

NON DISCRIMINATION/HEARINGS/CLAIMS

G-100 NON DISCRIMINATION OVERVIEW

The Division of Welfare and Supportive Services (DWSS) does not discriminate against any applicant or participant in any aspect of program administration. Benefits are extended to all eligible households without regard to age, race, color, sex, handicap, religious creed, national origin, or political beliefs.

The Division must inform the public of this nondiscrimination policy and the applicable complaint procedures, and must provide access to nondiscrimination information within 10 days of a request. All Division district offices must post nondiscrimination and civil rights policy in lobby areas. Workers are also given publications to post in individual interviewing areas.

G-105 DISCRIMINATION COMPLAINTS

Explain the following procedures to clients who feel they have been discriminated against and want to file a claim.

Encourage the client to complete Form 2174-EG. Once the complaint is received, submit it to the social welfare manager (SWM) for investigation. Clients may submit the complaint directly to the appropriate federal office, any Division district office, Central Office or all of the above. Below is the contact information for the Federal Civil Rights Office for each program.

U.S. Office of Civil Rights (OCR)
Dept. of Health & Human Services
50 United Nations Plaza
San Francisco, CA 94102

(415) 437-8310,
Toll free 800-368-1019 or
TDD (415) 437-8311

Clients must file their complaints in writing within 180 calendar days of the incident that caused the complaint.

In the event a complainant refuses to put the allegation in writing, the person to whom the allegation is made must put the elements of the complaint in writing. **Note:** The complaint may be made anonymously.

G-110 RACIAL AND ETHNIC DATA COLLECTION

The Division obtains racial and ethnic information about all clients. The ethnic categories include Hispanic or non-Hispanic. The racial categories are: American Indian or Alaskan Native, Black or African American, Asian, Native Hawaiian or Other Pacific Islander and White. Clients are asked to voluntarily identify their race and/or ethnicity on the Form 2905, Application for Assistance. If this information is not voluntarily provided on the application form, the case worker will determine the category by observation and record it on each individual's MEMB screen in NOMADS.

G-115 INTERPRETIVE SERVICE REQUESTS

The Division provides interpretive services for both foreign and sign languages. If you recognize or have any reason to believe that a person or companion is deaf or hard of hearing, you must advise the person that appropriate auxiliary aids and services, such as sign language and oral interpreters, TTYs, note takers, written materials, assistive listening devices and systems, and telephones compatible with hearing aids, will be provided free of charge. If you are the case manager, you must ensure that such aids and services are provided when appropriate.

G-115.1 Sign Language Interpreter Requests

To request a sign language interpreter, for a scheduled appointment, the case manager must e-mail the request to Welfare – Interpretive Services under Welfare Groups in the Outlook Address Book at least two working days prior to the date of the interview/appointment. The request must include the type of interpretive services needed, the date and time of the interview/appointment, the name of the client, the office the interview/appointment will be held at, the type of interview/appointment to be conducted, estimated length of interview/appointment, name of employee who will be conducting the interview/appointment and the direct telephone number of the employee.

The E&P unit clerk will contact the appropriate interpreter and confirm the appointment with the case manager. Once the request is received and processed, the case manager will receive a confirmation. If the case manager does not receive a confirmation within one working day, a second request should be sent.

Once the in-person interview has been conducted, the case manager must complete Section I of form 2034-WG and have the interpreter complete Section II. Once Sections I and II are completed, both the case manager and the interpreter must acknowledge the information provided by signing the bottom of the form. A photocopy of this form must be given to the interpreter for submission with their invoice for payment AND the ORIGINAL mailed to Eligibility and Payments in Central Office to verify the services of the interpreter. If a confirmed interpreter does not show for the appointment, notify Welfare-Interpretive Services the same day via email.

If the applicant cancels the appointment, notify the Eligibility and Payments unit clerk at (775) 684-0615 of the cancellation, as soon as possible.

