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The Social Health of Nevada

Leading Indicators and Quality of Life in the Silver State

Disability Rights and Services in Nevada

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Introduction

Throughout history, people with disabilities have been separated from society and treated with condescension. Early conceptualizations of disability viewed affliction as an act of God, often in retribution for sin. People with disabilities were singled out for pity and shunned by society. Governments offered little in the way of assistance to people with disabilities and these individuals were forced to rely on charity from religious institutions and philanthropic organizations.

In the 20th century, the Eugenics movement emerged as the primary tool for containing disabled populations in the name of advancing the human race. People with mental disabilities were often segregated in large institutions to protect society from moral disorder (Trent 1994). What is more, compulsory sterilization laws were adopted in over 30 states, resulting in the forced sterilization of over 60,000 people in the United States. Some of these sterilization programs continued into the 1970s (University of Vermont 2024).

The attitudes toward those physically and mentally impaired changed dramatically in the second half of the 20th century, as society ceased to view disability as an "affliction" and redefined

Highlights

- **In 2023, 13.5% of the US population and 14.5% of Nevadans reported a disability – up 1.5% and 4.5% respectively since 2009.**
- **16.2% of Nevadans with a disability did not complete high school, compared to 11.4% of those without disabilities.**
- **Working age Nevadans with disabilities are more than twice as likely to be living in poverty and half as likely to be employed full-time than their nondisabled peers.**
- **In 2023, only 8.9% people with a disability received SSI benefits in Nevada compared to 14.4% in the rest of the United States.**

How to Cite this Report

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it as an "infirmity" or "handicap." Thanks to the civil rights movement, society adopted a more enlighted attitude, promoting the rights of those marginalized by society and passing legislation to protect didabled persons from discrimination. This changing attitude was evident in the Developmental Disabilities Assistance and Bill of Rights Act of 1975, which was reauthorized in 2000. Appalled by the deplorable conditions at New York's Willowbrook State School for children with mental disabilities, Congress enacted this statute to protect the rights of this vulnerable population and to establish a nation-wide Protection and Advocacy (P&A) system which ensures that Americans with disabilities receive care. P&A organizations in each state investigate the abuse and neglect of persons with disabilities and adopt legal, administrative and other remedies (Fleischer & Zames, The Disability Rights Movement, p. 240). The Nevada Disability Advocacy & Law Center (NDALC), established in March of 1995, is the P & A for the State of Nevada. NDALC and the other P&As are members of the National Disability Rights Network (NDRN), a non-profit organization providing training opportunities and national advocacy on behalf of persons with disabilities.

This chapter of the Social Health of Nevada Report reviews the federal and state laws protecting the rights of Americans with disabilities, tracks disability trends in the U.S. and Nevada, and explores the disability patterns in the post-Covid 19 environment. In the Appendix, readers will find a guide to the services available to Nevadans with disabilities.

Historical Overview

In 1932, Franklin Delano Roosevelt became the first disabled person to be elected president of the United States. Though Roosevelt went to great lengths to conceal his disability, his election coincided with shifting attitudes toward disability. No longer an "affliction," disability was now redefined as "infirmity" or "handicap." While these terms are considered derogatory today, they signaled an opening of society to people with disabilities and a recognition that people with disabilities deserved a place in society (Andrews, Powell, and Ayers 2022). In this vein, FDR signed the Social Security Act into law in 1935. This was a landmark piece of legislation for people with disabilities because it established a federal definition of disability as "the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment(s)" that are expected to last for more than 12 months. While the definition is certainly "ableist" in many respects, the Act created a mechanism for regular income payments to disabled individuals with limited income and assets.

The fight for disability rights continues today. In the 1950s and 60s, we saw the groundwork put into place for many of the disability services and supports detailed in this report. In 1963, Congress passed the Mental Retardation and Community Mental Health Centers Construction Act, a landmark piece of legislation that required states to close large institutions and transition to a system of community care for people with mental and cognitive disabilities. In 1965, the Social Security Act established Medicaid for low-income Americans and people with disabilities. The Architectural Barriers Act of 1968 required that all buildings designed, constructed, altered, or leased with federal funds be accessible. The Rehabilitation Act, passed in 1973, prohibited discrimination on the basis of disability and the Education for Handicapped Children Act of 1975 (Later called the Individuals with Disabilities Education Act (IDEA), established the right of children with

disabilities to receive a "free and appropriate education." Finally, in 1975, the UN passed their Declaration of the Rights of Disabled Persons, a key article defining the rights of people with disabilities across the globe.

Notable in this long list of federal laws is the fact that people with disabilities were not included in the Civil Rights Act of 1964 which prohibited discrimination on the basis of race, color, religion, sex, and national origin. A national civil rights law friendly to people with disabilities wouldn't come for another 30 years. Throughout this time, disability activists fought long and hard for their full recognition and reception in society. Most prominent among this work was the independent living movement which called attention to discriminatory and unfair practices in housing, education, public transportation, and employment (Hayman 2019; Minnesota Governor's Council on Developmental Disabilities n.d.; State of California 2026). They staged a month-long sit-in in federal Health, Education and Welfare department buildings to push the government to enforce section 504 of the Rehabilitation Act of 1973 (Disability Rights Education and Defense Fund 1997; National Park Service 2024a), protested inaccessible public transit systems by blocking buses with their wheelchairs (Chicago History Museum 2024), and fought tirelessly for the right to live where they wanted to in the community (National Park Service 2024b). Their movement culminated on March 12, 1990, when more than 1,000 protestors crawled up the steps to the US capitol building on their hands and knees to protest delays in passing the Americans with Disabilities Act (ADA). Thanks to their persistent efforts, the ADA was signed into law by George H.W. Bush on July 26, 1990 (Temple University Institute on Disabilities 2024).

The U.S. Supreme Court's 1999 decision in Olmstead v. L.C. 527 U.S. 581 further strengthened the rights of persons with disabilities by identifying as discriminatory under Title II the conditions which lead to the unjustified isolation of persons with disabilities. The Court held that persons with mental disabilities have the right to live in the community and receive community-based services rather than being confined to institutions, provided that an appropriate placement is available and the placement is consistent with the affected individual's desire. On June 18, 2001, President George W. Bush issued an Executive Order on Community-Based Alternatives for Individuals with Disabilities, reiterating the Federal government's commitment to enforce the Olmstead Decision and directing the government to collaborate with the states in implementing Olmstead in a timely manner.

