



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY
HEALTH CARE PURCHASING AND COMPLIANCE DIVISION

NVHA.NV.GOV



Stacie Weeks
Director

Cynthia Leech
Administrator

Notice of Hearing for the Amendment of Regulations of the Board of Health

NOTICE OF INTENT TO ACT UPON A REGULATION

LCB File No. R116-25

Nevada Administrative Code (NAC) Chapter 449

NOTICE IS HEREBY GIVEN the State Board of Health will hold a public hearing to consider proposed amendments to Nevada Administrative Code (NAC). These amendments are proposed as the result of the passage of Senate Bill 260 (2023 Legislative Session) and Senate Bills 514 and 544 (2025 Legislative Session) and are authorized pursuant to NAC 449.0302 and NRS 439.150. The public hearing is to be held in conjunction with the State Board of Health meeting on June 5, 2025.

The State Board of Health will be conducted via video conference beginning at 9:00 am on June 5, 2026, at the following locations:

Physical Locations

Division of Public and Behavioral Health
Hearing Room 303
4150 Technology Way
Carson City, NV 89706

Southern Nevada Health District
Red Rock Trail Rooms A & B
208 S. Decatur Blvd.
Las Vegas, NV 89107

Virtual Information Meeting Link:

Microsoft Teams

https://teams.microsoft.com/l/meetup-join/19%3ameeting_OTUwY2Q2NGQtNjJiYS00NGU2LWI1NjltMjcyMGJjNWU3NDcx%40thread.v2/0?content=%7b%22id%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22oid%22%3a%22768e443d-3be6-48f0-9bb0-7e72f1276b8d%22%7d

Meeting ID: 267 811 624 273 39

Please Note: If you are experiencing technical difficulties connecting online, please call into the meeting to participate by phone.

Join By Phone:

Call in number: 775-321-6111

Conference Id: 239 762 069#

LCB File No. R116-25 addresses the following main topics:

- Establishes requirements for a new facility type, Rehabilitative Residential Mental Health Care Facility, as authorized by Assembly Bill 514 (2025).
- Defines standards for administration, staffing, training, quality improvement, emergency preparedness, infection control, and resident care for these facilities.
- Establishes specific requirements for facilities serving adults and minors, including admission policies and the separation of operations.
- Modifies license renewal dates for all facilities licensed under NAC Chapter 449, as authorized by Assembly Bill 544 (2025).
- Establishes new licensing and renewal fees for rehabilitative residential mental health care facilities.
- Modifies regulations governing businesses that provide referrals under NAC 449.0061, 449.27817 and 449.27829.

1. Anticipated effects on the businesses regulated by the proposed regulations:

A. Adverse Effects:

- With the establishment of any new fees, there's a potential that prospective business operators will be discouraged from opening those businesses. However, the fees are necessary to assure the regulatory agency can perform its responsibilities to properly regulate facilities.
- There are no anticipated direct adverse effects on the industry or businesses.

B. Beneficial Effects:

- Establishing standards for Rehabilitative Residential Mental Health Care facilities will allow licensure and enrollment with Medicaid such that entities may legitimately operate and provide these services within the industry.
- A new applicant for a health facility license will receive the initial license valid for an entire year and would not be required to renew until the anniversary date the following year. Previously, applicants would receive an initial license valid only until December 31st of the year in which the license was issued (partial year validity) in the first year of licensure.
- Changes to NAC 449.0061, NAC 449.27817 and NAC 449.27829, should remove barriers for referral agencies and allow them to perform services with more options for reimbursement.

C. *Immediate effects:*

- *The financial impacts, both adverse and beneficial, would be immediate upon passage of the proposed regulations.*

D. *Long-term effects:*

- *The long-term impacts, both adverse and beneficial, would continue for the long term until such time as the proposed regulations are amended in a manner that would change the impact.*

2. Anticipated effects on the public:

A. Adverse effects:

- There are no anticipated adverse effects to the public.

B. Beneficial effects:

- Increased number of service providers.

C. Immediate effects:

- The beneficial impacts may not be realized immediately because it will take time to license new providers.

D. Long-Term effects:

- The beneficial impacts would remain long-term as facilities become licensed to provide these services.

On January 13, 2026, the Health Care Purchasing and Compliance Division solicited information regarding the impact of these regulations on small businesses through a questionnaire sent to all licensed facilities and interested parties. There were only two respondents to the questionnaire. A small business impact statement was generated and signed on March 24, 2026. On April 28, 2026, a public workshop was conducted to solicit public comments regarding these regulations. The public posting for the workshop included copies of the notice, LCB File #116-25 and errata and the small business impact statement. The notice for the workshop was posted on Health Care Quality and Compliance website. The workshop had several public attendees, but no public comments were made regarding these regulations.

3. Costs associated with the changes:

- The estimated cost for the Division to enforce the proposed regulations will be negligible. The fees noted would be used to pay for the cost of enforcement of the proposed regulations.
- The total annual amount DPBH expects to collect is unknown because there is no way to determine if any of the above-mentioned facilities will apply for a license. Regardless, the

money collected would be used to cover the Division's operating costs related to the work associated with enforcement of these regulations.

4. Comparison of state proposed regulations to federal regulations:

- The proposed regulations are not more stringent than the federal regulations and in fact there are no equivalent federal regulations specifically for rehabilitative residential mental health care facilities.
- Enrollment for Medicaid reimbursement is voluntary, but state licensure is mandatory. As such, both federal and state regulations are needed, as there is a possibility that a facility chooses to be state licensed only, in which case the federal regulations would not apply, but the state regulations would apply.

Members of the public may make oral comments at the Board of Health meeting for which these regulations appear on the agenda. Persons wishing to submit written testimony or documentary evidence in excess of two typed, 8-1/2" x 11" pages must submit the material to the Board's Secretary, to be received no later than May 21, 2026, at the following address:

Secretary, State Board of Health
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706
stateBOH@health.nv.gov

Written comments, testimony, or documentary evidence in excess of two typed pages will not be accepted at the time of the hearing. The purpose of this requirement is to allow Board members adequate time to review the documents.

A copy of the notice and proposed regulations are on file for inspection and/or may be copied at the following locations during normal business hours:

- Nevada Division of Public and Behavioral Health - 4150 Technology Way, Carson City, NV 89706
- Nevada Health Authority – 4070 Silver Sage Dr. Carson City, NV 89701
- Nevada Health Authority – 9850 Double R Blvd., Suite 200, Reno, NV 89521
- Nevada Health Authority, Bureau of Health Care Quality and Compliance – 727 Fairview Dr., Suite E, Carson City, NV 89701
- Nevada Health Authority, Bureau of Health Care Quality and Compliance – 500 E Warm Springs Rd., Suite 200, Las Vegas, NV 89119
- Nevada State Library and Archives – 100 Stewart Street, Carson City, NV, 89701
- Southern Nevada Health District Red Rock Trail Rooms A & B – 208 S. Decatur Blvd., Las Vegas, NV 89107

A copy of the regulations and small business impact statement can be found online by going to:
<https://www.hcqc.nv.gov/notices/>

A copy of the public hearing notice can also be found at Nevada Legislature's web page:
<https://www.leg.state.nv.us/App/Notice/A/>

Copies may be obtained in person, by mail, or by calling the Bureau of Health Care Quality and Compliance at:

Bureau of Health Care Quality and Compliance 727 Fairview Drive, Suite E
Carson City, NV 89701
(775) 684-1030
PIO@nvha.nv.gov

Copies may also be obtained from the Nevada State Library at the address listed below:

Nevada State Library & Archives
100 N. Stewart Street
Carson City, NV 89701

Per NRS 233B.064(2), upon adoption of any regulation, the agency shall, if requested by an interested person, either prior to adoption or within 30 days thereafter, issue a concise statement of the principal reasons for and against its adoption, and include the agency's reasons for overruling the consideration urged against its adoption.



Joe Lombardo,
Governor

NEVADA HEALTH AUTHORITY
HEALTH CARE PURCHASING AND COMPLIANCE DIVISION

NVHA.NV.GOV



Stacie Weeks, JD MPH,
Director

Cynthia Leech
Administrator

MEMORANDUM

Date: May 6, 2026

To : Jon Pennell, DVM, Chair
State Board of Health

From: Andrea R. Rivers, Secretary
State Board of Health

Re: Consideration and adoption of proposed regulation R116-25 to Nevada Administrative Code (NAC) 449, to implement Senate Bill 260 (2023 Legislative Session) and Assembly Bills 514 and 544 (2025 Legislative Session).

PURPOSE OF AMENDMENTS

The proposed regulations revise current regulations regarding businesses that provide referrals (SB260, 2023) and regulations regarding renewal dates for facilities licensed under NAC 449 (AB544, 2025) and establish new regulations for Rehabilitative Residential Mental Health Care facilities (AB514, 2025).

