

# STATE OF NEVADA

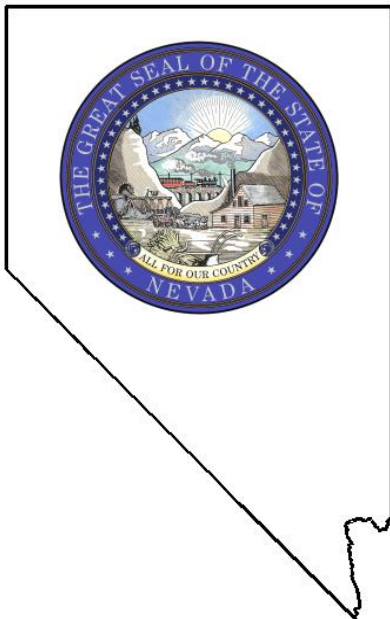
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## Performance Audit

Department of Health and Human Services  
Aging and Disability Services Division

Supported Living Arrangement Program

2019



Legislative Auditor  
Carson City, Nevada

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# Audit Highlights



Highlights of performance audit report on the Supported Living Arrangement Program issued on March 19, 2019.

Legislative Auditor report # LA20-06.

## Background

The Aging and Disability Services Division is a division within the Department of Health and Human Services. Its mission is to ensure the provision of effective support and services to meet the needs of individuals and families, helping them lead independent, meaningful, and dignified lives. The Division offers programs for infants and toddlers with disabilities, persons with physical disabilities, and persons with intellectual or developmental disabilities.

The focus of this audit was the Division's SLA program. The SLA program is authorized by NRS 435 to serve those whose diagnosis is an intellectual or developmental disability. SLA providers that contract with regional centers offer residential support to help individuals with intellectual or developmental disabilities live in the least restrictive community setting possible.

Three regional centers oversee SLA providers. These regional centers were legislatively approved for 457 full-time positions. As of October 2018, there were 428 filled positions. SLA services are funded through State General Fund or Medicaid Home and Community-Based Waiver dollars. The regional centers' expenditures for fiscal year 2018 exceeded \$190 million.

## Purpose of Audit

The purpose of this audit was to determine whether SLA provider homes served individuals with intellectual or developmental disabilities as defined in NRS 435.3315, and to evaluate the living conditions at SLA provider homes. The scope of our audit included the verification of client eligibility for the Division's SLA program, a review of client diagnoses and evidence of treatment, and the placement of clients in SLA provider homes. Specifically, our work included a review of client eligibility and client diagnoses during fiscal year 2018, and SLA home placements and home conditions as of January 2019.

## Audit Recommendations

This audit report contains two recommendations to help ensure SLA providers are certified to serve individuals with additional diagnoses related to mental health and to improve the Division's record keeping practices.

The Division accepted the two recommendations.

## Recommendation Status

The Division's 60-day plan for corrective action is due on June 12, 2019. In addition, the six-month report on the status of audit recommendations is due on December 12, 2019.

# Supported Living Arrangement Program

## Aging and Disability Services Division

### Summary

The Aging and Disability Services Division's (Division) processes help ensure providers of Supported Living Arrangement (SLA) homes serve the intended population, as defined in statute. While all of the Division's clients have a primary diagnosis of an intellectual or developmental disability, many clients also have mental health diagnoses. Documentation showed these clients were receiving treatment for their mental health diagnoses. Although the public has expressed concerns that SLA providers are housing clients outside of their statutory authority, we found SLA providers are housing only Division clients with a primary diagnosis of an intellectual or developmental disability. To improve operations, we found the Division can take steps to strengthen its record keeping practices regarding the location of homes and the accuracy of active client placements. Finally, our unannounced visits to 87 provider homes found these homes were generally clean, safe, and in good repair.

Because NRS 435 does not specifically indicate whether SLA providers are authorized to also serve individuals with additional diagnoses related to mental health, we obtained a legal opinion. Based on how the statutes are currently written, it is the opinion of the Legislative Counsel Bureau's Legal Division that SLA providers need to also be certified as community-based living arrangement (CBLA) providers when serving intellectually or developmentally disabled individuals who also have mental health diagnoses. Because dual certification as an SLA and CBLA provider may not be an efficient practice, the Legislature may want to consider amending statute to allow SLA providers to serve clients who also have mental health diagnoses, provided that SLA staff receive adequate training to care for these clients.

### Key Findings

All of the Division's active clients in fiscal year 2018 had a diagnosis of an intellectual or developmental disability as defined under NRS 435. Many of these clients had other diagnoses, including mental health related diagnoses, for which the Division also provided support. Besides ensuring only qualified clients are served by the Division, the application process helps ensure the Division places intellectually or developmentally disabled clients with its certified SLA providers. (page 6)

Although the SLA program serves individuals with a primary diagnosis of an intellectual or developmental disability, many of the individuals served have multiple diagnoses, including mental health diagnoses. For 53 of 100 client files tested, there was evidence that these clients had at least 1 mental health related diagnosis. Because many individuals in the SLA program also have mental health diagnoses, the Division helps ensure services are obtained to support these diagnoses. These services help ensure individuals with mental health diagnoses receive services, either through medication management or periodic visits with a psychiatrist or psychologist. We examined all 53 client files and found that their mental health diagnoses were either being medically managed or they visited with professionals to address their mental health needs. (page 7)

Providers of 24-hour SLA homes housed only Division clients. We physically inspected 87 of 379 (23%) SLA homes certified by the Division, and located throughout the State, and did not find any evidence of non-division clients residing in the homes. The Division's quality control processes help ensure SLA providers' 24-hour homes house the intended population. (page 9)

The Division did not always have up-to-date information regarding SLA client placements. While the Division had two systems for tracking client placements, neither system contained accurate placement information. Based on our testing, the error rates for both systems exceeded 12%. The Division's policies and procedures did not address record keeping practices related to client placement. Strong record keeping practices are needed to reduce the risk that clients' locations will be unknown and SLA provider homes will not be inspected. (page 10)

The Division's contracted SLA provider homes were generally clean, safe, and in good repair. We performed unannounced visits at 24-hour SLA homes throughout Nevada. For 76 of 87 (87%) homes inspected, we did not observe any conditions that would affect the health or safety of the individuals living in the homes. For the other 11 homes inspected, most of the issues observed were minor or were not frequently present in multiple homes. The Division has implemented controls to help ensure SLA homes meet certain standards. Based on our review, these controls are working as intended. (page 12)

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This report contains the findings, conclusions, and recommendations from our performance audit of the Department of Health and Human Services, Aging and Disability Services Division, Supported Living Arrangement Program. This audit was conducted pursuant to a special request of the Legislative Committee on Senior Citizens, Veterans, and Adults with Special Needs and was authorized by the Legislative Commission. The purpose of legislative audits is to improve state government by providing the Legislature, state officials, and Nevada citizens with independent and reliable information about the operations of state agencies, programs, activities, and functions.

This report includes two recommendations to help ensure SLA providers are certified to serve individuals with additional diagnoses related to mental health and to improve the Division's record keeping practices. We are available to discuss these recommendations or any other items in the report with any legislative committees, individual legislators, or other state officials.

Respectfully submitted,



Rocky Cooper, CPA  
Legislative Auditor

March 15, 2019  
Carson City, Nevada

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# Introduction

## Background

The Aging and Disability Services Division (Division) is a division within the Department of Health and Human Services. Its mission is to ensure the provision of effective support and services to meet the needs of individuals and families, helping them lead independent, meaningful, and dignified lives. The Division offers programs for infants and toddlers with disabilities, persons with physical disabilities, and persons with intellectual or developmental disabilities. These services are currently provided by regional centers that include service coordination and family support, such as respite care; Supported Living Arrangements (SLA); Jobs and Day Training (JDT); behavioral consultation; and counseling.

