

Title VI Implementation Plan



In special lives, we make a difference

February 24, 2022 – February 24, 2025

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Title VI Policy Statement

The Hacienda Healthcare policy assures full compliance with Title VI of the Civil Rights act of 1964 and related statutes and regulations in all programs and activities. Title VI states that "no person shall on the grounds of race, color or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination" under any Hacienda Healthcare sponsored program or activity. There is no distinction between the sources of funding.

Hacienda Healthcare also assures that every effort will be made to prevent discrimination through the impacts of its programs, policies and activities on minority and low-income populations. Furthermore, Hacienda Healthcare will take reasonable steps to provide meaningful access to services for persons with limited English proficiency.

When Hacienda Healthcare distributes Federal-aid funds to another entity/person, Hacienda Healthcare will ensure all subrecipients fully comply with Hacienda Healthcare Title VI Nondiscrimination Program requirements. The Chief Executive Officer has delegated the authority to Dave Mills, Title VI Program Coordinator, to oversee and implement FTA Title VI requirements.



Perry Petrilli
Chief Executive Officer

Title VI Notice to the Public

Notifying the Public of Rights Under Title VI Hacienda Healthcare

Hacienda Healthcare operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the Hacienda Healthcare.

For more information on the Hacienda Healthcare's civil rights program, and the procedures to file a complaint, contact Perry Petrilli, (602) 243-4231 ext 103,; email PPetrilli@losninoshealthcare.org; or visit our administrative office at 1402 E. South Mountain Avenue, Phoenix, AZ 85042. For more information, visit www.haciendainc.org.

A complainant may file a complaint directly with the City of Phoenix Public Transit Department or the Federal Transit Administration (FTA) by filing a complaint directly with the corresponding offices of Civil Rights: City of Phoenix Public Transit Department: ATTN: Title VI Coordinator, 302 N. 1st Ave., Suite 900, Phoenix AZ 85003 FTA: ATTN: Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590

Spanish translators are available at all Hacienda Healthcare locations. Para información en Español llame: 602.243.4231 ext 100.

Aviso al Público Sobre los Derechos Bajo el Título VI

Hacienda HealthCare

Hacienda HealthCare (*y sus subcontratistas, si cualquiera*) asegura cumplir con el Título VI de la Ley de los Derechos Civiles de 1964. El nivel y la calidad de servicios de transporte serán provehidos sin consideración a su raza, color, o pais de origen.

Para obtener más información sobre Hacienda HealthCare's programa de derechos civiles, y los procedimientos para presentar una queja, contacte Perry Petrilli, (602) 243-4231 ext 103, email PPetrilli@losninoshealthcare.org; o visite nuestra oficina administrativa en 1402 E. South Mountain Avenue, Phoenix, AZ 85042. Para obtener más información, visite www.haciendahealthcare.org.

El puede presentar una queja directamente con City of Phoenix Public Transit Department o Federal Transit Administration (FTA) mediante la presentación de una queja directamente con las oficinas correspondientes de Civil Rights: City of Phoenix Public Transit Department: ATTN Title VI Coordinator 302 N. 1st Ave., Suite 900, Phoenix AZ 85003 FTA: ATTN Title VI Program Coordinator, East Building, 5th Floor –TCR 1200 New Jersey Ave., SE Washington DC 20590

The above notice is posted in the following locations: On the company web site, at Hacienda HealthCare ICF and will also be posted in all Hacienda HealthCare vehicles.

This notice is posted online at www.haciendainc.org.

Title VI Complaint Procedures

Hacienda HealthCare Transportation Department Complaint Procedures

These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, as they relate to any program or activity that is administered by Hacienda HealthCare including consultants, contractors, and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

- (1) Any person who believes they have been discriminated against on the basis of race, color, or national origin may file a Title VI complaint by competing and submitting the agency's Title VI Complaint Form.
- (2) Formal complaints must be filed within 180 calendar days of the last date of the Alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.
- (3) Complaints must be in writing and signed by the complainants(s) and must include The complainant(s) name, address, and phone numbers. The Title VI contact person will assist the complainant with documenting the issues if necessary.
- (4) Allegations received by fax or email will be acknowledged and processed, once the identity of the complainants(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.
- (5) Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A Complaint form will be forwarded to the complainant for them to complete, sign and return for processing.

