Nevada Department of Health and Human Services

Aging and Disability Services Division

Language Access Plan

July 2024

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I. Purpose and Authority

Nevada Revised Statutes (NRS) 232.0081 and the federal guidance on Title VI of the Civil Rights Act of 1964, 2 C.S. § 561 et seq. (Act 172 of 2006) establish that language should not be a barrier to accessing government programs and services. Both pieces of legislation include requirements making it the responsibility of the government to provide such access:

- Recipients (State and local entities) of public money have an obligation to provide meaningful, timely access for persons with limited English proficiency to the programs and services of those agencies and entities.

- Aging and Disability Services Division (ADSD) is committed to compliance with NRS 232.0081 and Title VI to ensure persons with limited English proficiency (LEP) have meaningful and timely access to ADSD services in their preferred language.

The purpose of this Language Access Plan (LAP) is to establish an effective plan with standard procedures and strategies for language access to ADSD services and programs.

II. Acronyms and Definitions

Acronym	Term	Definition
ADA	Americans with Disabilities Act	Is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the public.
ADSD	Aging and Disability Services Division	Provides services to Nevada's elders, children, and adults with disabilities or special health care needs. This division serves under the Department of Health and Human Services.
CART	Communication Access Realtime Translation	Accessibility solution that provides real-time translation of spoken language into text for broadcast (computers, projectors, monitors, and mobile devices).
CMS	Centers for Medicare and Medicaid Services	The federal agency that administers the nation's major health care programs including Medicare, Medicaid, and the Children's Health Insurance Program.
DHCFP	Division of Health Care Financing and Policy	Assists in providing quality medical care for eligible individuals and families with low income and limited resources. This division serves under the Department of Health and Human Services.

Acronym	Term	Definition
DHHS	Department of Health and Human Services	Promotes the health and well-being of its residents through facilitation of a multitude of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency. The department is the largest in the state government.
DWSS	Division of Welfare and Supportive Services	Provides public assistance benefits to all who qualify and reasonable support for children with absentee parents to help Nevadans achieve safe, stable, and healthy lives. This division serves under the Department of Health and Human Services.
	Dual-Role Interpreter	A multilingual individual who has been tested for language skills and trained as an interpreter and engages in interpreting as part of their job duties.
HRDW	Human Resources Datawarehouse	Software system used by the Division of Human Resource Management as the Human Resources system of record for all State of Nevada Employees.
IDEA	Individuals with Disabilities Education Act	A law ensuring that all children with disabilities are entitled to a free appropriate public education to meet their unique needs and prepare them for further education, employment, and independent living.
LAP	Language Access Plan	An agency document to memorialize the agency's language access procedures and implementation.
LEP	Limited English Proficiency	Persons who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.
NRS	Nevada Revised Statutes	Current codified laws of the State of Nevada.
	Oral Language Services	Services by qualified individuals to convey verbal information to persons with limited English proficiency.
	Safe Harbor	The non-English languages spoken by limited English proficient individuals (by program) who make up at least 5% of the population, or 1,000 individuals, whichever is less.

Acronym	Term	Definition
SFY	State Fiscal Year	The twelve-month period at the end of which a governmental until determines its financial position and the results of its operations. The State's fiscal year runs July 1st through June 30th.
TANF	Temporary Aid for Needy Families	Time limited cash assistance, designed to assist low-income families with children achieve economic self-sufficiency.
	Vital Document	Written communications that may have consequences for an LEP individual regarding access to services and activities to maintain services.

III. Agency Background and Mission Statement

A. Agency Background

The Nevada Aging and Disability Services Division is one of five (5) divisions under the Department of Health and Human Services (DHHS) and provides services across the lifespan. The Division is comprised of eight (8) units that provide services directly as well as in partnership with community organizations:

Adult Protective Services (APS)	Investigates reports of abuse, neglect, exploitation, isolation, or abandonment of vulnerable adults (18-59) and persons 60 years and older.
Autism Treatment Assistance Program (ATAP)	Provides temporary assistance and funding to pay for evidence-based treatment such as Applied Behavior Analysis for children on the Autism Spectrum, who are under the age of 20.
Developmental Services (DS)	Provides programs and services for individuals with intellectual and/or developmental disabilities.
Nevada Early Intervention Services (NEIS)	Provides comprehensive, individualized services to families with children under the age of three (3), with a diagnosed disability or developmental delay.
Office of Consumer Health Assistance (OCHA)	Provides consumer assistance, education and advocacy on health insurance, resource information, medical billing disputes, and arbitration to resolve disputes between out-

	of-network provider and third-party claims under $5,000 for medically necessary emergency services.
Office of Community Living (OCL) – Home and Community Based Service Programs	Provides programs and services to older adults and people with physical disabilities to remain in community-based settings of their choice.
Office of Community Living (OCL) – Planning and Community Services	Responsible for strategic planning, gap analysis, and coordinating efforts of state, local, and community partners through grant funding and direct services for older adults, people with disabilities, and family caregivers. This includes oversight of Regional Coordinators' community engagement and outreach.
Office of Long-Term Care Ombudsman (LTCOP)	Provides advocacy and education for residents, families, and staff of long-term care facilities, including homes of individual residential care, residential facilities for groups, and nursing homes.

B. ADSD Mission Statement

Vision: Nevadans, regardless of age or ability, will enjoy a meaningful life led with dignity and self-determination.

Mission: Ensure the provisions of effective supports and services to meet the needs of individuals and families, helping them to lead independent, meaningful, and dignified lives.

Philosophy: ADSD seeks to understand and respond to the individual and their needs using principles of accessibility, accountability, culturally and linguistically appropriate services, ethics, mutual respect, timeliness, and transparency.

IV. General Policy and Plan Oversight

A. General Policy

It is the policy of ADSD to ensure meaningful access to program services and resources to individuals with LEP, without discrimination based on race, color, gender, gender identity or expression, sexual orientation, religion, national origin, age, pregnancy, genetic information, domestic partnership, or disability in accordance with federal regulation and state law.

This plan applies to all ADSD programs and services outlined in Section III. All ADSD personnel are required to follow this plan when providing services to, or interacting with, individuals with LEP. ADSD adopted the following policies and procedures to ensure that individuals with LEP have equal access to services in a timely manner:

- ADSD is committed to take all reasonable steps to provide meaningful access for individuals with LEP to services, programs, and activities.

- ADSD seeks to reduce barriers by increasing its capacity to deliver services and benefits to people in their preferred language.

- Language services are required to be provided at no cost to the individual.

- Staff, at the initial point of contact, have a duty to identify the primary language and assist the individual with interpreter services as needed.

- Use of a formal interpreter/translator is required by qualified bilingual staff or a professional interpreter/translator service. Family, friends, other customers, or minor children are not permissible.

- No individual shall be denied services based on their language access needs.

- ADSD is committed to including language in contracts and subawards, receiving state funds, and requiring compliance with the law (NRS 232.0081).

B. Plan Oversight

The ADSD Language Access Coordinator is responsible for the development and maintenance of the LAP to include:

- Facilitation of Division workgroups (consisting of ADSD program leadership) to obtain necessary data and information to comply with NRS 232.0081 and all elements required in the LAP;

- Acting as the Liaison and be responsible for coordination with other agencies regarding the LAP;

- Drafting the LAP incorporating feedback from Division workgroups;

- Soliciting public feedback;

- Finalizing the plan to include fiscal impacts, receive Administrator approval, and submit with the agency recommended biennial budget; and

- Maintaining ongoing plan monitoring and revisions to the plan.

