

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

LCB File No. R077-01

Effective October 18, 2001

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

AUTHORITY: §§1-19 and 21-41, NRS 449.037; §20, NRS 439.150, 449.037 and 449.050.

Section 1. Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 10, inclusive, of this regulation.

Sec. 2. *“Case management services” means a multi-step process by which clients may receive assistance in accessing services, including, without limitation, services concerning health, mental health, education, vocation, employment, legal issues, child care, housing and after-care for recovery from alcohol and drug abuse.*

Sec. 3. *“Facility for modified medical detoxification” has the meaning ascribed to it in NRS 449.00385.*

Sec. 4. *“Governing body” means a body that has the ultimate authority for the administration of the overall program at a facility pursuant to NAC 449.085.*

Sec. 5. *“Medically managed intensive detoxification program” means a program which provides 24-hour medical monitoring of treatment and detoxification services in a licensed hospital pursuant to NAC 449.279 to 449.394, inclusive, and which has life support systems in place.*

Sec. 6. *“Residential program” means a treatment program for alcohol and drug abuse which takes place in a 24-hour residential setting and which encompasses organized services*

staffed by designated addiction treatment personnel who provide a planned regimen of client care.

Sec. 7. *“Social model detoxification program” means a treatment program that concentrates on providing psychosocial services and non-medical detoxification.*

Sec. 8. *A social model detoxification program may be offered to clients in:*

- 1. Residential programs that offer detoxification services;*
- 2. A licensed facility for modified medical detoxification pursuant to NAC 449.15311 to 449.15369, inclusive; or*
- 3. A medically managed intensive detoxification program.*

Sec. 9. 1. *A facility that offers a social model detoxification program:*

(a) Must have a physician, nurse practitioner, registered nurse or physician assistant conduct a physical assessment and a review of the general medical and drug history of a client within 24 hours after the client is admitted to the facility to ensure that a social model detoxification program is appropriate for the client.

(b) Must not provide detoxification services for clients who exhibit life-threatening symptoms of withdrawal from alcohol and drug abuse.

(c) Must develop and implement policies and procedures that protect the safety and health of clients. The facility must have these policies and procedures reviewed annually by a licensed physician who is familiar with the symptoms of withdrawal from alcohol and drug abuse.

(d) Must ensure that the observation of a client during his treatment in the social model detoxification program is reflected in the records of the client as deemed necessary by the policies and procedures of that facility.

2. The staff of a facility that offers a social model detoxification program must complete at least 6 hours of additional education in the detoxification of alcohol and drug abusers, as approved by the program of ongoing quality improvement pursuant to section 8 of this regulation, every 2 years. Such education must include instruction in:

- (a) Acute withdrawal symptoms from alcohol and drug abuse; and*
- (b) First aid procedures for clients with seizures.*

Sec. 10. *1. A social model detoxification program must have a program of ongoing quality improvement designed to:*

- (a) Monitor and evaluate, objectively and systematically, the quality and appropriateness of client care;*
- (b) Pursue opportunities to improve client care; and*
- (c) Resolve identified problems.*

2. The program of ongoing quality improvement must:

(a) Establish written policies and procedures to describe and document the monitoring and evaluation activities of the program of ongoing quality improvement.

(b) Include the participation of a medical professional who is not required to be a member of the staff. For the purposes of this paragraph, “medical professional” means a licensed physician, nurse practitioner, physician assistant or registered nurse who is familiar with clients suffering from acute withdrawal symptoms from alcohol and drug abuse.

(c) In addition to the participation of a medical professional pursuant to paragraph (b), include the participation of the administrator and two staff members of the social model detoxification program.

(d) Approve the 6 hours of additional education required pursuant to section 9 of this regulation to ensure that the additional education is appropriate.

3. The findings of the program of ongoing quality improvement, including, any conclusions, recommendations, actions taken and the results of the actions taken, must be documented. All documentation must be reported to the governing body and must be reflected in the minutes annually.

Sec. 11. NAC 449.019 is hereby amended to read as follows:

449.019 As used in NAC 449.019 to 449.153, inclusive, *and sections 2 to 10, inclusive, of this regulation*, unless the context otherwise requires, the words and terms defined in NAC 449.022 to 449.073, inclusive, *and sections 2 to 7, inclusive, of this regulation*, have the meanings ascribed to them in those sections.

Sec. 12. NAC 449.022 is hereby amended to read as follows:

449.022 “Administrator” means ~~any person certified by the bureau of alcohol and drug abuse who has the responsibility for the management of a~~ *the person who is appointed by the governing body of a facility who has primary responsibility for the operations of the overall program of the* facility.

Sec. 13. NAC 449.025 is hereby amended to read as follows:

449.025 “Alcohol and drug abuse ~~program~~ *treatment*” means a ~~project~~ *program* concerned with ~~education, prevention and~~ *substance abuse* treatment directed towards achieving the mental and physical restoration of alcohol and drug abusers.

Sec. 14. NAC 449.031 is hereby amended to read as follows:

449.031 “Client” means a resident or patient ~~of~~ *of a facility*.

Sec. 15. “Detoxification ~~[facility] means a 24-hour facility which provides limited medical supervision for substance abusers, including surveillance during detoxification.]~~” *means the process of eliminating the toxic effects of alcohol and drugs from the body.*

Sec. 16. NAC 449.043 is hereby amended to read as follows:

449.043 “Facility” means ~~[an alcohol or drug treatment]~~ *a facility for the treatment of abuse of alcohol or drugs* as defined in NRS 449.00455.

Sec. 17. NAC 449.064 is hereby amended to read as follows:

449.064 “Overall program” means ~~[tasks such as]~~ *all aspects of alcohol and drug abuse treatment, including* general fiscal management, fund-raising projects and the general long-term goals of a facility which are ~~[commonly undertaken by a board of directors.]~~ *defined in writing.*

Sec. 18. NAC 449.073 is hereby amended to read as follows:

449.073 “Qualified social worker” means a person ~~[with at least a bachelor’s degree in social work from an accredited school of social work or its equivalent.]~~ *who is licensed by the board of examiners for social workers to practice as a social worker.*

Sec. 19. NAC 449.079 is hereby amended to read as follows:

449.079 1. ~~[As a condition of the issuance of a license, the investigation conducted by the health division pursuant to NAC 449.0112 must show that the facility satisfactorily complies with NAC 449.019 to 449.153, inclusive, and the facility must provide proof that it is accredited and certified by the bureau.~~

~~—2.— Any person who operates an accredited alcohol and drug treatment facility which receives federal or state money, and does not have a license issued by the health division is guilty of a misdemeanor pursuant to NRS 449.210.~~

~~—3.—Whenever the health division has reason to believe that an accredited facility is operating without a license, or a licensed facility is not conforming to the conditions of the license or the regulations for alcohol or drug abuse treatment facilities, the health division may inspect the premises where the violation is alleged to have occurred and conduct such other investigations as may be indicated.~~

~~—4.—If the bureau revokes or does not renew the accreditation of a facility, the health division shall revoke the license of the facility subject to the appeals procedure] If a facility is not certified by the health division pursuant to subsection 4 of NRS 458.025, the health division shall deny an application for a license or suspend or revoke the license of the facility.~~

2. An applicant or licensee who wishes to appeal an action of the health division relating to the denial, suspension or revocation of a license may appeal the action pursuant to the procedures set forth in NAC 439.300 to 439.395, inclusive.