SUMMARY OF SIGNIFICANT REGULATIONS IN LCB FILE #R116-25RP1

- Sections 2 through 35 establish new regulations regarding Rehabilitative Residential Mental Health Care (RRMHC) facilities
- Section 38 establishes licensing fees for RRMHC
- Sections 36, 39 and 40 make changes to businesses that provide referrals
- Section 37 makes changes to renewal dates for facilities licensed under NAC 449

POSSIBLE OUTCOME IF PROPOSED AMENDMENT IS NOT APPROVED

If these proposed amendments are not approved by the Board of Health, the applicable current regulations will not align with statutory changes from the passage of the legislation discussed in the “Purpose Of Amendments” section of this document. In addition, if the proposed revisions are not approved, the issues that would be resolved by these proposed regulations would not be realized.

APPLICABILITY OF PROPOSED AMENDMENT

The proposed regulations will apply statewide to health care facilities licensed in accordance with NRS/NAC 449.

PUBLIC COMMENT RECEIVED

Pursuant to NRS 233B.0608(2)(a), the Division of Health Care Purchasing and Compliance (“Division”) sought input from health care facilities licensed pursuant to NRS/NAC 449, other interested parties and other State agencies. On January 13, 2026, a copy of the initial draft of LCB File #R116-25 and a link to fill out the small business impact questionnaire was sent to all affected facilities asking small businesses for input on the proposed regulations through a small business impact questionnaire via a link to the Division’s webpage.

The results of the small business impact study are summarized in the Small Business Impact Statement. See Small Business Impact Statement, attached hereto.

On April 7, 2026, a Notice of Public Workshop was sent to request input from health care facilities licensed pursuant to NRS/NAC 449, other interested parties and other State agencies.

On April 28, 2026, the Public Workshop was held. There were no comments from the public regarding the proposed regulations. A recording of the Public Workshop testimony and transcript can be accessed via the link: <https://www.hcqc.nv.gov/notices/>

In addition to the workshops, the Division communicated with interested parties and answered questions during the final development of the initial Division’s draft. Comments received prior to submission of the Division’s draft sent to LCB were considered. After submission of the Division’s draft, it was determined LCB File #R116-25 should include the proposed changes pursuant to SB260, 2023 and this resulted in the agency developing an errata and requesting a revised proposed draft of the LCB file. The (attached) Revised Proposed LCB Draft contains the changes proposed in the original errata. See Revised Proposed LCB Draft, attached hereto.

On May 4, 2026, the Notice of Public Hearing for LCB File #R116-25 was posted indicating the hearing for these regulations would occur during the June 5, 2026 Board of Health meeting.

STAFF RECOMMENDATION

Staff recommends the State Board of Health adopt the proposed regulation amendments to Nevada Administrative Code (NAC) 449 contained in LCB File No. R116-25RP1. These regulations will allow full implementation of the legislation noted in “Purpose Of Amendments” and since there were no requests for modifications during the public workshops, it appears these regulations are satisfactory to the public.

PRESENTER

Tina Leopard, Health Facilities Inspection Manager

Attachments:

LCB File #R116-25RP1

Small Business Impact Statement

Public Workshop Notice

Public Hearing Notice

**REVISED PROPOSED REGULATION OF
THE STATE BOARD OF HEALTH**

LCB File No. R116-25

May 5, 2026

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

AUTHORITY: §§ 1-35 and 41, NRS 449.0302; §§ 36, 39 and 40, NRS 449.0302 and 449.0305; §§ 37 and 38, NRS 449.0302, 449.050 and 449.089.

A REGULATION relating to health care; establishing requirements for the licensure and operation of providers of rehabilitative residential mental health care; expanding the applicability of provisions governing the licensure and regulation of referral agencies to include certain additional referral agencies; revising provisions governing the renewal of certain licenses; imposing certain fees for the issuance and renewal of a license as a provider of rehabilitative residential mental health care; removing certain required contents of a financial assessment of a client of a referral agency; revising a prohibition on the acceptance of certain fees by a referral agency; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law defines “rehabilitative residential mental health care” to mean community-based, medically monitored care provided in a residential setting that uses established rehabilitative principles to: (1) promote the recovery of the client with a mental illness or other behavioral health condition; and (2) assist the client in achieving psychiatric stability, personal and emotional adjustment, self-sufficiency and other skills necessary to transition to a more independent setting. (Section 5 of Assembly Bill No. 514, chapter 485, Statutes of Nevada 2025, at page 3161 (NRS 449.0168)) Existing law requires a provider of rehabilitative residential mental health care to be licensed as a facility for the dependent by the Health Care Purchasing and Compliance Division of the Nevada Health Authority. (NRS 449.0045, 449.030)

Existing law requires the State Board of Health to adopt regulations governing the licensing and operation of providers of rehabilitative residential mental health care, which must include separate requirements for providers providing such care to minors and providers providing such care to adults. (NRS 449.0302) **Sections 3-5** of this regulation define certain terms which relate to rehabilitative residential mental health care, and **section 2** of this regulation establishes the applicability of those definitions.

Section 6 of this regulation requires each rehabilitative residential mental health care facility to be separately licensed. **Section 6** sets forth the requirements for obtaining a license, in addition to the requirements prescribed by existing law and regulations. (NRS 449.040; NAC 449.011) Such requirements include a requirement that an applicant provide proof that the

applicant has applied for accreditation by certain accrediting organizations for the applicant's rehabilitative residential mental health care facility. **Section 6** further requires a provider of rehabilitative residential mental health care to cease operating a rehabilitative residential mental health care facility as soon as practicable, if: (1) the facility fails to obtain the required accreditation within 6 months after the provider obtains a license or the facility fails to maintain current accreditation; or (2) the required accreditation is revoked or otherwise no longer valid.

Section 17 of this regulation requires each license issued to a provider of rehabilitative residential mental health care to designate whether the facility operated by the provider is licensed to serve clients who are less than 21 years of age or licensed to serve clients who are 21 years of age or older. **Section 17** further prohibits: (1) a facility from admitting or retaining clients other than in accordance with the designation on the license; (2) the operation of facilities which are designated to serve clients of different ages at the same address unless the facilities are entirely separate and there is no interaction between the clients of the separated facilities; and (3) a facility from having more clients than the number of beds for which it is licensed.

Sections 7, 24 and 25 of this regulation require a provider of rehabilitative residential mental health care to develop and carry out policies and procedures concerning: (1) employment, licensing and certification of personnel; and (2) admission and discharge of clients. **Sections 8 and 9** of this regulation require a provider of rehabilitative residential mental health care to: (1) maintain a staff sufficient to meet the needs of each client; (2) arrange for the provision of services necessary to meet those needs; and (3) review such needs on a regular basis. **Section 8** also requires a provider of rehabilitative residential mental health care to maintain a personnel file for each employee or independent contractor who provides services. **Section 10** of this regulation prescribes certain required training for each natural person responsible for the operation of a provider of rehabilitative residential mental health care and each employee of such a provider who supervises or provides support to clients.

Existing law requires certain health care providers and other personnel at certain facilities to report the abuse or neglect of an older or vulnerable person or a child. (NRS 200.5093, 432B.220) **Section 11** of this regulation requires: (1) an employee or independent contractor of a provider of rehabilitative residential mental health care who has reasonable cause to believe such abuse or neglect has occurred to report the abuse or neglect as required by law; and (2) the provider to take certain measures to stop the abuse or neglect, ensure that the alleged victim receives proper care and, if the alleged victim is less than 21 years of age, notify the parent of or other person legally responsible for the alleged victim.

Section 12 of this regulation requires a provider of rehabilitative residential mental health care to conform with all applicable provisions of federal, state and local laws, regulations and ordinances. **Section 13** of this regulation requires a provider of rehabilitative residential mental health care to take certain measures to meet the needs of and provide quality care to its clients. **Section 13** further requires a provider of rehabilitative residential mental health care to: (1) define in writing the scope of services provided by each department, unit or service within the facility operated by the provider; and (2) obtain approval of the scope of services from the administration and the medical staff of the facility. **Sections 13 and 14** of this regulation require the administrator of a rehabilitative residential mental health care facility to: (1) perform certain tasks relating to the adequacy and competency of the staff of a facility; and (2) ensure that the facility has an effective quality improvement program to evaluate the provision of care to its clients.

Section 15 of this regulation requires each building of a rehabilitative residential mental health care facility to be solidly constructed with adequate space and safeguards for each client. **Section 15** further requires a provider of rehabilitative residential mental health care to take certain measures to prepare for an emergency. **Section 16** of this regulation establishes standards governing fire safety at a rehabilitative residential mental health care facility.