ADSD Language Access Coordinator:	Shannon Ivy, Health Program Manager III shannoni@adsd.nv.gov

The ADSD Program Managers/Chiefs of all program areas are responsible for implementation of the LAP to include:

- Active participation in the LAP workgroups and LAP decision making;

- Implementation and oversight of the LAP for their respective programs and staff/contractors. This includes maintaining a vital document inventory, translation of all vital documents using qualified translators, and availability and use of qualified interpreters as requested;

- Management of the program budget to account for LAP activities; and

- Communication and training on the LAP, training for all new staff/contractors as part of onboarding, and annual refresher training for all staff/contractors.

V. ADSD Profile by Program

A. Adult Protective Services (APS)

Investigates reports of abuse, neglect, exploitation, isolation, or abandonment of vulnerable adults (18-59) and persons 60 years and older.

Funding: APS receives state and federal funding.

Data Collection: The APS data system collects data on primary language and education/proficiency level. Forms/document translation are currently unfunded and require legislative budget authority.

Program Access: APS reporting occurs via a telephone hotline, fax, or email and investigations are in-person. Constituents are not required to complete any program documentation. All reporting and investigation information is entered directly into an electronic case record.

APS					
	SFY21		SFY23		
Primary Language	Total	% of Total	Total	% of Total	Safe Harbor
Total Clients	**8,104**	**100%**	**8,477**	**100%**	
Total Clients Primary Language ≠ English	**513**	**6.3%**	**626**	**7.4%**	
Total Indigenous	**58**	**0.7%**	**65**	**0.8%**	
Total Refugees	**N/A**	**N/A**	**N/A**	**N/A**	
Arabic	5	0.1%	4	0.0%	No
Assistive Technology	1	0.0%	4	0.0%	No
Chinese	18	0.2%	17	0.2%	No
English	7,591	93.7%	7,851	92.6%	N/A
French	8	0.1%	9	0.1%	No
German	4	0.0%	3	0.0%	No
Korean	15	0.2%	13	0.2%	No
Russian	1	0.0%	4	0.0%	No
Sign Language	14	0.2%	8	0.1%	No
Spanish or Spanish Creole	227	2.8%	225	2.7%	No
Tagalog	27	0.3%	17	0.2%	No
Vietnamese	2	0.0%	7	0.1%	No
Other (Unspecified)	61	0.8%	75	0.9%	No
Unknown (None Selected)	130	1.6%	240	2.8%	No
Data Source: APS Data System, SFY23 by A. Francis					
**Indigenous = American Indian/Alaska Native					

APS Education/Proficiency Level SFY 23		
English Proficiency Level or Education Level	**Total**	**% of Total**
Advanced degree	143	1.7%
Associate or bachelor's degree	634	7.5%
High school diploma or equivalent	5,066	59.8%
Less than high school	2,634	31.1%
Total	**8,477**	**100%**
Data Source: APS Data System, SFY23 by A. Francis		

B. Autism Treatment Assistance Program (ATAP)

Provides temporary assistance and funding to pay for evidence-based treatment such as Applied Behavior Analysis (ABA) for children on the Autism Spectrum, who are under the age of 20. Service delivery is a combination of services provided by ADSD and community providers that are under State Purchasing contracts.

Funding: ATAP receives state and federal funding (Temporary Aid for Needy Families [TANF]).

Data Collection: The ATAP data system collects primary language with limited language options but does not have functionality to capture English proficiency. Through approved American Rescue Act Funding (ARPA), ATAP is in the process of system modernization with an anticipated go live for calendar year 2025. Primary language and English proficiency are planned with the modernization. Forms/document translation are currently unfunded and require legislative budget authority.

Program Access: Constituents can access ATAP services via the web, phone, fax, mail, in person, or email.

ATAP					
	SFY21		**SFY23**		
Primary Language	**Total**	**% of Total**	**Total**	**% of Total**	**Safe Harbor**
Total Clients	**1,079**	**100.0%**	**1,239**	**100.0%**	
Total Clients Primary Language ≠ English	**223**	**20.7%**	**189**	**15.25%**	
Total Indigenous	**N/A**	**N/A**	**N/A**	**N/A**	
Total Refugees	**N/A**	**N/A**	**N/A**	**N/A**	
Arabic	2	0.2%	2	0.2%	No
Chinese	1	0.1%	1	0.1%	N/A
English	856	79.3%	1,050	84.7%	No
Hindi	1	0.1%	1	0.1%	No
Italian	1	0.1%	1	0.1%	No
Japanese	1	0.1%	0	0.0%	No
Portuguese	1	0.1%	1	0.1%	No
Spanish	160	14.8%	149	12.0%	Yes
Urdu	1	0.1%	0	0.0%	No
Other	1	0.1%	3	0.2%	No
Uknown	54	5.0%	31	2.5%	No
Data Source: ATAP Data System, SFY23 by D. Kawata					
**Indigenous = American Indian/Alaska Native					

C. Developmental Services (DS)

Provides programs and services for individuals with intellectual and developmental disabilities to remain in community-based settings and achieve maximum independence and self-direction.

This unit includes the following programs:

1. Home and Community Based Services Intellectual and/or Developmental Disability Waiver (HCBS IDD)

Provides community-based, in-home services to enable individuals with intellectual and/or developmental disabilities (lifespan) to remain in their home and avoid placement in a long-term care facility. The oversight of this program is shared between the Division of Welfare and Supportive Services (DWSS) (eligibility), Division of Health Care Financing and Policy (DHCFP) (waiver administration), and ADSD (waiver operations). Service delivery is a combination of services provided by ADSD and Nevada Medicaid providers.

Funding: HCBS IDD is state and federally funded (Medicaid).

Data Collection: HCBS IDD eligibility is housed within the DWSS data system and would be required to comply with allowable application fields and questions as determined by the Centers for Medicare and Medicaid Services (CMS). In addition, DWSS and DHCFP (authority for eligibility and administration) must follow CMS language access requirements. The HCBS IDD data system maintains data for the purposes of waiver operations. The HCBS IDD data system collects primary language but does not have functionality to capture English proficiency level. Through approved CMS Capacity Building funding, HCBS IID is in the process of system modernization with an anticipated go live for the end of calendar year 2024. Primary language and English proficiency are planned with the modernization. Forms/document translation are currently unfunded and require legislative budget authority.

Program Access: Constituents can access HCBS IDD services via the web, phone, fax, mail, in-person, or email.

Home Community Based Waiver - Intellectual or Developmental Disabilities					
	SFY21		SFY23		
Primary Language	Total	% of Total	Total	% of Total	Safe Harbor
Total Clients	**2,703**	**100.0%**	**2,700**	**100.0%**	
Total Clients Primary Language ≠ English	**1,938**	**71.7%**	**1,541**	**57.1%**	
Total Indigenous	**36**	**1.3%**	**28**	**1.0%**	
Total Refugees	**N/A**	**N/A**	**N/A**	**N/A**	
American Sign Language	114	4.2%	98	3.6%	No
Arabic	1	0.0%	0	0.0%	No
Chinese	1	0.0%	2	0.1%	No
English	765	28.3%	1,159	42.9%	N/A
Non-Verbal	131	4.8%	135	5.0%	YES
Persian	0	0.0%	1	0.0%	No
Spanish	83	3.1%	89	3.3%	No
Tagalog	0	0.0%	1	0.0%	No
Thai/Laotian	1	0.0%	1	0.0%	No
Unknown	1,607	59.5%	1,214	45.0%	No
Data Source: HCBS ID Data System, SFY23 by E. Etchison					
**Indigenous = American Indian/Alaska Native					

2. Regional Centers, Intellectual and/or Developmental Disability Services (Non-Waiver)

Provides community-based, in-home services for individuals with intellectual and/or developmental disabilities (lifespan) to remain in their home and avoid placement in a long-term care facility. Service delivery is a combination of services provided by ADSD and State Purchasing contracted community providers.