Sec. 20. NAC 449.081 is hereby amended to read as follows:

449.081 1. Building plans for new construction or remodeling ~~[may]~~ *must* be submitted to the *entity designated to review such plans by the* health division ~~[for review]~~ pursuant to the provisions of NAC 449.0165.

2. The health division shall not approve the ~~[plans for]~~ licensing *of a facility* until all construction has been completed and a survey is conducted at the site.

Sec. 21. NAC 449.085 is hereby amended to read as follows:

449.085 1. Every ~~[alcohol or drug abuse]~~ facility must have a governing body which has the ultimate authority for the administration of the overall program.

2. The governing body shall adopt written bylaws and policies that define the powers and duties of the governing body, its committees, the administrator and any advisory group.

3. The bylaws and policies must:

(a) Identify the overall goals.

(b) Include an organizational chart.

(c) Define the major lines of authority and areas of responsibility within the treatment program.

(d) Define the membership of the governing body, the types of membership, the method of selection or appointment of members, offices or committees and their terms of office.

(e) Define the frequency of meetings of the governing body and attendance requirements.

4. The duties of the governing body include, but are not limited to, the following items:

(a) Appointment of a qualified administrator with authority and responsibilities appropriate to the requirements of the program;

(b) Adoption, review and revision of the governing body's bylaws and policies;

(c) Adoption of controls designed to achieve and maintain maximum standards of service;

and

(d) Review and approval of an annual budget to carry out the objectives of the program.

5. New facilities must show sufficient resources to operate for 120 days.

6. The governing body shall retain the ultimate responsibility for the overall program and its objectives.

7. ~~The governing body shall issue an annual report available to the public which discloses ownership in the same manner as required in an application for a license filed pursuant to NAC 449.011.~~

~~8.]~~ The governing body shall meet at least semiannually. Minutes must be kept of the meetings, including the date of the meeting, those in attendance, topics discussed, decisions

made and actions taken, target dates for the implementation of recommendations and all program reports.

Sec. 22. NAC 449.088 is hereby amended to read as follows:

449.088 1. A facility must have written policies and procedures available to members of the staff, clients and *the* public which govern the operation of the facility and services provided by the facility.

2. The policies must:

(a) Ensure that only those persons are accepted as clients whose needs can be met by the facility directly or in cooperation with community resources or other providers of treatment with which it is affiliated. ~~[or has contacts.]~~

(b) Ensure that a client whose physical or mental condition has changed to such an extent that he can no longer be adequately served by the facility will be transferred promptly to an appropriate facility. ~~[Written transfer agreements with such other facilities must be maintained at the facility.]~~

(c) Set forth the rights of clients and members of the staff and provide for the registration and disposition of complaints without threat of discharge or reprisal against any employee or client.

(d) Ensure that the admission agreement between the administrator and the client does not permit the administrator or his designee a power of attorney.

Sec. 23. NAC 449.091 is hereby amended to read as follows:

449.091 1. Except in the case of an emergency, the transfer of a client *to another facility* must not be effected until the client, attending physician, if any, and responsible agency are ~~[consulted]~~ *notified* in advance.

2. ~~[Written arrangements must be made to assure that a reasonable continuum of care is met in the new facility and made a part of the client's file.~~

~~—3.—~~ The admission agreement must not permit the licensee or his designate a power of attorney.] *If a client is transferred to another facility, information required for appropriate continuation of care must be released to the receiving facility in compliance with the standards set forth in 42 C.F.R. Part 2, which are hereby adopted by reference. A copy of the standards may be obtained from the health division, free of charge, upon request.*

Sec. 24. NAC 449.094 is hereby amended to read as follows:

449.094 1. If a facility handles a client's money, a written ledger account of all deposits, disbursements or other transactions must be maintained. A record must be made available to the client at least quarterly.

2. A client's money must be given to him within ~~[48]~~ 24 hours of his exit from the facility.

3. Large sums of money must be maintained in a financial institution in the community where the facility is located in a separate trustee account apart from the facility's operational accounts and must be clearly designated.

Sec. 25. NAC 449.098 is hereby amended to read as follows:

449.098 ~~[A]~~ *Each facility shall post a* written plan for disasters ~~[must be posted in residential facilities]~~ which outlines procedures for members of the staff and clients to follow in case of fire or other emergencies and *which* provides for meeting the needs of clients if the facility is destroyed.

Sec. 26. NAC 449.102 is hereby amended to read as follows:

449.102 If a ~~residential~~ facility holds or stores a client's belongings, there must be an inventory of the belongings on admission, made a part of the client's record, and updated as needed. These belongings must be returned to the client upon his exit.

Sec. 27. NAC 449.108 is hereby amended to read as follows:

449.108 1. ~~Every facility must have a written program outlining short term and long term objectives and goals. These goals must be realistic, attainable, and clearly and operationally defined.~~

~~2. Each component of the program must develop objectives which complement the goals of the overall program.]~~ *A residential program must:*

(a) Be approved by the health division; and

(b) Meet the criteria specified in the Patient Placement Criteria for the Treatment of Substance-Related Disorders, 2nd Edition Revised (ASAM PPC-2R), which is hereby adopted by reference. A copy of the book may be purchased from ASAM Publications Distribution, P.O. Box 101, Annapolis Junction, MD 20701-0101 for the price of \$70 for ASAM members or \$85 for nonmembers.

2. At the time of admission into a residential program, there must be documentation indicating that the client has been informed of:

(a) The general nature and goal of the program;

(b) The rules governing client conduct and the infractions that can lead to disciplinary action or discharge from the program;

(c) The treatment costs, if any, to be borne by the client;

(d) The client's rights and responsibilities; and

(e) Confidentiality laws, rules and regulations.

3. The program must be periodically evaluated ~~[by the bureau. A report of the evaluation must be prepared and distributed to the management and staff.]~~ *to ensure compliance with any applicable regulations adopted pursuant to subsection 4 of NRS 458.025.*

4. The facility must provide *access to* medical, dental, psychological and rehabilitative services ~~[needed to fulfill the goals of the program and]~~ *to* meet the needs of all its clients ~~[.]~~, *to the extent possible, with assistance from available community resources.*

5. If a facility provides services through outside sources, ~~[formal,]~~ written arrangements must be made assuring that the services are supplied directly by, or under the supervision of, qualified persons.

