State of Nevada
MERIT AWARD BOARD

"Good Government, Great Employees"

515 E. Musser Street, Room 101
Carson City, Nevada 89701-4204

Joe Lombardo
Governor

MERIT AWARD BOARD

Meeting Notice

DATE: August 7, 2026

TIME: 1:30 PM

LOCATION:

EICON Building
515 E. Musser Street
First floor conference room
Carson City, NV 89701

Eureka Building
7251 Amigo Street
Room 120
Las Vegas, NV 89101

The sites will be connected by videoconference. The public is invited to attend at either location. As video conferencing gives the Board, staff, and others flexibility to attend meetings in either northern or southern Nevada, handouts to the Board on the day of the meeting may not be transmitted to distant locations.

Notice: The Merit Award Board Members may address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting at the Chair's discretion. The Board may combine two or more agenda items for consideration, and the Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. Comments will be limited to five minutes per person and persons making comment will be asked to begin by stating their name for the record. The Board Chair may elect to allow additional public comment on a specific agenda item when the item is being considered.

AGENDA

I. **Call To Order, Welcome, Roll Call, Announcements**

II. **Public Comment:** No vote or action may be taken upon a matter raised during public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. Comments will be limited to five minutes per person, and persons making comment will be asked to begin by stating their names for the record and to spell their last name.

FOR POSSIBLE ACTION **III.** **Employee Suggestions**
A. Jason Ortiz
B. Tyler Sumner

FOR POSSIBLE ACTION **IV.** **Discussion of Merit Award Board awards budget**
A. Possible enhancement request for awards

FOR POSSIBLE ACTION **V.** **Discussion of Merit Award Board marketing/advertising**
A. Possible enhancement request for marketing/advertising

FOR POSSIBLE ACTION **VI. Adoption of Merit Award Board Language Access Plan presented by the Division of Human Resource Management**

VII. Board comments

VII. Public Comment: No vote or action may be taken upon a matter raised during public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. Comments will be limited to five minutes per person, and persons making comment will be asked to begin by stating their names for the record and to spell their last name.

IX. Adjournment

Supporting material for this meeting is available at the Division of Human Resource Management at 515 E. Musser Street, Suite 101, Carson City, Nevada, 89701; 7251 Amigo Street, Suite 120, Las Vegas, NV, 89119; or on our website: https://hr.nv.gov/Boards/MeritAward/Merit_Award_Board_-_Meetings/. To obtain a copy of the supporting material, you may contact Nora Johnson at (775) 684-0148 or nora.johnson@admin.nv.gov.

Inquiries regarding the items scheduled for this Board meeting may be made to Nora Johnson at (775) 684-0148 or nora.johnson@admin.nv.gov.

We are pleased to make reasonable accommodations for individuals who wish to attend this meeting. If special arrangements or audiovisual equipment are necessary, please notify the Merit Award Board, Attn: Nora Johnson in writing at 515 E. Musser Street, Suite 101, Carson City, NV, 89701 or by calling (775) 684-0148, no less than (3) working days before the meeting.

If you wish to receive notice of meetings, you must request to receive meeting notices and renew the request every 6 months thereafter per NRS 241.020(3)(c), which states in part, "A request for notice lapses 6 months after it is made." Please contact Nora Johnson at (775) 684-0148 or nora.johnson@admin.nv.gov to make such requests.

Notice of this meeting has been posted at the following locations:

Carson City
EICON Building, 515 East Musser Street
Nevada State Library and Archives Building, 100 North Stewart Street
Nevada State Capitol Building, 101 North Carson Street
Nevada State Legislature Building, 401 South Carson Street

Las Vegas
Eureka Building, 7251 Amigo Street

Websites
Nevada Public Notice website: http://notice.nv.gov
Division of Human Resource Management: https://hr.nv.gov/Boards/MeritAward/Merit_Award_Board/

State of Nevada
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Employee Suggestion Form

"Good Government, Great Employees"

EMPLOYEE ELIGIBILITY: If you are a state employee, you are eligible to submit your ideas unless you are a department head or specifically assigned the responsibility as part of your normal job responsibilities.

Name: Jacob Ortiz

Date: 6/24/26

Department: OCL Intake and Eligibility

Job Title: HCC II/ LSW

Employee ID #: 058727

Division: ADSD

Subject of Suggestion: Reform FE Waiver wait list (remove Priority 4; add medical verification)

What is the present condition or procedure: The FE Waiver wait list now exceeds two years and is growing (1,150 in Feb 2024 to 2,359 now). Priority 1 and 2 are processed into slots; the list is Priority 3 and 4 only. Priority 4 (no imminent NF risk) congests the queue and delays Priority 3, the only waiver-appropriate group left waiting. The FE Waiver also requires no medical proof of need at intake, unlike the PD waiver. (See attached continuation page for full detail.)

How do you think it can be improved: Remove priority 4 from the FE Waiver wait list and warm-refer them to CCSS Homemaker, COPE, PAS, or community partners (JFSA, Helping Hands). Grandfather current Priority 4 applicants (honor referral date, reassess, warm hand-off). Add a minimum medical-verification standard (provider note of ADL need) matching the PD waiver. (See attached continuation page for full detail.)

Estimate savings or benefit: Cost avoidance- $21,500/person (NF $32,226 vs FE waiver $10,719, per ADSD FY25 testimony) per prevented placement, plus intake capacity freed. (See attached continuation page for full detail.)

Is the suggestion a component of any educational/training/certification program (State or non-State)? ☐ Yes ☒ No

If yes, please identify program: _____

To your knowledge, has the suggestion ever been considered or addressed previously by the agency or the State? ☐ Yes ☒ No

If yes, please identify the circumstance(s): _____

I believe my suggestion will: *(please check all that apply)*

☒ Increase productivity	☒ Prevent waste	☒ Eliminate duplication
☒ Improve service	☒ Prevent accidents	☒ Reduce costs

The use of my suggestion by the State of Nevada will not form the basis of a further claim of any nature upon the State of Nevada by my heirs, assigns, or me.

Signature of Employee: _____

Email: Jacobortiz@adsd.nv.gov

Home Address: 1721 Amboy Dr.

