

Nevada Department of Health and Human Services



Aging and Disability Services Division

Language Access Plan

August 2022

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I. Purpose and Authority

Nevada’s Senate Bill 318 (SB318) from the 81st Legislative Session, 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 that make 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 SB318 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 and represents 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 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.
TANF	Temporary Aid for Needy Families	Time limited cash assistance designed to assist low-income families with children achieve economic self-sufficiency.

III. Agency Background and Mission Statement

Agency Background

The Nevada Aging and Disability Services Division is one of 5 divisions under the Department of Health and Human Services (DHHS) and provides services across the lifespan. The Division is comprised of 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.
Community Based Care (CBC)	Provides programs and services to older adults and people with disabilities to remain in community-based settings of their choice.
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 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 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.
Planning, Advocacy, and Community Services (PAC)	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 Communication Access Services for the deaf, hard of hearing and speech impaired.

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

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 adopts 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 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, requiring compliance with the law (to include NRS232).

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 SB318 and all elements required in the LAP:

- Act as the Liaison and be responsible for coordination with other agencies regarding the LAP;
- Drafting the LAP incorporating feedback from Division workgroups;
- Solicit public feedback;
- Finalize the plan to include fiscal impacts, receive Administrator approval, and submit with the agency recommended biennial budget; and
- Maintain ongoing plan monitoring and revisions to the plan.

ADSD Language Access Coordinator:	Shannon Sprout, Health Program Manager III srsprout@adsd.nv.gov
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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; and
- Communication and Training on the LAP at initial roll out, training for all new staff/contractors as part of onboarding, and annual training for all staff/contractors.

V.ADSB Profile by Program

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 level but not English proficiency level. System enhancements would be necessary to meet the required reporting elements outlined in SB318 and would 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			
Primary Language	Total	% of Total	Safe Harbor
Total Clients	8104	100%	
Total Clients Primary Language ≠ English	513	6.3%	
Total Indigenous	58	0.7%	
Total Refugees	N/A	N/A	
Arabic	5	0.1%	No
Assistive Technology	1	0.0%	No
Chinese	18	0.2%	No
English	7591	93.7%	N/A
French	8	0.1%	No
German	4	0.0%	No
Korean	15	0.2%	No
Russian	1	0.0%	No
Sign Language	14	0.2%	No
Spanish or Spanish Creole	227	2.8%	No
Tagalog	27	0.3%	No
Vietnamese	2	0.0%	No
Other (Unspecified)	61	0.8%	No
Unknown	130	1.6%	No
<i>Data Source: APS Data System, SFY21 by Agnes Francis</i>			
<i>**Indigenous = American Indian/Alaskan Native</i>			

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 ASD 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. Forms/Document revisions and system enhancements would be necessary to meet the required reporting elements outlined in SB318. These enhancements would require legislative budget authority.

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

ATAP			
Primary Language	Total	% of Total	Safe Harbor
Total Clients	1079	100.0%	
Total Clients Primary Language ≠ English	223	20.7%	
Total Indigenous	N/A	N/A	
Total Refugees	N/A	N/A	
Arabic	2	0.2%	No
Chinese	1	0.1%	No
English	856	79.3%	N/A
Hindi	1	0.1%	No
Italian	1	0.1%	No
Japanese	1	0.1%	No
Portugese	1	0.1%	No
Spanish	160	14.8%	Yes
Urdu	1	0.1%	No
Other	1	0.1%	No
Unknown	54	5.0%	No
<i>Data Source: ATAP Data System, SFY21 by Erasmo Casio</i>			
<i>**Indigenous = American Indian/Alaskan Native</i>			

Community Based Care (CBC)

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:

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 Division of Welfare and Supportive Services (DWSS) (eligibility), the 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 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 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 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. Forms/Document revisions and system enhancements would be necessary to meet the required reporting elements outlined in SB318. These enhancements would require legislative budget authority.

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

HCBS FE			
Primary Language	Total	% of Total	Safe Harbor
Total Clients	3240	100.0%	
Total Clients Primary Language ≠ English	1260	38.9%	
Total Indigenous	36	1.1%	
Total Refugees	N/A	N/A	
Arabic	4	0.1%	No
Armenian	5	0.2%	No
Cambodian (Monkhmer)	1	0.0%	No
Chinese	14	0.4%	No
English	1980	61.1%	N/A
Hebrew	1	0.0%	No
Japanese	2	0.1%	No
Korean	10	0.3%	No
Mandarin	7	0.2%	No
Russian	4	0.1%	No
Spanish	232	7.2%	Yes
Tagalog	17	0.5%	No
Thai/Laotian	1	0.0%	No
Vietnamese	3	0.1%	No
Other	13	0.4%	No
Unknown	946	29.2%	No
<i>Data Source: HCBS FE Data System, SFY21 by Cissy Garic</i>			
<i>**Indigenous = American Indian/Alaskan Native</i>			

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. Forms/Document revisions and system

enhancements would be necessary to meet the required reporting elements outlined in SB318. These enhancements would require legislative budget authority.