6. ~~[In residential facilities:~~

~~—(a)]~~ The facility must provide ~~[social]~~ *case management* services as needed by the client either directly or by written agreement with a qualified social worker, ~~[~~

~~—(b) A designated member of the staff who is qualified by training or experience must be responsible for implementing and coordinating social services.~~

~~—(c)]~~ a registered nurse or a counselor certified or licensed by the board of examiners for alcohol and drug abuse counselors.

7. A plan for social *case management* services must be recorded in the client's record and must be periodically evaluated in conjunction with the client's treatment plan.

~~[7.— The facility must provide an activities program. An independent and group activities program must be developed for each client in accordance with his needs and interests. The plan must be recorded in the client's overall treatment plan and reviewed by the client and members of the staff and updated as needed.]~~

8. Each facility ~~[must]~~ *shall* review the ~~[general]~~ program at least annually. Areas reviewed must include, but need not be limited to, appropriateness of admissions, lengths of stay, discharge planning, use of services and utilization of the components of the program and outside services. Written reports of the reviews must be evaluated by the governing body, administrator and such committees as they designate. Documentation of the evaluation process must be maintained at the facility.

Sec. 28. NAC 449.111 is hereby amended to read as follows:

449.111 1. ~~[The administrator must be certified by the bureau.~~

~~—2.]~~ The administrator is responsible to the governing body for the operation of the facility in accordance with established policy.

~~[3.]~~ 2. The administrator shall:

(a) Organize the administrative functions of the program, delegate duties and establish a formal means of accountability on the part of subordinates.

(b) ~~[Assure]~~ *Ensure* that a written manual defining program policies and procedures is prepared, regularly revised and updated. The manual must:

(1) Contain all of the required written policies, procedures, definitions, lists and other documentation required by NAC 449.019 to 449.153, inclusive.

(2) Be available to members of the staff at all times at designated and convenient locations.

(c) Appoint a person of majority age to act for him during any ~~[extended]~~ absence.

Sec. 29. NAC 449.114 is hereby amended to read as follows:

449.114 1. A facility must have on duty, all hours of each day, members of the staff sufficient in number and qualifications to carry out policies, responsibilities and program continuity.

2. ~~[All members]~~ *Each member* of the counseling staff must be ~~[certified]~~ :

(a) *A registered intern;*

(b) *Certified or licensed* by the ~~[bureau.]~~ *board of examiners for alcohol and drug abuse counselors; or*

(c) *A licensed mental health professional who has experience with alcohol and drug abuse counseling.*

3. The administrator or his appointee shall be present and responsible for the operations of the facility during normal hours.

4. ~~[Emergency and inpatient facilities must provide 24-hour coverage by a registered nurse during all days of the week.~~

~~—5.— Detoxification facilities must provide 24-hour coverage by a licensed nurse all days of the week. The supervisor of nurses must be a registered nurse.~~

~~—6.]~~ A facility must have written policies and procedures for the recruitment, selection, promotion and termination of members of the staff.

~~[7.]~~ 5. The facility must have written policies and procedures covering wages and salaries, working hours, employee benefits, vacation and sick leave, rules of conduct and training and the development of the staff.

~~[8.]~~ 6. The facility must provide an orientation session to new employees. Documentation of the sessions must be maintained in the employee's personnel ~~[file.~~

~~—9.] record.~~

7. There must be written policies and procedures governing disciplinary actions which clearly define the mechanism for suspension or dismissal of members of the staff as well as the procedures for appeal.

~~H0~~ 8. Written job descriptions must be maintained for all positions. A description must include:

- (a) The title of the job;
- (b) The tasks and responsibilities of the job;
- (c) The skills, education and experience necessary for the job;
- (d) The relationship of the job to other jobs within the program; and
- (e) The working conditions, location, shift, materials and equipment to be used on the job.

FLUSH The job description must accurately reflect the actual job situation and must be reviewed annually or whenever a change in the job or qualifications occurs. Job descriptions must be available on request to all members of the staff.

~~H1~~ 9. A personnel record must be maintained for each employee. The record must contain:

- (a) The employment application;
- (b) Letters of recommendation;
- (c) Reference investigation records;
- (d) Verification of training, experience and , *if applicable*, certification;
- (e) *Documentation of attendance at the orientation session for new employees;*
- (f) Job performance evaluations;
- ~~H~~ (g) Incident reports; and
- ~~g~~ (h) Disciplinary actions taken.

~~[12.]~~ **10.** Personnel records must be maintained in a secure manner and must be available only to those persons authorized in written policies and procedures. An employee must have access to his own ~~[file]~~ *records* upon request.

Sec. 30. NAC 449.117 is hereby amended to read as follows:

449.117 All persons employed in ~~[treatment facilities]~~ *a facility* must have ~~[a preemployment physical examination or certification of a 3-year health record from a physician and a skin test or chest X-ray for tuberculosis. Thereafter, an annual skin test or chest X-ray for tuberculosis is required. If a positive skin test is found, then a chest X-ray is required.]~~
documentation showing that they are in compliance with any applicable provisions of chapter 441A of NAC concerning tuberculosis.

Sec. 31. NAC 449.123 is hereby amended to read as follows:

- 449.123
1. Each facility must meet all state and local environmental health standards.
 2. A facility which provides dietary services must have food service equipment of appropriate quality and type for the type of food service program used by the facility. The equipment must ~~[be approved by fire and health authorities.]~~ *comply with all applicable provisions in chapter 446 of NAC.*
 3. All environmental health inspection reports must be on file in the facility. Any deficiencies must be corrected within 90 days and documented in the file. ~~[Copies of reports must be sent by the inspector to the health division.]~~
 4. Premises and equipment must be maintained in a sanitary condition:
 - (a) The facility must have the necessary cleaning and maintenance equipment with sufficient storage areas and appropriate procedures to maintain a clean and orderly establishment.

(b) Janitorial supplies, including aerosols, must be stored in areas separate from clean linen, food and other supplies.

(c) The storage of dirty linen must be separate from the storage of clean linen, food and other supplies.

5. ~~[Items]~~ *The facility shall establish a policy that prohibits clients from sharing items* for personal use, such as combs, toothbrushes, towels or bar soap . ~~[may not be shared by the patients.~~

~~—6.— Public restrooms and restrooms]~~

6. *Restrooms* or lavatories for the staff must be provided with soap dispensers and individual disposable towels.