City: Las Vegas State: NV Zip: 89108

Home Phone: 702-721-3215 Business Phone: 725-281-2990

Please submit to:

MERIT AWARD BOARD
Division of Human Resource Management
515 E. Musser Street, Ste. 101
Carson City, Nevada 89701
Telephone: (775) 684-0110
meritaward@admin.nv.gov

CONSTITUENT POLICY SUBMISSION

Regarding the HCBS Waiver for the Frail Elderly (MSM Chapter 2200)

To:

Chair and Members, Joint Interim Standing Committee on Health and Human Services

Nevada Legislature

RE: Recommendation to Remove Priority Level 4 from the HCBS Waiver for the Frail Elderly (MSM Chapter 2200), Redirect Those Applicants to Appropriate Lower-Intensity Programs, and Adopt a Minimum Medical-Verification Standard

Dear Chair and Members of the Committee:

This letter recommends a targeted set of changes to how the HCBS Waiver for the Frail Elderly (the "FE Waiver") manages its wait list and verifies applicant need. The recommendations are narrow and, on their face, budget-neutral: remove Priority Level 4 applicants from the FE Waiver wait list and eligibility structure, redirect them to the lower-intensity programs that already exist to serve exactly that population, and bring the FE Waiver's documentation standard in line with the State's parallel waiver for younger adults.

The FE Waiver carries a wait list that is substantial and growing. As of May 2026 (official CLEO reporting), ADSD reports 2,689 people on the wait list. The structural cause is not a shortage of slots alone. Priority 1 and Priority 2 applicants, who are in active crisis, are processed into slots and do not sit on the wait list. The wait list is therefore made up of Priority 3 and Priority 4 applicants only. The problem is that it is congested with Priority 4 applicants: individuals who need at least one Activity of Daily Living (ADL) and some help with Instrumental Activities of Daily Living (IADLs), but who are not at imminent risk of institutionalization. Under both federal waiver design and Nevada's own policy, the FE Waiver exists to divert people from nursing facility placement within 30 days or less. Priority 4 applicants, by the manual's own definition, are the cohort that does not meet that crisis threshold. Their presence on the list delays the Priority 3 applicants, the one genuinely waiver-appropriate group still forced to wait.

1. Summary of the Recommendation

1. Amend MSM Chapter 2200 to remove Priority Level 4 as a wait list category for the FE Waiver, conforming the eligibility and wait list provisions (Sections 2203.3A and 2204.3) accordingly.
2. Establish a mandatory "warm referral" pathway so that any applicant who screens as Priority 4 is referred, at the point of intake, to the appropriate lower-intensity program (CCSS Homemaker, COPE, or PAS) or community partner (such as Jewish Family Service Agency or Helping Hands of Vegas Valley) rather than being placed on the FE Waiver wait list.
3. Grandfather current Priority 4 applicants already on the wait list, honoring their established referral date, and transition them through a structured, no-gap process rather than removing them abruptly.

4. Direct ADSD and DHCFP to report back to the Committee on resulting wait list movement for Priority 3 applicants within two reporting cycles.

2. Background: What the FE Waiver Is For

The FE Waiver is authorized under Section 1915(c) of the Social Security Act. Federal law lets a state offer home- and community-based services as an alternative to institutional care and lets the state both *target* the waiver to a specific population and *cap* the number of people served. The defining feature of a 1915(c) waiver is that participants must need a nursing facility level of care; the services are meant to *substitute* for institutionalization, not to provide general in-home support.

Nevada's own manual restates this clearly. To qualify, an applicant must meet a nursing facility (NF) Level of Care and "would require imminent placement in a NF (within 30 days or less) if HCBS or other supports are not available" (MSM 2203.1B). Section 2203.1A(1) repeats the 30-day standard. The waiver is, by design, a crisis-diversion tool.

The wait list priority levels were written to triage toward that crisis standard:

Level	Definition (per MSM 2203.3A / 2204.3)
Level 1	Discharged from a hospital or NF to the community within six months, with significant change in support system, in a crisis situation.
Level 2	Significant change in support system and/or crisis, requiring at least maximum assistance with four or more ADLs (eating, bathing, toileting, transfers, mobility).
Level 3	Significant change in support system and/or crisis, requiring assistance with five or more ADLs from the LOC screening.
Level 4	Applicants who do not meet the criteria for priority levels 1–3.

The definition of Level 4 is the heart of the problem. It is a residual category: "does not meet the criteria for priority levels 1–3." It is defined by the absence of crisis. It captures applicants who have a genuine need for some assistance but who are not on the verge of institutional placement. That is precisely the population the FE Waiver is not designed to prioritize, yet they occupy the same queue as the Priority 3 applicants who do meet the waiver's level-of-care standard and are still waiting.

3. The Core Problem: Priority 4 Congests the Queue and Slows Crisis Cases

3.1 A residual category competing with a crisis tool

Every Priority 4 applicant who sits on the FE Waiver wait list consumes intake assessment capacity, case-management screening time, and a position in the queue. Because the waiver is slot-limited by legislative mandate (MSM 2203.1A(7)), the queue is the binding constraint. Priority 1 and 2 applicants are processed directly into slots and never join the queue, so the wait list is a contest between Priority 3 and Priority 4. Every Priority 4 applicant on that list pushes the Priority 3 applicants, who do meet the imminent-risk standard, further back.

3.2 The two-year wait is a triage failure, not only a capacity failure

It is tempting to treat a multi-year and growing wait list purely as a funding shortfall. But adding slots without fixing the triage logic simply lets more non-crisis applicants accumulate, which is why the list keeps growing. The faster, cheaper structural fix is to stop routing the non-crisis Priority 4 population onto the list in the first place. A wait list that mixes Priority 3 applicants, who need help with five or more ADLs and meet the waiver's standard, with Priority 4 applicants who need help with laundry and one ADL but are stable, is not actually prioritizing anyone; it is averaging them.

3.3 Priority 4 applicants are already eligible for better-fit programs

Critically, removing Priority 4 from the waiver does not leave those individuals without options. Nevada already operates a tier of lower-intensity, non-waiver programs designed for exactly this functional profile. The issue today is that intake too often defaults applicants onto the waiver list instead of routing them to the program that fits.

4. Where Priority 4 Applicants Should Be Referred Instead

The following programs, all administered through ADSD's Office of Community Living, are the appropriate destinations. None requires imminent NF placement, and all serve the assist-with-ADLs/IADLs profile that defines Priority 4.

