



DEPARTMENT OF HUMAN SERVICES

DIRECTOR'S OFFICE

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



MEMORANDUM

DATE: February 19, 2026

TO: Sophia Allec, Administrative Services Officer IV *SA*
DHS Director's Office

FROM: Dawn Yohey, Clinical Program Planner III *DY*
Fund for a Resilient Nevada

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL Washoe County LifeSet & Clark County LifeSet

This memorandum requests that the following subgrant(s) be approved for a retroactive start.

- DO 1715 Washoe County (LifeSet)
- DO 1716 Clark County (LifeSet)

The following information is required:

- Services to be provided: Washoe and Clark Counties will provide an intensive individualized, evidence-and community-based program for youth at-risk of developing opioid/substance use disorder as they age out of foster care.
- Funding source and expenditure category: BA3060/CAT 10/Fund for a Resilient Nevada
- Requested start date of work: February 19, 2026
- Expected execution date of agreement: March 19, 2026
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely:
 - Awardees were late in providing all documents necessary for starting these awards.
 - Describe the impact to the program/services if work is not started prior to the execution of the agreement:
 - Youth in the target population may be left without housing or other resources they need as they age out of foster care.
 - Explain how the program/bureau will prevent future retroactive requests:
 - The program will be more aggressive in requesting needed documents.

If you have any questions, please contact Joan Waldock at (775) 684-2231 or j.waldock@dhs.nv.gov.

cc: Contract Unit
Director's Office



State of Nevada
 Department of Human Services
Director's Office
 (hereinafter referred to as the Department)

Agency Ref. #: **DO 1715**
 Budget Account: 3060
 Category: 10
 GL: 8516
 Job Number: _____

NOTICE OF SUBAWARD

Program Name: Fund for a Resilient Nevada Joan Waldock/j.waldock@dhs.nv.gov	Subrecipient's Name: Washoe County Human Services Agency Ida Peeks/ipeeks@washoecounty.gov
Address: 1000 N. Division St. Carson City, NV 89703	Address: 350 S. Center Street Reno, NV 89501
Subaward Period: February 19, 2026, through June 30, 2027	Subrecipient's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400A</u> UEI #: <u>GPR1NY74XPQ5</u>

Purpose of Award: To reduce the long-term impacts of opioid use and related risk factors for transitional age youth by providing intensive, individualized support that promotes successful transitions to adulthood.

Region(s) to be served: Statewide Specific county or counties: Washoe County

Approved Budget Categories:	FEDERAL AWARD COMPUTATION:		
1. Personnel \$886,077.00	Total Obligated by this Action:	\$	0.00
2. Travel	Cumulative Prior Awards this Budget Period:	\$	0.00
3. Operating	Total Federal Funds Awarded to Date:	\$	0.00
4. Equipment	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	\$	0.00
5. Contractual/Consultant \$126,000.00	Amount Required this Action:	\$	0.00
6. Training	Amount Required Prior Awards:	\$	0.00
7. Other	Total Match Amount Required:	\$	0.00
TOTAL DIRECT COSTS \$1,012,077.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
8. Indirect Costs \$50,603.00	FOR AGENCY USE, ONLY		
TOTAL APPROVED BUDGET \$1,062,680.00			

Source of Funds: Fund for a Resilient Nevada	% Funds: 100	CFDA: NA	FAIN: NA	Federal Grant #: NA	Grant Award Date by Federal Agency: NA
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Agency Approved Indirect Rate: NA **Subrecipient Approved Indirect Rate:** 5% Administrative Expense Cap.

Terms and Conditions:
 In accepting these grant funds, it is understood that:

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
- Subrecipient must comply with all applicable Federal regulations
- Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
- Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.
- Per [NRS 232.359](#), subrecipients are required to add or update their agency profile to the Nevada 2-1-1 system and provide verification of enrollment, as applicable.