In addition to the ADA and Olmstead, there were other federal statutes that strengthened the rights of persons with disabilities. Among the most important are:

- The Air Carrier Access Act of 1986 (49 U.S.C. § 41705) prohibits air carriers providing regularly scheduled public services from discriminating against persons with disabilities.
- The Architectural Barriers Act of 1968 (42 U.S.C. §§ 4151 et seq.) covers buildings that are new and altered as well as newly leased facilities. The Act requires that buildings designed, built, or altered with Federal funds or leased by a federal agency comply with Federal standards for physical accessibility.

- The Civil Rights of Institutionalized Persons Act (CRIPA) (42 U.S.C. §§ 1997 et seq.) permits the U.S. Attorney General to discover and remedy systemic deficiencies at state and local government institutions, publicly operated nursing homes, and institutions home to persons with psychiatric or developmental disabilities that threaten the health and safety of its residents.

- The Fair Housing Amendments Act of 1988 (42 U.S.C. §§ 3601 et seq.) assures people with disabilities equal housing opportunities by outlawing discrimination in all aspects of selling or renting; requiring owners of housing facilities to make reasonable policy exceptions to accommodate the needs of persons with disabilities; and building new multifamily housing with four or more units with access for persons with disabilities. The FHA also allows tenants to make reasonable access-related modifications to their private living area (U.S. Department of Housing and Urban Development (HUD) n.d.).

- The Individuals with Disabilities Education Act (IDEA) (20 U.S.C. §§ 1400 et seq.) formerly called the Education for all Handicapped Children Act of 1975, requires public schools to provide students with disabilities an appropriate free public education in the least restrictive environment.

- The National Voter Registration Act of 1993 (42 U.S.C. §§ 1973gg et seq.) known as the "Motor Voter Act," establishes state-funded programs to provide services to persons with disabilities, such as supplying voter registration forms, assisting in their completion, and assigning to persons with disabilities a state official.

- The Federal Aid Highway Act of 1972 (23 U.S.C. § 142) mandates accessibility on federal highways and federally supported transportation programs.

- The Telecommunications Act of 1996 (Section 255) requires manufacturers of telecommunications equipment including telephones, pagers, fax machines, and similar devices, and providers of telecommunications services to make their products and services accessible to people with disabilities, where readily achievable. A separate provision (Section 713) addresses closed captioning requirements for video programming.

Today, the fight for disability rights continues, and it has taken on new urgency with the passage of the One Big Beautiful Bill Act (OBBBA), signed into law on July 4, 2025. While the law does not explicitly mention disability services, its provisions will have far-reaching consequences for people with disabilities across the country. The law's most significant impact on people with disabilities comes through its restructuring of Medicaid. The nonpartisan Congressional Budget Office (CBO) estimated the OBBBA will cut federal Medicaid and Children's Health Insurance Program (CHIP) spending by $1.02 trillion over a decade, removing at least 10.5 million people from these programs by 2034 (Ives-Rublee and Musheno 2025). Medicaid is the primary source of funding for home- and community-based services (HCBS) that allow people with disabilities to live outside of institutional settings, with transportation, personal care assistance, supported employment, and day programs covered by Medicaid. Because HCBS are optional rather than mandatory under Medicaid, advocates warn they will be among the first services states cut when federal funding shrinks (Center on Budget and Policy Priorities 2025). As

disability rights attorney Allison Wohl has noted, without these services, people with disabilities face a stark choice: rely on family members who may have to leave the workforce, or enter institutional care that is far more costly and that decades of federal policy have worked to move away from (Wohl 2025).

The law also introduces work requirements for most Medicaid expansion enrollees, requiring documentation of 80 hours per month of employment, education, or community service to maintain coverage. Research has consistently shown that people with disabilities are particularly vulnerable to losing coverage under work requirements, even when they qualify for exemptions, because of the complexity of the reporting process. When Arkansas implemented a similar work requirement in 2018, 18,000 people lost coverage despite evidence that 95% had either met the requirements or qualified for an exemption (Center on Budget and Policy Priorities 2025). The OBBBA also requires states to conduct Medicaid eligibility checks every six months instead of annually, further increasing administrative burdens for enrollees with disabilities who already face challenges navigating complex bureaucratic processes.

Beyond Medicaid, the OBBBA includes the largest cuts to the Supplemental Nutrition Assistance Program (SNAP) in the program's history, reducing federal SNAP funding by nearly $300 billion over 10 years. In 2023, SNAP provided food assistance to nearly 4 million households each month that included individuals with disabilities, representing nearly one in five SNAP households. The law also fails to extend enhanced Affordable Care Act premium tax credits that expired at the end of 2025, which is expected to drive up insurance costs for people with disabilities who rely on marketplace coverage. Separately, the Trump administration has significantly reduced staffing at the Social Security Administration, which advocates warn will delay the processing of disability benefit applications and appeals (Center on Budget and Policy Priorities 2025).

For Nevada specifically, the state is projected to see reductions of more than 15% of its total Medicaid budget under the law, among the steepest cuts in the country, due to the state's heavy reliance on state-directed payments and provider taxes (Rao et al. 2026).

Disability Trends in Nevada and the United States

Most recent estimates on disability trends come from the 2023 American Community Survey (ACS) conducted by the U.S. Census Bureau. This data set provides state level summaries of national and local disability statistics for non-institutionalized people with disabilities living in the United States by gender, age, disability type, ethnicity, race, and employment status.

According to the ACS, Nevada is home to an estimated 269,000 people with disabilities, and disability prevalence in the state has grown steadily over the past decade. In 2023, 14.5% of Nevadans reported having a disability, up from 10% in 2009, a 4.5 percentage point increase that outpaces the national rise of 1.5 percentage points over the same period (U.S. Census Bureau 2023). Drawing on 2023 ACS data, this section describes who in Nevada has a disability, how disability shapes outcomes across employment, education, income, and health coverage, and how Nevada compares to the rest of the country on each of these measures. Taken together, these data show that people with

disabilities in Nevada face substantial and persistent disadvantages across nearly every dimension of economic and social life.

Disability Prevalence

In 2023, 13.5% of the US population and 14.5% of Nevadans reported a disability (up 1.5% and 4.5% respectively since last report using 2009 data). Disability prevalence is equally split between men and women but increases sharply for the population over age 65.

