

Amendment No. 226

Senate Amendment to Senate Bill No. 286

(BDR 40-637)

Proposed by: Senate Committee on Health and Education**Amends:** Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

Adoption of this amendment will REMOVE the 2/3s majority vote requirement from S.B. 286.

| ASSEMBLY ACTION | | Initial and Date | | SENATE ACTION | | Initial and Date | |
|------------------------|--------------------------|-------------------------|--------------------------|----------------------|--------------------------|-------------------------|--------------------------|
| Adopted | <input type="checkbox"/> | Lost | <input type="checkbox"/> | Adopted | <input type="checkbox"/> | Lost | <input type="checkbox"/> |
| Concurred In | <input type="checkbox"/> | Not | <input type="checkbox"/> | Concurred In | <input type="checkbox"/> | Not | <input type="checkbox"/> |
| Receded | <input type="checkbox"/> | Not | <input type="checkbox"/> | Receded | <input type="checkbox"/> | Not | <input type="checkbox"/> |

EXPLANATION: Matter in (1) ***blue bold italics*** is new language in the original bill; (2) ***green bold italic underlining*** is new language proposed in this amendment; (3) ***red strikethrough*** is deleted language in the original bill; (4) ***purple double strikethrough*** is language proposed to be deleted in this amendment; (5) ***orange double underlining*** is deleted language in the original bill that is proposed to be retained in this amendment; and (6) ***green bold dashed underlining*** is newly added transitory language.

SLP/KCR



Date: 4/13/2009

S.B. No. 286—Establishes provisions relating to early intervention services.
(BDR 40-637)

**SENATE BILL NO. 286—SENATORS CEGAVSKE,
HARDY; LEE, PARKS AND RAGGIO**

MARCH 16, 2009

JOINT SPONSORS: ASSEMBLYMEN PARNELL AND SETTELMEYER

Referred to Committee on Health and Education

SUMMARY—Establishes provisions relating to early intervention services.
(BDR 40-637)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Yes.

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

AN ACT relating to children; **[requiring]** **designating** the Health Division of the Department of Health and Human Services **[, within the limits of available money, to adopt a policy for the provision of]** **as the agency to cooperate with the federal authorities to administer** early intervention services **[, including a schedule of fees for those]** ; **requiring the Legislative Auditor to conduct an audit of programs of early intervention** services; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

1 Federal law authorizes states to provide early intervention services to infants and toddlers
2 with disabilities or who are at risk of experiencing substantial developmental delays and
3 provides grants to states that provide such services. (20 U.S.C. §§ 1431 et seq.) The Health
4 Division of the Department of Health and Human Services makes provision for early
5 intervention services to infants and toddlers in this State through its Bureau of Early
6 Intervention Services. **[Existing administrative regulations of the State Board of Health require the Health Division to charge and collect fees for early intervention services provided to an infant or toddler with a disability. Those fees may be developed on a sliding fee schedule.]** (NAC 442.210) This **Section 1 of this bill** **[requires]** **designates** the Health Division **[, within the limits of available money, to adopt and implement a policy]** **as the agency in this State to cooperate with the Federal Government** for the provision of early intervention services to infants and toddlers with disabilities. **[This bill also requires the State Board to establish fees for early intervention services, taking into account the financial circumstances of each family. The Health Division is required to charge and collect the fees in accordance with the schedule established by the State Board.]** **Section 1 also prescribes certain requirements for providing those services.**

17 **Section 2 of this bill requires the Legislative Auditor to conduct an audit of early intervention services provided by the Health Division and to submit a report of the audit to the Legislative Commission's Audit Subcommittee and to the Health Division not later than February 7, 2011.**

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Chapter 442 of NRS is hereby amended by adding thereto a new
2 section to read as follows:

3 1. ~~Within the limits of available money, the Health Division shall adopt
4 and implement a policy for the provision of early intervention services to infants
5 and toddlers with disabilities which is in compliance with the provisions} The
6 Department, through the Health Division, is hereby designated as the agency of
7 this State to cooperate with the duly constituted federal authorities in the
8 administration of Part C of the Individuals with Disabilities Education Act, 20
9 U.S.C. §§ 1431 et seq., which relates to the provision of early intervention
10 services to infants and toddlers with disabilities and their families.~~