Incorporated Documents: Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;	Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: DHS Business Associate Addendum
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Name	Signature	Date
Ryan Gustafson Director, Human Services Agency		
Dawn Yohey Clinical Program Planner III		
For Laura Rich, Director Department of Human Services		

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SECTION A

GRANT CONDITIONS AND ASSURANCES

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Subrecipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Subrecipient is an independent entity.
2. The Subrecipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Subrecipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Subrecipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Subrecipient from its obligations under this Agreement.
 - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Subrecipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Subrecipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Subrecipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Department may also suspend or terminate this Agreement, in whole or in part, if the Subrecipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Subrecipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Subrecipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended— Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

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9. Certification that neither the Subrecipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Human Services shall not use grant funds for any activity related to the following:
 - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation; or
 - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation;
 - The enactment or modification of any pending federal, state or local legislation; or
 - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
 - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
 - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Department of Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 - Not specifically directed at:
 - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a subrecipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

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15. Protections for Whistleblowers

- In accordance with 41 U.S.C. § 4712, subrecipient may not discharge, demote, or otherwise discriminate against an employee in reprisal for disclosing to any of the list of persons or entities provided below, information that the employee reasonably believes is evidence of gross mismanagement of a federal contract or grant, a gross waste of federal funds, an abuse of authority relating to a federal contract or grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to federal contract (including the competition for or negotiation of a contract) or grant.
- The list of persons and entities referenced in the paragraph above included the following: A member of Congress or a representative of a committee of Congress, an Inspector General, the Government Accountability Office, a treasury employee responsible for contract or grant oversight or management, an authorized official of the Department of Justice or other law enforcement agency, a court or grand jury, or a management official or other employee of subrecipient, contractor, or subcontractor who has the responsibility to investigate, discover, or address mis-conduct.
- Subrecipient shall inform its employees in writing of the rights and remedies provided under this section, in the predominant native language of the workforce.

16. To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION B

Description of Services, Scope of Work and Deliverables

Washoe County Human Services Agency will employ the use of LifeSets – a comprehensive, community-driven intervention model that will serve opioid-affected youth and young adults, ages 17-21, who may have been involved in the foster care system. The program's primary goal is to reduce the long-term impacts of opioid use and related risk factors by providing intensive, individualized support that promotes successful transitions to adulthood. Each participant is paired with a highly trained specialist who works alongside them to identify and achieve personal goals. Specialists meet with participants face to face at least once per week, remain available 24/7 for crisis intervention, and deliver services in natural environments such as the young person's home, school, or community. Services are strength-based, culturally responsive, and tailored to address the most urgent challenges – such as substance misuse, opioid misuse prevention, relapse avoidance, housing stability, education, and employment. Evidence-based and best-practice interventions are used to mitigate the effects of opioid use disorder, strengthen protective factors, and promote successful transition. To ensure accountability and continuous quality improvement, outcome data is collected for all participants at six- and twelve-month post-exit.

Washoe County Human Services Agency, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Year 1

Goal 1. To ensure the program is effectively staffed and managed in alignment with its established objectives and regulatory requirements, by recruiting qualified personnel, maintaining consistent oversight, and implementing practices that support program integrity, efficiency, and long-term sustainability.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1.1. Hire, maintain, and train staff.	1. Secure staff necessary to successfully run program that will reduce long-term impacts of opioid use and related risk factors.	Ongoing	Personnel involved in program Changes to personnel involved in program
	2. Establish procedures to allow continuing visits to enrollees during Washoe County Human Services Agency staff vacancies.	Ongoing	
1.2 Supervisor will join monthly field visits with each LifeSet specialist.	1. Schedule monthly field visits with each LifeSet specialist.	Ongoing	Calendar Field observation form Field reports
	2. Complete monthly field visits with each LifeSet specialist.	Ongoing	

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Goal 2. To provide a comprehensive, community-based intervention model that supports opioid-affected young adult (ages 17-21) involved in foster care in successfully transitioning to adulthood.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
2.1. Establish eligibility guidelines inclusive of youth affected by opioid use or misuse.	1. Develop eligibility protocols that include youth with opioid use, recreational use, history of overdose, or familial exposure to substance use.	Ongoing	Eligibility guidelines Number of youth affected by opioids, pregnant youth with past opioid use, and recently incarcerated youth with past opioid use enrolled in program Documentation of outreach plan for pregnant youth with past opioid use and youth recently incarcerated
	2. Prioritize services for youth recently incarcerated or pregnant youth with past opioid use.	Ongoing	
2.2. Identify and engage eligible young adults affected by opioids transitioning from foster care.	1. Facilitate outreach and referral processes to connect eligible youth with services.	Ongoing	Number of eligible youth and families engaged per month Number of referrals to other agencies
2.3. Deliver strength-based, trauma-informed, and individualized services within the youth's natural environment.	1. Coordinate with Division of Supportive Services (DSS) to ensure client access to housing, food, health care, and job readiness programs.	Ongoing	Site visit records Trauma-informed practices used Services provided
	2. Deliver services in homes, schools, or community settings based on the young adult's comfort and needs.	Ongoing	
	3. Apply trauma-informed practices in all service delivery, including emotional regulation and resilience-building.	Ongoing	