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

HCBS PD			
Primary Language	Total	% of Total	Safe Harbor
Total Clients	1194	100.0%	
Total Clients Primary Language ≠ English	594	49.7%	
Total Indigenous	13	1.1%	
Total Refugees	N/A	N/A	
Armenian	2	0.2%	No
Dutch	2	0.2%	No
English	600	50.3%	N/A
Spanish	49	4.1%	No
Other	3	0.3%	No
Unknown	538	45.1%	No
<i>Data Source: HCBS PD Data System, SFY21 by Cissy Garic</i>			
<i>**Indigenous = American Indian/Alaskan Native</i>			

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. Forms/Document revisions and system enhancements would be necessary to meet the required reporting elements outlined in SB318. These enhancements would require legislative budget authority.

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

COPE			
Primary Language	Total	% of Total	Safe Harbor
Total Clients	127	100.0%	
Total Clients Primary Language ≠ English	34	26.8%	
Total Indigenous	2	1.6%	
Total Refugees	N/A	N/A	
English	93	73.2%	N/A
Spanish	2	1.6%	No
Vietnamese	2	1.6%	No
Unknown	30	23.6%	No
<i>Data Source: COPE Data System, SFY21 by Cissy Garic</i>			
<i>**Indigenous = American Indian/Alaskan Native</i>			

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. Forms/Document revisions and system enhancements would be necessary to meet the required reporting elements outlined in SB318. These enhancements would require legislative budget authority.

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

PAS			
Primary Language	Total	% of Total	Safe Harbor
Total Clients	141	100.0%	
Total Clients Primary Language ≠ English	68	48.2%	
Total Indigenous	1	0.7%	
Total Refugees	N/A	N/A	
English	73	51.8%	N/A
Spanish	1	0.7%	No
Unknown	67	47.5%	No
<i>Data Source: PAS Data System, SFY21 by Cissy Garic</i>			
<i>**Indigenous = American Indian/Alaskan Native</i>			

Taxi Assistance Program (TAP)

Provides discounted taxicab fares 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 program does not collect English proficiency level. Forms/Document revisions and system enhancements would be necessary to meet the required reporting elements outlined in SB318. These enhancements would require legislative budget authority.

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

TAP			
Primary Language	Total	% of Total	Safe Harbor
Total Clients	597	100%	
Total Clients Primary Language ≠ English	228	38.2%	
Total Indigenous	7	1.2%	
Total Refugees	N/A	N/A	
Arabic	2	0.3%	No
English	369	61.8%	N/A
German	1	0.2%	No
Russian	1	0.2%	No
Spanish	7	1.2%	No
Tagalog	1	0.2%	No
Other	1	0.2%	No
Unknown	215	36.0%	No

Data Source: Taxi Data System, SFY21 by Carrie Greenley
***Indigenous = American Indian/Alaskan Native*

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:

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 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 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 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. Forms/Document revisions and system enhancements would be necessary to meet the required reporting elements outlined in SB318. These enhancements would require legislative budget authority.

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

HCBS ID			
Primary Language	Total	% of Total	Safe Harbor
Total Clients	2703	100.0%	
Total Clients Primary Language ≠ English	1938	71.7%	
Total Indigenous	36	1.3%	
Total Refugees	N/A	N/A	
Arabic	1	0.0%	No
Chinese	1	0.0%	No
English	765	28.3%	N/A
Non-Verbal	131	4.8%	No
Sign Language	114	4.2%	No
Spanish	83	3.1%	No
Thai	1	0.0%	No
Unknown	1607	59.5%	No
<i>Data Source: HCBS ID Data System, SFY21 by Mavis Quansah Amissah</i>			
<i>**Indigenous = American Indian/Alaskan Native</i>			

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. Forms/Document revisions and system enhancements would be necessary to meet the required reporting elements outlined in SB318. These enhancements would require legislative budget authority.