Disability Prevalence (percent)		
Age	Nevada	United States
All ages	14.5	13.5
4 and under	0.8	0.7
5-15	6.6	6.3
16-20	7.0	8.2
21-64	12.4	11.2
65-74	26.4	23.9
Over 75	46.6	45.3

The ACS identifies 6 disability types: visual disability, hearing disability, ambulatory disability, cognitive disability, self-care disability, and independent living disability. In Nevada, as in the rest of the country, the most prevalent type of disability is ambulatory disability (7.2%), followed by independent living disabilities (5.8%), cognitive disability (5.8%), hearing disability (4.1%), self-care disability (2.8%), and visual disability (3.3%). Among working-age adults (ages 21-64), African Americans (14.8%) are slightly more likely to report being disabled than Whites (13%) or Native Americans (13.2%). Hispanic/Latinos (10.6%) and Asians are least likely to be disabled (7.6%) (U.S. Census Bureau 2023).

In Nevada, people with disabilities experience much lower employment rates than their nondisabled peers and are half as likely to be employed full-time (34.8% of working age adults with a disability are actively looking for work compared to 62.7% of those without disabilities). People with hearing (41.6%) and visual disabilities (44%) are most likely to be employed full time compared to roughly 25% of those with ambulatory or cognitive disabilities, 19.7% of those with self-care disabilities and only 17.6% of those with independent living disabilities. What is more, people with disabilities are half as likely to be actively looking for work if they are unemployed (8.7% of working age adults with a disability are actively looking for work compared to 15.2% of those without disabilities) (U.S. Census Bureau 2023).

Employment Rates, ages 21-64, all races, all ethnicities		
	Nevada	United States
No disability	80.2	81.5
Any disability	50.2	46.8
Visual disability	59.2	52.6
Hearing disability	54.5	59.7
Ambulatory disability	38.1	31
Cognitive disability	41.6	41.0
Self-care disability	26.9	18.1
Independent living disability	28.9	24.7

Education

Education levels among working-age adults with disabilities in Nevada are lower than those of their non-disabled peers across every category of attainment. According to the 2023 American Community Survey, 16.2% of Nevadans with a disability did not complete high school, compared to 11.4% of those without disabilities. At the other end of the spectrum, only 17.3% of working-age adults with disabilities in Nevada held a bachelor's degree or higher, compared to 29.4% of those without disabilities. The most common level of educational attainment for Nevadans with disabilities was some college or an associate's degree (35.5%), followed by a high school diploma or equivalent (31%).

Compared to the national average for people with disabilities, Nevadans with disabilities are slightly more likely to lack a high school diploma (16.2% vs. 15.5% nationally) and somewhat less likely to hold a four-year degree (17.3% vs. 19.7% nationally). Educational attainment varies considerably by disability type. People with hearing disabilities have the highest rates of college completion among disabled Nevadans, with 21.2% holding a bachelor's degree or higher. Those with self-care disabilities (14.1%) and independent living disabilities (14.1%) have the lowest rates of four-year degree attainment and are also the most likely to have left school before completing a high school diploma.

These educational disparities have real consequences: lower educational attainment is associated with reduced access to skilled employment, lower lifetime earnings, and greater reliance on public assistance programs, all of which are documented elsewhere in this report.

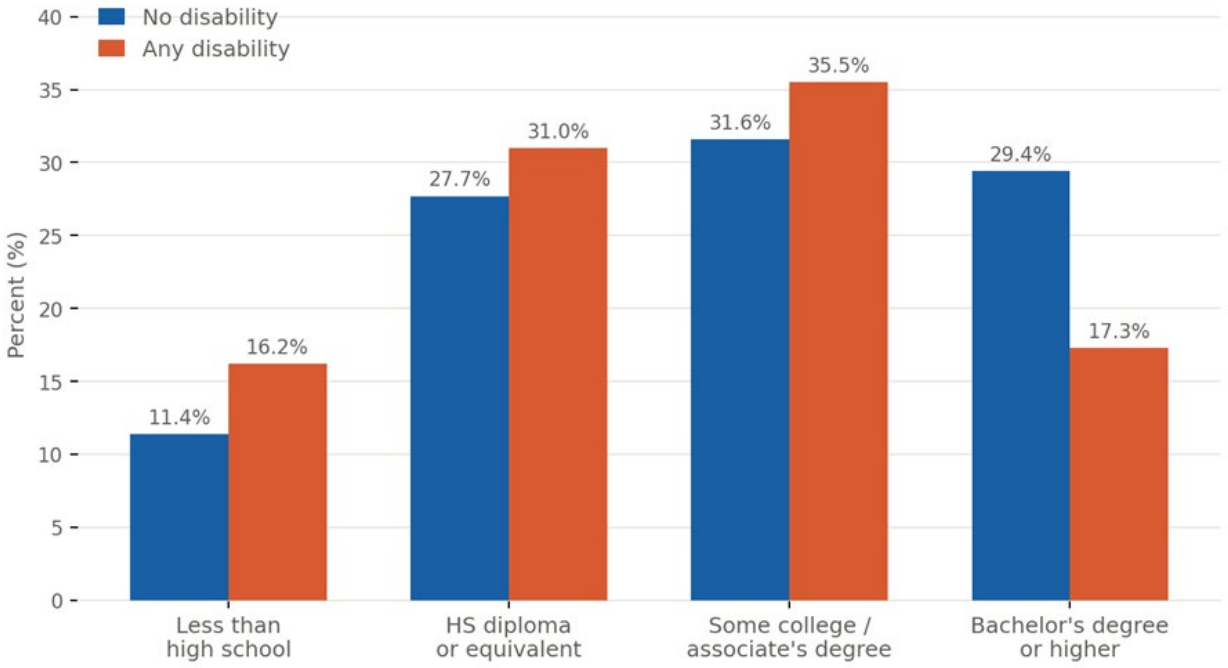

Figure 1. Educational attainment of working-age adults (ages 21-64) with and without disabilities in Nevada, 2023. Source: U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates.