11 2. ~~The State Board of Health shall establish a schedule of fees for all early
12 intervention services provided pursuant to this section. The schedule of fees:~~

13 (a) ~~Must establish fees for early intervention services provided directly to an
14 infant or toddler with a disability, including services identified in the
15 individualized family service plan prepared for the family;~~

16 (b) ~~Must not require a fee for indirect services provided by the Health
17 Division or services for which a fee may not be charged pursuant to federal law,
18 including, without limitation, for evaluations, assessments or the development of
19 the individualized family service plan; and~~

20 (c) ~~Must provide a graduated schedule of fees which accounts for the
21 financial circumstances of each family receiving early intervention services,
22 including, without limitation, the income, size and special circumstances of the
23 family.~~

24 3. ~~The Health Division shall charge and collect fees in accordance with the
25 schedule of fees established pursuant to subsection 2. The schedule of fees must
26 be posted at each location of the Health Division in which early intervention
27 services are provided and on the Internet website maintained by the Health
28 Division.} The Department, through the Health Division, shall ensure that the
29 services provided pursuant to this section:~~

30 (a) Enhance the development of infants and toddlers with disabilities;

31 (b) Reduce the need for special services, including, without limitation,
32 special education and related services, for infants and toddlers with disabilities
33 after they attain 3 years of age;

34 (c) Increase the likelihood that infants and toddlers with disabilities will live
35 independently in the community when they become adults and not require
36 institutional care;

37 (d) Enhance the capacity of families of infants and toddlers with disabilities
38 to meet the needs of those infants and toddlers;

39 (e) Strengthen and promote the ability of families to determine the most
40 appropriate use of resources to address the unique needs of those families and
41 empower families to make such determinations; and

42 (f) Enhance the capacity of the State, local governments and other providers
43 of early intervention services to identify, evaluate and meet the needs of infants
44 and toddlers with disabilities from underserved populations and areas, including,
45 without limitation, ethnic minorities, low-income families and rural areas of this
46 State.

1 3. The Department shall provide early intervention services to infants and
2 toddlers with disabilities and their families through the direct provision of
3 services by the Health Division and through the use of other providers of early
4 intervention services that the Department determines are qualified to provide
5 those services.

6 4. The Department, through the Health Division [may], shall request that a
7 family authorize the Health Division to bill the health insurer of the family to pay
8 for services. The Health Division shall not discriminate against or otherwise
9 reduce services provided to a family if the family declines to have its health
10 insurer billed by the Health Division.

11 5. [The State Board of Health may adopt regulations to carry out the
12 provisions of this section.]

13 6. The Legislative Auditor shall annually evaluate the early intervention
14 services provided by the Health Division and report his findings to the Legislative
15 Commission or the Audit Subcommittee of the Legislative Commission.

16 7. As used in this section:

17 (a) "Early intervention services" has the meaning ascribed to it in 20 U.S.C.
18 § 1432.

19 (b) "Infant or toddler with a disability" has the meaning ascribed to it in 20
20 U.S.C. § 1432.

21 Sec. 2. 1. The Legislative Auditor shall conduct a performance audit of
22 the early intervention services provided by the Health Division of the
23 Department of Health and Human Services.

24 2. The audit must include, without limitation, an analysis of:

25 (a) The sources and uses of money in providing early intervention
26 services;

27 (b) The cost of administering the provision of early intervention services;
28 and

29 (c) The validity and reliability of data used in measuring the performance
30 of programs of early intervention services.

31 3. The Legislative Auditor shall present a final written report of the audit
32 to the Audit Subcommittee of the Legislative Commission not later than
33 February 7, 2011. A copy of the final written report must be provided to the
34 Health Division not later than February 7, 2011.

35 4. The provisions of NRS 218.737 to 218.893, inclusive, apply to the audit
36 conducted pursuant to this section.

37 5. The Health Division shall use the results of the audit to improve the
38 efficiency and effectiveness of early intervention services provided by the
39 Health Division and any other provider of early intervention services and to
40 identify additional funding sources for early intervention services.