Program	Fit for Priority 4	Current Access Reality
CCSS Homemaker	IADL support (cleaning, laundry, meal prep, shopping) and bathing (1 ADL). Directly matches the "some help with IADLs" Priority 4 profile.	No wait list at this time; approximately 6 weeks to first contact.
COPE (Community Options Program for the Elderly)	Non-medical personal care, homemaker, adult day care, companion, chore, respite, PERS. State-funded; serves 65+ at NF level of care who are not Medicaid-eligible. Consumer-directed; family can be paid.	Wait list exists. Time frames vary, but the wait may still be shorter than the FE Waiver.
PAS (Personal Assistance Services)	In-home attendant/personal-care support for ADLs. Appropriate for applicants whose primary need is hands-on ADL assistance without crisis-level NF risk.	Wait list and limited budget.
Jewish Family Service Agency (JFSA), via Las Vegas Senior Lifeline	Light-housekeeping homemaker support plus case management for low-income frail seniors 60+, aimed at maintaining independence and reducing institutionalization. Serves all backgrounds regardless of religion. Matches the IADL-only Priority 4 profile.	Community nonprofit. Homemaker visits are periodic (reported as every other week). Exact hours and income limits should be confirmed with the agency.
Helping Hands of Vegas Valley (HHOVV)	Free supportive services for frail seniors 60+ (minor home help and safety, chore-type assistance, respite vouchers funded by ADSD, transportation, food support) that help stabilize the lowest-need Priority 4 cases in the community.	Community nonprofit; many services at no cost. Income-based programs use roughly 150% of federal poverty guidelines. Homemaker hours

Program	Fit for Priority 4	Current Access Reality
		and specific limits should be confirmed with the agency.

Beyond the State and county programs above, Southern Nevada nonprofits can absorb the lowest-need Priority 4 cases. Jewish Family Service Agency, through its Las Vegas Senior Lifeline program, provides homemaker and light-housekeeping help with case management for low-income frail seniors 60 and older, and serves clients of all backgrounds. Helping Hands of Vegas Valley provides free supportive services to seniors 60 and older, including minor home help and safety, chore-type assistance, ADSD-funded respite vouchers, transportation, and food support. Exact homemaker hours and income limits vary by agency and should be confirmed at the point of referral, but both organizations extend community capacity at little or no cost and can serve Priority 4 applicants while the State programs handle higher-touch cases.

Note on capacity. CCSS Homemaker has no wait list today, making it the immediate relief valve for IADL-only Priority 4 cases. COPE and PAS carry their own wait lists and limited budgets, which is exactly why this proposal pairs the redirect with a funding recommendation (Section 6). Moving Priority 4 demand off a two-year-and-growing waiver list and onto programs whose wait times vary but are generally far shorter, or that have little to no wait at all, is already a major improvement for those individuals, and it stops them from delaying the Priority 3 applicants who belong on the waiver.

5. What To Do With Priority 4 Applicants Already on the Wait List

Fairness requires that current applicants not be stripped of their place without recourse. I recommend a structured transition built around three options, applied in order of preference.

Option A (Recommended): Grandfather with a warm hand-off

- Honor each current Priority 4 applicant's established referral date as a transfer-priority date into COPE, PAS, or CCSS Homemaker, so time already spent waiting is not lost.
- Conduct a one-time reassessment of every Priority 4 applicant on the list. Any applicant who has since deteriorated to a Priority 1–3 / imminent-NF profile is retained on the waiver. Anyone still Priority 4 is transferred.
- Require a documented warm referral (a tracked hand-off with confirmation of contact) rather than a cold letter, so no applicant falls through the gap between programs.
- Apply a no-gap rule: the applicant remains on the waiver list until the receiving program confirms intake, preventing any coverage cliff.

Option B: Closed cohort / sunset

- Freeze the existing Priority 4 cohort as a closed group that retains waiver wait list standing, while no new Priority 4 applicants are added going forward.

- The closed cohort naturally shrinks through reassessment (moving up to 1–3, or transferring out to COPE/PAS/Homemaker), and the category sunsets once the cohort clears.
- Slower than Option A, but politically gentler and avoids any appearance of removing benefits already promised.

Option C: Immediate transfer with appeal rights

- Transfer all current Priority 4 applicants to the appropriate program at once, with a Notice of Decision and full fair-hearing rights under MSM Chapter 3100.
- Fastest queue relief, but the highest administrative and notice burden and the most likely to generate appeals. Recommended only if the Committee prioritizes speed over transition smoothness.

My recommendation is Option A. It preserves earned wait time, screens for anyone who has genuinely deteriorated into crisis, and uses CCSS Homemaker's open capacity as the immediate landing spot while COPE/PAS absorb the higher-touch cases.

6. Pairing the Redirect with Capacity (So It Actually Works)

This proposal is only as good as the capacity of the programs receiving the redirected applicants. To avoid simply moving a bottleneck, I recommend the redirect be paired with the following:

1. A targeted caseload/budget increase for COPE and PAS sized to the volume of Priority 4 applicants currently on the FE Waiver list (ADSD can produce this count quickly from existing wait list data).
2. Protection and modest expansion of CCSS Homemaker, since it is the only no-wait-list option and will carry the initial surge.
3. A standing intake rule that screens applicants to the lowest-intensity program that meets their need, reserving the FE Waiver for imminent-risk cases.

Budget framing. Per the manual (MSM 2203.15), the FE Waiver must stay within 100% of what institutional care would have cost. Diverting non-crisis applicants to lower-cost, non-waiver programs is consistent with that cost-neutrality logic and generally reduces per-capita cost, because COPE/PAS/Homemaker services are less intensive than a full waiver placement.

7. Fiscal Considerations

This section sets out the fiscal logic of the proposal using figures drawn from the State's own budget record. The honest framing is that removing Priority 4 from the wait list produces little direct budget reduction, because applicants waiting for a slot are not yet receiving waiver services and therefore are not generating waiver cost. The real fiscal value is cost avoidance: clearing Priority 4 from the list so Priority 3 applicants reach services faster, and reserving scarce waiver slots for the higher-need applicants whose diversion from a nursing facility produces the largest savings.

7.1 The cost figures, from the State's own testimony

In testimony to the joint Senate Finance and Assembly Ways and Means human services subcommittees on March 26, 2025, the ADSD Administrator stated that the average annual cost of the FE Waiver is **$10,719 per person**, while the average cost of a skilled nursing facility is **$32,226 per person per year**. The difference, roughly **$21,500 per person per year**, is the avoided cost each time the waiver diverts a person from institutional placement.

7.2 The wait list, from the State's own reporting

The scale of the problem is substantial. As of May 2026 (official CLEO reporting), ADSD reports **2,689 individuals on the FE Waiver wait list**. Because Priority 1 and 2 applicants are processed directly into slots and do not join the wait list, that entire total is composed of Priority 3 and Priority 4 applicants. The Priority 4 share is the figure this proposal turns on, and as the list grows that share compounds. The breakdown by priority level is held in ADSD's wait list data and is the one input not in the public record; the Division can produce it directly. For context, the State's separate Physical Disabilities (PD) Waiver currently has 696 people on its wait list (as of May 2026 official CLEO reporting); the FE Waiver list is now roughly four times that size.