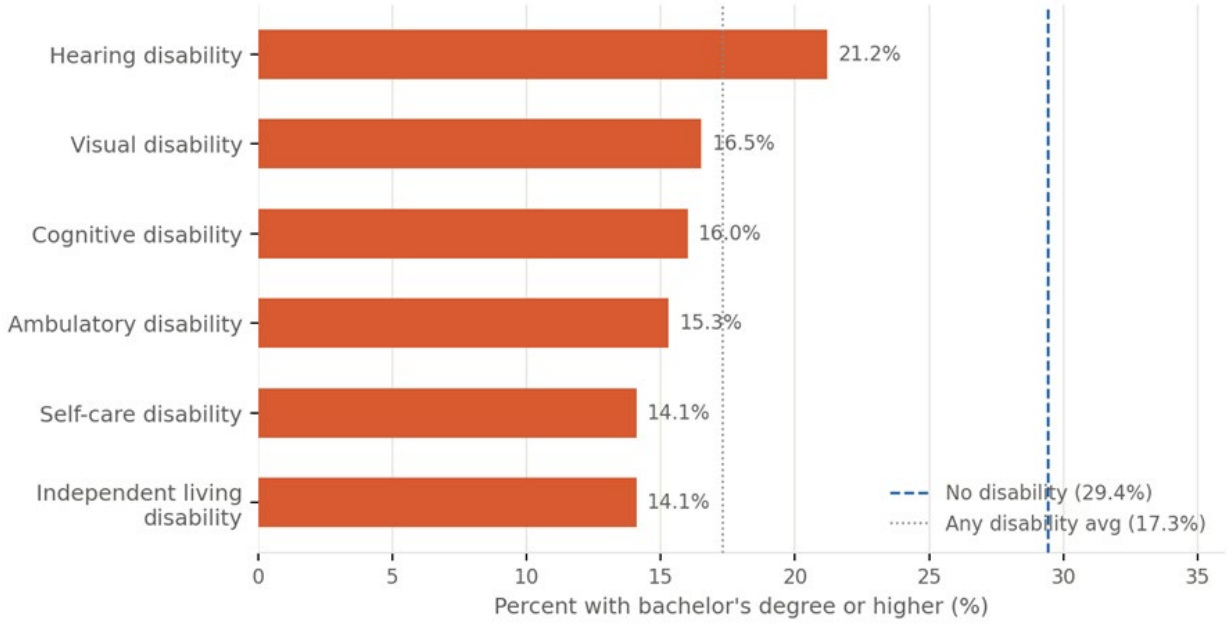

Figure 2. Percentage of working-age adults (ages 21-64) with a bachelor's degree or higher, by disability type, Nevada, 2023. Reference lines indicate the average for adults without disabilities (29.4%) and for all adults with disabilities (17.3%). Source: U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates.

Income

Compared to nondisabled adults ages 21-64, people with disabilities are more than twice as likely to be living in poverty. The median annual household income for families with a disabled working age adult is about $16,000 less than those households without a disabled adult ($70.3K compared to $86.7K in Nevada). The median annual earnings for disabled adults working full-time is also lower than it is for people without disabilities ($48.9K for people with disabilities and $54K for people without disabilities in Nevada) (U.S. Census Bureau 2023).

Poverty Rates, ages 21-64		
	Nevada	United States
No disability	9.2	9.4
Any disability	21.2	24.2
Visual disability	22.6	25.4
Hearing disability	20.3	18.0
Ambulatory disability	25.2	28.8
Cognitive disability	24.8	27.9
Self-care disability	26.8	32.6
Independent living disability	24.6	30.6

Health Insurance

As of 2023, Nevadans with a disability were slightly more likely to have health insurance (14.5% of uninsured Nevadans had no disability compared to 12.3% with a disability). People with visual disability are most likely to be uninsured (18.3%) followed by those with hearing disabilities (12.9%), ambulatory disabilities (11.5%), cognitive disabilities (10.4), self-care disabilities (10.4), and independent living disabilities (8.2) (U.S. Census Bureau 2023). The Budget Reconciliation Law of 2025 (AKA "One Big Beautiful Bill Act") is projected to increase the number of uninsured in Nevada by 3% or 100,000 (83,000 of these are due to changes in Medicaid eligibility rules) (Burns et al. 2025). According to KFF, in 2022, only 33% of working-age adults with disabilities in the US have insurance through their employer (36.4 in Nevada) while 48% (42.8% in Nevada) had insurance through Medicaid and/or Medicare (Drake and Burns 2024).

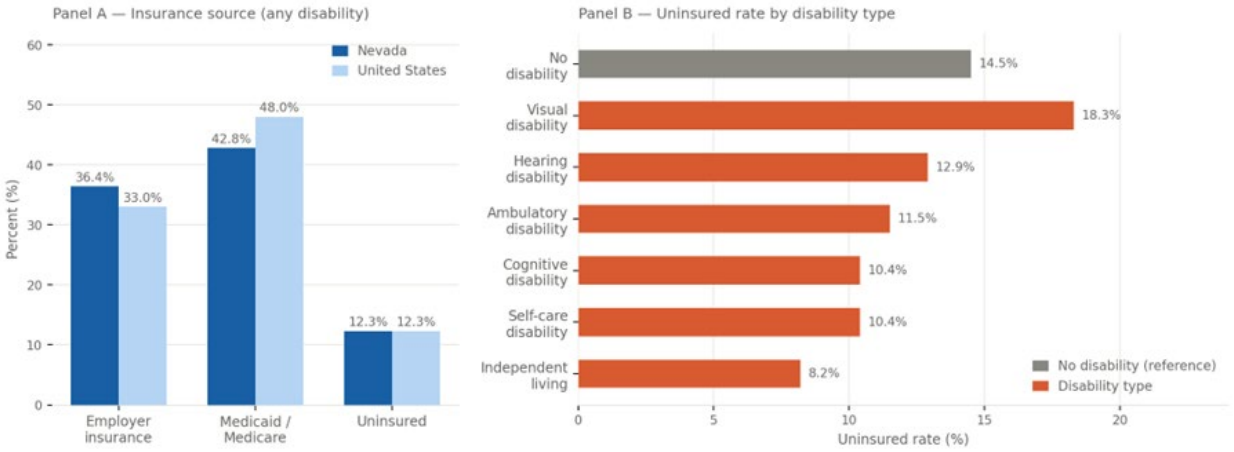

Figure 3. Health insurance coverage among working-age adults (ages 21–64) with disabilities in Nevada. Panel A shows insurance source for adults with any disability compared to the U.S. average (KFF 2022). Panel B shows uninsured rates by disability type, with adults without disabilities shown as a reference (U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates).

Supplemental Security Income

Supplemental Security Income (SSI) is a federal needs-based program that provides monthly cash assistance to people who are aged 65 or older, blind, or have a qualifying disability and have very limited income and assets. To qualify, a person must meet the Social Security Administration's medical definition of disability and have countable assets below $2,000 for an individual or $3,000 for a couple. These asset limits have not been updated since 1989 and are widely considered a barrier to enrollment (Center on Budget and Policy Priorities 2024). SSI is closely linked to Medicaid: in most states, including Nevada, people who receive SSI are automatically enrolled in Medicaid, making it a critical gateway to health coverage and community-based services for people with disabilities (Social Security Administration 2024). This dual eligibility means that SSI coverage rates serve as a rough proxy for access to a broader package of disability supports.