Sec. 32. NAC 449.126 is hereby amended to read as follows:

449.126 1. A ~~[residential]~~ facility must maintain:

(a) A laundry with equipment which is adequate for the sanitary washing and finishing of linen and other washable goods; or

(b) A written agreement with a commercial establishment to provide laundry services for the ~~[residential facility.~~

~~—2.— Emergency and inpatient facilities must comply with the laundry requirements of Long-Term Care Facility Construction Standards issued by the health division.~~

~~—3.— Detoxification and intermediate residential facilities must meet the standards that are appropriate to the facility and its program as determined by the health division.~~

~~—4.—] facility.~~

2. The laundry must be situated in an area which is separate from any area where food is stored, prepared or served. The laundry must be well-lighted, ventilated, adequate in size to

house the equipment and maintained in a sanitary manner. The equipment must be kept in good repair.

~~[5.]~~ 3. Soiled linen must be collected and transported to the laundry in washable or disposable *covered* containers in a sanitary manner. ~~[Soiled linen must not be transported through areas used for preparing or serving food.~~

~~—6.— Laundry supplies must be stored in a secure area.~~

~~—7.]~~ 4. Clean linen to be dried, ironed, folded, transferred or distributed must be handled in a sanitary manner, specified in writing.

~~[8.]~~ 5. Closets for storing linen *and laundry supplies* must be provided and must not be used for any other purpose.

Sec. 33. NAC 449.129 is hereby amended to read as follows:

449.129 1. The state board of health hereby adopts by reference the ~~[Life Safety Code 101, 1994 edition.]~~ *NFPA 101: Life Safety Code, in the form most recently published by the National Fire Protection Association, unless the board determines that the most recent version is not suitable for this state pursuant to this subsection.* A copy of the code may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, for the price of ~~[\$44.50, plus \$4.84]~~ *\$45.50 for members of the National Fire Protection Association, or \$50.50 for nonmembers, plus \$6.95* for shipping and handling. *The board will hold a public hearing to review each revision of the code to ensure its suitability for the state. If the board determines that the revision is not suitable for this state, the revision does not become part of the publication adopted by reference pursuant to this subsection and the version of the code that is currently in effect remains in effect.*

2. *Except as otherwise provided in this section, a facility shall comply with the provisions of NFPA 101: Life Safety Code, adopted by reference in subsection 1. A facility must be designed, constructed, equipped and maintained in a manner that protects the health and safety of the clients and personnel of the facility and members of the general public.*

3. Each facility must comply with all currently adopted life safety, fire, health division and zoning codes. If there is a difference between state and local codes, the more stringent standards apply.

~~[3.—Emergency and inpatient facilities must meet the requirements of the “General Hospital Construction Standards” adopted by the state board of health.~~

~~—4.—Existing detoxification and intermediate residential facilities]~~

4. *Facilities* housing 17 or more clients must meet the requirements of ~~[chapter 17,]~~ *the chapter titled* “Existing Hotel and Dormitories” of the ~~[Life Safety Code 101, 1994 edition.]~~ *current edition of NFPA 101: Life Safety Code, adopted by reference pursuant to subsection 1.*

Those facilities housing not more than 16 clients must meet the requirements of ~~[chapter 20,]~~ *the chapter titled* “Lodging or Rooming Houses,” of the ~~[Life Safety Code 101, 1994 edition.]~~ *current edition of NFPA 101: Life Safety Code, adopted by reference pursuant to subsection 1.*

5. New *or remodeled* facilities must comply with all currently adopted building, electrical and plumbing codes.

6. *A facility is deemed to be in compliance with the provisions of this section if:*

(a) The facility is licensed by May 30, 2001 and:

(1) The use of the physical space in the facility is not changed; and

(2) There are no deficiencies in the construction of the facility that are likely to cause serious injury, harm or impairment to the health and welfare of the public; or

(b) Before May 30, 2001, the facility has submitted building plans to the entity designated to review such plans by the health division pursuant to the provisions of NAC 449.0165 and:

(1) The health division determines that the plans comply with standards for construction in effect before May 30, 2001;

(2) Construction of the facility is begun before February 1, 2002;

(3) The facility is constructed in accordance with those standards; and

(4) There are no deficiencies in the construction of the facility that are likely to cause serious injury, harm or impairment to the health and welfare of the public.

Sec. 34. NAC 449.132 is hereby amended to read as follows:

449.132 1. ~~Each room used for sleeping, living or dining in a facility must have at least two means of egress, at least one of which must be a door or stairway providing a means of unobstructed travel to the outside of the building at the level of the street or ground.~~

~~2.]~~ No room or space *in a facility* may be occupied for sleeping, living or dining which is accessible only by a ladder, by folding stairs or through a trapdoor.

~~3.] 2.~~ If a basement is used for living and dining, at least one exit must be provided directly to the outside at ground level. No facility may:

(a) Be situated more than one story below the ground.

(b) Use any basement or space in a basement for sleeping.

~~4.— Each room used for sleeping must have at least one outside window which may be opened from the inside without the need for any tool and providing a clear opening of not less than 22 inches (55 centimeters) in least dimension and 5 square feet (2 square meters) in area. The lower sill of the window must not be higher than 48 inches (110 centimeters) from the floor~~

~~of the room. Any room with two doors providing separate ways of escape or with one door leading directly to the outside of the building is exempt from these requirements.~~

~~—5.— Every exit or access to an exit must be so arranged that no corridor or aisle has a pocket or dead end exceeding 20 feet (7 meters) in length.~~

~~—6.— Interior corridors must be at least 36 inches (90 centimeters) wide.~~

~~—7.— Exit doors to stairways and the outside of the facility must be at least 36 inches (90 centimeters) wide.~~

~~—8.— Existing interior doors providing a means of exit must be at least 32 inches (80 centimeters) wide.~~

~~—9.— The distance between any:~~

~~—(a) Door intended as an access to an exit and an exit must not exceed 100 feet (29 meters).~~

~~—(b) Point in a room and an exit must not exceed 150 feet (44 meters).~~

~~—(c) Point in a room or suite used for sleeping and a door intended as an access to an exit in that room or suite must not exceed 50 feet (15 meters).~~

FLUSH ~~The distances may be increased by 50 feet (15 meters) if the facility is equipped with an approved sprinkler system.~~

~~—10.— Any room or suite of rooms which is greater than 1,000 square feet (35 square meters) must have at least two access doors which are remote from each other.~~

~~—11.— Interior finishes in all spaces which may be occupied or spaces providing a means of egress from the facility must be class A, B or C in accordance with the Life Safety Code 101, 1994 edition.~~

~~—12.— A doorway between a floor with an exit to the outside of the facility and any floor below must be equipped with a self-closing door with at least a 20-minute fire protection rating or a 3/4 inch (9 centimeters) solid bonded wood-core door.~~

~~—13.— If the floor above the floor with an exit to the outside of the facility is used for sleeping, there must be a door as described in subsection 12 at the top or bottom of each stairway.]~~

3. Each room of a facility used by clients for sleeping must:

(a) Be furnished with a bed, clean linen and blankets; and

(b) Not be less than 50 square feet per bed.