7.3 An illustrative calculation

Because the Priority 4 count is not public, the following is an illustration of method, not a claim of a specific total. It is intended to show the Committee how the savings scale once ADSD supplies the count.

- If Priority 4 applicants make up a substantial share of the 2,689-person Priority 3 and 4 wait list, redirecting them clears the queue for the Priority 3 applicants who meet the waiver's level-of-care standard and are the only remaining group that should be waiting. ADSD can size this precisely from its data.
- Each redirection frees intake and processing capacity. ADSD has testified that one case manager serves about 50 cases, so clearing non-crisis applicants from the queue has a direct staffing-capacity value beyond the service dollars.
- For every applicant whose timely placement in a community program prevents or delays a nursing facility admission, the avoided cost is on the order of $21,500 per year ($32,226 institutional cost less $10,719 waiver cost). Even a modest number of prevented placements produces savings that dwarf the cost of the lower-intensity community services the Priority 4 population actually needs.

The precise total depends on two ADSD-held inputs: the Priority 4 headcount and the share of those applicants who would otherwise progress to institutional care. This letter requests that the Division produce that fiscal note (Section 11).

8. A Third Reform: Require Minimum Medical Verification of Need

Alongside the triage fix above, I recommend closing a related gap in how the FE Waiver verifies that an applicant actually needs ADL assistance. This change protects the integrity of the program and, just as importantly, protects the intake specialists who carry the burden of judgment today.

8.1 The disparity between the PD Waiver and the FE Waiver

Nevada's parallel waiver for persons under 65, the HCBS Waiver for Persons with Physical Disabilities (the "PD Waiver"), requires applicants to submit medical records substantiating the physical disability that justifies a nursing facility level of care. The FE Waiver has no equivalent corroboration requirement. **The FE intake does include a Level of Care screening (MSM 2203.3A), but that determination rests on the applicant's self-report and the intake specialist's in-person observation, with no independent medical documentation required to support it.** In practice, the intake specialist may be expected to take the applicant at their word even when the applicant does not appear to meet the level of care during the assessment.

There is no policy reason the same population standard should be verified for a 64-year-old applicant but accepted on self-report for a 65-year-old applicant. The disparity is an inconsistency between two sibling waivers, and the simpler fix is to bring the FE Waiver up to the PD Waiver's baseline.

8.2 The recommended minimum standard

I recommend that the FE Waiver require, at a minimum, a written statement from a physician or other qualified medical provider attesting that the applicant needs some form of ADL assistance. This is intentionally a floor, not a full medical workup:

- A short provider statement or "script" affirming the need for ADL assistance is sufficient. The goal is corroboration, not a clinical barrier.
- The requirement should not delay genuine crisis discharges. For Priority 1 applicants leaving a hospital or NF, the discharging facility's records already supply this documentation, so no new delay is introduced for the people who need the waiver most.
- Where an applicant lacks a current provider, the intake process should help connect them to one, consistent with the referral-and-resource role the manual already assigns to intake (MSM 2203.3A).

8.3 Why this matters: fraud reduction and front-line protection

Reduces potential fraud and improper enrollment. A self-report-only standard is the weakest possible gate on a slot-limited, cost-capped program. Requiring an objective medical attestation makes it materially harder for an applicant who does not genuinely need ADL assistance to occupy a waiver slot that a truly eligible applicant is waiting on.

Protects the intake specialist. Today, when an applicant does not appear to meet the level of care but asserts that they do, the intake specialist is placed in an awkward and exposed position, forced to make a contested clinical judgment alone, with no documentation to stand behind. A required medical attestation gives the specialist an objective basis for the decision, removes the pressure of a pure

judgment call, and shields the specialist from second-guessing, disputes, and potential liability. It is a protection for staff as much as a safeguard for the program.

9. Legal and Policy Justification

9.1 Federal law expressly permits targeting

Section 1915(c), through the comparability waiver under Section 1902(a)(10)(B), lets states make waiver services available only to specific groups at risk of institutionalization, and lets states cap enrollment. Narrowing the FE Waiver to imminent-risk applicants is a textbook use of that targeting authority, not a deviation from it.

9.2 Recent federal guidance rewards shorter waits and tighter targeting

Recent CMS guidance implementing the new standalone HCBS waiver flexibility (Section 71121 of the 2025 federal budget reconciliation law) signals two relevant federal expectations: that states establish needs-based eligibility criteria and that new waiver activity not increase average wait times under existing 1915(c) waivers. A reform that shortens the FE Waiver wait by removing the non-crisis cohort is squarely aligned with that federal direction.

9.3 Nevada's own definitions and sibling waiver already support both changes

The manual already defines the waiver around imminent (30-day) NF risk and already defines Priority 4 as the applicants who fall outside the crisis tiers. The PD Waiver already requires medical substantiation for the same level-of-care standard. Neither recommendation invents a new standard; together they conform the FE Waiver's wait list structure and verification practice to standards Nevada already applies elsewhere. In that sense both are cleanups of internal inconsistency: the waiver says it is for imminent-risk applicants, yet reserves a permanent wait list category for applicants defined by not being in crisis, and accepts self-report for a level-of-care standard that the sibling waiver requires medical records to prove.

9.4 Equity, program integrity, and staff protection

Routing applicants to the program that matches their need is better for the applicants themselves. A Priority 4 applicant can begin receiving help from CCSS Homemaker or a community partner with little or no wait, or through COPE on a wait that varies but is generally far shorter than the waiver, instead of waiting more than two years. Priority 3 applicants, the waiver-appropriate group currently stuck behind Priority 4 on the list, reach the slots the waiver was built to give them. A minimum medical-verification standard protects those same slots from improper enrollment and protects the front-line intake specialists who otherwise bear the full weight of contested eligibility judgments. Every population in this system, applicants and staff alike, is better served.

10. Anticipated Objections and Responses

Objection	Response
"This cuts services for vulnerable seniors."	It does not remove services; it redirects applicants to programs designed for their need level, most of which are faster to access than the two-year waiver. The reassessment step retains anyone who has deteriorated into crisis.
"COPE and PAS already have wait lists."	True, which is why the proposal pairs the redirect with targeted COPE/PAS capacity and leans on CCSS Homemaker's open capacity for the initial surge. COPE and PAS wait times vary, but they are generally far shorter than the roughly two-year FE Waiver wait, and CCSS Homemaker plus community partners can absorb cases with little or no wait.
"Reassessing the whole Priority 4 list is burdensome."	It is a one-time cost that permanently unclogs the queue. The alternative, reassessing a growing mixed list indefinitely, is the larger ongoing burden.
"Why not just add waiver slots?"	Adding slots without fixing triage lets non-crisis applicants keep accumulating on the crisis list. Targeting is the structural fix; added capacity belongs in the lower-intensity programs where this population actually fits.
"A medical-note requirement creates a barrier for poor seniors."	The standard is a minimum provider attestation, not a clinical workup, and it mirrors what the PD Waiver already requires. For crisis (Priority 1) discharges the documentation already exists in facility records, so no delay is added for the people who need the waiver most. Intake also helps applicants without a provider get connected.