When compared to the rest of the United States, people with disabilities in Nevada have low rates of SSI coverage in NV. In 2023, only 8.9% people with any types of disability received SSI benefits compared to 14.4% in the rest of the United States. People with an independent living disability (17.2%), cognitive disability (13.1%), self-care disability (11.5%) or an ambulatory disability (10.6%) are most likely to have received SSI benefits in 2023 and those with visual (6.8%) or hearing (5.4%) disabilities are least likely to receive SSI.

SSI Coverage, ages 21-64		
	Nevada	United States
Any disability	8.9	14.4
Visual disability	6.8	12.6
Hearing disability	5.4	9.6
Ambulatory disability	10.6	19.2
Cognitive disability	13.1	18.4
Self-care disability	11.5	27.2
Independent living disability	17.2	24.3

Compared to the rest of the country, Nevada presents a mixed picture for people with disabilities. The state performs relatively well on employment, ranking 19th highest in employment rates for working-age adults with disabilities. On income and poverty, Nevada falls closer to the middle of the pack, ranking 16th highest in median household income for families with a disabled working-age adult (out of 52 jurisdictions including D.C. and Puerto Rico) and 28th highest in poverty rate. However, Nevada lags significantly behind other states in two key areas. The state has the 9th highest uninsurance rate for people with disabilities; a number projected to worsen substantially under the One Big Beautiful Bill Act. Most strikingly, Nevada has the second lowest SSI participation rate in the country, with just 8.9% of working-age adults with disabilities receiving SSI benefits, trailing only Alaska (7.9%). This low SSI rate likely reflects a combination of lower rates of qualifying disability types and systemic barriers to enrollment rather than a healthier population.

Medicaid

According to KFF (formerly the Kaiser Family Foundation), 738,000 adults and children were enrolled in Medicaid as of May 2025. Of these enrollees, 48% are adults, 38% are children, 7% are 65+ and 7% are people with disabilities. While people with disabilities make up a relatively small percentage of Medicaid recipients, 35% of working-age adults with disabilities are enrolled in Medicaid and their care accounts for 23% of Medicaid spending in the state. Total Medicaid spending in Nevada is $5.6 billion; the federal government provides $4.3 billion or 77% of this total. A majority of adults on Medicaid in Nevada (67%) work at least part time (KFF 2025).

As a means-tested federal program, Medicaid eligibility depends on a person's income level relative to the federal poverty level (FPL), and it varies by group. Children have the highest income limits (families can make up to 205% of the federal poverty level set at $26,650 for a family of three in 2025), followed by pregnant women (190%), parents and childless adults (138%). People with disabilities and adults ages 65+ can make up to 74%

of the FPL, or roughly $970 a month for an individual (U.S. Department of Health and Human Services 2023). While working age people with disabilities have very low income limits, they can choose to participate in Medicaid through a buy-in program as long as their income doesn't surpass 241% of the FPL or $37,716 annually (LEAD Center et al. 2019). Nevada is one of 47 states that offers a buy-in program to allow people with disabilities to work and still retain their eligibility for community-based services that are only available through Medicaid.

Medicaid waivers allow states to use federal Medicaid funding to pay for community-based supports and services for people who would otherwise be in a nursing facility or other institution(Centers for Medicare & Medicaid Services n.d.-a, n.d.-b; Nevada Disability Advocacy & Law Center n.d.). As of 2022, Nevada's three Medicaid Home and Community-Based Services waivers served a combined 6,354 people, with a further 731 individuals on waitlists. The waiver serving frail and elderly adults enrolled 2,648 people, with 235 on the waitlist. The waiver for people with physical disabilities served 1,124 individuals, with an additional 84 waiting. The IDD waiver, which supports people with intellectual and developmental disabilities, had the largest enrollment at 2,582, along with the longest waitlist of 412 people (Nevada Legislature Interim Committee 2022). These waitlist figures have grown since 2022, with the IDD respite care waitlist alone exceeding 1,300 as of mid-2025 (Frischmann, Wren, and Wickland 2022; Mueller 2025a).

Legislative Priorities for Nevadans with Disabilities

Title II of the Americans with Disabilities Act (ADA) of 1990 established the right of people with disabilities to live in the most integrated setting possible. The landmark Olmstead v L.C. decision of 1999 reaffirmed the obligation of public entities to protect and facilitate this right and encouraged states to develop "Olmstead plans' to coordinate work that supports community integration.

In response, the Nevada Aging and Disability Services Division has developed and maintained a strategic plan for people with disabilities since July 2003. The first annual report on the Olmstead plan, released in July 2009, detailed measured progress to advance the rights of people with disabilities. Most notable among these accomplishments are:

- Established the State-supported Nevada 2-1-1 Partnership to provide Nevadans with a single and comprehensive statewide service for information and referrals.

- Developed a regulatory regime for Personal Assistance allowing care recipients to choose a self-directed model giving them a higher level of control over care and providers.

- Created the Office of Disability Services within the Department of Health and Human Services and integrated services for seniors and people with disabilities to increase their capacity to live independently.

- Increased the number of children who routinely have Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visit by over 20% since beginning the effort in 2006.

- Created an online registry of American Sign Language Interpreters, and real-time captioning professionals to help create a better informed public.

A 2015 outside review conducted at the completion of the first strategic plan (Orchid Advocacy 2015) determined that Nevada has been one of the leading states in its commitment to Olmstead compliance and reform. One reason for this is that, historically, Nevada never invested heavily in institutional care and thus never had to "undo" a large system of custodial care. The downside to this is that Nevada's ability to provide community-based care has been dependent on creating new funding streams rather than reallocating resources from institutions to communities. Together this means that, while a very low number of people reside in large institutions, the system of community based care is not sufficient to meet the needs of Nevadans, sometimes resulting in people being sent out of state to obtain care.

The 2015 review noted specifically that there continues to be a lack of affordable and accessible transportation and housing for people with disabilities. Employment opportunities, behavioral mental health and psychiatric supports, and specialized services for autism and the blind and visually impaired, likewise, continue to lag. For the support programs that do exist, there are long waitlists. The report noted several things that likely contribute to these shortcomings. Namely, insufficient infrastructure to implement person-centered planning, a shortage of skilled support professionals including home health aides, personal support professionals, nurses, and physical therapists, and looming budget cuts.