Funding: This is a state funded program for individuals who are not placed on the HCBS IDD waiver and must meet state income eligibility requirements.

Data Collection: The Regional Centers' data system collects primary language but does not have functionality to capture English proficiency level. Through approved CMS Capacity Building funding, the Regional Centers (non-waiver) are in the process of system modernization with an anticipated go live for the end of calendar year 2024. Primary language and English proficiency are planned with the modernization. Forms/document translation are currently unfunded and require legislative budget authority.

Program Access: Constituents can access Regional Center services via the web, phone, fax, mail, in-person, or email.

ID (non-waiver)					
	SFY21		SFY23		
Primary Language	Total	% of Total	Total	% of Total	Safe Harbor
Total Clients	**5,037**	**100.0%**	**7,874**	**100.0%**	
Total Clients Primary Language ≠ English	**3,004**	**59.6%**	**3,996**	**50.7%**	
Total Indigenous	**30**	**0.6%**	**63**	**0.8%**	
Total Refugees	**N/A**	**N/A**	**N/A**	**N/A**	
American Sign Language	45	0.9%	121	1.5%	No
Arabic	2	0.0%	2	0.0%	No
Cantonese	1	0.0%	2	0.0%	No
Chinese	5	0.1%	7	0.1%	No
English	2,033	40.4%	3,878	49.3%	N/A
Farci	2	0.0%	0	0.0%	No
French	1	0.0%	1	0.0%	No
Hindu/Urdu	1	0.0%	2	0.0%	No
Italian	1	0.0%	1	0.0%	No
Khmer	1	0.0%	0	0.0%	No
Non-Verbal	121	2.4%	237	3.0%	No
Other	0	0.0%	2	0.0%	No
Persian	0	0.0%	4	0.1%	No
Portuguese	0	0.0%	1	0.0%	No
Spanish	800	15.9%	984	12.5%	Yes
Tagalog	0	0.0%	2	0.0%	No
Thai/Laotian	0	0.0%	3	0.0%	No
Vietnamese	2	0.0%	2	0.0%	No
Unknown	2,022	40.1%	2,625	33.3%	No
Data Source: HCBS ID Data System, SFY23 by E. Etchison					
**Indigenous = American Indian/Alaska Native					

3. Intermediate Care Facility (ICF)

Serves individuals diagnosed with an intellectual or developmental disability and in need of ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health and habilitative services in a facility-based residential setting to help the individual gain skills to their greatest ability.

Funding: The ICF is state and federally funded (Medicaid).

Data Collection: The ICF does not have functionality to collect English proficiency level for this reporting period. Primary language and English proficiency are planned with the system modernization currently in process. Forms/document translation are currently unfunded and require legislative budget authority.

Program Access: Constituents can access the ICF via the web, phone, fax, mail, in-person, or email.

ICF					
	SFY21		**SFY23**		
Primary Language	**Total**	**% of Total**	**Total**	**% of Total**	**Safe Harbor**
Total Clients	**39**	**100.0%**	**40**	**100.0%**	
Total Clients Primary Language ≠ English	**36**	**92.3%**	**13**	**32.5%**	
Total Indigenous	**0**	**0.0%**	**0**	**0.0%**	
Total Refugees	**N/A**	**N/A**	**N/A**	**N/A**	
English	3	7.7%	27	67.5%	N/A
Non-Verbal	1	2.6%	13	32.5%	No
Unknown	35	89.7%	0	0.0%	No
Data Source: ICF Data System, SFY23 by R. Aquilina ***Indigenous = American Indian/Alaska Native*					

D. Nevada Early Intervention Services (NEIS)

Services and supports are provided to children from birth up to three (3) years of age who have known or suspected developmental delays and are individually designed to help the family meet the specific needs of the child. The oversight of this program is shared between DHHS IDEA Part C (administration and oversight) and ADSD NEIS (operations). Service delivery is a combination of services provided by ADSD and community providers that are under State Purchasing contracts.

Funding: NEIS is state and federally funded (Part C and Medicaid).

Data Collection: The data system of record for federal reporting is housed with DHHS Part C and is required to comply with the Individuals with Disabilities Education Act (IDEA), Part C data collection and 34 CFR §303.25 regarding services in the native language. The Part C data system, at the time of this reporting, collected primary language but did not have functionality to capture English proficiency levels. Through approved ARPA funding, the Part C data system modernization go-live occurred in December 2023. Primary language and English proficiency level data will be reflected in the next reporting period.   Forms/document translation were completed to the extent Part C funding was available for this reporting period and will require legislative budget authority to meet the remaining translation needs.

Program Access: Constituents can access NEIS via the web, phone, fax, mail, in-person, or email.

NEIS					
	SFY21		**SFY23**		
Primary Language	**Total**	**% of Total**	**Total**	**% of Total**	**Safe Harbor**
Total Clients	**3,249**	**100%**	**6,874**	**100%**	
Total Clients Primary Language ≠ English	**394**	**12.1%**	**739**	**10.8%**	
Total Indigenous	**21**	**0.6%**	**49**	**0.7%**	
Total Refugees	**N/A**	**N/A**	**N/A**	**N/A**	
Cantonese	3	0.1%	1	0.0%	No
English	2,855	87.9%	6,135	89.2%	N/A
Japanese	1	0.0%	1	0.0%	No
Mandarin	5	0.2%	4	0.1%	No
Russian	3	0.1%	5	0.1%	No
Sign Language	2	0.1%	5	0.1%	No
Spanish	337	10.4%	677	9.8%	Yes
Tagalog	13	0.4%	12	0.2%	No
Vietnamese	3	0.1%	4	0.1%	No
Other	27	0.8%	30	0.4%	No
Data Source: Part C Data System, SFY23 by R. Humes ***Indigenous = American Indian/Alaska Native*					

E. Office for Consumer Health Assistance (OCHA)

Serves as an umbrella agency for multiple consumer related programs:

1. Consumer Health Advocates

Act as the lead on consumer health related programs for Bureau for Hospital Patients, Worker's Compensation Injured Workers Assistance, External Review Organizations, Medicare or Medicaid to provide education and advocacy to those who have insurance, access to health care resource assistance to uninsured and underinsured, arbitration, and collaboration with state, federal, and non-profit organizations.

Funding: This is a state funded program.

Data Collection: The OCHA data system collects primary language and education/proficiency levels. Forms/document translation are currently unfunded and require legislative budget authority.

Program Access: Constituents can access OCHA services via the web, phone, mail, in-person, or email.

OCHA					
	SFY21		**SFY23**		
Total	**% of Total**	**% of Total**	**% of Total**	**% of Total**	**Safe Harbor**
Total Clients	**1,095**	**89.4%**	**1,464**	**100.0%**	
Total Clients Primary Language ≠ English	**271**	**24.7%**	**251**	**17.1%**	
Total Indigenous	**5**	**0.5%**	**11**	**0.8%**	
Total Refugees	**N/A**	**N/A**	**N/A**	**N/A**	
Arabic	0	0.0%	1	0.1%	No
Chinese	1	0.1%	5	0.3%	No
English	824	75.3%	1,213	82.9%	N/A
French	14	1.3%	1	0.1%	No
Korean	0	0.0%	3	0.2%	No
Russian	1	0.1%	3	0.2%	No
Sign Language	1	0.1%	0	0.0%	No
Spanish or Spanish Creole	66	6.0%	114	7.8%	Yes
Tagalog	0	0.0%	14	1.0%	No
Vietnamese	1	0.1%	0	0.0%	No
Other	4	0.4%	15	1.0%	No
Unknown	67	6.1%	95	6.5%	No
Data Source: OCHA Data System, SFY23 by A. Francis					
**Indigenous = American Indian/Alaska Native					

OCHA Education/Proficiency Level SFY23		
English Proficiency Level or Education Level	**Total**	**% of Total**
Advanced degree	95	6.5%
Associate or bachelor's degree	243	16.6%
High school diploma or equivalent	260	17.8%
Less than high school	37	2.5%
Minor still in school	85	5.8%
Some college	352	24.0%
Trade school	20	1.4%
Unknown	372	25.4%
Total	**1,464**	**100.0%**
Data Source: OCHA Data System, SFY23 by A. Francis		

2. Community Advocates

Provides advocacy and assistance to older adults (over 60), people with disabilities and their family members. Services include information and referral, one-time emergency assistance, and outreach.