Sections 18-20 of this regulation establish requirements to meet the personal needs of the clients of a rehabilitative residential mental health care facility and ensure proper sanitation at a rehabilitative residential mental health care facility. **Section 21** of this regulation requires a provider of rehabilitative residential mental health care to establish and implement a policy concerning the visitation of clients. **Section 22** of this regulation requires a provider of rehabilitative residential mental health care to maintain a record for each client. **Section 23** of this regulation requires a provider of rehabilitative residential mental health care to ensure that the needs of clients are: (1) regularly assessed; and (2) reassessed under certain circumstances.

Sections 26-29 of this regulation establish requirements concerning: (1) the maintenance of certain records if a provider of rehabilitative residential mental health care assists in administering medications to clients; (2) the orders for and administration of a medication or biological to a client; and (3) the reporting of errors in the administration of drugs to clients and misuse or loss of controlled substances. **Sections 30-34** of this regulation: (1) require a rehabilitative residential mental health care facility to furnish common areas and provide a dining area and kitchen for the use of clients; and (2) establish requirements for the storage of food and the planning, preparation and provision of meals to clients. **Section 35** of this regulation prescribes requirements relating to the bathrooms, waste disposal and maintenance of the premises of a rehabilitative residential mental health care facility.

Assembly Bill No. 544 of the 2025 Legislative Session (A.B. 544) revised the expiration date of a license issued by the Division from December 31 following the issuance of the license to 1 year after the date on which the license was issued. (NRS 449.089) Existing regulations require a licensee who wishes to renew his or her license to submit an application for renewal on or before November 15 of the calendar year in which the license expires. (NAC 449.0116) To conform with the changes made by A.B. 544, **section 37** of this regulation instead requires such a licensee to file an application for renewal on or before the date on which the license is scheduled to expire. If a licensee who wishes to renew his or her license fails to timely file such an application, **section 37** requires such a licensee to submit a renewal application and pay certain fees not later than 30 days after the expiration date of the license. If such a licensee fails to submit a renewal application and pay the appropriate fees within that time period, **section 37** makes the licensee subject to disciplinary action and certain administrative sanctions.

Existing law requires each application for a license issued by the Division to be accompanied by such fee as may be determined by regulation of the Board. (NRS 449.050) **Section 38** of this regulation prescribes fees for an applicant for a license as a provider of rehabilitative residential mental health care or to renew such a license.

Existing law requires the Board to adopt regulations governing the licensing and regulation of businesses that provide referrals to residential facilities for groups or certain group housing arrangements. (NRS 449.0305; NAC 449.0061, 449.27818) **Section 36** of this regulation updates existing regulations relating to the licensing and regulation of referral agencies to apply to referral agencies that provide referrals to certain group housing arrangements other than residential facilities for groups, in accordance with existing law.

Existing regulations require a referral agency to complete a financial assessment for each client. (NAC 449.27829) **Section 39** of this regulation removes the requirement that such a financial assessment include the eligibility status of the client as determined by Medicaid and Medicare.

Existing regulations prohibit a referral agency from accepting any fee, inducement or incentive, for any reason, from a group housing arrangement or from any person or entity associated with a group housing arrangement. (NAC 449.27829) **Section 40** of this regulation removes that prohibition and instead prohibits a referral agency, in the context of a single referral, from accepting a fee from both the client and the group housing arrangement to which the client is referred.

Section 1. Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 35, inclusive, of this regulation.

Sec. 2. *As used in sections 2 to 35, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 3, 4 and 5 of this regulation have the meanings ascribed to them in those sections.*

Sec. 3. *“Administrator” means the person who is appointed by a provider of rehabilitative residential mental health care to have primary responsibility for the operations of a rehabilitative residential mental health care facility.*

Sec. 4. *“Client” means a person who resides in a rehabilitative residential mental health care facility and receives rehabilitative residential mental health care.*

Sec. 5. *“Rehabilitative residential mental health care facility” means a facility for the provision of rehabilitative residential mental health care.*

Sec. 6. *1. A provider of rehabilitative residential mental health care must hold a separate license for each rehabilitative residential mental health care facility operated by the provider.*

2. In addition to the documents and information required by NRS 449.040 and NAC 449.011, an application for a license as a provider of rehabilitative residential mental health care must:

(a) Include a statement which indicates whether the facility will serve clients who are less than 21 years of age or who are 21 years of age or older;

(b) Include proof that the applicant has applied for accreditation of the relevant facility by:

(1) The Joint Commission;

(2) The Commission on Accreditation of Rehabilitation Facilities;

(3) The Council on Accreditation; or

(4) Any other accrediting organization with comparable standards that is approved by the Board pursuant to subsection 3; and

(c) Demonstrate that the applicant is able to comply with the requirements set forth in sections 2 to 35, inclusive, of this regulation.

3. An organization which accredits rehabilitative residential mental health care facilities that wishes to be recognized by the Board as an accrediting organization for the purposes of this section must submit to the Division an application on a form prescribed by the Division. The Division shall review each application received pursuant to this subsection and shall forward to the Board each application, including the recommendation of the Division whether to approve or deny the application. The recommendation of the Division must be based upon whether the applicant requires a rehabilitative residential mental health care facility to meet minimum requirements necessary to ensure a high level of quality. The Board may approve or deny an application submitted pursuant to this subsection.

4. If a rehabilitative residential mental health care facility fails to obtain the accreditation described in paragraph (b) of subsection 2 within 6 months after the provider who operates the facility obtains a license, if a rehabilitative residential mental health facility fails to maintain current accreditation or if the accreditation of a rehabilitative residential mental health facility is revoked or otherwise no longer valid, the provider of rehabilitative residential mental health care shall, as soon as practicable, cease operating the facility.

Sec. 7. *1. A provider of rehabilitative residential mental health care shall develop and implement written policies concerning the qualifications, responsibilities and conditions of employment for each type of personnel employed by the provider, including the licensure and certification of each employee when required by law.*

2. The written policies must provide for the orientation of all employees to the policies and objectives of the provider of rehabilitative residential mental health care.

3. The provider of rehabilitative residential mental health care shall maintain evidence of a current license or certification on file at the rehabilitative residential mental health care facility operated by the provider for each person employed by the facility, and for each person under contract with the facility, who is required to be licensed or certified by law to perform his or her job.

Sec. 8. *A provider of rehabilitative residential mental health care shall:*

1. Develop and implement policies concerning the hiring of persons who will provide services.

2. Maintain a personnel file for each employee or independent contractor who provides services. The personnel file must contain, without limitation:

(a) Information concerning the job duties, essential functions, physical capabilities and language proficiency of the employee or independent contractor; and

(b) If the employee or independent contractor provides direct care services to clients, proof that the employee or independent contractor:

(1) Is currently certified in standard first aid through a course from the American Red Cross or American Heart Association or their successor organizations or, if the applicant submits proof that the course meets or exceeds the requirements of the American Red Cross or American Heart Association or their successor organizations, an equivalent course in standard first aid; and

(2) Has successfully completed a course in cardiopulmonary resuscitation according to the guidelines of the American Red Cross or American Heart Association or their successor organizations.

3. Ensure that employees or independent contractors who provide direct care services comply with the policies developed and implemented by the provider.

4. Maintain staff sufficient to meet the needs of each client, in accordance with the individualized care and treatment which is required for each client based on the assessments conducted pursuant to section 23 of this regulation and regular review of the need for such services pursuant to section 9 of this regulation.

Sec. 9. *1. A provider of rehabilitative residential mental health care shall make arrangements for obtaining services from persons professionally qualified in the field of psychiatric mental health or other specially trained persons, as needed, to assist in planning, carrying out and reviewing the provision of services. The provider of rehabilitative residential mental health care shall keep on file evidence of such services.*

2. A provider of rehabilitative residential mental health care shall:

(a) Initially determine the need for services described in subsection 1 using the initial assessment conducted pursuant to section 23 of this regulation; and

(b) Review the need for services described in subsection 1 on a regular basis, at least annually.

3. As used in this section, “person professionally qualified in the field of psychiatric mental health” has the meaning ascribed to it in NRS 433.209.

Sec. 10. *1. Except as otherwise provided in subsection 2, each natural person responsible for the operation of a provider of rehabilitative residential mental health care and each employee of such a provider who supervises or provides support to clients shall:*

(a) Complete not less than 8 hours of training concerning the provision of care and services to clients with a mental illness within 30 days after the date of hire or before providing services to a client, whichever is later; and

(b) Annually complete not less than 4 hours of continuing education concerning the provision of care and services to clients with a mental illness.

2. If a person described in subsection 1 is required to receive training or continuing education that is substantially equivalent to that prescribed in subsection 1, as determined by the Division, as a condition of licensure or certification under title 54 of NRS, the person is not required to complete the training or continuing education, as applicable, required by subsection 1.