They recommended that the state create a streamlined system to facilitate access to services and individualized care for Nevadans with disabilities and functional limitations. The state responded quickly with their No Wrong Door for Long Term Services and Supports Strategic Plan for 2015-2018 (No Wrong Door Advisory Board and Social Entrepreneurs Inc. 2015). In addition to noting the continued lack of existing services, the plan noted that people seeking long-term services and supports needed to apply through multiple agencies to access the full range of services they needed to live in the community. The project sought to remedy this by creating a standardized intake process that could be used by multiple agencies. It created the Nevada Care Connection which operates three Aging and Disability Resource Centers which offer three types of services.

- **Resource & Service Navigation** – a person centered process that helps individuals and their families explore care options in Nevada.

- **Caregiver Support** – helping Nevada's family caregivers connect to a toolbox of services and empowering them in their caregiver role.

- **Veterans Services** – connecting to individuals who have served in the military explore benefits available through the VA, the state, and informal supports.

While the system still faces challenges due, in part, to Nevada's fragmented system of funding for LTSS and continued staff shortages, a 2023 review of the No Wrong Door system by UNR's Nevada Center for Excellence in Disabilities (NCED) found that the number of people served by state agencies doubled over a three-year period (Nevada Center for Excellence in Disabilities 2023). The report recommended that the state invest in technology to improve the on-line eligibility process for LTSS and adopt a statewide definition of LTSS that includes services that "promote choice, independence, and inclusion" in addition to medical care needs.

The current Olmstead Plan (Nevada Aging and Disability Services Division 2023), which covers 2023-2028, continues the work to expand Nevada's system of community services and supports by improving knowledge sharing about existing services and supports, developing the workforce to hire and retain support workers, prioritizing inclusion and accountability, increasing data collection to facilitate quality improvement, and adopting a statewide, systems-level, approach to planning.

The fruits of this work are still in process at the time of this writing but the following detail significant legislative advancements for Nevadans with disabilities:

- In 2017, the Nevada State Legislature approved the **"700 Hours Program"** (NRS 284.327) (Division of Human Resource Management n.d.). The program requires state agencies to give priority to qualified, disabled applicants when filling vacant positions. It creates a temporary probationary period not to exceed 700 hours, after which the agency may choose to keep the employee in a permanent capacity. While the program claims moderate success, it has been criticized for its exclusion of people with intellectual disabilities who continue to be disproportionately employed in segregated settings (Brune and Levine 2021).
- The **Nevada Supported Decision-Making Act**, passed in 2019 (AB180, NRS 162-C), offers supported decision-making as a legal alternative to guardianship and affirms the rights of people with disabilities to make decisions on their own behalf, and limits the actions supporters can make on behalf of the person with disabilities.
- AB 259 **eliminated the subminimum wage** in 2023, ensuring that people with disabilities are paid fairly for their labor. According to the bill, all contracts including a subminimum wage will be phased out by January 1, 2028.
- **The Down Syndrome Information Act**, passed in 2023 (AB166, NRS 442.900), requires healthcare providers, including midwives, to give written, evidence-based information to individuals when a Down syndrome diagnosis is confirmed and to provide information about resources or support services.
- **The Persons with Disabilities Bill of Rights Act** of 2023 (SB315) affirms civil rights protections for people with physical and/or intellectual disability and for the elderly.

- In January 2025 the State of Nevada reached a settlement agreement to resolve findings that the state had violated both the Americans with Disabilities Act (ADA) and Olmstead v L.C. by unnecessarily segregating children with behavioral health disabilities in institutional settings like hospitals and residential treatment facilities. The agreement established that children with a behavioral health disability would: be screened, assessed, and provided with service coordination; be provided access to expanded community based services including wraparound facilitation, mobile crisis and stabilization services, respite care, individual and family therapy, behavioral support services, family peer support and youth peer support. It also established that the state would improve diversion processes to keep children out of segregated placements, and strengthen its quality assurance systems (Office of Public Affairs 2025).

As a long-term initiative, individual organizations and government departments maintain their own strategic plans outlining goals and legislative priorities for the people they serve. As part of such future priorities, system change, and advocacy efforts the Nevada Governor's Council on Developmental Disabilities (NGCDD) publishes a five-year state plan that guides advocacy, systems change, and capacity building activities for people with developmental disabilities in Nevada. The current plan runs through September 30, 2026. The next five-year plan, which will cover October 1, 2026, through September 30, 2031, is currently in development.

- **Nevada Governor's Council on Developmental Disabilities (NGCDD):** The NGCDD advocates for systems change and capacity building for people with developmental disabilities and their families. The council's next five-year state plan will take effect October 1, 2026.

- **Nevada State Plan for Independent Living (SPIL), 2025-2027:** Developed by the Nevada Statewide Independent Living Council (SILC) and the state's Centers for Independent Living, the SPIL outlines goals and objectives for improving independent living services for Nevadans with disabilities over a three-year period. The current plan covers federal fiscal years 2025 through 2027 and focuses on improving access to independent living supports statewide, increasing awareness of independent living services, and strengthening the effectiveness of the independent living network.

- **Potential impacts of federal funding cuts on Nevada's disability services:** Disability advocates and state officials have raised concerns about the impact of federal budget changes on Nevada's community-based disability services. As of June 2025, the state has implemented waitlists for new applicants across several programs, including personal assistance services (67 people waiting), physical disability Medicaid waivers (483 waiting), and developmental services respite care (more than 1,300 waiting) (Mueller 2025b).

How Nevadans with Disabilities Can Assert Their Rights

When Congress enacted statutes guaranteeing the rights of persons with disabilities, it funded an array of organizations to help vindicate these rights. Persons who contact

government or private organizations for assistance are best served if they understand how these organizations work.

1. Know which organization will best support you. Organizations that aim to help people with disabilities assert their rights tend to be highly specialized in terms of who they serve and what assistance they can offer. Doing your research and finding the best going to the right one will ensure you get the best support you need. (See Appendix 1 for a list of disability community resources and disability organizations in Nevada).

2. Have documentation handy. Most organizations need documentation in order to assist their clients. Having your paperwork in order will go a long way to getting you effective and timely support. Parents looking for assistance in special education should have their child's Individualized Education Plan (IEP) ready to share. Medicaid assistance requires a Notice of Decision, service plans, doctor's records, and so on.

3. Know what remedies are available. "Suing for damages" is not always a remedy an organization can provide but this doesn't mean they can't help. Organizations can provide knowledge or direct assistance in applying for benefits like Medicaid, legal assistance to advocate for resources you are entitled to like an IEP, or "injunctive relief" to ensure discrimination or damages don't continue on into the future.