Goal 3: To provide individualized, evidence-informed case management that empowers opioid-impacted youth to identify personal goals and build independent living skills.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
3.1. Pair each participant with a trained youth specialist to provide consistent one-on-one support.	1. Assign youth specialist to provide a minimum of one weekly face-to-face session per participant.	Ongoing	Spreadsheet showing individuals served and corresponding youth specialists Session logs
	3.2. Create individualized service plans (to be reviewed monthly) addressing education, employment, housing, mental health, and relationships.	1. Conduct intake assessments to identify each youth's strengths, needs, and goals.	
3.3. Monitor progress and adapt service delivery based on youth goals and challenges.	2. Develop and update service plans that align with youth-identified priorities.	Ongoing	Number of intake assessments completed Number of goals achieved by participants Number of updated plans
	1. Provide skill-building opportunities in job readiness, budgeting, communication, and independent living.	Ongoing	
	2. Maintain 24/7 availability for crisis support and intervention.	Ongoing	
	3. Support access to school enrollment, GED programs, or vocational training.	Ongoing	Number of skill building opportunities provided to each participant Provide data of post-program exit at six and twelve months for youth under age 22 Number of youth enrolled in school, GED programs, or vocational training Data from post-program reports

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	4. Collect data at six and twelve months post-program exit for youth under age 22, tracking education, employment, housing stability, and well-being.	Ongoing	
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Goal 4: Implement evidence-based and best practice interventions that promote long-term outcomes and ensure continuous program improvement.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
4.1. Implement evidence-based approaches to promote positive development in essential life skills.	1. Apply established best practices shown to improve outcomes for transition-age youth, particularly those with trauma or substance use histories.	Ongoing	Percentage of participants reporting improved outcomes
4.2. Collect outcome data at key intervals to evaluate program effectiveness.	1. Collect and analyze outcome data at exit, focusing on indicators of housing stability, educational attainment, employment, and well-being.	Ongoing	Data records
4.3. Ensure harm reduction and prevention services are accessible to youth and families affected by opioid misuse.	1. Offer harm reduction education and support services for youth and caregivers meeting opioid impact criteria.	Ongoing	Number of harm reduction education and support services utilized
	2. Use outcome data to guide continuous quality improvement efforts and refine service delivery.	Ongoing	Outcome data from participants' completion of program

Goal 5: Ensure accurate and thorough programmatic record-keeping and compliance with all levels of governmental oversight.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
5.1 Maintain program integrity.	1. Allow authorized auditors and/or division, state, and federal personnel full access to supporting documentation as requested.	Ongoing	Program, business, and accounting files
	2. Require express participant consent to allow agency to share information provided with the Division for the purpose of verifying eligibility and coordinating service (release of inform).	Ongoing	Case records Applications
	3. Retain records for five years after the award period ends.	Ongoing	Verifications and documents to determine initial and ongoing eligibility/certification for program participation
	4. Submit monthly billing claims.	Ongoing	Expenditure reports, requests for reimbursement
	5. Submit a complete financial accounting of all expenditures within 30 days of the close of the subaward period.	30 days after close of award period	Invoices and receipts of payment
	6. Provide billing claim and verification of compliance with required Division of Support Services training for all staff	Ongoing	Certified time-tracking documents when applicable

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Goal 1: Continue to provide a comprehensive, community-based intervention model that supports opioid-impacted young adults (ages 17-21) involved in foster care.

Objective	Activities	Due Date	Documentation Needed
<p>1.1 Continue to identify and engage eligible young adults transitioning from foster care or involved in systems of care.</p> <p>1.2. Continue to deliver strength-based, trauma-informed, and individualized services within the youth's natural environment.</p> <p>1.3. Follow established eligibility guidelines inclusive of youth affected by opioid use or misuse.</p>	1. Facilitate outreach and referral processes to connect eligible youth with services.	Ongoing	Number of enrolled youth and families
	1. Coordinate with DSS and other providers to ensure access to housing, food, health care, and job readiness programs.	Ongoing	Site visit records Referrals to wraparound services Corrective actions and follow up Trauma-informed practices employed
	2. Deliver services in homes, schools, or community setting based on participants' comfort and needs.	Ongoing	
	3. Apply trauma-informed practices in all service delivery, including emotional regulation and resilience-building.	Ongoing	
	1. Adhere to eligibility protocols that include youth with opioid use, recreational use, history of overdose, or familial exposure to substance use.	Ongoing	Data records Number of youth affected by opioids enrolled in program
	2. Prioritize services for youth recently incarcerated or pregnant youth with past opioid use.	Ongoing	Number of pregnant youth with past opioid use enrolled Number of recently incarcerated youth with past opioid use enrolled