11. Requested Action

I respectfully request that the Committee:

1. Direct ADSD and DHCFP to evaluate amending MSM Chapter 2200 to remove Priority Level 4 from the FE Waiver wait list, conforming Sections 2203.3A and 2204.3.
2. Direct that a mandatory warm-referral intake pathway to CCSS Homemaker, COPE, and PAS be established for applicants screening as Priority 4.
3. Adopt the Option A grandfathering approach for applicants currently on the wait list, preserving their established referral dates.
4. Direct ADSD and DHCFP to adopt a minimum medical-verification requirement for the FE Waiver (a provider statement attesting to the applicant's need for ADL assistance), bringing the FE Waiver in line with the PD Waiver's existing documentation standard.
5. Pair these changes with targeted COPE/PAS capacity and protection of CCSS Homemaker, and require ADSD/DHCFP to report wait list movement for Priority 3 applicants back to the Committee within two reporting cycles.

6. Direct ADSD and DHCFP to produce a fiscal note quantifying the savings, using the Division's Priority 4 wait list count and the per-capita cost figures already in the State budget record ($10,719 FE Waiver versus $32,226 nursing facility, per ADSD testimony).

Thank you for your consideration. The underlying analysis, the relevant manual citations, and supporting data can be made available to the Committee or to the divisions on request.

Respectfully submitted,

Jacob Scott Ortiz MSW, LSW, HCC II
7150 Pollock Dr. Las Vegas, NV 89119
jacobortiz@adsd.nv.gov | 702-721-3215

Key References

1. MSM Chapter 2200, HCBS Waiver for the Frail Elderly. Sections 2203.1A, 2203.1B (eligibility / 30-day imminent NF risk), 2203.3A and 2204.3 (wait list priority levels and intake / LOC screening), 2203.1A(7) (legislative slot cap), 2203.15 (cost neutrality).
2. Nevada HCBS Waiver for Persons with Physical Disabilities (PD Waiver). Existing requirement that applicants submit medical records substantiating the disability supporting nursing facility level of care, cited as the documentation standard the FE Waiver should match.
3. Social Security Act § 1915(c) and § 1902(a)(10)(B). Federal authority to target HCBS waivers to specific at-risk groups and to cap enrollment.
4. CMS guidance on the standalone HCBS waiver option (Section 71121, 2025 budget reconciliation). Needs-based eligibility and the expectation that new waiver activity not increase wait times under existing 1915(c) waivers.
5. Nevada ADSD, Office of Community Living. COPE, Personal Assistance Services (PAS), and Homemaker program descriptions and eligibility.
6. Nevada Legislature, Senate Committee on Finance and Assembly Committee on Ways and Means, Subcommittees on Human Services, March 26, 2025. ADSD testimony on FE Waiver average per-capita cost ($10,719) versus skilled nursing facility cost ($32,226).
7. Nevada Legislature, Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs, May 2026. ADSD official CLEO reporting of FE Waiver wait list (2,689) and PD Waiver wait list (696).

Joe Lombardo
Governor

Laura Rich
Director

DEPARTMENT OF HUMAN SERVICES

AGING AND DISABILITY SERVICES DIVISION

Helping people. It's who we are and what we do.

Rique Robb
Administrator

Memorandum

DATE: July 17, 2026

TO: Nora Johnson, DHRM Human Resource Analyst

FROM: Rique Robb, Administrator

SUBJECT: Merit Award – Jacob Ortiz

Thank you for providing this valuable opportunity for our employees to offer suggestions on how we can improve our services. The Aging and Disability Services Division (ADSD) continually works to strengthen the ways we support at-risk Nevadans, helping them remain independent and enhance their overall quality of life.

This suggestion recommends establishing a warm-referral pathway to ensure applicants are directed to appropriate lower-intensity programs. In 2024, ADSD submitted a budget concept paper proposing the creation of a Resource and Navigator Team whose primary role would include completing warm hand-offs to community programs to reduce dependency on social services per Governor Lomardo's 3-Year Plan. This process remains a priority for ADSD to establish in the upcoming years.

The suggestion also recommends adding medical verification for Home and Community Based Services (HCBS) Waiver for the Frail Elderly (FE) applicants. The concerns described are currently being addressed through a new assessment tool developed over the past year, which is now in the testing phase within our database.

The proposal also suggests removing applicants from the Priority Level 4 of the HCBS-FE waitlist and increasing funding for the Community Service Options Program for the Elderly (COPE) and Personal Assistance Services (PAS) programs, allowing applicants to access services through these state-funded programs. This would shift costs from the federally supported HCBS-FE Waiver to the State General Fund, resulting in increased expenses for the State of Nevada.

Finally, the suggestion is based on the existing Medicaid policy requiring that each applicant/recipient must meet and maintain a Level of Care (LOC) for admission into a nursing facility (NF) and would require imminent placement in a NF (within 30 days or less) if HCBS or other supports are not available, as outlined in the Medicaid Services Manual (MSM) 2203.1B. ADSD continues to review and evaluate this policy as part of broader program planning.

If you need any additional information or clarification during this process, please let us know.

State of Nevada
MERIT AWARD BOARD
"Good Government, Great Employees"
515 E. Musser Street, Room 101
Carson City, Nevada 89701-4204

Joe Lombardo
Governor

Employee Suggestion Form

"Good Government, Great Employees"

EMPLOYEE ELIGIBILITY: If you are a state employee, you are eligible to submit your ideas unless you are a department head or specifically assigned the responsibility as part of your normal job responsibilities.

Name: Tyler Sumner
Job Title: Family Services Specialist II
Employee ID #: 054787

Date: 05/21/26
Department: Health and Human Services
Division: Social Services (DSS)

Subject of Suggestion: CLOGs (Case Logs) in the AMPS System.

What is the present condition or procedure: Currently, CLOGs are recorded and presented in the order in which they were submitted- IE, the most recent CLOG is shown on top.

How do you think it can be improved: Enable a feature to "pin" or "sticky" a CLOG to the top of the CLOGs, regardless of its date of submission.

