

ASSEMBLY BILL NO. 307—ASSEMBLYMEN SPIEGEL, OHRENSCHALL;
BENITEZ-THOMPSON, BUSTAMANTE ADAMS, CARLTON,
DIAZ, JOINER, OSCARSON AND SWANK

MARCH 16, 2015

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to services for children with intellectual disabilities and children with related conditions. (BDR S-803)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
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 mental health; providing for the establishment of a pilot program to provide certain intensive care coordination services to children with intellectual disabilities and children with related conditions who are also diagnosed as having behavioral health needs and reside in certain larger counties; requiring the Division of Health Care Financing and Policy of the Department of Health and Human Services and the Aging and Disability Services Division of the Department to take certain actions to monitor the effectiveness of the pilot program and obtain funding for the pilot program; requiring the Department to take any actions necessary to use money from the State Plan for Medicaid to pay for the pilot program; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

1 Existing law requires each board of county commissioners to make
2 provisions for the support, education and care of the children with intellectual
3 disabilities and children with related conditions who reside in their respective
4 counties. (NRS 435.010)

5 **Section 2** of this bill requires the Division of Health Care Financing and Policy
6 of the Department of Health and Human Services and the Aging and Disability
7 Services Division of the Department, to the extent that money is available for that
8 purpose, to establish a pilot program to provide intensive care coordination services



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to children with intellectual disabilities and children with related conditions who have also been diagnosed as having behavioral health needs and reside in a county whose population is 100,000 or more (currently Clark and Washoe Counties). The Director of the Department is required to amend the State Plan for Medicaid if needed and obtain any necessary Medicaid waiver necessary to use money received pursuant to the State Plan for Medicaid to pay for any part of the pilot program for which such money is authorized to be used by federal law or the waiver. **Section 2** also authorizes the Division of Health Care Financing and Policy and the Aging and Disability Services Division to apply for and accept gifts, grants, donations and bequests to pay for the pilot program. **Section 2** requires the intensive care coordination services provided through the pilot program to include certain medically necessary services, support for the family of a child and food and lodging expenses for a child who is receiving supported living arrangement services and does not reside with his or her parent or guardian. **Section 2** requires the Division of Health Care Financing and Policy and the Aging and Disability Services Division to: (1) take certain measures to evaluate the effectiveness of the pilot program; and (2) collaborate with each person or governmental entity that provides services pursuant to the pilot program to obtain grants for the purpose of carrying out the pilot program. The pilot program will expire on July 1, 2019, unless extended before that date.

Section 3 of this bill requires the Division of Health Care Financing and Policy and the Aging and Disability Services Division to submit a report on or before April 30, 2016, and every 6 months thereafter until July 1, 2019, to the Legislature, if the Legislature is in session, or to the Legislative Committee on Health Care, if the Legislature is not in session, concerning the status and results of the pilot program. **Section 3** of this bill requires the board of county commissioners of each county whose population is less than 100,000 (currently all counties other than Clark and Washoe Counties) to submit a report on or before April 30, 2016, and every 6 months until July 1, 2019, to the Legislature, if the Legislature is in session, or to the Legislative Committee on Health Care, if the Legislature is not in session, describing the manner in which the board makes provisions for the required support, education and care of the children with intellectual disabilities and children with related conditions who reside in the county.

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

Section 1. (Deleted by amendment.)

Sec. 2. 1. To the extent that money is available for that purpose, the Division of Health Care Financing and Policy of the Department of Health and Human Services and the Aging and Disability Services Division of the Department shall establish a pilot program to provide intensive care coordination services to children with intellectual disabilities and children with related conditions who are also diagnosed as having behavioral health needs and who reside in a county whose population is 100,000 or more.

2. The intensive care coordination services provided by the pilot program must include, without limitation:

(a) Medically necessary habilitation or rehabilitation and psychiatric or behavioral therapy provided using evidence-based



1 practices to a child with intellectual disabilities or a child with a
2 related condition who is also diagnosed as having behavioral health
3 needs;

4 (b) Support for the family of such a child, including, without
5 limitation, respite care for the primary caregiver of the child;

6 (c) Coordination of all services provided to such a child and his
7 or her family;

8 (d) Food and lodging expenses for such a child who is receiving
9 supported living arrangement services and does not reside with his
10 or her parent or guardian;

11 (e) Assistance with acquisition of life skills and community
12 participation that is provided in the residence of a child with an
13 intellectual disability or a child with a related condition who has
14 also been diagnosed as having behavioral health needs;

15 (f) Nonmedical transportation;

16 (g) Career planning;

17 (h) Supported employment; and

18 (i) Prevocational services.