Goal 2: Continue to provide individualized, evidence-informed case management that empowers opioid-impacted youth to identify personal goals and build independent living skills.

Objective	Activities	Due Date	Documentation Needed
<p>2.1. Pair participant with a trained youth specialist to provide consistent one-on-one support.</p> <p>2.2. Create individualized service plans to be reviewed monthly addressing education, employment, housing, mental health, and relationships.</p> <p>2.3. Monitor progress and adapt service delivery based on participant's goals and challenges.</p>	1. Assign youth specialists to provide a minimum of one weekly face-to-face session per participant.	Ongoing	Spreadsheets listing individuals served and corresponding youth specialists Session logs
	1. Conduct intake assessments to identify each youth's strengths, needs, and goals.	Ongoing	Number of intake assessments completed Number of goals achieved by participants Number of updated plans
	2. Develop and update service plans that align with youth-identified priorities.	Ongoing	
	1. Provide skill-building opportunities in job readiness, budgeting, communication, and independent living.	Ongoing	Records of skill-building opportunities provided to each participant Call-out logs for crisis support and intervention
	2. Maintain 24/7 availability for crisis support and intervention.		Number of participants enrolled in schools, GED programs, and vocational training
	3. Support access to school enrollment, general education development (GED) programs, or vocational training.		

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Goal 3: Continue to implement evidence-based and best practice interventions that promote long-term outcomes and ensure continuous program improvement.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
3.1 Continue to provide evidence-based approaches to promote positive development in essential life skills.	1. Apply established best practices shown to improve outcomes for transition-age youth, particularly those with trauma or substance use histories.	Ongoing	Percentage of individuals reporting improved outcomes from program
3.2 Collect outcome data at key intervals to evaluate program effectiveness.	1. Collect and analyze outcome data at exit, focusing on indicators of housing stability, educational attainment, employment, and well-being.	Ongoing	Data records
3.3 Ensure harm reduction and prevention services are accessible to youth and families affected by opioid misuse.	1. Offer harm reduction education and support services for youth and caregivers meeting opioid impact criteria.	Ongoing	Number of harm reduction education and support services utilized
	2. Use outcome data to guide continuous quality improvement efforts and refine service delivery.	Ongoing	Outcome data from participants' completion of program

Goal 4: The subrecipient will ensure accurate and thorough programmatic record keeping and compliance with all levels of governmental oversight.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
4.1 Maintain program integrity.	1. Allow authorized auditors and/or division, state, and federal personnel full access to supporting documentation as requested.	Ongoing	Program, business, and accounting files Case records
	2. Require express participant consent to allow agency to share information provided with the Division for the purpose of verifying eligibility and coordinating service (release of information).	Ongoing	Applications Verifications and documents to determine initial and ongoing eligibility/certification for program participation
	3. Retain records for five years after the award period ends.	Ongoing	Expenditure reports, requests for reimbursement Invoices and receipts of payment
	4. Submit monthly billing claims.	Ongoing	Certified time-tracking documents when applicable
	5. Submit a complete financial accounting of all expenditures within 30 days of the close of the subaward period.	Ongoing	Provider files to monitor and/or audit the activities, procedures, cases Accounting records subject to this agreement
	6. Provide billing claim and verification of compliance with required Division of Support Services training for all staff	Ongoing	Release of Information forms Final financial accounting
	7. Obtain release of information signatures from participants.	Ongoing	Training rosters Release of information paperwork
	8. Guarantee that record retention policy is followed.	Ongoing	Record retention policy
	9. Submit monthly billing claims for services rendered.	Ongoing	RFRs
	10. Submit a complete financial accounting of all expenditures within 30 days of the close of the award.	30days after close of award	Final report

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION C

Budget and Financial Reporting Requirements

Subrecipient agrees to adhere to the following budget:

**Applicant Name:
Washoe County Human
Services Agency**

**BUDGET NARRATIVE
(Form Revised July 2022)**

Year - 1 2/19/2026 -
6/30/2026

USE FORMULAS FOR ALL
TOTALS

Total Personnel Costs	including fringe	Total:	\$230,549
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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Rayna LaBarry Human Services Supervisor 70011950	\$126,884.85	49.935%	100.000%	4.5	37.50%	\$71,342

Provide oversight and implementation of the evidence-based LifeSet model program with fidelity. Provide LifeSet Case Workers ongoing support, supervision, and mentoring. Participate in program development activities and administration of the LifeSet model program implementation. Manage data collection and program outcome evaluations, ongoing collaborations with Youth Villages, LifeSet certification requirements, and individualized staff development plans.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Navneet Kaur Human Services Case Worker 70011951	\$84,865.88	51.330%	100.000%	4.5	37.50%	\$48,160

Provide full service, youth-centered case management for youth ages 17 to 21 and aging/aged out of foster care that participate in the LifeSet program. Implement the LifeSet evidence-based model program by developing and applying safety plans with the youth, building life skills based on the LifeSet domains, connecting youth to service providers based on their case plan needs, and ensure youth have support 24/7.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Autumn Foster Human Services Case Worker 70011952	\$104,842.57	54.636%	100.000%	4.5	37.50%	\$60,796

Provide full service, youth-centered case management for youth ages 17 to 21 and aging/aged out of foster care that participate in the LifeSet program. Implement the LifeSet evidence-based model program by developing and applying safety plans with the youth, building life skills based on the LifeSet domains, connecting youth to service providers based on their case plan needs, and ensure youth have support 24/7.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
MacKenzie Christensen Human Services Case Worker 70012591	\$86,324.17	55.233%	100.000%	4.5	37.50%	\$50,251

Provide full service, youth-centered case management for youth ages 17 to 21 and aging/aged out of foster care that participate in the LifeSet program. Implement the LifeSet evidence-based model program by developing and applying safety plans with the youth, building life skills based on the LifeSet domains, connecting youth to service providers based on their case plan needs, and ensure youth have support 24/7.

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	Total Fringe Cost	\$79,456	Total Salary Cost:	\$151,094
	Total Budgeted FTE	4.00000		

Travel	Total:	\$0
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Operating	Total:	\$0
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Equipment	Total:	\$0
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Contractual	Total:	\$63,000
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Name of Contractor or Subrecipient: Youth Villages **Total \$63,000**

Method of Selection: sole source

Period of Performance: February 19, 2026 - June 30, 2026

Scope of Work: Youth Villages entered into a License Agreement with WCHSA June 2023, granting the Agency permission to implement the copywritten LifeSet model program. Youth Villages provides trainings, oversight, and guidance to achieve the fidelity and quality of the program implementation. Youth Villages conducts annual certifications of the program implementation and guides LifeSet program staff through the process of maintaining certification and the accuracy of program implementation.

* Sole Source Justification: Youth Villages holds copywrite of the LifeSet evidence-based model program.

Budget

Contractual annual fee	\$63,000.00
Total Budget	\$63,000.00

Method of Accountability:

Define - The Human Services Coordinator responsible for the Youth Villages LifeSet program maintains regular communication with Youth Villages. ensures required data collection is conducted accordingly and submits monthly progress on participating youth. Annual model implementation fees are billed at monthly increments.

Training	Total:	\$0
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Other	Total:	\$0
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Justification:

TOTAL DIRECT CHARGES	\$293,549
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Administrative Expenses	Administrative Expenses Rate:	5.000%	\$14,677
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Methodology: No more than five percent (5%) of the allocated recoveries received pursuant to any opioid settlement or bankruptcy may be used to fund expenses or costs of any kind incurred in administering the recoveries, including, but not limited to, the allocated recoveries, and selecting, distributing, disbursing, implementing, or operating the programs or services that will use the funds. This limitation applies to all signatories to the One Nevada Agreement on Allocation of Opioid Recoveries as well as all grantees or recipients of funds from the Resilient Fund of Nevada under NRS 433.732 through NRS 433.744.