Sec. 11. *1. If an employee or an independent contractor of a provider of rehabilitative residential mental health care has reasonable cause to believe that another employee or independent contractor of the provider has abused or neglected a client:*

(a) The employee or independent contractor with knowledge of the abuse or neglect shall report the abuse or neglect as required by NRS 200.5093 or 432B.220, as applicable; and

(b) The provider shall:

(1) Prevent the alleged perpetrator of the abuse or neglect from having further direct contact with any client in accordance with subsection 2;

(2) Ensure that the alleged victim of the abuse or neglect receives appropriate medical assessment and treatment;

(3) If the alleged victim of the abuse or neglect is less than 21 years of age, notify the parent of or other person legally responsible for the alleged victim; and

(4) Conduct a thorough investigation of the allegations of abuse or neglect.

2. A provider of rehabilitative residential mental health care shall not allow an alleged perpetrator of abuse or neglect who has been prohibited from having direct contact with clients pursuant to subsection 1 to return to work with or to have direct contact with clients unless the investigation conducted pursuant to subsection 1 concludes that the alleged abuse or neglect did not occur.

Sec. 12. *1. During the term of a license as a provider of rehabilitative residential mental health care, the licensee shall continuously maintain the rehabilitative residential mental health care facility operated by the licensee in conformance with the provisions of sections 2 to 35, inclusive, of this regulation.*

2. Each provider of rehabilitative residential mental health care shall comply with all applicable:

(a) Federal and state laws;

(b) Local ordinances, including, without limitation, zoning ordinances; and

(c) Environmental, life safety, fire, health and local building codes.

Sec. 13. *1. A provider of rehabilitative residential mental health care shall administer a rehabilitative residential mental health care facility operated by the provider in a manner that enables the facility to use its resources effectively and efficiently to meet the needs of and provide quality care to its clients. The provider of rehabilitative residential mental health care shall develop and provide services for the care of its clients based on the identified needs of those clients.*

2. A provider of rehabilitative residential mental health care shall define in writing the scope of services provided by each department, unit or service within a rehabilitative residential mental health care facility operated by the provider. A written scope of services must be approved by the administration and the medical staff of the rehabilitative residential mental health care facility. Each department, unit or service within a rehabilitative residential mental health care facility shall provide clients care in accordance with its scope of services. The policies and procedures of a rehabilitative residential mental health care facility and of each department, unit or service within the facility must, to the extent necessary, be integrated with the policies and procedures of the other departments, units and services within the facility.

3. The administrator of a rehabilitative residential mental health care facility shall:

(a) Ensure that the qualifications of each member of the staff of the facility are consistent with the job responsibilities of the staff member;

(b) Ensure that the competence of each member of the staff of the facility is assessed, maintained and demonstrated;

(c) Provide for an orientation process for each person hired to work at the facility that includes initial job training and information; and

(d) Assess the ability of each member of the staff of the facility to fulfill his or her specified responsibilities.

Sec. 14. *1. The administrator of a rehabilitative residential mental health care facility shall ensure that the facility has an effective quality improvement program to evaluate the provision of care to the clients of the facility.*

2. The quality improvement program described in subsection 1 must:

(a) Be ongoing;

(b) Include a written plan for carrying out the program; and

(c) Provide for the creation of a committee to oversee the program.

3. The committee created pursuant to subsection 2 to oversee the quality improvement program described in subsection 1 shall:

(a) Take and document appropriate remedial action to address deficiencies found through the quality improvement program;

(b) Document the outcome of any remedial action taken; and

(c) Initiate any assessments required by the quality improvement program.

4. When the findings of an assessment initiated pursuant to subsection 3 relate to the performance of an individual licensed practitioner, the medical staff shall determine how such a finding will be used in any peer review, ongoing monitoring and periodic evaluations of the competence of the practitioner. If the findings of such an assessment relate to the performance of a person who is not a licensed practitioner, the administrator shall determine how the finding will be used in evaluating the competence of the person.

Sec. 15. *1. Each building of a rehabilitative residential mental health care facility must be solidly constructed with adequate space and safeguards for each client. The condition of the physical environment must be maintained in a manner that ensures the safety and well-being of clients.*

2. A provider of rehabilitative residential mental health care shall develop and carry out a comprehensive plan for emergency preparedness at the rehabilitative residential mental health care facility operated by the provider. Such a comprehensive plan must:

(a) Address internal and external emergencies, both local and widespread; and

(b) Be based on current standards for disaster management and fire safety.

3. The administrator and staff of a rehabilitative residential mental health care facility shall ensure that each client is adequately protected from fire and other disasters.

Sec. 16. *A provider of rehabilitative residential mental health care that operates a rehabilitative residential mental health care facility shall ensure that:*

1. Portable fire extinguishers are installed throughout the facility at the direction of the governmental entity that has jurisdiction over fire safety at the facility.

2. Each portable fire extinguisher available at a facility is inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshal to conduct such inspections.

3. Each exit is maintained free of obstructions.

4. Smoke detectors are installed and maintained at the facility at the direction of the governmental entity that has jurisdiction over fire safety at the facility.

5. Smoking does not occur inside any building of the facility.

6. *An extinguishing receptacle approved by the governmental entity that has jurisdiction over fire safety at the facility is placed in each area on the premises of the facility where smoking is allowed.*

Sec. 17. 1. *Each license issued to a provider of rehabilitative residential mental health care must designate whether the rehabilitative residential mental health care facility operated by the provider is:*

(a) *Licensed to serve clients who are less than 21 years of age; or*

(b) *Licensed to serve clients who are 21 years of age or older.*

2. *A rehabilitative residential mental health care facility shall only admit and retain clients in accordance with the designation on the license made pursuant to subsection 1.*

3. *A rehabilitative residential mental health care facility that is licensed to serve clients who are less than 21 years of age must not be operated at the same address as a rehabilitative residential mental health care facility that is licensed to serve clients who are 21 years of age or older unless the facilities are entirely separate and there is no interaction between the clients of the separated facilities.*

4. *A rehabilitative residential mental health care facility must not have more clients than the number of beds for which it is licensed.*

Sec. 18. 1. *A provider of rehabilitative residential mental health care shall provide a client access to his or her belongings as appropriate based on the needs of the client and the phase of treatment for the client.*

2. *A rehabilitative residential mental health care facility must provide a clean and comfortable bed and mattress for each client. Bed linens, blankets, pillows, washcloths and towels that are clean and in good condition must be provided to each client. A rehabilitative*

residential mental health care facility must have such systems as are necessary to ensure that an adequate supply of clean linens is provided to each client.

3. A rehabilitative residential mental health care facility must provide each client with necessary bedside equipment and supplies based on the needs of the client. The necessary equipment and supplies must include, without limitation, equipment for personal hygiene. The equipment and supplies must be maintained in a sanitary manner.

4. A rehabilitative residential mental health care facility must provide:

(a) Adequate lighting levels; and

(b) Comfortable and safe temperature levels.

Sec. 19. *1. A provider of rehabilitative residential mental health care shall:*

(a) Establish at the rehabilitative residential mental health care facility operated by the provider organized housekeeping services that are planned, operated and maintained to provide a clean, safe and sanitary environment; and

(b) Ensure that adequate personnel, using accepted practices and procedures, keep the rehabilitative residential mental health care facility free from offensive odors, accumulations of dirt, rubbish, dust and safety hazards.

2. A provider of rehabilitative residential mental health care shall ensure that cleaning is performed in a manner that minimizes the spread of pathogenic organisms.

3. A provider of rehabilitative residential mental health care shall develop and carry out standards and systems for the operation of laundry services. Laundry services, whether owned by the provider of rehabilitative residential mental health care or provided pursuant to a contract, must:

(a) Meet standards for a safe work environment for employees; and

(b) Address issues relating to the control of infections.

4. A provider of rehabilitative residential mental health care shall develop and carry out written policies relating to the handling, storage, transportation and processing of linens at the rehabilitative residential mental health care facility operated by the provider.

Sec. 20. *A provider of rehabilitative residential mental health care shall:*

1. Provide a sanitary environment at the rehabilitative residential mental health care facility operated by the provider to avoid sources and transmission of infections and communicable diseases;

2. Develop and carry out an active program for the prevention, control and investigation of infections and communicable diseases;

3. Develop a system for identifying, reporting, investigating and controlling infections and communicable diseases of clients and personnel; and

4. Maintain a record of incidents within the rehabilitative residential mental health care facility operated by the provider which are related to infections and communicable diseases.

Sec. 21. *A provider of rehabilitative residential mental health care shall establish and implement a policy concerning visitation by family, friends and acquaintances of clients.*

Sec. 22. *A provider of rehabilitative residential mental health care that operates a rehabilitative residential mental health care facility shall:*

1. Maintain in a secure location at the facility a record for each client evaluated or treated at the facility.

2. Ensure that each record is accurately written, promptly completed, properly filed, properly retained and accessible. A provider of rehabilitative residential mental health care

shall use a system for identification and record maintenance that ensures the integrity of the authentication of the record and protects the security of all entries to the record.

