

LCB File No. R120-04

**PROPOSED REGULATION OF THE HEALTH DIVISION OF THE
DEPARTMENT OF HUMAN RESOURCES**

Section 1. *Chapter 458 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 55 inclusive of this regulation.*

Section 2. *As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 458.010 and Section 3 to Section 21 have the meanings ascribed to them in those sections.*

Section 3. *“Administrative program” means an entity that provides non-treatment non-prevention activities to support prevention or treatment programs including, but not limited to, training, clearinghouse and recovery support services.*

Section 4. *“Bureau” means the Bureau of Alcohol and Drug Abuse of the Health Division of the Department of Human Resources or its successor.*

Section 5. *“Client” means an individual who meets the criteria for a substance related disorder and is receiving a level of care for the identified disorder.*

Section 6. *“Coalition program” is a non-profit organization consisting of a group of individuals, organizations and agencies whose primary focus is to develop strategies and identify programs which address the substance misuse, use and dependence needs of a community or culture.*

Section 7. *“Coordination of care” means the exchange of information between two or more parties providing a necessary service to a client to ensure that the client receives needed services and the efforts of the parties are coordinated with one another in providing service to the client.*

Section 8. *“Counseling” means an interaction with a client to provide treatment of a substance related disorder.*

Section 9. *“Detoxification” has the meaning given in NAC 449.034.*

Section 10. *“Drug court program” means an entity which provides treatment assessment and referral services for court referred clients.*

Section 11. *“Evaluation center program ” means an entity which provides an evaluation by a licensed or certified Alcohol and Drug Abuse Counselor of a person pursuant to NRS 484.37943.*

Section 12. *“Health Division treatment criteria” means the criteria published in the Bureau’s Administrative Manual as Health Division Criteria for Programs Treating Substance Related Disorders.*

Section 13. *“Notice of Subgrant Award” means the written agreement signed by the Health Division and the program which specifies the award amount and the funding conditions the program must meet to remain eligible to receive the funds.*

Section 14. *“Operator” means:*

- 1. The owner of a private program;*
- 2. The board of directors of a corporation or non profit organization that is responsible for a program or designee authorized by the board in writing; or*
- 3. Governmental entity that operates a program.*

Section 15. *“Participant” is an individual who receiving service from a prevention program.*

Section 16. *“Prevention program” means an entity that provides services which include a set of strategies and activities that are comprehensively structured to reduce individual or environmental risk factors and to increase resiliency and protective factors in the general as well as high risk populations.*

Section 17. *“Program” refers to all programs certified by the Health Division which include the following:*

- 1. Administrative program;*
- 2. Coalition program;*
- 3. Drug Court program;*
- 4. Evaluation Center program;*
- 5. Prevention program; and*
- 6. Treatment program.*

Section 18. *“Service” means an activity that is:*

- 1. Directed toward the prevention, intervention or treatment of a substance related disorder; and*
- 2. Certified by the Health Division.*

Section 19. *“Staff” means the paid employees, including temporary employees, volunteers, independent contractors and consultants of a program.*

Section 20. *“Treatment assessment” mean a thorough collection of client data and resulting life impairments for the purpose of determining the existence of a substance related disorder, appropriate service level placement and an appropriate plan of treatment utilizing the criteria in the Health Division Criteria for Programs Treating Substance Related Disorders.*

Section 21. *“Treatment program” means an entity that provides treatment services which are defined activities on a continuum of care based upon the Health Division adopted treatment criteria for the placement of clients in levels of care which can be found in the Health*

Division Criteria for Programs Providing Treatment for Substance Related Disorders. A list of treatment services may be found in the Health Division Criteria for Programs Providing Treatment for Substance Related Disorders and includes, but is not limited to, comprehensive evaluation, early intervention, outpatient counseling, intensive outpatient counseling, residential treatment, transitional housing, residential detoxification, civil protective custody and opioid maintenance therapy.

Section 22. *“Volunteer” means a person who provides, without compensation, a service or conducts tasks similar to those of any staff member of a program.*

Section 23. *When an operator requests a program to be certified by the Health Division, the operator must submit to the Health Division:*

1. An initial application for certification of a program accompanied by:

(a) Documentation evidencing all applicable local, State and federal laws, regulations and ordinances have been met;

(b) All names used by the applicant in its operation of the program or 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 in Section 26;

(e) A completed application on a form provided by the Health Division; and

(f) A copy of the certificate of insurance as required in Section 34.