Funding: This program is federally funded through the Older Americans Act.

Data Collection: The Community Advocates data system collects primary language and education/proficiency levels. Forms/document translation are currently unfunded and require legislative budget authority.

Program Access: Constituents can access Community Advocate services via the web, phone, mail, in-person, or email.

Community Advocates					
	SFY21		SFY23		
	Total	% of Total	Total	% of Total	Safe Harbor
Total Clients	**541**	**100.0%**	**333**	**100%**	
Total Clients Primary Language ≠ English	**140**	**25.9%**	**40**	**12.0%**	
Total Indigenous	**2**	**0.4%**	**8**	**2.4%**	
Total Refugees	**N/A**	**N/A**	**N/A**	**N/A**	
Arabic	0	0.0%	0	0.0%	No
Chinese	0	0.0%	3	0.9%	No
English	401	74.1%	293	88.0%	N/A
French	2	0.4%	1	0.3%	No
Korean	1	0.2%	0	0.0%	No
Russian	2	0.4%	2	0.6%	No
Sign Language	1	0.2%	2	0.6%	No
Spanish or Spanish Creole	13	2.4%	14	4.2%	No
Tagalog	2	0.4%	3	0.9%	No
Vietnamese	1	0.2%	1	0.3%	No
Other	2	0.4%	6	1.8%	No
Unknown	116	21.4%	8	2.4%	No
Data Source: CA Data System, SFY23 by A. Francis					
**Indigenous = American Indian/Alaska Native					

Community Advocates Education/Proficiency Level SFY23		
English Proficiency or Education Level	**Total**	**% of Total**
Advanced degree	13	3.9%
Associate or bachelor's degree	36	10.8%
High school diploma or equivalent	102	30.6%
Less than high school	9	2.7%
Minor still in school	0	0.0%
Some college	85	25.5%
Trade school	5	1.5%
Unknown	83	24.9%
Total	**333**	**100.0%**
Data Source: CA Data System, SFY23 by Agnes Francis		

F. Office of Community Living (OCL) – Home and Community Based Service Programs

Provides programs and services to older adults and people with disabilities to remain in community-based settings of their choice. This unit includes the following programs:

1. Home and Community Based Services Waiver for the Frail Elderly (HCBS FE)

Provides community-based, in-home services to enable the frail and elderly (65 and older), who meet Medicaid eligibility, to remain in their home and avoid placement into a long-term care facility. The oversight of this program is shared between the DWSS (eligibility), DHCFP (waiver administration), and ADSD (waiver operations). Service delivery is a combination of services provided by ADSD and Nevada Medicaid providers.

Funding: HCBS FE is state and federally funded (Medicaid).

Data Collection: HCBS FE eligibility is housed within the DWSS data system and would be required to comply with allowable application fields and questions as determined by the CMS. In addition, DWSS and DHCFP (authority for eligibility and administration) must follow CMS language access requirements. The HCBS FE data system maintains data for the purposes of waiver operations. The HCBS FE data system collects primary language but does not have functionality to capture English proficiency level. Through approved CMS Capacity Building funding, the HCBS FE is in the process of system modernization with an anticipated go live for the end of calendar year 2024. Primary language and English proficiency levels are planned with the modernization. Forms/document translation are currently unfunded and require legislative budget authority.

Program Access: Constituents can access HCBS FE services via the web, phone, fax, mail, in-person, or email.

HCBS FE					
	SFY21		**SFY23**		
Primary Language	**Total**	**% of Total**	**Total**	**% of Total**	**Safe Harbor**
Total Clients	**3,240**	**100.0%**	**2,780**	**100%**	
Total Clients Primary Language ≠ English	**1,260**	**38.9%**	**579**	**20.8%**	
Total Indigenous	**36**	**1.1%**	**55**	**2.0%**	
Total Refugees	**N/A**	**N/A**	**N/A**	**N/A**	
Arabic	4	0.1%	7	0.3%	No
Armenian	5	0.2%	12	0.4%	No
Cambodian/(Mon-Khmer)	1	0.0%	3	0.1%	No
Chinese	14	0.4%	32	1.2%	No
English	1,980	61.1%	2,201	79.2%	N/A
German	0	0.0%	1	0.0%	No
Greek	0	0.0%	1	0.0%	No
Hebrew	1	0.0%	1	0.0%	No
Hindu/Urdi	0	0.0%	5	0.2%	No
Japanese	2	0.1%	3	0.1%	No
Korean	10	0.3%	24	0.9%	No
Mandarin	7	0.2%	19	0.7%	No
Other	13	0.4%	30	1.1%	No
Persian	0	0.0%	5	0.2%	No
Polish	0	0.0%	3	0.1%	No
Portuguese	0	0.0%	1	0.0%	No
Russian	4	0.1%	12	0.4%	No
Spanish	232	7.2%	316	11.4%	Yes
Tagalog	17	0.5%	79	2.8%	No
Thai/Laotian	1	0.0%	5	0.2%	No
Vietnamese	3	0.1%	20	0.7%	No
Unknown	946	29.2%	0	0.0%	No
Data Source: HCBS FE Data System, SFY23 by C. Garic					
**Indigenous = American Indian/Alaska Native					

2. Home and Community Based Services Waiver for Persons with Physical Disabilities (HCBS PD)

Provides community-based, in-home services for persons with physical disabilities, who meet Medicaid eligibility, to remain in their home and avoid placement into a long-term care facility. The oversight of this program is shared between DWSS (eligibility), DHCFP (waiver administration), and ADSD (waiver operations). Service delivery is a combination of services provided by ADSD and Nevada Medicaid providers.

Funding: HCBS PD is state and federally funded (Medicaid).

Data Collection: HCBS PD eligibility is housed within the DWSS data system and would be required to comply with allowable application fields and questions as determined by CMS. In addition, DWSS and DHCFP (authority for eligibility and administration) must follow CMS language access requirements. The HCBS PD data system maintains data for the purposes of waiver operations. The HCBS PD data system collects primary language but does not have functionality to capture English proficiency level. Through approved CMS Capacity Building funding, the HCBS PD is in the process of system modernization with an anticipated go live for the end of calendar year 2024. Primary language and English proficiency levels are planned with the modernization. Forms/document translation are currently unfunded and require legislative budget authority.

Program Access: Constituents can access HCBS PD services via the web, phone, fax, mail, in person, or email.