3. Ensure that each record of a client is retained in accordance with the provisions of NRS 629.051.

4. Ensure that each record of a client includes information:

(a) Demonstrating the justification for the admission of the client;

(b) Supporting the diagnosis of the client; and

(c) Describing the progress of the client and his or her response to the medication and services received.

5. Ensure that all entries to a record of a client are legible and complete, and authenticated and dated promptly by the person who is responsible for ordering, providing or evaluating the services provided. In authenticating the record, the person shall include his or her name and discipline. Authentication may include the signature or written initials of the person or a computer entry by the person.

6. Ensure that each record of a client documents the following information, as appropriate:

(a) The diagnosis of the client at the time of admission;

(b) The results of all consultative evaluations of the client and the appropriate findings by clinical and other staff involved in caring for the client;

(c) Documentation of any complications suffered by the client;

(d) All orders of practitioners, reports of treatment, records of medication and other information necessary to monitor the condition of the client;

(e) A discharge summary that includes a description of the outcome of the stay at the rehabilitative residential mental health care facility, the disposition of the client's condition and the provisions for follow-up care that have been provided to the client; and

(f) The final diagnosis of the client.

7. Ensure that the record of a client is completed not later than 30 days after the date on which the client is discharged from the facility.

8. Make all records maintained pursuant to this section available to the client, his or her guardian, where applicable, and the Division.

Sec. 23. *1. A provider of rehabilitative residential mental health care shall ensure that:*

(a) The needs of each client of the rehabilitative residential mental health care facility operated by the provider are assessed by qualified personnel of the facility throughout the stay of the client at the facility. The assessment must be comprehensive and accurate in relations to the condition of the client.

(b) Each client receives the appropriate care at the time that the care is needed.

2. Each client must receive, and the provider of rehabilitative residential mental health care shall provide, individualized care and treatment based on the assessment of the client that is appropriate to the needs of the client and the severity of the condition from which the client is suffering.

3. A provider of rehabilitative residential mental health care shall reassess each client according to the policy of the provider of rehabilitative residential mental health care:

(a) When there is a significant change in the condition or diagnosis of the client; or

(b) To determine the response of the client to the care that he or she is receiving.

Sec. 24. *A provider of rehabilitative residential mental health care shall:*

1. Develop and carry out policies and procedures for admitting clients.

2. Ensure that:

(a) Each client who is 21 years of age or older receives information about the proposed care of the client.

(b) Each client who is less than 21 years of age or the parent, guardian or other person legally responsible for the client, as appropriate, receives information about the proposed care of the client.

Sec. 25. *A provider of rehabilitative residential mental health care shall:*

1. Establish and implement a process for discharge planning that applies to all clients;

2. Develop and carry out policies and procedures regarding the process for discharge planning, which must include, without limitation:

(a) An evaluation of the needs of each client relating to discharge planning; and

(b) The development of a discharge plan for each client;

3. Ensure that activities relating to discharge planning are conducted in a manner that does not contribute to delays in the discharge of the client;

4. Ensure that the evaluation of the needs of a client relating to discharge planning and the discharge plan are documented in the record of the client; and

5. Ensure that the discharge plan is discussed with the client or the person acting on behalf of the client.

Sec. 26. *1. A provider of rehabilitative residential mental health care that provides assistance to clients in the administration of medications shall maintain for at least 5 years after the receipt or administration, as applicable, of a medication:*

(a) A log for each medication received by the rehabilitative residential mental health care facility operated by the provider for use by a client. The log must include:

- (1) The type and quantity of medication received by the facility;*
- (2) The date of delivery of the medication;*
- (3) The name of the person who accepted the delivery;*
- (4) The name of the client for whom the medication is prescribed; and*
- (5) The date on which any unused medication is removed from the facility or destroyed.*

(b) A record of the medication administered to each client, including, without limitation, any over-the-counter medication or dietary supplement. The record must include:

- (1) The type of medication administered;*
- (2) The date and time when the medication was administered;*
- (3) Any date and time when a client refuses, or otherwise misses, an administration of medication; and*
- (4) Instructions for administering the medication to the client that reflect each current order or prescription of the physician, physician assistant or advanced practice registered nurse of the client.*

2. An employee of a provider of rehabilitative residential mental health care may provide or administer an over-the-counter medication or dietary supplement only if the over-the-counter medication or dietary supplement has been approved in writing by the physician, physician assistant or advanced practice registered nurse of the client or another appropriate professional who is qualified to give such approval. The employee shall ensure that the medication is administered in accordance with the written instructions of the physician, physician assistant, advanced practice registered nurse or other professional.

Sec. 27. *1. Only members of the staff of a provider of rehabilitative residential mental health care who are legally authorized to administer medications may do so.*

2. A provider of rehabilitative residential mental health care shall ensure the security of all medications in accordance with applicable state law.

Sec. 28. *1. Except as otherwise provided in this section, an order for a medication or biological for a client must be in writing and signed by the person who issued the order. Such an order may only be issued by:*

(a) A practitioner, as defined in NRS 639.0125; or

(b) Another appropriate professional who is:

(1) Authorized by state or federal law to order the medication or biological; and

(2) Responsible for the care of the client.

2. When a person described in subsection 1 uses a telephone or verbal order to order a medication or biological, the order must be:

(a) Accepted by a person who is authorized by the policies and procedures of the provider of rehabilitative residential mental health care, which must be consistent with state law, to accept such an order; and

(b) Signed or initialed by the ordering person in accordance with the policies and procedures of the provider of rehabilitative residential mental health care.

3. An order for a medication or biological must include, without limitation:

(a) The name of the medication or biological;

(b) The dosage, time or frequency of administration of the medication or biological; and

(c) The route of administration of the medication or biological.

Sec. 29. *A provider of rehabilitative residential mental health care shall ensure that:*

1. An error in administering a medication to a client, an adverse reaction by a client to a medication or an incompatibility between a medication and a client is immediately reported to:

(a) The attending physician, physician assistant or advanced practice registered nurse of the client; and

(b) If appropriate, to the committee that oversees the quality improvement program established pursuant to section 14 of this regulation.

2. Any misuse or loss of a controlled substance is reported, in accordance with all applicable state and federal laws, to the person responsible for the pharmaceutical services of the provider of rehabilitative residential mental health care and the administrator of the rehabilitative residential mental health care facility.

3. Information relating to drug interactions, drug therapy, side effects, toxicology, dosage indications for use and routes of administration are made available to the professional members of the staff of the provider of rehabilitative residential mental health care.

Sec. 30. *1. A rehabilitative residential mental health care facility must be equipped with:*

(a) A common area that is furnished with comfortable furniture.

(b) A dining area that is furnished with a sufficient number of tables and chairs to provide seating for the number of clients for which the facility is licensed. The tables and chairs must be sturdy, of proper height for dining and have surfaces that are easily cleaned.

(c) A kitchen that allows for the sanitary preparation of food and is furnished with equipment that is clean and in good working condition.

2. A provider of rehabilitative residential mental health care shall ensure that:

(a) All perishable food is refrigerated at a temperature of 41 degrees Fahrenheit or less, all frozen food is kept at a temperature of 0 degrees Fahrenheit or less and all stored foods have not expired.

(b) Food is not stored for longer than the length of time recommended by the United States Department of Health and Human Services in “Cold Food Storage Chart,” which is hereby adopted by reference. This chart may be obtained:

(1) Free of charge from the United States Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201, and at the Internet address <https://www.foodsafety.gov/food-safety-charts/cold-food-storage-charts>; or

(2) Under the circumstances described in subsection 5, on an Internet website maintained by the Division.

3. Except as otherwise provided in this section, the most current version of the guidelines adopted by reference pursuant to paragraph (b) of subsection 2 which is published will be deemed to be adopted by reference.

4. If the Division determines that an update of or revision to the guidelines adopted by reference pursuant to paragraph (b) of subsection 2 is not appropriate for use in the State of Nevada, the Division shall present this determination to the Board and the Board will not adopt the update or revision, as applicable.

5. If the guidelines adopted by reference pursuant to paragraph (b) of subsection 2 cease to exist, the last version of the guidelines that was published shall be deemed to be the current version.

