Amendment No. 459

Senate Amendment to Senate Bill No. 54 (BDR 38-412)

Proposed by: Senate Committee on Health and Human Services

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

ASSEMBLY ACTION		Initial and Date	SENATE ACTION		Initial and Date
Adopted ☐	Lost ☐		Adopted ☐	Lost ☐	
Concurred In ☐	Not ☐		Concurred In ☐	Not ☐	
Receded ☐	Not ☐		Receded ☐	Not ☐	

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.

DAN/EWR Date: 4/20/2025

S.B. No. 54—Requires Medicaid to provide coverage of certain services for persons experiencing homelessness. (BDR 38-412)

SENATE BILL NO. 54–COMMITTEE ON HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE CITY OF LAS VEGAS)

PREFILED NOVEMBER 20, 2024

Referred to Committee on Health and Human Services

SUMMARY—Requires Medicaid to provide coverage of certain services for persons experiencing homelessness. (BDR 38-412)

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 Medicaid; requiring Medicaid to provide coverage for medical respite care for persons experiencing homelessness, if federal financial participation is available; requiring the development of a model for providing such medical respite care; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Department of Health and Human Services to administer Medicaid. (NRS 422.270) If Federal financial participation is available, **section 1** of this bill requires the Director of the Department to include coverage under Medicaid for medical respite care provided to persons experiencing homelessness, by a facility that meets certain requirements. **Section 1** requires the Department to apply to the Federal Government for any waiver or amendment necessary to receive federal financial participation to provide such coverage. **Section 1** defines "medical respite care" to refer to certain medical care and support services. **Section 1** additionally requires the Division of Health Care Financing and Policy of the Department to coordinate with the Division of Public and Behavioral Health of the Department to develop a model for providing medical respite care to persons experiencing homelessness. **Section 2** of this bill makes a conforming change to indicate that the provisions of **section 1** will be administered in the same manner as the provisions of existing law governing Medicaid.

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

Section 1. Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows:

1. To the extent that federal financial participation is available, the Director shall include under Medicaid coverage for medical respite care, for not more than 90 days during any 12-month period, provided by a facility that meets the

requirements of subsection 2 to persons experiencing homelessness. Such medical respite care must include, without limitation:

(a) Case management, including, without limitation, development of case plans;

(b) Coordination of care;

(c) Behavioral health services and referrals for such services;

(d) Food and housing services and support;

(e) Storage and management of medications;

(f) Acute and post-acute medical care;

(g) Care before or after a medical procedure or operation, including, without limitation, wound care;

(h) Transportation to and from scheduled medical appointments;

(i) Evaluation, assessment and immediate interventions for medical, psychological, vocational, cultural, social or environmental factors; and

(j) Care for and education on substance use disorders.

2. A facility that wishes to receive reimbursement through Medicaid pursuant to subsection 1 for medical respite care must:

(a) Operate in accordance with the model developed pursuant to subsection 4.

(b) Be staffed 24 hours each day, 7 days each week by providers of health care who are qualified to provide medical respite care and have received training concerning:

(1) Trauma-informed care;

(2) De-escalation techniques; and

(3) Mental health first aid, including, without limitation:

(I) Recognizing the symptoms of a mental illness or substance use disorder;

(II) Providing initial assistance to persons experiencing a mental health or substance use crisis;

(III) Guiding persons requiring assistance with mental health issues, including, without limitation, persons experiencing a mental health or substance use crisis, to professionals qualified to provide such assistance;

(IV) Comforting a person experiencing a mental health or substance use crisis;

(V) Helping a person with a mental illness or substance use disorder avoid a mental health or substance use crisis; and

(VI) Promoting healing, recovery and good mental health.

3. The Department shall apply to the Secretary of Health and Human Services for any waiver of federal law or apply for any amendment of the State Plan for Medicaid that is necessary for the Department to receive federal funding to provide the coverage required by this section. The Department shall fully cooperate in good faith with the Federal Government during the application process to satisfy the requirements of the Federal Government for obtaining a waiver or amendment pursuant to this section.

4. The Division shall coordinate with the Division of Public and Behavioral Health of the Department to develop a model for providing medical respite care to persons experiencing homelessness. The model must accord with the standards prescribed by the National Institute for Medical Respite Care, or its successor organization, for programs providing medical respite care, to the extent that those standards do not conflict with federal or state law.

5. As used in this section:

(a) "Medical respite care" means acute and post-acute medical care and other support services to persons who are experiencing homelessness who:

(1) Are unable to completely recover from an illness, injury or disease; and

(2) Do not require care from a hospital or other inpatient medical facility.

(b) "Person experiencing homelessness" means a person who is transient, at imminent risk of homelessness or homeless.

Sec. 2. NRS 232.320 is hereby amended to read as follows:

232.320 1. The Director:

(a) Shall appoint, with the consent of the Governor, administrators of the divisions of the Department, who are respectively designated as follows:

(1) The Administrator of the Aging and Disability Services Division;

(2) The Administrator of the Division of Welfare and Supportive Services;

(3) The Administrator of the Division of Child and Family Services;

(4) The Administrator of the Division of Health Care Financing and Policy; and

(5) The Administrator of the Division of Public and Behavioral Health.

(b) Shall administer, through the divisions of the Department, the provisions of chapters 63, 424, 425, 427A, 432A to 442, inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, ***and section 1 of this act,*** 422.580, 432.010 to 432.133, inclusive, 432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive, and 445A.010 to 445A.055, inclusive, and all other provisions of law relating to the functions of the divisions of the Department, but is not responsible for the clinical activities of the Division of Public and Behavioral Health or the professional line activities of the other divisions.

(c) Shall administer any state program for persons with developmental disabilities established pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq.

(d) Shall, after considering advice from agencies of local governments and nonprofit organizations which provide social services, adopt a master plan for the provision of human services in this State. The Director shall revise the plan biennially and deliver a copy of the plan to the Governor and the Legislature at the beginning of each regular session. The plan must:

(1) Identify and assess the plans and programs of the Department for the provision of human services, and any duplication of those services by federal, state and local agencies;

(2) Set forth priorities for the provision of those services;

(3) Provide for communication and the coordination of those services among nonprofit organizations, agencies of local government, the State and the Federal Government;

(4) Identify the sources of funding for services provided by the Department and the allocation of that funding;

(5) Set forth sufficient information to assist the Department in providing those services and in the planning and budgeting for the future provision of those services; and

(6) Contain any other information necessary for the Department to communicate effectively with the Federal Government concerning demographic trends, formulas for the distribution of federal money and any need for the modification of programs administered by the Department.

(e) May, by regulation, require nonprofit organizations and state and local governmental agencies to provide information regarding the programs of those organizations and agencies, excluding detailed information relating to their budgets

and payrolls, which the Director deems necessary for the performance of the duties imposed upon him or her pursuant to this section.

(f) Has such other powers and duties as are provided by law.

2. Notwithstanding any other provision of law, the Director, or the Director's designee, is responsible for appointing and removing subordinate officers and employees of the Department.

Sec. 3. 1. This section becomes effective upon passage and approval.

2. Sections 1 and 2 of this act become effective:

(a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

(b) On ~~[January]~~ **July** 1, 2026, for all other purposes.