

Amendment No. 502

Assembly Amendment to Assembly Bill No. 307 (BDR 39-803)

Proposed by: Assembly Committee on Health and Human Services

Amends: Summary: Yes Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

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) variations of green bold underlining is language proposed to be added 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 proposed to be retained in this amendment.

EWR/RBL



Date: 4/18/2015

A.B. No. 307—Revises provisions relating to services for children with intellectual disabilities and children with related conditions. (BDR 39-803)



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 ~~[39-803]~~, 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; ~~revising provisions concerning certain support, education and care for children with intellectual disabilities and children with related conditions required to be provided by counties;~~ providing for the establishment of a pilot program to provide certain ~~[wrap around]~~ 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 ~~[of Health and Human Services]~~ 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:

Existing law requires each board of county commissioners to make provisions for the support, education and care of the children with intellectual disabilities and children with related conditions who reside in their respective counties. (NRS 435.010) ~~[Section 1 of this bill requires the services that the board of county commissioners is required to provide to children with intellectual disabilities and children with related conditions to include preventive services that allow such children to remain at home, respite care for the primary caregivers of such children, and food and lodging expenses for such children who reside in a residential facility for groups.]~~

Section 2 of this bill requires 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 the extent that money is available for that purpose, to establish a pilot

program to provide ~~(wrap around)~~ intensive care coordination services 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 the pilot program. Section 2 requires the ~~(wrap around)~~ intensive care coordination services provided through the pilot program to include ~~preventive services to allow a child to remain at home, respite care for the primary caregiver,~~ certain medically necessary services, support for the family of a child, and food and lodging expenses for a child who ~~resides in a residential facility for groups.~~ Finally, section 2 provides that the cost of providing wrap around services must ~~not exceed the cost of placing the child in residential treatment outside this State.~~ 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. ~~NRS 435.010 is hereby amended to read as follows:~~

~~435.010 1. The boards of county commissioners of the various counties shall make provision for the support, education and care of the children with intellectual disabilities and children with related conditions of their respective counties. Such support, education and care must include, without limitation:~~

- ~~(a) Preventive services that allow such children to remain in their homes;~~
- ~~(b) Respite care for the primary caregivers of such children; and~~
- ~~(c) Food and lodging expenses for such children who reside in a residential facility for groups.~~

~~2. For that purpose, they are empowered to make all necessary contracts and agreements to carry out the provisions of this section and NRS 435.020 and 435.030. Any such contract or agreement may be made with any responsible person or facility in or without the State of Nevada.~~

~~3. The provisions of this section and NRS 435.020 and 435.030 supplement the services which other political subdivisions or agencies of the State are required by law to provide, and do not supersede or relieve the responsibilities of such political subdivisions or agencies.~~ (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 ~~wrap around~~ 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 ~~wrap around~~ intensive care coordination services provided by the pilot program must include, without limitation:

(a) ~~Preventive services that allow~~ Medically necessary habilitation or rehabilitation and psychiatric or behavioral therapy provided using evidence-based practices to a child with intellectual disabilities or a child with a related condition ~~to remain in his or her home;~~ who is also diagnosed as having behavioral health needs;

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

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

(d) Food and lodging expenses for such a child who ~~resides in a residential facility for groups;~~

~~3. Other wrap around services that the pilot program may provide include, without limitation:~~

~~(a) Day habilitation;~~

~~(b) Residential support services;~~

~~(c) Consultation, training and intervention to improve behavior;~~

~~(d) Counseling;~~ is receiving supported living arrangement services and does not reside with his or her parent or guardian;

~~(e) Nutrition counseling;~~

~~(f) Nursing services;~~

~~(g)~~ Assistance with acquisition of life skills and community participation that is provided in the residence of a child with an intellectual disability or a child with a related condition;

~~(h)~~ who has also been diagnosed as having behavioral health needs;

~~(i)~~ Nonmedical transportation;

~~(j)~~ (g) Career planning;

~~(k)~~ (h) Supported employment; and

~~(l)~~ (i) Prevocational services.

~~4. The cost of providing supplemental services to a child with an intellectual disability or a child with a related condition through the program created pursuant to subsection 1 must not be greater than the cost of placing the child in residential treatment outside this State.~~

~~5.~~ 3. The Division of Health Care Financing and Policy and the Aging and Disability Services Division shall:

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

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

(c) 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 Division of Health Care Financing and Policy, the Aging and Disability Services Division and any other governmental entity that provides services pursuant to the pilot program may apply for and accept any available grants and may accept any bequests, devises, donations or gifts from any public or private source to carry out the pilot program.

1 4. The Director of the Department of Health and Human Services shall make
2 any amendments to the State Plan for Medicaid authorized by Federal law and
3 obtain any Medicaid waivers from the Federal Government necessary to use money
4 received pursuant to the State Plan for Medicaid to pay for the pilot program
5 described in subsection 1.

6 ~~4.4~~ 5. As used in this section:

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

9 (1) Is attributable to:

10 (I) Cerebral palsy or epilepsy; or

11 (II) Any other condition, other than mental illness, found to be closely
12 related to an intellectual disability because the condition results in impairment of
13 general intellectual functioning or adaptive behavior similar to that of a child with
14 an intellectual disability and requires treatment or services similar to those required
15 by a child with an intellectual disability;

16 (2) Is likely to continue indefinitely; and

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

19 (I) Taking care of oneself;

20 (II) Understanding and use of language;

21 (III) Learning;

22 (IV) Mobility;

23 (V) Self-direction; and

24 (VI) Capacity for independent living.

25 (b) “Intellectual disability” has the meaning ascribed to it in NRS 435.007.

26 (c) ~~“Wrap-around”~~ “Intensive care coordination services” means
27 ~~{supplemental}~~ the delivery of comprehensive services provided to a child with an
28 intellectual disability or a child with a related condition, that is also diagnosed
29 as having behavioral health needs, or the family of such a child, that are ~~not~~
30 ~~covered by Medicaid in the absence of a waiver from federal law or regulations.~~
31 coordinated by a single entity and delivered in an individualized and culturally
32 appropriate manner.

33 (d) “Supported living arrangement services” means flexible,
34 individualized services provided in a residential setting, for compensation, to a
35 child with an intellectual disability or a person with a related condition who is
36 also diagnosed as having behavioral health needs that are designed and
37 coordinated to assist the person in maximizing the child’s independence,
38 including, without limitation, training and habilitation services.

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

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

48 2. The board of county commissioners of each county whose population is
49 less than 100,000 shall submit a report to the Director of the Legislative Counsel
50 Bureau for transmittal to the Legislature, if the Legislature is in session, or to the
51 Legislative Committee on Health Care, if the Legislature is not in session. The
52 report must include, without limitation, a description of the actions the county is
53 taking to comply with the requirements of NRS 435.010.

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

4 **Sec. 4. ~~1.1~~ This act becomes effective on July 1, 2015.**
5 **~~2. Sections 2 and 3 of this act expire~~, and expires** by limitation on July 1,
6 2019.