
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.

~

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



* A B 3 0 7 R 1 *

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

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

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

- 1 **Section 1.** (Deleted by amendment.)
2 **Sec. 2.** 1. To the extent that money is available for that
3 purpose, the Division of Health Care Financing and Policy of the
4 Department of Health and Human Services and the Aging and
5 Disability Services Division of the Department shall establish a pilot
6 program to provide intensive care coordination services to children
7 with intellectual disabilities and children with related conditions
8 who are also diagnosed as having behavioral health needs and who
9 reside in a county whose population is 100,000 or more.
10 2. The intensive care coordination services provided by the
11 pilot program must include, without limitation:
12 (a) Medically necessary habilitation or rehabilitation and
13 psychiatric or behavioral therapy provided using evidence-based
14 practices to a child with intellectual disabilities or a child with a
15 related condition who is also diagnosed as having behavioral health
16 needs;



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

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

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

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

12 (f) Nonmedical transportation;

13 (g) Career planning;

14 (h) Supported employment; and

15 (i) Prevocational services.

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

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

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

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

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

38 5. As used in this section:

39 (a) "Children with related conditions" means children who have
40 a severe, chronic disability which:

41 (1) Is attributable to:

42 (I) Cerebral palsy or epilepsy; or

43 (II) Any other condition, other than mental illness, found
44 to be closely related to an intellectual disability because the
45 condition results in impairment of general intellectual functioning or



1 adaptive behavior similar to that of a child with an intellectual
2 disability and requires treatment or services similar to those required
3 by a child with an intellectual disability;

4 (2) Is likely to continue indefinitely; and

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

7 (I) Taking care of oneself;

8 (II) Understanding and use of language;

9 (III) Learning;

10 (IV) Mobility;

11 (V) Self-direction; and

12 (VI) Capacity for independent living.

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

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

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

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

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

40 2. The board of county commissioners of each county whose
41 population is less than 100,000 shall submit a report to the Director
42 of the Legislative Counsel Bureau for transmittal to the Legislature,
43 if the Legislature is in session, or to the Legislative Committee on
44 Health Care, if the Legislature is not in session. The report must



1 include, without limitation, a description of the actions the county is
2 taking to comply with the requirements of NRS 435.010.

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

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

⑩



* A B 3 0 7 R 1 *