2. A program is not considered an initial program if prior certification of the program was revoked by the Health Division or certification expired without renewal of the certification.

3. An operator of a certified program must submit to the Health Division at least 90 days prior to the expiration of the initial certification or subsequent renewal of certification, an application to renew certification of a program accompanied by:

(a) A copy of the approved changes to the manual containing the policies and procedures of the program made since the last certification of the program. A brief written explanation of whether each change is made as a result of:

(1) Findings of the Health Division;

(2) Review by another agency or organization that impacts the program; or

(3) Operator initiated changes which impact the program;

(b) A completed application on a form provided by the Health Division; and

(c) A nonrefundable fee in an amount specified in Section 26; and

(d) A copy of the certificate of insurance as required in Section 34.

4. An operator of a program whose certification was revoked or expired without renewal of certification must submit to the Health Division an application for recertification of a program accompanied by:

(a) Documentation evidencing all local, State and federal laws, regulations and ordinances have been met;

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

(c) A copy of the manual containing the policies and procedures of the program with the changes identified that were made since the last manual was submitted to the Health Division. A brief written explanation of whether each changes is [required specifying the changes] made as a result of:

(1) Findings of the Health Division in the notice of any revocation or prior to any expiration of the certification or renewal of certification;

- (2) Review by another agency or organization that impacts the program; or*
- (3) Operator initiated changes which impact the program.*
- (d) A nonrefundable fee in an amount specified in Section 26;*
- (e) A completed application on a form provided by the Health Division; and*
- (f) A copy of the certificate of insurance as required in Section 34.*

Section 24. *1. Upon receipt of any complete application, the Health Division will review the application and schedule an inspection of the program that is requesting the certification.*

2. Incomplete applications will be returned to the applicant.

3. The Health Division will review the services listed in the application of a treatment program to ensure compliance with the Health Division Criteria for Programs Providing Treatment for Substance Related Disorders.

4. The Health Division will submit a written report of the findings of the inspection to the applicant.

5. The Health Division will issue a written certification, renewal of certification or recertification if the report indicates that the program has met the requirements of this chapter.

6. The Health Division may certify an initial program for a period of six months, one year or two years. The Health Division may renew certification of a certified program or recertify a program whose prior certification has been revoked or expired for a period of six months, one year, or two years.

(a) Length of certification criteria is found in the Bureau's Administrative Manual, Certification/Compliance Monitor Policies and Procedures.

Section 25. *1. When a treatment program requests to add any additional service during the certification period that was not included in the last application for certification or renewal of certification, the operator must submit:*

(a) A copy of the manual containing the policies and procedures of the program which includes operations of each additional new service and procedures relating to each additional service.

(b) A non refundable fee in an amount specified in Section 26 for each additional service; and

(c) A completed application on a form provided by the Health Division.

2. The Health Division may renew the certification to include the additional requested service for the same period remaining in the last period of certification or renewal of certification.

Section 26. *A program must be certified by the Health Division in order to be eligible for any state or federal funds administered by the Health Division.*

Section 27. *The fees charged for certification, renewal of certification, and recertification are:*

1. \$100 for each service at each geographic location applied for by a treatment program;

2. \$100 for each service at each geographic locations applied to be added to a treatment program certification;

3. \$100 for each prevention program;

4. \$100 for each coalition program;

5. \$100 for each administrative program;
6. \$100 for each drug court program location; and
7. \$100 for each evaluation center program location.

Section 28. *1. The Health Division recognizes and funds only the treatment service levels as set forth in the Health Division Criteria for Programs Providing Treatment for Substance Related Disorders.*

2. The Health Division will modify the Health Division Criteria for Programs Providing Treatment for Substance Related Disorders as follows:

(a) The Bureau staff will review all changes made to nationally recognized criteria and requirements for federal funding and draft a recommended change to the bureau's criteria;

(b) Members of the Advisory Board to the Bureau or any member of the provider group or public may request a change be made to the criteria and the staff will draft a recommended change to the bureau's criteria;

(c) The recommended changes are placed on the agenda for the Advisory Board which follows the Nevada open meeting requirements including sending the notice to known alcohol and drug programs and persons or organizations requesting they be notified;

(d) The Advisory Board may disapprove, recommend amendments or recommend approval by the Health Division administrator;

(e) The Health Division administrator may disapprove, recommend changes or accept the Advisory Board's recommendation to approve; and

(f) Approved changes are;

(1) Published in the bureau's administrative manual;

(2) Posted on the bureau's web site; and

(3) Mailed to certified and non certified alcohol and drug abuse programs.