Estimate savings or benefit: Many online forums have the ability to "pin" or "sticky" a thread to the top of the page/forum. This is useful to ensure that important reminders, rules, and other vital information remains visible and apparent, regardless of when they were posted. By enabling such a feature in AMPS, it would ensure that important information regarding investigations, fraud, QA, QC and the like would not get lost in a sea of innocuous or routine CLOGs, but rather would be seen as soon as the CLOG window is opened. Not only would it ensure that such important information is SEEN, but it would save time by eliminating the need for workers to click through months or years of CLOGs to find details related to fraud, investigations etc which would also save us time.

Is the suggestion a component of any educational/training/certification program (State or non-State)? ☐ Yes x☐ No

If yes, please identify program: _____

To your knowledge, has the suggestion ever been considered or addressed previously by the agency or the State? ☐ Yes x☐ No

If yes, please identify the circumstance(s): _____

I believe my suggestion will: *(please check all that apply)*

x☐ Increase productivity	x☐ Prevent waste	☐ Eliminate duplication
x☐ Improve service	x☐ Prevent accidents	☐ Reduce costs

The use of my suggestion by the State of Nevada will not form the basis of a further claim of any nature upon the State of Nevada by my heirs, assigns, or me.

Signature of Employee: Tyler Sumner

Email: tisumner91@gmail.com (personal) tsumner@dss.nv.gov (work)

Home Address: 2822 Yukon Trail Drive

City: Henderson State: NV Zip: 89074

Home Phone: _____ Business Phone: 702-486-9568

Please submit to:
MERIT AWARD BOARD
Division of Human Resource Management
515 E. Musser Street, Ste. 101
Carson City, Nevada 89701
Telephone: (775) 684-0110
meritaward@admin.nv.gov

Merit Award Suggestion

Name: Tyler Sumner, Family Services Specialist II

Date Submitted: May 21, 2026

Department: Department of Human Services

Agency: Division of Social Services **Office:** Flamingo DO **Bureau:** N/A

Reviewer: Vanessa Justice, Social Services Manager I

Mr. Tyler Sumner has submitted the following suggestion:

- ***Subject:*** *CLOGs (Case Logs) in the AMPS System.*

- ***Present condition or procedure:*** *Currently, CLOGs are recorded and presented in the order in which they were submitted IE, the most recent CLOG is shown on top.*

- ***Improvement suggestion:*** *Enable a feature to "pin" or "sticky" a CLOG to the top of the CLOGs, regardless of its date of submission.*

- ***Savings or benefit:*** *Many online forums have the ability to "pin" or "sticky" a thread to the top of the page/forum. This is useful to ensure that important reminders, rules, and other vital information remains visible and apparent, regardless of when they were posted. By enabling such a feature in AMPS, it would ensure that important information regarding investigations, fraud, QA, QC and the like would not get lost in sea of innocuous or routine CLOGs, but rather would be seen as soon as the CLOG window is opened. Not only would it ensure that such important information is SEEN, but it would save time by eliminating the need for workers to click through months or years of CLOGs to find details related to fraud, investigations etc which would also save us time.*

- ***Suggestion will:***
    - *Increase productivity*
    - *Improve service*
    - *Prevent waste*
    - *Prevent accidents*

Exclusions from award per NRS 285.050:

- The employee is not excluded from this award per any of the listed exclusions in NRS.

Division/Department Considerations:

- None

Cost Savings

- None

Fiscal Considerations

- None

Operational Considerations:

- None

Agency Recommendation:

After review, the proposal does not meet the Merit Award criteria because it does not identify quantifiable cost savings to the State and not could the agency evaluate feasibility, financial impact, or anticipated benefits. In addition, implementation of the proposed system updates would require programming changes that could result in significant costs, which were not addressed in the submission.

The suggestion was reviewed by the DSS Administrator and a Deputy Administrator. During that review, it was determined that the proposed action of "pinning" case notes would not eliminate the need for staff to review all case notes, as there would be no assurance that previous workers consistently pinned the appropriate information. As a result, the proposal would not achieve the intended efficiency gains.

The agency is currently evaluating the addition of a search function within the case note system, which may address this and other operational concerns; however, that approach differs from the employee's specific recommendation and is outside the scope of this Merit Award submission.

Therefore, the agency recommends rejecting the suggestion because the proposal does not provide sufficient information or demonstrated benefit to support further consideration.

Vanessa Justice
Social Services Manager I
Division of Social Services

"MAB GOOD GOVERNMENT, GREAT EMPLOYEES"
AGENCY REVIEW FORM

Name of employee making suggestion: Tyler Sumner, Family Service Specialist II	
Division: Division of Social Services	Agency/Office/Bureau: DHS
Name/Title of person(s) completing review of suggestion: Alexis Ochoa, Social Services Chief III	

Please complete the following to the best of your knowledge and ability:

EXCLUSIONS FROM AWARD PER NRS 285.050

	YES	NO
Is the suggestion currently under active consideration by the division/department? (Subsection 2a)	☐	☑
If yes, please explain:		
Is the act of developing or proposing the suggestion a normal part of this employee's job duties whether acting individually or as a member of a group of state employees? If so, please provide work performance standards, if possible. (Subsection 2b)	☐	☑
If yes, please explain:		
Is the suggestion merely proposing that an existing policy or procedure being followed correctly? If so, please provide a copy of said policy. (Subsection 2d)	☐	☑
If yes, please explain:		
Does the suggestion concerns an individual grievance or complaint? (Subsection 2e)	☐	☑
If yes, please explain:		
Does the suggestion reduce the quality or quantity of services provided by the division/department? (Subsection 2f)	☐	☑
If yes, please explain:		
Does the suggestion transfer costs from one state agency to another state agency? (Subsection 2g)	☐	☑
If yes, please explain:		
Has the employee made more than two previous suggestions this calendar year? Please provide information for said submittals. (Subsection 4)	☐	☑
If yes, please explain:		

If the answer is "Yes" to any of the above questions, the suggestion is not eligible for award.
There is no need to continue with the review.

