

Senate Bill No. 207–Senators Taylor,
Doñate, Neal; Daly and Stone

CHAPTER.....

AN ACT relating to health care; transferring the authority to establish and administer a program of all-inclusive care for the elderly from the Aging and Disability Services Division of the Department of Health and Human Services to the Department; requiring the Department to establish such a program; requiring the Community Advocate within the Division to provide certain services relating to the program; making an appropriation; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing federal law authorizes a state to establish a program, commonly known as a program of all-inclusive care for the elderly or PACE program, to provide services to certain recipients of Medicare and Medicaid who are 55 years of age or older. (42 U.S.C. §§ 1395eee, 1396u-4) Existing state law authorizes the Aging and Disability Services Division of the Department of Health and Human Services to establish and administer a PACE program. (NRS 427A.255, 427A.260)

Sections 2 and 8 of this bill eliminate the authority of the Division to establish a PACE program, and **sections 2-4** of this bill remove references in existing law to such a PACE program. Instead, **section 1** of this bill requires the Department through any of its divisions to establish and administer a PACE program. **Section 6** of this bill makes a conforming change to require the Director of the Department to administer the provisions of **section 1** in the same manner as the provisions of existing law governing Medicaid and certain other programs administered by the Department.

Existing law: (1) creates the Office of the Community Advocate within the Division; and (2) requires the Community Advocate to assist in coordinating resources and services available to aging persons within their respective communities, including any PACE program established by the Division. (NRS 427A.300, 427A.310) **Section 4** replaces the reference to the PACE program established by the Division with a reference to the PACE program established by the Department pursuant to **section 1**, thereby requiring the Community Advocate to provide assistance related to that PACE program. **Sections 5 and 7** of this bill make conforming changes so that the PACE program created by **section 1** is treated similarly to any PACE program that would have been created under the authority eliminated by **section 8** for purposes relating to: (1) the division of the community income, assets and obligations of a married couple into separate income for the purpose of qualifying for such a program; and (2) activities of a home care program, which is a program, including a PACE program, established by a state agency or a local government which provides in the home personal care services, personal assistance or temporary respite services to elderly persons or persons with disabilities. **Section 7.5** of this bill appropriates money to and authorizes expenditures by the Division of Health Care Financing and Policy of the Department to pay the costs of establishing and administering the PACE program.



EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets ~~for mitted-material~~ is material to be omitted.

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. The Department shall establish and administer a program of all-inclusive care for the elderly, commonly known as a PACE program. The program may be carried out solely by the Department or any division thereof or in cooperation with another state agency, the Federal Government or any local government.

2. The program established pursuant to subsection 1 must comply with the provisions of 42 U.S.C. §§ 1395eee and 1396u-4, 42 C.F.R. Part 460 and any other federal regulations governing programs of all-inclusive care for the elderly.

3. The Department may use personnel of the Department or it may contract with any appropriate public or private agency, organization or institution to provide the services necessary to administer the program described in this section, including, without limitation, a federally-qualified health center.

4. A contract entered into with a public or private agency, organization or institution pursuant to subsection 3 must:

- (a) Include a description of the type of service to be provided;*
- (b) Specify the capitation rate to be paid for all-inclusive care for the elderly and the method of payment; and*
- (c) Specify the criteria to be used to evaluate the provisions of the service.*

5. The Department shall:

(a) 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 establish the program required by this section.

(b) 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 paragraph (a).

(c) Adopt regulations necessary to carry out the provisions of this section.

6. The Department may apply for, accept and expend any federal or private grant of money or any other type of assistance that becomes available to carry out the provisions of this section.



Any money received pursuant to this subsection must be accounted for separately in the State General Fund.

7. As used in this section, “federally-qualified health center” has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

Sec. 2. NRS 427A.260 is hereby amended to read as follows:

427A.260 1. The Division may use personnel of the Division or it may contract with any appropriate public or private agency, organization or institution ~~to provide a program of all-inclusive care for the elderly and~~ to provide the community-based services necessary to enable a frail elderly person to remain in his or her home.

2. Any such contract must:

(a) Include a description of the type of service to be provided;

(b) ~~For:~~

~~— (1) A program of all-inclusive care for the elderly, specify the capitation rate to be paid for all-inclusive care for the elderly and the method of payment; and~~

~~— (2) Any other community-based services, specify~~ **Specify** the price to be paid for each service and the method of payment; and

(c) Specify the criteria to be used to evaluate the provision of the service.

Sec. 3. NRS 427A.280 is hereby amended to read as follows:

427A.280 ~~In addition to the program established pursuant to NRS 427A.255, the~~ **The** Division may initiate projects to test and demonstrate various ways of providing the community-based services and all-inclusive care necessary to enable a frail elderly person to remain in his or her home.

Sec. 4. NRS 427A.310 is hereby amended to read as follows:

427A.310 1. The Community Advocate shall provide assistance to persons who are 60 years of age or older and do not reside in facilities for long-term care. The assistance must include at least the:

(a) Coordination of resources and services available to aging persons within their respective communities, including the services provided through a program established pursuant to NRS 427A.250 or ~~427A.255;~~ **section 1 of this act;**

(b) Dissemination of information to aging persons on issues of national and local interest, including information regarding the services of the Community Advocate and the existence of groups of aging persons with similar interests and concerns; and

(c) Advocation of issues relating to aging persons.