Section 29. *The certification of a program is not transferable and may not be used for any other program.*

Section 30. *The operator must notify the Health Division of any changes to its certifications 90 days prior to the change or as soon as the operator is aware of the change. The Health Division will notify the program of the actions necessary by the program to maintain the certification or to reapply for a new certification.*

Section 31. *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 as given in this chapter. The operator remains responsible for the actions of the designee.*

2. 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 include:

(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.
3. The operator must:
- (a) Develop or maintain an existing manual of policies and procedures which meet the requirements as specified in Section 32.
- (b) Review and approve changes in the policies and procedures of the program.
- (c) 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;
- (d) 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, a client or participant or a visitor to the program;
- (e) Submit for review and approval by the Health Division a plan for the improvement of the quality of the service and the controls to be used to maintain the integrity of the program.
- (f) Implement the plan as approved;
- (g) Maintain all licensure and certifications required by the Health Division and all local, State and federal laws and regulations. The Health Division will report all known violations of local, State and federal laws to the appropriate licensure and certification board and to regulatory and investigative entities.
- (h) Document that paid staff are on the premises of the program at all times when a client or participant is present on the premises;
- (i) Post a plan for evacuation where it can be easily viewed by clients, participants, staff; and
- (j) If an operator receives a report from a governmental agency or certifying agency relating to the program its physical plant or its operations, the operator must provide a copy of the report to the Health Division not more than 30 days after the program receives the report.

Section 32. *The operator of a program will maintain a manual of all 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 staff and the right to appeal without threat of reprisal;*
3. *For staff including, an accurate job description for each staff position 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 to claim funds or bill for services, receive and record the funds, record expenditures, prepare financial reports, maintain information to support claims for funds or to bill for services, internal controls and audits as required.*
5. *To be used for client or participant financial records when clients or participants are billed for services. The requirements include, but are not limited to:*
 - (a) *Before providing services, inform prospective clients and participants of financial arrangements.*
 - (b) *Maintain accurate records of any fees charged to and payments made by a client or participant.*

(c) Make the records required pursuant to subsection 5(b) available to the client or participant for review upon request.

6. To be followed to meet the requirements of Section 32 through Section 36.

Section 33. *The operator must ensure:*

1. The program meets applicable confidentiality and record keeping provisions of 42 C.F.R. Part 2, 45 C.F.R. Parts 160,162 and 164, NRS 458.055 and any other confidentiality laws pertaining to the service provided. In case of a conflict, the stricter law prevails.

2. 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.

3. The program allows consultants 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 met. Agreement documents must be placed in the consultants personnel file.

Section 34. *The operator must establish a staff record system which:*

1. Maintains the confidentiality and safekeeping of the records. The records shall be made available only to the staff member upon submitting a request to do so and to persons:

(a) Authorized by policy of the program;

(b) Inspecting the program; and

(c) Authorized by the staff member.

2. Contains the application or resume of the member of the staff and a signed employment contract or job performance standards signed by the staff member and operator or his designee. The contract or job performance standards must clearly specify the nature and amount of the service to be provided by the person.

3. Includes in the staff record for a person who serves clients who are under 18 years of age documentation of the results of an inquiry made pursuant to NRS 179A.180 to 179A.240, inclusive.

4. Includes 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.

5. Includes copies of documentation of any disciplinary action taken against a staff member.

6. Includes a verification signed by each staff member indicating that the staff member has participated in a course of orientation regarding the policies and procedures.

7. Includes copies of certificates of training completed by the staff member.

8. Includes a copy of the I 9 form.

9. Includes a copy of a background check for all staff working with youth under 18 years of age.

Section 35. *The operator must ensure the program is insured:*

1. For liability in an amount sufficient to protect clients, participants, staff and visitors to the program. A certificate of insurance must be furnished to the Health Division with the application for initial certification, renewal and recertification and upon request by the Health Division, The certificate must provide that notice be given to the Health Division not later than 30 days after cancellation of the policy or after the program does not renew the policy.

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

Section 36. *1. The operator and staff shall not provide information to the Health Division or its representative the person knows to be false.*

2. The operator and staff shall use information that is generally accepted in the field of abuse of alcohol and other drugs.