Sec. 31. *A provider of rehabilitative residential mental health care shall:*

- 1. Provide each client with a nourishing, palatable and well-balanced diet that meets the daily nutritional and dietary needs of the client.*
- 2. Ensure that the menu for a client meets the nutritional needs of the client in accordance with:
 - (a) Recognized dietary practices; and*
 - (b) The orders of the qualified health care professionals responsible for the care of the client.**
- 3. Ensure that not fewer than three meals are served daily to clients and not more than 15 hours elapse between the evening meal and breakfast served the following day.*
- 4. Ensure that nourishment is provided between meals as required by diet prescription and is available to each client unless otherwise ordered by the physician, physician assistant or advanced practice registered nurse of the client.*
- 5. Except as otherwise provided in this subsection, ensure that menus are followed. A meal may vary from the planned menu if the change is noted in writing in the records maintained by the dietary service.*
- 6. Ensure that:
 - (a) A client receives a therapeutic diet if such a diet is ordered by a qualified health care professional; and*
 - (b) Persons who are responsible for therapeutic diets have sufficient knowledge of food values to make appropriate substitutions when necessary.**

Sec. 32. *A provider of rehabilitative residential mental health care shall ensure that:*

- 1. Adequate space for the preparation and service of food is provided;*

2. Adequate space is maintained to accommodate equipment, personnel and procedures necessary for the proper cleaning and sanitizing of dishes and other utensils; and

3. For a rehabilitative residential mental health care facility with more than 10 clients, in providing for the preparation and serving of food, including, without limitation, pursuant to section 34 of this regulation, the facility:

(a) Complies with the standards prescribed in the chapter of NRS created by sections 2 to 44, inclusive, of Senate Bill No. 466, chapter 512, Statutes of Nevada 2025, at pages 3516-3529 (chapter 580 of NRS), and the regulations adopted pursuant thereto; and

(b) Obtains the necessary permits from the appropriate food safety authority, as defined in section 9 of Senate Bill No. 466, chapter 512, Statutes of Nevada 2025, at page 3517 (NRS 580.080).

Sec. 33. *1. A provider of rehabilitative residential mental health care shall store, prepare, distribute and serve food under sanitary conditions.*

2. A provider of rehabilitative residential mental health care shall maintain on the premises of the rehabilitative residential mental health care facility operated by the provider at least a 1-week supply of staple foods and at least a 2-day supply of perishable foods. The supplies must be appropriate to meet the requirements of the menu. All food must be of good quality and procured from sources approved or considered satisfactory by federal, state and local authorities.

Sec. 34. *A provider of rehabilitative residential mental health care that operates a rehabilitative residential mental health care facility with more than 10 clients shall:*

1. Maintain an organized dietary service that is staffed by an adequate number of personnel to ensure that the needs of all clients are met. The dietary service must be integrated

with the other departments, units and services within the rehabilitative residential mental health care facility.

2. Ensure that the personnel who provide the dietary service pursuant to subsection 1 are trained in basic techniques of food sanitation.

Sec. 35. *A provider of rehabilitative residential mental health care that operates a rehabilitative residential mental health care facility shall ensure that:*

1. The facility has a safe and sufficient supply of water, adequate drainage and an adequate system for the disposal of sewage.

2. Each faucet for a sink, tub, shower or other similar fixture is operable with hot and cold running water.

3. Each toilet is operational.

4. Each container used to store garbage outside of the facility is kept reasonably clean and covered to prevent rodents from entering the container.

5. Each container used to store garbage in the kitchen is covered with a lid or kept in an enclosed cupboard that is clean and prevents infestation by rodents and insects.

6. The premises of the facility are free of:

(a) Offensive odors, insects, rodents and accumulation of dirt, garbage or other refuse;
and

(b) Hazards, including, without limitation, obstacles that impede the free movement of clients inside and outside of the facility.

7. Each window in the facility that is capable of being opened and each door that is left open to provide ventilation is screened to prevent insects from entering the facility.

8. The facility has sufficient electrical lighting to ensure the comfort and safety of clients.

9. *The temperature of the facility does not exceed 82 degrees Fahrenheit or drop below 68 degrees Fahrenheit.*

10. *The facility remains in compliance with all applicable federal, state and local laws, regulations and ordinances concerning sanitation, safety and accessibility for persons with disabilities.*

Sec. 36. NAC 449.0061 is hereby amended to read as follows:

449.0061 “Referral agency” means a business that provides referrals to ~~residential facilities for groups~~ *group housing arrangements, as defined in NAC 449.27818*, which is subject to regulation pursuant to NRS 449.0305, including, without limitation, any business entity that engages in the process of referring clients for compensation to ~~residential facilities for groups.~~ *group housing arrangements.*

Sec. 37. NAC 449.0116 is hereby amended to read as follows:

449.0116 1. Except as otherwise provided in subsection 2, a licensee who wishes to renew his or her license must submit a complete application for renewal to the Division on or before ~~November 15 of the calendar year in which~~ *the date on which* the license ~~expires.~~ *is scheduled to expire pursuant to NRS 449.089.* The existing license shall be deemed valid until the submitted application for renewal is evaluated and a final determination is made by the Division concerning whether to renew the license. ~~The Division may require an inspection of the facility to ensure that it meets the requirements of NAC 449.002 to 449.99939, inclusive, before deciding whether to renew a license.~~

2. A licensee who ~~without good cause, files~~ *fails to file* an application for the renewal of his or her license ~~after~~ *on or before* the date ~~set forth in~~ *on which the license is scheduled to expire as required by* subsection 1 ~~but on or before December 31 of the calendar year in which~~

~~[the license expires]~~ and who wishes to renew the license must *submit a renewal application and pay* ~~†~~

~~—(a) The~~ *the* fee required for the renewal of the license pursuant to NAC 449.013 or 449.016, as appropriate ~~†; and~~

~~—(b) An additional charge equal to one-half the amount of the fee required for the renewal of the license pursuant to NAC 449.013 or 449.016, as appropriate.]~~ *, not later than 30 days after the expiration date of the license as required by subsection 1.*

3. A licensee who *wishes to renew his or her license pursuant to subsection 2 and* fails to file an application ~~[for]~~ *and pay* the ~~[renewal of his or her license before the license expires]~~ *appropriate fees within the time period established by subsection 2* is ~~[not eligible]~~ *subject* to ~~[renew]~~ *disciplinary action pursuant to NRS 449.160 and* the ~~[license and, if he or she wishes]~~ *imposition of administrative sanctions pursuant* to ~~[be licensed, must submit an application for a new license.]~~ *NAC 449.9982 to 449.99939, inclusive.*

Sec. 38. NAC 449.016 is hereby amended to read as follows:

449.016 1. Except as otherwise provided in NAC 449.0168, an applicant for a license to operate any of the following facilities must pay to the Division the following nonrefundable fees:

	Fee per facility	Fee per bed in the facility
(a) A skilled nursing facility	\$2,252	\$108
(b) A hospital, other than a rural hospital	14,606	110

	Fee per facility	Fee per bed in the facility
(c) A rural hospital	9,530	62
(d) An intermediate care facility for persons with an intellectual disability or persons with a developmental disability.....	2,018	280
(e) An intermediate care facility, other than an intermediate care facility for persons with an intellectual disability or persons with a developmental disability	946	72
(f) Except as otherwise provided in subsection 3, a residential facility for groups.....	2,386	200
(g) A facility for the treatment of alcohol or other substance use disorders	782	190
(h) A facility for hospice care	3,988	352
(i) A home for individual residential care.....	1,764	184
(j) A facility for modified medical detoxification.....	9,960	494
(k) A community triage center	782	136
(l) A facility for the treatment of irreversible renal disease.....	4,178	120
(m) A facility for transitional living for released offenders.....	3,990	146
(n) A psychiatric residential treatment facility.....	9,530	62
(o) A recovery center	946	72
<i>(p) A provider of rehabilitative residential mental health care.....</i>	9,530	62

2. An applicant for the renewal of such a license must pay to the Division the following nonrefundable fees:

	Fee per facility	Fee per bed in the facility
(a) A skilled nursing facility.....	\$1,126	\$54
(b) A hospital, other than a rural hospital.....	7,303	55
(c) A rural hospital	4,765	31
(d) An intermediate care facility for persons with an intellectual disability or persons with a developmental disability.....	1,009	140
(e) An intermediate care facility, other than an intermediate care facility for persons with an intellectual disability or persons with a developmental disability	473	46
(f) Except as otherwise provided in subsection 3, a residential facility for groups.....	1,193	100
(g) A facility for the treatment of alcohol or other substance use disorders	391	95
(h) A facility for hospice care	1,994	176
(i) A home for individual residential care	500	92
(j) A facility for modified medical detoxification.....	4,980	247
(k) A community triage center	391	68
(l) A facility for the treatment of irreversible renal disease.....	2,089	60

(m) A facility for transitional living for released offenders.....	1,995	73
(n) A psychiatric residential treatment facility.....	4,765	31
(o) A recovery center	473	46
<i>(p) A provider of rehabilitative residential mental health care</i>	<i>4,765</i>	<i>31</i>

3. An applicant for a license or for the renewal of a license for a residential facility for groups shall pay a fee of \$35 for each bed in the facility if the facility is paid less than \$1,000 per month for services provided to each bed in the facility.