4. Toilet and bathing facilities must be provided to clients in a manner that ensures their privacy during use and in an adequate number to meet the needs of the clients.

Sec. 35. NAC 449.135 is hereby amended to read as follows:

449.135 1. ~~[Products]~~ *Devices for the detection* of combustion other than heat detectors must be installed on the ceiling of each story, in front of doors to stairways, and at not more than 30 feet ~~[(9 meters)]~~ apart in the corridors of all floors, including the center. ~~[Detectors]~~ *Smoke detectors* must also be installed in the center of any lounge or recreational area. The detectors may be single station units with an integral alarm . ~~[having a decibel rating of at least 85.]~~

2. Portable fire extinguishers must be installed throughout the facility at the direction of the fire authority having jurisdiction.

3. Any facility with a kitchen range with an upper surface of more than 15 square feet ~~[(1.4 square meters)]~~ must provide the range with an exhaust hood having an automatic fire protection system in accordance with *the* chapter ~~[96 of the Life Safety Code 101, 1994 edition.~~

~~—4.— Hazardous areas, including general storage areas, boiler or furnace rooms, fuel storage areas, janitor closets, wood shops, paint shops, laundries and kitchens, must be separated from~~

~~the other parts of the building by construction having at least a 1-hour fire resistance rating and all openings must be provided with self-closing fire doors.~~

~~—5.— Combustion and ventilation air for boiler, heater or incinerator rooms must be taken directly from and discharged directly to the outside.~~

~~—6.] titled “Standards for Ventilation Control and Fire Protection of Commercial Cooking Operations” of the current edition of NFPA 101: Life Safety Code, adopted by reference in subsection 1 of NAC 449.129.~~

4. Portable room heating devices are prohibited. Any heating device other than a central heating plant must be so designed and installed that combustible material will not be ignited by it or its appurtenance.

~~[7.]~~ 5. Receptacles or outlets serviced by extension cords are prohibited.

~~[8.]~~ 6. Rooms in which smoking is ~~[not]~~ allowed by direction of the facility or the fire authority ~~[having jurisdiction]~~ must be provided with plainly visible ~~[“No Smoking” signs.~~

~~—9.— Facilities] “Smoking Area” signs.~~

7. A *facility* must conduct fire drills at least monthly and a written record of each drill conducted must be retained in the facility.

~~[10.—The requirements of this section for any facility may be modified if their application would be clearly impractical in the judgment of the authority having jurisdiction and if the resulting alternative arrangements secure as nearly equivalent safety to life from fire as practical. In no case may the modification offer less safety than compliance with the standards of this section.]~~

Sec. 36. NAC 449.141 is hereby amended to read as follows:

449.141 1. Facilities must provide *access to* health services which assure that each client receives treatment, prescribed medication, adequate diets and other health services consistent with the program administered by the facility.

2. ~~[There must be]~~ *Facilities must implement policies and* procedures designed to ensure the early detection of complications or conditions considered to be common among drug abusers. *These policies and procedures must be developed in conjunction with and approved by a licensed physician.*

3. Before a client's admission to a program or facility, a general medical and drug history must be taken by a designated member of the staff ~~[.]~~ *who is certified or licensed by the board of examiners for alcohol and drug abuse counselors or who is a licensed mental health professional who has experience with alcohol and drug abuse counseling. Current medical information must be provided on a form that has been approved by a physician.* The history must include, but is not limited to:

- (a) Drugs used in the past;
- (b) Drugs used recently;
- (c) Drugs of preference;
- (d) Frequently used drugs;
- (e) Drugs used in combination;
- (f) Dosages used;
- (g) Date of first usage;
- (h) Incidents of overdose, withdrawal or adverse drug reactions; and
- (i) Previous history of treatment.

~~4. [The preparation of a medical and drug history may be postponed if a client is admitted to an inpatient, detoxification or emergency facility in an acute condition, but it must be taken as soon as reasonably practical.~~

~~—5.— The history must be reviewed by a physician. The date of review, recommendations, and the physician's signature must be recorded in the client's case record at the time of the review.~~

~~—6.— Clients entering a detoxification or maintenance program must undergo a physical examination before the implementation of the detoxification procedure.~~

~~—7.— Clients entering a program in which prescription drugs are distributed or administered must undergo a physical examination before participating in the program. This requirement must be waived if it interferes with treatment in situations which threaten lives.~~

~~—8.— Any physical examination undertaken to satisfy the requirements of subsection 6 must include a chest X-ray or tuberculin skin test.~~

~~—9.— In programs which include a regimen of therapy using a drug having the potential for producing physiological dependence, a determination must be made and documented, before prescribing the drug, as to whether the person is currently physiologically dependent on the drug or related drugs or has a history of physiological dependence that indicates a high probability of relapse.~~

~~—10.— Where narcotic antagonists or any other drugs are administered as a method of diagnosing the presence of a physiological dependence on narcotics, they must be administered under the direct supervision of a physician and with the client's permission.~~

~~—11.] *A program may accept medical history and physical examination results from referral sources which were conducted no more than 30 days before admission in lieu of personally taking a general medical and drug history as required pursuant to subsection 3.*~~

5. Each facility must be able to provide directly, or through written arrangements, laboratory tests as requested by a physician or federal regulations.

~~{12.— In residential facilities, except intermediate residential facilities, a physician shall review each client’s medical and drug history, laboratory tests and the results of any physical examination, and, where indicated, shall develop for the client a written medical treatment plan for general physical health care. The plan must state specifically the type of medical care to be given, the name of any outside health resource to be used, the names or job titles of members of the staff to be involved in providing medical services, and the date for the next evaluation of the client’s progress.~~

~~—13.— Referral to outside health resources, must be made only if the resource is able to accept the client. Any records which accompany the client must be either expurgated of any sensitive material or be available only to persons authorized to receive the information under the direction of the physician or administrator. Except where an emergency which threatens a life exists, no information may be released without the prior consent of the client or his guardian.~~

~~—14.— In residential facilities, there must be}~~

6. *Facilities must implement* written policies and procedures *that are reviewed by a licensed physician* defining the appropriate action to be taken when a medical emergency arises.

~~{15.}~~ 7. *There must be one staff person in the facility who is capable of providing cardiopulmonary resuscitation at all times. Staff members providing cardiopulmonary resuscitation must be qualified by the American Red Cross or another recognized agency.*

8. Clients of residential ~~{facilities}~~ *programs* must undergo a ~~{chest X-ray or}~~ tuberculin skin test ~~{within 5 days of admission unless written documentation exists that these tests have~~

~~been made within the previous year.]~~ *that meets the requirements specified in chapter 441A of NAC.*

9. Each facility shall maintain and have readily available first aid supplies. Staff members shall have evidence that they have received training on the use of first aid supplies.