2. The Administrator may direct the Community Advocate to provide assistance to a person who:



- (a) Is less than 60 years of age; and
- (b) Does not reside in a facility for long-term care.

Sec. 5. NRS 123.259 is hereby amended to read as follows:

123.259 1. Except as otherwise provided in subsection 2, a court of competent jurisdiction may, upon a proper petition filed by a spouse or the guardian of a spouse, enter a decree dividing the income and resources of a married couple pursuant to this section if one spouse is an institutionalized spouse and the other spouse is a community spouse.

2. The court shall not enter such a decree if the division is contrary to a premarital agreement between the spouses which is enforceable pursuant to chapter 123A of NRS.

3. Unless modified pursuant to subsection 4 or 5, the court may divide the income and resources:

- (a) Equally between the spouses; or

(b) By protecting income for the community spouse through application of the maximum federal minimum monthly maintenance needs allowance set forth in 42 U.S.C. § 1396r-5(d)(3)(C) and by permitting a transfer of resources to the community spouse an amount which does not exceed the amount set forth in 42 U.S.C. § 1396r-5(f)(2)(A)(ii).

4. If either spouse establishes that the community spouse needs income greater than that otherwise provided under paragraph (b) of subsection 3, upon finding exceptional circumstances resulting in significant financial duress and setting forth in writing the reasons for that finding, the court may enter an order for support against the institutionalized spouse for the support of the community spouse in an amount adequate to provide such additional income as is necessary.

5. If either spouse establishes that a transfer of resources to the community spouse pursuant to paragraph (b) of subsection 3, in relation to the amount of income generated by such a transfer, is inadequate to raise the income of the community spouse to the amount allowed under paragraph (b) of subsection 3 or an order for support issued pursuant to subsection 4, the court may substitute an amount of resources adequate to provide income to fund the amount so allowed or to fund the order for support.

6. A copy of a petition for relief under subsection 4 or 5 and any court order issued pursuant to such a petition must be served on the Administrator of the Division of Welfare and Supportive Services of the Department of Health and Human Services when any application for medical assistance is made by or on behalf of an institutionalized spouse. The Administrator may intervene no later



than 45 days after receipt by the Division of Welfare and Supportive Services of the Department of Health and Human Services of an application for medical assistance and a copy of the petition and any order entered pursuant to subsection 4 or 5, and may move to modify the order.

7. A person may enter into a written agreement with his or her spouse dividing their community income, assets and obligations into equal shares of separate income, assets and obligations of the spouses. Such an agreement is effective only if one spouse is an institutionalized spouse and the other spouse is a community spouse or a division of the income or resources would allow one spouse to qualify for services under NRS 427A.250 to 427A.280, inclusive ~~H~~, *or section 1 of this act.*

8. An agreement entered into or decree entered pursuant to this section may not be binding on the Division of Welfare and Supportive Services of the Department of Health and Human Services in making determinations under the State Plan for Medicaid.

9. As used in this section, “community spouse” and “institutionalized spouse” have the meanings respectively ascribed to them in 42 U.S.C. § 1396r-5(h).

Sec. 6. 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. 7. NRS 608.560 is hereby amended to read as follows:

608.560 1. "Home care program" means a program established by a state agency or a local government which provides in the home personal care services, personal assistance or temporary respite services to elderly persons or persons with disabilities.

2. The term includes, without limitation:

(a) Any program established under the State Plan for Medicaid which provides, in the home, the services described in subsection 1.

(b) Any program established pursuant to NRS 427A.250 to 427A.280, inclusive ~~H~~, *or section 1 of this act.*

(c) The program established pursuant to NRS 422.396.

(d) The program established pursuant to NRS 427A.793.

Sec. 7.5. 1. There is hereby appropriated from the State General Fund to the Division of Health Care Financing and Policy of the Department of Health and Human Services for costs to carry out the provisions of this act the following sums:

For the Fiscal Year 2025-2026..... \$293,055

For the Fiscal Year 2026-2027..... \$184,057

2. Expenditure of the following sums not appropriated from the State General Fund or the State Highway Fund is hereby authorized by the Division of Health Care Financing and Policy of the Department of Health and Human Services for the same purposes as set forth in subsection 1:

For the Fiscal Year 2025-2026..... \$323,855

For the Fiscal Year 2026-2027..... \$91,953

3. Any balance of the sums appropriated by subsection 1 remaining at the end of the respective fiscal years must not be committed for expenditure after June 30 of the respective fiscal years by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 18, 2026, and September 17, 2027, respectively, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 18, 2026, and September 17, 2027, respectively.

Sec. 8. NRS 427A.255 is hereby repealed.

Sec. 9. 1. This section becomes effective upon passage and approval.

2. Section 7.5 of this act becomes effective on July 1, 2025.

3. Sections 1 to 7, inclusive, and 8 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 1, 2026, for all other purposes.

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