- (6) Once submitted Hacienda HealthCare will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing them whether the complaint will be investigated by Hacienda HealthCare or submitted to the State or Federal authority for guidance.
 - (7) Hacienda HealthCare will notify the Title VI Coordinator of ALL Title VI complaints and will notify within 72 hours via telephone at (602) 262-7242; email to: phxtransiteo@phoenix.gov.
 - (8) Hacienda HealthCare has 60 days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has 60 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 30 business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.
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- (9) After the investigator reviews the complaint, they will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur. If the complainant wishes to appeal the decision, they have 30 days after the date of the letter of the LOF to do so.
 - (10) A complainant dissatisfied with the Hacienda HealthCare decision, may file a complaint with the City of Phoenix (COP) or the Federal Transit Administration (FTA) offices of Civil Rights: **FTA:** Attention Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590.
 - (11) A copy of these procedures can be found online at: www.haciendahealthcare.org.

Procedimientos de Quejas Bajo el Título VI

Estos procedimientos proporcionan orientación para todas las quejas presentadas bajo el Título VI del Decreto de los Derechos Civiles de 1964, en lo que se refieren a cualquier programa o actividad que sea administrado por Hacienda Healthcare incluyendo a los asesores, contratistas y proveedores. Por ley, se prohíbe la intimidación o las represalias como resultado de una queja. Además de estos procedimientos, los reclamantes se reservan el derecho de presentar una queja formal ante otras agencias estatales o federales o de solicitar asesoría privada para quejas alegando discriminación. Se hará todo lo posible para resolver las quejas al nivel más bajo posible.

- (1) Cualquier persona que crea que ha sido discriminada por motivos de raza, color, u origen nacional puede presentar una queja bajo el Título VI completando y presentando la Forma de Quejas del Título VI de la agencia.
- (2) Las quejas formales se deben presentar dentro de 180 días de calendario de la última fecha del supuesto acto de discriminación o de la fecha en la que el/los reclamante/s se haya/n enterado de la supuesta discriminación, o cuando haya habido un curso de conducta continuo, la fecha en la que la conducta haya sido suspendida o la última ocasión en la cual ocurrió la conducta.
- (3) Las quejas se deben hacer por escrito y deben ser firmadas por el/los reclamante/s y deben incluir el nombre, el domicilio y el número de teléfono del/los reclamante/s. Si es necesario, la persona de contacto del Título VI ayudará al/la reclamante a documentar las cuestiones.
- (4) Las alegaciones recibidas por fax o por correo electrónico serán admitidas y procesadas, una vez que se haya establecido la identidad del/la reclamante y la intención de proceder con la/s queja/a. Para ello, se requiere que el/la reclamante envíe por correo postal una copia original firmada del fax o de la transmisión de la nota electrónica para que la queja sea procesada.
- (5) Las alegaciones recibidas por teléfono se reducirán a un formato por escrito y se les proveerán al/la reclamante para su confirmación o revisión antes de su procesamiento. Se remitirá una forma de la queja al/la reclamante para que la complete, la firme y la devuelva para su procesamiento.
- (6) Una vez presentada, Hacienda Healthcare revisará la forma de la queja para determinar la jurisdicción. Todas las quejas recibirán una carta de reconocimiento informándole si la queja será investigada por Hacienda Healthcare o presentada a la autoridad estatal o federal para recibir su orientación.
- (7) Hacienda Healthcare le notificará al Coordinador del Título VI sobre todas las quejas del Título VI dentro de 72 horas por teléfono llamando al: 602-262-7242; por correo electrónico escribiendo a: phxtransiteo@phoenix.gov.