4. An application for a license is valid for 1 year after the date on which the application is submitted. If an applicant does not meet the requirements for licensure imposed by chapter 449 of NRS or the regulations adopted pursuant thereto within 1 year after the date on which he or she submits his or her application, the applicant must submit a new application and pay the required fee to be considered for licensure.

5. Upon the issuance or renewal of a license to operate a facility for the treatment of irreversible renal disease, facility for hospice care, hospital, facility for intermediate care or facility for skilled nursing, the licensee shall pay to the Division a nonrefundable fee equal to 6 percent of the renewal fee set forth in subsection 2. The Division shall use the fees collected pursuant to this subsection during the immediately following fiscal year to support the system for the reporting of information on cancer and other neoplasms.

6. Pursuant to NRS 449.050, if an application for a license to operate a facility for transitional living for released offenders or the renewal of such a license is denied, any amount of a fee paid pursuant to paragraph (m) of subsection 1 or paragraph (m) of subsection 2 that exceeds the expenses and costs incurred by the Division must be refunded to the applicant.

Sec. 39. NAC 449.27817 is hereby amended to read as follows:

449.27817 “Financial assessment” means an assessment to determine the intended source of payment by a client for services which will be provided by a group housing arrangement for 6 months ~~including the eligibility status of the client for services as determined by Medicaid and Medicare.~~

Sec. 40. NAC 449.27829 is hereby amended to read as follows:

449.27829 1. A referral agency shall:

(a) Complete a needs assessment and financial assessment for each client and make referrals for the services that would best meet the physical, psychosocial and financial needs and wishes of the client; and

(b) Submit to the group housing arrangement to which a client is referred a copy of the needs assessment completed by the referral agency for the client.

2. A referral agency shall not:

(a) ~~Accept any~~ *In the context of a single referral, accept a* fee ~~inducement or incentive, for any reason,~~ from ~~a~~ *both the client and the* group housing arrangement ~~or from any person or entity associated with a group housing arrangement;~~ *to which the client is referred;* or

(b) Give a discharge planner, case manager, social worker or any other person who has the responsibility of discharge planning, a fee or incentive for prospective clients.

Sec. 41. 1. This section and sections 36, 37, 39 and 40 of this regulation become effective upon filing with the Secretary of State.

2. Sections 1 to 35, inclusive, and 38 of this regulation become effective on the later of:

(a) July 1, 2026; or

(b) The date on which this regulation is filed with the Secretary of State.



NEVADA HEALTH AUTHORITY
HEALTH CARE PURCHASING AND COMPLIANCE DIVISION

NVHA.NV.GOV



Stacie Weeks, JD MPH,
 Director

Cynthia Leech
 Administrator

Joe Lombardo,
 Governor

NOTICE OF PUBLIC WORKSHOP

Notice is hereby given that a public workshop will be held to solicit comments from interested persons, pursuant to Nevada Revised Statutes (NRS) 233B.061 on proposed regulations to revise Chapter 449 of the Nevada Administrative Code (NAC). The proposed regulations are being considered for adoption in accordance with Senate Bill 260 of the 82nd legislative session (2023), Assembly Bills 514 and 544 of the 83rd Legislative Session (2025), NRS 449.0302, and NRS 439.150. The purpose of this workshop is to receive comments from the public regarding proposed regulatory changes to Chapter 449 of NAC. The proposed regulations address matters including, but not limited to:

- Establishing requirements for a new facility type, Rehabilitative Residential Mental Health Care Facility, authorized by Assembly Bill 514 (2025).
- Defining standards for administration, staffing, training, quality improvement, emergency preparedness, infection control, and resident care applicable to these facilities.
- Setting specific requirements for facilities serving adults and minors, including admission policies and the separation of operations.
- Modifying license renewal dates for all facilities licensed under NAC Chapter 449, as authorized by Assembly Bill 544 (2025).
- Establishing new licensing and renewal fees for rehabilitative residential mental health care facilities.
- Revising requirements applicable to business that provide referrals at NAC 449.0061, 449.27817 and 449.27829.

Date of Publication: Tuesday, April 7th, 2026

Date and Time of Meeting: Tuesday, April 28th, 2026, at 9:00am PST

Name of Organization: The State of Nevada, Nevada Health Authority (NVHA), Health Care Purchasing and Compliance Division (HCPC)

Place of Meeting: This meeting will be conducted via video conference and telephone on Microsoft Teams and will be viewable in person.

Microsoft Teams: <https://teams.microsoft.com/meet/261502984892261?p=6XLK0rn01MQMv6Gw3S>

Meeting ID: 261 502 984 892 261

Passcode: UU76T8Ho (password should not be needed)

Audio Only: (775) 321-6111

Conference ID: 953 058 367#

In person: 727 Fairview Dr. STE. E
 Carson City, Nevada 89701

A copy of the proposed regulations and any supporting documents may be obtained from PIO@nvha.nv.gov before the meeting date.

Note: The Nevada Health Care Purchasing and Compliance Division staff are available to provide reasonable accommodation for members of the public with disabilities who wish to attend the hearing. If special arrangements are necessary, please notify PIO@nvha.nv.gov before the meeting date. Si necesitas ayuda traduciendo este mensaje, por favor escribe a PIO@nvha.nv.gov.

Requests for supporting documents for this meeting, should be submitted to PIO@nvha.nv.gov prior to the meeting date.

Written comments regarding this workshop may be submitted to the Nevada Health Authority by email in advance of the meeting at PIO@nvha.nv.gov. Individuals who are unable to submit comments electronically or who require assistance may contact the Nevada Health Authority by telephone at 775-684-1070 to make other arrangements.

If, at any time, during the meeting, an individual who has been named on the agenda or has an item specifically regarding them, included on the agenda is unable to participate because of technical or other difficulties, please email PIO@nvha.nv.gov and note the time the difficulty began so that matters pertaining specifically to their participation may be continued to a future agenda if needed or otherwise addressed.

Please exercise caution and do not click on links in the meeting chat area unless you have verified, they are safe. If you ever have questions about a link in a document purporting to be from Nevada Health Authority, please do not hesitate to contact PIO@nvha.nv.gov for verification.

This meeting is a public meeting, recorded and conducted in compliance with and pursuant to Nevada Revised Statutes (NRS)241, Nevada Open Meeting Law and Nevada Revised Statutes, 233B Nevada Administrative Procedure Act. By participating in this meeting, you consent to the recording of your participation. Please refrain from entering any information into the chat function of the video platform. All voting members should leave their cameras on for the duration of the meeting and refrain from entering any information into the chat function of the video platform.

A person may have comments added to the meeting minutes by submitting them in writing either in addition to testifying or in lieu of testifying. Written comments may be submitted electronically before, during, or after the meeting by email to PIO@nvha.nv.gov.

The use of obscenities or other behavior which disrupts the meeting to the extent that its orderly conduct is made impractical may result in the forfeiture of the opportunity to provide public comment or removal from the meeting.

AGENDA

NOTICE:

1. Agenda Items may be taken out of order.
2. Two or more items may be combined; and
3. Items may be removed from the agenda or delayed at any time.

- **Call to Order and introduction of the workshop process.**

- The purpose of this workshop is to solicit input regarding proposed regulations to be developed and adopted by Nevada Health Authority. The proposed changes would revise Chapter 449 of the Nevada Administrative Code and are being proposed in accordance with Senate Bill 146 and Senate Bill 298 of the 82nd legislative session (2023), NRS 449.0302, and NRS 449.1935.
- **Public comment on proposed regulations.**
 - No action may be taken upon a matter raised during the public comment period unless the matter itself has been specifically included on an agenda as an action item. To provide public comment telephonically, participants may join the meeting by dialing (775) 321-6111 and when prompted to provide the Conference ID, enter 953 058 367#. Public comments will be limited to three (3) minutes per person. Individuals providing public comment will unmute themselves by pressing *6 and speak clearly. Commenters will be asked to state their name for the record and to spell their last name. Written comments may be submitted by email to PIO@nvha.nv.gov.
- **Public comment regarding any other issue.**
 - No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. To provide public comment telephonically, participants may join the meeting by dialing (775) 321-6111 and when prompted to enter Conference ID, 953 058 367#. Comments will be limited to three (3) minutes per person. Individuals providing public comment will unmute themselves by pressing *6 and speak clearly. Commenters will be asked to state their name for the record and to spell their last name. Written comments may be submitted by email to PIO@nvha.nv.gov.
- **Adjournment**

NOTICE AND AGENDA OF THIS PUBLIC HEARING IS POSTED FOR INSPECTION AT THE FOLLOWING LOCATIONS

PHYSICAL POSTINGS

- Nevada Health Authority – 4070 Silver Sage Dr. Carson City, NV 89701
- Nevada Health Authority – 9850 Double R Blvd., Suite 200, Reno, NV 89521
- Nevada Health Authority, Bureau of Health Care Quality and Compliance – 500 E Warm Springs Rd., Suite 200, Las Vegas, NV 89119
- Nevada Health Authority, Bureau of Health Care Quality and Compliance – 727 Fairview Dr., Suite E, Carson City, NV 89701
- Nevada State Library and Archives – 100 Stewart Street, Carson City, NV, 89701
- Southern Nevada Health District Red Rock Trail Rooms A & B – 208 S. Decatur Blvd., Las Vegas, NV 89107

ONLINE POSTINGS

- Health Care Quality and Compliance Website: <https://www.hcqc.nv.gov/notices/>
- Nevada Administration’s website: <http://notice.nv.gov>
- Legislative Council Bureau website: <https://www.leg.state.nv.us/app/notice/a/>

The notice and supporting materials for this workshop may be requested at the locations listed above during normal business hours or by contacting Nevada Health Authority staff at PIO@nvha.nv.gov or by telephone 775-684-1030 or 702-486-6515.