The Division has three regional centers that include the Desert Regional Center (southern Nevada), Rural Regional Center, and Sierra Regional Center (northern Nevada). Regional center headquarters are located in Carson City, Las Vegas, and Sparks, Nevada.

Regional centers used to perform all services for individuals with disabilities when individuals with disabilities were treated in facilities managed and run by the State, including SLA services. A United States Supreme Court decision in 1999, *Olmstead v. L.C.*, mandated that individuals with disabilities be integrated into communities and assimilated into society if treatment professionals determine integration is appropriate for an individual.

Because of the U.S. Supreme Court's decision, SLA support services are now performed by providers that contract with the Division's regional centers. SLA providers that contract with these regional centers offer residential support to help individuals with intellectual or developmental disabilities live in the least restrictive community setting possible. Support services include habilitative

and skill-building support that help individuals maximize their independence in the community.

The focus of this audit was the Division's SLA program. The SLA program is authorized by Nevada Revised Statutes (NRS) 435 to serve those whose diagnosis is an intellectual or developmental disability. Intellectual disability is defined as significantly sub-average intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period. A developmental disability is defined as autism, cerebral palsy, epilepsy, or any other neurological condition diagnosed by a qualified professional that is manifested before the age of 22, is likely to continue indefinitely, results in substantial functional limitations, and results in the person requiring a combination of individually planned and coordinated services, support, or other assistance that is lifelong or has an extended duration.

The SLA program falls under the Medicaid Home and Community-Based Services Waiver. This waiver allows the State of Nevada to use Medicaid funds to provide long-term care and support services to individuals outside of a hospital, nursing home, or institutional setting. Nevada's waiver targets individuals who have an intellectual or developmental disability and have an open case with one of the Division's regional centers. Individuals must be Medicaid eligible and meet service eligibility requirements before they can be admitted into the program.

The three types of SLA placements offered by the Division are intermittent, 24-hour, and host homes. Intermittent SLAs offer hourly or daily support services to individuals in their place of residence whether that is their house or apartment, or with a roommate or family. The 24-hour SLAs cater to individuals who need the greatest amount of support. These individuals usually share a home with roommates and require 24-hour care. Host homes are families who take in an individual with a disability and include them in their daily life and activities.

### Budget and Staffing

The three regional centers were legislatively approved for 457 full-time positions. As of October 2018, there were 428 filled positions. SLA services are funded through State General Fund or Medicaid Home and Community-Based Waiver dollars. The regional centers' expenditures for fiscal year 2018 exceeded \$190 million. Exhibit 1 shows the revenues and expenditures in fiscal year 2018 by regional center. SLA services fall under the residential supports category.

### Revenues and Expenditures by Regional Center Fiscal Year 2018

Exhibit 1

Revenues	Desert Regional Center	Rural Regional Center	Sierra Regional Center	Totals
Appropriations	\$ 68,615,298	\$10,607,466	\$25,416,100	<b>\$104,638,864</b>
Beginning Cash	453,533	-	-	<b>453,533</b>
Federal Funds	61,312,502	9,119,668	20,841,023	<b>91,273,193</b>
Reimbursements	3,901,595	185,219	926,653	<b>5,013,467</b>
Other <sup>(1)</sup>	971,022	175,865	263,798	<b>1,410,685</b>
<b>Total Revenues</b>	<b>\$135,253,950</b>	<b>\$20,088,218</b>	<b>\$47,447,574</b>	<b>\$202,789,742</b>
<b>Expenditures</b>				
Residential Supports	\$ 70,979,908	\$11,528,465	\$30,216,132	<b>\$112,724,505</b>
Jobs & Day Training	25,539,781	2,997,087	6,024,776	<b>34,561,644</b>
Personnel	23,490,231	3,074,745	5,266,113	<b>31,831,089</b>
Operating	4,558,574	485,464	567,669	<b>5,611,707</b>
Other <sup>(2)</sup>	2,132,367	799,414	226,944	<b>3,158,725</b>
Assessments & Cost Allocations	1,910,408	148,776	274,617	<b>2,333,801</b>
<b>Total Expenditures</b>	<b>\$128,611,269</b>	<b>\$19,033,951</b>	<b>\$42,576,251</b>	<b>\$190,221,471</b>
Differences	\$ 6,642,681	\$1,054,267	\$4,871,323	<b>\$ 12,568,271</b>
Less: Reversions to General Fund	(6,200,130)	(1,054,267)	(4,871,323)	<b>(12,125,720)</b>
<b>Balance Forward to 2019</b>	<b>\$ 442,551</b>	<b>-</b>	<b>-</b>	<b>\$ 442,551</b>

Source: State accounting system.

<sup>(1)</sup> Other includes client charges, excess property sales, and transfers from the Department of Health and Human Services.

<sup>(2)</sup> Other includes in-state travel, out-of-state travel, reserve for reversion, and Family Support program expenses.

## **Scope and Objectives**

The scope of our audit included the verification of client eligibility for the Division's SLA program, a review of client diagnoses and evidence of treatment, and the placement of clients in SLA provider homes. Specifically, our work included a review of client eligibility and client diagnoses during fiscal year 2018, and SLA home placements and home conditions as of January 2019. Our audit objectives were to:

- Determine whether SLA provider homes served individuals with intellectual or developmental disabilities as defined in NRS 435.3315.
- Evaluate the living conditions at SLA provider homes.

This audit was requested by the Legislative Committee on Senior Citizens, Veterans, and Adults with Special Needs after a concern was raised about the SLA program not serving the intended population of individuals with an intellectual or developmental disability in accordance with NRS 435. The audit was authorized by the Legislative Commission on August 30, 2018. We conducted our audit pursuant to the provisions of NRS 218G.010 to 218G.350. The Legislative Auditor conducts audits as part of the Legislature's oversight responsibility for public programs. The purpose of legislative audits is to improve state government by providing the Legislature, state officials, and Nevada citizens with independent and reliable information about the operations of state agencies, programs, activities, and functions.



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# Providers of Supported Living Arrangement Homes Serve the Intended Population

The Aging and Disability Services Division's (Division) processes help ensure providers of Supported Living Arrangement (SLA) homes serve the intended population, as defined in statute. While all of the Division's clients have a primary diagnosis of an intellectual or developmental disability, many clients also have mental health diagnoses. Documentation showed these clients were receiving treatment for their mental health diagnoses. Although the public has expressed concerns that SLA providers are housing clients outside of their statutory authority, we found SLA providers are housing only Division clients with a primary diagnosis of an intellectual or developmental disability. To improve operations, we found the Division can take steps to strengthen its record keeping practices regarding the location of homes and the accuracy of active client placements. Finally, our unannounced visits to 87 provider homes found these homes were generally clean, safe, and in good repair.

Because NRS 435 does not specifically indicate whether SLA providers are authorized to also serve individuals with additional diagnoses related to mental health, we obtained a legal opinion. Based on how the statutes are currently written, it is the opinion of the Legislative Counsel Bureau's Legal Division that SLA providers need to be certified as community-based living arrangement (CBLA) providers when serving intellectually or developmentally disabled individuals who also have mental health diagnoses. Because dual certification as an SLA and CBLA provider may not be an efficient practice, the Legislature may want to consider amending statute to allow SLA providers to serve clients who also have mental health diagnoses, provided that SLA staff receive adequate training to care for these clients.