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

ID (non-waiver)			
Primary Language	Total	% of Total	Safe Harbor
Total Clients	5037	100.0%	
Total Clients Primary Language ≠ English	3004	59.6%	
Total Indigenous	30	0.6%	
Total Refugees	N/A	N/A	
Arabic	2	0.0%	No
Cantonese	1	0.0%	No
Chinese	5	0.1%	No
English	2033	40.4%	N/A
Farci	2	0.0%	No
French	1	0.0%	No
Hindi	1	0.0%	No
Italian	1	0.0%	No
Khmer	1	0.0%	No
Non-Verbal	121	2.4%	No
Sign Language	45	0.9%	No
Spanish or Spanish Creole	800	15.9%	Yes
Vietnamese	2	0.0%	No
Unknown	2022	40.1%	No
<i>Data Source: ID Data System, SFY21 by Mavis Quansah Amisah</i>			
<i>**Indigenous = American Indian/Alaskan Native</i>			

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. Forms/Document revisions and system enhancements would be necessary to meet the required reporting elements outlined in SB318. These enhancements would require legislative budget authority.

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

ICF			
Primary Language	Total	% of Total	Safe Harbor
Total Clients	39	100.0%	
Total Clients Primary Language ≠ English	36	92.3%	
Total Indigenous	0	0.0%	
Total Refugees	N/A	N/A	
English	3	7.7%	N/A
Non-Verbal	1	2.6%	No
Unknown	35	89.7%	No
<i>Data Source: ICF Data System, SFY21 by Mavis Quansah Amissah</i>			
<i>**Indigenous = American Indian/Alaskan Native</i>			

Nevada Early Intervention Services (NEIS)

Services and supports are provided to children from birth to 3 years of age who have known or suspected developmental and are individually designed to help the family meet the specific needs of the child. The oversight of this program is shared between the Department of Health and Human Services (DHHS), Part C office (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).

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 collects primary language but does not have functionality to capture English proficiency level. Report functionality limitations only allow for a point in time data extraction of active cases. Forms/Document revisions would be necessary to meet the required reporting elements outlined in SB318 and would need to be accomplished in collaboration with DHHS, Part C. The program is currently in the process of system design with a new case management system that is expected to capture all state and federal reporting requirements.

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

NEIS			
Primary Language	Total	% of Total	Safe Harbor
Total Clients	3249	100%	
Total Clients Primary Language ≠ English	394	12.1%	
Total Indigenous	21	0.6%	
Total Refugees	N/A	N/A	
Cantonese	3	0.1%	No
English	2855	87.9%	N/A
Japanese	1	0.0%	No
Mandarin	5	0.2%	No
Russian	3	0.1%	No
Sign Language	2	0.1%	No
Spanish	337	10.4%	Yes
Tagalog	13	0.4%	No
Vietnamese	3	0.1%	No
Other (Unspecified)	27	0.8%	No
<i>Data Source: Part C Data System, Active Status 05/13/2022 by Randi Humes</i>			
<i>**Indigenous = American Indian/Alaskan Native</i>			

Office of Consumer Health Assistance (OCHA)

Serves as an umbrella agency for multiple consumer related programs:

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 but does not have functionality to capture English proficiency level. Forms/Document revisions and system enhancements would be necessary to meet the required reporting elements outlined in SB318. These enhancements would require legislative budget authority.

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

OCHA			
Primary Language	Total	% of Total	Safe Harbor
Total Clients	1095	89.3%	
Total Clients Primary Language ≠ English	271	24.7%	
Total Indigenous	5	0.5%	
Total Refugees	N/A	N/A	
Chinese	1	0.1%	No
English	824	75.3%	N/A
French	14	1.3%	No
Russian	1	0.1%	No
Sign Language	1	0.1%	No
Spanish Creole	66	6.0%	Yes
Vietnamese	1	0.1%	No
Other	4	0.4%	No
Unknown	67	6.1%	No
<i>Data Source: OCHA Data System, SFY21 by Agnes Francis</i>			
<i>**Indigenous = American Indian/Alaskan Native</i>			

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 but does not have functionality to capture English proficiency level. Forms/Document revisions and system enhancements would be necessary to meet the required reporting elements outlined in SB318. These enhancements would require legislative budget authority.