3. The operator shall supervise staff to assure no staff member;

(a) Becomes impaired in his ability to perform services; and

(b) Performs activities unauthorized by their certification or licensure board.

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

Section 37. *The operator and staff shall:*

1. Upon request of a client or participant, assist a client or participant to report any violation of any licensure, certification, law and subsequent regulations to the appropriate board or agency.

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

3. Terminate the provision of the service 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 clients or participants from the party to whom clients or participants are 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 and a former client or participant as required by the staff member's licensure or certification board and for unlicensed or uncertified staff for two 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.

Section 38. *The operator of a prevention program must operate the program with the primary intent to prevent the initial onset of substance misuse and eliminate or reduce the harmful effects of alcohol, tobacco and other drugs in individuals, families and communities.*

Prevention programs can be either directed towards indicated individuals, selected populations or universal populations.

Section 39. *The operator of a prevention program shall:*

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

2. Include in the policy and procedures manual the requirement for a consent form signed by the parent/guardian and minor. Without the signed form, the minor cannot participate in the

prevention program. The signed forms must be on file and made available to the Health Division staff upon request.

3. Include in the policy and procedures manual the requirement to obtain the parent/guardian's and minor's signatures on the consent form for the minor to participate in the evaluation of the program. Without the signed form, the minor must not participate in any evaluation activities, but the minor may participate in the program. Programs are expected to obtain the signatures to meet federal requirements for evaluation of the program. If the consent is not obtained, the program must document the good faith effort made by the program to obtain the signatures. The signed forms must be on file and made available to Health Division staff upon request.

4. Participate with the Health Division funded coalition to develop the comprehensive community prevention plan.

5. Submit quarterly reports to the Health Division which outlines:

(a) Specific activities with the community coalition;

(b) How the program services:

(1) Adheres to the goals and objectives of the comprehensive community prevention plan;

(2) Maintain a reasonable fidelity to the selected evidence based practices; and

(3) Meet the federal and state alcohol and drug program goals.

6. Include in the policy and procedures manual procedures for staff to follow to keep physical and computer participant records:

(a) Confidential and allow no disclosure of the information without a signed consent form by the participant or parent/guardian or as allowed in 45 CFR Parts 160, 162 and 164;

(b) At the program's place of business or a site designated by the operator with the agency contracted with the Health Division retaining responsibility for the record; and

(c) Under lock and key for physical records and/or in a computer system which allows access to only persons with a need to know.

7. Ensure that all records are kept for four years. These records include staff records, participant records, fiscal records, information reported to the Health Division, records to substantiate the reported information and records to substantiate the claims for funds from the Health Division.

8. When providing a direct prevention service activity, prepare service records which includes sign in/attendance sheets that includes date of service, participant's signature, class conducted by and location of service provided.

9. Ensure that staff and volunteers are aware and knowledgeable of the theory, goals and methodologies utilized to successfully implement selected programs and or program components.

10. Include in the policy and procedures manual a written process, as required by the Health Division, for evaluating outcomes or participating in an evaluation process.

Section 40. *An organization that provides information and referral services must operate 24 hours a day and provide individuals with information regarding prevention and treatment programs for substance abuse. The service is also to maintain an updated record of available substance abuse prevention and treatment programs to address identified problems of the participant.*

Section 41. *The operator of a coalition program shall:*

- 1. Assure the governing board of the coalition meets at least quarterly and minutes are made available on request from the Health Division.*
- 2. Assure the membership of the coalition is comprised of members who broadly represent the community served.*
- 3. Develop a written comprehensive community prevention plan when requested by the Health Division based upon:*
 - (a) Community assessment of risk factors;*
 - (b) Resource assessment of resources available in the community to address the need; and*
 - (c) Research and evidence based programs to target risk factors.*
- 4. Make a good faith effort to include all substance abuse prevention providers while conducting the community assessment, resource assessment and writing the Comprehensive Community Prevention Plan.*
- 5. Submit all reports as specified by the Health Division.*
- 6. Ensure that all records are kept for four years. This includes, but is not limited to, fiscal records, information reported to the Health Division, records to substantiate the reported information and records to substantiate the claims for funds from the Health Division.*
- 7. Meet all requirements as specified by the Health Division as given in the Notice of Subgrant Award.*