## The Supported Living Arrangement Program Serves Individuals With a Primary Diagnosis of an Intellectual or Developmental Disability

All of the Division’s active clients in fiscal year 2018 had a diagnosis of an intellectual or developmental disability as defined under NRS 435. Many of these clients had other diagnoses, including mental health related diagnoses, for which the Division also provided support. Besides ensuring only qualified clients are served by the Division, the application process helps ensure the Division places intellectually or developmentally disabled clients with its certified SLA providers.

We tested the primary diagnosis for all 7,471 active clients in the Division’s database and determined the primary diagnosis for all individuals was an intellectual or developmental disability. Our analysis showed the Division’s clients had 143 unique diagnoses. The most common primary diagnoses can be seen in Exhibit 2.

### Most Common Primary Diagnoses Fiscal Year 2018 Active Clients

### Exhibit 2

Diagnosis	Number	Percentage
Mild Intellectual Disabilities	2,236	30%
Moderate Intellectual Disabilities	1,216	16%
Autistic Disorder	1,214	16%
Severe Intellectual Disabilities	774	10%
Unspecified Intellectual Disabilities	414	6%
Profound Intellectual Disabilities	346	5%
Other Disorders of Psychological Development	183	2%
Cerebral Palsy	145	2%
Unspecified Disorder of Psychological Development	145	2%
Asperger’s Syndrome	126	2%
Other Diagnoses <sup>(1)</sup>	672	9%
<b>Totals</b>	<b>7,471</b>	<b>100%</b>

Source: Division records.

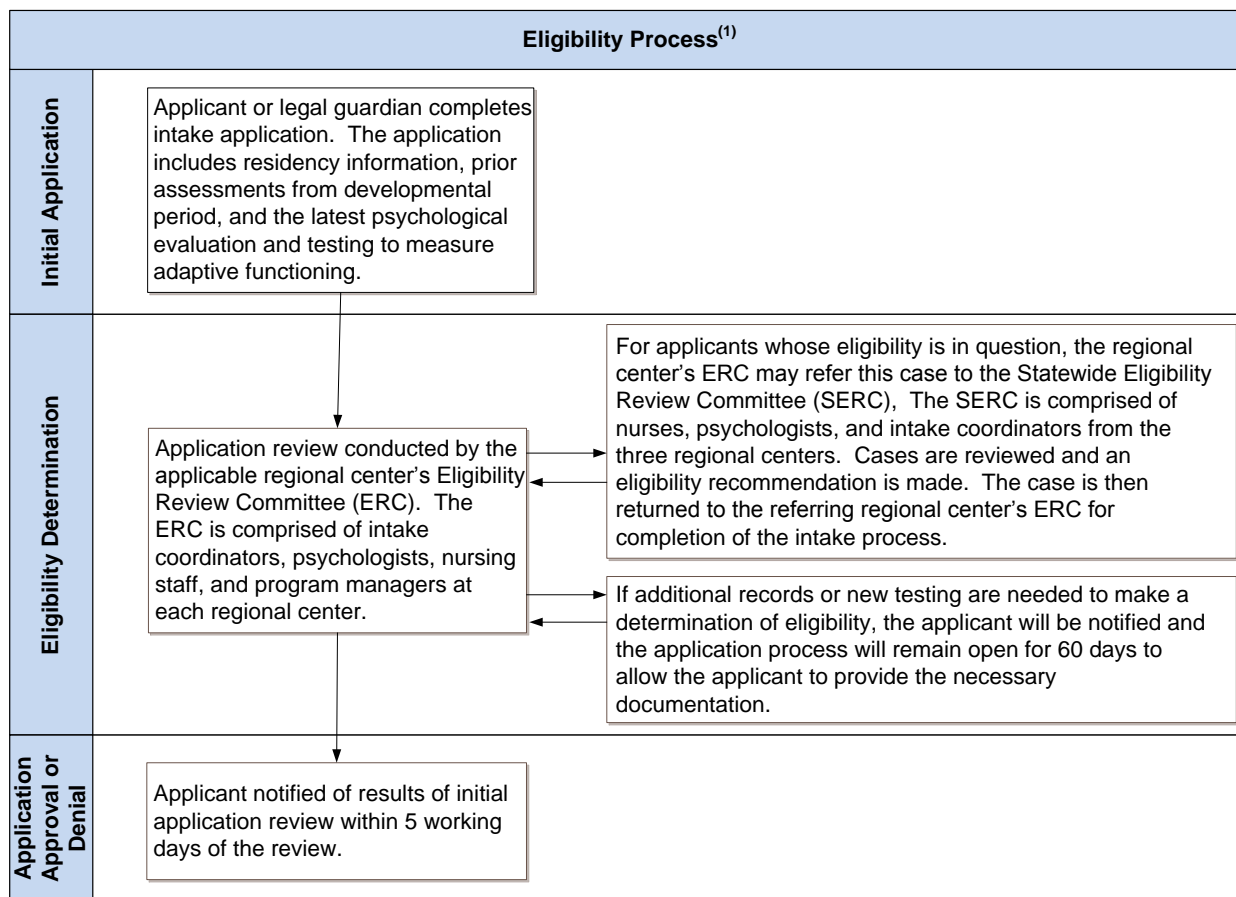
<sup>(1)</sup> Includes 133 unique diagnoses attributed to fewer than 100 clients each. For example, this includes individuals diagnosed with down syndrome, epilepsy, microcephaly, etc.

During the Division’s initial application process at each regional center, the individual requesting SLA services either goes through a psychological evaluation conducted by a licensed psychologist, or has prior psychological evaluations or assessments reviewed by a licensed psychologist to determine the eligibility of the individual. This process ensures that a qualified individual is determining the eligibility of applicants in accordance with statute.

Exhibit 3 shows the eligibility process as described in the Division’s policies.

**Regional Center Intake Eligibility Process**

**Exhibit 3**



Source Division policies and procedures.

<sup>(1)</sup> All individuals who want to participate in SLA services must go through the regional center intake eligibility process.

Of the Division’s 7,471 clients, 2,394 individuals received SLA services through the Division in fiscal year 2018. The Division’s compliance with NRS 435 ensures that SLA providers treat and care for individuals with intellectual or developmental disabilities and not individuals with a different primary diagnosis.

**Individuals With Additional Mental Health Related Diagnoses Received Support**

Although the SLA program serves individuals with a primary diagnosis of an intellectual or developmental disability, many of the individuals served have multiple diagnoses, including mental

health diagnoses. For 53 of 100 client files tested, there was evidence that these clients had at least 1 mental health diagnosis. Because many individuals in the SLA program also have mental health diagnoses, the Division helps ensure services are obtained to support these diagnoses. These services help ensure individuals with mental health diagnoses receive services, either through medication management or periodic visits with a psychiatrist or psychologist.

Our analysis found the 53 clients had 99 mental health diagnoses among them. We examined all 53 client files and found that their mental health diagnoses were either being medically managed or they visited with professionals to address their mental health needs. Exhibit 4 shows the most common types of mental health diagnoses among the clients in our sample.

**Most Common Types of Mental Health Diagnoses  
Fiscal Year 2018 Active Clients**

**Exhibit 4**

<b>Mental Health Diagnoses</b>	<b>Percentage of Total Mental Health Diagnoses</b>
Depression Disorder	12%
Impulse Control Disorder	12%
Bipolar Disorder	11%
Mood Disorder	11%
Anxiety Disorder	7%
Psychotic Disorder	7%
Schizophrenia	6%
Post-Traumatic Stress Disorder	6%
Oppositional Defiant Disorder	5%
Obsessive Compulsive Disorder	4%
Schizoaffective Disorder	4%
Other <sup>(1)</sup>	15%
<b>Total</b>	<b>100%</b>

Source: Division records.