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

Community Advocates			
Primary Language	Total	% of Total	Safe Harbor
Total Clients	541	90.9%	
Total Clients Primary Language ≠ English	140	25.9%	
Total Indigenous	2	0.4%	
Total Refugees	N/A	N/A	
English	401	74.1%	N/A
French	2	0.4%	No
Korean	1	0.2%	No
Russian	2	0.4%	No
Sign Language	1	0.2%	No
Spanish	13	2.4%	No
Tagalog	2	0.4%	No
Vietnamese	1	0.2%	No
Other	2	0.4%	No
Unknown	67	12.4%	No

Data Source: CA Data System, SFY21 by Agnes Francis
***Indigenous = American Indian/Alaskan Native*

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 SB318. These enhancements would require legislative budget authority.

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

LTCOP			
Primary Language	Total	% of Total	Safe Harbor
Total Cases	1371	100%	
Total Clients Primary Language ≠ English	N/A	N/A	
Total Indigenous Cases	19	1.4%	
Total Refugees	N/A	N/A	

Data Source: LTCOP Data System, Closed Cases 05/20/2022 by Agnes Francis
System reports data based on number of cases reported and closed and may represent duplication in the client over those cases.
***Indigenous = American Indian/Alaskan Native*

Planning, Advocacy, 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:

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 TDD surcharge.

Data Collection: Currently this program does not have a database to track constituent complaints. The level of complaints is minimal and can be managed by creating an internal tracking mechanism and development of forms/documents.

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

Senior and Disability Pharmacy Assistance Program (SRx/DRx)

Provides low-income seniors and persons with disabilities (who are Medicare eligible) with a monthly premium subsidy for Medicare Part D or Medicare Advantage Part D premiums.

Funding: This program is funded by Funds for Healthy Nevada -Tobacco Settlement Funds).

Data Collection: The SRx/DRx 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 SB318. These enhancements would require legislative budget authority.

Program Access: Constituents can access SRx/DRx via the web, in-person, USPS, email, or phone.

SRx/DRx			
Primary Language	Total	% of Total	Safe Harbor
Total Cases	1014	100%	
Total Clients Primary Language ≠ English	N/A	N/A	
Total Indigenous Cases	N/A	N/A	
Total Refugees	N/A	N/A	

Data Source: SRx/DRx Data System, SFY2021 by Christine Platt
***Indigenous = American Indian/Alaskan Native*

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.

Competencies/Qualifications to Provide Language Access Services

All staff and contractors providing language access services must meet state and/or national certification requirements and be up to date on cultural competency trainings. ADSD supports individuals to keep their job skills current through continuing education credits (CEUs) and ongoing training in accordance with the [State of Nevada Administrative Manual \(SAM\)](#).

Professional Group	Qualifications
Oral language providers	NRS 232.081(5)(b)
Communication Access Real-time Translators (CART)	NRS 656A
Sign Language Interpreters	NRS 656A
Translators	NRS 232

The NRS for oral language interpreters and translators requires adequate credentialing and oversight. In addition, the Nevada Collective Bargaining Agreements (CBAs) require certification for staff to be eligible for a “Special Adjustment to Pay” and upon doing so would agree to participate in a State-wide 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 a Master Service Agreement or contracted certification body to address oral language interpreter certification for State of Nevada employees. This process is currently under review and development with the Division of Human Resource Management (DHRM).

ADSD will continue to make all efforts to use qualified dual-role interpreters when available but recognizes that staff currently identified as bilingual will need time to establish any necessary credentials once available in Nevada. The certification limitation impedes interpreter/translator access for ADSD and creates barriers in implementation.

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.

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 (508 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.

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

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)

See the ADSD Policy Portal for comprehensive ADA policies and procedures.

Language Access Notification and Resources

ADSD will establish notification on ADSD.nv.gov regarding language access services. Information posted on the ADSD website will be 508 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 provisions of language services are 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.

Staff Recruitment

ADSD follows DHRM policies and procedures for all recruitments to ensure fair and equitable hiring practices. ADSD will recruit for 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.

The State of Nevada, Human Resources Datawarehouse (HRDW) does not currently capture data to identify ADSD staff that are bilingual interpreters and translators, and the languages spoken. System enhancements and legislative approved budget authority would be needed to address these requirements.

Through Nevada State Purchasing, ADSD has access to MSAs that can support bilingual temporary staffing needs. In State Fiscal Year (SFY) 2022, to date, ADSD has used eight (8) Spanish bilingual contractors through Reliable Health Care Services for a total of 3,619 hours. The number and hours of bilingual contractors can fluctuate based on program need and available budget. For all other Translation/Interpreter MSAs the data is not tracked on volume, by request made, or by request filled.