Section 42. *The operator of an administrative program:*

- 1. Shall submit a request for funding to the Health Division to be selected for competitive funding for an administrative program.*
- 2. Shall meet all the requirements as specified by the Health Division in the Notice of Subgrant Award.*
- 3. Shall keep all records required by the Health Division and the documents to support the reports for six years after the end of the grant year.*

Section 43. *The operator of a treatment program shall ensure all clients receive the following services:*

- 1. Perform an assessment of the client or obtain the most recent assessment which is found to be sufficient to:*
 - (a) Make a complete identification of any problems related to the substance related disorder of the client; and*
 - (b) Determine the appropriate level of service for the client pursuant to the Health Division adopted criteria.*
- 2. Staff identified by the operator of the program providing the services identified in Subsection 1(b) above shall develop a plan of treatment on or before the third day on which the client receives services from the program. Client 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 client relative to problems identified as the result of treatment assessment;*
 - (b) Services to be provided by staff of the program to facilitate the client 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.

3. The operator or his designee of a program providing services other than detoxification shall review and revise the plan of treatment of a client:

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

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

4. Provide the service(s) identified in Section 43 Subsection 1(b) or refer the client to services which were identified and are available in the community.

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

Section 44. 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) An evaluation of the financial status of the client sufficient to determine eligibility for services funded by the Health Division when services are funded by the Health Division;

(c) 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;

(d) A consent form for treatment services signed by the client or the client's parent or guardian, unless the client is being provided a service for civil protective custody. The statement or consent form must be signed upon intake or enrollment in a program;

(e) Any consent to release information which meets the requirements of 42 CFR Part 2 and 45 CFR Parts 160,162 and 164;

(f) The source of the referral;

(g) Documentation of the treatment assessment performed or most recent treatment assessment performed pursuant to Section 42 Subsection 1;

(h) The history of treatment of the client;

(i) Any sources of psychosocial stress;

(j) The original plan of care and all revisions to the plan of care;

(k) 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;

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

(m) Documentation of 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, staff or persons outside the 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 any:*
 - (1) Correspondence; and*
 - (2) Results of a test, including any test conducted by a laboratory;*
 - (q) If the treatment program administers or dispenses medication to a client or makes medication available to a client to administer to himself, document all actions taken to comply with the requirements in NAC 449.144;*
 - (r) If the client is transferred to a different service, including a service provided by the same operator, include a copy of the 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 client to treatment;*
 - (3) Diagnosis at the time of transfer; and*
 - (4) Recommendations for those who will be providing treatment to the client;*
 - (s) When the client is discharged from the program:*
 - (1) Document that a copy of the plan for continuing care of the client including, any referrals given to the client, was provided to the client prior to discharge, if possible; and*
 - (2) Document that not more than 5 business days after the client was discharged from the program, a summary was completed which meets the Health Division discharge criteria;*
 - (t) A copy of the client notification form, approved by the Health Division, signed by the client which includes:*
 - (1) The procedure for a client to register a complaint and appeal a decision by the treatment program concerning a complaint;*
 - (2) The requirements for confidentiality of client information as required by 42 CFR Part 2 and 45 CFR Parts 160, 162, 164 and any other federal or state laws governing client information confidentiality for the service provided; and*
 - (3) Any other rights of the client that are specified by the Health Division; and*
 - (u) Documentation to support any claims for services or data reported to the Health Division.*
- 2. Ensure that the 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 its case notes accurately reflect the treatment and services needed as identified in the assessment and treatment plan.*
 - 5. Ensure that staff readily have access to the client records to the extent allowed by 42 CFR Part 2 and 45 CFR Parts 160, 162 and 164.*
 - 6. Maintain a system for client information which meets the requirements of 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164. The security system must include, but is not limited to:*
 - (a) Adequate provisions to prevent unauthorized access or theft of any form of client record;*
 - (b) Locked storage of paper records;*
 - (c) Adequate provisions made for backup of computer system records in case of a failure of the primary system;*

(d) Retain the client records of a client for not less than 6 years after the client is discharged from the program. The records need to be made available during this six years as given in 45 CFR Parts 160, 162 and 164; and

(e) Appropriate methods to destroy client records as required by federal regulations.

7. Ensure clients have access to their records as required and allowed by 42 C.F.R. Part 2 and 45 C.F.R. Parts 160, 162 and 164.

Section 45. *The operator of a treatment program shall maintain a manual of policies and procedures that contains, in addition to the requirements in Section 31, policies and procedures:*

1. Concerning procedures for infection control, including, communicable diseases and universal precautions against blood borne pathogens.