TOTAL BUDGET	Total:	\$308,226
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**Applicant Name:
Washoe County Human
Services Agency**

**BUDGET NARRATIVE
(Form Revised July 2022)**

Year 2 7/1/2026 - 6/30/2027	USE FORMULAS FOR ALL TOTALS		
Total Personnel Costs	including fringe	Total:	\$655,528

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Rayna LaBarry Human Services Supervisor 70011950	\$139,890.61	49.935%	100.000%	12	100.00%	\$209,745

Provide oversight and implementation of the evidence-based LifeSet model program with fidelity. Provide LifeSet Case Workers ongoing support, supervision, and mentoring. Participate in program development activities and administration of the LifeSet model program implementation. Manage data collection and program outcome evaluations, ongoing collaborations with Youth Villages, LifeSet certification requirements, and individualized staff development plans.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Navneet Kaur Human Services Case Worker 70011951	\$89,109.17	51.330%	100.000%	12	100.00%	\$134,849

Provide full service, youth-centered case management for youth ages 17 to 21 and aging/aged out of foster care that participate in the LifeSet program. Implement the LifeSet evidence-based model program by developing and applying safety plans with the youth, building life skills based on the LifeSet domains, connecting youth to service providers based on their case plan needs, and ensure youth have support 24/7.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Autumn Foster Human Services Case Worker 70011952	\$110,084.70	54.636%	100.000%	12	100.00%	\$170,230

Provide full service, youth-centered case management for youth ages 17 to 21 and aging/aged out of foster care that participate in the LifeSet program. Implement the LifeSet evidence-based model program by developing and applying safety plans with the youth, building life skills based on the LifeSet domains, connecting youth to service providers based on their case plan needs, and ensure youth have support 24/7.

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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
MacKenzie Christensen Human Services Case Worker 70012591	\$90,640.38	55.233%	100.000%	12	100.00%	\$140,704

Provide full service, youth-centered case management for youth ages 17 to 21 and aging/aged out of foster care that participate in the LifeSet program. Implement the LifeSet evidence-based model program by developing and applying safety plans with the youth, building life skills based on the LifeSet domains, connecting youth to service providers based on their case plan needs, and ensure youth have support 24/7.

Total Fringe Cost	\$225,803	Total Salary Cost:	\$429,725
Total Budgeted FTE	4.00000		

Travel	Total:	\$0
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Out-of-State Travel **\$0.00**

<u>Title of Trip & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>
Operating				Total:

Equipment	Total:	\$0
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Contractual	Total:	\$63,000
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Name of Contractor or Subrecipient: Youth Villages **Total \$63,000**

Method of Selection: sole source

Period of Performance: July 1, 2026 - June 30, 2027

Scope of Work: Youth Villages entered into a License Agreement with WCHSA June 2023, granting the Agency permission to implement the copywritten LifeSet model program. Youth Villages provides trainings, oversight, and guidance to achieve the fidelity and quality of the program implementation. Youth Villages conducts annual certifications of the program implementation and guides LifeSet program staff through the process of maintaining certification and the accuracy of program implementation.

* Sole Source Justification: Youth Villages holds copywrite of the LifeSet evidence-based model program

Budget

Contractual annual fee	\$63,000.00
Total Budget	\$63,000.00

Method of Accountability:

Define - The Human Services Coordinator responsible for the Youth Villages LifeSet program maintains regular communication with Youth Villages. ensures required data collection is conducted accordingly, and submits monthly progress on participating youth. Annual model implementation fees are billed at monthly increments.

Training	Total:	\$0
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Other	Total:	\$0
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**TOTAL DIRECT
CHARGES**

\$718,528

Administrative Expenses

**Administrative
Expenses Rate:**

5.000%

\$35,926

Methodology: No more than five percent (5%) of the allocated recoveries received pursuant to any opioid settlement or bankruptcy may be used to fund expenses or costs of any kind incurred in administering the recoveries, including, but not limited to, the allocated recoveries, and selecting, distributing, disbursing, implementing, or operating the programs or services that will use the funds. This limitation applies to all signatories to the One Nevada Agreement on Allocation of Opioid Recoveries as well as all grantees or recipients of funds from the Resilient Fund of Nevada under NRS 433.732 through NRS 433.744.