<sup>(1)</sup> Fourteen diagnoses each form about 1% of the total. This includes diagnoses such as conduct disorder, delusional behavior, etc.

Division staff meet with each client and their SLA provider at least yearly to perform an annual assessment and develop their person centered plan that addresses the client’s health and welfare needs, goals, and agreed upon support and services.

Additionally, Division staff are in contact with clients at least quarterly to monitor their progress at SLA provider sites and to ensure SLA providers are delivering support, including care and treatment for their diagnoses.

#### **Legal Opinion Regarding SLA and CBLA Certification**

Because NRS 435 does not specifically indicate whether SLA providers are authorized to serve individuals with additional diagnoses related to mental health, we obtained a legal opinion. Based on how the statutes are currently written, it is the opinion of the Legislative Counsel Bureau's Legal Division that SLA providers need to also be certified as CBLA providers when serving intellectually or developmentally disabled individuals who also have mental health diagnoses. The legal opinion from the Legislative Counsel Bureau's Legal Division is contained in Appendix A, which begins on page 15.

#### **Supported Living Arrangement Providers Housed Only Division Clients**

Providers of 24-hour SLA homes housed only Division clients. We physically inspected 87 of 379 (23%) SLA homes certified by the Division, and located throughout the State, and did not find any evidence of non-division clients residing in the homes. The Division's quality control processes help ensure SLA providers' 24-hour homes house the intended population.

NRS 435.3315 defines SLA services as those provided in a home to a person with an intellectual or developmental disability. To verify that only intellectually or developmentally disabled individuals live in SLA homes, we performed unannounced inspections of 87 homes. Our sample included at least one home from each 24-hour SLA provider in each region. During our visits, we conducted a review of the client files present in the homes, and performed inspections of the homes' interiors. We specifically looked for evidence of non-division clients residing in the homes, either through client files and paperwork present in the homes, or through additional sleeping arrangements for individuals other than residents or staff.

The Division has controls in place to monitor the individuals in their homes. The Medicaid Home and Community-Based Services Waiver requires ongoing contact with the client to

address their health and safety needs. The Division complies by conducting monthly in-home visits if the individual is in a 24-hour setting. This allows the Division to see if an SLA provider has non-division clients in the homes. Additionally, the Division conducts unannounced drop-in observations and yearly environmental reviews of each home where any non-division clients can be identified.

Although the public has expressed concerns that SLA providers are housing clients outside of their statutory authority, we found SLA providers are housing only Division clients. The Division's oversight of provider homes helps ensure that SLA providers are serving the intended population as defined in statute.

## **The Division Can Strengthen Its Record Keeping Practices Related to Client Placement**

The Division did not always have up-to-date information regarding SLA client placements. While the Division had two systems for tracking client placements, neither system contained accurate placement information. Based on our testing, the error rates for both systems exceeded 12%. The Division's policies and procedures did not address record keeping practices related to client placement. Strong record keeping practices are needed to reduce the risk that clients' locations will be unknown and SLA provider homes will not be inspected.

### **Inaccuracies Were Found in the Division's Database**

The Division's database did not accurately track which clients lived at each provider location. We found that 21 of 173 (12%) provider location files we tested from the database had discrepancies related to client placement. For example, the database showed the provider location housed clients that were actually living at different provider locations, or did not show all clients residing at the provider location.

The Division's database has two main sections, the provider location file and the client file. The provider location file contains the clients living in the home, and information related to the home's inspections conducted by Division staff. The client file contains the client's information such as which provider location they live in, client assessments, and other health related information.

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The Division stated that its database is not accurate mostly due to human error. For example, if a client moves to a new provider location, Division staff have to manually update the client's file in the database. However, the provider location file does not automatically update, which requires other manual entries to remove the client from the old provider location and to assign to the new provider location. The Division's service coordinators work with the individual clients and primarily work with the client files. The Division's quality assurance teams work with the providers and primarily work with the provider location files. Division management indicated there are communication issues between the service coordinators and quality assurance teams when it comes to sharing information to update the database.

### **Inaccuracies Were Found in the Division's Vacancy Reports**

While physically inspecting 87 homes throughout the State, we found that vacancy reports did not accurately identify which clients lived in the home for 15 of 87 (17%) homes tested. Each regional center maintains a vacancy report of its region's SLA provider locations. The vacancy report shows the clients living at each location and is also used to assess openings for new SLA clients. The majority of the inaccuracies, 13 of 15, occurred with the vacancy reports from the Desert Regional Center. The inaccuracies included either listing a client as residing in a home who had already moved out, or not listing a client that lived at the provider location. The time varied for the discrepancies where residents had moved into or out of a home, ranging from approximately 2 months to 3 years.

In addition, we found the vacancy reports did not include all 24-hour homes. We requested the SLA providers submit a list of their active 24-hour home locations. After reviewing and comparing the responses from the providers to the vacancy reports, we found four active locations that were not included on the vacancy reports. For example, two homes were opened in October 2018 and the provider locations were not updated on the vacancy reports.

The Division's regional centers did not track client placement in a consistent manner. For example, although in different formats,

two regional centers listed the clients per home with vacancies easily shown. However, another regional center only listed provider locations with vacancies, and did not initially list the clients living at each provider location. Furthermore, the Division's policies and procedures did not establish how client placement information should be maintained, and did not include internal controls to ensure the data was accurate.

The Division needs accurate and reliable information related to provider locations and client placements in order to best serve the individuals in its care. Strong record keeping practices are needed to reduce the risk of losing track of a client. Additionally, the Division may miss a location that is due for an environmental inspection or due for an unannounced visit. These unannounced visits and environmental inspections are important for the safety of the clients, and keep the SLA providers accountable.

After providing the Division with information regarding the inaccuracies of its records, Division management indicated they would follow up to ensure that their records are updated. Furthermore, Division management also indicated they intend to use their database as the single source of client placement information.

**Adequate Living  
Conditions  
Observed at  
Supported Living  
Arrangement  
Homes**

The Division's contracted SLA provider homes were generally clean, safe, and in good repair. We performed unannounced visits at 24-hour SLA homes throughout Nevada. For 76 of 87 (87%) homes inspected, we did not observe any conditions that would affect the health or safety of the individuals living in the homes. For the other 11 homes inspected, most of the issues observed were minor or were not frequently present in multiple homes. The Division has implemented controls to help ensure SLA homes meet certain standards. Based on our review, these controls are working as intended.

The 87 home inspections conducted throughout the State included homes in northern, southern, and rural Nevada. To perform the inspections, we walked the interior and exterior of each home. During these inspections, we looked at the overall cleanliness of the common areas, bedrooms, bathrooms, kitchens, and home



exteriors. Additionally, we ensured the furnishings were in good repair, residents had proper sleeping arrangements, and that there were no apparent safety hazards. Inspections were performed using evaluation criteria developed by the Division.

Our inspections included 87 of 379 (23%) 24-hour SLA homes providing services to intellectually and developmentally disabled clients. As providers typically operate more than one home, our sample included both randomly and judgmentally selected homes to ensure our inspections included at least one home for each provider in each region.

Based on our inspections of the 87 homes, we determined the homes were generally clean, safe, and in good repair. However, there were some issues noted during our inspections, which included:

- One home had two broken windows in a resident's bedroom that had shards of glass still present and accessible to the resident. The window had been broken for 22 days prior to our inspection. As this was a considerable safety concern, we notified Division staff of the situation, after which they followed up with the provider to ensure the issue was resolved.
- Three homes had apparent indoor safety hazards, such as an improperly connected smoke detector.
- Three homes had apparent outdoor safety hazards, such as broken patio furniture.
- Four homes had expired food present in the refrigerator or cupboards. In these instances, the expired food was limited to a few items and not the entirety of the food in the home.