2. Describing how the treatment program will meet the requirements in Sections 42 and 43.

3. Specifying conditions for release of information for the client that would occur under 42 C.F.R., Part 2 and 45 C.F.R. Parts 160, 162 and 164 including, but not limited to:

(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. Describing the criteria which the treatment program will use to meet Health Division adopted criteria for admission, continued stay and discharge.

Section 46. *If a treatment program provides counseling for groups, the operator shall ensure that 6any session for counseling for a group includes not more than 15 clients.*

Section 47. *The operator of a treatment program which offers services using telecommunications technology must submit the policy and procedures for operations of such services to the Health Division for approval. The policy and procedures must address the confidentiality of the setting for the client and client information, actions the program will take in case of a client emergency and how the dignity of the client will be maintained.*

Section 48. *A treatment program which provides comprehensive evaluation services must;*

1. Conduct the evaluation by:

(a) A person who is licensed or certified as an Alcohol and Drug Abuse Counselor or intern and a mental health professional who is licensed or certified as a Marriage and Family Therapist or intern, or Licensed Clinical Social Worker or intern, or Licensed Psychologist or intern or a medical physician with a certification in Addiction Medicine from an accepted national Board; or

(b) Two people with one certified as an Alcohol and Drug Abuse Counselor or intern and the second person licensed or certified as a mental health professional as a Marriage and Family Therapist or intern, or Licensed Clinical Social Worker or intern, or Licensed Psychologist or intern or a medical physician with a certification in Addiction Medicine from an accepted national board.

2. Determine if the person has co occurring substance related disorder and mental health disorder and the appropriate treatment for the disorders.

3. Provide a written evaluation report which is comprehensive including the findings of both the Alcohol and Drug Abuse Counselor or intern and the mental health professional certified or licensed as a Marriage and Family Therapist or intern, or Licensed Clinical Social Worker or intern, or Licensed Psychologist or intern or a medical physician with a certification in Addiction Medicine from an accepted national board. When the evaluation is conducted by an intern, the evaluation must be reviewed by a certified/licensed professional as required by NAC 641C.

Section 49. *A treatment program which provides opioid maintenance therapy service must be certified to provide a service for outpatients and ambulatory detoxification services. An opioid maintenance therapy service must also be licensed by the Health Division as a facility for treatment with narcotics; medication units.*

Section 50. *An operator of a drug court program must comply with Section 42 Subsection 1; Section 43 except for Subsections 1(j) , 1(o) (3) , 1(q) , 1(r) and 1(s) (1) , 1(s) (2) ; Section 44; and Section 46.*

Section 51. *An operator of an evaluation center program must comply with Section 42 Subsection 1; Section 43 except for Subsections 1(j) , 1(o) (3) , 1(q) , 1(r) ,1(s) (1) and 1(s) (2) ; Section 44; and Section 46.*

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

Section 53.

1. The Health Division may revoke certification, deny certification, renewal of certification or recertification for the following grounds:

- (a) Diminished quality of the service from when it was originally certified;*
- (b) A major exception to compliance;*
- (c) Disseminating false or misleading information to the public, consumers or the Health Division;*
- (d) Failure of the operator or staff of the program 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, staff or visitors to, the program;*
- (f) Significant mismanagement by the operator of the program;*
- (g) Significant fiscal mismanagement by the operator of the program;*
- (h) Formal criminal charges or an investigative process being brought against the operator or staff of the program;*
- (i) A complaint against the program or a staff member of a program made by a client, entity or any individual with knowledge of the program when the complaint alleges a violation of a requirement of this chapter; or*
- (j) Non performance and violations of the requirements for funding as specified in the Notice of Subgrant Award.*

2. The Health Division may deny the addition of any new service to a treatment program or suspend funding for any service of a treatment program for the same grounds listed in subsection 1 of this regulation.

3. A program whose licensed has been revoked cannot apply for recertification for six months after the revocation of the certification.

Section 54. *When investigating a program, the Health Division will:*

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 or any other investigations necessary to determine the validity of the complaint.

3. 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 from the Health Division on the premises upon arrival at the program.

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

5. 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:

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

(1) Is investigating a staff member of or consultant to the program 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 investigation..

(b) 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, participants or staff of, or visitors to, the program.