HCBS PD					
	SFY21		SFY23		
Primary Language	**Total**	**% of Total**	**Total**	**% of Total**	**Safe Harbor**
Total Clients	**1,194**	**50.8%**	**1,191**	**100%**	
Total Clients Primary Language ≠ English	**594**	**49.7%**	**91**	**7.6%**	
Total Indigenous	**13**	**1.1%**	**21**	**1.8%**	
Total Refugees	**N/A**	**N/A**	**N/A**	**N/A**	
Arabic	0	0.0%	3	0.3%	No
Armenian	2	0.2%	6	0.5%	No
Dutch	2	0.2%	0	0.0%	No
English	600	50.3%	1,100	92.4%	N/A
Greek	0	0.0%	1	0.1%	No
Other	3	0.3%	3	0.3%	No
Persian	0	0.0%	3	0.3%	No
Russian	0	0.0%	3	0.3%	No
Spanish	49	4.1%	64	5.4%	Yes
Tagalog	0	0.0%	7	0.6%	No
Thai/Laotian	0	0.0%	1	0.1%	No
Unknown	538	45.1%	0	0.0%	No
Data Source: HCBS PD Data System, SFY23 by C. Garic					
***Indigenous = American Indian/Alaska Native*					

3. Community Service Options Program for the Elderly (COPE)

Provides community-based, in-home services for older adults (65 and older) to remain in their home and avoid placement into a long-term care facility. Service delivery is a combination of services provided by ADSD and State Purchasing contracted community providers.

Funding: This is a state funded program for individuals who otherwise do not qualify for Medicaid (over income) and must meet state eligibility requirements.

Data Collection: The COPE data system collects primary language but does not have functionality to capture English proficiency level. Through approved CMS Capacity Building funding, COPE is in the process of system modernization with an anticipated go live for the end of calendar year 2024. Primary language and English proficiency levels are planned with the modernization. Forms/document translation are currently unfunded and require legislative budget authority.

Program Access: Constituents can access COPE services via the web, phone, fax, mail, in-person, or email.

COPE					
	SFY21		**SFY23**		
Primary Language	**Total**	**% of Total**	**Total**	**% of Total**	**Safe Harbor**
Total Clients	**127**	**100.0%**	**123**	**100%**	
Total Clients Primary Language ≠ English	**34**	**26.8%**	**2**	**1.6%**	
Total Indigenous	**2**	**1.6%**	**1**	**0.8%**	
Total Refugees	**N/A**	**N/A**	**N/A**	**N/A**	
American Sign Language	0	0.0%	1	0.8%	No
English	93	73.2%	121	98.4%	N/A
Spanish	2	1.6%	0	0.0%	No
Vietnamese	2	1.6%	1	0.8%	No
Unknown	30	23.6%	0	0.0%	No
Data Source: COPE Data System, SFY23 by C. Garic ***Indigenous = American Indian/Alaska Native*					

4. Personal Assistance Services (PAS)

Provides community-based, in-home services for individuals 18 and older with a physical disability to remain in their home and avoid placement into a long-term care facility. Service delivery is a combination of services provided by ADSD and State Purchasing contracted community providers.

Funding: This is a state funded program for individuals who otherwise do not qualify for Medicaid (over income) and must meet state eligibility requirements.

Data Collection: The PAS data system collects primary language but does not have functionality to capture English proficiency level. Through approved CMS Capacity Building funding, PAS is in the process of system modernization with an anticipated go live for the end of calendar year 2024. Primary language and English proficiency levels are planned with the modernization. Forms/document translation are currently unfunded and require legislative budget authority.

Program Access: Constituents can access PAS services via the web, phone, fax, mail, in person, or email.

PAS					
	SFY21		**SFY23**		
Primary Language	**Total**	**% of Total**	**Total**	**% of Total**	**Safe Harbor**
Total Clients	**141**	**100.0%**	**177**	**100%**	
Total Clients Primary Language ≠ English	**68**	**48.2%**	**5**	**2.8%**	
Total Indigenous	**1**	**0.7%**	**1**	**0.56%**	
Total Refugees	**N/A**	**N/A**	**N/A**	**N/A**	
Arabic	0	0.0%	1	0.56%	No
English	73	51.8%	172	97.18%	N/A
Spanish	1	0.7%	4	2.26%	No
Unknown	67	47.5%	0	0.00%	No
Data Source: PAS Data System, SFY23 by C. Garic					
**Indigenous = American Indian/Alaska Native					

5. Taxi Assistance Program (TAP)

Provides discounted taxicab fairs to individuals, age 60 and older, and persons with disabilities through coupon booklets to taxicab companies in Clark County.

Funding: Funding is provided through the Taxicab Authority.

Data Collection: The TAP data system collects primary language but does not have functionality to capture English proficiency levels. Through approved CMS Capacity Building funding, TAP is in the process of system modernization with an anticipated go live for the end of calendar year 2024. Primary language and English proficiency levels are planned with the modernization. Forms/document translation are currently unfunded and require legislative budget authority.

Program Access: Constituents can access TAP services via mail and in-person.

TAP					
	SFY21		**SFY23**		
Primary Language	**Total**	**% of Total**	**Total**	**% of Total**	**Safe Harbor**
Total Clients	**597**	**100%**	**429**	**100%**	
Total Clients Primary Language ≠ English	**228**	**38.2%**	**148**	**34.5%**	
Total Indigenous	**7**	**1.2%**	**3**	**0.70%**	
Total Refugees	**N/A**	**N/A**	**N/A**	**N/A**	
Arabic	2	0.3%	2	0.5%	No
Chinese	0	0.0%	1	0.2%	No
English	369	61.8%	281	65.5%	N/A
German	1	0.2%	0	0.0%	No
Korean	0	0.0%	1	0.2%	No
Other	1	0.2%	2	0.5%	No
Spanish	7	1.2%	9	2.1%	No
Tagalog	1	0.2%	1	0.2%	No
Vietnamese	0	0.0%	2	0.5%	No
Unknown	215	36.0%	130	30.3%	No
Data Source: Taxi Data System, SFY23 by C. ***Indigenous = American Indian/Alaska Native*					

G. Office of Community Living – Planning and Community Services (PAC)

Responsible for strategic planning, gap analysis, and coordinating efforts of state, local, and community partners through administration and oversight of grant funding and direct services for older adults, people with disabilities, and family caregivers. Direct service programs include:

1. Interpreter/Communication Access Realtime Translation (CART) Registry

ADSD serves as the oversight for registry of qualified sign language interpreters and CART providers for Nevada. Services include adoption of regulations to carry out registry, registry duties, complaint and investigation, and disciplinary action.

Funding: This program is funded through the Telecommunications Device for the Deaf (TDD) surcharge.

Data Collection: At the time of reporting the program did not have a database to track constituent complaints. Forms/document revisions and system enhancements would be necessary to meet the required reporting elements outlined in NRS 232.0081. These enhancements would require legislative budget authority.

Program Access: Constituents can access the registry complaint services via telephone (text, Relay, voice/video), MAIL, website, or email.

H. Office of Long-Term Care Ombudsman (LTCOP)

Provides advocacy and education for residents, families, and staff of long-term care facilities, including homes of individual residential care, residential facilities for groups, and nursing homes.

Funding: This program is federally funded through the Older Americans Act and state funded.

Data Collection: The LTCOP data system does not collect primary language or English proficiency level. Forms/Document revisions and system enhancements would be necessary to meet the required reporting elements outlined in NRS 232.0081. These enhancements would require legislative budget authority.

Program Access: Constituents can access LTCOP services via the web, phone, mail, in-person, or email.

LTCOP					
	SFY21		SFY23		
Primary Language	Total	% of Total	Total	% of Total	Safe Harbor
Total Cases	1,371	100%	2,228	100%	
Total Clients Primary Language ≠ English	N/A	N/A	N/A	N/A	
Total Indigenous Cases	19	1.4%	16	0.7%	
Total Refugees	N/A	N/A	N/A	N/A	
Data Source: LTCOP Data System, SFY23 by A. Francis ***Indigenous = American Indian/Alaska Native* *Note: System reports data based on number of cases reported and closed and may represent duplication in the client over those cases.*					

VI. ADSD Language Access Services and Procedures

The ADSD Language Access Plan serves as the blueprint to provide LEP individuals meaningful and timely access (in their preferred language) to ADSD programs and services through all access points and at no cost to the LEP individual.