- (8) Hacienda Healthcare tiene 60 días para investigar la queja. Si se necesita más información para resolver el caso, la Autoridad puede ponerse en contacto con el/la reclamante. El/la reclamante tiene 60 días hábiles a partir de la fecha de la carta para enviar la información solicitada al investigador asignado al caso. Si el investigador no es contactado por el/la reclamante o no recibe la información adicional dentro de los 30 días hábiles, la Autoridad puede cerrar el caso administrativamente. Un caso también se puede cerrar administrativamente si el/la reclamante ya no desea seguir adelante con su caso.
- (9) Despues de que el investigador revise la queja, emitirá una de dos cartas al/la reclamante: una carta de cierre o una carta de hallazgo "Letter of Finding" (LOF). Una carta de cierre resume los alegatos y afirma que no hubo una infracción con respecto al Título VI y que el caso se cerrará. Una carta LOF resume las alegaciones y las entrevistas con respecto al supuesto incidente, y explica si se llevará a cabo alguna acción disciplinaria, capacitación adicional del/la miembro del personal u otra acción. Si el/la reclamante desea apelar a la decisión, tiene 30 días después de la fecha de la carta o de la LOF para hacerlo.
- (10) Un/a reclamante insatisfecho/a con la decisión de Hacienda Healthcare puede presentar una queja directamente con el Departamento de Transporte Público de la Ciudad de Phoenix: City of Phoenix Public Transit Department (COP), Attention: Title VI Coordinator, 302 N. 1st Ave., Suite 900, Phoenix, AZ 85003, ó con las oficinas de Derechos Civiles de la Administración Federal de Transporte: Federal Transit Administration (FTA), Offices of Civil Rights, Attention Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590
- (11) Una copia de estos procedimientos se puede encontrar en línea en: www.haciendahealthcare.org.

Title VI Complaint Form

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II:		
Are you filing this complaint on your own behalf?		<input type="checkbox"/> Yes* <input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to Section III.</i>		
If not, please supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Section III:		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. _____ _____ _____		
Section IV:		
Have you previously filed a Title VI complaint with this agency?		<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please provide any reference information regarding your previous complaint.

Section V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes No

If yes, check all that apply:

Federal Agency: _____ State Agency: _____
 Federal Court: _____ Local Agency: _____
 State Court: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section VI:

Name of agency complaint is against:

Name of person complaint is against:

Title:

Location:

Telephone Number (if available):

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Hacienda Healthcare Title VI Program

Dave Mills

1402 E. South Mountain Ave.

Phoenix, AZ 85042

Phone: (602) 243-4231 ext. 175

DMills@haciendahealthcare.org

A copy of this form can be found online at www.haciendahealthcare.org.

**Forma Para Poner una Queja
(De Acuerdo Al Título VI)**

Nota: La siguiente información se necesita para procesar su queja.

Información de la persona que está poniendo la queja:

Nombre: Dirección: _____

Ciudad/Estado/Código Postal: _____

Teléfono(Casa): _____

Teléfono (Trabajo): _____

Persona A La Que Se Discriminó (alguien que no sea la persona que está poniendo la queja)

Nombre: Dirección: _____

Ciudad/Estado/Código Postal: _____

Teléfono(Casa): _____

Teléfono (Trabajo): _____

¿Cuál de las siguientes razones describe por lo que usted siente que se le discriminó?

Raza/Color (Especifique) _____ Nacionalidad (Especifique) _____

¿En qué fecha(s) sucedió la discriminación? _____

Describa la presunta discriminación. Explique qué sucedió y quién cree usted que fue responsable (si necesita más espacio, agregue otra hoja).

Escriba una lista con los nombres de las personas que puedan tener conocimiento de la presunta discriminación y cómo contactarlas.

¿Ha presentado esta queja con otra agencia federal, estatal o local, o con cualquier corte federal o estatal? Marque todas las que apliquen.

Agencia Federal _____

Corte Estatal _____

Corte Federal _____

Agencia Local _____

Agencia Estatal _____

Por favor proporcione información de la persona a la que presentó su queja en la agencia/corte.