Section 55. *With the exception of information for which release would violate the standards of 42 C.F.R. Part 2 and 45 C.F.R. 45 Parts 160, 162 and 164, information gathered during the course of an investigation and the records of investigation become public after the Health Division completes the investigation if any disciplinary action imposed as a result of the investigation becomes final.*

Section 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 on inadequate knowledge may, within 10 business days after receiving notice of the action, request an informal discussion with the employee 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, place and time mutually agreed upon by the aggrieved person and the bureau, except that the informal conference must be held no later than 60 days after the date on which the Bureau received the written request.

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 an application for certification or recertification or the renewal of such a certificate or the denial of additional services to a treatment program or the suspension of funding for services of a treatment 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.*

Section 56. NAC 458.010, NAC 458.011, NAC 458.013, NAC 458.016, NAC 458.018, NAC 458.019, NAC 458.021, NAC 458.022, NAC 458.0225, NAC 458.024, NAC 458.026, NAC 458.0262, NAC 458.0265, NAC 458.027, NAC 458.029, NAC 458.035, NAC 458.046, NAC 458.048, NAC 458.052, NAC 458.056, NAC 458.058, NAC 458.059, NAC 458.063, NAC 458.064, NAC 458.065, NAC 458.066, NAC 458.067, NAC 458.068, NAC 458.071, NAC 458.090, NAC 458.110, NAC 458.115, NAC 459.119, NAC 458.125, NAC 458.135, NAC 458.141, NAC 458.144, NAC 458.147, NAC 458.149, NAC 458.154, NAC 458.159, NAC 458.162, NAC 458.165, NAC 458.172, NAC 458.178, NAC 458.184, NAC 458.189, NAC 458.194, NAC 458.199, NAC.205, NAC 458.211, NAC 458.231, NAC 458.235, NAC 458.243, NAC 458.251, NAC 458.260, NAC 458.264, NAC 458.269, NAC 458.274, NAC 458.279, NAC 458.283, NAC 458.289, NAC 458.294, NAC 458.299, NAC 458.304, NAC 458.309, NAC 458.314, NAC 458.319, NAC 458.324, NAC 458.329, NAC 458.334, NAC 458.339, NAC 458.344, NAC 458.354, NAC 458.359, NAC 458.364, NAC 458.369, NAC 458.374, NAC 458.379, NAC 458.384, NAC 458.389, NAC 458.394, NAC 458.399, NAC 458.420, NAC 458.425, NAC 458.450, NAC 458.470, NAC 458.480, NAC 458.490, NAC 458.510, NAC 458.520, NAC 458.530, NAC 458.540, NAC 458.550, NAC 458.560, NAC 458.570, NAC 458.580, NAC 458.601, NAC 458.610 and NAC 458.620 are hereby repealed.

~~[NAC 458.010 Definitions. (NRS 458.025) 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, inclusive, have the meanings ascribed to them in those sections.~~

~~—NAC 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.~~

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

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 458.019 “Client” defined. (NRS 458.025) “Client” means a recipient of a service.~~

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

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 458.0262 “Coordination of care” defined. (NRS 458.025) “Coordination of care” means the exchange of information between two or more parties providing service to a client to ensure that the efforts of the parties are coordinated with one another in providing service to the client.~~

~~—NAC 458.0265 “Counseling” defined. (NRS 458.025) “Counseling” means face to face interaction with a patient to provide treatment for abuse of alcohol or another drug.~~

~~—NAC 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.~~

~~—NAC 458.029 “Detoxification” defined. (NRS 458.025) “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.~~

~~— NAC 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.~~

~~— NAC 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.~~

~~— NAC 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.~~

~~— NAC 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.~~

~~— NAC 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.~~

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

~~— NAC 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.~~

~~— NAC 458.063 “Service” defined. (NRS 458.025) “Service” means an activity that is:~~

- ~~—1. Directed toward the prevention, intervention or treatment of abuse of alcohol and other drugs; and~~

~~—2. Approved by the State or is authorized to be performed pursuant to certification or registration issued by the Health Division.~~

~~—NAC 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.~~

~~—NAC 458.065 “Staff” defined. (NRS 458.025) “Staff” means the employees, volunteers and consultants of a program.~~

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

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

~~—NAC 458.068 “Volunteer” defined. (NRS 458.025) “Volunteer” means a person who provides a service of a program without compensation more than 1 day per year.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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 as specified by the Health Division.~~

~~—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 a 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~
- ~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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~~