4. Be persistent but patient. Assistance organizations for people with disabilities are typically understaffed, so time and resources are limited. Staff can best help clients who clearly delineate the problem and are prepared to work with them (e.g., supplying necessary documents) to resolve the problem.

Conclusion

Nevada has historically been ahead of the national curve in some respects particularly in its early and sustained commitment to community-based rather than institutional care. Because the state never built a large institutional system, it avoided the painful and costly transition that many other states faced. But that same history means Nevada's system of community care was built from scratch, on a limited funding base, and it remains chronically underdeveloped. As of mid-2025, waitlists for state-contracted disability services ranged from 67 people waiting for personal assistance services to more than 1,300 on the developmental services respite care waitlist, with 483 more waiting for Medicaid home and community-based services waivers for individuals with physical disabilities (Mueller 2025a). These are not abstract numbers; they represent people who cannot get the support they need to remain in their own homes and communities.

The structural shortcomings documented throughout this report – low SSI participation rates, high uninsurance, persistent poverty gaps, fragmented service delivery, and barriers to housing, transportation, and employment – reflect not a failure of individual effort but a deficiency in sustained public investment. Nationally, ANCOR's (American Network of Community Options and Resources) State of America's Direct Support Workforce Crisis 2023, a survey of 581 community-based I/DD (Intellectual and/or Developmental Disabilities) provider organizations across 45 states, found that 95% of providers experienced moderate or severe staffing shortages, more than three in four

(77%) had turned away new referrals due to those shortages, and nearly half had been forced to discontinue programs or services (American Network of Community Options and Resources 2024).

Nevada is not immune to these pressures. The 2025 legislative session maintained funding for existing clients but added no new capacity, which means that any Nevadan newly seeking disability services will spend time on a waitlist with no clear end date. The passage of the One Big Beautiful Bill Act in 2025 adds a new and serious threat to this already strained system. With projected federal Medicaid cuts of 19 percent or more in Nevada over the next decade, state officials and disability advocates warn that home- and community-based services which are optional under Medicaid and therefore first in line for cuts, are particularly vulnerable. As one Nevada state employee put it: *"If we don't have Medicaid helping us do that, there's no way that the state can pull through for it on its own*" (Mueller 2025a). A quarter of a century after Olmstead established the legal right to community living, the financial infrastructure that makes that right a reality is at risk of being dismantled.

Despite this challenging landscape, the path forward is clear. Nevada's current Olmstead Plan (2023–2028) lays out a roadmap that prioritizes workforce development, person-centered planning, expanded data collection, and systems-level coordination. Recent legislative achievements, including the elimination of the subminimum wage in 2023, the Supported Decision-Making Act of 2019, and the 2025 settlement expanding community-based behavioral health services for children demonstrate that meaningful reform is possible when advocates, legislators, and state agencies work together.

What is needed now is the political will and the sustained investment to match those ambitions: reducing waitlists, strengthening the direct support workforce, expanding accessible and affordable housing, and protecting the Medicaid funding that undergirds nearly every service described in this report. The 269,000 Nevadans living with a disability are not a drain on state resources – they are neighbors, students, workers, and eager contributors whose full participation in community life benefits everyone (Mueller 2025a).

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Appendix

Community Resources

There are many private, federal, and county organizations available to assist Nevadans with disabilities and many provide services for free or on a sliding pay-scale. The following is a list of resources you may find helpful.

- Southern Nevada Centers for Independent Living Resource Guide: https://www.sncil.org/las-vegas-disability-resource-guide/
- Nevada 2-1-1 is a statewide source for information and referrals for critical health and human services. Dial 211 or visit nevada211.org to access referrals.

Southern Nevada

- **The Blind Center** — Day care, referral, advocacy, recreation, work activities, low vision aids, and vocational rehabilitation for the blind/severely visually impaired. 1001 N. Bruce, Las Vegas, NV 89101 | 702-642-6000 | www.blindcenter.org | info@blindcenter.org
- **Blindconnect** — Information, referral, and peer support via telephone for blind/visually impaired individuals and their families. 6375 W. Charleston Blvd., #200, Las Vegas, NV 89146 | 702-631-9009 | www.blindconnect.org | connect@blindconnect.org
- **Legal Aid Center of Southern Nevada (LACSN)** — Free civil legal assistance including child abuse/neglect, fair housing, consumer fraud, social security, discrimination/ADA, domestic violence, special education, and pro bono placement. 725 E. Charleston Blvd., Las Vegas, NV 89104 | 702-386-1070 | Toll Free: 800-522-1070 | TDD: 702-386-1059 | www.lacsn.org
- **Department of Human Services Aging and Disability Services Division- Desert Regional Center (DRC)** — Service coordination, family support, employment/vocational services, and living arrangements for individuals with developmental disabilities. (702) 486-7850 | https://adsd.nv.gov/programs/intellectual/intellectual/
- **F.E.A.T. of Southern Nevada** — Programs for autistic children. 717 S. Third Street, Las Vegas, NV 89101 | 702-368-3328 | www.featsonv.org | help@featsonv.org
- **Capability Health and Human Services (Formerly Easter Seals)** — Services for persons with disabilities and special needs including Adult Day Service, Assistive Technology, Autism Services, Child Development, Early Intervention, Family Respite, Supported Living, and Senior Services. 6200 W. Oakey Blvd., Las Vegas, NV 89146 | Main: 702-870-7050 | Fax: 702-870-7616