Sec. 37. NAC 449.144 is hereby amended to read as follows:

~~449.144 1. [Emergency, inpatient and detoxification facilities and maintenance programs must employ by written contract a licensed pharmacist as a consultant to provide advice on methods and procedures for the ordering, storage, administration, disposal and recordkeeping of drugs and biologicals.~~

~~—2.— Medications administered to a resident must be ordered either in writing or orally by the client's attending or staff physician. The physician's oral orders for prescription drugs must be given only to a licensed nurse, pharmacist or physician. All oral orders for medications must be recorded and signed by the person receiving them. All oral orders must be countersigned by the attending or prescribing physician within 72 hours.~~

~~—3.— Medications not specifically limited as to time or number of doses must be controlled by automatic stop orders or other methods in accordance with the written policies and orders of the attending physician.~~

~~—4.— In residential facilities, except intermediate residential facilities, and in maintenance programs, drug regimens must be reviewed quarterly by the attending or program physician.~~

~~—5.— A designated member of the staff must make at least quarterly inspections to ensure that all areas for storing drugs, medication centers and nurses' stations are maintained in compliance with all applicable regulations. Documentation of the inspection must be retained by the facility.~~

~~—6.— Disinfectants and drugs for external use must be stored separately from oral and injectable drugs.~~

~~—7.— There must be a written policy designating who is authorized to remove medications from a pharmacy or bulk storage area when a pharmacist is not available. This policy must assure that only prepackaged, properly labeled drugs are removed and only in amounts sufficient to meet immediate therapeutic needs. A written record of the withdrawals must be made and must be verified by a pharmacist.~~

~~—8.— Errors in medication and adverse drug reactions must be reported promptly to the responsible physician and the designated member of the staff. A dated entry of the medication given and any drug reaction must be recorded in the client's case record.~~

~~—9.— There must be written policies and procedures covering the use of drugs that have the potential for abuse. These policies and procedures must require that a physician review the client's case record and enter into the record the reasons for prescribing the drug.~~

~~—10.— Before the initiation of therapy, the client and, where required by law, parent or guardian, must be informed both orally and in writing of the benefits and hazards of the drug to be prescribed. The information must include the drug to be prescribed, what the drug is expected to accomplish, the route and frequency of administration, the drug's ability to bring on a state of physiological or psychological dependence, the dangers of the use of the prescribed drug in conjunction with other drugs, including alcohol, a general description of adverse reactions, emergency procedures to be followed when there is an adverse reaction, overdose or withdrawal, and what alternative therapies exist to treat the problem and what the risks and benefits are of each. Wherever possible, the information must be given in the language spoken by the client.~~

~~—11.]~~ In programs that permit the self-administration of ~~[drugs with the potential for abuse,]~~ *medication*, there must be ~~[a written policy]~~ *written policies and procedures* governing this activity. The policy must require that :

(a) *The* decisions to permit self-administration be based on individual needs . ~~[and that the]~~

(b) *The* reasons for the permission ~~[must]~~ be clearly documented in the client’s case record.

~~[12.—All drugs]~~

(c) *All medications* that are to be self-administered ~~[must]~~ be packaged in a manner complying with the Poison Prevention Packaging Act of 1970 , *15 U.S.C. §§ 1471 et seq.*, and all current regulations stemming from that act.

~~[13.]~~ (d) *The self-administration of prescription medication be observed by a staff member who has been oriented to the program’s policies and procedures on self-administration of prescription medication.*

(e) *The self-administration of prescription medication be permitted only when the medication is clearly labeled.*

(f) *There be documentation in the client’s record of the name of the medication, dose, route of administration, time and name of the person observing the self-administration or the licensed staff member who administered the medication.*

(g) Clients who receive ~~[drugs]~~ *medication* for self-administration ~~[must]~~ be given instructions concerning the safe storage and usage of the drugs and the appropriate emergency procedures to be followed if adverse reactions occur.

~~[14.—Except as otherwise provided in this subsection, all drugs dispensed must be labeled with the name and the strength of the drug and any additional accessory or cautionary statements that are warranted. Methadone maintenance programs may issue methadone “takeouts” without~~

~~listing the strength of the drug if the client's name or other identifying code and the program's 24-hour emergency telephone number are on the label.~~

~~—15. Intermediate residential and detoxification facilities]~~

2. Any unusual reaction to a medication by a client must be documented in the client's record and reported to the appropriate physician as outlined in the policy of the facility.

3. Facilities must provide a locked storage area for ~~[clients' prescription drugs. The drugs]~~ prescription medication that is to be self-administered by clients. Such medication must be made available to clients at appropriate times ~~[.]~~ and may be dispensed only from a licensed pharmacy in accordance with all applicable provisions of NRS and NAC.

4. Members of the staff may not administer any ~~[drug unless qualified and]~~ medication unless licensed to do so.

5. All medication must be maintained in locked storage. Controlled substances must be maintained in a locked box within the locked storage. Medications requiring refrigeration must be kept in a locked box inside the refrigerator separated from food and other items. Disinfectants and medication for external use must be stored separately from medications for internal use and from medications that can be injected. All potent, poisonous or caustic drugs must be plainly labeled, stored and made accessible only to authorized persons. All medication storage must be maintained in accordance with the security requirements of federal, state and local laws.

6. Narcotic treatment facilities may issue methadone "takeouts" to a client in a facility without listing the strength of the drug if the label shows:

(a) The client's name or other identifying code; and

(b) The 24-hour emergency telephone number for the narcotic treatment facility.

7. Medication prescribed for a client must not be allowed to be in the possession of another client.

8. Any unused prescription medication left behind at a facility by a client must be destroyed by the administrator or his designee in the presence of a witness, and a notation indicating that the medication was destroyed must be made on the client's record. At the time a client is discharged or leaves the facility, medications that are currently being self-administered must be sent, in the original container, with the client or a responsible agent of the client.

Sec. 38. NAC 449.147 is hereby amended to read as follows:

449.147 1. ~~[Residential facilities]~~ *Facilities* must serve at least three meals or their equivalent daily, at regular times, with not more than 14 hours between a substantial evening meal and breakfast. A second serving must be provided for those ~~[residents]~~ *clients* who desire one.

2. Menus must be planned and followed to meet the nutritional needs of the ~~[residents]~~ *clients* in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

3. Therapeutic menus must be planned by a ~~[qualified]~~ *registered* dietitian or must be reviewed and approved by the client's attending or staff physician.

4. Menus must be in writing, planned in advance, dated and posted and kept on file for 90 days. Any substitution must be noted on the written menus so that the menu on file reflects what was actually served.

