.

4. The Administrator or his designee shall:

(a) Notify the complainant of any hearing that has been requested in a timely manner;

(b) In a timely manner, notify the complainant of any disciplinary action that has become final; and

(c) Notify the complainant of any judicial review of a final decision of the hearing officer.

5. Disciplinary actions that the Administrator or his designee may impose include:

(a) Establishing conditions for continued certification, registration or approval of the service;

(b) Suspension or revocation of certification or registration, or revocation of approval of the service; or

(c) Imposition of a reprimand.

6. The Administrator or his designee may prohibit a person whose certification or registration has been revoked from reapplying for the certification or registration for a period of not less than 24 nor more than 60 months.

7. The Health Division may impose and collect reasonable costs of investigation:

- (a) From a person when disciplinary action against the person becomes final; or
- (b) From the operator of a program when disciplinary action against the program becomes final.

458.620 Hearings. (NRS 458.025)

1. Upon receipt of a request for a hearing pursuant to NAC 458.211 or 458.610, the Administrator shall notify the Administrator of the Rehabilitation Division of the Department of Employment, Training and Rehabilitation, who shall appoint a hearing officer.
2. A hearing officer appointed pursuant to subsection 1 must be appointed on the basis of his education, training and experience and his interest in the problems of alcohol and drug abuse.
3. The hearing constitutes a contested case for the purposes of chapter 233B of NRS.
4. The decision of the hearing officer is final for the purposes of judicial review.

NOTICE OF ADOPTION OF PROPOSED REGULATION
LCB File No. R120-04

The State Board of Health adopted regulations assigned LCB File No. R120-04 which pertain to chapter 458 of the Nevada Administrative Code on August 27, 2004.

Notice date: 7/28/2004
Hearing date: 8/27/2004

Date of adoption by agency: 8/27/2004
Filing date: 10/5/2004

INFORMATIONAL STATEMENT

1. A description of how public comment was solicited, a summary of public response, and an explanation how other interested persons may obtain a copy of the summary.

The rewrite of the regulations was discussed at the BADA Advisory Committee meeting in January 2004. At that meeting, volunteers were identified to represent the provider community in a series of three adhoc workshops videoconferenced between Carson City and Las Vegas. These meetings included representatives of the provider community and senior staff of the Bureau of Alcohol and Drug Abuse (BADA). After these meetings BADA staff incorporated many of the comments made by the adhoc group and further refined the proposed regulations, including reorganizing the sections of the regulations to make it easier to find information. The Deputy Attorney General and Health Administration then reviewed the proposed regulations and further refined them.

A Public Workshop was held on June 2, 2004 to elicit comments from the public. Notices of the Public Workshop along with the proposed regulations and small business impact statement were sent to all programs certified by BADA and parties that requested notice of proposed changes. Comments from that workshop were incorporated into the proposed regulation.

After the proposed regulations were reviewed by the Legislative Council Bureau (LCB), the resulting proposed regulations were sent to all providers certified by BADA and others who requested notification. One comment was received from a provider organization and, in consultation with LCB, an errata was prepared that is the only comment and change to the proposed regulations reviewed at the Board of Health public hearing on August 27, 2004.

Interested parties may obtain a copy of the proposed regulations and written comments by calling or writing the Bureau of Alcohol and Drug Abuse at 505 E. King Street, Room 500, Carson City, NV 8970, 775-684-4190, or 4220 S. Maryland Parkway, Building D, Suite 806, Las Vegas, NV 89119, 702-486-8250.

2. The number of persons who:
 - (a) Attended the hearing;
Three people attended the Board of Health public hearing for this item.

- (b) Testified at each hearing;
Two people testified at the hearing.
- (c) Submitted to the agency written statements.
There were no written statements received.

3. A description of how comment was solicited from affected businesses, a summary of their response, and an explanation how other interested persons may obtain a copy of the summary.

All programs certified by the Health Division plus individuals who requested notification were sent copies of the proposed regulations, electronically or by mail. One comment was received from the provider community and that comment was discussed with LCB and errata was attached to the proposed regulations reviewed at the public hearing. The notification told where and how to submit comments to the proposed regulations.