- **Nevada Disability Advocacy & Law Center Client Assistance Program** — Advocacy to protect the human and legal rights of Nevadans with disabilities.
    - Reno Office: 1875 Plumas Street #1, Reno, NV 89509 | 775-333-7878 | Toll-Free: 1-800-992-5715 | Nevada Relay: 711 | Fax: 775-786-2520 | reno@ndalc.org
    - Las Vegas Office: 2820 West Charleston Boulevard #11Las Vegas, NV 89102 | 702-257-8150 | Toll Free: 1-888-349-3843 | Nevada Relay: 711 | Fax: 702-257-8170 | lasvegas@ndalc.org
    - Elko Office: 557 W. Silver St. | Ste. 203 | Elko, NV 89801 | Phone: 775-777-1590 | Toll-Free: 1-800-992-5715 | Nevada Relay: 711 | Fax: 775-753-1690 | elko@ndalc.org
- **Nevada Parents Encouraging Parents (NV PEP)** — Non-profit parent training and information center serving families of children with disabilities and their service providers.
    - Las Vegas Office: 7211 W. Charleston Blvd. | Las Vegas, Nevada 89117 | Phone: (702) 388-8899 | FAX: (702) 388-2966 | Statewide: 1-800-216-5188 | www.nvpep.org | pepinfo@nvpep.org
    - Nevada PEP Satellite Reno/Sparks Office: 4600 Kietzke Lane, I-202 | Reno, Nevada 89502 | Phone: (775) 448-9950 | FAX: (775) 448-9603 | Statewide: 1-800-216-5188 www.nvpep.org | pepinfo@nvpep.org
- **Opportunity Village** — Work training, long-term employment, job placement, and coaching for people with intellectual disabilities. 6300 W. Oakey, Las Vegas, NV 89146 | 702-259-3700 | www.opportunityvillage.org
- **Southern Nevada Center for Independent Living (SNCIL)** — Information/referral, independent living skills training, peer counseling, benefits counseling, adaptive equipment, housing, transportation, and ADA technical assistance. 2950 S. Rainbow Blvd, Suite 220, Las Vegas, Nevada 89146 | 702-889-4216 | Toll Free (in-state): 1-800-870-7003 | www.sncil.org | sncil@sncil.org
- **Silver State Fair Housing Council** — Education and outreach on fair housing rights, discrimination complaints, investigations, and referrals. 2660 South Jones Boulevard, Las Vegas, NV 89146 | 702-749-3288 | www.silverstatefairhousing.org | fairhousing@gbis.com

Northern and Rural Nevada

- ***CARE* Chest of Sierra Nevada** — Free medical equipment and supplies for Northern Nevadans in need. 7910 N. Virginia St., Reno, NV 89506 | 775-829-CARE (2273) | Toll Free: 866-206-5242

- **Camp Care: Special Education Camp** — Arts, crafts, sports, music, and dance for children ages 6–22 certified for special education; held at Lake Tahoe the third week of July. 775-323-3737
- **Disability Resources** — Employment assistance, basic living skills, respite programs, and refurbished computer donations for persons with disabilities. 775-329-1126
- **Nevada Legal Services (NLS)** — Free legal services for low-income Nevadans statewide.
    - Las Vegas Office: 701 E. Bridger Ave., Suite 400, Las Vegas, NV 89101 | (702) 386-0404 | (866) 432-0404 | (702) 388-1641 | intake@nevadalegalservices.org
    - Reno Office: 449 South Virginia Street, 3rd Floor, Reno, NV 89501 | (775) 284-3491 | (800) 323-8666 | (775) 284-3497 | renointake@nevadalegalservices.org
    - Carson City Office: 209 North Pratt, Carson City, NV 89701 | (775) 883-0404 | (775) 461-7237 | renointake@nevadalegalservices.org
    - Elko Office: 790 Commercial St., Suite B, Elko, NV 89801 | (775) 753-5880 | (775) 753-5890 | renointake@nevadalegalservices.org
- **Nevada Regional Library for the Blind and Physically Handicapped** — Free loan of books, machines, assistive devices, Braille books, and audiotapes for individuals certified as blind, visually impaired, or reading disabled. 100 N. Stewart St., Carson City, NV 89701 | 775-684-3354 | www.dmla.clan.lib.nv.us/docs/nsla/books | keputnam@clan.lib.nv.us
- **Northern Nevada Adult Mental Health Services** — Mental health services for individuals, families, and communities. 480 Galletti Way, Sparks, NV 89431 | 775-688-2001 | Fax: 775-688-2192 | www.mhds.state.nv.us/nn | mhds@mhds.nv.gov
- **Northern Nevada Center for Independent Living** — Home modification, assistive technology, job and independent living skills, advocacy, mobility/transportation training, mentoring, recreation, and interpretive services | www.nncil.org
    - 331 N 7th Street | Elko, NV 89801 | Phone 775-753-4300 | Fax 775-753-4366
    - 999 Pyramid Way, Sparks, NV 89431 | 775-353-3599 V/TTY | info@nncil.org
- **Rural Center for Independent Living** — Independent living skills training, recreational opportunities, equipment loans, housing referrals, benefits

assistance, and home modifications. Serves Carson, Lyon, Douglas, and Storey counties. 1895 E. Long St., Carson City, NV 89702 | 775-841-2580

- **Rural Regional Center (RRC)** — Services for Nevada's developmentally disabled population including information/referral, service coordination, supported living, employment, family preservation, respite, and educational advocacy. Satellite offices in Elko, Winnemucca, Fallon, and Silver Springs. Hours: M–F, 8AM–5PM (except State Holidays).
    - Main Office: 1665 Old Hot Springs Road, Suite 157, Carson City, NV 89706 | 775-687-5162 | Fax: 775-687-1001
    - Elko Office: 1825 Pinion Road, Suite A, Elko, NV 89801 | 775-753-4236 | Fax: 775-777-7884
    - Fallon Office: 151 North Maine Street, Fallon, NV 89406 | 775-423-0347
    - Silver Springs Office: 3595 Highway 50 West, Suite 3, Silver Springs, NV 89429 | 775-577-4077
    - Winnemucca Office: 475 West Haskell, Winnemucca, NV 89445 | 775-623-6593
- **Sierra Regional Center** — Vocational support, supported living, diagnosis and counseling, psychological supports, and case management for individuals with developmental disabilities. 605 S. 21st St., Sparks, NV 89431 | 775-688-1930 | www.mhds.state.nv.us/src | dluke@govmail.state.nv.us
- **Silver State Fair Housing Council** — Education and outreach on fair housing rights, discrimination complaints, investigations, and referrals. 110 W. Arroyo Street, Suite A, Reno, NV 89509 | 775-324-0990 | www.silverstatefairhousing.org | fairhousing@gbis.com
- **Volunteer Attorneys for Rural Nevada (VARN)** — Legal assistance with adoption, custody, divorce, domestic violence, foreclosures, guardianship, labor law, probate, taxes, wills, and more. Also offers self-help divorce clinics for simple cases.
- **Northern Nevada Legal Aid** — Services in immigration, housing discrimination, ADA, landlord/tenant issues, housing counseling, consumer issues, bankruptcy, family law/domestic violence, and child advocacy. 401 Ryland St., Suite 100, Reno, NV 89502 | 775-329-2727 | www.nnlegalaid.org
- **American Foundation for the Blind** — Information and resources on blindness and visual impairments covering aging, education, employment, literacy, and technology. 212-502-7600| www.afb.org | afbinfo@afb.net