Most of the issues noted were minor or were not frequently present in multiple homes; therefore, these issues did not appear to be systemic.

The Division has controls in place to ensure SLA homes meet certain standards of cleanliness and safety. These controls include the Standards of Service Provision Agreement that each provider abides by, unannounced and scheduled home visits conducted by clients' service coordinators, and an annual environmental review of the homes conducted by the Division's quality assurance staff.

The Division's oversight of the conditions of provider homes helps ensure that the clients they are serving are being placed in clean and safe living conditions, allowing them and the providers to focus on treatment and assistance with daily life.

### **Recommendations**

1. Develop a process to ensure SLA homes provide the necessary treatment to Division clients, who are intellectually or developmentally disabled and have a mental health diagnosis, by also obtaining CBLA certification, or seek legislation to clarify and enhance existing statutes to ensure SLA homes can serve clients with mental health diagnoses, ensuring that proper care is given.
2. Develop policies and procedures to ensure that Division records contain accurate client and provider location information, including procedures to periodically test the accuracy of the information.

### **Consideration for Potential Legislation**

Because dual certification (SLA and CBLA) may not be efficient for SLA providers serving clients with intellectual or developmental disabilities, and that have a mental health related diagnosis, the Legislature may want to consider amending NRS 435 to allow SLA providers to serve these individuals, provided that SLA staff receive adequate training to care for the clients' mental health needs.

# Appendix A

## Legal Opinion Regarding SLA Providers Serving Individuals With a Mental Health Diagnosis

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March 8, 2019

Mr. Rocky Cooper  
Legislative Auditor  
Legislative Counsel Bureau  
401 South Carson Street  
Carson City, NV 89701-4747

Dear Mr. Cooper:

You have asked this office whether a provider who is certified by the Aging and Disability Services Division of the Department of Health and Human Services to provide supported living arrangement services, but who is not certified by the Division of Public and Behavioral Health of the Department to provide community-based living arrangement services, is authorized to provide services to a person with an intellectual or developmental disability who also has a mental illness. To answer your question, we must examine the statutes regulating supported living arrangement services and community-based living arrangement services (collectively referred to hereinafter as “living arrangement services”). When construing statutes, courts attempt “to ascertain the intent of the legislature in enacting the statute.” Dezzani v. Kern & Assocs., 412 P.3d 56, 59 (Nev. 2018) (quoting McKay v. Bd. of Supervisors, 102 Nev. 644, 650 (1986)) In doing so, we begin, as a court would, by examining the plain meaning of the statutes at issue. Dezzani, 412 P.3d at 59 (citing Pub. Employees Benefits Pgm. V Las Vegas Metro. Police Dept., 124 Nev. 138, 147 (2008)).

Supported living arrangement services and community-based living arrangement services are both defined by statute as flexible, individualized services provided in the home, for compensation that are designed and coordinated to assist the recipient in maximizing his or her independence. NRS 433.605, 435.3315. Supported living arrangement services differ from community-based living arrangement services in that: (1) supported living arrangement services are provided to persons who have an intellectual or developmental disability, whereas community-based living arrangement services are provided to persons who have a developmental disability or mental illness; and (2) recipients of supported living arrangement services are served by the Aging and Disability Services Division, whereas recipients of

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## Legal Opinion Regarding SLA Providers Serving Individuals With a Mental Health Diagnosis (continued)

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community-based living arrangement services may be served by the Division of Public and Behavioral Health or any other entity. Id.

Providers of supported living arrangement services are certified and regulated by the Aging and Disability Services Division. NRS 435.332-435.339. In contrast, providers of community-based living arrangement services are regulated by the State Board of Health and the Division of Public and Behavioral Health and certified by the Division of Public and Behavioral Health. NRS 433.607, 433.609, 433.613-433.621. A person or entity is prohibited from providing either supported living arrangement services or community-based living arrangement services without a certificate from the Aging and Disability Services Division or the Division of Public and Behavioral Health, respectively. NRS 433.607, 435.332. Because NRS 435.3315 defines supported living arrangement services as services provided to a person who is served by the Aging and Disability Services Division, it is the opinion of this office that a person who is only certified to provide such services lacks authorization to provide services to a person who is not served by the Aging and Disability Services Division.

In contrast, Nevada law concerning supported living arrangement services does not expressly prohibit a certified provider of supported living arrangement services from serving a person who is served by the Aging and Disability Services Division and suffers from both an intellectual disability or developmental disability and a mental illness. Therefore, these statutes could be interpreted to authorize a person or entity that only holds a certificate to provide supported living arrangement services to provide services to any person with an intellectual or developmental disability, regardless of whether the person also suffers from a mental illness. However, as discussed above, a person or entity is prohibited from providing community-based living arrangement services without a certificate. NRS 433.607. Services provided to a person with a mental illness are included within the definition of the term “community-based living arrangement services” but are not included within the definition of “supported living arrangement services.” NRS 433.605, 435.3315. Therefore, these statutes could be interpreted to prohibit a person or entity from providing services to a person with an intellectual disability or developmental disability and a mental illness unless the person or entity is certified to provide community-based living arrangement services. Under this interpretation, a person or entity that is only certified to provide supported living arrangement services is prohibited from providing services to a person with a mental illness, even if the person also has an intellectual or developmental disability.

Because the statutes governing living arrangement services are capable of two reasonable but inconsistent interpretations, they may be considered ambiguous. United States v. State Eng’r, 117 Nev. 585, 590 (2001) (citing Gallagher v. City of Las Vegas, 114 Nev. 595, 599-600 (1998)); Thompson v. First Judicial Dist. Court, 100 Nev. 352, 354 (1984). When a statute is ambiguous, courts construe the statute “in line with what reason and public policy would indicate the legislature intended.” Torres v. Nev. Direct Ins. Co., 353 P.3d 1203, 1208 (Nev. 2015) (quoting Gallagher, 114 Nev. at 599); Cable v. State ex rel. Employers Ins. Co. of Nev., 122 Nev. 120, 124-25 (2006) (quoting McKay, 102 Nev. at 649).

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## Legal Opinion Regarding SLA Providers Serving Individuals With a Mental Health Diagnosis (continued)

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One canon of statutory construction commonly employed by courts to discern legislative intent holds that, if the Legislature intends to limit the application of a particular provision, it does so expressly. *See Picetti v. State*, 124 Nev. 782, 793 (2008); *Binegar v. Eighth Judicial Dist. Court*, 112 Nev. 544, 549 (1996). The Legislature could have expressly authorized the holder of a certificate to provide supported living arrangement services to serve persons with both an intellectual or developmental disability and a mental illness. The Legislature has frequently enacted legislation exempting certain licensed providers of health care from requirements to obtain a license as another type of provider with an overlapping scope of practice. *See, e.g.* NRS 633.171 (exempting allopathic physicians from provisions governing osteopathic physicians); NRS 635.015 (exempting licensed physicians from provisions governing podiatrists); NRS 640B.145 (exempting certain licensed providers of health care from provisions governing athletic trainers when acting within the scope of that license). The fact that the Legislature did not exempt certified providers of supported-living arrangement services who are providing services to persons who have both an intellectual or developmental disability and a mental illness from the requirement to obtain a certificate to provide community-based living arrangement services indicates that no such exemption was intended.