TOTAL BUDGET

Total:

\$754,454

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Applicant Name: Washoe County Human Services Agency

Form 2

PROPOSED BUDGET SUMMARY

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

FUNDING SOURCES	<i>FRN</i>	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$1,062,680	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$1,062,680

EXPENSE CATEGORY

Personnel	\$886,077								\$886,077
Travel	\$0								\$0
Operating	\$0								\$0
Equipment	\$0								\$0
Contractual/Consultant	\$126,000								\$126,000
Training	\$0								\$0
Other Expenses	\$0								\$0
Indirect	\$50,603								\$50,603

TOTAL EXPENSE	\$1,062,680	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$1,062,680
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Total Indirect Cost	\$50,603
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Total Agency Budget	\$ 1,030,135
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

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- Department of Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- **No more than five percent (5%) of the allocated recoveries received pursuant to any opioid settlement or bankruptcy may be used to fund expenses or costs of any kind incurred in administering the recoveries, including, but not limited to, the allocated recoveries, and selecting, distributing, disbursing, implementing, or operating the programs or services that will use the funds. This limitation applies to all signatories to the One Nevada Agreement on Allocation of Opioid Recoveries as well as grantees or recipients of funds from the Resilient Fund of Nevada under NRS 433.732 through NRS 433.744.**
- **NRS 433.740**
If a regional, local or tribal governmental entity that receives a grant pursuant to paragraph (b) of subsection 2 of [NRS 433.738](#) later recovers money through a judgment or a settlement resulting from litigation concerning the manufacture, distribution, sale or marketing of opioids:
(a) The regional, local or tribal governmental entity must immediately notify the Department; and
(b) The Department may recover from the governmental entity an amount not to exceed the amount of the grant or the amount of the recovery, whichever is less.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

The Subrecipient agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed \$1,062,680;
- **Year 1 budget from 02/19/2026 – 06/30/2026 is \$308,226; Year 2 budget from 07/01/2026 – 06/30/2027 is \$754,454. Any unspent amount from Year 1, less money budgeted for personnel, may roll over to Year 2.**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line-item description of expenses incurred;
- Additional supporting documentation may be needed in order to request reimbursement; and
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees to:

- Provide technical assistance, upon request from the Subrecipient;
- Provide prior approval of reports or documents to be developed, as needed;
- Collect data from Subrecipient;
- Forward reports to another party, i.e. National Opioid Abatement Trust (NOAT) I, II, III; or as requested by recoveries or the Office of the Attorney General.

The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

Both parties agree:

- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

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Agency Ref. #: **DO 1715**
 Budget Account: _____
 GL: _____
 Draw #: _____

**SECTION D
Request for Reimbursement**

Program Name:	Subrecipient Name:
Address:	Address:
Subaward Period:	Subrecipient's: EIN: Vendor #:
FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT	
(must be accompanied by expenditure report/back-up)	
Month(s)	Calendar year

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
<i>INSERT MONTH/QUARTER</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

I, a duly authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature _____	Title _____	Date _____
Is program contact required? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Person: _____		
Reason for contact: _____		
Fiscal review/approval date: _____		
Scope of Work review/approval date: _____		
ASO or Bureau Chief (as required): _____		
		Date _____

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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$1,000,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
2. Did your organization expend \$1,000,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? June 30 of every calednar year
4. What is the official name of your organization? Washoe County Human Services Agency
5. How often is your organization audited? Yearly
6. When was your last audit performed? June 30, 2025
7. What time-period did your last audit cover? July 1, 2024 - June 30, 2025
8. Which accounting firm conducted your last audit? Eide Bailly

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

**STATE OF NEVADA
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SECTION F

Current or Former State Employee Disclaimer

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months **and** is receiving PERS, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward.

The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

YES If "YES", list the names of any current or former employees of the State and the services that each person will perform.

NO Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Name of Previous Employee	Services Performed for Award	Collecting PERS? (Yes/No)	If Yes, indicate the end date of state service
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>	<hr/>

Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Department.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

**STATE OF NEVADA
DEPARTMENT OF HUMAN SERVICES
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SECTION G**

Business Associate Addendum

BETWEEN

Nevada Department of Human Services

Hereinafter referred to as the "Covered Entity"

and

Washoe County Human Services Agency

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

- I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
 2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
 3. **CFR** stands for the Code of Federal Regulations.
 4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
 5. **Covered Entity** shall mean the name of the Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
 6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
 7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
 8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
 9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
 10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
 11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
 12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
 13. **Parties** shall mean the Business Associate and the Covered Entity.
 14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
 15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.

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16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost

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to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. **PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE.** The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e)(2)(i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. **Prohibited Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. **OBLIGATIONS OF COVERED ENTITY**

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.

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2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. **TERM AND TERMINATION**

1. **Effect of Termination:**
 - a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
 - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return, or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
 - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. **MISCELLANEOUS**

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.