All ADSD staff and contractors must follow procedures when engaging with ADSD constituents to identify their preferred language as follows:

- Treat all constituents with dignity and respect;

- Inform all constituents of the availability of language services;

- Identify preferred language at the beginning of interaction;

- Record and track LEP constituents' language preferences; and

- Provide language access services in the LEP individuals preferred language through the most appropriate language service and resources as listed in this LAP.

There is a wide variety of access points to ADSD programs, services, and staff for LEP individuals (not all inclusive):

- ADSD offices statewide

- ADSD website

- Media (Public Service Announcements, social media, etc.)

- Outreach events

- Publications (brochures, posters, written materials, etc.)

- Public meetings

- Resource and Referral (211, No Wrong Door, sister agencies, etc.)

ADSD has secured the language access services described below to enable all LEP individuals' access to our services and programs more fully. In every case, ADSD ensures that all language service providers are fully competent to provide these services either through ADSD staff or contractors.

A. Competencies/Qualifications to Provide Language Access Services

The NRS for oral language interpreters and translators requires adequate credentialing and oversight. All staff and contractors providing language access services must meet state and/or national certification requirements and be up to date on cultural competency training. ADSD supports individuals to keep their job skills current through continuing education credits (CEUs) and ongoing training in accordance with the State Administrative Manual (SAM).

Professional Group	Qualifications
Oral language providers	NRS 232.0081(5)(b)
Communication Access Real-time Translators (CART)	NRS 656A.400
Sign Language Interpreters	NRS 656A.100
Translators	NRS 232.0081

B. Oral Interpreter/Sign Language Interpreter Services

Oral interpreter/sign language interpreter services may be accessed via in-person, over the phone, and video-remote.

Interpreter services can be provided by:

- Available, trained, competent, and approved bilingual staff or contractors in the individuals' primary language;

- Trained and competent Sign Language Interpreters and CART through an available Nevada State Purchasing Master Service Agreement (MSA) for Translation/Interpreters;

- Toll free telephone language services through Corporate Translation Services Language Link Interpretive Services; and

- Relay services through Relay Nevada (711) to provide relay services, captioned telephone services, and speech-to-speech for individuals who are deaf, hard of hearing, deaf/blind, or speech impaired.

C. Written Language Services

Written language services ensure LEP individuals have access to necessary program information and services in written form. To accomplish this, ADSD established a list of vital documents as well as procedures for identifying vital communications (in written form) targeting ADSD constituents and the broader public.

Translation services can be provided by:

- Available, trained, competent, and approved staff or contractors; and

- Trained and competent translators through an available Nevada State Purchasing MSA for Translation/Interpreters.
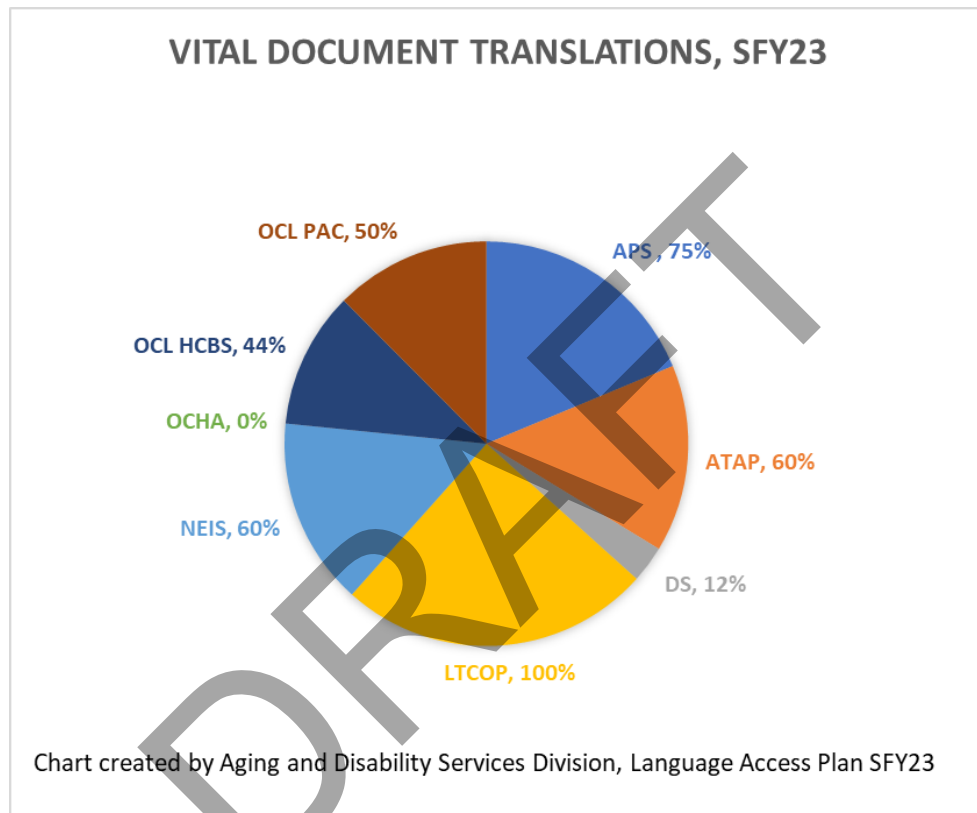
Vital documents are determined as all written communications that may have consequences for an LEP individual regarding access to services and activities to maintain services. Vital documents for each program will be made readily available and translated into the "safe harbor" languages, meeting accessibility guidelines (Section 504 compliant). The ADSD Vital Document Inventory (Exhibit B) is maintained on SharePoint and each program is responsible for identifying, maintaining, and revising the vital document inventory annually or upon program and regulatory changes.

Programs are responsible for translating all new documents or written materials as developed and identified through "safe harbor" languages. Where ADSD does not have authority (ownership) of a document, the program will work with the authority to address the necessary updates and translations (i.e., DWSS, IDEA Part C).

Vital documents are made available through paper and electronic communications (where applicable). There may be instances that require wet signatures and paper copies only. ADSD will continually work to establish electronic communications where and when applicable for a specific program.

Any public hearing notices or public meeting agendas will include information to request interpreters or ADA accommodations as needed for participation.

To the extent funding was available, ADSD translated 36% of vital documents into safe harbor languages in SFY23. This data does not account for vital document translations that are individualized (e.g., Person-Centered Care Plans, Individual Family Service Plans, Individual Support Plans, etc.). ADSD has received quotes for approximately 20% of the remaining documents to be translated with an average cost of $158 per translation. Program specific vital document translation data is represented in the chart below.

VITAL DOCUMENT TRANSLATIONS, SFY23

- OCL PAC, 50%
- APS, 75%
- OCL HCBS, 44%
- OCHA, 0%
- ATAP, 60%
- NEIS, 60%
- DS, 12%
- LTCOP, 100%

Chart created by Aging and Disability Services Division, Language Access Plan SFY23

D. Community Outreach and Engagement

ADSD is committed to ensuring that the larger LEP community is aware of and able to access all available language services. In doing so, ADSD has taken steps to publicize the availability of its language services on the ADSD website and in the community. Additionally, ADSD has provided notification of its services to all relevant points of contact.

ADSD conducts outreach across Nevada that is broad and inclusive of all demographics (race, color, gender, gender identity or expression, sexual orientation, religion, national origin, age, pregnancy, genetic information, domestic partnership, or disability) and is driven by policy, funding, state law, or federal regulations depending on the activity and program area. ADSD outreach and engagement encompasses in-person, virtual, and written materials.