4. If the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change.

The proposed regulations were revised with the active involvement of the provider community. At the public hearing, the provider community was represented by two people who spoke in support of adopting the proposed regulations as presented. There was one written comment received from a provider organization and, in consultation with LCB, an errata was written which was approved as an amendment at the public hearing.

5. The estimated economic effect of the regulation on the business which it is to regulate and on the public. These must be stated separately, and in each case must Include:

- (a) Both adverse and beneficial effects;
There is no adverse effect on the providers.
There is no apparent beneficial effect on the providers. One provider said the revised regulations will be easier to use and that is beneficial.

- (b) Both immediate and long term effects.
There are no immediate nor long term effects other than the regulations are easier to read and use.

6. The estimated cost to the agency for enforcement of the proposed regulation,

There is no additional cost to the agency.

7. A description of any regulations of other state or government agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the regulation overlaps or duplicates a federal regulation, name the regulating federal agency.

There is no overlap or duplication with other regulations and there is no overlap or duplication of a federal regulation.

8. The regulation includes provisions which are more stringent than a federal regulation which regulates the same activity, a summary of such provisions.

There is no provision which is more stringent than a federal regulation.

9. If the regulation provides a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.

There is no change in current fees nor new fees.

LEGISLATIVE REVIEW OF REGULATIONS

233B.066 Informational statement required concerning adopted regulation; contents of statement. Each adopted regulation which is filed with the secretary of state must be accompanied by a statement concerning the regulation which contains the following information:

1. A description of how public comment was solicited, a summary of public response, and an explanation how other interested persons may obtain a copy of the summary.

The rewrite of the regulations was discussed at the BADA Advisory Committee meeting in January 2004. At that meeting, volunteers were identified to represent the provider community in a series of three adhoc workshops videoconferenced between Carson City and Las Vegas. These meetings included representatives of the provider community and senior staff of the Bureau of Alcohol and Drug Abuse (BADA). After these meetings BADA staff incorporated many of the comments made by the adhoc group and further refined the proposed regulations, including reorganizing the sections of the regulations to make it easier to find information. The Deputy Attorney General and Health Administration then reviewed the proposed regulations and further refined them.

A Public Workshop was held on June 2, 2004 to elicit comments from the public. Notices of the Public Workshop along with the proposed regulations and small business impact statement were sent to all programs certified by BADA and parties that requested notice of proposed changes. Comments from that workshop were incorporated into the proposed regulation.

After the proposed regulations were reviewed by the Legislative Council Bureau (LCB), the resulting proposed regulations were sent to all providers certified by BADA and others who requested notification. One comment was received from a provider organization and, in consultation with LCB, an errata was prepared that is the only comment and change to the proposed regulations reviewed at the Board of Health public hearing on August 27, 2004.

Interested parties may obtain a copy of the proposed regulations and written comments by calling or writing the Bureau of Alcohol and Drug Abuse at 505 E. King Street, Room 500, Carson City, NV 8970, 775-684-4190, or 4220 S. Maryland Parkway, Building D, Suite 806, Las Vegas, NV 89119, 702-486-8250.

2. A description of how comment was solicited from affected businesses, a summary of their response, and an explanation how other interested persons may obtain a copy of the summary.

All programs certified by the Health Division plus individuals who requested notification were sent copies of the proposed regulations, electronically or mail. One comment was received from the provider community and that comment was discussed with LCB and errata was attached to the proposed regulations reviewed at the public hearing. They were told where and how to submit comments to the proposed regulations.

3. If the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change.

The proposed regulations were revised with the active involvement of the provider community. At the public hearing, the provider community was represented by two people who spoke in support of adopting the proposed regulations as presented. There was one written comment received from a provider organization and, in consultation with LCB, an errata was written that was approved as an amendment at the public hearing.

4. The estimated economic effect of the regulation on the business which it is to regulate and on the public. These must be stated separately, and in each case must include:
 - (a) Both adverse and beneficial effects; and
There are no adverse or beneficial effects.
 - (b) Both immediate and long-term effects.
There are no immediate or long-term effects other than a more clearly written and current regulation.

5. The estimated cost to the agency for enforcement of the proposed regulation.

There is no additional cost to the agency.

6. A description of any regulations of other state or government agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary.

There is no overlap or duplication of other state or federal regulations.