Another canon of statutory construction that courts use to discern legislative intent holds that statutes should be construed harmoniously when possible. *Dezzani*, 412 P.3d at 59 (2018) (quoting *Torrealba v. Kesmetis*, 124 Nev. 95, 101 (2008)); *Simmons Self-Storage Partners v. Rib Roof, Inc.*, 130 Nev. 540, 546 (2014) (quoting *S. Nev. Homebuilders Ass'n v. Clark County*, 121 Nev. 446, 449 (2005)). As discussed above, statutes governing supported living arrangement services could be construed to authorize a certified provider of such services who is not also certified to provide community-based living arrangement services to provide living arrangement services to a person with mental illness. However, such a construction conflicts with the statute prohibiting a person from providing community-based living arrangement services without a certificate to do so. The alternative construction that requires a person to be certified to provide community-based living arrangement services before providing living arrangement services to a person with mental illness, regardless of whether that person also has an intellectual or developmental disability, does not generate such a conflict. Therefore, it is the opinion of this office that such a construction is favored.

Additionally, courts consider the policy goals behind the enactment of a statute when construing the statute. *Pitmon v. State*, 352 P.3d 655, 659 (Nev. 2015); *Banegas v. State Indus. Ins. Sys.*, 117 Nev. 222, 231 (2001). The provisions of Nevada law governing community-based living arrangement services, were enacted by Assembly Bill No. 46 (A.B. 46) of the 2017 Legislative Session. Sections 1-23 of chapter 269, Statutes of Nevada 2017, at pp. 1406-12. As part of her testimony on that bill before the Assembly Committee on Health and Human Services, Cody Phinney, Administrator of the Division of Public and Behavioral Health, stated that the Division “want[s] to make sure [it has] all the necessary authority and resources in place to ensure that [community-based living arrangement services] are available, safe, and appropriately regulated without being overregulated.” Minutes of the Assembly Committee on Health and Human Services, February 15, 2017, at p. 18. The Division of Public and Behavioral Health is generally responsible for the regulation of services for adults with mental illness. *See*

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*generally* chapters 433 and 433A of NRS. Therefore, the Division of Public and Behavioral Health is likely to have more expertise concerning mental illness than the Aging and Disability Services Division. This expertise likely includes knowledge concerning the unique needs of persons with mental illness. Such knowledge places the Division of Public and Behavioral Health in the best position to ensure the safety and appropriate regulation of services provided to persons with mental illness and understand the regulations that may be necessary to do so. Therefore, it is the opinion of this office that construing statutes governing living arrangement services to require a provider to be certified by the Division of Public and Behavioral Health before providing living arrangement services to any person with mental illness, including such a person who also has an intellectual or developmental disability, seems to effectuate the policy behind A.B. 46 more effectively than the alternative construction.

In summary, based upon the analysis of statutory construction discussed above, it is the opinion of this office that a person or entity is required to be certified by the Division of Public and Behavioral Health to provide community-based living arrangement services to provide services to a person with mental illness, including such a person who also has an intellectual or developmental disability. It is further the opinion of this office that a provider of supported living arrangement services is required to also be certified to provide community-based living arrangement services to provide living arrangement services to an intellectually or developmentally disabled person who also has a mental illness. However, if the conditions encompassed by the term “mental illness” also include conditions encompassed by the terms “intellectual disability” or “developmental disability,” it could be argued that the authorization to serve persons with an intellectual or developmental disability includes authorization to serve persons who have such a disability that also constitutes a mental illness. Therefore, we will next determine whether a mental illness can also constitute an intellectual or developmental disability.

The term “mental illness” is defined in statute as “a clinically significant disorder of thought, mood, perception, orientation, memory or behavior which seriously limits the capacity of a person to function in the primary aspects of daily living.” NRS 433.164. Additionally, the statute specifies that the term “does not include other mental disorders that result in diminished capacity, including, without limitation, epilepsy, intellectual disability, dementia, delirium, brief periods of intoxication caused by alcohol or drugs or dependence upon or addiction to alcohol or drugs.” *Id.* Because NRS 433.164 expressly excludes intellectual disability from the term mental illness, it is the opinion of this office that an intellectual disability does not constitute a mental illness for purposes relating to community-based living arrangement services. However, NRS 433.164 does not exclude a developmental disability from the term mental illness. Thus, we will now examine the definition of “developmental disability” to determine whether a developmental disability may also constitute a mental illness for the purpose of statutes governing living arrangement services. The term “developmental disability” means:

[A]utism, cerebral palsy, epilepsy or any other neurological condition diagnosed by a qualified professional that: (1) is manifested before the person affected attains the age of 22 years; (2) is likely to continue indefinitely; and (3) results in the person affected being functionally limited in certain areas of life activity and requiring certain services.

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## Legal Opinion Regarding SLA Providers Serving Individuals With a Mental Health Diagnosis (continued)

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NRS 435.007. The term “neurological condition” is not defined in statute. When a term is not defined in statute, a court will generally give that term its ordinary meaning. Nguyen v. State, 116 Nev. 1171, 1175 (2000); Dumaine v. State, 103 Nev. 121, 125 (1987). The World Health Organization defines neurological disorders as:

[D]iseases of the central and peripheral nervous system . . . [including] stroke, migraine and other headache disorders, multiple sclerosis, Parkinson's disease, neuroinfections, brain tumours, traumatic disorders of the nervous system due to head trauma, and neurological disorders as a result of malnutrition.

World Health Organization, *What are neurological disorders?*, <http://www.who.int/features/qa/55/en/>, (last visited January 12, 2019). The Diagnostic and Statistical Manual of Mental Disorders defines a similar term, “neurodevelopmental disorder,” which is a subset of neurological disorders, as a condition “with onset in the developmental period . . . characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning.” Diagnostic and Statistical Manual of Mental Disorders 31 (5th Ed. 2013). In other words, neurodevelopmental disorders are deficiencies in the physical development of the nervous system. Therefore, the World Health Organization and the Diagnostic and Statistical Manual of Mental Disorders both indicate that a neurological disorder is a physical disorder of the nervous system. Because the term “developmental disability” is defined to be a neurological disorder, a developmental disability is also a physical disorder of the nervous system.

In contrast, as discussed above, a mental illness is not a physical illness but is instead a “disorder of thought, mood, perception, orientation, memory or behavior.” NRS 433.164. Such a disorder may co-occur with, be related to or even result from a developmental disability. However, because a mental illness, unlike a developmental disability, is not a physical disorder of the nervous system, it is the opinion of this office that a mental illness is always separate and distinct from a developmental disability. Therefore, it is also the opinion of this office that a certificate to provide supported living arrangement services does not authorize the provider to serve a person with a mental illness who also has a developmental disability unless the provider is also certified to provide community-based living arrangement services.

Finally, it is important to note that a mental illness is defined as “a clinically significant disorder of thought, mood, perception, orientation, memory or behavior.” NRS 433.164. Because a condition must be clinically significant to be considered a mental illness, it is the opinion of this office that a disorder resulting from an intellectual or developmental disability that does not have independent clinical significance does not constitute a mental illness. Therefore, it is the further opinion of this office that the holder of a certificate to provide supported living arrangement services is authorized to serve such a person without obtaining a certificate to provide community-based living arrangement services.

In conclusion, it is the opinion of this office that a provider of supported living arrangement services who is not also certified to provide community-based living arrangement services is prohibited from providing living arrangement services to any person who: (1) is not



# Appendix A

## Legal Opinion Regarding SLA Providers Serving Individuals With a Mental Health Diagnosis (continued)

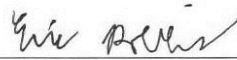
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served by the Aging and Disability Services Division; or (2) suffers from a mental illness, even if the person also suffers from an intellectual or developmental disability. However, it is also the opinion of this office that such a provider is authorized to serve a person who suffers from a mental condition arising from his or her intellectual or developmental disability if the mental condition lacks independent clinical significance.