19 3. The Division of Health Care Financing and Policy and the
20 Aging and Disability Services Division shall:

21 (a) Design and utilize a system to collect and analyze data
22 concerning the evidence-based practices used pursuant to paragraph
23 (a) of subsection 2;

24 (b) On or before July 1, 2017, obtain an independent evaluation
25 of the effectiveness of the pilot program; and

26 (c) Collaborate with each person or governmental entity that
27 provides services pursuant to the pilot program to obtain grants for
28 the purpose of carrying out the pilot program. The Division of
29 Health Care Financing and Policy, the Aging and Disability
30 Services Division and any other governmental entity that provides
31 services pursuant to the pilot program may apply for and accept any
32 available grants and may accept any bequests, devises, donations or
33 gifts from any public or private source to carry out the pilot
34 program.

35 4. The Director of the Department of Health and Human
36 Services shall make any amendments to the State Plan for Medicaid
37 authorized by Federal law and obtain any Medicaid waivers from
38 the Federal Government necessary to use money received pursuant
39 to the State Plan for Medicaid to pay for any part of the pilot
40 program described in subsection 1 for which such money is
41 authorized to be used by federal law or by the waiver.

42 5. As used in this section:

43 (a) “Children with related conditions” means children who have
44 a severe, chronic disability which:

45 (1) Is attributable to:



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1 (I) Cerebral palsy or epilepsy; or
2 (II) Any other condition, other than mental illness, found
3 to be closely related to an intellectual disability because the
4 condition results in impairment of general intellectual functioning or
5 adaptive behavior similar to that of a child with an intellectual
6 disability and requires treatment or services similar to those required
7 by a child with an intellectual disability;

8 (2) Is likely to continue indefinitely; and

9 (3) Results in substantial functional limitations in three or
10 more of the following areas of major life activity:

11 (I) Taking care of oneself;

12 (II) Understanding and use of language;

13 (III) Learning;

14 (IV) Mobility;

15 (V) Self-direction; and

16 (VI) Capacity for independent living.

17 (b) "Intellectual disability" has the meaning ascribed to it in
18 NRS 435.007.

19 (c) "Intensive care coordination services" means the delivery of
20 comprehensive services provided to a child with an intellectual
21 disability or a child with a related condition that is also diagnosed as
22 having behavioral health needs, or the family of such a child, that
23 are coordinated by a single entity and delivered in an individualized
24 and culturally appropriate manner.

25 (d) "Supported living arrangement services" means flexible,
26 individualized services provided in a residential setting, for
27 compensation, to a child with an intellectual disability or a person
28 with a related condition who is also diagnosed as having behavioral
29 health needs that are designed and coordinated to assist the person in
30 maximizing the child's independence, including, without limitation,
31 training and habilitation services.

32 **Sec. 3.** On or before April 30, 2016, and every 6 months
33 thereafter:

34 1. The Division of Health Care Financing and Policy of the
35 Department of Health and Human Services and the Aging and
36 Disability Services Division of the Department shall submit a report
37 to the Director of the Legislative Counsel Bureau for transmittal to
38 the Legislature, if the Legislature is in session, or to the Legislative
39 Committee on Health Care, if the Legislature is not in session. The
40 report must include, without limitation, a description of the status
41 and results of the pilot program established pursuant to section 2 of
42 this act and recommendations for legislation to facilitate the
43 improvement or expansion of the pilot program.

44 2. The board of county commissioners of each county whose
45 population is less than 100,000 shall submit a report to the Director



1 of the Legislative Counsel Bureau for transmittal to the Legislature,
2 if the Legislature is in session, or to the Legislative Committee on
3 Health Care, if the Legislature is not in session. The report must
4 include, without limitation, a description of the actions the county is
5 taking to comply with the requirements of NRS 435.010.

6 **Sec. 3.5.** The provisions of subsection 1 of NRS 218D.380 do
7 not apply to any provision of this act which adds or revises a
8 requirement to submit a report to the legislature.

9 **Sec. 4.** This act becomes effective on July 1, 2015, and expires
10 by limitation on July 1, 2019.