Training

ADSD will ensure that 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

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 at the onset of this plan. The implementation checklist will assist in ADSDs efforts to move towards compliance, to the extent funding is available, as follows:

ADSD LAP Activity	Timeline
<input type="checkbox"/> Bilingual Staff Directory: Each ADSD Program Manager/Chief will be responsible for identifying the pool of voluntary bilingual staffing resources and update the directory as needed. The directory will be housed on the ADSD SharePoint.	By January 1, 2023 and is dependent on Nevada Certification options and availability.
<input type="checkbox"/> 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.	By July 2024

ADSD LAP Activity	Timeline
<p><input type="checkbox"/> Dissemination and Training on ADSD LAP:</p> <ol style="list-style-type: none"> 1. Initial LAP training for ADSD Leadership/Managers (Train the Trainers) conducted by the LAP Coordinator. 2. Program level staff training on the LAP conducted by Program Managers/Chiefs. 	<ol style="list-style-type: none"> 1. By October 1, 2022 2. By November 1, 2022
<p><input type="checkbox"/> Data Collection:</p> <ol style="list-style-type: none"> 1. Program Managers/Chiefs to mandate staff to record (in program specific database) the individual's primary language and English proficiency, to the extent possible within the current system capabilities. 2. System enhancements to establish data collection (where absent) in program specific database). 	<ol style="list-style-type: none"> 1. By January 1, 2023 2. Dependent on budget authority and available system enhancement hours.
<p><input type="checkbox"/> Vital Document Translation: Program Managers/Chiefs responsible for ensuring vital documents (Exhibit XX) are translated (using qualified translators), to the extent funding is available.</p>	<p>To start January 1, 2023, and ongoing to the extent funding is available.</p>
<p><input type="checkbox"/> Distribution of Materials: Vital documents and all other translated materials will be distributed, in paper and electronically (website), by each Program.</p>	<p>As materials are translated.</p>
<p><input type="checkbox"/> Development and Distribution of I Speak Cards and Posters: State and Agency Specific "I Speak" cards are not available for Nevada. LAP coordinator will be responsible for developing ADSD specific cards and posters for dissemination.</p>	<p>By January 1, 2023</p>

ADSD LAP Activity	Timeline
<input type="checkbox"/> Policies and Procedures: <ol style="list-style-type: none"> 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. Program policies to be updated with LAP procedures for intake/eligibility and case management and housed in the ADSD Policy Portal. This will include annual acknowledgement by program staff. 	<ol style="list-style-type: none"> By January 1, 2023 By February 1, 2023
<input type="checkbox"/> Complaint Procedures: Develop and post complaint procedures for LEP individuals to file a complaint regarding language access services.	By January 1, 2023
<input type="checkbox"/> Quality Assurance (QA) Measures: Develop LAP QA measures to be incorporated within existing QA reviews by program QA staff.	By February, 2023
<input type="checkbox"/> Website Revisions: <ol style="list-style-type: none"> Language Access Information to be posted on the ADSD website. Website functionality to include language options (English/Spanish) 	<ol style="list-style-type: none"> By January 1, 2023 Dependent on EITS as state website host.
*All timelines are subject to revision based on available funding and resources for implementation.	

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 unable to access emergency notifications in a language they can understand. ASD 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 ASD Disaster Preparedness and Emergency Response Policy 11.2;
- All ASD emergency notifications or information will be translated;
- All ASD emergency notifications via in-person or over video broadcast will include sign language interpreters;
- Oral interpreters will be included in ASD 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

In accordance with NRS 232, as a result of SB318, each agency must submit their LAP and associated funding requests with the agencies proposed budgets pursuant to NRS 353.210. The ASD assessment of the LEP population by program, resources, and needs are still under evaluation for the initial implementation of this LAP. The ASD budget “cap” was reached, and the budget build was concluded well before the ASD assessment of the LEP assessment and initial LAP could be developed and implemented. Therefore, any fiscal impact for ASD implementation of the LAP and compliance would need to be addressed in special consideration of the 82nd Legislative Session or in the following biennium (83rd Legislative Session).