If you have any further questions regarding this matter, please do not hesitate to contact this office.

Sincerely,

Brenda J. Erdoes  
Legislative Counsel

By   
Eric Robbins  
Principal Deputy Legislative Counsel

By   
Risa B. Lang  
Chief Deputy Legislative Counsel

EWR:dtm  
Ref No. 6064  
File No. OP\_Cooper1809108140



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# Appendix B

## Audit Methodology

To gain an understanding of the Aging and Disability Services Division's (Division) Supported Living Arrangement (SLA) program, we interviewed staff, reviewed statutes and regulations, and other information describing the Division's activities. We also reviewed financial information, prior audit reports, budgets, and legislative committee minutes. Furthermore, we conducted testing related to the primary diagnosis of clients, the care of Division clients with additional mental health needs, client placement, the SLA program's record keeping practices, and the condition of SLA homes.

To determine if the Division serves individuals with a primary diagnosis of an intellectual or developmental disability, we obtained a listing from the Division of all active clients and their primary diagnosis as entered in the Division's database. This listing contained all 7,471 active Division clients in the database, as of November 2018. We performed completeness and accuracy testing on this listing by tracing 1,380 clients from the three regional centers' client listings and confirmed they were present on the Division's listing, and by randomly selecting 10 clients and comparing the information on the listing to that in the Division's database to ensure data was not altered. We identified significant laws and regulations as well as program policies and procedures related to client diagnoses. We reviewed the primary diagnosis for all clients on the listing to determine whether it was an intellectual or developmental disability, in accordance with statute.

As our audit testing for client diagnoses relied on data contained in the Division's database, we also assessed the reliability of the client information contained in the database. We tested the client information in the database for completeness and accuracy by randomly selecting 25 clients from the state accounting system and ensuring they were included in the database. In addition, we

randomly selected 25 clients from the database, and compared the data entered to the original source documentation.

To determine if Division clients with additional mental health related diagnoses received support for their mental health needs, we obtained a listing from each regional center of active clients for fiscal year 2018. From the listing of 2,394 total clients, we identified the 1,380 clients receiving more intensive SLA services by determining the clients that received 160 service hours or more per month. We randomly selected a sample of 100 clients from the target population for further testing. Our sample included 63 clients from the Desert Regional Center, 29 clients from the Sierra Regional Center, and 8 clients from the Rural Regional Center, which reasonably reflected the distribution of the target population by regional center. We tested the 100 client files by reviewing their diagnoses, medications, person centered plans, and annual assessments. We specifically looked for any mental health diagnoses or evidence of a mental health diagnosis in the client's files, and whether or not there was evidence of treatment for their mental health diagnosis through means such as prescription medication or physician visits. Additionally, we requested a legal opinion from the Legislative Counsel Bureau's Legal Division to determine whether statute currently prohibits SLA providers from serving clients with a mental health diagnosis.

To verify only Division clients reside in SLA homes certified by the Division, we physically visited 87 24-hour SLA homes throughout the State and looked for evidence of non-division clients residing in the homes. The 87 home inspections included 24 homes in northern Nevada, 10 homes in rural Nevada, and 53 homes in southern Nevada. To determine our sample, we obtained a listing of all active 24-hour SLA homes from each regional center's vacancy reports, as of November 2018. From these listings, we found that there were 379 active 24-hour SLA homes, and randomly selected 78 homes between the three regional centers where we could conduct physical inspections. We judgmentally selected an additional 9 homes for our sample to ensure we had at least 1 home from each provider in each region included in our sample, bringing our total sample size to 87 homes. While conducting inspections at the homes from our sample, we

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performed both an environmental and a file review where we looked for evidence of additional non-division residents in the homes through additional sleeping arrangements, client files, or physical observation of non-division residents.

To determine if the Division's records regarding client placements in SLA homes were accurate, we reviewed provider information contained in the Division's database, as well as client and provider information contained in the regional centers' vacancy reports. We also compared 173 of 545 provider location files related to client placement to client file information in the database. In addition, the Division provided vacancy reports from all three regional centers, which contained a listing of the provider homes and the clients residing in each home. When we conducted our inspections at the 87 homes in our sample, we verified if the client listing from the vacancy reports accurately reflected the residents in the homes. Additionally, we contacted each provider certified by the Division and requested a complete listing of their 24-hour SLA homes. We compared the homes on the vacancy reports to a listing from each SLA provider to determine whether the vacancy reports were complete and accurate.

To determine if the Division's controls related to the conditions of the SLA homes were adequate, we identified significant program policies and procedures related to environmental conditions, as well as conducted physical inspections of 87 24-hour SLA homes. We utilized the same sample selection used for confirming which residents were in the homes as mentioned above, and developed a checklist to be used when inspecting the homes that was similar to the requirements used by Division staff. We reviewed the environment to ensure that common areas, bedrooms, bathrooms, kitchens, and home exteriors were generally clean and safe and that furniture in these areas were appropriate for the residents and in good repair. Additionally, we looked for apparent safety hazards to the residents, both indoors and outdoors, which included ensuring there was an adequate food supply in the home and that food was not expired.

For our sample design, we used nonstatistical audit sampling, which was the most appropriate and cost-effective method for

concluding on our audit objectives. For client qualification and primary diagnosis testing, we tested all of the Division's active clients. For dual diagnosis, home condition, and client placement testing, we used a sample from the population. Sample sizes were judgmental and determined based on knowledge of the population and ensuring appropriate coverage. We did not project our results because the samples may not be representative of the population. Based on our professional judgement, review of authoritative sampling guidance, and careful consideration of underlying statistical concepts, we believe that nonstatistical sampling provided sufficient and appropriate audit evidence to support the conclusions in our report.

Our audit work was conducted from October 2018 to January 2019. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

In accordance with NRS 218G.230, we furnished a copy of our preliminary report to the Administrator of the Aging and Disability Services Division. On March 11, 2019, we met with agency officials to discuss the results of the audit and requested a written response to the preliminary report. That response is contained in Appendix C, which begins on page 25.

Contributors to this report included:

Jennifer Otto, MPA Deputy Legislative Auditor	Jordan Anderson, MBA Deputy Legislative Auditor
Yuriy Ikovlev, MBA Deputy Legislative Auditor	Zack Fourgis, MBA Deputy Legislative Auditor
Todd C. Peterson, MPA Audit Supervisor	Daniel L. Crossman, CPA Chief Deputy Legislative Auditor

# Appendix C

## Response From the Aging and Disability Services Division

STEVE SISOLAK  
Governor



RICHARD WHITLEY, MS  
Director

DENA SCHMIDT  
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES  
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<http://adsd.nv.gov>

Rocky Cooper, CPA, Legislative Auditor  
Legislative Counsel Bureau  
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401 S. Carson Street  
Carson City, NV 89701-4747

March 14, 2019

Re: Supported Living Arrangement Program  
Audit Report

Dear Mr. Cooper:

Thank you for the information provided in your audit report of March 12, 2019 on the Supported Living Arrangement (SLA) Program. The Aging and Disability Services Division (Division) appreciates the efforts of the Legislative Counsel Bureau (Bureau) in conducting this review and the work to complete it. The Division's response to your recommendations is provided below. Also attached is the "Division's Response to Audit Recommendations" indicating the Division's acceptance of the recommendations.