NON-DWSS EMPLOYEES PROVIDING INTERPRETIVE SERVICES – All non-DWSS employees who provide in-person interpretive services must attest to their status as an employee of the State of Nevada. At each interview, the case manager must inquire if the non-DWSS employee is currently an employee of the State of Nevada. Any interpreter providing in-person interpretive services for the first time must complete page 2 of form 2034-WG verifying current State of Nevada employment status. Failure to complete and submit page 2 of form 2034-WB will result in non-payment for the services provided.

G-115.2 Non-English Speaking Interpretive Requests

CTS LanguageLink Interpretive Services is a secondary option for Spanish interpretive services and is the primary resource for all other languages. This applies to all pre-scheduled appointments as well as those circumstances where immediate interpretive services are needed. CTS LanguageLink will assist in setting up conference calls for interviews conducted on the telephone.

To access CTS LanguageLink services, follow the procedures located at G:\WILLCALL\Interpretive Services\CTSLanguageLink Procedures.

Once the call is completed with CTS LanguageLink, all areas of Section 1 of form 2034-WG must be completed and the employee/case manager must sign the form. Section II and page 2 do not need to be completed when CTS LanguageLink is used. Once the form is completed, it must be forwarded to Eligibility and Payments in Central Office the same business day the service is used.

It is imperative that **any** employee/case manager of DWSS accessing the CTS LanguageLink services complete the Confirmation of Interpretive Services form including the program being interpreted for. It is also imperative that staff become familiar with the procedures for CTS LanguageLink including the use of DWSS's account number and the appropriate access code for each office and any associated units.

G-200 HEARINGS

Hearing requests must be RECEIVED in writing within 90 days from the date of the Notice of Decision. The day after the notice date is the 1st day of the 90-day period.

Clients may request a hearing because:

- a. of agency action to deny, reduce or terminate benefits; **or**
- b. of agency action to make payments to a protective payee; **or**
- c. they are aggrieved about an application was not acted on with reasonable promptness; **or**

- d. due to exceptional circumstances resulting in significant financial duress, a higher minimum monthly maintenance needs allowance is needed to provide additional income to the community spouse; **or**
- e. the community spouse resource allowance is inadequate to raise the community spouse's income level to the minimum monthly maintenance needs allowance without adding more resources which are income producing.

Continued benefits will be provided if a hearing request is RECEIVED in writing no later than the 10th day after the effective date of the proposed action. Assistance will continue unchanged until the hearing decision is made unless the client provides a written request asking benefits not be continued or the hearing officer makes a preliminary finding the sole issue is one of state or federal law requiring automatic benefit adjustments. **See Welfare Administrative Manual Section 3100 for more detailed information regarding the hearing process.**

G-300 MEDICAID PROGRAM CLAIMS

G-300.1 Definition of a Claim

A Medicaid claim is the calculated value of any service, good or other item of value paid by the Medicaid Program which exceeds the amount of benefits the individual(s) was eligible for.

G-300.2 Medicaid Claims

When information exists that a Medicaid claim exists the case manager will:

- Ensure the household's current budget reflects correct, up-to-date information to avoid further incorrect payment of benefits.
- Obtain written verification of the questionable issue.
- Refer the claim to I&R via the Investigations and Recovery Information System (IRIS) for review, calculation and claim establishment.

G-300.3 Claim Packet

Immediately at claim referral, case manager shall compile a "claim packet." The claim packet must include:

- a copy or original of all pertinent documents (applications, picture ID, etc.) contained within the case file;
- a copy or original of substantiating documentation relative to the claim;

- a case narrative containing at a minimum how the claim occurred; and
- a copy of the claim referral.

The claim packet must be sent to the I & R Unit responsible for their program office as soon as possible to begin the collection process.

Claims are addressed in detail in the I & R Manual, section 300–500, respectively. Reference should be made to these manual sections for issues/events not addressed in this chapter.