DIVISION/DEPARTMENT CONSIDERATIONS		
	YES	NO
Has the suggestion previously been under consideration by the division/department?	☐	☑
If yes, please explain:		
Is the suggestion a component of any educational/training/certification program (state or non-state)?	☐	☑
Please explain:		
Is the subject of the suggestion an issue of concern to the division/department?	○	◉
If yes, please explain:		
Are there concerns the division/department has in considering implementing the suggestion?	○	◉
If yes, please explain:		
Is sufficient information provided on the submission form to determine whether or not a cost savings or improvement in operations would result?	○	◉
If no, please explain: There is no information in this suggestion to formulate a cost savings or a measurable improvement in operations to the state.		
Is the suggestion already covered or prohibited by existing law, regulation, or policy? If so, please provide a copy of said policy in support of your answer.	○	◉
If yes, please explain:		
Has the suggestion been previously proposed through bills, regulations, budget requests, etc.? If so, please provide a copy of said item in support of your answer.	○	◉
If yes, please explain:		
Will federal or state statutes or regulations need to be changed to implement this suggestion? If so, please provide a copy of said legislation affected.	○	◉
If yes, please explain:		
Does the suggestion affect layoff or hiring of staff?	○	◉
If yes, please explain:		

What are the cost savings/cost increases of personnel changes?
Please address in Fiscal Considerations
What budgets are affected by the changes in staff? How are budgets affected?
Please address in Fiscal Considerations

FISCAL CONSIDERATIONS		
	YES	NO
Will there be any actual or estimated reduction, elimination, or avoidance of expenditure?	○	◉
If yes, please attach a one-page spreadsheet that details the potential costs and savings of implementing this suggestion. Include estimates for each fiscal year of the current and upcoming biennium. Please indicate the budget accounts affected and the source of funds that would be used to implement the suggestion. Be sure that your calculation methodology is clearly explained.		

OPERATIONAL CONSIDERATIONS		
	YES	NO
Will operations be improved by adopting this suggestion?	○	◉
If yes, please explain:		

"MAB GOOD GOVERNMENT, GREAT EMPLOYEES"
AGENCY REVIEW FORM

RECOMMEDATION FOR ADOPTION/REJECTION
TO BE COMPLETED BY DIVISION ADMINISTRATOR

AGENCY RECOMMENDATION:		
	YES	NO
Do you recommend adoption of this suggestion?	○	◉
What steps are necessary to implement this suggestion?		
When will implementation begin and what is the estimated time frame required for implementation?		
What is the anticipated timeframe before actual cost savings can be realized and confirmed?		
Name/Title of person(s) completing review of suggestion: Alexis Ochoa, Social Services Chief III		

REJECTION OF SUGGESTION:
If rejected, the reason for rejection is: Please see attached memo

Robert H. Thompson 6/24/2026

Division Administrator (Date)

CONCUR?
YES NO

☐ ☐

Department Director or Designated Representative (Date)

COMMENTS (IF APPLICABLE):

State of Nevada Merit Award Board

LANGUAGE ACCESS PLAN

Approved by the MAB: <DATE>

I. Purpose and Authority

The Merit Award Board (Board) is committed to compliance with NRS 232.0081 and Title VI of the Civil Rights Act of 1964, 2 C.S. § 561 et seq. (Act 172 of 2006) to ensure meaningful access to the Board's services for individuals with limited English proficiency (LEP).

Nevada Revised Statute 232.0081 and the federal guidance on Title VI both agree that language should not be a barrier to accessing governmental programs and services. As stated in NRS 232.0081, "Persons with limited English proficiency require and deserve meaningful, timely access to government services in their preferred language," and the legislation states that it is the responsibility of government to provide that access:

> *State and local agencies and entities that receive 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.*

The purpose of this document is to establish an effective plan and protocol for Board staff to follow when providing services to, or interacting with, LEP individuals.

II. General Policy

The Board is composed of five members as follows:

(a) Two persons who are members of the American Federation of State, County and Municipal Employees or its successor, designated by the executive committee of that Federation or its successor;

(b) One member from the Budget Division of the Office of Finance appointed by the Chief of the Budget Division;

(c) One member from the Division of Human Resource Management of the Department of Administration appointed by the Administrator of the Division; and

(d) One member appointed by and representing the Governor.

The Board is responsible for investigating, reviewing and evaluating the merits of proposed employee suggestions that are intended to reduce, eliminate or avoid state expenditures or improve the operation of the state government.

The Board adopts the following policies and procedures to ensure that LEP individuals are afforded equal access to services and effective communication. The Board is well versed in accommodating individuals with language barriers and limited language proficiency.

It is the Board's policy to grant access to services to every person regardless of their ability to speak, understand, read, or write English, 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 state and federal law. The Board intends to take all reasonable steps to provide LEP individuals with meaningful access to its services. The Board seeks to reduce barriers by increasing its capacity to deliver services and benefits to people in their preferred languages.

To this end, the Board endorses the following policies:

- A commitment to equity and taking reasonable steps to provide LEP individuals with meaningful access to all its services.

- The Board, rather than the LEP individual, bears the responsibility for providing appropriate language services, regardless of the LEP individual's preferred language, at no cost to the LEP individual.

- Staff at the initial points of contact have the specific duty to identify and record language needs.

- The Board will not suggest or require that an LEP individual provide an interpreter in order to receive agency services.

The Board's Language Access Coordinators are:

Kimberly Smith, EEO Administrator
7251 Amigo Street, Suite #120
Las Vegas, NV 89119
Phone: (702) 486-8876
Email: KimberlySmith@admin.nv.gov

Kendrick McKinney, EEO Officer
7251 Amigo Street, Suite #120
Las Vegas, NV 89119
Phone: (702) 486-2903
Email: KendrickMcKinney@admin.nv.gov

III. Profile of the Board's LEP Clients

The Board's clients consist of current state employees and agency management. Based on our interactions with our client base, a large percentage of our current state employees are typically English proficient. The Board does not collect information on its client base regarding English proficiency. The Board is committed to tracking the languages preferred for communication among our LEP clients so staff can provide meaningful, timely access to services.

The Board used national demographic data from the U.S. Census to identify limited English proficiency in the State of Nevada. According to U.S. Census data, 69% of the Nevada population speaks English only with 31% speaking a language other than English. The American Community Survey (ACS) administered by the U.S. Census Bureau is the nation's most current, reliable, and accessible data source for local statistics on critical planning topics. The survey samples approximately 3.5 million addresses each year. Data is collected continuously throughout the year to produce annual social, economic, housing, and demographic estimates. The ACS data indicates Limited English Proficiency for the State of Nevada as follows:

Limited English – Households Speaking --

Spanish	20.9%
Other Indo-European Languages	2.50%
Asian and Pacific Island Languages	6.70%
Other Languages	1.0%

IV. The Board's Language Access Services and Procedures

The Board provides the following language access services (LAS) to facilitate LEP individuals' access to the Board's services and ensures that all language service providers are fully competent to provide these services. The Board will handle language access on a case-by-case basis, as the need arises.