5. Adequate facilities and equipment for the preparation, serving, refrigeration and storage of food must be provided and must ~~[meet the standards]~~ *comply with all applicable regulations*

of the health division ~~[. Sanitation inspection reports must be on file and must note the date and correction of each problem noted. Food and drink which is served must meet the standards of the regulations]~~ *set forth* in chapter 446 of NAC.

6. ~~[Residents]~~ *Clients* needing special equipment, implements or utensils to assist them while eating must have such items provided.

7. ~~[Where]~~ *If* a facility operates on the cottage plan, provision must be made for food service that assures hot, palatable meals.

8. A ~~[professional,]~~ qualified person must be used as a consultant on planning meals and serving food. ~~[At least 4 hours of consultation]~~ *Consultation* each month is required. A qualified person may be ~~[:~~

~~—(a) A]~~ *a* person meeting the requirements for registration ~~[in the American Dietetic Association;~~

~~—(b) A graduate from an accredited college with a major in food and nutrition who has 2 years of supervisory experience in health care institutions or has participated in a food service supervisor's course; or~~

~~—(c) A person approved by the health division.]~~ *with the Commission on Dietetic Registration as either a registered dietitian or a registered dietetic technician.*

9. All facilities that contract with food management companies must comply with the applicable regulations of the health division as provided in chapter 446 of NAC.

Sec. 39. NAC 449.150 is hereby amended to read as follows:

449.150 1. Each facility must maintain an organized system for clients' records.

2. Clients' records must be available to ~~[professional]~~ members of the staff who ~~[are directly involved with the client.]~~ *have authority to review such records.*

3. Clients' records must be available to representatives of the ~~[bureau and the]~~ health division.
4. Clients' records must contain:
 - (a) Identification information;
 - (b) Past medical and social history;
 - (c) Copies of initial and periodic examinations;
 - (d) Evaluations and progress notes; and
 - (e) ~~[Assessments and goals of each component's]~~ *A review and any revisions of each* plan of treatment.
5. There must be an overall plan of treatment stated in quantifiable terms which outlines goals to be accomplished through individually designed activities, therapies and treatments.
6. The plan of treatment must state what service or person is responsible for treatment or services to the client.
7. Entries must be made describing treatments and services rendered, medications administered, *including those that are self-administered*, and any symptoms or other indications of illness or injury, including the date, time and action taken regarding each incident.
8. Records must be adequately safeguarded against destruction, loss or unauthorized use.
9. Records must be retained for at least 5 years following a client's discharge.
10. A ~~[written exit procedure outlining a comprehensive treatment plan must be developed before a client's discharge.]~~ *discharge plan, as determined by a case management services assessment of the client, must be documented for each client discharged from the facility. The discharge plan must be formulated upon a client's admission to the facility.*

Sec. 40. NAC 449.153 is hereby amended to read as follows:

449.153 1. No facility ~~[which accepts a person for treatment for whom all or part of the payment for treatment is made from the money of the welfare division or any other agency funded in whole or in part by federal money,]~~ may deny treatment to a prospective client on the grounds of race, color , *age, disability* or national origin.

2. No resident may be segregated, given separate treatment, restricted in the employment of any advantage or privilege enjoyed by others under the program or provided with any aid, treatment, services or other benefits which are different or provided in a different manner from that provided to others under the program, on the grounds of race, color , *age, disability* or national origin.

~~[3. Employment practices, including, but not limited to, hiring, firing, the rate of remuneration, assignments or work hours may not be based on race, color or national origin.]~~

Sec. 41. NAC 449.028, 449.037, 449.040, 449.049, 449.052, 449.055, 449.058, 449.061, 449.067, 449.070, 449.082 and 449.138 are hereby repealed.

TEXT OF REPEALED SECTIONS

449.028 “Bureau” defined. “Bureau” means the bureau of alcohol and drug abuse in the department of human resources.

449.037 “Drug” defined. “Drug” means any psychologically or physiologically habituating substance, including alcohol.

449.040 “Emergency facility” defined. “Emergency facility” means a 24-hour facility which provides immediate evaluation and treatment for substance abusers, supervision of incapacitated substance abusers until they are no longer incapacitated by alcohol or drugs, evaluation of medical, psychological and social needs of such persons leading to the development of a plan for continuing care and effective transportation services.

449.049 “Inpatient facility” defined. “Inpatient facility” means a 24-hour facility which provides medically supervised treatment, including the diagnosis or treatment of medical or psychiatric illnesses derived from or associated with substance abuse conducted in a hospital setting.

449.052 “Intermediate residential facility” defined. “Intermediate residential facility” means a facility which provides therapeutic environmental treatment in more than one level of treatment modality. The services may be long term, in excess of 90 days, short term, 90 days or less, or both. Clients of such facilities do not require a 24-hour supervision, but do require assistance, some supervision, and scheduled professional treatment, observation and evaluation.

449.055 “Licensee” defined. “Licensee” means the person, corporation, partnership, voluntary association, or other public or private organization ultimately responsible for the overall operation of a facility.

449.058 “Outpatient facility” defined. “Outpatient facility” means a nonresidential facility which provides diagnostic and primary substance abuse treatment services to clients and their families on a scheduled or nonscheduled basis.

449.061 “Outreach” defined. “Outreach” means a facility or component of another facility which identifies persons and their families in a target population who have problems related to the use of drugs and alerts all public and private human service agencies that serve the same population to the importance of early identification and easy access to the service.

449.067 “Residential facility” defined. “Residential facility” means emergency, inpatient, detoxification and intermediate residential facilities taken as a group.

449.070 “Substance abuser” defined. “Substance abuser” means any person incapable of managing himself or his affairs or unable to function adaptively in society due to his use of drugs.

449.082 Provisional licenses. The health division may issue a provisional license to a facility which:

1. Is in operation at the time of the adoption of new regulations, to provide a reasonable time, not to exceed 1 year from the effective date of the regulations, within which to comply with the new regulations.

2. Has failed to comply with the provisions of NAC 449.019 to 449.153, inclusive, but which is in the process of making necessary changes or has agreed in writing to effect the changes within a reasonable time specified by the health division, not to exceed 1 year.

449.138 Accommodations for handicapped persons.

1. A newly acquired, newly constructed or substantially remodeled facility must be accessible to and functional for clients, personnel and the public. All necessary accommodations must be made to meet the needs of persons with semiambulatory disabilities, sight and hearing disabilities, disabilities of coordination as well as other disabilities in accordance with the American National Standards Institute Standard No. A117.1 (1961).

2. The grounds of a facility must be graded to the same level as the primary entrance so that the building is accessible to the physically handicapped.

3. The width and grade of walks used by residents and the public must be designed so that they can be utilized by the handicapped.