Fiscal Impact and Future Budget Concepts

The preliminary fiscal impact was developed using the data from section [V](#) (ASD Profile by Program) and Exhibit B Vital Documents to address system enhancements, Information Technology (IT) staffing resources, contracted translation services, and contracted oral interpreter services. The fiscal impact demonstrated in this LAP is high level and would require further work to conform to the budget build rules upon submittal during an Agency Budget Request. The budget impact for the first LAP submission is informational only and was not submitted as a budget impact for the 82nd Session. This information will be monitored and revised upon the next biennium for any submittal through the Agency Budget Request:

- System Enhancements, \$40,000
- IT Staff, \$133,486

- Translation Services, \$103,200
- Interpreter Services, \$685,200

Legislative Recommendations

Based on the experience with language access to date, the following revisions to SB318 or other legislation are recommended:

1. Align requirements with the existing federal language access plan requirements.

The requirements as enacted in SB318 are more than the requirements established through existing federal regulation. Due to this misalignment, there is a barrier in operationalizing certain activities. For example, services that are funded federally may dictate the questions that can be asked on a program application limiting the state’s ability to modify those questions to meet the English proficiency level.

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

As enacted, SB318 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.

3. Revision to the dual-role interpreter qualifications established in NRS 232 for alignment with the CBA.

The dual-role interpreter qualifications are subjective in the terms of what qualifies as tested and trained. This makes it challenging to implement consistently across state agencies and to ensure a competent dual-role workforce can adequately and accurately meet language access needs of LEP individuals. In addition, the qualifications established in the CBA require a certified interpreter to be eligible for a pay differential. Would recommend revisions to align to the CBA.

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

As enacted, SB318 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.

	APS	ATAP	CBC	DS	NEIS	OCHA	LTCOP	PA
	3266	3209	3266	3279, 3280, 3167, 3166	3208	3204	3266	31
System Enhancements	\$ 6,666.66	\$ 6,666.66	\$ 6,666.66	\$ 6,666.66	\$ -	\$ 6,666.66	\$ 6,666.66	\$
IT Professional II	\$ 7,748.80	\$ 7,748.80	\$ 7,748.80	\$ 23,246.40		\$ 7,748.80	\$ 7,748.80	\$
Business Process Analyst II	\$ 7,082.97	\$ 7,082.97	\$ 7,082.97	\$ 21,248.90		\$ 7,082.97	\$ 7,082.97	\$
Translation Services	\$ 4,800.00	\$ 6,600.00	\$ 21,600.00	\$ 54,000.00	\$ 4,800.00	\$ 4,200.00	\$ 1,800.00	\$
Interpreter Services	\$12,720.00	\$38,400.00	\$ 69,840.00	\$470,760.00	\$ 84,000.00	\$ 3,720.00	\$ 3,240.00	\$
Total	\$39,018.43	\$66,498.43	\$112,938.43	\$575,921.96	\$ 88,800.00	\$ 29,418.43	\$ 26,538.43	\$

Exhibit A

ADSD Language Access Service Resources

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

Exhibit C Solicitation of Public Comment

In compliance with NRS 232, ADSD solicited public comment as follows:

- ADSD website from July 8, 2022 through July 22, 2022;
- ADSD listservs from July 8, 2022 through July 22, 2022;
- Presentation June 9, 2022, at the Employment Subcommittee, Nevada Commission for Persons Who Are Deaf, Hard of Hearing, or Speech Impaired
- Presentation July 14, 2022, Nevada Commission for Persons Who Are Deaf, Hard of Hearing, or Speech Impaired
- Presentation July 20, 2022, Department of Health and Human Services Tribal Consultation

ADSD Language Access Plan - Stakeholder Feedback

Date	Stakeholder Group	Stakeholder Feedback	Action
6/9/2022	Commission Deaf, Hard of Hearing, Speech Impaired, Employment Subcommittee	The law does not address language services for persons who are deaf-blind or non-verbal. Would like to see that included in the ADSD plan as a legislative recommendation.	ADSD LAP added use of assistive technology as a language service as well a legislative recommendation for individuals with disabilities.
7/11/2022	Community Provider	The center serves mostly Cantonese and Mandarin. The provider addressed the language need when working with ADSD staff to enlist a translator for the client and the need for improvement in the process.	No revision required to document, the protocols established within the document should result in improvement.
7/13/2022	Constituent	Asked for resources on program services.	Resources provided
7/13/2022	Community Provider	Asked for clarity on responsible party of subgrantee translations.	Response provided, revision made to the LAP to provide clarity.
7/14/2022	Constituent	Asked for resources on program services.	Resources provided
7/14/2022	Commission Deaf, Hard of Hearing, Speech Impaired	The law does not address Certified Deaf Interpreters (CDI's) for persons who are deaf. Would like to see this included in the ADSD plan for legislative recommendations.	ADSD added the recommendation.