~~—(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.~~

~~—NAC 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.~~

~~—NAC 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.~~~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~~~~~

~~—NAC 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.~~~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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 license issued by the Health Division Board of Examiners for Alcohol and Drug Abuse Counselors 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 license, or the service approved by the State certified by the Health Division, while his ability to perform the activity or provide the service is impaired; and~~

~~—(b) Seek treatment, if necessary.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~—NAC 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.~~

~~NAC 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.~~

~~NAC 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.]~~

SMALL BUSINESS IMPACT STATEMENT

Proposed Amendment of Nevada Administrative Code (NAC) 458 Abuse of Alcohol and Drugs

PROPOSED REVISIONS TO REGULATIONS for the certification of programs by the Bureau of Alcohol and Drug Abuse.

Background:

This is the first revision of the regulations governing the Bureau of Alcohol and Drug Abuse (BADA) since BADA transferred to the State Health Division in 1999. At the time of the transfer, the certification of alcohol and drug abuse counselors was reassigned to the Board of Examiners for Alcohol, Drug and Gambling Counselors. The remaining part of the regulation is poorly organized, difficult to read and out of date with current practices in the treatment and prevention of substance related disorders.

BADA has determined that the adoption of this regulation should not create an economic impact on substance abuse programs who also qualify as small business as defined in Nevada Revised Statutes (NRS) 233B as a “business conducted for profit which employs fewer than 150 full-time or part-time employees”. This small business impact statement complies with the requirements of NRS 233B.0609.

1. A description of the manner in which comment was solicited from affected small businesses, a summary, and an explanation of the manner in which other interested parties may obtain a copy of the summary.

The rewrite of the regulations was discussed at a BADA Advisory Committee meeting in January 2004. At that meeting, volunteers were identified to represent the provider community in a series of three working sessions 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).

A small business impact statement and the proposed regulation were sent to all programs certified by BADA and to others who have requested notification of changes in BADA’s regulations. The small business impact statement included the following questions:

- Will the regulation have an adverse economic effect upon your business?
- Will the regulation have any beneficial effect on your business?
- Do you anticipate any indirect adverse effects upon your business? And
- Do you anticipate any indirect beneficial effects upon your business?

Before the Public Workshop, the proposed regulations were discussed at another BADA Advisory Committee meeting in May and were supported by the committee.

Interested parties may obtain a copy of the proposed regulations and a summary of written comments by writing the Bureau of Alcohol and Drug Abuse at 505 E. King Street, Room 500, Carson City, NV 89701 or calling (775) 684-4190.

2. The estimated economic effect of the proposed regulation on the small business which it is to regulate including, without limitation, both adverse and beneficial effects.

The responses received stated there should be no economic effects, adverse or beneficial, to their small business.

3. A description of the methods the agency considered to reduce the impact of the imposed regulation on small business and a statement regarding whether the agency actually used any of those methods.

BADA worked with the BADA Advisory Committee and with representatives of the provider community in developing the proposed regulations. The proposed regulations and Small Business Impact Statement were sent to all certified programs and interested parties to solicit their comments. By working with the provider community there is no negative impact and the reorganization of the regulation may actually be a benefit to small businesses by making the regulation easier to use.

4. The estimated cost to the agency for enforcement of proposed regulations.

There is no cost impact on the agency.

5. If the proposed 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 fees associated with the proposed regulation.

6. If the proposed regulation includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity, an explanation of why such duplicative or more stringent provisions are necessary.

This regulation does not represent duplication on local, state or federal levels. The State Board of Health is responsible for generating regulations governing the certification of programs relating to the treatment or prevention of substance related disorders and prescribing the fees for the certification of facilities or programs pursuant to NRS 458.025(4).

Summary of Responses:

There were nine written responses received from providers who qualified as a small business as defined in NRS 233B. The responses stated there was generally no impact, beneficial or adverse, to their small business. One respondent, Bristlecone Family Resources, said there would be a positive impact with the regulations being more organized, clear and straightforward providing for better efficiency. Carson -Tahoe Hospital complained that all regulations create more burden on business.

There were two provider representatives who provided comments at the public workshop. Kevin Quint, Chair of the BADA Advisory Committee, stated he supported the proposed regulations as written. Teresa Lemus, Executive Director of Nevada AADAPTS, also stated her support for the proposed regulations and thanked BADA for including the provider community in the writing of the regulations.