Nombre: _____

Dirección: _____

Ciudad/Estado/Código Postal: _____

Teléfono(Casa): _____

Teléfono (Trabajo): _____

Por favor firme abajo. Puede anexar cualquier material escrito u otra información que usted crea que es relevante sobre su queja.

Firma de la Persona que presenta la queja

Fecha

Número de Anexos: _____

Someta la forma y cualquier información adicional a:

Hacienda Healthcare Title VI Program

Dave Mills

1402 E. South Mountain Ave.

Phoenix, AZ 85042

(602) 243-4231 ext. 175 DMills@haciendahealthcare.org

Title VI Investigations, Complaints, and Lawsuits

This form will be submitted annually. If no investigations, lawsuits, or complaints were filed, a blank form will be submitted.

<i>Name and/or Case Number</i>	<i>Date Case Filed (Month, Day, Year)</i>	<i>Case Summary (include basis of complaint: ex. race, color, national origin)</i>	<i>Case Status/ Response</i>	<i>Case Resolution Action</i>
Investigations				
Lawsuits				
Complaints				

Hacienda Healthcare has not had any Title VI complaints, investigations, or lawsuits in 2019-2021.

Public Participation Plan

Hacienda Healthcare Public Participation Plan



Hacienda Healthcare does not market transportation services to the general public. Transport services are exclusively for disabled, elderly residents and their families. During the reporting period Hacienda Healthcare was directly impacted by the pandemic. Services had to be suspended at various times, only allowing for emergency services. Moving forward, the residents and their families will be invited to participate in the process of planning through public meetings or surveys. As an agency receiving federal financial assistance, Hacienda Healthcare made the following community outreach efforts:

- Hacienda Healthcare uses client, family and guardian surveys
- Hacienda Healthcare reviews any complaints from clients, families, and guardians
- Hacienda healthcare reviews any suggestions from direct care and transportation staff

In the upcoming year Hacienda Healthcare will make the following community outreach efforts:

- Hacienda Healthcare will conduct more formal surveys with clients, families, and guardians
- The public participation plan surveys will include ratings on satisfaction levels
- The public participation plan surveys will ask for ways to improve services
- Hacienda Healthcare will participate in providing a public speaker for community requests

Public Meetings:

- (1) Public meetings are scheduled to increase the opportunity for attendance by stakeholders and the general public. This may require scheduling meetings during non-traditional business hours, holding more than one meeting at different times of the day or on different days, and checking other community activities to avoid conflicts.
- (2) When a public meeting or public hearing is focused on a planning study or program related to a specific geographic area or jurisdiction within the region, the meeting or hearing is held within that geographic area or jurisdiction.
- (3) Public meetings are held in locations accessible to people with disabilities and are located near a transit route when possible.

Hacienda Healthcare submits to the Arizona Department of Transportation annually an application for funding. Part of the annual application is a public notice, which includes a 30-day public comment period.

Limited English Proficiency Plan

Hacienda Healthcare

Limited English Proficiency Plan



In special lives, we make a difference

Hacienda Healthcare has developed the following Limited English Proficiency Plan (LEP) to help identify reasonable steps to provide language assistance for LEP persons seeking meaningful access to Hacienda Healthcare services as required by Executive Order 13166. A Limited English Proficiency person is one who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.

This plan details procedures on how to identify a person who may need language assistance, the ways in which assistance may be provided, training to staff, notification to LEP persons that assistance is available, and information for future plan updates. In developing the plan while determining the Hacienda Healthcare's extent of obligation to provide LEP services, Hacienda Healthcare undertook a U.S. Department of Transportation four-factor LEP analysis which considers the following:

- 1) The number or proportion of LEP persons eligible in the Hacienda Healthcare service area who may be served or likely to encounter by Hacienda Healthcare program, activities, or services.
- 2) The frequency with which LEP individuals come in contact with Hacienda Healthcare services.
- 3) The nature and importance of the program, activities or services provided by the Hacienda Healthcare to the LEP population; and
- 4) The resources available to Hacienda Healthcare and overall costs to provide LEP assistance.
A brief description of these considerations is provided in the following section.