A. Oral and Sign Language Services

As requested, the Board will provide spoken and sign language translation services utilizing two resources, the State's bi-lingual list or contracted vendors through the current statewide contract held by the Purchasing Division for the State of Nevada.

In accordance with the Americans with Disabilities Act (ADA), the Board will not discriminate against any individual based on disability and will make reasonable accommodations to ensure equal opportunity to access 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 are not limited to:

- Augmentative and Assistive Communication Systems
- Braille Translations
- CapTel
- Screen Braille Communicator
- Text Telephone (TTY) or Telecommunication Devices (TDD)

Statewide Contract #99SWC-S3538 makes 29 vendors accessible to state agencies for on-site spoken, sign language interpretation and document translation services at a cost.

Link: https://www.purchasing.nv.gov/statewide-contracts/translation-interpretation/

The Bilingual Contact list provided by DHRM can be found here.

B. Written Language Services

As requested, the Board will provide translated "vital documents" and related written translation services by vendors contracted through statewide contracts by the Purchasing Division for the State of Nevada.

C. Providing Notice of Language Assistance Services

The Board will provide notification of the relevant points of contact on the Division of Human Resource Management's website.

V. Implementing the Board's Language Access Services

In order to implement LAS for clients who have limited English proficiency, the Board requires its members and Division staff to follow the policies and procedures referenced below to ensure meaningful access to available language services. The Board is committed to full compliance with these procedures and provides staff with the training described below so that all staff are familiar with these policies and procedures and recognize their importance to the Board's mission.

Language Access Procedures

To promote diversity and inclusion of all individuals who receive services from the Board, it will facilitate all types of language access for LEP individuals who they serve.

The Board will provide notice of its available language services to LEP individuals at the relevant points of contact, at no cost to the LEP individuals.

A. Identifying Client Language Needs and Preferred Language

In order to understand the Board's client language access needs, the Division, on behalf of the Board, will gather and assess data, and update the LAP as needed. This will include DHRM staff: (1) interacting appropriately with LEP clients, (2) informing clients of the availability of language services, (3) determining clients' preferred languages, and (4) documenting and tracking LEP client language preferences. These policies and procedures will guide the Board's staff through all their interactions with LEP clients.

B. Accessing Appropriate Oral and Sign Language Services

The Board recognizes that certain circumstances may require specialized interpretation and translation services even when staff with bilingual abilities are available, and in those instances, staff should seek assistance from the Language Access Coordinators along with staff on the bilingual contact list or contracted vendors for professional in-person or telephone interpreters.

C. Accessing Appropriate Written Language Services

A determination of "vital" documents will be based on front-line interactions with LEP clients and an evaluation of the Board's documents. These actions will identify the necessary steps to ensure meaningful access to qualified written language services. This will apply to both written information intended for broad distribution, as well as written communications between the Board and individuals accessing services.

If qualified staff are unable to meet these needs, the Board will utilize State of Nevada contracted language translation services to provide accessible vital documents.

D. Language Services Quality Assurance

The Board is committed to ensuring that all language service providers it uses are qualified and competent to provide those services. The following procedures are in place to establish provider qualifications and track provider performance.

- DHRM staff, on behalf of the Board, who are identified as possible interpreters or translators will be screened to determine qualifications and officially designated as interpreters or translators if qualifications are deemed sufficient.
- The Board will use vendors contracted through statewide contracts by the Purchasing Division for the State of Nevada.

E. Staff Training Policies and Procedures

The Board acknowledges that appropriate interactions with diverse clients and the provision of language services for clients with limited English proficiency is vital to the fulfillment of its mission. To that end, DHRM, on behalf of the Board, will ensure that its staff are familiar with its LAP for providing services.

VI. Evaluation of and Recommendations for the Board's Language Access Plan

The Board is committed to monitoring the performance of the applicable policies, procedures, and resources to ensure that its LAP is responsive to the needs of its clients. At a minimum, DHRM, on behalf of the Board, will review, evaluate, and, as appropriate, update the LAP biennially.

A. Processes for Monitoring and Evaluation

On behalf of the Board, the Language Access Coordinators will solicit qualitative and quantitative data biennially from DHRM employees and review statistical data to determine LAP needs and program compliance.

B. Evaluation Outcomes and Proposed Changes

DHRM, on behalf of the Board, will evaluate LAP data and propose changes to LAP policy and procedures as necessary.

C. Proposed Budgetary Implications

Additional funding needs are currently being identified.

D. Suggested Legislative Amendments

No suggestions at this time.

VII. Language Access Complaint Process

This process provides a formal mechanism for employees, applicants, and members of the public to report concerns about language access barriers, including lack of interpretation,

inaccurate translation, or failure to provide meaningful access to DHRM programs or services. It applies to all Board contractors, grantees, and partners, consistent with NRS 232.0081 requirements.

A. How to File a Complaint

Complaints may be submitted in any language and through multiple accessible channels:

- Email DHRM.EEO@admin.nv.gov is a dedicated email inbox monitored by the Language Access Coordinators.
- Phone the EEO hotline at 1 (800) 767-7381.
- Mail written complaints, accepted in any language.

B. Required Complaint Information

Complainants are encouraged—but not required—to provide:

- Name and contact information (anonymous complaints accepted).
- Date, time, and location of the incident.
- Description of the language barrier encountered.
- Language spoken by the complainant.
- Names of staff involved (if known).
- Any supporting documents or screenshots.

C. Intake and Acknowledgment

- Complaints are logged within 3 business days.
- Complainant receives confirmation in their preferred language.
- If clarification is needed, Language Access Coordinator contact the complainant using interpretation services.

D. Investigation Process

Language Access Coordinator conducts a neutral, timely review that includes:

- Interviewing staff and the complainant (with interpretation as needed).
- Reviewing relevant documents, recordings, or service logs.
- Assessing whether the issue reflects noncompliance with NRS 232.0081.
- Identifying whether contractors or grantees were involved and ensuring they meet required standards.

E. Resolution and Corrective Action

If a violation or gap is confirmed, the Board may implement:

- Staff retraining on language access obligations.
- Updates to translation or interpretation procedures.
- Revisions to signage, forms, or digital content.
- Immediate provision of the previously denied language service.

F. Recordkeeping and Reporting

To comply with the requirements of NRS 232.0081 for monitoring and public engagement, the Board will:

- Maintain a secure log of all complaints, outcomes, and corrective actions
- Analyze trends annually to identify systemic issues

- Include complaint data in biennial updates to the Language Access Plan
- Provide anonymized summaries during public comment periods required by the statute

G. Non-Retaliation

The Board prohibits retaliation against any person who files a complaint or participates in an investigation. This protection applies to employees, applicants, and members of the public.