When conducting outreach and engagement activities, ADSD will ensure:

- Outreach materials are available in "safe harbor" languages and based on targeted outreach activities;

- Interpreters (oral and/or sign language) are considered based on targeted outreach activities; and

- "I Speak" cards are available.

Community organizations and collaborative partnerships play a critical role in ADSD outreach and engagement. ADSD builds and maintains these relationships through regular information sharing such as:

- Solicitation of feedback on ADSD strategic plans, state plans, and other reports.

- ADSD presentations to boards/commissions and community organizations.

- Surveys and needs assessments.

- Listservs

- Trainings

- ADSD participation in community events.

E. Alternative Language Access

In accordance with the Americans with Disabilities Act (ADA), ADSD will not discriminate against any individual based on disability and will make reasonable accommodations to ensure equal opportunity to access programs and services. LEP individuals who are deaf, hard of hearing, speech impaired, visually impaired, blind, deaf/blind, or persons with language disorders may request assistive technology or alternative language access services.

Assistive technology or alternative language access services may include but not limited to:

- Augmentative and Assistive Communication Systems

- Braille Translations

- CapTel

- Screen Braille Communicator

- Text Telephone (TTY) or Telecommunication Devices (TDD)

ADA policies and procedures are housed in the ADSD policy portal.

F. Language Access Notification and Resources

ADSD programs will provide notification to constituents regarding language access services and make available "I Speak" cards. Information posted on the ADSD website will be 504 compliant

and will be made available in "safe harbor" languages when deemed a vital document. A list of resources for language access services (Exhibit A) will be posted on the ADSD SharePoint and updated annually or upon changes to resources.

VII.Staff Recruitment and Training

ADSD believes that the appropriate provision of language services is vital to the fulfillment of its mission. Towards that end, ADSD is committed to improving language access services and resources with qualified and trained staff.
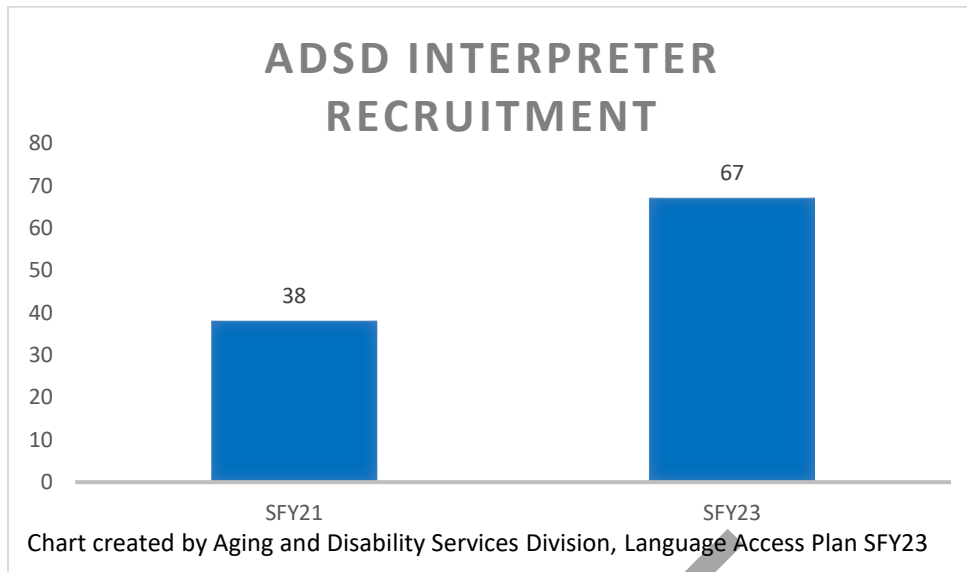
A. Staff Recruitment

ADSD follows Division of Human Resource Management (DHRM) policies and procedures for all recruitments to ensure fair and equitable hiring practices. In addition, the Nevada Collective Bargaining Agreements (CBAs) allow for "Special Adjustment to Pay" when meeting criteria, and upon doing so would agree to participate in a statewide list to provide interpretation.

While there are national resources available, testing and certification is not available in Nevada and the state does not currently have an MSA or contracted certification body to address oral language interpreter certification for State of Nevada employees. This process is currently under review and development DHRM; in the interim departments/divisions have established general skills criteria.

ADSD will make all efforts to recruit dual-role interpreters to meet appropriate language access resources to serve constituents as needed. ADSD will work towards ensuring that any dual-role interpreters used by the agency meet the appropriate qualifications as certification becomes available to State of Nevada employees. When staffing resources need to be augmented, ADSD will leverage MSA contracts to the extent funding is available.

Approximately 4% of the current ADSD workforce are dual-role interpreters meeting the general skills criteria and eligible for the special adjustments to pay. While ADSD has increased recruitment of dual-role interpreters from the last reporting period, the limited access to certification programs in Nevada for interpreter/translators remains a barrier for ADSD to gain access to and develop an adequate workforce to meet LEP caseloads.

ADSD INTERPRETER RECRUITMENT

Chart created by Aging and Disability Services Division, Language Access Plan SFY23

B. Training

ADSD will ensure staff are familiar and trained in the ADSD language access policies and procedures. The LAP guidelines will be included in:

- New employee onboarding by the assigned program;

- Position specific training as part of standard operating procedures, desk manuals, and other trainings for positions that work directly with the public;

- Incorporation into regular trainings provided by programs (e.g., cultural competencies, person-centered planning) with an annual refresher for staff and contractors;

- Presentations to leadership and management to reinforce their role and accountability to the LAP; and

- Incorporation into the policy portal for quarterly releases and annual review and acknowledgment by all staff/contractors.

VIII. Implementation and Evaluation

A. Implementation

While the ADSD LAP is the blueprint to provide timely and meaningful language access services, the plan also demonstrates the limitations and barriers for ADSD to be fully compliant. The implementation checklist outlines the remaining ADSD efforts to meet full compliance, to the extent funding is available, as follows:

ADSD LAP Activity	Timeline
Bilingual Staff Qualifications: Current ADSD staff that are bilingual and not meeting qualifications in NRS would have the option to work towards this certification once available in Nevada for state employees.	Timeline is unknown. The Division is applying general skills evaluation during recruitment as an interim solution.
Data Collection: System enhancements to establish data collection (where absent) in program specific database.	System modernizations are in process between various systems. Implementation dates range from 2024 through to the end of 2025.
Vital Document Translation: Program Managers/Chiefs responsible for ensuring vital documents (Exhibit B) are translated (using qualified translators), to the extent funding is available.	Started January 1, 2023, and ongoing to the extent funding is available.
Distribution of Materials: Vital documents and all other translated materials will be distributed, in paper and electronically (website), by each program.	As materials are translated.
Development and Distribution of I Speak Cards and Posters: LAP coordinator will be responsible for developing ADSD specific "I Speak" cards for dissemination.	Completed January 1, 2023.
Policies and Procedures: 1. Administrative Language Access Service policy to be developed by LAP Coordinator and housed in the ADSD Policy Portal. This will include annual acknowledgment by all staff. 2. Complaint policies to be developed and posted.	Completed January 1, 2023.
Website Revisions: 1. Language Access Information to be posted on the ADSD website. 2. Website functionality to include language options (English/Spanish)	Completed January 1, 2023.
*All timelines are subject to revision based on available funding and resources for implementation.	