A statement in Spanish will be included in all public outreach notices. Every effort will be made to provide vital information to LEP individuals in the language requested. Hacienda Healthcare transport area includes the Greater Phoenix Metropolitan Area.

Safe Harbor Provision

Hacienda Healthcare complies with the Safe Harbor Provision, as evidenced by the number of documents available in the Spanish language. With respect to Title VI information, the following shall be made available in Spanish:

- (1) Title VI Notice
- (2) Complaint Procedures
- (3) Complaint Form

In addition, we will conduct our marketing (including using translated materials) in a manner that reaches each LEP group. Vital Documents include the following:

- (1) Notices of free language assistance for persons with LEP
- (2) Notice of Non-Discrimination and Reasonable Accommodation
- (3) Use of CyraCom translation services for other LEP languages
- (4) Hacienda Healthcare will be adopting the City of Phoenix LAP policy available as an attachment

Non-elected Committees Membership Table

A sub recipient who selects the membership of transit-related, non-elected planning boards, advisory councils, or committees must provide a table depicting the membership of those organizations broken down by race. Subrecipients also must include a description of the efforts made to encourage participation of minorities on these boards, councils, and committees.

Table Depicting Membership of Committees, Councils, Broken Down by Race

Body	Caucasian	Latino	African American	Asian American	Native American
Population	TYPE % HERE%	TYPE % HERE%	TYPE % HERE%	TYPE % HERE%	TYPE % HERE%
TYPE THE NAME OF THE COMMITTEE HERE	TYPE % HERE%	TYPE % HERE%	TYPE % HERE%	TYPE % HERE%	TYPE % HERE%
TYPE THE NAME OF THE COMMITTEE HERE	TYPE % HERE%	TYPE % HERE%	TYPE % HERE%	TYPE % HERE%	TYPE % HERE%
TYPE THE NAME OF THE COMMITTEE HERE	TYPE % HERE%	TYPE % HERE%	TYPE % HERE%	TYPE % HERE%	TYPE % HERE%

Hacienda Healthcare does not have a transportation Board or committee.

Monitoring for Subrecipient Title VI Compliance

Hacienda Healthcare does NOT monitor subrecipients for Title VI compliance.

Title VI Equity Analysis

A sub recipient planning to acquire land to construct certain types of facilities must not discriminate on the basis of race, color, or national origin, against persons who may, as a result of the construction, be displaced from their homes or businesses. "Facilities" in this context does not include transit stations or bus shelters, but instead refers to storage facilities, maintenance facilities, and operation centers.

There are many steps involved in the planning process prior to the actual construction of a facility. It is during these planning phases that attention needs to be paid to equity and non-discrimination through equity analysis. The Title VI Equity Analysis must be done before the selection of the preferred site.

Note: Even if facility construction is financed with non-FTA funds, if the sub recipient organization receives any FTA dollars, it must comply with this requirement.

Hacienda Healthcare has no current or anticipated plans to develop new transit facilities covered by these requirements. No facilities covered by these requirements were developed since year 2000 when our last facility expansion was built.

Board Approval for the Title VI Program

Hacienda HealthCare

(Hacienda ICF/IID, Group Homes, DTA, GSE, Los Ninos Home Medical Services, Innovative Home Health)

BOARD MEETING MINUTES Date: February 24, 2022

Location*: Microsoft Teams Video Conference Call

Next Meeting: March 24, 2022 @ 6:00 pm

Called to Order: 6:00 pm.

Adjourned: 7:00 pm

Title VI Implementation Plan

- Title VI of the Civil Rights Act of 1964
- Hacienda receives federal funding from Federal Transportation Administration (FTA). We must post our plan and related information on our website, making it available to the public. We renew our plan every three years; this is just a renewal of our plan.
- Our plan describes the rights of citizens and the procedures for submitting a complaint if they feel their rights have been violated.
- **Board approved the plan renewal.**