In addition, the notice information was mailed to groups and individuals as requested and in accordance with NRS 233B.061. Supporting materials are available for the public at <https://www.hcqc.nv.gov/notices/>

SMALL BUSINESS IMPACT STATEMENT
PROPOSED AMENDMENTS TO NEVADA ADMINISTRATIVE CODE (NAC) 449

The Nevada Health Authority (NVHA), Health Care Purchasing and Compliance Division, has determined the proposed amendments will not have an adverse financial impact on existing business and may have a beneficial impact on existing business. It is anticipated the proposed regulations will not limit the formation of small businesses. The proposed regulations will not have direct negative financial impact on small businesses and they reduce the regulatory burden on the industry by modifying provisions of current regulations that are not necessary to effectively regulate certain providers.

A small business is 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 is made pursuant to NRS 233B.0608 (3) and complies with the requirements of NRS 233B.0609. As required by NRS 233B.0608(3), this statement identifies the methods used by the agency in determining the impact of the proposed regulation on a small business in sections 1, 2, 3, and 4 below and provides the reasons for the conclusions of the agency in section 8 below followed by the certification by the person responsible for the agency.

Background

A. The three main reasons these proposed regulations are being moved forward are:

- 1) To establish language for implementation of AB514 of the 2025 Legislative Session. (Sections 2 – 35, and Section 37)
- 2) To make modifications in order to implement AB544 of the 2025 Legislative Session. (Section 36)
- 3) Making administrative modifications in order to implement SB260 of the 2023 Legislative Session. (Errata for modification of NAC 449.0061, NAC 449.27817, NAC 449.27829)

B. The major topics addressed by the proposed regulations include:

- Licensure standards for Rehabilitative Residential Mental Health Care (RRMHC) facilities
- Changes to the expiration/renewal dates for licensed health care facilities
- Administrative changes to the standards for Businesses that Provide Referrals to [Residential Facilities For Groups (RFFG)], eliminating that part of the referral agency definition that speaks specifically to RFFGs

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

Pursuant to NRS 233B.0608 (2)(a), the Health Care Purchasing and Compliance Division requested input from small businesses that may be affected by the proposed regulations.

Notice was sent to all NRS and NAC Chapter 449 licensed health facilities that were licensed at the time of the notice distribution, to members of the public who have chosen to subscribe to the Division’s health facility specific ListSers. An email notice with a link to the small business impact questionnaire and proposed regulations was sent to those with an email address on file with DHPC/NVHA, members of the public subscribed to the Division’s health facility specific ListSers on January 13, 2026. The proposed regulations were also posted on DHPC’s website.

The questions on the questionnaire were:

- 1) How many employees are currently employed by your business?
- 2) Will a specific regulation have an adverse economic effect upon your business?
- 3) Will the regulation(s) have any beneficial effect upon your business?
- 4) Do you anticipate any indirect adverse effects upon your business?
- 5) Do you anticipate any indirect beneficial effects upon your business?

Summary of Responses

Summary of Comments Received (2 responses were received out of a minimum of 2,637 small business impact questionnaires distributed)			
Will a specific regulation have an adverse economic effect upon your business?	Will the regulation (s) have any beneficial effect upon your business?	Do you anticipate any indirect adverse effects upon your business?	Do you anticipate any indirect beneficial effects upon your business?
Yes- 0 No - 2	Yes –0 No - 2	Yes – 1 No – 1	Yes – 0 No – 0
Comments: None	Comments: None	Comments: The only comment was as follows: “We house mentally ill.”	Comments: None

2) Describe the manner in which the analysis was conducted.

An analysis of industry input collected was conducted by the Bureau of Health Care Quality and Compliance. The analysis involved analyzing feedback obtained from the small business impact questionnaire, review of the proposed regulations, review of

statutes and review of legislation to help determine the economic impact to small business. Please see number 4 for the methods the agency considered to reduce the impact of the proposed regulations on small businesses. This information was then used to complete this small business impact statement including the conclusion of the impact of the proposed regulation on a small business found in number 8.

3) 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 and both direct and indirect effects.

Direct Beneficial Effects:

- There may be direct beneficial effects, for example, a new applicant for a health facility license will receive the initial license valid for an entire year and would not be required to renew until the anniversary date the following year. Previously, applicants would receive an initial license valid only until December 31st of the year in which the license was issued (partial year validity), thus requiring the licensee to renew their license in December of the year in which the license was issued.

Indirect Beneficial Effects: Indirect beneficial effects (some of which may produce direct beneficial effects) include:

- Establishing standards for Rehabilitative Residential Mental Health Care facilities will allow licensure and enrollment with Medicaid such that entities may legitimately operate and provide these services within the industry.
- Changes to NAC 449.0061, NAC 449.27817 and NAC 449.27829, should remove barriers for referral agencies and allow them to perform services with more options for reimbursement.

Direct Adverse Effects:

- There are no anticipated direct adverse effects on the industry or small businesses.

Indirect Adverse Effects:

- With the establishment of any new fees, there's a potential that prospective small business operators will be discouraged from opening those businesses. However, the fees are necessary to assure the regulatory agency can perform its responsibilities to properly regulate facilities.

4) Provide a description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.

The Health Care Purchasing and Compliance Division has identified and used methods to reduce the impact of the proposed regulations on small businesses including making modifications to the proposed regulations to accommodate changes based on legislation. Based on changes made by SB260 of the 2023 Legislative Session, regulatory restrictions that present a burden to referral agencies have been removed. The standards established

in these regulations for Rehabilitative Residential Mental Health Care facilities were generated as minimal standards, in an effort to encourage growth in the industry for facilities providing this type of care and services.

5) The estimated cost to the agency for enforcement of the proposed regulation.

The estimated cost for the agency to enforce the proposed regulations is anticipated to be offset by the fees being established in Section 37.

6) If the proposed regulation provides a new fee or increases an existing fee, the total annual amount the Division expects to collect and the manner in which the money will be used.

There is a new fee being established pursuant to Section 37. There's insufficient data available at this time to determine the total amount of revenue that will be generated based on the application fees, however, these fees were determined based on the fees for similar facility types currently found in the fee structure. As new facility types are added by new statutes or in accordance with statutory authority, the Board may authorize the Division to collect fees in accordance with NRS 449.050.

The fees collected would be used to cover the Division's operating and inspection costs related to the work associated with the addition of the new facility type, Rehabilitative Residential Mental Health Care, to ensure oversight of this new facility type and implementation of these regulations.

7) An explanation of why any duplicative or more stringent provisions than federal, state or local standards regulating the same activity are necessary.

There are no federal standards for Rehabilitative Residential Mental Health Care facilities (RRMHC). However, these regulations are designed to accommodate licensure of services very similar to those provided in Psychiatric Residential Treatment Facilities (PRTF), wherein there are federal regulations. To obtain certification, PRTF facilities must comply with federal standards as this assures national standards. Whereas RRMHCs will not adopt federal standards since certification isn't an option for this new facility type and certain populations (21 years or older) would be prohibited by the federal regulations. Medicaid does plan to offer enrollment for RRMHCs and in such case compliance with these state licensure standards are a necessity.

8) Provide a summary of the reasons for the conclusions of the agency regarding the impact of a regulation on small businesses.

The reason for this conclusion is based on the analysis conducted pursuant to number two of this document. After review of statutes, the proposed regulations and feedback from the industry, a conclusion could be drawn regarding the impact of the regulations on small businesses.

Certification by Person Responsible for the Agency

I, Cythia Leech, Administrator of the Health Care Purchasing and Compliance Division certify to the best of my knowledge or belief, a concerted effort was made to determine the impact of the proposed regulation on small businesses and the information contained in this statement was properly prepared and is accurate.

Signature Cytha Leech Date: 3/24/2024