**Recommendation 1: Develop a process to ensure SLA homes provide the necessary treatment to Division clients, who are intellectually or developmentally disabled and have a mental health diagnosis, by also obtaining CBLA certification, or seek legislation to clarify and enhance existing statutes to ensure SLA homes can serve clients with mental health diagnoses, ensuring that proper care is given.**

**Response:** The Division accepts this recommendation. The Division will seek legislation during the current session to clarify existing Nevada Revised Statute (NRS) 435 to ensure SLA homes can serve individuals dually diagnosed with intellectual or developmental disability and mental health diagnoses. The Division will also perform a crosswalk of CBLA training requirements and add additional annual training requirements, as needed, to the "Supported Living Service Provision Standards" to ensure SLA providers are trained in assisting individuals with serious mental illness. This additional training requirement will be in place within 90 days. If statute cannot be clarified this Legislative session, then the Division will work during the Interim to achieve statute changes during the next Legislative session.

Current NRS 435.332 requires all SLA providers to be certified by ADSD. In order to obtain and maintain certification, all SLA providers must show ongoing compliance with the "Supported Living Service Provision Standards." Many standards within the "Supported Living Service Provision

*Nevada Department of Health and Human Services  
Helping People -- It's Who We Are And What We Do*

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Standards" already address applicable training and other requirements which ensure all medical diagnoses are given proper care. Applicable standards include:

- A.4. The organization maintains current procedures meeting Developmental Services (DS) standards that are pertinent to provider agency operations and congruent with DS and Regional Center policies and procedures. Minimal requirements include the following:
  - b. Health Care Supports to include Routine and Emergency Medical and Medication Supports for Individuals Served;
- A.7. The organization has a process to ensure timely and professional communication and interactions with outside Support Team Members (inclusive of other providers, family, guardians, DS Regional Center, providers of health care, etc.) including the following:
  - a. The organization ensures that necessary information (medication changes, medical appointments, program modifications, health and safety precautions, and risk factors, etc.) is communicated to appropriate people or organizations to ensure quality and continuity of services;
- B.6. Employees have appropriate and current credentials for their positions (Nurses, Behaviorists, Nutritionist, and Certification in Medication Administration or Crisis Intervention, etc.). The organization must retain copies of current licensure and certifications on file including the following:
  - c. Medication Administration Certification through a DS approved program. Staff must maintain current certification status in order to assist with medication administration.
- B.9 Each employee, volunteer, subcontractor and intern, as applicable to their role, must complete orientation training within 90 days of hire and prior to working independently with individuals. Orientation training must include the following:
  - f. Medical Supports and Identifying and Managing Medical Emergencies (including topics meeting specialized needs of individuals that the organization services, i.e. medically fragile, aging, children and youth);
  - g. Medication Supports;
  - l. Positive Behavior Approaches and Supports;
- B.10 Each employee, volunteer, subcontractor and intern, as applicable to their role, must complete annual training to include:
  - e. Medical Supports and Identifying and Managing Medical Emergencies (including topics meeting specialized needs of individuals that the organization services, i.e. medically fragile, aging, children and youth);
  - f. Medication Supports;
  - i. Positive Behavior Approaches and Supports
- D.1. The organization's health and wellness supports are individualized based on assessments, including the following:
  - a. The organization ensures that all individuals receiving medication support will have current prescriptions, including those for PRN and will include identifiers and parameters for administration;
  - b. The organization ensures that health care assessments are completed according to DS agency policy, PCP team recommendations and submitted to the DS Regional Center prior to PCP meetings;
  - c. Recommendations and medication/treatment changes from health care professionals are shared with team members who need to know as pertinent to their support role;
  - d. Recommendations and medication/treatment changes from health care professionals are acted upon as prescribed;

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- D.5 The organization ensures that individuals' health care needs are adequately assessed and supported, including the following:
  - a. The organization has a process for assessing health care needs; development of health support plan; training to staff; and securing of adaptive equipment and home modifications, as applicable, prior to the initiation of services and/or upon discharge from hospital;
  - b. The organization has a system to ensure that health care appointments are scheduled and attended, with follow up on recommendations as prescribed;
  - c. The organization ensures physician recommendations for monitoring and treating signs and symptoms of health concerns are documented to include: seizures; blood pressure; blood sugar levels; behavioral data; nutritional status; input/output; weight; etc.;
  - d. The organization ensures that health care providers/physicians are provided with appropriate documentation including data on target health symptoms or behavioral issues needed to make effective treatment decisions;
  - e. The organization ensures health care recommendations/orders are implemented timely;
  - f. The organization ensures adequate documentation is maintained on all health care appointments and follow-up activity.

Division staff, including service coordinators and quality assurance staff, review living situations and provider compliance with requirements, including quality of services provided and staff training records. The Division may issue sanctions, up to and including provider termination, to SLA providers who are not in compliance with the "Supported Living Service Provision Standards."

**Recommendation 2: Develop policies and procedures to ensure that Division records contain accurate client and provider location information, including procedures to periodically test the accuracy of the information.**

*Response:* The Division accepts this recommendation. The Division is in the process of expanding the existing policy "46-1 Developmental Services Electronic Documentation" to define the timeframe and Division staff responsibilities for updating the electronic records of both providers and individuals in service. This will include timelines for the creation of new 24-hour SLA home records by Division quality assurance staff and enrolling/disenrolling individual records within the correct 24-hour SLA home record, as well as updating the individual's address, by community services staff within the Division's electronic information system. To test the accuracy of the information, existing reports of the data will be reviewed by supervisory and quality assurance staff on at least a quarterly basis. The policy will also incorporate procedures for the correction of incorrect data.

While the Division acknowledges an improvement to our electronic record keeping is needed, the Division also maintains certification of all Supported Living providers pursuant to NRS 435.332. In order to maintain certification, all SLA providers must show ongoing compliance with the "Supported Living Service Provision Standards." Standard C.III.8 states "the organization has a system in place to ensure all homes considered for 24 hour supported living arrangements meets standards and are prior approved by the Regional Center." All SLA providers are required to contact the Regional Center once they have found a potential 24-hour SLA home in order to schedule an inspection of the home by Division staff. Only those homes meeting basic safety standards are approved for use as a 24-hour SLA home. The Division may impose sanctions, up to and including provider termination, on SLA providers who do not follow these home approval procedures, which greatly reduces the risk of

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new 24-hour SLA homes being opened without prior approval of the Regional Center. In addition, new authorizations for SLA service are not issued if the Division community services staff do not know where an individual is living. Providers cannot be paid for services provided without an approved authorization.

Thank you for the opportunity to review, identify and address areas in which Developmental Services can improve our Supported Living Arrangement Program to support the individuals we serve.

Sincerely,

A handwritten signature in blue ink that reads "Dena Schmidt". The signature is written in a cursive style with a large, stylized 'D' and 'S'.

Dena Schmidt  
ADSD Administrator



## Aging and Disability Services Division's Response to Audit Recommendations

<u>Recommendations</u>	<u>Accepted</u>	<u>Rejected</u>
1. Develop a process to ensure SLA homes provide the necessary treatment to Division clients, who are intellectually or developmentally disabled and have a mental health diagnosis, by also obtaining CBLA certification, or seek legislation to clarify and enhance existing statutes to ensure SLA homes can serve clients with mental health diagnoses, ensuring that proper care is given .....	<u>X</u>	<u>        </u>
2. Develop policies and procedures to ensure that Division records contain accurate client and provider location information, including procedures to periodically test the accuracy of the information .....	<u>X</u>	<u>        </u>
TOTALS	<u>    2    </u>	<u>        </u>

### Consideration for Potential Legislation

Because dual certification (SLA and CBLA) may not be efficient for SLA providers serving clients with intellectual or developmental disabilities, and that have a mental health related diagnosis, the Legislature may want to consider amending NRS 435 to allow SLA providers to serve these individuals, provided that SLA staff receive adequate training to care for the clients' mental health needs.