B. Evaluation

ADSD is committed to monitoring the performance of the LAP policies, procedures, and resources to ensure the LAP is responsive to the needs of both ADSD and the people it serves. At a minimum, ADSD will review, evaluate, and update its LAP biennially to include:

- Programmatic data on language needs of the population served;

- Review of vital documents for any additions and/or revisions;

- Review of any issues and/or concerns (including formal complaints filed) regarding language access services;

- Conduct periodic quality assurance reviews to ensure LAP compliance;

- Surveying staff/contractors on knowledge and use of language access services to meet LEP individual's service needs; and

- Solicit and monitor feedback from stakeholders (e.g., community partners, boards/commissions, constituents).

IX. Declared Emergency/Natural Disaster

Communication with the public is essential for preparedness, response, and recovery during a declared emergency or natural disaster. The safety of LEP individuals could be at risk if they are unable to access emergency notifications in a language they can understand. ADSD will ensure timely and meaningful access to LEP individuals in their preferred language during a declared emergency or natural disaster as follows (not all inclusive):

- Staff/contractors will follow the ADSD Disaster Preparedness and Emergency Response Policy 11.2;

- All ADSD emergency notifications or information will be translated;

- All ADSD emergency notifications via in-person or over video broadcast will include sign language interpreters;

- Oral interpreters will be included in ADSD safety committees; and

- "I Speak" cards will be distributed to assist responders in identifying languages spoken by a disaster victim.

X. Budget Implications and Legislative Recommendations

A. Fiscal Impact and Future Budget Concepts

The division has minimized the state general fund impact by leveraging ARPA funding for system modernizations and through a one-shot funding appropriation for translations in SFY25. In accordance with NRS 232.0081, each agency must submit their LAP and associated funding requests with the agency's proposed budget pursuant to NRS 353.210.

B. Legislative Recommendations

Based on the experience with language access to date, the following revisions to NRS 232.0081 or other legislation are recommended:

1. Add definition to the bill that would outline the parameters for English proficiency level.

   NRS 232.0081 does not establish parameters on English proficiency level. This leaves the collection of data subjective and creates a misalignment with certain federally funded programs or national standards in data collection across some programs. For example, some programs collect this data as education level completed, and others collect this data as a "yes/no" confirmation that they understand English.

2. Add clarity around the interpreter and translator qualifications. The current language of tested and trained is unclear if this is permissible at an agency/program level or if this requires a national certification as required for federally funded programs.

3. Add clarity around language access using assistive technology, visual language, and Certified Deaf Interpreters to be inclusive of LEP individuals with disabilities.

NRS 232.0081 does not establish language access services for individuals who are deaf/blind; those that are non-verbal; or for persons who are deaf and have limited ability to understand American Sign Language receptively or to produce American Sign Language expressively.

Exhibit A

ADSD Language Access Service Resources

ADSD LANGUAGE ACCESS SERVICE RESOURCES	
Service Options	Contact
Bilingual Interpreter	ADSD Voluntary Bi-lingual Staff Directory (TBD) State MSA for Temporary Staffing Agency (Bilingual Interpreters)
CART – Communication Access Real-time Transcription	Nevada MSA Translation/Interpretation
On-Demand Remote Language Interpreting (phone)	CTS Language Link Dial out: 1-888-338-7394 State MSA Translation/Interpretation
Relay Nevada	Relay Nevada: Overview Dial 711
Sign Language Interpreter	Nevada MSA Translation/Interpretation
Written Translation	Nevada MSA Translation/Interpretation

Language Access Plan Vital Document Crosswalk (Pg. 1)

Program	Referral / Intake Form			Application			Assessment Forms / Level of Care			Consent Form/Financial Disclosures			Letter / Notice Eligibility Status (approve, denied, termed)			Letter / Notice of Rights (appeal, safeguards, etc.)			Request of Information Form			Care Plan			Complaint / Investigation Forms			Letter of Free Language Assistance Service		
	E	P	Owned By	E	P	Owned By	E	P	Owned By	E	P	Owned By	E	P	Owned By	E	P	Owned By	E	P	Owned By	E	P	Owned By	E	P	Owned By	E	P	Owned By
APS	X		APS				X		APS	X		APS	X		APS				X		APS									
ATAP	X	X	ATAP	X	X	ATAP				X	X	ATAP	X	X	ATAP	X	X	ATAP				X	X	ATAP						
CAS (Registry)				X		OCL																			X		OCL			
OCL (COPE)				X	X	OCL	X	X	OCL	X		OCL	X		OCL	X		OCL	X		OCL	X	X	OCL						
OCL (FE Waiver)				X	X	OCL	X	X	OCL	X		DHCFP	X		DWSS/	X		DWSS/	X		OCL/	X		OCL						
OCL (PAS)				X	X	OCL	X	X	OCL	X		OCL	X		OCL	X		OCL	X		OCL	X	X	OCL						
OCL (PD Waiver)				X	X	OCL	X	X	OCL	X		DHCFP	X		DWSS/	X			X		OCL/D	X		OCL						
FPP		X	ADSD	X		ADSD	X		ADSD	X		ADSD	X		ADSD	X		ADSD	X		ADSD									
ICF					X	ADSD	X	X	ADSD	X		DRC/	X			X		DRC ICF							X	X	ADSD			
LTCOP	Not Applicable - Information is collected verbally, no forms for constituents																													
NEIS	X		NEIS				X	X	Pub. Co.	X	X	Part C	X	X	Part C	X	X	Part C	X	X	NEIS	X	X	Part C	X	X	Part C			
OCHA				X	X	OCHA				X		OCHA				X	X	OCHA							X	X	OCHA			
DS (Waiver)		x	ADSD	X		ADSD	X		ADSD	X		ADSD	X		ADSD	X		ADSD	X		ADSD	X		ADSD	X		ADSD			
DS (State)		x	ADSD	X		ADSD	X		ADSD	X		ADSD	X		ADSD	X		ADSD	X		ADSD	X		ADSD	X		ADSD			
TAP				X	X	OCL								x	OCL				X		OCL							X	X	ADSD

E = Electronic   P = Paper

Rev. May 5, 2024

Program	Brochures			Parent Manual / Handbook			Welcome Letter			Voter Registration			Office Closure Notices or Public Service Announcement			Statement of Choice			Request External Review			Serious Occurrence Report Form			Acknowledgment Form		
	E	P	Owned By	E	P	Owned By	E	P	Owned By	E	P	Owned By	E	P	Owned By	E	P	Owned By	E	P	Owned By	E	P	Owned By	E	P	Owned By
APS	X	X	APS							X																		
ATAP	X	X	ATAP	X	X	ATAP	X	X	ATAP																			
CAS (Registry)		X	OCL																									
OCL (COPE)		X	ADSD								X	DWSS					X	OCL				X	X	DHCFP	X	X	DHCFP
OCL (FE Waiver)		X	ADSD								X	DWSS					X	DHCFP				X	X	DHCFP	X	X	DHCFP
OCL (PAS)		X	ADSD								X	DWSS					X	OCL				X	X	DHCFP	X	X	DHCFP
OCL (PD Waiver)		X	ADSD								X	DWSS					X	DHCFP				X	X	DHCFP	X	X	DHCFP
FPP																												
ICF											X	DWSS					X											
LTCOP	X	X	LTCOP																									
NEIS	X	X	NEIS	X	X	Part C	X	X	NEIS	X	X	Secr. Of State																
OCHA	X	X	OCHA																X	X	OCHA						
DS (Waiver)		X	DRC					X	DRC		X	Secr. Of State					X	ADSD					X	ADSD			
DS (State)		X	DRC					X	DRC		X	Secr. Of State					X	ADSD					X	ADSD			
TAP		X	OCL										X	X	ADSD													

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Exhibit C
Solicitation of Public Comment

In compliance with NRS 232, ADSD solicited public comment as follows:
Language to be inserted following solicitation of public comment