4. If the facility has a parking lot, it must have properly designated parking spaces available near the building, allowing room for the physically handicapped to get in and out of an automobile onto a surface which is suitable for wheeling and walking.

5. Ramps must be designed so that they can be negotiated by persons in wheelchairs.

6. There must be a primary entrance useable by persons in wheelchairs.

7. Doors used by clients and the public must be of sufficient width and equipped and of a weight to permit persons in wheelchairs to open them with a single effort.
8. Stairs that may be used by the physically handicapped must be of a height and design that allows such persons to negotiate them without assistance.
9. Stairs must be equipped with handrails, at least one of which extends past the top and bottom steps.
10. Floors must have a nonslip surface and must be on a common level or connected by a negotiable ramp.
11. An appropriate number of toilet rooms must be accessible to and useable by the handicapped.
12. An appropriate number of public telephones must be accessible to and useable by the handicapped.
13. An appropriate number of water fountains must be accessible to and useable by the handicapped.
14. In a multistory building, elevators must be accessible to and useable by the handicapped at the level of the entrance and all levels normally used by the public.
15. Switches and controls of frequent or essential use must be within reach of persons in wheelchairs.
16. Appropriate means must be provided for the blind to identify rooms, facilities and hazardous areas.
17. Simultaneous audible and visual warning signals must be provided.
18. The facility must exercise safeguards to eliminate hazards for the handicapped.
19. Clients' closets must be accessible to and useable by the physically handicapped.

20. Residents' beds must be of a height that permits a person in a wheelchair to get in and out of bed unassisted.

LBC File No. R077-01

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

HEALTH DIVISION
Bureau of Licensure and Certification

Information Statement per NRS 233B.066

1. DESCRIPTION OF HOW PUBLIC COMMENT WAS SOLICITED, SUMMARY OF PUBLIC RESPONSE, AND AN EXPLANATION OF HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY.

Notice of public workshops held on April 2, 2001, in Reno and April 3, 2001, in Las Vegas was published in the Las Vegas Review Journal and Reno Gazette Journal on or before March 21, 2001. Notices of public workshops, and proposed regulations were mailed to all county libraries in Nevada, facilities for the treatment of abuse of alcohol or drugs, and interested parties. In addition, on February 15, 2001, a small business impact questionnaire was mailed to all facilities for the treatment of abuse of alcohol or drugs. The summary of the small business impact statement was available to the public at the public workshop.

Notice of public hearing regarding the Board's intent to adopt amendments was published in the Las Vegas Review Journal, Reno Gazette Journal on or before May 16, 2001. Notices of public hearing, proposed regulations and the small business impact summary was mailed to all facilities for the treatment of abuse of alcohol or drugs, and interested parties on May 11, 2001.

Notice of public workshops held on August 23, 2001, in Las Vegas and August 24, 2001, in Carson City was published in the Las Vegas Review Journal and Reno Gazette Journal on or before August 8, 2001. Notice of public hearing held on September 7, 2001, in Reno was published in the Las Vegas Review Journal and Reno Gazette Journal on or before August 9, 2001. Notices of public workshops, hearing, and proposed regulations were mailed to all county libraries in Nevada, facilities for the treatment of abuse of alcohol or drugs, and interested parties.

In addition, copies of the proposed regulations were available during normal office hours at:

Bureau of Licensure and Certification - Carson City
Bureau of Licensure and Certification - Las Vegas
Bureau of Licensure and Certification - Reno
Nevada State Library
Emergency Medical Services - Elko
Emergency Medical Services - Tonopah

2. THE NUMBER OF PERSONS WHO:

(A) ATTENDED THE HEARING;

Approximately 87 people attended the June 15, 2001, Board of Health hearing.

Approximately 26 people attended the September 7, 2001, Board of Health hearing.

(B) TESTIFIED AT EACH HEARING; AND

Maria Canfield, Chief, Bureau of Alcohol and Drug Abuse
Kari Demetras, Step 2/Bureau of Alcohol and Drug Advisory Committee
Vil Paskevicius, Economic Opportunity Board Treatment Center

(C) SUBMITTED TO THE AGENCY WRITTEN STATEMENTS.

None.

3. A DESCRIPTION OF HOW COMMENT WAS SOLICITED FROM AFFECTED BUSINESSES, A SUMMARY OF THEIR RESPONSE, AND AN EXPLANATION HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY

Comment was solicited from affected or potentially affected businesses by mailing appropriate facilities and all interested parties the proposed regulations, a small business impact questionnaire, a copy of the small business impact summary, and the notices for the workshops and Board of Health hearings. Copies the workshop minutes and Board of Health hearing minutes may be obtained by calling the Bureau of Licensure and Certification at (775) 687-4475.

4. IF THE REGULATION WAS ADOPTED WITHOUT CHANGING ANY PART OF THE PROPOSED REGULATION, A SUMMARY OF THE REASONS FOR ADOPTING THE REGULATION WITHOUT CHANGE.

None.

5. THE ESTIMATED ECONOMIC EFFECT OF THE REGULATION ON THE BUSINESS WHICH IT IS TO REGULATE AND ON THE PUBLIC. THESE MUST BE STATED SEPARATELY, AND IN EACH CASE MUST INCLUDE:

- (A) BOTH ADVERSE AND BENEFICIAL EFFECTS; AND**
- (B) BOTH IMMEDIATE AND LONG TERM EFFECTS.**

It is anticipated that the revision of these regulations will be beneficial for the public by allowing a greater number of individuals with alcohol and drug additions access to rehabilitative services/programs.

6. THE ESTIMATED COST TO THE AGENCY FOR ENFORCEMENT OF THE PROPOSED REGULATION.

There is no anticipated additional cost to the agency for enforcement of the proposed regulation changes.

7. A DESCRIPTION OF ANY REGULATIONS OF OTHER STATE OR GOVERNMENT AGENCIES WHICH THE PROPOSED REGULATION OVERLAPS OR DUPLICATES AND A STATEMENT EXPLAINING WHY THE DUPLICATION OR OVERLAPPING IS NECESSARY. IF THE REGULATION OVERLAPS OR DUPLICATES A FEDERAL REGULATION, NAME THE REGULATING FEDERAL AGENCY.

None.

8. IF THE REGULATION INCLUDES PROVISION WHICH ARE MORE STRINGENT THAN A FEDERAL REGULATION WHICH REGULATES THE SAME ACTIVITY, A SUMMARY OF SUCH PROVISION.

None.

9. IF THE REGULATION PROVIDES A NEW FEE OR INCREASES AN EXISTING FEE, THE TOTAL ANNUAL AMOUNT THE AGENCY EXPECTS TO COLLECT AND THE MANNER IN WHICH THE MONEY WILL BE USED.

None.